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Strategies of Managing Racism and Homophobia among U.S. Ethnic and Racial Minority Men Who Have Sex with Men

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Abstract

Despite widespread recognition that experiences of social discrimination can lead to poor physical and mental health outcomes for members of minority groups, little is known about how U.S. ethnic minority men who have sex with men (MSM) manage their experiences of racism and homophobia. We conducted six focus group discussions (n=50) and 35 in-depth interviews with African American, Latino, and Asian or Pacific Islander MSM (aged 18+) recruited in Los Angeles, CA. This process revealed five strategies that MSM of color employed in order to mitigate the impact of racism and homophobia. To minimize opportunities for stigmatization, men used (1) concealment of homosexuality and (2) disassociation from social settings associated with stigmatization. To minimize the impact of experienced stigma, men (3) dismissed the stigmatization and (4) drew strength and comfort from external sources. Men also actively countered stigmatization by (5) direct confrontation. More research is needed to understand the efficacy of these coping strategies in mitigating negative health consequences of stigmatization and discrimination.

Keywords

racism; homophobia; stigma; coping; men who have sex with men; African American; Latino; Asian and Pacific Islander

Introduction

Recent scholarship on the experiences of men of color who have sex with men (MSM of color) has demonstrated that members of this group often experience stigma and discrimination due to race and sexual orientation (Battle et al., 2002; Bérubé, 2001; Dang & Hu, 2005; Diaz, Ayala, Bein, Henne, & Marin, 2001; Han, 2007; Ramirez, 2003; Teunis, 2007). In a study of Black gay, lesbian, bisexual and transgender people who attended one of nine “Black Gay Pride” festivals held in U.S. cities in 2000, 57% reported experiences of racism and 43% reported experiences of homophobia (Battle et al., 2002). Similarly, a study of Latino gay and bisexual men in New York, Miami, and Los Angeles found widespread experiences of homophobia and racism; 91% of participants reported hearing negative perceptions about homosexuality while growing up, 70% reported having felt that their homosexuality would hurt their family, and 62% reported having experienced sexual

objectification by other gay men due to their race (Diaz et al., 2001). A survey of gay, lesbian, bisexual, and transgendered Asian and Pacific Islander (API) men and women in New York found that 82% had personally experienced racism in the gay community and 96% believed that homophobia was a problem in API communities (Dang & Hu, 2005).

The detrimental effects of stigma and discrimination due to race and sexuality on the physical and mental health in various populations, including MSM of color, are well documented (for reviews, see Krieger, 1999; Paradies, 2006; Peterson & Jones, 2009; Williams et al., 2003). For example, experiences of racism and homophobia were associated with psychological distress and sexual risk behavior among U.S. Latino gay and bisexual men (Diaz et al., 2001; Diaz, Ayala, & Bein, 2004; Jarama, Kennamer, Poppen, Hendricks, & Bradford, 2005). Perceived devaluation of Asian gay men by White gay men was associated with depression and sexual risk behavior among U.S. Asian gay men (Chae & Yoshikawa, 2008). Lifetime experiences of racism were associated with having sexual problems (e.g., finding a suitable sex partner, maintaining affection for a partner, concerns about sexual desire, arousal, premature ejaculation, and lack of orgasm) among African American gay and bisexual men (Zamboni & Crawford, 2007).

Despite the fact that stigma and discrimination can lead to negative health outcomes, little is known about how MSM of color manage or cope with their experiences of racism and homophobia. Currently, we are aware of only three studies that have specifically investigated how MSM of color cope with the stigma associated with race and/or sexuality (Poon & Ho, 2008; Wilson & Miller, 2002; Wilson & Yoshikawa, 2004).

Wilson and Miller (2002) conducted qualitative interviews to explore strategies employed by gay and bisexual Black men to manage heterosexism, "the institutionalized negative beliefs about and systematic discrimination against people who are not heterosexual." They found that gay and bisexual Black men cope with heterosexism by changing the image they present to others, relying on faith for emotional comfort, standing up for themselves, or attempting to change their sexual behavior and feelings. However, the authors did not expand their analysis to include how gay and bisexual Black men cope with racism in the larger gay community or expand their analysis to other MSM of color.

Wilson and Yoshikawa (2004) examined both racial and sexual discrimination experienced by API MSM and found that API MSM used both confrontational and non-confrontational coping strategies to deal with racism and homophobia. Most recently, Poon and Ho (2008) examined how gay Asian men reframed the stigma associated with being Asian in the gay community, particularly as they relate to interpersonal relationships with gay white men and other gay Asian men. Focusing particularly on the personal level, they found that gay Asian men attempt to attribute rejection from gay white men as being the result of racism on the part of gay white men rather than on their own physical shortcomings. By doing so, gay Asian men are able to maintain their self-esteem despite the persistent rejection by gay white men. However, these two studies did not explore whether similar types of coping strategies might be employed by non-API MSM.

Because these three studies sampled either African American (Wilson & Miller, 2002) or API men (Poon & Ho, 2008; Wilson & Yoshikawa, 2004), it is difficult to compare similarities and differences in coping styles across different racial groups. Also, information about coping with stigma among Latino MSM is scant. One hint of how Latino men might respond to social stigma comes from Ramirez-Valles et al. (2005) who found that gay community involvement can alleviate some of the stigma associated with homosexuality among gay Latino men. Despite their findings, the authors did not elaborate on how gay Latino men cope with sexual stigma or address racial stigma within the larger gay

community. However, like other men of color, it is likely that Latino MSM also experience stigma along multiple dimensions due to their status as both racial and sexual minorities.

In the present study, we use the model of coping with stigma developed by Miller and Kaiser (2001), to explore how African American, Latino, and API MSM respond to experiences of racism in the gay community and homophobia in communities of color. Adapting the more generalized model of stress and coping developed by Compas et al. (2001), Miller and Kaiser (2001) proposed a model of coping specifically with the stress associated with stigmatization. According to Miller and Kaiser (2001), stigma is “an attribute that conveys a devalued social identity within a particular context” and this devaluation exposes stigmatized individuals to various stressors such as prejudice and discrimination. The authors differentiate between *voluntary coping responses* and *involuntary stress responses* to stigma. Involuntary stress responses to stigma include non-volitional reactions such as high blood pressure, anger, rumination about the stigmatizing situation, and thinking about the possibility of confirming negative stereotypes. These responses do not constitute a coping strategy given that they occur largely outside of the person’s control and do not serve to regulate stressful experiences. Voluntary responses are those actions that are consciously undertaken in order to regulate emotions, thoughts, behaviors, physiology, and/or the environment in order to reduce the impact of stressful events or situations. Only these responses are considered *coping*.

Within voluntary coping responses to stigma, Miller and Kaiser (2001) further differentiate between responses that involve engagement or disengagement. *Voluntary disengagement coping* involves withdrawing from the situations that lead to stigma or denying the existence of stigma through such actions as avoiding the source of stigma or situations that can lead to stigmatization, denying the existence of stigma, or wishful thinking that leads some to view members of the dominant group as being generally not prejudiced towards minority groups. *Voluntary engagement coping* involves targeting the source of stigma or targeting one’s own emotions or thoughts in order to alter the social environment where stigmatization occurs or changing the way one perceives the situation in which stigmatization occurs. Voluntary engagement coping responses are further distinguished between those aimed at gaining primary control and those aimed at gaining secondary control over the stressful event. *Primary-control coping* involves gaining a sense of control over the event or situation that leads to stigmatization as well as over their own emotions towards being stigmatized, while *secondary-control coping* involves attempting to adapt to the situation by minimizing their stigmatized status.

This study expands previous work with stigma and coping among MSM of color in three ways. First, we focus on responses to both racial and sexual stigma. Second, we identify specific types of coping strategies utilized by African American, Latino, and API MSM and examine how these coping strategies vary by race/ethnicity. Third, we assess the empirical validity of dimensions of stigma-related responses proposed by Miller and Kaiser (2001). Given the lack of knowledge about how MSM of color manage, negotiate, and cope with racial and sexual stigma, we seek to explore how MSM of color deal with stigma in different situations and contexts in order to add insight into an area of inquiry that is currently understudied.

Methods

Data came from the initial developmental phase of a larger quantitative study designed to examine the impact of experiences of social discrimination, sexual partnerships, and social networks on sexual risk for HIV among African American, Latino, and API MSM in Los Angeles, CA. The developmental phase of this study included qualitative interviews to

explore three core research topic areas: (1) experiences of social discrimination and coping with ethnic and sexual minority status; (2) descriptions of social networks and their perceived role in respondents' lives; and (3) experiences of meeting sexual partners. Focus groups were first used to elicit broader themes in these three topic areas. Next, individual in-depth interviews were conducted to amplify the understandings gained from the focus group data. The individual interviews focused more on personal experiences than the focus group discussions. Both focus group and individual interview data informed the development of new survey instruments for a subsequent quantitative survey.

Participants

Between July and August 2005, 50 focus group participants were recruited from a variety of sources, including services and organizations that target African American, Latino, and API MSM, ads in various gay newspapers, and notices in venues frequented by MSM. A theoretical sampling frame was used to ensure diversity among focus group participants, with groups being stratified by race/ethnicity (African American; Latino; API) and age (18–29 years old; 30–50 years old). The decision was made to keep the upper age limit of the older groups to 50 to ensure greater consistency to the group membership and their experiences. The inclusion criteria for the focus groups were as follows: being at least 18 years old, self-identifying as African American, Latino or API, being proficient in speaking and comprehending English, residing in Los Angeles County, reporting at least one male sex partner in the past six months, and reporting a new male sexual partner in the prior year. As sexual partnership formation was one of the main research topic areas of the larger study, our inclusion criteria identified minimal prerequisites that we felt would identify those sexually active and meeting some new men for sex. Our focus group sample consisted of 17 African Americans, 17 Latinos, and 16 APIs; each focus group included members of only one racial/ethnic group. The age of these men ranged from 21 to 49 years old (median, 30). Seven of the 17 Latino men and nine of the 16 APIs men were foreign-born. All African American men were born in the United States.

Between December 2005 and August 2006, a purposeful sample of 35 participants was assembled for individual in-depth interviews using the same recruitment strategies employed for focus groups. Men were eligible for these interviews if they reported sex with other men in the prior 6 months, lived in the Los Angeles County, were African American, Latino, or API, and were able to speak and comprehend English. The individual in-depth interview sample included 12 African American, 11 Latino, and 12 API men. Sixteen men were 18 to 29 years old and 19 men were 30 or older (median, 31). We had no upper limit on age in these individual interviews. One of 11 Latinos and 9 of 12 APIs were foreign-born. All African American men were born in the United States.

Procedures

We first conducted a series of focus groups (two for each ethnic group) using a guide that covered the three key areas of interest listed earlier. Focus groups were two hours long and audio-taped. The group discussions were facilitated by one staff member of a professional marketing research firm and took place in commercial spaces set up for taping such discussions. We obtained written consent from participants and offered them \$75 as an incentive to volunteer for the study.

We next conducted individual in-depth interviews using a semi-structured open-ended interview guide meant to expand upon the topics explored in the focus groups and to verify the codes developed through the focus group analysis. The interview guide was developed using the key concepts found during the focus group interviews. Individual interviews were conducted by two of the study investigators and audio-taped. The interviews lasted between

90 minutes and two hours, and were held in the offices of the AIDS Project Los Angeles. Informants for in-depth interviews provided written consent and received \$60 as an incentive for participation in the study.

The institutional review boards of both the AIDS Project Los Angeles, Los Angeles, CA and the University of California, San Francisco, California approved the study.

Analysis

All focus group and individual interviews were transcribed. Data analysis was conducted through a multi-stage coding process as outlined by Strauss and Corbin (1998). In the first phase, a multi-disciplinary team of investigators engaged in “open coding” in order to generate thematic categories thereby reducing large passages of text to principal concepts. In the second phase, the team engaged in “axial coding” in which members focused on relating concepts to subcategories and to each other, forming more concrete codes for analysis. All transcripts were double-coded and any disagreements in coding were discussed in meetings of coders until consensus was achieved. The coded transcripts were entered into ATLAS.ti permitting further exploration and extension of conceptual categories

Results

In our study, we found that MSM of color utilize five strategies for managing the stigma of race and sexuality: (1) concealment of sexuality, (2) disassociation from social settings, (3) dismissing stigmatization, (4) drawing strength and comfort from outside sources, and (5) direct confrontation. We also found both similarities and differences in the ways that MSM of the three racial/ethnic groups managed stigma. Even when MSM utilized the same stigma management strategy, the reasons for doing so sometimes differed among the three groups.

Concealment of Sexuality

MSM of color from all groups in our study indicated that they attempt to conceal their sexuality. However, the rationale for doing so was different across racial/ethnic groups. Black MSM were likely to indicate that the need to conceal their sexual identity was due to self preservation within the larger Black community. As one respondent noted:

“There’s this self-preservation thing of you know, I have this life that I want to live regardless of what [other Black] people think.” [29-year-old African American]

Another informant stated:

“I just keep my business to myself. Everyone’s business is not everyone’s business, so to alleviate that problem is not to expose your business.” [45-year-old African American]

For the above informants, concealing their sexuality was a way of avoiding difficult situations with other Blacks. Fearful that their sexuality would lead to ridicule, Black MSM stated that they limit the amount of information that they share about themselves with others. By framing their sexuality as being no one else’s business but their own, they did not see themselves as hiding who they were but rather not sharing their personal business with others. As such, they were not trying to pass or actively portray themselves as straight; instead there were simply not discussing this aspect of their lives.

Among the Latino participants in our study, concealment was framed around wanting to be seen as individuals rather than as a sexual label. For example, one informant stated, “I don’t like to identify myself in a category.” The tendency to view their concealment as being the

result of wanting to be seen as an individual rather than a label was summed up by another informant who noted:

“I don’t tell people a lot cause I’d rather them listen to the words I’m saying rather than them seeing me just as a gay guy.” [25-year-old Latino]

Unlike Black MSM who saw their sexuality as being simply their own business that did not need to be shared with others, Latino MSM stated that they didn’t want their sexuality to dominate how others saw them.

Among the men in our study, Asian MSM were the only group to state that they tried to actively pass as straight. As one informant stated:

“When you’re hanging out with friends and you see someone who attracts your attention, you try hard not to show any, you know, any signs... everyone makes, you know, jokes about someone being gay and I have been accused of being gay. I, you know, I’ve teased, you know, I’ve teased someone being gay too. It’s very common. I think for [my friends] the reassurance is I have sex with women, and they’ve met those women. I mean, not all of them, but as long as I [have sex with women] they think I’m straight.” [31-year-old API]

Disassociation from social settings

In our study, participants indicated that they actively avoid situations where they might experience racism. The decision to disassociate from social settings involved how the men perceived they would be treated at certain places. Often, these places tended to be areas readily identified as being the “gay” neighborhood. Men in our study saw these neighborhoods and the businesses within their limits as catering to gay white men and unwelcoming of men of color. One African American participant had this to say about the gay neighborhood in Los Angeles:

“It’s hugely discriminatory. The white bigots in West Hollywood, who should be the most understanding, are the most bigoted... And so like I haven’t gone to West Hollywood.” [45-year-old African American]

Latino MSM also reported avoiding places that were seen as largely for white men. According to one informant:

“There’s some discrimination in West Hollywood, where it’s like you know, only white gay guys, you know... like blonde hair, blue eyes, you know.” [22-year-old Latino]

Noting that he avoids such places, he added:

“We get in where we fit in.” [22-year-old Latino]

Unlike Black MSM and Latino MSM who noted that they avoid social settings that are predominantly white, API MSM did not mention this strategy. Instead, API MSM were likely to report selective affiliation within social spaces. Rather than avoid particular social settings, such as bars and nightclubs, where they were made to feel unwelcome, API MSM tended to avoid individuals within these settings rather than the setting itself. As one informant stated:

“My immediate response would be either to kind of mumble and walk away or just go to a different part of the club or something.” [26-year-old API]

Although there was some evidence that having to conceal their sexuality in straight-identified social settings made the men uncomfortable, there was no indication that the men in our study actively avoided straight-identified social settings.

Dismissing the stigmatization

Although concealment and disassociation from social setting were utilized by a number of men in our study, it may not be possible for men to avoid all potentially stigmatizing situations. When stigmatization was perceived to be inevitable or unavoidable, some of the men in our study framed it as something that just had to be dismissed or ignored. This stigma management strategy was reported by all three groups of MSM. For example, when asked how he deals with racial and sexual stigmatization, one Latino participant stated:

“You just have to look the other way, unfortunately. A stereotype is a stereotype and no matter how hard you try to break it, it will always be a stereotype. So it's one of those things. You just have to grin and bear it really. Nothing else you can do. It's sad but it's true.” [32-year-old Latino]

Dismissing the stigmatization also included viewing it as a commentary upon the stigmatizer rather than as a statement about themselves. According to one informant:

“You know like these kids are laughing, or just like, ‘Oh, you know, he's a faggot.’ ...you know, you're either going...to hate yourself or you're going to feel like you're wrong, so instead I just had to think about it, like what are they doing...what does it mean that they feel this way? And it just made me very critical, and sort of analytical about social interactions...I didn't really see it as my problem, I saw it as like their inability to sort of be comfortable in that.” [27-year-old African American]

Rather than feel angry about being rejected because of their race, some men in our study came to pity the stigmatizer. For example, one informant responded:

“I feel sorry for that person that would completely, you know, that would rule out a third of, possibly more, of the world just because of their ethnic background. I think it's hard to say that, you know, there's not one person in all that segment of the population that you're going to have nothing in common with, that you're not going to be attracted to.” [23-year-old API]

A part of dismissing the stigmatization was to frame the stigma within the context of broader societal issues that negatively affects others, thereby distancing it from any personal reference to themselves. As one informant stated:

“You recognize the sickness in society in reference to how people think and how they feel... I stopped even acknowledging people that attempt to define me... if there's something negative, I brush it off... I see you but I don't see you, I hear you but I don't hear you.” [37-year old African American]

However, the men in our study acknowledged that dismissing the stigmatizer or the stigma may not be such an easy task. For example, one informant noted that dismissing stigmatizing situations requires inner strength:

“I think you have to have like a really strong sense of worth here to not let that faze you or even like acknowledge it when it's happening because if you do, then it's going to be on your mind the next time you go somewhere... when stuff happens like that all the time, you just faze it out.” [25-year-old Latino]

Despite the difficulty of dismissing stigmatization, this strategy may be beneficial when stigmatized individuals believe that there is little hope of changing the stigmatizing situation. As another informant noted:

“When someone's making an assumption about you and that's not true and when they only see you in a certain type of way, then it's like I'm not going to spend...

it's like why bother? So I just want to walk away instead of suffering further insults or assumptions." [29-year-old API]

Drawing strength & comfort from external sources

For the men in our study, drawing strength and comfort from external sources offered another way of mitigating the impact of racism and homophobia. One Latino participant connected his struggle of being a gay Latino man in the United States with those experiencing similar struggles in Latin American countries:

"There's not a lot of...gay writers in Spanish and so this Peruvian writer is... bisexual and so he writes a lot about gay issues in his own country...I connect with that and that's a sense of like feeling more comfortable, more at ease with myself..." [23-year-old Latino]

African American MSM, on the other hand, found outside sources of strength from role models within their racial community of origin to cope with racism.

"There are African American men who have had much more wisdom than I do and get around it a lot better than I do... they're able to get around whatever racism that there is, continue to live their lives and, you know, not let that affect their day to day living and how they choose to conduct themselves sexually... that's why I work so much, is that I will not allow myself to be at a place where I'm at the whim of somebody else." [30-year-old African American]

Direct confrontation

When dealing with the stigma of race and homosexuality, participants across race/ethnicity reported employing a method of direct confrontation.

"When there are issues that they are trying...to attack gay life, gay people--I am always there defending gay -- defending gay people, you know, and defending issues like that, you know." [50-year-old Latino]

Direct confrontation also came in the form of setting boundaries for what was and was not appropriate:

"There's certain things I don't, I don't -- I don't let people cross my boundaries and if they cross my boundaries I tell them. And I don't get mad about it, I just tell them." [43-year-old African American]

Another form of direct confrontation was trying to have a discussion with those who may have negative views about homosexuality. According to one informant:

"[When someone says] 'That's gay,' I'm like, 'What does that mean?... How is something that you don't like gay?... If they're adults then they can decide on whatever they want and would you stop talking to somebody if you really, say it's somebody in your family that you really like? Would you stop talking to them just because they're gay?... And so I implicitly say things like that, just to get that understanding of tolerance in other people.'" [23-year-old Latino]

Sometimes, direct confrontation included confiding in more sympathetic others:

"[My uncle] made a statement stating that another relative had said that I was, I acted like a queen instead of a king... and it offended me. So I left the room and I told my dad, because he was present also, that if my uncle was still in the room when I came out the other room he better be gone because I was going to argue with him." [49-year-old Latino]

Direct confrontation was used to cope not only with racism but also with homophobia:

“I don’t spare them because I don’t have the racist fear or idea in my mind at all. So I bring that up all the time. I bring that up all the time. You know, it’s people who have that fear who don’t talk about it and it’s, in this culture, it’s like not to offend anyone, you don’t bring up certain issues. You don’t bring up issues about racism or confrontation. You don’t bring it up. But I do not follow those rules. I do not. I am very direct, very honest about it and I say it honestly.” [36-year-old API]

As the above quotes demonstrate, direct confrontation included confronting both racism and homophobia. However, direct confrontation can be a difficult coping strategy if the anger that often accompanies direct confrontation is perceived by the stigmatizers as being an irrational response. In addition, direct confrontation is also taxing on the individual who engages in this type of stigma-related coping strategy. Open and direct confrontation, when dealing with homophobia, may lead to suspicions of homosexuality from people who are not aware of the individual’s sexuality or may draw unwanted attention to the stigma itself. Perhaps because of these constraints, direct confrontation was among the least common of the stigma-related coping strategies utilized by MSM of color.

Discussion

The experiences of MSM of color with racism and homophobia are well documented in the academic literature (Bérubé, 2001; Chan, 1993; Han, 2007; Loiacano, 1993; Marín, 2003). However, less is known about how members of these groups mitigate the impact that racism and homophobia can have on their lives. In our study, we found that MSM of color utilized various strategies for coping with racism in the gay community and/or homophobia in communities of color. Some of the strategies, such as concealment of homosexuality and disassociation from social settings associated with stigmatization were used to minimize the opportunities for exposure to stigmatization. The strategies of dismissing the stigmatization and drawing strength and comfort from external sources were used to minimize or buffer the individual from the impact of experiences of stigma. Finally, direct confrontation was used as a way to actively counter stigmatization. Men in our study utilized different strategies based on the context of the stigmatization that they experienced. For example, the strategy of concealment of homosexuality was only used to mitigate the impact of homophobia while disassociation from social settings was used only to mitigate the impact of racism. The other three strategies were used to mitigate the impact of both racism and homophobia.

While the stigma management strategies identified in this study mostly cut across ethnic lines, we found some differences in why and how the same strategy was used by different groups of MSM. Specifically, men in our study noted that they often conceal their sexuality from their friends and family members to minimize the impact of homophobia. However, the concealment strategy was used by Black men for self-preservation within their own racial community and by Latino men to be seen as an individual rather than as a sexual label. Also, Black and Latino MSM appeared to engage in passive concealment while API men appeared to engage in active passing. Another difference we found between Black and Latino MSM and API MSM was that the former two groups seemed to avoid public venues catering mostly to white MSM such as bars and clubs, whereas the latter group seemed to avoid individuals within these settings.

The men in our study often managed potential racism in the gay community by disassociating from social settings that they perceived to be unwelcoming of MSM of color or catering to gay white men. While it may have been possible for the men in our study to disassociate from settings they perceived would be homophobic, there was no evidence among the men in our study to indicate that disassociation was a strategy they used to

mitigate the impact of homophobia. For the men in our study, the ability to conceal their sexuality in social settings that they perceived may be homophobic might have provided them an alternative to the strategy of disassociation while the inability to conceal their race led to avoidance of places that they perceived may lead to racism.

When racism or homophobia could not be avoided, the men in our study often attempted to minimize the impact of stigma by dismissing the stigmatizer or drawing comfort from external sources (e.g., role models within one's own racial/ethnic minority communities). In dismissing the stigmatization, the men in our study attempted to reframe the stigma as a result of some deficiency in the stigmatizer or the larger society rather than the result of some perceived shortcoming on their part. This stigma dismissing strategy was similar to the "external attribution responses" (attributing the discrimination experience to factors other than themselves) found among gay API men who participated in Wilson and Yoshikawa's (2004) study.

Finally, the men also attempted to counter stigmatization by engaging in direct confrontation with stigmatizers. Our findings that MSM of color engage in direct confrontation corroborates two previous studies of gay and bisexual Black and API men (Wilson and Miller, 2002; Wilson and Yoshikawa, 2004). In their study, Wilson and Miller (2002) found that gay and bisexual Black men engage in "standing their ground," which included openly confronting people who spoke badly of gays. Similarly, Wilson and Yoshikawa (2004) found that API MSM engaged in direct confrontation when faced with homophobia or anti-immigrant sentiments.

Our study demonstrates that individuals not only utilize various strategies in certain situations but that they also select particular strategies to address specific types of discrimination. The use of different strategies in different situations may also reflect the fact that not all stigmas are the same. Because the cause of stigma and the potential of challenging stigmatization vary by context, different strategies were utilized in different situations. In some situations it is impossible to conceal or hide a potentially stigmatizing trait. It is also difficult to predict when stigmatization might occur. In addition, some situations present a real danger to the individual both physically and emotionally. Similarly, some situations may lend themselves to challenges while others do not. More importantly, our study demonstrates that MSM of color are not merely passive recipients or victims of discrimination but actively manage difficult situations with a range of strategies that vary by situation and to some extent, the forms of discrimination that they encounter.

The findings from our study fit nicely with a model developed by Miller and Kaiser (2001) in their attempt to organize and integrate the vast literature on how stigmatized individuals cope with the stress caused by their stigmatized statuses. In their model, the authors distinguished between disengagement coping strategies aimed at avoiding the source or cause of stigma and engagement coping strategies aimed at gaining control over the stressful situation. Engagement coping strategies are further differentiated between those aimed at gaining secondary control (aimed at psychologically adapting to the stigma-related stress) or primary control (aimed at changing the stressful situation). Concealment and disassociation, as utilized by MSM of color in our study, can be considered disengagement coping strategies while direct confrontation can be considered engagement coping strategies aimed at primary control. Finally, dismissing the stigmatizer and the stigma and drawing strength and comfort from external sources can be characterized as engagement coping strategies aimed at secondary control.

The focus of this paper on the strategies that men use to cope with discrimination and stigmatization can provide a useful window through which to consider future HIV

prevention efforts among MSM of color. Racism, discrimination, and sexual minority stigmatization have been previously identified as factors associated with elevated levels of sexual risk behavior for HIV transmission (Diaz, Ayala & Bein, 2004; Han, 2008; Jarama et al., 2005). The mechanisms linking these experiences to sexual risk-taking are likely to be complex, occurring at different levels at which such stigmatization may be experienced. For example, stigmatization such as homophobia and racism can take their toll on emotional well-being (Broudy et al., 2007; Brown, et al., 2000; Chae & Ayala, 2009; Chae & Yoshikawa, 2008; Diaz, et al., 2001; Klonoff, Landrine, & Ullman, 1999; Meyer, 1995; O'Hanlan, et al., 1997), and psychological distress has been linked to sexual risk (Alvy et al., 2010; Bancroft et al., 2003). In addition, race/ethnicity-based and sexual minority-based stigmatization are likely to shape sexual opportunities, delimit sexual partner selection, and define power dynamics between the sexual actors in a given situation in ways that may contribute to sexual risk-taking (Green, 2008; Han, 2008; Paul et al., 2009; Teunis, 2007; Wilson et al., 2009). Perceived social stigma may also interfere with the utilization of HIV prevention practices and services (Brooks, et al., 2005). The strategies of coping that are described in this paper may be differentially protective with respect to various sequelae of stigmatization, including HIV-related sexual risk behavior (Wilson & Yoshikawa, 2004). Identifying the array of diverse strategies utilized by African American, API, and Latino MSM is a first step towards evaluating the efficacy of those coping mechanisms. Whether addressing emotional, interpersonal or social embeddedness factors, these may in turn have a health-protective effect with respect to sexual behavior.

The findings of our study should be interpreted with caution. Our study was conducted in the greater Los Angeles area which has a relative high percentage of Latino and API residents as well as an active and clearly identifiable gay community. We expect that the experiences of MSM of color might differ in other areas. In addition, we did not ask men to self-identify as gay, bisexual, queer, straight, or other during the interviews. It is possible that the terms or categories by which MSM describe their sexual identity or orientation may be linked to specific types of experienced discrimination or stigmatization as well as the coping strategies used when confronted with racism or homophobia. Our findings should also be read as preliminary. Our data offer hints of similarities and differences among different MSM of color, but they are not definitive. Further research is needed in order to confirm our findings with other samples of MSM of color using quantitative approaches, particularly in other regions where racial and ethnic dynamics, as well as sexual dynamics, may be different.

Despite these limitations, our study provides new information about three groups that have not been widely examined in the stigma literature, African American, Latino, and API MSM. We not only identified an array of strategies that MSM of color utilize in order to deal with stigma but also examined the various contexts in which certain strategies are used. This study is also the first to examine the stigma strategies among these three minority groups.

Future research should examine the efficacy of the stigma management strategies found in our study in mitigating negative physical and mental health consequences of stigmatization and discrimination among African American, API, and Latino MSM. While there has been research on the development of and sources of resilience to stresses created by living in a racist society (Carranza, 2007; Clauss-Ehlers, 2008), there is much that remains to be learned about the experiences of MSM of color. Much of the existing work focuses on adolescence as a critical point in the development of personal assets and the identification of social resources to deal with stress (Fergus & Zimmerman, 2005; Scott, 2003). Those resources are typically not accessible to most sexual minority adolescents. In addition, the particular combinations and sources of racism and homophobia faced by an MSM of color

are likely to shape their access to or exclusion from social/cultural support factors that might be protective of or contribute to resilience against racism and homophobia (Cahill, Battle, & Meyer, 2003; Cobb, 1976; Noh, et al., 1990). Thus the stigma management strategies described are often the consequences of an individual's personal experience rather than any instruction in protective strategies. A better understanding of the relationship between stigma management strategies and their impact on the health and mental health of members of these groups offers an opportunity to develop interventions based upon real life experiences. These understandings can be instructive in designing prevention programs for MSM of color to help members of this group better deal with the stigma associated with race and sexuality.

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