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SPECIAL SECTION

Psychological Perspectives
On Sexual Orientation in
Communities of Color
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SPECIAL SECTION INTRODUCTION
Psychological Perspectives on Sexual Orientation in Communities of Color

The unavoidable increased interaction with the nation’s diverse populations, the profit-driven aggressive marketing of all manner of goods and services to the nation’s ‘growth demographics’ -- which increasingly are dominated by people of color, and the increased tolerance associated with the breakdown of isolation and boundaries among nations, cultures, and social groups, all serve to promote the social-psychological concept of ‘multiple identity groups’ as one that popular culture views as almost hip and chic. Ambiguity of race, ethnicity, gender, and sexual orientation increasingly is peddled as an entry level requirement for ‘the beautiful people’. But of course, in reality, issues of multiple identify are far less glamorous – and far more complex.

In this Special Section, we are pleased to present a series of brief articles/essays that examine, through a psychological prism, the meaning and challenges of sexual orientation in communities of color. Specifically we seek to promote better understanding of the cultural variations in both the meaning given to lesbian and gay status, and the unique issues confronting both ethnic minority communities related to sexual orientation, and lesbian and gay persons of color. For example, our multicultural counseling theories inform us of the high value most communities of color place on family connectedness, religiosity/spirituality, and respect for elders. Political and social scientists inform us that many communities of color can be characterized as ‘socially conservative’ and ‘politically liberal’. Community and social psychologists often emphasize the positive and negative effects of the stigma, oppression, marginality, disempowerment and limited resources that to varying degrees characterize communities of color. The authors in this Special Section dissect the challenges presented to lesbian and gay persons of color by these and other characteristics of communities of color, as well as those challenges presented by the issues of power, privilege, and social domination that often characterized majority White community settings and populations.

OEMA has learned much while soliciting articles for this Special Section. And we hope you will use this Special Section as a learning/teaching tool and share and discuss its contents with students, associates, clients, and community groups.
Of course, OEMA extends its deepest appreciation to the authors of the Special Section who so generously agreed to share their experiences, expertise and scholarship with the readers of the *Communique*. We thank you for the richness of your gift.

— Bertha G. Holliday, PhD  
— Alberto Figueroa-García, MBA
Overview: Lesbians and Gay Men of Color — Between the Rock of Ethnoracial Identity and the Hard Place of Heterosexism
Beverly Greene, PhD, ABPP

This section considers the lives of lesbians and gay men of color as a distinct heterogeneous group that contributes to the diversity of people of color. Lesbians and gay men of color are a large heterogeneous group that is represented in all locations on the spectrum of ethnicity, age, social class, disability, religious and spiritual orientations, sex and gender roles. Lesbians and gay men's ethnic group membership and sexual orientation are only two of the multiple identities that group members have; however all of their identities will influence their experience of being lesbian or gay person of color in a racist and heterosexist society. Like their heterosexual counterparts, their identities are shaped by both dominant cultural imperatives, dynamics unique to their families and their relationships, as well as the cultural practices and values associated with their ethnocultural group membership.

However, lesbians and gay men of color are often invisible in the psychological literature, as well as in popular media representations of both communities of color and lesbian and gay communities. More often than not, lesbians and gay men as a group are selectively represented by members of the dominant culture who tend to be more well educated and have higher incomes than is the norm even for lesbians and gay men as well as for people of color. Hence lesbians and gay men often appear to people of color to be a group that is predominantly white, male and economically well off. In research, this can be a function of selecting those who are easiest to find in what has been regarded as a hidden population. As long as people are punished for being lesbian or gay, many will not divulge that aspect of their identity to others as well as themselves; nor will they attend gatherings where their presence would identify them as lesbian or gay. For
lesbians and gay men of color there is the clear risk of losing family and community support, essential to surviving racism, if they are "out" as lesbian or gay in their ethnic communities. Furthermore, limited depictions of lesbian and gay identities fuel views of lesbians and gay men as an affluent group that is undeserving of protection from discrimination and harassment. Minority sexual orientation comes to be seen as a chosen inconvenience when compared to the protracted and systemic hardship of racism. Such views however underestimate the realistic magnitude of the harm done to lesbians and gay men of color by heterosexist attitudes and practices.

People of color have long histories of discrimination and are aware on a personal level of its corrosive and toxic effects. It would seem that they would be less likely to adopt heterosexist values and practices whose rationales and mechanisms for enforcement are alarmingly similar. It is not only permissible to discriminate against lesbians and gay men, in some cases it is legally required, not unlike practices that have historically targeted people of color, women, people with disabilities and others. However, many people of color resent the comparison between racism and heterosexism in part because of their history of having their struggles with racism appropriated when it is convenient for majority identified persons to do so, and then abandoned by majority persons when it becomes difficult or when they are rewarded for their silence about racism. These views are reinforced by the diminished visibility of lesbians and gay men of color as the "gay community" is seen as "white" and by definition more privileged than people of color. Such beliefs among people of color may be understandable but they actively contribute to intensifying the hostile environment faced by lesbians and gay men of color — as well as the harm done to them. Such practices weaken rather than solidify communities of color and display the failure to grasp the unique challenges faced by the lesbians and gay men of color in their own communities and among their own families.

Just as lesbians and gay men are presented as if they are all white and affluent, people of color are presented as if they are all heterosexual. Research on members of ethnic minority groups across a range of areas
rarely acknowledges differences in the sexual orientation of group members. Lesbian and gay men and women of color may find their ethnic communities to be a very different experience of "home" than their heterosexual counterparts.

The relative invisibility of lesbians and gay men of color in the psychological literature as well as in media representations has a range of negative consequences. For people of color who need to deny their presence among group members, their relative invisibility can make it easy to do so and facilitate the pathologizing of those who choose to be visible.

Another negative consequence of their invisibility is that there is no exploration of the complex interaction between sexual orientation and ethnic identity development. The realistic consequence of membership in more than one socially marginalized and disparaged group is an important component of gay and lesbian and ethnic identity formation. The complexity of identity formation is not adequately taken into account in attempts to understand the lives of either lesbians and gay men or people of color in ways that accurately represent the full range of diversity of both groups as well as the overlap between them. For example, understanding the vicissitudes of racism and ethnoracial identity in intra– and interracial couples of the same sex and its effect on their relationships is not possible in the context of a narrow focus on heterosexual relationships that is found in the literature on relationships and couples therapy among people of color. There is an equally narrow focus on predominantly white couples and relationships in the gay and lesbian literature.

When lesbians and gay men of color are included in research it is in such small numbers as to hardly be representative or they become a focus of attention only when the discussion turns to HIV treatment and prevention efforts and men on the "down-low". For example, when men on the "down-low" are viewed as the chief causative factor in rising rates of HIV infection in Black communities, other likely sources of infection that are a function of heterosexual relationships and drug use do not receive the attention that is warranted in an epidemic of a such serious proportions. To compound the bias inherent in such research, published studies lacking
representative numbers of lesbian and gay people of color as participants rarely state the limited generalizability of their findings to either heterosexual people of color, or to white lesbians and/or gay men, nor do the titles of those papers specify the group the study actually represents. When this occurs it perpetuates the problem of presenting data on dominant group members as if it were representative or as if it should be considered normative. The invisibility of lesbian and gay men of color in research on psychotherapy leaves practitioners ill equipped to address their clinical needs with cultural sensitivity, literacy and competence.

Responses to and perceptions of lesbian and gay men and women of color will vary depending on the individual dynamics and characteristics of the family in the broader context of their ethnoracial group membership and, for some group members, the social climate during the course of their development. These are but a few of the factors that influence what are perceived to be appropriate gender roles, sexual behaviors and attractions, who is family and who is not, and a host of other issues that affect the experience of lesbians and gay men of color. Families may also be influenced by their religious or spiritual beliefs which may also vary as a function of their ethnic group membership. There is a wide range of diversity among people of color in the religious denominations they belong to and the degree to which any given denomination is more or less homophobic. What is important to remember is that they are not homogeneous. While religious and spiritual values can shape attitudes toward lesbian and gay people of color, those values and proscriptions are not absolute determinants of those attitudes.

Religious beliefs are always interpreted within a cultural context. When the context is heterosexist, sexist, racist, or classist, scriptural text is often interpreted in manner that is consistent with the prevailing dominant cultural status quo. However, most people of color are affiliated with religious groups that have a history of either an active participation in or endorsement of racist ideology and practices, or of at the very least failing to challenge such practices at times that represented the height of persecution of group members. People of color in faith communities have demonstrated an ability to separate aspects of religious teachings that could
be used to support racism and their exploitation from others that have been useful in developing liberation theology in their struggles with racism. Those who wish to embrace the broader spiritual doctrine that encourages the use of religious belief to bring family and community together despite differences or conflicts can clearly use such beliefs to do so. However they may also use those beliefs in the service of splitting, scapegoating and persecuting members of society who are unpopular, elicit discomfort or for whom there is a desire to exploit. Religious values therefore should be scrutinized for how they are used against any vulnerable population rather than simply what certain scriptures may literally espouse. When they are used to harm they cannot be considered benign or infallible.

Other factors to consider in understanding lesbians and gay men of color more fully include the degree of acculturation or assimilation of the individual or family into the dominant vs ethnic culture, and the history of discrimination or oppression which the particular group has experienced from members of the dominant culture. Another important dimension is that of sexuality. Sexuality and its meaning is contextual. Therefore what it means to be a gay man or lesbian will be related to the meaning assigned to sexuality in the culture. It will be important to explore the range of sexuality which is sanctioned, in what forms it may be expressed and by whom, and the consequences for compliance or failure to comply. An exploration of the role of ethnic stereotypes in the creation of sexual mythologies about ethnic group members is another important part of this inquiry.

Despite similarities in the histories of members of ethnic minority groups, generalized descriptions of their cultural practices may never be applied with uniformity across the spectrum of people of color, nor to all members within any ethnic group. While there is much diversity between ethnic groups and the dominant culture, there is great diversity within them. Practitioners will need to explore every client's cultural heritage in the context of the client's experience and uniqueness.

_Beverly Greene, PhD, ABPP_ is a Professor of Psychology at St. John's University and a practicing clinical psychologist in New York City. She is a Fellow of 7 divisions of APA and the recipient of numerous national
awards for distinguished contributions to the psychological literature on socially marginalized people with a specific focus on people of color, sexual minorities, women of color and psychotherapy. An active participant in APA governance, she is a member of the recently appointed Presidential Task Force on Appropriate Therapeutic Responses to Sexual Orientation.

Latino Perspectives on Sexual Orientation: The Desire That We Do No Dare to Name 1/
José Toro-Alfonso, PhD
University of Puerto Rico, San Juan, Puerto Rico

Social equality is among the major challenges of the 21st century. Achieving it will necessitate changes for many. It will involve changes in structures, institutions, and the transformations of daily lives whereby the practices of diversity can more readily flourish on a day to day basis in all actions and aspects of human existence.

While issues related to homosexuality are more commonplace than in previous decades, and mainstream media present the lives of gays and lesbians more frequently, this does not necessarily translate to changes in attitudes toward these communities (Toro-Alfonso & Varas Díaz, 2004). Evidence of this also can be observed in recent debates in the United States and Puerto Rico on the inclusion of gay bashing as part of the legislation on hate crimes (Enkidu, 2005).

1/ A version of this paper was presented at the XXXI Interamerican Congress of Psychology, Mexico, July 4, 2007. To contact the author send e-mail to jtoro@uprrp.edu.
The stigmatization of homosexuality has multiple origins, principle among these are its association with "mental disease" and in combination of with other stigmas as pederasty, promiscuity, and AIDS (Cáceres, Frasca, Pecheny, & Terto, 2004). The stigma of homosexuality among Latino communities is strongly related to the social construction of gender. Latino societies assume the myth that gays internally want to be women and that lesbians desire to be men.

Homosexuality and the contradictions of the masculine desire

The ideology of "machismo" exerts itself over homosexuality. Through de-valuing the homosexual perceived as a male impersonating a woman, homosexuals in some manner are viewed as renouncing the "social superiority" adhered to the penis and thereby passing from being a male subject to a merely object. Being homosexual is more "despicable" than being a woman because the homosexual has the elements of supremacy and seems not to care or not to be interested (Fone, 2000; Ramírez, 1995; Ramírez & García-Toro, 2002; Toro-Alfonso & Varas Díaz, 2006). From this perspective, homosexuality is rejected because it severs the social demands from family, sex roles, competency between men, and the ever present "power" relation between men and women.

Homophobia: Social exclusion

Homophobia is manifested as an affective response and in negative attitudes based on myth and stereotypes about relations between people of the same sex (Snively, Kreurger, Stretch, Wilson-Watt, & Chadha, 2004). Homophobia, as racism and misogyny, represent a major obstacle for human rights. In fact, some researchers have stated that in our society where racism and anti-Semitism are condemned, and misogyny has lost legitimacy, homophobia still prevails as the last socially accepted prejudice (Fone, 2000).

Studies on sexual orientation have provoked a debate on the origin and development of homosexual desire. From the historical context homoerotic desire have been conceptualized as a disease, as a sin, or as related to issues
of legality. Besides the research on the gay gene and the search of desire in the brain curves, what is left is the complexity of the desire between men who have sex with men. Beyond the social construction of hegemonic masculinity we face the versatility and fluidity of behavior and the psyches of males. Reality seems to state that the male discourse refers to a phallic sexuality which is socially authorized. The body is construed as the place for pleasure and eroticism, transcending the essentialist limits of biology and social order. Be it sexual orientation or the limits of nature, it is still the desire that we do not mention.

The institutionalization of social difference: Denial of true citizenship

Social institutions in Latin America and the Caribbean show high resistance to social changes and deny acceptance for diversity and complexity in human relations. These societies regularly adhere to particular standards as mechanism of subsistence in a global society (International Association of Lesbians and Gays, 2001; Stychin, 2004). At the same time that human rights movement is internationalized and more countries accept the idea of total protection of citizens, the discourse of gay and lesbian rights is also globalize. In a constant tension of contradictions, people make resistance to the rights of sexual minorities at the same time they defend general human rights. Not until recently did “the issue of gay rights present questions about human rights in general” (Stychin, 2004, p.953).

Discrimination against homosexuals in the United States has been well documented (Grief & McClelland, 2003). In Latin America news on gay bashing and hate crimes has been presented by local newspapers and human rights agencies. In Puerto Rico the media have represented several instances of discrimination (Cobas Quevedo, 2005; Sosa-Pascual, 2005). These and similar situations that present gay people with no other alternative than clandestine life and hyper-vigilance on the information that “others” have about them. If sexuality and love are important in the development of the subjective identity, in the case of gay people this process is permanently galvanized by secrecy (Pecheny, 2005). It is the secrecy that strangles and diminish the mental health and the possibilities of happiness for Latino gay males.
Migration in many cases represents a way out, not only to the profound circumstances of poverty, but also for the unrealistic search of a social space for tolerance and permissibility (Carballo-Diéguez, 1998; Espín, 1993). The only way to deal with the unnecessary exodus is that “the marginal and delinquency image of men who have sex with men must be substituted by the dignity of people that the society recognizes as valid in their professional, working, and creative endeavors” (Ugarte, 1999, p. 90).

Social responsibility

All human beings have a right for real participation and the diversity of sexual identities must not represent an obstacle for safety and happiness. It is due to society's established limits to police interventions and the permissive and tolerant attitude that allows the majority to attack and marginalize homosexuals. The social institutions are doing a disservice to the community when they do not recognize their responsibility. It is important to accept that homosexuals face social, cultural, legal, and economic discrimination merely because of their sexual orientation. These clearly hinder their right to positive mental health and to freely enjoy their life (Carlton, 1999; Mays & Cochran, 2001).

Developing and strengthening social policies for the protection of their rights means to provide access to gay and lesbians to dignified working environments, preventive physical and mental health care, and to the free expression of their sexuality. We must develop spaces to strengthen true participation of the gay and lesbian community in our society. Society must educate itself on the reality and particular needs of these communities (Undall & Palmer, 2004). The traditional control and requirements of society have the intention to eliminate diversity. Psychology has also participated in this effort to demand a particular and unique way of desire (Toro-Alfonso & Varas Díaz, 2006).

However, men who have sex with men seem to have construed a space in the margin to which they have been relegated. There are more than 100,000 Hispanic family groups of same-sex couples in the United States as reported in the last census (Cianciotto, 2000). In Latin America gay men
and lesbian women struggle to maintain their right to exist and to demonstrate their love and family values.

“To acknowledge as homosexual is to accept oneself as different from others. The others are the world... and the world is property of others... the others persecute all or nobody. They are all or no body... Homosexuality becomes synonym of freedom; the impulse is not blind, is critique transformed in action...” (Paz, 1973, P.169).

References:


José Toro-Alfonso is a clinical psychologist, Professor and researcher at the Psychology Department of the University of Puerto Rico in San Juan, Puerto Rico since 1997. He was President of the Puerto Rico Psychology Association in 2002, past Chair of the Committee on Psychology and AIDS, and past chair of the APA Committee on
Lesbian, Gay, and Bisexual Concerns at the American Psychological Association (APA). He is a consultant to several international agencies on issues of HIV program development and evaluation, gender issues, men who have sex with men, and sexual minorities. He has published more than 50 journal articles, 20 book chapter and 2 books on sexuality, HIV/AIDS, domestic violence among same-sex couples, HIVB/AIDS stigma, social networks, and research methods. Contact information: University of Puerto Rico, PO Box 23174, San Juan, Puerto Rico 00931. E-mail: jtoro@uprrp.edu.

Challenges to Healthy African American Lesbian, Gay, Bisexual, or Transgender Status
Reginald Nettles, PhD, CGP

The challenges to healthy African American Lesbian, Gay, Bisexual, and Transgender (LGBT) status are numerous. That we can now speak about LGBT identity development in the context of normalcy represents considerable progress in our professional and ethnic minority communities. Such progress is never linear, however. Rather, it takes a paradigm shift (Kuhn, 1962). Nor is progress universal. Within a discipline, some may not go along. Outside the discipline, other communities may not be informed.

LGBT African Americans can be described as having dual or multiple minority identities. As used here, "minority" refers to groups that have been stigmatized and subjected to prejudice and discrimination by the majority culture, and may be subject to particular emotional burdens, i.e. "minority stress" (Brooks, 1981) as a result. Simultaneous membership in more than one minority group can compound these effects (DiPlacido, 1998; Greene, 1997) or contribute to greater
resilience, depending in part on the availability of nurturing and supportive relationships (Greene, 2000).

Most individuals tend to seek support from within their reference groups. Within group support for LGBT African Americans, however, is limited in both groups.

The ethno-racial discrimination that contributes to the marginalization of African Americans in the larger society tends to marginalize them within the LGBT community as well. Some of the tension between white and black LGBT communities is the result of ethno-racial discrimination by whites against blacks. Tensions have also developed over the perception by blacks that the predominantly white Gay Rights movement, starting with the Stonewall Riots in New York City in 1969, rode in on the coat tails of the not yet finished work of the African American Civil Rights movement.

Among African Americans, family, community, and church are generally perceived to hold negative stereotypes and homophobic views regarding same gender sexuality. As a result they are less supportive of their LGBT members than of their heterosexual members. The "Black Church" has had a longstanding reputation for homophobia and preaching against the sin of homosexuality on Biblical grounds. Fortunately, some of this has begun to change. African American religious and political leaders, including the late Coretta Scott King, Julian Bond, Rev. Al Sharpton, Rep. John Lewis, and some "Black Church" groups, have made public statements in support of LGBT civil rights. Clinically, however, many LGBT African Americans who grew up closely connected to the church present with a profound sense of loss as they feel increasingly alienated from their church home as their LGBT identities solidify.

Parental reactions to gender-atypical behaviors in their children may range from benign and supportive (e.g., involvement in national LGBT support organizations such as Parents and Friends of Lesbians and Gays) to overtly abusive and rejecting. Children who exhibit gender atypical behaviors are often subjected to abuse by peers in schools. When this happens, they are unlikely to seek support from parents unless they have been supportive in
the past. As they enter adolescence, in the absence of a supportive peer group, sexual experimentation is likely to occur in less safe arenas, including anonymous partners through internet cruising sites. Given the continued rise of HIV-AIDS in African American communities, such anonymous sexual encounters are extraordinarily risky. LGBT African American adolescents and adults may engage in heterosexual relationships defensively to avoid internalization of the stigma associated with same gender sexuality. Many African American young people avoid disclosure to their parents and siblings entirely, or for as long as possible, to avoid encountering disparagement based on adherence to negative stereotypes. The long-term results of this sort of "don't ask don't tell" is alienation from the family, leaving LGBT African Americans bereft of the family support that otherwise would be available to them throughout the lifespan.

Finally, conscious and unconscious homophobia, and adherence to negative stereotypes of LGBT life, among African American as well as majority and other minority psychologists (Nabors, et al, 2001) poses an important challenge to healthy African American LGBT status, and our ability to make the necessary paradigm shift.

References:

Reginald Nettles is a psychologist in private practice in Columbia, MD, and is currently President Elect of the Mid-Atlantic Group Psychotherapy Society. He has done several presentations on multiple minority issues in psychology and psychotherapy over the past 10 years, and led a 2-day conference, ("WITHIN AND BETWEEN: Multiple Minority Identities in Group Psychotherapy and Supervision) for MAGPS in April, 2007.

HIV In Asian and Pacific Islander MSM In The U.S.
Frank Y. Wong, PhD

The population of Asian American and Pacific Islanders (AAPIs) in the U.S. is proportionately one of the fastest growing racial/ethnic minority groups (from 1.5% or 3.5 million people in 1980 to 3.9% or 10.9 million people in 2000). It is estimated that of the 10.9 million AAPIs, 6.7 million (61.4%) are foreign-born and 7 million (63.7%) ages 5 and above speak an AAPI language at home. Seventy percent of the AAPIs reside in the East (greater Boston area, New York metropolitan area, Philadelphia, Washington DC metropolitan area) and West Coast (San Francisco Bay Area and Los Angeles metropolitan area, and San Diego) as well as the Pacific (Hawai‘i) (U.S. Census Bureau, 2007). The Centers for Disease Control and Prevention or CDC (2005) reports that 67% of the cumulative AIDS cases among AAPIs are men having sex with men (MSM); a majority of the AIDS cases are among foreign-born individuals. This is the highest proportion of MSM cases among the four
communities of color. In 2001, 41.4% of AAPIs received an AIDS diagnosis within one year of their initial HIV diagnosis compared to 38.7% for blacks, 40.1% for whites, 42.9% for Hispanics, and 47.9% for American Indians/Alaska Natives (Zaidi, Crepaz, Song et al., 2005).

Meanwhile, HIV surveillance at confidential sites is difficult to interpret: while 45% of cumulative, newly diagnosed HIV infection in all men occurred in MSM, 38% of AAPI men have no reported risk category (CDCa, 2002). In comparison to the 21% of white men not reporting a risk category, this disparity in reporting may underscore the role of stigma and anonymity issues in the AAPI population.

Despite these trends, many AAPI MSM have never undergone serological testing. In one recent study, 61.5% of HIV-infected AAPI MSM were unaware of their infection at the time of testing (Do, Chen, McFarland et al., 2005; Do, Hudes, Proctor, Han, & Choi, 2006). Because delayed testing is often associated with an initial presentation of advanced disease, higher health care costs, and disease morbidity, studies of testing behaviors are vital (CDC, 2003a). Moreover, AAPIs are more likely than all other ethnic groups to be diagnosed with AIDS at the time of HIV diagnosis. As many as 45.6% of those with AIDS cite illness as their initial reason for HIV testing (vs. 38.0% for whites) (CDCb, 2002; Wong, Campsmith, Nakamura, Crepaz, & Begley, 2004). AAPIs are also more likely to have an AIDS-defining Pneumocystis carinii pneumonia (PCP) diagnosis upon first learning of their HIV infection (odds ratio, OR 1.4-1.9), and to have later entry into AIDS care than other racial groups (Eckholdt & Chin, 1997; Eckholdt, Chin, Manzon-Santos, & Kim, 1997).

Little is known about the multiple factors that influence HIV risk and HIV testing behaviors among AAPI MSM, and methodological problems abound in the existing literature (Nemoto, Wong, Ching et al., 1998). A more complete model is needed to understand the interplay between socio-cultural and individual-level factors (e.g. psychological factors, attitudes, and behaviors), and the outcomes of HIV testing behaviors and HIV/AIDS risk. While the correlates of HIV testing and knowledge of infection are well-described in the general literature, only one unpublished

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study of HIV testing in AAPI MSM has been conducted; the sample size was too small to disaggregate on ethnicities or to examine the HIV-infected sub-group unaware of their infection (Do et al., 2006). Likewise, I am aware of just one published study of the challenges to disclosure of HIV status and sexuality faced by AAPI MSM due to cultural constraints (Yoshioka & Schustack, 2001) and disclosure remains low despite the fact that greater openness is positively associated with knowledge of HIV status (CDC, 2003b; Sanitioso, 1999). Belief in low HIV risk among AAPI MSM may contribute to sexual risk taking within AAPI MSM sexual networks (including those that extend into AAPI countries of origin) evidenced by behavioral and molecular (clade) studies (Choi, Han, Hudes, Kegeles, 2002; Choi, Operario, Gregorich, & Han, 2003; Irwin, Pau, Lupo et al., 1997). The accretion of socio-cultural factors contributes to individual psychology and risk behaviors that ultimately influence HIV infection risk and the decision to seek HIV testing.

Entitled "Men of Asia Testing for HIV" (MATH), my colleagues and I are presently conducting the first NIH-funded, national sero-surveillance and behavioral study to disaggregate data by AAPI ethnicity, thereby providing highly specific HIV/AIDS prevention tools to CBOs and informing future prevention research. Furthermore, it will contribute to the general and ethnic minority HIV literatures by employing sampling methods more appropriate for hard-to-reach populations and by using a conceptual framework that accounts for the multiple levels of factors that influence HIV testing and risk.

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**Frankie Y. Wong, PhD**, is an Associate Professor in the Department of International Health at Georgetown University’s School of Nursing and Health Studies. His NIH-funded research focuses on the social epidemiology of HIV risk and substance use/abuse and their health consequences among vulnerable populations including Asian immigrants and refugees in the US; Black and Coloured people in the townships of Cape Town, South Africa; and male migrants (including men who have sex with men or MSM) in Shanghai, China. Dr. Wong is currently a candidate for APA President (www.wong4apa.org).

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**Young Men of Color Who Have Sex with Men: HIV Epidemiology and Considerations for Prevention**

Hank Tomlinson, PhD
Director, APA Healthy Lesbian, Gay, & Bisexual Students Project

Young men who have sex with men (YMSM) are the largest group of young people infected with HIV. Although only 6% of males report ever having had a same-sex sexual encounter during their lifetime (Mosher, Chandra, & Jones, 2005), YMSM account for 76% of all HIV infections reported among young men between the ages of 13 and 24 from 2001-2005 in the 33 states that had
name-based HIV infection reporting. HIV infections among YMSM during that five-year period make up 48% of all cases reported among 13 to 24 year-olds (CDC, 2007a).

Put in different terms, the proportion of YMSM who are infected with HIV is astonishingly high. Data collected in the 1990s as part of the Young Men's Survey suggested that 7% of YMSM between the ages of 15 and 22 in seven major cities were HIV-positive (CDC, 2001). Data collected more recently indicate that the epidemic's disproportionate impact on YMSM continues to worsen. Among 18 to 24 year-old YMSM participating in the first wave of the National HIV Behavioral Surveillance system in 2004 and 2005, 14% were HIV-positive (CDC, 2005). In the 33 states with name-based reporting for HIV, the numbers of infections among YMSM between the ages of 13 and 24 increased at an average rate of 10% per year between 1999 and 2003, or a total of 48% over the five year period (Rangel, Gavin, Reed, Fowler, and Lee, 2006). The magnitude of that increase is reminiscent of the early years of the epidemic and has created alarm among public health and prevention professionals.

A disproportionate number of YMSM infected with HIV are African American and Latino. In the aforementioned Young Men's Survey, 14.1% of African American participants were seropositive compared with 6.9% of Latino participants and 3.3% of White participants (CDC, 2001). In 2004, the HIV diagnosis rate for African American YMSM aged 13 to 19 was about 19 times higher than for White YMSM and about 5 times higher for Latino YMSM than for White MSM (Hall, Byers, Ling, & Espinoza, 2007). In 2005, among all HIV diagnoses made to African American youth between the ages of 13 and 19 in the 33 states with name based HIV reporting, YMSM accounted for nearly 54% of infections whereas the combined number of infections among young men and women infected through heterosexual encounters was approximately 37% (Millet, 2007).

Addressing the HIV prevention needs of YMSM of color presents a number of challenges—determining how and in what settings YMSM can be identified, deciding who bears responsibility for HIV education and prevention (parents, schools, peers, or community members), considering
how participation in prevention programs can be encouraged in light of pervasive HIV-related stigma, addressing the role of culture and the development of competing or multiple identities, working sensitively in political systems or environments that may be hostile to programs perceived as supporting gay youth, and acquiring the resources necessary for sustained efforts. Historic social, economic, and attitudinal factors that perpetuate the development of health disparities on the basis of race and ethnicity also constrain the effectiveness of HIV prevention efforts with YMSM of color.

In May of 2006, APA's Healthy Lesbian, Gay, and Bisexual Students Project (HLGBSP) entered into a five-year, $1.6 million cooperative agreement with the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC-DASH). The award funds the project's efforts to build the capacity of the nation's schools and youth-serving organizations to prevent HIV infections among African American and Latino YMSM. The HLGBSP takes the position that HIV prevention efforts that focus too narrowly on behavioral risks without consideration of the broader context in which those risks develop are likely to achieve limited success. As such, the project works on multiple levels—by strengthening individual HIV prevention interventions and by improving the broader psychosocial environment for lesbian, gay, bisexual, and questioning (LGBQ) youth.

In September 2006, the Center for Disease Control and Prevention's Division of HIV/AIDS Prevention (CDC-DHAP) awarded 32 grants to 29 organizations (totaling $9,731,000 for the first year, and $47,000,000 over five years) to support the efforts of community based organizations to prevent HIV infections among YMSM of color and young transgender persons of color (CDC, 2007b). Despite this allocation of resources, few interventions have been designed or adapted for YMSM of color between the ages of 13 and 24. Psychologists have played a fundamental role in the development of effective, evidence-based HIV prevention interventions since the epidemic's beginning 25 years ago. Now, as infection rates among YMSM are increasing at a sharp and troublesome rate, it is time to redouble
our commitment to applying our knowledge and trade to meet the needs of African American and Latino youth at greatest risk for HIV.

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Dr. Hank Tomlinson is the Director of the Healthy Lesbian, Gay & Bisexual Students Project at the American Psychological Association. He has served in that role since 2004 and oversees the project's nationwide capacity building efforts with education agencies and community based organizations.
Homophobia/Heterosexism In Communities of Color
Beverly Greene, PhD, ABPP

Homophobia is a term that refers to disparaging attitudes and beliefs about, hostility and prejudice against lesbians and gay men. The term was initially used to describe an irrational fear that lesbians and gay men can elicit in heterosexuals as well as the self loathing that many lesbians and gay men experience for themselves and other LGBT's (internalized homophobia). Because of its irrational nature, homophobia was often viewed as a phobic response that was connected to the presence of psychopathology. Heterosexism describes the broader ideological system of institutional arrangements and discriminations against lesbians and gay men that punishes any form of behavior or identity that is not heterosexual and selectively rewards those that are heterosexual. Heterosexist values deem heterosexual sexual orientation to be the only one that is psychologically normal and morally correct.

Homophobia persists in communities of color just as it does in the dominant culture. While the impact of its effects from other people of color may be more keenly felt for lesbians and gay men of color, there is no reason to assume that it occurs at higher levels or with greater intensity in communities of color than in the dominant culture. Some of its determinants however may differ from those found among members of the ethnoracial majority and can be a function of the marginalized status of all people of color based on the racial mythologies associated with their ethnoracial identity. Communities of color are heterogenous and there is a diversity of responses to their lesbian and gay members as well as a diversity of determinants and expressions of the phenomenon.

It is possible that the perception that communities of color are more hostile than majority communities occurs because homophobic voices in
communities of color are the loudest and it is those voices that may receive more media exposure than those with more tolerant views. That includes members of the clergy in communities of color as well. The common denominator however is that heterosexism and homophobic attitudes and behavior are harmful to lesbians and gay men as a group regardless of the source. It is even more detrimental to lesbians and gay men of color who are already burdened with the need to negotiate racism, for women of color, sexism and class oppression that plagues members of poor and underserved communities of color. When communities of color — often the only safe haven people of color have against racism — are homophobic, the danger to the well being of lesbians and gay men of color is intensified as there is no safe haven from bigotry. It is important to understand that lesbians and gay men of color are harmed by homophobic rhetoric and behavior both within as well as outside of their communities, no matter how large or small the source.

Sexual orientation is one aspect of human identity that is a part of the multiple identities that all people have. Some lesbians and gay men of color report identity conflicts when confronted with the notion that lesbian or gay sexual orientation is incompatible with an authentic ethnoracial identity, often expressed in the idea that same sex attractions are "the White man's disease". These ideas may be communicated to lesbians and gay men of color with the demand that they choose one identity over the other or relinquish their nontraditional sexual orientation altogether to avoid being seen as inauthentic or racially disloyal. Such notions represent a pernicious form of homophobia in that they deny a full spectrum of potential identities and behaviors that exists among people of color that makes them a part of the human condition.

Because of their history as victims of oppression by a majority group that differs from them, many people of color grapple with the need to determine who is safe and who is the enemy. They may attempt to garner a measure of safety by narrowly defining the boundaries, characteristics or behaviors that can constitute authentic ethnic identity to create the illusion of homogeneity in the identities of group members. Requiring that ethnicity
be the master identity, renouncing the importance of gender, sexual orientation, social class and other identities denies the diversity that is a realistic aspect of the group's identity.

Lesbian and gay people of color may be overdetermined targets for charges of ethnoracial disloyalty because sexual stereotypes and distortions have been used to influence definitions of race and perceptions of people of color that many people of color are sensitive to and defensive about. A long history of sexual mythologies have been used to rationalize the sexual exploitation and marginalization of people of color in efforts to further dehumanize and objectify them. In this context many people of color are defensive about acknowledging any form of sexuality in their midst that might further marginalize or estrange them from the mainstream. Hence internalized racism is one of the determinants of homophobia in communities of color reflected in the need to defend against their own internalized distortions of sexuality by disparaging and distancing from lesbians and gay men of color as if they were an embarrassment to the group.

Communities of color are frequently characterized by their demand for silence from their lesbian and gay members about their sexual orientation. The pressure to avoid disclosure or visibility as a lesbian or gay man of color in communities of color can have insidious negative effects on the communities' lesbian and gay members similar to the negative effects that are historically associated with the pressure to pass for white for many people of color whose ethnic identity can be concealed.

Maintaining heterosexual privilege serves as another determinant of homophobia in communities of color. For many persons of color, heterosexual identity may be the only privileged identity they possess and that they are reluctant to give up. Both consciously and unconsciously people who have acquired social benefits and privileges that have nothing to do with meriting them come to believe that they are deserved and that others should be excluded from them.
Religiously derived homophobia represents another frequently expressed form of heterosexism found in communities of color. Selective verses of religious scriptures may be used to reinforce homophobic beliefs and behaviors. Clinicians must be aware of the wide range of diversity of beliefs within religious denominations in communities of color that are not all rejecting of lesbians and gay men. As an exhaustive discussion of homophobia in communities of color is beyond the scope of this article, a few of its pertinent aspects have been highlighted.

**Hate Crimes Targeting Race and Sexual Minorities: Same and Different**
Edward Dunbar, EdD

Hate crime laws provide a unique context by which to address problems of intergroup violence. The notion of bias-motivated crimes as a distinct legal infraction is broadly consistent with civil society initiatives that advocate for the rights of race/ethnic and sexual minority persons. To paraphrase an APA policy paper, while hate crime laws are a relatively recent phenomena, the problem they address is ages-old.

What state and national statistics point out, however deeply flawed the numbers may be, is that hate crimes most commonly target race/ethnic outgroups and sexual minorities. In examining the occurrence of hate crimes in Los Angeles I have found that infractions against race/ethnic victims and sexual minorities are significantly more violent than crimes related to religious hostility or the - infrequent - cases filed concerning gender or disability. A fairly consistent finding in Los Angeles year-after-year is that hate crimes targeting sexual minorities and black men are more violent than crimes against other victim groups. Relevant to this question of psychological injury is the community study of Herek and his
colleagues who noted that gay and lesbian victims of hate crimes reported greater emotional harm several years subsequent to the offense than gays and lesbians who were the victims of non bias-motivated crimes.

At the same time, it is important to realize that many states have no sexual orientation element in their laws, on the one hand, and that southern Jim Crow states consistently report a fractional number of hate crimes when compared to other regions of the US. Researchers have attributed this under-reportage to the suppression by law enforcement agencies of hate crimes targeting racial outgroups. So, while it is fair to say that our best evidence indicates hate crimes are most violent that target race and sexual minority persons, it also is very difficult to speak with confidence about the base rates of these crimes in a given region, yet alone nationally.

The Impact of Hate Crimes Upon Multiple Minorities and Multiple Identities

An important question concerns the impact of hate crimes upon these most at-risk groups. In the work I have conducted with law enforcement and victim advocacy groups in Los Angeles over the past 15 years some trends relevant to community psychology have emerged. In one study I looked at the issue of victim reporting - an essential element to crime investigation and community intervention. It was found that the victim's probability of reporting the offense to law enforcement dropped precipitously based upon their gender and racial category - with white gay hate crime victims significantly more likely to report the offense to law enforcement than lesbians of color. This finding was unrelated to how violent the offense was. As Linda Garnets has noted, particular concern needs to be given to such "multiple-minority" victims. At the same time, it was found over a three year period that more violent forms of hate crimes were under-reported by all gay and lesbian victims. It was more likely that a crime of graffiti would be reported than sexual assault. It is interesting that these patterns were unrelated to the similarity or difference of the race/ethnicity of the offender and victim.
The work of Herek and others challenges the mental health community to think about the realities of hate crime victim help-seeking. Barriers to seeking mental health and social service intervention include the severity of the trauma of the offense, first responder behaviors, victim comprehension of the existence of hate crime laws- this is of particular concern for immigrant groups from countries rife with political violence - and the healthy paranoia of dealing with service providers who harbor similar biases about the victim as those held by hate crime offenders.

Stay in Your Neighborhood and Stay in the Closet

An important distinction that is found between hate crimes targeting race/ethnic and sexual minority persons concerns the motivation of the hate crime offender. In many cases, hate crime offenders target visible race/ethnic persons who are numerical minorities in their immediate neighborhoods. In Los Angeles, Blacks and Asian-Pacific victims are much more likely to be targets of hate crimes when they constitute less than twenty percent of the population of the census tract in which they reside. In contrast, sexual minorities are at greatest risk for being the target of bias-motivated offenders while in gay-identified communities. It would appear that offenders target visible race/ethnic persons who reside in communities where they do not constitute a numerical majority, whereas gay and lesbian hate crime victims are at much greater risk when they are in gay-friendly communities. Additionally in reviewing the criminal histories of hate crime suspects with Dr. Desiree Crevecoeur and Detective Jary Quinones of the LAPD we found it was rare for offenders to engage in hate infractions outside of a specific motivational category. These between-group differences gives pause in our viewing hate crimes as a uniform social problem.

As I have proposed elsewhere, the mental health needs of hate crime victims are more complex than victims of most other violent infractions. This is partially due to the victim's attribution of having been targeted due to their social group membership rather than individual behaviors. Victims are left with the dilemma of not being able to change their race or their sexual orientation, often resulting in a sense of ongoing vulnerability and
limited sense of being able to reduce the risk for re-victimization. To return to the observation of Garnets, multiple-minority victims may be particularly challenged in their post-offense recovery. Conventional trauma interventions do not adequately address these clinical problems.

Post victimization recovery involves establishing an adaptive ingroup identity and resumption of effective intergroup behaviors. The racial identity research of Helms and Carter and the sexual identity models of Cass, Troiden, and others underscore the process by which adverse contact and discrimination can result in a regression of the victim's social identity. For example victims of race/ethnic hate crimes may seek to limit their social networks to ingroup persons, resulting in avoidance of outgroup contact. Gay and lesbian victims may feel compelled to not come out to friends and acquaintances and avoid gay-identified social settings. Therapeutic and psycho-educational interventions are needed to help both race/ethnic and sexual minorities in their recovery from acute forms of hate violence.

**Research: A Tool for Intervention or Symbolic Gesture?**

It almost goes without saying that psychological research is an important component of human rights advocacy. However, we need to be mindful that our work is not co-opted by community agencies mandated but not motivated to respond to hate violence. As critical theory would propose, our research may unwittingly support symbolic gestures to placate the victims of hate violence. Researchers need to consider whether or not to endorse human relations initiatives that have limited evidence of their efficacy in terms of hate crime prevention, victim assistance, or offender rehabilitation.

Finally, American psychologists' ability to answer the call concerning human rights problems has been compromised by the policies of our government in the Abu Grav tortures, Guantanamo detentions, and suspension of habeas corpus. Our ability to credibly address hate crime violations has been compromised by the political climate our government has created.
Edward Dunbar is a practicing psychologist in Los Angeles and a Clinical Professor in the Department of Psychology at UCLA. His areas of research include hate crimes, human rights attitudes, and clinical forms of racism.