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Standing at The Crossroads: The Intersection of Sexual, Racial/ ethnic, and Spiritual/religious Identities in African American Men Who have Sex with Men

Brian Allen Kooyman

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**Standing at the Crossroads: The Intersection of Sexual,
Racial/Ethnic, and Spiritual/Religious Identities in
African American Men Who Have Sex with Men**

A Dissertation

Presented to

The Faculty of the School of Education

The College of William & Mary in Williamsburg, Virginia

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

by

Brian Kooyman

March 2017

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Approved March 2017 by

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Dedication

I would like to acknowledge the following individuals who have played critical roles in my growth and development as a professional and as a person while at The College of William and Mary:

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Abstract

The purpose of this research was to investigate Conflict in Allegiance (CIA), an intersectional construct, and its associations with racism in LGB communities, perceived homonegativity within racial and religious communities, and frequency of unprotected anal intercourse (UAI) among religiously affiliated African American men who have sex with men (AAMSM). A review of literature on the established relationships between disproportional HIV-incidence among AAMSM, racism, homonegativity, and UAI was presented. The experience of CIA was hypothesized to correlate with racism in LGB communities, homonegativity within racial and religious communities, and UAI. A sample of 238 religiously-affiliated AAMSM completed the Conflict in Allegiance Scale, Racism in LGB Communities Scale, Homonegativity within Racial and Religious Communities Scales, and a frequency of UAI scale. Pearson product moment correlations were utilized to examine the hypothesized relationships between the variables and revealed significant correlations between CIA and the oppression-related variables. CIA was also found to be significantly correlated with UAI. Differences in CIA among participants who were younger (18-35) and older (36+) from self-described liberal or conservative religious institutions were sought. A two-way analysis of variance revealed no difference in CIA between older and younger participants from liberal and conservative religious institutions. These major findings, including additional findings, current literature, and theories of sexual orientation identity development were presented. Limitations, areas of future research, and implications Counselor Education and clinical practice were identified.

Keywords: intersectionality, oppression, sexuality, conflict in allegiance

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Standing at the Crossroads: The Intersection of Sexual, Racial/Ethnic, and Spiritual/Religious
identities in African American Men Who Have Sex with Men

Chapter One

The present study applied Conflict of Allegiance (CIA), a construct of intersectional theory, to the problem of unprotected anal intercourse (UAI) in African American men who have sex with men (AAMSM). This study focused on how social network dynamics foster behavioral risks. By examining the role of homonegativity and racism in spiritual, sexual, and racial/ethnic communities, researchers may better understand the impact of social oppression on AAMSM sexual risk taking. Extant literature links the experience of racism and homonegativity to UAI, a significant contributor to Human Immunodeficiency Virus (HIV) (Huebner, et al., 2014).

The present study investigated the experience of racism and homonegativity, frequency of unprotected anal intercourse, and the relationship these variables have with Conflict in Allegiance construct among a national sample of 238 AAMSM. Chapter one provides an overview of issues related to the topic of HIV-incidence disproportionality among AAMSM and will introduce homonegativity and racism as significant contributors to disproportional HIV-incidence. Chapter two provides a review of current literature, discussing sexual orientation development, a commonly used conceptualization method that demonstrates the impact of lesbian, gay, and bisexual (LGB) stress. Chapter two also displays the theoretical foundation for the proposed CIA approach. Chapter three offers an outline of the research design and method, including sampling, data collection, instrumentation, and analysis. Chapter four discusses the data analyses and present the findings of the study. Finally, chapter five discusses the implications of the study and its relevance to counseling research, counselor education, and counseling. Chapter five also discusses the limitations of this study as well as possible directions of future study related to this topic.

Statement of the Problem

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Disproportionality of HIV Incidence. Disproportional HIV incidence exists among AAMSM within the United States. The Centers for Disease Control and Prevention (CDC, 2014) report that African Americans maintain the highest proportion of new HIV diagnoses compared to other ethnic/racial groups. Despite the African American population only making up 12% of the United States population, African Americans represent 44% of new HIV cases in the United States (CDC), demonstrating a disproportional incidence of HIV among African Americans. African American men who have sex with men (MSM) accounted for 57% of new African American HIV infections in 2014 (CDC). During 2014, African American MSM made up 11,201 new HIV cases, white MSM made up 9,008 new HIV cases, and Hispanic/Latino MSM made up 7,552 new HIV cases (CDC). Overall, African American MSM represent the subpopulation with the highest rate of new HIV diagnoses in the United States (CDC). African American MSM between the ages of 13-24 accounted for 39% of new African American HIV infections (CDC). From these data, a problem emerges: African American MSM are disproportionately prone to HIV infection.

The problem of disproportional HIV incidence among AAMSM is often seen as the outcome of experiences of oppression, such as homonegativity and racism (Han et al. 2015; Huebner et al., 2015; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). These oppressive variables are often described to be contributors to Unprotected Anal Intercourse (UAI) among AAMSM (Huebner et al.). The salient issue of HIV incidence among LGB individuals has provoked researchers to develop conceptual lenses designed to enhance understanding of the role of oppression in LGB behavior. Sexual orientation identity development, a concept explored later, is the common lens by which researchers have engaged the subjects of homonegativity and

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racism. Homonegativity and racism are thought to impact LGB sexual health behaviors (Mustanski, Kuper, & Greene, 2014).

Defining AAMSM. Before further discussion related to HIV disproportionality and African American MSM, a discussion regarding terminology is needed. The disproportional number of HIV infections corresponds to the racism and homonegativity experienced by African American gay and bisexual men. Experiencing racism and homonegativity can result in an internal conflict related to expectations of masculinity that stigmatize homosexual behaviors (Williams, Wyatt, Resell, Peterson, & Asuan-O'Brian, 2004). Good-Cross and Good (2008) suggested that this conflict may create the context for African American men who engage in same-sex sexual activity to reject being labeled as gay (Peterson, 1992). Good-Cross et al. promoted the term African American men who have sex with men (AAMSM) as opposed to *African American* gay, homosexual, and/or bisexual men. AAMSM is a behavioral description and is commonly used by public health scholars (Good-Cross et al.). As such, the AAMSM term is used throughout this proposal.

UAI and Homonegativity

UAI as a Contributor to HIV Incidence. The CDC (2014) makes clear that HIV is transmitted via contact with body fluids. Compared to vaginal, oral, and digital sex, anal sex is considered the highest-risk sexual behavior due to the high likelihood for HIV-infected fluid (i.e., semen, rectal fluids, and blood) coming in contact with a sexual partner. UAI is closely associated with HIV transmission, making UAI an important factor in the disproportionality of HIV incidence among AAMSM (Huebner et al. 2014). Discussions on the disproportionality of HIV incidence rates have also centered on prejudice and harassment faced by AAMSM. LGB individuals between the ages of 13-24 are likely to be harassed and assaulted in local

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communities (Brown, 2002; Durant, Krowchuk, & Sinal, 1998; Hershberger & D'Augelli, 1995; Russell, Franz, & Driscoll, 2001; Saewyc, Poon, Homma, & Skay, 2008).

Prejudice and harassment directed at LGB persons is commonly described as *homophobia*. Homophobia is often associated with a fear of homosexual behavior (Ahmad & Bhugra, 2010). Bancroft (2009) argued for an updated definition of homophobia, calling for homophobia to be defined as the persecution and suppression of homosexuality. Good-Cross and Good. (2009) preferred the term *homonegativity*, allowing for focus to be given to the persecution and oppression of homosexuals. This study used homonegativity instead of homophobia in order to bring note to the oppression recognized by Good-Cross and Good. UAI is linked to the experience of homonegativity, making clear that the oppression associated with being an AAMSM is a factor in the disproportional incidence of HIV (Huebner et al., 2014; Rosario et al., 2001). Huebner et al. and Rosario et al. conducted studies that show the link between homophobia and UAI.

Linking UAI to Homonegativity. The link between UAI and homonegativity is made clear by Huebner et al. (2014). Huebner et al. analyzed the data collected from young black men who have sex with men between the ages of 18 and 29 (N=1,289). Structural equation modeling was used to link UAI to homonegativity, racism, and socioeconomic distress. Measures of socioeconomic distress, depressive symptoms, internalized homonegativity, social support, difficult sexual situations (e.g., engaging in sexual activities while under the influence of narcotics), and sexual risk behavior (e.g., failing to use condoms during intercourse) were taken. The study identified homonegativity, racism, and socioeconomic distress as being associated with UAI. Homonegativity was connected to UAI via psychological vulnerability (i.e., depression, internalized homonegativity, and social support) and difficult sexual situations (e.g.,

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having sex to feel good or having sex to cope with depression). Homonegativity coping strategies employed by the participants were associated with increased risk of UAI.

Huebner et al. (2014) are criticized for not including other factors in the study's analysis. Nieblas, Hughes, Andrews, and Relf (2015) pointed out the complexity of social marginalization as it relates to MSM populations. Nieblas et al. reviewed areas that need to be addressed within research due to importance or current lack of understanding: masculinity, racial norms, and homonegativity. Although Huebner et al. provided clear connections between sociological oppression and UAI via a large sample of participants, future research should seek to address issues of masculinity and topics related to racial/ethnic expectations of sex and gender. Huebner et al. noted that some of the associations found within the analysis proved to be weak, indicating that some portions of the model are more useful for intervention than others. Additional study and investigation of factors related to UAI may facilitate future clinical intervention. Despite these limitations, this study's large sample size and use of AAMSM provides clarity regarding the link between UAI and homonegativity.

Another study that examined the connection between homonegativity and UAI was conducted by Rosario et al. (2001). The study investigated the coming out process, a multidimensional process defined as involvement in gay/lesbian activities. Associations were sought among coming-out variables (i.e., involvement in gay activities, attitudes toward homosexuality, comfort with homosexuality, number of disclosures, and sexual identity), psychological functioning variables (i.e., self-esteem and anxiety) and sexual behavior variables (i.e., sexual episodes and unprotected sex). Rosario et al. indicated that an individual's negative attitudes towards homosexuality, a measurement within the study, relate to the experience of homonegativity in the environment. For example, if an individual is in an environment that is

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supportive of LGB identities, a participant is more likely to have a positive attitude about homosexuality.

The study was a cross-sectional analysis of males (n=80) and females (n=76) between the ages of 14 and 21 recruited from three gay-focused community-based organizations. Thirty five percent of the participants were African American. Rosario et al. (2001) investigated the sexual identity disclosure process, highlighting the threats of harassment and stigmatization that complicate the disclosure process. Measures included a coming-out scale that assessed involvement in gay/lesbian-related activities (Rosario, Hunter, & Gwadz, 1993), an attitudes towards homosexuality scale (Nungesser, 1983), the Rosenberg's self-esteem scale (Rosenberg, 1965), anxiety via the Derogatis' Brief Symptom Inventory (Derogatis, 1993), and sexual behaviors via the Sexual Risk Assessment Schedule-Youth scale (Meyer-Bahlburg, Ehrhardt, Exner, & Gruen, 1994).

Results showed that African American participants held less positive attitudes towards homosexuality, were less comfortable with homosexuality, and were less likely to be involved in gay/lesbian community activities compared to the Asian, Latino/a, and Caucasian subgroups. African American participants also reported disclosing non-heterosexual identity status to fewer people when compared to all other participant subgroups. Results of a path analysis revealed indirect relationships, linking involvement in gay/lesbian activities, attitudes toward homosexuality, and number of disclosures to UAI. These results demonstrate that negative attitudes toward the disclosure process result in increased anxiety. Anxiety was associated with adverse sexual behaviors, including UAI.

Rosario et al. (2001) linked sexual identity disclosure to homophobic harassment, pointing out how threats of harassment are likely to suppress likelihood of disclosure. Failure to

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disclose can limit access to friends, family, and other supports that provide education regarding safe-sex practices and general support (Cialdini, 1993). Rosario et al. stated that negative attitudes towards disclosure related to experiences of homophobic harassment, increasing levels of anxiety reported by participants. The experience of homonegativity likely impacted anxiety levels, contributing to incidence of UAI (Rosario et al.). Limitations include the use of nonrandom sample and the modest sample size which both potentially limit the generalizability of the findings. Despite limitations, this study's use of a proportional and diverse sample strengthens findings that clearly link disclosure variables to UAI via anxiety levels.

The link between UAI and homonegativity establishes homonegativity as an important factor for study. In a homophobic community, AAMSM are put in a position of having to use coping methods to deal with the stress of an unsupportive and oppressive environment. Huebner et al. (2015) and Rosario et al. (2001) made clear that a lack of social support can result in raised psychological distress, increasing the likelihood of UAI. The dual-minority status of AAMSM results in potentially multiple levels of oppression from various communities, increasing psychological distress. For example, although homonegativity is a component of AAMSM stress, racism is another oppressive force in the lives of AAMSM. AAMSM who are part of a sexual orientation support community may face racist attitudes from non-African American members (Han et al., 2015). An examination of racism and its link to UAI is needed to better understand the multiple levels of oppression related to AAMSM experience.

Race and UAI

As with homonegativity, Huebner et al. (2014) examined the link between racism and UAI. Huebner et al. defined racism as an experience of oppression directed towards a person's racial/ethnic background. Huebner et al. measured the experience of racism via a seven item

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questionnaire. The items asked questions related to experiences of civil rights being violated, experiences of witnessing discrimination, experiences of inferiority due to race, among other questions. According to the structural equation modeling analysis, a significant association exists between racism and UAI. The relationship between UAI and racism was mediated by experiences of depression, internalized homonegativity, and social support. The mediators of this study, as previously stated, are labeled as psychological vulnerabilities. Huebner et al. linked these psychological vulnerabilities to difficult sexual situations. When experiencing difficult sexual situations, AAMSM may be prone to UAI, generating a higher likelihood of contracting HIV.

Han et al. (2015) conducted research regarding the associations of stress and coping with racism and UAI (N=1,196). Participants consisted of AAMSM (n=403), Asian/Pacific Islanders (n=393), and Latinos/Latinas (n=400). The study measured stress from racism in a gay community, coping with racism, and sexual risk. Stress from racism in a gay community categorized responses into three categories: (a) never experienced such racism, (b) not stressed when experienced such racism, and (c) stressed when experienced such racism. Coping with racism was measured using focus group data from six focus groups (N=50) and 35 individual participant interviews. Responses were ordered into four response options (1= strongly disagree to 4=strongly agree). Four subscales were identified via exploratory factor analysis: avoidance, dismissal, social support seeking, and education/confrontation. Finally, a measure of sexual risk was utilized, measuring frequency of UAI 6 months prior to the study.

The collected data were subjected to logistic regression. For AAMSM, 63% experienced racism within sexual orientation support communities. The results showed that the main effect for experience of racism within the gay community was statistically significant. Participants

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who experienced racism within the gay community while experiencing stress were more likely to engage in UAI when compared to those that had not experienced racism. A significant main effect for avoidance coping was found, indicating that participants who engaged in avoidance of racism (e.g., did not go to areas where racism was prevalent) had increased UAI. No statistically significant main effects were found for education/confrontation, social support, and dismissal. This study implies that the increased stress from racism experienced by AAMSM increases likelihood of UAI. AAMSM that use avoidance coping strategies when faced with racism may also have a high likelihood of UAI. Han et al. (2015) explained that the use of avoidance strategies increases distress due to a lack of resolution of experienced stress. The increased stress levels may lead to social isolation, a potential contributor to negative sexual health behaviors.

Limitations of Han's et al. (2015) research include the use of self-report, which could be subject to over or under reporting of racism and coping behaviors. The Cronbach alpha scores for some of the coping was less than 0.7, making some of the internal consistency ratings between measures questionable or poor. The study utilized a convenience sample, potentially limiting generalizability. Despite the limitations of this study, the analysis corresponds to other research on the subject of racism and colored minorities, indicating that racism is detrimental to the overall health of AAMSM and other colored-minorities (Herman-Stahl, Stemmler, & Peterson, 1995; Moghaddam, Taylor, Ditto, Jacobs, & Bianchi, 2002; Noh & Kaspar, 2003; Suls & Fletcher, 1985; Utsey, Ponterotto, Reynolds, & Cancelli, 2000;). This study highlights the connection between experiences of racism and UAI among AAMSM. When avoidance is used to cope with the stress of racism, AAMSM are prone to UAI.

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The compounding experience of racism and homonegativity acts as a harmful stress for AAMSM. Oppressive forces, such as racism and homonegativity, are stressors that are often conceptualized as having an impact on a sexual orientation identity development. Many approaches to sexual orientation identity development exist and are used to conceptualize the impact of such stress on LGB individuals. A review of pertinent approaches to sexual orientation identity development will help frame the impact of homonegativity and racism on AAMSM.

Theoretical Rationale

Defining Sexual Orientation. Moreira, Halkitis, and Kapadia (2015) pointed out that sexual orientation includes emotional, cognitive, and behavioral aspects of a person's identity. No one definition of sexual orientation stands, with authors commonly deferring to sexual orientation's individual components as defining characteristics (Moreira et al.; Mustanski et al., 2014). Mustanski et al. highlighted that sexual orientation involves four components: sexual attraction, self-identification, romantic orientation, and sexual behavior. Sexual attraction specifically refers to the gender that produces sexual arousal in an individual. Janssen, Everaerd, Spiering, and Janssen (2000) remarked that attraction maintains affective, cognitive, and physiological components. Self-identification is a combination of how society labels an individual and the identified sexual attractions a person maintains. Individuals negotiate how they are labeled and how they see themselves, generating a label that describes a personal identity. Romantic orientation refers to the gender one would prefer to be in love with, while sexual behavior corresponds to desired sexual engagement with a particular gender. The lines and boundaries of these four components are not fully defined; however, these components do offer a glimpse of an individual's sexual orientation.

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Sexual Orientation Identity Development. The confluence of the four components of sexual orientation generates what is known as sexual orientation. The collective development of sexual orientation components is known as sexual orientation identity development (Mustanski et al., 2014). Mustanski et al. stated that the relationships between the individual components of sexual orientation are not well defined, arguing that sexual orientation is directed by sexual arousal towards a particular gender or multiple genders. Specifically for AAMSM, sexual orientation identity development refers to, "...a process of becoming aware of one's same sex attractions, incorporating such experiences into one's overall sense of self, and 'coming out' to others (Mustanski et al., p.610). Multiple approaches have been used to describe sexual orientation identity development (Cass, 1984; Cohler & Hammack, 2007; D'Augelli, Hershberger, & Pilkington, 1998; Savin-Williams & Cohen 2004; Sarno, Mohr, Jackson, & Fassinger, 2015). Although many of these approaches differ in significant ways, approaches to sexual orientation identity development typically include a backdrop of societal oppression, calling for attention to be given to sexual orientation identity development as conceptual tool for understanding the disproportional incidence of HIV among AAMSM.

Justification for the study. A sexual orientation identity development lens is a potentially valuable model that will demonstrate the experience of homonegativity and racism within AAMSM participants. This lens may also benefit research on the disproportionality of HIV incidence among AAMSM. This study used the Conflict in Allegiance construct of intersectional theory. Morales' (1983) proposed Conflict in Allegiance construct addresses concerns related to intersectionality research. Conflict in Allegiance attempts to capture the formation and incorporation of multiple identity statuses. Sarno, Mohr, Jackson, & Fassinger, (2015) conducted research utilizing this Conflict in Allegiance, addressing concerns related to

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intersectionality research via a quantitative method. Sarno et al. (2015) used Morales' notion of Conflict in Allegiance as an inspiration for an intersection study of sexual and racial/ethnic minorities. This study stands as an expansion of Sarno et al.'s method through the inclusion of racist experiences in religious communities and a correlation measure between UAI and Conflict in Allegiance.

A limitation for this study included difficulty in recruiting individuals from the AAMSM community. The purpose of the AAMSM labeling is to specifically hone in on homoerotic behaviors, providing criticism for studies utilizing only the gay or homosexual labels. Studies that rely on such labels may fail to recognize the wide and varied self-labeling system within the LGB community. Utilizing the AAMSM label, despite being an attempt to accurately match a wide and varied labeling system, may not have accurately matched the found participant pool.

Participants that have not identified their sexual orientations and engaged in an outing process may not participate in local community centers related to LGB populations. As such, finding AAMSM participants that are not out may be difficult or impossible. This may limit the generalizability of the findings of this study to only individuals that have come out and identified within the Lesbian, Gay, and Bisexual (LGB) labeling system. Despite this limitation, the data found contributes to the dearth of quantitative research related to the intersectionality model. The collected data furthers the understanding of dual-minority status AAMSM, identify Conflict in Allegiance as potential contributor to the problem of UAI and disproportional HIV-incidence among AAMSM, and informs future psychotherapeutic interventions targeting AAMSMs.

Purpose of the Study

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The purpose of this study was (a) to provide research that addresses concerns related to sexual identity research through a new model of intersectionality and (b) to address disproportional HIV incidence rates among AAMSM by providing a useful factor in understanding racism and homonegativity as contributors to AAMSM stress. This study proposed that higher levels of CIA will correlate with higher frequencies of UAI. The research questions for this study included:

- (a) Does CIA relate to perceptions and experiences of racism and homonegativity?
- (b) Does CIA relate to instances of UAI?
- (c) Are experiences of CIA different across age groups?
- (d) Is there a difference in CIA between age and church doctrine toward gay and bisexual individuals?

General Hypotheses

Research hypotheses for this study included:

Hypothesis 1: CIA will be positively and weakly correlated with perceptions of racism within the LGB community across lifespan.

Hypothesis 2: Younger AAMSM who experience perceived racism will demonstrate a stronger correlation with CIA than older AAMSM.

Hypothesis 3: CIA will be positively and weakly correlated with perceptions of homonegativity in one's racial/ethnic group across the lifespan.

Hypothesis 4: Younger AAMSM who experience perceived homonegativity will demonstrate a stronger correlation with CIA than older AAMSM.

Hypothesis 5: CIA will be positively and weakly correlated with perceptions of homonegativity in a spiritual/religious community.

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Hypothesis 6: CIA will be positively correlated with frequency of UAI.

Hypothesis 7: There will be significant differences between the two age groups, with the older participants scoring lower than the young participants on CIA.

Hypothesis 8: There will be significant differences between the two types of church doctrine surrounding LGB individuals, with the participants in churches with liberal church doctrines scoring lower than the conservative doctrine group on CIA.

Sample Description and Data Collection Procedures

The non-random sample for this study consisted of a national sample of 238 religiously-affiliated AAMSM between the ages of 18-30 and 40-80. Data collected for this study were subjected to correlational analysis, analysis of variance, and Fisher's Z test. A minimum of 136 participants were sought for this study and 238 respondents provided completed surveys for analysis. Instrumentation included informed consent, demographic questionnaire, Conflict in Allegiance questionnaire (Sarno et al., 2015), perceptions of racism in lesbian, gay, and bisexual communities assessment (Sarno et al.), an adapted version of Diaz, Ayala, and Bein's (2004) perceptions of homonegativity scale (Huebner et al., 2014), and a sexual health survey related to frequency of UAI. Qualtrics, an online survey program, collected data for 238 participants. These participants were recruited by the researcher through the Qualtrics data collection service.

Summary

This study addressed criticism levied against sexual identity research for not capturing the complex phenomena of identity formation within AAMSM. Through a Conflict in Allegiance approach, the study illustrated the role of intersectional identity phenomena in HIV incidence disproportionality. Specifically, this study demonstrated AAMSM experience of Conflict in Allegiance within spiritual, sexual, and racial/ethnic communities. According to

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Morales' (1983) intersectional model of sexual identity development, the experience of Conflict in Allegiance is associated with unresolved identity conflict. This identity conflict may correspond to sexual health behaviors, with Conflict in Allegiance being positively correlated to UAI. The collected data provided a look at the importance of religious, racial/ethnic, and sexual communities to AAMSM and examined how racism and homonegativity generate personal identity conflicts. A person within those communities may experience anxiety related to disclosure of sexual orientation identity. This experience, described as Conflict in Allegiance, was positively, but weakly correlated with unprotected anal intercourse. Survey data were statistically analyzed for relationships among variables. Limitations and results are reported to facilitate current understanding of AAMSM intersectional identities and intersectional experiences related to negative sexual health behaviors.

Chapter Two

Approaches to the study of sexual orientation identity development commonly illustrate the impact of oppression and marginalization of LGB populations (Mustanski et al., 2014). Historically, approaches to the study of sexual orientation identity development have moved from sequential-stage perspectives to more fluid descriptions of development. Two approaches that exemplify the before-described transition are Cass' six-stage model of sexual identity development and the theory of intersectionality. These approaches are reviewed in the following section, leading to the introduction of a new construct intended to address concerns found within stage models and intersectionality.

Six-Stage Model of Sexual Development.

Cass (1984) developed a six-stage model of sexual identity development intended to express the sequential progression of different cognitive states and behaviors related to sexual

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orientation. Cass' model is founded on data that were collected via a convenience sample (N=178). The sample consisted of men (n=109) and women (n=69) self-identified as lesbian, gay, and bisexual. The purpose of the study was to fill a void in literature by providing an empirically-founded model of homosexual identity formation. The study distributed two instruments: the Stage Allocation Measure (Cass, 1984) and the Homosexual Identity Questionnaire (Cass, 1984). The Stage Allocation Measure consists of written paragraphs that represent each of the Cass' sexual identity stages. The measure asks participants to select the stage description that achieves the best personal match. The Homosexual Identity Questionnaire is a 210 item instrument that asks questions related to the sexual identity stages presented within the model. Participants in Cass' study were intended to match particular stages via the questionnaire. A discriminant analysis allowed Cass to distinguish all six stages. The two measures were created for the purpose of Cass' study, representing some of the first quantitative measures of homosexual sexual orientation identity formation.

Cass (1984) intended the six stages of sexual identity development to demonstrate a linear path of homosexual identity formation. The stages are: Identity Confusion, Identity Comparison, Identity Tolerance, Identity Acceptance, Identity Pride, and Identity Synthesis. In the identity confusion stage, a person will perceive personal behavior as being defined as homosexual. An individual in the identity confusion stage will experience confusion about personal identity, especially as it relates to sexual orientation. The identity comparison stage involves the acceptance of potentially being homosexual. A person may begin to see the potential alienation associated with being homosexual. Social support may be sought out to lessen the experience of alienation. The identity tolerance stage refers to the increasing commitment to a homosexual identity. More social supports are sought; however, these supports

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are seen as needed, not desirable. Individuals tolerate but do not accept, a homosexual identity label.

The identity acceptance stage emerges after increased contact with a homosexual culture, encouraging a positive view on homosexuality. A person in the identity acceptance stage seeks to fit in, working towards a retention of a homosexual lifestyle. Selective disclosure begins to occur within family and friend groups. The identity pride stage follows, with higher levels of disclosure occurring. A person in the identity pride stage becomes aware of the oppression and stigmatization of homosexuals. The aforementioned awareness leads to anger and action via confrontation with heterosexual populations.

The final stage is identity synthesis. An individual in this final stage seeks positive relationships with homosexuals and heterosexuals, actively building awareness and collaboration within a community. The anger from the previous stages still persists; however, the expression of that anger is diminished. The homosexual identity no longer characterizes the entirety of a person; rather, an individual sees one's homosexual identity as an aspect of a larger identity.

The model proposed by Cass (1984) illustrates the role of fear of alienation in the prevention of sequential stage development. If a person experiences stigma related to sexual orientation identity, progress through all of the identity stages is less likely. Cass suggested that as an individual moves past fear, engagement in the social world improves, eventually leading to acceptance of self in the context of a social environment. The unique stressors (e.g., homonegativity) related to being of LGB status can suppress sexual orientation identity development. Cass' work provided a tool for conceptualizing homosexual identity development in a world filled with homonegativity.

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Results of the study indicated that few respondents (30%) were allocated to the first three stages of Cass (1984) model. Stages 1 and 2 and Stages 5 and 6 may be indistinguishable within the analysis and the lack of differentiation between stages may indicate that homosexual identity format is relegated to 4 sequential stages, not 6. Although not all of the stages came up in the analysis, the model proposed by Cass represents one of the first empirical models of homosexual sexual orientation identity development. Despite its asset as one of the first empirical models, many criticisms exist for the sex-stage model of sexual identity development.

Shortcomings of the Six-Stage Model of Sexual Identity Development

Mosher, (2001) criticizes the work of Cass, suggesting that homosexual identity development is a nonlinear and dynamic process. Mustanski et al. (2014) criticized stage models by arguing that stage-sequence models, such as the model proposed by Cass (1984), do not acknowledge the meaning making processes that exist within LGB individuals. Mustanski et al. elaborated that stage models ignore the role of social discourse in identity formation. For example, in the United States, a social discourse regarding the acceptance of lesbian, gay, and bisexuals has emerged within television, the internet, film, and other arenas (Magee, Bigelow, Dehaan, & Mustanski, 2011). Cass's model was developed before such prevalent advertisement of LGB acceptance. The cohort of participants recruited for the six-stage model study may have maintained different sexual development experiences due to societal changes. Although those changes may not be felt by some, the rigidity and linearity of Cass' model, along with other stages perspectives, stands as a significant criticism to sexual orientation identity development stage models.

Criticism towards Cass (1984) and other stage models also lies in samples used to develop the models. Mustanski et al. (2014) remarked that many stage models of sexual

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orientation identity development have relied on mostly white and male participants. Brown (2002) stated that social stigma experiences are different for both men and women, potentially generating differing stage sequences based on unique experiences of homonegativity. The use of mostly white and mostly male samples may obscure the non-heterosexual developmental experiences of non-white and non-male participants (Mustanski et al). In the case of Cass (1984), criticism regarding the model's difficulty in accounting for the unique sexual orientation identity experience of AAMSM stands as a reason to utilize accounts of development that target AAMSM and other dual-minority status individuals. The theory of intersectionality acts as a model that is designed to address the unique experience of AAMSM and other LGB people of color.

Intersectionality Theory

Defining Intersectionality

The theory of intersectionality was originally intended to address women of color whose experiences of both racism and misogyny largely went ignored by feminist literature (Davis, 2016). The dual-minority experience of lesbian African American women became acknowledged with the introduction of intersectionality theory. The unique experiences of oppression held by dual-minority status women required development of a theory that could engage individual experiences of sexism, classism, and other oppressive forces, simultaneously. Intersectionality, a theory that addresses the aforementioned experiences, refers to analytical approaches that, "...consider the meaning and consequences of multiple categories of social group membership" (Cole, 2009, p. 170). Intersectionality theory reflects the idea that some aspects of experience are "distinctive and not necessarily divisible into their component identities or experiences" (Parent, DeBlaere, & Moradi, 2013, p. 640). In the case of AAMSM, the

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experiences of being African American and non-heterosexual may be indivisible. Within intersectionality theory, homonegativity and racism jointly impact AAMSM, generating unique experiences of stress related to dual-minority status. Ultimately, the combined stress of racism and homonegativity may profoundly impact UAI, contributing to HIV incidence among AAMSM.

Within the counseling profession, DeBlaere, Brewster, Sarkees, and Moradi (2010) called for research to engage multiple identity experiences, stating that basing sexual orientation identity development of AAMSM and other dual-minorities on theories, constructs, and models normed on white LGB participants may overlook dual-minorities' experiences. DeBlaere et al. went on to note that ignoring experiences of dual-minority individuals diminishes the cultural sensitivity and responsiveness of counseling practice. Intersectionality theory provides a lens that promotes cultural responsiveness, both in research and in practice, catering to the multi-identity experiences of individuals like AAMSM.

Intersectionality as a Theory or Heuristic. Sarno et al. (2015) defined intersectionality as a theory; however, debate surrounds the categorization of intersectionality. Davis (2016) outlined the categories used to describe intersectionality, noting that intersectionality is thought of as a theory or as a heuristic device. Davis argued that intersectionality's vagueness has contributed to its success as an approach, appealing to various professions, including professions within the social sciences. Others argue differently, citing that intersectionality needs to be introduced as a theoretical concept in need of defined methodological guidelines (McCall, 2005). Discussions surrounding which categories (gender, sex, etc.) should be included and how many categories are sufficient for study has generated dissent among social scientists (Davis). Despite dissent and disagreement, work has begun on the use of intersectionality to address the

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experiences of dual-minority individuals. Approaches to intersectional research have been categorized into the additive approach and the interaction approach. The additive and interaction approaches often view intersectionality as a heuristic for study, rather than a theory. These two approaches are critiqued and the findings are examined in the next section, demonstrating the unique contribution of intersectionality research.

Additive Approach to Intersectionality. Additive approaches often look at single identity experiences and sum the experiences of those individual identities. Bowleg (2008) explained that instead of capturing the experience of being a dual-minority status individual (e.g., an African American gay male), the additive approach sums evaluations of each single identity (e.g., African American + gay + male). Reisen, Brooks, Zea, Poppen, and Bianchi (2013) conducted a quantitative intersectional study that examined the experience of discrimination of Latino MSM. Reisen et al. used an additive approach to examine the associations of discrimination experiences and gender nonconformity with mental health and gay collective identity. The purpose of the study was to show the viability of the additive model through results that matched existing minority stress models. HIV-positive Latino men who have sex with men (N=301) were recruited for the study. Participants were recruited from hospitals, clinics, and community agencies servicing HIV-positive individuals within New York City, Washington DC, and Boston. The participants' ages ranged from 23-62, with the majority of the participants (91%) being immigrants from Latin America. Participants were offered a Spanish or English electronic survey.

Riesen et al. (2013) used measures of gay discrimination, ethnic discrimination, gender nonconformity, depression, gay collective identity, and demographic variables. They hypothesized that (a) gender nonconformity provides additional explanation of depression past

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what can be explained by demographic data, (b) that discrimination contributes to depression, (c) that gender nonconformity provides additional explanation for a participant's gay collective identity (e.g., how important the gay community is to the participant), and (d) that both of the discrimination variables will explain gay collective identity beyond what is explained by gender nonconformity and control variables (i.e., age, education, income, and region of birth).

Hierarchical logistic set regressions were used as a means of testing the additive model of intersectionality. The analysis examined the unique contribution of each measured variable, making use of the approach typically attributed to the additive model. Spearman correlations were run to examine control variables. During the hierarchical set regression analyses, only control variables with significant bivariate relationships to the outcome were used (i.e., education, age and region of birth). Hierarchical set regressions tested each of the hypotheses. The study found support for each of the four hypotheses. For the first hypothesis it was found that gender conformity added to the explanation of depression. In other words, men who presented as less masculine were more likely to be depressed. For the second hypothesis it was found that discrimination experiences provided further explanation of depression, beyond the measured experiences of depression explained by demographic characteristics and gender nonconformity. For the third hypothesis it was found that gender nonconformity explained a participant's gay collective identity beyond demographic characteristics. Finally, for the fourth hypothesis it was found that discrimination variables contributed to the explanation of gay collective identity, past gender nonconformity and demographic characteristics.

The findings of Riesen et al.'s (2013) study indicated that experiences of discrimination are related to experiences of depression. The findings support the use of quantitative additive approaches to intersectionality as a means of exploring minority stress experiences. Riesen's et

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al. findings match existing minority stress explanations which state that stigma and an inferior social status contribute to a diminished mental health and an increased emotional distress.

Despite sophisticated statistical procedures and findings that correspond to existing minority stress models, several limitations and criticisms exist of both this research and the additive model.

Recruited participants came from a number of cultural contexts. These cultural contexts were not examined or controlled for, perhaps playing significant roles in the collected data. Dill and Kohlman, (2012) discussed that additive approaches often question the differences in the importance of group identities, ignoring contextual influences of the studied identity intersections. Ignoring such contextual factors may obscure contributions of other variables, ultimately failing to capture robust intersectional experiences (Sarno et al. 2015). Although the findings within Reisen et al. are significant and demonstrate the usefulness of the additive approach, the additive approach may not provide a glimpse at the intersectional experience of a dual-minority individual. Reisen et al. relied on independent measures of discrimination experience. Sarno et al. argued that quantitative studies, like that of Reisen et al., fail to capture intersectional phenomenon due to lack of available instrumentation. Although Reisen et al. succeeded in demonstrating the compounding stress of dual-minority individuals, future research should seek to utilize instrumentation that captures the context of a participant and seeks to uncover intersectional phenomenon unique to dual-minority individuals. The presentation of a construct that addresses the aforementioned concerns will follow after an analysis of the interactional approach of intersectionality.

Interactional Approach of Intersectionality. The interaction approach of intersectionality examines the relationships between variables that are part of multiple group

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memberships. This approach seeks to show how an aspect of an identity (e.g., gender identity) may impact experience differently, depending on the characteristics of another identity (e.g., cultural identity). An example of an interaction approach study is Szymanski and Gupta (2009), who investigated the interaction between internalized racism and internalized homonegativity. Szymanski and Gupta explored the relationships between internalized racism (IR), internalized heterosexism (IH), self-esteem, and psychological distress. The second purpose of the study was to investigate self-esteem and its potential role as a mediator between the internalized oppression variables and psychological distress. The participants consisted of 106 African American LGB persons. Both men (40%) and women (60%) were part of the study, with ages ranged 18 to 60 years, and a mean age of 31.17.

Szymanski and Gupta (2009) tested four hypotheses related to the relationships between multiple internalized oppressions and African American LGB participants. The first hypothesis stated that IR and IH are negatively correlated with self-esteem and positively correlated with psychological distress. The second hypothesis stated that IR and IH have direct and unique links to self-esteem and psychological distress. The third hypothesis tested whether interactions of IR and IH will account for variance in psychological distress beyond that accounted for by the unique links of both internalized oppression measures. Finally, the fourth hypothesis tested whether self-esteem would mediate the relationships between IR and IH and psychological distress.

Szymanski and Gupta (2009) measured internalized racism via the Preencounter Self-Hatred subscale of the Cross Racial Identity Scale (CRIS; Vandiver et al., 2002). The subscale consists of five items that assess an individual's negative views about being African American. Internalized heterosexism was measured via Herek, Cogan, and Gillis's (2000) short form of

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Martin and Dean's (1987) Internalized Homophobia Scale (IHS). The IHS is a five-item assessment relates to feelings of inadequacy due to homosexual status. Self-esteem was measured with the Rosenberg (1965) Self-Esteem Scale. This ten-item scale utilizes statements reflecting self-acceptance and self-worth, calling on the participant to use a four-point Likert scale to indicate level of agreement with a statement. Finally, psychological distress was assessed with the Hopkins Symptom Checklist (Derogatis, Lipman, Rickets, Uhlenhuth, & Covi, 1974). This 58 item instrument examines a number of psychological difficulties across a variety of symptom dimensions. These instruments were administered electronically and the collected data were subjected to a variety of statistical analyses.

Descriptive statistics were collected, showing no violations of skew and kurtosis. Hypothesis one was tested via correlational analysis. Self-esteem was significantly negatively correlated with IR and IH. Psychological distress was significantly positively correlated with IR, upholding the research hypothesis. Hypotheses two and three were tested via hierarchical multiple regressions. Hypothesis two was upheld and showed that IH and IR were independently predictive of psychological distress and self-esteem. Hypothesis three was not upheld, as interaction effects between IH and IR were not predictive of self-esteem and psychological distress. Finally, hypothesis four was tested via path analysis. The path analysis revealed that self-esteem mediated the relationship between IH and psychological distress. The mediation effects of self-esteem were not significant for IR. Szymanski and Gupta (2013) noted that the unique experience of the compounding impact of multiple internalized oppressions is profound, generating negative impact on self-esteem.

Relevant to the discussion on the interactional approach of intersectionality, the interaction of IR and IH did not generate significant results, with only IH being a significant

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unique predictor of psychological distress. The study failed to uphold the interaction approach of intersectionality. Within the interaction approach, IH and IR would have interacted, generating a unique experience of psychological distress. The results indicate that for African Americans of LGB status, IH is a unique predictor of psychological distress, not IR.

Assets of this study include the use of a sample of a population that is often ignored by research (Szymanski & Gupta, 2013). A dearth of literature exists on the impact of multiple minority status on mental health and this research helps to provide more data on the experiences of multiple-minority status individuals. Limitations include the use of a convenience sample and the use of correlational designs that may obscure the role of other variables. Szymanski and Gupta noted that instrumentation related to IH and IR may not be sensitive to the full range of oppression experiences.

Finally, criticisms made of additive approaches apply to this research. Sarno et al. (2015) notes that the study by Szymanski and Gupta (2013) and other interaction studies fail to capture contextual factors, such as experiences of community. Further criticism of both additive and interaction approaches includes questioning if the two approaches are, indeed, intersectional. Sarno et al. state that both the interaction and additive approaches utilize single-identity measures and do not focus on intersectional phenomenon. A need currently exists for intersectional constructs that take into account social contexts. Such a model may help elucidate the experiences of dual-minority status individuals, ultimately benefitting culturally-informed counseling practice.

CIA and Intersectional Theory

Conflict of Allegiance (CIA), defined as a perceived incompatibility between an LGB sexual orientation and racial/ethnic identities, is a construct of intersectionality theory that

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addresses the need for attention to social and cultural contexts. CIA was originally described as state of development by Morales (1989); however, CIA has subsequently been conceptualized as a construct with intersectional theory. Although not intersectional, Morales' model was one of the first examples of dual-minority sexual orientation identity development. The model elaborates on the need to reconcile multiple experiences of oppression within racial/ethnic and sexual support communities. Sarno et al. (2015) used Morales' model as inspiration for an intersectional study focused on the CIA construct. Sarno et al. argued that CIA is an intersectional construct in that it examines the level of compatibility between a racial/ethnic identity and sexual orientation identity. Few studies have investigated CIA, with much of literature focusing on qualitative inquiry.

Qualitative studies on the conflict between minority statuses of LGB people of color reveals the viability of CIA as an intersectional construct. These studies have focused on the conflict in allegiances that result from multiple identity memberships (Mao, McCormick, & Van de Ven, 2002; Goode-Cross & Good, 2009). Sarno et al. (2015) conducted quantitative research and investigated the CIA construct. Sarno et al. defined intersectionality as a theory, within which they sought to uncover constructs that express intersectional experiences. The use of intersectionality as a theory stands in contrast to the previously reviewed approaches of additive and interaction intersectionality research, which have described intersectionality as a heuristic concept.

Sarno et al. (2015) investigated CIA within LGB people of color (N=124). 52 men and 72 women of varying backgrounds acted as participants. The racial background of the participants was as follows: Asian (n=14), Black (n=27), Latino/Latina (n=28), Native American (n=9), Middle Eastern (n=29), and Multiracial (n=44). The researchers measured CIA and

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perceived racism using a new instrument that was factored after data collection. Mohr and Fassinger's (2003) scale that measures parental heterosexism was used. A group identity measure known as the Multigroup Ethnic Identity Measure (Phinney, 1992) was also used. The group identity instrument assessed the strength of Lesbian, Gay, and Bisexual (LGB) identity. The Outness Inventory (Mohr & Fassinger, 2000a) was also utilized and assessed the degree to which participants expressed personal sexual identity to others. Finally, a demographic measure was used.

Correlational analysis was employed to find positive associations between CIA and perceived racism in LGB communities and heterosexism in racial/ethnic communities. Correlations were sought between CIA and outness to family members and others. The researchers hoped to find that CIA was more strongly related to outness with family than outness to others. They used hierarchical multiple regression to show that for individuals who maintain a strong connection to one facet of identity, another facet of a group identity will be positively associated with CIA. This analysis is consistent with the "strong but separate identities" (Sarno et al., 2015, p. 552) perspective. Finally, the researchers used hierarchical multiple regression to find that for people with strong connections to one facet of identity, the other facet of identity will be negatively associated with CIA. This analysis is consistent with the "strong and integrated identities" (Sarno et al., 2015, p. 552) perspective. All hypotheses were supported after analysis, with the exception of CIA being positively related to perceived heterosexism in fathers.

Exploratory factor analysis was used to analyze the new measures of CIA and perceived racism in the LGB community. A two-factor solution was found and the two factors were CIA and perceived racism within an LGB community. The positive associations found between CIA

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and racism in the LGB community relate to the intersectional purpose of the study. CIA, described as an intersectional phenomena, was found to be associated with perception of racism. Sarno et al. (2015) explain that association between CIA and perceived racism was consistent with Morales' viewpoint that, "Anxiety about betraying either the ethnic minority or the gay/lesbian communities, when preference is given to one over the other, becomes a major concern" (Morales, 1989, p. 231).

Assets of the study include the use of intersectionality as a theory. McCall (2005) explained that intersectionality is in need of methodological guidelines and demarcated parameters. In the creation of CIA as an intersectional construct, Sarno et al. made a first step towards the creation of a stringent theory of intersectionality. Davis (2008) contended that studies such as Sarno et al. that assume intersectionality to be a theory ultimately mitigate confusion surrounding when and where intersectionality should be applied. In the case of Sarno et al., the researchers made clear that intersectionality should be used to uncover unique experiences and phenomenon that relate to dual-minority status individuals.

Other assets include the use of a diverse set of male and female participants from a variety of racial/ethnic backgrounds. Recruitment processes were completed through a variety of means, including the use of advertising, mailing lists, and recruitment at a national event for LGB people of color. Finally, Sarno et al. provide a method of intersectional investigation that contrasts with the additive and interaction approaches to intersectionality. Focus is also given to the context of the participant, addressing previously mentioned concerns regarding a lack of contextual investigation. The Culture and LGB Identity assessment attempts to focus on the notion of community context, asking about the ways a community treats or sees the participant.

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Limitations for Sarno et al. (2015) include the need for further validation of the developed instrument. The study utilized EFA to factor a new measurement tool intended to measure CIA and perceived racism. This instrument, along with the CIA construct, needs further validation with different LGB people of color participant pools. Sarno et al. note that the small participant pool may limit generalizability, and call for future studies to find larger sample sizes. The limited sample sizes also prevented separate analyses for each racial/ethnic group. As experiences of racism and homonegativity are potentially different for each racial/ethnic group, individual analyses may highlight those differences.

Finally, although the inclusion of racial/ethnic groups and sexual orientation support communities is pertinent to all of the sampled participants, other community supports may be of importance to LGB people of color. For AAMSM, the experience of homonegativity within a religious/spiritual community may be significant. Szymanski and Gupta (2009) remarked that future intersectionality research should investigate contexts that maintain unique characteristics and generate particular issues for AAMSM. Specifically, Szymanski and Gupta highlighted spiritual/ religious context to be of pertinence to AAMSM due to the importance of the African American church. Although limitations exist within Sarno et al., the use of CIA as an intersectional construct may be useful for describing the experiences of AAMSM, especially with the inclusion of more participants and adding a dimension of spiritual community to the CIA measure.

Adding Religious Contexts. The addition of faith-based organizations as a context of study may enhance future intersectionality research that utilizes CIA. Wright and Stern (2015) have defined spirituality as, "...an individual relationship with or connection to a higher power or intrinsic belief that motivates behaviors and provides meaning and purpose" (p. 1).

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Individuals with such beliefs are often participants within religious/faith-based communities.

The importance of spirituality and religious contexts to the AAMSM experience may be significant. Griffin (2006) stated the following:

The Black church has functioned as the center of Black people's lives from its origins as an invisible institution during chattel slavery to its present day as a highly visible institution. Being one of the few institutions owned by Black people for Black people, the Black church, at its best, has not only served as a house of worship, but has also provided social status, hope, and stability for the millions of Africans who have lived in America. (p. 55)

Hill and McNeely (2013) commented that although the institution of the church is important to the African American identity experience, the Black church is seen, by many AAMSM as a source of condemnation. Despite being a common source for rejection and psychological harm, the church also has the potential to act as a positive in the lives of AAMSM. Pitt (2010) conducted a qualitative study with 34 Black self-identified gay men, demonstrating the positive aspects of spirituality and religious faith expression. Many of the participants in the study cited being fully involved in their faith communities, experiencing connection, acceptance, and the ability to take on leadership roles. Spiritual/religious contexts can act as contributors to AAMSM stress and as supports to counteract AAMSM stress.

Wright and Stern (2015) also conducted a study on the subject of spirituality and LGB individuals. They examined spirituality and its impact on gender norms for LGB participants. The researchers recruited 109 participants who self-identified as lesbian, gay, or bisexual. They hypothesized a negative association between spirituality and heteronormativity, and a positive relationship between heteronormativity and a negative identity. The study utilized the Intrinsic

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Spirituality Scale (Hodge, 2003), a 6-item instrument that measures the degree to which nonreligious spirituality serves as a motivator of behaviors. The Lesbian, Gay, and Identity Scale. They also utilized the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Fassinger, 2000b), a 27-item scale that measures the dimensions of the LGB identity. This instrument was used to assess positive and negative attitudes of one's non-heterosexual identity. Finally, the Heteronormative Attitudes and Beliefs scale (Habarth, 2008), a 16-item instrument, was used to assess participant's experiences of heteronormative expectations within communities.

Wright and Stern (2015) performed hierarchical regressions to devise a regression network that demonstrated mediations. The results showed spirituality predicted a negative attitude towards LGB identity, with heteronormativity acting as a mediator between a negative attitude towards LGB identity and spirituality. Although the participant pool was relatively homogenous, this study does provides data regarding the role of spirituality and faith-based contexts as a factor that contributes negative attitudes towards sexual identity among LGB people. Wright and Stern explains that such negative attitudes are often the result of homonegativity within a religious context, elaborating on the notion that spiritual/religious contexts may contribute to overall stress of AAMSM.

Another study that examined spiritual/religious contexts and LGB stress was conducted by Beagan and Hattie (2015). Beagan and Hattie conducted a phenomenological study of 35 LGB adults, elaborating on the harm caused by religious organizations. This study utilized semi-structured interviews to explore experiences of religion and spirituality among the LGB participants. The participants identified as male (11), female (19), trans/queer (4), and other (1). The ages ranged from 20 to 68, with a generally even distribution of participants. The dominant theme taken from the participants was the negative association held by faith traditions towards

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LGB individuals. Beagan and Hattie noted that participants recall experiences of guilt, shame, sex negativity, community disconnection, among other experiences. Most of the participants maintained Christian faith traditions, limiting the generalizability of the findings. Beagan and Hattie performed member checking and a coding team to improve the trustworthiness of the study. Despite limitations, the collected data correspond to Wright and Stern's (2015) findings, indicating the pain experienced by LGB people that maintain a connection to a spiritual/religious context.

The inclusion of spirituality and its related contexts in future intersectionality theory research may be valuable. As noted previously, UAI is directly linked to experiences of oppression. The Black church, as noted by Beagan and Hattie (2015) and Wright and Stern (2015) can be a source of homonegativity, ultimately contributing to experiences stress among AAMSM. Wright and Stern noted that LGB individuals seeking a relationship with a higher power may find that power is associated with a theology of homosexual condemnation. Conversely, individuals low in spirituality may have consciously engaged in spiritual and religious rejection due to homosexual condemnation. In both cases, an experience of conflict of allegiance may be present, with an individual situated between a faith-based community and a sexual orientation support community. Currently, no studies examine the role of CIA in spiritual identity and sexual orientation identity. The unique stress of being a dual-minority within a spiritual context may be significant, thus warranting future research to seek out intersectional constructs, such as CIA, as a means of addressing the experiences AAMSM.

The Intersection of Identities

CIA, as applied to the intersection of spiritual identity, racial identity, and sexual identity, may provide a look at how these three identities mutually constitute one another, contribute to

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anxiety related to community participation, and ultimately relate UAI and disproportional HIV incidence among AAMSM. Beagan and Hattie (2015) have called for future intersectionality research to investigate the intersection of spiritual identity, racial identity, and sexual identity. They have noted that the intersection of spirituality on racial and sexual identities may be profound, making such research valuable to the understanding of intersectional experiences and to clinical intervention.

As indicated earlier by Rosario et al. (2001), distress related to disclosure of sexual orientation identity is significant and relates to AAMSM sexual health behaviors. If an AAMSM is unable to disclose a sexual orientation identity, the failure to disclose may be the result of anxiety regarding the disclosure process. A failure to disclose sexual orientation identity to a community may correspond to a perceived incompatibility between a support community and a non-heterosexual status. Relabeling this experience as CIA may be pertinent for AAMSM as disclosure of sexual orientation identity may maintain an extra layer of stress due to the potential for multiple rejections from various communities (Díaz, Ayala, Bein, Henne, & Marin, 2001; Parks, Hughes, & Matthews, 2004). The CIA construct potentially encompasses anxiety related to disclosure and loss of community, highlighting its relevance for study.

Future intersectionality study should include data that illustrates the interplay of sexual identity, spiritual identity, and racial identity as a means of highlighting this intersectional experience. This data should, if possible, come in the form of quantitative data. As copious qualitative data have already been collected on the subject of sexual identity, future research is needed to make generalizable models of sexual identity that include the intersectionality of other identities (e.g., religious/spiritual and racial/ethnic identities). A quantitative study utilizing a modified version of the Sarno et al. (2015) Culture and LGB Identity instrument would help

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facilitate the understanding of racial/ethnic, spiritual, and sexual identity intersectionality.

Examining the CIA associated with the aforementioned identities could be useful to counselors seeking to target sexual risk-taking behaviors, such as UAI, by facilitating understanding of intersectional experience of dual-minority status individuals. The use of CIA would also address some of the concerns researchers have voiced related to the additive and interaction approaches of intersectionality. CIA provides an intersectional understanding of dual-minority status, a status which is proven to be complex and sophisticated (Morales, 1989). This enhanced conceptualization provides counselors with meaningful terminology that explains the distress associated with AAMSM experience of oppressive forces, such as homonegativity and racism. By addressing homonegativity and racism in a way that encompasses the unique experience of AAMSM, counselors may be better equipped to target UAI and the disproportional incidence of HIV among AAMSM.

Chapter Three

Research Methodology

Introduction

This methods section describes the sample of study, the research design and associated procedures, research questions and hypotheses, and the means of analyses. This research was intended to show the role Conflict in Allegiance plays in the lives of African American men who have sex with men (AAMSM).

Sample

The sample for this study required a minimum 136 religiously-affiliated AAMSM between the ages of 18-30 and 40-80. This non-random and voluntary sample was intended to be made up of at least two different groups: 68-younger AAMSM (ages 18-35) and 68-older

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AAMSM (ages 36-80). The Centers for Disease Control and Prevention state that AAMSM between the ages of 13-24 make up 39% of new African American HIV infections (Centers for Disease Control and Prevention, 2014). This cross-section of AAMSM represents a high risk population for HIV infection. This study examined CIA and if experiences of CIA differ among age groups, providing further exploration of the issue of disproportionality among the 13-24 age group. Data collected for this study were subjected to tests of variable relationships and mean score differences

Data Collection

Participants were asked to complete an informed consent. A demographic questionnaire ensured participants matched the intended population on the basis of age (AAMSM ages 18-80). Participants completed instruments designed to examine Conflict in Allegiance, frequency of UAI, perceptions of racism, perceptions of homonegativity, and participant demographics. Qualtrics, an online survey program, was used to collect data from 238 participants. Participants were recruited by Qualtrics through website intercept recruitment, member referrals, targeted email lists, gaming sites, customer loyalty web portals, permission-based networks, and social media. Participants were verified through a double-opt-in process and agreed to take part in surveys for the chance to win a \$25 Visa gift card.

Instrumentation

Informed consent (Appendix A). Informed consent ensures participants are aware of the process and procedure of participation in this study. The informed consent included the intended subjects, a brief description of the instruments, risks associated with study participation, a right to refuse clause, a privacy and release of information statement, the name of the researcher and contact information, and the contact information for the chair of the Protection of

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Human Subjects Committee at the College of William and Mary. The informed consent stated the approximate time required to complete the instrument.

Demographics: Participants completed a demographic questionnaire that asked for their age and a characterization of their church's religious doctrine toward LGB individuals (i.e., liberal or conservative).

Conflict in Allegiance: Conflict in Allegiance was measured via the CIA subscale developed by Sarno et al. (2015). Sarno et al. created this subscale as part of the Culture and LGB Identity scale. The six-item subscale is intended to measure CIA (e.g., I feel little or no conflict between my cultural identity and my identity as a [lesbian, gay, or bisexual]; responses range from *disagree strongly* to *agree strongly*). When referencing a participant's cultural identity as illustrated in the aforementioned example question, the participant was asked to select the cultural identity that had the most saliency for the participant. Sarno et al. commented that participants in her research included "people of color" and uniformly identified their corresponding racial/ethnic groups to be their most salient cultural group. As a measure of internal consistency, Sarno et al. reported a coefficient alpha of .86 for 124 lesbian, gay, and bisexual men who completed the CIA subscale.

Perceived Racism in LGB Community: The Perceived Racism in LGB Community subscale was developed by Sarno et al. (2015). Sarno et al. created this subscale as part of the Culture and LGB Identity scale. This subscale consists of four items is intended to assess perceptions of racism within sexual orientation support communities (e.g., I have personally experienced cultural prejudice within the LGB community). Sarno et al. reported a coefficient alpha of .74 for 124 lesbian, gay, and bisexual participants who completed the CIA subscale. Items are rated on a seven point Likert scale ranging from *disagree strongly* to *agree strongly*.

Perceived Homonegativity in Racial and Religious Communities: Huebner et al. (2014) adapted a perceived homonegativity scale from Diaz, Ayala, and Bein's (2004) long-form assessment designed to assess experiences of homonegativity within the past year. The adapted scale was piloted on a sample (N= 1,289) of AAMSM between the ages of 18-29. They report a coefficient alpha of .75 for the sample. The scale is composed of seven items intended to measure perceptions of homonegativity, including how often men would be beaten for being effeminate or for being attracted to other men. Other items include how often the participant hears that "gay people will be alone when they grow old," or that "homosexuals are sinners." Likert scale responses are recorded and range from *never* to *very often*. This scale is used twice in this study in order to contextualize each distribution of the scale to racial/ethnic and sexual orientation contexts. The surveys included separate instructions for each distribution in order to contextualize the homonegative experiences to either a racial/ethnic community or a sexual orientation community (e.g., Please indicate the extent to which you have experienced the following actions or heard the following sentiments within your religious/spiritual community).

Unprotected Anal Intercourse (UAI): Participants were asked to report the frequency over the past 3 months of receptive or insertive anal intercourse without a condom with partners who were casual and not-casual.

Research Questions and Hypotheses

Research Questions: The research questions for this study were:

- (a) Does CIA relate to perceptions and experiences of racism and homonegativity?
- (b) Does CIA relate to instances of UAI?
- (c) Are experiences of CIA different across age groups?

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(d) Is there a difference in CIA between age and church doctrine toward gay and bisexual individuals?

The following hypotheses were utilized for this study:

Hypotheses:

Hypothesis 1: CIA will be positively and weakly correlated with perceptions of racism within the LGB community across lifespan.

Hypothesis 2: Younger AAMSM who experience perceived racism will demonstrate a stronger correlation with CIA than older AAMSM.

Hypothesis 3: CIA will be positively and weakly correlated with perceptions of homonegativity in one's racial/ethnic group across the lifespan.

Hypothesis 4: Younger AAMSM who experience perceived homonegativity will demonstrate a stronger correlation with CIA than older AAMSM.

Hypothesis 5: CIA will be positively and weakly correlated with perceptions of homonegativity in a spiritual/religious community.

Hypothesis 6: CIA will be positively correlated with frequency of UAI.

Hypothesis 7: There will be significant differences between the two age groups, with the older participants scoring lower than the young participants on CIA.

Hypothesis 8: There will be significant differences between the two types of church doctrine surrounding LGB individuals, with the participants in churches with liberal church doctrines scoring lower than the conservative doctrine group on CIA.

Data Analysis

SPSS was used to analyze collected data. Descriptive statistics illustrated data distribution by age and religious affiliation, examining normality of distributions. Correlations

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were conducted for hypotheses one, three, and five to determine relationships between CIA and perceptions of racism and heterosexism. Fisher z contrasts between obtained correlations were conducted on the basis of participant age (i.e., younger versus middle age versus older participants). For hypothesis six, a correlation was conducted to explore the association between CIA and frequency of UAI. Hypothesis seven and eight used a 2 x 2 between subjects ANOVA, with age (i.e., younger and older) and church doctrine toward LGB individuals (i.e., conservative and liberal). Significant main effects for race ethnicity were followed up with Tukey post hoc analyses; interactions were followed up to investigate simple effects.

Summary

This study contributed to the extant literature on intersectional research on the topic of AAMSM. Utilizing the CIA construct expanded methods of intersectionality research and it addressed concerns related to other models of intersectionality research. The findings are hoped to be utilized by practitioners to create intervention models that acknowledge the intersectional nature of sexual, spiritual, and racial identity. Through the administration of the CIA Scale, Racism in LGB Communities Scale, Perceived Homonegativity in Racial and Religious Communities Scales, and a frequency of unprotected anal intercourse scale, this study explored associations between these measures. Additionally, this study examined differences in the experiences of CIA among participants from younger and older age groups, and conservative and liberal religious congregations. Ethical standards were maintained during the data collection and analysis procedures. The next chapter will describe the results from the significance tests for each of the hypotheses.

Chapter Four

Results

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Chapter Four provides the results of this study, including participant demographic information and statistical analysis of collected data. A description of the sample studied and a description of the statistical procedures outlined in chapter three are included in this chapter. The statistical analyses utilized in this study include bivariate correlations with Fisher z contrasts and a two-way analysis of variance (ANOVA). The significance level for all conducted analyses was an alpha set to $p \leq .05$, which is the significance level commonly used in psychological and educational research (Aron & Aron, 1994; Gall, Gall, & Borg, 2007). This significance level was also chosen to reduce the likelihood of a Type 1 error (Gall et al., 2007).

Description of the Study

Sampling

This study examined the relationships between Conflict of Allegiance (CIA), racism in LGB communities, homonegativity in racial communities, homonegativity in religious communities, and frequency of Unprotected Anal Sex (UAI). Participants were recruited nationally by Qualtrics through website intercept recruitment, member referrals, targeted email lists, gaming sites, customer loyalty web portals, permission-based networks, and social media. Participants were verified through a double-opt-in process and agreed to take part in surveys for a 25 dollar visa gift card. The survey was available for a two-week period during the month of January.

Through Qualtrics, a non-random sample of 244 religiously-affiliated African-American men who have sex with men (AAMSM) were surveyed, providing 238 responses that could be used for analysis. Two-hundred forty-four individuals completed the informed consent, the demographics questionnaire, and the CIA and racism in LGB communities scales. Six of the participants acknowledged that they did not want to answer a number of the homonegativity

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scales and were removed from analysis. Two-hundred thirty-eight participants completed all of the distributed instruments, resulting in 238 protocols that were used for the data analyses.

Instrumentation

The survey first required the completion of the informed consent. A demographics form followed the informed consent, which was followed in its administration by five formal assessments. All data were collected via Qualtrics and online survey tools. The instruments for this study were: the Conflict in Allegiance Scale (Sarno et al., 2015), the Perceptions of Racism in Lesbian, Gay, and Bisexual Communities Scale (Sarno et al., 2015), an adapted version of Diaz, Ayala, & Bein's (2004) Perceptions of Homonegativity Scale (Huebner et al., 2014), and a sexual health survey related to frequency of UAI.

Demographic Information

Total Sample

Participants provided demographic information for this study. The collected demographic information included each participant's age bracket (i.e., 18-35 and 36+) and a selection that described the perceived doctrine of the participant's religious institution (i.e., conservative and liberal). Additionally, participants were asked to agree to answer all questions honestly and to thoroughly read all provided instructions. If participants indicated that they did not agree to the aforementioned, the participant was taken to the end of the survey.

Age and Religious Affiliation

The age range for this sample was from 18 to 80 years. Participant's age was indicated by answering the following question: "What is your age?" Two answers were made available to the participants: "18-35" and "36+." One-hundred forty-seven participants (61.8%) identified as being between the ages of 18 and 35; ninety-one participants (38.2%) identified as being 36

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years or older. Participants were also asked to describe the perceived religious doctrine of their religious institution (i.e., liberal or conservative). One-hundred fifty-three participants (64.3%) indicated that they perceived their religious institution was liberal. Eighty-five participants (35.7%) indicated that they believed their religious institution was conservative.

Instrument Descriptive Statistics

Conflict in Allegiance

The Conflict in Allegiance (CIA) Scale (Sarno et al., 2015) is a six-item assessment of a participant's perceived incompatibility between their sexual orientation and racial/ethnic identities. Scores for the CIA Scale are assessed on a 7-item Likert scale ranging from "disagree strongly" to "agree strongly." Scores on CIA items are summed to determine the level of CIA experienced by the participant. For this study, the CIA Scale was analyzed to assess levels of CIA in the participants.

Two-hundred thirty-eight valid responses to the distributed homonegativity scales were used for statistical analysis. The range for the scale was 6 to 40 with a mean of 22.21 and a standard deviation of 7.77. The mean item response was 3.70, with a standard deviation of 1.29. Skewness for the scale was .01 with a standard error of .16, suggesting a symmetrical distribution of scores around the mean; and kurtosis was -.74 with a standard error of .31, suggesting a platykurtic distribution in which scores are more widely distributed compared to a normal curve. Cronbach's alpha for the CIA Scale was .70, indicating 70% of the variance generated by the instrument was reliable and 30% of the variance is attributed to measurement error. Sarno et al. (2015) reported a mean for responses of 2.63 with a standard deviation of 1.47 for the total sample of LGB of color participants. Further, Sarno et al. reported a mean of 2.64 for participants described as people of color, which is more than a half standard deviation less

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than the current sample. Caution should be taken when comparing the results of Sarno et al. with this current study as only 27 of the participants in Sarno et al.'s study identified as being Black. In a more recent study by Santos and VanDaalen (2016), a larger sample of participants (n=208), including a slightly larger sampling of Black participants (n=49), demonstrated a mean of 3.58 and a standard deviation of 1.42 for the entire sample, which is more comparable to the descriptive characteristics of the current sample. No racial demographic breakdown of the CIA Scale is provided in the study; however, a Cronbach's alpha of .80 was reported for the scale.

Participants from liberal religious institutions aged 18-35 had a mean CIA score of 23.50 with a standard deviation of 7.22. Participants aged 18-35 from conservative religious institutions had a mean CIA score of 21.79 with a standard deviation of 8.14. Participants aged 36+ from liberal religious institutions had a mean of 21.43 with a standard deviation of 7.85 for CIA. Finally, participants aged 36+ from conservative religious institutions had a mean CIA score of 20.66 with a standard deviation of 8.31. Full descriptive statistics for mean items responses are reported in Table 1. As noted, demographic descriptive statistics remain in line with the results found by Santos and Van Daalen (2016).

Table 1

Descriptive Statistics for Conflict in Allegiance

Demographic	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
1. 18-35/Lib	89	3.91	1.20	[1.50 – 6.67]
2. 18-35/Conserv	58	3.63	1.35	[1.33 – 6.67]
3. 36+/Lib	64	3.57	1.30	[1.00 – 6.17]
4. 36+/Conserv	27	3.44	1.38	[1.00 – 5.83]

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

Perceived Racism in LGB Communities

The Perceived Racism in LGB Communities Scale is a four-item measure of a participant's perception of racism within their LGB community. Scores for the Perceived

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Racism in LGB Communities Scale are assessed on a 7-item Likert scale ranging from “disagree strongly” to “agree strongly.” Scores across items are summed to determine the level of perceived racism experienced by the participant. For this study, the scale was analyzed to assess levels of perceived racism in LGB communities held by the participants.

Two-hundred thirty-eight valid responses to the Perceived Racism in LGB Communities Scale were collected and used for statistical analysis. The range for the scale was 1 to 28 with a mean of 14.98 and a standard deviation of 5.91. The mean item response was 3.70 with a standard deviation of 1.29. Skewness for the scale was .02 with a standard error of .16, suggesting a symmetrical distribution of scores around the mean. Kurtosis was -.73 with a standard error of .31, suggesting a platykurtic distribution in which scores are more broadly distributed as in a normal curve. Sarno et al. (2015) reported a mean of 2.94 for participants described as people of color; however, no standard deviation was reported. Cronbach’s alpha for the CIA scale was .73, indicating 73% reliable variance and 27% of the variance associated with measurement error. Sarno et al. (2015) reported a mean for responses of 2.92 with a standard deviation of 1.46.

Concerning the demographic breakdown of the current sample, participants from liberal religious institutions aged 18-35 had a mean score on the Perceptions of Racism in Lesbian, Gay, and Bisexual Communities Scale of 16.13 with a standard deviation of 5.86. Participants aged 18-35 from conservative religious institutions had a mean score of 14.84 with a standard deviation 5.91. Participants aged 36+ from liberal religious institutions had a mean of 14 with a standard deviation of 5.77. Finally, participants aged 36+ from conservative religious institutions had a mean score of 13.81 with a standard deviation of 6.07. Full descriptive statistics for mean items responses are reported in Table 2.

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Table 2

Descriptive Statistics for Perceptions of Racism in Lesbian, Gay, and Bisexual Communities Scale

Demographic	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
1. 18-35/Lib	89	4.03	1.46	[1.00 – 7.00]
2. 18-35/Conserv	58	3.71	1.47	[1.00 – 7.00]
3. 36+/Lib	64	3.50	1.44	[1.00 – 6.25]
4. 36+/Conserv	27	3.45	1.51	[1.00 – 6.00]

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

Perceived Homonegativity in Racial and Religious Communities

The Perceived Homonegativity Scale (Huebner et al. 2014) is composed of seven items intended to measure perceptions of homonegativity in one’s community context. Responses are recorded on a 7-point Likert scale ranging from “never” to “very often.” Participants are also offered the opportunity not to take the survey by selecting “don’t know” and “refuse to answer.” The scores of the scale are summed to demonstrate the level of perceived homonegativity experienced by the research participant. The scale was distributed twice in order to contextualize the questions into two different community experiences: the participants’ racial community and their religious community. To provide context for each of the two surveys into the aforementioned community context, the participants were prompted to read instructions that stated, “Please tell us about your experiences in the past year in your African-American community,” and, “Please tell us about your experiences in the past year in your religious community.” These separate test items were distributed and statistically analyzed to assess for levels of homonegativity.

Two-hundred thirty-eight valid responses to the Perceived Homonegativity in Racial Communities Scale were collected and used for statistical analysis. The range for the Perceived Homonegativity in Racial Communities Scale was 7 to 35 with a mean of 17.77 and a standard deviation of 7.60. The mean item response was 2.53 with a standard deviation of 1.08.

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Skewness for the scale was .40 with a standard error of .15, suggesting a somewhat positively skewed distribution around the mean. The kurtosis was -.75 with a standard error of .31, indicating a platykurtic distribution in which scores are more broadly distributed compared to a normal curve. Cronbach's alpha for the Perceived Homonegativity in Racial Communities Scale was .86, indicating 86% of the variance generated by the instrument was reliable and 14% of the variance is attributed to measurement error.

The demographic breakdown of descriptive statistics demonstrates that participants from liberal religious institutions aged 18-35 had a mean score on the Perceived Homonegativity in Racial Communities Scale of 18.23 with a standard deviation of 8.34. Participants aged 18-35 from conservative religious institutions had a mean score of 19.41 with a standard deviation 7.47. Participants aged 36+ from liberal religious institutions had a mean of 15.90 with a standard deviation of 6.47. Finally, participants aged 36+ from conservative religious institutions had a mean score of 17.18 with a standard deviation of 7.16 on the Perceived Homonegativity in Racial Communities Scale. Full descriptive statistics for mean items responses are reported in the table below.

Table 3

Descriptive Statistics for Perceived Homonegativity in Racial Communities Scale

Demographic	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
1. 18-35/Lib	89	2.60	1.19	[1.00 – 5.00]
2. 18-35/Conserv	58	2.77	1.06	[1.00 – 5.00]
3. 36+/Lib	64	2.27	0.92	[1.00 – 4.43]
4. 36+/Conserv	27	4.57	1.02	[1.14 – 4.57]

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

For the Perceived Homonegativity in Religious Communities Scale, two-hundred thirty-eight valid responses were collected and statistically analyzed. The range for the scale was 7 to 35 with a mean of 16.87 and a standard deviation of 8.14. The mean item response was 2.41

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with a standard deviation of 1.16. Skewness for the scale was .55 with a standard error of .15, suggesting a somewhat positively skewed distribution. The kurtosis was -.74 with a standard error of .31, suggesting a platykurtic distribution in which scores are broader than a normal distribution. Cronbach's alpha was .88, which indicates that 88% of the variance generated by the Perceived Homonegativity in Religious Communities Scale is true and reliable; 12% is due to measurement error. Huebner et al. (2014) did not report the standard deviation and mean for the homonegativity scale; however, Cronbach's alpha in that study is reported to be .75.

Participants from liberal religious institutions aged 18-35 had a mean score of 17.49 on the Perceived Homonegativity in Religious Communities Scale with a standard deviation of 9.17. Participants aged 18-35 from conservative religious institutions had a mean score of 18.39 with a standard deviation 7.48. Participants aged 36+ from liberal religious institutions had a mean Perceived Homonegativity in Religious Communities Scale score of 15.20 with a standard deviation of 6.98. Finally, participants aged 36+ from conservative religious institutions had a mean score of 15.55 with a standard deviation of 7.96. Full descriptive statistics for mean items responses are reported in the table below.

Table 4

Demographic	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
1. 18-35/Lib	89	2.49	1.31	[1.00 – 5.00]
2. 18-35/Conserv	58	2.62	1.06	[1.00 – 5.00]
3. 36+/Lib	64	2.17	0.99	[1.00 – 4.57]
4. 36+/Conserv	27	2.22	1.13	[1.00 – 5.00]

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

Unprotected Anal Intercourse (UAI)

Additional questions were created for this survey to assess the frequency of participants' unprotected anal intercourse over the past 3 months. Two questions were asked to assess UAI:

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“How many times have you had anal sex without a condom with a committed partner over the past 3 months?” and “How many times have you had anal sex with a non-committed partner over the past 3 months?” Participants self-reported frequency of UAI on a 5-point Likert scale with response one indicating “0,” response two indicating “1-5,” response three indicating “6-10,” response four indicating “11-15,” and response five indicating, “16 or more.” Two-hundred thirty-eight participants responded to both questions, providing an indication of the number of times the participant engaged in UAI over the past 3 months.

Responses were recorded and analyzed for two-hundred thirty-eight participants. The range for the scale was 2 to 10 with a mean of 3.51 and a standard deviation of 1.90. The mean item response was 1.75 with a standard deviation of .95. Skewness for the scale was 1.48 with a standard error of .15, suggesting a positively skewed distribution. The kurtosis was 1.92 with a standard error of .31, suggesting a leptokurtic distribution in which scores are not as widely distributed as in a normal curve. Cronbach’s alpha for the UAI questions was .68, indicating 68% of the variance generated by the instrument was reliable and 32% of the variance is attributed to measurement error. For the “How many times have you had anal sex without a condom with a committed partner over the past 3 months?” 47.5 percent of overall participants indicated having some frequency of UAI. The demographic breakdown indicates that 34% of those aged 18-35 and from liberal religious institutions had UAI with committed partners. For the second question, “How many times have you had anal sex without a condom with a non-committed partner over the past 3 months?” 40.7 percent of overall participants indicated having some frequency of UAI. Frequency of UAI with committed and non-committed partners for each subgroup are found in Tables 5 and 6, respectively. Descriptive statistics are noted in Table 7.

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Table 5

Frequency of Unprotected Anal Intercourse with a Committed Partner for All Subgroups

Demographic	<i>n</i>	0	1-5	6-10	11-15	16 or more
1. 18-35/Lib	89	34	30	12	6	7
2. 18-35/Conserv	58	29	19	9	3	4
3. 36+/Lib	64	43	12	3	3	3
4. 36+/Conserv	27	19	4	1	1	2

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

Table 6

Frequency of Unprotected Anal Intercourse with a Non-Committed Partner for All Subgroups

Demographic	<i>n</i>	0	1-5	6-10	11-15	16 or more
1. 18-35/Lib	89	39	34	5	7	4
2. 18-35/Conserv	58	37	14	4	1	2
3. 36+/Lib	64	45	15	2	1	1
4. 36+/Conserv	27	20	6	0	1	0

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

Table 7

Descriptive Statistics for Unprotected Anal Intercourse

Demographic	<i>n</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
5. 18-35/Lib	89	2.01	1.03	[1.00 – 5.00]
6. 18-35/Conserv	58	1.76	0.96	[1.00 – 5.00]
7. 36+/Lib	64	1.50	0.81	[1.00 – 4.50]
8. 36+/Conserv	27	1.48	0.71	[1.00 – 3.00]

Note: Lib = Liberal Religious Institution, Conserv = Conservative Religious Institution

Statistical Analysis of Research Questions and Hypotheses

The purpose of this study was to answer the following questions: (a) Does CIA relate to perceptions and experiences of racism and homonegativity? (b) Does CIA relate to instances of UAI? (c) Are experiences of CIA different across age groups? (d) Is there a difference in CIA between age and church doctrine toward gay and bisexual individuals? The following were hypotheses guiding this study:

Hypothesis 1: CIA will be positively and weakly correlated with perceptions of racism within the LGB community across lifespan.

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Hypothesis 2: Younger AAMSM who experience perceived racism will demonstrate a stronger correlation with CIA than older AAMSM.

Hypothesis 3: CIA will be positively and weakly correlated with perceptions of homonegativity in one's racial/ethnic group across the lifespan.

Hypothesis 4: Younger AAMSM who experience perceived homonegativity will demonstrate a stronger correlation with CIA than older AAMSM.

Hypothesis 5: CIA will be positively and weakly correlated with perceptions of homonegativity in a spiritual/religious community.

Hypothesis 6: CIA will be positively correlated with frequency of UAI.

Hypothesis 7: There will be significant differences between the two age groups, with the older participants scoring lower than the young participants on CIA.

Hypothesis 8: There will be significant differences between the two types of church doctrine surrounding LGB individuals, with the participants in churches with liberal church doctrines scoring lower than the conservative doctrine group on CIA.

Hypothesis I

The first hypothesis for this study was that CIA will be positively and weakly correlated with perceptions of racism within the LGB community across lifespan. A Pearson product moment correlation was computed to test this hypothesis. As hypothesized, the results yielded a statistically significant positive, but moderately strong correlation between the CIA Scale and the Perceptions of Racism within the LGB Community Scale ($r = .55, p \leq .05$). A correction for attenuation estimated a strong correlation between the two scales ($r = .77, p \leq .05$). A correlation of this magnitude estimates that 59% variance of these two perception-oriented scales is shared between participants' CIA and perceptions of racism in the LGB community.

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Hypothesis II

The second hypothesis for this study was that younger AAMSM who experience perceived racism will demonstrate a stronger correlation with CIA than older AAMSM. Pearson's product moment correlations for these two sample subsets were run and a Fisher's Z transformation was conducted to test the stated hypothesis that younger AAMSM have a stronger correlation with CIA than do older AAMSM. The results yielded a statistically significant positive correlation between the CIA Scale and the perceptions of Racism within the LGB community Scale for the younger (18-35) sample ($r = .55, p \leq .05$) and for the older (36+) sample ($r = .53, p \leq .05$). A correction for attenuation estimated significant positive correlations between the two scales for the younger (18-35) sample ($r = .77, p \leq .05$) and the older sample ($r = .74, p \leq .05$). A Fisher's Z transformation revealed a nonsignificant difference between the magnitude of relationship between constructs for the younger and older AAMSM participants ($Z = .52, p > .05$).

Hypothesis III

The third hypothesis for this study was that CIA will be positively and weakly correlated with perceptions of homonegativity in one's racial/ethnic group across the lifespan. A Pearson product moment correlation was computed to test this hypothesis. The results yielded a statistically significant, but relatively weak positive correlation between the CIA Scale and the Perceptions of Racism Homonegativity Scale ($r = .38, p \leq .05$). A correction for attenuation estimated a moderate correlation between the two scales ($r = .49, p \leq .05$). A correlation of this magnitude estimates a 24% shared variance between the two scales.

Hypothesis IV

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The fourth hypothesis for this study was that younger AAMSM who experience perceived homonegativity in a racial community will demonstrate a stronger correlation with CIA than older AAMSM. Pearson's product moment correlations were run for the participant subsamples and a Fisher's Z transformation was conducted to test the stated hypothesis that younger AAMSM have a stronger correlation with CIA than do older AAMSM. The results yielded a statistically significant positive correlation between the CIA Scale and the perceptions of homonegativity in a racial community for the younger (18-35) sample ($r = .28, p \leq .05$) and for the older (36+) sample ($r = .55, p \leq .05$). A correction for attenuation estimated significant positive correlations between the two scales for the younger (18-35) sample ($r = .36, p \leq .05$) and the older sample ($r = .74, p \leq .05$). A Fisher's Z transformation revealed a significant difference between the younger and older AAMSM ($Z = -3.62, p \leq .05$), with the relationship between constructs being stronger for the older sample, contrary to the hypothesis.

Hypothesis V

The fifth hypothesis for this study was that CIA will be positively and weakly correlated with perceptions of homonegativity in a spiritual/religious community. A Pearson product moment correlation was computed to test this hypothesis. The results yielded a statistically significant positive, but weak, correlation between the CIA Scale and the Perceptions of Homonegativity in One's Religious Community Scale ($r = .31, p \leq .05$). A correction for attenuation estimated a strong correlation between the two scales ($r = .39, p \leq .05$). A correlation of this magnitude estimates 15% shared variance between the constructs studied.

Hypothesis VI

The sixth hypothesis for this study was that CIA will be positively correlated with frequency of UAI. A Pearson product moment correlation was computed to test this hypothesis.

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The results yielded a statistically significant, but relatively weak, positive correlation between the CIA Scale and the UAI scale ($r = .214, p \leq .05$). A correction for attenuation estimated a strong correlation between the two scales ($r = .31, p \leq .05$). Correlations of this magnitude estimate only a 10% shared variance between the constructs studied.

Hypothesis VII and VIII

Hypothesis seven for this study was that there would be significant differences between the two age groups on CIA, with the older participants scoring lower than the younger participants on perceived CIA. Hypothesis eight for this study was that there will be significant differences between the two types of church doctrine surrounding LGB individuals, with the participants in churches with liberal church doctrines scoring lower than the conservative doctrine group on perceived CIA. A two-way analysis of variance was computed to examine the effects of the two age groups (i.e., 18-35 and 36+) and the two religious doctrine groups (i.e., conservative and liberal) on CIA, as well as a possible age by doctrine interaction. The assumption of equal variances between samples was supported by the nonsignificant Levene's test for equality of variances, $p = .67$.

Table 1 provides the means and standard deviations for CIA for the sample by age and religious doctrine. Table 8 provides the ANOVA output, which shows there was no significant main effect for age groups, no significant main effect for religious doctrine, and no significant age by religious doctrine interaction. In sum, the CIA group means did not differ as hypothesized for age level or religious doctrine, and the two factors did not interact significantly.

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Table 8

Two-Way Analysis of Variance for Age and Religious Doctrine

Variation	<i>DF</i>	<i>Mean Square</i>	<i>F</i>	<i>Significance</i>
Age	1	125.77	2.09	0.15
Doctrine	1	76.00	1.26	0.26
Age * Doctrine	1	10.92	0.18	0.67
Error	234	60.05		

Note: Age = question “What is your age?”, Doctrine = question “How would you describe your religious institution’s doctrine toward LGB individuals.”

Summary

This study explored the relationships between conflict in allegiance, unprotected anal intercourse, racism in LGB communities, perceived homonegativity in racial communities, and perceived homonegativity in religious communities, age, and religious doctrine of a participant’s religious institution. The participants consisted of a national sample of African American men who have sex with men. The mean score for the CIA Scale was 22.21. On the Racism in LGB Communities Scale, this sample produced a mean of 14.98. The UAI scale had a mean score of 1.90. The homonegativity scales had means of 17.77 for racial communities and 8.14 for religious communities, respectively.

The data from this study supported hypotheses one, three, five, and six, and did not support hypotheses two, four, seven and eight. Regarding hypothesis one, a Pearson product moment correlation was computed and found a significant moderate and positive correlation between CIA and perceived racism within the LGB community. Thus, participants with higher scores of CIA also had higher scores of perceived racism in LGB communities. Hypothesis two tested the differences between correlations for CIA for participants aged 18-35 and 36+ who experienced perceived racism in LGB communities via a Fisher’s Z transformation. The differences were not statistically significant, indicating no significant difference between the correlations. Hypothesis three stated that participants’ CIA scores will positively correlate with

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perceptions of homonegativity in one's racial/ethnic community. A Pearson product moment correlation revealed a significant weak and positive correlation between the two scales. For hypothesis four, a Fisher's Z transformation found a significant difference between the CIA scores for participants aged 18-35 and 36+ who experienced homonegativity in one's racial/ethnic community. The hypothesis failed to be upheld as the analysis showed that younger (18-35) participants that experience homonegativity in a racial/ethnic community score higher on CIA than older (36+) participants.

Hypothesis five was tested via a Pearson product moment correlation, revealing significant weak and positive correlation between CIA and perceptions of homonegativity in one's religious community. Hypothesis six stated that a significant association exists between CIA and UAI. A Pearson product moment correlation revealed a significant weak and positive correlation between UAI and CIA. Finally, hypotheses seven and eight were tested via a two-way analysis of variance between the two age groups and the two religious doctrine groups along CIA. No significant interactions or main effects were found in the analysis.

This study sought to explore the potential relationships that exist among conflict in allegiance, perceived homonegativity, perceived racism, age, religious community doctrine, and unprotected anal intercourse. The results of this study demonstrate that a significant relationship exists between the intersectional experience of CIA, perceived racism, and perceived homonegativity. UAI was also correlated significantly with CIA, although this correlation was demonstrated to be weak. By understanding the associations between the aforementioned variables, counselors may better understand the problem of disproportionality of HIV incidence among AAMSM. This study provides insight on the experience of CIA and its relationship with oppression and failed condom usage.

Chapter Five

Discussion and Conclusion

Chapter five discusses the results of this study in light of extant literature. The chapter provides an overview of the study as well as a discussion of the research questions, findings, and hypotheses. The chapter concludes with implications for counseling, counselor education, and research as well as an informed critique of the study.

Review of Research Purpose and Questions

African American men who have sex with men (AAMSM) currently experience a disproportionate HIV incidence in the United States. In 2014, African American MSM made up 11,201 new HIV cases - the highest rate in the United States (CDC) despite the African American population only making up 12% of the United States population. The problem of disproportional HIV incidence among AAMSM is often contributed to experiences of oppression, such as homonegativity and racism (Huebner et al., 2015; Rosario, et al., 2001). Research on the topic of oppression and its link to HIV contraction has noted that individuals experiencing oppression may be isolated from support systems (Huebner et al.; Rosario et al.). These support systems can be critical to the sexual health of AAMSM, as they provide education related to issues of sexual health, including the need to use a condom during anal intercourse. Bowleg (2013) noted that the experience of being an AAMSM is typically associated with rejection and a lack of support. Bowleg's research highlights the heterosexism present within the Black community, which consequently has a detrimental impact on the health and well-being of AAMSM.

The problem of disproportional HIV incidence among AAMSM has prompted the recent use of intersectional theory as a means of understanding the unique identity experiences of

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AAMSM. Collins (1991) elaborated that intersectional conceptualizations of identity express the lack of independence and unidimensionality among an individual's multiple identities (e.g., race and sexuality). Thus, a behavior associated with a particular identity, such as the failure to use a condom and its relationship with sexual identity, likely intersects with the experiences related to another identity (e.g., race). The aforementioned has inspired research examining the intersectional nature of identity and its relationship to the health of AAMSM due to the multiple levels of oppression (e.g., racism and homonegativity) experienced by AAMSM (Bowleg, 2013; Reisen et al., 2013; Sarno et al., 2015; Santos and VanDaalen, 2016). However, a major limitation in intersectional research is the lack of uniformity of study and the lack of defined and researched constructs (Davis, 2016; Sarno et al.).

Conflict in Allegiance is one of the first intersectional constructs to be used in quantitative study. This construct examines the level of compatibility between a chosen cultural identity and sexual orientation identity (Sarno et al., 2015). Sarno et al. noted that the inspiration for their study was derived from the work of Morales (1989). Morales proposed a 5-state model of identity integration that included: Denial of Conflicts, Bisexual versus Gay/Lesbian, Conflict in Allegiances, Establishing Priorities in Allegiance, and Integrating the Various Communities. The measured experience of CIA is, in part, intended to be reflective of a participant's state of identity integration.

Morales stated that the anxiety related to identity integration among a LGB people of color communities can be stress-inducing and ultimately harmful to the overall well-being of an LGB person of color. As a person progresses through the identity states, Morales wrote that an individual will experience a better understanding of self and a significant reduction in anxiety related to identity conflict. The experience of conflict of allegiance between identities is noted to

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be associated with level of outness and involvement in an individual's communities. As such, CIA may be said to be associated with Morales' notion of identity states, expressing a level of associated anxiety that may be indicative of an individual's level of identity formation.

Currently, studies by Sarno et al. (2015) and Santos and VanDaalen (2016) are the only studies that have studied CIA. Sarno et al. examined CIA in the context of the participant's willingness to disclose sexual orientation and their commitment to different facets of identity. Santos and VanDaalen (2016) distributed the CIA Scale to examine its association with identity commitment and depression. Like Santos and Van Daalen's study, the present study sought to associate CIA with a health-related variable, namely unprotected anal intercourse. The association of intersectional variables and health was promoted by Bowleg (2013), who examined the intersectionality of AAMSM and the impact of oppression in the context of being a dual-minority person. Like Santos and Van Daalen (2016) and Bowleg (2013), the present study used intersectional constructs to understand the impact of oppression on AAMSM health.

Research has not currently explored the association between conflict in allegiance and its relationship with failed condom use during anal intercourse (UAI). The present study examined CIA and its relationship to UAI, along with its relationship to racism and homonegativity in relevant AAMSM contexts (i.e., LGB communities, racial communities, and religious communities). Demographic variables (i.e., age and religious affiliation's doctrine towards LGB individuals) were also collected and subjected to analysis.

Chapter one of the presented study presented information about the disproportionality of HIV incidence among AAMSM, including incidence rates among various populations (CDC, 2014). The chapter also described variables related to HIV transmission study, including unprotected anal intercourse, homonegativity, and racism. Chapter one outlined homonegativity

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and racism as social determinants of unprotected anal intercourse, relating oppression to the problem of disproportional HIV incidence among AAMSM. Finally, chapter one provided a theoretical rationale that explains the use of sexual orientation development as a common means of understanding the impact of oppression on human sexual development.

Chapter two reviewed the current literature related to sexual orientation development. The chapter introduced Cass' (1984) six-stage model of sexual identity development, a popular example of a traditional stage model of sexual development, and critiqued the model. Intersectional theory was introduced as a conceptual tool to facilitate the understanding of oppression and its impact on sexual orientation development (Davis, 2016). Additionally, chapter two introduced Conflict in Allegiance as a construct of intersectional theory, noting its usefulness in understanding the impact of oppression on AAMSM (Sarno et al., 2015). Finally, the chapter discussed the religious contexts of AAMSM, noting that future study should include religious context as it is important to the African American experience.

Chapter three outlined the research methodology used in the present study and discussed the sampling, instrumentation, and planned data analysis. The research questions and hypotheses were also noted within the chapter. Chapter four discussed the research findings and included a review of the research questions, hypotheses, descriptive statistics, and the statistical analyses of participant data. This chapter contains the discussion of findings as they relate to the research questions and hypotheses.

Discussions of Major Research Findings

The purposes of the present study were (a) to provide research that addresses concerns related to sexual identity research through a new model of intersectionality and (b) to address disproportional HIV incidence rates among AAMSM by providing a useful tool in the

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understanding of racism and homonegativity as contributors to AAMSM stress. Specifically, the study examined the relationships between CIA, perceived homonegativity, perceived racism, and the frequency of UAI among religiously-affiliated AAMSM. Two hundred thirty-eight participants completed an online survey consisting of a demographics questionnaire and 5 scales: (a) a Conflict in Allegiance (CIA) scale, (b) a perceived racism in LGB communities scale, (c) perceived homonegativity in racial communities scale, (d) perceived homonegativity in religious communities scale, (e) and a frequency of unprotected anal intercourse (UAI) scale. Pearson-product coefficients were computed and analyzed to determine if a relationship existed between CIA, perceived racism, perceived homonegativity, and UAI. Additionally, a two-way analysis of variance was used to explore the differences in CIA among participants aged 18-35 and 36+ from religious institutions that hold liberal or conservative doctrine towards LGB individuals. Fisher's Z transformations were also run on the basis of participants' age (i.e., 18-35, 36+) between CIA and the racism within the LGB community variable and the homonegativity within the racial community variable. What follows is a discussion of the sample and results related to the research questions and hypotheses.

Sample

Participants in the study provided demographic information that included both age and the type of religious doctrine held by their religious institution. All participants identified as religiously-affiliated African American men who have sex with men between the ages of 18 and 80. Tables 9 and 10 below present demographic comparisons between participants aged 18-35 and 36+ who identified as being from liberal and conservative religious communities.

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Table 9

Demographics of Sample Age 18-35: Liberal and Conservative

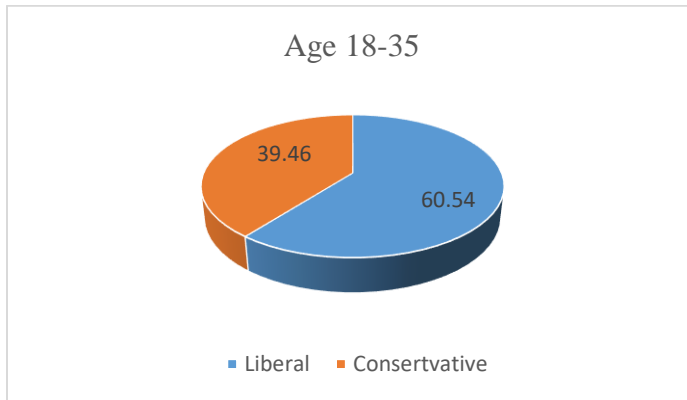
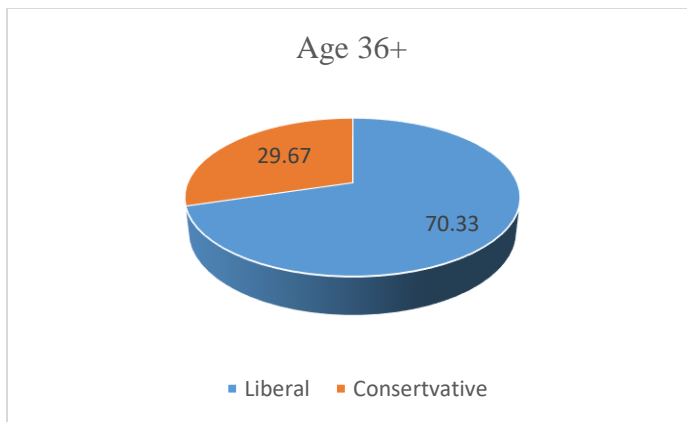


Table 10

Demographics of Sample Age 36+: Liberal and Conservative



Research Questions and Hypotheses

The present study explored the following research questions: (a) Does CIA relate to perceptions and experiences of racism and homonegativity? (b) Does CIA relate to instances of UAI? (c) Are experiences of CIA different across age groups? (d) Is there a difference in CIA between age and church doctrine toward gay and bisexual individuals? Results relevant to each research question are presented below.

CIA and Perceptions of Racism in LGB Communities. To begin with the first research question, CIA did relate to perceptions and experiences of racism and homonegativity. Hypothesis one stated that CIA will be positively and weakly correlated with perceptions of racism within the LGB community across the lifespan. A Pearson-product moment correlation revealed a significant and moderately strong correlation between CIA and perceived racism within an LGB community. This finding is supported by research on racism and experiences of identity conflict among AAMSM and other sexual minorities. Research consistently demonstrates that LGB people of color experience racial discrimination in LGB communities (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). In a study conducted by Choi, Paul, Ayala, Boylan, and Gregorich (2013), 70% of 1,196 participants reported experiencing racism within the gay community compared to 57% who reported experiencing racism in the general community. Subsequently, experiences of racial discrimination appear to have an impact on the identity experience of colored minorities (Bowleg, 2013, Sarno et al. 2015).

A moderately strong relationship emerged between the participants' CIA and their perceived experiences of racism within LGB communities, indicating that AAMSM who experience racism within their respective LGB communities also experience some degree of conflict of allegiance. Literature suggests that perceived incompatibility between one's racial/ethnic and LGB identities may cause anxiety for AAMSM and other LGB individuals (Morales, 1989). Sarno et al. (2015) stated that the racism experienced in LGB communities may lead AAMSM to perceive engagement in LGB communities as a form of rejection of their racial/ethnic community. Research literature further suggests that individuals with high racial/ethnic group participation and low sexual orientation group participation experience the highest levels of CIA when compared to other LGB people of color's group-preference

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configurations (Sarno et al.). Sarno et al. commented that the aforementioned rejection concerns may ultimately increase experiences of CIA as AAMSM are put in the position to give preference to one community over another.

For hypothesis two, a Fisher's Z transformation examined the differences in the correlation between CIA and racism in LGB communities among younger and older AAMSM. It was hypothesized that younger AAMSM who experience perceived racism will demonstrate a stronger correlation with CIA than older AAMSM. Pearson product moment correlations were conducted for younger (18-35) and older (36+) groups. Correlations between CIA and racism in LGB communities were found for each group. A Fisher's Z transformation revealed a nonsignificant difference between the older and younger groups, thus failing to uphold the hypothesis. The results instead indicated that age influenced racism and CIA correlations at the same rate. This finding suggests that the degree of relatedness between CIA and racism in LGB communities is the same among older and younger AAMSM.

Hypothesis two was formulated under the presumption that younger AAMSM might be more reactive to racist sentiment within LGB communities. Morales' (1989) model of identity development suggested that as an LGB person of color progresses through the proposed development states, experiences of anxiety associated with identity conflicts and conflicts of group allegiance tend to diminish. Hypothesis two was proposed with the supposition that older adults would be less reactive to experiences of racism due a potential likelihood that older participants would have reached a higher identity state than younger participants. The current results indicate that age influenced the degree of relatedness between racism and CIA at the same rate, suggesting that both the younger and older groups had the same degree of reactivity to racism. The aforementioned may indicate that hypothesis two is invalid and differences in

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reactivity to racism sentiment may not differ between different age groups of AAMSM that are affiliated with LGB communities. The findings may also be the result of the community preference configurations of the participants sampled.

As previously mentioned, prior research has found that LGB people of color with higher levels of racial/ethnic group participation and lower levels of sexual orientation group participation experience higher levels of CIA (Sarno et al., 2015). Santos and VanDaalen (2016) found that CIA was negatively associated with LGB and racial/ethnic commitment. The results from both of these studies suggest that further investigation is needed to understand the relationship between age, CIA, and racism in LGB communities. Participants who had not been recipients of racist remarks due to lack of participation in an LGB community would consequently not report racism from an LGB community. Alternatively, AAMSM who are engaged in an LGB community and not a racial/ethnic community may underreport experiences of CIA due to what Morales described as a denial of conflicts. Morales describes denial of conflicts as a phase where, "...the person tends to minimize the validity and reality of discrimination they experience as an ethnic person and believe they are treated the same as others" (p. 231). Future study investigating age differences in CIA and racism in LGB communities should also include identity commitment measures in order to further investigate the findings of this study.

CIA and Perceptions of Homonegativity in Racial/Ethnic Communities. Continuing with the first research question, this study sought associations between CIA and perceptions of homonegativity in racial/ethnic contexts. Hypothesis three was associated with this research question, stating: CIA will be positively and weakly correlated with perceptions of homonegativity in one's racial/ethnic group across the lifespan. A Pearson product moment

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correlation was computed and yielded statistically significant moderate correlation between CIA and perceptions of homonegativity in racial/ethnic contexts. This finding is supported by research on homonegativity and experiences of identity conflict among AAMSM and other LGB people of color. As noted in previous chapter, Diaz et al. (2004) produced research that demonstrated the impact of oppression on Latino MSM. Within Diaz's study, 64% of the 912 participants reported experiencing verbal harassment in childhood for being gay or effeminate. Seventy percent of the participants felt that their sexual orientation hurt or embarrassed their family. Huebner et al. (2014) found similar results with AAMSM participants, and found that oppression, such as homonegativity, contributes to likelihood of sexual risk taking within their AAMSM sample. Sarno et al. (2015) examined parental heterosexism and its relationship to CIA and found a correlation between CIA and heterosexism in mothers. Interestingly, CIA was not significantly correlated with paternal heterosexism.

This was the first study to examine CIA's relationship with heteronegativity in racial/ethnic contexts. The weak relationship that emerged from the analysis of participant data supports the idea that AAMSM who experience heteronegativity in racial contexts also experience a conflict in allegiance between their respective communities. These findings relate to Morales' model of LGB people of color identity development, suggesting that fear of rejection from a community contributes to anxiety and the overall experience of CIA. Findings in past research show that CIA is highest among LGB people of color who have high affiliation with a racial/ethnic community and low affiliation with a sexual orientation community (Sarno et al., 2015). Within this study, CIA was significantly correlated with heteronegativity in racial/ethnic contexts, but this was a weak correlation. In examination of the shared variance between the two constructs, only 14% of the variance was shared. Although heteronegativity in racial/ethnic

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contexts accounted for some of the variance in CIA, other variables might better explain the variance of CIA, such as level of racial or sexual orientation community affiliation and involvement.

Hypothesis four further answered the first research question via a Fisher's Z transformation that examined the differences in the correlations between CIA and heteronegativity in racial/ethnic communities among younger and older AAMSM. Hypothesis four stated that younger AAMSM who experience perceived homonegativity in a racial community will demonstrate a stronger correlation with CIA than older AAMSM. A Pearson's product moment correlation was conducted for younger and older groups, and a Fisher's Z transformation was conducted and revealed a significant difference between the younger and older groups. The hypothesis was not upheld, as the relationship between the two constructs was stronger for the older sample.

The differences between older and younger groups may be indicative of the group affiliations that older AAMSM maintain; generational differences might explain the differences between the groups. Knauer (2009) and Jacobson (1998) made clear that older gay men and gay and bisexual communities may carry negative stereotypes in the gay and bisexual community, including the notion that older AAMSM may "prey" on younger men, or that AAMSM are pedophiles. Jacobson goes on to explain that these stereotypes are derived from older laws insinuating that homosexuality is associated with pedophilia. The aforementioned stereotypes are compounded by the experience of "accelerated aging," where older gay men feel they are selected out of the dating pool due to the preference for younger males (Grant, 2010; Schope, 2005). Further elaborating on the impact of age discrimination within gay and bisexual communities, Wight, LeBlanc, Meyer, and Harig (2015) studied the impact of ageism on older

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gay men and found a positive association between ageism and depressive symptoms. The researchers also assessed the experience of “mattering” and found that many of the participants felt they were devalued by the gay and bisexual community, reporting a sense of invisibility within sexual orientation communities. More recently, studies have examined community affiliation and participation in light of experiences of oppression (Sarno et al., 2015).

As mentioned earlier, Sarno et al. (2015) found that LGB people of color that affiliate strongly with a racial/ethnic community but not with a sexual orientation community experience higher levels of CIA. Regarding the results of the Fisher’s Z transformation, older AAMSM did demonstrate greater relationship between CIA and homonegativity within racial communities. These results may be indicative of older AAMSMs’ group affiliations and the preference for older AAMSM to participate and affiliate in their racial/ethnic communities. As such, if older AAMSM are engaging in their racial/ethnic communities, it is more likely that they do not have the support of a sexual orientation community and may participate in a racial community that is heteronegative. Without support and with a higher likelihood of exposure to heteronegativity, older AAMSM may be more prone to experience CIA when heteronegativity within a racial community is present. Further study related to age differences in CIA and group affiliation is needed to investigate the reasons for this study’s findings.

CIA and Perceptions of Homonegativity in Religious Communities. The final hypothesis that addressed the first research question was hypothesis five. Hypothesis five stated that CIA will be positively and weakly correlated with perceptions of homonegativity in a spiritual/religious community. A Pearson product moment correlation was computed and yielded a statistically significant correlation between CIA and perceptions of homonegativity in religious contexts. Although this study is the first time CIA has used to study its relationship

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with homonegativity in religious contexts, past literature has discussed the experience of identity incongruence for LGB individuals in religious contexts. Liboro (2015) stated the following:

These circumstances will undeniably cause dissonance between two of the most important domains of one's forming identity—the religious and the sexual—spiraling into what can be termed as an indisputable identity incongruity resulting from the clash of two emerging powerful identity domains. The schism that is caused by the conflict of one's religious identity versus one's sexual identity is likely the root of enormous individual and society level issues such as LGBT emotional distress, depression, unhealthy forms of coping and suicidality. (p. 1210).

The findings of the current study support Liboro's notion of identity incongruence.

AAMSM that are engaged in religious communities are potentially more at risk of experiencing heteronegativity. Liboro (2015) and Hood, Pilka, Hunsberger, and Gorsuch (1996) explained the difficulties LGB individuals face within faith communities across various religions. For AAMSM that are the recipients of heteronegativity, a conflict in allegiance may indicate a lack of support or involvement in a sexual orientation community. Future study should investigate the community preferences of religiously affiliated AAMSM experiencing CIA in order to better understand the supports available to this population. As with Sarno's et al. (2015) research on CIA and community affiliation, preference for one community affiliation over another could be associated with levels of CIA among LGB people of color. As noted in Chapter two, the religious/spiritual identity should be included in the consideration of AAMSM identity experience. Future research on community affiliation preference with the inclusion of a religious community may provide a fuller picture of the conflict in allegiances of AAMSM.

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CIA and Frequency of UAI. The present study, guided by the second research question, sought associations between conflict in allegiance and frequency of unprotected anal intercourse. Hypothesis three stated that CIA will be positively correlated with frequency of UAI. A Pearson product moment correlation was computed to test this hypothesis. A statistically significant correlation was found between CIA and UAI; however, the correlation found between CIA and UAI was relatively weak. The study sought to show how the experience of conflict in allegiance relates to AAMSM health and, specifically, to demonstrate CIA's association with the problem of disproportional HIV incidence among AAMSM. Currently, no other study has investigated the relationship of CIA with UAI. This potential association was sought due to past research that demonstrated a link between oppression, psychological factors, and UAI (Diaz et al., 2004; Huebner et al., 2014). Diaz's et al. (2004) seminal study demonstrated the role of oppression on sexual risk taking behavior. Huebner et al. (2014) referenced Diaz's et al. model to study the oppression and the moderating effects of psychological vulnerability on UAI. Within this study, the psychological experience known as CIA, which may be associated with psychological vulnerabilities (Morales, 1989), was investigated along with its association UAI,

Although the correlation was estimated to be moderate, an association was found between CIA and UAI, highlighting the potential for CIA as an explanation for UAI among AAMSM. Future research should continue to investigate the relationship between CIA and UAI. As mentioned earlier, Diaz's et al. model of the effects of oppression on sexual risk taking showed that psychological vulnerability is a factor that contributes to sexual risk taking. CIA may also contribute to the likelihood of sexual risk taking, as demonstrated by the associations found within this study. The linkages between oppression, CIA, and UAI should continue to be investigated in order to better understand the disproportionality of HIV among AAMSM.

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CIA Across Age Groups and Church Doctrine. The final research questions for this study concerned difference in CIA across the age groups of the sample and participants' religious institutions' doctrine towards gay and bisexual individuals. Hypothesis seven addressed the age portion of these questions and stated that there would be significant differences between the two age groups on CIA, with the older participants scoring lower than the younger participants on CIA. Hypothesis eight stated that there would be significant differences between the two types of church doctrine surrounding LGB individuals, with the participants in churches with liberal church doctrines scoring lower than the conservative doctrine group on perceived CIA. A two-way analysis of variance was computed to examine the effects of the two age groups and the two religious doctrine groups on CIA. There was no significant main effect for age groups, no significant main effect for religious doctrine, and no significant age by religious doctrine interaction.

The results from this analysis showed that CIA did not significantly differ, as hypothesized, for age level or for religious doctrine. Age and religious doctrine did not interact significantly. The hypothesized differences were derived from Morale's (1989) model of identity development, which suggested that as individuals progress through identity states their identities become more integrated, and there is a reduced need to "hide" one's identity from a community. Hypotheses seven and eight were intended to show the possibility that participants from conservative churches or from younger age groups would have different CIA levels compared to older participants and those from more liberal religious institutions.

The results did not uphold the hypotheses for a few possible reasons. Participants from conservative religious institutions may have identified their institutions as conservative, but they may have found an accepting friend group within their congregations. Participants may have

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also varied in their definitions of conservative and liberal and did not conflate the terms with accepting or unaccepting. Although a participant may have described the institution as conservative, the institution may still have been accepting of the participant, leaving the participant able to engage in both a sexual orientation community and a religious community. Regarding age differences, participants from both age groups may have experienced similar levels of CIA due to the persistence of oppression for AAMSM throughout the lifespan. Sarno et al. (2015) reported that identity affiliation (e.g., preference for a sexual orientation identity over a religious identity) plays a significant role in CIA levels. In the case of this study's CIA results for older and younger AAMSM, it would appear that each group maintained similar identity affiliations. These similar affiliations may be the result of comparable levels of oppression within each of the communities. The descriptive statistics for each of the demographic groups does show similar levels of oppression across each of the variables, with the exception of conservative and older participants who experienced perceived homonegativity in racial communities. Further investigation is needed to understand the role of oppression in preferred identity affiliation and its relationship with CIA.

Finally, another possible explanation for the obtained results is that CIA simply does not significantly differ for age level or for religious doctrine. As noted by Sarno et al. (2015), levels of CIA differ depending on the community affiliations of LGB people of color. In the case of religious contexts, affiliating with a conservative or a liberal religious context may not be associated with uniform levels of homonegativity from each religious context. The same can be said for age, where being of a certain age may simply not be associated with conflict in allegiances. In both of the previously stated cases, hypotheses seven and eight may simply be invalid. Future investigations should study the associations between age and religious affiliation

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with CIA in order to better understand the age and religious affiliations and their relationships with CIA.

Implications

The aim of this study was to address the gap in literature concerning the relationship between conflict in allegiance and unprotected anal intercourse. No scholarly articles concerning the problem of disproportional HIV incidence among AAMSM have examined conflict in allegiance. Additionally, conflict in allegiance has yet to be utilized for the purpose of counselor training or supervision. Efforts have been made to train counselors to work with multiple-minority status individuals (Fukuyama & Ferguson, 2000; Liboro, 2015; Morales, 1989); however, the application of intersectional discussions or interventions is currently hampered by the primarily heuristic use of intersectionality. This study's use of intersectionality as a theory related to experiences of LGB people of color is hoped to improve the understanding of intersectionality by promoting a construct (i.e., CIA) that can readily be explained and uniformly applied in both clinical and educational settings.

CIA in Counseling

The counseling profession is bound by ethical codes that require counselors to be competent in multicultural issues in all counseling specialties (ACA, 2014). For counselors, the topic of multicultural competency relates to the counselor's ability to help improve the health of clients. According to research, treatments that are culturally adapted tend to outperform those that are not, punctuating the need for counselors to follow ethical guidelines related to multicultural competencies (Benish, Quintana, & Wampold, 2011). A variety of studies have been conducted in regards to the multicultural experiences of clients and the counseling competencies related to multicultural experiences. Particularly with regard to the topic of sexual

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orientation, Mustanski et al. (2014) has identified a number of studies that have sought to improve counseling and psychology's understanding of multicultural issues and cultural phenomena as it relates to sexual orientation. The findings of this study provide further evidence of the usefulness of intersectional theory and CIA and their relationship to the problem of disproportional HIV incidence. CIA's association with UAI and oppression provide reason for counselors to address conflicts in allegiances with clients. Morales (1989) has noted the challenge of LGB people of color as they face communities that lack supports or actively oppress them. Morales has also commented on the supports that LGB people of color can find within their relevant communities. For counselors, addressing issues of conflict in allegiance means investigating the supports available to clients and helping clients resolve conflicts in allegiances so that clients can find relevant community supports. The findings of this study revealed that addressing conflicts in allegiances may be associated with a lowered risk of UAI among AAMSM clients.

CIA and the use of intersectional theory represent an opportunity to improve counselor's multicultural competencies. Owens et al. (2015) has made clear that addressing relevant cultural issues in counseling benefits the clinical relationship and ultimately the client's clinical gains. As noted previously, a great deal of research and practice related to intersectionality has focused on its heuristic usage (Sarno et al., 2015), reducing the clarity of when and how intersectionality should be used in counseling. Clinical practice that incorporates intersectionality may benefit from the use of CIA, as it can be standardly applied to issues of identity conflict in LGB people of color. Therefore, it is recommended that counselors seek to use identified constructs within intersectionality, including CIA, in order to remain relevant to clients and to empower them with defined and researched terminology that can readily encapsulate their complex experiences.

CIA in Counselor Education

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) currently requires accredited counseling programs to train students to be clinically responsive to the cultural nuances of clients. As discussed within this study, the topic of HIV transmission is unquestionably associated with cultural influences (i.e., homonegativity and racism). In order to provide proper care for clients with HIV, counselors must receive training related to the relationship between HIV and cultural experiences.

Despite CACREP's call for counselors to learn cultural-responsiveness, counselors continue to remain wary of providing services to those with HIV. Past research on counselors-in-training revealed that HIV is more negatively viewed than any other medical condition (Joe, 2015). Research also shows that only 40% of mental health professionals received basic HIV training while enrolled in their graduate programs (Ullery & Carney, 2002). These disparities in care have led to literature that has called for CACREP standards to make specific competencies related to the needs of lesbian, gay, bisexual, and transgender (LGBT) clients (Troutman & Packer-Williams, 2014). Troutman and Packer noted that special considerations such as intersectionality require that counselors receive more specialized training in order to provide adequate counseling services to LGBT clients. For the general AAMSM population, the problem of disproportional HIV incidence requires counselors to integrate more specialized conceptions of identity in order to target the oppression contributing to HIV incidence.

This study demonstrates the viability of CIA as a point of discussion during counseling with LGB clients of color infected with HIV or those that are at risk of becoming infected. Counselors would benefit from knowing when to apply intersectional concepts to treatment along with their associated interventions. CIA as a tool facilitates counselor competencies

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related to intersectionality by being not only a means of understanding intersectional experience, but also a point of discussion that may serve to educate and empower clients. Future models of supervision should take advantage of intersectionality and CIA in order to better prepare counselors to engage the cultural factors influencing students' future clients.

Implications for Research

The present study sought associations between conflict and allegiance and unprotected anal intercourse. Associations were also sought between CIA and contextualized oppression variables. The purpose of the study was to address the gap in literature related to the pertinence of CIA to the problem of disproportional HIV incidence among AAMSM. This gap in literature has not been filled; however, this study does provide a basis to continue investigating CIA and its relationship with UAI. The study also showed CIA's associations with oppression, demonstrating CIA to be a potentially viable tool to help counselors discuss oppression with their clients.

Specifically related to the topic of intersectionality, a current need exists for further development of intersectionality theory. Few constructs currently exist within this theory, limiting the theory's ability to be taught and practiced. The present study demonstrated an association between CIA and UAI, thus showing a way that intersectionality theory may be useful in addressing the problem of disproportional HIV incidence. Future research should investigate the group affiliations associated with levels of CIA and which identity affiliations generate a higher likelihood of UAI when CIA is experienced.

Future research should investigate teaching and supervision models that incorporate theories of intersectionality. Counselors are ethically mandated to demonstrate cultural competencies related to clinical practice, and the findings of this study show a show the impact

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of cultural oppression on AAMSM. Intersectionality theory is intended to give attention to oppression, providing counselors with tools of conceptualization that may benefit and empower their clients. In order to address the problem of HIV incidence disproportionality among AAMSM, counselors must be prepared to engage oppression. Therefore, it is recommended that future research investigate models of supervision and training that incorporate intersectionality theory, exploring the benefit intersectionality theory has on the training of counselors and on the work those counselors do after intersectionality training.

Informed Critique and Limitations

Social science research is limited by human factors and factors related to experimental design. This section outlines and addresses the limitations of the study and provides an informed critique of its significance.

Research Design

This study yielded significant findings regarding the relationship between conflict in allegiance and various oppressive variables. Significant associations were also found between CIA and unprotected anal intercourse. However, correlation cannot be equated with causation, illustrating a limitation of this study, in that the conclusion cannot be drawn that heteronegativity or racism *cause* CIA or that CIA *causes* UAI. The results of this research are hopefully the beginning of a line of inquiry that might further elaborate on the relationships between the variables that were studied.

Sampling

This study utilized a national sample of African American men who have sex with men between the ages of 18 and 80. The sample was recruited through the Qualtrics data collection service and were offered the opportunity to win a 25 dollar visa gift card. Participants were

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recruited nationally by Qualtrics through website intercept recruitment, member referrals, targeted email lists, gaming sites, customer loyalty web portals, permission-based networks, and social media; they were verified through a double-opt-in process. Although these recruitment techniques provided relatively robust sample sizes for each of the demographics, an exception was the 36+ from conservative religious institutions group ($n=27$), which had fewer participants than any other group within this study. Although the recruited sample was sufficient to complete statistical analysis, if each subgroup of participants had more equivalent numbers of participants the analyses may have yielded different results.

Another limitation for this study includes difficulty in recruiting individuals from the AAMSM community. The purpose of the AAMSM labeling is to specifically focus on homoerotic behaviors, providing criticism for studies utilizing only the gay or homosexual labels. Studies that rely on such labels may fail to capture the wide and varied self-labeling system within the LGB community. Utilizing the AAMSM label, despite being an attempt to accurately match a wide and varied labeling system, may not have accurately matched the identified participant pool. Participants that have not identified their sexual orientations and engaged in an outing process may not participate in local community centers related to LGB populations. As such, finding AAMSM participants that are not out may be impossible. This may limit the generalizability of the findings to only individuals that have come out and identified within the LGB labeling system.

Instrumentation

A limitation for the CIA scale and the Racism in LGB Communities Scale includes a usable but relatively low Cronbach's alpha. Although the scale did yield significant results on most analyses, 30% of the variance can be attributed to error. Also notable was a platykurtic

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distribution of scores for both of the scales potentially contributing to measurement error.

Another limitation regarding measurement error is that the CIA scale and the Racism in LGB Communities Scale were developed with a broader sample of LGB people of color, including females. This study is the first time that both scales have been used with a large sample of AAMSM.

For both of the perceived homonegativity scales, a slight skewness was reported along with a platykurtic distribution. The perceived homonegativity scale was created by Diaz et al. (2004) and adapted by Huebner et al. (2014). The scale was adapted for this study by changing the directions to contextualize each of the distributions to religious and racial contexts. Although each of the distributions of this questionnaire was relevant to the participants due to the participant demographic (religiously affiliated AAMSM), one question that may have not translated between each of the contexts was, “In the past year, how often have you been treated unfairly at your job for being effeminate (girly) or for being attracted to other men (or gay or bisexual)?” The intention of the homonegativity scale was to evaluate homonegativity within racial and religious contexts. The aforementioned question did succeed in its evaluation of homonegativity, it does not ensure evaluation of homonegativity within racial or religious contexts. Although the possibility exists that the participants maintained religious or racial affiliations at work (e.g., the participant worked for a religious institution or the participant’s religious or racial affiliations consisted of friends at work), it is possible the question did not perfectly fit the participant’s primary notion of a religious or racial context (e.g., a racial/ethnic community center or a church). Future research should utilize a tailored instrument that caters to the homonegativity found within a religious institution.

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Finally, analysis of the UAI scale found a positive skewness and a leptokurtic distribution, potentially contributing to measurement error. The Cronbach's alpha for the scale was found to be .68, indicating that 32% of the variance can be attributed to measurement error. This UAI scale had not been used in previous study, as it was created for this research, although it was modeled after prior UAI research. Future studies should utilize an already piloted instrument for UAI to avoid the distribution and reliability issues found with this instrument.

Conclusion

This study investigated whether conflict in allegiance, a construct of intersectionality theory, correlated with experiences of oppression (i.e., racism in LGB communities, homonegativity in racial communities, and homonegativity in religious communities). Associations were also sought between conflict in allegiance and unprotected anal intercourse. CIA was significantly correlated with all oppression variables and with UAI. A Fisher's Z transformation was computed to measure the difference between the correlations for CIA and racism in LGB communities for each of the age groups (18-35 and 36+). The Fisher's Z transformation revealed a nonsignificant difference between the magnitude of relationship between constructs for the younger and older AAMSM participants. A second Fisher's Z transformation was computed and found a significant difference between CIA for participants aged 18-35 and 36+ who experienced homonegativity in their racial/ethnic community. Finally an ANOVA was calculated to see if CIA differed between the age groups and the religious doctrine groups. The analysis revealed no differences between the groups.

These findings point to future considerations for implementing intersectionality and CIA into future supervision models and clinical intervention strategies in order to help counselors consider client experience from an intersectional viewpoint. This study should serve as a basis

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for future research on the relationships between oppression, conflict in allegiance, and unprotected anal intercourse. Future research should also investigate CIA, contextual oppression, and group affiliation preference of younger and older AAMSM in order to gain a more complete picture of the intersectional experience of AAMSM and other LGB people of color.

Appendix A

Informed Consent

Standing at the Crossroads: The Intersection of Sexual, Racial/Ethnic, and Spiritual/Religious Identities in African American Men Who Have Sex with Men

I am Brian Kooyman, a doctoral candidate in Counselor Education and Supervision at the College of William & Mary. I am currently working on my doctoral dissertation under the direction of Dr. Charles McAdams. I am requesting your help with my project by participating in my data collection.

My study is examining Conflict in Allegiance (CIA), a construct that highlights the conflicts individuals sometimes feel when they are part of multiple cultural groups (e.g., African American racial group, a religious group, a sexual minority community). This study will investigate CIA and its relationship with oppression (e.g., racism) and its impact on sexual health behavior.

I am asking you to complete an electronic survey which includes: (a) a demographic survey (b) a measure of Conflict in Allegiance; (c) a measure of sexual discrimination in your African American community; (d) a measure of sexual discrimination in your Religious community; (e) a measure of your condom use over the past 3 months. The survey should take about 10 minutes.

There are no anticipated risks with participation in this study. You may choose not to participate or to withdraw from the study at any time with no penalty and without explanation. You may choose not to answer any particular on the survey. All responses to the survey will be completely anonymous.

Questions about this research can be directed to Brian Kooyman at (757) 256-3764 or bakooyman@email.wm.edu, or the principal investigator, Dr. Charles McAdams at crmcad@wm.edu. For reporting concerns to the Committee on the Protection of Human Subjects, you may contact Dr. Thomas Ward at (tjward@wm.edu) or (757) 221-2358.

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone 757-221-3966) ON 11/20/2016 AND EXPIRES ON 11/21/17.

Confidentiality Statement

As a participant in this study, I am aware that all responses to the assessments and the demographic questionnaire will be confidential. My name will not be associated with any reports of the study's results.

I am also confirming that I am over the age of 18 and am a African American man who has sex with men.

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- (a) I fully understand the above statements, and do hereby consent to participate in this study.
- (b) I do not wish to participate in this study.

Appendix B

Demographic Questionnaire

Age:

- (a) 18-35 (b) 36+

How would you describe your religious institution's doctrine toward LGB individuals

(Please Select One):

- (a) Liberal
(b) Conservative

Appendix C

Conflict in Allegiance Scale and Perceived Racism in LGB Communities Scale

These questions focus on your cultural identity and your identity as [lesbian/gay/bisexual]. Please indicate the extent to which these statements describe you at this time.

	Disagree Strongly					Agree Strongly	
1. I feel little or no conflict between my cultural identity and My identity at [l/g/b].	1	2	3	4	5	6	7
2. I have personally experienced cultural prejudice within the LGB community.	1	2	3	4	5	6	7
3. I have not yet found a way to integrate being [l/g/b] with being a member of my cultural group.	1	2	3	4	5	6	7
4. It is easy for me to be both [l/g/b] and a member of my cultural group.	1	2	3	4	5	6	7
5. I am angry at the way the LGB community treats members of m cultural group.	1	2	3	4	5	6	7
6. I separate my [l/g/b] and cultural identities.	1	2	3	4	5	6	7
7. I have found the LGB community to be embracing of my cultural identity.	1	2	3	4	5	6	7
8. I have felt rejected by the LGB community because of my cultural identity.	1	2	3	4	5	6	7
9. I often feel like I'm betraying either my cultural Community or the LGB community.	1	2	3	4	5	6	7
10. I feel as if my sense of cultural identity is at odds with my [l/g/b] identity.	1	2	3	4	5	6	7

Note. Subscale scores are computed by reverse-scoring items as needed and averaging subscale item ratings. Subscale composition is as follows (underlined items should be reverse-scored): Conflicts in Allegiances (1, 3, 4, 6, 9, 10) and Perceived Racism in LGB Communities (2, 5, 7, 8). Instructions and questions were worded using whichever sexual orientation identity was reported by the participant (i.e., lesbian, gay, or bisexual).

Appendix D

Perceived Homonegativity in Racial Communities Scale

Please tell us about your experiences in the past year in your African-American community.

	Never	Rarely	Sometimes	Fairly Often	Very Often	Don't Know	Refuse to Answer
1. In the past year, how often were you made fun of or called names for being effeminate ("girly") or for being attracted to other men (or being gay or bisexual)? (Choose one)	1	2	3	4	5	6	7
2. In the past year, how often were you hit or beaten up for being effeminate ("girly") or for being attracted to other men (or being gay or bisexual)? (Choose one)	1	2	3	4	5	6	7
3. In the past year, how often did you hear that gay people will be alone when they grow old? (Choose one)	1	2	3	4	5	6	7
4. In the past year, how often did you hear that gay people are sinners? (Choose one)	1	2	3	4	5	6	7
5. In the past year, how often did you feel that your attraction to other men (or being gay or bisexual) hurt and embarrassed your family? (Choose one)	1	2	3	4	5	6	7
6. In the past year, how often have you had to pretend that you're totally straight or heterosexual in order to be accepted? (Choose one)	1	2	3	4	5	6	7
7. In the past year, how often have you been treated unfairly at your job for being effeminate (girly) or for being attracted to other men (or gay or bisexual)? (Choose one)	1	2	3	4	5	6	7

Appendix E

Perceived Homonegativity in Religious Communities Scale

Please tell us about your experiences in the past year in your religious community.

	Never	Rarely	Sometimes	Fairly Often	Very Often	Don't Know	Refuse to Answer
1. In the past year, how often were you made fun of or called names for being effeminate ("girly") or for being attracted to other men (or being gay or bisexual)? (Choose one)	1	2	3	4	5	6	7
2. In the past year, how often were you hit or beaten up for being effeminate ("girly") or for being attracted to other men (or being gay or bisexual)? (Choose one)	1	2	3	4	5	6	7
3. In the past year, how often did you hear that gay people will be alone when they grow old? (Choose one)	1	2	3	4	5	6	7
4. In the past year, how often did you hear that gay people are sinners? (Choose one)	1	2	3	4	5	6	7
5. In the past year, how often did you feel that your attraction to other men (or being gay or bisexual) hurt and embarrassed your family? (Choose one)	1	2	3	4	5	6	7
6. In the past year, how often have you had to pretend that you're totally straight or heterosexual in order to be accepted? (Choose one)	1	2	3	4	5	6	7
7. In the past year, how often have you been treated unfairly at your job for being effeminate (girly) or for being attracted to other men (or gay or bisexual)? (Choose one)	1	2	3	4	5	6	7

Appendix F

Frequency of Unprotected Anal Intercourse Scale

Thinking back over the past 3 months, please indicate the number of times you have had sex without a condom with a committed or non-committed partner

	0	1-5	6-10	11-15	16 or more
1. How many times have you had anal sex without a condom with a committed partner over the past 3 months?	1	2	3	4	5
2. How many times have you had anal sex without a condom with a committed partner over the past 3 months?	1	2	3	4	5

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Publications

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