Expanding Intersectionality Praxis: Informing Culturally-Responsive Programming for Black and Latino Gay and Bisexual Young Men

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EXPANDING INTERSECTIONALITY PRAXIS: INFORMING CULTURALLY-RESPONSIVE PROGRAMMING FOR BLACK & LATINO GAY & BISEXUAL YOUNG MEN

by

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A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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by

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This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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ABSTRACT

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Justin T. Brown

Advisor: Tamara R. Buckley, Ph.D.

Black/Latino gay/bisexual young men face a multitude of health disparities caused by various determinants of health. However, despite the awareness of the gaps, health intervention research rarely explores the impact of current health intervention strategies on Black/Latino gay/bisexual young men’s overall health and well-being. Traditional health interventions are deficit-based, health condition-specific, and often limited in their cultural-specificity. As health-related fields move toward holistic, evidence-based practices, new primary prevention approaches need to emerge. Using qualitative investigation strategies, this study included primary analysis of participatory workshop artifacts, and secondary analysis of survey and focus group data. This study identified critical factors necessary for the development of asset-based, culturally-responsive, social justice-oriented interventions that could serve as new, alternative prevention strategies for Black/Latino gay/bisexual young men. By applying intersectionality praxis to critical factor assessment, the study findings indicate that Black/Latino gay/bisexual young men conceptualize a cohesive, integrated, positive identity, but struggle through oppressive experiences along the way. However, by traversing through trepidation unique asset-enhancement strategies emerge. These young men at the intersection express deep commitment to self-acceptance, self-preservation, empowerment, and community advocacy, which may serve as intersectionality-based intervention and policy creation leverage
points. These findings inform not only the formation of culturally-responsive interventions, but also societal infrastructure development, and systems-level change that could lead to new cultural norms and values leading to true health equity and social justice for Black/Latino gay/bisexual young men in the United States.

Keywords: intersectionality, asset-based, culturally-responsive, health intervention, GLBT POC, emerging adulthood
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Chapter 1

GLBT Youth of Color Population Estimates & Health Profile: Disparities, Equality, & Equity

Health disparities are the gaps that exist in health status between the majority group—those having societal power—and minority groups—those being societally disempowered—within society (Braveman, 2006; Sondik, Huang, Klein, & Satcher, 2010). In the United States (US), health disparities have historically been distinguishable across a number of demographic factors like ethnicity, sexual orientation, and age. Among the US’ health disparities, those individuals most often disproportionately impacted are those from underserved and disenfranchised segments of the population such as communities of color, gay/lesbian/bisexual/transgender (GLBT) individuals, and youth (Centers for Disease Control and Prevention [CDC], 2013). These health disparities are even more striking among individuals at the intersection of multiple oppressed groups like GLBT people of color (POC).

Despite knowing that health disparities exist within the US, major questions persist around why they occur and how they develop in today’s society. In order to drill down to the core of this issue, health equity—in part—may be the answer to the why and how of health disparities. Health equity means that everyone, irrespective of their background, has the right to achieve optimal health and well-being (Braveman, 2006; Pan American Health Organization [PAHO], 2016; Sondik et al., 2010). Therefore, from an equity standpoint health is not a privilege, but an inalienable right. However, because there are a lack of equitable opportunities for individuals to achieve health due to social injustices this “right” is not accessible for many individuals. Health disparities exist because of social inequities; unjust practices, policies, and laws cause issues such as impoverishment, under-education, and being uninsured resulting in an inability to adequately care for one’s self (Braveman, 2006; PAHO, 2016; Sondik et al., 2010). By
addressing inequities, the trickledown effect will be health disparity reductions amongst at-risk populations.

However, it is important to note that equity does not mean equality. Equality essentially means giving everyone the same exact thing (M. Aguirre-Molina, personal communication, June 14, 2012). The problem with equality is that contextually it may not be what people need. In fact, those facing an insurmountable disparity may not have any use for a new policy or resource (Docteur, & Berenson, 2014). Therefore, equity is what people facing health disparities actually need, which are scalable solutions that are tailored to their specific issues (M. Aguirre-Molina, personal communication, June 14, 2012; PAHO, 2016). In order to create solutions to address health disparities, we must explore solutions that go beyond health specifically and take aim at broader social inequities appearing at various levels of our societal structure. Additionally, the solutions must be rooted in models and frameworks that address social injustice, consider contextual influence on a broader scale, and be framed in asset-based empowerment approaches.

In this project, I explore the critical factors related to developing a holistic, culturally-responsive, contextually-relevant, empowerment-focused intervention strategy to address the health disparities faced by Black and Latino gay and bisexual young men. This paper begins by presenting the current health statistics of Black and Latino gay and bisexual young men. Next, I discuss the distinctive features of critical models and frameworks that I feel are most important in devising an appropriate strategy to address Black and Latino gay and bisexual young men’s health disparities. The primary frameworks discussed include the social determinants of health (SDOH) framework (United States Department of Health & Human Services [USDHHS], 2010; World Health Organization [WHO], 2010), the positive youth development (PYD) framework (Hamilton, Hamilton, & Pittman, 2004; Pittman, & Fleming, 1991), and the intersectionality approach (Bowleg, 2012; Cole, 2009;
Hankivsky, 2014). After discussing each framework, I present the findings of my three-phase study exploring the emerging critical social issues faced by Black and Latino gay and bisexual young men that could be contributing to their disparate health outcomes. Finally, I discuss my findings and the ways they inform program formation through a culturally-responsive demonstration project, health strategy development through a structured organizational intervention, and theoretical refinement by using Identity Process Theory (IPT) (Breakwell, 1986) to inform intersectionality (Hankivsky, 2014) praxis as IPT is a more cohesive theory that coalesces all of the important features from the aforementioned primary frameworks/approaches discussed and highlighted by my study findings.

From my perspective, intersectionality (Hankivsky, 2014) praxis is an investigative strategy and framework that emphasizes the best approach to gathering contextually-centered, culturally-relevant data for the formation of culturally-responsive asset-based strategies for Black and Latino gay and bisexual young men. Culturally-responsive asset-based strategies, emerging from intersectionality (Hankivsky, 2014) praxis, will lead to primary prevention health approaches for Black and Latino gay and bisexual young men. Furthermore, intersectionality (Hankivsky, 2014) praxis will inform new health inequity reduction practices and policies for Black and Latino gay and bisexual young men. Only when culturally-responsive strategies exist will health equity be achievable for Black and Latino gay and bisexual young men.

Within this study, I explore the following research questions to inform my development of future culturally-responsive, asset-based programs, structural interventions, and policies for Black and Latino gay and bisexual young men.

1) How do Black and Latino gay and bisexual young men’s (18 to 25 years of age) personal experiences influence their understanding of society and their situated location within society?
2) What elements of Black and Latino gay and bisexual young men’s (18 to 25 years of age) personal experiences influence their hyphenated selves/identity conceptualization, perceived resource access, and social support needs, which could inform culturally-responsive intervention development?

Through this investigation, my findings provide pivotal or critical insights into the current call from both organizational and governmental entities that are recommending expansions of work on the GLBT population and their associated subpopulations (Brown, & Bright, 2011; Conron et al., 2015; Institute of Medicine [IOM], 2011, USDHHS, 2013). Also, my study responds to several recommendations found in a number of organizational and governmental reports that call for more specific work explicitly on GLBT youth of color (Brown, & Bright, 2011; Conron et al., 2015; IOM, 2011, USDHHS, 2013). More broadly, my piece explores the complex nature of theory, intervention design, and practice related to those living at the intersection. My study focuses on the issues faced by Black and Latino gay and bisexual young men in Boston, Massachusetts that are members of a social service agency primarily serving GLBT youth of color (YOC). Given the unique health profile and myriad of unique sociohistorical factors impacting Black and Latino gay and bisexual young men, it is important to excavate the unique contextual influences in order to develop the most appropriate culturally-responsive health intervention strategy.

**National Scale: GLBT Youth of Color Population Estimates, Health Profile, & Social Determinants of Health**

**GLBT & GLBT of Color Population Estimates.** Due to the lack of population statistics on GLBT youth of color, it is important to first discuss the larger GLBT and GLBT youth population estimates. This is important because many of the GLBT youth of color population estimates are derived in part from general GLBT population estimates. The specific number
of sexual minorities, GLB, within the US population is unknown. In current approaches to collecting population-level data and associated demographic information sexual minorities have consistently been excluded. However, through the use of limited census data as well as data collected via non-governmental entities there are speculations of the approximate number of sexual minorities in the US. According to the Williams Institute, 3.5% of the US adult population identify as GLB, which equates to approximately 8 million people (Gates, 2011). When considering the number of individuals engaging in same-sex sexual behavior, the GLB segment of the US population rises to 11% or 25.6 million people (Gates, 2011). One difficulty in GLBT population estimation is the lack of consensus among surveyors on how to operationally define sexual orientation as either identity-specific (i.e. GLBT) or behavior-based (i.e. same-sex attraction or sexual contact). For the purpose of my study, I use an identity-specific operationalization of sexual orientation (i.e. GLBT). Beyond an operational definition concern, these numbers may be gross underestimates given the limited research methodologies used and geographic locations assessed in initial surveys.

In terms of African-Americans and Latinos, the Williams Institute reports that nearly 3.7% of African-American adults or nearly 1.02 million and 4.3% of Latino/a adults or nearly 1.4 million identify as GLBT (Kastanis, & Gates, 2013; Kastanis, & Gates, 2013). Despite these statistical speculations, the actual number may be grossly underestimated because tracking of these subpopulations tends to be more difficult than tracking non-ethnic GLBT individuals since African Americans and Latino/as may have a higher tendency to not report their sexual identity (Herek, Norton, Allen, & Sims, 2010; Kennamer, Honnold, Bradford, & Hendricks, 2000; McKirnan, Stokes, Doll, & Burzette, 1995; Stokes, Vanable, & McKirnan, 1996). Furthermore, those from the Black/African Diaspora or Latino/a group may dis-identify with the grouping of “GLB” likening it to a hetero-normative term or referencing
the “white” sexual minority community (Battle, Cohen, Warren, Fergerson, & Audam, 2002; Brown, 2011). This dis-identification may further be complicated by the fact that many GLB POC perceive racism as being more pervasive within the GLBT white community than among the heterosexual white community resulting in many distancing from the “gay community” (Battle et al., 2002; Brown, 2011; Han, 2007). Also, some POC may identify more with alternative sexualities such as “same gender loving”, “behaviorally gay or bisexual” (i.e. MSM, WSW, MSMW, WSWM), or “pansexual”. Also, based upon cultural beliefs some men may not presume themselves to be included in the grouping of sexual minorities if their sexual role is strictly “top” or insertive in sexual acts with other men (e.g. Mexican, Mexican-American men) (Diaz, 2013; Robinson, & Robinson, 1980; Vasquez del Aguila, & Aguirre-Molina, 2011).

GLBT Youth & GLBT Youth of Color Population Estimates. To further complicate the issue, the adolescent and young adult GLB population is even more difficult to estimate from both actual and speculated larger population data. The difficulty is that the US census is not only limited to same-sex couples, but it does not ascertain the sexual orientation of those residing in the same household (Gates, 2011). Despite this difficulty, there have been smaller surveys and assessments conducted across both the private and public sector at the state-level as well as local community-level. Among the most prevalent assessments are the Youth Risk Behavior Survey (YRBS) and GLSEN’s National School Climate Survey, which are national surveys utilized by individual states and administered to middle/high-school students. However, potential issues are that the majority of states do not administer these surveys and there is often local-level variation in specific survey items especially those inquiring about sexual practices or behavior. However, some states and municipalities are more progressive and proactive in their endeavors to capture sexual orientation-related data by instituting the use of other instruments in addition to the aforementioned large-scale national
surveys. For example, Massachusetts administers the Massachusetts Youth Health Survey (YHS). The YHS is administered to students in grades 6-12 within the public school system on the years in which the YRBS is not administered in schools (Commonwealth of MA, 2015). However, despite the administration of this additional survey a continued measurement concern is that sexuality tends to be operationalized as behavioral as opposed to self-selected perceived sexual orientation. Additionally, many of these surveys gather information only on youth attending school. Current data collection approaches do not reach the large segment of GLBT youth not attending school or those GLBT youth attending schools within districts that do not assess sexual orientation (i.e. behavioral or self-identification) as part of the surveys.

Despite the methodological concerns, according to larger GLBT population estimates as well as feedback from youth-based surveys, it is estimated that roughly 5-7%, 2.7 million – 3.2 million, of youth in the US identify as GLBT (61%, 1.65 million – 1.95 million, female; 39%, 1.05 million – 1.25 million, male) (Mallory, Sears, Hasenbush, & Susman, 2014; Society for Public Health Education [SPHE], 2012). Furthermore, it can be extrapolated that the number of GLBT youth in public schools is approximately one million (Parents, Families and Friends of Lesbians and Gays [PFLAG], 2014). Considering the number of youth that choose not to report same-sex attraction, behavior, or identity along with the number of youth that may not be enrolled in school regularly, attend schools that do not assess sexuality, or attend non-public institutions, the total number of GLBT youth may be significantly larger.

Despite not being aware of the total number of GLBT youth, we have a better sense, although also likely to be grossly underreported, of the risk factors and poor health outcomes facing the GLBT youth community. Adverse health outcomes facing GLBT youth and GLBT youth of color are greatly
impacted by various determinants of health. Determinants of health are underlying factors that may ultimately bring about disease (McKeown, 2016; USDHHS, 2010; WHO, 2010). Determinants of health often exist and impact an individual long before the development of disease (McKeown, 2016; USDHHS, 2010; WHO, 2010). Despite no official or agreed upon list of specific determinants of health, general consensus is that there are some indisputable influential factors. The indisputable determinants of health include behavior, infections, genetics, geography, environment, medical care, and social-economic-cultural environment also known as BIG GEMS (USDHHS, 2010; WHO, 2010). The determinants that may play the most pivotal role in health and in the health of GLBT youth/GLBT youth of color are social environmental factors or social determinants of health (SDOH). The SDOH are the conditions making up our personal living ecosystem (USDHHS, 2010; WHO, 2010). More specifically, the SDOH framework emphasizes that complex, integrated, and overlapping social structures and economic systems are responsible for the majority of health inequities (USDHHS, 2010; WHO, 2010). Therefore, the disparate health outcomes of GLBT youth and GLBT youth of color are due to conditions like lower socio-economic status, minimal social support, inadequate food access, lack of available housing, safety concerns, ill-equipped health care services, and prejudice/discriminatory-related stress that result from inequitable policies or practices (Dean, & Fenton, 2010; IOM, 2011; USDHHS, 2010; WHO, 2010).

Although the SDOH framework considers various influential factors on health, these factors have been separated into two types - downstream and upstream factors (Braveman, et al., 2011; Bharmal et al., 2015). Each type of factor, downstream and upstream, vary in their direct contributory linkage to a particular health outcome. Specifically, downstream factors are those found at the individual level that tend to have a more immediate direct effect on health like behavior, attitude, belief, and health-specific knowledge
Upstream factors are those at the organizational or societal level that tend to have a more time-lagged indirect effect on health and are often mediated by downstream factors like resource access, opportunities, and the social gradient (Braveman, et al., 2011; Bharmal et al., 2015). For example, having unprotected sex that leads to contracting HIV would reflect unprotected sex as a downstream factor. While going to a school that teaches abstinence-only sex education creates the context for the aforementioned scenario to have a higher likelihood of occurring in the life of a student from that school. Therefore, the abstinence-only sex education policy would reflect an upstream factor. Traditionally, downstream factors have been examined in the social and biomedical sciences while upstream factors have been of more interest within the public health domain (Braveman, et al., 2011; Bharmal et al., 2015).

A primary reason for public health’s focus on SDOH that are upstream factors is the field’s emphasis on systems-level analysis – the linkages between distal factors, proximal factors, and health outcomes – as demonstrated through various investigative approaches used to examine SDOH like social disadvantage approaches, life course approaches, and health equity approaches (Braveman, et al., 2011; Bharmal et al., 2015). Thus, the SDOH framework aims to investigate and intervene around the structural/societal bases - upstream factors - of health disparities and inequities. Focusing exclusively on upstream factors is a limitation of the SDOH framework because it lacks an inclusion of mediating, downstream factors such perception as part of empirical investigations. Additionally, many empirical analyses are stopped at a between-groups level (e.g. Whites vs. Blacks or heterosexuals vs. homosexuals). The lack of assessment on within-group differences among health outcomes as it relates to experiences of stress, stigmatization, and discrimination creates a presumption that those with a shared social identity not only experience things in the same way, but
suffer from the same health outcomes. Fundamentally, the SDOH framework – BIG GEMS – does not consider the influence of how people interpret and make sense of their experiences, which is more central to the aforementioned work completed by social scientists – primarily social, cognitive, and developmental psychologists.

The SDOH framework does shed light on the social/environmental factors and their relation to health outcomes, but often it examines these relationships in a linear/non-dynamic fashion (Braveman, et al., 2011; Bharmal et al., 2015; Hatzenbuehler, Phelan, & Link, 2013). Despite the limitations of the SDOH framework, it can reveal important insights on where and how we should intervene with disenfranchised groups. Furthermore, the SDOH framework is helpful because it identifies initial stepping stones that must be examined when developing culturally-responsive programming, practices, and policies for underserved individuals like Black and Latino gay and bisexual young men.

**GLBT Youth/GLBT Youth of Color Health Profile & Social Determinants of Health.** According to various self-report surveys, GLBT youth are more likely to have been sexually harassed, physically and sexually assaulted, or suffered from dating violence compared to heterosexual youth (Human Rights Campaign [HRC], 2012; Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016; PLAG, 2014; SPHE, 2012). GLBT youth are more likely to have attempted suicide (8.4 times), suffered from depression (5.9 times), and used illicit drugs (3 times) (PLAG, 2014; Russell, & Joyner, 2001; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). The Human Rights Campaign (HRC) found that GLB youth reported more concern around fears of non-acceptance and being “out” at school compared to heterosexual youth. Whereas heterosexual youth reported their greatest school concerns being related to academic/course performance (2012). Furthermore, GLBT youth are overrepresented compared to heterosexual youth within the social service system based on the number of reported encounters
with shelters, foster care, and juvenile detention (PFLAG, 2014). In fact, it is estimated that GLBT youth make up to as much as 50% of the homeless youth population (Brooks, 2010; Durso, & Gates, 2012; Lolai, 2015). The major contributor to being displaced for GLBT youth is rejection by primary caretakers and being thrown out of the home because of their sexual orientation or gender expression (Brooks, 2010; Durso, & Gates, 2012; Lolai, 2015; PFLAG, 2014). Overwhelmingly, gay male youth are rejected and thrown out more often than their female counterparts. As a result, GLBT youth and GLBT youth of color’s health is greatly impacted by various determinants of health particularly poverty, policy, and the “-isms”.

According to estimates, over half (52 percent) of GLBT youth are of color (21 percent Latino, 9 percent Black, 2.5 percent Asian and Pacific Islander, 19.5 percent multi-racial) (Mallory et al., 2014). GLBT youth of color, particularly males, and their health are greatly compromised in comparison to white GLBT youth. GLBT youth of color are less likely to be “out”, are more likely to be harassed or physically assaulted, and experience more violence at school and in their neighborhoods (Brooks, 2010; HRC, 2012; Kosciw et al., 2016). GLBT youth of color are disproportionately impacted by issues of homelessness with one study reporting that among the 42 percent of homeless GLBTQ youth that 65 percent of them are racial/ethnic minorities (Durso, & Gates, 2012). This estimation may be a fair approximation due to similar data being reported from other sources exploring issues of GLBT youth homelessness (Cray, Miller, Durso, 2013; Ray, 2006). A further complication is that Blacks and Latinos are disproportionately impacted by poverty, which trickles down to youth of color. GLBT youth of color are more likely to be involved in both the foster care and juvenile justice systems comparative to white GLBT youth (Hunt, & Moodie-Mills, 2012). Also, GLBT youth of color suffer from more violence, lower graduation rates, higher rates of absenteeism and truancy, and higher dropout rates than white GLBT youth.
(Brooks, 2010; Mitchum, & Moodie-Mills, 2014). This all leaves a lasting impression on youth themselves, as both GLBT youth and youth of color they often perceive that they are less likely to be successful in graduating from high school or in being able to attend college (HRC, 2012).

So what contributes to this situation? Both poverty and policies have greatly impacted the health outcomes of GLBT youth of color. According to the CDC, youth make up 22 percent of new HIV infections in the US. Within this statistic of HIV infections, most were among gay and bisexual young men with them making up 80 percent of new infections (2015). More troubling is the fact that this demographic group was the only one that showed a significant increase in HIV incidence. However, the most staggering number is regarding the ethnicity of these individuals (CDC, 2015). In 2014, the majority of those newly infected were Black (55%) and Latino (16%) with Asian/Pacific Islanders also showing an increasing trend of infections; despite these groups of color making up the smallest portion of the larger youth population (CDC, 2015). Furthermore, most of those with HIV or at high-risk for contracting HIV are unaware of their status or potential risk, which often results in delayed testing and an increased risk of a dual AIDS diagnosis when they do test. However, little has been done to improve funding to support preventative measures to address HIV incidence or other contributing factors like survival sex work, housing displacement, or undiagnosed mental health issues. In fact, within many locations funding to support various services for GLBT youth/GLBT youth of color continues to be cut. Massachusetts and Boston are no exception with dramatic cuts to public funding for various service activities including HIV counseling and testing.

In my over 40 years in this field, working with GLBT youth of color, I have never witnessed a travesity such as this. This is truly an instance of heterosexism and reminds me strongly of an earlier era. The question is how can you defund a program that is the only resource for
this community in the swipe of a pen and base it in part on equating HIV/AIDS infection to STI infection. You have just displaced 600 GLBT youth of color and given them no alternatives for social support or receiving the sexual health education that they all need.

-Bob Garcia, LICSW, Activist, & Health System Administrator (personal communication, June 18, 2009)

The sentiments of Mr. Garcia, express the impact of fiscal and policy-based inequities facing the GLBT youth/GLBT youth of color communities. In particular, the program that Mr. Garcia is mainly referring to is Boston Gay & Lesbian Adolescent Social Services (GLASS), which is a program of Justice Research Institute as part of the Health division (JRI Health). Boston GLASS and the Urban Youth Institute (UYI) began essentially as an outreach program developed in partnership between JRI Health and Boston Children’s Hospital to engage with street youth to provide health education based in social-cognitive behavior change frameworks. Through culturally-responsive engagement activities, youth began to trust the outreach staff and in 1992 the Sidney Borum Health Center (SBHC) was founded on the premise of serving those homeless youth that were in so much need of support and advocacy from an institution of care. JRI Health took a non-judgmental harm reduction approach to care and filled the health care needs of many youth, but the organization realized that a gap existed in the social and support services available to urban youth of color as well as sexual minority youth thus creating Boston GLASS/UYI. Boston GLASS/UYI expanded from an initial series of groups led by social workers to an intricate service system made up of outreach, crisis intervention, case management, individual health education, group level intervention, and youth empowerment programming in addition to a drop-in space. Through the use of highly-skilled and trained clinical staff and the application of an open, accepting safe space, Boston GLASS/UYI became an excellent model of how a community center can attract, retain, and improve
the health of marginalized and hard-to-reach populations. This is reflected in their success of serving approximately 600 youth annually. Boston GLASS became one of a few national social service agencies focused exclusively on the needs of GLBT youth, particularly GLBT YOC. When a program that is developed in evidence-based practice and engaged in multi-faceted intervention approaches is susceptible to being defunded, and when it is the only full-service social service agency in an entire region of the country, backed by a larger institution, what hope is there for those organizations with smaller infrastructures? As a result, because of limited resources, the aforementioned national-scale GLBT youth/GLBT youth of color health disparities are mirrored on both the state-level in Massachusetts and the local-level in Boston.

Local Scale: GLBT Youth & GLBT Youth of Color Population Estimates, & Health Profile, & Social Determinants of Health

Boston’s youth and young adult population continues to grow after a period of non-growth and shrinkage in the city. According to the 2000 Census, 105,006 young people between 16-24 years of age were living in Boston, more than half of whom were persons of color (2002). The 2004 Boston Youth Survey found that nearly one-third (30%) were born outside the United States, about equally divided between recent immigrants (living in the United States less than four years) and those who had lived in the United States for more than four years (City of Boston [CoB], 2005). Additionally, over 25 percent of Boston’s children and youth live in poverty (Boston Redevelopment Authority/Research Division [BRA], 2014). This is an important factor because research among Boston area youth has demonstrated that socioeconomic issues related to poverty and high-quality health care may increase HIV risk. Furthermore, Boston area youth that dropped out of school were more likely to become sexually active at younger ages and less likely to use contraceptives (CoB, 2005). Also, highlights from the 2006 Boston Youth Survey revealed that
over half (65%) of the students surveyed reported witnessing violence in the past year and over a quarter (28%) reported being assaulted, which are improvements from 2004 but these rates are still problematic (CoB, 2007). In terms of safety, 28% of youth expressed feeling unsafe on the MBTA, 21% felt unsafe in their neighborhood, and 10% felt unsafe at school on the 2006 Boston Youth Survey administration (CoB, 2007).

In terms of disease risk, HIV/AIDS significantly impacts the lives of Boston youth. Although below the national average, from 2003 to 2012, as a state Massachusetts nearly doubled in the number of new HIV infections diagnosed among 13-24 year olds (8% in 2003 to 14% in 2012). This infection rate is even more troubling considering that the total number of HIV infections diagnosed during this time period decreased across the state (a 41% decline) while the rates increased among 13-24 year olds by 25%. The most startling numbers are among gay and bisexual young men with them making up 77% of the new HIV cases among 13-24 year olds. The majority of these aforementioned new HIV cases were attributed to male-to-male sexual contact. Though Boston contains approximately 10% of the state’s population, it continues to have a disproportionate share of the state’s newly diagnosed HIV infections, including those among young people. Boston had 29% of all new HIV diagnoses made in Massachusetts among 13-24 year olds from 2010-2012. (Massachusetts Department of Health [MDH, 2013]) Despite little ethnic group difference among newly diagnosed individuals during this time frame, when considering HIV prevalence rates among youth and young adults many are more likely to be Black and Latino than are older HIV-positive individuals.

Beyond sexual health risk, mental health, substance abuse potential, and unstable housing are additional factors impacting youth within both Massachusetts and the Boston area. In Massachusetts, 107 youth committed suicide between 2004 and 2008. The majority of suicide victims were male (71%) and white (86%). The sexual orientation of the suicide victims is not
known due to data collection limitations, but it is possible this could be highest among GLBT youth. Also, among Black and Latino youth death risk is attributed more to experiences of violence. Despite these reporting limitations, the reported youth suicide victims had experienced a recent life crisis (22%), had a mental health issue (42%), and had previously attempted (21%) or disclosed their intent to commit suicide (18%). (MDH, 2010) This is critical because it exposes the importance of holistic strategies to address the multitude of factors impacting the well-being of young people.

Regarding substance use, there are several concerning statistics among Bostonian young people. Among major metropolitan areas, Boston has consistently been amongst the highest in the nation of illicit substance users, alcohol users, and binge drinkers hovering within the top 5 (MDH, 2010). Rates are between 11% and 18%, which are significantly higher than the national averages of approximately 10% (MDH, 2010). Also, among Drug Awareness Watch Network (DAWN) statistics, Boston consistently has ranked in the top two metropolitan areas for the number of annual emergency room visits involving drug abuse since 1995. Boston’s heroin-related emergency room visits is three times the national average and young people 18-29 years of age represent nearly 25% of all admissions to publicly funded treatment programs in Boston (MDH, 2010). However, an even greater number of individuals are not engaged in treatment at all. Massachusetts ranks 5th highest nationwide in the rate of illicit drug use among young people ages 12-17, and 4th highest among 18-25 year olds (MDH, 2010).

Beyond mental health and substance use, housing insecurity is an added concern. Homeless, street-involved, and runaway youth are especially hard-to-reach and are particularly vulnerable to acquiring HIV infection. In Massachusetts, an estimated 1,500 to 2,000 adolescents are homeless, and most of them reside in the Greater Boston area. Historically, street youth often receive limited episodic and fragmented healthcare rather than consistent
primary and referral care when needed. Slesnick, Bartle-Haring, Pushpanjali, Kang, & Aukward (2008) found that HIV risk was the greatest predictor of continued homelessness among street youth. The street youth that reported more days of being homeless engaged in the riskiest behaviors at baseline (e.g. unprotected sex, multiple sex partners, and intravenous drug use) (Slesnick et al., 2008). Even more concerning is that research among GLB and heterosexual homeless youth found that being a gay male was associated with both increased participation in survival sex work and increased HIV risk (Gangamma, Slesnick, Toviessi, & Serovich, 2008). In fact, for GLB youth, survival sex emerged as the strongest predictor of HIV risk (Gangamma et al., 2008). Also, a Boston-based study found homeless GLBT youth were twice as likely to leave home as compared to heterosexual youth, and experienced more victimization, more frequent use of addictive substances, higher rates of psychiatric problems, and more sexual partners than did their heterosexual counterparts (Woods, Samples, Melchiono, & Harris, 2003).

Previous findings from my own work further express the self-identified needs of GLBT youth of color in the Boston area, which reflect larger identified concerns facing GLBT youth of color. As Co-Investigator on a Massachusetts Department of Health funded community-based participatory research project, LGBT Youth of Color Community Health Assessment, findings indicated that youth found safety to be a major concern. Safety concerns surrounded feeling unsafe within religiously-centered communities, service agencies focused on serving predominately heterosexual ethnic group members (e.g. health centers, homeless shelters), and explicitly public safety officers (i.e. police officers and transportation officers/workers). Additionally, a major reported need surrounded the lack of safe, supportive, adequate housing and general advocacy around their housing needs. Inappropriate/inadequate housing results in many youth preferring to couch
surf, live on the streets, or engage in survival sex work in exchange for a place to stay. (Brown, & Bright, 2011)

Also, youth expressed that the overall lack of funding, limited resource availability, limited advocacy outlets, and potential forced survival in-fighting among GLBT-exclusive service providers was adversely impacting organizations’ ability to serve/address the needs of the GLBT youth of color community. Despite the lack of infrastructure and social level safety concerns, youth retained positive views of teachers, guidance counselors, school administrators, and health care providers (Brown, & Bright, 2011). According to the youth, these previously mentioned individuals help motivate them to continue their educational pursuits and engage regularly in their own healthcare. These community supporters motivate the youth by providing them with knowledge while also respecting their ability to make their own informed life decisions. However, there was an understanding from the GLBT youth of color community members that these aforementioned supportive change agents may not always be available. Therefore, youth must self-advocate or seek out non-traditional support structures like ballroom and web-based communities. Overall, GLBT youth of color expressed having little to no support for their unique needs and being part of a fractured community. Despite this difficult reality, they are able to maintain a strong sense of self, self-esteem, and self-efficacy. (Brown, & Bright, 2011)

Both the earlier reported health concerns and findings from our qualitative study with Boston-based GLBT youth of color are supported by a recent quantitative study completed by Conron et al. (2015). Conron et al. (2015), through the Our Health Matters Project, administered a cross-sectional survey to 294 LGBTQ youth of color residing within the Greater Boston area between February and August of 2014. The investigative team found that more than 40% of the youth reported depressive or anxiety-specific symptoms, close to 20% had attempted suicide within the past year. Youth
reported binge-drinking (50%) and marijuana use (50%) within the last month as well as lifetime methamphetamine use (10%). More importantly, both mental health and substance misuse were strongly associated with maltreatment, food insecurity, and experiences of discrimination. The important protective factors reported were racial-ethnic pride, LGBTQ pride, and positive future outlook. Furthermore, youth reported regular participation in LGBTQ youth programs, leadership skill development opportunities, and/or contributing to positive community change (75%); having a paid job or internship (50%).

(Conron et al., 2015) Similar to our recommendations, the investigative team emphasized the role of addressing SDOH in order to reduce GLBT youth of color health disparities. The researchers emphasized the importance of paid skill development and sociopolitical engagement opportunities, access to culturally-competent holistic health and prevention services, and youth-adult partnership development for LGBTQ youth of color (Conron et al., 2015). Additionally, Conron et al. (2015) stressed continued use of diverse research investigative strategies and improved surveillance activities monitoring LGBTQ youth of color health.

Both the lacking data as well as the impact displayed in the minimal data that does exist on GLBT, GLBT youth, GLBT youth of color, and associated subpopulations creates the sentiment that the needs of members of these populations must be addressed on a larger scale. In fact, the previous Director of Health and Human Services, Kathleen Sebelius, called for more research and data collection on the GLBT community in order to properly address the community’s health needs and concerns (USDHHS, 2013). The health inequities facing the GLBT community are troubling and these are magnified even more among GLBT youth of color. GLB youth of color face a triple burden of being persons of color, non-heterosexuals, and young persons. Therefore, GLB youth of color must grow up with racism, heterosexism, and ageism as a
A SDOH framework has been pivotal in emphasizing the structural and social factors that affect health, recognizing that many of these are not health-specific. Furthermore, the SDOH framework has brought to light the importance of understanding and addressing health inequities (Braveman, 2006; CUNY Institute for Health Equity [CIHE], 2012; Hankivsky, Grace, Hunting, & Ferlatte, 2012; Vasquez del Aguila, & Aguirre-Molina, 2011; WHO, 2010; USDHHS, 2010). However, the SDOH framework may not adequately speak to the interesting complexity of social, economic, cultural, and historical factors; multi-level consideration of power; understanding of the oppressed individual’s voice and agency; consideration of protective, enhancing factors like resiliency and resistance (Hankivsky et al., 2012). Although the SDOH framework recognizes the importance of the previously mentioned complexities little empirical work adequately addresses these concerns (Braveman et al., 2011; Bharmal et al., 2015; Hatzenbuehler et al., 2013). These limitations, along with those mentioned earlier in the text, are important when formulating self-empowering, self-advocacy-based strategies for oppressed individuals like GLBT youth of color. The positive youth development (PYD) framework may shed light on the potential critical positive skills and strengths that could lead to both short-term health-promotion and long-term, sustained positive life outcomes for Black and Latino gay and bisexual young men.
Chapter 2

Positive Youth Development Framework: Conceptualization & Impact

Positive Youth Development Framework Conceptualization

Positive Youth Development (PYD) is an asset-based perspective emphasizing the importance of youth developing the attitudes, social skills, competencies, and values necessary to thrive and become successful adults (Hamilton et al., 2004; Pittman, & Fleming, 1991). The PYD framework was developed in the late 1990s as a response to the limited impact of prevention science on reducing adolescent risk behaviors (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002). By the late 1980s and early 1990s prevention literature and its singular problem approach to prevention demonstrated limited impact of prevention strategies on reducing youth risk behaviors like substance use or HIV/STD transmission on a large scale (Catalano et al., 2002; Ennett, Tobler, Ringwalt, & Flewelling, 1994; Harper, 2007).

After reviewing a report by the Carnegie Council on Adolescent Development, the national agenda shifted to focusing on developing programs that moved beyond changing behavior to one exploring alternatives that focused on risk alone. The minimal impact of prevention science work coupled with anecdotal evidence that began to emerge about the positive benefits of asset-building programs like Boys/Girls Clubs pushed for the development of a new field of study, PYD (Larson, 2000). The PYD framework was an attempt to develop a theory-based explanation for the positive benefits of asset-building programs.

Specifically, the PYD framework derived from merging theoretical aspects of Erik Erikson’s (1968) psychosocial development theory and Urie Bronfenbrenner’s (1979) ecological systems theory, and various empowerment models. Both Erikson’s (1968) psychosocial development theory and Bronfenbrenner’s (1979) ecological systems theory together serve as a large part of the basis of the PYD framework because they consider simultaneously
individual development patterns across various life domains and the impact of environmental factors on development, in general. Also, empowerment models emphasize that an individual’s current set of skills and strengths provide the confidence necessary for that individual to develop other skills and knowledge in deficient areas of their life (i.e. an assets-based approach) (Cargo, Grams, Otto, Ward, & Green, 2003; Chinman, & Linney, 1998).

Furthermore, the core theories of the PYD framework explicitly state the synergistic importance of cultural context, positive identity development, and individuality for a youth’s long-term well-being (Bronfenbrenner, 1979; Erikson, 1968; Zimmerman, 2000).

Despite the aforementioned critical elements of the PYD framework, it is important to also consider whether the explicit content of the framework adequately speaks to other pivotal factors that I feel are critically important to not only the individual developmental process, but are necessary considerations for effective culturally-responsive program development. The important factors of my perspective that the PYD framework may overlook in its conceptualization are the role of social identity formation (e.g. racial/ethnic identity or sexual orientation identity), the impact of engaging in meaningful collective action (e.g. participating in the Black Lives Matter Movement or supporting voting “no” on California’s proposition 8), and the moral importance of developing a social justice standpoint (i.e. embracing diversity and fighting for equality among all humanity) often extending from one’s understanding of sociohistorical/sociopolitical context while each young person moves along the path toward a positive life trajectory. However, it is important to first review the specific PYD elements and their inter-relatedness explicitly stated within the PYD framework to assess their viability for potential inclusion as critical factors within my proposed holistic, culturally-responsive, contextually-relevant, empowerment-focused intervention development strategy.
Specifically, the PYD framework stipulates that while in adolescence youth must obtain five core skills, the five C’s, in order to transition successfully into adulthood and to maintain positive well-being throughout their lives (Hamilton et al., 2004; Pittman, Irby, Tolman, Yohalem, & Ferber, 2001). Youth obtain the five C’s of competence, character, confidence, connection, and contribution/caring/compassion through skill-building opportunities (Pittman et al., 2001). As youth engage with supportive organizations and individuals within their communities they participate in activities that are challenging and equitable to their current developmental level, which provides nurturance of the youth’s individual interests and talents (Hamilton et al., 2004). Engagement in these opportunities lead to the development of the core skills required for positive youth development.

However, critical questions to consider in the context of traditional PYD approaches are the “who, what, when, where, and how” in relation to the youth members. First, “who” are the “youth” often participating in traditional PYD programs – PYD programs do not adequately reach youth that are the most marginalized like Black and Latino gay and bisexual young men. Many of the most vulnerable “at-risk” youth, due to social inequities, cannot participate in PYD programs because of access issues or programs not always addressing more central primary concerns of the youth themselves like finding safe housing (Ginwright, 2003; Roach, Yu, & Lewis-Charp, 2001). Next, the “what” question elucidates the importance of identifying the appropriate focal action steps and teachable moments for the young people. A problem that stems from PYD practitioners, researchers, and advocates is that we all want to empower and help, but we are often unwilling to allow the youth to take the lead in developing the “educational” agenda (Roach et al., 2001). To ensure that the PYD approach enacted is appropriate, we must focus on addressing the issues most relevant to the young people (Ginwright, 2003). Often through our “helping” actions as PYD professionals we forget to step
back and understand that a major part of this process must be organic and begin at the grassroots level from the youth. When we forget this critical element we end up disempowering youth, taking away their sense of autonomy, and potentially stunt their developmental growth around critical life skills. When youth are able to engage in personally/socially meaningful action then they begin to learn important factors critical to my perspective like social identity formation, importance of social justice, and planning for social change (Ginwright, 2003).

In terms of the “when” question, the answer is simple. We must afford youth the opportunities to engage in PYD-based practices all the time. The time is always “now” because on a daily basis youth experience positive interactions (e.g. being encouraged by a teacher) and negative interactions (e.g. a microaggression from a woman that changes seats on the bus when the young person sits down next to her). It is important that young people are able to stay engaged in/with social change processes on a regular basis which is easily done by teaching them to continually analyze/survey their social climate, engage in a specific action, or reflect upon their day (Ginwright, 2003).

As for the “where” question, youth should engage in PYD strategies within their self-identified communities because community may not reside in the traditional sense (i.e. geographic location, among blood relatives) for everyone. For example, for some Black and Latino gay and bisexual young men their community/their family resides in Ball culture. Ball culture developed initially in Harlem as a place for primarily non-white queer individuals to feel empowered to be open and expressive and a space where they would be accepted and respected for their intersectional selves (Dudley, 2013; Monforte, 2010). Ball culture was rooted in the freeing nature of bacchanalian nightlife, which often was reflected in competitive shows/battles of pageantry (Dudley, 2013; Monforte, 2010). However, Ball
culture became so much more. It grew into a place where individuals could connect and build a family; whereby “Houses” emerged that indicated the family to which a person belonged - likened to the geographic locations affiliated with royalty in Europe (e.g. the Duke of Windsor) (Dudley, 2013; Monforte, 2010). Ball culture is a faction of society where those at the intersection can express their often hidden persona and more importantly have a social/familial role that is mutually-beneficial to themselves and those connected to them (Arnold, & Bailey, 2009; Dudley, 2013; Monforte, 2010). Therefore, community serves as an individual’s rallying point and should not be bound by geography, socio-demographics, or time – communities, along with the “what” (i.e. the self-identified, relevant issue/concern impacting them), are the critical elements for not only successful skill development, but also larger social change. It is through the understanding of community that young people begin to understand themselves, their social identity, the way society works, the way various systems interact, and the importance of fighting for equity through social change (Ginwright, 2003).

Finally, the question that ties all of the others together is “how”. A multitude of PYD strategies exist that aim to instill the 5 C’s from leadership programs to mentoring activities to advocacy organizations (Ginwright, 2003). The premise is that participating in these various strategies provides opportunities for youth to create stronger linkages between themselves and the community by engaging in community-based empowering activities like volunteering at food banks, community beautification projects, or advocacy projects designed to illuminate the needs of the youth members’ neighborhoods. The PYD framework expresses that in order to optimize well-being youth must contribute and engage with their communities in order to create their own change (Hamilton et al., 2004). An outcome is the further strengthening of the support structure surrounding the young person. Additionally, adolescents themselves play an active role in
their developmental process through their engagement in the skill-building opportunities provided by various support structures (e.g., family, schools, and organizations). The theory is that youth become empowered by their involvement in skill-building opportunities and develop both initiative and motivation to serve as their own advocates (Larson, 2000; 2006; Quinn, 1999).

Lastly, while youth engage in skill-building opportunities, they participate in other organizational and support services that are essential to their general development and well-being. The services provided are often related to health care, education, recreational outlets, and public welfare (Lerner, Fisher, & Weinberg, 2000; Quinn, 1999). By engaging in support services there is an alleviation of the immediate barriers that may hinder the positive developmental process. When basic needs are fulfilled like food access and safe housing, then youth are free to focus on general developmental tasks like acquiring social skills or gaining educational knowledge (Lerner et al., 2000). However, the majority of these aforementioned, traditional “how” approaches do not reach the youth that may be most in need or that could benefit the most from leadership, mentoring, or advocacy organizations (Roach et al., 2001). Furthermore, these traditional PYD approaches presume to know the youth’s communities, the youth’s needs, when best to intervene, and how to be most effective in creating change for the youth.

One potential “how” strategy that could better address both my perspective’s critical concerns, instill critical life skills of the PYD framework, and lead to larger social change is youth organizing and civic activism. Youth organizing is a non-traditional PYD approach with the main difference being that youth organizing aims to address individual development as well as larger social change (Ginwright, 2003; Roach et al., 2001). The way that youth organizing is able to achieve these outcomes is by focusing not only on intrapersonal and interpersonal capacities (the PYD framework’s 5
C’s concerns), but also on sociopolitical and community capacities (Ginwright, 2003; Roach et al., 2001). Proponents of youth organizing emphasize the importance of both sociopolitical capacity and community capacity in achieving true healthy youth developmental outcomes. The notion of sociopolitical capacity is based in youth recognizing the linkages between community issues and larger social and political concerns (Ginwright, 2003). Youth that develop sociopolitical capacity develop a perspective on the reasons for both community and social issues, which deepens their understanding and commitment to working toward equity and social justice (Ginwright, 2003). Additionally, as youth in this process develop community capacity they learn the important ways that collective action among communities attempt to remedy associated societal wrongs (Ginwright, 2003). By developing the additional skills of sociopolitical capacity and community capacity, youth forge strategic bonds, build critical planning and evaluation assets, develop passion and commitment, and find purpose in life that is beyond themselves and focused on greater humanity (Ginwright, 2003). Youth organizing is an approach that proponents of PYD can integrate to strengthen the PYD framework by addressing the overlooked constructs of social identity, collective action, and social justice that are so important to healthy youth development. In fact, among GLBT youth of color through resistance and critical action they have thrived as well as used their positionality in some instances to educate, empower, and address health concerns such as HIV amongst their community members (Alio et. al., 2014; Bailey, 2009; Brockenbrough, 2016; Grady, Marquez, & McLaren, 2012; Phillips et al., 2011).

Despite the important factors of my standpoint that are not formally addressed, the overall PYD framework takes a holistic approach to examining the impact of multiple contextual and developmental factors simultaneously on an individual as he/she transitions through the various stages of the lifespan (Catalano, 2004 et al.; Roth, & Brooks-Gunn, 2003). The PYD
framework expands upon prevention science by moving away from a problem-focused perspective to one that explores the general developmental process of the individual, but it does not go far enough – it does not focus on communities over programs nor empower youth to be autonomous and free of adult supervision (Ginwright, 2003).

However, the PYD framework, excluding the youth organizing approach, has further limitations. One major limiting factor of the PYD framework is the one-size fits all approach. PYD research has been limited in differentiating the impact of PYD programming activities on youth from different cultural backgrounds or the influence of specific ethno-cultural factors (e.g., religious practices, cultural variance in views on GLB identity) on PYD skill development. Subsequently, the PYD framework negates the possible impact of individual experience and does not allow for the possibility of differential outcomes for individuals/segments of the general population. Furthermore, there is no consideration of potential intersecting contextual factors like ethnicity, sexual orientation, and living in an urban/metropolitan environment. Also, although reviews of the PYD literature support the notion that associated activities and program structures differentially impact how youth participants generally acquire the five C’s (Catalano et al., 2004; Roth, & Brooks-Gunn, 2003), no review has examined how the acquisition of a particular skill (i.e. competency (C)) or the sequencing of skill acquisition could be more critical to the developmental process. This is important because there may be some implicit skill acquisition process or skill acquisition order that may be ideal for individuals or particular cultural groups. Thus, this process or order may lead to easier short-term skill attainment and increased long-term positive life trajectory.

The five C’s are interactive and often the acquisition of one skill impacts the ability for an adolescent to acquire another core skill (Lerner
et al., 2005). Given the dynamic nature of the skill acquisition process, it is conceivable that certain skills could be more crucial to the PYD framework and its proposed outcomes. The PYD framework does not make this distinction.

In order to ascertain the potential differential impact of each of the 5 C’s on long-term developmental outcomes it is important to understand what each C represents to the individual. Competence refers to one’s ability to apply real-world experiential knowledge and skills that lead to effective situation-based work/activities (Lerner et al., 2000; Pittman et al., 2001). Competence leads to self-defined goal attainment because individuals are able to function appropriately in a number of varying contexts. Character reflects a personal sense of knowing oneself; having respect for self and others, which connects to being virtuous, having a strong moral compass, a sense of spirituality, and overall integrity (Lerner et al., 2000; Pittman et al., 2001). Character allows for people to be objective, make just, fair, and equitable decisions, and to hold themselves personally accountable for their decisions. Confidence reflects a sense of self-worth (i.e. self-esteem) and a belief in personal capacity to succeed (i.e. self-efficacy) (Lerner et al., 2000; Pittman et al., 2001). Confidence allows for individual reassurance, which provides the latitude for individuals to work effectively; providing the opportunities to build both competence and character. Connection occurs when individuals form bonds across a number of life domains including peers, adults, and social institutions (Lerner et al., 2000; Pittman et al., 2001). Connection allows for individuals to feel safe, to have a sense of life structure, and to have a sense of belonging. Connection is a reflection of social support. Contribution is when a youth gives back to others and their community through active participation and allows for people to feel as if they are making a difference (Lerner et al., 2000; Pittman et al., 2001). Contribution is also often interpreted as Caring/Compassion where individuals have a sense of understanding, sympathy, and empathy for others whereby
having a commitment to making a difference requires a level of caring and compassion (Lerner et al., 2000; Pittman et al., 2001). Thus, Contribution could be conceived as the cognitive/behavioral element and Caring/Compassion as the affective element of the same construct. Some theorists separate out Contribution and consider it to be the culminating factor achieved post-acquisition of the other 5 as the individual is continuing on their positive developmental life path.

Given the interactive nature among the 5 C’s it may be difficult to decipher, which may have more impact on overall positive developmental outcomes for youth. However, another way of conceptualizing this model may be to examine which factors could be considered internal/private/central versus external/public/peripheral to personal development. Therefore, when exploring the 5 C’s through this aforementioned lens, it may be that the elements most central to positive youth development and that may play the most central role to long-term well-being are more internal/private/central (i.e. character and confidence). It is possible that the acquisition of the internal skills of character and confidence not only allow for individuals to acquire the other core skills, but they establish a positive social cognitive schema that enables them to develop a challenge perspective, which enhances their level of personal resiliency when interacting with difficult life situations (Lerner et al., 2005). This supposition is supported by the description of the model constructs. For example, it is presumed that confidence leads to opportunities to develop competence, which is knowledge application that leads to effective situation-specific resolution and goal attainment (Lerner et al., 2000; Pittman et al., 2001). However, as previously mentioned, a majority of the PYD literature has aimed to assess the general utility of the full PYD framework as opposed to examining the subtle impact of the varying competencies on youth development (Catalano et al., 2004; Roth, & Brooks-Gunn, 2003).
Additionally, although review articles have evaluated PYD programs with youth of color as part of the participant population (Catalano et al., 2004; Gavin, Catalano, David-Perdon, Gloppen, & Markham, 2010; Kirby, & Coyle, 1997) none of them explicitly examine the impact of PYD programs on youth of color’s skill development. The majority of PYD program evaluations looking at the impact on youth of color assess changes in problem behavior (Rodriguez, & Morrobel, 2004). Also, most review articles have not explored the impact of culturally-specific program activities (e.g., curriculum on dealing with racism, ethnic pride development based in Black/African American or Latino history-focused empowerment activities)) on youth of color’s development, particularly GLBT youth.

Positive Youth Development: Impacts on Youth of Color

Limited work has exclusively examined the broad range of differential impacts of PYD programming on youth of color. However, there have been a few analyses of the existing academic literature that have aimed to understand how PYD research has attempted to disaggregate program impact on Black and Latino youth (McLoyd, 1998; Phinney, & Landin, 1998; Rodriguez, & Morrobel, 2004) as well as GLBT youth (Harper, Jernewall, & Zea, 2004) or if PYD research has attempted to investigate cultural variability at all. For brevity, I have decided to focus more explicitly on one review article of Latino youth outcomes to exemplify the findings of similar work on Black/African American youth (e.g. McLoyd, 1998; Phinney, & Landin, 1998).

In a seminal review article by Rodriguez and Morrobel (2004), they examined the percentages of articles that explicitly presented outcomes only on Latino youth and if those articles reported more asset-based outcomes (i.e., skill building outcomes) or more deficit-based outcomes (i.e., reduction in risk factors and problem behaviors like substance use) (Rodriguez, & Morrobel, 2004). Rodriguez and Morrobel (2004) found that out of a total of 1,010 empirical articles, only 30% included Latino youth, 6%
reported actual results on Latinos, and less than 3% exclusively focused on Latino youth; instead most of the Latino youth findings were combined with results from other racial groups, which created a set of single “group” findings on persons of color. These findings, regarding the amount of empirical literature focused exclusively or in part on a specific cultural group, are similar to other reviews examining the literature on Black/African American youth (McLoyd, 1998; Phinney, & Landin, 1998) and gay, lesbian, and bisexuals of color (Harper et al., 2004).

Rodriguez and Morrobel (2004) also found that of those empirical articles focusing explicitly on Latino youth that the majority of the articles were exploratory and lacking a specific theoretical framework like the PYD framework as well as a focus on assessing specific theoretically based outcomes like those described in the PYD framework or identity development models. Furthermore, the studies primarily reported deficit-based outcomes (e.g., reporting outcomes of sexual activity, substance use, depression, and the effects of interacting with deviant peers or conforming to peer pressure) as opposed to asset-based outcomes (e.g., increased self-esteem, increased self-efficacy, increased positive identity development, increased sense of morality) (Rodriguez, & Morrobel, 2004). Additionally, in the literature that did report asset-based outcomes the data focused mainly on the impact of PYD programs on systems-level indicators like familial support, parental communication, and to a lesser extent on two of the 5 C’s (character and confidence) that I defined earlier as internal/private/central (Rodriguez, & Morrobel, 2004). The programmatic impact findings of Rodriguez and Morrobel (2004) on Latino youth are similar to findings of McLoyd (1998) and Phinney and Landin (1998) on Black youth. The lack of available data on youth of color outcomes as a result of their involvement in PYD programming does not allow for the fulfillment of a primary goal of the PYD framework, which is to create new knowledge leading to greater understanding of how to
increase the odds that young people from all racial/ethnic groups can thrive and be contributing members of society (Sesema, & Roehlkepartain, 2003).

Despite the PYD framework having the potential to move the field from a deficit-oriented approach to a strengths-based approach, it may be presumed that the application of the PYD framework has become too narrowly focused on assets with the exclusion of the broader socio-cultural context in which young people live, which is an important factor to consider when developing program activities (Carnegie Council on Adolescent Development [CCAD], 1992; Catalano et al., 2004). Furthermore, it may be that some PYD program developers engage in a “rose-colored glasses” phenomenon that assumes things like inequity and disparity do not exist within society or that their influence on youth is comparatively minimal when youth are participating in PYD programs. Current PYD program developers may implicitly assume that there is equality among all youth, irrespective of their personal history and background, which may be part of the reason there is no distinctive examination of PYD outcomes based on various contextual factors like ethnicity, sexual orientation, or residence within an urban/metropolitan environment.

To build upon the existing PYD literature, more recently I reviewed the academically-based peer-reviewed literature from the past ten years, (2003-2012, which was the most recent decade at the time it was written) looking explicitly at the impact of PYD programming on character and confidence acquisition among youth of color. In an initial search of the literature I found only a total of 16 articles that explicitly assessed differential outcomes of both character and confidence on youth of color. In my review, I argued that PYD programs were differentially impacting the acquisition of character and confidence in youth of color. Furthermore, I argued that character and confidence were more critical skills to acquire and were more
important to successful life outcomes based on core developmental psychology theories.

Based upon my analysis of this limited empirical work, I concluded that PYD programs are impacting youth of color differently in their acquisition of both character and confidence compared to White/European American youth (Brown, 2013). Details of the program/initiative, evaluation, and findings as they related to confidence and character within my review are provided in Table 1: Detailed Summaries of PYD Studies & Outcomes. I surmised that a potential reason for youth of color’s differential outcomes were that they have different cultural backgrounds and experiences in society compared to White/European American youth (Carnegie Council on Adolescent Development, 1992; Rodriguez, & Morrobel, 2004). Sociocultural influences or SDOH like experiences of discrimination or varying cultural norms around social roles can impact the importance of specific core skills as well as the timing of when skill acquisition occurs for individuals of differing cultural backgrounds (Guanipa-Ho, & Guanipa, 1998; Padilla, 1995; Phinney, 1990; Stanfield, 1993). As a result, I believe that PYD programs need to incorporate more culturally-specific programming based on the cultural background of program participants because empirical research supports there being different developmental processes for individuals based on their cultural backgrounds.
Table 1 Detailed Summaries of PYD Studies & Outcomes Review

<table>
<thead>
<tr>
<th>About the Initiative</th>
<th>About the Study</th>
<th>Outcomes (Confidence &amp; Character)</th>
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<tbody>
<tr>
<td><strong>Purpose:</strong> Examine participatory community health promotion intervention impact on youth via empowerment whereby they created physical and social environments to promote health and quality of life</td>
<td><strong>Authors:</strong> Cargo, Grams, Ottoson, Ward, Green</td>
<td><strong>Confidence:</strong> Youth expressed that they had increased sense of self-esteem and self-efficacy based on their level of participation and involvement with the project; youth were more reassured and had a strong belief and trust in themselves as well as their own worth; they felt deserving of improved quality of life</td>
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<tr>
<td><strong>Source:</strong> American Journal of Health Behavior (2003)</td>
<td><strong>Design:</strong> Qualitative data collection via observation, interviews, and focus groups; recruitment from inner-city neighborhood in southern British Columbia via 2 elementary &amp; secondary schools for participation in 32-month study</td>
<td><strong>Sample:</strong> 123 youth (grades 7-12; ages 12-19) from diverse background (Filipino, East Indian, Eastern European, &amp; African) and various group affiliation in school (e.g. loners, goodie-goodies); primarily from low-income families that were in a state of transitional housing</td>
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| Purpose: Examine the impact of participation in the Chicano-Latino Youth Leadership Institute - a two-day training focused on cultural knowledge development as well as leadership training to focus on addressing the challenges that youth face by increasing protective factors and reducing risk factors; includes | **Author:** Bloomberg, Ganey, Alba, Quintero, Alvarez Alcantara | **Confidence:** paired t-tests revealed that there was significant change in pre/post test (P < .01) for increased sense of self, and belief in personal sense of self-efficacy The program did not impact personal feelings toward ethnicity/ethnic pride. |
| **Source:** American Journal of Health Behavior (2003) | **Design:** mixed-method evaluation design; 12-item pre/post attitudinal surveys related to the institute about their leadership skills, sense of self-confidence & ability, sense of cultural identity; annual focus groups reflecting on impact of the leadership institute; qualitative community service reflection form to detail perceptions and process of development post-project completion; continual quantitative surveys sent annually to | **Character:** paired t-test revealed that there were significant changes (P<.01) in their sense of commitment to community and social responsibility as well as their ability to find solutions to issues related to their community (P < .05); also character development via commitment to community was further |
the developing a proposal for a community project that will be completed in the youth attendees main home community previous members to assess levels of school and community participation as well as goal setting around education

**Sample:** Aggregate data on 205 youth (59% female, 49% male) primarily Mexican American with a small number of Cuban participants (numbers not disclosed) that participated in the program between 1998-2001; the participants were from the 28 smallest communities across 9 counties in southern Minnesota with many of them being from families that split their time between Minnesota and border towns in southern Texas

**Purpose:** Examine the impact of participation in the development, implementation, and piloting of the redesigned Friday Night Live & Club Live programs from a substance abuse prevention base to a youth development focus

**Author:** Libby, Sedonan, Kooler

**Source:** The California Psychologist (2004)

**Design:** a 43-item quantitative post- survey administered to participants; areas covered as part of the survey included concerns around sense of safety, community involvement, skill building, relationship building, leadership and advocacy

**Sample:** 848 youth participants across 10 counties in California that were a part of 91 different Friday Night Live & Club Live Chapters; survey responders include 68.2% female with age ranging from 11 to 19; the participants were somewhat ethnically diverse with Caucasian (32.3%), Latino/Hispanic (30.7%), Asian/Pacific Islander (14.9%), African American (7.1%), biracial/multiracial (6%), Native American (1.3%),

**Confidence:** In general, all youth reported having an increased sense of safety (physical, emotional, and cultural competence) which reflects an empowering feeling around increased sense of self and esteem. ANOVA’s were conducted to examine impact across ethnic groups, and level of participation (time in program vs. level of intensity); t-tests were conducted to examine gender differences; females reported significantly higher rates of safety; African Americans and Latinos however reported significantly lower scores on their sense of safety especially feeling that the program spaces were not culturally-sensitive to their unique needs

**Character:** reflected in the scores of participants responses around community involvement as well as leadership and advocacy --- the youth in general felt
that the program allowed them to be actively involved and to develop a sense of social responsibility toward their community, but this did not extend to being empowered around advocacy, whereby they are in positions that allow them to create impacting change within their communities; Females reported significantly higher perceptions of community involvement, leadership and advocacy; Latino youth also perceived significantly higher levels of community involvement, but felt that they were not empowered to advocate for themselves or others; African American youth reported significantly lower levels of community involvement; In general, youth that participated in the program longer, but not at increased intensity reported a stronger commitment to their community as well as a sense of being empowered to advocate for others.

<table>
<thead>
<tr>
<th>Purpose: To examine the relationship of participation in structured out-of-school activities with attitudes toward family and community, and pro-social behavior</th>
<th>Author: Morrissey, Werner-Wilson</th>
<th>Confidence: Not assessed</th>
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<tr>
<td>Source: Adolescence (2005)</td>
<td>Design: quantitative survey, single administration, to youth examining measures of demographic information (personal and familial), community opportunities, attitudes toward community, attitudes toward family, structured out-of-school experiences (level and type of involvement), prosocial behavior (modified version of the Self-Report Altruism Scale)</td>
<td>Character: Causal analyses revealed how the variables related to the engagement in pro-social behavior, which would be reflective of commitment to community and a sense of social commitment; additionally attitudes toward family and community would be reflective of development of social responsibility; Results showed that activity involvement mediated the relationships between attitudes toward family, attitudes toward community, and pro-social behavior. Therefore, the more people...</td>
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3.50; participants were mainly Caucasian (82%) followed by African Americans (11%), Hispanics (2%), Asians (1%), native Americans (1%), mixed (3%); 28% qualified for free or reduced-cost lunch identifying a portion possibly being from lower SES homes; most were from two-parent homes (74%) with parents mainly being employed (79% fathers, 83% mothers) and having at least a high school education (86% fathers, 83% mothers); All of them participants were from a Midwestern state and from both rural and urban areas participated in structured out-of-school activities the increased sense of commitment to family and community as well as increased likelihood of demonstrating the sense of social responsibility through displays of pro-social behavior

Purpose: To examine the impact of virtual construction environments, designed to engage youth in the principles of youth development, on the 6 C’s

Author: Bers
Design: mixed methodological approach where participants were observed and their virtual environmental activity reviewed for qualitative inquiry, interviews, as well as a survey single-post administration to gauge perceptions of satisfaction, enjoyment, and sense of safety regarding the allowances of the program to explore sense of identity and moral development
Sample: Several pilot studies with different groups were reported in this piece
P1: over 5-months 7 hemodialysis patients ranging from 7 to 16 were engaged in the program (Zora project);
P2: 12 youth between 11 and 15 years of age participated in a 3-week (16-hour) summer workshop based on this program; they
Confidence: in both P1 & P2 (aggregate data), no formal measures were used to capture sense of self-efficacy and positive self-regard; qualitative analysis of interviews as well as virtual online activity logs reflective of increased sense of self and esteem not only in what they could accomplish, but also in an increased sense of being able to help others; In P1 quantitative analysis of safety did reveal that youth hemodialysis patients felt the virtual program was safe and provided a sense of privacy for them to explore their own personal identity development by creating a virtual world comprised of characters that were reflective of potential selves
In P3, P4, & P5 pre/post self-report questionnaires obtained information regarding the outcome measures --- t-tests were conducted --- (aggregate data); Youth felt increased sense
**Purpose:** To explore the construct of self-regulation as it relates to positive youth development assets as well as risk behaviors

**Author:** Gestsdottir, Lerner  
**Source:** Developmental Psychology (2007)  
**Design:** part of a larger longitudinal investigation of 4-H programs and positive youth development that utilized a form of longitudinal sequential design with the addition of new waves beginning in 5th grade with each subsequent year adding an additional current grade level retest control cohort; measures included the Selection, Optimization, and Compensation (SOC) questionnaire to assess intentional self-

**Character:** in both P1 & P2, children demonstrated increased moral value development as they had to create objects in their virtual world by attaching values of those things in relationship to their own personal identity; youth became cognizant of value assessment on the things we find in our society and engage with on a personal level  
In P3, P4, & P5 youth demonstrated statistically significant increases in their own awareness about morality and values (M = 0.7, p=.007) and this was further reflective in observations of the workshop instructors noting the increase multiple respect for others and following of rules within the workshop culture

**Confidence:** Correlations between self-regulation (increased selection of behaviors that would lead to harmonious outcomes) and confidence revealed that the more individuals self-regulated (selected optimal resources to assist in times of potential need) the more that they felt more secure, had high sense of self-esteem and a more positive view of their identity (Wave 1 – r=.39, p<.001) and this maintained across both time points (Wave 2 – r=.36, p<.001) and was maintained when examining longitudinal scores of self-

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were self-selected to participate and baseline indicators reflected highly motivated (Zora project)  
P3: Jewish Day School students and their parents in Buenos Aires, Argentina created robotic characters that shared interactive prayers in the synagogue (Inter-Actions project)  
P4: N/A – children 4-5 years old from Elliot-Pearson Children’s School and Tufts Educational Day Care Center (Inter-Actions project)  
P5: 80 families in weekend workshops provided to the greater Boston-area community (Inter-Actions project)  

of confidence and esteem in their ability to engage with technology and to felt as if they were able to not only do things for themselves, but also assist even their parents in developing skills (M = 0.43, p<.0001)
regulation; Self-Perception Profile for Children (SPCC) to assess competence, and confidence; Profiles of Student Life-Attitudes Behavior Survey items to assess confidence, competence, character, and connection; Peer Support Scale to assess connection; Eisenberg Sympathy Scale (ESS) to assess caring; risk assessed via the Center for Epidemiological Studies-Depression Scale (CES-D)

**Sample:** Wave 1 participants 1,659 5th grade adolescents (average age 11 with 48.5% males and 51.5% females) from 13 different states across diverse regions, settings (urban/rural), ethnicities, and religion; Wave 2 included 854 6th grade adolescents from the Wave 1 cohort (45.6% boys; 54.4% girls) and 733 6th grade control adolescents (39.3% boys; 60.7% girls) -- Wave 2 participants came from 53 schools and 5 after-school programs in 18 states; Wave 1 of 1,496 participants they self-identified as European American (57.2%), Latino/a (19.9%), African American (8.4%); Wave 2 of 1,462 participants they self-identified as European American (67.5%), Latino/a (14%), and African American (6.4%)

Wave 1 participants (989) were from homes that majority made over $65,000/year (40%) and Wave 2 (968) made over $65,000/year (40.7%)

regulation at Wave 1 and confidence at Wave 2 (r=.33, p<.01)

**Character:** Correlations between self-regulation and character revealed that the more self-regulated the more that individuals felt increased sense of respect for societal and cultural rules (Wave 1 – r=.39, p<.001) and this maintained across both time points (Wave 2 – r=.31, p<.001) as well as during longitudinal analysis (p=.26, p<.01)
| Purpose: To examine the impact of the P.A.T.H.S. to adulthood program on positive perceptions of participants in the potential benefits of this program on their development | Author: Shek, Sun  
Source: Adolescence (2008)  
Design: quantitative survey analysis of aggregated data from participant subjective outcome evaluation forms used to assess their views of the program, instructors, and perceived effectiveness after completion  
Sample: 207 schools with a total of 33,693 Chinese students based in Hong Kong |
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<td><strong>Confidence:</strong> Participant responses indicated increased levels of self-confidence and personal views about themselves as well as their future; 80% (26,517) felt that participation helped them find personal reflection and development of sense of self; 79% (26,261) felt an increased sense of self-confidence; 81% (26,945) perceived more self-awareness; 81% (26,918) demonstrated increased self-efficacy with a more positive outlook on their future</td>
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<td><strong>Character:</strong> Participants indicated that they perceived more social responsibility and accept of societal and cultural values; 81% (26,914) felt that the program helped develop a sense of compassion for others; there was an increased sense of commitment to community (78%; 26,058); promotion of responsibility to serve society (80%; 26,633)</td>
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| Purpose: To examine if location of organized activity (community-based versus school-based) as well as length of participation and level of intensity when involved impacting educational, civic, and occupational success | Author: Gardner, Roth, Brooks-Gunn  
Source: Developmental Psychology (2008)  
Design: quantitative longitudinal design whereby surveys were administered every two years to students beginning in 8th grade through 2 years after high school as well as a follow-up 8 years after graduation; measures included participation duration, intensity, completion and attendance to school, civic engagement via volunteering and voting, occupational success through employment and income  
Sample: Data from the |
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<td><strong>Confidence:</strong> Not assessed</td>
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<td><strong>Character:</strong> The outcome measures that depict character are civic engagement as those individuals that vote and volunteer are demonstrating an increased sense of morality and mutual respect for others and society. Individuals 2 years after high school that had been involved longer in school-sponsored activities were more likely to volunteer (z=6.45, p&lt;.001) as well as were those individuals 8 years after high school (z=2.70, p&lt;.01). Similar outcomes were found for those involved in community-</td>
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National Education Longitudinal Study included 24,599 8th grade students in 1988 with 19,394 (70.8% of original 8th graders) in 10th grade follow-up; 19,220 (69.6% of original 8th graders) in 12th grade follow-up; 14,915 (56.2% of original 8th graders) post-2 year follow-up; 12,144 (46.3% of original 8th graders) post-8 year follow-up; --- final sample for analysis N=11,029 students (56.9% of the 10th-grade sample); youth that dropped out were excluded or if they moved to new districts the sample of those excluded N=9,528 was significantly different from the analysis group as they were more likely to be Hispanic or Native American and their parents were less likely to have attended school beyond high school based programs (2 years after z=11.92, p<.001); Voting post-2 years was only significant for those that had long participation in school-based activities (z=3.69, p<.001), but attendance in college partially mediated this relationship and for voting was not mediated by college attendance for those 8 years later (z=2.82, p<.01); Community-based programming participation also indicated that those involved longer during high-school were more likely to vote 2 years post, again partially mediated by college attendance (z=4.10, p<.001); 8 years later individuals that had at least one year of involvement were more likely to vote as well as those with two years of activity involvement. Similar to duration, those that had participated more intensively while in school-sponsored activities were also more likely to volunteer, but this was within reason. If individuals were highly involved and for a longer period of time they were less likely to vote; 8 years post high school however individuals that had been intensively involved for longer periods of time were more likely to volunteer; No trends were found among voting and intensity.

| Purpose: To explore the impact of diverse activity involvement comparative to sports alone on youth development outcomes and establishment of | Author: Linver, Roth, Brooks-Gunn | Confidence: Research indicates that participants that were more involved in a diverse set of organized activities specifically sports and other groups (school or religious) were generally better developed in terms of their confidence. These... |
potential profiles of individuals for differing developmental trajectories

men, women, and children; data from the two administrations of the Child Development Supplement were the basis of analysis --- survey was either administered by a field interviewer or for those more than 8 years of age they completed some items via Audio Computer Assisted Self-Interview (ACASI); measures included frequency of involvement in various activities and instruments reflective of positive youth development assets (confidence - math and reading self-concept scale; global self-concept (Marsh Self-Description Questionnaire); (character - Positive Behavior Scale; Behavior Problems Index)

Sample: 1,711 adolescents ages 10 to 18 in 5th to 12th grades (50% female, 50% male; 63% European American, 17% African American, 13% Latino, 7% other); 92% attended public schools, 75% were from two-family homes, and the average family income was $67,700 individuals conveyed significantly higher levels of ability self concept (B=.18(0.04), p<.01), global self-concept (B=.14(0.03), p<.01), and significantly fewer internalizing problems (e.g. depression) (B=-.08(0.02), p<.01)

Character: Similar to findings with confidence those involved in sports along with other activities tended to display more social responsible behaviors (B=.14(0.04), p<.01), fewer externalizing behavior problems (e.g. fighting) (B=-.06(0.02), p<.01). However, this group did report marginally significant rates of drinking (B=.37(0.17), p<.05)

 Purpose: to examine the impact of culturally-based (Native Hawaiian values and activities) an after-school, youth-risk prevention program on positive youth development

Author: Hishinuma, Chang, Sy, Greaney, Morris, Scrone, Rehuher, Nishimura

Source: Journal of Community Psychology (2009)

Design: evaluation study examining cross-sequential design of both cross-sectional and longitudinal pre- and post-data across three academic years when the program takes place (2004-2005, 205-2006, 2006-2007) via quantitative surveys

Sample: 110 students (71 girls, 39 boys); 102 students were in their first year of the program and the remaining 8 were in their second year, but confidence: Outcome data analysis found that pre/post for year one revealed increased self-esteem of the participants (t=-2.6(37,1); p<.05); No significant difference was found for those in year 2 pre/post analysis. No pre Year 1 and post Year 2 was conducted due to small sample size

Character: Outcome data reflecting character development was seen with a significant increase in Native Hawaiian values for the students in year 1 (t=-4.0(37,1); p<.001) based on their report and it was further reflected in parents
there was not first year data for them due to incomplete data collection; 83% of youths were Native Hawaiian descent; data measures included demographics, youth development constructs based on scales from the AmeriCorp Achieve Impact Survey (family cohesion, Native Hawaiian values, Native Hawaiian pride, school success, self-esteem, antidrug use, violence prevention strategies, health lifestyle; parent surveys of their perceptions of child’s development in the same constructs except self-esteem and healthy lifestyle

| Purpose: to examine perceptions of caring environment in a youth summer sports program and its impact on social behaviors (pro-social and anti-social) | Author: Cano-Overway, Newtown, Magyar, Fry, Kim, Guivernau
Source: Developmental Psychology (2009)
Design: post-quantitative surveys were administered during the last week of the camp; measures included demographics, Caring Climate Scale to assess perceived caring context, ASRE Scale to assess beliefs in ability to regulate emotional responses, ESE Scale assess beliefs in ability to be empathic, adapted Child Social Behavior Questionnaire to assess pro-social and anti-social behavior
Sample: 395 youth (253 youth from the southern US and 142 from the western US) ranging in age from 9 to 16 with 198 girls and 197 boys; Most of the youth self-identified as African American (61%), Hispanic American (26%), White American (4%), Asian American (0.5%), Vietnamese
Confidence: Youth expressed increased affective self-regulatory efficacy, which is there belief in their ability to control their emotions. Higher incidence of affective self-regulatory efficacy indicates increased likelihood of esteem and confidence in personal self (not having to be reactionary is indicative of self-control and personal confidence)
Character: Individuals demonstrated acts of pro-social behavior, which are reflections of individuals commitment to social structures along with a sense of empathic efficacy, which demonstrates development of moral understanding and a sense of mutual respect for others; additionally the participants rarely demonstrated anti-social behavior
Structural equation modeling was to examine the

noticing the increased level of Native Hawaiian values instilled in their children (t=-7.2(77,1); p<.0001); No significant difference was found for those in year 2 pre/post analysis. No pre Year 1 and post Year 2 was conducted due to small sample size
American (0.5%), Samoan American (0.5%), Native American (0.5%), and unidentified (8%); most of the youth were from low-income families due to the stipulation in program funding eligibility that 90% of the free 5-week program participants be from underserved families.

Analyses revealed that program participants that believed that the program provided a caring, supportive space expressed increased pro-social behavior and decreased anti-social behavior. However, the relationship was mediated a belief in ability to regulate their emotions and to empathize with others. Therefore, increased pro-social behavior was a result of a perception of caring environment, along with internal capacities to control emotional responses and having a sense of understanding other people’s situations.

<table>
<thead>
<tr>
<th>Purpose: to explore the impact of Project P.A.T.H.S. on positive outcomes for youth participants</th>
<th>Author: Shek</th>
<th>Source: Adolescence (2009)</th>
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<td>Design: qualitative data analysis of weekly diaries in a reflective journals through the use of code development based on three levels (raw response level, higher-order attributes, broader thematic level); teachers were given instructions to inform students to write a journal article regarding their participation in the program and was to be minimally 200 words in Chinese completed either at home or during class time</td>
<td>Confidence: 415 responses reflected positive self-image like personal growth (124 responses), which is indicative of positive identity development</td>
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<td>Sample: 216 (19.46% of all possible students in the participating six secondary one schools) weekly diaries from students in Hong Kong based on the analysis of perceived benefits from the program, there were a total of 752 responses that formed 5 categories</td>
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<tr>
<th>Purpose: to explore how the breadth and intensity of structured activity</th>
<th>Author: Busseri, Rose-Krasnor</th>
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<tr>
<td>Source: British Journal of Developmental Psychology (2009)</td>
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<td>Design: article includes</td>
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<td>Confidence: Study 1 - the more activities that individuals were involved with as well as the level of involvement correlated with positive indicators of self-</td>
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## Purpose: to explore the impact of the Changing Lives Program, positive youth development intervention, on urban youth attending an alternative high school

| Sample: Study 1 | 7,000 youth from 25 Ontario high schools that ranged in ages from 13 to 18 in grades 9 through 13 with them consisting of 50% males and 50% females |
| Study 2 | Longitudinal – 400 9th and 10th grade students from the aforementioned 25 schools completed a follow-up survey 20 months post-baseline; ages ranged from 14 to 16 years old and consisted of 44% male and 56% female |
| Study 3 | 5th and 6th grade students (N/A – did not look at primary outcomes for this review) |
| Study 4 | Students transitioning from high school to their first year in university from six Canadian universities complete pre- (summer before entry) & post- (end of first academic year) surveys with the average age of participants being 18 at the start |

| Author: | Eichas, Albrecht, Garcia, Ritchie, Varela, Garcia, Rinaldi, Wang, Montgomery, Silverman, Jaccard, Kurtines |
| Source: | Child Youth Care Forum (2010) |
| Design: | Quantitative pre/post survey administered at school with the pre-test occurring the week before the semester session of the intervention began and the post-survey administered a week after the end of the last session of the semester with a one semester non-intervention control comparison group |

| Confidence: | not assessed |
| Character: | Structural equation modeling provided support for the meditational hypothesis that individuals participating in the CLP demonstrated increased levels of identity exploration that resulted at the completion of the study in more positive identity development |

Further analyses also did indicate some differential findings regarding identity resolution and ethnicity (B = .615, p = 0.001) Hispanic individuals that
measures included Personally Expressive Activities Questionnaire to assess positive identity development, Behavior Problem Index to assess internalizing and externalizing behavior problems, Identity Style informational style subscale to assess information seeking identity; Erikson Psycho-Social Stage Inventory identity resolution subscale to assess identity achievement

**Sample:** 185 White/non-Hispanic, African-American, and Hispanic adolescents qualified for the study based on indicators in their files as well as family measures captured via qualitative self-report, open-ended, semi-structured interviews; Final analysis was conducted on 178 African-American and Hispanics ages 14-18 with there being 97 females (58 African American, 39 Hispanic) and 81 males (44 African American, 37 Hispanic); majority were from families making less than $21,000 a year (38%) and 74% had at least one parent that completed high school

<table>
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<tr>
<th>Purpose: to examine the impact of varying types of extracurricular activities and sense of meaningfulness of the activity on positive youth development</th>
<th>Author: Bundick</th>
<th>Confidence: The measures of PYD in the study were interpreted as being representative of constructs that reflect positive confidence (hopeful future, fulfillment of potential, life satisfaction, and purpose in life as these may be reflective of self-esteem, self-efficacy, and positive identity attainment)</th>
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<tr>
<td><strong>Source:</strong> Journal of Positive Psychology (2011)</td>
<td><strong>Hierarchical linear regression analyses indicated that participation</strong></td>
<td></td>
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situation compared to ideal life status; Purpose in Life subscale of Scales of Psychological Well-Being assessed general sense of purpose, meaning, and goal-directedness; hopeful future was assessed by three items; two items reflecting currently belief in living up to personal potential

**Sample:** Time 1 - 2019 9th grade students completed a survey as part of a larger study. Participants were 51% female, 49% male; 33% White, 24% Latino, 11% African American, 10% Asian American, 21% mixed race/other; students were from five high schools in diverse settings from urban, suburban, and rural locations in varying regions of the US including the West Coast, South, and East Coast; Time 2 participants included 123 (61%) of the original group

**Purpose:** to conduct a replication study to examine the relationship between participants in the P.A.T.H.S. project positive youth development constructs on life satisfaction and problem behavior

**Author:** Sun, Shek

**Source:** Sociological Indices Research (2012)

**Design:** quantitative data analysis of outcome questionnaires of respondents that had previously participated in the program the year prior; questionnaires were administered at the start of the new school year; instruments included the modified Chinese Positive Youth Development scale to assess positive youth development and its associated constructs; Life Satisfaction Scale to assess overall judgment of current quality of life; Problem behavior indicated in academic clubs, religious activities, sports, and student leadership were indicative of increased confidence, but longitudinal analysis revealed that only student leadership and volunteering were indicative of long-term maintenance of increased sense of confidence and reassurance. Specifically individuals that were involved in student leadership felt more purpose in life (B=0.13, p<.10) and increased belief in a hopeful future (B=0.27, p<.05) Volunteering resulted in more life satisfaction (B=0.15, p<.10) and overall sense of positive youth development (aggregate variable across all four independent measures) (b=0.13, p<.10)

Interestingly when individuals engaged in various activities and felt that it was a meaningful activity they reflected lower levels of all positive youth development indicators

**Character:** Not assessed

Despite the Positive Youth Development Outcomes (5 C’s) serving as the independent variables the presence of these within the individuals was a result of their previous participation in the study. Additionally, as previously stated life satisfaction could be classified for this review as being indicative of confidence.

**Confidence:** Structural equation modeling was used to explore the impact of positive youth development (due to participation in the P.A.T.H.S. project) on general sense of life satisfaction. Individuals
by substance abuse, delinquency, and intention to engage in problem behavior.

**Sample:** 7,151 Secondary 2 (Grade 8) Chinese students (3,707: 51.8% male, 3,014: 42.1% female; 6.1% did not report their gender); most of the students were ages 13 (59.8%), 14 (17.2%), or 12 (11.2%)

that had participated in the project demonstrated increased levels of life satisfaction; Additionally, further subscales indicated that students having higher levels of life satisfaction also had higher levels of self-efficacy.

**Character:** Subscales indicated that those with higher levels of life satisfaction also had higher levels of pro-social behavior as well as spirituality, which are strong indicators of character development.
Positive Youth Development: Impacts on GLBT Youth

To further assess the differential impact of PYD programming/interventions on GLBT youth, I conducted a secondary review of the literature utilizing the same strategy used in my aforementioned review on youth of color. However, my initial multiple database search revealed that no articles explicitly assessed sexual orientation as a demographic variable within the academic, peer-reviewed literature. My search also included the use of alternative terms for non-heterosexual youth like gay, GLBT, same-gender loving, pansexual, sexually fluid, and MSM. As a result, there was insufficient information available to assess differential program outcomes exclusive to GLBT youth.

However, a recent report released by the Williams’ Institute substantiates why this lack of empirical evidence may exist on GLBTQ youth participatory outcomes in PYD programs and activities. Often GLBTQ youth find barriers to accessing youth mentoring programs and social services. Of the entire GLBTQ youth population it is estimated that less than 500,000 have had a mentor via structured programming activities and for at-risk GLBTQ youth as few as 300,000 have ever had a formal mentor (Mallory et al., 2014). Therefore, the majority of GLBTQ youth (89%) have never had a formal mentor even though evidence from the sexual identity development literature recognizes the benefit of mentoring and community involvement on positive GLB identity development (Renn, & Bilodeau, 2005; Sandfort, 2000; Wilson, & Miller, 2002). Despite the potential benefit that GLBTQ youth could gain from participating in formal youth mentoring programs and the buffering impact it could present for many of the health risk factors faced by GLBTQ youth, many do not participate or at least not “openly”. This non-participation or “non-open” participation is because several of the well-known mainstream programs such as Big Brothers/Big Sisters, 4-H, Boy Scouts of America have or had discriminatory policies excluding GLBTQ youth (Mallory et al., 2014). Even in
instances of programs with inclusive policies, organizational practices and environments are perceived as unwelcoming or non-protective given the number of instances where GLB youth have been discriminated against (Mallory et al., 2014). This is an even larger concern when considering the most marginalized youth, GLBTQ youth of color, which was supported in my previous work and the recent work of my colleagues (Brown, & Bright, 2011; Conron et al., 2015).

Positive Youth Development: Implications for Youth at the Intersection

Therefore, as it relates to gay male youth of color, my review of the academically-based, peer-reviewed empirical literature resulted in there being no investigations assessing the impact of asset-based programs exclusively on gay male youth of color. However, given the amount of public health and additional prevention literature on gay and bisexual male youth of color, it can be presumed that there are unique factors that contribute to the differential health outcomes of this population. As previously mentioned, GLBT youth of color are at higher risk than both youth of color and GLBT youth for a number of adverse life outcomes. To reiterate, GLBT youth of color, in general, are more likely to attempt suicide, to be homeless; to report a lack of support from both school staff as well as family members; to have been bullied, harassed, missed school; to report experiencing heterosexism from both communities of color and non-communities of color as well as racism from both heterosexual and GLBT non-communities of color (Kosciw et al., 2016). Additionally, gay male and transgender female youth of color are at the highest risk for contracting both HIV and STDs (Brooks, 2010).

Evidence indicates that the issues gay and bisexual male youth of color face over the course of their lifespan make their developmental process unique. As the prevention literature on gay male youth of color alludes, programs/interventions may be better suited for addressing the issues facing gay and bisexual male youth of color when they are culturally-specific and
contain elements that address SDOH like issues of social stigma, discrimination, dual-identity development (i.e. sexual identity and ethnic identity), identity-related social support, and both ethnic as well as gay culture (Brown, 2011; Han, 2009; Harper, 2007; Wilson, & Miller, 2002). A core central tenant of many positive life outcomes can be linked to the establishment of both a positive identity and self-esteem. When gay and bisexual male youth of color thrive it is often due to them having been able to establish a positive sense of self both ethnically and sexually (Brown, 2011; Harper, 2007; Wilson, & Miller, 2002). Therefore, identity formation and acquisition may be pivotal for long-term well-being, support positive coping strategy engagement when facing various SDOH, and serve as a primary deterrent to poor health outcomes. Furthermore, as gleaned, primarily from the education and social activism literature, culturally-responsive/targeted intervention strategies are imperative to improving well-being for not only youth of color and GLBT youth, but those at the intersection - GLBT youth of color (Brockenbrough, 2016; Grady et al., 2012; Hosang, 2006). Often at the center of much of these aforementioned programs, among a number of objectives and goals, there is one that focuses on impacting identity development, self-esteem, and self-efficacy. Given this information, it is important to excavate further insights about gay and bisexual young men of color from the identity development literature before exploring systems factors beyond the individual (e.g. microsystem, mesosystem, exosystem, macrosystem, and chronosystem factors).
Chapter 3

Identity Development, Hyphenated Selves, & the Intersectionality Framework

Erikson’s psychosocial developmental theory (1968) is focused on the lifespan and explicitly states that change occurs from birth to death. The overarching goal of psychosocial development is creating a sense of identity through the attainment of abilities and beliefs about oneself as being a productive, satisfied member of society. Erikson’s theory (1968) is a stage model that assumes individuals develop skills in chunks with specified events that are critical to skill acquisition. Additionally, the skill acquisition process is related exclusively to a particular point in the lifespan like ego identity being the focal point of adolescence.

When Erikson introduced the concept of ego identity in 1950 the notion was that self-identity was not achieved solely on perception of an event. The notion was that identity was achieved based on the interaction between the individual and his environment. There was, in essence, a sense of validation and acceptance from others that propels the individual toward identity achievement (White, 1987). In part, it is through continuous reinforcement that individuals learn the appropriate acceptable roles and scripts about what it means to be a person in society. The adolescent accepts the scripts and internalizes them in order to define his/her personal self-concept (White, 1987). Among the social scripts, the adolescent then selects a specific set of beliefs, which form their personal identity. It is important to note that social scripts are socially and culturally bound constructs. Therefore, when individuals select their social script they often initially select those that are deemed more socially acceptable within the confines of his or her culture. The potential implications of this could be devastating for those individuals that stray from the cultural norm. For example, in US-based culture when individuals ascribe to a GLB script, he or she may be ostracized or may perceive this as being potentially problematic, which
results in their experiencing identity-related stress (Major, & O’Brien, 2005).

Although Erikson’s (1968) psychosocial theory was integral to the development of the PYD framework, it is too broad and as a whole not exclusively focused on identity development. Also, Erikson’s (1968) stage model presumes that all people progress through a series of the same stages at approximately the same age periods over the course of their life, which relegates development to a singular process that cannot vary across individuals. As a function of Erikson’s (1968) theory, identity development is confined to the single stage occurring during adolescence, which would presume at the completion of this stage a person’s identity is solidified, static, and never-changing. This notion of identity formation being established at this point in a person’s life may seem counterintuitive to Erikson’s general theory given the presumption that an individual continues to change from birth to death, but the additional changes are within other life domains. It is presumed that self-exploration and identity formation have been resolved at the end of adolescence (Erikson, 1968). The establishment of a personal sense of self allows people to traverse into exploring other developmental processes within other areas of their lives. However, identity formation is a much more intricate and detailed process than depicted by Erikson. Identity continuously evolves over the course of an individual’s life being influenced by various contextual factors like personal experiences and cultural practices (Frable, 1997; Cross, 1995; Padilla, 1995; Phinney, 1990). It has been found that individuals may re-engage with what stage-model theorists would refer to as an earlier stage, indicating some level of possible regression, however due to the dependence of identity development on social interaction this “re-engagement” is not regression, but simply allows for an individual to gain a deeper sense of understanding around their personal identity within current context (Jamil,
Harper, & Fernandez, 2009). For instance, it may be that women at various points in their lives—often through interaction and immersion—seek an understanding of what it personally means to be a woman and how to define “womanhood” on an individual level (Phinney, 1990; Rotheram-Borus, Lightfoot, Moraes, Dopkins, & LaCour, 1998). The re-engagement may also relate to integrating in a social identity into one’s personal identity.

Unfortunately, in search for a common developmental process affecting all individuals, developmental psychology became naturally restrictive. Historically, many early identity development models were stage models that were linear in nature. Traditional stage models did not allow for the consideration of contextual influences on development nor differential outcomes in the developmental process for individuals. Furthermore, identity formation theories were limited to understanding general patterns of development for everyone or all individuals with single shared group memberships (i.e. race, ethnicity, sexual orientation, gender), but not for the complex interactions among multiple shared group memberships (e.g. Black women, gay men, transgender Latino youth).

Positive identity development is core to the PYD framework as reflected in it being a central competency, character, necessary for the achievement of long-term positive life outcomes. This emphasis on personal identity development requires that there be an understanding as to how this process proceeds in individuals with dual-identity status (i.e. gay male youth). Before exploring this, I acknowledge the importance of and existence of single shared group identity formation literature around both racial/ethnic identity as well as sexual orientation identity, but the primary purpose of my work is to explore the intersection. Often theoretical and empirical work has compartmentalized/segmented portions of identity and not considered the entirety of the individual. There are a multitude of considerations for personal dual-identity development such as potential identity development
sequencing, prioritizing of various component parts of personal identity (e.g. race/ethnicity, sexuality), influential environmental factors, and the integration of the component parts of personal identity. Therefore, it is critical to focus my conversation on the overlapping spaces by discussing hyphenated selves and intersectionality. However, it is important to acknowledge the empirical research conducted on GLBT POC and integrated frameworks developed around GLBT POC identity formation.

Despite some empirical investigations providing some in-roads in understanding the differential impact of multiple identity status on individuals like identity-related stress or protective factors like mentoring or social support, there is little theoretical information that could explain the identity developmental process of individuals at the intersection. Both racial-ethnic identity development models and sexual orientation identity models are confined to examining single aspects of the overall personal self-construct. It is imperative that an integrated model be identified that could speak to the dual-identity developmental process and simultaneously speak to the implications of these interacting social identities on the individual. One could argue that all people are at some intersection when it comes to their personal identity formation.

An initial attempt of developing an integrated framework was pursued by Morales (1989). Morales’ (1989) identity formation model for gays and lesbians of color attempts to apply D’Aguelli’s (1994) later conception, within his sexual orientation identity development theory, of an individual addressing “states of being” simultaneously rather than progressing through stages (i.e. an individual could be dealing with connecting to the community while dealing with their same-sex attractions). However, Morales’ (1989) framework is centered on the impact of different communities (e.g. gay community, ethnic community, family unit) on GLB individuals of color while they process what it means for each one of them to be both gay and a person
of color. Additionally, Morales’ (1989) framework is a conflict-based model whereby sexual identity development for GLB persons of color is a tumultuous experience. By default, Morales’ (1989) framework assumes that all GLB persons of color go through the same struggles and that a positive dual-identity developmental process cannot exist. More recent research has investigated more specifically the consideration of unique factors around coming out and developmental process among GLBT POC (Dube, & Savin-Williams, 1999; Grov, Bimbi, Nanin, & Parsons, 2006; Parks, Hughes, & Matthews, 2004; Rosario, Schrimshaw, & Hunter, 2003). However, this research attempts to merely explore similarities and differences for GLBT POC in comparison to white GLBT individuals. The field of identity research still lacks a theory that is able to encapsulate the aforementioned components of race/ethnicity and sexual orientation as well as explain both their simultaneous development and positive symbiosis/synergy. Additionally, no theoretical perspective has been presented that is not contextually-situated exclusively around the GLBT POC’s experience. Historically, the theoretical framing has always placed “normative” process among either heterosexual POC or white GLBT with GLBT POC being in a comparative position. An integrated, asset-focused, culturally/contextually-centered theory could move us toward establishing how a positive identity is crucial to positive well-being and health outcomes specifically for GLBT youth of color.

First, we must discuss the broader, critical framework of hyphenated selves (Fine, & Sirin, 2007) and the praxis of intersectionality (Cole, 2009). Both hyphenated selves (Fine, & Sirin, 2007) and intersectionality (Cole, 2009) speak to the interconnectedness of multiple identities. Also, more recently intersectionality has been broadened – aiming to understand not only the complexity if intersecting identity, but how individuals are impacted by their larger ecosystem (Hankivsky, 2014). Therefore,
intersectionality collectively considers the role of health inequity, SDOH, and all PYD factors including character – identity.

Identity & Hyphenated Selves

Hyphenated selves (Fine, & Sirin, 2007) is a framework that may inform the struggles of multiple identity negotiation. The hyphenated selves framework (Fine, & Sirin, 2007) resolves to understand this aforementioned struggle within situated sociopolitical context. Furthermore, the hyphenated selves framework situates this formation process from a position of strength (Fine, & Sirin, 2007). This framework has primarily emerged from the immigrant identity literature and collaborative empirical work with transnational youth. The notion of hyphenated selves includes the notion that social identities do not exist in silo, confined spaces, but create intersections from which people are able to define experiences (Deaux, 2006).

The hyphenated selves framework centers on the developmental process of youth and how they come to know themselves (Fine, & Sirin, 2007; Hamann, & England, 2011). Within this framework youth do not develop in a vacuum, but struggle to make meaning while receiving messages from the external world that aim to demoralize, dehumanize, and demonize who they are culturally (Fine, & Sirin, 2007; Hamann, & England, 2011). Some students come to create situational ethnic identity, whereby they compartmentalize it and only assert it at home or within culturally-specific spaces (Hamann, & England, 2011). As a result, the youth that create a situational ethnic identity abandon their cultural heritage for the accepted sociopolitical/sociocultural identity when immersed within culturally-mixed spaces among the dominant culture – e.g. Muslim youth claiming their American identity when at school or socializing with their American friends (Hamann, & England, 2011). Youth engage in “psycho-social passing” aiming to “blend in” especially when confronted with disparaging narratives about their immigrant roots (Hamann, & England, 2011).
The counter-narrative to situational ethnic identity is hyphenated selves whereby transnational youth are not reductionist in their identification, but re-claim the power from the oppressor to embrace/love their cultural differences (Fine, & Sirin, 2007; Hamann, & England, 2011). Hyphenated selves formation is often a self-identification process whereby youth reframe the disparaging, negative, racist sociopolitical view as a place of personal agency to create a complex, empowered sense of self (Fine, & Sirin, 2007; Hamann, & England, 2011). In essence, the hyphenated selves framework (Fine, & Sirin, 2007) reflects positive, goal-oriented attitudes of transnational youth to demonstrate mental fortitude and perseverance. This notion of the hyphenated selves (Fine, & Sirin, 2007) harkens back to DuBois (1920) in his conception of dual-consciousness and the connotation of acculturation whereby the disparaging nature of larger US society towards Blacks causes them to initially take pause in identifying as Black, but eventually Blacks become emboldened to be brave/proud of their “blackness”. The hyphenated selves framework simultaneously pushes empirical work forward because it not only emphasizes the importance of critical consciousness, but it also speaks to the potential impact that being socio-politically active could have on empowering individuals to advocate/create their own change spaces (Fine, & Sirin, 2007). This point of socio-political activism speaks to the work of Friere (1970), Westheimer, and Kahne (2004) as well as the importance of reflective action (Watts, Diemer, & Voight, 2011).

Through their work with Muslim-American youth, Sirin & Fine (2007) found that youth live on “the hyphen” whereby their “identities...at once are joined, and separated, by history, the present socio-political climate, geography, biography, longings and loss”. The hyphenated selves framework accentuates the intersectionality framework, discussion forthcoming, by overlaying the impact of the sociopolitical and the sociohistorical, but it further enhances it by speaking to how, in spite of potential tension due to
sociocultural context, individuals come to create a harmonious identity that is “on the hyphen”. This ability to carve out a unique space at the intersection is a skill that is particularly prevalent among youth (Sirin, & Fine, 2007). Hyphenated selves (Fine, & Sirin, 2007) expand upon traditional identity theories to be inclusive of multiplicity, reflexivity, and fluidity as they relate to an individual that is self-aware and empowered by the knowledge of oppressive sociopolitical forces. This creation of a hyphenated self in many ways is itself empowering because it allows for people to be radically marginal, whereby they are both insiders and outsiders to the dominant group that provides them with not only choice but freedom (Hall, & Fine, 2005). People on the “hyphen”/“margin” find this as a place of strength (i.e. positive marginality) (Hall, & Fine, 2005).

**The Intersectionality Framework: Identity & Beyond**

Elizabeth Cole’s conception of intersectionality (2009) brings to light the importance of considering the personal “self” developing through a dynamic system, which includes interaction among various social identities. Intersectionality aims to alter the traditional framework used in social science to categorize individuals based upon single constructs. Cole’s intersectionality (2009) depicts how traditional approaches to investigating and understanding not only identity, but the identity developmental process is both static and linear. Traditional perspectives do not harken nor heed to the conceptualizations of Bronfenbrenner (1979) that require the understanding that an individual does not develop nor exist within a vacuum.

Furthermore, intersectionality alludes to how identity and its developmental process are wholly personal (Cole, 2009). Although individuals share membership in the same group the experience of what it means to be a member of that group varies based upon personal experiences, personal membership in other groups, perceptions, and beliefs. Although both racial identity theories as well as sexual identity theories emphasize a level of
individuality, it could be presumed that neither fully considers contextual factors, personal internalized factors like cognition or perception, and the interaction of varying identity domains in their conceptualization of the personal identity developmental process. How an individual comes into being is relative to the dynamic interaction of time, space and proximity to a situation or event (Cole, 2009). Furthermore, the personal “self” is influenced by the interpretation of what experiences and information mean as well as how everything gets integrated into an individual’s personal sense of knowing himself/herself.

Intersectionality, as a term, was first used by Kimberle Williams Crenshaw when speaking about the impact of oppression being intensified when an individual belongs to multiple oppressed groups (1989). However, the central tenets of intersectionality have an existence that predates Crenshaw. As part of its early beginnings, intersectionality included a critique of initial feminist theories’ lack of consideration around the aforementioned potential impact of multiple oppressions on the individual (van Mens-Verhulst, & Radtke, 2006). The creation of intersectionality grew from Black feminist scholarship that questioned the way the Black feminist experience became presumed as the same as that of the White feminist (Bowleg, 2012; Crenshaw, 1989). The concept of intersectionality is often used within Black feminist scholarship and included within broader critical race theory (Collins, 1990; hooks, 1990).

An individual’s understanding and acceptance of “self” is greatly impacted by a multitude of oppressions faced on a daily basis. Just as personal identity is not compartmentalized into sections (e.g. gender, race, sexuality), experiences, either real or perceived, of sexism, racism, and heterosexism cannot be disentangled nor be expected to only have singular impacts on their associated personal identity factor (i.e. racism only impacts ethnic identity conceptualization) (van Mens-Verhulst, & Radtke,
Therefore, racist experiences may in fact impact the way a gay man of color comes to understand his sexual orientation. In essence, gay and bisexual men of color have a demonstrably different state of being from heterosexual men of color and homosexual white men, which comes with a set of unique social constraints and experiences. This encapsulates the complexity of how personal level factors like identity interact with environmental/systemic factors like social determinants to create social inequities (Bowleg, 2012).

Over the last two decades, academia has started examining the plight of gay men of color. As a function of their analyses, researchers have identified potential factors that may impact the health outcomes of gay men of color like discrimination and feelings of being ostracized by both the white gay community and the ethnic heterosexual community (Blake, Ledskey, Lehman, Goodenow, & Sawyer, 2001; Crawford, Allison, Zamoboni, & Soto, 2002; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001). Furthermore, there has been preliminary work with ethnic minority gay and bisexual men, which indicates that there may be a propensity to engage in health compromising practices like substance use or sexual activity when there is a level of non-identification with sexual orientation identity and/or ethnic identity (Cesario, & Crawford, 2002; Chng, & Geliga-Vargas, 2000; Domanico, & Crawford, 2000; Peterson, Coates, Catania, & Middleton, 1992; Peterson Bakeman, & Stokes, 2001; Zea, Reisen, & Poppen, 1999). Based upon this previous empirical work and upon review of identity development theories (i.e. race/ethnicity and sexuality) it is apparent that none of the established theories may fully account for the experiences of gay and bisexual men of color (Jamil et al., 2009).

Intersectionality is a way of helping interpret the continued existence of paradoxical situations such as consistently high rates of HIV among Black gay and bisexual men despite their lower propensity to engage in risk
behaviors such as substance abuse comparative to white gay and bisexual men. Intersectionality may shed light on other conundrums such as the continued silencing of some public health concerns within segments of subpopulations like that of Black men with higher SES and their associated disparate suicide rates (Bowleg, 2012). Therefore, it is imperative that researchers continue to unpack the toolkit and realize the need for more within-group examination and the need to reduce comparative analyses with the “other” such as using gay white men as the standard on which to measure gay men of color. Comparative analysis with the “other” creates a power differential, a “good vs. bad” mentality, and perpetuates a cycle of discrimination and disempowerment (i.e. inequity). Intersectionality is a continuous construct that can be either oppressive or liberating for an individual because it is heavily dependent upon societal influences like the media and “what” those in power allow us to see and “how” they frame its presentation to us (J. Battle, personal communication, July 17, 2014).

Recently, the intersectionality framework (Bowleg, 2012; Cole, 2009) has been more explicitly discussed within the realm of public health and policy analysis as an alternative praxis to both the feminist framework/sex and gender based analysis (SGBA) as well as SDOH framework/health impact assessment (HIA) (Hankivsky et al., 2012). Both SGBA and HIA are, although in differing ways, limiting as analysis frameworks because of assumptions and critical omissions about important process-oriented factors that are points of consideration within intersectionality and its associated analysis frame – intersectionality-based policy analysis (IBPA) (Aylward, 2010; Hankivsky, et al., 2012). Hankivsky expands upon the intersectionality framework and discusses it as a praxis (2014; Hankivsky et al., 2012).

Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., ‘race’/ethnicity, Indigeneity, gender, class, sexuality, geography,
age, disability/ability, migration status, religion). These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, state governments and other political and economic unions, religious institutions, media). Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created. (Hankivsky, 2014, p. 2)

Therefore, the complex interacting system of political, sociohistorical, and experiential factors surrounding each person leads to creation as well as perpetuation of health inequities. Furthermore, intersectionality also speaks to the considerations, on the part of the researcher, practitioner, policymaker whereby we must not only explore intersectionality as an action upon others, but also our own situated intersectionality as part of the dynamic interaction with those for which we are advocating (Hankivsky, 2014). This is something that has also been supported by non-intersectional specific reviews and work — where we must be considerate of our own situated place in history, social roles, as well as our own development across time if we are to be successful in engaging with collaborative community partners in a way that reveals their truth/knowledge (Hankivsky, 2014; Watts, 2010).

The intersectionality praxis (Hankivsky, 2014) has several core elements. The central tenets are intersecting categories, multi-level analysis, power, reflexivity, time and space, diversity of knowledges, social justice, equity, resistance and resilience. These core elements collectively allow for a more complete, realistic investigative strategy to understanding health disparity etiology. Each factor provides a critical lens into the unique culturally-bound health concerns facing various oppressed groups.

Intersecting categories stipulates that single categories (e.g. ethnicity or sexual orientation) cannot be assumed as more important to understanding experiences or needs. Furthermore, categories are not additive,
but interact and co-exist to create unique social spaces across the chronosystem. It is these intersections and the situational effects that must be investigated (Hankivsky, 2014). Multi-level analysis refers to the importance of understanding the various levels that exist within the social ecosystem and knowing how each independently impacts individuals. Additionally, we must consider how each of those systems interact with each other, are situationally-defined moment-by-moment, and serve as different structural, relational, and personal change agents acting upon individuals (Hankivsky, 2014). Power is used to create knowledge, societal position, and differential experience. However, it is relational and therefore non-additive whereby individuals at times can have the simultaneous experience of both power and oppression. Therefore, power is situated and can manifest as power over others or power with others (Hankivsky, 2014). We must understand the interactive procedures leading to power and oppression as well as the way people resist (Hankivsky, 2014). For me this conceptualization of power is similar to hyphenated selves (Fine, & Sirin, 2007) production. Reflexivity is the notion that recognizes power and that it exists across different levels of society. It acknowledges multiple truths and diverse perspectives, and finds room for inclusion of all narratives. This concept requires critical awareness of self and role, questioning of power, privilege, and assumptive truths (Hankivsky, 2014). Time and space are factors that are contextually bound whereby they are constant, ever-changing and experienced through perceptions and affect that are bound by personal position, location, and other factors (Hankivsky, 2014). Diversity of knowledges refers to the recognition and relational understanding of power and knowledge production. This construct requests that we consider the epistemologies of marginalized groups often excluded from traditional, colonized processes of knowledge creation (Hankivsky, 2014). Social justice refers to creating new strategies along with critiquing the current way of being in order to create reformed
social processes, institutional structures, and redistribution of resources (Hankivsky, 2014). *Equity*, a construct closely linked to *social justice*, refers to fairness and the equalizing of outcomes among all groups therefore operationalizing groups by their intersecting factors (e.g. ethnicity and sexual orientation) (Hankivsky, 2014). *Resistance and resilience* are strategies that can disarm the powerful and privileged while fracturing oppressive systems (e.g. civil disobedience, not using traditional labels to group/identify individuals) (Hankivsky, 2014).

The aforementioned principles of the intersectionality praxis (Hankivsky, 2014) make it positioned to question difference, understand experiences, and coalesce historically overlooked similarities. Intersectionality is a complex advanced analysis strategy because it considers multiple groups and processes as relevant contributors to a problem (e.g., health disparity); understands that relationships between groups and processes are situationally-based; realizes categories arise from a dynamic iterative exchange between personal and structural factors; recognizes significant diversity exists among group members (Hankivsky, 2014).

Intersectionality-based policy analysis (IBPA), devised by Hankivsky et al. (2012), takes a unique approach to conducting research, interrogating policy, and engaging in practice differently than SGBA and HIA. IBPA does this because at the outset it begins with a specific understanding of the complex situation between individuals and the complex larger ecosystem. IBPA implies people simultaneously belong to multiple social categories, centers on the intersection of “social locations, systems and processes”, and does not assume the impact of specific factor combinations, but rather initially investigates those combinations to assess their true impact on a problem or issue (Hankivsky, 2014).

To demonstrate how IBPA works, Hankivsky (2014) spoke to how it could be applied to enlighten research on men’s health when interrogating existing
literature. Men’s health research needs to understand that gender expression and meaning are co-created by sexual orientation, ethnicity, and sociohistorical context resulting in differences amongst men like gendered racism leading to differences among Black men and White men – power is differentially situated for Black men and White men (Mutua, 2012). IBPA interrupts assumptive difference between men and women in terms of vulnerability like with HIV risk. For example, Black gay young men many have similar vulnerabilities as Black heterosexual young women because both groups may suffer sexual violence or need to engage in survival sex work (Cole, 2009). Thus within-group differences among men may be stronger than non-existent differences with women. For example, Hyde (2014) found in a meta-analysis that among persons of color that gender differences in math performance did not exist. Lastly, masculinity expression differs culturally and changes over the lifecycle. Therefore, a concern like HIV risk can vary across age and simultaneously socio-economic status, sexual orientation, ethnicity, geographic location, and sexual positioning (i.e. insertive “top”, receptive “bottom”). As a result, not considering an intersectional conceptualization of masculinity may cause investigators to overlook inequity factors and not deal with them (Hankivsky, 2014; Hankivsky et al., 2012). Intersectionality (Bowleg, 2012; Cole, 2009; Hankivsky, 2014) emphasizes the importance of considerations of the multi-layered, situational social statuses we ascribe to that provide our varying level of access to SDOH, experiences of inequities, and rates of disparities. These issues of SDOH, inequity, and disparity are often grounded in a deficit-based perspective, but there could be “strength” in exploring how the complexity of intersectionality could be self-enhancing, self-advocating, and health-promoting. However, the current intersectionality framework (Bowleg, 2012; Cole, 2009; Hankivsky, 2014) does not deeply excavate the potential of asset-based skill development nor the individual influences of downstream factors
like perception. Additionally, this praxis does not examine long-term developmental process over time (i.e., lifespan trajectory).

Although both hyphenated selves (Fine, & Sirin, 2007) and intersectionality (Bowleg, 2012; Cole, 2009; Hankivsky, 2014) together present a logical understanding of identity configuration, they create a general framework. Frameworks are much broader in scope and are anchored by partial elements of multiple theories. Therefore, it is important for us to continue to seek out a potential singular theory that speaks to all of the complexities faced by gay and bisexual young men of color from developmental process to situational shifts as well as from the social to the personal. Furthermore, these complementary frameworks, although generally speak to sociohistorical context’s influence, require a more explicit consideration of its role within the individual developmental process. This consideration is accentuated in some of the mainstream racial/ethnic identity theories such as Cross’ Nigrescence (1971; 1995) theory where sociohistorical context is examined specifically as a critical influential function of the identity formation process.

Therefore, it is imperative that there be a continued push for identifying a singular model of identity development that addresses all of the aforementioned concerns. A model of identity development that encapsulates the concepts of intersectionality (Cole, 2009) and hyphenated selves (Fine, & Sirin, 2007) could potentially be a foundation on which to make meaning of possible differential outcomes for individuals that ascribe to more than one social identity with the understanding that structural factors play a pivotal role in an individual’s identity evolution. Additionally, this may serve as the starting point for developing culturally-responsive strategies to engage with a variety of subpopulations to enhance their potential of achieving positive life outcomes.
However, before we engage in the process of excavating the critical components revealed through intersectionality praxis, we might first consider more explicitly some contextual factors that could impact this positive developmental trajectory as well as those factors that may serve as important social determinants of health. One critical contextual factor that is often overlooked and not explored as explicitly is the role of sociohistorical and sociopolitical context that actually establish the larger societal infrastructure whereby Black and Latino gay and bisexual young men must traverse toward their achievement of a positive life trajectory. As previously discussed within the context of hyphenated selves, the sociohistorical and sociopolitical elements of individual lives are critical in personal identification development (Fine, & Sirin, 2007). However, these contextual factors have an impact that transcends personal experience. As alluded to by the intersectionality praxis’s concept of time and space (Hankivsky, 2014), the understanding of the situated location of the self within the sociopolitical and sociohistorical context that frames societal infrastructure is imperative in revealing how divergent life outcomes exist and persistent among not only individuals, but across various subpopulations within society.

My study’s methodological analysis and the pivotal role of both sociohistorical/sociopolitical context - operationalized as an element within intersectionality praxis - in ensuring truly culturally-responsive work is supported by Weis and Fine’s concept of critical bifocality (2012). Critical bifocality emphasizes the importance of investigators to “make visible the sinewy linkages or circuits through which structural conditions are enacted in policy and reform institutions as well as the ways in which such conditions come to be woven into community relationships and metabolized by individuals” (Weis, & Fine, 2012). Critical bifocality helps bridge, more explicitly, the space between intersectionality praxis and sociopolitical and
sociohistorical influence in the lives of both individuals and populations because it speaks to power, privilege, injustice, and marginalization that provides an insightful puzzle piece when trying to understand the complex narrative of Black and Latino gay and bisexual young men (Weis, & Fine, 2012). Critical bifocality elevates the conversation to a level that is beyond the individual and personal experience to one that speaks to the macrosystem and how it establishes a standard/practice that transcends/permeates across both time and space leading to continued inequity.

By applying critical bifocality and intersectionality praxis in empirical investigations we can begin to understand why, how, and in what ways people internalize, fight against, and overcome structural oppression as well as understand that policies and practices not only impact individual lives, but establish - almost immediately - a power dynamic that causes people to “produce, reproduce, and, at times contest these same social/economic structures” (Weis, & Fine, 2012). Critical bifocality and social activism are concepts that can be situated nicely within intersectionality praxis.

To best inform culturally-responsive and contextually-considerate strategies when working with Black and Latino gay and bisexual young men, examining a single individual’s experiences at multiple time points could reveal the way sociohistorical/sociopolitical context may impact individuals living at the intersection as well as highlight the strategies an individual learns to help them navigate and thrive everyday on the battlefield of society. In my study one young man, Michael - a pseudonym, participated in all three waves of data collection. I will present Michael’s story in two parts – prior to and immediately following the main study findings. The first part will (re)present his responses to guided and pointed questions during the initial data collection wave. The second part will (re)present his
responses to guided and pointed questions during the final data collection wave. Before discussing the first part of Michael’s story, I reflect on the context of my study and my unique role as service provider, community partner, and researcher. Also, it is important to note that some shared information from various young men may make it easier for individuals to deduce which collaborative partner I am referring in the text. Given the close, intimate nature of the GLBT youth of color community in Boston and the even closer network of young people that are members of Boston GLASS – my partnering organization, at times I may choose to not to disclose some information or present it in a less revealing way. I am choosing to do this not only to protect the identities of my collaborative partners, but to uphold the integrity of my relationship with these young men.
Chapter 4
"Michael’s Story", Methods, & Qualitative Analysis Approach

Note on Research
This study is based, in part, on research activities conducted while I worked as the Program Director at Boston GLASS and a (JRI Health consultant. Boston GLASS is a social service agency based in Boston, Massachusetts that primarily serves GLBT youth of color (historically Black and Latino) between the ages of 13-25. Annually, Boston GLASS serves approximately 500 or more youth, most of which are of color. Boston GLASS is a program of the JRI, Health Division and provides a unique set of services to a traditionally underserved community. Boston GLASS is one of only a few national full service agencies developed exclusively for addressing the whole health needs of GLBT youth. Boston GLASS offers a broad range of services from mental health, housing assistance, physical health care as well as a drop-in space and youth development programming, which includes youth mentorship/community education.

My Role in the Agency
From 2007 to 2014, while completing various research activities related to my study, I worked with hundreds of GLBT youth of color, community advocates, youth program administrators, and governmental public health administrators in the Greater Boston area as an extension of my position with Boston GLASS and JRI Health. My initial job as Program Director (2007-2009) included restructuring the Boston GLASS infrastructure including operations development as well as general agency structure and client engagement processes. During this time, I provided direct care and health navigation services to GLBT youth of color community members, advocated for GLBT youth of color integrated healthcare services, and developed/implemented/evaluated GLBT youth of color programming. Post 2009, I transitioned into my role as JRI Health consultant where my primary role was
to work on the completion of the previously mentioned larger community health needs assessment.

I was in a situated space as service provider, community partner, and researcher, which was a unique role. During this period of time, my role had precarious moments as well as momentary leverage points to implement change. These aforementioned times revolved around my engagement with and relationships with both the GLBT youth of color community as well as the young men in the study. This is to say that there may be potential, unknown influence and impact on this study and its associated findings due to my role within the agency and larger community. However, despite this concern it did allow me to engage in the activities (e.g. trust development, community needs focus, community involvement, and autonomy) necessary for true PAR-based work as suggested by Jordan, Bogat, and Smith (2001) as well as advocating for critical engagement considerations like relational accountability and reciprocal appropriation (Chilisa, 2011). A more detailed discussion of the potential impact and consideration of my situated role will occur at later points in the paper.

**Applied Example: “Michael’s Story”**

In this section, I (re)present the first part of Michael’s story in order to provide holistic understanding of Black and Latino gay and bisexual young men. Framing my results around Michael’s story serves multiple purposes. First, by discussing Michael at multiple time points in the study we see the demonstrated developmental change that has occurred for him. Second, we can make inferences about the impact of consistently participating in culturally-responsive programs and the pivotal role of regular membership in a culturally-centered social service agency on the lives of Black and Latino gay and bisexual young men. As previously mentioned, Michael’s story is presented on both sides of the more specific study findings. It serves as a prologue and epilogue of a young man’s journey within and outside of the
confines of Boston GLASS. Last, Michael’s story embodies several constructs within intersectionality praxis that I explore in the larger study.

Wave 1: Qualitative survey responses. The explicit qualitative data available in wave 1 was limited to five open-ended items focusing primarily on three thematic areas: intersectional identity, perceived societal views of ethnicity and sexuality, and personal coping strategies. At the time I gathered wave 1 data for my dissertation, Michael was 20 years old. He identified as Black/African American. Michael resisted many of the categories listed on the survey. He selected “questioning/other” to classify his sexuality and wrote in MSM to describe his orientation. Michael was a newer member of the Boston GLASS community center. His membership at this point started just a little over a year ago. However, despite being new to the space Michael was very involved in community space. He participated in groups, social activities, and a number of services from health care to career development.

Michael grew up in the greater Boston area and had lived here his entire life. He contended that there is no connection between his ethnicity and his sexuality.

“They don’t fit together. Being Black is something I can’t hide or change. My sexual preference is different like almost a choice.”

Despite the ostensible experience of identity silos, Michael shared that his identity was personal and that his own acceptance was most important. This was especially true of his sexuality, which I got a sense of when he said,

“It is a personal thing. No one else needs to know about my sex life. I am a black man that likes guys, but I don’t know (about being gay) most relationships are just sexual.”

Michael’s sexuality was personal, but he found strength in knowing that he was not the only person attracted to other men. The community center provided
Michael an opportunity to work through his personal struggles with his sexuality and to find solace in the fact that he had the support of others. 

"I know me. I might struggle with being totally comfortable sometimes, but being here (Boston GLASS) makes it okay (to like men)." 

The support he found at Boston GLASS was critical for him. He recognized that there were a number of people in larger society that were not accepting of his sexual identity. He especially recognized how the larger Black community was not accepting of his sexual identity. He thought that the Black community vilified gays and did not often tell other Black people that he was attracted to men. 

"They don’t know about my sexual identity. I am from ___ and it is all Black. It is important to be a man. Being gay is not being a man. I mean you can like men, but don’t be a sissy about it.”

Michael presented himself as very masculine. Michael’s masculine presentation to people in the larger Black community and even larger mainstream society was important to him. Being masculine ensured that he would be safe when interacting with other people, but it crippled his ability to fully accept his sexuality. He internalized the social script on what it meant to be a man, which was in order to be a man you must not be gay. Michael hid his sexuality from the Black community and veiled it in his masculinity. However, he knew that sometime in the future he may not be able to hide his sexuality and knew that he may be discriminated against by his own family and friends. He had thought about how he would deal with moments of non-acceptance; he would turn to his one true passion in life, his music. Michael was a musician and had played since he was a young boy. For him, playing music was his refuge when anything bad happened in his life. He was able to find strength through music. His family struggled when he was growing up and in order to survive music became his lifeline. Michael found peace, comfort, and a release by playing his musical instrument.
"I play my (musical instrument). I don’t have to think about it and about what others might think about me. Here (Boston GLASS) I can be me (sexually). But not out there...it’s unspoken (a rule)...it’s safer to hide it (my sexuality) outside of here, especially in my neighborhood."

Michael’s way of dealing with heterosexism could be construed as passive and non-engaging with the trauma of victimization, however his coping style was not passive. The way he worked through any troubling time was to find strength within himself, to elevate himself, and process what the problem meant to him. I gathered this understanding when he declared,

"It (my music) centers me and makes the pain go away. Maybe I don’t have the problem...they do."

In comparison, when asked how the larger gay community felt about him being black, Michael expressed the gay community would be accepting of his ethnicity because of his sexuality. His ethnic identity did not matter to the larger, white gay community. He notes,

"It is good because they are like me."

However, Michael at the time did not have much interaction with the white gay community and merely thought that he would be accepted by white gays. At the time he had more immersion and interaction with the Black/"of color" gay community through his involvement in Boston GLASS and other agencies, groups, activities that serviced or were primarily attended by gay people of color.

"I come to GLASS and MOCCA. These are mainly the only gay people I know. I don’t hang out in gay spots outside of there. I don’t even go to BAGLY (a social service agency serving primarily white GLBT youth)."

The agencies that Michael mentioned were run by, and primarily served gay Blacks and Latinos. He was finding strength from being part of these larger GLBT POC spaces and was being to find a sense of community and connection with other people. Michael, for most of his life, kept people at a distance and had not been willing to let many people get close to him and to know the
real Michael. However, similar to the sentiment, “not all skin folk are kin
talk”, he recognized that there were often cliques and non-acceptance amongst
GLBT POC. This was reflected when he mentioned,

“I don’t have to hide as much. There are people you can open up to,
but you still have to protect yourself because there is ‘shade’. But I
can be me – the true me.”

Irrespective of the negative situations that he faced, Michael’s strategy to
deal with adversity from heterosexism to racism to “shady queens” was the
same. Michael returned to his heart. He indicated that he turned inward and
processed his emotions through his music.

“I know what racism is and discrimination feels like. I can’t let it
get to me. I always get through it and get stronger when anything bad
happens because I have my music.”

Michael was at the beginning of his journey toward knowing himself
completely, understanding society, and finding his place in society. Michael
was a black, questioning young man that accepted himself and the identity
silos of his ethnicity and his sexuality. I will return to Michael’s story
later in the manuscript and explore the impact of experience and time on his
personal life trajectory. In the next section I will describe the current
study and my data analysis strategy.

**Methodological Approach**

A participatory design was used to assess the study’s exploratory
research questions.

1) How do Black and Latino gay and bisexual young men’s (18 to 25 years of
age) personal experiences influence their understanding of society and
their situated location within society?

2) What elements of Black and Latino gay and bisexual young men’s (18 to
25 years of age) personal experiences influence their hyphenated selves
/ identity conceptualization, perceived resource access, and social
support needs, which could inform culturally-responsive intervention
development?

This study included data collected at three different time points, which
consisted of secondary data analysis and analysis of new data collected
exclusively for this study. The first two sets of data, wave 1 and wave 2,
came from larger studies. The wave 1 secondary data analyzed in this study
was originally collected from open-ended survey responses of 15 young men
from a 2007/2008 study. The wave 2 secondary data analyzed came from two sets
of focus group responses (n=15) from a larger 2010/2011 community-based
participatory action research study. The wave 3 data were obtained in early
2014 from 11 young men using identity mapping and wordle or word-cloud
development during a participatory workshop conducted explicitly for this
study. The participants in all three waves of the study were 18 to 25-year-
old Black and Latino gay and bisexual men from the Greater Boston area that
were members of Boston GLASS. Michael was the only young man that
participated in all three data collection waves.

The inclusive data was collected over the span of approximately 5
years and 6 months with an average of 2 years and 9 months between each data
collection point (time between the first wave of data collection - survey
data - and the second wave data collection - focus group data - was
approximately 2 years and 6 months; time between the second wave of data
collection - focus group data - and the third wave of data collection -
participatory workshop data - was approximately 3 years). The specific
demographics related to the data associated with each wave of data collection
for this investigation can be found in Table 2: Current Study Participant
Demographics: Age, Ethnicity, Sexual Orientation, Gender, Education, &
Current Residence and Table 3: Current Study Participant Self-Selected
Demographics: Ethnicity and Sexual Orientation. Since only one individual
participated in all three data collection waves a cross-sectional study
design was used for this analysis.

Despite, each phase of this investigation being an independent cross-
sectional design, the coalesced data across all three data collection waves
will provide some insight into the intersectionality (Hankivsky, 2014) praxis
as it relates to Black and Latino young gay and bisexual men around their
identity. Also, research does not occur in a vacuum, several events coincided
with data collection (e.g. election of Barack Obama in 2008; merger of JRI
Health’s SBHC - serving primarily youth/including Boston GLASS youth - Boston
GLASS’s parent organization with Fenway Health in 2010; my wave 3 data
collection conducted while I was not serving as Boston GLASS program director
nor a JRI Health employee/consultant). From my perspective, these events
unduly influenced participants, but these occurrences are important to
intersectionality praxis as the influence of each event at each time point
will reveal important information about sociohistorical-sociopolitical
context’s role in the lives of Black and Latino gay and bisexual young men.
Additionally, this study will provide valuable insights into identity
conceptualization and process because the study includes data that spans the
majority of the emerging adulthood years (18-25 years of age). Emerging
adulthood arguably is the timeframe when critical awareness of personal
sexual orientation identity becomes more solidified in individuals and
provides a critical juncture for examining intersectionality (Bowleg, 2012;
Cole, 2009; Hankivsky, 2014)/ hyphenated selves (Fine, & Sirin, 2007) among
Black and Latino gay and bisexual young men.
### Table 2 Current Study Participant Demographics: Age, Ethnicity, Sexual Orientation, Gender, Education, & Current Residence

<table>
<thead>
<tr>
<th>Study Type</th>
<th>N</th>
<th>Age Range (Avg)</th>
<th>Ethnicity</th>
<th>Sexual Orientation</th>
<th>Gender</th>
<th>Education</th>
<th>Current Residence (Geographic Location)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Data Study</td>
<td>15</td>
<td>19-25 yrs. (21.48 yrs.)</td>
<td>Black (11) Latino (4)</td>
<td>Gay (9) Gay/Questioning (1) Bisexual (4) Heterosexual (MSM) (1)</td>
<td>Male (15)</td>
<td>Some high school (1) High school graduate (4) Some college (6) Associate’s degree (3) Bachelor’s degree (1)</td>
<td>Roxbury, MA (6) Dorchester, MA (2) Mattapan, MA (1) Hyde Park, MA (2) Lynn, MA (1) Medford, MA (1) Phil., PA (recent move - 1) Missing (transition al housing - 1)</td>
</tr>
<tr>
<td>Focus Group Study</td>
<td>15</td>
<td>19-25 yrs. (21.73 yrs.)</td>
<td>Black (12) Latino (3)</td>
<td>Gay/Bisexual/Questioning (15)</td>
<td>Male (15)</td>
<td>N/A</td>
<td>Boston Area (Roxbury/Dorchester/Mattapan) (15)</td>
</tr>
<tr>
<td>PAR Workshop Study</td>
<td>11</td>
<td>19-25 yrs. (21.38 yrs.)</td>
<td>Black (9) Latino (2)</td>
<td>Gay (6) Gay/Questioning (1) Bisexual (4)</td>
<td>Male (10)</td>
<td>Some Jr. high school (1) Some high school (4) High school graduate (2) Some college (4)</td>
<td>Roxbury, MA (5) Dorchester, MA (2) Boston, MA (2) Chelsea, MA (1) Charlestown, MA (1)</td>
</tr>
</tbody>
</table>
### Table 3: Current Study Participant Self-Selected Demographics: 

**Ethnicity and Sexual Orientation**

<table>
<thead>
<tr>
<th>Survey Data Study</th>
<th>N</th>
<th>Ethnicity</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>Black (11):</td>
<td>Gay (9):</td>
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<tr>
<td></td>
<td></td>
<td>Black (2)</td>
<td>Gay (8)</td>
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<td></td>
<td></td>
<td>Black Irish (1)</td>
<td>MSM (1)</td>
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<tr>
<td></td>
<td></td>
<td>Cape Verdean/Trinidadian (1)</td>
<td>Gay/Questioning (1)</td>
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<tr>
<td></td>
<td></td>
<td>Black/Honduran (1)</td>
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<td></td>
<td>Black/Dominican (2)</td>
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<td></td>
<td>Black/Puerto Rican (1)</td>
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<td></td>
<td></td>
<td>Caribbean American (1)</td>
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<td></td>
<td></td>
<td>Mixed - African American/Native Islander (1)</td>
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<td></td>
<td></td>
<td>Mixed - African American/Native American/Latino/Asian-Pacific (1)</td>
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<td></td>
<td></td>
<td>Latino (4):</td>
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<td></td>
<td>Latino/Dominican (1)</td>
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<td>Mixed - Colombian/Caribbean American (1)</td>
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<td></td>
<td>Mixed - Dominican/French Canadian (1)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Mixed - Mexican/French (1)</td>
<td></td>
</tr>
</tbody>
</table>

| Focus Group Study | 15 | Self-selection not assessed | Self-selection not assessed |

| PAR Workshop Study | 11 | Black (9):                  | Gay (6):                   |
|                   |    | Black (7)                   | Gay (6)                    |
|                   |    | Caribbean (1)               | Gay/Questioning (1)        |
|                   |    | Mixed – Honduran and Trinidadian (1) |                            |
|                   |    | Latino (2):                 |                             |
|                   |    | Mixed – Portuguese and Brazilian (1) |                             |
|                   |    | Latino – Native American (1) |                             |
|                   |    | Homoflexible (1)            |                             |
|                   |    | More Attracted to Men (1)   |                             |
|                   |    | Equally Attracted to both Men and Women (1) |     |
|                   |    | Heterosexual (1):           |                             |
|                   |    | MSM (1)                     |                             |
|                   |    | Bisexual (4):               |                             |
The second and third waves of data collection used a participatory action research design approach. Participatory Action Research (PAR) is an interdisciplinary perspective whereby researchers, community members, and advocates work together in a collaborative process to develop and create an understanding of the information (Minkler, & Wallerstein, 2011). The Black and Latino gay and bisexual young men from Boston GLASS at various times in this study served as my partners in assessing the factors related to intersectionality (Bowleg, 2012; Cole, 2009; Hankivsky, 2014) / hyphenated selves (Fine, & Sirin, 2007) / identity conceptualization (Brown, 2011) like PYD (Hamilton et al., 2004; Pittman, & Fleming, 1991) skill acquisition, critical contextual factors (Bronfenbrenner, 1979), and critical skill engagement activities (Choi, Han, Paul, & Ayala, 2011; McDavitt, Iverson, Kubicek, Weiss, Wong, & Kipke, 2008; Wilson & Miller, 2002). It was through various action engagement activities that I was able to highlight specific program elements that are critical in the implementation of a culturally-responsive asset-based program. PAR is an investigative tool that is an inclusive form of inquiry that cuts across various cultural contexts (McTaggart, 1991; Minkler, & Wallerstein, 2011). PAR has also emerged as a useful health research investigative strategy in assessing health outcomes (Khanlou, & Peter, 2005; Minkler, & Wallerstein, 2011). An additional strength of PAR is that it is fundamentally aimed at improving well-being by attending to those issues most pertinent to the community (Kemmis, & McTaggart, 2005). The PAR perspective inherently leads to action steps at the completion of the initial research phase that will inform ways of addressing and improving upon the issues being investigated by the collaborative team, in this case myself and gay young men of color. Furthermore, engaging in PAR (Minkler, & Wallerstein, 2011) is a strategy used to inherently empower participants and it recognizes that they have expertise, particularly as it relates to themselves and their community. This strategy has been found to be both
empowering and a catalyst for social change by serving as a way of community members gaining entrée into the realm of activism (Harper, Jamil, & Wilson, 2007).

In order to augment the data collected in waves 1 and 2, the use of identity maps in wave 3 provides a way of viewing the progression of perceived identity development over time as well as the individualized process when developing a personal self-concept, which is often not captured in other data collection strategies like open-ended survey response items or focus group responses (Futch, & Fine, 2014). Identity mapping is in many ways a form of personal self-expression that allows for individuals to capture the essence of what it means to be himself/herself. Identity maps (Futch, & Fine, 2014) serve as an alternative way to create a personal story without the limitations that can come with the use of words. Furthermore, this technique removes the potential for leading that can occur through other qualitative inquiry techniques like interviews or focus groups – used in waves 1 and 2 of this study. The identity mapping technique is akin to a new way of capturing and understanding selves or life histories within context (Futch, & Fine, 2014). This is a revamped approach to autoethnography with autoethnography being a personal exploration, retrospectively on the progress of the individual into his/her own sense of being (Freeman, 2004). This may be a beneficial technique because it is a way of getting people to open up about who they are and allow for their “hidden transcripts” to become public (Scott, 1990). Identity mapping (Futch, & Fine, 2014) is freeing, especially for those individuals that may be part of disenfranchised groups (e.g. gay male youth of color).

This non-traditional mixed methodological approach to research design and data analysis served as a way for me to capture an uncompromised understanding of “intersectionality” (Bowleg, 2012; Cole, 2009; Hankivsky, 2014), “hyphenated selves” (Fine, & Sirin, 2007), and “non-static, reflexive
identity” within its perceived context. Traditional research methods summate information, but never speak to the subtle nuances that exist in both interpretation and reasoning for outcomes when working with people residing in the interactive space of multiple identity (Cole, 2009). My integrative investigative approach provided a balance between traditional and non-traditional methods.

**Procedures**

**Waves 1 & 2 Secondary Data Collection: Qualitative Surveys & Focus Groups.** Prior to the coding of the wave 1 and wave 2 data, I transcribed (in the case of the wave 2 data) and typed each of the responses of the individuals into Microsoft Excel (2013) to coalesce the content of each item across individuals. Once the original data – survey and focus group responses – were coded – a random selection of responses from both the first and second waves of data used for this investigation was selected by a second, independent coder to assess thematic convergence and inter-rater reliability. The random selection coding process resulted in agreement on wave 1 open-ended responses at 95%. For wave 2 data, I first coalesced the transcribed data with the associated ethnographic observation data to check for accuracy and ensure a complete contextual analysis could be completed during this exploratory investigation. Once complete, the random selection coding process resulted in agreement on wave 2 focus group data at 98%, indicating high inter-rater reliability as well as supporting potential thematic validity. The complete coding and data analysis process is described later in the piece. (See Appendix I for Survey Study Open-Ended Response Items Protocol; Appendix II for Focus Group Study Protocol: Examined Items Only)

**Wave 3 Data Collection: Participatory Workshop.** Wave 3 data was collected explicitly for this study using a participatory workshop strategy. Specifically, I facilitated a series of activities: identity mapping, wordle development, and group discussion (Futch, & Fine, 2014), to explore how
youth-identified experiences impact Black and Latino gay and bisexual young men (Bronfenbrenner, 1979; Hankivsky, 2014), and what the features of youth-identified experiences among Black and Latino gay and bisexual young men impact their hyphenated selves (Fine, & Sirin, 2007) / identity conceptualization (Brown, 2011) and features of intersectionality (Hankivsky, 2014) praxis.

The participatory workshop occurred on February 12, 2014 during the weekly men’s group held in the on-site meeting room at Boston GLASS. I conducted a closed session with the young men so they would feel comfortable sharing their views without fear of potential repercussions from program administrators or staff. First, I completed eligibility checklists with each young man. All of the men’s group members that night met the eligibility criteria and none were excluded from participation.

Next, I collectively reviewed the consent form with the young men. Each young man reviewed the consent form individually and asked me to explain any clarifying points. After I addressed their various concerns, each young man signed a copy of the consent form. I collected the signed copies and provided each young man with a personal copy of the consent form. There was minimal risk for participation in the workshop with some of the questions and activities possibly causing low-level discomfort. The young men were given the opportunity to opt out of participation in any activity or could choose not to respond to uncomfortable questions. No unanticipated adverse events occurred, but if an unanticipated adverse event had presented itself there was a clinical social worker from Boston GLASS available for the young men. There were no direct benefits but the young men were able to learn more about themselves and to see that this could help me gain insight into the issues faced by young gay and bisexual men of color as well as directly inform the collaborative development of future programs for young gay and bisexual men of color. Prior to the workshop I obtained a signed Investigator Agreement.
with the parent agency of Boston GLASS, JRI. Also, I obtained IRB approval from both CUNY and JRI which allowed me to conduct research at JRI’s facilities beginning on December 4, 2013.

Next, the young men completed an identity mapping (Futch, & Fine, 2014) activity where they each created an individual drawing that represented their understanding of what it meant to be both a person of color and gay or bisexual. Next, each young man reflected upon his personal identity map and developed a wordle or word cloud that represented it (Futch, & Fine, 2014). A wordle or word cloud is a graphic depiction of key words or phrases that individuals feel are central to their ideas about a particular construct. In the word cloud the words that are most important are large and bold with the ideas that are of lessor importance being small and not bold. After that each young man developed a wordle with key words or descriptors that he felt did not capture what it meant to be a young gay or bisexual man of color to each of them (Futch, & Fine, 2014). In essence, each young man created an anti-wordle. In the final phase of this portion of the activities, each young man wrote a story or narrative that explained more explicitly how and why he saw his dual-identity/intersectional identity status (Bowleg, 2012; Brown, 2011; Cole, 2009; Fine, & Sirin, 2007; Hankivsky, 2014) in the way each one of them portrayed it in his identity map, associated wordle, and anti-wordle. The narratives helped depict possible areas of tension and harmony in their individual maps and wordles as well as provided more explicit context for each artifact. Each young man was provided with markers, colored pencils, and paper to create their personal maps, wordles, and narratives. Lastly, those young men that were comfortable sharing with the group, spoke about their personal maps, wordles, and anti-wordles. A total of 5 young men shared with the group. I provided detailed instructions and exemplar reflections to help facilitate both the individual activities as well as group conversation. (See Figures 1 & 2: Participatory Workshop Study Identity Maps Exemplars; See
After the completion of the individual activities, collectively, we developed a wordle with keywords or descriptors that the young men felt captured the features of youth program(s) in which they participated that reflected important elements to have for future programs serving young gay men of color. Additionally, we discussed and included components that the young men felt were important to include in future youth programs for young gay men of color, but may not currently be present in existing programs. (See Figure 5: Participatory Workshop Study Group Wordle Exemplar) Next, I collected all of the artifacts completed over the course of the day. None of the young men expressed wanting to keep the artifacts, but this was partially due to the fact that they would be receiving t-shirts during the future feedback session based upon some of the artifacts developed during the participatory workshop session. Finally, each young man filled out a demographic information sheet. Prior to leaving, each young man was compensated with a $25 gift card and selected specific colors and the size that he wanted for his personalized “identity” and “empowerment” t-shirt. (See Appendix III for Participatory Workshop Study Protocol; Table 2 for Current Study Demographics; Table 3: Current Study Participant Self-Selected Demographics: Ethnicity and Sexual Orientation). The “identity” t-shirts will include either the young man’s wordle or anti-wordle on one side as well as the collective group wordle on the other side. As expressed by my young collaborative partners, these “identity” t-shirts will be a way for each of them to advocate, normalize, and empower other gay male youth of color. Other Black and Latino gay and bisexual young men may become enlightened and encouraged by the “possible self” expressed through my collaborative partners wearing their individualized “identity” t-shirt.

I decided to postpone the feedback session with my collaborative
partners until after my dissertation defense in order to gain insight on both the study findings and the discussion section. I want to make certain to gather feedback on additional considerations when collaboratively developing a culturally-responsive program and critiquing its potential health implications for Black and Latino gay and bisexual young men. Currently, I am in the process of having the t-shirts made for each young man. I will distribute the t-shirts during the feedback session that will be held after I complete my dissertation defense. If a young man cannot attend the feedback session I will give his t-shirt to the Boston GLASS Liaison to give to the young man. At the end of the feedback session each young man that participates will be compensated with a $15 gift card and his personal “identity” t-shirt. All study related activities, workshop and feedback session, were and will be audio recorded. The feedback session will include an oral re-consent of participants, which will be captured as part of the session’s audio-recording. I have maintained IRB approval with both CUNY and JRI by completing continuing renewal IRB applications when necessary.

Prior to the coding of the third wave of data, I transcribed the participatory workshop audio-recording and imported the content into Microsoft Excel (2013) to coalesce the discussion content of the participatory workshop activities with the associated artifacts (i.e. identity maps, wordles, anti-wordles) from the day. Next, I coalesced the participatory workshop activity transcript data with the associated artifacts data from the third wave of data collection to check for accuracy as well as ensure a complete contextual analysis could be completed during this exploratory investigation of intersectionality (Hankivsky, 2014) praxis. No random selection of the second wave of data was selected by a second, independent coder to assess thematic convergence and inter-rater reliability. The inter-rate reliability check on thematic convergence for the third wave of data collection will be completed as part of the feedback session with my
participatory workshop collaborative youth partners. The participatory workshop collaborative youth partners will be asked to assess the findings, including how the original data from all three data collection waves used for this investigation match the a priori and inductive codes (i.e. emerging thematic outcomes).

**Qualitative Coding Scheme & Analysis**

As previously mentioned, I selected data from all three waves of data collection for analysis. To reiterate, I entered the data from all three waves into Microsoft Excel (2013) once recorded - first wave of survey data - and transcribed - second wave of focus group data and third wave of supportive participatory workshop audio-recording data - for coding analysis. Additionally, I scanned and logged the content of the third wave of data collection artifacts (i.e. identity maps, wordles, anti-wordles, and group wordle) into an electronic database. Lastly, I coalesced the data across all three waves of data collection and classified it according to the associated general intersectionality (Hankivsky, 2014) praxis themes.

There are multiple strategies often used in qualitative analysis investigation. The three primary techniques include the use of a grounded theoretical approach (inductive coding) based on emerging themes often within exploratory/nuance areas of investigation; use of a priori coding based on theory/previous empirical work; use of a summative content analysis whereby occurrences of themes are counted and quantitatively evaluated (Hsieh, & Shannon, 2005). Within this study, I used a mixed coding approach. Initially, I used an a priori coding technique whereby I coded primary a priori codes based on intersectionality (Hankivsky, 2014) praxis and secondary a priori/inductive codes that were situated within the conceptual factors of intersectionality praxis developed based upon both theory (Bronfenbrenner, 2014; Fine, & Sirin, 2007; Hamilton et al., 2004; Pittman, & Fleming, 1991) and previous empirical work (Brown, 2011; Wilson, & Miller, 2002). More
specifically, I derived the a priori codes – both primary and secondary codes - used in my directed content analysis from current academic literature (e.g. critical factors of intersectionality (Hankivsky, 2014) praxis and hyphenated selves (Fine, & Sirin, 2007), the 5 C’s of the positive youth development framework (Hamilton et al., 2004), broadening of the coping strategies identified by Wilson and Miller (2002) to examine not only heterosexism, but also racism that I realigned with other critical constructs), a priori code book developed with youth researchers that I collaborated with on the larger second wave of data collection focus group study (Brown, & Bright, 2011), and theoretical intersectional/dual-identity constructs that I operationalized in the larger first wave of data collection survey study (Brown, 2011). Additionally, I coded the data for contextual elements based upon ecological systems theory (Bronfenbrenner, 1979) to assess the reference and function of the coded findings that are reflective of a critical part of the intersectionality (Hankivsky, 2014) praxis. For example, did influence on critical awareness and acceptance of self for each young man stem from family interactions (i.e. micro-level influence) or general societal values (i.e. macro-level influence) or both? (See Appendix IV: Current Study A Priori Intersectionality (Hankivsky, 2014) Praxis Primary Thematic Codes; Appendix V: Current Study A Priori-Inductive Secondary Thematic Codes for detailed operational definitions and explanations)

While data coding, I flagged sections where no a priori code could be readily applied. I placed the flagged sections of text in a miscellaneous grouping. After I completed the initial coding pass, I examined the miscellaneous responses and coded them using an inductive or grounded theoretical approach. The inductive coding process was mainly used to assess specific program activities/critical engagement strategies. These aforementioned activities extended beyond the strategies conceptualized by Wilson and Miller (2002) as those tended to primarily focus on the internal
asset of character (i.e. dual-identity/intersectional identity) only. Additionally, I used the inductive or grounded theoretical approach to code for affective function codes that reflected the emotional importance or purpose of the various a priori and inductive codes (i.e. intersectional identity / hyphenated selves (Brown, 2011; Fine, & Sirin, 2007), PYD critical life skills (Hamilton et al., 2004); skill engagement strategies both a priori (Wilson & Miller, 2002) as well as emerging strategies; contextual factors (Bronfenbrenner, 1979).

Typically, the exploratory nature of this study and the limited available research conducted explicitly on Black and Latino gay and bisexual young men would logically lead one to mainly using an inductive coding strategy. My decision to use a priori coding as my primary approach was because I previously completed an initial inductive coding process during my data analyses of both the larger first wave of data collection survey study (Brown, 2011) and the second wave of data collection focus group study (Brown, & Bright, 2011). Also, I wanted to make certain there was a strong theoretical basis for my coding strategy, in order to allow my findings to speak more directly to my focal framework of intersectionality praxis (Hankivsky, 2014) and its associated critical factors found within the PYD framework (Hamilton, et al., 2004), and hyphenated selves conceptualization (Fine, & Sirin, 2007) that were being examined for future culturally-responsive program/intervention development applicability in this study.

Lastly, I conducted a quasi-summative content analysis, whereby I compared content of the text from the three time points to gain an overall understanding of the underlying constructs appearing across all three waves of data collection (i.e. survey, focus group, and participatory workshop data) (Hsieh, & Shannon, 2005). I used the quasi-summative content analysis approach to gather a general sense of usage of the themes by all of the young men that participated, irrespective of their participation being in either
the first wave of data collection - survey, second wave of data collection - focus group, or third wave of data collection - participatory workshop (Hsieh, & Shannon, 2005). The summative content analysis codes used were the same codes that I initially used in the mixed-coding analysis.

By using multiple content analysis approaches, I gained an understanding of the young men’s perspectives on identity, life assets, and contextual influences from multiple angles. Also, I gained an understanding of how the young men were using these constructs in a functional way within their lives. Furthermore, given that the purpose of this exploratory study was aimed at finding general information regarding the nature of intersectionality within the lives of Black and Latino gay and bisexual young men residing in a metropolitan area there was no need to compartmentalize the findings to the different methodological strategies used during each of the waves of data collection (i.e. survey, focus group, participatory workshop). Therefore, the results presented here are the global, coalesced findings. The layout and structure of the findings within the results section primarily emphasize the content from the third wave of data collection since it was the primary data collected exclusively for this particular study; supplemented by supportive data from both the first and second waves of data collection. A future separate methodological piece will emphasize the unique, nuances of each data collection approach as well as the associated subtle differences between the various data collection waves’ explicit outcomes.
Chapter 5

Exploratory Findings, General Qualitative Outcomes, & "Michael's Story"

I assessed the “hidden transcripts” (Scott, 1990) surrounding experiences of Black and Latino gay and bisexual young men that inform their intersectional identity (Bowleg, 2012; Brown, 2011; Cole, 2009; Hankivsky, 2014) “meaning making”, hyphenated selves (Fine, & Sirin, 2007) formation, life skill asset development (Hamilton et al., 2004), and enhancing strategies/activities engagement (Wilson, & Miller, 2002). I wanted to know how Black and Latino gay and bisexual young men came to understand themselves, society, and their situated location within society.

Beyond the mere cognitive understanding, I wanted to understand the affective connotation ascribed to the concepts by Black and Latino gay and bisexual young men. Affective function provides a deeper, individualized understanding of the potential perceptions of Black and Latino gay and bisexual young men. By understanding the affective/emotive nature of each construct, I am better equipped to develop appropriate future programs that not only help youth develop new assets, but also to turn perceived deficits into assets merely by reframing the conceptualization of the factor from a risk to a benefit. For example, if Black and Latino gay and bisexual men see their sexuality as a negative risk to their livelihood through activities that deepen their sense of gay pride then the risk factor becomes a beneficial factor to enhance their sense of well-being.

Also, I wanted to see which associated contextual levels (Bronfenbrenner, 1979) were emphasized by my collaborative partners (i.e. Black and Latino gay bisexual young men) in their conversations around the specific constructs. By having information on situated location - distal comparative to proximal - I am able to develop appropriate multi-level interventions addressing the critical asset at the intrapersonal, interpersonal, community, organizational, and societal levels. For example,
if Black and Latino gay and bisexual young men speak to a policy such as “stop and frisk” as a safety concern as opposed to police officers themselves as safety concerns then I am better informed when developing not only a governmental policy recommendation (societal level), but also contextually-specific safety strategies for Black and Latino gay and bisexual men to utilize while living under a “stop and frisk” policing policy.

This study served as a baseline for my future work around health and well-being among GLBT YPOC; provided justification for using general asset-based approaches as alternative health prevention strategies. I discussed exploratory findings related broadly to the areas of intersectionality (Hankivsky, 2014) praxis, which included the situated constructs of the other aforementioned theoretical frameworks – i.e. PYD (Hamilton et al., 2004), hyphenated selves (Fine, & Sirin, 2007), ecological systems theory (Bronfenbrenner, 1979) – and previous empirical work – i.e. (Brown, 2011; Brown, & Bright, 2011; Wilson, & Miller, 2002). Additionally, my analysis expanded upon intersectionality (Hankivsky, 2014) praxis by including more in-depth consideration of affective function associated with each construct and emerging factor. My results identified critical factors related to culturally-responsive, asset-based programming and informed the role of intrapersonal factors like perception in the lives of Black and Latino gay and bisexual young men. My results allowed me to discuss potential refinements/expansions of intersectionality (Hankivsky, 2014) praxis and to juxtaposition it to a more specific theory. Specifically, I feel that identity process theory (IPT) (Breakwell, 1986) is a more comprehensive understanding of the lived experiences of those at the intersection.

Since intersectionality (Hankivsky, 2014) praxis served as the primary base of my coding strategy, I organized my results according to the central tenets of the praxis. Within each intersectionality (Hankivsky, 2014) praxis element, the major associated thematic findings were presented by using the
situated secondary codes developed from specific theoretical frameworks i.e. 
PYD (Hamilton et al., 2004), hyphenated selves (Fine, & Sirin, 2007), 
ecological systems theory (Bronfenbrenner, 1979 – and previous empirical work 
i.e. (Brown, 2011; Brown, & Bright, 2011; Wilson, & Miller, 2002), and 
inductive secondary codes unique to the current study. (See Appendix IV for 
Current Study A Priori Intersectionality (Hankivsky, 2014) Praxis Primary 
Thematic Codes; Appendix V Current Study A Priori and Inductive Secondary 
Thematic Codes).

Although conceptually as a function of intersectionality (Hankivsky, 
2014) praxis, the elements are not exclusive/independent of each other my 
exploratory analysis focused on each element independently. It was important 
to understand how Black and Latino gay and bisexual young men comprehended 
each separate element and its function within their lived experiences. Future 
work will examine the relationships between intersectionality (Hankivsky, 
2014) praxis elements and their interactive impact on Black and Latino gay 
and bisexual young men. Also, similar to my depiction of the 5 C’s of PYD 
(Hamilton et al., 2004), some intersectionality (Hankivsky, 2014) praxis 
elements may be more critical to understanding how overall intersectionality 
(Hankivsky, 2014) praxis operates among individuals, within groups, and among 
populations.

In my analysis, I truncated and grouped specific intersectionality 
(Hankivsky, 2014) praxis elements together based on their high levels of 
thematic convergence. Furthermore, although the process of intersectionality 
(Hankivsky, 2014) praxis is dynamic/multi-directional, the grouped praxis 
elements reflected a specific process-oriented function within the 
Black/Latino gay/bisexual young man’s life on his way toward understanding 
society and his situated existence within society. My specific 
intersectionality (Hankivsky, 2014) praxis group conceptualizations were 
internal/personal constructs, interactive/situational constructs, general
contextual constructs, action/movement constructs, and outcome/result constructs. The specific groups breakdown as follows:

- **Internal/Personal Constructs** – intersecting categories and reflexivity
- **Interactive/Situational Constructs** – diversity of knowledges and power
- **General Contextual Constructs** – multi-level analysis and time/space
- **Action/Movement Constructs** – resistance/resilience and social justice
- **Outcome/Result Constructs** – equity

My operationalization of the praxis elements groups were based on their function within an individual’s experience. For example, intersecting categories and reflexivity (i.e. internal/personal constructs) require personal acceptance and reflection like an “awakening” that happens on the intrapersonal level. Diversity of knowledges and power (i.e. interactive/situational constructs) reflect on one’s understanding and recognition of the influential social structures and systems on an experience. These occur at the interpersonal level through interactions. Multi-level analysis and time/space (i.e. general contextual constructs) recognize the influence of dynamic, continually flowing sociohistorical, sociopolitical factors across situated systems that create personal ecosystem context. These provide the backdrop for situated experiences and societal/macrosystem level. Resistance/resilience and social justice (i.e. action/movement constructs) refer to the emotions, cognitions, and behaviors we engage in to protect ourselves, communities, and cultures as well as use to create empowering change. These occur at the intrapersonal level and reflect coping activities. Equity (i.e. outcome/result constructs) acknowledges that positive social change creates truly inclusive humanitarianism. This transcends levels and is the result of engagement of action/movement. (See Table 4: Intersectionality (Hankivksy, 2014) Praxis and Situated Secondary Factors).
<table>
<thead>
<tr>
<th>Categorical Groups</th>
<th>Primary Thematic Codes</th>
<th>Secondary Thematic Codes</th>
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<tr>
<td>Internal/Personal Constructs</td>
<td>Intersecting Categories</td>
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<td>Incongruent/Conflicting</td>
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<td>Mixed/Ambivalent</td>
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<td>Unrelated</td>
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<td>Reflexivity</td>
<td>Character</td>
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<td>Interactive/Situational Constructs</td>
<td>Power</td>
<td>Empowered/Humane</td>
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<td>Disempowered/Oppressive</td>
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<td>Irrelevant</td>
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<td></td>
<td>Diversity of Knowledges</td>
<td>Accepting</td>
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<td></td>
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<td>Non-accepting</td>
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<td>General Contextual Constructs</td>
<td>Multi-level Analysis</td>
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<td>Time &amp; Space</td>
<td>Chronosystem</td>
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<td>Action/Movement Constructs</td>
<td>Resistance &amp; Resilience</td>
<td>Role-flexing</td>
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<td>Keeping the faith</td>
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<td>Standing your ground</td>
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<td>Creating spaces</td>
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<td>Accepting self</td>
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<td>Social Justice</td>
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<td>Connection</td>
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<td>Contribution/Caring/Compassion</td>
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<td>Outcome/Result Constructs</td>
<td>Equity</td>
<td>Achieved</td>
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<td>Not achieved</td>
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Within each results’ subsection, my statements reflected coalesced findings across all three waves of data collection (i.e. survey open-ended items, focus group responses, participatory workshop artifacts). After the initial statement, I presented more explicit detailed reflections through the lens of the third wave of data (i.e. identity maps, wordles, and anti-wordles) and supportive statements from the first and second waves of data (i.e. open-ended survey items and focus group responses). In some instances, given the variability, nature of the questions asked, and data collection strategy used at each time point, there was applicability of the qualitative responses to the specific intersectionality (Hankivsky, 2014) praxis element. Despite this potential concern, I generally found applicable content for analysis that corresponded to each specific intersectionality (Hankivsky, 2014) praxis element from each data collection wave. To reiterate, my purpose was to find the global factors most relevant across diverse data collection methodologies to provide a general understanding of the experiences, truths, and lives of Black and Latino gay and bisexual young men. (See Figures 1 & 2: Participatory Workshop Study Identity Maps Exemplars, Figure 3: Participatory Workshop Study Wordles Exemplars, Figure 4: Participatory Workshop Study Anti-Wordles Exemplars, and Figure 5: Participatory Workshop Study Group Wordle Exemplar)
Figure 1 Participatory Workshop Study Identity Maps Exemplars
Figure 2 Participatory Workshop Study Identity Maps Exemplars
Figure 3 Participatory Workshop Study Wordles Exemplars
Figure 4 Participatory Workshop Study Wordles Exemplars
Figure 5  Participatory Workshop Study Anti-Wordles Exemplars
Figure 6 Participatory Workshop Study Anti-Wordles Exemplars
Figure 7 Participatory Workshop Study Group Wordle Exemplar
Internal/Personal Constructs

**Intersecting Categories.** This construct reflects what it means to live at the intersection. I heard reflections from my collaborative partners that emphasized their understanding and acceptance of living at the intersection. The Black and Latino gay and bisexual young men understood their uniquely situated experience and existence within society. In general, they came to embrace their existence and found deep pride in being both a person of color and a sexual minority. Their acceptance was personal and they did not seek validation from others or larger society to say that it was okay to be a GB POC. However, for many of the young men living at the intersection was more than just being a GB POC. The hyphenated self was being a son, student, ballroom community member, and college student. The intersectional self was knowing and seeing oneself as a collective whole, which transcended sexuality and ethnicity. As one young reflected on when discussing his identity map and wordle:

"I am a father (ball culture) with gay kids and I have a gay parent (ball culture). I am a caretaker, choreographer. I have dark skin that is beautiful. I am a handsome gay man that has been put down by others and by society, but I am a survivor. I am fierce and I love myself for all that I am."

T, 24, Black, gay man

Similarly, another young man mentioned how he embraced who he was and unapologetic about being true to himself.

"I am a lot of things and I have messed up in my life, but I am me. I am a protector and an asshole. My life has not been easy. I have been homeless and been to jail. I am a lover and a brother as well as a con-man and a gender-bender. I can be a c*nt, but caring too. I like having sex and it is with men and women. I don’t care what other people think --- I am me."
C, 21, Black, homoflexible man
The sentiments expressed by the young men through their maps and wordles mirrored findings from waves 1 and 2.

“Well, enough (fit between sexuality and ethnicity). While I suppose it makes acceptance into either group tiresome at times. I don’t find them contradictory or otherwise problematic.”
S, 20, Black (mixed), gay man – survey response

“They fit together pretty well. It only becomes a problem with ignorant assholes.”
D, 21, Mixed, gay man – survey response

“You must own it. I don’t have any conflicts with myself and did not have any growing up.”
Focus group participant

“I feel more comfortable with the coming together of my identities. It all comes together being both ‘of color’ and ‘gay’...I love being of color and gay!”
Focus group participant

For some of my collaborative partners, although recognizing that self-acceptance was personal, they did use society as a way to understand who they were as well as gauge if it was okay to be at the intersection. At times, it was not okay to be at the intersection, at least not publicly because of potential retaliation. However, the youth were sometimes confused about what part of themselves society was retaliating against – their ethnicity or their sexuality. This was reflected in one young man’s map and wordle:

“I was out with my friends and the cops were harassing us. I ended up going to jail, but I was not sure why I was there. They said we were menacing, but I felt like they just didn’t like us. I was young, black, and gay...that was their f***ing problem.”
L, 20, Black, gay man
“They fit good because there are a lot of Black Homosexual men in this world.”

E, 21, Mixed, gay/bisexual man

“People go by what he looks like...you look at him and think he’s a faggot. That is tough.”

Focus group participant

**Reflexivity.** This construct examines the iterative process within the individual around living at the intersection. Many of the young Black and Latino gay and bisexual young men were very self-reflective in and throughout the data collection waves expressing thoughts that indicated a level of personal self-reflection. The young men were highly aware of their situated location in society and the way that larger factions of society aiming to box them in or tell them who they were/should be. Also, the young men were well aware of their personal social ecosystem. They understood that who they were and how they came to feel about themselves should not be based upon the internalization of stereotypes, hate, discrimination, or perspectives of larger segments of society. The young men realized that oppressive forces were working at all levels of the social structure and that it was important to find ways of breaking free in their minds of these regimented approaches and ways of being. The young men expressed that they needed to first and foremost realize that buying into an assumptive truth told to them was not necessarily their own truth, which is perfectly fine. They should not be defining themselves by the rules created by the oppressive system, but breaking free to create their own scripted truth around what it meant to be Black and Latino gay and bisexual young men. One of the young men expressed this notion when reflecting on his wordle and identity map:

“You can’t be fake. You have to be true to you and live your life. I always keep smiling and surround myself with the love of my family and friends. Being a family man and keeping family first matters. Other
people don’t matter...just make your coin and keep it movin’ and nothing can hurt you. I am the ‘big thing’ and focus on me. It is about self-love.”

B, 19, Black, gay man

In a similar way, another young man focused on the positive things in his life:

"I love my friends and I love my family (ball culture). I just keep telling myself to strut. Don’t be afraid - go to school and one day you will have the money to run your own life. The key is to just remember to hope that one day there will be peace and acceptance - for us all.”

J, 20, Black, gay man

The young men from the other waves also expressed similar sentiments.

"I say fuck it and move on. People are either going to change and learn or they’re not.”

D, 21, Mixed, gay man

"You grow to love yourself. You believe in yourself. You can’t live for other people.”

Focus group participant

The young men spoke to the reality that life and the process of growth around “knowing” themselves was not a formulaic, static process. Also coming to “know” or understand the various parts of themselves was variable and not the same across all domains of their lives; nor was the process the same for every individual - even those with shared social identity. Therefore, when they learned about whom they were ethnically, it may very well have been a different process from when they learned about whom they were sexually. Many times the young men expressed that the process of sexual understanding was often more isolated and a singular journey. However, the singularity of sexual awakening was in part due to not being surrounded by and/or immersed in gay culture growing up like they were with their ethnic culture. The young
men understood that they could grow and develop in different ways. They could learn numerous self-expressive strategies from a number of levels in society (e.g. school-based interactions, neighborhood culture, social movements reflected through the media). The young men reflected on the fact that they needed to find ways to change the system by questioning how they were defining power and privilege. It was imperative that they knew their truth and that despite times of wavering or fear they must hold steadfast and be strong by engaging in continual reflection. One young man expressed these sentiments in his identity map and wordle:

"Boston GLASS helped me become me. It is where I found out that it was okay to be gay. People around made me think that it was not okay. Growing up I had my family to tell me what it meant to be black, but no one was there to tell me how to be gay. Being here is like being home.”

L, 20, Black, gay man

For several young men, ball culture was a place that they sought refuge:

"Category: ****, this is life. I can be me when I am vogueing. I can be free and this makes me feel more true to myself. I have my family in this community (ball culture). I feel hot and free because of this family. This helps me clear my head and focus on school, life, and my job and not worry about other people. I am not worrying about being me."

J, 18, Black, bisexual man

These sentiments were found by other young men throughout the other data collection periods.

"My community (ethnic) in a whole does not know my personal business. My two aspects fit together in this way like they are mine. I’m a man with a piece of mind to know that these aspects of my life do not collide, but merge."

M, 22, Mixed, heterosexual ( msm) man
“Gay Pride comes to mind. I grew up with drags and drag families. There are a lot of gay shows that I grew up with like Will & Grace.”
Focus group participant

“We’re all gay, but also have different expressions. If I had a c**t they would think I am straight.”
Focus group participant

“I am humbled by the day lifestyle. It can be lonely without talking and speaking to my family about it. It is tough with things like cultural traditions and ‘machismo’. I feel like being Latino that I have to live up to different standards.”
Focus group participant

Interactive/Situational Constructs

Power. This factor highlights the dynamic nature and situated placement of power over and power with others. My Black and Latino gay and bisexual young male collaborators understood power differentials in today’s society. The young men expressed how the larger social infrastructure oppresses them by perpetuating stereotypical images or only small fragments of their complete, embodied selves. The young men realized that power and infrastructures exist to continue to oppress them as people. Additionally, the young men realized that the oppressive forces aimed to disarm them, but they also understood their power gained by working with others. Also, it is often through attacks from others that they were able to see that people were really fearful of them and their existence because they often now were in a place to justify their positions and in some instances prove to themselves that their views were true, factual, and based in reality. One young man spoke about the struggle, but found himself wondering how to begin to fight against the oppression given his current situation as being homeless:

“I fought all my life. I followed my brothers and picked up their bad habits. I couldn’t control my anger and soon got lost in ‘smoking up’.
The system wants to keep me down and I have let it. I got kicked out of my house and stopped going to school. I did too many wrong things and they have caught up with me. I want to get up, but I don’t know how – how can I be successful now in this system. I am not dumb. I am creative and smart, but am just so tired...tired of trying.”

J, 21, Black, bisexual man

Other supportive statements were found throughout the other data collection cycles.

"It is harder being minority and gay. You’re more vulnerable to being targeted. You have to not become a target. You have to fight against it."

Focus group participant

"Nope. Black people are usually the first to call you fag or pussy. They are quicker than Whites. Keep your enemies close. You must build your own self-esteem."

Focus group participant

"My ethnicity itself is one known for gangsters, and rappers, and macho men...but also it is hard to be gay and black...it simply makes it harder because of stigma and bias."

D, 20, Mixed, gay man

The attacks that they receive often come on all fronts from the farthest reaches of society (i.e. culture) to those closest to them (i.e. our family and friends). Among their ethnic communities the young men understood that the cultural scripts and rules are not supportive or totally embracing of their sexuality. At most their ethnic communities and often even family members tolerated them being gay or bisexual. However, their sexual orientation was still taboo and something that was not to be discussed. This pushed the young men to become invisible because they were not able to be open and expressive of their true selves. As for the gay community, the young
men understood that on the surface people may appear to be inclusive, accepting, and empathetic. However, often the larger white gay community was more oppressive and often demoralized gay and bisexual men of color by commodifying/objectifying/eroticizing them and relegating them to embodying the stereotype of “mandingo” or “thug”. In many ways the gay community had an expectation that they play a character role in the theatrical presentation that they created and in order to be accepted as a part of their community - white gay society - you must do what they say.

Despite either scenario, in either the ethnic community or the gay community they were never fully accepted and given full entrée to be fully embraced for their unique qualities as Black and Latino gay and bisexual young men. However, they were able to find situated power with others that were at the intersection or for some their masculinity allowed a level of power over more effeminate GB POC. These were less explicitly expressed in the wordles and maps, but came through as a strong element in the secondary data analysis from the first two waves of data collection. However, in the depiction of their anti-wordle the young men did speak to how the embodiment of what they were not exemplified what society believed to be true about who they were as people - contrasted with their wordles that reflected power and strength often gained when with others at the intersection. One young man spoke to this when describing his anti-wordle/wordle.

"These are all the things that I am not. I am not broke, dumb, or lazy. People think that because I might be homeless. I see how they look at me. I am not disrespectful or a cheater. I am know who I am and I don’t fit into your box. I am lovable, funny, trusting and caring. I am a good person even though you don’t think so."

J, 21, Black, bisexual man
"My anti-wordle is not just want I am not, but what other people are. They are hateful and racist, which is also lame and boring. I am loveable, verbal, strong..‘bang’!"
L, 20, Black, gay man

The sentiments of anger and frustration came through much clearer in the supportive statements from waves 1 and 2.

"I feel angry because of how they treat me and others who are gay. I was gay bashed by my own culture."
Focus group participant

"They (gay white men) love me, they don’t really care about my ethnic background. They think it is cute." (expressed as commodification)
M, 19, Black, gay man

"People of color are more judgmental and for many of them they feel that religion or the Bible gives them the right to discriminate. They see me as less than human."
Focus group participant.

"I am not sure, but I know that in Mexico homosexuality isn’t tolerated and in France it depends on where you are. ...I tell people my mix (white gay men) and they think it is an 'interesting' mix. They think it is exotic – it makes them interested in me then."
M, 21, Latino (Mixed), gay (MSM) man

"I feel like all men are looking at me, like all white gay men, because white people crave people of color."
Focus group participant

"Most people have biases and choose to overlook or ignore situations. For example, I was being harassed with a group of friends by a bunch of straight guys. We went to a nearby police officer and he ignored us. They fact that we were both gay and black they did not take us seriously."
Focus group participant

“It may be more a reaction to years of racial tensions because gay people of color can hide their sexual orientation, but they can’t hide the fact that they are Black.”

Focus group participant

However, strength and power is dynamic and exists in other ways.

“Positions are status for example a Black top. Many act like ‘bad asses’.

Focus group participant

“I feel safe everywhere, because it is about being comfortable, but it depends but it does depend on the level of expression. Comfort also comes with friends support, but it depends on the relationships and the representation (expression).”

Focus group participant

“They think negatively (about my sexuality). While I’m lucky enough that I’ve found people of color who are fine with my orientation, I suspect others are not fine with it.”

S, 20, Mixed, gay man

\textbf{Diversity of Knowledges.} This construct builds upon the construct of power by speaking to the creation of knowledge/truth/beliefs and recognition/validation of multiple epistemologies as true often situated in sociohistorical-sociopolitical context. The Black and Latino gay and bisexual young men were less aware of the situated historical understanding of how the scripts on what is right and wrong in society were created. Many of my young collaborative partners were situated at the understanding of power as previously discussed, but they were less able to understand how to dis-engage with groups and people that they felt did not respect or understand what it meant to be at the intersection. However a few spoke to concrete strategies they use to combat these instances of invalidation, but most were in a place
of early strategy development – learning how to develop the strategies. Specific strategies were discussed more prominently within the wave 1 and 2 data with less explicit discussion within the wave 3 identity maps and wordle development activities. However, they did speak to the validation that they did get from Boston GLASS and the importance of developing resources that were specifically for them. The young men expressed this in their discussion of the group wordle:

"We need more that is for us – blacks, people of color, LGBT. We need more support from the government and from some other organizations. We need things to live and to learn. We need to break out of this white man’s world. We are strong and we deserve more. People should care about us and the fact that we deserve things like housing and schooling. We have to speak up for ourselves."

Wave 3, Group Wordle Development

"You have to learn how to fight and be ready to act."

Focus group participant

"I don’t talk to them at all, so they can’t say nothing if they don’t see me or talk to me."

M, 19, Black, gay man

However, the sentiments of wave 1 and 2 data identified some recognition that maybe things were changing around those at the intersection being accepted more, attempts by people to be more accepting of other people, or maybe just people creating gradations of acceptability based on how far one strays from traditional roles in their sexuality presentation.

"Times are changing by the ads out there. I feel comfortable in 'white spaces'."

Focus group participant
“Parents (today) would rather have a son be gay than behind bars or on drugs. Some even think it is better having them be gay because they won’t get a woman pregnant.”
Focus group participant

“Comfortable or at least try to be. I think White people in general have trouble talking about race, and since they make up most of the US GLBTQ community this difficulty transcends over. But I do think that there is a genuine effort to not seem discriminatory, even if I think they could be doing more.”
D, 20, Black, gay man

“I was just discussing this last night, that’s funny. My friend can be prejudice towards other cultures, and races, and I found that shocking coming from him. I would like to think the GLBTQ community is above prejudice, but that would be naïve of me.”
M, 21, Latino (mixed), gay (MSM) man

“People attack you depending on what you give off. You are more flamboyant that is bad because you could be targeted.”
Focus group participant

General Contextual Constructs

Multi-Level Analysis. / Time & Space. These factors emphasis the larger context that informs variability of lived experiences. My young collaborators understood, on an individual level, the impact of experiences. The Black and Latino gay and bisexual young men realized that life was “messy” and that there were trials and tribulations along the way. However, they understood that they could forge ahead despite being bombarded by a system that did not often seem to care about them, people that at times had given up on them or abandoned them because of their sexuality. The young men understood that life is often not linear and at times circles back around. The young men had times where they reflected and were able to find some hope in their previous
despair like if they had not experienced that rough time then they would not be the individual they are today. The young men alluded to the variability of acceptance and validation across place, time, and to less of an extent ecosystem levels. The young men reflected this way in many of their identity maps and wordles:

"When I was born a star was born. I moved around a lot growing up. I grew up with different family members at different times in different cities when I was little, but I moved back to Boston and settled into school. In school I took dance classes and it was where I first learned to 'woo, woo, woo'. It is where I met my gay father (ball culture) now. In middle school I discovered I was gay. I thrived and became captain of the step squad. I learned leadership skills there and from there found my way to 93 Mass Ave (previous location of Boston GLASS). I met my girlfriends and got introduced to the House of *** where I became ***. This took me to New York City and New Jersey and other places. A lot of stuff happened - I realized that through all this I had enough and it was time to grow up and I came back to Boston and back here at Boston GLASS. You don’t know where or what is going to happen. I have lived a lot and a lot of stuff has happened, but we get where we are supposed to be in our own time. I am a stronger person and have the responsibility of being a gay father myself now (ball culture)."

T, 24, Black, gay man

Another young man depicted a similar transitional story through his map and wordle:

"I was born in **. I am half Brazilian. Growing up I got exposed to my herbal medicine. I made it to high school and found Boston GLASS. I came out, but my family was not accepting of me. They were really homophobic. I had a rough time and struggled with the acceptance by my
family. I ended up jail, but I made it through. I am here now, back at Boston GLASS and am going to college. I see myself as a kind, loving, confident, independent person. I am an artist, romantic, and am motherly. I care for everyone and everything despite everything.”
D, 20, Latino (Mixed), gay man

The sentiments were reflected in the secondary data as well. With the young men understood that life happens and that societal forces impacted their lives, but they reflected, grew, and changed. They realized also that larger systemic change occurs over time creating ebbs and flows of good and bad.

"Today, I am more open and sharing with (someone) with some similarity. I used to be guarded and did not want to open up, but realize that everyone is gonna have a problem with something about you."
Focus group participant

"Being gay and the lifestyle changed things and made me more comfortable (over time). My sexuality made me change things like being a healthier weight, going to the gym, getting slim. It made me get into my own self."
Focus group participant

"It (community) has changed over time, including Boston GLASS. But there is more to do. If supports were there then we would have it, but we need more places (here) and there is nothing in the hood. I think of the black gay community, but not in Boston, it broadens from sex. It is about building a gay community like New York City’s Christopher Street - make community like New York."
Focus group participant

“You learn to stay calm, talk, and walk away. You learn to keep your distance.”
M, 19, Black, gay man
"You grow to love yourself. You believe in yourself. Something in life causes a change in perception."

Focus group participant

**Action/Movement Constructs**

**Resistance & Resilience.** These constructs are strategies used to reject and interrupt actions from others against those at the intersection. The young Black and Latino gay and bisexual men were able to engage in their own unique set of strategies to find ways of empowering themselves within a world that at many times does not seem to care about who they were and what they had to say. Many of the initial strategies that the young men engaged in were self-protective with the purpose of being self-affirming. The young men saw that they were uniquely situated in their being at the intersection. My young collaborators understood that there was power in their position as being both persons of color and gay or bisexual. The young men recognized that by engaging with spaces that were accepting and supportive that they were able to not only feel safe, but they were also able to build strength and community for themselves. However, community was not always cohesive and at times there were fissures within the community that were either created by the young men themselves or a result of systems-level factors. One young collaborator spoke to staying strong while traversing through tough times as reflected in his identity map:

"My life has been a struggle from the beginning. I had brain surgery when I was just a kid and things got worse. But, I realized I liked boys and girls! My first crush was my teacher in fifth grade – maybe he kept me going. I got expelled from my first middle school and then my grandpa died. Drugs…those helped me…next was my first time, my first kiss, and then my first love. It took me through high school when my Nana died. I was alone and ended up in jail. I got out but only had a temporary place with no job or money. Soon I was homeless again. To
survive I began selling drugs, then selling sex all trying to stay alive. Soon I overdosed and ended back in jail. I now have found Boston GLASS and I have stable housing. Through everything maybe I see I am a survivor. I am no angel and I am not innocent and people here (Boston GLASS) are okay with that.”

C, 21, Black, homoflexible man

Several of my young partners had been to jail, but they all found support from Boston GLASS. Boston GLASS staff accepted them for who they were despite other youth members not always being welcoming to them. They learned how to be strong and build upon their existing survival skills. Some used spirituality and astrology as strategies the help free them and provide them opportunities to access unconditional love, which for some was something new. These were depicted in individual wordles and maps as well as the secondary data.

"Being a Pisces gives me insight into the world.”

D, 20, Latino, gay man – wave 3

"I draw strength from being a Gemini.”

K, 18, Latino, bisexual – wave 3

"I am a survivor in part because of God and pushing through. It all comes from lived experience if you feel there is support.”

Focus group participant

"We have this community center, but it comes back to what you make it. There are a lot of cliques. Youth of color and gay youth have too much shade with each other for real community. I was referred here and at first did not feel support from other members.”

Focus group participant

"Empathy and shared experiences are true support. When you get support from all that helps. Bonding with all gays together...you can stay
surrounded and connected. We need to bridge support and use it to strengthen (our) systems.”
Focus group participant

"It depends on the person or the individual. GLASS staff care, not schools. It is not “Lean on Me.” Protection comes if people’s hearts are in it. Protection can be broad. It gives people strength.”

Focus group participant

**Social Justice.** This factor aims to work toward equity and focuses on systems-level change. The young men somewhat spoke to how it was important for them to be advocates and push for social change. This occurred once the young men were able to find a strong sense of personal strength and truth through supportive networks/systems. The young men were able to embark on engaging the system through systematic reform. They knew they needed to advocate for themselves and for their community members that were suffering and struggling. It was only through a collective front as a social change agent that they could begin to not just survive, but thrive. This was part of the journey around community building. In the group wordle development process, the Black and Latino gay and bisexual men expressed the importance of systems and organizations to support them as well as the recognition that some organizations helped advocate for change:

"I feel like Boston GLASS should be a big word because we all come together here. Boston GLASS, Fenway Health, BAGLY, MAPF for Health, JRI...they are here for us and work for us. At GLASS services you received here are help, housing, educational groups, testing, workshops. They help us with outreach and the Peer Leadership Institute to help us learn skills and to help our community. We need more though...showers...this shit is real sometimes niggas don’t have a place to take a shower. Laundry...they do have hygiene stuff. We need support from
like DSF. These are the resources we need and we have to fight for them.”

Group wordle development, wave 3

Additional supportive statements were found in the secondary data as well.

"I tend to call them on it more often, if only because GLBTQ members are more likely to be sensitive to my complaints. We have to confront what people think. They (Boston GLASS) has taught us to be real.”

Focus group participant

"We have to advocate for keeping the community center and for getting more support from administration/government for education programs, housing, healthcare. GLASS is needed for all...without GLASS there is no support. This is our community. We have a lot of needs, but outside of these spaces (like Boston GLASS) there is not a lot of community.”

Focus group participant

Outcome/Result Constructs

Equity. This praxis element recognizes unjust/unfair differences and that social change can lead to equalized outcomes for all. In general, there was a strong sentiment that a supportive system and infrastructure available to Black and Latino gay and bisexual young men was fractured and small. As previous sections alluded too, for many of my collaborative partners there were limited resource outlets. My young collaborators spoke to how they were often invisible to the larger social justice system. Despite living within a city and state that are quite progressive with their strong neoliberal views, there was a strong chasm between support for GLBT youth and GLBT youth of color. The youth reflected a strong sense of inequity across color lines. However, the youth in wave 3 expressed how this has improved since organizations began working more closely with each other to provide a stronger network of services. Beyond the infrastructure, the youth spoke to needing a more unified GLBT youth of color community. Given the current
system that existed the young men found the gay community of color to be dismantled, strained, “cliquish”, and at times highly critical. Although there were some strides overall the young men feel that equity was non-existent. It will only be through their collective action that eventual change can happen as expressed at various points throughout the text. Among the young men from wave 3, these sentiments were raised during their discussion of the group wordle. Some of this has been previously mentioned, but I will reiterate some elements here.

"We need more support. Fenway is good because we can get health care and we have Boston GLASS, BAGLY and MAAP. If we could get more help from the government like DSF or housing or something. We need showers and it would be great to have a place to do laundry or get clothes. GLASS is good for food and toilettre. What? It is the white man’s word that is mainly used when you’re traveling and stuff for hygiene stuff. It is nice coming to a place that has heat. But programs still have to fight for the same money. It makes it hard. We need and deserve more.”

Group wordle development, wave 3

Several of the young men in their wordles and identity maps also did express the lack of support and lack of places to go when you are a young adult.

“I have been homeless. I have to stay at a shelter. It is not safe.”
C, 21, Black, homoflexible man

“I have my family (ball culture). At times if I did not have them in the past I don’t know what I would do.”
T, 24, Black, gay man

Some of the secondary data also expressed the importance of systemic support and more intimate levels of support.

“Law officials have forgotten their ideals and responsibilities to protect everyone. Police officers are corrupt and don’t want to help
us. I went to the club and got mugged and I don’t think that the cops cared. They did not go the extra mile.”

Focus group participant

“There is only so much that teachers and counselors can do to protect you. You have to be prepared to protect yourself. The protectors can’t be there all the time. You have to protect yourself.”

Focus group participant

“Also, because I’m Black people don’t care. Being Black weighs more in Everett (place in the Boston area) people will think that I am going to rob them or something (primarily White communities).”

Focus group participant

“Youth of color and GLBT have too much shade with each other for community. There are cliques and many youth don’t allow for community to be built. People make rifts because they don’t want community. No one cares. Just because they like you don’t mean they’ll be there for you.”

Focus group participant

Despite the lack of equity for them in larger society, the young men expressed the important role that the few parts of their community that are available serve in their lives. Some of the young men mentioned how social service agencies were present that provided the support and resources they needed. Also, the quality and not quantity of support was the key. Additionally, Black and Latino gay and bisexual young men recognized the importance of non-traditional networks and support systems that helped ensure their positive health and well-being. For one of the young men in the description of his identity map and wordle he expressed a sense of hope. He had a deep hope for the future and had respect for all the supportive people and organizations in his life.
"I am young, but I have a lot of love and support around me. It was hard growing up. My mom actually had me when she was in jail. I am surrounded by friends and I have small clouds on my map because they are all around me and help me in different ways. My family is like a second layer of protection and support. Being here at GLASS and having voguin’ helps me. I can be me and not worry because I have God in my life, hope, and a lot to live for. I think that one day we can all have world peace if we respect, love, and help each other.”

K, 18, Latino, bisexual man

Another young man shared similar sentiments around non-traditional forms of support and the importance in helping him strive.

"By being here (Boston GLASS) I met my family (ball culture). I love performing and working on the runway. I can’t wait to one day be an icon and a legend. I keep getting better with my voguing...my family keeps tell me. I feel good about myself and I am hot. I am surrounded by love from friends, my mother, my father (ball culture). I know that I am never less, but always more. They keep me going and tell me to go to school and have helped me become a leader – fight(er) for myself and others.”

N, 23, Black (Mixed), gay man (gender fluid)

Secondary data also illuminated not only the support they have, but also the supports they continue to long for to help them become stronger young men.

"Living with gay male friends is important, but it does depend on the person too. Or having kids or a partner and a house of my own.”

Focus group participant

"It is important to feel safe. I just want to be safe. Being able to leave my house without getting shot or fear of getting shot. Not being alone, because I need others there to make me feel safer. Having a home that my siblings could live in with me to take care of them.”
Focus group participant

It is important to continue to explore ways of advocating for the community, to connect and develop empathetic relationships, and build trusting-communities for young gay and bisexual men of color. The findings support that there are critical components to youth engagement and elements that may be more important when developing culturally-responsive programming for Black and Latino gay and bisexual young men. One key factor is that these young men need to have their own spaces and opportunities to create their own space. When engaged in spaces that are accepting, respectful, and addressing their needs they are able to thrive. It is important to realize that as Brockenbrough found with working with Black and Latino queer youth, it is important to have culturally responsive pedagogy that is “grounded in respect for students’ cultures; looking for meaningful ways to draw upon students’ culturally specific modes of knowing and being; actively engaging in modes of care that counter the neglect of traditionally marginalized students…” (2016). These things do not happen in a vacuum, but are integral and extend beyond the space of an agency or community-based organization to the home, school, neighborhood, and larger society (Brockenbrough, 2016). It is only through large systemic change that true equity can be achieved, but it often must start as a grassroots movement in, with, and by youth as demonstrated in the previously alluded to work of Grady et al. (2012).

Applied Example: “Michael’s Story”

In this section, I return to Michael’s story. In this section I (re)present the final part of Michael’s story to provide insight into how Michael has changed over the period of approximately 5 years and 6 months while continuing to be an active member in Boston GLASS. Michael’s story continues to embody several constructs within the intersectionality praxis that I explored in the larger study.
Wave 3: Identity map and wordles outcomes. At the time I gathered wave 3 data for my dissertation, Michael was 25 years old. Michael was about to age out of Boston GLASS and would soon no longer be able to receive services or participate in any activities in the social service agency. Michael had still identified as Black/African American. He changed in his sexual orientation identity. At wave 1 Michael had identified as “questioning/other” and wrote in MSM, but at wave 3 he now identified as “gay/questioning”. Michael at this point was a veteran of Boston GLASS and the larger JRI Health institution. Michael had continued to be active in Boston GLASS, but over the last several months he began to disconnect from the space. Part of his disconnect was because he was trying to find a new job. He was recently laid off from work. To more fully understand Michael’s journey, I will (re)present his story through his identity map and wordle. I will also mention the additional information that he shared and felt was important for other young men, advocates, and policy makers to know.

"At the center of my map is me. It is always about me because it is me that gets me through a lot of stuff. I have the treble and base clefs along with the sharp and flat symbols. I have the image of a saxophone because I played it as a kid and it was my thing all the way past high school. I played regularly a little past high school. It is my music and playing the saxophone that kept me grounded.

I have grave stones with R.I.P. on them because I have suffered a lot of loss. Death puts a lot of things into perspective for you. When people who were close to me died it made me think a little more about how we view death in this world. This was helpful. I also have A+, C+, B-, and 120% because those were all the grades that I got in college and I never got those kind of grades in high school. It was a turning point for me. College made me realize that those teachers in high
school were not right. It (college) made me believe in myself a little bit more.

Over here I have (Boston) GLASS, HIV, LGBTQ..., MSM, MOCCA because these are all of the things that I learned about and was a part of that helped me change my outlook on my life. I don’t know maybe I was somebody more than just a minority… I am somebody that can be black, gay, and a strong man! Sometimes…it was like that was a pivotal point in my life…coming to terms with who I am and so that is that.

In my wordle, I could go on forever, but I’ll stop right here. This in itself could be like a 20-minute explanation but. For me what is important is that things are not fair. The country and the world have things messed up. For me it is important to have free education for everyone. When I was going to college I was doing well, but I had to drop out because I could not afford to go any more and my loans were messed up. The problem is that there is no distribution of funds.

People all deserve to have money and their share of resources. We need to have global equality. Beyond materialistic possessions and money, we need more equal human rights. Being Black and seeing what is happening in this country to blacks and what is happening in Africa...it is all wrong. Poverty is the thing that keeps people down and we need more overall global gay rights and class equality if we want to make it a better world.

For my anti-wordle, I had a little writer’s block. I chose those terms (privileged, respected, masculine, a man) because those are seriously close to my heart. If I had free education those would be some of the things that I would be able to change and I really want to change what’s on that paper, but you know barriers. It’s a lot, especially for that (pointing to equality). Those things I put on there it’s just like the things I see effect most people of color and especially MSM’s
because they’re not just fighting that one—people of color stereotype or whatever. They have to fight the homosexual one as well that is what ties from the wordle to the back anti-wordle. The anti-wordle words when you switch right on over these words are if you’re an MSM of color...these are not words that you will normally hear from your peers or anything like that—being privileged is not something you have the honor of having unless you give yourself that privilege and not everybody’s strong enough to do that so those were the things I thought were the most...what is the word for that...the most absolute throughout the community.”

Michael was able to express a deep understanding of the critical components of intersectionality praxis. Michael, through his years of active participation and his membership in various programs, had grown and developed into a more insightful/critical evaluator of the world around him. Michael had grown to understand how larger society worked and that it was rife with power differentials and major inequities. Michael also came to reflect on the importance and utility of understanding the unique positionality of being a Black gay man in the United States. Michael, despite having access to services and social supports, was still limited by larger systemic forces beyond his control. Michael deeply benefited from his active membership and participation as a leader in Boston GLASS, but there were greater issues that still made it harder for him to achieve social and health equity.

Michael continued with further reflections on critical elements he felt were important to the development of culturally-responsive programming and general service provision for the GLBT YPOC community. He also shared more thoughts on things he felt were important considerations to make when working with GLBT YPOC.

“Somebody that is in the places that make the decisions around services higher up on the ladder would be important to have involved. It is
important that they make sure that the services are actually given to all communities not just particular ones like just white GLBT or black straight communities. It is really important because that is something...none of the things on this (group wordle) will have unless we have it (support) and there is support from people higher up. Also there need to be programs for parents and having actual psychologists and not ‘clinicians’ (social workers or human service providers) along with testing, but those are my main points.”

Michael also understood the great diversity that exists within the GLBT community itself. He expressed a bit of trepidation in that he felt some providers and program developers were presenting a specific agenda and focused only on part of the larger community when educating the larger youth community. Specifically he expressed that advocacy and education efforts seemed exclusively focused on transgender individuals. Michael expressed worry that our systems of care were overemphasizing the transgender struggle and in many ways as the system works toward equality and awareness around transgender issues that they were creating inequity amongst the rest of the GLB community. Michael spoke to wanting awareness education to be broad and far reaching for youth. By providing a broader understanding and represented examples then it would normalize GLBT. Also, for many youth - especially youth that may be questioning their sexuality - this would provide a larger set of potential resources as well as recognize the diversity within that exists within the GLBT community. He expressed that some youth that are questioning may often be confused between gender and sexuality. Michael mentioned how for him, knowing that there were masculine gay men, he felt more connected and less alone. If he had not been educated around it being possible to be both gay and masculine and was only educated on transgenderism then he felt that since his sexuality (same-sex attraction) did not match up with the rest of larger society that he would have confused his sexuality and
his gender expression. He stated how he would have assumed then that he must be transgender and had a real fear because of the potential implications for youth that were not educated on the diversity of the GLBT community.

Also, one thing that I feel is important for people to know, you know those who are making these programs, is that you don’t have them push the transgender movement on homosexual kids ’cause I think as a homosexual I thought of being a woman once or twice but I’ve never taken those steps and I’m glad I didn’t take those steps because I found out it’s irreversible and that a lot of stuff won’t go back to the way you want it too and I feel like that some people who pursue transitioning at a younger age...they’re like...this is not what they wanted and it’s a whole process to try and get them back to who they were before they started it and I feel like the necessary psychology aspect of this is going on...then the psychologist will be able to see that this may not be what you actually wanted. It is like people were steered in the wrong way. I say this because we did a project where we went into a middle school (peer leadership) and they were talking about trans awareness but there was no other story so what about kids like me who are masculine and there is no one to identify with...so I think so maybe I am trans. It is important to have different identifications of LGBTQ’s. It is definitely needed because if I don’t identify with Robin the transperson how am I supposed to identify when I do know about James the masculine gay guy. It just seems like sometimes instead of having people talk to someone or to a clinician it’s like ‘okay, this seems like something that you kind of want so let’s give you some medication.’ For me it was important that someone told me about an openly gay-identified NFL player because I was like ‘yes’. We are making strides to equality for us that is with gay people in the United States but there are still a lot of inequalities still with the
groups we are also a part of and sometimes I feel one message is muffled through another because there’s the POC issue and then there’s the gay issue. Those are two separate issues that we’re...we’re combining them in this study where gay people of color, but the gay issue and the POC issue are...where if you’re gay it doesn’t matter if you’re of color...you identify as gay so you’re in that same struggle as the white boys as the Asians as anybody as the transgender because we’re all in that struggle when you look at it that way. I mean we’re looked at more (by questioning youth) because we don’t transition but in all honesty it takes a lot to transition and in more times than not more of them will be more masculine...I don’t know I figure it is just important that we don’t focus on only one part of the GLBT community, but that we talk about them all, especially with young gay youth that don’t know how they feel and are still trying to figure it all out.”

Overall, over the course of the 5 years and 6 months, Michael came to understand the subtle nuances of being a Black gay man. However, he also recognized the importance of larger systemic issues that were faced by the groups that make up who he was as a person at the intersection. He realized that the struggle and fight for equality among the GLBT community was his fight. Also, the fight for equality among the Black community was his as well despite being a Black gay man. Michael knew that larger society often pits groups with less power against each other and it is important to continue to strive toward equality for all people irrespective of who they are and what groups to which they belong.

Michael’s story demonstrates how Black and Latino gay and bisexual young men reflect upon their experiences; recognize the critical factors in their lives that allow them to develop an understanding of intersectionality praxis; apply intersectionality praxis to understand society; make meaning of their situated location within society. Michael’s development reflects how
Black and Latino gay and bisexual men become “woke” and fully-engaged, active agents for their own personal change. However, Michael’s story also reflects the continued need for more structural-societal support to help remove uncontrollable barriers to access and care; health and well-being. Something that I continue to struggle with for Michael is - “what now?” Shortly after this data collection session he aged out of Boston GLASS, affiliated programs and services. There are more limited resources exclusively for the GLBT community beyond 25 years of age and even fewer for those that are at the intersection (i.e. POC) - most are only social spaces. We must remember that an individual’s needs and struggles do not miraculously end when we turn a specific age like 26.
Chapter 6

Strengths, Limitations, & Programmatic Connections

A multitude of empirical information exists pointing to the current health disparities and associated contributing risk factors among Black and Latino gay and bisexual young men. Black and Latino young men are more likely to contract HIV, experience violence, have less stable housing, and be involved in various facets of the social service system among other things (CDC, 2015; Cray et al., 2013; HRC, 2012; Hunt, & Moodie-Mills, 2012). Despite this knowledge, little has been done to successfully alleviate these aforementioned health inequities.

Amongst the efforts to address health disparities facing Black and Latino gay and bisexual young men, the focus has primarily resided on HIV prevention with some secondary efforts to address the factors that have been associated with increased risk for contracting HIV (CDC, 2016; Robinson, & Moodie-Mills, 2012). However, the majority of these efforts not been overwhelmingly effect given that most of them often focus on behavioral risk factors alone and not on addressing larger social determinants of health (Maulsby et al., 2013). Funding increasing both federally and locally have been made to improve health outcomes, but with little impact – given the overemphasis on behavior alone (CDC, 2016). As an alternative, examining alternative strategies to address larger systemic issues related to health inequities among Black and Latino gay and bisexual young men may be a better solution.

One approach could be to explore the potential impact of more general, asset-based strategies such as programs based in the PYD framework (Hamilton et al., 2004). Given that the attainment of general life skills across a number of domains could lead to long-term positive life trajectory such as improved health and well-being, this may be a justified strategy to examine. However, there is little empirical work around the culturally-specific impact.
of PYD programming on youth of color and the limited existing work has traditionally been highlighted risk reductions as opposed to asset acquisition and positive long-term outcomes (Brown, 2013). Furthermore, no academic literature has examined the impact of PYD programming on GLBT youth. Therefore, no work has expressly explored those at the intersection like Black and Latino gay and bisexual young men.

Fundamentally, the PYD framework (Hamilton et al., 2004) is also inherently flawed as the expectation that all youth, irrespective of cultural differences, obtain the 5 C’s in the same way and have the same associated positive lifetime outcomes (Catalano et al., 2004; Roth, & Brooks-Gunn, 2003). Therefore, the unique contextual factors faced by Black and Latino gay and bisexual young men play a non-significant role in their likelihood of acquiring the PYD skills and successful long-term positive life trajectory. This sits in opposition to the previously discussed work around health inequities among Black and Latino gay and bisexual young men.

Despite the PYD framework (Hamilton et al., 2004) culturally-responsive limitations, the presumption that a general asset-based strategy could be helpful in addressing health inequities is promising. A better strategy may be to explore intersectionality praxis, which emphasizes the importance of context and understanding individuals as being a product of the dynamic interaction of the personal experiences, systems, and social structures that surround each of us (Hankivsky, 2014). Intersectionality praxis has several inter-related core tenets that inform an individual’s understanding of themselves and the world around them (Hankivsky, 2014). Culture and context are central to intersectionality praxis (Hankivsky, 2014). Therefore, I propose that intersectionality praxis (Hankivsky, 2014) to inform the development of holistic, culturally-responsive, contextually-relevant, empowerment-focused intervention strategies for Black and Latino gay and bisexual young men.
The focus of my exploratory study was to examine the lives of Black and Latino gay and bisexual young men through the lens of intersectionality (Hankivsky, 2014) praxis. Given the limited empirical work surrounding intersectionality praxis (Hankivsky, 2014) applied to intervention development and also focusing on Black and Latino gay and bisexual young men, it is important to understand the role of the central tenets within the lives of those at the intersection. The aim of my work was to inform the literature on intersectionality praxis (Hankivsky, 2014) and understanding Black and Latino gay and bisexual young men’s lived experiences. My specific research questions were

3) How do Black and Latino gay and bisexual young men’s (18 to 25 years of age) personal experiences influence their understanding of society and their situated location within society?

4) What elements of Black and Latino gay and bisexual young men’s (18 to 25 years of age) personal experiences influence their hyphenated selves / identity conceptualization, perceived resource access, and social support needs, which could inform culturally-responsive intervention development?

The results on my exploratory study provide insight into how Black and Latino gay and bisexual young men speak to intersectionality praxis (Hankivsky, 2014) elements. Also, my results reveal the cognitive, affective, and contextual understanding of each factor ascribed by Black and Latino gay and bisexual young men. Overall, Black and Latino gay and bisexual young men have a positive connotations associated with their intersectional identity. My young collaborators viewed their intersectional identity formation as a very personal internal process. However, the developmental process associated with each social identity (i.e. ethnicity or sexual orientation) was different. Ethnic identity understanding and development primarily resulted from interpersonal relationships with family and friends while sexual identity
developed by lived experience and knowledge-seeking often done on their own. Although intersectional identity formation for most developed relatively early, there was the understanding that it continues to evolve and change based upon situational context as well as personal experiences. Black and Latino gay and bisexual young men understood that there were continual social and cultural pressures contributing to their reflexive evaluation and understanding of whom they were as individuals. The young men, being aware of the complex exchange, noted the diverse range of identity formation processes and self-presentation styles.

Beyond the internal/personal constructs, my collaborators were highly cognizant of the power structures that played out in their daily lives. Black and Latino gay and bisexual men were attuned to the fact that there were many oppressive entities in society. The oppression was felt by the young Black and Latino young men from all sides. The young men expressed how it was more difficult to be a GB POC because they were regularly accosted on all fronts from the ethnic community and the GLBT community. For my young collaborators, the oppression was stifling and often resorted to those from the majority groups (i.e. heterosexual POC or white GLBT’s) stereotyping them. GB POC were never totally accepted in their entirety by larger society.

Despite the power differentials, Black and Latino gay and bisexual youth were able to stay positive and persevere. The Black and Latino gay and bisexual young men often found power and strength from within or from their supportive networks. The young men were able to find collective power often from traditional and non-traditional networks of friends, family, social service organizations, and the ballroom community. The youth were less knowledgeable of the sociohistorical-sociopolitical forces at play in their lives that aimed to invalidate their personal truth. Some youth recognized the current systems of oppression and realized that there was a need to work on overturning those systems. However, the youth did not speak and reflect on
having an awareness of the historical legacy of oppressive systems. For example, youth were not privy to the potential role of discriminatory practices like Jim Crow laws on the current existence of systemic racism that played out in their daily lives. It is important to consider how sociohistorical-sociopolitical factors and being made aware of them could help enlighten Black and Latino gay and bisexual young men.

My young partners displayed a knowledge and awareness of the cyclical nature of life. For many of the Black and Latino gay and bisexual young men they had a realistic understanding of how the world worked and how it impacted their lives. Overall the young men found the ebb and flow of life to be enlightening and help push them toward an awakening of how the world works and their situated location within it. The Black and Latino gay and bisexual young men were also not passive vessels merely going along and taking what life threw at them. The young men were persistent in strategizing ways to continually move forward in their lives. Black and Latino gay and bisexual young men turned to support networks for help and reassurance. However, they were also aware that systems of care were limited in their capacity to also provide the support needed by them. As a result, the Black and Latino gay and bisexual young men often relied on themselves or worked to learn new strategies to help them fight against the tribulations of daily life.

Finally, Black and Latino gay and bisexual young men were highly aware of the importance of support networks that were specifically working for them such as Boston GLASS. Black and Latino gay and bisexual young men had a deep understanding of the inequities that not only they faced on a daily basis, but inequities that many service providers faced in trying to maintain a consistent level of care. It is important to understand the delicate nature and balance of the non-profit industry – especially that segment of the industry that serves the most marginalized and oppressed segments of our society. The Black and Latino gay and bisexual young men recognized that
despite facing personal challenges it was their duty to advocate not only for themselves and the community, but for the service providers/healthcare workers/social service agencies that were their only lifelines in the Boston area. Beyond this, the young men understood the importance of working toward creating a more unified community. Black and Latino gay and bisexual young men knew that collective action was the only way to overturn the system that perpetuated inequities.

Next, it is important to speak to the potential implications that such work could have on practice and structural interventions as well as potential ways that theory could inform intersectionality praxis (Hankivsky, 2014) by exploring the future directions of this work. In the forthcoming sections I present information related to real-world demonstration projects. Given the limited literature examining the impact of programming and structural interventions not only on Black and Latino gay and bisexual young men, but the larger GLBT YOC community, I discuss this work in relationship to the Stepping Out in Order to Love Ourselves (SOLO) program of Boston GLASS and the Boston GLASS service utilization plan.

Beyond the discussion of the demonstration projects, I also discuss intersectionality praxis (Hankivsky, 2014) in relation to Identity Process Theory (IPT) (Breakwell, 1986). IPT (Breakwell, 1986) serves as a refined approach to understanding the implications of critical intrapersonal factors like perception on how Black and Latino gay and bisexual young men both cognitively as well as affectively learn and enact various component parts of intersectionality praxis (Hankivsky, 2014). IPT (Breakwell, 1986) can inform ways of refining intersectionality (Hankivsky, 2014) praxis in both its application and evaluation of associated findings. However, first I discuss the specific strengths and limitations associated with this study.
Study Strengths & Limitations

The study had several areas of strength and limitation that give both support for continued work in intersectionality (Hankivsky, 2014) praxis revision as well as further exploration of the study data for additional critical investigation. Future investigations could excavate the potential intersectionality praxis developmental trajectory and approximate time-course for Black and Latino gay and bisexual young men to become fully engaged, critically-reflective individuals. This study consisted solely of Boston GLASS community members. Given that Boston GLASS is one of a few national full service agencies developed exclusively for the holistic health needs of GLBT youth and primarily serving GLBT youth of color, it allows for an unfettered exploration of what it means to be a GLBT youth of color as well as the explicit impact of programming on the GLBT youth of color community members to better inform culturally-responsive intervention design. This unobstructed access and partnership opportunity was helpful when examining the intricate elements of intersectionality (Hankivsky, 2014) praxis, inclusion of PYD (Hamilton et al., 2004; Pittman, & Fleming, 1991) framework factors and their relationship to both GLBT youth of color and the most influential SDOH (USDHHS, 2010; WHO, 2010).

However, only including youth from Boston GLASS was also a limiting factor as it narrowed the potential large-scale application of the results. Additionally, the participants within the study did vary in their level of health risk/health need (e.g. living at home in a stable supportive family; living in more transient situations with limited resources; homeless and engaging in survival sex work) and there was no specific examination of how the various levels of risk may have impacted the findings. The young Black and Latino gay and bisexual young men varied in their level of need, but given that the young men were all attached to Boston GLASS and had accessible resources through the agency the differential outcomes/application for
generalizability may be a greater limiting factor because resource access may buffer the potential greater impact of various determinants of health (i.e. varied health risk/health need) (Choi et al., 2011; McDavitt et al., 2008; UDHHS, 2010, WHO, 2010; Wilson, & Miller, 2002).

Furthermore, these results may not be applicable to all Black and Latino gay and bisexual young men external to the Boston area, northeast corridor of the country, or possibly even those young gay and bisexual men of color that are not members of Boston GLASS. Boston and the northeast portion of the United States, although somewhat conservative, are in many ways very progressive compared to other locales within the United States given its general stance on gay rights’ issues, historical funding allocations for GLBT youth and youth of color, as well as its urban setting.

Despite these aforementioned limiting aspects, given the fact that this was an exploratory study with my goal focusing on within-group understanding of factors to inform culturally-specific work as opposed to a comparative group analysis, this previous issue is of minimal concern. Also, theoretically it is important to remember the role of context and contextual influence, which is erased when people begin to engage in comparative analyses across factors such as geographic location.

The intersectionality (Hankivsky, 2014) praxis emphasizes the importance of contextual factors like space and time on the situated experiences of specific societal group members. By exploring the concerns of Black and Latino gay and bisexual young men from various backgrounds that are attached directly to a social service agency, it allows me to start from an asset-based place by considering the critical leverage points and resources for focused intervention design as opposed to exposing the same general bottlenecks and disparities that other studies, including my own work have explicitly exposed in the past (Brown, 2011; Brown, & Bright, 2011; Conron et al., 2015). We know what disparities exist, it is now important to explore
existing resources and assess their potential application and inclusion on a broader scale into a large-scale culturally-responsive, holistic intervention strategy. Furthermore, it is imperative to figure out the ways that Black and Latino young gay and bisexual men engage with support structures, services, and resources when aiming to address their health and well-being. Unique contextual factors faced by community members must be considered when engaging in truly collaborative, culturally-responsive program development because cookie-cutter approaches to impacting health and well-being, as we have seen, do not work. However, it is important to note that this analysis aimed to not engage in a general strategy of traditional asset-based analyses - examining experiences without consideration of situated context. Therefore, the findings reflect the true reality of the lived experiences of Black and Latino gay and bisexual young men, which includes negative and disparaging scenarios as well as positive and empowering moments. This “truth-telling” is a critical factor of intersectionality (Hankivsky, 2014) praxis.

Beyond the unique contextual factors related to Boston GLASS, the study has some additional, potential limitations. First, the study was a qualitative investigation that included a limited number of participants. The limited number of participants does not lend for larger generalizable results. However, as previously mentioned, given that this study was an exploratory analysis as well as one investigating concepts with limited presence within the academic literature these results provide justification for future continued work in this line of inquiry.

Additionally, this study was limited by the focal concepts investigated in regards to the intersectionality (Hankivsky, 2014) praxis, and PYD (Hamilton et al., 2004; Pittman, & Fleming, 1991) model. I limited the analysis mainly to the factors of intersectionality (Hankivsky, 2014) praxis. I included more situated secondary application of codes related to the PYD (Hamilton et al., 2004; Pittman, & Fleming, 1991) framework factors, applied
skill-engagement strategies (Choi et al., 2011; McDavitt et al., 2008; Wilson, & Miller, 2002), identity processing (Brown, 2011), and ecological systems theory (Bronfenbrenner, 1979). By limiting the application of some larger additional frameworks to secondary codes situated within various aspects of the intersectionality (Hankivsky, 2014) praxis, this may not provide a larger understanding of where these factors interact and are situated, in terms of an individual’s larger personal ecosystem. It may be that some of the concepts that I placed within the intersectionality (Hankivsky, 2014) praxis cannot be fully situated there, especially given the dynamic nature among each of the multitude of factors. Also, perception was a critical factor that was not explicit coded for in the study and that is a critical downstream/intrapersonal factor that may be important to inform the variability in responses between the individual participants. This could be critical because it could be a potential factor in understanding the relationship between intersectionality and life outcomes on the individual level.

Additionally, despite this being a quasi-longitudinal study, this study was limited to only having one young man, Michael, that took part in all three parts of the study (i.e. survey study, focus group study, and participatory workshop). Only having one participant extend across the study timeframe does not allow for a detailed analysis of developmental sequencing for the general developmental process nor larger intersectionality (Hankivsky, 2014) praxis for Black and Latino gay and bisexual young men on a large scale. However, the findings from Michael’s story provide exploratory support for the development of more large-scale within-group longitudinal studies. Also, given the retrospective and auto-ethnographic elements of some of the data collection strategies that I used in each part of the larger study, I may be able to examine general identity development patterns over time and the inter-related nature of various intersectionality (Hankivsky,
2014) praxis features (e.g. identity maps, sequencing of reflections based on key influential life events), which I was in part able to allude to in Michael’s story.

Furthermore, the additional potential influence of gender and its prescribed sociocultural role for these young men was not explored in this study. This is an important factor to consider, especially since it was raised by participants at different times throughout the study. As later discussed, the impact of gender, sociohistorical context, and culture may be critical constructs to consider in an intersectionality (Hankivsky, 2014) praxis approach as well as culturally-responsive program development given the pivotal role these factors may play in the lives of ethnically and sexually diverse individuals. Intersecting categories of intersectionality (Hankivsky, 2014) praxis for this study were limited in the analysis to only race/ethnicity and sexual orientation, but conceptually a multitude of categories would be implicitly important to a full understanding of this intersecting categories construct. The impact of sociohistorical context is merely alluded to with the separate consideration of how individuals express dealing with various, potentially identity-stress provoking situations such as heterosexism and racism as well as general storylines developed expressing the individual identity maps.

In terms of potential methodological limitations, the use of multiple data collection strategies could limit the veracity of the results given that the reported outcomes could show differential findings across different data collection time points due merely to methodology. This aforementioned issue may weaken the results because of a lack of repeated measures reliability. Despite not explicitly disaggregating the findings by data collection method and conducting a comparative analysis within this piece, as that was not the purpose of this exploratory study, the diverse use of methods does allow for a potential increase in validity given that the results converge on the same
concepts of inquiry despite the differing data collection methods used at each data collection time point in the study. Additionally, by using multiple data collection techniques, I am better able to assess different aspects of the same research question to gain a more in-depth contextual understanding and interpretation of the findings. A future methodological paper will allow for more of an in-depth exploration of the specific ways that the various data collection processes may have impacted the results by exploring the unique findings across each data collection method.

Also, inclusive of specific response items and strategies there are potential limitations in the capacity of the analysis to capture all of the nuances of intersectionality (Hankivsky, 2014) praxis. Given that data collected from wave 1 and wave 2 were from larger studies, the focus of those larger investigations did not focus explicitly on the research questions within the current study. The targeted wording of some of the response items may have limited my ability to capture the full nature of intersectionality (Hankivsky, 2014) praxis across all three waves of data. Despite this concern, the use of diverse data collection techniques as well as data analysis approaches minimized the potential that large areas of intersectionality (Hankivsky, 2014) praxis and critical culturally-responsive programming factors were ignored or not assessed in this study.

Finally, even though safeguards were put in place such as using multiple individuals in both the data collection processes as well as a secondary, partial coder for inter-rater reliability purposes, this was not a double-blind study. It is possible that I could have unknowingly impacted the results through body language or varying voice inflections at critical points in the data collection process with each young man. Furthermore, I, having been the Program Director /former Program Director and a consultant during the data collection time period, could have placed undue pressure or influence on the young men to answer in a potentially biased fashion. Despite
these concerns, the likelihood of any significant coercive influence is minimal. Also, the potential weight of this concern was likely reduced by the use of multiple data collectors as well as a secondary coder for reliability purposes. However, to ensure validity and reliability of my analyses, a random sample of responses were selected and coded by a second researcher. No formal calculations of inter-rater reliability beyond basic percentages of agreement were completed, which does not fully consider the amount of variance accounted for by mere chance that the coders were going to converge on the same findings (Hallgren, 2012). However, as previously mentioned, based upon a random selection process, coding of both the first wave of data collected - survey data - and the second wave of data collected - focus group data - by a secondary researcher agreement was found on passages at 95% (survey data) and 98% (focus group data) respectively. Again, no secondary coding was conducted on the third wave of data - participatory workshop data. However, as previously mentioned, a more complete confirmation and review process will be completed with the third wave of data - participatory workshop data - during the feedback session examining the data analyses of all three waves of data collected used in this investigation thus decreasing the potential for spurious findings due to “chance” thematic convergence.

Lastly, given the multitude of potential data analysis strategies available to me the results may have been limited by the techniques that I selected as well as the a priori codes selected for this process from the theoretical/ previously established literature/empirical work. However, the data analysis concern may be minimal given that I also used a grounded theoretical strategy to identify themes and constructs that may be nuance or not present in the previous literature used to develop the a priori codes. Additionally, some of the a priori codes used within this study were previously developed via grounded theory in earlier empirical work like that of Wilson and Miller (2002), Brown (2011), and Brown and Bright (2011).
However, I did also identify inductive codes that reflected additional factors in both intersectionality (Hankivsky, 2014) praxis and considerations for culturally-responsive intervention design. My inductive codes reflected a more detailed understanding of nuanced contextual factors, the affective function of intersectionality (Hankivsky, 2014) praxis constructs, and additional explicit skill engagement strategies like those demonstrated within exemplar culturally-responsive programs such as the SOLO intervention at Boston GLASS.

These aforementioned limitations are some of the potential issues of the study. However, the concern over major influential flaws on the results are quelled by this being an exploratory study, the use of multiple data collection and data analysis strategies, and using a collaborative approach throughout the entire research process from protocol development to data collection to data analysis. Furthermore, the additional inductive codes provide more insights into ways of designing and applying these findings in the construction of more holistic health strategies like those undertaken at the larger Boston GLASS agency. Also, these coded findings assist in refining intersectionality (Hankivsky, 2014) praxis as well as bridging it with identity process theory (IPT) (Breakwell, 1986) which would allow more specific understanding of the individual intersection lives of young Black and Latino gay and bisexual men. However, to help put this in a larger perspective, a deeper analysis of Michael’s story could help illuminate the aforementioned features as well as reflect the potential change and growth of young Black and Latino gay and bisexual men that actively participate in culturally-responsive programs (e.g. SOLO) and engage in services emphasizing asset-based holistic health approaches (e.g. Boston GLASS). Next, I provided a more detailed interpretation of the findings through application to real-world activities and extrapolated the potential viability of a more specific
theoretical approach to interpreting intersectionality praxis at the individual level.

**Future Directions**

For now, the concrete next steps toward collaborative, restorative social justice may include further refined work around intersectionality praxis (Bowleg, 2012; Cole, 2009; Hankivsky, 2014) by considering more explicitly critical PYD (Hamilton et al., 2004; Pittman, & Fleming, 1991) framework factors and the explicit placement of IPT within the framework. These important next steps will help push an agenda of expanding upon the SDOH (USDHHS, 2010; WHO, 2010) framework, establishing potential strategies for addressing health inequities, and eradicating health disparities. Prior to exploring this avenue of inquiry though there are initial follow-up activities and written work to be completed, which include conducting a feedback session about these results and a collaborative working group comprised of the young men from the participatory workshop. The collaborative working group will conceptualize potential next steps as well as serve a critical role in the conceptualization of a culturally-responsive, asset-based intervention for Black and Latino gay and bisexual young men.

Based upon an intersectionality praxis (Cole, 2009; Hankivsky, 2014) and IPT (Breakwell, 1986), we may be able to develop an appropriate asset-based health intervention that is focused on the individual within context as opposed to attempting to change health behavior. Health outcomes summarily would become secondary outcomes to the general impact of broader, asset-based programming because Black and Latino gay and bisexual young men would be armed with empowering experiences as well as critical, culturally-relevant life skills. As IPT (Breakwell, 1986) states, there is a strong need for an individual to maintain a sense of balance and well-being in the four principle areas of self-esteem, self-efficacy, distinctiveness, and consistency. It is when these principles are threatened that stress ensues
and places an individual in a position of needing to adjust (Breakwell, 1986). The coping resources/critical engagement strategies available to members of disenfranchised groups are limited and this is in part based on aforementioned institutional as well as internal barriers (Doty, Willoughby, Lindahl, & Malik, 2010). As such, it is important that an appropriate intervention be culturally-responsive to the needs of Black and Latino gay and bisexual young men.

Due to the unique historical and social issues facing Black and Latino gay and bisexual young men, as interventionists, we must do more than merely adjust current existing interventions by translating theory into practice or adding on a “cultural issues” module. In order to gain a sense of the issues facing my fellow community members, Black and Latino young gay and bisexual men of color, we must gather data steeped in historical references directly from our collaborative partners (i.e. the Black and Latino gay and bisexual young men) to gauge the appropriate direction to take in the intervention.

However, as previously mentioned earlier in this piece, through collaborative, integrated work it is important to note that we must also be cognizant of our own situated history as researchers, practitioners, policymakers because this certainly can impact the knowledge gathering process and resulting outcomes of this process (Hankivsky, 2014; Watts, 2010). This is important because just as there are power differentials to consider when engaging with collaborative partners. Just as there are power differentials with those we may not identify with (e.g. Blacks with Whites) – our collaborative partners may not identify with us due to our position. Therefore, Black and Latino gay and bisexual young men may not feel safe. It is important that we recognize Hankivsky’s diversity of knowledges (2014) to create respectful, collaborative, learning environments. This supported by similar findings from occupational group dynamics within diverse working groups (Foldy, Rivard, & Buckley, 2009). This is an even more important
factor when working in a collaborative working relationship with your fellow community members. When done correctly, collaborative partnerships with our community members is empowering and itself becomes a form of social activism with a multitude of beneficial outcomes (Brockenbrough, 2016; Harper et al., 2007).

A new approach to health interventions would be to build in central curricular components that would address the historical and institutional oppressions faced by Black and Latino gay and bisexual young men. For instance, as previously mentioned, parts of our social identities are made up of traditions and values passed down from previous generations. Often when people of color grow up there is not an individual that teaches us the value and rich history of the gay community (e.g. the story of Harvey Milk), sometimes not even the ethnic community (e.g. the impact of Barbara Jordan), and certainly not the intersection of both communities (e.g. the legacies of Bayard Rustin and Audre Lorde). However, it is important to remember that the content should be empowering while also inclusive of the contextual realities of turmoil and strife that persons of color, gay and bisexual individuals, and those at the intersection struggled through over various generations. Therefore, the basis of the work must include a critical discussion around factual, historical atrocities like those mentioned previously in this piece. Critical inquiry through culturally-responsive curricula will help engage, entrench, and activate Black and Latino gay and bisexual young men to strive for both positive social and personal gains (Brockenbrough, 2016; Grady et al., 2012).

One critical component of a comprehensive health intervention may be to emphasize activities that would cultivate the development of PYD skills. A program containing sections on gay history, Black history, and the intersection of them could help instill a sense of critical consciousness as well as a positive base from which a Black or Latino young man could create
his personal life compass. This sense of critical consciousness is important in helping individuals reframe their perspective from one of situational identity to hyphenated selves (Hamann, & England, 2011). This reframing is empowering and helps people traverse hostile, sociopolitical/sociocultural spaces (Fine, & Sirin, 2007; Hall, & Fine, 2005; Sirin, & Fine, 2007). Furthermore, by intervening early, this may help build each young man’s engagement strategy arsenal and empower him to address future instances of personal conflict among his intersectional identity component parts as well as protect the continual assault of demoralizing oppressive messages or eroticization of his body. By placing intervention in an empowering and realistic historical context, the Black or Latino young gay or bisexual man’s perception of a threat may change and be converted into the perception of a formidable challenge (Brockenbrough, 2016; Grady et al., 2012). Beyond sociohistorically and socioculturally-relevant curricula, it is important to also incorporate action-oriented practice whereby the Black and Latino young gay and bisexual young men feel that they are also contributing/making a difference/creating change for not only themselves, but for their GLBT YOC “kin” (Brown, 2013; Conron et al., 2015; Watts, Griffith, & Abdul-Adil, 1999). This “action” is not only self-enhancing, but also deepens the young men’s sense of commitment to something larger and more “humanitarian” (Durlak et al., 2007; Lerner et al., 2000; Quinn, 1999).

**SOLO Program: Linkages to a Culturally-Responsive Youth Development Intervention.** For example, a potential direction of culturally-responsive intervention design may be an extension of a program implemented at Boston GLASS. The initial 12-week program was called “Stepping Out to Love Ourselves” (SOLO). The program aimed to get young GLBT YOC to consciously consider their multiple identities and to come to view them from a place of pride, which was attained through various levels of engagement from one-on-one mentorship, peer support, interactions with adult GLBT POC, and service
learning opportunities. The program had various elements including group discussions, diversity trainings, guest speakers, and community service projects that occurred on a consistent, regular weekly basis to establish consistency for the community members. SOLO additionally included both an individualized social service intervention with the program leader and a college prep component.

As part of the SOLO empowerment program’s curriculum, the community members learned about Black history (e.g. Civil Rights Movement), GLBT history (e.g. Stonewall), and the intersection of them (e.g. Bayard Rustin, Audre Lorde). While learning about their own history, the young people spoke with current GLBT POC, who by and large, are usually less visible among either the heterosexual Black community or White gay community, to hear/discuss their personal journeys. These history lessons and life histories built pride within many of the young people and many of them reported higher self-esteem, self-efficacy, and life balance. For the first time many of the young people felt that there was a way for them to be both Black and gay. The final step in the program was to engage youth in an advocacy project whereby they mobilized themselves to instill these lessons in their peers to subsequently self-advocate for change around a pressing social justice or health-focused issue impacting the young GLBT POC community. Elements of this programmatic structure are supported by other work that finds strong relevance of culturally-specific mentoring and active engagement in social justice activities as protective for culturally-diverse youth (Conron et al., 2015; Washington, Barnes, & Watts, 2014). (See Figure 6 for SOLO Program Logic Model)
**Figure 8** SOLO Program Logic Model

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space</td>
<td>Culturally appropriate speakers re: career</td>
<td>Images of positive LGBT people of color</td>
<td>Young people start to see their own potential: careers and in terms of their identity</td>
<td>Young people learn the ways in which your identities can fit into your career.</td>
</tr>
<tr>
<td>Computers</td>
<td>10 part workshop series (open group)</td>
<td>Offered positive career options</td>
<td>Young people learn to encourage one another to love themselves and support the LGBT community of color.</td>
<td>Young people love themselves and embrace their many identities.</td>
</tr>
<tr>
<td>Trained Staff</td>
<td>Individual training with a common theme—“Pride in multiple identities”</td>
<td>Speaker’s Resumes</td>
<td>Young people begin to see what type of work they are good at and receive praise for.</td>
<td>Young people develop a sense of pride in being both LGBT and any other identity.</td>
</tr>
<tr>
<td>Speakers</td>
<td>Youth Assessment and goal planning</td>
<td>Realized commonalities (or differences) around issues of race, class, homophobia, body image, &amp; community organizing</td>
<td>Young people choose the right career for them.</td>
<td>A decrease in drama and hostility between LGBT youth of color.</td>
</tr>
<tr>
<td>Community Service Sites</td>
<td>Bi monthly group community service events</td>
<td>Written goals with reasonable dates</td>
<td>Young people reach their career goals</td>
<td>Young people reach their career goals.</td>
</tr>
<tr>
<td>Stipends</td>
<td>Follow up on program experiences one on one, casual</td>
<td>Learn the day to day routines of community organizations</td>
<td>Young people are introduced to careers in two capacities: One, they learn about the professional experience of guess speakers. Two, they volunteer for various social service organization.</td>
<td>Young people choose the right career for them.</td>
</tr>
<tr>
<td>Curricula</td>
<td>Ansel Casey Assessment and goal planning</td>
<td></td>
<td>Young people are introduced to careers in two capacities: One, they learn about the professional experience of guess speakers. Two, they volunteer for various social service organization.</td>
<td>Young people choose the right career for them.</td>
</tr>
</tbody>
</table>
Some of the young people, prior to enrolling in the SOLO program, were the most at-risk Boston GLASS community members. Some of the young people were engaging in survival sex work, not engaging in health care, and couch surfing. Many of the young community members were not interested in learning about STIs or HIV nor in changing their behavior, in part, because they had come habituated to their circumstances. The continual oppression the young people experienced instilled a sense of learned helplessness. Additionally, given the tumultuous nature of their daily lives, many young people did not have the ability to focus on using a condom given they may have been trying to find a way to eat that day or figure out where they were going to sleep that night. Preliminary data from the initial 14 SOLO program members showed a decrease in unsafe sex, those engaging in sex being more apt to insist on their partners using a condom, and going regularly to the clinic for HIV testing and care (Boston GLASS, 2011). [SOLO participant health survey]

Unpublished raw data. The SOLO participants were able to gain confidence in themselves and fully embrace their intersectional identity as being powerful and acceptable irrespective of larger societal opinion. Many of the community members no longer had a sense of uncertainty when it came to their identity as a Black or Latino gay or bisexual young person.

Culturally-responsive PYD programming, grounded in IPT may allow for the development of more general strategies that could lead to specific health preventative outcomes. As noted with the SOLO program, this took into consideration the contextual factors individuals face on a daily basis around their sense of identity, which resulted in a reduction in social identity conflict, an increase in the principle areas of self-esteem and self-efficacy, and a decrease in sexual-risk taking behaviors.

**Boston GLASS: Linkages to a Holistic Health Strategy.** Building upon the specific SOLO program, the larger Boston GLASS service model may better inform an integrated strategy focused on health that is grounded in a
reality-based, asset-centered skill development process. Over the course of two years (2007-2009), JRI Health (the larger division of which Boston GLASS was a part), conducted a program evaluation of Boston GLASS. Based upon the work of myself and the Director of Evaluation Research & Planning, we proposed a new strategic approach that included the development of a new service utilization plan and staffing structure. Our major reasons for the proposed adjustments were due to shrinking funding opportunities, increased needs from our youth community members, and the continual staffing changes simply due to the limited scope of job descriptions associated with grants to fund specific segments of the full menu of social service offerings.

Our goal was to institute a larger systems-based strategy that would increase service efficiency, reduce staff turnover by creating more comprehensive position responsibilities, and would allow for access to both specialized and general funding streams. In order to move away from a traditional health issue-specific approach, typical of public health that created a silo-effect, we endeavored to use a general population-centered, ecological systems (Bronfenbrenner, 1979) theory-based approach to increase both continuity of programming and staff for our youth members and more long-term agency sustainability. Additionally, we created more strategic alliances with other providers, agencies, and public health institutions to create a Circle of Care.

Therefore, our collaborative team worked to develop a more fully cohesive health strategy to engage our youth community members by pulling on numerous strategies from harm reduction (Harm Reduction Coalition, 2015) to locus of change (Prochaska, & DiClemente, 1986; Prochaska, DiClemente, & Norcross, 1993) models. We had to be creative in framing our proposed new “health prevention and education” program, which was theoretically-based in non-traditional public health strategies. We felt a holistic health-centered social service agency based in empowerment models and ecological theory
(Bronfenbrenner, 1979) was critical for both our community as well as an opportunity to bridge two areas of work – youth development and public health.

As part of our endeavor, we wanted to develop an internal supportive network to intervene with GLBT youth of color by meeting their immediate needs and simultaneously getting them involved in positive youth development based programming. We felt it was a fruitless endeavor to have youth enrolled in youth development program if they had more critical life issues to deal with at the time. It would be fruitless because our youth members would not be “present and available” for the skill-building activities to leave a long-term impression. Additionally, our scope of services at Boston GLASS aimed to address a critical objective of the current Healthy People 2020 educational goal. The goal that our program was addressing was the call to infuse public health education – be it improving health literacy to understanding social determinants of health – at all levels of society across the lifespan through both formal and informal outlets (Baur, 2010). This strategy would result in GLBT YOC becoming invested in maintaining/improving their quality of health (Baur, 2010). The following discusses the process of establishing this holistic program, our theoretical argument to our funding organizations, and the critical program design components that accentuate the potential importance of developing culturally-responsive, asset-based strategies as alternative prevention models. (See Figure 7 for Boston GLASS Program Logic Model)
Boston GLASS-UYI Scope of Services:

Service Utilization Plan

1. Client Recruitment:
   - Outreach & Peer Word of Mouth
   - Basic Risk Assessment
   - Materials Distribution
   - Relationship Building

   Settings: bars, clubs, public events, forums, presentations, neighborhoods, social networking sites

   If member of priority population and at high risk… or
   If individual identifies a non-HIV-specific need during initial assessment…

   Invite contacts to come to Boston GLASS/UYI

2. Client Triage
   Via Stationary Outreach at Boston GLASS/UYI:
   - Tour/Materials Distribution
   - New Member Information
   - Behavioral Risk Assessment/Rapport Building

3. Comprehensive Risk Assessment/Clinical Assessment:
   - Ansell-Casey Life Skills Assessment
   - Child & Adolescent Needs & Strengths (CANS)

4. Individual Counseling:
   - One-on-one sessions
   - Contract Development
   - Assessment (TLFB)
   - Goal-setting
   - Action Plan
   - HIV counseling & testing
   - Supported referrals to health & support services
   - Seek treatment for STD/STI via SBHC
   - Beginning conversations about PCRS
   - Case Management:
     Housing, Employment, Legal Assistance

   If HIV test result is negative or STD results are negative…

5. Intensive Mental Health Assessment:
   - Formal Behavioral Health Intake Assessment utilized at SBHC

6. Youth Development & Empowerment:
   - Groups
   - GLI
   - Shades of Color
   - Safe Spaces
   - Education

   If individual identifies a non-HIV-specific need during initial assessment…

7. Support Services:
   - PozRealness
   - Ryan White Title IV via Peer Support Services
   - Primary Care via SBHC

   If HIV test result is positive…

If HIV test result is negative or STD results are negative…

Intensity

low high
Boston GLASS, under the guise of attaining traditional health prevention and education funding – targeting issues of HIV, viral hepatitis (B&C), and STIs – set out to establish a scope of services that were broadly housed in primary and secondary prevention activities. Our non-traditional prevention and education strategies, focused on addresses the mounting sexual health disparities impacting GLBT youth of color. The primary prevention efforts were directed at utilizing education via curricula-based and service-learning strategies to reduce the future incidence of the aforementioned health issues while secondary prevention was diagnostically used to impact the presence of precursors that were found within our GLBT youth of color community members. Specifically, the social service program was based in an empowerment model to address primary prevention needs as well as harm reduction (Harm Reduction Coalition, 2015) and locus of change (Prochaska, & DiClemente, 1986; Prochaska et al., 1993) models for secondary prevention efforts. Despite, the main emphasis of my exploratory study to propose a primary prevention strategy that could eliminate the need for more invasion interventions (i.e. secondary and tertiary prevention) this is an unlikely reality. Therefore, an integrated multi-tiered strategy will always likely be needed given the complexity of human life and the detrimental impact of various determinants of health. The approaches used by our agency at Boston GLASS were housed foundationally in the ecological theory framework (Bronfenbrenner, 1979). To reiterate, the pinnacle pieces of ecological theory include: key structural elements of social contexts being important in understanding the origin of social problems; explanations of processes within ecology that effect individual thoughts, feelings, and behaviors; alterations at one or many levels of ecology can lead to changes in individual behavior (Bronfenbrenner, 1979). Essentially, ecological theory implies the importance of context in an individual’s life (Bronfenbrenner, 1979). Ecological theory (Bronfenbrenner, 1979) served as our guide to integrating research and
developing an intervention, which facilitated a more holistic understanding of the origin and assistance in reducing the presence of various health concerns.

More specifically, empowerment, an outgrowth of the positive psychology movement, allowed our youth community members to gain mastery over their lives by tapping into their existing strengths. These strengths served as building blocks of additional skill attainment for each Boston GLASS community member to be better equipped to both understand and address their current individual needs. Primary prevention was basically enhanced traditional youth development programming. The enhancement of harm reduction (Harm Reduction Coalition, 2015) allowed for youth to enter the change process where they felt most comfortable and prioritized them as being the primary locus of change (Prochaska, & DiClemente, 1986; Prochaska et al., 1993) around their behavior(s) compared to other approaches, which often burdened the Boston GLASS and supportive network team members with the task of being the change factor or creator of change in the life of each GLBT youth of color community member. The premise was to transition the staff and network members into supportive mentors serving as educative guides for the young community members.

The specific services offered by Boston GLASS attempted to keep the youth community members engaged across a number of contextual levels. We felt the exclusion of context in intervention work underestimates the effects of various contexts and does not allow for a critical examination of the complete environmental impacts on the individual and GLBT YOC community.

Primary prevention activities essentially aimed to help GLBT YOC avoid the development of a disease, illness, or social issue through the use of holistic health promotion activities. Secondary prevention activities aimed at early disease or social issue detection, whereby the Boston GLASS interventions/programs that were part of the larger systems approach could be
implemented to prevent the progression of an illness or social problem or the emergence of additional symptoms/risk factors within the Boston GLASS community members. All of which emphasis how ecological systems theory (Bronfenbrenner, 1979) could serve as a guide to thinking about determinants of health and the importance of intervening at those multiple points (e.g. character/confidence development, social support network development, social service system access, oppressive societal policies/practices) versus focuses solely on the health issue (e.g. HIV, viral hepatitis, STIs).

As a result, Boston GLASS’s primary prevention activities utilized an empowerment and youth development approach to promote holistic healthy living activities among our at-risk youth community members. Health was broadly conceptualized as biopsychosocial. Empowerment models allowed for the GLBT youth of color community members to actively participate in their own health care needs as well as the health care of their communities. Empowerment models rely on utilizing the youth member’s current set of skills and strengths to provide the confidence in developing skills and knowledge in deficient areas of life. This was achieved at Boston GLASS primarily through the use of outreach and peer leadership opportunities to develop and disseminate information on both health-related issues like HIV as well as general risk factors like low self-esteem to fellow community members. The health promotion activities included both in-house and street-level outreach, health communication/public information sessions, and coordinated, supportive service referrals that allowed for at-risk community members to gain a sense of agency in their personal process of change.

Secondary prevention included the implementation of strategies that were based in harm reduction (Harm Reduction Coalition, 2015) and locus of change (Prochaska, & DiClemente, 1986; Prochaska et al., 1993). Harm reduction, at its core, aims to allow providers to meet individuals “where they are at” in their process of cognitive-behavior modification (Harm
Reduction Coalition, 2015). Essentially, Boston GLASS providers and collaborative partners worked with youth to reduce their engagement in high-risk activities by educating them on strategies that may have been less risky, but allowed each young person to still maintain their sense of autonomy and choice in their own health process. This was simply an informed decision-making process where the information and tools were provided by staff, but it was the choice of the youth if, when, and how to use them. The key tenet of any harm reduction model is allowing the individual to maintain that sense of personal agency (Harm Reduction Coalition, 2015).

Additionally, the inclusion of a locus of change model (Prochaska, & DiClemente, 1986; Prochaska et al., 1993) in combination with harm reduction (Harm Reduction Coalition, 2015) empowered the GLBT youth of color community members to take responsibility for his/her actions while gaining insight into potential reasons why he/she may be engaging in at-risk behaviors. The locus of change model requires that a person examine their own behavior and realize that the control to change lies within himself/herself and that power for choice should not be given over to another person (Prochaska, & DiClemente, 1986; Prochaska et al., 1993). Research indicates that when individuals, while learning a set of critical skills or knowledge (e.g. like those in PYD program activities), are more likely to change when they do not feel pressure to modify their activities as well as feeling a sense of control in decision-making around their personal life choices (Jensen, Cushing, Aylward, Craig, Sorell, & Steele, 2011; Lundahl, & Burke, 2009). This is critical when working with GLBT youth of color because so often they are faced with adultist views and perspectives that take away their sense of personal agency.

Within the Boston GLASS scope of services, secondary prevention activities included both individual level and group level intervention. The individual level intervention used motivational interviewing, which is a client-centered directive method for enhancing intrinsic motivation to change
by exploring and resolving ambivalence along with evaluative techniques like timeline follow-back (Hettema, Steele, & Miller, 2005; Miller, & Rollnick, 2012; Sobell, & Sobell, 2003). Initially, both motivational interviewing and timeline follow-back techniques have been used by counselors working with problem drinkers, binge eaters, smokers, substance users, medication non-adherers, and sexual risk takers in behavior modification (Breslin, Zack, & McMain, 2002; Cunningham, Sdao-Jarvie, Koski-Jannes, & Breslin, 2001; Lundahl, & Burke, 2009; Moyers, Martin, Houck, Christopher, & Tonigan, 2009). Additionally, these aforementioned methods allow for a more holistic integrated approach to working with GLBT youth of color because they allow for the examination of how all life risk factors interact to affect an individual (i.e. determinants of health). The group level intervention used a “Safety Net” approach, whereby youth community members participated in workshops that informed them of various culturally-specific determinants of health, risk factors, and associated engagement strategies to maintain/improve their quality of health. Given the lack of culturally appropriate intervention strategies designed for GLBT youth of color, our team implemented a set of curricula developed to address the holistic needs facing our community members that were based in asset-skill development. Therefore, youth members discussed not only their health disparities, but strategized on what current skills they could use to ensure they did not become part of those devastating statistics. A key reason that this strategy was used is the fact that often adolescent interventions do not contain balanced curricula that addresses the critical issues facing our community members like homelessness and survival sex work. Additionally, adult interventions do not consider the developmental capacity/status that differs for youth. Finally, many interventions do not incorporate issues faced by individuals with intersectional identities, particularly when those
intersectional identities intersect among multiple stigmatized groups like being both a gay or bisexual and a person of color.

Boston GLASS implemented evaluative materials to assess both the health impact on the community members as well as psychometric properties of the culturally-centered curricula to assess reliability and validity. However, during my tenure no formal analysis was conducted on the direct impact of the materials. However, during my short time overlapping with the full program implementation process, there were significant increases in the number of new Boston GLASS members, youth members engaging in both testing and treatment services, those involved in coordinated care services because of access made possible via health navigation support, those participating in both individual level and group level interventions along with receiving comprehensive risk assessments. Additionally, many youth members were trained to provide peer education, outreach, and were participating in the development and implementation of a community-level health campaign. In the community-level health intervention, youth members planned to develop their own health-centered messages using a multitude of techniques from spoken word, interpretative dance, photography, and film production. Youth were planning to advocate for health within their communities by spreading the word about why it was important to take pride in personal health and well-being.

The proposed Boston GLASS program specifically aimed to improve health outcomes by addressing immediate needs while empowering individuals to create change for themselves and others through action-oriented activities. The primary prevention activities that the youth community members participated in were those previously mentioned of outreach, peer led workshops, and health communication/public information sessions. The secondary prevention activities included individual and group level interventions.
The individual level intervention activities included the use of traditional behavioral risk assessments (i.e. health surveillance data) and comprehensive risk assessments (utilizing the Ansell-Casey Life Skills Assessment (Nollan, Horn, Downs, Pecora, & Bressani, 2002) and the Child & Adolescent Needs Strengths assessment (Lyons, 1999) to evaluate the specific needs of the community members. The risk assessments were used to make appropriate service recommendations and to develop individual action plans for each youth member. Within the individual intervention sessions, the staff member would develop a contract with each young person engaged in this service to set shared ground rules and preliminary goals for counseling sessions. The counseling sessions included a timeline follow-back process whereby risk behaviors were reviewed over the previous two months. Both staff and previously trained peer leaders worked to create a list of risk factors like sexual activities, substance use, injection drug use, and survival sex work to be included in the timeline follow-back codebook. Timeline follow-back has been a technique that has been shown to have success in behavior modification, which is primarily based upon the way an individual interprets seeing the visualization of all their risk factors over the course of a period of time (Dutra, Stathopoulou, Basden, Leyro, Powers, & Otto, 2008; Hjorthoj, Hjorthoj, & Nordentoft, 2012). The use of the timeline follow-back technique in conjunction with other strategies is powerful in the individual decision-making process regarding risk taking behavior.

After completing the timeline follow-back activity, the staff member reviewed the history of risk behavior with the individual by inquiring about the accuracy of what was depicted on the page. Next, the staff member and youth member set goals that they will work toward achieving over the course of approximately three months. Within the individual intervention sessions, the staff member utilized motivational interviewing techniques to address the pre-set goals, which served as a direct way of assisting the community member
in developing introspection related to their personal life concerns. At the completion of three months, the staff member and youth member evaluated the progress toward cognitive-behavioral change goal achievement by completing an additional timeline follow-back from the previous two months. The initial month was not included in the follow-back assessment to provide that time for the staff member and youth member to build a stronger rapport. Finally, at this point in the relationship the staff member and youth community member assessed the status of their work together and made the decision to develop a new contract (i.e. ground rules and goals), which would commence in a new short-term three-month counseling cycle or to terminate their work at that time. This level of individual level work was proven to be very successful in modifying risk behaviors.

In the group level secondary prevention activities, the youth community members completed the initial series of risk assessments associated with the individual level secondary prevention activities. The main reasons for the assessment was to serve as a baseline within this series of activities, allow for those not involved in individual level sessions to be evaluated, and because the staff member(s) affiliated with the group level intervention may not have been the same individuals working with the youth in individual sessions. Once the community members completed their assessments the intervention facilitator would begin a series of workshops or social networking events around the determinants of health contributing to health concerns like HIV, viral hepatitis, and STIs. The intervention facilitator used the collaboratively developed culturally-responsive curricula for the group sessions. The curricula were designed as independent modules whereby the youth members would not feel undo pressure to have to attend every session. This decision to make stand-alone modules was to reinforce the sentiment of harm reduction (Harm Reduction Coalition, 2015) whereby we wanted to understand and respect the boundaries of youth by giving them the
agency to decide for themselves what level of engagement they wanted to have with the group intervention. Studies exploring intervention retention show that the shorter amount of time required for each intervention increases the involvement of members (Fjeldsoe, Marshall, & Miller, 2009; Teare, Peterson, Authier, Baker, & Daly, 1994). Additionally, youth and young adults synthesize information in different ways that adults where they often do better with retention of information in smaller doses compared to information that is covered over a series of days or weeks or utilizing alternative intervention engagement strategies (Fjeldsoe, Marshall, & Miller, 2009; Teare, Peterson, Authier, Baker, & Daly, 1994). Also, group level interventions have shown that individuals participating in the group find a sense of comradery and are more likely to adjust their behaviors if it is socially acceptable by other members of the group, a group for which they place value (Limbos et al., 2007). The group level interventions included pre-post evaluation of each session as well as the full series of content to monitor and track the knowledge learned and effectiveness related to personal risk assessment.

In our proposed systems level strategy, Boston GLASS youth members were regularly engaged in both primary prevention activities and secondary prevention activities associated to their level of holistic health risk/need. Given that many youth community members came to Boston GLASS approximately 3-4 times per week, it was important to keep them engaged to maximize their continual development. However, Boston GLASS also provided a drop-in space, food pantry and kitchen, health and hygiene kits, non-scheduled crisis intervention, and non-structured social space. The Boston GLASS alternative health model aimed to bridge youth development programming and public health intervention. By basing the programmatic elements theoretically in a context-centered approach, it functionally allowed for youth to engage at a level most comfortable to them while ensuring each one got what they needed at that
specific time. The youth members respected what we were doing for them, saw us as allies and advocates, felt we were family, and developed self-pride.

**Critical Process-Oriented Factors: Bridging Intersectionality and Perception through Identity Process Theory.** It is important to mention that programmatic and holistic health strategies are not successful because of their content or structure alone. There are important process-praxis elements that are critical to improving health and reducing disparities. Hankivsky speaks to how intersectionality is a praxis that requires work on the part of the researcher, practitioner, policymaker to ensure that they are enacting in a process that is inclusive, culturally-responsive, and empowering for their community collaborators (2014). Therefore, reasons that the Boston GLASS holistic health approach may be successful is due to the collective attentiveness we took as an entire community (i.e. youth and staff/mentees and mentors/collaborative partners) to address the self-identified needs of the GLBT YOC community.

Intersectionality emphasizes the importance of us as researchers/practitioners/policymakers to have a sense of reflexivity, be aware of power and the role it plays in be accepting of diverse knowledges (Hankivsky, 2014). If we are to be truly transformative then only by attending to these things can we work for social justice and equity (Hankivsky, 2014). I feel it is important to unpack these components within a process-oriented frame. We must engage be aware, before engaging in collaborative work, of our own situated intersectionality through the practice of reflexivity. We must be aware of our sociohistorical positionality and role, be critically self-aware, and be willing to question power/privilege/assumptions/truths (Hankivsky, 2014; Watts, 2010) We need to be aware of the relational nature of power not only in its impact on youth, but we must understand our active role in the potential way we can reproduce or interrupt oppressive practice through our work (Hankivsky, 2014). The way
that we develop a level of “multicultural competency” is through ensuring that we are considerate of both the content of our interventions/policies and how we teach/mentor/empower youth (Buckley, & Foldy, 2010). This process creates a safety that is protective of personal identity and psychology (Buckley, & Foldy, 2010).

The notion of diversity of knowledges (Hankivsky, 2014) reflect notions from the de-colonial ethics literature and that can be transferred to the intersectionality (Hankivsky, 2014) praxis. Diversity of knowledges (Hankivsky, 2014) requires that we critique what constitutes knowledge, how we decide what qualifies as knowledge, and being open to respectfully accepting other non-hegemonic perspectives. The applicable de-colonial theoretical constructs of Nepantla (Anzaldúa, 1987), Ubuntu (Chuwa, 2014), and Kanohi kitea (Tuhiwai Smith, 2006) have important implications of developing a culturally-relevant, asset-based holistic health strategy because it respects not only a diversity of knowledge, but recognizes power and reflexivity. The de-colonial praxis emphasizes the importance of understanding the situated power differentials in research and intervention practice; importance of embracing and respecting the self-identified, community-validated analysis of needs/concerns and resources/solutions; being full-invested and empathic to knowing those existing within intersectional community space prioritize group/collective/culture (Guishard, 2014). Therefore, traditional strategies of engagement and information gathering may not be appropriate. Black and Latino gay and bisexual young men are aware, knowledgeable, and the experts that should be the ones to invite researchers/practitioners/policymakers to partner in understanding their knowledge, attitudes, barriers, and appropriate dissemination strategies (e.g. social networking strategies, Health SafetyNet approaches).
Identity Process Theory: Identity Process Theoretical Foundations & Application. An integrated theory could speak across the importance of the various primary frameworks discussed in this piece. An integrated theory could emphasize the potential impact of sociocultural factors on health - i.e. SDOH framework (USDHHS, 2010; WHO, 2010); the potential importance of developing both critical life skills and strengths for health-promoting outcomes - i.e. PYD framework (Hamilton et al., 2004; Pittman, & Fleming, 1991); the potential influence of the multi-layered, sociohistorical, and sociopolitical ecosystem on existing health inequities - i.e. hyphenated selves framework (Fine, & Sirin, 2007) and intersectionality praxis (Bowleg, 2012; Cole, 2009; Hankivsky, 2014). Furthermore, this integrated theory could emphasize potential missing elements of individual level influential factors like perception, affect as important when highlighting the need for culturally-responsive program design. Identity Process Theory (IPT) (Breakwell, 1986) may be one such potential integrated model of identity development. Furthermore, it may refine the broader, critical aforementioned frameworks and allow theorists to better gauge the potential conceptualization of a fully integrated, multi-tiered identity like that discussed within the more specific IPT (Breakwell, 1986).

Identity Process Theory (IPT) (Breakwell, 1986) also has a strong empirical history in immigrant and transcultural literature similar to both previously mentioned frameworks of intersectionality (Cole, 2009) and hyphenated selves (Sirin, & Fine, 2007). According to IPT, identity is contextualized through the interaction of the cognitive factors of memory and consciousness with perceptual understanding of structural environmental factors like geographic or built environment and social environmental factors like culture or norms (Timotijevic, & Breakwell, 2000). Identity is therefore psychological in nature because it is manifested through cognition, affect, and behavior. IPT extends the work of Giddens, who believed that self-
identity was fluid and ascribed individual meaning based upon personal sociohistorical context (Giddens, 1991). Therefore, according to Giddens identity is consistent, but self-identity is consistent as long as the individual is reflexive in their evaluation of their sense of self.

Specifically, IPT attempts to provide a balance between personal identity and social identity, which are often theorized as different constructs with social identity often being subsumed by personal identity. However, in IPT the content or information defining identity includes both social identity characteristics (e.g. group membership, role, social category label) and personal identity characteristics (e.g. personal values, attitudes, beliefs, cognitive style). Content is therefore representative of a sense of individuality or uniqueness (Breakwell, 1986). Therefore, IPT views social and personal identity equally contributing to the formation of identity. Essentially, over time one’s social identity becomes their personal identity because through experience and self-reflection one’s values are built upon the frame of social roles. However, it is important to realize that content is not rigid, but is responsive and adjusts depending upon one’s interpretation of new information as well as the demands from the social environment that requires us to make new sense of both the world and our place within it (i.e. purposive individual reconstruction). More specifically, the content dimension is comprised of the degree of centrality, hierarchy of elements, and the salience (Breakwell, 1986). Furthermore, each content component has positive or negative value/affect connected to them. This value/affect element makes up the second identity dimension (Breakwell, 1986). Just as content is not fixed, each time an individual has a purposive individual reconstructive moment, the content elements that are reconstituted may also change in their value/affect. This is due to each component being potentially reappraised as a consequence of evolving social value systems (i.e. social identity’s influential structural factors) and the adjustments
of the individual in relation to those social value systems (i.e. personal identity).

According to IPT, identity is created by two general psychological processes, assimilation/accommodation and evaluation. First, assimilation and accommodation are parts of the same cognitive process. Identity assimilation is when new components (i.e. new roles or values) are situated within existing identity elements and therefore maintaining a sense of self-consistency. Accommodation is when the current existing identity structure is reconstructed to make room for a new component part (Breakwell, 1986). Assimilation-accommodation could be thought of like a memory system, which is potentially biased to what is retained and recalled by the individual. The biases are predictable based on the fact that identity is guided by a specific set of principles. Second, the other process is evaluation. In evaluation value, affect, and meaning is attached to each identity component (Breakwell, 1986). During the evaluation process, individuals are seeking to create a sense of balance whereby they maintain a sense of self, but change when necessary based upon situational context. The two processes, assimilation-accommodation and evaluation, interact to determine identity’s changing content and value over time, which in turn make identity a much more dynamic and fluid construct.

The above processes are guided by the interaction of four identity principles, with the goal of maintaining a positive self-image. The four principles are self-esteem, self-efficacy, distinctiveness, and continuity. People attempt to gain a sense of self-esteem while maintaining self-efficacy (i.e. sense of competence and control), in midst of trying to distinguish themselves from others (i.e. distinctiveness), but there must be an appearance of this being consistent over time (i.e. continuity) (Breakwell, 1986). The four principles can be temporally and culturally specific (Timotijevic, & Breakwell, 2000). The guiding principles vary in their
relative and absolute salience over time and across situations. Additionally, the salience of these varies developmentally across the lifespan (Breakwell, 1993). Cultures influence the desirability of continuity, distinctiveness, self-efficacy, and self-esteem within individual identity. For example, Vignoles et al. (2000) found that some cultures de-emphasize the requirement for distinctiveness whereby it is not an important feature to stand out within a population (e.g. Eastern cultures). Therefore, distinctiveness is not as central, as high in the hierarchy, or as affectively valued as the other three identity principles. Distinctiveness may differ in form across different cultures as well. For instance, it may be that this could be seen as an important factor on the spiritual level but not important on the physical level like within Buddhism and other religious communities where spiritual distinction is relevant, but distinctive physical appearance is not important (de Silva, 1990).

Furthermore, identity develops within a specific sociohistorical context. Social context is comprised of interpersonal relationships, category memberships, and general intergroup relationships (Breakwell, 1993). Identity content is amalgamated from these constructs, which generate the frame of specific roles that become embodied and eventually form the accepted beliefs of the individual. Additionally, the more complex an individual’s sociohistorical environment, results in a more diverse identity ideology. Social influences like education and media exposure create a system of values and beliefs, which are strengthened by social representations, social norms, and social attributions, which create the space where content and value of individual identity can be developed (Timotijevic, & Breakwell, 2000). Therefore, a positive individual identity may be initially confined and difficult to achieve if it is comprised of taboos or components that are viewed in a stereotypically negative way by society/culture (e.g. being gay
and Black as demonstrated in the previous sociohistorical US policy discussion).

However, IPT does not insinuate that social context determines identity because remember that identity is not fixed, but is continually created through a reiterative evaluative process. Furthermore, contradictions present themselves socio-historically for which people become aware. Social contradictions occur within basic ideology because they are created by intergroup power struggles. For example, homosexuality being accepted by some family members and not others makes it inconceivable to blanket it as a "bad" thing. It is these contradictions that allow the individual freedom of choice in designing one’s own identity structure. Therefore, identity changes are purposeful, because people are driven by the need to create a sense of balance and positive well-being. In essence, an individual has a sense of personal agency in their identity’s creation as opposed to simply being at the mercy of society or the situation. Further constraints beyond socio-historical context exist such as memory retrieval. For example, if a person is unable to access information that could inform their reconceptualization of self that person is limited because he or she may not be able to access information around social position or experiences that would inform this adjustment, which in effect restricts how much they can change (Neisser, 1994; Neisser, & Fivush, 1994). So, experience and exposure to more things creates a larger menu from which a person has to choose the component elements of their identity. Thus, IPT also provides space for the consideration of both social identities and personal identity within the individual because an individual selects from a set of social constructs, which in turn serve as the building blocks of the creation of his/her personal identity.

Identity change is further impacted by social change depending upon factors of how personally relevant the situation is to the individual; the
need to be involved in the social change movement is important to the individual; how much change is required of the individual; how negative the change is/would be on the individual (Timotijevic, & Breakwell, 2000). If an individual shifts within the social matrix then they will feel an associated pressure to change their identity, because along with it comes a different set of social influences and restrictions. People will have a need to resolve the incongruence between their new social position and their old sense of self. Additionally, identity threat occurs when assimilation and accommodation are incongruent with the principles of self-esteem, self-efficacy, continuity, and distinctiveness. Therefore, identity shift is in essence due to a response to this threat. Threats are negative and will cause an individual to re-engage in identity processes in an attempt to alleviate the threat (Breakwell, 1993). However, threat will only create a change response and identity reformation if it is conscious to the individual. Conscious awareness of the threat is only made available if an individual does not have the appropriate coping strategies to alleviate it (e.g. denial, projection, social support).

Therefore, coping is a thought or behavior that alleviates the identity threat by removing it or modifying it. Coping may occur at various levels from within the internal mind, interpersonal situation, or group/intergroup context. Coping strategies selected by the individual to alleviate the threat are dependent upon the interaction between threat type, social contextual salient parameters, previous identity structure as well as the cognitive and emotional capacities of the individual (Breakwell, 1986). The coping strategies are often in response to threats associated with the principles of self-esteem, continuity, self-efficacy, or distinctiveness. Furthermore, beyond the principles, individuals engage in coping strategies because of additional motivations to have a sense of belongingness (need to maintain feelings of closeness to and acceptance by others), meaning (need to find
significance and purpose in life), and psychological coherence (need to establish feeling compatibility between interconnected identities). Thus, IPT transcends a singular sense of identity and cross-cuts various levels of identity conceptualization to create a constellation of self-aspects contained within everyone. However, despite this general constellation within each person, the arrangement of the various components is unique and marks a person as having a different psychological profile from others. These coping responses have been documented in a number of different studies and emphasize the importance of identity in maintaining a sense of well-being (Devine-Wright, & Lyons, 1997; Ethier, & Deaux, 1994).

The conceptualization of IPT (Breakwell, 1986) gives way to inclusion of concepts around intersectionality (Bowleg, 2012; Cole, 2009; Hankivsky, 2014), hyphenated selves (Fine, & Sirin, 2007), PYD (Hamilton et al., 2004; Pittman, & Fleming, 1991), and coping/engagement strategies related to SDOH (USDHHS, 2010; WHO, 2010). IPT (Breakwell, 1986) is an inclusive theory of identity and identity threat that identifies multiple identity principles and provides a scope for exploration of intra-psychic, inter-personal, and inter-group processes. IPT (Breakwell, 1986) identifies, describes, and elaborates on various coping strategies in which individuals will engage when perceiving a threat to identity. IPT (Breakwell, 1986) abandons distinction between social and personal identity, viewing dichotomy as purely a temporal artifact. This theory speaks to the existence of social identities and individual traits, which are both relative to the self-concept (known in IPT as self-aspects). IPT (Breakwell, 1986) integrates micro, macro, and meso levels of human interdependence, which is evident in the recognition of social representations’ role in the psycho-social processes that underlie identity construction.

IPT (Breakwell, 1986) is a holistic model of identity development that speaks to an intersectionality (Bowleg, 2012; Cole, 2009; Hankivsky, 2014)
framework and conceptual understanding of hyphenated selves (Fine, & Sirin, 2007). Furthermore, IPT provides a theoretical framework that includes the major elements of the PYD (Hamilton et al., 2004) framework (e.g. contextual influence, asset-development) within the context of SDOH (WHO, 2010). However, IPT (Breakwell, 1986) could refine the SDOH framework (WHO, 2010), intersectionality (Bowleg, 2012; Cole, 2009; Hankivsky, 2014) praxis, and PYD (Hamilton et al., 2004) framework by detailing the importance of personal experience, cognition, perception, and their interactions as integral to the developmental process and perpetuation of distinctive disparate health outcomes among individuals belonging to the same multi-cultural groups (i.e. within group differences/differences among Black and Latino gay and bisexual young men). In its formulation, IPT (Breakwell, 1986) allows for the flexibility required to ascertain the differential developmental processes for not only various groups within society, but for individuals within each group by explaining how each person comes to his/her own sense of personal identity along with understanding the influence of social and structural factors on that process. IPT (1986) makes room for more allowances regarding the potential types of influential factors impacting the identity developmental process, in particular those that are related to perception. The inclusion of perceptual influence means that negative experiences and negative consequences of actions are not the only ways identity development can be influenced. Positive developmental trajectory, here having focal emphasis on identity, can be shaped by merely perceived experiences and the interpretation of outcomes. This could explain the variable impact of SDOH across different individuals with shared backgrounds (i.e. Black and Latino gay and bisexual young men). Perceptual influence is often overlooked and not included as a function of many other frameworks attempting to explain the influences of various SDOH because these other frameworks often center on
situation and behavioral factors specific to the individual or reside at investigating at a group or population level.

IPT (Breakwell, 1986) therefore considers identity construction and reactions of the individual under threats. Coping strategies/critical engagement strategies used by individuals are fluid and subjective because different identity threat forms require the use of distinctive coping strategies with some being more effective than others (Brown, 2011; Wilson, & Miller, 2012). Coping strategies/critical engagement strategies are dependent upon an individual’s personal level of human interdependence, which informs the various intra-psychic, inter-personal, and inter-group strategies found within an individual’s set of personal resources (e.g. positive self-esteem, familial support, downward social comparison). Coping strategies/critical engagement strategies may certainly fit broadly across the three levels, but each is likely to differ qualitatively to the individual and/or cultural factors being threatened with the aim of conceptualizing, safeguarding, or enhancing behavior for the principled operation of identity process/protection. Therefore, theorizations around the inter-relations of cognition, behavior, and identity formation (e.g. ethnic identity, sexual orientation identity) could be possible. These assumptions are supported by empirical investigations of concepts such as minority stress (Meyer, 2003) and stigma-induced identity threat (Major, & O’Brien, 2005). However, specific frameworks like SDOH that reside within the interdisciplinary field of public health – although preliminarily examining the impact of psychosocial factors like stigma, self-efficacy, and stress on health outcomes – historically investigate at the population level, examine relationships to single health outcomes, and not on within group differences based on perception and interpretation (Bharmal et al., 2015; Braveman et al., 2011; Hatzenbuehler et al., 2013).
Researchers have investigated the relationship between identity and stress. This relationship is often mitigated by the impact of stigmatization on a minority individual as emphasized by the SDOH framework (WHO, 2010). Effects of stigmatization manifest in many different ways, including putting stigmatized people at risk for experiencing threats to personal identity. Personal identity is not uni-dimensional, but rather a collage of multiple social identities each more or less relevant to the various realms of an individual’s life (Bowleg, 2012; Cole, 2009). Identity formation can be complicated by experiences of heterosexism, racism or prejudice when individuals engage in stigmatized activities (e.g. homosexual sexual practices, speaking in an urban vernacular typically seen more often in some segments of minority populations) (Flanders, Robinson, Legge, & Tarasoff, 2016; Harper, & Schneider, 2003). Furthermore, an individual’s perception as it relates to the interpretation of stigma allows for the variation often demonstrated among individuals of shared social identities. Evidence supports the notion that perceived stigmatization can be detrimental to self-esteem, academic achievement, and health, but also be variable in its impact within-groups due to differential interpretations (Inzlicht, & Ben Zeev, 2000; Kaiser, Major, & McCoy, 2004; Tovar-Murray, 2011). This is additionally complicated by an individual’s perceived support and their belief that they are able to cope with the stigmatizing situation based upon their level of resources or critical life skills. If an individual perceives himself as having a strong sense of self/character and also as a potential target of heterosexism, but feels that he has sufficient coping resources like social support/confidence or using appropriate coping strategies/critical engagement strategies like limiting his access to discriminatory individuals then this potentially stressful threat is nullified. This has been demonstrated in numerous studies including those with GLBT persons of color (Peterson, & Jones, 2009; Pinto, Melendez, & Spector, 2008).
In a more specific example, previously I explored the relationship between identity, identity-specific social support, and identity threat among behaviorally-identified gay and bisexual men of color. I examined the impact of general perceived social support, irrespective of identity specificity, and the role of specific social identity centrality (i.e. ethnic identity, sexual orientation identity) on the aforementioned relationship. My results demonstrated the complexities of personal identity and its associated relationship to social identity threat as well as social identity support. Overall, I found that behaviorally-identified gay and bisexual men of color, although at more risk for identity threat, relied on the quantity of their supportive resources/critical engagement strategies to cope with social identity specific threat. The gay and bisexual men of color did not access a specific identity support type to deal with an associated identity specific threat. Therefore, if the gay and bisexual men of color perceived ethnic identity threat they expressed a higher coping capacity if they had perceived having both sexual identity support and ethnic identity support. Those men that expressed having sexual identity support were just as likely as those with ethnic identity support to feel they were able to cope with a specific ethnic identity threat. However, I found that individuals with disparate levels of centrality between their ethnic identity and sexual identity felt more identity-specific threat and reported less perceived identity-specific support. Therefore, those men reporting high levels of ethnic cultural values expressed more distress related to their sexual identity because they felt there was minimal support available to them to process their sexual identity threat. (Brown, 2011)

My previous work served as a preliminary quantitative investigation around the factors pertinent to this exploratory study. I provided supportive evidence to justify the exploration of the quality of various health influencing factors such as SDOH (e.g. social support networks), perception,
resiliency, and personal identity development. This qualitative investigation expanded upon this previous work by exploring the intersectional nature of the relationship between ethnic identity and sexual identity for gay male youth of color; examining the culturally-specific experiences faced and adaptive critical engagement strategies available to gay and bisexual young men of color that may be protective when surviving and thriving within oppressive systems. Therefore, I emphasized that researchers must consider sociohistorical and sociopolitical context in the lives of Black and Latino gay and bisexual young men.

My current exploratory study informed more broadly the need for culturally-responsive asset-based praxis and the use of said praxis as the basis for developing culturally-relevant, general holistic health intervention strategies. Additionally, my qualitative excavation brought to the surface critical elements within the lives of young gay and bisexual men of color that could be pivotal in the metamorphosis of intersectionality over time and provide justification for proposing alternative dynamic, fluid theoretical approaches to better explain the complex identity formation process within Black and Latino gay and bisexual young men. More specifically, this study expanded upon previous theoretical notions of different, compartmentalized identities compared to the possibility of there being merely different aspects of identity within the same singular identity - therefore, a more “hyphenated” explanation of the intersectional nature of ethnic identity and sexual identity. Additionally, this more broadly explored the complex contextual factors that situationally impact the process of personal, reflexive self-knowledge. The exploration of identity development theory may be better served by grounding it in the potential application of IPT (Breakwell, 1986) to explain the complete integrated understanding of the factors explored in this study from personal development, positive life skill
attainment, and influential, experiential contextual factors unique to Black and Latino gay and bisexual young men.

Thus for Black and Latino young gay and bisexual men, health inequities due to perceived difference ingrained by larger white hegemonic society stem from the legacy of the previously discussed discriminatory laws and policies. Therefore, the existing biased system/social infrastructure creates barriers for young gay and bisexual men of color across a number of SODH like service access and increase the potential exposure of young gay and bisexual men of color to detrimental SDOH like violence. Therefore, in order to prevent the impact of internal health risk factors like poor self-image and low self-esteem (also SDOH) the creation of culturally-responsive, asset-based strategies (e.g. intersectionality-framed PYD programs) could begin to address young gay and bisexual men of color health inequities. However, it is important to first more broadly excavate and understand the unique experiences of all Black and Latino gay and bisexual men because these are foundational to the development of culturally-responsive programs. This study may have exposed some of the critical building blocks of creative health strategies that may lead to systemic change and begin a course of corrective action left from a history marred by social injustices.
From my work there may be several follow-up pieces. One additional investigation may include a more detailed analysis of Michael’s story. This proposed in-depth review could provide more specific insights into the intersectional identity development process of Black and Latino young gay and bisexual men beyond those alluded to in the brief two-part presentations. Furthermore, I will be able to explicitly demonstrate how participation in a health-centered youth development social service agency, primarily serving GLBT youth of color, could be pivotal in both the life trajectory as well as health outcomes for Black and Latino young gay and bisexual men. This piece may possibly reveal some of the complex issues and critical elements that are crucial to members of a disenfranchised community. The detailed case study analysis may be the singular way of exploring the layered contextual influences of individuals’ lives and health decision making process.

An additional critical piece that could emerge from this study is a methodological paper. This methodological piece may help support the current literature surrounding various investigative strategies when engaging with historically, underserved, disenfranchised, and often exploited groups. This piece could give credence to the importance of non-comparative analysis between the societal “normed” group and the “other” as historically seen among communities of color with European Americans as well as gay persons of color with white GLBT community members. Furthermore, this could provide insight into the subtle nuances of various qualitative techniques (e.g. open-ended response items, focus groups, identity mapping) and justify the use of mixed methodological strategies, even when only capturing qualitative information because each strategy may capture a different angle of the picture that often can become distorted when exploring and interpreting information only from one perspective. Additionally, this supports partnering with community members as well as advocates and their critical role not only
in interpretation, but the importance of their involvement from conceptualization through dissemination of results and the development of an action plan associated with any project.

Finally, another important piece to examine would be the potential policy implications surrounding Black and Latino gay and bisexual young men. It is important to not stop at intervention development and health strategy development. It is important to remember that "(race)-isms, poverty, and policy" create and maintain inequity as well as prevent social justice outcomes (M. Aguirre-Molina, personal communication, June 14, 2012). The only way that true change can happen is by developing policies that influence dismantling of current western systems. It is only through remembering that not all people and populations - this case Black and Latino gay and bisexual young men - given our unique sets of needs, assets, and situated context are not the same can we begin to work toward a true intersectionality praxis (Garofalo, & Harper, 2003).

We must continue to encourage Black and Latino gay and bisexual young men to advocate for systemic change. We have seen through times of strife, it has often been social activism and youth movements that had led to instrumental change. Youth social activism groups and youth themselves, through demonstrated unrest and critical inquiry of our sociopolitical sphere have helped spurn social change from education reform for black youth to questioning neoliberalism among queer youth of color in how to best address their needs extending from their lived positionality (Grady et al., 2012; Hosang, 2006; Marquez, & Brockenbrough, 2013). We as researchers, practitioners, policymakers, advocates, and community members must not sit ideally by, but have an ethical/moral responsibility to join in the fight for equity and social change across all levels (Guishard, Brown, & Heyward, 2016). Remember Michael and the fact that he has aged out of his system of care - we must advocate for policies that ensure that those most in need
never fall out of care and are given every opportunity to achieve health equity within our society.

Through this work, I have experienced a lot of personal self-exploration and deep, reflective growth. In many ways this has been an exhausting labor of love with many moments of turmoil, sadness, frustration, and certainly joy. Admittedly I continue to have a strong internal struggle that may never truly be resolved from systematic investigation. However, insight into the true passions of my life have been partially revealed with a strong drive to continue serving as a partner and advocate for those that often are faceless and nameless. I want and will need to leverage my position to break through the academic rigor that so often is restrictive, unapproachable, and possibly even unattainable for many like me. It is even more important for me to mentor and advocate for others on this journey - "continue to believe in yourself and know that your voice has value/meaning/purpose". Collaborative social justice requires academics/researchers/investigators/experts to humble themselves and to return to being the student/participant/community member. We must remember that change does not occur without struggle nor often without some level of chaos. The world is ever-evolving and as policies and practices change we must remember that there is a historical context that serves as the undercurrent for these new movements. Despite change we must remember that new issues shall emerge with new names, but often they are simply old issues masquerading as new.

Beyond large-scale issues and societal-level injustices, it is important to remember there is an individual perception that needs to be considered when aiming to "right wrongs". Perception is a powerful factor that in many ways could be the lynchpin in understanding the world around us as well as those within it. Perception and interpretation, consciousness and awareness are all concepts historically investigated at the most basic level.
It is important to raise the level of historical probative analysis around the aforementioned concepts to one that moves beyond the human “petri-dish” of the “social scientific laboratory” to the unclean, messy space of reality. Using a multitude of techniques one will be able to explore the realm of perception and its influence. By exploring “with similar others” whereby similar is not relegated to demographics, but similar lived experiences to find the subtle nuances reflecting slight perceptual differences. Life story analysis as well as evaluation of interactive programming activities like “study circles” could be a way to provide the appropriate information and fodder for developing truly impactful collaborative social justice initiatives.

Reflecting upon this journey allows me to acknowledge and recognize the microcosm with its intricate complexities. Not in this study nor any single study can I nor anyone capture the impact of all social, personal, or situational factors upon the individual and his/her health. However, a kernel can be laid down on the path toward investigating these aforementioned complexities. Hopefully my future work and years of systematic probing like looking deeply at each intersectionality praxis element or PYD factor and their complex situated existence among one another aligned with health outcomes will lead to my finis coronat opus.
Appendices

Appendix I

Survey Study Open-Ended Response Items Protocol

Please answer these questions as honestly and candid as possible. Feel free to take your time and use as much space as necessary.

1. How well do you feel your ethnic identity and sexual identity fit together?

2. How do you perceive other members of your ethnic community feel about your sexual identity?

3. How do you perceive other members of your GLBTQ community feel about your ethnic identity?

4. What are the ways that you cope with experiences or perceptions of heterosexism from your ethnic community?

5. What are the ways that you cope with experiences or perceptions of racism from your GLBTQ community?
Appendix II

Focus Group Study Protocol: Examined Items Only

Focus Group Questions (75 minutes)

The focus group questions are divided into three general areas: Safety, Comprehensive Health Services and issues of Identity & Self Esteem. These topics may overlap and other factors such as housing and social supports will be a theme throughout the discussion of these three broad topics.

Any questions?

Let’s begin.

Personal Safety & Housing

In this first section, we will ask you to discuss your perceptions of personal safety in different public and private environments such as: neighborhoods, schools, and in the home. People have different experiences and we want to know either your experiences, if you feel comfortable sharing, or the experiences of other GLBTQ youth of color who you know and have observed.

1. **Do you feel it is safe or unsafe for GLBTQ youth of color to be or express who they are in public environments (schools, neighborhoods, etc.)? Why or why not?** *Probe for specific examples from school, work, neighborhood and home environments.*

   Probes:
   - What part of “self” do you feel is safe and comfortable for GLBTQ youth of color expressing: their ethnicity? their sexual orientation? their gender identity? their gender expression?
   - Do you feel GLBTQ youth of color have been “targeted” (physical, verbal assault) for expressing these identities: ethnicity? sexual orientation? Gender identity or gender expression?

2. **Think of what places make you feel safe? Why do these places exude a feeling of safety?** *In other words, how would you describe an ideal school, work, neighborhood or home environment that is safe?*

   Probes:
   - What are the characteristics of these places?
   - What are the safety support structures in place for GLBTQ youth of color?
   - Who are the individuals that make up that safety support structure?
   - How do you feel they provide safety support?
3. How does this compare to the characteristics of an unsafe place?

Probes:
- Are there specific locations that are unsafe?
- What are those places?
- How are those places unsafe?
- Are there specific times of the day, week, year that are unsafe?
- What are those times?
- How are those times unsafe?

4. What are the self-protective strategies that GLBTQ youth of color utilize to ensure their safety?

Probes:
- How are these strategies self-protective?
- Why do you feel these self-protective strategies ensure safety?

5. In society, we have individuals that are viewed as being “protectors”. Do you feel that the people who are supposed to protect GLBTQ youth of color actually are there for them? For example, some of these individuals could be guidance counselors, teachers, parents, guardians, public safety officers, social service providers, medical providers.

Probes:
- What are the things they do to protect?
- How does it make you feel when those individuals that are supposed to protect GLBTQ youth of color are not able to protect them?
- How does it make you feel when those individuals that are supposed to protect GLBTQ youth of color do not care about their protection?

6. How would you describe your ideal home life?

Probes:
- Who would be there?
- How would it look, generally speaking?
- What kinds of things would you do there?
- What would be the overall tone?

Identity/Self-Esteem/Social Support

In this section, we will discuss identity, self-esteem, and social support. We want to know what you think about each of these concepts —singularly and collectively.

7. What comes to your mind when you think about the identity of GLBTQ youth of color?

Probes:
- How do you feel most GLBTQ youth of color identify?
- Why do you feel that most GLBTQ youth of color identify in this way?
- What do you feel are the influential life experiences that may impact how GLBTQ youth of color identify?
8. Do you believe that ethnic/racial identity, sexual orientation identity, and gender identity (if applicable) are in conflict for the overall identity in most GLBTQ youth of color?

Probes:
- Which, if any, identity tends to dominate?
- Does the dominant identity differ in different settings?
- Do you believe that these multiple identities are integrated for most GLBTQ youth of color? Why? Why not?

9. How is self-esteem in GLBTQ youth of color affected by having multiple identities? Self esteem reflects a person’s overall evaluation or appraisal of his or her own worth. Self esteem can apply specifically to a particular dimension (for example, "I believe I am a good writer, and feel proud of that in particular") or have global extent (for example, "I believe I am a good person, and feel proud of myself in general").

Probes:
- What things help to promote or increase self esteem for GLBTQ youth?
- What things undermine or thwart self esteem in GLBTQ youth of color?
- Are there public images of GLBTQ youth of color? Are they positive or negative?
- Are these images reflective of GLBT youth of color?
- How do having public images or not having public images affect self-esteem?

10. Do you believe that GLBTQ youth of color have support around their integrated multiple identities? Social support is the physical and emotional comfort given to us by our family, friends, co-workers and others. It is knowing that we are part of a community of people who love and care for us, and value and think well of us.

Probes:
- Why? Why not?
- What are the supports that GLBTQ youth of color have around their integrated multiple identities?
- How are these supports manifested or played out?
- Who are the supports that GLBTQ youth of color have around their integrated multiple identities?
- How does social support affect self-esteem in GLBTQ youth of color?

11. Is there a GLBTQ youth of color community in the Greater Boston area? If so, what does that community look like? If not, why does one not exist?
Wrap-up (5 minutes)

We have talked about a lot of important and personal information. Again, we want to thank you for participating today. Before we conclude the focus group we want to give any of you the opportunity to tell us any further information that you believe would help us understand the health issues facing GLBT youth of color. If you feel that we’ve covered everything that is fine. We just want to make sure that you have had the chance to share all of the information that you feel is important.
Appendix III
Participatory Workshop Study Protocol

Introduction (5 minutes)

Hello everyone, my name is __________________. I am the researcher who will facilitate this workshop. Thank you for attending today. We really appreciate you taking time to help us gather information on young men who have sex with men (MSM) of color in the Greater Boston area.

Before we start, I want to tell you more about the workshop and your involvement in this study. In general, we are looking to learn about your experiences or the experiences of your peers and the issues young MSM of color face or have faced throughout your life as well as your thoughts about what things are important in creating programs for you and your peers. The ideas we gather today will help us develop ways to inform adults who are in positions to support young MSM of color such as parents, school administrators, and public officials.

We will be talking about several different topics through the use of different activities. As we ask you to describe, write, pictorialize, and share your opinions and experiences, please remember that there is no specific correct response. We simply want to know what you think about these topics and to have you reflect on how they affect your life and/or the lives of your peers. Being a an MSM of color I have some idea of what it may be like to have similar experiences, but I don’t know exactly what it is like to be you and know how you experience the world around you. We look forward to hearing your thoughts and learning about these experiences from you. You should know that by being here we all agree that the views shared here are confidential information and should not be shared with anyone outside of this room. However, you should be aware that given a large group atmosphere it cannot be assured that all information shared in the room will be kept totally confidential by all members. In order to make you feel more comfortable sharing and expressing your views we will be doing different activities like drawing and story development so that you will then have the opportunity to share out only what you are most comfortable with in the larger group.

In this workshop we will complete a series of activities and share outs that may speak to not only your experience but also the general experiences of young MSM of color. These activities are merely here to help guide our conversation. We hope that everyone is comfortable enough to openly share and to actively participate. We ask that you allow everyone to speak and that everyone respect the thoughts of others. You do not have to complete any activity or share out any information that you do not feel comfortable responding to in the course of the workshop. If at any time you want to stop your participation, let me know and we will momentarily stop the workshop.

The workshop is a day-long event that should take between 2.5 and 3 hours to complete. As we are completing the activities and talking, I may take a few notes and we will digitally-record this session. Also, the drawings, specifically known as "identity maps" and "wordles" or "word clouds" and the stories you write out will be collected and analyzed as data. No one other than me will have access to this information. We will not release this information to parents, schools, employers or anyone else. The audio
recordings, notes, and written documents ("identity maps", "word clouds", and written stories) collected will be kept in a locked file cabinet/password protected personal hard drive in my office. Once we complete the workshop, you will receive your stipend for today’s activities.

Once again, thank you for participating today. Does anyone have any questions? If at any time you have questions or something stated is unclear, please let me know and I’ll try to clarify.

Rapport Building (15 minutes)

Before we get into the heart of the workshop, we would like to get to know a little bit about each other. We will go around the room and if you would, state your first name, one interesting fact about you and why you are here today.

Probes:

- What activities do you like to participate in?
- What do you like to do for fun?
- How many siblings do you have?
- Do you have any pets?

Now that we have been introduced, let’s do one more ice-breaker activity. Take a couple of minutes and write down on the notepad provided a list of three unique things about yours that no one else knows. Again, these should be things that you are comfortable sharing with the group. Two of the items on the list should be true and one should be false.

Now that everyone has had time to write down two truths and one lie we will go around the room and share these with the larger group. When we get to you if you could state your name one more time and then state the three facts. Once you have shared out the three facts we will go around the room and everyone should tell us which fact they think is the lie. After everyone has weighed in you will reveal which fact is actually the lie. Then we will move on to the next person.

Did you learn something about someone that you did not know before? Were you surprised to find out what was true and what was false? This is good way of moving us into the first activity.

However, before we get into the first activity, let’s spend a few minutes writing down a list of ground rules to today’s workshop. These ground rules will help make sure that everyone feels comfortable. These ground rules will be agreed upon by the group.

Now that we have the ground rules, one last thing before we start the first activity, this piece of paper here next to the ground rules is for our parking lot. The parking lot is where we will place any ideas or thoughts that may come up over the course of the day that we may not have a chance to talk about right at that moment. We will return to the parking lot items throughout the day to discuss and make sure that we cover all the issues that arise in our conversations.
Identity Map & Wordle Activities (1.5 hours)

Using the materials on the tables you are going to create a picture. This picture should be almost like a map so you can pinpoint the images on it and describe what that means to you. In this map you should depict images that you use when describing yourself. These are like your personal characteristics and should reflect the way that you see yourself. This personal identity map may include a picture of the Haitian flag to reflect your heritage or two men holding hands to reflect who you like to date or maybe even a high heel depicting how you embrace your own feminine side. This picture should reflect how you define yourself.

Also, this picture should depict your personal journey over time. If you want you can create x-axis and y-axis like you might find on a graph with one representing time. The picture should include how you have come to understand and know yourself today. This may be a map that is a timeline for some or brief passing moments for others. The key is that these experiences are relevant to you and your understanding of yourself. This does not mean that you have to know yourself and to have it all figured out. This is simply how you “are” today. You can design the map in any way that you would like. Be creative and use any materials you feel help express your vision. To help out, I am going to share an example of my own identity map with you. This is just an example. You should develop your map however you want to create it.

Any questions?

Let’s begin.

Now that you have created your personal map, let’s look back and come up with some key words or descriptors that capture what it means to be a young MSM of color to each of you. I want you to take a few minutes to write those out and detail why you feel those terms are so critical to defining a young MSM of color. When writing down these terms I want you to create what we call a wordle. A wordle is what we call a word cloud. This word cloud contains all the terms in different shapes, sizes, and directions that you feel are your descriptors. The key is to make the big words or the words in bold those that are the most important and the other smaller or faint colored text being less significant. Now, take a few minutes and do an anti-wordle of the one you just created. I want you to think of the words that you feel do not define for you who is young MSM of color. Later today, we are going to take these anti-wordles and design individual t-shirt for you. Before you get started, I am going to share an example of my own anti-wordle with you. This is just an example. You should develop your anti-wordle however you want to create it.

I want you to take some time to reflect on your creations (identity map and anti-wordle). Do these depict you or the opposite of you with the anti-wordle? Does this reflect how you see yourself or not? Does this tell your story? Does this demonstrate the experiences, situations, or relationships most relevant to this process?

Now, we are going to spend some time sharing out. Again, please be respectful of each other and remember our ground rules. We will go around and take turns showing the personal map and/or wordle (if you are okay with doing that) and tell the group your thoughts on these pieces. If you do not feel as comfortable sharing out you can grab a notepad and develop a written piece that expresses and explains what both the map and anti-wordle mean to you. The written piece could be a story. It could be a poem. It could even be lyrics.
to a song. The key is to express in a written form what these reveal about you or what you feel is not you. Again, be creative and write in the way that best captures the essence of your personal map and anti-wordle. This does not have to be formal writing and could even include explicit words or phrases if you want.

**Workshop Completion & Program Wordle Activity Wrap-Up (1 hour)**

Everyone has been great today. We have covered and discussed a lot today. Now are going to create another group wordle to reflect the terms you feel capture the features of Boston GLASS, similar programs, or possible words that are important elements to have for programs for young MSM of color. Again, the keys are to be creative in your design and make sure that the main words are prominent in this group wordle. As the group is creating this wordle, let’s share out about what words are being selected, the reasoning behind those words, and why the word may be big or small, bold or faint.

Lastly, we are going to make your words come alive. The anti-wordles that you designed and feel are not the reality of young MSM of color and the group wordle that you designed embody programs for this community are going to be used to design a t-shirt. You should be creative when making your “identity” and “empowerment” t-shirt. This is a way for you to embrace self-expression and show the world who you are inside. Once you have selected the color scheme and layout of the wordles, I am going to take these designs and have the t-shirts made for you. The t-shirts are yours’ to keep and I will distribute them during the feedback session. If you can’t make the feedback session I will make sure that a GLASS staff member gets it to you.

**Wrap-up (5 minutes)**

We have talked about a lot of important and personal information. Again, we want to thank you for participating today. Before we conclude the workshop we want to give any of you the opportunity to tell us any further information that you believe would help us understand what it means to be a young MSM of color. Are there any other parking lot items that we may have forgotten to talk about today? If you feel that we’ve covered everything that is fine. We just want to make sure that you have had the chance to share all of the information that you feel is important.

**Workshop Termination (5 minutes)**

Thanks again for your assistance today, and for your willingness to talk about your experiences and views. Do you have any questions before we end the workshop today? If you have any questions about the workshop please feel free to contact me. Please do not forget to let me know if you are interested in participating a follow-up feedback session in the future when you pick up your stipend.
Appendix IV

Current Study: A Priori Intersectionality (Hankivsky, 2014) Praxis Primary Thematic Codes

**Intersecting categories:** interactive co-existing categories creating unique, contextual experiences

**Multi-level analysis:** interactive, situationally variable, social ecosystem levels serving individual level change agents

**Power:** interactive, relational, situationally informed process whereby oppression or strength is experienced by individuals based on control and manipulation by people and systems

**Reflexivity:** interactive, personal reflection on deepening critical awareness of self and social role, questioning of power, privilege, and assumptive truths

**Time and space:** situational, contextually bound factors constantly acting on individuals by impacting their perceptions and affect responses

**Diversity of knowledges:** the epistemologies of marginalized groups are recognized and accepting the relational understanding of power and knowledge production within colonial systems

**Social justice:** developing new strategies while critiquing current ways of being to create reformed social processes, institutional structures, and redistribution of resources

**Equity:** fairness and equitable outcomes for all groups irrespective of their intersecting categories

**Resistance and resilience:** skills and strategies used to disarm oppressive systems as well as powerful and privileged individuals
Appendix V

Current Study A Priori and Inductive Secondary Thematic Codes

**Intersectional Identity (Brown, 2010) / Hyphenated Selves (Fine, & Sirin, 2007) Codes:**

**Perceptual Element:**

*Congruent/Complementary:* perceived ethnic and sexual orientation identities have a consistent, harmonious, fluid interplay

*Incongruent/Conflicting:* perceived ethnic and sexual orientation identities have a consistent, contentious exchange

*Mixed/Ambivalent:* perceived ethnic and sexual orientation identities have an inconsistent, tension-based status

*Unrelated:* perceived ethnic and sexual orientation identities have an independent, exclusive status from each other

**Current Study Emotion Codes:**

**Affective Function Element:**

*Positive:* uplifting, attentive, positive stress-provoking emotional response

*Negative:* downtrodden, negative stress-provoking emotional response

**Positive Youth Development Critical Life Skills (Hamilton, Hamilton, & Pittman, 2001) Codes:**

*Competence:* application of real-world experiential knowledge and skills that lead to effective situation-based work/activities and self-defined goal attainment

*Character:* personal sense of knowing oneself and sense of respect for oneself and others reflected in morality, virtuosity, spirituality, and integrity

*Confidence:* sense of self-worth (i.e. self-esteem) and a belief in personal capacity to succeed (i.e. self-efficacy)

*Connection:* supportive bond formation across various life domains including peers, adults, and social institutions creating a sense of belonging
Contribution/Caring/Compassion: active participation in giving back providing a sense of purpose, understanding, sympathy, and empathy for other individuals

Current Study Inductive Emotion Codes:

Affective Function Element:

- **Enhancement:** advocacy-based or self-promoting
- **Avoidance:** stigma-averting or barrier-induced

Critical Engagement Strategies (Wilson, & Miller, 2002) Codes:

Role-flexing:

- **Macho extreme:** hyper-masculinity role engagement
- **Being sanctimonious:** religious role engagement
- **The cover up:** deceitful concealment engagement
- **Passivity:** unresponsive demeanor maintenance and engagement

Keeping the faith: deep personal spirituality and active spiritual affiliation maintenance and engagement

Standing your ground: historically oppressed affiliated minority group advocacy engagement

Changing sexual behavior: male sexual contact abstinence/non-engagement or female sexual contact engagement

Creating spaces: free, accepting environment engagement

Accepting self: consistent, multi-contextual positive self-affirmation and self-presentation engagement

Current Study Inductive Emotion Codes:

Affective Function Element:

- **Enhancement:** advocacy-based or self-promoting
- **Avoidance:** stigma-averting or barrier-induced

Current Study Inductive Engagement Strategies Codes:

Dis-engagement: disconnecting and withdraw from active engagement from experience as not important to personal ecosystem

Intellectualization/Rationalization: reasoning and justifying experience with non-recognition of emotionality to create distance of experience as part of personal ecosystem
**Internalization:** accepting and recognizing experience as connect to personal ecosystem

**Self-Deprecation:** accepting undervaluing and belittling disparagement as connect to personal ecosystem

**Suppression:** denying importance of experience because not actively recognized as connected personal ecosystem

**Social change agent:** active advocacy for empowering systemic shift in larger influential ecosystem across structural levels (e.g. individual, microsystem, macrosystem)

**Current Study Inductive Emotion Codes:**

**Affective Function Element:**

- **Enhancement:** advocacy-based or self-promoting
- **Avoidance:** stigma-averting or barrier-induced

**Ecological Systems Theory (Bronfenbrenner, 1979) – Contextual Codes:**

**Individual:** internal factors (e.g. age, health, sex)

**Microsystem:** groups and institutions immediate direct/impact (e.g. school, peers, family, social services)

**Mesosystem:** interactions & connections between microsystem factors (e.g. parent interaction with individual’s doctor)

**Exosystem:** social setting linkages between microsystem factor & microsystem factor’s own microsystem factor (e.g. after-school program mentor getting a promotion and no longer providing direct client services)

**Macrosystem:** sociocultural contexts (i.e. attitudes and ideologies of society) – evolves over time

**Chronosystem:** environmental events and transitions patterns over lifespan within larger sociohistorical conditions (e.g. afterschool program closing – event; marriage equality ratification – sociohistorical condition)

**Current Study Inductive Emotion Codes:**

**Affective Function Element:**

- **Commodify/Reduce:** compartmentalizing and imposing conditional value
- **Empathize/Sympathize:** understanding, respectful, and imposing unconditional acceptance
References


