Exploring Intersections Of Discrimination, Social Support, And HIV Risk Behavior Among Gay, Bisexual, Queer Men: A Scoping Review

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EXPLORING INTERSECTIONS OF DISCRIMINATION, SOCIAL SUPPORT, AND HIV RISK BEHAVIOR AMONG GAY, BISEXUAL, QUEER MEN: A SCOPING REVIEW

Jon Andre Sabio Parrilla

Yale School of Public Health, Social and Behavioral Sciences (2023)

Primary Advisor: Dr. Raquel Ramos, PhD, MBA, MSN, FNP, FNYAM, FAHA

Secondary Advisor: Dr. Trace Kershaw, PhD

A Thesis submitted in partial fulfillment for the Degree of Master of Public Health in the Department of Social and Behavioral Sciences at Yale University

Yale School of Public Health

Year: 2023
UNSTRUCTURED ABSTRACT

In the United States, 1 in 3 Lesbian, Gay, Bisexual, Queer (LGBTQ+) identified persons has experienced discrimination or unjust or biased treatment of people due to their “race, gender, age, or sexual orientation.” We conducted a scoping review guided by the Joanna Briggs Institute Manual for Evidence Synthesis. In December 2022, two databases were searched: PubMed and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Our review identified 22 studies that addressed the association between social support and discrimination with HIV risk behavior among gay, bisexual, queer (GBQ) men. Stigma and discrimination within and outside the gay community was associated with HIV risk behavior. Black and Latino/Hispanic GBQ men were more likely to experience structural and interpersonal discrimination and social support was found to be a protective factor for HIV risk behavior.
Acknowledgements

I would like to acknowledge and give my greatest appreciation to my thesis advisors, Dr. S. Raquel Ramos and Dr. Trace Kershaw who made this thesis possible. Their guidance and advice carried me through all the stages of writing my thesis. I would also like to thank the Ramos lab for providing access to data, research opportunities, guidance, and support.

Thank you Dr. Ramos for your unending mentorship, support, and education you have provided me with throughout my time as a researcher and health educator at the Ramos Lab. I am exceptionally grateful to Dr. Ramos and the Yale School of Public Health for affording me with the experiences and formal training and education necessary to become the LGBTQ+ physician I aspire to be. I will utilize the knowledge and the skills I have gained in the past two years to serve marginalized populations and work to mitigate the health disparities in communities of color and in the LGBTQ+ population. I will propel this research and its public health, policy, and clinical implications further to fight the social and health injustices that continue to persist today in the communities for which I am a part.
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INTRODUCTION

According to the National Institutes of Health (NIH), sexual and gender minority (SGM) populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. In the United States, 1 in 3 Lesbian, Gay, Bisexual, Queer (LGBTQ+) identified persons has experienced discrimination or unjust or biased treatment of people due to their “race, gender, age, or sexual orientation” according to the Center for American Progress.

This has led to individuals changing their behavior to avoid discrimination in “health care, employment, housing, and public spaces” based on their sexual identity. Due to this, in 2022, it was estimated that 1 in 5 of LGBTQ+ persons did not seek medical care due to instances of discrimination. In fact, a considerable factor in HIV risk that plays an important role is discrimination as it relates to SGM status “in home or social neighborhoods” (Frye et al., 2015.) Further, research indicates that SGM living in structurally stigmatizing environments had decreased uptake of HIV prevention therapies (Oldenburg et al., 2015).

Psychological distress and substance use are outcomes of experiences of sexual orientation-based discrimination among LGBTQ+ individuals which is consistent with sexual minority stress theory (Frye et al., 2015). As a result of this discrimination and stigma, many SGM have maladaptive coping behaviors including engaging in sexual risk behavior (Herrick et al, 2011).

Intersectionality also plays a role in exacerbating discrimination and thus, increases risk for HIV. Coined by legal scholar Kimberle’ Crenshaw, intersectionality is a conceptual framework that views how various forms of identity can multiply discrimination and inequality among marginalized groups. HIV risk behavior is higher in individuals who have intersecting
disadvantaged identities and/or backgrounds. Figure 1 demonstrates how structural, institutional, and interpersonal levels of discrimination impacts HIV risk behavior among GBQ men of color.

For example, researchers found larger relative risks for condomless anal sex among Black and Latinx SMM (Jeffries et al., 2017). Hypermasculine cultural norms like machismo are significantly related to unprotected anal sex (Jarama et al., 2005). Machismo is a cultural norm for Latinx folks that pervade beliefs of gender, sexuality, and sexual behavior (Marin et al., 1997). Intersecting identities of sexual orientation and race can compound to increase HIV risk behavior. Among all SMM, heteronormative policing (e.g., social isolation or exclusion, bullying, punishment, and professional assistance) was found to be linked to increased HIV risk behavior (Meanley et al., 2018). Further, Latino men who have sex with men (MSM) are more likely to report being physically attacked or injured as compared to White MSM (Reilly et al., 2016). Age is also an intersecting identity that can mediate HIV risk. For example, investigators found that Young Black MSM (YBMSM) reported more acceptance of negative attitudes regarding their sexuality and low levels of condom self-efficacy (Vincent et al., 2017).

As Scott et al. found, Black MSM did not feel like they had access to social support in their communities as LGBTQ+ community organizations were predominantly White and this lack of social support was compounded by the hypermasculinity and homophobic cultural norms in the Black community (Scott et al., 2014). This is particularly relevant to HIV risk behavior because those same participants in Scott et al. were less likely to adhere to HIV prevention strategies and report this was due to homophobia and stigma (Scott et al., 2014). Those who reported increased social support were more likely to get HIV testing (Scott et al., 2014).

The purpose and aims of this scoping review is to examine a) the association of discrimination and HIV risk behavior among GBQ individuals and to explore b) the association
of social support and HIV risk behavior among GBQ individuals. This thesis will seek to understand how HIV risk behavior impacts health indicators and outcomes among GBQ individuals.

**Intersectional Causes of Health Inequities**

**Layer 1:**
- Structures of Domination
  - White Supremacy
  - Heteropatriarchy
  - Capitalism
  - Colonialism

**Layer 2:**
- Institutional Systems
  - Housing
  - Immigration-Refugee
  - Health Care
  - Public Health
  - Education
  - Criminal-Legal
  - Foster Care
  - Welfare
  - Organized Religion

**Layer 3:**
- Socio-Structural Processes
  - Colonizing
  - Gendering
  - Class Exploitation
  - Racializing
  - Pathologizing
  - Criminalizing

**Figure 1.** Adapted from Intersectionality Research for Transgender Health Justice (IRTHJ) Framework (Wesp et al., 2019)

**METHODS**

We followed the scoping review methodology outlined in the Joanna Briggs Institute Manual for Evidence Synthesis (Aromataris & Munn, 2020) to ensure rigor and to provide guidance on a structured, unbiased, and robust approach to review of the literature.
Identifying Relevant Studies

In December 2022, we searched two databases, including PubMed and Cumulative Index to Nursing and Allied Health Literature (CINAHL). These two databases were selected because of their open access and breadth of content in areas of social and behavioral sciences. One public health research librarian was consulted on developing and refining our search strategy. The search strategy for PubMed can be found in Figures 2 and 3.

**PubMed (Figure 2)**

<table>
<thead>
<tr>
<th>Search</th>
<th>Actions</th>
<th>Details</th>
<th>Query</th>
<th>Results</th>
<th>Time</th>
</tr>
</thead>
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<td>&gt;</td>
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<td>17:59:47</td>
</tr>
<tr>
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<td>---</td>
<td>&gt;</td>
<td>Search: &quot;sexual and gender minorities&quot;[MeSH Terms]</td>
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<td>17:59:41</td>
</tr>
</tbody>
</table>
There were no restrictions placed on the publication date; however, we had U.S. based studies as part of our inclusion criteria. The additional search terms included: ages 18-34 (emerging adults), discrimination/bias, SGM, HIV prevention, sex behavior, sex risk, intersectionality, and gender expression. A second layer of filtering using these inclusion criteria was done during title/abstract and full text review on Covidence.

**Study Selection**

There were no restrictions on the study design. We were interested in looking at a body of literature published on the topic of how discrimination and lack of social support mediates the risk of HIV behavior among GBQ individuals. To meet the inclusion criteria, articles had to be
(a) written in English, (b) published research studies, (c) focused on GBQ men, and focused on emerging adults (ages 18-34 years old). Published literature that did not explicitly state HIV risk behavior as an outcome, but involved sex risk behavior outcomes, were included. Exclusion criteria were (a) study populations that included individuals already diagnosed with HIV and (b) theses, presentations, editorials, and conference posters.

**Charting and Summarizing the Data**

Search results were imported from PUBMED/CINAHL into Covidence. References were generated from Covidence data management software. Article titles and abstracts were reviewed by two reviewers (J.A.S.P. and SR.R.).

**Characteristics of Included Research Articles (N=22)**

<table>
<thead>
<tr>
<th>Author, Year, and Sample</th>
<th>Age and Gender</th>
<th>Race/Ethnicity</th>
<th>Design</th>
<th>Outcomes</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burton et al., 2020 (n= 937) for study 1 n=99 for study 2</td>
<td>19-72; men</td>
<td>Black, White, Asian/Native Hawaiian/Pacific Islander, Other/Multiracial Hispanic, Non-Hispanic</td>
<td>Study 1: cross-sectional Study 2: randomized experiment</td>
<td>Study 1: ● perceived general stress ● minority stress ● sexual orientation-related rejection sensitivity ● internalized homophobia ● sexual orientation concealment ● intraminority gay community stress ● HIV-risk behavior</td>
<td><strong>Study 1:</strong> “stress from within the gay community, or intraminority gay community stress, may also be associated with SMM HIV risk behavior” <strong>Study 2:</strong> ● SMM stigma-related stress online associated with “greater likelihood of engaging in sexual-risk behaviors”</td>
</tr>
<tr>
<td>Study 2</td>
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<tr>
<td>• behavioral risk-taking</td>
<td>• perceived benefits and costs of condom use</td>
<td>• state affect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• racial discrimination</td>
<td>• sexual orientation-based discrimination in participant’s home and social neighborhoods</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Mediating variables:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• psychological distress</td>
<td>• internalized homophobia</td>
<td>• self-reported experience of sexual orientation-based discrimination only within the past 3 months significantly associated with sexual HIV acquisition behavior, controlling for known psychosocial correlates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• sex while buzzed on alcohol or having used drugs before or during sex</td>
<td></td>
<td>• psychological distress and substance abuse are outcomes of experiences of sexual orientation-based discrimination among LGBTQ+ individuals</td>
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<tr>
<td></td>
<td></td>
<td>• no support for role of internalized homophobia as a correlate of HIV acquisition risk behavior, once psychological distress and alcohol an/or drug use before/during sex were controlled</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• place of experienced discrimination (home or social neighborhood) did not correlate with sexual risk behavior</td>
<td></td>
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</tr>
</tbody>
</table>

Frye et al., 2015 (n=1,369)  
18-40+; men  
White, Latino/Hispanic, Black/African American  
cross-sectional  
• experience of race- and sexual orientation-based discrimination in participant’s home and social neighborhoods  
• racial discrimination  
• sexual orientation-based discrimination  
• self-reported experience of sexual orientation-based discrimination only within the past 3 months significantly associated with sexual HIV acquisition behavior, controlling for known psychosocial correlates  
• psychological distress and substance abuse are outcomes of experiences of sexual orientation-based discrimination among LGBTQ+ individuals  
• no support for role of internalized homophobia as a correlate of HIV acquisition risk behavior, once psychological distress and alcohol an/or drug use before/during sex were controlled  
• place of experienced discrimination (home or social neighborhood) did not correlate with sexual risk behavior
<table>
<thead>
<tr>
<th>Study</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Study Design</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| Gibson et al., 2022           | 21+ | White, Black or African American, Asian or Asian American, American Indian or Alaska Native, Hispanic/Latino | experimental | - past year unprotected anal intercourse (UAI)  
- past year alcohol and cannabis use before sex  
- illicit drug use before sex  
- HIV status  
- PrEP use  
- STI diagnosis  
- previous discrimination  
- gay community stress  
- state self-esteem  
- risky sex intentions |
|                               |     |                                                    |              | - previous discrimination and gay community stress associated with HIV-risk behaviors  
- discrimination in the form of exclusion by straight men significantly associated with risky sex intentions  
- discrimination is associated with sexual risk intentions among SMM (discrimination increases sexual risk propensity)  
- exclusion by gay men did not directly increase sexual risk behavior intentions |
| Jarama et al., 2005           |     | Latino                                             | cross-sectional | - sexual activity (UAI)  
- acculturation  
- sexual attraction and identity  
- communication about HIV/AIDS and safe sex with sex partners  
- knowledge about HIV/AIDS  
- association with Gay Organization  
- sexual abuse  
- sex and substance abuse  
- machismo  
- discrimination based on homosexuality |
|                               | “76% of men in the sample were younger than 35 years old (the mean age was 30.0)” | | | - higher levels of communication about HIV/AIDS and safe sex were associated with low risk anal sex  
- machismo and discrimination based on homosexuality were significantly related to unprotected anal sex  
- high risk anal sex was more likely to be reported by men with increased machista attitudes and men with increased experiences of discrimination based on homosexuality  
- internalized homophobia was not a significant predictor |
Jeffries et al., 2017

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Design</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| Jeffries et al., 2017 | Black, Latino, White | meta-analysis (includes 42 cross-sectional and 2 prospective studies) | - internalized homophobia
- sexual risk behavior
- condomless anal sex
- sex under the influence
- number of sex partners
- risky sexual situations
- diagnosed HIV infection
- diagnosed STI infection
- poor HIV care continuum engagement
- HIV status disclosure
- general experienced homophobia
- discrimination
- verbal harassment
- family-based mistreatment
- physical violence
- gay-related stress
- perceived sexual minority stigma
- structural sexual minority stigma
- experienced homophobia associated with behaviors that increase HIV infection risk among MSM: CAS, sex under the influence of drugs or alcohol, increased number of sex partners, poor HIV care continuum engagement
- effect sizes for any sexual risk behavior and CAS were largest in samples containing mostly Black or Latino MSM
- family-based mistreatment and perceived sexual minority stigma yielded the largest effect sizes
- verbal harassment, discrimination, and physical violence were also associated with sexual risk behavior

Jeffries et al., 2013 (n=1,154)

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Design</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| 18-40+; men | Black | cross-sectional | - occurrence of receptive or
- Black MSM experienced
• Homophobic events in past 12 months more likely to engage in UAI than men who did not experience homophobic events
  • “For men who were not previously diagnosed with HIV, being treated rudely/unfairly or made fun of/called names (but not being hit/beaten up) was independently associated with increased odds of engaging in UAI. However, for men who were diagnosed with HIV prior to study participation, all levels of homophobic events independently predicted increased odds of HIV transmission risk behavior”
• Homophobia had violent manifestations, signifying potential to affect health of black MSM beyond HIV infection risk
• No evidence social integration mitigated homophobia’s association with UAI
• “Being young (aged 18–29 vs. ≥40 years), having undiagnosed HIV infection, and being in a committed relationship were significantly associated with UAI

Insertive UAI with a man in past 3 months
• Experiences of negative interpersonal events based on perceived homophobic actions of other people
• Social integration constructs: social support, closeness with family members, closeness with gay and heterosexual friends, attachment to the black gay community, ability to be open about sexuality within one’s religious community, MSM social network size

Homophobic events in past 3 months
among men not diagnosed with HIV prior to study participation.”

- family connectedness associated with decreased likelihood of sexual risk behaviors
- gay self-identification was not associated with UAI

<table>
<thead>
<tr>
<th>Study</th>
<th>Participants</th>
<th>Setting</th>
<th>Methodology</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Lelutiu-Weinberger et al., 2014 (n=206) | 18-29; men Black, Latino, White, Other/Mixed | cross-sectional | • gay related stigma  
• mental health  
• total number of high risk sex acts  
• total number of high risk sex acts under the influence  
• total number of drugs used per day  
• race stigma | • higher levels of depression and anxiety placed YMSM at most risk for HIV acquisition both in terms risky sex and substance abuse  
• better mental health appeared to buffer against HIV risk behavior (less so for YMSM color vs. White YMSM)  
• YMSM of color reporting overall higher levels of risk behavior |
| Martinez et al., 2016 (n=176) | Mean age 33.37; men Latino | cross-sectional | • high-risk alcohol consumption  
• clinically significant depression  
• discrimination  
• childhood sexual abuse  
• sexual risk behaviors  
• syndemic factors scale | • intertwining factors (clinically significant depression, high-risk alcohol consumption, discrimination, and childhood sexual abuse) increase HIV risk among Latino MSM |
<p>| Martin &amp; Knox, | 17-69; African, | cross-sectional | • self-esteem | • self-esteem instability |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Study Design</th>
<th>Participants</th>
<th>Measurement</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997 (n=455)</td>
<td>men</td>
<td>Asian, English, German, Irish, Mexican, American Indian, Scottish</td>
<td>1997 (n=455)</td>
<td>motivating some gay men to engage in risky sexual behavior; participates that engage in UAI had higher instability in self-esteem; participants with high instability in self-esteem were lonelier than other participants and perceived less support from people around them; self-esteem instability does not appear to be an important motivator for gay men engaging in UAI; UAI correlated with measures of loneliness, avoidance coping, and perceived support from friends, family of origin, and others and negatively with intimacy and cognitive coping</td>
</tr>
<tr>
<td>Meanley et al., 2018 (n=364)</td>
<td>18-29; men</td>
<td>Non-Hispanic Black, Non-Hispanic White, Hispanic/Latino, Other Race/Ethnicity</td>
<td>cross-sectional, observational</td>
<td>reporting heteronormative policing on sexual attraction was associated with HIV risk behavior; no significant moderation of internalized homophobia on the relationship between LPAMA and number of sexual risk partners for men engaging in either receptive or insertive position.</td>
</tr>
</tbody>
</table>
intercourse (CAI) partners

- internalized homophobia, was independently and positively associated with the number of sexual risk partners in YMSM engaging in the insertive sexual position
- PGGP not associated with increased sexual risk

| Murray et al., 2018 (n=108) | 18-64; men | Black, Latino/Hispanic | cross-sectional-qualitative study with semi-structured interviews | homophobia in the Black and Latino community
| fear of losing support from family and friends
| lack of support
| stigma
| lack of support leads to low self-esteem
| participants felt stigma associated with being identified as gay was the cause of BLMSM engaging in risky sexual behavior
| many participants stated that they had to “negotiate identities” between being a Black or Latino man and being openly gay
| discrimination endured by BLMSM for their race and ethnicity, and their gay identity, directly leads to increased risky sexual behaviors
| several participants noted that they did not disclose their homosexual behaviors and identities to family and loved ones from fear of losing their support
<p>| low self-esteem was described as a cause for engaging in risky sex behaviors |</p>
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Study Type</th>
<th>Key Findings</th>
</tr>
</thead>
</table>
| O’Clerigh et al., 2018 (n=1,211)          |             | Mean age 38.56     | White, Black/African   | Cross-sectional | - childhood sexual abuse, substance abuse, suicide attempts, intimate partner violence  
- HIV status, health care utilization, and healthcare costs,  
- four syndemic indicators (childhood sexual abuse, intimate partner violence, suicide attempts, and substance abuse) are common in sexual minority men  
- experience of one of these risk factors increased odds of reporting the others  
- identified associated between four syndemic factors and HIV status  
- syndemic indicators increases vulnerability to increased need for medical services |
|                                           |             | (SD=9.49)          | American, Hispanic/Latin o, Other |            |                                                                                                                                            |
| Oldenburg et al., 2015 (n=4,098)          |             | Median age 45.5     | White/Caucasian, Black/African American, Latino/Hispanic, Asian, Native American, Multiracial | Cross-sectional | - PrEP and PEP awareness and use  
- sexual behaviors (number of men with whom thirty had condomless anal insertive (CAI) or receptive intercourse)  
- access to healthcare  
- state-level HIV prevalence  
- state-level structural stigma  
- state-level structural stigma significantly associated with increased sexual risk behavior, decreased awareness and use of antiretroviral chemoprophylaxis, and decreased comfort discussing sexual behavior with primary providers among HIV uninfected MSM  
- lower levels of state-level structural stigma associated with reductions in CAI  
- structural stigmas associated with increased HIV risk behavior  
- structural stigma associated with decreased awareness of PEP and PrEP |
<p>|                                           |             | (IQR=34-53)        | men                    |            |                                                                                                                                            |</p>
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Description</th>
<th>Method</th>
<th>Variables</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Quinn et al., 2015 (n=464)    | Mean age = 27.4 years, SD = 8.1; 92.5% male, 1.6 female, 5.9% transgender – all reported their gender at birth was male | Cross-sectional   | - internalized homophobia  
- self-ascribed masculinity  
- resilience  
- AIDS conspiracy beliefs  
- religiosity  
- gay community acculturation | - men living in states with higher levels of structural stigma less likely to report discussing having sex with men, CAI, and HIV prevention strategies with providers |
| Ramirez-Valles, 2002          | No sample size                                           | Meta-analysis     | - community involvement in HIV/AIDS  
- poverty, homophobia, racism  
- peer norms towards safer sex  
- self-efficacy towards condom use  
- positive self-identity  
- alienation | - higher levels of masculinity and being an MSM who identifies as bisexual or heterosexual both significant predictors of internalized homonegativity  
- greater gay community acculturation was associated with lower levels of internalized homonegativity |
| Ramos et al., 2021 (n=322)    | Mean = 26.35, SD = 4.66 Hispanic/Latinx, Black/African American, | Mixed methods     | - HIV knowledge  
- health literacy | - presents framework that community involvement is a protective factor for HIV/AIDS risk behavior  
- gender expression modified association between sexual concealment and |
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Characteristics</th>
<th>Outcomes of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reilly et al., 2016 (n=509)</td>
<td>18-29: 267; 30+: 242; men</td>
<td>outcomes of interest</td>
</tr>
<tr>
<td></td>
<td>Asian, White non-Hispanic, American Indian/Native American, Middle Eastern</td>
<td>transactional sex</td>
</tr>
<tr>
<td></td>
<td>White, Black, Latino, Other</td>
<td>masculine gender expression, greater sexual concealment which was associated with lower health literacy</td>
</tr>
<tr>
<td></td>
<td>sexual behavior, drug and alcohol use, HIV status, gay-related discrimination in past 12 months, perception of community tolerance of gays and bisexuals</td>
<td>feminine gender expression, greater sexual orientation concealment associated with greater transactional sex</td>
</tr>
<tr>
<td></td>
<td>more than half of all study participants reported gay-related discrimination in past 12 months, most common type of discrimination being called names or insulted, significant associations between having experienced gay-related discrimination in the past 12 months and behavioral HIV risk variables, anal intercourse with a condom with a casual partner in past 12 months associated with having been treated unfairly at</td>
<td>key intersections between internalized homophobia, gender expression, and social and structural determinants of health as well as relevance to health behaviors</td>
</tr>
<tr>
<td>Study</td>
<td>Population</td>
<td>Methodology</td>
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<td>-----------------------</td>
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</table>
| Resnick et al., 2022  | 18-35; male sex at birth    | qualitative | - past 12 month drug use was inversely associated with having experienced most types of gay-related discrimination  
- Latino MSM more likely to report being physically attacked or injured compared with White MSM and those were recruited from parks more likely to report having been physically attacked or injured  
- perceived risk for HIV  
- factors that influence perception of HIV risk  
- deliberative and affective risk perception before and after sexual encounters  
- participants linked HIV knowledge to risk perception and stigma  
- participants connected intrinsic and extrinsic factors to risk perception differently  
- affective risk perception most prominently emerge when participants recalled recent spike in HIV anxiety  
- spikes in HIV anxiety led some participants to pursue post encounter HIV prevention options (highlighting how behaviors can both influence and be influenced by risk) |
- taking PrEP may protect participants from experiencing spikes in anxiety and improve overall sexual health
- participants suggested they have sufficient HIV knowledge to protect themselves from HIV

<table>
<thead>
<tr>
<th>Study</th>
<th>Age (mean, SD)</th>
<th>Race</th>
<th>Study Design</th>
<th>Findings</th>
</tr>
</thead>
</table>
| Rogers et al., 2018 (n=389)          | 18-34, mean=25.52, SD=3.663; men | European White, Hispanic, African-American, Asian American, Other | cross-sectional | • gay-related minority stress  
• sexual behavior  
• Alcohol and drug use  
• sexual motives  
• depression and anxiety  
• anxiety symptoms found to partially explain relationship between gay-related minority stress and illicit drug use, average alcohol use, and using sex to cope with negative emotions  
• bi-directional relationship between symptoms of anxiety and illicit drug use  
• gay-related minority stress mediates relationship between anxiety and illicit drug use  
• no empirical evidence that anxiety or depression explain relationship between discrimination related to sexual orientation and engaging in anal sex without a condom |
| Russ et al., 2021 (n=42,870)         | men           | Black | meta-analysis  | • reported prevalence of each stage of PrEP care  
• the awareness (50.8%) and willingness/intention (58.2%) to use PrEP |
<table>
<thead>
<tr>
<th>Scott et al., 2014 (n=1,329)</th>
<th>18-29; men</th>
<th>Black</th>
<th>experimental</th>
</tr>
</thead>
<tbody>
<tr>
<td>● structural discrimination</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>● social support</td>
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<td></td>
<td></td>
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<tr>
<td>● socioeconomic distress</td>
<td></td>
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<td></td>
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<tr>
<td>● high risk sexual behavior</td>
<td></td>
<td></td>
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<tr>
<td>● delayed HIV testing</td>
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</table>

- having social support from peers is associated with more recent HIV testing among currently sexually active Black MSM
- social support has an associated with positive health outcomes such as lower rates of unprotected anal sex and unrecognized HIV infection
- Black MSM men who reported more indicators of socioeconomic distress were more likely to have delayed HIV testing
- Black MSM reported lack of access to HIV prevention, apathy, homophobia, and stigma were key barriers reported for
not adopting HIV prevention strategies

- men who reported UAI with non-concordant partner had significantly higher risk of delayed HIV testing

<table>
<thead>
<tr>
<th>Vincent et al., 2017 (n = 1,210)</th>
<th>18-29; men</th>
<th>Black or African American</th>
<th>cross-sectional</th>
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</table>

- social support (guidance, advice, emotional support)
- condom self-efficacy
- internalized heterosexism
- enacted heterosexism

- YBMSM who may benefit most from social support are those who both internalize negative attitudes about their sexual identity or behavior and find themselves in highly stigmatizing social contexts
- benefits of social support may be more striking for YBMSM who strongly accept negative attitudes about them and experience more frequent heterosexist situations
- YBMSM who reported high levels of both types of heterosexism reported low levels of condom self-efficacy
- YBMSM who do not internalize heterosexism or
who do not experience a great amount of enacted heterosexism may be sufficiently resilient and have high enough condom self-efficacy

*All studies were based in USA

**Results**

The search strategy identified a total of 2,572 articles. After removing duplicates, we screened the titles and abstracts of 2,394 articles. After review of titles and abstracts, 2,225 articles were excluded and 169 were included for a full-text review. 22 studies were included in qualitative analysis. The Preferred Reporting items for Systematic Reviews and Meta-Analyses extension flow diagram is summarized in Figure 4.
Study Characteristics

The age range of participants in the studies included in qualitative analysis were predominantly emerging adults (18-34 years old); however, there were a few studies that went beyond that range (n=4). Study samples were mostly composed of men (n=21); however, there was one study that included women and transgender participants. Most of the studies had
diversity with regard to race (African Americans, Whites, Asian Americans, Hispanic/Latino, and Native Americans). The predominant study design was cross-sectional (n=15). The other study designs included meta-analysis (n=3), experimental (n=2), and mixed methods (n=2). The earliest study conducted in this review was over two decades ago (1997).

One of the most common key findings among the studies was discrimination and stigma was associated with a higher likelihood of sexual risk behavior. Stress online and from within the gay community was found to be a predictor for sexual risk behavior (Burton et al., 2020); in addition, discrimination from heterosexual men was found to be significantly associated with risky sex (Gibson et al., 2022). Intersectional discrimination based on race and sexual orientation was also found to be associated with HIV risk behavior among a sample of White, Black, and Latino/Hispanic men (Frye et al., 2015). Among Black and Latino GBQ, a study found larger effect sizes for sexual risk behavior including: sex under the influence, condomless anal sex, and risky sexual situations (Jeffries et al., 2017). A qualitative study with semi-structured interviews supported this finding and demonstrated that discrimination endured by Black and Latino/Hispanic GBQ men led to risky sex behaviors (Murray et al., 2018). Further, Black GBQ who experienced homophobic events in the past year were more likely to engage in unprotected anal sex (Jeffries et al., 2013). Latino GBQ were also more likely to report being physically assaulted as compared to their White counterparts (Reilly et al., 2016). Further, mental health disparities were found in young GBQ men of color which led to HIV risk behavior and substance abuse (Leiutu-Weinberger et al., 2014).

Negative cultural beliefs were found to be associated with increased HIV risk behavior. Machismo beliefs and cultural norms were predictors of high risk anal sex (Jarama et al., 2005). State-level structural discrimination was found to be associated with riskier sex behavior. For
example, men living in states with higher stigma and discrimination against sexual minorities were more likely to engage in condomless anal sex and HIV risk behavior (Oldenburg et al., 2015). Black GBQ were reported to have less access to HIV prevention efforts and delayed HIV testing due to cultural stigma and lack of social support from gay community organizations (Scott et al., 2014).

Internalized homophobia had mixed results as it relates to sexual risk behavior. One study found that internalized homophobia was a significant predictor for HIV risk (Jarama et al., 2005). In another study, internalized homophobia was positively associated with the number of sexual risk partners for participants engaging in the insertive sexual position (Meanley et al., 2018).

Social and community support was found to be a protective factor against HIV risk behavior among GBQ men. Greater gay community acculturation was found to be associated with lower levels of internalized homophobia (Quinn et al., 2015). Further, a meta-analysis found that community involvement was associated with less HIV/AIDS risk behavior (Ramirez-Valles, 2002). Social support was found to be positively associated with lower rates of unprotected anal sex (Scott et al., 2014). Social support was found to be more beneficial to young Black GBQ who hold strongly negative homophobic attitudes (Vincent et al., 2017).

DISCUSSION

The purpose of this scoping review was to explore the intersections of discrimination, the lack of social support, and HIV risk behavior among GBQ individuals. The key findings included: stigma and discrimination within and outside the gay community was associated with HIV risk behavior and social support was found to be a protective factor for HIV risk behavior.
In a similar study, researchers investigated a study population of emerging young Black Lesbian, Bisexual, Queer women of color, and found that intersectional stigma and discrimination lead to negative mental health outcomes (Richards et al., 2018). Social, cultural, and systemic discrimination and stigma lead to these negative health impacts and researchers suggest future studies must be directed at addressing these disparities (Richards et al., 2018). Due to multiple structures of discrimination, institutional processes, and explicit and implicit biases, individuals who belong to both sexual and racial/ethnic minority groups are at an increased risk for negative health outcomes. This scoping review identifies the literature that provides evidence to these negative health outcomes as it relates to HIV risk.

A study that examined the impact of social support on unrecognized HIV infection among Black and Latino GBQ, found that higher levels of social support were less likely to test HIV positive (Lauby et al., 2012). This association between increased social support and decreased likelihood of unknown HIV infection had two pathways: 1) increased likelihood of getting regularly tested and 2) decreased likelihood in engaging in risky sex behavior (Lauby et al., 2012). Social support is an important protective factor because it provides the network and health literacy benefits marginalized communities need to access the resources necessary to combat HIV risk. This scoping review adds to the pre-existing literature by examining these interrelated social, cultural, political, economic, and historical barriers in accessing HIV prevention care. The studies in this review provide evidence on how social support is not easily accessible especially to Black and Latino/Hispanic GBQ men.

The current state of literature suggests that culturally responsive interventions and organizations have the potential to intervene in the disparities among GBQ men of color’s risk for HIV. Having social support from peers is associated with more recent HIV testing among
currently sexually active Black MSM (Scott et al., 2014). Black MSM reported access to HIV prevention, apathy, homophobia, and stigma were key barriers reported for not adopting HIV prevention strategies (Scott et al., 2014). Researchers posit that Black MSM may feel outcast in community organizations that are predominantly White and thus, contribute to internalization of negative attitudes (Scott et al., 2014).

The strength of this thesis is that it mapped the evidence on a public health crisis that has not been reported extensively in the literature. As of April 25th, 2023, there are 469 bills that have been introduced to remove human rights protections and freedoms from LGBTQ+ persons, according to the American Civil Liberties Union. Now more than ever, research must focus on those who are most vulnerable in society. Oftentimes, those who are at the intersections of multiple identities are more at risk for public health crises. One way to address these disparities is to research solutions that are centered on these diverse populations.

**Implications for Public Health**

Regarding public health, there must be community organizations designed to target for GBQ men of color. These public health interventions will act as a safeguard for this vulnerable population and its inception is supported by the finding that social support is a protective factor for HIV risk. Having social support from peers is associated with more recent HIV testing among Black GBQ (Scott et al., 2014). However, community groups made for and by GBQ men of color are needed to generate peer support and to provide HIV prevention services in order to reduce sex risk behavior among this target population. Higher levels of communication about HIV/AIDS was associated with low risk anal sex (Jarama et al., 2005). It is important to create these groups and organizations to facilitate discussion and improve implementation strategies that work to address the disparities in HIV risk among GBQ men of color. Having lower rates of
health literacy and HIV knowledge increase HIV risk in emerging adult GBQ men of color (Ramos et al., 2021). Empowering GBQ men of color with the community groups, education, and prevention strategies are necessary in mitigating the inequities in HIV risk.

**Implications for Policy**

With the rise of hate crimes against LGBTQ+ individuals and anti-LGBTQ+ legislation being introduced in state and federal legislatures, stigma and discrimination among SGM is pervasive and persist today. There is a need to address healthcare disparities among SGM of color to provide a more equitable healthcare system. Based on existing literature, there is a clear lack of LGBTQ+ community-based organizations that reflect cultural humility and serve diverse populations who come from backgrounds that are different from White and affluent racial and socioeconomic categories. Funding of these organizations through state legislation is critical in providing access to HIV prevention care for GBQ men of color. State-level discrimination is found to be associated with delayed HIV testing and lack of access to HIV prevention (Scott et al., 2014). Structural discrimination was also found to be associated with decreased awareness of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) (Oldenburg et al., 2015). State level policies that are designed to criminalize discrimination based on sexual orientation and other intersecting identities are necessary to mitigate the risk of HIV among GBQ men.

**Implications for Clinical Practice**

Medical school curricula must reflect the patient populations’ its students intend to serve. Culturally responsive care is lacking in mitigating HIV risk behavior among GBQ men of color. One way to reduce this disparity is through improving the medical education and training to shift from cultural competence training to culturally responsive care that is sensitive to Black and Latino/Hispanic GBQ individuals. Black GBQ men of color reported having less or no access to
HIV prevention (Scott et al., 2014). It is important that providers, public health practitioners, and key stakeholders reach out to these vulnerable communities to increase access to these HIV prevention efforts. Sustainable structural interventions include eliminating racially biased, inequitable, and antiquated curricula in nursing, medicine, and public health (Ramos et al., 2021). In addition, increasing the diversity of clinical and research degrees obtained by LGBTQ+ Black and Latino/Hispanic persons is a sustainable structural intervention to promote equity (Ramos et al., 2021). Diversifying the provider workforce with people of color and SGM will enhance culturally responsiveness and mitigate the structural policies and institutional norms that are harming LGBTQ+ persons’ health. Training and education must reflect the findings that homophobia in the Black and Latino community is endured by GBQ men in these communities and contribute to their fear of losing familial support and thus, increase engagement in risky sex behavior (Murray et al., 2018).

**Limitations**

This review is not without any limitations. The selection of search terms and search databases may not have been extensive. As compared to systematic reviews, scoping reviews inherently have bias due to their exploratory scoping focus. In addition, scoping reviews potentially may not capture studies that have yet to be published. Lastly, scoping reviews do not utilize quality assessment. Studies were U.S. based, published in English, and most were conducted within the last 10 years. By limiting the studies to the above, this scoping review is limited in capturing the full diversity of how discrimination and social support in different cultural and geographic contexts impact HIV and sex risk behavior.
Conclusion

By conducting a scoping review, we explored the literature on how discrimination and lack of social support impacts HIV risk behavior among GBQ men of color. There was a lack of studies that focused on public health interventions that are specifically targeted and tailored to GBQ men of color. Future research should continue to focus on vulnerable populations with multiple intersecting identities and how to mitigate HIV risk behavior among these groups.
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