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Am J Mens Health. 2016 November ; 10(6): 515–525. doi:10.1177/1557988316647704.***Saliendo Adelante: Stressors and Coping Strategies Among Immigrant Latino Men Who Have Sex With Men in a Nontraditional Settlement State*****Paul A. Gilbert, PhD, ScM¹, Clare Barrington, PhD, MPH², Scott D. Rhodes, PhD, MPH³, and Eugenia Eng, DrPH, MPH²**¹University of Iowa, Iowa City, IA, USA²University of North Carolina at Chapel Hill, NC, USA³Wake Forest University Health Sciences, Winston-Salem, NC, USA**Abstract**

Immigrant Latino men who have sex with men (MSM) are marginalized along multiple dimensions (e.g., ethnicity, sexual orientation, language use), which can negatively affect their health and well-being. As little is known about how this subgroup experiences the stress of marginalization and how, in turn, they cope with such stress, this study investigated stressors and coping strategies to better understand the factors shaping Latino MSM health. Assisted by a community advisory committee, we conducted in-depth interviews with 15 foreign-born Latino MSM in a nontraditional settlement state. Drawing on grounded theory methods, we analyzed transcripts iteratively to identify processes and characterize themes. Results were confirmed in member check interviews ($n = 4$) and findings were further contextualized through key informant interviews ($n = 3$). Participants reported ubiquitous, concurrent stressors due to being an immigrant, being a sexual minority, and being working poor. In particular, homophobia within families and local Latino communities was seen as pervasive. Some participants faced additional stressors due to being undocumented and not being Mexican. Participants drew on four types of coping strategies, with no dominant coping response: passive coping (i.e., not reacting to stressors); attempting to change stressors; seeking social support; and seeking distractions. Family ties, especially with mothers, provided key emotional support but could also generate stress related to participants' sexuality. This study lays a foundation for future work and is particularly relevant for Latino MSM in nontraditional settlement states. Findings may inform future interventions to reduce stressors and increase resiliency, which can positively affect multiple health outcomes.

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marginalization; cultural disparity; social determinants of health; qualitative research; gay

Introduction

Since 1990, the Latino population of the United States has grown rapidly, becoming the largest racial/ethnic minority group (Ennis, Rios-Vargas, & Albert, 2011; Motel & Patten, 2013). While the majority of Latinos continue to reside in long-established communities in a small number of states (e.g., California, Texas, Florida, and New York), migrants have increasingly chosen nontraditional destinations, such as Southeast and Midwest states, to take advantage of labor opportunities in agriculture, construction, and livestock processing (Kochlar, Suro, & Tafoya, 2005; Parrado & Kandel, 2008). Latinos who settle in nontraditional areas often face challenges beyond those experienced by all migrants. For example, many new destination communities lack experience with Latino immigrants and have underdeveloped infrastructures to meet their needs, such as educational programs for English-language learners or bilingual staff at public agencies (Gill, 2010; North Carolina Institute of Medicine, 2003). In some locations, repressive policies, such as participation in the 287(g) program (an agreement that allows local law enforcement to serve as an Immigration and Customs Enforcement delegate), may limit access to resources and foster a climate of fear among Latinos (Hacker et al., 2011; Rhodes et al., 2015).

Latino men who have sex with men (MSM)—who may or may not self-identify as gay—constitute a vulnerable subgroup that is marginalized along multiple dimensions because of sexual orientation, language use, minority ethnicity, or immigration status, among others; however, knowledge of their health-related needs and priorities is limited. For example, the extant literature has focused considerable attention on sexual behaviors and HIV risk, with less attention to other health topics or the mechanisms underlying increased risk. Therefore, we lack a comprehensive understanding of the factors shaping their health status, particularly through stressors related to their marginalized statuses.

The authors chose to investigate the phenomenon of stress and coping because it has important implications for multiple health outcomes. For example, exposure to stressors may provoke both immediate and sustained changes in physiological processes, such as higher levels of stress hormones (Seaward, 2012). Known as allostatic load, the hormonal changes resulting from stress have been associated with increased blood pressure, decreased cardiovascular reactivity, greater risk of type 2 diabetes, and a variety of sleep disorders, among others (Chen, Redline, Shields, Williams, & Williams, 2014; Logan & Barksdale, 2008; Sabbah, Watt, Sheiham, & Tsakos, 2008; Steptoe et al., 2014). Sustained exposure to stressors has also been implicated in the weathering hypothesis, which posits that the health status of racial/ethnic minority individuals will erode over time due to the cumulative physiological burden (Geronimus, Hicken, Keene, & Bound, 2006). In particular, chronic stress may partially account for the Latino Paradox, in which greater integration into U.S. society has been associated with poorer health outcomes (Kaestner, Pearson, Keene, & Geronimus, 2009).

Stressors may also have indirect effects through associations with maladaptive behavioral responses, such as excessive alcohol or illicit drug use (Buchanan & Smokowski, 2009; Mulia, Ye, Zeng, & Greenfield, 2008). Substance use is widely recognized as a risk factor for sexually transmitted infections, and Latino MSM have been identified as a priority population at high risk for HIV (Celentano et al., 2006; Woolf & Maisto, 2009); thus, stress may serve as a distal determinant of health outcomes and related behaviors in this population.

Seeking to extend current knowledge, an exploratory qualitative study was conducted to develop a better understanding of the phenomenon of stress and coping in this subgroup of Latino men. The study population was conceptualized using a behavioral definition—MSM—to minimize potential restrictions stemming from culture-bound identities (e.g., gay or bisexual). Two initial research questions guided the investigation: (a) What are the most salient stressors faced by immigrant Latino MSM? and (b) What is the repertoire of coping strategies used in response to the identified stressors? The transactional model of stress and coping (Lazarus & Folkman, 1984) provided an initial organizing heuristic for the study; however, the transactional model does not identify specific stressors or coping behaviors. To address this shortcoming, minority stress models (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000; Meyer, 1995) were used to identify potential topics to explore in interviews (e.g., perceived stigma, experiences of discrimination, individual and community support). These models posit that members of minority groups will experience excess stress related to their minority status, above and beyond what is otherwise expected. As this was an inductive, exploratory study, the authors sought to gain a better understanding of the phenomenon rather than to test any hypotheses about stressors and coping responses.

Method

Setting and Participants

The study took place in North Carolina, a state with little history of Latino presence that has experienced recent, exponential growth. In 1990, Latinos accounted for only 1% of the state's population, but that proportion had increased to 9% by 2013, resulting in the 11th largest Latino population among U.S. states (Stepler & Brown, 2015). The rapid growth can be attributed to migration from other U.S. states, an increasing number transnational migrants settling directly in North Carolina, and high fertility among Latina residents (Frey, 2006; Perreira, 2011; Suro & Singer, 2002). While there have been some initiatives to integrate Latinos, such as church-based supportive programs for immigrants and the emergence of secular ethnic community-based organizations, such positive efforts have often seemed outweighed by negative reactions from native North Carolinians (Bailey, 2005; Gill, 2010). The study took place in five counties in central North Carolina, representing urban, suburban, and rural contexts. During the study period, two of the counties participated in the 287(g) program, which permits local law enforcement agencies to serve as immigration officers. Originally intended to address violent crimes, drug offenses, and human trafficking, the program has been widely criticized as a method to harass and remove undesirable Latino immigrants (American Civil Liberties Union of North Carolina Legal Foundation & Immigration and Human Rights Policy Clinic, 2009; Lacayo, 2010).

Following principles of participatory research (Israel et al., 2003), a five-person advisory committee, composed of two academics with experience conducting research in Latino populations, two members of the local Latino population, and a representative of a social service agency serving Latino MSM was convened. The advisory committee provided guidance on recruitment, suggested revisions to interview guides, and helped interpret findings. The authors relied on referrals by advisory committee members, other Latino community leaders, and study participants themselves to purposively identify potential participants, who were invited to participate in an interview. Referrals had the advantage of drawing on *personalismo*, a Latino cultural characteristic that emphasizes the importance of personal relationships (Marsiglia & Kulis, 2009), which may have improved engagement in the study.

Participants consisted of 15 males aged 18 years or older ($M = 30$ years) who had been born outside the United States, self-identified as Latino, and reported having sex with another man since age 18. Participants had lived in the United States on average 12 years (range ½–27 years). With one exception, all participants self-identified as gay; the exception declined to label his sexuality. The majority ($n = 13$, 87%) was from Mexico, and approximately half ($n = 7$, 47%) had migrated to the United States before age 18.

Data Collection

The first author conducted 15 semistructured interviews in Spanish or English at private offices in university buildings, at community-based organizations serving Latinos, or in the participants' own homes according to participant preferences. One participant declined to allow audio recording, so the interviewer's notes served as data for analysis. All other interviews were digitally recorded then transcribed verbatim by a bilingual, bicultural professional transcriptionist. Each transcript was reviewed for accuracy against the recording and corrected as necessary. Participants were assigned a pseudonym and potentially identifying details were removed from transcripts prior to analysis. After initial interviews had been completed and analysis was underway, member check interviews with four participants were conducted, in which emergent findings were presented for feedback and further elaboration. Data collection concluded with three key informant interviews to provide complementary insights and contextualize findings. Key informants were three males aged 18 years or older who had worked for 1 year or more in a faith-based or community-based organization serving Latinos. It was not required that key informants be Latino or a sexual minority; however, all key informants self-identified as Latino, and two self-identified as gay men. All participants received a \$20 gift card to a department store or grocery store, their choice, as remuneration for each interview.

The interview guides were developed by the researchers and the advisory committee using an iterative approach that included careful review of theoretical constructs (e.g., minority stress models), key literature, and discussions of salient domains. The interview guides included general questions about potential stressors, such as migration history, experiences of discrimination, acculturation, social support, and coping behaviors (Table 1). The guide for key informant interviews included similar questions to elicit observations about stressors

and coping behaviors among MSM, as well as additional items to characterize the local Latino community and contextualize emergent findings.

Interviews were semistructured, and the interviewer was able to deviate from the predetermined questions in pursuit of relevant data (i.e., by probing participants' responses). As migration status might be an impediment to recruitment or inhibit disclosure during interviews, it was excluded from questions, but participants were free to discuss it if they chose. Participants were also free to introduce new topics or decline to answer questions as they wished. Consulting the advisory committee, the interviewer revised the guide after each interview so that future data collection would build on accumulating knowledge and address gaps in the data. All study procedures and materials were approved by an institutional review board. To further safeguard participant data, a certificate of confidentiality was obtained from the National Institutes of Health.

Analysis

Features of grounded theory methods (Charmaz, 2006; Corbin & Strauss, 2008) were adopted to conduct this inductive, exploratory study. Notably, simultaneous data collection and analysis were used. In other words, the analysis began on completion of the first interview and continued concurrently as additional data were collected. As noted above, questions were revised after each interview to reflect accumulating knowledge and address remaining gaps. Line-by-line open coding was used to decontextualize the data and identify actions and processes. Throughout the analysis, constant comparison (Kelle, 2007) was used to explore and contrast data within and across participants. As codes were developed, similar codes were linked and distinguished from dissimilar codes, thereby forming groups to represent emergent concepts. Further coding developed definitions and explored relationships between concepts. Dependability and credibility, the qualitative analogs of reliability and validity (Guba & Lincoln, 1989; Morse et al., 2011), were maximized through member checks, triangulation with key informants, and consultations with the study's advisory committee. All analyses were done with ATLAS.ti v7, supplemented by memos to document coding decisions and analytic insights.

Results

The authors identified three universal stressors faced by all participants and two subgroup stressors that affected only certain participants (detailed below and summarized in Table 2).

Universal Stressors

Being an Immigrant—Migration to the United States was often described as a period of acute emotional and physical strain. For many participants, migration was also an ongoing stressor that permeated their lives. Participants described the difficulty of being far from family and friends who remained in their country of origin. Many reported feeling homesick and missing the foods and customs of home. Nearly all participants felt they were outsiders to the dominant Anglo-American (i.e., White, English-speaking) society, and a frequently perceived barrier to integration was difficulty in learning English.

Although few participants identified ethnic discrimination as a problem, they described frequent mistreatment, such as being treated rudely in stores, being perceived as less intelligent than others, and hearing disparaging remarks in English by people who presumed that they would not understand the language. While participants seemed reluctant to label these experiences as discrimination, they were aware of being treated differently due to their ethnicity. As Vicente (age 20, from Mexico) said, “When people see that we are Latino, they think that we are less than them.”

Long-term residence in the United States served as a stressor for some participants who felt they had reached a point at which they could no longer return to their country of origin. Having lost contact with key friends and acquaintances, they saw few prospects for employment if they returned. This was an unanticipated and poignant negative aspect of migration to the United States. For long-term residents, the economic advantages of remaining in the United States were undermined by the realization that they were unlikely to return home, resulting in a sense of cultural isolation, likely exacerbated by living in a nontraditional migration destination. Notably, no participant who had migrated as a child expressed concern over not returning to their country of origin.

Being a Sexual Minority—Like migration to the United States, coming out to family members was a key turning point in participants’ lives. One participant was in the process of coming out to his family at the time of the interview, and another participant did not self-identify as gay. However, the remainder (all gay-identified) had already disclosed their sexuality to family, finding acceptance over time. Participants described widespread anxiety about rejection when they disclosed their sexual orientation. Rafael (age 20, from Mexico) described the risks entailed in coming out, saying:

When there is a gay person in a Latino family, it’s like a sin. Many times Latino families do not accept gay people. Often, gay guys suffer from domestic violence. They are kicked out of their homes or are beaten up. It’s hard ... very, very hard.

Although seen as a past stressor that had been resolved, the process of coming out to family was remembered vividly.

All gay-identified participants described current and ongoing stress due to their sexuality in relation to the local Latino community. Given their perception of widespread homophobia among Latinos in North Carolina, which was attributed to *machismo* and the conservative influence of religion, many participants were selective about when, where, and to whom they disclosed their sexuality. As a consequence, it reinforced a sense of isolation. Several participants felt that Latino MSM in North Carolina were overwhelmingly “closeted,” or unwilling to publicly self-identify as gay. Although venues existed where they could meet other Latino MSM, such as one community-based organization that hosted social and support groups and several gay bars and dance clubs catering to the Latino gay community, many participants said they did not believe that any community existed for them in North Carolina, particularly as engagement with the non-Latino gay community was minimal.

Being Working Poor—An additional stressor, which was distinct from being an immigrant, was being a working poor person. Many participants worked long hours in

physically demanding jobs, such as washing dishes or working on a farm, which limited their ability to relax and engage in social activities. Alfonso (age 40, from El Salvador) explained the effect:

I am on my feet for 12 hours because I work as a dishwasher. I get muscle pain in my back. My hand goes numb, and my feet cramp up. Sometimes I wish I could go out on the weekends to have a good time, but the last thing I want to do is to go out ... I want to sleep more.

Nearly all participants expressed concerns about paying bills, saving money, and sending remittances to family in their country of origin. Some participants felt stuck in low-paying jobs and saw little hope of improving their employment situation because of limited English-language skills and/or low education levels.

Subgroup Stressors

Being Undocumented—Many participants voluntarily disclosed their undocumented status early in the interview, appearing to find relief in talking about the difficulties related to it. Above all, they described a pervasive fear of deportation. As Rafael (age 18, from Mexico) emphatically stated:

Being undocumented is horrendous because you are always scared that the police are going to send you back to your country or that they are going to arrest you. I'm not embarrassed to be Latino, but I would like to be legal in this country.

In addition to a general sense of insecurity, being undocumented made finding a job difficult because they often did not have a valid social security number. Undocumented participants recognized that they were often exploited in the workplace, being paid under the table, receiving lower wages than other employees, and not being compensated for overtime work. At the time of the study, undocumented Latinos were not able to obtain a North Carolina driver's license, which contributed to social isolation. Undocumented participants often relied on others for rides, which complicated their ability to maintain jobs. If they chose to drive without a license, they took great care to avoid attracting attention, often restricting their movements to work and home again. In addition, some participants found that store clerks and local bureaucrats refused to accept other valid forms of identification, such as the *matrícula consular* (an identity card issued to Mexican citizens living outside Mexico) or a foreign passport.

Not Being Mexican—The majority of Latinos in North Carolina are of Mexican origin. Among participants who were not from Mexico, national origin added to their sense of marginalization, particularly within the local community. Luis (age 31, from Puerto Rico) expressed frustration and felt objectified when he was singled out because of his accent. He noted, "For once, don't look at me like the big Puerto Rican and just look at me as Luis." Some participants felt self-imposed pressure to not lose their national identity. Alfonso (age 40, from El Salvador) described his response to the composition of the local Latino community:

I try to maintain my own Salvadoran accent. I try to not speak differently, like in a Mexican accent. I want to maintain myself the way I am, from El Salvador, and not lose my Salvadoran identity.

In addition, participants reported that it was particularly frustrating that few Americans recognized the diversity of the Latino community and presumed that all Latinos were of Mexican origin. This compounded feelings of being a minority within a minority.

Coping Strategies

Among coping behaviors reported by participants, four types of strategies (detailed below and summarized in Table 3) were identified. There was considerable variation in coping responses within and across participants, with no dominant strategy.

Passive Coping—Passive coping involved no visible reaction to a stressor. Participants described first using it during adolescence in response to antigay name-calling, insults, or bullying at school. Many participants continued to employ this strategy to avoid being drawn into conflicts, particularly in cross-cultural encounters when they were challenged or humiliated by Anglo-Americans. Vicente (age 20, from Mexico) typified the coping response by saying, “I am not the type of person that likes problems. I prefer to plug my ears and keep on going.” A key aspect of this strategy appeared to be a future orientation. Participants reported that they were able to overlook current insults or discrimination when they focused on their future and long-term goals. They often described this focus using the phrases *seguir caminando* (to keep going on) or *salir adelante* (to move forward or get ahead). Paradoxically, there was a concurrent sense of fatalism accompanying passive coping. Participants reported that they often felt that nothing could change their current situations. They felt that maltreatment was inevitable, and it was better to accept it and look to the future, which held the promise of better conditions.

Changing the Conditions—Some participants sought to change the conditions responsible for a stressor. For example, to avoid ethnic discrimination, some respondents preferred to live, work, shop, and socialize among fellow Latinos. When sexuality was the source of stress, particularly in the family, some participants chose to move away. This often consisted of moving to new towns to establish an openly gay identity; however, all such moves took place in the country of origin or after migration to the United States. It did not appear to motivate cross-border migration. Despite seeking physical separation, family remained an important source of emotional support. All participants who had moved away maintained ties to family members through frequent telephone calls, e-mail messages, and social media (e.g., Facebook).

Some participants were able to reduce discrimination based on sexual orientation in the Latino community if they could pass as straight. As Alfonso (age 40, from El Salvador) said, “I never felt discriminated against. But the thing is that my friends say I act too manly and that I do not seem gay.” It was unclear, however, whether he intentionally acted more masculine or simply benefited from others’ perceptions of him. Passing unnoticed might not be an option for others, especially non-gender-conforming persons.

Seeking Distractions—Participants distracted themselves from stressors in a variety of ways. Many found solace in nature; they reported that walking in parks and green spaces was calming. Others diverted their attention to hobbies or exercise. All participants recognized drinking alcohol as a possible distraction from stressors, but support for it was largely indirect. Few identified it as a personal strategy, and it was largely seen as an older generation’s coping behavior. Participants recounted stories of fathers, uncles, and grandfathers who drank to excess to cope with stress. Fernando (age 29, from Mexico) was a recovering alcoholic and provided a contrasting view. He noted:

I drank because I felt lonely. I missed my family. When I lived with Alexandra [American ex-girlfriend] I didn’t hang out much with Latinos. I had more American friends than Latino friends. I felt very lonely ... that’s what led me to drinking, feeling alone.

Fernando’s explanation of his drinking focused on social isolation but not sexuality. As he was the only participant not to self-identify as gay—which is not unusual for Latin American MSM who are not penetrated—it remains unknown whether strain over his sexual orientation may have contributed in any way to his alcohol use.

Seeking Support—As noted previously, participants sought to maintain close emotional ties with family members. Mothers were the most important familial sources of support. As Martín (age 36, from Mexico) explained, “Coming out of the closet, many people start with their mothers because they know the support they’ll find. The unconditional love is from mom.” Participants frequently reported having a favorite sister with whom they enjoyed a close and supportive relationship. Some participants reported ongoing strained relationships with family members. No participant reported turning to a brother for support, and fathers were rarely identified as serving in supportive roles. Among friends, seeking support often overlapped with seeking distractions, as exchanges of support occurred while socializing with peers.

Religion was another possible source of support; however, those who turned to it made a distinction between organized religion and personal spirituality. Nearly all participants had been raised Catholic and had subsequently left the church because of its disapproval of sexual minorities. An exception, Gerardo (age 35, from Mexico) continued to engage with the Church; he explained, “I don’t go to mass much but I could go to confession or talk to the priest to give me advice.” Most participants continued to invoke God in a personal and direct way, asking God for favors, thanking God when things went well, and relying on God to take care of things. In discussions of religion and support, Alfonso (age 40, from El Salvador) was the sole participant who expressed a desire to join a church. He sought the community it could provide but was frustrated because he worked weekends and was unable to attend one. Although his sexuality would likely be a problem, he felt confident that he could avoid negative reactions by remaining “in the closet.” He concluded that, for him, the benefits of a church community would outweigh the cost of hiding his sexuality.

Discussion

At present, the majority of research with immigrant Latino MSM remains focused on sexual behaviors and HIV risk, with relatively few studies investigating other health issues. Nevertheless, a small body of recent work has begun to investigate more diverse topics, such as mental health, community integration, and substance use (De Santis, Gonzalez-Guarda, Provencio-Vasquez, & Deleon, 2014; Gilbert, Perreira, Eng, & Rhodes, 2014; Gray, Mendelsohn, & Omoto, 2015; Ramirez-Valles, Kuhns, Campbell, & Diaz, 2010; Rhodes et al., 2012). Seeking to extend this emergent evidence base, an exploratory qualitative study was conducted to describe stressors and coping behaviors, both of which have implications for multiple health outcomes. This study makes two key contributions. First, it presents a more comprehensive picture of immigrant Latino MSM's health-related context, behaviors, and needs, which may inform future health promotion efforts. Second, it adds to the emerging literature on U.S. Latino MSM outside traditional settlement states.

Latino migration trends began shifting in the 1990s, yet the Latino health literature remains largely dependent on studies based on established communities in traditional settlement states (e.g., California, Texas, Florida, and New York). In addition to the threat of decreased generalizability to other parts of the United States, such as Southeastern and Midwestern states, nontraditional migration destinations may present uniquely stressful environments. Immigrant Latino MSM in such areas may face more restrictive policies and greater tensions over integration of migrants, as well as more conservative social attitudes and fewer protections for sexual minorities, than peers in traditional settlement states. In the current study, participants perceived both widespread homophobia and ethnic discrimination. Minority sexuality may be a barrier to integration in the local Latino community, and minority ethnicity may prevent full participation in the predominantly White society at large as well as any gay male community. In addition, a common stressor identified in this study was being working poor, and North Carolina has a greater proportion of poor adults than many traditional settlement states. At the individual level, this may exacerbate stress by creating competing demands. At the community level, this may perpetuate low resource settings, resulting in difficulty sustaining ethnic community organizations. Thus, in nontraditional settlement areas, exposure to stressors may be greater and access to protective factors may be reduced. Future multisite studies that contrast conditions between traditional and nontraditional settlement areas are needed to clarify the role of context in immigrant Latino MSM health.

The current study identified a set of the most salient stressors and described the repertoire of coping responses, providing a holistic perspective of these men's experiences. Among insights, the authors identified some constructs that could function as both stressors and coping resources. For example, seeking social support was a widely used coping strategy, and all participants stated that families were an important source of support. They made great efforts to maintain close relationships, especially with mothers and sisters; however, families were also an important stressor. All participants who self-identified as gay described the process of coming out to their families as a pivotal, stressful experience in their lives, with much apprehension about rejection. A similar duality was observed for religion. All gay-identified participants attributed pervasive, intolerant attitudes in local

Latino communities to religion. Being gay was often framed as a sin. Nevertheless, spirituality remained an important source of support, and many participants invoked God frequently. The authors highlight the dual nature of these factors as a reminder that both aspects must be taken into account. Interventions seeking to reduce stressors associated with sexuality or spirituality must take care not to inadvertently diminish coping resources. Similarly, attempts to bolster coping resources through families and faith communities should be mindful of the risk of unintentionally exacerbating stressors.

There also appeared to be occasions in which participants accepted increased stress in one area in exchange for reduced stress in another other, such as concealing one's sexuality in order to participate in a church. The current analysis examined links between stressors and coping behaviors, finding that study participants drew on the full set of coping strategies with no dominant pattern; however, it did not investigate a potential hierarchy of stressors. Given that immigrant Latino MSM likely face multiple concurrent stressors, additional research is warranted to understand the process of prioritizing and negotiating a balance among stressors.

An additional insight was persistence of certain stressors. It was striking that the majority of participants described ongoing stress related to migration and coming out. In both cases, the nature of the stressor shifted over time. Discrete stressful events lead to enduring strain related to integration, assimilation, and acceptance. As migration status and sexual orientation are defining features of the study population, these factors warrant particular attention. Attempts to mitigate stressors and bolster coping resources must be responsive to the changeable but enduring nature of these stressors.

Several recent studies have explored stressors among immigrant U.S. Latinos, finding that disruption of social networks and support systems, lower socioeconomic position, experiences of discrimination, and difficulty negotiating cultural transitions and assimilating into American society are major stressors (Farley, Galves, Dickinson, & Perez, 2005; Finch & Vega, 2003; Nalini Junko, 2011; Oshri et al., 2014; Schwartz et al., 2015). These studies have primarily utilized samples of adult day laborers and adolescents. Searching the literature, only two previous studies were located that have investigated stressors among general samples of immigrant Latino MSM (i.e., not HIV-positive men). Gray et al. (2015) interviewed gay-identified Latino men, identifying similar themes related to racism in the dominant Anglo-American gay community and homophobia in the local Latino community, particularly in the Catholic Church. As the study was conducted in Los Angeles, home to a long-established Latino community as well as a highly visible gay male community, findings may not be transferable to nontraditional settlement states. In contrast, Martinez et al. (2011) recruited behaviorally bisexual Latino men in a Midwest state to identify sexual health needs. Although the study elaborated a number of similar stressors, such as migration experiences, strained family relationships due to sexuality, and lack of a supportive community, findings are based on a narrow subgroup of Latino MSM, which also limits relevance.

The authors also note that country of origin was a stressor for some participants, which serves as a reminder of the importance of within-group heterogeneity. The ethnic category

Latino is a synthetic construction that collapses much diversity in language, race or skin color, culture, and history across Latin America. Researchers should avoid overgeneralizing about Latinos, being cognizant of the potential varied composition of samples. Recent research has established differences by country of origin in tobacco, alcohol, and illicit drug use (Carlton-Smith & Skeer, 2015; Kaplan et al., 2014; Vaeth, Caetano, & Rodriguez, 2012), behaviors that may serve as coping responses to stressors. To the authors' knowledge, however, no study with Latino MSM in the United States has disaggregated findings by country of origin.

Finally, this exploratory qualitative study may contribute to the foundation of future research on Latino MSM health. Among next steps, studies may quantify associations between the specific stressors identified here and physical, mental, and behavioral health outcomes. In particular, the authors encourage studies that extend research beyond sexual behaviors and HIV risk. Although the authors recognize that sexual health is a key component of MSM health, they urge caution against perpetuating a narrow focus that disregards other health domains. Furthermore, both qualitative and quantitative research may inform interventions to improve health among immigrant Latino MSM by mitigating stressors and improving coping responses. This study provides a framework for such efforts, which might include an individual or interpersonal-level intervention to foster social support, a community-level intervention to address homophobia and promote acceptance of sexual minorities, or state-level policy changes to prevent workplace exploitation or remove restrictions faced by undocumented immigrants (e.g., availability of driver's licenses).

Limitations

Several limitations must be acknowledged. First, the interviewer was neither Latino nor an immigrant, which might have diminished what was disclosed or affected its presentation. Nevertheless, an outsider may elicit richer data than a concordant interviewer because there is no presumption of shared cultural experiences or assumed knowledge. The interviewer may probe more extensively for information, or the participant may offer greater detail in recognition of the dissimilar status (Ryen, 2002). Second, most participants completed only a single interview, which may have constrained the data that were obtained. Thus, the authors encourage multiple interviews in future research, which may foster better rapport and improve data collection. Third, the analytic methods produced specific results based on the respondents and their communities. Findings may not be transferable to other Latino MSM populations.

Conclusion

Stress has important implications for health outcomes, and immigrant Latino MSM may be especially vulnerable due to their multiple marginalized statuses. This study provides a framework to understand stressors and coping behaviors among this subgroup of Latinos. Findings extend the current literature on the health status and needs of Latino MSM, which has largely focused on sexual behavior and HIV risk, and can inform future efforts to improve health by reducing stressors and increasing resiliency. Given recent changes in migration trends, these results may be highly relevant to nontraditional settlement states that have also experienced rapid growth of Latino populations.

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Table 1

Sample Interview Questions.

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- Can you tell me, in general, what it's like to be an immigrant Latino in North Carolina?
 - What are the positive aspects of living in North Carolina? In other words, what makes life good here?
 - What are the negative aspects of living in North Carolina? In other words, what makes life hard here?
 - Can you tell me, in general, how you cope with negative, unfair, or stressful events?
 - Have you changed how you cope with negative, unfair, or stressful events since you arrived in North Carolina?
 - Sometimes we need someone we can rely on when life is hard. We might need support, advice, or help. Whom would you say you turn to for support, advice, or help when you need it?
 - Who turns to you for support?
 - Could you tell me about a time when you provided support, advice, or help to someone else?
 - Has there ever been a time when you were discriminated against or treated unfairly?
 - What good things have happened to you since coming to North Carolina?
 - Is there anything else you think I should know?
-

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Table 2

Stressors Faced by Immigrant Latino MSM.

Universal	Among subgroups only
Being an immigrant	Being undocumented
<ul style="list-style-type: none"> • Leaving family in country of origin • Missing foods and customs of country of origin (i.e., being homesick) • Learning and using English • Being an ethnic minority in the United States • Feeling caught between two countries/cultures 	<ul style="list-style-type: none"> • Fearing deportation • Not having a social security number • Tolerating exploitation on the job • Not having a driver's license
Being a sexual minority	Not being Mexican
<ul style="list-style-type: none"> • Coming out to family • Experiencing discrimination due to sexual orientation 	<ul style="list-style-type: none"> • Being a minority nationality within the local Latino community • Making efforts to retain national identity • Being mistaken for Mexican by Americans
Being working poor	
<ul style="list-style-type: none"> • Working physically demanding jobs • Paying bills and saving money • Limited opportunities for leisure and recreation • Worrying about health or not adequately treating health problems 	

Note. MSM = men who have sex with men.

Table 3

Coping Strategies Utilized by Immigrant Latino MSM.

Passive coping
<ul style="list-style-type: none"> • Not reacting to insults or mistreatment • Staying focused on immediate survival as well as long-term goals (e.g., <i>seguir caminando, salir adelante</i>)
Changing the conditions
<ul style="list-style-type: none"> • Living and socializing exclusively in Latino enclaves • Moving away from family • Passing as straight
Seeking support
<ul style="list-style-type: none"> • Socializing with friends • Maintaining contact with family and friends in country of origin, especially through electronic media • Seeking advice from more experienced Latino immigrants • Turning to spirituality/God
Seeking distractions from stressor
<ul style="list-style-type: none"> • Seeking solace in nature • Maintaining isolation at home • Losing oneself in work • Pursuing hobbies • Exercising • Drinking alcohol

Note. MSM = men who have sex with men.