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THE GRINDR COMPLEX: THE BEHAVIORAL HEALTH IMPACT OF SEXUAL RACISM ON LATINX MEN WHO HAVE SEX WITH MEN

Luisalfredo Plascencia
University of San Francisco, lplascencia@usfca.edu

THE GRINDR COMPLEX: THE BEHAVIORAL HEALTH IMPACT OF SEXUAL RACISM

ON LATINX MEN WHO HAVE SEX WITH MEN

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Luisalfredo Plascencia MS, EdM, MA

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PsyD Clinical Dissertation Signature Page

This Clinical Dissertation, written under the direction of the student's Clinical Dissertation Chair and Committee and approved by Members of the Committee, has been presented to and accepted by the faculty of the Clinical Psychology PsyD Program in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the student alone.

Student Signature

Luisalfredo Plascencia MS, EdM, MA   6/28/2023

Student   Date

Clinical Dissertation Committee Member Signatures

Michelle Montagno   6/14/2023

Committee Chair   Date

                                                        6/6/2023

Committee Member   Date

                                                        6/6/2023

Committee Member   Date

Committee Member   (if applicable)   Date

Administrator Signatures

Dhara Meghani, Ph.D   6/30/23

Program Director, Clinical Psychology PsyD Program   Date

                                                          July 5, 2023

Dean, School of Nursing and Health Professions   Date

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Abstract

Given the social history surrounding the issue of HIV/AIDS in the LGBTQ+ community and the unique and intersectional experiences that Latinx Men who have Sex Men (MSM) have in their community, this dissertation's research will contribute to the growing work on sexual racism and how it correlates with various elements of behavioral health. The study investigated the moderation impact of Latinx cultural values of *caballerismo* and *familismo* on the relationship between experiences sexual racism to mental health symptoms. The study also examined the moderation of *caballerismo* and *familismo* and psychological flexibility on the relationship between experiences of sexual racism to sexual risk behavior. Most importantly, the experience of sexual racism was narrowed to when participants had encountered sexual racism while on mobile applications. A cross sectional survey of Latinx MSM between the ages of 18 to 29 were surveyed and their responses were analyzed using multiple linear regressions and moderation analysis. Results indicated that there was a relationship between sexual racism and the outcome measures of mental health symptoms and sexual risk behavior, independently. Though *caballerismo, familismo,* and psychological flexibility had predictive relationships with the outcome variables, none of these factors demonstrated a statistically significant moderation on the sexual racism to mental health relationship or the sexual racism to sexual risk behavior relationship.

Chapter 1 – Introduction

The concept of health disparities has been a framework from which public health has understood the experiences of People of Color, as well as LGBTQ+ communities. Recognizing health disparities helps understand how particular environmental and social factors impact facets of physical and mental health in order to inform policy and practitioners. This project attempts to understand how individuals who have multiple marginalized identities are impacted by converging health disparities in a Queer virtual space. This project builds on the work that Diaz et al. (2001) have done to highlight that Latinx Men who have Sex with Men (MSM) experience various levels of disparities for being both racial and sexual minorities. This study is also informed by Callander et al. 's (2016) and Wade and Harper's (2020) work that reveals the unique struggle that racial minority MSM face in virtual dating spaces when it comes to community and partner selection. Up to this point, much of the research around MSM in virtual dating spaces or the experience of being both a racial and sexual minority has been qualitative, sociological, or focused on other ethnic groups (Bowleg, 2013; Callander et al., 2012, 2016; Han, 2007, 2008). While this research has provided general issues and themes for MSM of color, there has been little research specifying what the impact and reach is for Latinx MSM. This study takes a quantitative approach in understanding the degree that a particular kind of racism, specifically sexual racism, impacts Latinx MSM's mental health as well as their HIV risk. Just as importantly, this study posits variables as factors that load onto the impact of these health disparities: psychological flexibility and Latinx cultural values.

Concepts that Informed the Study

Intersectionality

One of the most important concepts that underlie this dissertation's premise is the concept of intersectionality. This idea has been developed by Crenshaw (1991) and is understood as to how multiple marginalized social identities an individual holds can interact at the personal level, and lead to interloping inequality at a larger, social, level. For this study, multiple identities include being an MSM who also identifies as Latinx. This theory helps reveal how health disparities may be a result of an individual's various identities, and not necessarily from a single source; and more specifically how MSM experience health disparities as a result of their intersectional identities (Bowleg, 2012, 2013). Intersectionality parallels what Singer (2009) explains about syndemic theory's multidimensional approach to health disparities. The concept of syndemics alludes to the interplay and conjunction of various psychosocial and health problems that may occur in both the individual and community/population level that actively contribute to disease burden (Singer, 2009). For the purpose of this dissertation, intersectionality is understood as the system of racism and its interaction within the cultural structures of the LGBTQ+ community that create inequality for Latinx MSM and further propagate syndemic issues around HIV risk.

Minority Stress Model

The theory of Minority Stress, and its conceptual model, significantly inform both this project and behavioral health literature pertaining to individuals that come from underrepresented groups that are considered disadvantaged or historically oppressed. Meyer's (2003) seminal work coins minority stress as the experience of stressful social environments that are created as a result of experiences of prejudice or discrimination in environments that are stressful, which ultimately contribute to mental health problems. More importantly, minority stress has been understood as an added stressor that individuals from underrepresented and

marginalized groups face aside from general life stressors in comparison to those who are not part of that group (Meyer, 2003). This form of stress is also understood as a chronic variable that is related to fixed cultural or social structures, such as policies and attitudes that allow for minority stress to be manifested as broad occurrences in social situations and not just blatantly stressful situations (Meyer, 2003). Meyer (2003) further explains that for gay men, there are varying levels of stress that stem from their experience as a sexual minority that include objectively stressful situations that can be chronic in nature, the anticipatory expectations and vigilance towards the possibility of stressors, and the internalization of discriminatory societal attitudes. For Latinx men who have sex with men, their stressors intersect between being both a racial and sexual minority. Rendina et al. (2016) note that for men who have sex with men, another minority stressor is the stigma of not only being considered a sexual minority, but also the stigma associated with HIV, both directly impacting both mental health and sexual health behaviors. More specifically this is understood as implicit/explicit forms of homophobia MSM experience, as well as dealing with the negative assumptions around the LGBT community and HIV. Cyrus (2017) presents cases that suggest that the overlap between these different minority groups creates stressful experiences. The question is then raised as to what extent these multiple minority stressors impact mental and behavioral health function. This dissertation acknowledges this element of minority stress and attempts to understand how it occurs in virtual dating spaces for Latinx MSM.

Identification of Variables and Operationalization of Terms

Independent Variables

Sexual Racism

For the purpose of this dissertation, Wade and Haper's (2020) definition of Racialized Sexual Discrimination (RSD) will be used. RSD is defined as the occurrence of both sexualized and discriminatory treatment that a MSM of color may experience online when using a mobile dating application.

Psychological Flexibility

The project is utilizing Kashdan and Rotterburg's (2010) understanding of the concept which emphasizes the ability an individual must adapt to events in an environment, the capacity to restructure mental resources and shift perspectives against needs and desires.

Latinx Cultural Values

Research from the realm of Latinx Psychology has pointed to a variety of cultural values that exist for this group of people, which include beliefs around self, family, and personal connection with others (Arredondo et al., 2014). More specifically, the Latinx values of *caballerismo* researched by Arciniega et al. (2008) and *familismo* by Sabogal et al. (1987). These cultural values were identified by Meyer and Champion (2010), DeSantis et al. (2019), and Rivera et al. (2021) to have protective qualities when dealing with HIV transmission and endorsing health behaviors that protect against HIV. *Caballerismo,* is understood as the positive aspects of masculinity within Latinx culture, particularly the concepts of chivalry and familial ties (Arciniega et al., 2008). *Familismo*, as researched by Sabogal et al. (1987), is defined as the level of importance of family, loyalty, and responsibility to others that an individual has.

Dependent Variables

Mental Health

Mental health, for the purposes of this dissertation, is being defined as the degree to which an individual is impacted by the psychological factors of depression and anxiety. Previous

research has shown the impact of minority stress, discrimination, and stigma are some of the etiologies for the endorsement of poor psychological functioning, particularly depression and anxiety in MSM populations, which can contribute to riskier sexual behaviors like condom-less anal sex (Pines et al., 2014).

Sexual Risk Behavior

The variable of sexual risk behavior describes the various activities that have been identified by the Center for Disease Control (2020) as leading to HIV exposure. For the purpose of the dissertation, the following activities are being used to operationalize sexual risk behavior: male to male sexual contact including receptive ("bottoming") and insertive ("topping") condom-less anal sex, condom-less oral sex, and the usage of substances during a sexual encounter.

Relevant Terms

Men who have Sex with Men (MSM)

This term is a definition operationalized and coined by the Center for Disease Control (2021). MSM refers to a diverse group of individuals that encapsulates various behaviors, identities, and health needs. In most clinical settings, such as public health or medicine, MSM tends to refer to sexual behavior, regardless of sexual orientation. MSM may include transgender men or women, depending based on whether men are defined by sex at birth or current gender identity.

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning + (LGBTQ+)

The American Psychological Association (2022) defines LGBTQ+ as an acronym that represents individuals who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning. The "+" of the acronym is a placeholder for individuals who have various identities

that have not been previously incorporated or have yet to be acknowledged. The term itself describes a large range of sexual and gender minorities that have advocated for the recognition of their civil liberties throughout the 20th and 21st century.

Latinx

The Pew Research Center (2022) defines this term as descriptor of individuals who are or relate to Latin American origin or descent. This word is a gender neutral-neutral alternative to the gendered descriptors of "Latino" or "Latina."

Chapter 2 - Literature Review

Sexual Racism

The concept of sexual racism is one that becomes implicated as a risk factor when discussing mental health in this population. Sexual racism is a term coined by Stember (1978), that states the discrimination between potential romantic or sexual partners because of another's racial identity in order to prevent cohabitation. The original research focused on sexual racism stemming from investigating how heterosexual couples construct their ideas on the interracial partnership, though in the last decade there has been growing interest in understanding this phenomenon within non-heterosexual populations. Callander et al. (2015) reintroduced the term sexual racism, as a part of the surrounding issue of MSM- particularly the way in which white MSM exclude MSM of color from their choices in partnership (Callander et al., 2012; 2016). For the purposes of this dissertation, Han et al.'s (2015) definition of sexual racism is aligned with aim of this research as they describe the concept as "discrimination faced by men of color in sexual and dating contexts based on their ethnicity" (p. 143). What makes sexual racism an important element to this research is its acknowledgment of how individuals with converging minority identities within the confines of race and sexual orientation interact within the frame of

same-sex desire. Diaz and Ayala (2001) and Bhambhani et al.'s (2018) research both indicated that perceptions of sexual racism had correlational impact on anxiety, stress, and depression levels among MSM of color. This form of racial exclusion has been shown to produce feelings of shame in ethnic minority gay men (Caluya, 2006). Han et al. (2015) also note that sexual racism can create psychological stress that may be tied to sexual risk-taking behaviors. More importantly, noted, Han et al.'s (2015) survey of gay and bisexual minority men identified that 84% of participants reported experiencing racism and from those who reported sexual racism, 77% endorsed feelings of stress. Phua and Kaufman (2003) note that men who are looking for men on Internet advertisements are more likely to assess the racial traits of other men. Callander et al.'s (2015) interpretations of this assessments are that gay and bisexual men can be more direct about the kinds of characteristics that they want in sexual partners, which could lead to racial discrimination towards individuals they deem are unattractive (Callander et al., 2012; Callander, et al., 2016; Wade & Harper, 2020). This poses a major issue in which the idea of racial sexism brushes up against what many would call a sexual preference. Because the idea of sexual preference is core to understanding and conceptualizing sexual racism, it will be further commented on in the dissertation's core guiding concepts and theory.

In order to further understand the sexual racism experienced by Latinx MSM, it is important to illustrate what psychosocial phenomena exist for this group, including microaggressions (Sue et al., 2007). The psychosocial experience surrounding microaggressions and sexual racism, combined with other social determinants of public health, help contextualize the study's aims. The next section focuses on what is known surrounding how microaggressions operate in the context of MSM of various ethnic backgrounds.

Microaggressions Towards MSM of Color and Their Impact

Microaggressions are described as brief exchanges that send degrading messages to individuals, particularly People of Color, who belong to a minority group (Sue et al. 2007). Microaggressions have been shown to produce negative mental and physical health outcomes for the LGBTQ+ community (Mays & Conchran, 2001), as well as Latino populations (Torres, 2009). The experience of microaggressions has been shown to increase levels of cortisol in the body, or "stress hormone" when young men of color have significantly high interpersonal encounters with microaggressions (Zeider, et al., 2018). Similarly, Huynh's (2012) research suggests that adolescent boys of color who experience more microaggressions are sensitive in detecting them, react to these interpersonal slights, report anxiety, depressive, and somatic symptoms. Torres-Harding, et al.'s (2020) study on racial microaggressions reveals how different kinds of microaggressions lead to negative psychological impacts (mainly revealing the impact of depression and anxiety symptoms) and the manifestations of stress-induced somatic symptoms.

Nadal (2013) describes a variety of examples of microaggressions that target LGBTQ+ individuals, particularly those who face intersectional microaggressions as a result of having multiple minority identities, which can include ability, religion, race/ethnicity, class, etc. In addition to negative mental health outcomes, chronic experiences of microaggressions also impact sexual risk-taking behavior as seen in Marks and Çiftçi's (2019) work on how anxiety mediates the impact of microaggressions and sexual risk behavior in Black collegiate women. The following section applies the taxonomy of racial microaggressions to MSM of color, though this dissertation focuses on the experience of Latinx MSM. Though there are examples that come from Latinx MSM participant samples, some of the research surrounding microaggressions for

the MSM community have been extrapolated from racially/ethnically diverse samples or have come from other racial MSM groups.

Sue et al. (2007) theorized a taxonomy of three racial microaggressions that are categorized as microassaults, microinsults, and microinvalidations. For instance, Li et al. 's (2017) qualitative research identified how the microaggression matrix applied to Latinx MSM in the context of social and community support, includes enduring degrading comments about gay men from parents (microassults), being called profanities that were sexually prejudicial (microinsults), and making comments about their sexuality was a transitory phase (microinvalidations).

Given the significant impact that various categories of microaggressions have on MSM of color, particularly in white MSM-dominated spaces, these categories will be detailed in the following sections.

Microassaults Towards MSM of Color

Microassaults tend to be the most obvious form of microaggressions, usually because they are the most blatant form. Many statements and actions are considered microassaults that perpetuate "good old-fashioned racism" (Sue et al., 2007). These forms of microaggressions can also present themselves as symbolic or institutional racism. Practices in which this has occurred include gay bars that have consistently required MSM of color to produce multiple forms of identification in order to seek entry to the establishments (Han, 2021). Some of these practices are veiled in a way that many owners of these bars discussed that MSM of color did not have the "particular traits" that attract the appropriate clientele, or that it was more of a class than a race issue. Similarly, Ward's (2008) sociological work highlights the way LGBTQ+ organizations may reinforce Whiteness and create a sense of exclusion towards Queer People of Color through

their policy and structure, despite claiming to be multiculturally aware. Additionally, Misawa's (2010) qualitative inquiry documents various homophobic and racist incidents that young MSM of color face in their everyday lives from their peers in a collegiate setting that suggest that these experiences can be all-encompassing. For MSM of color, experiences of blatant racism in the mainstream gay community can facilitate negative health outcomes such as chronic stress, depression, and anxiety (Han et al., 2015).

Like Ward's (2008) findings, Han (2007) also describes how forms of institutionalized racism are encompassed within blatant racism through investigation of how many LGBTQ+ service organizations exist solely on the presumptuous idea of being geared towards white MSM. This idea is echoed in Ro et al.'s (2013) qualitative results in which Latinx men explained that many of the more known LGBTQ+ centers do not place satellite centers or clinics anywhere near communities of color. Han (2007) also points to some of the more symbolic elements of racism against MSM of color include LGBTQ+ cultural icons like the musical group, the Village People. His analysis conveys that though each of the group members represents a gay fetish, such as a sexy cowboy, the Native American character is the only representation that does not evoke a fetish based on vocation. Han (2015) reports how gay men of color can be a fetish simply for being a man of color, while white men are fetishized for what they do. This among other elements discussed above begins to shape the dynamic of the race between the MSM of color and the white LGBT community at large. This reality is even more true when looking at how these incidents transpire between white and MSM of color in virtual dating spaces, and what the residual effect is from these interactions. Balsam et al. (2011) used their multiple minority stress microaggressions scale to measure the experiences of LGBT People of Color and found that the microassault category related to reading dating ads or profiles that include statements

that are only looking for white individuals only or explicitly reject certain races. These kinds of messages are quite common within many social networking sites and mobile application profiles.

Microinsults Towards MSM of Color That Includes Sexual Objectification

Microinsults, more specifically, take on issues of sexual stereotyping and racial objectification. Sexual stereotyping MSM of color permeates all racial minority identities. Baslam et al. (2011) adapted Sue et al. 's (2007) sub-index that deals with verbal and behavioral, unconscious, remarks that denote insensitivity that devalues a person's identity in an LGBTQ+ context and the impact microinsults have on MSM who also identify as a person of color. Han (2008) gives a clear example in which a bouncer at a gay bar warns the author about where he is and questions his desire to enter, which communicates an underlying message that it is impossible to be both gay and Asian. Ro et al. (2013) found that MSM of color participants experienced racial fetishes as extremely derogatory. Many explained that this interest in them as a result of their race was mainly guided by a negative stereotype regarding their racial background, as well as the sexual categories in which they are placed.

For Latinx MSM, there are a variety of stereotypes that appear to follow them as well. Wilson, et al. (2009) and Ro et al. (2013) both consistently found that Latinx men saw themselves as stripped of their character-based traits and sexualized. The most common description of this group tends to be one of a "fiery and passionate Latin lover" (Ro et al., 2013; Wilson et al., 2009). A new theme that emerged out of Ro et al.'s (2013) qualitative work was how Latinx men are seen as uncultured, uneducated, and all presumed to be undocumented and powerless. The other microinsult that commonly comes up for this group falls under Sue et al. 's (2007) theme of "second class citizenship," in which Latinx individuals are mistaken for the help, wait staff, or other lower-class vocations. This is the context of MSM stereotyping would

make it appear that Latinx MSM, as one of Ro et al.'s (2013) participants put it, "you walk into a gay room, you could either be a, you know, a gay person, or you're the janitor, one of the two" (p. 842). These invalidating experiences are what Nadal et al. (2014) found leads to higher correlates with depression and lack of positive affect. Being constantly put in a position in which an individual starts to doubt their belonging in these spaces lead to manifestations of depression. This qualitative data unveils that this form of race-based stereotyping in Queer spaces reflects sexual health risks, including things like condomless anal sex despite understanding the risk. Wilson et al. (2009) also conveys how these sexual stereotypes set the kinds of roles individuals have when it came to unprotected anal sex between men of color and white individuals.

Microinvalidations Toward MSM of Color

The last and final microaggression typically deals with behavior that nullifies the experiential reality of a person, called a microinvalidation (Sue et al., 2007). Balsam et al. (2011) explains that the microinvalidation that many MSM of color specifically experience is being told by their white counterparts that race does exist in the LGBTQ+ community, nor does it have any importance in the context of an LGBTQ+ setting. Though this is a crucial point that is highlighted in the literature, it would be important to include microaggressive messages that communicate invisibility for these men. Sue et al. (2007) discusses that there are thematic elements to each microaggression as well for specific racial, gender, and sexual identity groups. Han (2007; 2008) explain that this feeling of invisibility is something that Asian and Pacific Islander MSM experience and feel often when engaging with their white counterparts. This is consistent with what is seen when it comes to microaggressive themes for Asian Americans, in which many of them feel either as if they are not seen, or strangers in their own land (Sue et al., 2009). The byproduct of invisibility from microaggressions and its negative impacts has been

studied in other settings, like Mena and Vaccaro's (2017) ethnography documenting the experience of women of color in predominantly white institutions. To some extent, this idea of invisibility comes into play for other MSM of color, including rejection by white MSM on virtual dating platforms.

Though the idea of blatantly discussing exclusive racial preferences, and sexual racism, on social networking sites and mobile applications as a form of microassaults towards MSM of color is valid, the aspect of sexual rejection can be seen as a secondary form of microaggression that happens. This rejection takes form in many ways, though the manner that seems to be reinforced both in the idea of invisibility, and the acts of microinvalidation that come from the interpersonal communication that happens between MSM of color and their white counterparts. This means that some of the responses that MSM of color receive, which may or may not be indicative of the microassultive material in the dating site profile, will trigger a sense of alienation and invalidation of their space within the LGB community. The sense of rejection happens particularly with the sexual rejection they receive both verbally and nonverbally. Paul et al.'s (2010) qualitative responses discuss that many MSM of color feel it to be troublesome and problematic. This happens through the anonymity, asynchronicity, and disinhibition that the virtual world provides. This complex aspect of the virtual world seems to facilitate rejection in a way that is unpredictable and instantaneous. Miller (2015) addresses how the theory of disinhibition allows individuals the ability to conduct themselves in ways that would not happen in real life. This idea specifies that disinhibition comes from the ability to be anonymous and use toxic language that would probably not be used in the non-virtual world, take however long one wants to respond to instant messages, block individuals, etc. Ro et al. (2013) explained that this sexual rejection was ambiguous, though it appeared to always be subtly attributed to race. In

some manner, one could analyze this as an invalidation of MSM of color's racial identities in this virtual space. Though noted before, there is evidence from Balsam et al. (2011) about how an invalidating interracial partner demeans one of the partner's racial experiences. This section of the paper looks at the possibility of incorporating sexual rejection as an element that is also invalidating. The idea here is that the invalidation is created in an ambiguous manner between MSM, and on social networking sites and mobile applications, and should be assessed more carefully as a microinvalidation. What is important about the effects of sexual rejection, as a form of discrimination, would be the lowered self-esteem that is usually seen (Han, 2008). This could dovetail the way racism affects and leads to unsafe sexual practices and behavior.

The Impact of HIV

HIV continues to be a major health concern in the United States. According to the Center for Disease Control and Prevention (CDC), an estimated 1.1 million individuals above the age of 13 are living with the disease. Additionally, 162,500 (14%) of those individuals are unaware of their HIV Positive status (CDC, 2019). The Center for Disease Control's 2018 Preliminary Report on the *Diagnosis of HIV in the United States and Dependent Areas* (2019) reported that of the new HIV diagnosis for that year, 13,819 of those cases were individuals between the ages of 20-29. Given the social history and context of the disease, it is important to highlight that from the inception of the epidemic, HIV has disproportionately impacted particular social groups: one of them being MSM which includes Queer, gay, and bisexual men. Of the 38,793 newly reported cases of HIV in the United States in 2017, as reported in the Center for Disease Control's 2017 Surveillance Report on *Diagnoses of HIV in the United States and Dependent Areas* (CDC, 2018), 27,000 (70%) were among adult and adolescent gay and bisexual men (CDC, 2018). Gay

and bisexual men aged 13 to 34 made up 64% (17,194) of new HIV diagnoses among all gay and bisexual men (CDC, 2018).

Even within the gay and bisexual cisgender male community, research has shown differences in the way that various MSM racial groups are affected. Within the 13 to 34 age range of new cases, almost one-third (28%) are individuals who identify as Latino or Hispanic (CDC, 2018). Across all new cases in 2017, Latino and Hispanic gay and bisexual men accounted for 28% of new HIV infections, ranking them the second largest proportion of new cases behind African American and Black MSM (CDC, 2018). According to the CDC's (2018) Surveillance Report that investigated the incidence and prevalence rates of HIV from 2010-2015, by the end of 2016, 10,292 Latino or Hispanic individuals received an HIV diagnosis, in which 87% of those diagnoses were among Latino men. In CDC's (2018) Surveillance Report for 2017, 86% of new Hispanic male cases were attributed to male-to-male transmission via sexual contact. What furthers fuels the concern of HIV in the Latino gay and bisexual male community is that between a four-year period, the rate of new diagnoses increased by 18% for gay and bisexual Latino men in general, but an overall 17% increase for young Latino gay and bisexual men between the ages of 13 to 24 years, and a 37% increase in gay and bisexual men between the ages of 25 to 34 years (CDC, 2019). These increases are of particular concern given that the CDC (2016) estimates that Latino MSM are 25% more likely to contract HIV in their lifetime-compared to their White counterparts that have only a 0.09% estimated likelihood of contraction. The increased risk and rates of HIV among Latino MSM need to be addressed by the public health community. More importantly, providers need to understand the added sexual health risk when combining the disparities loaded on by race and sexuality. This study will investigate the nuances of this intersectionality by looking at syndemic interactions of sexual racism, cultural

values, and psychological flexibility and their impact on HIV risk among Latino MSM. Before exploring these factors around HIV risk, it is important to consider the socio-historical context of the HIV epidemic and the work that has been done in response to the epidemic.

HIV: A History

The narrative of HIV began with the CDC publishing a Morbidity and Mortality Weekly Report (MMWR), describing cases of a rare lung infection, *Pneumocystis carinii pneumonia* (PCP), in five young, previously healthy, gay men (AIDS.Gov, 2019). As the numbers of PCP increased, a rare form of cancer called Kaposi *Sarcoma* (KS) began to appear in greater numbers among metropolitan enclaves like New York and San Francisco. The New York Times (1981) began to call the emerging health issues a form of "gay cancer," given that those who have been afflicted with these seemingly rare maladies had a common denominator: they were all gay men. At this time, there was an emergence of activism that came in the form of establishing funds and services, like that of Gay Men's Health Crisis in New York City; as well as the efforts of individuals like public health nurse, Bobbi Campbell, who took on the role of "KS Poster Boy" and sharing his experience as a gay man living with the disease. As the concern began to grow around the "gay cancer," and Gay-Related Immune Deficiency (GRID), the CDC then finally coined the term "Acquired Immune Deficiency Syndrome" (AIDS) to describe the disease, and other agencies identified that the virus was termed Human Immunodeficiency Virus (HIV). As the social history of HIV centered itself as a tragedy that produced a severe impact in the gay community, Bell et al. (2017) underscores that throughout the AIDS crisis, and even in the contemporary era, Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) individuals of color are erased from the discourse on how HIV/AIDS had and continues to disproportionately affect communities of color.

One of the major social justice concerns in the health crisis was the way HIV and AIDS were handled in socio-political discourse. From a political perspective, the United States government policies and stance at the beginning of the crisis reflected the conservative ethos of the Reagan administration. The administration's concern for the wellbeing of the nation's Queer citizens came in the form of homophobic statements, like that of US Press Secretary Larry Speaks's facetious comments from a press briefing in October of 1982 around the "gay plague." Cohen's (2001) text documents the sense of apathy surrounding the slow response the government had towards the "AIDS issue." Though the death count was increasing for gay and bisexual men across the county, the government's conservative values made it difficult to respond to a health crisis that was at odds with the party's Moral Majority platform against the "homosexual lifestyle" and drug usage. Piot et al. (2007) explain that AIDS has always been political, particularly because of the way in which HIV is passed and the stigma associated with sexual intercourse and intravenous drugs. In an article written for *The Guardian,* Ganga (2016) documents the lack of support that both Nancy and Ronald Regan gave; as their stance concluded that gay people were of a small minority within the population and that AIDS was a legal and not a health issue, given the sodomy laws were still in place across the country. Though the political sphere was slow to impose its influence on the matter, the war on AIDS pulled most of its strength from those most directly affected by it. One of the most prolific contenders against the epidemic was the AIDS Coalition to Unleash Power (ACT UP). ACT UP was created as a direct response to the political and social apathy that existed among the general public as the LGBTQ+ community was in the throes of one of the largest epidemiological crises in the modern era. France's (2016) documentary, *How to Survive a Plague*, details the account of the Queer men of ACT UP and their quest to have the government focus on the AIDS crisis,

advocate for medical treatment, and a cure to the disease. Though this group was able to advance the critical issues surrounding HIV, the documentary centers its storyline around predominantly cisgender, white, gay men and leaves a sense of erasure to other groups who struggled with the disease at the beginning of the epidemic. Gould's (2012) analysis of ACT UP, as both a white activist and a former participant, analyzes how racism and the predominant white gay male voice led the coalition to shy away from discussing topics like privilege and race that "detracted" from the issue of AIDS. Callander et al.'s (2018) discussion around gay racism note that groups like ACT UP focused their attention on a particular issue that affected what was deemed the most "important" demographic to establish a united front around the gay rights movement and fight against HIV. Though the social history of LGBTQ+ rights and HIV services owes a great deal to organizations like ACT UP, there is an implicit message around how LGBTQ+ institutions operate in a manner that enacts a type of implicit bias, and how it impacts other members within the community. For the purpose of this study, it is important to understand how the racial hierarchy exists for Queer men and the implication this structure has on public health.

The Gay Community as White

As vibrant and multifaceted as the LGBTQ+ community in the United States may look like from an external view, there appears to be a great divide within the MSM sector that is a result of an implicit racial attitude that permeates the culture, and to some extent research that is conducted. The idea reflects the message of 'White as right' which Han (2007) goes on to explain as a problem for the racial politics that affect all levels of gay culture from the images that are placed in media, to the way that many individuals construct preferences for potential sexual partners. The idea of preference has been documented in a variety of qualitative and sociological studies documenting racialized language particularly from white participants

expressing subtle, often negative views, of men from other ethnic and racial backgrounds

(Robinson, 2015; Shield, 2018). This perspective is one that has been documented surrounding

how Whiteness may have a negative impact on those that cannot benefit from it (Han, et al.

2017). Han (2007) emphasizes the overwhelming view of white gay culture as the face of the gay

community, which creates a sense of erasure that does not include portrayals of anyone who does

not fit the profile of "white and well to do." Heald's (2012) *Frontline* documentary, on the

experience of AIDS in African American Communities, references how MSM of color from

Oakland would be barred from entering the bars and clubs of San Francisco's Castro District for

very ambiguous reasons that appeared to be vaguely racially motivated in the 1980s. This form

of discrimination continued, as reported more recently by the San Francisco Chronicle's account

of popular gay club owners discriminating against African American patrons (Marech, 2005).

Within the empirical research, Felipe et al. (2020) discuss how Latinx and African American

MSM undergo discrimination that is based on race in gay spaces and contexts. Ghavami et al.

(2016) also reveals how for many LGBTQ+ individuals of color, there is a are intersectional

experiences that these individuals undergo which are marked by various forms of discrimination

and bigotry. Ward (2008) reports that some of this discrimination looks like the active exclusion

of this group due to the predominance of whiteness in Queer spaces. Felipe et al.'s (2020) further

explains how perceptions of experiences of racism for LGBTQ+ People of Color impacts an

individual's capacity to feel connected to the LGBTQ+ community. These points tie to what

Lipsitz (1995) explains are part of the power of whiteness as something that appears to infiltrate

with great influence and power, yet the derivative of this power seems to never exist. This

concept of power and privilege is like what Frankengurger (1993) describes as the invisibility of

Whiteness. This is consistent with what McIntosh (1988) identifies as a level of privilege and power that is implicitly accepted and never challenged.

This preference of power towards those who have the phenotypical presentation of white then creates the implicit message that anyone else in this social sphere must conform and assimilate into "gay" white culture. This is clearly seen in the responses of participants of Bowleg's (2013) qualitative study in which many of the African American MSM stated that they felt pressure to act a certain way in order to be accepted by their white counterparts. Han's (2015) sociological work clearly depicts how gay Asian men are perceived as the antithesis of the ideal type: white, muscular, masculine, dominant, and sexually forward. Han (2015) documents how gay Asian men are depicted as consumable objects that are subjected to Orientalist fantasies of subjugation. This kind of mentality brings about a variety of problematic behaviors that include subtle and blatant forms of racism. This mentality also justifies actions like sexual objectification of the MSM body of color, thus creating symbolic and direct construction of Whiteness in the gay community that keeps its power (Tenius, 2007). This construction in the power of Whiteness sustains an imbalance in which there is a privileging of certain individuals (McIntosh, 1988). Ultimately, this facilitates a culturally encapsulated environment that caters to cis-gendered, White, MSM and subtly conveys the issue of sexual racism and microaggressions, which will be elucidated in further sections. Though research in the social sciences has started to show an interest in the discourse and impact of the exclusion of individuals of color in Queer spaces, it is an experience known by many. From these issues, there are experiences of Latinx MSM that parallel issues of rejection, exclusion, and racism.

The Myth of "Sexual Preference"

This idea of racial "preference" as a sign of sexual racism has been a contested point among LBGT individuals, especially in virtual spaces like dating sites and mobile applications (Callander et al., 2012). Paul et al. (2010) note that virtual dating spaces enact a place in where MSM of color develop a sense of isolation as a result of the racial and ethnic prejudice by other MSM, particularly those who happen to be white. These feelings and actions do not appear to be a solitary event. Callander et al. (2012), Ro et al. (2013), and Teunis (2007) show, through their qualitative findings, that all MSM of color participants reported having experienced being called a racial epithet via Social Networking Sites and mobile dating applications. Han's (2008) participants identified their white counterparts as bigoted or racist in the way that they have interacted in social settings that would potentially lead to sex. In many of these examples, the idea of race as a sexual preference instead of prejudice is seen as an incorrect idea that deters their potential for sexual partners.

Challenges Faced by Latinx MSM

Though it is recognized that gay culture may seem overwhelmingly white, and that the prevalence of "preference" is a form of excusing racism, there is a rich and complex experience of being Latinx and having a same-sex attraction that needs to be understood. This section begins to contextualize some of the challenges Latinx MSM face and how those challenges impact facets of their mental and behavioral health. Studies have documented that being MSM and Latinx come with high levels of discrimination and rejection (Colon, 2001; Henny et al., 2017; Li, et al. 2017). There are multiple levels of heterosexism they face from their ethnic communities as a result of their sexual orientation, as well as the general forms of racism they experience as a person of color. McConnell et al.'s (2018) study found that Black, Asian, and

Latinx participants who identified within the LGBTQ+ community experienced racial stigma in both LGBTQ+ spaces and LGBTQ+ stigma in one's community.

Latino MSM, according to Colon (2001), brush up against cultural expectations of what it means to be a Latinx man and their Queer identity, which leads to internal conflict. The cultural concepts of *Machismo* and *Caballerismo* (Mirandé, 1977) are social scripts for manhood, and are an amalgam of positive and negative traits including chivalry, sexual prowess, and dominance over women that at times comes into direct conflict with being a gay or bisexual man. The issue of masculinity also arises in the context of sexual encounters in which Reisen et al. (2005) note that inserting/penetrative sex ("topping") did not take away from a man's ability to be straight or a "man," while being on the receiving end of penetrative sex ("bottoming") would define a man as gay.

Alongside the issue of sexual practice and identity, it is important to recognize the role family has in identity formation and support for gay and bisexual Latino men. Colon's (2001) participants discussed feeling the need to hide their sexual orientation while feeling internally conflicted with their sense of self, particularly because of their sexual orientation and Latinx identity. One participant goes as far as explaining that gay and bisexual Latinx males need to separate between the public and private "issues," and how these men are seen as "third wheels" in their own families (Colon, 2001). The various experiences described by these participants seem to convey that Latino men with attraction to other men face a sense of distancing between their sexual identity and their racial and ethnic identity. Li et al. (2017) state that the families of gay and bisexual men may distance themselves by using homophobic language. Lack of social or community support can also be detrimental as Latinx culture centers around relationships and family (Mulvaney-Day et al., 2007). Research has shown that individuals who are unsupported

by their own communities for their sexual orientation face behavioral health problems (Ryan et al., 2010). These discriminatory experiences lead to greater levels of stress for sexual minority men regardless of the ethnic minority group to which they belonged (Mulvaney-Day et al. 2007). As previously described, Meyer's (2003) Minority Stress model indicates that individuals who hold a minority status experience higher degrees of stress as a result of their status, which ultimately has negative health outcomes like anxiety, stress, and depression.

Mental Health Risk Factors that Impact on Latinx MSM

The social history of the LGBT community, which includes the HIV/AIDS epidemic, has a narrow focus on white, cisgender, gay and bisexual men that has created a sense of erasure towards the experiences of individuals and communities whose multiple identities include race and sexual orientation (Gonzalez et al., 2017; Gould, 2012). This dissertation highlights how particular social experiences impact risk factors surrounding HIV transmission for Latinx MSM. The dissertation studied how the encounters that Latinx MSM experience derive from what Abraham et al. (2017) consider the psychic life of racism in gay men's communities. This concept illustrates how the impression of racial superiority percolates throughout the intimate aspects of gay life. The premise for understanding some of these factors include evidence brought forth by research like that of Morrison's (2012) survey of 348 self-identified gay and lesbian individuals, which found statistically significant correlates between perceived racist discrimination and depression in gay men of color. Even more specifically, the intersection of discrimination that comes from the hands of being both a racial and ethnic/racial minority.

Behavioral Health Risk Factors that Impact MSM of Color

Substance Use

The use of substances is a commonplace experience within LGBT culture, more specifically within the MSM group. Green and Feinstein's (2012) work notes that men are at an elevated risk of illicit drug use (Diaz et al., 2005; Fendrich, et al., 2003; Fernández et al., 2005). Allen and Mowbray (2016) discuss that MSM groups appear to present higher levels of both substance use and substance use disorders in comparison to their heterosexual, cisgender, female and male counterparts. Current research conducted by Torres et al. (2020) indicated that in a three-month period 89% of young MSM endorsed alcohol use and 49% endorsed utilizing an illicit substance. Torres et al. (2020) note that the context in which substance use is commonly endorsed is in relation to sexual activities, known as "chemsex." Greenwood et al. (2001) also note that Latino MSM have some elevation in their substance use in comparison to other racial minority groups. For example, Diaz et al.'s (1999) sample noted in various urban centers, the proportion of Latino gay men endorsing substance use within a 6-month period was between 16-40% of individuals.

Regarding the kinds of substances, some of the common drugs used by gay and bisexual men include crystal methamphetamine, ketamine, amyl nitrite (poppers), cocaine, cannabis, and alcohol (Diaz et al., 1999). Research has noted that men who belong to the LGBTQ+ community may find themselves using substances as a facilitative tool in order to create a social connection with other men (Bauermiser, 2007) or recreational disinhibition in social contexts, like circuit parties (Mattison, Ross, Wolfson, Franklin, HNRC Group, 2001). Bruce et al.'s (2008) data showed that usage of multiple drugs was present for Latino MSM, particularly those who were HIV positive, and had reported stigma in the form of racism or homophobia. It is also important to note that the use of substances may also be a response to issues such as social stigma, racism, and homophobia that Latino MSM experience (Fernandez et al., 2009; Peacock et al., 2015).

Fernandez et al. (2009) note higher levels of contact and connection to the larger gay community appears to expedite the use of substances for Latino MSM who report experiencing homophobia. The usage of substances, the socio-cultural context that is a part of the reality for Latino MSM, and their impact on behavioral health patterns are complex in nature. The following section helps elucidate the syndemic forces at play in this issue, and its importance of integrating an understanding of sexual risk for this community.

High-Risk Sexual Behavior

When looking at the rates of HIV infection, particularly for men who have sex with men, one of the greatest risk factors is the rate at which individuals engage in condom-less, penetrative and receptive anal sex without any HIV Preexposure Prophylaxis (PreP). Trujillo et al. (2019) and the National HIV Behavioral Surveillance Study Group (2019) reports that in 2017, nearly 75% of their Latino MSM sample reported engaging in condom-less sex. The report notes that the 12-month prevalence of condomless sex in Latino MSM increased from 63% in 2011 to 74% in 2017, while also seeing an increase in PreP usage. Though the prevailing concern in the elevated rates and risk of HIV comes from the various factors that include Latino MSM's inconsistent condom use, engagement with multiple sexual partners, and unprotected anal sex (Carballo-Diéguez et al.1996; Carballo-Diéguez, et al., 2000; Díaz et al., 1996; Dolezal, Poppen, et al. 2004; Fernández, et al., 2003; Marín et al., 2003). Though these behavioral patterns impact the transmission of HIV as well as explain how the transmission may occur, research suggests risk behavior may come from a variety of factors that impact the high sexual risk.

Lack of Community Connection

One of the major challenges faced by MSM of color in the face of the monolith that is the LGBTQ+ community is their experience and perception of belonging within that community.

Though studies such as Gibb's and Rice's (2016) research suggested that young MSM who endorsed connection to the LGBTQ+ community had a negative association in relation to depression symptomatology, when aggregating the identity of race the dynamic appears to shift in which more engagement in the MSM community creates negative mental health outcomes. Giwa and Greensmith's (2012) qualitative inquiry highlight a narrative where LGBTQ+ individuals of color are casted and discriminated against by their white counterparts despite the facade of inclusivity and cohesion portrayed by mainstream culture. Additionally, Gray et al.'s (2016) qualitative interviews of immigrant Latinx MSM convey themes in which respondents felt somewhat validated in being able to identify with their LGBTQ+ identity, though did not always feel like they were connected to "mainstream gay culture." Han (2007) further highlights this issue in his interviews with gay men of color who share similar narratives of experiencing disconnection and to some extent exclusion from the general gay culture that hyperfocuses on white, cisgender, men. Adding to the experience of exclusion from the mainstream gay community, Hotton et al.'s (2018) research with young African American and Black men note that individuals who endorsed higher levels of engagement within the mainstream gay community had higher rates of HIV seropositivity and drug usage during a sexual encounter.

Protective Factors for Latinx MSM

Ethnic Identity

Within the cultural framework of identity, De Santis et al.'s (2019) work highlights how particular Latinx cultural values are protective factors to HIV contraction risk. De Santis et al. (2019) explain that Latino MSM who endorsed higher levels of *familismo*, the idea of close connection with family members, on the Multiphasic Assessment of Cultural Constructs- Short Form (MACC-SF) tended to avoid unprotected anal sex behaviors, which is usually considered

the highest sexual risk behavior (Leynaert et al., 1998). This is consistent with what Meyer and Champion (2010) report regarding how higher levels of connection and acceptance by family members help Latinx MSM accept their own sexual identity, thus creating a protective factor against HIV by reducing risk behavior like substance use and unprotected sex. Another cultural element that appears to have a significant impact is the concept of *personalismo*, which is broadly understood as interpersonal warmth, politeness, and the ability to communicate well with others (Arredondo et al., 2014). De Santis et al. (2019) noted that Latino MSM who endorsed this cultural value were more inclined to use condoms in sexual encounters and be more assertive, leading to safer sex negotiations. Meyer and Champion (2010) note that from their qualitative research that the cultural aspect of machismo is seen as a protective factor when understood from a particular vantage point. Their Latino MSM participants explain that when talking about what it means to be a man, it meant that they feel the need to be a provider and to live by example; many of them do not see sexual promiscuity and sexual risk as traits of a "good man." Rivera et al. (2021) also highlights how higher endorsement of *caballerismo* increases the degree to which Latinx MSM understand and utilize Pre-exposure Prophylaxis (PreP) in order to decrease the risk of contracting HIV. These factors are important to the context of this study as these cultural values may be a potential mitigating factor that decreases distress associated with experiences of sexual racism.

Psychological Flexibility

Psychological flexibility is a concept that is based on the principles of Acceptance and Commitment Therapy (Hayes et al., 2011). This idea looks at the tenacity of a person's ability to engage with their emotions, thoughts, and behaviors in a manner that does not interfere with their long-term values, while not giving into impulses (Bond & Flaxman, 2006). Kashdan and

Rotterberg (2010) report that this form of flexibility is understood by the way a person adapts to situations in an environment, reconfigures mental resources, their ability to shift perspectives, and balance needs, desires, and life domains. They go on to note that the focus of understanding this mental flexibility is to analyze and take note of the interplay between an individual and their environmental context. Bhambhani et al. (2018) notes that in the face of sexual racism, psychological flexibility can be a factor that helps MSM of color reconcile internalized negative perceptions in the face of engaging with activities associated with LGBTQ+ life (i.e., going to social events/bars, meeting other men). As mentioned above, sexual racism creates various forms of psychological distress. Individuals with elevated levels of psychological flexibility have been shown to endorse lower levels of mental health concerns such as anxiety and depression by increasing the functional ability one must have to tolerate and deal with distressing circumstances (Hayes et al., 2011). Given its effectiveness in alleviating psychological distress, Yadavaia and Hayes (2012) highlighted how this concept is applicable to sexual minority participants in lowering on their depression and anxiety symptoms. Bhambhani et al. (2018) noted in their study that psychological flexibility mediated the negative effects of sexual racism for their ethnic minority MSM participants. They go on to suggest that a higher level of psychological flexibility is a buffer that protects minority MSM from the negative impacts of sexual racism. Though Bhambhani et al.'s (2018) work is the only work to date that investigates how psychological flexibility operates in the mental processes of MSM of color, other studies have contributed to how this concept is used to safeguard MSM's mental health, particularly MSM who are also HIV positive (Landstra et al., 2013).

Use of Virtual Dating Spaces as means of Social Interaction for MSM

Given that many of the constructs discussed are abstract or social in nature, it is important to highlight the space in which these elements take place and interact online via the internet. Grov et al. (2014) report that since the early 1990s, MSM have used the internet to acquire sexual health sites, view pornography, as well as connect with other men through Social Networking Sites (SNS) and mobile applications (apps). This created a shift from seeking sexual encounters in public spaces (i.e., cruising), gay bathhouses, and bars to being able to use SNS like Grindr, ManHunt, Craigslist, and Adam4Adam (Grosskopf, et al. 2014). One of the most popular SNS is Grindr, which in 2020 reported having over 16 million users worldwide. Van De Wiele and Tong (2014) explain that by utilizing geolocation Grindr breaks down the barriers that were inherent challenges and dangers once assumed in the pursuit of a sexual in public spaces. The advantages of using SNS and apps are the ease of instant access to potential partners nearby and discretion, as well as levels of anonymity, that many of these sites and apps provide (Phillips et al., 2014). Badal et al. (2018) report in their web-based survey of 3150 MSM participants that over half were frequent SNS and app users that frequently interacted with new sexual partners within a 12-month period; they also reported that almost two-thirds of the participants reported using Grindr as their preferred app of choice. With the popularity of using Grindr, Goedel and Duncan (2015) report in their study that participants using Grindr were opening the application over 8 times throughout the day and spending an average of 1.3 hours on the application. Additionally, Jaspal's (2017) qualitative work illustrates how Grindr allows MSM to develop or reconstruct their identities as Queer individuals, increase efficacy in finding sexual encounters, and provide an opportunity to manage their online and offline identities. Despite these social psychological benefits of Grindr, there are detrimental norms of being and communicating on the application that may outweigh these areas (Jaspal, 2017). The understanding of how MSM

connect is crucial for this dissertation regarding knowing not only how to access the community sample, but also how many of the psychological elements mentioned in the review are manifested.

Chapter 3 - Methodology

Sample

For the purpose of this dissertation, Men who have Sex with Men (MSM) were operationally defined using the Center for Disease Control's (2018) definition that illustrates that MSM includes a man who has one or more male sexual partners, or individuals who self-identify as bisexual, gay, or homosexual. This included transmen and transwomen, as the CDC (2020) includes individuals who were assigned male at birth, as well as individuals whose current gender identity is male. Another defining factor of the target participant group was MSM who are within the 18-29 age range. The rationale for sampling this subset of the population comes from CDC's (2018) reports on the increasing rates of HIV for this age demographic, which suggests the importance of focusing on this age cohort. Additionally, individuals who were eligible to participate in this study self-identified as Latino or Latinx, as the study focuses on this racial group. Participants were also users of mobile applications geared towards dating or "hooking up" (i.e., casual sex) in order to be eligible. Previous research suggests that young MSM are avid technology users for the purposes of finding potential sexual partners (Phillips et al., 2014). Participants for the sample needed to be able to read and understand English as all the questions in the survey were in English.

Participants were asked screening questions to ensure eligibility, including endorsing being a cisgender man who meets the CDC definition of MSM, being within the ages of 18-29 years, self-identifying as Latino/Latinx, and having used a mobile application for the purposes of

finding potential sexual partners. Exclusion criteria included self-identified individuals who did not meet the CDC's definition of MSM, cisgender men who were under the age of 18 or over the age of 30 years, and cisgender men who self-identified as other racial identities that are not Latino or Latinx.

It is important to note that recruitment of cisgender Latinx men was informed by the review of the literature done by the principal investigator. More specifically, research surrounding Latinx cultural values. Meyer and Champion's (2010) qualitative interviews around cultural values as a protective factor for Latinx MSM focused on the responses of cisgender men. Many of those participants spoke on their experiences as men who grew up with the socialized messages of *machismo* and *caballerismo*, which for the purposes of this study was an important experience that the participants needed to have exposure to. More recently DeSantis et al.'s (2019) quantitative research around Hispanic cultural values on the sexual behavior of MSM focused on the responses of cisgender Latinx men to investigate the correlation between cultural endorsement and sexual behavior. Rivera et al.'s (2021) research also reaffirms the methodological choice to limit the study sample to cisgender Latinx male as their work on understanding the link between the endorsement of traditionaln *machismo/cballerismo* and treatment cascade for HIV prevention kept to the same sample parameters.

Recruitment Procedure

For this dissertation, the main forms of recruitment were convenience and snowball sampling (Gamm et al., 2017). With regards to convenience sampling, social media sites were used (see Appendix B) to promote the study and recruit participants through social media posts and special interest groups on social media (e.g., LGBTQ+ People of Color, Latinx Groups).

Research participants were recruited through the promotion of the study on mobile applications that MSM of this demographic commonly use: Grindr and the Latinx dating application called *Chispa* after submitting a research protocol to the university Institutional Review Board (see Appendix B). When using these applications, the researcher created profiles detailing their intentions in recruiting cisgender Latinx males ages 18 to 29 years of age. Application users were messaged directly if their profile statistics met the eligibility criteria. Potential participants were asked if they would be interested in completing a brief 5-minute survey and provided a link to the study's survey and consent/participation material. Other forms of recruitment included promoting the study on Facebook posts, Instagram account utilizing a recruitment poster (See Appendix B) and providing a survey link on Reddit. When eligible participants were recruited through Facebook, Instagram, and Reddit posts, eligibility was detailed, and terms were defined. Terms such as "cis-gender" or "Men who have Sex with Men" may not be common lexicon in particular communities or social groups and will be defined in posts. To supplement the convenience sampling, snowball sampling was used to encourage participants who had completed the study to forward study information to friends, partners, and other individuals that they knew that may have been eligible to participate. The intention for these forms of recruitment was to be both cost-effective, as well as acquire a sample size large enough to have enough statistical power to see significant correlative relationships between dependent and independent variables.

For those eligible to complete the survey, demographic information was collected in order to control for moderation that may be associated with this data. Information collected included age, substance use, marital status, HIV status, educational level, geographic location, income, sexual orientation, and gender identity. Given the fluid nature of sexuality and gender,

questions pertaining to these demographics provided categorical identifiers (See Appendix C) with explanations extrapolated from the American Psychological Association (2015), as well as an opportunity for a respondent to document an identity or expression not listed (See Appendix C for Demographic Survey).

Measures

Sexual Racism

Hidalgo et al.'s (2020) moderation research on sexual racism, psychological symptoms, and mindfulness extrapolated a set of 16 questions from a survey used by Diaz and Ayala (2001) and Diaz et al. (2001) that were used to inquire about various forms of social discrimination for MSM of color. Of the 16 questions utilized, Hidalgo et al. (2020) identified six of those questions to specifically ask about instances of sexual racism measuring sexual or romantic rejection or objectification due to an individual's race or ethnicity. These questions utilize a 4-point scale (0 = never, 3 = many times). Respondents' answers to these questions are then averaged to develop a sexual racism subscale in the study. The Cronbach's alpha for this subscale was 0.83. Given the nature of the research study, the brevity of the subscale question, and strong internal consistency, this subscale appears to be the most appropriate way to measure sexual racism.

Depression, Anxiety, and Stress Scale- 21 (DASS-21)

The DASS-21 (Lovibond & Lovibond, 1995) is a 21-item questionnaire that contains subscale questions that address the endorsement of depression, anxiety, and stress-related symptoms. Each subscale has seven items and participants will rate the extent to which they have experienced any of the symptoms in the past two weeks using a 4-point Likert scale (0= does not apply to me at all, 1= applied to me somewhat or some of the time, 2= applied to me a

considerable amount of the time or a good part of the time, 3= applied to me very much or most of the time). Depression cut-off scores for normal, mild, moderate, severe, and extremely severe are 0-4, 5-6, 7-10,11-13, and 14 or greater, respectively speaking. Anxiety cut-off scores for normal, mild, moderate, severe, and extremely severe are 0-3, 4-5, 6-7,8-9, 10 or greater, respectively speaking. For the purpose of this dissertation, the anxiety and depression subscales were used to measure mental health. The decision to use these two subscales was based on item response uniformity and conservation of total item responses for the quantitative survey. The total number of DASS-21 items utilized was 14 items.

Lovibond and Lovibond (1995) reported that when comparing the DASS-21 to the Beck Depression Inventory and the Beck Anxiety Inventory, the DASS-21 scales showed greater separation in factor loadings. Lovibond and Lovibond (1995) also reported that the DASS Anxiety subscale correlated 0.81 with the Beck Anxiety Inventory, and the DASS Depression subscale correlated 0.74 with the Beck Depression Inventory. Coker et al. (2018) reported that the DASS-21's Cronbach's alpha values of 0.81, 0.89, and 0.78 for the subscales of depressive, anxiety, and stress respectively.

Acceptance and Action Questionnaire II (AAQ-II)

The AAQ-II is a seven-item scale that uses a 7-point Likert scale (1= never true, 2= very seldom true, 3= seldom true, 4= sometimes true, 5= frequently true, 6= almost always true, 7= always true). This scale focuses on the degree of psychological flexibility a respondent endorses. Bond et al.'s (2011) psychometric research on the scale and its mean alpha coefficient are .84 with a 3- and 12-month test-retest reliability of 0.81 and 0.79, respectively. Lower-scored responses on the AAQ-II indicate higher level levels of psychological flexibility, while higher-scored responses indicate lower levels of psychological flexibility (Bond et al., 2011; Hays et al.,

2004). Cut-off scores of about 24-28 points are associated with a cut-off on measures of symptoms like depression and anxiety (Bond et al., 2011; Hays et al., 2004).

Machismo and Caballerismo Scale (MCS)

The Machismo and Caballerismo Scale is a 20 item, self-report measure that assesses the extent to which a man endorses the concept of traditional machismo and *caballerismo* (Arciniega et al., 2008). There are two subscales, traditional machismo, and *caballerismo* that receive 10 questions per subscale. The 10-item traditional machismo subscale addresses endorsements of a respondent's allegiance to chauvinism, hypermasculinity, and aggression. The 10 item *caballerismo* subscale measures a respondent's endorsement of emotional connectedness, connection to family, and pride in ethnic heritage. The internal consistency for traditional machismo has a Chronbach's alpha of 0.85 and the *caballerismo* has an internal consistency of 0.80 as identified by Ariciniega et al. (2008). All items use a 7-point Likert scale ranging from 1 being not at all to 7 being very much so regarding endorsement and indicating the degree to which a respondent agrees with the item. Higher scores indicate a stronger endorsement of traditional machismo or *caballerismo*. Given that *caballerismo* had been an identified protective factor (Meyer & Champion, 2010) in relation to HIV prevention, this research project only used the *caballerismo* subscale in the quantitative survey.

Familism Scale

The familism scale is a 15-item measure that assesses the importance, value, and roles of family, loyalty, and responsibility for the respondent (Sabogal et al., 1987). The 15 items are organized into three subscales: family obligation (6 items), family support (3 items), and family as referent (6 items). Each item uses a 5-point Likert scale in which 1= very much in disagreement and 5= very much in agreement. A high score indicates a stronger endorsement for

that subscale. Regarding reliability, Cronbach's alpha for family obligation, family support, and family as referent were 0.61, 0.83, 0.57, respectively. Because family support has been highlighted as a protective factor, only the family subscale was used for the study.

Healthy Sexual Behavior Questionnaire for MSM

The Healthy Sexual Behavior Questionnaire for MSM (HSBQM; Adam et al., 2011) is a sexual health risk question in which a respondent is asked about protected and unprotected sex with regular and casual partners over the previous month (Adam et al., 2011). The survey provides demographic information about sexual practices as well as the frequency. Questions revolve around protective and risk behavior in which respondents can answer with responses such as never, once, 2-4 times, 5-9 times, and 10 or more times. Endorsing a higher frequency indicates more engagement in either protective or risk behaviors. The questionnaire has a total of 38 items, though for the purposes of this study, the survey will utilize Adam et al.'s (2011) highlighted risk behavior questions and scoring mechanism. Of the nine questions that are used to highlight risk behaviors, only six will be used as they pertain to sexual encounters between men-identified sexual partners. These items focus on both receptive and insertive condomless anal sex between partners during sex, in interval periods of time, with both HIV negative and HIV positive partners.

Procedure

All measures were integrated into one online survey using the Qualtrics program and written in English. The survey was distributed amongst users of the dating sites, specifically Grindr and Chispa. The principal investigator messaged profiles that met selection criteria, interacted with application users to encourage their participation, and sent a survey link when a user expressed interest. When first opening the survey, participants were provided with an

informed consent explaining the nature of the study (See Appendix B), before landing on the eligibility criteria page. Eligibility questions included age, gender, sexual orientation, usage of mobile applications, and racial/ethnic identity (see Appendix A).

Participants that met all criteria, and signed the informed consent, were then asked to complete the eligibility screening questions Sexual Racism Subscale (Hidalgo et al., 2020), The Depression, Anxiety, Stress Scale-21 (Lovibond & Lovibond, 1995), The Acceptance and Action Questionnaire II (Hays et al., 2004), The Familism Scale (Sabogal et al., 1987), The Machismo and *Caballerismo* Scale (Arciniega et al., 2008), the Healthy Sexual Behavior for MSM Questionnaire (Adam et al., 2011), and non-screening demographic items, such as age, education, income, geographic location, HIV status, sexual orientation, substance use, and relationship status (see Appendix C). The total number of response items was 55, and the survey took an average of 5 minutes to complete. Upon completion of the survey, participants were entered in a raffle for a chance to win a $10 Amazon Gift Card. The total number of completed surveys gave every participant a 1:5 chance of obtaining a gift card. Participants who completed the survey and provided their contact email were assigned a number. The principal investigator calculated the how many winners would need to be chosen given the number of emails and the 1:5 chance proportion. The principal investigator assigned each participant a number and utilized a random number generator to pick winners. Participants were sent an electronic gift card to the email that they provided.

Design

The dissertation utilized a quantitative and cross-sectional survey to investigate the correlations between psychological flexibility, endorsement of Latinx values, the perceived experience of sexual racism on sexual health risk and mental health factors, respectively.

Latinx Cultural Values x Psychological Flexibility x Sexual Racism → Anxiety

Latinx Cultural Values x Psychological Flexibility x Sexual Racism → Depression

Latinx Cultural Values x Psychological Flexibility x Sexual Racism → Sexual Risk Behavior

Hypothesis

For this dissertation, the following are the projected hypotheses:

1.) Latinx MSM who perceive sexual racism on dating apps and have lower scores on the psychological flexibility questionnaire will report lower levels of sexual risk-taking behavior and report lower levels of mental health symptoms

2.) Latinx MSM who perceive sexual racism on dating apps and endorse Latinx cultural values will report lower levels of sexual risk-taking behavior and lower levels of mental health symptoms

3.) Latinx MSM who perceive sexual racism and have lower scores on the psychological flexibility questionnaire and endorse Latinx cultural values will report the lowest levels of sexual risk-taking behavior and report the lowest levels of mental health symptoms.

The null hypotheses are as follows:

1.) Latinx MSM who perceive sexual racism on dating apps and have lower levels of psychological flexibility will report higher levels of sexual risk-taking behavior and report higher levels of mental health symptoms

2.) Latinx MSM who perceive sexual racism on dating apps and do not endorse Latinx cultural values will report higher levels of sexual risk-taking behavior and report higher levels of mental health symptoms

Chapter 4 – Results

Introduction

In the four-month online recruitment process, a total of 779 survey responses were collected via convenience and snowball sampling. Given anomalies in survey collection trends, the principal investigator cleaned the survey utilizing strategies outlined by Storozuk et al. (2020) to reduce bot responses. The investigator referenced time stamps for immediate and consecutive survey responses, survey completion times, spikes in response activity, duplicate IP addresses, in conjunction with erroneous emails and duplicate survey responses with minor variations in entered demographic data. After the data cleanse, the survey sample ended with 77 complete survey responses (n=77).

Demographic Data

Demographic information collected via self-report indicated general trends among the participant sample. The average age of the survey participants was 24.38 years of age, in which the youngest participant was 18 years old and the oldest participant being 29-year-old, spanning the recruitment age criteria. Regarding educational level, roughly one third (36%) completed a bachelor's degree, while only 13% of the study's participants held a graduate degree. Less than 10% of the study participants had attained a secondary school degree or less, while almost 90% of participants attended or completed a university degree. Over three fourths of participants (87%) reported earning less than $80,000 annually. Regarding relationship status, roughly two thirds (64%) of participants reported being single while the other third reported being in some sort of relationship (e.g., in an open or closed marriage, polyamorous, or in an open or closed partnership). In relation to sexual health, 80% of participants reported an HIV negative status, 6% reported an HIV positive status, and 14% reporting an unknown HIV status. Over three fourths (77%) of participants identified as gay, while the second largest sexual orientation group represented were self-identified bisexual participants (16%). Regarding chemsex, the practice of

utilizing a substance while engaging in sex, 84% of participants reported using at least one

substance during a sexual encounter.

Characteristic	N = 77[1]
Education	
Master's degree or higher	10 (13%)
Bachelor's degree in college (4-year)	28 (36%)
Associate degree in college (2-year)	15 (19%)
Some college but no degree	16 (21%)
High school graduate (high school diploma or equivalent including GED)	6 (7.8%)
Less than high school degree	2 (2.6%)
Income	
$0 to $19,999	20 (26%)
$20,000 to $39,999	18 (23%)
$40,000 to $59,999	12 (16%)
$60,000 to 79,999	17 (22%)
$80,000 to $99,999	9 (12%)
$100,000 or more	1 (1%)
Relationship Status	
In a Polyamorous Relationship	4 (5.2%)
Married and Monogamous	1 (1.3%)
Married and Non-monogamous	2 (2.6%)
Partnered in a Monogamous (Closed) Relationship	4 (5.2%)
Partnered in a Non-monogamous (Open) Relationship	17 (22%)
Single	49 (64%)
HIV Status	
HIV Negative (-)	41 (53%)
HIV Negative (-) and on PreP	21 (27%)
HIV Positive (+)	1 (1.3%)
HIV Positive Undetectable (U=U)	3 (3.9%)
I Don't Know/Uncertain	11 (14%)
HIV Testing Frequency	
Every 12 Months (once a year)	10 (13%)
Every 3 months (4 times a year)	34 (44%)
Every 6 months (twice a year)	20 (26%)
Never/None	6 (7.8%)

Characteristic	N = 77[1]
Once a month every month (12 times a year)	7 (9.1%)
Sexual Orientation	
Bicurious	2 (2.6%)
Bisexual	12 (16%)
Gay	59 (77%)
Pansexual	1 (1.3%)
Queer	3 (3.9%)
Age	24.38 (3.10)

[1]n (%); Mean (SD)

Table 2

Substance Usage Frequency Table

Categories	N	%
Alcohol	59	77.60%
Cannabis/Weed	36	47.40%
Poppers	28	36.80%
Meth	5	6.60%
Cocaine	7	9.20%
Ketamine	5	6.60%
LSD	5	6.60%
Ecstasy	4	5.30%
Sexual Performance Enhancers/ Viagra	8	10.50%
GHB	3	3.90%
Shrooms	1	1.30%
Sober	12	15.80%

Correlational Results

The principal investigator conducted a Pearson correlation coefficient between study variables in order to establish significant relationship between variables. Data reported that anxiety correlated with sexual risk behavior ($r = 0.27$) and depression ($r = 0.63$) scores. Sexual Racism scores were correlated with sexual risk behavior ($r = 0.25$), depression ($r = 0.37$), and anxiety ($r = 0.49$). Psychological inflexibility was correlated with depression ($r = 0.72$), anxiety ($r = 0.62$), and

Variable	M	SD	1	2	3	4	5	6	7	
1. Sexual Risk Behavior	2.44	2.23								
2. Depression	9.23	6.3	0.18							48
3. Anxiety	7.58	6.08	.27*	.63**						
4. Sexual Racism	5.97	3.46	.25*	.37**	.49**					
5. Psychological Inflexibility***	23.99	9.27	0.07	.72**	.62**	.38**				
6. Caballerismo	49.16	7.91	.27*	.25*	.28*	.25*	.27*			
7. Familism	10.14	2.78	0	-0.19	0.1	0.14	-0.13	0.21		
8. Age	24.38	3.1	.36**	-0.07	0.04	0.06	-0.06	0.15	-0.02	

sexual racism (r = 0.38). *Caballerismo* correlated with sexual risk behavior (r = 0.25), depression (r = 0.25), anxiety (r = 0.28), sexual racism (0.25), and psychological inflexibility (r = 0.27).

Table 3
Correlation Matrix of Numeric Study Variables
*p<.05, **p<.01
*** *Psychological flexibility scores on the AAQ-II are tabulated in which lower scores indicate greater levels of psychological flexibility while higher scores indicate greater levels of psychological inflexibility*

Multiple Linear Regression Results

Multiple linear regressions were run in order to test the research hypotheses posited by the principal investigator. Parametric assumptions for each multiple linear regression were tested in order to conduct inferential statistics. Weighted least square regressions were utilized in order to control for modifying effects of outlier responses. Three multiple linear regressions were run in order to answer the following hypothesis: Sexual Racism as a predictor of Mental Health Symptoms and Sexual Risk Behavior; Sexual Racism and its interactions with Latinx cultural values and as a predictor of mental health symptoms and sexual health risk; Sexual Racism and its interactions with psychological flexibility as a predictor of mental health symptoms and sexual health risk.

Sexual Racism as a predictor of Mental Health Symptoms and Sexual Risk Behavior.

The series of multiple regressions were conducted in order to investigate whether sexual racism significantly predicted depression and anxiety symptoms as well as sexual risk behaviors.

The results of the multiple linear regression indicated that sexual racism was a significant predictor with sexual risk behavior (F (1,75) = 6.61, p = .012, R^2 = .08), depression (F(1,75) = 5.88, p = .001, R^2 = .14), and anxiety (F(1,75) = 5.35, p < .001, R^2 = .24).

Table 4.

Regression Table of Sexual Racism Predicting Outcome Variables

Outcome Variables	Predictors	B	SE	T	p	95% CI
Sexual Risk Behavior	Sexual Racism	0.18	0.07	2.57	.012	[0.04, 0.32]
Depression	Sexual Racism	0.73	0.19	3.80	< .001	[0.35, 1.12]
Anxiety	Sexual Racism	0.85	0.18	4.81	< .001	[0.50, 1.21]

Model 1:F(1,75) = 6.61, p = .012, R^2 = .08, Adjusted R^2 = .07
Model 2:F(1,75) = 5.88, p = .001, R^2 = .14, Adjusted R^2 = .13
Model 3:F(1,75) = 5.35, p < .001, R^2 = .24, Adjusted R^2 = .23

Sexual Racism and its interactions with Latinx cultural values and as a predictor of mental health symptoms and sexual health risk.

A series of multiple regressions were conducted in order to investigate whether sexual racism in relationship to *caballerismo* and *familismo* significantly predicted depression and anxiety symptoms as well as sexual risk behaviors. The results of the first multiple linear regression (F(3,73) = 8.47, p <.001, R^2 = .26) indicated that *caballerismo* (p = 0.008) and sexual racism (p = 0.069) were a significant predictor of sexual risk behavior. The second multiple regression model (F(3,73) = 5.58, p < .001, R^2 = .25) indicated that sexual racism (p = 0.001), *caballerismo* (p = 0.037), and *familismo* (p = 0.007) were predictors for depression. Specifically in this regression, *familismo* has a negative, predictive relationship with depression. In the final

regression model ($F(3,73) = 8.74, p < .001, R^2 = .26$), sexual racism was a predictor for anxiety (p

= <0.001).

Table 5.

Regression Table of Sexual Racism and Cultural Values Predicting Outcome Variables

Outcome Variables	Predictors	b	SE	t	P	95% CI
Sexual Risk Behavior	Sexual Racism	0.13	0.07	1.85	0.069	[-0.01, 0.27]
	Caballerismo	0.05	0.02	2.72	0.008	[0.01, 0.09]
	Familism	-0.07	0.08	-0.91	0.367	[-0.22, 0.08]
Depression	Sexual Racism	0.65	0.19	3.37	0.001	[0.26, 1.03]
	Caballerismo	0.18	0.09	2.13	0.037	[0.01, 0.35]
	Familism	-0.65	0.24	-2.77	0.007	[-1.12, -0.18]
Anxiety	Sexual Racism	0.78	0.18	4.24	< .001	[0.41, 1.14]
	Caballerismo	0.13	0.08	1.64	0.106	[-0.03, 0.29]
	Familism	0.02	0.23	0.08	0.940	[-0.43, 0.47]

Model 1:$F(3,73) = 8.47, p < .001, R^2 = .26$, Adjusted $R^2 = .23$
Model 2:$F(3,73) = 5.58, p < .001, R^2 = .25$, Adjusted $R^2 = .21$
Model 3:$F(3,73) = 8.74, p < .001, R^2 = .26$, Adjusted $R^2 = .23$

Sexual Racism and its interactions with Latinx cultural values and as a predictor of

mental health symptoms and sexual health risk.

Another series of multiple regressions were conducted in order to investigate whether

sexual racism in relationship to psychological flexibility significantly predicted depression and

anxiety symptoms as well as sexual risk behaviors. The results of the first multiple linear

regression ($F(2,74) = 3.64, p = .031, R^2 = .09$) conveyed that the sexual racism was a predictor

for sexual behavior risk (p = 0. 009). The second model ($F(2,74) = 41.27, p < .001, R^2 = .53$),

indicated that psychological inflexibility predicted depression (p = <0.001). The final regression

($F(2,74) = 31.64, p < .001, R^2 = .46$) indicated that sexual racism (p = 0.002) and psychological

inflexibility (p = <0.001) were predictors of anxiety.

Table 6.

Regression Table of Sexual Racism and Psychological Flexibility Predicting Outcome Variables

Outcome Variables	Predictors	b	SE	t	p	95% CI
Sexual Risk Behavior	Sexual Racism	0.20	0.07	2.69	0.009	[0.05, 0.35]
	Inflexibility	-0.02	0.03	-0.74	0.462	[-0.07, 0.03]
Depression	Sexual Racism	0.21	0.16	1.37	0.175	[-0.10, 0.53]
	Inflexibility	0.46	0.06	7.8	< .001	[0.34, 0.57]
Anxiety	Sexual Racism	0.51	0.16	3.17	0.002	[0.19, 0.84]
	Inflexibity	0.34	0.06	5.56	< .001	[0.22, 0.46]

Model 1:$F(2,74) = 3.64, p = .031, R^2 = .09$, Adjusted $R^2 = .06$
Model 2:$F(2,74) = 41.27, p < .001, R^2 = .53$, Adjusted $R^2 = .51$
Model 3:$F(2,74) = 31.64, p < .001, R^2 = .46$, Adjusted $R^2 = .45$

Variable Moderation Interaction Regression Results

Three interaction regression models were run with the variables that had been identified

to have some predictive correlation in order to determine moderation. In the first model ($F(5,71)$

$= 13.33, p = <.001, R^2 = .48$) the moderation of sexual racism and *caballerismo* on anxiety (p =

0.16) and moderation of sexual racism and psychological inflexibility on anxiety (p = 0.86)

showed to not significantly moderate the relationship. In the second model ($F(3,73) = 3.71, p =$

$.015., R^2 = .13$), the moderation of sexual racism and *caballerismo* on sexual risk behavior (p =

0.28) showed not to be significant. The final moderation analysis ($F(3,73) = 5.01, p = .003, R^2 =$

$.17$) analyzed the moderation of sexual racism and *caballerismo* on depression (p = 0.63) proved

to not be significant.

Table 7.

Regression Table of Cultural Values and Psychological Inflexibility Moderating the Relationships
between Sexual Racism and Outcome Variables.

Outcome Variables	Predictor	b	SE	t	p	95% CI
Anxiety	SR	0.47	0.17	2.84	0.006	[0.14, 0.80]
	CAB	0.12	0.08	1.51	0.137	[-0.04, 0.27]

	FLEX	0.33	0.06	5.38	< .001	[0.21, 0.46]
	SR*CAB	0.03	0.02	1.39	0.169	[-0.01, 0.06]
	SR*FLEX	0.00	0.02	0.17	0.869	[-0.03, 0.03]
Sexual Risk Behavior	SR	0.13	0.07	1.89	0.062	[-0.01, 0.27]
	CAB	0.07	0.03	2.26	0.027	[0.01, 0.14]
	SR*CAB	0.01	0.01	1.08	0.282	[-0.01, 0.02]
Depression	SR	0.60	0.20	2.97	0.004	[0.20, 0.99]
	CAB	0.17	0.10	1.67	0.099	[-0.03, 0.37]
	SR*CAB	0.01	0.02	0.63	0.534	[-0.03, 0.06]

Note: SR = Sexual Racism, FAM = Familism, CAB = Caballerismo, FLEX = Psychological Inflexibity
Model 1: $F(5,71) = 13.33, p = <.001, R^2 = .48$, Adjusted $R^2 = .45$
Model 2: $F(3,73) = 3.71, p = .015., R^2 = .13$, Adjusted $R^2 = .10$
Model 3: $F(3,73) = 5.01, p = .003, R^2 = .17$, Adjusted $R^2 = .14$

Overall Study Results Summary

The study sought to examine how sexual racism impacts young Latinx MSM mental health symptoms and sexual health behavior. The project also attempted to understand how the Latinx cultural values of *Caballerismo*, the positive aspects of Latino male gender socialization, and *familismo*, the importance of family support, moderated the detrimental impact of sexual racism on the outcome variables. Additionally, the project tested the moderating impact of psychological flexibility on sexual racism and the outcome of mental health symptoms and behavioral health risks. Though the results indicated several significant correlations between study variables and possible predictor effects, the study was unable to conclude that Latinx cultural variables or psychological flexibility moderate the relationship between sexual racism and mental health symptoms or sexual health risk. The analysis was able to convey that there is a meaningful relationship between sexual racism and its solitary impact on levels of depression, anxiety, and sexual health risk behavior.

Chapter 5- Discussion

The study sought to examine how sexual racism impacts young Latinx MSM's mental health symptoms and sexual health behavior. The project also attempted to understand how the Latinx cultural values of *Caballerismo*, the positive aspects of Latino male gender socialization, and *familismo*, the importance of family support, moderated the detrimental impact of sexual racism on the outcome variables. The project proposed three hypotheses that were investigated through the analysis of collected data. The first hypothesis posited that Latinx MSM who experienced higher levels of sexual racism would experience greater levels of mental health symptoms and higher levels of sexual risk behavior. The second hypothesis predicted that Latinx MSM who reported higher endorsement of Latinx cultural values would have lower levels of mental health symptoms and lower incidents of risky sexual behavior. The third hypothesis anticipated seeing that Latinx MSM who endorsed higher levels of Latinx cultural values and reported higher levels of psychological flexibility (lower levels of psychological inflexibility) they would endorse the lowest level of mental health symptoms and risky sexual behavior. Additionally, the project tested the moderating impact of psychological flexibility on sexual racism and the outcome of mental health symptoms and behavioral health risks.

Though the results indicated several significant correlations between study variables and possible predictor effects, the study was unable to conclude that Latinx cultural variables or psychological flexibility moderate the relationship between sexual racism and mental health symptoms or sexual health risk in a statistically significant manner. The analysis was able to convey that there is a meaningful relationship between sexual racism and its solitary impact on levels of depression, anxiety, and sexual health risk behavior. The next section illustrates the findings in relation to the study's hypotheses.

Hypothesis 1: Sexual Racism and its impact on mental health and sexual behavior risk

Hypothesis Results. The study's results indicated that sexual racism is a positive predictive factor in conjunction to sexual risk behavior, depression and anxiety, independently. **Sexual Racism as a Predictive Variable** These results affirm what previous research has found regarding how sexual racism impacts MSM of color (Plummer, 2007; Robinson & Frost, 2017; Thai, 2020). The relationship between the experience of sexual racism to depression and anxiety symptomology are consistent with what Feinstein et al. (2014) and Bhambhani et al. (2021) found when investigating mental health concerns of racially diverse MSM who have experienced sexual racism through their analysis of self-reported mental health symptoms in relation to self-reported experiences of sexual racism and discrimination.

Hypothesis 2: Endorsement of Latinx cultural values as a protective factor against Sexual Racism and its impact on Mental Health and Sexual Risk Behavior

Hypothesis Results. In the set of regressions investigating the second hypothesis, *Caballerismo* was not a protective factor against sexual racism. Specifically, it did not protect against sexual risk behavior. Rather, the findings showed that *Caballerismo* predicted sexual risk behavior and depression. The findings also showed that there was no statistically significant predictability between *caballerismo* and anxiety. *Familismo* had a negative predictive relationship with depression but did not have a statistically significant relationship with sexual risk behavior or anxiety. It is important to note that the lack of significant moderation of *caballerismo* on the outcome of anxiety and *familismo* on the outcome variables of anxiety and sexual risk behavior may be explained by a lack of statistical power in the sample data. Though there was no significant moderation by these values, the predictive nature of these variables onto outcomes opens the opportunity for further investigation and understanding.

Key Insights on *Caballerismo* as a Predictive Variable. These findings on *Caballerismo* and sexual risk behavior seem to counter previous research indicating that Latinx MSM who endorsed the positive aspects of masculinity were protected against sexual risk behavior, such as multiple sexual encounters without a condom (Meyer & Champion, 2010). *Caballerismo* also had a predictive relationship on depression, which questions whether this cultural variable has protective properties against depression. This result pushes against what Heredia Jr's (2017) path analysis found in endorsement of *caballerismo* brought lower levels of psychological distress like symptoms of depression. Heredia Jr's (2017) analysis puts to the idea that having a stronger connection to the positive aspects of Latinx masculinity, there would be a decrease in reports of depression or stress. Ojeda (2014) also notes that Latinx men who endorsed these values showed to have a higher quality of psychological wellbeing. Ultimately, what was once seen as a protective cultural variable in the realm of HIV prevention for this group may be contributing to current rates of transmission.

The study's findings raise the questions of what other possible factors moderate the sexual racism to mental health/sexual risk relationship. It also begs the question of whether the concept of *caballerismo* (and to some extent machismo) applies to younger Latinx men. There is research that suggests that younger Latinx men reject various elements of traditional Latino masculinity as an ideology of a "historical era," and these values are seen as a way of being of for older generations (Walters & Valenzuela, 2020). Given the possibility of distinct generational attitudes of what it means to be a Latinx male, this may provide insight towards masculinity and gender roles of younger Latinx men, particularly within the MSM community. The idea of what has been thought to be a protective factor for this group of men could now possibly be prompting risk behavior and mental health concerns. Given these changing societal attitudes, further

research should be conducted in order to investigate not only the contemporary factors of Latinx masculinity, while also investigating what might be protective factor by these younger cohorts.

Key insights on *Familismo* as a Predictive Variable. This variable did not have any predictive relationships with sexual risk behavior or anxiety, independently. Conversely, *familismo* had a negative predictive relationship on depression. This negative relationship between family support and depression is consistent with what Feinstein et al. (2014) had noted in their moderation analysis of perceived family support, dimensions of minority stress in Latinx MSM, and depression. The results of the study indicated that having a sense of support from family was an important cultural factor for Latinx MSM to endorse in order to protect from depression. This is similar to what is seen in this study's results that Latinx MSM who endorsed lower levels of family support through their scores of the *familismo* scale showed to have a higher rate of depressive symptomology on the depression scale section of the DASS 21.

Familismo also did not show statistically significant moderation, though did report a negative predictive relationship to the outcome of depression. These results may infer that Latinx MSM who endorse a closer connection to familial support may be experiencing less symptoms of depression. This predictive relationship does suggest that a sense of perceived family support could be a general protective factor for this population and should be taken into consideration when working with them in a clinical context. This may include working within the family system on fostering a level of acceptance of their family member's sexual orientation.

Hypothesis 3: Latinx MSM who endorsed higher levels of Latinx cultural values and reported higher levels of psychological flexibility (lower levels of psychological inflexibility) would endorse the lowest level of mental health symptoms and risky sexual behavior.

Hypothesis Results. In the set of regressions investigating the third hypothesis, the values of psychological inflexibility predicted depression and anxiety independently. However, psychological inflexibility did not predict sexual risk behavior. In this set of regressions, sexual racism also came to predict sexual risk and anxiety, like in hypothesis 1. In another set of regression models that looked at the variable interactions of Latinx cultural values (*caballerismo* and *familismo*) in conjunction to psychological inflexibility upon the sexual racism and outcome variable (anxiety, depression, and sexual risk behavior) relationships, those results did not have any statistically significant interaction or moderation on the relationships. Regarding the hypothesis of endorsing high levels of Latinx values and lower levels of psychological inflexibility as moderating impacts on the sexual racism to mental health and sexual risk behavior, psychological flexibility/inflexibility did not show any statistically significant moderation on any of these relationships. Given that hypothesis 2 prediction of the significance of higher Latinx values was nulled, hypothesis 3's predictions were also nulled given that psychological flexibility component to the prediction did not prove to be statistically significant, thereby nulling this hypothesis. This is further substantiated with the results of the linear regressions on the variable interactions.

Psychological Flexibility as a Predictive Variable. Regarding psychological flexibility, a participant's higher Acceptance and Action Questionnaire II (AAQ-II) response scores indicated less psychological flexibility and more psychological inflexibility, thus using inflexibility in the moderation analysis. The regressions found that psychological inflexibility was found to have a positive predictive relationship with both anxiety and depression, which is consistent with the growing literature around this cognitive process and behavioral health

symptoms (Bhambhani et al., 2020; Gilbert et al., 2019). However, these findings point to the need of investigating how this cognitive process is utilized by Latinx MSM.

Similar to the results on Latinx cultural values, psychological flexibility/inflexibility proved to have a weak moderating effect that could be understood as a lack of statistical power due to sample size. Ultimately, the data did not find statistical evidence to suggest that this cognitive framework moderated these relationships, though it appears to suggest that individuals who endorsed lower levels of psychological flexibility, which indicated higher levels of psychological inflexibility, predicted mental health symptoms of anxiety and depression. These results add to the growing pool of knowledge demonstrating the utility of psychological flexibility for Latinx MSM populations. Though this cognitive framework may not necessarily moderate the proposed relationship, the results appear to indicate the concept of psychological flexibility has a degree of usefulness for Latinx MSM. The highlight of this concept contributes to the growing research understanding protective factors for Latinx MSM, particularly in relation to HIV prevention (Meyer and Champion, 2010; Beymer et al., 2016; Murray et al., 2018).

Clinical Implications

Beyond the areas of potential future research to expand our understanding, there are clinical implications to these findings as well. The results confirm that sexual racism is a real experience that impacts sexual risk behavior for this population and should be considered a factor in addition to the syndemic theory of HIV prevention. This echoes what Martinez et al. (2020) explained in their findings in which environmental and behavioral factors need to be aggregated to the constellation of HIV risk. This knowledge ought to prompt clinicians to engage patients in conversations about the intersectional experience of being Latinx and MSM in order to gain insight on how this may be impacting a patient's sexual risk behavior.

These results may also help clinicians draw connections between depression or anxiety disorders in relation to sexual racism for Latinx MSM patients. These findings suggest that it is important for clinicians to discuss the potential connection between sexual racism and mental health symptoms (i.e., anxiety and depression) with their patients. Furthermore, these results should encourage clinicians to utilize assessments, like that of Wade's (2018) Racialized Sexual Discrimination Scale, to assess the impact of this form of racism on Latinx MSM patients.

Given that the results also showed that sense of family connection negatively predicts depression levels, it would be important for clinicians to explore the family system with Latinx MSM patients and work from frameworks that allow for family connectedness in order to safeguard from depression. This could include navigating issues of homophobia and heterosexism within family system in order to strengthen the sense of community by incorporating elements of LGBTQ+ affirming practices in the family.

Given the results of the study, it appears that clinicians should consider incorporating interventions that bolster psychological flexibility when working with Latinx MSM patients. The variable of psychological flexibility has also shown itself to have a predictive quality upon many of the participant's mental health presentations, which point to a possible protective factor. Psychological flexibility and inflexibility stems from the Acceptance and Commitment Therapy model of psychotherapy (Ciarrochi & Godsell, 2010), and seeing its predictive relationship to anxiety and depression, it may be important for clinical providers and public health educators to consider integrating the language and perspective into intervention strategies. More specifically, clinicians can help patients identify their personal values (i.e., acceptance, community, connection, inclusion) and how to use this cognitive process to alleviate psychological distress (e.g., rejection, sexual racism, othering) that comes from engaging in the broader LGBTQ+

community. The results of psychological flexibility warrant further investigation of the qualitative components of how this population employs this cognitive skill in the face of sexual racism.

Study Limitations and Suggestions for Future Research

There are important aspects to this study that should be noted as limitations. Most of the participants were recruited using convenience sampling in which many participants reported being from California. This poses an issue regarding the generalizability of the study's findings to other similar populations in other communities within the United States. Another important limitation to note is that within the demographic data that were asked, items pertaining to country of origin, ethnicity, and length of time living in the United States were not collected. This missing information would be particularly important in order to look at the effects of acculturation or regional differences. These potential demographic elements would have been important to control with a more varied geographic sample. Though the study's survey asked participants to identify substances used prior and during a sexual encounter, it was not used in analysis. This demographic information, had it been controlled for in the analysis, may have impacted the strength of the predictive relationships between variables and outcomes.

Another major limitation is the generalizability of some of the study's results to transgender Latinx male individuals. *Machismo* and *Caballerismo* are socialized cisgender male constructs within Latinx culture, while *Marianismo* is a cisgender female cultural construct. These constructs socialized throughout the lifespan in which, for example, children are to engage in certain behaviors. Cisgender boys are encouraged to emulate their fathers as "rough and tough," individuals while girls are expected to follow the traits reflected by the Virgin Mary which include being devoted to the nuclear family, chaste and pure (Arredondo et al., 2014).

Rodriguez's (2018) research explains that *machismo* and *marianismo* shape define and enforce certain gendered norms within the Latinx culture, which then beg the question of what happens when an individual in this community transitions and identifies as a man or woman of trans experience. Understanding the degree to which *marianismo* is endorsed by men of trans experience and whether adoption of *caballerismo* and *machismo* occurs and knowing the degree of endorsement of *machismo* and *caballerismo* values still held by women of trans experience and whether the adoption of *marianismo* occurs is integral to the relevance of this study and its findings. Though there is no research that looks at the impact of these socialized values and the degree of impact and integration on a trans individual's new gender identity, Wade and Feree (2015) bring up the point that transgender individuals do not always conform to the gender identity binaries that are imposed by majority, cisgender, society, which may point to a total rejection of the *marianismo* to m*achismo/caballerismo* binary. A point to consider in future research would be the degree to which transgender Latinx men identify and internalize some of socialized masculine constructs versus more socialized feminine constructs like *Marianismo* as individuals of transgender male experience.

The final aspect to consider are possible insufficient sample size and concerns running a data set through multiple linear regressions. Though the investigator utilized a statistical calculator to find the minimum number of completed surveys needed to run the analysis, some of the moderating variables began to achieve significant results. This may indicate that with a larger sample size, there may have been more statistically significant results when it came to both predictive power and stronger moderation between the predictor and outcome variables. The concern of running the same data set through multiple linear regressions increases the likelihood of Type I error though statistical safeguards were utilized to counteract this effect.

Conclusion

This dissertation investigated how sexual racism impacts Latinx MSM, while proposing moderating variables that were possible protective factors. The experience of being both Latinx and MSM is challenging because these individual deal with racism and homophobia coming from various life fronts. More importantly, from an intersectional lens, there is a confluence of stressors and forms of oppression that are uniquely intertwined from being a Queer Person of Color that cannot be teased apart. The experience of racial discrimination at the hands of other Queer men has not been fully studied and has only recently been considered a point of research in the social sciences. Han's (2007) sociological article title "They Don't Want to Cruise Your Type," captures the issues that MSM of Color face when attempting to find sexual intimacy with predominantly white counterparts. Specifically, Latinx MSM endure being in situations where potential partners actively choose not to engage with them (through racist verbal slights, avoidance, or blocking on mobile applications), furthering the need to conform to white constructs of Queerness; or are actively told to assume objectifiable roles that satisfy the exotification of Latinx MSM under the Queer white male gaze- while enduring the general/systemic racism that People of Color deal with in nonsexual spaces and the heterosexism and homophobia that exists some Latinx communities. The idea of sexual racism is not new, as these experiences and thoughts have permeated the general LGBTQ+ cultural discourse through vlogs, think pieces, and even highlighted by the iconic Ru Paul's Drag Race contestant, Kim Chi (2016), who educated one of the show's judges on the common phrase of "No fats, femmes, or Asians," as an accepted reality of many MSM of Color on dating applications. The discriminatory practices and toxic environments on mobile applications continue to be an integral part of the MSM mobile application experience (Queertly, 2022) with members of the

Queer community sharing anecdotal evidence of discrimination (Vox, 2018), calling out applications like Grindr for allowing users to be outwardly racist on the "about me" sections of a user's profile or restrict profile searches by race. Much of the social critique is focused on how many of these applications are only a safe haven for particular (white) Queer men, leaving many to feel less connected in the LGBTQ+ community and worse about themselves. This social outcry prompted Grindr to develop the *Kindr on Grindr* campaign in 2018, attempting to combat transphobia, sexual racism, femme and fatphobia through public service announcement-style video blogs amplifying the voices of their most marginalized users, while also taking away the search by race/ethnicity filter on their platform.

However, the discourse of how sexual racism appears in the Queer male community (particularly in virtual spaces) and in personal encounters recently became a topic in sociology and anthropology (Han, 2012). These experiences seen by Han (2012) caught the attention of researchers in the mental health world, who wonder how this impacts the wellbeing of MSM of color (Callander et al., 2015). Much of the early research looked at how racist language and interactions existed on the sites through profile descriptions and person's lived experience of interacting with other users who would say or do things that were perceived as discriminatory. The research also pointed to the possibility that these interactions and spaces create negative mental health outcomes, similarly to Nadal's (2013) work on intersectional microaggressions that Queer People of Color endure. More importantly, at the time of this dissertation, there was very little research on how these experiences relate to relevant health disparities for Latinx MSM, specifically HIV risk behavior.

Since the beginning of the epidemic during the 1980s, HIV has disproportionately impacted communities of Color and LGBTQ+ individuals, which continues to be the case in the

21st century. This public health concern created a social history that demonstrated narratives of decimated communities and a polarizing period where citizens and the government grappled with how to tackle the spread of HIV while finding ways to enacting health and social policies that focused on helping the most impacted and marginalized groups. The development of Antiretroviral Therapy in the 1990s as a form of treatment for those diagnosed with HIV and the Food and Drug Administration's approval of Truvada a Preexposure Prophylaxis (PreP) in 2012 changed the course of HIV and AIDS as it helped create more levels to the cascade treatment of care which now includes treatment as prevention. Within the discourse of syndemics and social determinants of health, there were social pushes to make sure that marginalized groups were kept in mind when it came to public health efforts, one of the most notable being San Francisco County Department of Public Health's *Viva PreP* campaign developed and spearheaded in 2018 by Instituto Familiar de La Raza Inc. However, even with these grassroots efforts that have been seen across the United States, the rates of HIV infections continually escalate in younger Latinx cohorts, which is counterintuitive given these efforts to provide better access for prevention (accessibility to condoms, STI/STD testing, PreP) and treatment. Ultimately, the conversation has shifted in understanding what social and emotional elements may be impacting sexual behavior and risk. Given how sexual racism has been brought into the mainstream discourse, this study incorporated sexual risk behavior as an effected variable of sexual racism due to the documented impact and rate of HIV for young Latinx MSM (CDC, 2019). Given the lack of representation of Queer People of Color in research and understanding that this intersectional group deals with both discrimination and negative health outcomes, research that addresses this topic is responding to a social justice issue of equity, access, and the honoring of human dignity.

Being able to conduct research that centers the lived experiences of young Latinx MSM on mobile applications and asking them to report on the impact of sexual racism has on their intimate life is novel, as there are not many research projects that focus on various intersectional layers (race, sexuality, mental and sexual health in the context of what happens on mobile applications) at once. The hypothesis surrounding the relationship between sexual racism and its influence on sexual risk behavior, depression, and anxiety was confirmed, bolstering the importance of further highlighting that sexual racism is a legitimate phenomenon for Latinx MSM that has personal impact on both the body and the mind. This result alone further echoes and validates what Latinx MSM and other MSM of Color have discussed amongst their communities, social circles, mental health providers, blogs, and even on social media and television. This points to the importance of acknowledging that these experiences are par for the course of being a Latinx MSM and that addressing sexual racism plays a role in their mental health healing journey. In this project, participants were asked to consider the events of racism in relation to mobile applications, which legitimizes the need to further investigate the way that sexual racism permeates the virtual landscape, as well as the other impacts sexual racism may have when experienced in this manner. With the impact of sexual racism on young Latinx MSM, this project highlights the growing need to perform further investigations surrounding the nature of sexual racism, how it is experienced in a variety of mediums, and the general understanding and internalized nature of these experiences. This is particularly true given the ever-changing advances of technology and the manner that social media is consumed and how individuals learn to interact in these virtual spaces. Given the trajectory of mobile applications and technology, as the pool of potential sexual and romantic partners grows, the greater the potential for Latinx MSM to connect with partners, as well as increasing the probability of experiencing sexual

racism. Further research in these experiences in the virtual domain could provide insight on how individuals and providers and can protect against the now confirmed detrimental effects of sexual racism.

In this dissertation study, the questions regarding sexual racism, developed by Hidalgo et al. (2020), asked general dimensions of sexual racism that Latinx MSM may experience. This set of sexual racism questions were broad, focusing on the subjective experience of being othered due to what the respondent believed to be due to race. Participants in this case were asked to consider the phenomenological experience and its impact in the context of virtual platforms. However, the questionnaire did not go into the minutia of the various dimensions of how sexual racism operates. The present findings do support work such as Wade's (2018) Sexual Racism Discrimination Scale that investigates sexual racism in terms of dimensions that include experiences of exclusion, rejection, degradation, and sexual objectification that MSM of color endure. The results from this dissertation do legitimize much of what Han (2021) discusses in the sociological literature around the intersectional experience of being a Queer man of Color in LGBTQ+ spaces, more specifically the Queer virtual spaces of mobile applications. As much of the research within public and behavioral health highlight the experience of general racism for Latinx MSM (Mizuno et al., 2012), the public health discourse needs to begin focusing on the development of public health interventions that highlight sexual racism as a risk factor that needs to be mitigated (Thai 2020). This is equally important given the general understanding that sexual racism impacts MSM of Color (Callander et al., 2015) and that young Latinx MSM have rising HIV rates (CDC, 2018). In the realm of prevention, addressing sexual racism as a public health issue can center meaningful discourse of how to bolster Queer MSM of Color when it comes to protecting their mental wellbeing and bodies. The results of this project urge mental

and public health professionals to consider incorporating discussions of sexual racism into intersectional, Queer affirming, sexual health education and prevention programs at both an individual and communal level.

Though this study did not provide statistically significant evidence that Latinx cultural values of *caballerismo* or *familismo* moderated the impact of sexual racism on the mental health or sexual risk behavior, it did provide other forms of meaningful insight. For instance, the results of this study provide avenues of inquiry regarding the way that Latinx MSM, particularly those in younger Millennial and older Generation Z cohorts, conceptualize the idea of masculinity. These results point to a departure from some of the more traditional notions of what it means to be a Latino male, particularly in a Queer context. Though the traits of *caballerismo* encourage a lifestyle that is chivalrous, just, and mindful of others, the rejection of these traditional aspects bring into question how the values of a fixed gendered trait hold up against a culture and society that has opened its consciousness to perceive the world beyond the gendered binary. These changes in perceptions of masculinity make sense given that much of the research around the qualities that make up *machismo* and *caballerismo* come from older generational cohorts. More importantly, the advancement of LGBTQ+ rights and a greater acceptance of diverse sexual orientation and gender identities in society may impact how some of these younger cohorts express themselves, which connects to what Butler (1988) comments on regarding performativity of gendered behavior and the stable traits of sex and gender. Ultimately topics of gender fluidity, gender roles, and ideas of masculinity are being challenged by younger cohorts which should urge providers and researchers to begin asking questions of what kinds of values young Latinx MSM are living by, if not by masculine values that are informed by patriarchy and tradition.

Additionally, the results of this study convey that *familismo*, perceived familial support, has protective qualities, at least against symptoms of depression. From a cultural perspective, Latinx communities and individuals center the connection of the familial unit as an integral element of life. For many Latinx MSM and other MSM of Color, there is a process in which many must break away from the traditional family system due to the lack of acceptance of their sexual orientation and have to recreate that support and emotional bonds through "chosen family." These new families are made of other Queer people who may have also been let go by their families, as well as individuals who find themselves in these microcosms due to their unwavering support of LGBTQ+ people. This research project points to how important it is for Latinx MSM to develop a sense of community connection with those within their family system to ensure better mental health outcomes. Being part of a supportive family of origin includes honest communication around the MSM experience, having members of the familial unit accept their sexual orientation, and creating an environment where Latinx MSM see perceived levels of support from their families.

Ultimately this project's contribution to the literature includes highlighting important cultural factors as viable elements of HIV prevention and intervention when considering the psychosocial determinants of health. This study contributes to data around how sexual racism is experienced and how it is possibly dealt with when coming from other MSM on mobile applications. Much of the study's findings posit questions of what other factors may contribute or control the sexual racism to mental health or sexual risk behavior relationship, which may be explained by other social factors. As much as this project has opened an academic discourse around this nuanced topic, it has also been a deep and meaningful personal journey. One cannot deny that most forms of research, is to some extent, a form of "me search," and that for me this is

very true. As a Latinx Gay man, much of what I highlighted in the project including interpersonal slights through the form of microaggressions, racialized stereotypes, exotification, and the phenomena of sexual racism, I have dealt with in my personal life when trying to make connection with the Queer community. At times it left me feeling a certain type of way about myself and provided outlooks on the LGBTQ+ community, yet despite how challenging these experiences were, I found strength in both my family of origin and that of my chosen family, having the cognitive skills to reframe discrimination, the ability to have LGBTQ+ affirmative care, and hold true to my values as I existed in Queer spaces. Much of this project came from not only my experience, but also the late-night conversations with peers about the toxicity of applications like Grindr and the desire to build a community that was truly inclusive and that acknowledged the diverse, intersectional, experiences people had. In tandem to these desires of a more cohesive community, HIV/AIDS is part of the narrative for many Queer men, and we have all been impacted in some way. Whether we know someone who is living with HIV and is undetectable or honor the legacy of an elder in the LGBTQ+ community who succumbed to the illness during the epidemic, or actively engage in ways to prevent contraction or the spread through PrEP, HIV is something that we cannot escape. For me this project took two integral elements of the lived experience as a Latinx MSM and wondered what the connections between these pillars are and what can be done to protect against negative sydemic effects. As I went on to collect data through grassroots efforts, I was met with an overwhelming amount of support by other Latinx MSM who were so eager to share their thoughts, encouraging me to keep up the good work, thanking me for highlighting these issues, and were excited to learn about the findings. On a personal note, these interactions were both a humbling and holding experience because it demonstrated the goodness of Queer community when we come together for equity

and social justice, while also giving me the opportunity to feel like I could serve and advocate for my own community. I could not have asked for a better culminating project to end my academic journey to becoming a bilingual, bicultural, intersectional, health service psychologist.

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Appendix A

Inclusion Criteria

Inclusion Criteria Questions

Do you identify as a cisgender man who has had sexual encounters with other cisgender men or identify as gay or bisexual?

Have you used mobile application sites like Grindr, Scruff, Hornet, etc. in the last year to hook up/have a sexual encounter with another man?

Are you within the ages of 18-29?

Do you identify as Latino/x?

Appendix B

Social Media/Mobile Application Material, Informed Consent, IRB Protocol

Are you Latino/ Hispanic/Latinx and use gay dating apps?

Recruiting participants to complete a brief, anonymous, survey for a doctoral dissertation on experiences of racism while using mobile dating/hook-up apps and their impact on mental and sexual health.

Eligibility Requirements:

- Cisgender men ages 18-29
- Identify as Latinx, Hispanic, or Latino
- Live in the United States
- Identify as gay, bisexual, queer, bicurious
- Have used a dating/hook-up mobile app or website in the last 12 months to look for a male sexual partner

Get a chance to win a 10 dollar gift card!

To Participate:

https://usfca.qualtrics.com/jfe/form/SV_7U Qun1D49IQTsto

For Further Information Please Contact:

Luis Plascencia MA, EdM, MS Clinical Psy.D. Doctoral Candidate
lplascencia@usfca.edu

Study Approved University of San Francisco Institutional Review Board (IRB #1647)

UNIVERSITY OF SAN FRANCISCO

IRB # 1647

CONSENT TO BE A RESEARCH SUBJECT

Purpose and Background

Mr. Luis Plascencia, a graduate student in the School of Nursing and Health Professions at the University of San Francisco is doing a study the impact of sexual racism on Latinx Men who have Sex with Men on virtual platforms. Sexual racism is a concept that is understood as a commonplace practice in the MSM and community. The researcher is interested in understanding how this impacts mental health symptoms and sexual health behaviors that protect against HIV. I am being asked to participate because I self-identify as Latinx/Latino/Hispanic, am between the ages of 18-29, identify as a man who has had at least one sexual encounter with another man in the last year, and have utilized dating/hook up apps at least once in the last year to find a male sexual partner.

Procedures

If I agree to be a participant in this study, the following will happen:

1. I will complete a short questionnaire giving basic information about me, including age, gender, relationship status, HIV status, and educational level, income, and email. I understand that this data will be used in relation to statistical analysis and will be kept digitally secure and deidentified on a Qualtrics server and will only be accessed by principal investigator.

2. I will complete a survey about mental health symptoms and my experiences of racism on dating/hook up platforms. I understand that this data will be used in relation to statistical analysis and will be kept digitally secure and deidentified on a Qualtrics server and will only be accessed by principal investigator. I also understand that I can withdraw my consent at any time during the completion of the survey.

3. I will have an opportunity to win $10 dollar gift card via a raffle at the end of the study, with a one in five chance of winning one, if I choose to enter the raffle.

Risks and/or Discomforts

1. It is possible that some of the questions asking about my mental health and symptoms, experiences of racism that have happened to me, and my sexual health behaviors and practices on the survey may make me feel uncomfortable. I am free to decline to answer any questions I do not wish to answer or to stop participation at any time.

2. Participation in research may mean a loss of confidentiality. Study records will be kept as confidential as is possible. No individual identities will be used in any reports or publications resulting from the study. Study information will be always coded and kept in a digitally secure file. Only study personnel will have access to the files.

3. Because the time required for my participation may be up to 20 minutes, I may become tired or bored. Benefits include being able to enter a raffle for a change to win a 10-dollar gift card. The anticipated benefit of this study is a better understanding of the effect of sexual racism on Latinx Men who have Sex with Men.

4. If I am feeling distressed by completing survey, I understand that I can access the following resources:

 a. The Trevor Project thetrevorproject.org, 1-866-488-7386, or by texting 'START' to 678-678)

b. The National Suicide Prevention Hotline (1-800-273-8255)

c. SAMHSA's National Help Hotline (1-800-622-4357 or by visiting findtreatment.samhsa.gov)

d. Calling 9-11 or heading to my nearest emergency room

Costs/Financial Considerations

There will be no financial costs to me as a result of taking part in this study. Payment/Reimbursement I will be entered to win a $10 dollar gift card at the completion of the survey.

Questions

I can reach out to Mr. Plascencia about this study and have had my questions answered. If I have further questions about the study, I may reach out to him at

(650) 246-9047 or lplascencia@usfca.edu or Dr. David Martinez (415) 422-4247 or at dmartinez9@usfca.edu. If I have any questions or comments about participation in this study, I should first talk with the researchers. If for some reason I do not wish to do this, I may contact the IRBPHS, which is concerned with protection of volunteers in research projects. I may reach the IRBPHS office by e-mailing IRBPHS@usfca.edu.

Consent

I haves seen the "Research Subject's Bill of Rights" and I can request a digital copy of this consent form to keep. PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to be in this study, or to withdraw from it at any point. My decision as to whether to participate in this study will have no influence on my present or future status as a student or employee at USF. By selecting "agree" on the survey I have read the terms of the consent form and understand that this is my virtual signature and agree to participate in this study.

Research Subjects Bill of Rights

Research subjects can expect:

• To be told the extent to which confidentiality of records identifying the subject will be maintained and of the possibility that specified individuals, internal and external regulatory agencies, or study sponsors may inspect information in the medical record specifically related to participation in the clinical trial.

• To be told of any benefits that may reasonably be expected from the research.

• To be told of any reasonably foreseeable discomforts or risks.

• To be told of appropriate alternative procedures or courses of treatment that might be of benefit to the subject.

• To be told of the procedures to be followed during the course of participation, especially those that are experimental in nature.

• To be told that they may refuse to participate (participation is voluntary), and that declining to participate will not compromise access to services and will not result in penalty or loss of benefits to which the subject is otherwise entitled.

- To be told about compensation and medical treatment if research related injury occurs and where further information may be obtained when participating in research involving more than minimal risk.

- To be told whom to contact for answers to pertinent questions about the research, about the research subjects' rights and whom to contact in the event of a research-related injury to the subject.

- To be told of anticipated circumstances under which the investigator without regard to the subject's consent may terminate the subject's participation.

- To be told of any additional costs to the subject that may result from participation in the research. • To be told of the consequences of a subjects' decision to withdraw from the research and procedures for orderly termination of participation by the subject.

- To be told that significant new findings developed during the course of the research that may relate to the subject's willingness to continue participation will be provided to the subject.

- To be told the approximate number of subjects involved in the study.

- To be told what the study is trying to find out;

- To be told what will happen to me and whether any of the procedures, drugs, or devices are different from what would be used in standard practice;

- To be told about the frequent and/or important risks, side effects, or discomforts of the things that will happen to me for research purposes;

- To be told if I can expect any benefit from participating, and, if so, what the benefit might be;

- To be told of the other choices I have and how they may be better or worse than being in the study; To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study;

• To be told what sort of medical or psychological treatment is available if any complications arise;

• To refuse to participate at all or to change my mind about participation after the study is started; if I were to make such a decision, it will not affect my right to receive the care or privileges I would receive if I were not in the study;

• To receive a copy of the signed and dated consent form; and

• To be free of pressure when considering whether I wish to agree to be in the study.

If I have other questions, I should ask the researcher or the research assistant. In addition, I may contact the Institutional Review Board for the Protection of Human Subjects (IRBPHS), which is concerned with protection of volunteers in research projects. I may reach the IRBPHS by electronic mail at IRBPHS@usfca.edu.

By clicking 'agree' I agree that I have looked over the Bill of rights and can request a copy by reaching out to the Principal Investigator at lplascencia@usfca.edu

UNIVERSITY OF SAN FRANCISCO

IRBPHS - Approval Notification

To: Luis Plascencia
From: Richard Greggory Johnson III, IRB Chair
Subject: Protocol #1674
Date: 01/27/2022

The Institutional Review Board for the Protection of Human Subjects (IRBPHS) at the University of San Francisco (USF) has reviewed your request for human subjects approval regarding your study.

Your research (IRB Protocol #1674) with the project title **THE GRINDR COMPLEX: THE BEHAVIORAL HEALTH IMPACT OF SEXUAL RACISM ON LATINX MEN WHO HAVE SEX WITH MEN** has been approved by the IRB Chair under the rules for expedited review on 01/27/2022.

UNIVERSITY OF SAN FRANCISCO

CHANGE THE WORLD FROM HERE

APPLICATION FOR IRB REVIEW OF NEW RESEARCH INVOLVING HUMAN SUBJECTS

Complete the following form and upload this document to the online IRB system in Mentor. In addition to this application, you will also need to **upload any survey/interview questions and informed consent documents for your protocol.**

1. RESEARCH PROJECT DESCRIPTION

Provide, in lay terms, a detailed summary of your proposed study by addressing each of the following items:

Clearly state the purpose of the study (Usually this will include the research hypothesis)

Given the social history surrounding the issue of HIV/AIDS in the LGBTQ+ community and the unique and intersectional experiences that Latinx Men who have Sex Men (MSM) have in their community, this dissertation's research will contribu to the growing work on sexual racism and how it correlates with various elements of behavioral health. The first research question will focus on the degree to which a perceived experience of sexual racism impacts a Latinx MSM's mental health, defined by depression and anxiety scores, and the degree to which they engage in sexual risk-taking behavior that leads to greater HIV exposure. The second research question addresses whether endorsement of Latinx cultural values protects Lat MSM from the determinants of sexual racism and decreases sexual risk-taking behavior. The third question of the disserta investigates the phenomena of psychological flexibility as a protective factor from the detrimental impact of sexual racism : the possible decrease of sexual risk-taking behaviors. These research questions are using a quantitative method of collectin; data through a cross-sectional survey of young Latinx MSM.

For this dissertation, the following are the projected hypotheses:

1.) Latinx MSM who perceive sexual racism on social networking sites and have higher levels of psychological flexibility will report lower levels of sexual risk taking behavior and report lower levels of mental health symptoms

2.) Latinx MSM who perceive sexual racism on social networking sites and endorse Latinx cultural values will re lower levels of sexual risk-taking behavior and lower levels of mental health symptoms

3.) Latinx MSM who perceive sexual racism and have high levels of psychological flexibility and endorse Latinx cultural values will report the lowest levels of sexual risk-taking behavior and report the lowest levels of mental he symptoms.

The null hypotheses are as follows:

1.) Latinx MSM who perceive sexual racism on social networking sites and have lower levels of psychological flexibility will report higher levels of sexual risk-taking behavior and report higher levels of mental health sympto

2.) Latinx MSM who perceive sexual racism on social networking sites and do not endorse Latinx cultural values report higher levels of sexual risk-taking behavior and report higher levels of mental health symptoms

Background (Describe past studies and any relevant experimental or clinical findings that led to the plan for this project

The concept of sexual racism is one that becomes implicated as a risk factor when discussing mental health in this population. Sexual racism is a term coined by Stember (1978), that states the discrimination between potential romantic or sexual partners because of another's racial identity in order to prevent interaction cohabitation. The original research focused on sexual racism stemming from investigating how heterosexual couples construct their ideas on the interracial partnership, though in the last decade there has been growing interest in understanding this phenomenon within non-heterosexual populations, particularly between White MSM and MSM of color. For the purposes of this dissertation, Han et al.'s (2015) definition of sexual racism is aligned with aim of this research as they describe the concept as "discrimination faced by men of color in sex and dating contexts based on their ethnicity." What makes sexual racism an important element to this researc

its acknowledgment of how individuals with converging minority identities within the confines of race and sex orientation interact within the frame of same-sex desire. Diaz and Ayala (2001) and Bhambhani, Flynn, Kellum, and Wilson's (2018) research on perceived sexual racism and its correlational impact on anxiety, stress, and depression among MSM of color. This form of racial exclusion has been shown to produce feelings of shame ethnic minority gay men (Caluya, 2006). Han et al. (2015) also note that sexual racism can create psychologica stress that may be tied to sexual risk-taking behaviors. More importantly, noted, Han et al.'s (2015) survey of g and bisexual minority men identified that 84% of participants reported experiencing racism and from those wh reported sexual racism, 77% endorsed feelings of stress.

Research plan (Provide an orderly scientific description of the intended methodology and procedures as they directly affect the subjects)

In order to answer the research question, a sample size of 175 participants will need to be collected in order to run descript statistics on the data set. Though preliminary power analysis suggests 350 participants given the number of variables, for tl sake of feasibility and scalability with the research timeline, a pool of 175 participants were selected. Bivariate corrections outcome variables and their predictors will be conducted in order to know which predictor variables will be included in the regression analysis. Because the study attempts to understand the degree of endorsement of certain independent variables (cultural values, racialized sexual discrimination, psychological flexibility) and the impact on two different outcomes (ment health and sexual risk) that are predicted through a respondent's depression and anxiety levels, and sexual risk behavior, a multiple linear regression model will be utilized to see trends within the data. Demographic variables such as age, educatio income, geographic location, HIV status, sexual orientation, substance use, and marital status will be controlled for when running the linear regressions. The analysis will then use the Bonferroni correction in order to counteract multiple comparisons issues. More specifically, the analysis would include running the data in order to establish the impact of moderation between predictor and outcome variables. Fields (2012) explains that moderation is the interaction effect of tw distinct variables. Calculation of this relationship would use a moderation model that Fields (2012) describes as $Yi = (b0 + Ai + b2 Bi + b3 ABi) + i$. Moderation of impacting variables has been shown to be an appropriate way of understanding tl relationship between variables such as psychological symptoms, sexual racism, and microaggressions, HIV risk research wi MSM and other LGBTQ+ groups (Hidalgo, Layland, Kubicek, Kipke, 2020).

Give the location(s) the study will take place (institution, city, state, and specific location)

The study will be a quantitative survey that has a national scope via an online platform to access and complete the survey. This will allow for the maximum number of eligible participants to access the survey in order to complete the study.

Duration of study project

The survey will be circulated for a total of 4 months after IRB approval in order to collect enough participant d:

2. PARTICIPANTS

2(a) Participant Population and Recruitment

Describe who will be included in the study as participants and any inclusion and exclusion criteria.

Inclusion criteria will include:

-Being male identified individuals who has had a sexual encounter with another male-identified individual in the last 12 months

-Participant must identify as Latinx/Hispanic/Latino

-Have used a mobile dating/hook up application or website in the last year for the purpose of finding a sexual partner

-Participant must reside within the continental United States and its territories

Exclusion Criteria will include:

-Individuals who do not identify as Latinx/Latino/Hispanic

-Individuals who do not reside within the continental United States and its territories

-Individuals who are younger than 18 years of age or over the age of 29.

-Individuals who do not self-identify as male and do not have sexual encounters with other male-identified individuals

-Individuals who do not use mobile dating/hook up applications or websites seeking a potential sexual partnei

What is the intended age range of participants in the study?

The intended age range for participants will be between the ages of 18-29 years of age.

Describe how participant recruitment will be performed.

Participants will be recruited through a snowball and convenience sampling method. The principal will post ot various social media platforms (Facebook, Instagram, snapchat), dating applications (Grindr) and websites (Sniffies.com, Doublelist.com) to promote study and connecting eligible participants to the study's link. Study advertisements will encourage participants to forward information to other eligible peers that may be interested in completing the survey. Principal investigator will also utilize listservs of professional psychological and LGBTQ+IA+ organizations and university departments to disseminate information surrounding the study.

Do the forms of advertisement for recruitment contain only the title, purpose of the study, protocol summary, basic eligibility criteria, study site location(s), and how to contact the study site for further information?   ☒ Yes ☐ No
   *If you answered "no," the forms of advertisement must be submitted to and approved by the IRB prior to their use.

2(b) Participant Risks and Benefits
What are the benefits to participants in this study?

The study will provide better insight to social and psychological issues surrounding a marginalized, and often underserved social group. The study's aims focus on providing the academic community, as well as public an mental health providers data that would inform culturally responsive and relevant interventions surrounding mitigating HIV risk for Latinx Men who have Sex with Men (MSM).

What are the risks (physical, social, psychological, legal, economic) to participants in this study?

Risks of completing the survey may include minimal discomfort around answering questions pertaining to mental health symptoms and negative interactions/instances of racisms from other MSM on digital platforms. Participants will be given appropriate national referrals to mental health services at the end of the survey including the National Suicide Prevention Hotline, the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Locator, the Trevor Project text and phone lines.

If deception is involved, please explain.

Deception will not be used in this study.

Indicate the degree of risk (physical, social, psychological, legal, economic) you believe the research poses to human subjects *(check the one that applies).*

☒ MINIMAL RISK: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

☐ GREATER THAN MINIMAL RISK: Greater than minimal risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. **If you checked "Great than Minimal Risk",** provide a statement about the statistical power of the study based on intended sample size, desi etc. to test the major hypotheses)

2(c) Participant Compensation and Costs

Are participants to be financially compensated for the study? ☒ Yes ☐ No If "yes," indicate amount, type, and sour of funds.

Amount:	Source:	Type (e.g., gift card, cash, etc.):
10-dollar amounts	**Gift cards will be procured by principal investigator**	**Gift cards**

Will participants who are students be offered class credit?　　☐ Yes ☒ No　☐ N/A

If you plan to offer course credit for participation, please describe what alternative assignment(s) students may comple to get an equal amount of credit should they choose not to participate in the study.

Are other inducements planned to recruit participants?　　☐ Yes ☒ No　If yes, please describe.

3. CONFIDENTIALITY AND DATA SECURITY

Will personal identifiers be collected (e.g., name, social security number, license number, phone number, email addres photograph)?　　☒ Yes ☐ No

Will identifiers be translated to a code? ☒ Yes ☐ No

Describe how you will protect participant confidentiality and secure research documents, recordings (audio, video, photos), specimens, and other records.

4. CONSENT

4a. Informed consent

Do you plan to use a written consent form that the participant reads and signs? ☒ Yes ☐ No

> ***If "no," you must complete Section 4b or 4c below.***

If "yes," describe how consent will be obtained and by whom.

Consent will be done via a virtual attestant in which the participant will have confirmed that they have read the terms and conditions of the informed consent before completing the survey.

If the participants are minors under the age of 18 years, will assent forms be used? ☐ Yes ☐ No ☒ N/A

If "no," please explain.

Upload to the online IRB system the consent form(s) that the participants and/or parent/guardian will be requii to sign, and the assent forms for children under the age of 18, if applicable.

Note: All consent forms must contain the following elements (quoted directly from Office for Human Research Protectic regulations, available at: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.116. The University of Sar Francisco IRB has consent templates containing all required elements, **and we strongly recommend you use these templates**.

If you believe it is important to create your own consent form, you are free to do so but please ensure that your consen form has each of the following elements and indicate you have done so by checking this box:

☐ I have chosen to create my own consent form and have ensured that it contains the 8 essential elements listed belc

(1a) A statement that the study involves research, (1b) an explanation of the purposes of the research, (1c) the expected duration of the subject's participation, (1d) a description of the procedures to be followed, and (1e) identification of any procedures which are experimental;

(2) A description of any reasonably foreseeable risks or discomforts to the subject;

(3) A description of any benefits to the subject or to others which may reasonably be expected from the resear

(4) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantagec to the subject;

(5) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

(6) For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, where further information may be obtained;

(7) An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and

(8) A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penal or loss of benefits to which the subject is otherwise entitled."

4b. Waiver of documentation of written informed consent (Complete only if answered "no" t 4a)

The regulations allow instances in which the IRB may waive the requirement for documentation of informed consent, th is, the collection of a signed consent form. If you are requesting a waiver of written documentation (signed) of informed consent, please answer the following questions:

Will the only record linking the participant and the research be the consent document and the principal risk to the participant would be from breach of confidentiality? ☐ Yes ☐ No

Do you consider this a minimal risk study that involves no procedures for which written consent is normally required outside of research (see 2B above for definition)? ☐ Yes ☐ No

Explain why you are requesting waiver or modification of documentation of written (signed) informed consent and how you plan to obtain consent.

4c. Waiver or modification of informed consent (Complete only if answered "no" to 4a)

The regulations also provide an opportunity for the IRB to waive the requirement for informed consent or to modify the informed consent process, provided the protocol meets the following criteria:
(1) The research involves no more than minimal risk to subjects (see 2b above for definition);
(2) The waiver of alteration will not adversely affect the rights and welfare of the subjects;
(3) The research could not practicably be carried out without the waiver or alteration; and
(4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

If you are requesting a waiver or modification of informed consent (e.g., incomplete disclosure, deception), explain how your project meets the requirements for waiver or modification of informed consent, as outlined above.

Appendix C

Study Measures

Demographic Questions

In what state do you live in?

What is the highest level of school that you have completed or the highest degree you have received?

Please indicate the answer that includes your income

What is your current relationship status?

What is your HIV status?

How often do you get screened/tested for HIV and other STIs?

What is your sexual orientation?

How old are you?

I have used the following substances right before or during my sexual encounters with a male partner:

Categorical Identifiers/Definition of Gender

"Cisgender refers to individuals whose sex assigned at birth aligns with their gender identity"

Healthy Sexual Behavior Questionnaire for MSM

B3. HEALTHY SEXUAL BEHAVIOR QUESTIONNAIRE FOR MSM

1. In the last 3 months, how many male partners have you had sex with?	☐ None ☐ One ☐ 2-4 ☐ 5-9 ☐ 10 or more If none, go to question #25
2. In the last 3 months, did you have sex with a regular male partner (boyfriend, buddy, partner, spouse)?	☐ yes ☐ no If no, go to question #8
3. *If you have more than one regular partner, please answer the following for your primary, current partner.* I have been in a relationship with my regular male partner for	☐ <6 months ☐ 6-11 months ☐ 1-2 years ☐ 3-5 years ☐ >5 years
4. My regular male partner is:	☐ HIV-positive ☐ HIV-negative ☐ Don't know serostatus (whether HIV positive or not or hasn't been tested)
In the past 3 months, I have done the following with my regular male partner: *Check all that apply*	
4. I had anal sex as the insertive partner (I was top) with a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
5. I had anal sex as the receptive partner (I was bottom) with a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
6. I had anal sex as the insertive partner (I was top) without a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
7. I had anal sex as the receptive partner (I was bottom) without a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
8. In the last 3 months, with how many casual male partners did you have sex, whom you know to have **tested HIV-positive?**	☐ None ☐ One ☐ 2-4 ☐ 5-9 ☐ 10 or more If none, go to question #13
In the past 3 months, I have done the following with **HIV-positive** casual male partner(s): *Check all that apply*	
9. I had anal sex as the insertive partner (I was top) with a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
10. I had anal sex as the receptive partner (I was bottom) with a condom	☐ Never ☐ Once

B3. HEALTHY SEXUAL BEHAVIOR QUESTIONNAIRE FOR MSM

1. In the last 3 months, how many male partners have you had sex with?	☐ None ☐ One ☐ 2-4 ☐ 5-9 ☐ 10 or more If none, go to question #25
2. In the last 3 months, did you have sex with a regular male partner (boyfriend, buddy, partner, spouse)?	☐ yes ☐ no If no, go to question #8
3. *If you have more than one regular partner, please answer the following for your primary, current partner.* I have been in a relationship with my regular male partner for	☐ <6 months ☐ 6-11 months ☐ 1-2 years ☐ 3-5 years ☐ >5 years
4. My regular male partner is:	☐ HIV-positive ☐ HIV-negative ☐ Don't know serostatus (whether HIV positive or not or hasn't been tested)
In the past 3 months, I have done the following with my regular male partner: *Check all that apply*	
4. I had anal sex as the insertive partner (I was top) with a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
5. I had anal sex as the receptive partner (I was bottom) with a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
6. I had anal sex as the insertive partner (I was top) without a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
7. I had anal sex as the receptive partner (I was bottom) without a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
8. In the last 3 months, with how many casual male partners did you have sex, whom you know to have **tested HIV-positive**?	☐ None ☐ One ☐ 2-4 ☐ 5-9 ☐ 10 or more If none, go to question #13
In the past 3 months, I have done the following with **HIV-positive** casual male partner(s): *Check all that apply*	
9. I had anal sex as the insertive partner (I was top) with a condom	☐ Never ☐ Once ☐ 2-4 times ☐ 5 or more times
10. I had anal sex as the receptive partner (I was bottom) with a condom	☐ Never ☐ Once

Depression Anxiety Stress Scale -21 (DASS-21)

#	Item	N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3	■	■	
2	I was aware of dryness of my mouth	0	1	2	3	■		■
3	I couldn't seem to experience any positive feeling at all	0	1	2	3		■	■
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3	■		■
5	I found it difficult to work up the initiative to do things	0	1	2	3		■	■
6	I tended to over-react to situations	0	1	2	3	■	■	
7	I experienced trembling (eg, in the hands)	0	1	2	3	■		■
8	I felt that I was using a lot of nervous energy	0	1	2	3	■	■	
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3	■		■
10	I felt that I had nothing to look forward to	0	1	2	3		■	■
11	I found myself getting agitated	0	1	2	3	■	■	
12	I found it difficult to relax	0	1	2	3	■	■	
13	I felt down-hearted and blue	0	1	2	3		■	■
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3	■	■	
15	I felt I was close to panic	0	1	2	3	■		■
16	I was unable to become enthusiastic about anything	0	1	2	3		■	■
17	I felt I wasn't worth much as a person	0	1	2	3		■	■
18	I felt that I was rather touchy	0	1	2	3	■	■	
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3	■		■
20	I felt scared without any good reason	0	1	2	3	■		■
21	I felt that life was meaningless	0	1	2	3		■	■
					TOTALS			

DASS 21 SCORE

DEPRESSION SCORE	ANXIETY SCORE	STRESS SCORE

	Depression	Anxiety	Stress
Normal	0 - 4	0 - 3	0 - 7
Mild	5 - 6	4 - 5	8 - 9
Moderate	7 - 10	6 - 7	10 - 12
Severe	11 - 13	8 - 9	13 - 16
Extremely Severe	14 +	10 +	17 +

Acceptance and Action Questionnaire-2 (AAQ-2)

AAQ-2

Below you will find a list of statements. Please rate how true each statement is for you by selecting a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

1. My painful experiences and memories make it difficult for me to live a life that I would value. 1 2 3 4 5 6 7

2. I'm afraid of my feelings. 1 2 3 4 5 6 7

3. I worry about not being able to control my worries and feelings. 1 2 3 4 5 6 7

4. My painful memories prevent me from having a fulfilling life. 1 2 3 4 5 6 7

5. Emotions cause problems in my life. 1 2 3 4 5 6 7

6. It seems like most people are handling their lives better than I am. 1 2 3 4 5 6 7

7. Worries get in the way of my success. 1 2 3 4 5 6 7

Sexual Racism Questions

How often have you been made to feel uncomfortable
in a gay bar or club because of your race or ethnicity?

How often have you had trouble finding lover
relationships because of your race or ethnicity?

In sexual relationships, how often do you find that
people pay more attention to your race or ethnicity
than to who you are as a person?

How often have you been turned down for sex because
of your race or ethnicity?

How often did you hear sexual comments about your
race or ethnicity?

How often have you been made to feel sexually
objectified (like a piece of meat) because of your
race or ethnicity?

Machismo Caballerismo Scale

1. Men are superior to women.
1. Los hombres son superiores a las mujeres.*

Strongly Disagree	Disagree	Disagree Somewhat	Uncertian	Agree Somewhat	Agree	Strongly Agree	Do Not Know	Refused
Completamente En Desacuerdo	En Desacuerdo	Más o Menos En Desacuerdo	Incierto	Más o Menos En Acuerdo		En Acuerdo	Completamente En Acuerdo	

2. Men want their children to have better lives than themselves.
2. Los hombres quieren que sus hijos tengan una mejor vida que ellos.*

Strongly Disagree	Disagree	Disagree Somewhat	Uncertian	Agree Somewhat	Agree	Strongly Agree	Do Not Know	Refused
Completamente En Desacuerdo	En Desacuerdo	Más o Menos En Desacuerdo	Incierto	Más o Menos En Acuerdo		En Acuerdo	Completamente En Acuerdo	

3. In a family a father's wish is law.
3. En una familia el deseo de un padre es la ley.*

◯ Strongly Disagree   ◯ Disagree   ◯ Disagree Somewhat   ◯ Uncertian   ◯ Agree Somewhat   ◯ Agree   ◯ Strongly Agree   ◯ Do Not Know   ◯ Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

4. A real man does not brag about sex.
4. Un verdadero hombre no alardea (presume) sobre el sexo.*

◯ Strongly Disagree   ◯ Disagree   ◯ Disagree Somewhat   ◯ Uncertian   ◯ Agree Somewhat   ◯ Agree   ◯ Strongly Agree   ◯ Do Not Know   ◯ Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

5. Men should respect their elders.
5. Los hombres deben respetar a sus mayores.*

◯ Strongly Disagree   ◯ Disagree   ◯ Disagree Somewhat   ◯ Uncertian   ◯ Agree Somewhat   ◯ Agree   ◯ Strongly Agree   ◯ Do Not Know   ◯ Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

6. The birth of a male child is more important than a female child.
6. El nacimiento de un niño es más importante que el de una niña.*

◯ Strongly Disagree   ◯ Disagree   ◯ Disagree Somewhat   ◯ Uncertian   ◯ Agree Somewhat   ◯ Agree   ◯ Strongly Agree   ◯ Do Not Know   ◯ Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

7. Men hold their mothers in high regard.
7. Los hombres mantienen a sus madres en alta consideración.*

◯ Strongly   ◯ Disagree   ◯ Agree   ◯ Strongly   ◯ Do Not

Disagree   Disagree   Somewhat   Uncertian   Somewhat   Agree   Agree   Know   Refused

Completamente   En Desacuerdo   Más o Menos   Incierto   Más o Menos   En Acuerdo   Completamente
En Desacuerdo   En Desacuerdo   En Acuerdo   En Acuerdo

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8. It is important not to be the weakest man in a group.
8. Es importante no ser el hombre más débil en un grupo.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente   En Desacuerdo   Más o Menos   Incierto   Más o Menos   En Acuerdo   Completamente
En Desacuerdo   En Desacuerdo   En Acuerdo   En Acuerdo

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9. Real men never let down their guard.
9. Los hombres de verdad nunca bajan la guardia.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente   En Desacuerdo   Más o Menos   Incierto   Más o Menos   En Acuerdo   Completamente
En Desacuerdo   En Desacuerdo   En Acuerdo   En Acuerdo

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10. The family is more important than the individual.
10. La familia es mas importante que el individuo.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente   En Desacuerdo   Más o Menos   Incierto   Más o Menos   En Acuerdo   Completamente
En Desacuerdo   En Desacuerdo   En Acuerdo   En Acuerdo

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11. It would be shameful for a man to cry in front of his children.
11. Sería vergonzoso para un hombre llorar en frente de sus hijos.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente   En Desacuerdo   Más o Menos   Incierto   Más o Menos   En Acuerdo   Completamente
En Desacuerdo   En Desacuerdo   En Acuerdo   En Acuerdo

12. Men should be willing to fight to defend their family.
12. Los hombres deben estar dispuestos a pelear para defender a su familia.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

13. A man should be in control of his wife.
13. Un hombre debe estar en control de su esposa.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

14. It is necessary to fight when challenged.
14. Es necesario pelear cuando se es desafiado.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

15. Men must exhibit fairness in all situations.
15. Los hombres deben mostrarse justos en todas las situaciones.*

Strongly Disagree   Disagree   Disagree Somewhat   Uncertian   Agree Somewhat   Agree   Strongly Agree   Do Not Know   Refused

Completamente En Desacuerdo   En Desacuerdo   Más o Menos En Desacuerdo   Incierto   Más o Menos En Acuerdo   En Acuerdo   Completamente En Acuerdo

16. It is important for women to be beautiful.
16. Es importante para una mujer ser bonita.*

Strongly Disagree · Disagree · Disagree Somewhat · Uncertian · Agree Somewhat · Agree · Strongly Agree · Do Not Know · Refused

Completamente En Desacuerdo · En Desacuerdo · Más o Menos En Desacuerdo · Incierto · Más o Menos En Acuerdo · En Acuerdo · Completamente En Acuerdo

17. A woman is expected to be loyal to her husband.
17. Se espera que una mujer sea fiel a su marido.*

Strongly Disagree · Disagree · Disagree Somewhat · Uncertian · Agree Somewhat · Agree · Strongly Agree · Do Not Know · Refused

Completamente En Desacuerdo · En Desacuerdo · Más o Menos En Desacuerdo · Incierto · Más o Menos En Acuerdo · En Acuerdo · Completamente En Acuerdo

18. The bills (electric, phone, etc.) should be in the man's name.
18. Las cuentas o facturas (electricidad, teléfono, etc) deberían estar a nombre del marido.*

Strongly Disagree · Disagree · Disagree Somewhat · Uncertian · Agree Somewhat · Agree · Strongly Agree · Do Not Know · Refused

Completamente En Desacuerdo · En Desacuerdo · Más o Menos En Desacuerdo · Incierto · Más o Menos En Acuerdo · En Acuerdo · Completamente En Acuerdo

19. Men must display good manners in public.
19. El hombre debe mostrar buenos modales en público.*

Strongly Disagree · Disagree · Disagree Somewhat · Uncertian · Agree Somewhat · Agree · Strongly Agree · Do Not Know · Refused

Completamente En Desacuerdo · En Desacuerdo · Más o Menos En Desacuerdo · Incierto · Más o Menos En Acuerdo · En Acuerdo · Completamente En Acuerdo

20. Men should be affectionate with their children.
20. Los hombres deben ser cariñosos con sus hijos.*

Familism Scale

1. One should make great sacrifices in order to guarantee a good education for his/her children.
1. Uno debe hacer grandes sacrificios para garantizar una buena educación para sus hijos(as).*

○ Strongly Disagree   ○ Disagree   ○ Neither Disagree Nor Agree   ○ Agree   ○ Strongly Agree   ○ Don`t Know   ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

2. One should help economically with the support of younger brothers and sisters.
2. Uno debe ayudar económicamente con el mantenimiento de hermanos(as) más jóvenes.*

○ Strongly Disagree   ○ Disagree   ○ Neither Disagree Nor Agree   ○ Agree   ○ Strongly Agree   ○ Don`t Know   ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

3. I would help within my means if a relative told me that he/she is in financial difficulty.

3. Yo ayudaría dentro de mis medios si un familiar me dijera que él/ella está en una dificultad financiera.*

○ Strongly Disagree   ○ Disagree   ○ Neither Disagree Nor Agree   ○ Agree   ○ Strongly Agree   ○ Don`t Know   ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

4. One should have the hope of living long enough to see his/her grandchildren grow up.
4. Uno debe tener la esperanza de vivir lo suficiente para ver a sus nietos(as) crecer.*

○ Strongly Disagree   ○ Disagree   ○ Neither Disagree Nor Agree   ○ Agree   ○ Strongly Agree   ○ Don`t Know   ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

5. Aging parents should live with their relatives.
5. Padres/madres más viejos deben vivir con sus familiares.*

○ Strongly Disagree   ○ Disagree   ○ Neither Disagree Nor Agree   ○ Agree   ○ Strongly Agree   ○ Don`t Know   ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

6. A person should share his/her home with uncles, aunts or first cousins if they are in need.
6. Una persona debe compartir su casa con tíos, tías, o primos cercanos si ellos están necesitados.*

○ Strongly Disagree   ○ Disagree   ○ Neither Disagree Nor Agree   ○ Agree   ○ Strongly Agree   ○ Don`t Know   ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

7. When someone has problems he/she can count on help from his/her relatives.

7. Cuando alguien tiene problemas, él/ella puede contar con ayuda de sus familiares.*

○ Strongly Disagree ○ Disagree ○ Neither Disagree Nor Agree ○ Agree ○ Strongly Agree ○ Don`t Know ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

8. When one has problems, one can count on the help of relatives.
8. Cuando uno tiene problemas, uno puede contar con la ayuda de sus familiares.*

○ Strongly Disagree ○ Disagree ○ Neither Disagree Nor Agree ○ Agree ○ Strongly Agree ○ Don`t Know ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

9. One can count on help from his/her relatives to solve most problems.
9. Uno puede contar con la ayuda de sus familiares para resolver la mayoría de sus problemas.*

○ Strongly Disagree ○ Disagree ○ Neither Disagree Nor Agree ○ Agree ○ Strongly Agree ○ Don`t Know ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

---

10. When a person hires an assistant, it is better to select a relative than a stranger.
10. Cuando una persona emplea un asistente, es mejor seleccionar un familiar que un extraño.*

○ Strongly Disagree ○ Disagree ○ Neither Disagree Nor Agree ○ Agree ○ Strongly Agree ○ Don`t Know ○ Refused

Completamente En Desacuerdo   En Desacuerdo   No En Desacuerdo Ni En Acuerdo   En Acuerdo   Completamente En Acuerdo

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11. Much of what a son or daughter does should be done to please the parents.