National LGBTQ HEALTH CONFERENCE
Bridging Research & Practice

MAY 20 - 21
2021

PARTNERS

Northwestern ISGMH
CENTER ON 3656 N. HALSTED
EMORY UNIVERSITY
Howard Brown Health

Conference Day 1: Thursday, May 20

11:00am CT	Opening Remarks with Brian Mustanski
11:10am CT	Kierra Johnson Keynote Address and Q&A
12:15pm CT	Symposium 1: LGBTQ Health Centers' Role in the COVID-19 Response
1:35pm CT	Brief Research Communications 1
2:55pm CT	Networking Breakout Rooms

Conference Day 2: Friday, May 21

11:00am CT	Opening Remarks with Jagadīśa-devaśrī Dācus
11:05am CT	Overview of the NIH Sexual & Gender Minority Research Office, SGM Priorities at NIH, and Grant Mechanisms
12:40pm CT	Symposium 2: COVID-19 Research with SGM Populations
2:00pm CT	Brief Research Communications 2
3:15pm CT	Closing Remarks with Brian Mustanski

Virtual Poster Session: May 17 – June 4

Nearly 200 posters were selected for this year’s conference, with many posters also accompanied by audio and video narration by the authors. All of the posters are organized by topic areas, and you can easily filter to find posters that interest you most. Attendees received the link and password for the virtual poster session website via email.

Conference Day 1: Thursday, May 20

11:00-11:10am CT
Opening Remarks with Brian Mustanski

Brian Mustanski, PhD, (he/him) is a tenured Professor of Medical Social Sciences at Northwestern University, Director of the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH), Co-Director of the Third Coast Center for AIDS Research (CFAR), and Co-Director of the Center for Prevention Implementation Methodology for Drug Abuse and HIV. The majority of his research focuses on the health and development of LGBT youth and the application of new media and technology to sexual health promotion and HIV prevention with young men. Dr. Mustanski's work spans the translational spectrum and includes epidemiological studies, longitudinal cohort studies focused on developmental trajectories and risk/protective mechanisms, the development and testing of HIV interventions, and dissemination/implementation science.

11:10am-12:10pm CT
Kierra Johnson Keynote Address and Q&A

Kierra Johnson (she/her) is the Executive Director of the National LGBTQ Task Force. Johnson has a wealth of experience in organizational leadership and management, program development, youth leadership, and reproductive justice. As a bisexual Black woman, Johnson is one of few out queer-identified women of color at the helm of a national LGBTQ organization. She is recognized as a national expert on queer and reproductive rights issues. Johnson has testified in front of the US House of Representatives and has appeared in *Newsweek*, *The New York Times*, Fox News, Feministing.com, and National Public Radio. Johnson also serves on the boards of directors of the General Service Foundation, Groundswell Fund, and Guttmacher Institute.

12:10-12:15pm CT: 5-minute break

12:15-1:30pm CT
Symposium 1: LGBTQ Health Centers' Role in the COVID-19 Response

The COVID-19 pandemic continues to disrupt providers' approach to comprehensive healthcare, especially for providers serving marginalized populations. This discussion will be moderated by Chad Hendry, Director of Public Health at Howard Brown Health and Cec Hardacker, MSN, RN, CNL, Director of Education at Howard Brown Health. It will include the following panelists: Dr. Anu Hazra, Site Director at Howard Brown Health 55th; Dr. Alex S. Keuroghlian, Director of Education and Training Programs at The Fenway Institute; and Ayla Karamustafa, MPH, of the Chicago Department of Public Health. This group will bring their unique perspectives and experiences over the last year of the COVID-19 pandemic to reveal quantitative data. They will respond to multiple questions, including how has your organization's infrastructure changed over the last year and what do you envision as the future for your organization as you continue to navigate the ongoing COVID-19 response? You are invited to join this round table session and contribute to this important conversation.

Chad Hendry (he/him) is Howard Brown's Director of Public Health and has worked in public health for the past 10 years. His career began as a volunteer HIV tester and, for the past 5 years, he has directed an amazing team of passionate peers providing sexual and reproductive health at Howard Brown. He oversees and collaborates on many programs, including COVID Contact Tracing, Partner Services, Linkage to Care, Sexual and Reproductive Health Walk-in and Express Clinics, PrEP and PEP Navigation and Retention, and HIV STI Outreach services. Under Hendry's direction, the department of Sexual and Reproductive/Public Health staff has doubled, now 55 strong, to serve more than 43,000 patients.

Cec Hardacker, MSN, RN, CNL, (she/ella) is the Director of Education at Howard Brown Health in Chicago, an adjunct instructor at Rush University College of Nursing, and a regular lecturer at Rosalind Franklin Medical College. Originally hired as a trainer of the HRSA-funded Nurses' Health Education About LGBT Elders (HEALE) cultural competence curriculum, Hardacker has been instrumental in growing Howard Brown's department of education and developing curricula for multidisciplinary teams of health care professionals. Now part of the Education, Research, and Advocacy (ERA) division, Hardacker has developed broad evidence-based and community-informed curricula focused on LGBTQ health and best practices. Hardacker travels across the US to support teams seeking skills to improve the health and wellbeing of their LGBTQ patients and clients. Hardacker has recently co-authored three chapters and co-edited a book on Transgender Health and Aging and has published numerous papers on recent bladder health research in sexual and gender minority (SGM) populations.

Anu Hazra, MD, (he/him) is the Medical Director of Mobile Health Services at Howard Brown Health and co-Medical Director of Howard Brown Health's 55th Street Clinic. In addition to his work at HBH, he is an Assistant Professor in the Section of Infectious Diseases and Global Health at the University of Chicago and Director of STI Services at the Chicago Center of HIV Elimination. His research centers around sexually transmitted infections and their impact on sexual and gender minorities as well as other vulnerable populations living on the South Side of Chicago. These interests are complemented by his clinical work in complex HIV management, PrEP care, Hepatitis C management, gender affirming hormone therapy, high resolution anoscopy, medication for opioid use disorder (MOUD), and medical education. Above all else, he is passionate about the equitable delivery of healthcare to LGBTQ people of color.

Alex Keuroghlian, MD, MPH, (he/him) is an Associate Professor of Psychiatry at Harvard Medical School (HMS) and co-Director of the HMS Sexual and Gender Minority Health Equity Initiative, which leads longitudinal medical curriculum development and faculty development in sexual and gender minority health at HMS. He directs the National LGBTQIA+ Health Education Center at The Fenway Institute, a HRSA-funded cooperative agreement to improve care for LGBTQIA+ people across the US, as well as the HRSA-funded Evidence-Informed Interventions Coordinating Center for Technical Assistance, focused on care for sexual and gender minority people living with HIV. He established the Massachusetts General Hospital (MGH) Psychiatry Gender Identity Program and is clerkship director for the fourth-year elective in sexual and gender minority health at HMS.

Ayla Karamustafa (she/her) is the Director of Healthcare Access for the HIV/STI Bureau and the COVID-19 Response Bureau at the Chicago Department of Public Health (CDPH). In this role at CDPH, she oversees multiple HIV and COVID-19 related projects, including Healthcare Facility Contact Tracing, COVID-19 Vaccine Quality Improvement efforts, and the administration of Ryan White Part A HIV care services in the Chicago-area. Prior to this role, Ayla worked for five years at the Public Health Institute of Metropolitan Chicago as a Program Manager, administering multiple projects funded by CDPH and the Illinois Department of Public Health. Karamustafa has extensive training in targeted HIV prevention, Ryan White Quality Management, and LGBTQ cultural competency.

1:30-1:35pm CT: 5-minute break

1:35-2:50pm CT
Brief Research Communications 1

Time	Presenter	Title
1:35pm	**Brett Dolotina**	Mental Health Benefits of Gender-Related Family Support Among Trans and Gender Expansive Youth and Differences by Race/Ethnicity
1:50pm	**Alisa Grigorovich, PhD**	A Research-Based Film to Enhance Quality of Home Care for Older LGBTQI2S Adults
2:05pm	**Oralia Loza, PhD**	Impact of Name Change and Gender Marker Correction in Identity Documents to Housing Related Factors Among Transgender People in Texas
2:20pm	**Elissa Sarno, PhD**	Intersectional Stigma, Identity Conflict, Mental Health, and Substance Use Among Sexual and Gender Minority People of Color
2:35pm	**Dumayi Gutierrez, PhD**	Utilizing an Intersectional Minority Stress Model to Explore Latinx Cultural Influence, Romantic Relationships, and Mental Health Outcomes for Latinx Lesbian Women

2:50-2:55pm CT: 5-minute break

2:55-3:40pm CT
Networking Breakout Rooms

#	Room Topic	Facilitator
1	Racism and Intersections of Race/Ethnicity and LGBTQ Health	**Jagadīśa-devaśrī Dācus, PhD, MSSW** (he/him)
2	Mental Health	**Megan Ruprecht, BA** (she/her)
3	Gender Identity and Gender Minority Communities	**Ricky Hill, PhD** (they/them)
4	Resiliency and Healthy Relationships	**Elissa Sarno, PhD** (she/her)
5	Methods and Measurement, Implementation Research, and Innovative Evaluation Approaches	**Dennis Li, PhD, MPH** (he/him)
6	HIV/AIDS and Sexually Transmitted Diseases	**Michael Newcomb, PhD** (he/him)
7	Adolescent Health and Rural Health	**Kathryn Macapagal, PhD** (she/her) **Christopher Owens, PhD, MPH** (he/him)
8	Bisexuality	**Lauren Beach, PhD, JD** (they/them, she/her)
9	Substance Use	**Casey Xavier Hall, PhD, MPH** (he/him)

Conference Day 2: Friday, May 21

11:00-11:05am CT
Opening Remarks with Jagadīśa-devaśrī Dācus

Jagadīśa-devaśrī Dācus, PhD, MSSW, (he/him) is a Research Assistant Professor in the School of Education and Social Policy and the Associate Director of the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH) at Northwestern University. He received his MSSW with a concentration in advanced generalist practice and programming from the Columbia University School of Social Work and his doctorate from The Graduate Center, City University of New York (CUNY) in social welfare. Before joining the faculty at ISGMH, he completed a NIH-funded postdoctoral research fellowship at the HIV Center for Clinical and Behavioral Studies at Columbia University and the New York State Psychiatric Institute in the Division of Gender, Sexuality, and Health. Dr. Dācus' research takes a qualitative approach to identify and understand the psychological, social, and spiritual strengths and resiliencies that contribute to maintained HIV-seronegativity in Black men who have sex with men.

11:05am-12:35pm CT
Overview of the NIH Sexual & Gender Minority Research Office, SGM Priorities at NIH, and Grant Mechanisms

This session will feature remarks from Dr. Monica Webb Hooper, Deputy Director of the National Institute on Minority Health and Health Disparities; Dr. Karen Parker, the Director of NIH's Sexual and Gender Minority Research Office; and Dr. Susannah Allison, Program Officer with the National Institute of Mental Health.

Monica Webb Hooper, PhD, (she/her) is Deputy Director of the National Institute on Minority Health and Health Disparities (NIMHD). She works closely with the Director, Dr. Pérez-Stable, and the leadership, to oversee all aspects of the institute and to support the implementation of the science visioning recommendations to improve minority health, reduce health disparities, and promote health equity. Dr. Webb Hooper is an internationally recognized translational behavioral scientist and clinical health psychologist. She has dedicated her career to the scientific study of minority health and racial/ethnic disparities, focusing on chronic illness prevention and health behavior change. Her program of community engaged research focuses on understanding multilevel factors and biopsychosocial mechanisms underlying modifiable risk factors, such as tobacco use and stress processes, and the development of community responsive and culturally specific interventions. Her goal is to contribute to the body of scientific knowledge and disseminate findings into communities with high need.

Karen L. Parker, PhD, MSW, (she/her) currently serves as Director of the Sexual & Gender Minority Research Office, NIH. Dr. Parker was instrumental in the formation of the office in the fall of 2015 and was appointed as Director in June 2016. The office coordinates NIH research related to the health of sexual and gender minorities across the NIH Institutes, Centers, and Offices. In her new role, she also serves as co-chair of the trans-NIH Sexual and Gender Minority Research Coordinating Committee (RCC) and has served on the committee since its inception in 2011.

Susannah Allison, PhD, (she/her) oversees a portfolio of research grants that focuses on innovative strategies to prevent HIV infection among infants, children, and adolescents as well as research on the psychosocial and neurobehavioral impact of HIV infection among youth. As the Training Director for the division, she assists researchers at all stages in their careers in obtaining the training needed to become independent researchers. She is also the co-chair of the Sexual and Gender Minority Research Coordinating Committee at the National Institutes of Health. Prior to working at NIMH, Dr. Allison worked with children and families infected and affected by HIV in Baltimore, Miami, and Washington, DC. She completed her doctorate at the George Washington University, where she received her PhD in Clinical Child Psychology with an emphasis in child health psychology. She has co-authored several articles on HIV prevention and treatment research focused on adolescents and early adults.

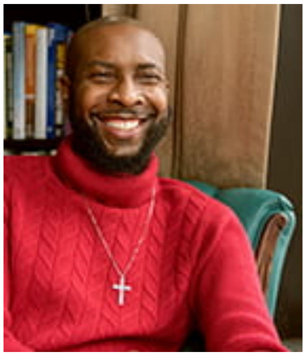
12:35-12:40pm CT: 5-minute break

12:40-1:55pm CT
Symposium 2: COVID-19 Research with SGM Populations

The second symposium will focus on COVID-19 research and how that impacts the sexual and gender minority (SGM) community. This event will feature Lauren Beach, JD, PhD; Jessica Fish, PhD; Tony Johnson, MPH; Joshua Schrock, PhD, MPH; and Liadh Timmins, PhD. Gilbert Gonzales, PhD, will moderate.

Lauren Beach, PhD, JD, (she/her and they/them) is a Research Assistant Professor in the Department of Medical Social Sciences at Northwestern University’s Feinberg School of Medicine and the Associate Director of EDIT at the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH) in the research group of Dr. Gregory Phillips II. Scientifically, Lauren investigates how stigma affects chronic disease management and health outcomes in LGBTI populations.

Jessica Fish, PhD, (she/her) is a human development and family science scholar whose research focuses on the health and wellbeing of sexual and gender minority (i.e., lesbian/gay, bisexual, and transgender) people and their families. Broadly, Dr. Fish studies the sociocultural and interpersonal factors that shape the development and health of sexual and gender minority youth and adults.



Tony Johnson, MPH, (he/him) is a Clinical Research Associate and Project Director of the RADAR study with the THRIVE Center at the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH). Before coming to ISGMH, Tony worked at the University of Illinois at Chicago for Project WISH as a research associate supporting the coordination of several studies with the HIV Prevention Trial Network, HIV Vaccine Trial Network, and the CDC. During his time at Loyola University Chicago, Tony directed the Black Men Evolving (B-ME) study and served as a study coordinator for the Health Professional Opportunity Grant. He is passionate about building resilience in communities affected by HIV/AIDS.

Joshua M. Schrock, PhD, MPH, (he/him) is a postdoctoral research fellow at the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH). His research focuses on the connections between social context, physiology, and health. His work at ISGMH investigates risk factors and health outcomes associated with systemic inflammation among young men who have sex with men, trans women, and non-binary individuals participating in the RADAR project.

Liadh Timmins, PhD, (they/them) is a postdoctoral research scientist in Columbia University's Department of Epidemiology. They are a psychology researcher by training, and they specialize in minority stress, LGBT+ health and healthcare, and the psychology of sexual orientation and gender identity. Dr. Timmins employs a variety of research methods, including quantitative surveys, qualitative interviews, and computerized experiments to better understand the experiences and health needs of marginalized populations and improve health and healthcare in these groups.

Gilbert Gonzales, PhD, MHA, (he/him) is an assistant professor at the Center for Medicine, Health & Society, the Program for Public Policy Studies, and the Department of Health Policy at Vanderbilt University. Professor Gonzales' research examines how public policies affect health outcomes, access to care, and health disparities for lesbian, gay, bisexual, and transgender (LGBT) populations.

1:55-2:00pm CT: 5-minute break

2:00-3:15pm CT
Brief Research Communications 2

Time	Presenter	Title
2:00pm	**Helena Robertson, AA**	Mental Health Disparities at the Intersections of Transgender Status, Race, and Ethnicity
2:15pm	**Will J. Beischel, MS**	"A Little Shiny Gender Breakthrough": Community Understandings of Gender Euphoria
2:30pm	**Cindy J. Chang, PsyM**	The Negative Impact of COVID-19 on Sexual Minority Young Adults: Demographic Differences and Prospective Associations with Depression
2:45pm	**Erin Washington, MLS**	How Virtual Reality Transforms the Way We Learn, Challenges Our Stereotypes, and Changes Our Attitudes
3:00pm	**Nora McCormick, MSc**	Racial Socialization, Body Image, and Self-Esteem Among Transracially Adopted Black Children of Same-Sex and Heterosexual Couples

3:15-3:20pm CT
Closing Remarks with Brian Mustanski

Pre-Conference Session: Tuesday, April 13

12:00-1:30pm CT
Pre-Conference Session: Using Twitter for Networking in LGBTQ Health

This session was held a month before the conference and aimed to introduce attendees to using Twitter for networking, creating compelling content on Twitter, using analytics to understand reach and visibility, and considerations for how academics present themselves online. This session was led by Lauren Beach, PhD, JD; Gilbert Gonzales, PhD; Kathryn Macapagal, PhD; and Cindy Veldhuis, PhD.

If you missed the pre-conference session, you can [view the recording on YouTube.]()

Lauren Beach, PhD, JD, see above

Gilbert Gonzales, PhD, MHA, see above

Kathryn R. Macapagal, PhD, (she/her) is a Research Associate Professor in the Department of Medical Social Sciences and Department of Psychiatry and Behavioral Sciences at Northwestern University's Feinberg School of Medicine. She also directs the Social Media Working Group at the Institute for Sexual and Gender Minority Health and Wellbeing (ISGMH). A licensed clinical psychologist and public health researcher, her work uses qualitative and quantitative methods to shed light on sexual and gender minority adolescents' and young adults' sexual health needs, with the aim of using youth insights to inform technology-enabled programs for sexual health promotion and HIV/STI prevention.

Cindy Veldhuis, PhD, (pronounced Veld-hice) is a Research Psychologist and an Associate Research Scientist at Columbia University. She received her PhD in psychology from the University of Illinois at Chicago and her masters and bachelors from the University of Oregon. She is also a recent K99/R00 Pathway to Independence awardee from the National Institutes of Health. Her research focuses on understanding the role of alcohol and other health behaviors in women's same-sex relationships.

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David Moskowitz
Brian Mustanski
Sarah Quain
Shannon Sotomayor

A special thank you to our panelists, session moderators, breakout room facilitators, and everyone who helped make this year's conference possible!

THE 2021 NATIONAL LGBTQ HEALTH CONFERENCE:

BRIEF COMMUNICATIONS

The first author of each abstract presented their research at the National LGBTQ Health Conference held on May 21-22, 2021. Abstracts are listed in alphabetical order by the first author's last name.

"A little shiny gender breakthrough": Community understandings of gender euphoria

Beischel, W. J., Gauvin, S. E. M., & van Anders, S. M.
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Background: Gender euphoria is an important experience and concept for many, especially transgender and/or nonbinary individuals, but has not received much attention from psychological and clinical research. In contrast to gender dysphoria, which is a term created by psychiatric institutions, the term "gender euphoria" has been mobilized by some members of trans communities to describe the powerfully positive emotions that can come from one's gender/sex. As such, researchers and clinicians may benefit from conceptual clarity as to what gender euphoria is and what kinds of experiences might result in gender euphoria. In this presentation, I describe our online qualitative survey that accessed community knowledge about what gender euphoria means and how it manifests in people's lives. Methods: In this study, we recruited participants (N = 47) of diverse sexualities and gender/sexes (including transgender, cisgender, and/or nonbinary participants) who had heard of or used the term "gender euphoria." Participants answered 13 open-ended and scaled questions about where they had heard the term being used, how they would define gender euphoria and gender dysphoria, the relation between these terms, and their gender euphoric experiences. We analyzed participants' responses via thematic analysis. Results: Analyses resulted in five themes: (1) gender euphoria describes a joyful feeling of rightness in one's gender/sex, (2) gender euphoric experiences can be external, internal, and/or social, (3) "gender euphoria" originated in and circulates in online and in-person gender/sex minority communities, (4) dysphoria describes a negative feeling of conflict between gender/sexed aspects of one's self, and (5) the relationship between euphoria and dysphoria is complex. Conclusions/Implications: I discuss how these results can inform 1) operationalizations of further investigation of gender euphoria in quantitative and qualitative research, 2) affirmative clinical practice with gender-diverse clients, 3) political fights for transgender rights, and 4) our understanding of gendered experiences for people of all identities. I conclude with the importance of relying on community knowledge to construct culturally-informed understandings of gendered phenomena relevant to gender/sex and sexual minority experiences.

The Negative Impact of COVID-19 on Sexual Minority Young Adults: Demographic Differences and Prospective Associations with Depression

Chang, C. J., Feinstein, B. A., Chu, B. C., & Selby, E. A.
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Recent studies have demonstrated that the COVID-19 pandemic has contributed to increases in depression for sexual minority people. However, there has been limited attention to whether its negative impact differs across subgroups of sexual minority people or to whether its negative impact is prospectively associated with increases in depressive symptoms. To address these gaps, the present study examined demographic differences in the negative impact of COVID-19 on sexual minority people and whether the negative impact of COVID-19 was associated with increases in depressive symptoms one- and two-months later. A total of 695 sexual minority young adults completed surveys at three time points (baseline, one-month follow-up, and two-month follow-up). Results indicated that younger age, identifying as transgender/gender diverse or as a cisgender woman, and being a full-time student were associated with being more negatively impacted by the pandemic. Furthermore, the negative impact of COVID-19 was associated with higher levels of depressive symptoms at the two-month follow-up. However, this became non-significant after adjusting for baseline levels of depressive symptoms, likely due to its strong association with subsequent levels. Findings provide preliminary support for within-group heterogeneity in the negative impact of COVID-19 on sexual minority people and for the negative impact of COVID-19 on mental health in this population.

Mental Health Benefits of Gender-related Family Support Among Trans and Gender Expansive Youth and Differences By Race/Ethnicity

Dolotina, B., Bishop, M., Russell, S.
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Background: TGEY youth show higher rates of suicidality, self-harm, and major depressive episodes compared to their cisgender peers (Connolly et al., 2016; Veale et al., 2016), denoting a marked need for intervention among this vulnerable population. These mental health outcomes are mediated by coping and social support, which includes family support. Compared to LGB youth, TGEY report lower levels of family support (Ryan et al., 2010) as well as higher levels of prejudice (Cunningham & Pickett, 2018), further exacerbating mental health inequities between TGEY and their cisgender peers. Although prior studies have primarily focused on general family support, one study (Fuller & Riggs, 2018) found that higher levels of gender-related family support were correlated with greater resilience and lower levels of psychological distress among transgender people. However, no prior literature has investigated these relationships among TGEY, nor have there been studies on how race and ethnicity affects these relationships. The current study utilized a diverse sample of TGEY to investigate the relations between gender-related family support, mental health outcomes (depression, self-harm, suicidal ideation, and self-esteem), and race and ethnicity. We hypothesized that TGEY with higher levels of gender-related family support will report lower levels of depression, self-harm, and suicidal ideation, as well as higher levels of self-esteem. Given limited research on racial/ethnic group differences in the influence of family support on mental health among TGEY, our research question regarding the effect of race and ethnicity on these relationships is exploratory in nature. Methods: Our sample includes 92 adolescents who self-identified as transgender or gender expansive (e.g., genderqueer, gender nonbinary, something else). Gender-related family support was measured by asking participants, "What percentage of family members are accepting of your gender identity?" Response options included: Less than 25%, 25 to 50%, 51 to 75%, and More than 75%. Depression, suicidal ideation, self-harm, and self-esteem were measured by using the Beck Depression Inventory for Youth, Positive and Negative Suicide Ideation Inventory, Self-Harm Behavior Questionnaire, and Rosenberg Self-Esteem Scale, respectively. Race/ethnicity (White, Racial/Ethnic minority), sexual identity (Heterosexual, Sexual Minority identity), age (15-21), and recruitment site (San Fransisco, Tucson, New York) were covariates in this study. Results + Conclusions/Implications: We used multivariate linear regression analyses to examine the association between gender-related family support and mental health outcomes. Gender-related family support was significantly associated with depression ($\beta = -0.20$; $p = 0.045$), self-harm ($\beta = -0.21$; $p = 0.033$), and self-esteem ($\beta = 0.22$; $p = 0.022$), controlling for other covariates in the models.. Additionally, there was a marginally significant interaction effect between gender-related family support and race for predicting suicidal ideation, such that white TGEY had a more pronounced relationship between gender-related family support and suicidal ideation than racial minority TGEY ($\beta = 0.09$; $p = 0.05$). No significant interaction effects were found between gender-related family support and race for predicting depression, self-harm, and self-esteem. Implications for understanding the importance of the relationship between gender-related family support and mental health outcomes, as well as how these relationships may differ by race, are discussed.

A research-based film to enhance quality of home care for older LGBTQI2S adults

Grigorovich, A., Churchill, S., & Boulé, J.
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Issue: Many older LGBTQ2IS adults avoid using formal home care services for fear of encountering discrimination and disrespect from providers. This is concerning, since home care services play an important role in maintaining and strengthening the mental health and resilience of older adults through positive human contact and direct help with activities of daily living. Home care providers may lack awareness of the unique needs of LGBTQ2IS persons and hold stigma regarding sexual and gender diversity in later life. In part, this is due to gaps in the formal education and training of providers regarding health issues and needs of LGBTQ2IS persons. Setting: Home care services in Canada. Project: In collaboration with two community partners (Rainbow Health Ontario, VHA Home Healthcare) and a professional media company we produced a short research-based film - Out at Home - to enhance the capacity of home care providers to provide culturally appropriate and sensitive care for LGBTQI2S older adults. Results: Our film combines documentary footage of interviews with LGBTQI2S older adults and advocates, as well as dramatized vignettes based on research to model examples of how to provide quality care to LGBTQI2S older adults in the context of common home care interactions. Our film is already being used for education by our community partners and has great potential for reducing stigma and improving gaps in knowledge regarding LGBTQI2S older adults in home care services. Lessons learned: Research-based film is particularly effective for health education and practice change as this arts-based approach to knowledge translation nurtures empathy and supports transformative learning, both of which are crucial for shifting deeply held beliefs and values.

Utilizing an Intersectional Minority Stress Model to Explore Latinx Cultural Influence, Romantic Relationships, and Mental Health Outcomes for Latinx Lesbian Women

Gutierrez, D.
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Scholars have utilized the minority stress model to explore external and internal stressors, coping mechanisms, social support and mental health outcomes for sexually marginalized populations. However, scarce studies examine Latinx sexually marginalized minority stress experiences, in particular multiple marginalized experiences of women. A quantitative study was conducted with a sample comprised of 76 Latinx lesbian women in romantic relationships. Hierarchal regression analysis indicated that participants with family closeness and positive romantic relationship quality reported lower internalized heterosexism (i.e., internal stress). Additionally, higher internalized heterosexism outcomes predicted higher reports of anxiety and depression. Positive relationship quality perception also statistically mediated internalized heterosexist thoughts and depression. Implications for clinical work, limitations, and future directions will be discussed.

Impact of Name Change and Gender Marker Correction in Identity Documents to Housing Related Factors among Transgender People in Texas

Loza, O., Beltran Perez, O., & Perez, A.
oloza@utep.edu

Background: Transgender people, particularly ethnic and racial minorities, face health and economic disparities compared to other groups. There is some evidence indicating that name change and gender marker correction for transgender people can serve as a structural intervention providing increased socioeconomic stability, stable housing, and improved access to primary and transition-related health care. Methods: The 2015 U.S. Transgender Survey (USTS) is the largest cross-sectional survey of transgender people in the U.S. and included 27,715 adults recruited by over 300 organizations in English and Spanish. This study is focused on transgender people living in Texas (n=1293) of which only 9% of respondents reported that all of their IDs had the name and gender they preferred. A de-identified dataset was requested from the Inter-University Consortium for Political and Social Research for secondary data analysis. Descriptive statistics and bivariate associations with Name Change and Gender Marker Correction in Identity Documents were determined for all housing measures. Multivariate logistic regression was used for adjusted results. Results: The most common gender identity reported was transgender (73.5%) or more specifically trans (58.5%), trans woman (40.3%), trans man (34%), and transsexual (21.6%). These gender identities were followed by non-binary (25.6%), genderqueer (21%), gender non-conforming or gender variant (20.6%), androgynous (16.2%), and gender-fluid/fluid (15.5%). The majority of participants were White or European American (74.9%) followed by Latino/a/Hispanic (11.8%), biracial/Multiracial/Other (6.3%), Black/African American (3.1%) Asian/Asian American/Native Hawaiian/Pacific Islander (2.6%), and Alaska Native/American Indian (1.4%). Among the transgender and gender non-binary people that participated in this study, 38.9% identify as more than one gender or no gender and most currently live full-time in a gender that is different from the one assigned at birth (58.4%) or plan to do so someday (74.2%). The main reasons participants did not live full-time in their gender were the possibility of losing or not getting a job (65.6%), being hurt financially (61.8%), and facing violence (53.9%). Transgender people who updated some or all of their documents were at decreased odds of being evicted from home/apartment in the past year (OR: 0.37; 95% CI: 0.14, 0.97), experiencing homelessness in the past year (OR: 0.49; 95% CI: 0.26, 0.91), and currently not being employed due to disability (OR: 0.36; 95% CI: 0.18, 0.74) compared to transgender people with no documents updated. These results were adjusted for gender, racial/ethnic identity, age, poverty level, and currently living full-time in a gender that is different from the one assigned to birth. Conclusions/Implications: Having their preferred name and gender reflected in the identification documents reduces the risk of housing insecurity among transgender people; this is particularly important during the COVID-19 pandemic as transgender people find it harder to find a job, conduct informal work, and find a stable place to live. Most shelters are not safe for transgender people, limiting their options if they get evicted or are forced out of their homes.

Racial socialization, body image, and self-esteem among transracially adopted Black children of same-sex and heterosexual couples

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Background: Racial socialization (preparing for bias and developing racial pride) is an important predictor of wellbeing among Black adolescents, including having a positive body image and high self-esteem. Black youth are often socialized by same-race family members; however, over half of adopted Black children are raised by white parents. A greater proportion of sexual minorities adopt as compared to heterosexual adults, hence many of these parents are same-sex couples. Little is known about the experiences of these transracial adoptive families, and whether/how being a sexual minority parent affects their approach to racial socialization. To fill this gap, this study uses interviews from 25 transracial adoptive families with at least one white parent to examine how they approached racial socialization - a significant component of adolescent health. Methods: Thematic analysis of semi-structured interviews from 10 lesbian-mother (L), seven gay-father (G), and eight heterosexual-parent families was used. The majority of parents were white (80%) and had attended college. Seventeen families adopted via private agencies and eight via the foster care system. Fourteen children were Black, 10 were biracial (Black/white) and one was multiracial, with an even number of boys and girls and a mean (range) age of 13 (11-18) years. Results: Preliminary results revealed a range of approaches to racial socialization - some downplayed/avoided the topic of race and others engaged in direct discussion about it. White gay fathers were more avoidant of race. Some said they interpreted their children's silence about race as disinterest. Previous research suggests gay fathers may be especially likely to emphasize similarities as opposed to differences, knowing their children may already be labeled as different/disadvantaged due to not having a Mother. Among all white parents, there was a tendency to focus predominantly on preparation for bias as opposed to instilling racial pride, which some parents described as disheartening to their children. Some parents, particularly heterosexual parents, emphasized their hope of finding Black adults to mentor their children about race. It may be that white heterosexual as compared to LG parents feel less equipped to socialize their children into a minority identity, which is consistent with prior work suggesting that LG parents feel uniquely prepared to navigate issues of discrimination and minority status due to their experiences as sexual minorities. Community racial diversity emerged as salient in parents' descriptions of their Black children' views of themselves. Most families lived in predominantly white areas and parents often observed their children's bodies as "sticking out". Children, particularly girls, were described as being self-conscious about their rate of physical development and their appearances (e.g., struggling with how to wear their hair). Conclusions/Implications: White heterosexual and LG adoptive couples should become familiar with what factors ensure successful racial socialization and positive health outcomes for their Black children. This includes surrounding them with same-race adults and peers who can normalize their bodies and experiences. While LG parents may be wary of identifying more "differences", they should note their minority experiences may equipped them well to help their children navigate their intersectional identities.

Mental health disparities at the intersections of race, ethnicity and transgender status

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Background: Recent research has emerged indicating that transgender and gender non-nonconforming people in the United States experience poorer mental health outcomes compared to the general population. However, little research has examined mental health among transgender people of color, and almost no research has utilized surveillance data. The objective of this study was to use large-scale data to examine mental health disparities at the intersections of transgender status, race, and ethnicity. Methods: Data for this study came from transgender (n=4,024) and cisgender (n=935,793) adults aged 18 years and older in the 2014-2018 Behavioral Risk Factor Surveillance System. We estimated and compared reports of frequent mental distress and lifetime depression diagnoses using multivariable logistic regression models. Regression results are presented as adjusted odds ratios (AOR) with 95% confidence intervals (95% CI). Results: After controlling for sociodemographic characteristics not including educational attainment and household income, we found that transgender White adults (AOR=1.77; 95% CI=1.43-2.20), transgender Black adults (AOR=2.13; 95% CI=1.38-3.29), transgender American Indian and Alaskan Native [AIAN] adults (AOR=973; 95% CI=2.55-37.10), and transgender adults from other/multiple races (AOR=3.59; 95% CI=1.83-7.03) had higher odds of experiencing frequent mental distress than cisgender White adults. Transgender White adults (AOR=2.19; 95% CI 1.82-2.64), transgender AIAN adults (AOR=3.95; 95% CI=1.14-13.70), and transgender adults from other/multiple races and ethnicities (AOR=2.66: 95% CI=1.41-5.01) had higher odds of reporting a lifetime depression diagnosis compared to White cisgender adults. After additionally controlling for socioeconomic indicators and compared to cisgender White adults, we found that transgender White adults (AOR=1.81; 95% CI=1.49-2.21), transgender AIAN adults (AOR=8.06: 95% CI=2.03-32.00) and transgender adults from other/multiples races (AOR=3 .15: 95% CI=1.78-5.59) had higher odds of experiencing frequent mental distress. Transgender White adults (AOR=2.07; 95% CI 1.75-2.46), transgender AIAN adults (AOR=3.61; 95% CI=1.06-12.32), and transgender adults from other/multiple races and ethnicities (AOR=2.37: 95% CI=1.41-4.01) had higher odds of reporting a lifetime depression diagnosis compared to White cisgender adults. Conclusions: This study serves as a reminder that LGBT health should be analyzed through an intersectional lens, as some individuals with multiple marginalized identities may experience worse health as a result of double discrimination. The study also illuminates the importance of parsing out the effects of different social determinants of health. Public health practitioners and health care providers should be mindful of the diversity within the transgender and gender non-conforming population when developing mental health campaigns and interventions. Future research should include more diverse measures of mental health outcomes and larger samples of transgender and gender non-conforming people so that differences by specific gender identity could also be examined.

Intersectional Stigma, Identity Conflict, Mental Health, and Substance Use among Sexual and Gender Minority People of Color

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Background: Sexual and gender minority people of color (SGM-POC) can simultaneously experience racism and heterosexism, both from the general population as well as within SGM and racial/ethnic minority communities. These multiple marginalization experiences can result in identity conflict, or a sense of anxiety from holding both racial/ethnic minority and SGM identities and a desire for these identities to be separate. Previous cross-sectional studies show that identity conflict has been associated with anxiety and depression. Longitudinal research examining how the relationship between intersectional stigma and mental health and substance use may be mediated by identity conflict is lacking. The present study tested the longitudinal mediation of sexual orientation microaggressions and perceived racial/ethnic discrimination, respectively, and mental health/substance use by identity conflict among SGM-POC assigned male at birth. We hypothesized that more microaggressions and racial/ethnic discrimination at baseline would be associated with higher identity conflict at 12-month follow-up, which would then be associated with higher perceived stress, depression, alcohol use and related problems, and cannabis use and related problems at 18-month follow-up.   Methods: Data for this study were collected as a part of an ongoing longitudinal cohort study of HIV and substance use among young SGM assigned male at birth (current N = 1,041). The current study used data from baseline (Time 1), 12-month follow-up (Time 2), and 18-month follow-up (Time 3). Participants were 271 SGM-POC assigned male at birth (i.e., transgender women and men who have sex with men). We tested the longitudinal mediation of sexual orientation microaggressions and perceived racial/ethnic discrimination at Time 1 on depression, perceived stress, alcohol use/related problems, and cannabis use/related problems at Time 3 by identity conflict at Time 2.   Results: Sexual orientation microaggressions at Time 1 was positively associated with depression and perceived stress, but not alcohol use/related problems or cannabis use/related problems at Time 3. Racial discrimination at Time 1 was not associated with any outcomes at Time 3. Racial discrimination, but not sexual orientation microaggressions, at Time 1 was positively associated with identity conflict at Time 2. Identity conflict at Time 2, in turn, was positively associated with depression, perceived stress, and alcohol use/related problems, but not cannabis use/related problems, at Time 3. No indirect effects of racial discrimination on mental health/substance use outcomes via identity conflict were significant.   Conclusions: Although there wasn't evidence of mediation, hypotheses were partially supported. These findings suggest that: (1) experiences of racial discrimination may contribute more strongly to identity conflict than sexual orientation microaggressions, and (2) microaggressions and identity conflict may independently lead to increased perceived stress, symptoms of depression, and problematic alcohol use for SGM-POC. The lack of significant indirect effects may be due to unequal intervals between time points, or because the source of stigma (i.e., whether it was experienced in racial/ethnic or SGM communities, specifically) was not assessed. Future analyses should employ intersectional measures of stigma when examining impacts of identity conflict on mental health in SGM-POC. Clinicians should consider the implications of identity conflict on prevention efforts and treatment targeting SGM-POC.

How Virtual Reality Transforms the Way We Learn, Challenges our Stereotypes, and Changes our Attitudes

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When compared with both traditional lecture/presentation and online learning, virtual reality (VR) training has been shown in both research and practice to accelerate learning, rapidly create new insights and perspectives, and deepen understanding - leading to significant changes in behaviors, habits, and attitudes. Attendees will learn about how the County of Riverside, CA's Department of Social Services (DPSS) has been using an immersive, VR training tool designed to help their staff who work with, care about, and serve LGBTQ older adults better understand the perspective, needs, and challenges of this unique group of elders - with a focus on trans health. The immersive training modules, deployed inside a VR headset, were created by Embodied Labs - an immersive training platform focused on older adults and aging. Chante Brooks, MSW, staff development officer for Riverside County, implemented the immersive training to more effectively train staff on how to recognize and understand the needs of the LGBTQ clients they serve in order to provide a thorough assessment and service plan, and to become more effective, caring and considerate advocates for this particularly vulnerable population. The modules, collectively called The Eden Lab, allowed social service practitioners and other staff an opportunity to view the world from the 1st person perspective of various older adults who identify as LGBTQ. In the core module, learners embody the first-person perspective of Eden, a 72-year-old trans woman, seeing from her eyes the most defining moments of her life, beginning at age 8 until she fully transitions to living life fully as Eden as an older adult. Woven into the story is a 3D medical illustration that gives trainees the basics of the biology behind gender identity. Learners also have the choice to embody other LGBTQ older adults to explore topics related to healthcare, homecare, senior living, and family relationships. During the training, staff are encouraged to share their perspective and experience using Embodied Labs' learning framework: prepare, embody, reflect, and apply. Data collected so far on The Eden Lab, including data from Riverside County staff, has indicated that trainees are: • 15% more comfortable caring for LGBTQ older adults • 22% more likely to understand why LGBTQ elders may not disclose their sexual orientation or gender identity • 39% more likely to identify ways that they can show LGBTQ elders that they are affirming allies • 24% more likely to understand that being inclusive is not the same as "treating everyone the same" • 23% more likely to understand the importance of LGBTQ elders including "family members of choice" in healthcare and related decisions In summary, training with The Eden Lab leads to stronger emotional intelligence, enhanced competence around engaging with diverse populations, reduced stereotyping and ageism toward LGBTQ older adults, stronger communication skills, and greater confidence in providing quality care and service. More data is needed on larger numbers of users to determine statistical significance; however, these initial results support the inclusion of The Eden Lab in allied health, public health, aging services, and caregiver training programs.

THE 2021 NATIONAL LGBTQ HEALTH CONFERENCE:

POSTER PRESENTATIONS

The authors of each abstract had a poster displayed online at the 2021 National LGBTQ Health Conference held on May 21-22, 2021. Abstracts are listed in alphabetical order by the first author's last name.

Examining Reproductive Health Care for LGBTQ+ Populations: A Critical and Cultural Communications Perspective

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Background In the US, LGBTQ+ individuals experience increased barriers when seeking reproductive health care. Previous research posits that these barriers to health care are due to discrimination and stigma because of identity-related factors and poor health communication between the medical community and the LGBTQ+ population. This research suggests that existing beliefs and knowledge about the LGBTQ+ population and reproductive health care are understudied. Previous research in this area is dominated by research utilizing a positivist paradigm. Findings from studying reproductive health care allow us to understand the barriers to seeking treatment. Still, it doesn't help us understand how beliefs about reproductive health care for LGBTQ+ populations are socially constructed, obtained, and reproduced via the study of their various modes of communication. Thus, this paper explores how studying reproductive health care and the LGBTQ+ population from a critical and cultural communications perspective may improve the research generated in this area.   Methodology/Analysis To demonstrate the theoretical advantage of studying reproductive health care and the LGBTQ+ population to include critical and cultural communications perspective, I situated the topic inside an adapted version of Hall's Encoding and Decoding Model of Communication. Hall's model uniquely focuses on power relations, shared beliefs, and the communication process. I utilized the adapted model to generate new research questions to study reproductive health care and the LGBTQ+ population. Reproductive health care is a massive topic, so I limited the research questions generated from the model to questions related to LGBTQ+ individuals seeking fertility care services.   Results By utilizing Hall's model to examine the LGBTQ+ population and reproductive health care, I developed questions about the beliefs, knowledge structures, and power relations within communication about fertility care and the LGBTQ+ population. For example, Hall's description of the production stage helped me generate questions about the dominant beliefs in health messages about fertility care treatment and the LGBTQ+ community. Hall's description of the circulation and use stage helped me generate questions about the power relations that exist when medical institutions select modes of communication, whether the modes of communication target the LGBTQ+ population, and the populations' ability to interpret the health information in the messages. Lastly, the reproduction stage helped me generate questions on how the information in these health messages influences the LGBTQ+ population's beliefs about fertility care services.   Conclusions/Implications When situating the research topic in a critical and cultural communications framework, the research questions generated from this paper aid us in addressing how beliefs about reproductive health care for the LGBTQ+ population are formed, obtained, and reproduced via various modes of communication. By addressing these questions generated by the model in use, we can help mitigate the health disparities that the LGBTQ+ population encounter when seeking reproductive health care by providing more critical and culturally informed communication. Expanding our approaches to studying health topics like reproductive health to include critical and cultural communication perspectives can help us detect the unique ways identity-related factors influence the health communication process and its effectiveness.

Video link:
https://drive.google.com/file/d/1b6sOu7lp1MBrUuABfY02MvuVR_Wj_Coh/view?usp=sharing

Intervention Development to Promote Safe and Affirming Sex for Transgender Women Survivors of Intimate Partner Violence

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Background: Transgender women (TW) are among the populations most heavily affected by HIV in the United States with nearly 1 in 5 TW living with HIV. The risk for HIV in TW often occurs in the context of intimate relationships. Moreover, in the context of these relationships, TW are at elevated risk for intimate partner victimization (IPV). There are few empirically based HIV prevention interventions targeting TW and none that target HIV risks related to IPV in this population. This study employs qualitative methods to (i) describe perceptions from community-based health and social providers serving TW about the dynamics between HIV risk and IPV among TW, and (ii) provide recommendations for an intervention to address these dual risks. Methods: Finding from three 90-minute virtual focus groups community-based service providers working with TW will be presented. Discussion topics included: (i) experiences working with IPV survivors in the TW community; (ii) relationships between IPV and HIV risk in the TW community; (iii) empowerment strategies for TW who experience IPV; (iv) referrals and resources for TW who experience IPV. Focus groups were summarized and thematic analysis is used to describe emerging themes. Results: Four key themes have been identified. First, programs addressing domestic violence are typically designed for cisgender women and are not responsive to the needs of TW. Providers remarked that many TW perceive IPV as normalized in the context of their romantic sexual relationships, and they frequently opt to stay in abusive relationships due to survival needs, inadequate options for alternate shelter and income generation, victim-blaming and re-traumatization from first responders, and chronic history of rejection or serial abusive partnerships. Second, providers noted that most TW are aware of their elevated HIV risk, yet HIV risk reduction is a lower priority among TW relative to their immediate survival and relationship safety needs. They also described the lack of information on PrEP specific to the TW community and if/how PrEP may interfere with hormonal and other medications. Third, providers described essential gender empowerment principles to support engagement of TW in services. These strategies included using correct pronouns, having gender-inclusive physical spaces, decreasing the power differential between provider and TW patient, and establishing referral networks among competent and trusted providers with experience working with trans populations. Fourth, providers emphasized the importance of IPV-focused interventions to establish trust and comfort to enable TW to open up about their relationships, sex lives, and IPV experiences. Providers also highlighted the importance of group settings for TW to foster community social support and create spaces where TW can model and reinforce positive health outcomes (i.e. safe and pleasurable sex, satisfying partnerships, community support, etc.) among their peers. Conclusion/Implications: Providers offered concrete recommendations to guide intervention development addressing IPV and HIV among TW. Focus groups with TW who have experienced IPV are in progress, which will offer additional insight into our intervention design. Development of an evidence-based program for IPV and HIV risk is a critical need to address health inequity and vulnerability in this community.

Video link:
https://drive.google.com/file/d/1ps5Qp2uPaV3upMvTwOVXeZT8zqbtIAGN/view?usp=sharing

Sexual orientation, intimate partner violence, and negative mental health symptoms in a sample of college students

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Background: Although much research on intimate partner violence [IPV] examines cisgender, heterosexual relationships, lesbian, gay, bisexual, queer or other sexual minority people are as, if not more, likely to experience IPV. Experiencing IPV as a sexual minority person has also been associated with negative mental health outcomes, such as depression and anxiety. However, few studies examine the relationship between IPV, mental health and sexual orientation in a large sample including both heterosexual and sexual minority individuals. To address this gap, I examined the following questions: (1) Are people who have experienced IPV more likely to report negative mental health symptoms than those who have not?; (2) Are sexual minority people more likely to report IPV than heterosexual people?; and (3) Are sexual minority people more likely to report negative mental health symptoms than heterosexual people? Methods: Using a cross-sectional online survey, data was collected from college students at an American university in 2019 ($n = 546$). Almost 20% of participants identified as a sexual minority. IPV was measured using the Conflict Tactics Scale-Short Form and mental health symptoms were measured using the Depression Anxiety Stress Scale-22. Physical IPV included being hit, pushed or shoved; sexual coercion IPV included having been forced to have sex; and injury from IPV included having to receive medical attention due to IPV. Linear and logistic regression analyses were conducted to examine relationships between IPV victimization, sexual orientation, and mental health. Control variables included age, gender, and race/ethnicity. Results: 13.7% of participants ever experienced physical IPV, 18.3% ever experienced sexual coercion IPV, and 10.2% ever experienced injury from IPV. Sexual coercion IPV was positively associated with depression ($\beta = 1.585$, $p = .002$) and anxiety ($\beta = .971$, $p = .028$). Sexual minority were 2.3 times more likely to experience sexual coercion IPV than heterosexual people. Additionally, sexual minority people reported significantly higher depression ($\beta = 2.472$, $p < .001$), anxiety ($\beta = 1.890$, $p < .001$), and stress ($\beta = 2.027$, $p < .001$) scores than heterosexual people. Conclusions/Implications: These findings show that sexual minority people reported worse mental health symptoms than heterosexual people. Sexual minority people were more likely to report sexual coercion IPV and as likely to report physical IPV or injury from IPV as heterosexual people. People who reported sexual coercion IPV had higher depression and anxiety scores than those who did not. These findings suggest that interventions and resources on college campuses to address sexual and intimate partner violence, such as campus mental health services, must be culturally sensitive and aware of the needs - and existence - of sexual minority IPV survivors. Future research would benefit from examining these relationships between different sexual minority identities to see if there are differences to target those most at risk.

Video link: Email the authors for additional study information

COVID-19 and Mental Health in Adolescent Sexual Minority Men: The Impact of Internalized Homophobia

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Background: Traumatic events such as the COVID-19 pandemic are associated with post-traumatic stress disorder, depression, and anxiety symptoms. Prior to COVID-19, there were pre-existing mental health disparities between sexual and gender minority (SGM) individuals and heterosexuals which may place SGM individuals at higher risk for the development of mental health disorders. However, there is a dearth of literature examining the mental health of adolescent sexual minority men (ASMM) during the COVID-19 pandemic. This study aims to contribute to the literature by examining how variables unique to ASMM, such as internalized homophobia (IH) may contribute to the mental health of ASMM during COVID-19. Our aim is three-fold. We aim to explore 1) how the interaction between internalized homophobia and COVID-19 will impact depression in ASMM 2) how the interaction between internalized homophobia and COVID-19 will impact COVID-19 anxieties in ASMM and 3) how the interaction between internalized homophobia and COVID-19 will impact satisfaction with social roles and activities in ASMM. Methods: We sampled 667 ASMM ages 14-20 from April 21-28, 2020 regarding variables related to mental health such as depression, COVID-19 related anxieties, and satisfaction with social roles. To explore the impact of internalized homophobia on the five COVID-19 outcomes variables (i.e., COVID-19 specific depression, satisfaction with social roles and activities during COVID-19, and three COVID-19 anxieties), we used a multiple regression model for each dependent variable. Results: Our study found that internalized stigma was a significant predictor for decreased depression symptoms during the COVID-19 pandemic compared to before the COVID-19 pandemic. We also found that participants had increased anxiety that COVID-19 will impact their community, and reduced satisfaction with social roles and activities during the COVID-19 sequester. Conclusion: Our study found correlations between internalized homophobia and adverse mental health symptoms during the COVID-19 pandemic. Understanding how the mental health of ASMM is being impacted by the COVID-19 pandemic is important to helping public health officials create guidelines and policy that aims to mitigate adverse health outcomes in ASMM. Additionally, our findings can be used to inform mental health practitioners so that they are better prepared to intervene and treat adverse mental health outcomes in ASMM produced by the COVID-19 pandemic.

Video link: https://northwestern.box.com/s/quc7ika8un9848wmypx6wk2xchzdh23r

Ending the HIV Epidemic: Creating a unified stigma-informed recruitment campaign to engage youth in HIV prevention

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Background: Young men who have sex with men and transgender women (YMSM/TGW) are disproportionally impacted by the domestic HIV epidemic. Yet in contrast to expanding HIV prevention methods, there are suboptimal rates of HIV testing, pre-exposure prophylaxis (PrEP) uptake and HIV viral suppression among YMSM/TGW. Given YMSM/YTW's individual and sociocultural barriers to HIV prevention services and education, there needs to be a strategy designed by and for them. As part of an Ending the HIV Epidemic (EHE) planning project, we interviewed community stakeholders and YMSM/YTW in North Carolina (NC) and South Carolina (SC) to cultivate an effective, stigma-reductive, digital-forward campaign that could engage YMSM/YTW in HIV related wellness. Methods: We conducted focus groups (FG) with YMSM/YTW residents from NC and SC. The FG participants were shown recent, public HIV testing and PrEP promotional campaign images to garner their feedback on the campaign content, images, and dissemination channels. They were also administered a questionnaire on demographics, perception and uptake of HIV prevention methods, and social media usage. All discussions were digitally recorded, professionally transcribed and imported into Dedoose for coding by multiple reviewers. Results: 23 YMSM/TGW participated in 3 FGs, with a mean age of 20.5 years old (range 16-24), 52% White, 22% living with HIV, 9% taking PrEP. Participants reported Instagram as the most used platform, where they also obtained information on PrEP, often with an emphasis on side effects. In response to recent campaign images, FG participants noted how they reinforced negative stereotypes of HIV's association with being a black man and/or being a gay man. A few participants noted that they would intentionally avoid campaigns with these types of images due to the associated stigma. Although participants did want to see representations of people who they could related to - whether visually or relationally - in a campaign, they also felt that their community has become "immune" to the current approach and individually some felt "targeted". Participants wanted informative campaigns that captured people's stories in an authentic manner and that featured imagery of all races, genders, and sexual orientations. There was also mixed familiarity and perceived accuracy of the U=U slogan (undetectable equals untransmissible).

Conclusions/Implications: YMSM/YTW experienced pervasive stigma alongside both HIV prevention and care promotion messages. The feedback from YMSM/YTW and stakeholders working directly with this group, indicated skepticism associated with current campaigns due to feeling targeted, misrepresented, and weary of inaccurate messaging. To make HIV prevention work for YMSM/YTG, they need to have a voice in the process, including their input on the representation, engagement, and educational aspects of outreach. The results here offer a guide to creating and implementing a unified stigma-informed recruitment campaign aimed at reducing intersectional stigma at the individual, provider and community level to engage YMSM/YTW in HIV prevention intervention projects.

Video link: Email the authors for additional study information

HPV Vaccination Coverage among Young, Gay, Bisexual, and Other Men who have Sex with Men, 2016-2018

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Background: Young, gay, bisexual, and other men who have sex with men (MSM) are at high risk for human papillomavirus (HPV) infections and related diseases. The Advisory Committee on Immunization Practices recommends routine vaccination at 11-12 years (can start at age 9 years), and through age 26 years for everyone not previously vaccinated. The objective of this analysis is to assess HPV vaccination coverage among young MSM. Methods: The Vaccine Impact in Men (VIM) study enrolled 1881 young, gay, bisexual, and other MSM aged 18-26 years from community centers or clinics serving LGBTQ+ populations in Seattle, WA; Chicago, IL; and Los Angeles, CA, during February 2016 through September 2018. Participants self-reported demographic and health information including HIV and HPV vaccination status. We analyzed participants with known vaccination status who reported being age ≥9 years at first HPV vaccine dose and conducted chi-square analyses to assess factors associated with vaccination. Results: Among 1416 eligible participants, 490 (34.6%) were age 18-21 years and 926 (65.4%) were 22-26 years; 113 (8.0%) reported being HIV-positive. Overall, 673 (47.5%) reported receiving at least one dose of HPV vaccine (18.9% 1 dose; 22.3% 2 doses, and 48.6% 3 doses); coverage with at least one dose was 229/525 (43.6%) in Chicago, 322/518 (62.2%) in Seattle, and 122/373 (32.7%) in Los Angeles ($p<0.05$). Among vaccinated participants, median age at first HPV vaccine dose was 19 years, whereas median age at first sex was 17 years. In total, 139 (20.7%) reported receipt of first HPV vaccine dose prior to age at first sex. Conclusions/Implications: In 2016-2018, nearly half of young, gay, bisexual, and other MSM reported being vaccinated against HPV. Fewer vaccinated participants reported that they received their first HPV vaccine dose before having sex for the first time. Although most effective before first sex, HPV vaccination should be provided to all MSM through age 26 years.

Video link: Email the authors for additional study information

Self-care of 'Invisible' Lesbian Identified People of Color- a Qualitative Study

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Sexual and gender minorities are disproportionately affected by many health disparities. Sexual and gender minorities have historically experienced discrimination, stigma and prejudice in the healthcare system, and often report more adverse health outcomes compared to their heterosexual and cisgender peers. The lesbian population is underrepresented in queer research, and experience unique health disparities compared to their heterosexual and cisgender peers. Lesbian identified individuals experience many health disparities such as increased prevalence of obesity, tobacco use, alcohol use, and negative reported mental health. The act of conducting research focused on lesbian identified people of color is radical because this population is often invisible in the healthcare system. Lesbian identified people of color are disproportionately affected by many health disparities. Along with experiencing discrimination, stigma, sexual and gender minorities of color also face many other barriers to utilizing care such as a lack of insurance, suboptimal access to specific health care services, lack of trust with providers, and lower levels of perceived risk. It has been found that sexual health utilization among African American sexual minority people was lower in comparison to heterosexual women.The purpose of this study was to identify determinants and factors affecting self-care and overall wellbeing of lesbian identified people of color.

Video link: Email the authors for additional study information

Novel Approaches to Breast/Chest Prevention Education in the LGBTQ+ Community

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Breast and chest cancer prevention education campaign aimed at Commission on Cancer mammography providers and LGBTQ+ community members in Ohio. In the four years since the inception of the project over 100 mammography providers have been trained in the provision of culturally humble mammography care to LGBTQ+ individuals. Over 500 LGBTQ+ individuals have taken part in the "Get 'em Checked Campaign." This is an incentivized community based education campaign that asks participants to pledge to breast/chest self-exams or mammography (depending on age and risk factor). Additionally, 25 LGBTQ +individuals have received their mammograms at public mobile screening events.

Video link: https://drive.google.com/file/d/1vNriplWeN-QB3WOm3GU5f0CmggU6xNg_/view?usp=sharing

Measuring health disparities among Asian American and Pacific Islander sexual and gender minorities using the Behavioral Risk Factor Surveillance System

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Background: Evidence shows that sexual and gender minorities (SGM) experience greater health disparities when compared to their cisgender, heterosexual counterparts. Individuals who identify with multiple minority identities, such as racial/ethnic minority and SGM, will most likely experience worser health outcomes. Few research explores the intersection of Asian American and Pacific Islander (AAPI) identity with SGM. The purpose of this study was to explore health risk behaviors and outcomes among AAPI SGM using population-based data. Methods: We examined data from a weighted sample of the 2019 Behavioral Risk Factor Surveillance System (BRFSS). BRFSS is a nation-wide survey using random digit dialing via cellphones and landlines to assess the health outcomes, services, access, and behaviors among adults aged 18+ in the United States and surrounding territories. Results: Among the AAPI population sample (n= 4,885,313), 9% identified as an SGM (n=416,256) and 91% identified as Non-SGM (n=4,469,057). After accounting for age, education and income, SGM AAPI were nearly 5.5 times more likely to report engaging in high-risk HIV behaviors (OR=5.48, 95% CI 2.24-13.40) and 2.5 times more likely to have a diagnosis of depression (OR=2.53, 95% CI =1.63-3.93) when compared to non-SGM AAPI. After accounting for age, education and income, SGM AAPI were 1.76 (SE=0.63) times more likely to report worse mental health days when compared to non-SGM AAPI (95% CI: 0.53-1.23) p =0.005. Discussion: Evidence from this analysis coincides with existing literature regarding the health disparities existing among SGM and AAPI communities. However, due to the limited amount of research targeted among AAPI SGM's, more efforts are needed to address the gaps within this population. This study provides a basis for more culturally-appropriate health interventions for AAPI SGMs.

Video link: Email the authors for additional study information

Associations between Relationship Status, Mental Health, and Sexual Function in Lesbian, Gay, and Bisexual People

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Background: Despite its importance to overall quality of life, sexual health and wellbeing has rarely been explored in the lesbian, gay, and bisexual (LGB) population. To achieve LGB sexual health equity, clinicians and researchers must understand the factors influencing healthy sexual function and satisfaction. Methods: Participants were recruited in 2014 from KnowledgePanel® (GfK), a probability sample of the US from 1011 self-identified LGB adults, including gay men (n = 382), bisexual men (n = 138), lesbian women (n = 200), and bisexual women (n = 259). Questionnaires included demographics, anxiety symptoms (past 7 days), and sexual function (PROMIS SexFS v2; past 30 days). Linear regression determined associations between sexual function and relationship characteristics (sexual activity in the past 30 days, relationship status and length) and anxiety, separately for each sexual orientation and gender group. Results: Using a large, nationally representative sample of lesbian, gay and bisexual men and women, we found between group differences in factors related to sexual function and satisfaction by gender and sexual orientation. Differences range from one-quarter standard deviation to over one standard deviation, indicating clinically relevant differences. Our finding show that relationship status does not relate to sexual interest in gay men, but does associate in the other groups, particularly bisexual women, after controlling for length of relationship and type of sexual activity. Length of relationship was not associated with sexual interest for lesbians, indicating that there is no loss of interest in sex over time. Relationship status was generally associated with sexual satisfaction for gay men and lesbian and bisexual women after controlling for relationship length and type of sexual activity. Relationship status was most associated with orgasm pleasure for gay men, and had an inverse relationship such that those gay men who were married or living with a partner had less orgasm pleasure than gay men who were single, not dating. Anxiety and depression symptoms were negatively associated with sexual interest, satisfaction, and orgasm pleasure for gay men. Conclusions: In a large, national sample of US adults, the associations between sexual interest and satisfaction, relationship characteristics, and anxiety varied by gender and sexual orientation in nuanced ways. An understanding of relationship factors influencing sexual interest and satisfaction in LGB individuals can inform comprehensive, culturally sensitive sexual healthcare. Providers should assess LGB people's sexual health and intimate relationships as part of routine care in a way that is inclusive of all partnership types and statuses.

Video link:
https://drive.google.com/file/d/16SvOwi32AOnihd78CrTQtFIkVuIYjY4f/view?usp=sharing

Artistic Expression and Mental Health Well-Being Among Transgender and Gender Diverse Youth (TGD)

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Background: TGD youth are exposed to insidious forms of marginalization, discrimination, and violence across multiple domains of functioning that may result in compromised health, mental health, and emotional well-being. There is a paucity of research exploring the potential role of artistic expression among TGD youth's resiliency and overall well-being. The primary objectives of this study were to understand the role of art in the online and offline lives of TGD youth as a source of resiliency and empowerment as well as how TGD youth use art and connection to other queer artists to create community and representation. Methods: Using photo elicitation methods, researchers conducted online and in-depth interviews with 29 transgender and non-binary youth between the ages of 14-29 (mean= 17 y/o) across the United States identifying with at least one of the following social statuses: (a) person of color, or (b) immigrant, or (c) lives in a rural area. We conducted thematic analysis using Charmaz's Constructivist grounded theory to guide all aspects of data collection and analysis. Results: Results revealed that a majority of participants in this study identified as artists and viewed art as a source of resiliency and empowerment. In particular, participants often recalled challenges such as being deadnamed, bullied, or mistreated by family members and friends and reported using art as a way to "bounce back" from these difficult and often traumatizing experiences. Furthermore, some participants used the power of imagery, storytelling, and words to tell their story, express their pain, and ask for help from their offline and online communities. For many participants art and artistic expression were viewed as important coping strategies that helped TGD youth enhance their overall mental health well-being through expressing themselves and following and connecting with other artists online. Conclusion/Implication: Viewing art as a form of authentic self-expression illustrates the ways in which a wide range of art forms offered youth powerful opportunities to safely engage in authentic self-expression of their TGD and other marginalized identities. Authentic expression of all identities represents a critical source of well-being for TGD youth. Importantly, visual and narrative data revealed that art serves as more than a way for TGD youth to express themselves, rather it represents a mechanism through which youth cope with challenges, engage in meaningful connections, and develop personal agency. It is possible that various forms of art are particularly useful approaches for TGD youth as it may be challenging to express certain thoughts and feelings unique to the diverse experiences of TGD people associated with shame, rejection, and dysphoria. Evidently, it may be important to integrate art-based strategies into assessment and ongoing intervention to enhance TGD youths' abilities to authentically express thoughts, feelings, and experiences in a manner that will foster healing and growth.

Video link: Email the authors for additional study information

Bi+ in the Netherlands: Bi+ Specific Minority Stress and Associations with Mental Health and Substance Use

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Background. Minority stress is a known contributor to mental health disparities for sexual and gender minority individuals. Bisexual and other non-monosexual (bi+) individuals experience forms of minority stress that are often overlooked. The prejudice and stereotypes they face are different from stereotypes about monosexuality, and can be experienced in both heteronormative society and LGBTQ community contexts. Further, by not paying attention to bi+ individuals' unique experiences, research has contributed to erasing bi+ vulnerabilities and resilience. The objective of the current study was to examine experiences with bi+ specific minority stress and associations with mental health and substance use. Methods. We examined bi+ specific minority stress, mental health, and substance use with an online survey among 2,934 bi+ individuals in the Netherlands. We used a broad definition of bi+ orientations, based on identity (bisexual, bi+, heteroflex, queer, or pansexual) and/or recent sexual experiences with multiple genders, and/or sexual attraction to multiple genders. Participants were between the ages of 16 to 55 years old (M=26.1, SD=10.9), and came from diverse cultural (16.7% migration background) and SES backgrounds (28.8% (applied) university). 28.9% identified as men, 60.0% as women, and 11.1% as non-binary/gender fluid. Measures of minority stress included: internalized stigma, biphobia, erasure, and experienced stigma. We also assessed mental health symptoms (MHI-5), past-6 month heavy drinking, and past-year drug use. Logistic and linear regression analyses controlled for gender, age, education level, and migration background. Results. We found high levels of minority stress among bi+ participants. For example, almost 10% would prefer a different sexual orientation (example of internalized stigma), more than 36% report that people think they are unfaithful (example of biphobia), more than half of participants report that others think their sexual orientation is not real (58%, example of erasure), and 14% report that people did not want to date them because of their sexual orientation (example of stigma). Higher levels of internalized stigma ($\beta=0.16$, SE=0.03, $p<.001$), biphobia ($\beta=0.12$, SE=0.03, $p<.001$), and experienced stigma ($\beta=0.12$, SE=0.03, $p<.001$) were associated with higher levels of anxiety and depression. Only experienced stigma was associated with past-six month heavy drinking (OR=1.45 [1.18, 1.78]). Internalized stigma (OR=0.80 [0.70, 0.92]) and erasure (OR=0.78 [0.68, 0.88]) were associated with lower odds of past-year drug use, while experienced stigma (OR=1.54 [1.32, 1.80]) was associated with higher odds of past-year drug use. Conclusion/Implications. Our findings show that bi+ individuals experience forms of minority stress that are currently not assessed in the majority of studies on LGBTQ health, namely minority stress specific to a bi+ orientation. Although minority stress is clearly associated with poorer health outcomes for bi+ individuals, the current study shows that there may be processes that link specific minority stressors to either mental health symptoms or substance use. In contrast to previous research, internalized stigma and erasure were associated with lower odds of heavy drinking. Our findings underline the need for future research on mechanisms and potential protective factors such as connectedness to bi+ and LGBTQ communities.

Video link:
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Lack of evidence that alcohol use mediates the relationship between self- objectification and sexual pleasure among sexual minority and heterosexual women

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Background. Sexual objectification describes when women are reduced to sexual objects; in a heterosexist culture, such experiences are commonplace. An insidious consequence is self-objectification, the process by which women adopt the outsider's perspective and self-identify as an object to be evaluated. Self-objectification is associated with decreased awareness of one's internal bodily states (Fredrickson & Roberts, 1997). When women engage in self-objectification, they are distracted from positive experiences like sexual pleasure (Steer & Tiggeman, 2008). Women may drink alcohol to overcome self-focus and access sexual pleasure. Sexual objectification may be experienced more negatively by sexual minority women because of minority stress related to their sexual identity (Tebbe et al., 2018). However, sexual minority women also report higher levels of sexual pleasure, especially when partnered with women. Methods. We recruited 570 women from a large university in the Midwestern U.S. (Mean age = 20.08) to participate in an online survey about sexual minority women's substance use habits and sexual wellbeing. We used structural equation modeling techniques in MPlus to test a moderated mediation model comparing the effects of self-objectification on heterosexual and sexual minority women's sexual pleasure, as well as the indirect effects of alcohol use. Results. Globalfit indices revealed that this model had adequate fit ($\chi2(2) = 3.048$, $p = .218$. CFI = .926, RMSEA = .030, SRMR = .013). Contrary to hypotheses, there was no significant direct effect of self-objectification on pleasure (unstandardized coefficient = 1.871, SE = 1.134, 95% CI[- 0.279, 4.185]). Alcohol use did not mediate the relation between self-objectification and sexual pleasure (unstandardized coefficient = - 0.033, SE = 0.210, 95% CI[-0.469, 0.393]), nor did sexual minority status moderate the pathway from self-objectification to alcohol use (unstandardized coefficient = 0.051, SE = 0.107, $p = .634$). Conclusions and Implications. Despite significant differences in sexual pleasure outcomes among heterosexual and sexual minority women, we found no support for our overall moderated mediation model. This was surprising given prior findings that self-objectification negatively impacts sexual pleasure, that sexual minority women experience self-objectification more negatively, and that sexual minority women drink more alcohol than heterosexual women. The lack of support for our proposed model suggests that neither sexual minority nor heterosexual women reported using alcohol to overcome self-consciousness related to self-objectification to experience sexual pleasure. Yet, they may be using other means to regain an awareness of their internal body states following self-objectification. A limitation of this work is the inability to distinguish between specific identity categories (e.g., lesbian, bisexual, etc.) because of the limited sample size. Future research should seek larger samples of sexual minority women to shed light on important group differences. Future work should explore other mechanisms, such as sensation seeking or sexual excitation, for the connection between sexual minority and heterosexual women's experiences with self-objectification, substance use, and sexual pleasure.

Video link: Email the authors for additional study information

Mental Health Differences in Gender Minority Subgroups

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Background: Previous research has demonstrated that gender minority individuals report worse health in general and experience more days of poor physical and mental health than cisgender individuals (Meyer et al., 2017). These disparities are best explained by the minority stress model, which posits that worse health outcomes in marginalized groups when compared to the general population are accounted for by societal stigma, victimization, and other stressors unique to these groups (Meyer, 2003; Testa et al., 2015). Identifying specific mental health vulnerabilities in this population is an important step in enabling more effective and targeted prevention measures and interventions. Some work has begun to identify these disparities. While all individuals with a gender minority identity may be at risk for the unique distress associated with gender dysphoria, there is some evidence that transgender women specifically experience higher rates of depression, anxiety, trauma, and substance use than the general population, and higher rates of substance abuse than transgender men (Reisner et al., 2016; Keroughlian et al., 2015; Reisner et al., 2016). On the other hand, there is some evidence that hormone replacement therapy (HRT), a standard medical intervention for reducing symptoms of gender dysphoria, reduces depression and suicidality. The present study examined psychiatric symptoms reported by gender minority individuals when presenting to an LGBTQ free primary care clinic, and compared symptom severities between identifiable subgroups based on previous research. We expected to see higher rates of PTSD and substance use in transgender women than in transgender men, and to see lower rates of depression in individuals on HRT versus those who were not. Methods: Behavioral health screening measures assessing depression, anxiety, substance use problems, and PTSD were administered routinely to gender minority individuals at an LGBTQ primary care clinic ($n = 121$). Reported symptom severities in each of these domains were obtained by chart review and compared between transgender men and women and between individuals on HRT versus those not. Results: Transgender women reported more depressive symptoms than transgender men ($p < 0.001$). Participants endorsing current HRT reported more PTSD symptomatology than those not on HRT ($p = 0.02$). Conclusions/Implications: These findings did not conform to our specific hypotheses but support the broader hypothesis that some subgroups of an already vulnerable community may experience unique health disparities. They also demonstrate the need for providers of HRT and gender care more generally to consider behavioral health screening to identify and triage psychiatric concerns that could impede good health outcomes. Future studies including longitudinal measures of distress and reliable treatment data will help with a more comprehensive understanding of the unique vulnerabilities of specific gender minority identities and in what ways and to what extent gender-affirming interventions reduce psychological distress.

Video link: Email the authors for additional study information

Facing more than one type of oppression: Intersectional microaggressions for BIPoC LGBTQ+

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Microaggressions are indignities, slights, offenses, and normalized rhetoric that carry messages of discrimination, intolerance and prejudice towards marginalized individuals. Both sexual and racial minorities experience microaggressions, and their individual impact has been explored in research (Nadal, 2019). However, the combined effect of intersectional identities (e.g., being both queer and Black, Indigenous or Person of Color, BIPoC) has rarely been addressed in the literature. The purpose of this study will be to examine the level and type of microaggressions that two racially different sexual minority groups (white and BIPoC) experience. Specifically, we hypothesize that sexual minorities at the margins (e.g., queer, trans, and gender-expansive) will experience more microaggressions than cis-gender folks (H1), additionally, BIPoC LGBTQ+ individuals will report experiencing significantly higher levels of microaggressions compared to white LGBTQ+ (H2), finally BIPoC queer, trans and gender-expansive folks will significantly experience higher more microaggressions than any other group (H3). Methods: An online cross-sectional survey using quantitative measures collected a sample of 210 adults who identified as sexual minorities. The participants were asked to fill out general demographics (e.g., age, gender, sexual identity) and two quantitative Likert scales about microaggressions: a) The Intersectional Microaggressions Scale (IMS; Fattoracci et al., 2020), and the Homonegative Microaggressions Scale (HMS; Wright & Wegner, 2012). T-tests and 1way ANOVA analysis were used to test our hypotheses. Results: (H1) A T-test analysis indicated that that sexual minoritized groups at the margins such as queer, trans, and gender-expansive experience higher microaggressions (M = 189.53, SD = 28.32) compared to those self-identified as gay, lesbian or bisexual (M = 136.22, SD = 38.44) and their mean difference was significant t(208)= - 10.29, p<0.00. (H2) A T-test analysis indicated that that BIPoC sexual minorities experienced higher microaggressions (M = 148.11, SD = 47.46) compared to white sexual minorities (M = 129.15, SD = 30.49) and their mean difference was significant t(208)= 2.81, p<0.00. (H3) A 1x4 anova analysis showed that BIPoC queer, trans and gender expansive folks reported higher microaggression (M = 284.33, SD = 61.65) compared to all other groups: white cis (M = 191.77, SD = 78.80), white gender expansive (M = 217.59, SD = 92.98) and BIPoC cis (M = 235.71, SD = 46.75), and the mean difference was significant compare to all other 3 F(3)= 19.01, p<0.00. Conclusions/Implications: Our data indicate that identifying heterosexism ideologies exposes LGBTQ+ individuals to experiencing negative slights such as microaggression. Additionally when you also consider other factors such as hetero/cisnormativity those queer, trans, and gender-expansive folx experience a higher level of oppression. Furthermore, intersectional approaches in our study, highlighted that BIPOC LGBTQ+ individuals report higher frequencies of experiencing microaggressions compared to white LGBTQ+ individuals and these frequencies were even greater for gender-expansive BIPOC LGBTQ+ individuals. Future research needs to examine the impacts of these experiences on health and mental health outcomes. Lastly, interventions to counteract those negative impacts need to be explored.

Video link: Email the authors for additional study information

HIV Care Outcomes among Transgender Persons with HIV in the US: A Systematic Review and Meta-Analysis, 2006 - 2019

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Background: HIV prevalence is an estimated 14% among transgender women (TW) and 3% among transgender men (TM). HIV care is vital for viral suppression but is hindered by transphobia and HIV stigma. We assessed HIV care outcomes among transgender persons (TG) with HIV in the United States. Methods: We searched multiple indexing services and CDC's HIV Prevention Research Synthesis database for 2006-September 2018. Eligible reports were US-based studies that included TG and reported HIV care outcomes. Data were double-coded and random-effects models were used to calculate HIV care outcome rates. The protocol is registered with PROSPERO (CRD42018079564). Results: Few studies reported outcomes for TM; therefore, only TW meta-analysis results are reported. Twenty-one studies were identified having low-to-medium risk-of-bias scores. Among TW with HIV, 82% had ever received HIV care; 72% were receiving care, and 83% of those were retained in HIV care. Sixty-two percent were virally suppressed the previous month or at last test. Among those receiving HIV care or antiretroviral therapy (ART), 67% were virally suppressed at last test. Sixty-five percent were linked to HIV care ≤3 months after diagnosis. Seventy-one percent had ever been prescribed ART. Approximately 66% were taking ART, and 66% were ART-adherent. Only 56% were currently adherent the previous year. Conclusion: HIV care outcomes for TW were not ideal, and research gaps exists for TM. High heterogeneity was observed; therefore, caution should be taken interpreting the findings. Integrating transgender-specific health needs are needed to improve outcomes of transgender persons across the HIV care continuum.

Video link: Email the authors for additional study information

An intersectionality approach to examine health patterns of transgender and non-binary adults: findings from the Behavioral Risk Factor Surveillance System, 2015 to 2019

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A growing body of literature suggests that transgender and non-binary (TGNB) individuals in the U.S. have less access to healthcare; are less likely to use health care services, and more likely to delay needed care. Studies on health and health utilization, however, have been primarily focused on lesbian, gay, bisexual, transgender, questioning and intersex individuals as a group (i.e., LGBTQI+). Looking at gender minority communities in an all-encompassing way (i.e., including multiple identities in an analytic sample) assumes homogeneity among these communities and distorts the lived experiences of transgender and non-binary communities. This study examines patterns of health and health utilization in a U.S. sample of TGNB adults through an intersectionality lens and we answer the following research questions: Are there differences in patterns of health reports and health utilization among U.S. TGNB adults and to what extent do race and ethnicity help us understand these health reports, and health utilization patterns. The Behavioral Risk Factor Surveillance System (BRFSS), the longest standing phone-based health survey in the United States was used in this study. The BRFSS is collected by the Center for Disease Control and Prevention and released annually to the public. Data for this project was retrieved in October of 2020 and was merged across four year (2015-2019) by the authors. In this sample of TGNB adults (n= 3616), most self-identified as white (63%) and trans women (42%). White TGNB individuals reported higher levels of education attainment and higher income, than non-white TGNB adults (p<.001). White TGNB adults reported significantly higher proportions of health coverage and good health (p<.001). Trans men reported better health than trans women and non-binary individuals. When compared to Non-binary people, trans women and trans men had increased odds of having health insurance coverage and reporting good health. Similarly, being white, of higher SES and higher education increased the odds of having health insurance coverage and good health. Education and income were significant predictors of health insurance coverage and good health (p<.001). Notably, race was a significant predictors of health insurance coverage (p<.001). Conclusions/Implications: There are important differences in health and health insurance coverage among TGNB individuals. Notable differences in income and education suggest TGNB racial and ethnic minorities are educationally and economically disadvantaged. Racial/ethnic minority TGNB individuals are more negatively impacted on health outcomes, than any other group observed in this study. These findings suggest that it is imperative that structural barriers to care, such as education, economic capital be considered in future research and when developing programs to ameliorate health disparities among TGNB communities.

Video link: Email the authors for additional study information

Too Manly and Too Straight?: Perceived Sexual Orientation of Black and White Men and Women

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Background: One's perceptions of others' social identities, such as sexual orientation, influence one's thoughts, feelings, and interactions (Roth et al., 2019). As non-heterosexual individuals are perceived as deviant and immoral in the United States (Reyna et al., 2014), sexual stigma, which includes discriminatory treatment, rejection, and victimization directed towards those who are not heterosexual, is commonplace (Matsick et al., 2020). Being perceived as non-heterosexual can increase one's risk of experiencing sexual stigma (Gruenewald, 2012) which can negatively impact one's wellbeing (Lick et al., 2013). Additionally, inaccurately being perceived as heterosexual may exclude individuals from non-heterosexual communities and related resources (Keene et al., 2020; Lick et al., 2013). For Black individuals who experience racism, the implications of sexual orientation perceptions may be uniquely impactful (Battle & Ashley, 2008). Past research indicates that there are differences in the perceptions of Black and White individuals' sexual orientations (Johnson & Ghavami, 2011). These differences may be explained by differences in the perceived masculinity/femininity between Black and White individuals. Therefore, the current study examines 1) if the association between the gender of a person in a photo and the perception of their sexual orientation is explained by different perceptions of masculinity/femininity of the person, and 2) if this process differs if the person in the photo is Black or White. Methods: Data from an online survey assessing perceptions of characteristics (e.g., attractiveness) of 12 target photos of Black and White males and females were utilized. Three hundred and ten individuals (Mage= 37.76; 44.8% Black, 55.2% White; 51% female, 47.7% male, 0.9% transgender male or nonbinary) rated all 12 targets' perceived masculinity/femininity (Very masculine to Very feminine) and perceived sexual orientation (Very heterosexual to Very homosexual). Multilevel modeling was employed to test the proposed moderated mediation model, to account for perceptions of photos nested within participants. Results: Findings indicate that perceived masculinity/femininity was not a mediator in the association between target gender and perceived sexual orientation ($\gamma40 = 0.02$, $t = 1.12$, $p > .05$). However, Black male targets were perceived to be more heterosexual than White male targets ($\gamma10 = -0.18$, $t = -3.92$, $p < .001$) and Black female targets were perceived as less heterosexual than White female targets ($\gamma10 = 0.29$, $t = 6.47$, $p < .001$). Additionally, Black targets were perceived to be more masculine than White targets ($\gamma10 = -0.44$, $t = -10.42$, $p < .001$). Conclusions/Implications: These findings have implications for both Black heterosexual and non-heterosexual individuals. Black women who are perceived as non-heterosexual may be more at risk of interpersonal harm than White women (Gruenewald, 2012). This effect may be more impactful for Black trans women (Human Rights Campaign, 2019). Black non-heterosexual men may have difficulty being accepted into non-heterosexual spaces since they are perceived to be more heterosexual than White men (Keene et al., 2020). Future research should continue to explore the perceptions of Black individuals' sexual orientation, its antecedents, and potential outcomes.

Video link:
https://ncsu.zoom.us/rec/share/RKzINZihlt12Pu2UvU9t3bXjTUzdi20sP_5bURIWcxjWkKUPZw_64xCRI3UiOBeo.NHcmJ2TAh0imJg5N

Sexual consent violations and health outcomes: The influence of gender beliefs in alternative sex communities

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Background: The purpose of this study is to examine how gender beliefs manifest in consent violations, reporting, and suggestions for change in alt-sex practices and communities, including BDSM (Bondage/Discipline, Dominance /Submission, and Sadism/Masochism), fetish, kink, leather, polyamory, and swingers. Sex Role Theory describes common gender/sex roles in sexuality; with the male sex role involving: "no sissy stuff, the big wheel, the study oak, give em hell, stoicism, homophobia, and instrumental attitude towards sex." Further, the gender roles for women in BDSM are conversely seen as oppressive, by perpetuating heteronormative behaviors, or freeing, by challenging gender norms. Research on the health of alt-sex practitioners is limited, with most focusing on mental health and drawn from small samples. Beyond mental health, previous research reveals stigmatization, marginalization, and discrimination of alt-sex participants and certain subgroups within the alt-sex community leading to problematic health issues such as, unwanted pregnancies among bisexual women; increased risk of cardiovascular disease among individuals with undifferentiated gender role orientations; injuries; and difficulty disclosing personal information to health professionals thereby inhibiting accurate diagnoses and effective treatments. High proportions of alt-sex practitioners identify as lesbian, gay, bisexual, trans and queer; as such, we might expect non-traditional gender norms in alt-sex communities. Methods: We conducted an online survey (N=2,996) in partnership with the National Coalition for Sexual Freedom (NCSF) for adult alt-sex practitioners. Broken down by gender and sexual orientation, the sample is comprised of persons identifying as cisgender (86.5%), nonbinary/transgender (13.5%), and sexual minorities (66.7%). Using open-ended survey responses, this study examines ways in which gender influences consent violations in alt-sex communities. Results: Emergent themes involve men's sexist attitudes toward women and persons presenting as women, mistrust of men, and calls for changes in education and socialization to address men's sexist attitudes. Competing views based on gender and sexuality within these themes will be presented in this paper. Conclusions: Sexist attitudes related to women (e.g., patriarchy, entitlement to women's bodies, and victim blaming) have implications (e.g., victimization, safety, and trust) for gender and sexual minorities. Moreover, consent violators often avoid culpability for their conduct. Critically, endorsing harmful masculine norms can result in negative mental, emotional, and physical health outcomes for people inside and outside the alt-sex community including gender and sexual minorities. These findings involving alt-sex participants are pointing to corrective strategies for sexist attitudes and conduct that mainly involve education and socialization. Historically, the alt-sex community has successfully used educational tools to increase safety and reduce social stigma associated with their activities. This may explain why many participants in this study endorse educational strategies for reducing sexism in their communities and the general public. Learning Objectives: Following this presentation, learners will be able to: (1) identify gender beliefs leading to consent violations among alt-sex practitioners including individuals identifying as LGBTQ; (2) describe the implications of gender-influenced consent violations on reporting, trust, and health outcomes; and (3) discuss corrective strategies proposed by alt-sex community members.

Video link: https://drive.google.com/file/d/1PTjC2tRcLZ6wp-Y95DNbIrBXD_hOPI45/view?usp=sharing

Sexual Consent: Perceived Differences in Communication across Diverse Sexual Orientation and Gender Identities

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Background The literature has not examined the perceived differences of sexual consent across people of diverse social groups in great depth. Methods College students were recruited to participate in a survey by which they were asked to respond to a cisgender, heterosexual version or a sexual minority version of vignettes based on ambiguous sexual consent themes. Participants were asked to identify the degree to which they believed the sexual encounters in the vignettes were consensual, the degree by which the aggressors consented to the sexual encounters, and the degree by which the survivors consented to the sexual encounters. Results The study findings indicate that five of the sixteen vignette themes showed statistically significant differences in participant perception. Participants perceived the retraction of sexual consent theme differently between the cisgender, heterosexual and sexual minority vignette version, in that the sexual minority characters (gay) were perceived to have consented at a higher degree than the cisgender, heterosexual characters. In looking at the characters in the aggressor role in the vignettes, the cisgender, heterosexual characters were perceived to have consented to the sexual scenarios at a higher degree than characters of sexual minority groups in the emotional dysregulation (male to female transgender), retraction of sexual consent (gay), bribe or blackmail (lesbian), and mock rape fantasy (queer) themes. In looking at the characters in the survivor role in the vignettes, the character of a sexual minority group (questioning sexual orientation) in the fully consensual theme was perceived to have consented at a higher degree than the cisgender, heterosexual character. Conclusions/Implications College students' expectations of sexual consent communication may differ depending on the sexual orientation and gender identities of the individuals involved. Self-identification with a particular social group may indicate a higher expectancy for that group to communicate sexual consent with less ambiguity.

Video link:
https://www.dropbox.com/s/nwpmuaqbavmdeym/NLGBTQ%20Conference%20Official%20Poster%20Recording.mp4?dl=0

Social media usage among Transgender people: A phenomenological study

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Background A growing body of literature is exploring ways in which social media impacts the lives of Transgender people. Research has uncovered diverging trends around social media usage by Transgender people from the pursuit of social and emotional support for individuals who engage in social media for connectedness to others and community engagement, to encountering oppressive offenses from those who lack understanding of nonbinary gender identities. With the idea that helping professionals may work to expand collective knowledge of the needs of Transgender people, and develop greater acceptance through support, advocacy, and education, mental health practitioners may hold a unique position as change agents in supporting and expanding the positive experiences transgender persons have with social media and working to protect against the damaging ones. Framed in the idea that helping professionals may better serve and support the transgender community through engagement with social media as an affirming health resource, this study aims to explore the lived experiences of transgender people using social media. Methods and Procedures Grounded in Phenomenology, a qualitative research approach which provides a strong foundation for better understanding diverse lived experiences of distinct groups of people, this study uses methods such as humanistic interviews and focus groups to foster rich descriptions of the personal experience of Transgender people using social media. In this type of study, since theoretical saturation occurs when there is no new information coming from the sample, sample sizes may be small in comparison to other qualitative research approaches and 5-10 participants is sufficient to reach a rate of repetitive response. By eliciting in-depth understanding through engagement in deep, meaningful interviews, researchers using this approach focus on the quality, rather than quantity, of data. Purposive and snowball sampling allowed for this researcher to invite specific Transgender community members known to engage regularly with social media to participate in this study and for those known community members to invite others who met the criteria to participate in this study as well. Through presentation of a focus group at a Transgender community health and wellness conference in the northeastern United States during the Fall of 2019, and through word of mouth, seven participants were recruited and interviewed for this study. Results This study confirms a diverse range of experiences of Transgender people using social media including detrimental and positive influences on mental health and well-being. Various factors influence the type and outcome of social media usage by Transgender people including platform characteristics and participant demographic identities. Conclusions/Implications There is evidence to support the involvement of counselors and other mental health professionals in social media to benefit health outcomes for Transgender people. Further research is needed to better understand the implications of engagement by helping professionals, including mental health supports, in social media to support the mental health and well-being of the Transgender community.

Video link: https://drive.google.com/file/d/1K2cqSO0G8BP45o-LV7ENbdxXfPe2AqlL/view?usp=sharing

Experiences Seeking Out Gynecologic Care of Adolescent and Young Adult Sexual and Gender Minority Individuals Assigned Female at Birth

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BACKGROUND Adolescent and young adult Sexual and Gender Minority (SGM) individuals assigned female at birth (AFAB) are less likely to utilize gynecologic health services compared to their cis-gender and heterosexual counterparts and experience a higher prevalence of certain cancers, infections, and chronic diseases. We sought to understand how adolescent and young adult SGM AFAB individuals seek and initiate gynecologic care centered around a critical inflection point: the first pelvic exam. METHODS We conducted semi-structured interviews with SGM, AFAB individuals, aged 18-24 years, who had received at least one pelvic exam. Interviews explored factors that influenced why and how participants sought a provider for their first pelvic examination and how this experience influenced subsequent gynecologic healthcare utilization. Using principles of modified grounded theory, we developed and applied a universal code directory to all interview transcripts. We then reconciled codes with a Krippendorff's alpha score of 0.7 and used ATLAS to identify salient themes. RESULTS Thirty SGM AFAB individuals completed interviews. Participants' median age at the time of interview was 22.5 years (range 18-24 years) with a median age at first pelvic exam of 21 years (range 14-24 years). Twelve participants identified as white, seven as African American, four as Asian, and nine as multiple race/ethnicities or other. Seven identified as Hispanic/Latinx. Sixteen participants identified as cisgender female, nine as genderqueer/nonconforming, and five identified as transgender. Fourteen participants identified as bisexual, eight as queer, three as pansexual, two as lesbian/same-gender loving woman, two as heterosexual, and one as gay/same-gender loving man. Reasons for seeking gynecologic care varied amongst the cohort, with factors ranging from acute concerns (19), preventive care (11), and establishing linkage to care following or preceding hormone replacement therapy. Factors that influenced participants' comfort level and sense of self-efficacy in seeking out gynecologic care included age at first pelvic exam, chronology in relation to sexual and gender identity affirmation, and previous healthcare encounters and concerns that shaped participants' relationship and orientation to the medical system. Salient factors that participants considered when seeking a provider for their first pelvic exam included gender concordance, insurance coverage, location, recommendations from social networks, and non-LGBTQ health specific reviews. Upon reflecting on their first pelvic exam experiences, participants identified the importance of seeking LGBTQ-centered providers for subsequent gynecological encounters. Consistent even among participants who reported a positive first exam experience, new strategies used for finding providers included looking through provider reviews with greater surveillance and relying on word-of-mouth referrals from trusted providers, friends, and social networks. Additionally, many participants expressed a desire for resources to help connect with providers who could provide LGBTQ-responsive care. CONCLUSIONS Meeting the unique gynecologic healthcare needs of SGM AFAB individuals has important implications on gynecologic care utilization and overall health. Our results unveil a need for more attention and resources dedicated to connecting SGM AFAB patients with providers who are equipped to meet their needs. Future work includes developing a system to identify and connect LGBTQ-competent providers with prospective patients.

Video link: https://www.youtube.com/watch?v=60htCJ1ea28

"We are just magic:" A qualitative examination of self-love among Black Same-Gender Loving Men

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Background: Black same-gender loving men (BSGLM) have a unique intersectional position that exposes them to stress from their racial, sexual, gender, and spiritual identities and experiences. All of these experiences may make it difficult to integrate their identities and arrive at a place of appreciation of their Black same-gender loving experience. Most existing research among BSGLM focuses on sexual health outcomes in the context of minority stress, without consideration of the full experiences of BSGLM or strengths-based approaches. The current study aimed to address this gap in the literature by examining self-love among BSGLM using a phenomenological qualitative approach. Methods: Data for this study is from a larger sequential exploratory mixed methods study examining the identity development process of BSGLM. The current study analyzed responses to one question from the qualitative interviews, "What do you love about being a Black same-gender loving man?" Adult BSGLM in the United States (n = 19; Mage = 31.79 years [SD = 8.88]) were recruited online and completed interviews via phone and video conferencing. Participants were predominantly gay, lived in the Southeastern region of the United States, and had at least a bachelor's degree. Data were coded independently by two trained coders via an iterative approach that included in vivo coding and line-by-line comparative coding. Codes were grouped thematically, guided by sexual minority identity and positive psychology literature. Results: Three major themes related to self-love among BSGLM emerged: (1) Freedom of identity, meaning participants' ability to construct an identity outside of societal expectations; (2) Community connection and pride, or participants' connection to and pride derived from the BSGLM community; and (3) Adversarial growth and resilience, or ways that adversity related to BSGLM identity generated personal growth, including increasing their altruism, having gratitude for their unique experiences being Black and queer, having increased personal strength due to the adversities they have overcame, and experiencing a greater connection to their spirituality. Conclusions/Implications: These findings present a novel examination of what BSGLM love about themselves. The results must be viewed through the lens of increasing social tolerance and greater legal rights for LGBTQ individuals (e.g., marriage equality, repeal of Don't Ask, Don't Tell) and the proliferation of Black queer media (e.g., Moonlight, Pose). These findings may have research and clinical implications. Pertaining to research, prospective work focusing on BSGLM should look beyond sexual health outcomes and examining the full-lived experience of BSGLM. Pertaining to clinical practice, findings the current study may be used to refine existing interventions for BSGLM (e.g., Many Men, Many Voices) or adapt current interventions for the broader LGBTQ community (e.g., ESTEEM) for BSGLM. Further, using narrative therapy, facilitating connectedness to the BSGLM community, and implementing gratitude interventions in therapeutic settings may enhance self-love and positive self-regard among BSGLM.

Video link: Email the authors for additional study information

Complex outness patterns among sexual and gender minority youth: A latent class analysis

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Background: Among sexual and gender minority youth (SGMY), disclosure of sexual orientation has been associated with both positive and negative health outcomes. Given complex patterns in the relation between disclosure and health, it is important to measure the nuances across contexts into which youth come out (e.g., family, friends, school peers) as well as the degree of outness in those contexts. Oftentimes due to small sample sizes or measurement limitations, previous research on "outness" has often dichotomized youth as out or not out, and/or has combined outness contexts into one variable. Therefore, the objective of this study was to identify classes of outness in a large, national sample of SGMY, considering both outness contexts and degree of outness concerning multiple contexts of disclosure. Methods: We performed a latent class analysis using a geographically and racially diverse sample of 11,213 SGMY ages 13-17 to explore outness contexts and degree of outness. Outness contexts included parents, siblings, LGBTQ friends, non-LGBTQ friends, classmates, and teachers. For each context, degree of outness was a Likert-type variable ranging from 1) none to 5) all. We conducted follow-up analyses using the identified classes to determine class membership based on sexual orientation, age, race/ethnicity, and geographic region. Results: We identified six outness classes: 1) Out to all, 2) mostly out to peers, 3) somewhat out to peers, 4) out to queer peers, 5) mostly not out, and 6) very much not out. Classes differed significantly with respect to age, sexual orientation, race/ethnicity, and geographic region. Compared to youth in class 1 (out to all), youth in class 6 (very much not out) had lower odds (OR = .39) of identifying as non-binary and Black (OR = 0.65) compared to their cisgender female ($p < .001$) and White ($p=.01$) counterparts, respectively, and 1.66 the odds of identifying as bisexual compared to gay ($p<.001$). Compared to youth in class 1 (out to all), youth in class 3 (somewhat out to peers), had higher odds of identifying as transgender (OR = 1.84, $p <0.001$) or non-binary (OR = 1.27, $p = .03$) compared to cisgender females. Conclusions/implications: Previous research has been limited in its ability to highlight nuances across contexts of outness - in this study, we highlight the nuances in patterns of outness across a variety of contexts. We have known that outness is more complicated than "out" vs. "not out"-this study presents some of the first explorations into patterns of outness, and then describes the characteristics of youth in our sample who were most likely to be part of each class of outness. Latent class analysis is a useful statistical tool for assessing contexts and degree of outness. Findings have implications for future measurement of sexual orientation disclosure and continued analysis of outness among SGMY. There are clear documented health implications of outness, and if scholars are to consider the importance of the nuances of outness, future scholarship should consider measuring outness as a multidimensional construct.

Video link: https://www.dropbox.com/s/i6zs96s6u3bkc27/AntoniaCabaPresentationVideo.mp4?dl=0

The Impact of the COVID-19 Pandemic on PrEP Use and Adherence among Young Men Who Have Sex with Men (MSM)

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Background Safety restrictions related to the COVID-19 pandemic brought changes to daily lives of many lesbian, gay, bisexual, transgender and queer (LGBTQ) people, including dating experiences and sexual health. Current research suggests that social distancing guidelines decreased the amount of casual sex among men who have sex with men (MSM). Researchers have a growing understanding about changes in sexual behavior during the pandemic, but less is known about how the pandemic impacts engagement in HIV prevention behaviors, including PrEP. This qualitative study seeks to examine how the COVID-19 pandemic has affected HIV prevention strategies and PrEP adherence among young MSM living in the Chicagoland area. Methods Young MSM living in the Chicagoland area from a larger cohort study who were current PrEP users were recruited into a 90-day diary study which measured sexual behaviors and HIV prevention behaviors including PrEP use. A subset of participants were then recruited into a qualitative study (n=27) between April 2020 and September 2020. In-depth interviews covered topics of sexual health prevention strategies and the impact of the COVID-19 pandemic on sexual health and wellbeing. All interviews were audio recorded and transcribed. A team of three coders developed a thematic codebook through an iterative process using Dedoose software until kappa scores reached a score >0.75. The final codebook was applied to all transcripts and thematic analysis was used to interpret patterns within the data. Results Participants described the pandemic impacting how they interact with others, many of which interact only with a small amount of people for limited COVID exposure. Additionally, many expressed changes in dating experiences, including less casual sex, no new sexual partners or no sex all together. The pandemic has also affected PrEP adherence and persistence. Although most had a high degree of PrEP adherence upon entry into the study (pre-pandemic), many changed their medication regimens during the pandemic, including taking pills less frequently or discontinuing PrEP all together. Reasons for lower adherence or discontinuation included a reduction in perceived risk for HIV exposure and reduced access to medical providers and PrEP medication. Conclusion As young MSM change their sexual behavior during the pandemic, their risk of contracting HIV/AIDS is also impacted. While some decreased their amount of casual sex, and consequently have become less adherent to or discontinued PrEP use, others continue to engage in casual sex with varied PrEP adherence. Social distance restrictions reduces HIV risk for some, but it has not eliminated the risk altogether, so PrEP users should evaluate their level of HIV risk as they make decisions around PrEP use throughout the remainder of the pandemic. These findings suggest that increased access to telemedicine is needed to address issues of access. Moreover, as the pandemic evolves, healthcare providers and public health professionals need to provide guidance to PrEP users who have discontinued. This is an opportunity to provide education about event-driven PrEP dosing, so that folks who have reduced their sexual behavior and use of PrEP can retain protection when they do have sex.

Video link:
https://www.icloud.com/iclouddrive/08Hmen_P4qBpziIiyDhZN2sZQ#Bundy%2C_Camille-PrEP%5FCOVID_

Stalking among sexual and gender minority individuals: A systematic review

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Background: Stalking victimization impacts approximately 16% of women and 6% of men during their lifetime and is associated with deleterious psychosocial outcomes for victims (Smith et al., 2018). Stalking refers to a form of interpersonal violence that induces fear or concern for safety, and prevalence rates vary by perpetrator and victim characteristics (Logan, 2020). Existing research consistently documents that sexual and gender minority (SGM) individuals are at a higher risk for all forms of interpersonal violence victimization compared to non-SGM individuals (Edwards et al., 2020), though little is known about SGM individuals specific experience of stalking victimization, despite this disparity. Research is needed to understand the prevalence, causes, and psychosocial impact of stalking among SGM populations. The purpose of the current study was to conduct a systematic literature review on stalking among SGM individuals. Method: Following PRISMA methodology for systematic literature reviews, we used Boolean procedures to identify articles that included a Subject search term for (1) stalking and (2) SGM, which produced an initial set of 283 articles to be reviewed for inclusion. Of the initial set of articles, eight studies met the inclusion criteria (i.e., presented empirical findings specific to stalking and SGM individuals). A review of the references from the initial eight articles included generated an additional two articles. In all, the current review included ten articles. Our systematic literature review was registered in Prospero. Results: Results revealed that stalking victimization is higher among SGM individuals compared to non-SGM individuals and SGM individuals reported unique stalking characteristics (e.g., tactics and perpetrator traits). Further, SGM individuals reported barriers to formal and informal reporting of stalking experiences despite high prevalence. For instance, one study found that participants who are transgender reported higher prevalence of stalking victimization and the lowest rate of reporting victimization to law enforcement. SGM individuals also experienced distinctive psychosocial consequences as a result of stalking victimization, such as receiving messages from the perpetrator questioning their sexual identity or being harassed about their level of sexual identity outness. Several limitations of the extant literature were identified including small samples, cross-sectional designs, and measurement considerations such as inconsistency in the operationalization of stalking (e.g., cyberstalking, intrusive behavior, and unwanted pursuit). Conclusions/Implications: This systematic review highlights the need to further investigate SGM individual's experiences of stalking. Specifically, future research should examine risk and protective factors for victimization and perpetration, outcomes of victimization, and how prevention and intervention programs might reduce stalking among SGM individuals and improve reporting experiences. Despite limitations of the current body of literature, the findings from this review highlight important practice and policy implications. Efforts to reduce interpersonal violence victimization may be enhanced by understanding how unique types of interpersonal violence (e.g., stalking) vary among SGM individuals to create programming that is inclusive of the experience of SGM populations. Better understanding the experiences of SGM individuals who face stalking may meliorate the ability of practitioners, policymakers, and organizations to effectively prevent and intervene in stalking.

Video link: https://use.vg/RLy1r8

The Self-Acceptance of Sexuality Inventory (SASI): Development and Validation

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Due to exposure to societal stigma, self-acceptance of sexuality can be a challenging process for individuals who identify as lesbian, gay, bisexual, queer, or with other minority sexual identities (LGBQ+). Quantitative research in this area is limited, and there is a lack of appropriately validated self-report questionnaires to assess self-acceptance of sexuality. Therefore, the aim of the current study was to develop a measure of self-acceptance of sexuality. Items for the new Self-Acceptance of Sexuality Inventory (SASI) were developed in consultation with psychologists and members of the general population identifying as LGBQ+ . From a sample of participants experiencing non-heterosexual attractions (N 1,619), dimensionality (via exploratory and confirmatory factor analyzes), measurement invariance, and reliability were assessed. Construct validity of the SASI was investigated in a subsample (n 1,217) via hypothesized associations with alternative measures of self-acceptance, sexualityspecific processes, resilience factors, and mental health outcomes. Differences in SASI scores were also investigated between those who identified as LGBQ and those who were unsure/questioning. The final version of the SASI included 10 items comprising two factors. The SASI had satisfactory internal consistency and test-retest reliability, and evidence of good construct validity. Our research provides evidence of different constructions of self-acceptance across people with different sexual orientations, gender identities, sex assigned at birth, and ages. The SASI is a promising new measure of self-acceptance of sexuality. Further investigations into different understandings of self-acceptance are required.

Video link: https://slamonline-my.sharepoint.com/:f:/g/personal/jcamp_slam_nhs_uk/EumVaAJvfkVIrPYCfBHZF8kBUlNjhX9E5OWYu8VpMymGBg?e=PjtYEo

Ongoing Health Inequities: Descriptive Evidence of COVID-19's Impact on Black LGBTQ Adults in the U.S.

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Working Title: Descriptive Evidence of COVID-19's Impact on Black LGBTQ Adults Amidst Ongoing Health Inequities Background: Black LGBTQ people experience significant challenges and discrimination as they face the barriers of living at the intersection of multiply marginalized identities, which have only persisted and worsened during the coronavirus pandemic. At a baseline, LGBTQ people in the United States exhibit elevated risk of being negatively impacted by the coronavirus pandemic across health, economic and other social outcomes (Cahill et al., 2020; Heslin & Hall, 2021; Human Rights Campaign, 2020). Overall, Black communities have suffered an immense health loss in the United States (Human Rights Campaign Foundation, 2020). Black LGBTQ people have also suffered significant economic losses (Human Rights Campaign Foundation, 2020) and existing healthcare inequities have only been exacerbated. Methods: AARP and the Human Rights Campaign Foundation supported and partnered with Community Marketing & Insights to conduct a survey of 1,815 Black LGBTQ adults in the United States. The online survey was fielded between September 21 and October 30, 2020. Overall, 46% of participants came from the CMI LGBTQ research panel and 54% from outreach by over 60 Black LGBTQ media, influencers and organizations across the United States. Results: A substantial percentage of Black LGBTQ adult study participants report healthcare discrimination in the last three years, with 19% reporting racial discrimination in healthcare and 11% reporting sexual orientation-based discrimination in healthcare. Furthermore, 31% of Black transgender adults report healthcare discrimination in the last three years. Preventing or treating COVID-19 is an important health concern to 67% of Black LGBTQ adults aged fifty-five and older, 63% of Black LGBTQ adults aged thirty-five to fifty-four and 53% of Black LGBTQ adults aged eighteen to thirty-four. Overall, Black LGBTQ adults report being significantly impacted by the coronavirus pandemic, including negative impacts on their social health (60%), their mental health (44%), the physical health of their close friends and family (33%), their finances (30%), and their employment status (22%). Overall, one-quarter (25%) of Black LGBTQ adults had at least one close friend or family member die from coronavirus illness. Implications: Policymakers, healthcare workers, employers and communities must focus their attention and efforts on supporting the health and well-being of Black LGBTQ communities during the coronavirus pandemic and beyond.

Video link:
https://drive.google.com/file/d/16IINIRBy1TcEuBwAnMZCIZP7aRdmfWf_/view?usp=sharing

Nutrition and weight-related health of sexual minority young adults: A systematic review

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Purpose: Health disparities between sexual minority (SM) and heterosexual populations have been identified since the AIDS epidemic of the 1980s. One category that has observed disparities among queer populations is nutrition related health. With so many diseases related to nutritional health, such as cardiovascular disease, diabetes, and kidney disease, the number one, number seven, and number nine cause of death in the US, respectively, it is important to understand and combat nutrition related health disparities. The present review aims to explore the current nutrition and weight-related health of SM young adult populations in an effort to understand the best next steps for future research. Methods: We performed a systematic review of quantitative and qualitative descriptive studies from the past ten years focusing on weight, nutrition, chronic diseases, and related risk factors among SM young adults. Results: Three themes were identified from the chosen articles. 1) There are clear differences in health between SM and heterosexual populations. 2) SM populations have poorer health, on average, than heterosexual populations. 3) There are interactions between sexual orientation and gender. Discussion: The results from this review support an established understanding of the health disparities in SM populations. However, this review also establishes a need for more inclusive sexual orientation and gender measures, studies explicitly including transgender populations, and an exploration of SM narratives. Future studies should include qualitative research to understand how to best support health equity in SM populations and how to tailor public health interventions for these populations.

Video link: Email the authors for additional study information

Social, sexual, and health networks of HIV+ MSM during COVID 19: A qualitative investigation

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Background. The COVID-19 pandemic has exacerbated loneliness (González-Sanguino et al., 2020), which HIV+ MSM are more likely to experience (Rhodes et al., 2020; Sanchez et al., 2020); has disrupted health service delivery (Ridgway et al., 2020; Santos et al., 2020), which is crucial for HIV+ MSM seeking prescriptions and case management; and has altered patterns of partner selection (Hammoud et al., 2020). However, most research on HIV+ MSM and COVID-19 is quantitative and descriptive, thereby overlooking the nuance of how this population is coping. Qualitative approaches merit consideration because understanding unexpected outcomes and generating community buy-in are necessary elements of an effective public health response (Teti et al., 2020). Of the three qualitative studies available, limitations include no focus on specific challenges (Krier et al., 2020), psychosocial health (Mirzaei et al., 2021), or descriptive depth (Rhodes et al., 2020). Therefore, using a syndemic framework (Shiau et al., 2020), the present study sought an answer to the question: what are the ways in which HIV+ MSM describe their (dis)connection to community, healthcare, and sex during the COVID-19 pandemic? Methods. Between April and June of 2020, HIV+ participants from Together 5000 (T5K), a U.S. national, internet-based cohort study of cisgender men, trans men, and trans women who have sex with men, were recruited to complete a supplementary qualitative interview. Participants (N = 20) were administered semi-structured interviews, which were then audio-recorded and transcribed. See the poster for participant demographics. A six-phase, semantic-level thematic analysis was conducted (Braun & Clarke, 2006). Audit trails, analytic memos, multiple coders, and peer debriefing supported trustworthiness (Morrow, 2005). Results. Thematic analysis generated six themes: (1) experiences of (dis)connection, or how HIV+ MSM remained connected in personal and sexual relationships, felt disconnected from community and casual partners, and selected partners during the pandemic; (2) continuity of care, or factors that facilitated positive experiences with healthcare, HIV care, and ART adherence; (3) health-protective factors at the intrapersonal (e.g., positive appraisal), behavioral (e.g., risk mitigation), and systemic (e.g., secure living environment) level; (4) psychosocial burdens, such as pandemic-related stress, boredom, isolation, and proximal minority stress; (5) structural burdens, such as less access to health services, lack of transportation, and food insecurity; and (6) health status, comprised of pandemic-related changes in health (e.g., greater substance use). Illustrative quotes are provided. Conclusions/Implications. When burdens were surmountable, this sample of HIV+ MSM used strategies to stay connected to social, sexual, and health networks. Health service disruption (Qiao et al., 2021) was infrequent and most participants did not prioritize casual sex over pandemic guidelines. Physical health was the most commonly reported change in health status, corroborating existing work (e.g., Mirzaei et al., 2021). Reports of pandemic-related stress co-occurred with mental health concerns and substance misuse. Findings support a pandemic-specific syndemic framework (Shiau et al., 2020), indicating that HIV+ MSM need specific psychosocial and structural support during lockdown protocols.

Video link: Email the authors for additional study information

The Importance of Disclosure Style and Response Engagement in Concealable Identity Disclosure Satisfaction

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Background: Research on concealable stigmatized identities (CSIs, e.g., sexual orientation) suggests that positive disclosure experiences benefit the well-being and health of those with CSIs. However, this literature has yet to explore how method of disclosure or how recipients' response engagement may predict disclosure satisfaction. In the present work we examine if more direct disclosures (e.g., "I'm gay") produce different disclosure experience outcomes when compared to less direct disclosure methods (e.g., "I went to the park with my boyfriend"). Following literature on intimacy building, we argue that disclosures which more directly focus on the concealable identity will be more likely to be met with responses that explicitly discuss the disclosed identity, when compared to less direct disclosure methods, and that these more engaged responses will be evaluated as more supportive. Methods: Across three samples, individuals with varied CSIs (Total N=544, majority LGB+) recalled past disclosure experiences and reported on how they disclosed, how the recipient responded, their disclosure satisfaction, and feelings of identity support and validation (sample 3 only). Mediation analyses were conducted to test study hypotheses about relationships between disclosure directness (i.e., the extent to which participants reported explicitly, verbally, or outright disclosing their identity- assessed with three Likert-scale items), response engagement (i.e., the extent to which recipients' asked about/mentioned their identity or verbally expressed feelings about it - assessed with five Likert-scale items) and disclosure satisfaction (i.e., how happy/satisfied the discloser was - measured with three Likert-scale items). We collected measures of other factors related to disclosure experiences (e.g., discloser outness, closeness to recipient) to rule out alternative hypotheses and report, for the first-time, relationships between these factors and disclosure style. Lastly, an experimental study which manipulated disclosure style (more direct or less direct) was conducted to causally test the disclosure style to response engagement relationship. Results: We find that disclosures that more directly addressed the CSI were more likely to be met with responses that more directly discussed the disclosed identity, relative to less direct disclosures, and that more direct or engaged responses were evaluated as more supportive and satisfying by disclosers. Additional path models were conducted to ensure that our pattern of results was robust to other disclosure process factors (e.g., discloser outness about their identity to their social network). Our in-laboratory experiment which manipulated disclosure directness revealed, as expected, that recipients to a LGB identity disclosure were more likely to discuss the disclosed identity when the disclosure was more, compared to less, direct. Conclusions/Limitations: The present work is the first in its kind to demonstrate the influence of disclosure style on disclsoure outcomes (e.g., disclosure satisfaction). We find that more direct disclosures facilitate more engaged responses from disclosure recipients, which in turn are associated with greater feelings of support and disclosure satisfaction. Moreover, we document for the first time how other disclosure factors (like closeness to the disclsoure recipient) influence disclosure and response styles. Ongoing research explores the important role of disclosure motivation to better understand how recipients to CSI disclosures can provide supportive responses to individuals living with varied CSIs.

Video link: Email the authors for additional study information

Trauma among Incarcerated LGBTQ+ youth: Updates on Research, Policy, and Programming

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Trauma is a well-established risk factor for subsequent legal system involvement. Once in the system, supplementary trauma is often endured through exposure to violence, victimization, and isolation. Although these experiences are prevalent among all system-involved populations, certain groups, such as lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth, face disproportionately high rates of trauma and victimization both before and during confinement. Gender and sexual minority (GSM) youth experience criminalization at disproportionately high rates and report more abuse and victimization while in correctional facilities compared to cisgender and heterosexual peers. Additionally, discriminatory treatment by untrained staff and inappropriate or inadequate policies and practices may introduce additional trauma. Nonetheless, research that examines the relationships between trauma and victimization, legal system involvement, and LGBTQ+ youth is scarce. These relationships among trans youth remain particularly unaddressed. To overcome these limitations, this review examines the unique risk factors and needs of system-involved youth that identify as LGBTQ+. Program and policy recommendations are discussed.

Video link: Email the authors for additional study information

A systematic review of evidence based treatment for depression and anxiety among sexual minority women

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Abstract Background: Sexual minority women (SMW) are at greater risk for depression and anxiety and participate in higher rates of psychotherapy than their heterosexual counterparts. Past research has found that depression and anxiety interventions that are adapted for sexual minority individuals are associated with superior outcomes relative to treatment as usual, but little is known about what adaptations have been made to address the needs of SMW in treatment for depression or anxiety or the effectiveness of those adaptations. This study aims to identify (a) the active components of depression and anxiety interventions targeting SMW, (b) the adaptations made to current interventions to tailor them to SMW, and (c) the depression and anxiety-related outcomes of these interventions. Methods: This systematic review utilized five search engines and included peer-reviewed articles that (1) examined the efficacy or feasibility of a depression and/or anxiety intervention for SMW or (2) provided a study protocol or suggestions for a future project focused on treating depression and anxiety among SMW. The initial search yielded 317 (unduplicated) articles. Of those, ten articles focused on testing, developing, or informing depression and anxiety treatments for SMW and were included in the present review. Results: Four studies included empirical evaluations of at least some elements of interventions, with only one of these studies involving a randomized controlled trial with a control group. Six articles were study protocols or guidelines for interventions that have not yet been subject to empirical evaluation. Of the ten interventions included in this review, seven interventions were cognitive-behavioral (including active components of motivational enhancement, cognitive restructuring, behavioral skills training, and mindfulness; these strategies were often proposed as responses to minority stressors), one was compassion-focused (including psychoeducation about self-compassion, body-focused interventions, and mindful attention exercises), and two were unspecified. Adaptations of interventions to meet the needs of SMW focused on sexual orientation (e.g., inclusive language and environment), gender (e.g., assessment tools tailored toward women), minority stress (e.g., psychoeducation of the effects and skillful responses), and targeting co-occurring mental health problems which disproportionally affect SMW (e.g., alcohol use). All adaptations were peripheral, and did not modify primary elements of the treatment that have been shown to contribute to therapeutic change (e.g., cognitive restructuring was applied to internalized homophobia but the process of cognitive restructuring was not modified). In the one trial of an adapted intervention with a control condition, symptoms of depression and anxiety were significantly reduced compared to individuals in the waitlist control group. Both feasibility studies of adapted interventions indicated adequate-to-good feasibility and acceptability of these interventions for SMW. Conclusion/Implications: The strongest evidence emerged in support of cognitive-behavioral interventions and interventions targeting minority stressors. Interventions that utilize assessment tools that are specific to mechanisms contributing to depression and anxiety among SMW (e.g., rejection sensitivity) and interventions that include online components, potentially enhancing accessibility, may hold promise for addressing depression and anxiety among SMW, but future research is necessary. Future research should empirically evaluate adaptations for treating depression among SMW against active control conditions.

Video link: Email the authors for additional study information

Coping Sex Motives as a Mediator Between Sexual Identity and Sexual Risk Behavior

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"Mostly heterosexual" has been identified as a distinct sexual identity, and in multiple studies has been found to be the largest sexual minority group. This sexual identity may come with unique challenges and risks. For example, mostly heterosexual women may have trouble finding support in both the heterosexual and LGBTQ communities or may feel they need to hide their sexual identity, which can contribute to minority stress. In addition, mostly heterosexual women engage in riskier sexual behaviors, including having an earlier sexual debut, having more sexual partners, and being more likely to report an STI. Studies on sexual motivation have found that enhancement and coping motives are often associated with riskier sexual behaviors. The current study seeks to add to a limited literature on this under-recognized at-risk group by identifying mechanisms through which mostly heterosexual women engage in higher rates of sexual risk behaviors compared to exclusively heterosexual women. Methods: A total of 603 community women ages 21-30 who had sex with men in the past year were recruited to participate in a larger multi-method study on alcohol and sexual risk behaviors. Using self-report surveys, two distinct groups (N = 566; mostly heterosexual n = 257; exclusively heterosexual n = 309) were created based on how participants described their sexual experience. Participants also completed questionnaires on sexual motivation (sex to cope, sex to enhance) and sexual risk behaviors in the past 3 months. Results: Relative to exclusively heterosexual women, mostly heterosexual women reported more male partners in the past 3 months ($p < .001$). In addition, higher sex to cope motives ($p < .001$), but not sex to enhance motives ($p = .164$), were found among mostly heterosexual women compared to exclusively heterosexual women. Using structural equation modeling, we found that the association between mostly heterosexual women and more male sexual partners was partially mediated by sex to cope motives (□ = -.03, $p = .007$) and not sex to enhance motives (□ = -.01, $p = .634$). Conclusions/Implications: Coping motives typically reflect using sex to cope with negative emotions such as sadness, stress, or loneliness. Using sex to cope with loneliness may be an especially salient motive due to mostly heterosexual women's wavering and uncertain membership in both the heterosexual and LGBTQ communities. We encourage longitudinal research examining the role of isolation and marginalization as a predictor of sex to cope among mostly heterosexual women. Teaching healthier coping mechanisms for negative emotions such as loneliness may help to decrease sexual risk behaviors and sexual consequences in this hidden and at-risk group.

Video link: https://drive.google.com/file/d/1qYK7xH5Q3BdIP3gD1N9XZb4EuiQfSHC-/view?usp=sharing

Health discrimination against LGBTQ parents and their children with disabilities

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Background: An estimated two to three million U.S. children under the age of 18 have a parent who identifies as lesbian, gay, bisexual, transgender or queer (LGBTQ). Approximately one in six U.S. children has a developmental disability, such as autism or attention deficit hyperactivity disorder. This systematized literature review aimed to establish whether LGBTQ parents experience structural bias and discrimination when accessing care for their children in health and early learning (child care and preschool) systems. These systems were studied together because cross-system coordination is critical for strengthening children's health outcomes and reducing inequities, especially for children with developmental disabilities. Few studies have examined these issues. Reducing bias is important for LGBTQ family health equity. Methods: PubMed, ERIC and Scopus were searched for empirical research from 1990-2020 on: LGBTQ; parents, children, families; bias, disparities, discrimination; and health and early learning services. Themes were analyzed by conceptual model bias levels, participant type and setting. Results: The search yielded 1872 unduplicated records. Twenty-nine articles representing 26 qualitative and mixed methods studies met the inclusion criteria and were assessed for quality. Studies focused on health (n=14), early learning (n=10), and both sectors (n=2) and were conducted in Australia (n=10), the United States (n=9), New Zealand (n=2), Canada (n=1), England (n=1), Finland (n=1), Portugal (n=1) and Sweden (n=1). Participants included LGBTQ parents (n=17), health care providers (n=4), early childhood educators (n=3), and students (n=4). Three biases consistent across health and early learning settings were found: challenges surrounding disclosure of LGBTQ parent status (n=19); lack of acknowledgment of non-biological parent or family constellation (n=13); and heterosexist forms and written materials (n=14). Knowledge gaps and negative attitudes about LGBTQ families were found among some providers, educators and students. Conclusion/Implications: The studies in this review provide supporting evidence that LGBTQ parents do experience structural bias and discrimination when accessing care for their children in health and early learning systems. Health and early learning systems must work to reduce heteronormativity and create safe environments for LGBTQ families to freely share their identities. Honoring LGBTQ family diversity is critical for ensuring equitable, family-centered care. This review revealed research gaps on health discrimination against LGBTQ parents in the U.S. Further research is needed to systematically measure health discrimination against LGBTQ parents of children with developmental disabilities. For children of LGBTQ parents, anti-LGBTQ discrimination in health systems may delay the early identification of developmental disabilities and interfere with families obtaining early intervention services. Among children in general, fewer than half of developmental disabilities are identified by the time of entering kindergarten, despite many children being in care prior to entering school. Early identification of developmental disabilities is important because early childhood is the optimal window for transformative treatment. To address these research gaps, a mixed methods study, including a national survey and interviews, is exploring how health discrimination affects LGBTQ parents and their children with developmental disabilities in the U.S. This research will inform an action plan for change with strategies to improve health care for LGBTQ families.

Video link: https://www.dropbox.com/s/pbw9pp4dd0oh0u5/Coulter-ThompsonPosterPresentation.mp4?dl=0

Poly-Victimization is Associated with Disparate At-School Alcohol Use within Racial/Ethnic and Sexual Minority Youth: Applying Minority Stress and Intersectional Frameworks to YRBS Data

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Background: Alcohol is the most used substance among U.S. youth. Early analyses have identified important disparities by sexual identity and race/ethnicity in many alcohol use behaviors, including at-school use. The framework of intersectionality posits that multiply-marginalized populations have distinct relations to structures of power. Thus, in conjunction with minority stress theory (MST), multiply-marginalized populations could have distinct experiences of minority stress that drive health behaviors. Poly-victimization, or the experience of multiple forms of victimization, is particularly prevalent among sexual minority and racial/ethnic minority (SM/REM) youth and may be useful as a proxy measure of minority stress and discrimination due to its ability to holistically capture victimization profiles and better predict adverse health outcomes. At-school alcohol use has not been established among multiply-marginalized populations. Methods: We utilized data from local administrations of the Youth Risk Behavior Survey (YRBS) pooled across 54 jurisdiction-years (biennially, 2009-2017). We first calculated the prevalence of at-school alcohol use by sexual identity, race/ethnicity, and their intersections, stratified by sex. Stepwise multivariable weighted logistic regression models were then built to examine associations between sexual identity and race/ethnicity (as intersectional sub-populations) and adjusted odds of at-school alcohol use. An at-school poly-victimization and violence scale was included as a potential confounder in adjusted models to assess if any associations persisted. Results: The analytic sample (n=138,806) was composed of nearly equal proportions of males (50.4%) and females (49.6%). Of the sample, 11% were a sexual minority (5.7% bisexual, 2.1% lesbian/gay, and 3.2% "not sure"), and nearly half of the sample was a racial/ethnic minority (25.8% Latinx, 14.4% Black, and 9.3% additional-race). 5.3% of students had used alcohol on school property and a substantive portion had experienced either one (27.1%) or more than one (11.0%) form of victimization or violence. All SM/REM youth (regardless of sex) had significantly higher odds of at-school alcohol use than their heterosexual and white peers, respectively. At the intersections of race/ethnicity and sexual identity, 26 of 30 SM/REM youth sub-populations had greater odds of at-school alcohol use compared to their sex-matched white heterosexual counterparts after controlling for demographics. Among youth, Hispanic/Latinx gay males (AOR: 8.26; 95% CI: 4.90-13.95) and Hispanic/Latinx gay/lesbian females (AOR: 10.86; 95% CI: 6.58-17.94) were the most likely to report at-school alcohol use compared to their white heterosexual, sex-matched peers. After including poly-victimization in the adjusted model, all significant associations with at-school alcohol use remained, although the magnitude of these associations was attenuated. Conclusions/Implications: SM/REM youth were more likely than heterosexual and white peers to engage in at-school alcohol use, with differing magnitude of odds at intersections of minority identities and greatest odds among youth who were both sexual and racial/ethnic minorities. We found that associations between sexual identity and racial/ethnic identity and at-school alcohol use persisted even after including poly-victimization and violence within adjusted models but magnitudes of the association decreased. As this was a cross-sectional study, we were unable to assess temporality. Future longitudinal cohort studies may be warranted to further explore the association between identity, poly-victimization and violence, and at-school alcohol use.

Video link:
https://drive.google.com/file/d/1wWuAxlKmS5sP8IJxroo1K8bJ1o1TgZuc/view?usp=sharing

Queer Identity in the Workplace: The Lived Experience of LGBTQ+ EMS Clinicians

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Background: Increasingly, professionals are openly discussing sexual orientation and gender identity (SOGI) in the workplace. However, workplace discrimination remains an issue for LGBTQ+ employees. The majority of Emergency Medical Services (EMS) clinicians are White and male. EMS culture is typically characterized as close-knit, aggressive, and masculine. EMS LGBTQ+ representation and the intersectionality of these identities remains largely unknown. The objective of this study was to understand how LGBTQ+ identity functions within first responder culture. More specifically, this study sought to explore the lived experiences of LGBTQ+ EMS clinicians, how LGBTQ+ clinicians self-identify on the job, and the effects of SOGI disclosure. Methods: This phenomenological study was approached from a constructive epistemology. Prior to conducting interviews, the investigator bracketed her personal and professional experiences with LGBTQ+ identity and the EMS workforce. Participant inclusion criteria were: ≥18 years of age, LGBTQ+ identity, and current EMS service in the United States (U.S.). Unstructured interviews were conducted between January-February 2020 and were 1-2 hours in length. Interviews were recorded, transcribed, and thematically coded using an inductive approach. Results: Ten EMS clinicians were interviewed. Among participants, 100% were SO minorities, 30% were transgender, 20% were female, 3 of 4 U.S. regions were represented, and 40% practiced as Paramedics. Participants' ages ranged between 21-39 years, and they served between 1-17 years in EMS. Several themes emerged from the data. Clinicians often withhold LGBTQ+ identity from colleagues until a sense of acceptance or pertinence is established. EMS clinicians withhold LGBTQ+ identity from patients to prevent emotional complications during patient care. SOGI is used as a tool when caring for LGBTQ+ and mental health patients in crisis. Some clinicians recognize difficulty in mixing LGBTQ+ and EMS identities due to intercultural politics. EMS culture is viewed as "macho"; cis-gender masculine men and "butch" lesbians are more accepted than non-binary and feminine clinicians. EMS culture utilizes humiliation and teasing as a form of communication and acceptance, often translating as the use of SOGI and sex as topics of humor. Humor and teasing are common among clinicians, but are unwelcome in certain scenarios regarding LGBTQ+ identity. Clinicians report neutral or positive workplace policies related to LGBTQ+ identity disclosure. Acceptance of transgender clinicians and increased LGBTQ+ patient care education are areas in need of improvement in EMS. Conclusions/Implications: Though most clinicians initially perceive SOGI as bearing no impact on their workplace, clinicians recall stories of hiding identity from colleagues, ignoring misgendering by patients, perceiving their SOGI as uncomfortable to others, and experiencing harassment directly or as a third-party. Workplace acceptance by other clinicians is an area of concern and fear for LGBTQ+ clinicians who select colleagues to come out to based on pre-identified demographics and personal experiences. When LGBTQ+ clinicians disclose SOGI, they utilize their LGBTQ+ identities to educate other clinicians, provide better targeted patient care, and take pride in positively representing both the LGBTQ+ and EMS communities. Further research is needed to understand prevalence of LGBTQ+ identity, prevalence of workplace harassment, and impact of workplace policies and LGBTQ+ education on EMS culture.

Video link: Email the authors for additional study information

Distal Gender Minority Stress and Depression: The Indirect Effect of Relational Support

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Background: Transgender and gender non-conforming (TGNC) individuals are 4.3 times more likely to report at least one mental health problem compared to cisgender individuals. Distal stressor experiences such as which include gender-related discrimination, gender-related rejection, gender-related victimization, and non-affirmation of the individual's gender identity, place them at risk for developing depression. Distal stressors have been related to depression across both international and domestic samples. While proximal stressors, that is, the internalization of negative attitudes derived from society about being TGNC, have been identified as one mediator on the relationship between distal stressors and depression, little is known about additional variables that may mediate this relationship. One potential variable is relational support, which has been shown to be a strong predictor of psychological distress for TGNC individuals. While both distal stressors and relational support serve as predictors of depression, little is understood about their influences on each other. Thus, we sought to test a mediation effect of relational support on depression. We hypothesized that relational support would be negatively related to depression after controlling for gender identity, as there are differences in reported depression levels across gender identity groups. We further hypothesized that relational support would partially mediate the relationship between distal stressors and depression. Methods: An online sample of 199 TGNC adults residing in the U.S. completed an anonymous online survey exploring their experiences with gender minority stress, depression, and relational support. The sample was primarily Caucasian (n =185) and transgender (n =108). A self-report depression symptom inventory (PHQ-9) was used to measure depression and a self-report scale of relational support was used (MSPSS). A simple mediation analysis was performed using the PROCESS version 3.5 macro for Statistical Package for Social Sciences (SPSS) version 25 based upon a 95% bias-corrected confidence interval of 10,000 bootstrap samples. Results: A significant negative relationship between distal stress and relational support was found ($a = -.350$, $p < .05$) such that lower levels of relational support were associated with higher levels of depression ($b = -.084$, $p < .05$). Results indicated that relational support partially mediated the relationship between distal stressors and depression based upon a, $c = .03$, $p < .05$, BSI = .004, .066. Distal stressors remained a significant predictor of depression after controlling for the mediator, relational support ($c' = .388$, $p < .05$), consistent with partial mediation. Conclusions/Implications: Our results indicate that lower levels of relational support are related to depression for TGNC adults. Additionally, support from close relationships represents a modifiable factor that can be targeted to reduce negative mental health outcomes. Specifically, relationally focused therapy interventions that enhance relational support by removing barriers to support (i.e., reducing misgendering that occurs) are recommended. Therapy interventions for TGNC individuals should seek to incorporate family members, romantic partners, and close friends who may serve as additional kin to enhance support as a means of reducing distress.

Video link: Email the authors for additional study information

Protective Factors and Risks Associated with Suicidality among Two-Spirit, Transgender, and Sexual Minority Indigenous Youth

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Background: Within current suicidality research there is little discussion of the intersecting concepts of Two-Spirit, sexual identity, gender expression, and race among Indigenous youth. Like all youth, Indigenous youth tend to be at lower risk for suicidality when they have strong connections to their families and schools, and at higher risk when they experience bullying and/or poor mental health. Additional risk factors, including racism, government care experience, substance misuse, and homelessness, are especially salient for Indigenous youth, while some protective factors, such as cultural connectedness, may impact Indigenous youth differently than the general adolescent population. Using a representative sample of Indigenous youth in British Columbia, Canada, this study builds on existing suicide research by identifying important protective factors and risks for suicidality among Two-Spirit, transgender, and sexual minority Indigenous youth. Method: A Two-Spirit Advisory Committee provided direction for all stages of the research. Data were from the 2013 British Columbia Adolescent Health Survey, a cross-sectional, cluster-stratified random survey of grade 7-to-12 public school classrooms. Our sample included 3,171 Indigenous students (64% First Nations, 30% Métis, 6% other/not specified). Using logistic regression and a four-step probability profiling process, we identified the top protective factors and risks for suicidal ideation and suicide attempts, based on youth's sexual orientation/gender identity. Results: Key risks for suicidal ideation for Two-Spirit, transgender, and sexual minority boys included experiencing discrimination, binge drinking, and having run away from home in the past year, while feeling calm, having at least three friends, having asked an Indigenous Elder for help, and family connectedness were important protective factors. For Two-Spirit, transgender, and sexual minority girls, having self-harmed or experienced extreme stress or bullying were key risk factors for suicidal ideation, while important protective factors included living on First Nations reserve and family and community connectedness. Risks and protective factors differed for suicide attempts. Having self-harmed, forgone mental health care, or experienced disability or sexual abuse significantly impacted the risk of attempting suicide for Two-Spirit, Transgender, and sexual minority boys, while the key protective factors included family connectedness, adequate sleep, feeling calm, and eating traditional foods. For Two-Spirit, Transgender, and sexual minority girls, having self-harmed, run away from home, or been bullied were top risks for attempting suicide, while having at least three friends and family and school connectedness had important protective effects. Implications: Our findings reinforce the importance of increasing awareness of and fostering protective factors, while identifying and reducing risk exposures for Two-Spirit, Transgender, and Sexual Minority Indigenous Youth.

Video link:
https://drive.google.com/file/d/1bx0W0FoyKdrjt4_wKvD0X2c_GymNL3Lh/view?usp=sharing

An Intersectional Minority Stress Approach to Transgender and Gender Expansive Adult Mental Health

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Background: The intersection of gender identity with race and income likely contributes to unique experiences of discrimination within transgender and gender expansive (TGE) communities. Given the role of TGE discrimination on mental health disparities, research must adopt an intersectional approach, while also examining individual strengths, such as pride in TGE identity. This study examined the roles of discrimination and pride on mental health among TGE adults across gender identity, race, and class. Method: A national sample of TGE adults (N = 221) completed online measures assessing gender identity, race, income, experiences of discrimination related to TGE identity and gender expression, pride in TGE identity, and mental health outcomes: depression and anxiety symptoms and suicidal ideation. Results: Experiences of TGE discrimination varied by income among White, but not BIPOC, participants. Discrimination experiences were positively associated with depression, anxiety, and suicidal ideation. Pride in TGE identity buffered the associations between discrimination and depressive symptoms and suicidal ideation. Conclusions/Implications: Pride in TGE identity may buffer the effects of TGE discrimination and gender expression discrimination on depression and suicidal ideation. Given varying experiences of discrimination experienced by TGE individuals across race and class, an intersectional approach to case formulation and treatment planning is vital.

Video link: Email the authors for additional study information

COVID-19, violence and mental health among Indigenous gay and bisexual men in Guatemala: An urgent call from key stakeholders

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Background: Although Guatemala has one of the largest Indigenous populations globally, Indigenous Guatemalans are more likely to live in extreme poverty, have lower rates of educational attainment, and experience poorer health outcomes compared to their non-Indigenous counterparts. Indigenous gay and bisexual men (IGBM) are further marginalized and experience intersecting forms of stigma which may increase their vulnerability to mental health problems, such as anxiety and depression. The COVID-19 pandemic has disproportionately affected Indigenous Guatemalans and has likely compounded the challenges that IGBM face in maintaining their overall health and wellbeing. Methods: We conducted in-depth qualitative interviews via Zoom with key stakeholders (n=11) working with IGBM throughout Guatemala to explore how the COVID-19 pandemic has affected their overall health and wellbeing, including their utilization of mental health services. For quick dissemination, we used rapid analysis templates to identify the most salient themes that emerged from the interviews; thematic coding and narrative analysis are ongoing. Results: Stakeholders described that prior to the COVID-19 pandemic, IGBM experienced stigma and violence from their families and communities for being gay or bisexual, as well as from the state and society for being Indigenous. Many IGBM therefore chose not to reveal their sexual orientation to family and communities to avoid rejection and expulsion; this concealment often caused anxiety and stress. For IGBM from rural communities who did reveal their sexuality or were outed, they were often forced to migrate to an urban center to avoid violence. However, after the onset of the COVID-19 pandemic, many young IGBM lost their jobs due to the economic downturn or because they contracted COVID-19, and many were forced to move back in with families in rural communities. Stakeholders revealed that most IGBM-serving organizations had reported a drastic increase in demand for mental health services. For IGBM who had left their communities and returned during the pandemic, stakeholders discussed a perceived increase in the severity of physical and psychological violence. Participants attributed this increase in severity to retribution from families and communities for having left, in addition to the general stressors brought on by the pandemic. For those community-based organizations (CBO) that provided mental health services to IGBM prior to the pandemic, many attempted to offer counseling sessions virtually via online platforms. The success of these virtual mental health services varied, as some participants indicated that finding a private space in their home to speak with a counselor was a challenge. In these situations, counselors attempted to provide support via messaging platforms, but reported being frustrated at their inability to meaningfully connect with the client. Conclusions/Implications: CBO's serving IGBM have an urgent need to scale up their mental health services and find innovative ways to provide these services remotely during the pandemic and beyond. Mobile mental health interventions that require little to no "live" interaction that could be heard by family members in the same household may be most appropriate. These apps should be able to function with intermittent internet connection to be accessible for IGBM in rural settings.

Video link:
https://www.dropbox.com/s/1l0bbvkwcufq8ku/LGBTQConfPosterVid_DDavis.mp4?dl=0

Social Media as Starting Point for LGBTQ+ Sexual Health Information Seeking

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Background: In the United States, accessing sexual health information is particularly difficult for lesbian, gay, bisexual, transgender, queer, questioning, and non-cisgender or non-heterosexual (LGBTQ+) youth. They often lack opportunities to rely on family, friends, and medical professionals as possible sources for this information due to perceptions of stigma related to gender and sexuality and potential safety concerns (Mustanski et al., 2016; Charest et al., 2016). Many LGBTQ+ youth turn to the Internet in an attempt to meet their information needs (Mitchell et al., 2014; Steinke et al., 2017). Searching for sexual health information online is one component of sexual health information seeking particularly important to LGBTQ+ youth. In our findings, social media was uniquely important to the sexual health information seeking of LGBTQ+ young people. We propose that in sexual health information seeking, social media can function as a "starting point" that providers and educators can leverage for more effective outreach to LGBTQ+ youth. Methods: We conducted 17 semi-structured interviews with self-identified LGBTQ+ young people (15 to 25 years old) to understand how they search for sexual health information. In the interviews we asked participants about their past sex education and sexual health information seeking experiences. Participants were all living in the United States at the time of the interviews. Data was qualitatively analyzed using initial open coding followed by axial coding (Corbin & Strauss, 2008). The inductive process of initial open coding established a codebook and allowed themes to emerge as we reviewed the data. We then used axial coding to group these emergent themes and find connections between them. Results: Participants specifically mentioned Tumblr, Instagram, Reddit, and YouTube as platforms they used to both actively search for sexual health information and to more passively discover LGBTQ+ content including sexual health information. Viewing online content not explicitly related to sexual health was a starting point for some participants to then take more active and intentional information seeking approaches once introduced to these topics. Participants often encountered new and relevant sexual health information through online spaces, such as on Tumblr, that they already occupied. Sexual health information was not actively sought at first but came to participants where they already were on the internet. Implications: When LGBTQ+ youth transition from existing social media activity to intentional sexual health information seeking, there are opportunities for ensuring they are connected with both appropriate and relevant sexual health information resources. Understanding that LGBTQ+ youth receive sexual health information via social media platforms, often unintentionally at first, suggests that LGBTQ+ healthcare providers, nonprofit organizations, and others interested in providing sexual health resources should leverage these platforms to present this information. With social media as a "starting point," there are opportunities for introducing relevant LGBTQ+ sexual health information topics to young people in these spaces they already occupy. For example, sexual health educators and providers might utilize Tumblr or specific LGBTQ+ subreddit communities to connect young people with resources on their organizational websites or with verified information they recommend based on their sexual health expertise. Learning Objectives: Social media is a starting point for the sexual health information seeking of many LGBTQ+ youth. In some cases, social media is more desirable for LGBTQ+ youth as a sexual health information resource. Providers and educators can leverage social media to introduce LGBTQ+ youth to relevant sexual health information.

Video link: Email the authors for additional study information

Are Minority Stress Experiences Risk Factors for Poor Physical Health Among Sexual and Gender Minorities Assigned Female at Birth?

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Background Sexual and gender minorities (SGM) are at higher risk for physical health difficulties (Lick et al., 2013). According to minority stress theory, SGM face unique stressors based in the stigmatization of their marginalized identities, as well as general stressors faced by all individuals, which leads to several negative outcomes, including poor physical health (Chandola et al., 2006). Minority stress is comprised of distal stressors external to the individual (e.g., enacted stigma) and proximal stressors, or internal experiences including internalized stigma that emerge from distal stressors (Hatzenbuehler, 2009). However, most research is conducted with cisgender sexual minority adults and research is inconclusive on the indirect path from distal stressors through proximal stressors to physical health outcomes (Walch et al., 2016). The present study investigated if the relationship between minority stress and physical health holds true for a younger, more diverse sample of SGM assigned female at birth (AFAB) and 2) if there is an indirect effect of distal stressors on physical health through proximal stressors. Methods Data were drawn from FAB400, a longitudinal cohort study of SGM-AFAB adolescents and young adults (N= 463). Participants completed the PROMIS Global Physical Health subscale (Hays et al., 2009) and validated self-report measures of distal minority stress: History of LGBT Specific Victimization, and The Sexual Orientation Based Microaggressions Scale and proximal minority stress: Sexual Minority Internalized Stigma Scale (Puckett et al., 2017; Ramirez et al., 2010; D'Augelli et al., 1998; Swann et al., 2016). Results To test hypotheses, physical health was regressed onto each minority stressor, controlling for demographics (age, gender identity, sexual identity, race). Experiencing more microaggressions, $\beta = -.14$, $p < .01$, victimization, $\beta = -.14$, $p < .01$and internalized stigma, $\beta = -.13$, $p < .01$ showed unique associations with physical health. Next, the direct and indirect effects were estimated with PROCESS software (Hayes, 2013). There were indirect effects of both microaggressions and victimization on physical health through internalized stigma, -.06 (SE = 04; 95% CI [-.15, -.001] and -.11 (SE = .07; 95% CI [-.28, -.01], respectively. The direct effect of microaggressions and victimization on physical health were also significant, b = -.59, SE = .21; 95% CI [-.99, -.18], b = -1.14, SE = 37; 95% CI [-1.88, -.40], suggesting that the distal stressors also affect physical health through other mechanisms. Conclusions/Implications Consistent with minority stress theory, results demonstrate negative effects of minority stress on general health among adolescents and young adults. This is significant because poor general health in adolescence predicts development of acute diseases and chronic conditions in adulthood (Grool et al., 2012). The observed indirect effect of discrimination and microaggressions on physical health through internalized stigma suggest the importance of efforts to reduce hostile stigma-based acts against SGM-AFAB, and help this vulnerable group avoid internalizing such stigma. However, the indirect effect accounted for only a small portion of the relationship, highlighting the need for identification of other mechanisms through which minority stress experiences affect health.

Video link: Email the authors for additional study information

LGBTQ Health in Chicago Public Schools: Working Toward Equity

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Issue: Building upon ongoing work to support LGBTQ students, the Office of Student Health and Wellness (OSHW) at Chicago Public Schools (CPS) conducted a project to analyze and disseminate data about the health of LGBTQ youth in Chicago. In collaboration with partners at the Policy, Practice, and Prevention Research Center at the University of Illinois at Chicago (UIC), OSHW produced the report, LGBTQ Health in Chicago Public Schools: Working Towards Equity, to share these findings widely and highlight district-wide efforts to address LGBTQ health disparities in Chicago. Setting: CPS currently serves over 340,000 students in 642 schools across Chicago. The 2019 Youth Risk Behavior Survey (YRBS) data comprised a sample of 1,562 students in grades 9-12 attending regular public high schools. Sampling methods are designed to ensure a representative sample, including oversampling of Black and Hispanic/Latinx students. Furthermore, OSHW offers programming related to creating safe and supportive environments for LGBTQ youth in all CPS schools, and many trainings and resources are available virtually during the COVID-19 pandemic. Project: For the first time in 2019, the Chicago YRBS asked students whether they identify as transgender. Therefore, this project considered health outcomes for lesbian, gay, bisexual or transgender (LGBT) students compared to their non-LGBT peers. Analyses were conducted using logistic regression models which controlled for race/ethnicity, age, and sex. Results were compiled in a publicly-available final report, which includes information about current efforts to support LGBTQ youth in CPS. Results: In 2019, 22.7% of CPS high school students identified as lesbian, gay, bisexual, transgender (LGBT) or were unsure of their gender or sexual identity (questioning). In addition, LGBT youth were approximately three times more likely to report depression and suicidality compared to their non-LGBT peers. They were also three times more likely to report any illicit drug use, and nearly 10 times more likely to have ever used heroin. LGBT students also faced higher rates of violence and bullying at school, as well as sexual violence and dating violence, compared to students who are not LGBT. Current programming in CPS to promote safe and supportive environments for LGBTQ students includes a mandatory online training for all district staff on Support for Transgender, Non-binary and Gender Non-conforming Students and a goal within the CPS Five-Year Vision to have a Gender & Sexuality Alliance (GSA) in every every school by 2024. OSHW also offers professional development opportunities to school staff who advise GSAs, sexual health education instructors and staff who provide sexual health services referrals. The report's findings provide district staff, students, and community members with an updated picture of the state of LGBTQ health among CPS students. Lessons Learned: This project revealed that LGBTQ youth make up nearly a quarter of CPS high school students, and these students face higher risk of many adverse health outcomes. As a result, the district must continue prioritizing initiatives that will foster safe and supportive environments for LGBTQ youth in their schools in order to promote health and wellbeing for all students.

Video link:
https://drive.google.com/file/d/1g5LTHUvfYwEPLGhKxa5PCghA1rdPWmbD/view?usp=sharing

Comparison of Healthcare Cost and Utilization between LGBTQ and Benchmark Populations

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Issue: LGBTQ persons experience discrimination in healthcare services. We explore the extent to which this population uses healthcare services differently than the general population, and the cost implications of these differences. Setting: we analyzed the results of a survey of 1,518 LGBTQ employees of large corporations. We compare diagnoses, healthcare utilization and costs of the survey respondents with those of a matched population from a large employer database. Results: we showed the disproportionate healthcare utilization and costs in the surveyed. Compared to benchmark data the surveyed LGBTQ population utilizes fewer office visit but has higher rates of ER visits and inpatient admissions, and higher cost care. In addition, we found that the surveyed population is subject to higher prevalence rates of chronic conditions, particularly mental health conditions. Lessons Learned: Our findings support efforts to increase member access to regular, timely preventive care

Video link: https://www.youtube.com/watch?v=NCyFJuufPP8

"Why is it so different now I'm bisexual?": young bisexual people's experiences of identity, belonging, self-injury, and COVID19

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Background Bisexual people demonstrate higher rates of Non-Suicidal Self-Injury (NSSI) in comparison to other groups. This study aimed to explore bisexual people's experiences of sexuality, NSSI and the COVID19 pandemic. Methods Fifteen bisexual people (16-25 years old) with experience of NSSI participated in online qualitative interviews. Thematic analysis was used. Preliminary findings were shared with a subset of participants for member-checking. Results Participants described experiences of falling between the binary worlds of heterosexuality and homosexuality and described discrimination and invalidation related to this. Lack of access to positive bisexual representation contributed to feelings of self-hatred, with NSSI used to manage emotions or self-punish. The effect of lockdown was not clear cut, depending on personal circumstances and meanings of social interaction for participants. Conclusions/Implications There is a need for greater recognition of significant societal narratives around bisexuality within clinical formulations of mental health difficulties and NSSI within this population.

Video link: Email the authors for additional study information

Disclosure of Sexual Assault among Sexual and Gender Minority Individuals: A Systematic Literature Review

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- Background: Sexual violence is a public health crisis that disproportionally impacts sexual and gender minority (SGM) populations and leads to numerous, deleterious short- and long-term psychosocial and behavioral health outcomes. Research with predominantly heterosexual, cisgender individuals suggests that most victims of sexual violence disclose their experiences to another trusted individual, most commonly a friend or family member, and less commonly a formal support (e.g., police, counselor). Negative social reactions to disclosure (e.g., blaming the victim, disbelief) are robust predictors of harmful psychosocial and behavioral health outcomes. To date, however, little research has focused specifically on the rates, contexts, and correlates of social reactions to disclosure of sexual assault among SGM populations. The purpose of the current study was to conduct a systematic literature review to synthesize everything we know to date on these topics. • Methods: Following PRISMA methods for systematic literature review, we used Boolean search procedures to identify an initial set of 122 articles. Of the initial set of articles, 11 met inclusion criteria (i.e., focused on sexual assault disclosure among SGM individuals). After reviewing references of articles that met criteria, an additional two articles were included. In all, the current review included 13 articles. Our literature review was registered in Prospero. • Results: Rates of sexual assault disclosure among SGM individuals varied drastically across studies. SGM individuals were more likely to disclose their experiences of sexual assault to informal supports compared to formal supports, although SGM individuals appear to be more likely than heterosexual, cisgender individuals to report to formal supports. Also, rates of disclosure and the types of social reactions received sometimes varied as a function of sexual and/or gender identity or expression. Factors that hindered disclosure of sexual assault experiences among SGM survivors included internalized masculine norms (among gay men), concerns about others' reactions (especially formal supports such as doctors), concerns about reifying stereotypes about SGM individuals, and concerns about being "outed". Results also highlighted barriers that SGM individuals with multiple marginalized identities experience in seeking help for sexual assault. Across most studies, SGM survivors who disclosed their sexual assault experienced at least one negative social reaction, and the receipt of negative social reactions was related to greater psychological distress (e.g., PTSD) and problem drinking.
- Conclusions/Implications: Several limitations of the extant literature were identified, including the reliance on small convenience samples and cross-sectional methodologies. Despite these limitations, these findings suggest that efforts are needed to improve social reactions to SGM survivors' disclosure of sexual assault. Promising programs, such as Supporting Survivors and Self, could be tailored for individuals receiving a disclosure of sexual assault from an SGM individual. Finally, the findings from this systematic literature review remind us that efforts are needed to reduce structural stigma specific to sexual and gender identity as these forms of oppression not only lead to higher rates of sexual assault among SGM individuals but also inhibit help-seeking and recovery from sexual assault.

Video link: Email the authors for additional study information

Effects of Intimate Partner Violence in the LGBTQ Community: A Systematic Review

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Background: This study focuses on a review of literature that address the effect of intimate partner violence in the LGBTQ community and their experiences with the criminal justice system. objectives, the hypothesis to be tested, or a description of the problem Methods: The researchers conducted a systematic review using an electronic search of peer reviewed literature published between 2013-2020. The articles presented in the systematic reviewed need to meet the criteria of a focus on the LGBTQ community, intimate partner violence, and the criminal justice/legal system. Results: The authors reviewed each article and affirmed experiences of IPV and engagement with the criminal justice system were present in 14 that meet the criteria. The articles in the current literature review encompassed various research methodologies including quantitative, qualitative, mixed methods, theoretical, as well as literature/ systematic reviews. The research designs incorporated secondary analysis, semi structured interviews, and surveys providing empirical evidence of experiences. The findings across articles highlighted an awareness of experiences with barriers to services, minority stressors, engagement with the police and legal systems, and important policy implications. These areas of focus are displayed in the results table and discussed throughout the results section. The authors noted four key areas of focus when looking at the literature that included intervention, legal system, policies, and services. Conclusions/Implications: The current study sheds light on the continued need for research to address policy implications for treatment of LGBTQ IPV survivors and the legal system. Policies revolving around protection orders, access to safe housing, shelters, and the legal system are still identified to be discriminatory to the LGBTQ population specifically to the transgender community. Accountability for safety and prevention is imperative within the legal system and social services at a federal and state level to address this marginalized and oppressed community. This accountability starts with providing vital inclusive services, protective policies, ongoing trainings, and funding to deconstruct barriers towards the LGBTQ community.

Video link: Email the authors for additional study information

Exploring LGBT Strengths and Struggles in Chicagoland through Needs Assessment

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In 2019, the Steering Committee of The LGBT Community Fund retained Morten Group, a national consulting firm supporting equity and inclusion work in the nonprofit and philanthropic communities, to conduct a Chicago LGBTQ Community Needs Assessment. This project gathered data on current needs, issues, strengths and resources of the Chicagoland LGBTQ community. There were three goals implicit in the development of the updated needs assessment process to: 1. Utilize the data collected to inform the funding goals and shape the Chicago Community Trust LGBT Community Fund; 2. Develop key findings and recommendations that inform and educate Chicagoland about the needs, challenges, strengths and resources in our local LGBTQ communities and; 3. Provide exposure and information about challenges, strengths and resources of the Chicagoland LGBTQ community Over 2,000 LGBTQ Chicagoans contributed data to this needs assessment. Participating individuals represented a broad diversity of demographic backgrounds with regard to gender identity, sexual orientation, race, age, socioeconomic status, residential area, and disability status. Data was collected over a fifteen-week field period using a participatory action research model and a snowball sampling method. Three data collection tools were used including an online survey ; community dropboxes with data cards and focus groups This presentation explores the quantitative and qualitative analyses of the data collected through each tool. Across data collection tools, several recurring themes emerged. The following were identified as seven key themes: 1. Inequities within the LGBTQ population 2. High-quality, affordable, culturally responsive, comprehensive health care 3. Employment/underemployment and equity in the job market 4. Support accessing quality human and government services 5. Community safety and violence prevention for all 6. Affordable housing and gentrification 7. Resilience and capacity of a participatory, intersectional LGBTQ community The conclusion of this presentation offers funding recommendations based on the themed experiences and feedback for assessment participants.

Video link: https://uofi.box.com/s/858caff6h8og6c43b1jt9clsqv3qs3ga

The Intersection of Transgender and Gender-Diverse Identity and Neurodiversity: An Exploratory Study and Application of Minority Stress Theory

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Drawing on minority stress and intersectionality theory frameworks, this study investigated how multiple forms of oppression impacted undergraduate transgender and gender-diverse (TGD) students with neurodiverse identities (i.e., neurodevelopmental disorder and/or learning disability). This study extends the dearth of literature on these individuals and communities by focusing on distal (i.e., gender-related discrimination, gender-related rejection, neurodevelopmental and learning disability discrimination) and proximal (i.e., internalized transphobia, stigma consciousness) stressors as well as the mental health (i.e., psychological distress), college self-efficacy, resilience, grade point average. Latent profile analysis was used to examine how patterns of stressors clustered among the sample (N = 190). The analysis revealed four distinct clusters: class 1 (low minority stress, n = 59), class 2 (medium stress, n = 56), class 3 (high minority stress, n = 43), and class 4 (medium minority stress, n = 32). Class membership was associated with various demographic covariates: diagnosis, gender identity, race, income, disclosure of TGD and neurodiverse identity, and use of LGBTQ and disability student services/centers. Multinomial logistic regression analyses showed that psychological distress, college self-efficacy, and grade-point average (GPA) predicted class membership. Specifically, higher psychological distress, lower college self-efficacy, and lower GPA corresponded with a higher odds of being in class 2, 3, and 4 when compared to class 1. These findings point to minority stress and intersectional considerations that may be fruitful for prevention and intervention efforts to improve the psychological well-being an academic success of this population.

Video link: https://youtu.be/nl_tGmp4reQ

LGBTQ Older Adults in Long-term Care Settings: Evidence-based Recommendations to Inform Best Practices

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Abstract Background: Lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults are more likely to live alone and have less familial support, which disproportionately contributes to a reliance on long-term care facilities as they age. Best-practice guidelines supported by scholarly literature to care for LGBTQ older adults in long-term care settings do not exist. This review synthesizes literature about LGBTQ older adults in long-term care facilities and provides recommendations for best practice guideline development. Methods: Four electronic databases (PubMed, CINAHL, Scopus, and LGBT Life) were searched in June 2019 for studies conducted between 2000 - 2019 related to caring for LGBTQ older adults in long-term care settings. An integrative literature review was completed on the twenty eligible studies of qualitative, quantitative, and mixed-methods study designs. Results: LGBTQ participants fear discrimination in long-term care which leads to the invisibility of their identities. They recognize a need for increased staff training and the importance of LGBTQ community networks and facility preferences. While most prefer to age-in-place, if circumstances required them, LGBTQ individuals strongly prefer LGBTQ or LGBTQ-friendly long-term care facilities. Women prefer women-only settings, rather than LGBTQ-focused. Long-term care staff have mixed experiences with inclusive practices and complex views of LGBTQ older adults. They were unsure whether they had LGBTQ residents within their facilities and believe that treating all residents the same was a best practice. Long-term care staff experience training deficits and have a need for more expansive training modalities, like storytelling and direct contact with LGBTQ individuals to change attitudes and knowledge. Conclusions/Implications: The recommendations offered by both LGBTQ participants and long-term care staff are to revise policies and forms as well as provide widespread training and education to staff at all levels of the organization. LGBTQ participants recommend that their unique identities be recognized within long-term care, rather than being treated as all the same. Long-term care staff recommend leadership involvement to change a facility's culture and practice. This review provides evidence-based recommendations to promote equitable healthcare to the LGBTQ older adult population and calls to attention the need for long-term care settings to uniformly follow best-practices.

Video link: https://app.box.com/s/5o2ogljs98rov9c4svipr3p1tkwicl4z

Age differences in the associations between outness and suicidality among LGBTQ+ youth

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Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth are at increased risk for suicidality compared to their heterosexual and cisgender peers, and outness (the extent to which an individual is open about their LGBTQ+ identity to others) is an important correlate of suicidality. However, previous research has led to mixed findings regarding whether outness functions as a risk or protective factor for suicidality, and the available evidence suggests that age may play an important role. As such, the goal of the current study was to examine whether the associations between outness and suicidality differed between LGBTQ+ adolescents (ages 12-17) and emerging adults (ages 18-24). The analytic sample included 475 LGBTQ+ youth who completed an online survey after contacting a national, LGBTQ+ crisis service provider. Results indicated that age significantly moderated the association between outness and suicidal ideation, such that greater outness was significantly associated with greater suicidal ideation for adolescents, but not for emerging adults. In contrast, age did not significantly moderate the associations between outness and likelihood of a past suicide attempt or perceived likelihood of a future suicide attempt. However, the main effect of outness was significant in both models, such that greater outness was significantly associated with a greater likelihood of a past suicide attempt and a greater perceived likelihood of a future suicide attempt. These findings suggest that the associations between outness and suicidality among LGBTQ+ youth may depend on age as well as the dimension of suicidality (ideation versus attempt).

Video link: Email the authors for additional study information

Exploring the Associations Between COVID-19 Stressors & Perceived Cognitive Functioning among LGBTQIA+ Adults

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Background: Recent studies have found that more marginalized groups like people of color and LGBTQIA+ individuals are more likely to test positive for COVID-19 and experience more severe COVID-19-related morbidities. Compounding these health disparities, LGBTQIA+ individuals are experiencing heightened levels of psychosocial stressors during the pandemic, such as unemployment, financial instability, food insecurity, isolation, and loneliness. Less is known about potential impacts of the pandemic on cognitive functioning, as well as whether pandemic-related psychosocial stressors may worsen perceived cognitive functioning among LGBTQIA+ adults. Methods: In April 2020, 2400 participants from all 50 states and the District of Columbia completed an online survey about COVID-19 behaviors, health, and stressors. In September, a follow-up was conducted among over 1300 participants that included questions about perceived cognitive functioning. Descriptive statistics describe overall perceived cognitive functioning (PROMIS®; higher scores indicate better perceived cognitive functioning) and COVID-19 related factors. Associations were tested using bivariate and multiple regression models. Results: The mean age of participants was 39.3 (SD = 13.0; range: 18-83), 11% identified as BIPOC (black, Indigenous and people of color), and over 40% identified as LGBTQIA+. LGBTQIA+ adults were more likely to report worse past-7-day perceived cognitive functioning (M = 48.2) compared to non-LGBTQIA+ adults (M = 51.3, p <0.001). LGBTQIA+ adults were also more likely to report higher levels of current stress, hopelessness, and depressive symptoms compared to non-LGBTQIA+ adults. Participants who reported more COVID-19 stressors were more likely to report worse perceived cognitive functioning. Discussion: To our knowledge, this is the first study of the potential implications of the pandemic and associated stressors on cognitive functioning among LGBTQIA+ people. Our findings suggest poorer perceived cognitive functioning during the pandemic among LGBTQIA+ compared to cisgender heterosexual adults. Further, worsened cognitive functioning appears to be associated with higher levels of pandemic-related-stressors, particularly among LGBTQIA+ adults. Future research and interventions aimed at reducing stressors and bolstering resiliencies during the COVID-19 pandemic may be especially important for LGBTQIA+ populations.

Video link: Email the authors for additional study information

Medical Mistrust, HIV Risk Perception, & HIV Sexual Transmission Risk Behaviors in Latinx Sexual Minority Men

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Background: Past research has shown that medical mistrust has been consistently associated with lower engagement in medical care, including HIV prevention and treatment. However, little is known about the association between medical mistrust and: 1) HIV risk perception; and 2) HIV sexual transmission risk behaviors. This paucity in the literature is particularly notable amongst Latinx sexual minority men (SMM), an at-risk group for acquiring HIV. Methods: The current cross-sectional study examined the association between medical mistrust (measured via the Group Based Medical Mistrust Scale) and: 1) HIV risk perception; and 2) the number of condomless anal sex (CAS) male partners in the past 3 months, among a sample (N = 151) of HIV-negative young Latino SMM (Mage = 24.17; SD = 3.18) recruited from Southern California. Results: Participants with 1+ CAS partners scored significantly lower on medical mistrust (M = 28.8) than those with 0 CAS partners (M = 33.1; Cohen's d = 0.58). Additionally, greater medical mistrust was significantly associated with higher HIV risk perception (β = 0.359). Conclusions/Implications: These results indicate that those with higher medical mistrust perceive themselves to be at higher risk for acquiring HIV and may explain why they are less likely to report CAS partners (as they see themselves as at-risk). These results are consistent with the health belief model, which explains that individuals tend to protect themselves when they believe they are at a higher risk of developing an illness. Lastly, further research is needed to understand to what extent HIV risk perception and CAS partners may impact this population's engagement in the medical system.

Video link: https://drive.google.com/drive/folders/1Iyx0rsM9NCQll2IxAiKOTptpfU503ZUn

Sexual orientation, adulthood functioning outcomes and trajectories of borderline personality disorder symptoms from adolescence to young adulthood

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Background Sexual minorities have higher rates of borderline personality disorder (BPD) than heterosexuals. Early-onset BPD diagnoses have multifinal outcomes, ranging from persistent course to complete remission. Few studies have investigated trajectories of BPD symptoms, and fewer still have examined the potential role of sexual minority status. To address these gaps, the aims of present study were to: (1) identify trajectories of BPD symptoms within a sample of youth designated female at birth; (2) examine the role of sexual orientation; and (3) characterize adulthood social functioning, and psychological well-being across trajectories. Methods The data for this study were drawn from the Pittsburgh Girls Study (PGS), an ongoing longitudinal, community-representative study of 2,450 participants recruited at ages 5-8 years. Sexual orientation indices included identity, attraction, and partnering measured from ages 14-22 years. Indices were consolidated using latent class analysis, yielding three groups: exclusively heterosexual (n=1140; 59.2%), mostly heterosexual (n=748; 32.3%), bisexual (n=319; 13.8%) and gay/lesbian (n=110; 4.7%). Participants completed the International Personality Disorder Examination BPD (IPDE-BOR) screening measure annually from ages 14-20. Social functioning at age 20 was assessed using the Inventory of Interpersonal Problems Short Circumplex (IIP-SC), McGill Friendship Questionnaire (MCFQ), and Dyadic Adjustment Scale (DAS). Psychological well-being was measured by the Flourishing Life Scale (FLS) and Scale of Life Satisfaction (SLS). Latent growth class analysis (LGCA) identified BPD trajectories. BPD symptom trajectory groups were compared on sexual orientation, social functioning and psychological well-being, using one-way ANOVA for continuous variables and Chi-square tests for categorical variables. Results The lifetime rates of reporting IPDE-BOR above the clinical threshold differed significantly by sexual orientation. Four LGCA trajectories emerged: low (n=1345; 57.3%), chronic (n=305; 13.0%), elevating (n=412; 17.6%) and remitting (n=286; 12.2%). Sexual orientation groups were differentially distributed across these four trajectories. Two-thirds of heterosexuals had a low BPD symptom trajectory compared to one-third of bisexuals. Approximately a quarter of bisexual and gay/ lesbian participants had increasing BPD trajectories compared to approximately one-sixth and one-tenth among mostly heterosexual and heterosexual participants, respectively. Adulthood outcomes of trajectory groups significantly differed in all areas of social functioning and psychological well-being except for friendship. Outcomes in these domains were similar between the low and remitting groups. The elevating and chronic groups were also similar to each other. Generally, low and remitting group members had more positive outcomes in these domains than those in the chronic and elevating trajectories. Conclusions/Implications In this representative sample of youth, we identified four distinct trajectories of BPD symptoms from adolescence to young adulthood: low, chronic, remitting, and increasing. Groups differed in sexual orientation, social functioning, psychological well-being, and employment. As sexual minority populations are overrepresented in chronic and elevating trajectory groups, future research should evaluate strategies to identify early risk among youth and to facilitate positive mental health trajectories.

Video link: Email the authors for additional study information

Association Between Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQ) Inclusive Sex Education and Adverse Sexual Health Outcomes

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Background: Many youth engage in risky sexual behavior and face adverse sexual health outcomes, such as unintended pregnancy and sexually transmitted infections (STIs). Comprehensive sex education that is developmentally appropriate and medically accurate has been instrumental in minimizing these outcomes, but it traditionally fails to provide relevant information for and about youth who identify as lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ). LGBTQ inclusivity in schools has been shown to decrease adverse outcomes in mental health and bullying among LGBTQ students, however, there has been no research on whether LGBTQ inclusivity specifically affects sexual health outcomes. This study aimed to evaluate state policies for LGBTQ inclusion in school-based sex education and to examine its association with rates of adverse sexual health outcomes among LGBTQ high school students. Methods: This cross-sectional study conducted a comprehensive review of state-level policies related to school-based sex education. Policies were categorized based on their LGBTQ inclusivity. State-level data on six adverse sexual health outcomes by sexual identity were compiled from CDC's 2017 Youth Risk Behavior Survey: being physically forced to have sex, experiencing sexual dating violence, ever having sex, having sex for the first time before age 13 years, using a condom during sex, and not using any method to prevent pregnancy during sex. Quantitative analysis tested whether lesbian, gay, and bisexual (LGB) youth experienced lower rates of adverse sexual health outcomes in states with LGBTQ inclusive policies. Results: The policy review revealed a wide variation of school-based sex education policies across states. Twenty two states incorporated LGBTQ topics in their policies; out of those, 11 were inclusive. State-level policies that support LGBTQ inclusive sex education were associated with lower rates of early sexual intercourse and forced sexual intercourse among LGB youth in those states ($p < 0.05$). Conclusions/Implications: LGBTQ inclusivity in school-based sex education provides information and resources that is essential for LGBTQ students to engage in healthy sexual behaviors. These findings support the need for consistent sex education policies that ensure LGBTQ inclusive sex education across states to improve the health of LGBTQ youth. Policies and interventions at the state and school level can support improved sexual health outcomes among LGBTQ youth.

Video link: Email the authors for additional study information

The Effect of Living Arrangements on Educational and Mental Health Outcomes of LGBTQ College Students

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For many LGBTQ college students, the COVID-19 pandemic has had significant effects on their educational and mental health outcomes. This study examines data collected from a national survey of LGBTQ college students (N = 565). Educational outcomes measured included attended classes remotely, classes cancelled, accepted a pass/fail or credit/no credit for a course, grades suffered, dropped classes, dropped out, or failed a class as a result of the pandemic. In addition, we also assessed the result of the pandemic on their ability to access LGBTQ+ affirming health care during the pandemic, including primary care, sexual health care, gender affirming hormone therapy, and mental health care. A variety of mental health related outcomes including racism, family rejection, LGBTQ victimization, internalized transphobia, internalized homophobia, and identity concealment were measured as well as alcohol and other substance use. Moreover, the effect of living arrangement (never lived on campus, lived on campus but left as a result of the pandemic, or remained on campus during the pandemic) on educational and mental health outcomes were examined. We found students who remained living on campus were less likely to accept a pass/fail or credit/no credit and less likely to experience family rejection, internalized transphobia, and identity concealment as a result of the pandemic. Additionally, students who never lived on campus were more likely to report difficulty accessing LGBTQ-affirming health care, mental health care, and sexual health care. Findings related to substance use were mixed with students living on campus reporting increases in recreational marijuana and cocaine use while students who never lived on campus reporting increases in alcohol and tobacco use.

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Attitudes toward Blood Donation and Deferral Policies Amid the COVID-19 Pandemic

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Background Public policies that stereotype and marginalize people in the lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) community can perpetuate structural and institutional biases. These biases have been shown to contribute to persistent LGBTQ health disparities and pose disproportionate burden on LGBTQ individuals. One public policy that differentially impacts LGBTQ individuals is a blood donation deferral recommendation imposed by the United States Food and Drug Administration (FDA). This FDA policy began with a lifetime ban on blood donations from men who have sex with men (MSM) in the 1980s; in 2015, it was revised to a 12-month deferral period since MSM's last sexual activity. The coronavirus disease 2019 pandemic created an urgent need for blood products; hence, the FDA shortened the deferral period to 3-months since MSM's and their sexual partners' last sexual encounter. Scientific advancements in blood screening and safeguards against blood transfusion related HIV infection have made this policy redundant. Understanding public opinion on these policies can inform ways to reduce structural anti-LGBTQ bias and promote health equity. Yet, the public's awareness and support of the deferral policy are unclear.   Method United States community adults (N=829, Mage =46.83, 50.3% women) who identified as LGB (9.5%) and heterosexual (90.2%) were recruited online through Qualtrics Panel in April of 2020. Respondents rated their awareness and approval of the 2015 and 2020 FDA blood donation deferral policies. Respondents also indicated their attitudes toward blood donations from people across sexual orientations and gender identities. We examined the sample's attitude ratings and conducted exploratory t-tests to compare responses from LGB and heterosexual participants.   Results Many participants were uninformed about the existence of FDA's blood donation deferral policies. Participants generally reported positive attitudes toward receiving blood from heterosexual donors. By contrast, participants reported neutral attitudes toward receiving blood from LGBTQ donors. Participants believed that the 2020 policy revision was motivated by an increased demand for blood donations amid the coronavirus pandemic rather than an intent to reduce anti-LGB discrimination. Relative to LGB participants, heterosexual participants were less willing to receive blood from LGBTQ donors ($t(825) = -3.33$, $p < .001$), more likely to endorse the FDA's 2015 deferral policy ($t(825) = 5.37$, $p < .001$) and 2020 deferral policy ($t(825) = 2.52$, $p = .012$). Heterosexual participants were less likely than LGB participants to believe the 2015 policy ($t(825) = -5.34$, $p < .001$) and 2020 policy ($t(825) = -4.13$, $p < .001$) to be discriminatory against MSM.   Conclusions/Implications Study findings can provide a foundational understanding of how LGB and heterosexual individuals in the United States think about governmental regulations on blood donations from donors across sexual and gender identities. Findings suggest that LGB individuals consider the FDA's blood donation deferral policy to be unfair and stigmatizing. Considering public policies to constitute a type of minority stressor, current results can inform how the FDA's blood donation policies may sustain systemic anti-LGBTQ bias and contribute to health disparities. Future research should examine these policies as a stressor that may adversely impact LGBTQ health.

Video link: https://smu.box.com/s/b101hj5w5wr2xprc8qjy6yv7y1msumlx

Minority Stress Experiences by Partner Gender among Bi+ Women in Romantic Relationships

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Background: Sexual minorities face chronic stress arising from societal stigma against people with non-heterosexual identities (i.e., minority stress; Meyer, 2003). In addition, bi+ individuals experience unique stressors (e.g., antibisexual experiences, bi-erasure, exclusion from the LGBTQ community), which are theorized to put them at especially high risk for mental health problems (Ross et al., 2018). A growing body of research suggests that, among bi+ women, there is variability in these experiences of minority stress (e.g., Dyar et al., 2014; Molina et al., 2015). An important factor that may influence bi+ women's exposure to minority stress is with whom they are partnered. Bi+ women describe that their sexual identity is often incorrectly inferred based on the gender of their current romantic partner (i.e., people will assume they are lesbian if they are in a relationship with a woman or straight if they are in a relationship with a man; Hequembourg & Brallier, 2009; Ross et al., 2010). In this study, we assessed whether partner gender is associated with eight different experiences of minority stress. Method: A sample of 302 bi+ women reported on the gender of their current partner (recoded into three groups: male, female, and gender minority [GM] partner). Participants also completed measures of minority stress (sexual orientation-based discrimination, relationship marginalization, identity concealment, rejection sensitivity, internalized stigma, antibisexual experiences, bi-erasure, and exclusion from the LGBTQ community). Associations between partner gender and minority stressors were assessed using separate one-way ANCOVAs with the Bonferroni correction ($p < .006$), controlling for race, sexual identity, education, and relationship length. Results: Results indicated that participants with female partners experienced the most sexual orientation-based discrimination, relationship marginalization, and antibisexual experiences, followed by those with GM partners, then those with male partners. In contrast, participants with male partners reported more identity concealment and exclusion from the LGBTQ community than those with female or GM partners. There were no significant differences in rejection sensitivity, internalized stigma, or bi-erasure by partner gender. Conclusions: These findings can inform how clinical interventions should be tailored to meet the needs of bi+ women. Specifically, bi+ women in relationships with women or GM individuals may benefit from strategies to cope with their more frequent exposure to overt acts of discrimination and relationship marginalization. On the other hand, bi+ women in relationships with men may benefit from resources to help them feel more connected to the LGBTQ community and empowered to be open about their sexual identity. Current partner gender may be a less important consideration when targeting the effects of minority stressors that are more proximal to the self and emotional in nature.

Video link: https://www.dropbox.com/s/sri9to2rwus2lrk/Godfrey_LGBTQHposter.mp4?dl=0

Eating Disorder Diagnosis, Chronicity, and Related Outcomes by Sexual Orientation and Gender Identity in a National Sample of College Students

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Background: Population data indicate that sexual and gender diverse (SGD) college students are at higher risk for eating disorders (EDs) and psychiatric comorbidities compared to their cisgender, heterosexual peers. However, few studies have characterized the clinical profiles of college students at-risk for EDs by sexual orientation and gender identity. In a national sample of college students, the current study aimed to: 1) examine differences in probable diagnoses of EDs (i.e., anorexia nervosa (AN), clinical/subthreshold bulimia nervosa (BN), or binge eating disorder (BED)) and weight and shape concerns by sexual orientation and gender identity, and 2) examine differences in ED chronicity and probable comorbid psychiatric diagnoses by sexual orientation and gender identity. Methods: Students across nine U.S. universities completed an online screener for DSM-5 clinical or subthreshold ED diagnoses, comorbid depression and anxiety disorders, and self-reported ED chronicity. Self-reported sexual orientation and gender identity were also collected. Tukey-corrected logistic and linear regressions examined differences in outcomes separately by sexual orientation and gender identity, adjusting for age, race, and ethnicity. Results: A total of 8,531 students (24% sexually diverse (SD); 2.7% gender diverse (GD)) were studied. Students who identified as bisexual or other sexual orientation reported significantly greater odds of a probable ED diagnosis and greater elevations in weight and shape concerns compared to heterosexual students. Cisgender female students and GD students reported significantly greater odds of a probable ED diagnosis and greater elevations in weight and shape concerns compared to cisgender male students. Some SD students and GD students who met criteria for probable EDs were also more likely to report chronic ED symptoms and probable comorbid psychiatric diagnoses compared to heterosexual students and cisgender males, respectively. Conclusions/Implications: Cisgender female students and some SGD students were at heightened risk for EDs and related outcomes. Study findings highlight the need to identify mechanisms that contribute to ED disparities and leverage screening and prevention strategies on college campuses.

Video link: https://wustl.app.box.com/s/a0rgidfx2uzn7kcfzx5f9e4whvkvl5si

Comparing emotional regulation, jealousy, and intimate partner violence with sexuality at the onset of COVID-19

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Background: Prior research indicates that sexual minorities suffer from higher rates of depression, anxiety, and substance abuse than their heterosexual counterparts. There are many different sources of these differences, including discrimination, self-esteem, acceptance from others, and many other factors. We sought to extend this idea to understand how emotional regulation, jealousy, and IPV among sexual minority individuals compared to heterosexual individuals. Method: Participants included 214 Qualtrics Panel respondents who completed a survey between April and May 2020. This study compared Lesbian Gay and Bisexual (LGB) participants to a matched sample of heterosexual participants (matched by age and gender). Participants completed an online study asking about their overall demographic characteristics, alcohol use, and stress concerning COVID-19. Results: Sexual minority individuals have a significantly more difficult time regulating emotions and reported higher jealousy than heterosexual individuals. There were marginally significant results indicating that sexual minorities suffer from more IPV than their heterosexual pairs. Lessons Learned: Results for emotional regulation and jealousy provided support for hypotheses. However, the IPV data was not significant as expected. The differences between the sexual minority and heterosexual individuals may be more likely to emerge with a larger sample. COVID-19 may exacerbate the already elevated stress experienced by sexual minorities. Future studies are encouraged to increase their sample size to ascertain more significant results to determine the need for tailored LGB community resources. Keywords: LGB, sexual minority, emotional regulation, jealousy, IPV, COVID, pandemic Word count (abstract only): 224

Video link: http://youtu.be/hpuwp0CHPRY?hd=1

LGBTQ mental health outcome differences: Comparisons between sexual minorities and gender minorities

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Background: It is well documented in past literature that the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community faces higher mental health disparities compared to the cisgender, heterosexual population. Throughout this abundance of data, LGBTQ people are often studied as a uniform group despite being a heterogeneous population with similar but unique subgroup minority stressors. Further, the few past studies comparing health outcomes between sexual and gender minorities (i.e., binary transgender and nonbinary and genderqueer (NBGQ) minorities) have come from locations with many LGBTQ legal protections and present conflicting results. Methods: A self-reporting, cross-sectional survey was distributed by community organizations to the LGBTQ population of a Midwest state with very limited LGBTQ legal protections. Survey items consisted of demographics (i.e., age, gender identity, education, income, race/ethnicity, relationship status, and sexual orientation), experiences with victimization within social and occupational services, and health outcomes (i.e., having an anxiety diagnosis, feeling anxious most days, having a depression diagnosis, feeling depressed most days, having a disability, overall health, attempting suicide ever, and having considered attempting suicide in the past year). Logistic regressions, adjusting for dichotomized demographic variables, were analyzed to identify significant differences in health outcomes by gender identity. Results: A total of 631 LGBTQ people completed the survey. Majority were middle-aged (M=39.37, SD=13.83), cisgender sexual minorities (82.4%), monosexual (60.0%), White/Caucasian (86.8%), had a college degree or above (76.4%), earned more than $10,000 per year (94.4%), and were in a relationship (75.3%). When comparing cisgender sexual minorities and gender minorities, regression models were significant for all health outcomes. Gender identity was a significant predictor in most models, except having an anxiety diagnosis (p=0.396) and anxiety symptoms (p=0.052). Compared to cisgender sexual minorities, gender minorities were a multitude (range 1.7 to 4.1) more likely to report health outcomes. When comparing transgender minorities and NBGQ minorities, gender identity was no longer a significant predictor for any health outcome. Conclusion: In the absence of LGBTQ legal protections, sexual and gender minorities face high rates of mental health conditions. Furthermore, gender minorities experience substantially higher rates of stigma and discrimination than their sexual minority counterparts, which likely contributes to higher mental health disparities. Gender minorities are a particularly vulnerable population with unique minority stress, which is critical to consider when providing proper care to these individuals. Mental health providers should be aware of these disparities and engage in LGBTQ cultural competency training to better understand these unique associations and their treatments.

Video link: Email the authors for additional study information

Eating disorder symptomatology in transgender patients: Differences across gender identity and gender affirmation

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Background: Previous understanding of eating disorder (ED) psychopathology in transgender populations has primarily relied on many case reports and few cross-sectional studies, which suggest a higher prevalence of ED compared to cisgender populations. No known studies have assessed ED symptomatology as a function of gender affirmation (i.e., hormone treatments and/or gender affirmation surgeries) and health determinants (such as anxiety, depression, and weight). Methods: Between June 2017 to July 2018, transgender patients completed a survey which consisted of the general anxiety disorder-7 (GAD-7), patient health questionnaire-9 (PHQ-9), and eating disorder examination questionnaire (EDE-Q). Body mass index (BMI), hormone treatments, surgeries, and past ED diagnoses were also obtained. Multivariate analyses of covariance were conducted with groups (based on gender identity and gender affirmation) and demographic variables (i.e., ethnicity/race and past ED diagnosis) as independent variables, other variables (i.e., age, BMI, GAD-7, and PHQ-9) as covariates, and EDE-Q scales (i.e., Global Score, Restraint, Eating Concern, Shape Concern, and Weight Concern) as dependent variables. Results: Of 166 patients, respondents were transgender women (52.4%) or transgender men (47.6%), middle-aged (M=31.11, SD=13.05), Caucasian/White (71.1%), overweight (BMI=30.05), and had mild anxiety (GAD-7: M=5.61, SD=4.93), mild depression (PHQ-9: M=5.92, SD=5.59), and a past ED diagnosis (13.9%). Many were hormone-experienced (68.7%); some were surgery-experienced (18.1%). EDE-Q scores were similar to previous cisgender community sample norms and lower than transgender community sample norms. Similar to many community sample norms, shape concern was the highest subscale score (M=2.42, SD=1.60). Compared to transgender men, transgender women reported higher EDE-Q scores, with significantly higher Eating Concern (p=0.039). Compared to hormone-experienced/surgery-naïve patients, hormone-/surgery-experienced patients reported lower EDE-Q scores, with significantly lower Shape Concern (p=0.029) and marginally lower Global Score (p=0.051) and Weight Concern (p=0.057). Conclusion: Despite a high prevalence of past ED diagnoses, transgender patients have similar EDE-Q scores to previous cisgender community sample norms. In particular, transgender women report higher EDE-Q scores. Additionally, transgender patients who undergo gender affirmation surgery have lower EDE-Q scores. Coupled together, ED psychopathology may be over-diagnosed within the transgender patient population. Future studies are required to determine the longitudinal effects of hormone treatment and gender affirmation surgery on ED psychopathology.

Video link: Email the authors for additional study information

Multicenter evaluation of healthcare professional students' LGBT cultural competency

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Background The prevalence of many health conditions is a magnitude higher in the lesbian, gay, bisexual, and/or transgender (LGBT) population as compared to the heterosexual population. While there is some research to suggest that some healthcare specialties are lacking in LGBT cultural competency, there is a paucity of data regarding many different types of professional specialties and their comparisons. Methods A 29-item self-reporting, anonymous, cross-sectional survey was distributed to healthcare professional students at three different universities across the country between July and December 2019. Survey items included demographics, experiential items, and the LGBT-Development of Clinical Skills Scale (LGBT-DOCSS), a 7-point Likert, 18-item three-factor structure (Clinical Preparedness, Attitudinal Awareness, and Basic Knowledge), interdisciplinary clinical self-assessment for healthcare providers. Results A diverse pool of healthcare students (N = 1701) completed the survey. Students reported, on average, caring for a wide range of LGBT patients per year (lowest dental: M = 0.56, SD = 1.45; highest physician assistant: M = 7.58, SD = 17.81) and receiving a wide range of LGBT curricular education per year (lowest occupational therapy: M = 0.50, SD = 0.75; highest social work: M = 5.64, SD = 36.60). Additionally, there were differences in the overall LGBT-DOCSS (lowest dental: M = 4.74, SD = 0.89; highest social work: M = 5.38, SD = 0.74) and Clinical Preparedness (lowest occupational therapy: M = 3.41, SD = 1.11; highest medical (M = 3.82, SD = 1.24), physical therapy (M = 3.82, SD = 1.05), and social work (M = 3.82, SD = 1.27)), Attitudinal Awareness (lowest dental: M = 5.78, SD = 1.36; highest social work: M = 6.72, SD = 0.57), and Basic Knowledge (lowest dental: M = 4.67, SD = 1.35; highest social work: M = 5.74, SD = 1.05) subscales. Conclusions This is the first study to compare the LGBT cultural competency of many different types of healthcare professional students across multiple universities. These students reported high affirming attitudes. Moderate level of clinical skills and preparedness may be reflective of significant curricular shortcomings. Future efforts should heavily consider increasing LGBT patient contact hours and educational hours in order to enhance healthcare students' cultural competency in the provision of care, treatment, and services to the LGBT population.

Video link: Email the authors for additional study information

The Effects of COVID-19 on gay and bisexual prostate cancer patients: Results from the restore-2 study

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Background: Prostate cancer is the most common invasive cancer among gay and bisexual men. Restore-2 (PI: Rosser) is an ongoing 5-year, NCI-funded, randomized controlled trial testing the effects of a pharmaco-behavioral, urinary and sexual rehabilitation program tailored to gay and bisexual prostate cancer patients. We introduced a COVID survey to evaluate the potential effects of COVID on participants and on the integrity of the randomized controlled trial. Methods: In June 2020, 401 Restore-2 participants in the US received a 20-item online survey assessing the effects of COVID-19 on participants' lives, treatment, rehabilitation, and sexual behavior. Most response items used 5-point Likert scales (1=not-at-all; 5=extremely). In all, 328 (81.8%) participants returned surveys. Results: 1. COVID Infection: 10.4% participants stated they had been diagnosed with or had symptoms of COVID; 4.3% had a partner(s) with COVID, while 46.3% had someone close to them get COVID. This left 50.3% who stated they did not personally know someone with COVID. 2. Life effects: Most (69.8%) stated COVID had disrupted their lives "quite a bit" or "extremely."' 83.8% endorsed that their interactions with others were significantly reduced, 67.6% worried about the effects on their community, 44.8% worried about the danger to their health, and 25.5% worried about the financial effects. 3.

Treatment effects: 53.6% stated there has been a change to their medical care. Effects included rescheduling of appointments (26.2%), interruption in prescriptions being filled (14.6%), indefinite postponement of treatment (3.1%), while 3.1% stated that they had to switch doctors, and 1.8%, clinics. Regarding rehabilitation, 46.4% were less or much less motivated, 46.8% as motivated, and 6.8% more or much more motivated. 4. Sexual effects: Two-thirds (64.0%) endorsed that COVID had impacted their sex life. One-third (35.4%) endorsed they had more, and 12.5% less, solo masturbation; 3.7% said they had more, and 11.9% less, sex with their partners; while 1 (.03%) said he had more and 22.6% less sexual partners. 5. Qualitative comments revealed a common pattern of increased isolation leading to depression and anxiety, which decreased motivation, resulting in less sex with others and less follow-up care (e.g., PSA checks, clinic visits). Benefits identified were increased intimacy with husbands/boyfriends, children, and pets; more home project time (e.g., cooking, gardening); decreased work stress with more productivity; an increased concern for others (and social justice); more and improved masturbation; more communication (by phone or zoom), and increased gratitude. 6.

Trial effects: We detected no significant differences between treatment arms on any of the COVID questions. Conclusions/Implications: These results are consistent with COVID-19 increasing the disparities sexual minority men in prostate cancer treatment experience. Greater isolation, anxiety, fear of and difficulties accessing treatment, less sex with others, and less motivation for rehabilitation are likely to exacerbate existing disparities and ultimately, prostate cancer treatment outcomes. Increased intimacy with a primary partner and masturbation were the main sexual benefits. During the pandemic, clinicians are recommended to ask specifically about the effects of COVID on each of these key variables of interest.

Video link:
https://drive.google.com/file/d/1FGqcTsXIuzYcraQyxfFJgtQhS0bBFiLT/view?usp=sharing

Hooking Up As a Pathway for Sexual Identity Development

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Casual sex, making out, and intercourse without the expectation of commitment are all deemed as hooking up. While previous research has identified multiple motives for hooking up (e.g., pleasure), some evidence suggests that young people hook up or engage in casual sex to explore their sexuality (Stinson 2010). This exploration may facilitate the process of sexual identity development for LGBTQ young people (Watson, Snapp, & Wang, 2017). In this study, we examined a range of hookup experiences among LGBTQ young people Participants were recruited using a variety of methods including: a) the undergraduate Psychology research pool, b) flyers posted on campus and in nearby coffee shops, and c) social media message boards and email groups for local LGBTQ organizations. Interested participants contacted our lab, and research assistants (RAs) scheduled and conducted the interviews. There were a total of 21 participants from the central coast of California. Due to campus restrictions as a result of Covid-19, we only had access to 16 of the interviews for transcription and coding. Interviews were uploaded into NVivo, and a codebook was created to identify themes within the study. For the purposes of this analysis, all quotes related to sexual identity formation were examined. Two RAs coded the interviews and calculated inter-rater reliability to ensure agreement was 90% or above. Out of the 16 participants, 25% identified as lesbian, 18% as bisexual, 18% pansexual, 12% as asexual, 12% gay, 0.6% queer, 0.6% as straight, and 0.6% questioned their identity. Thirty-one percent identified as cis-female, 25% identified as cis-male, 25% gender queer/ gender fluid, and 12% as non-binary. As anticipated, hooking up helped some young people understand and accept their sexual identity. One gay cis-male stated, "...I have started accepting myself ...because I know that I have tried multiple time to be a straight guy but I cannot." Another participant shared a similar sentiment: "I was exposed to more people and a wider variety of genders, [and] I realized that I was not bisexual. I didn't just find attraction to men and women...I was attracted to trans-women, and ya know other kinds of people" (pansexual cis-female). For a gender-queer pansexual participant, their decision to utilize a particular sexual identity label was complicated by a concern of being stereotyped. "I feel like I was kind of catering to the stereotype...I tell people I'm bi cause that's easier than talking about pansexuality." Our results illustrate that hooking up may be a pathway to sexual identity development. As a result, sexuality education could include conversations about how to navigate their emotional and physical health through the process of identity development.

Video link: Email the authors for additional study information

HIV Disclosure Continuum: Behavioral Health Intervention to Move from Fear to Empowerment

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Background: HIV status disclosure for young men who have sex with men (YMSM) can involve complex individual, interpersonal, and social implications. We developed "Tough Talks" as an mHealth intervention that utilizes artificially intelligent (AI)-facilitated role-playing disclosure scenarios and interactive self-efficacy building activities to support disclosure decisions among YMSM. As YMSM used the Tough Talks application, the disclosure scenarios provided opportunities for reflection on their past disclosure experiences, exploration of various disclosure strategies, and ideation about future disclosure intentions. Here we present the psychosocial barriers and facilitators for disclosure decisions that were shared by enrolled YMSM to identify areas for further clinical and behavioral intervention. Methods: Qualitative exit interviews were conducted with a subset of the 143 YMSM with HIV enrolled in a randomized controlled trial testing the impact of the Tough Talks intervention on HIV-related outcomes. The semi-structured interviews addressed prior experiences with HIV status disclosure, impression of the intervention, and recommendations for additional assistance with disclosure. Each interview was audio recorded, transcribed, and thematically coded. The study team designated themes related to the barriers to HIV disclosure, facilitators for making disclosure decisions, and areas for intervention. Demographic data was collected from self-administered, online surveys. Results: 30 YMSM participants with HIV-median age of 24 years old, 10 (30%) identified as Hispanic/Latinx, 15 (50%) identified as Black or African American-completed a Tough Talks interview. Most participants were from the Southern U.S. (90%) and were virally suppressed (76%). Barriers to disclosing HIV status included fear of rejection, HIV stigma, perceived social shame, and limited education about HIV (e.g. U=U) or low confidence to educate others. The fear of disclosing was compounded for those struggling to share their sexuality and perpetuated by previous negative disclosure experiences related to HIV status or sexual orientation. Those who felt more confident with deciding when to disclose, described a sense of relief that they experienced post-disclosure and associated with feeling prepared to have a disclosure conversation. This confidence was in part derived from viewing serostatus disclosure through a lens of service by educating and informing others. In many cases, this led to a sense of 'self-love,' since learning, accepting, and sharing their diagnosis destigmatized the disease. This empowerment has the potential to improve interpersonal connections by decreasing the hesitancy to disclose and to aid in shared HIV health decisions. Tough Talks provided positive reinforcement for disclosure decision-making by presenting HIV health and legal information, exposure to a variety of disclosure practice scenarios, and affirming that individuals have control over the decision to disclose their HIV status. Conclusion: Interventions, including Tough Talks, need to address intersectional stigma (i.e., HIV stigma, heterosexism) and aid in conversation skill building with HIV-related education, resources for YMSM to educate others, and affirmation to support HIV disclosure decision-making in positive feedback processes. Understanding the HIV disclosure continuum, from complex barriers to benefits of being prepared to disclose, can inform interventions and providers that support YMSM with HIV in reaching a place of empowerment and contribute to dismantling societal HIV-related stigma.

Video link: Email the authors for additional study information

HIV "risk" discourse influences the perception and behavior of young sexual minority men and medical providers

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Background: While HIV infection rates have been decreasing across various populations, sexual minority men (SMM) continue to represent a disproportionately high percentage of new diagnoses. Public health models and medical interventions have often failed to consider the impact of reductionist discourse on how SMM interpret, enact, and embody biomedical knowledge in the context of sexual encounters. The aim of this study is to examine SMM's HIV perception of risk and experience within the medical system in order to examine the influence of risk discourse both within and outside of the SMM community. Methods: Semi-structured interviews (n=43) were conducted using a sample of young SMM from diverse socioeconomical, racial, and ethnic backgrounds. Interview domains focused on pre-exposure prophylaxis (PrEP) stigma and feasibility, experiences within the healthcare system, and HIV-related beliefs. Results: The data suggests that HIV risk discourse has powerfully shaped stigma and behavior at a multitude of levels. The stigmatization of behaviors typically defined as "risky" appear to be influenced by three interrelated forces: healthcare provider perceptions of SMM as inherently "risky", community slut-shaming, and identity-based internalized risk, particularly around "top"/"bottom" identities. Notions of risk perpetuated by the healthcare system appear to have impacted participants' self-assessments of HIV risk, which in turn becomes enacted and internalized through sexual health practices and identities, including condom use and PrEP initiation. Conclusions/Implications: Due to the historic and continued mistreatment and misrepresentation that often define SMM's interactions with the healthcare providers, it is paramount to evaluate how risk discourse has influenced this population's perception of risk and in turn sexual behavior. The current study expands on the existing literature on PrEP and HIV stigma while also aiming to take an anthropological and sociological lens to examine SMM's lived experiences in the context of these complex phenomena.

Video link: Email the authors for additional study information

COVID-19 and LGBTQ+ College Student Mental Health: Results from a Longitudinal Cohort Study in the U.S.

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Background: Pandemics and related health emergencies, especially those that involve periods of quarantine ("lockdowns") and/or social isolation, have been associated with increased negative coping behaviors (drinking, substance misuse), anxiety, suicide attempts, and post-traumatic stress and depressive disorders. This longitudinal analysis contributes to a more comprehensive picture of the psychological impacts of COVID-19, comparing lesbian, gay, bisexual, transgender, queer and otherwise not-cisgender, not-heterosexual (LGBTQ+) college students to their cisgender heterosexual (cishet) peers across three timepoints: Spring 2019, Spring 2020, and Fall 2020. Methods: Data are from a large, ongoing longitudinal study on college behavioral health at a mid-Atlantic public university. A series of chi-square tests and t-tests were conducted to test for prevalence rate differences of suicidal ideation and group mean differences of anxiety and depression, between LGBTQ+ and cishet students. Results: The CDC reported in June 2020 that the rates of suicidal ideation among 18-25 year olds had jumped from 7.4% (in an average year) to 25.5%. Our data show this may be misleading; our rates of ideation were similar, until broken down by sexual orientation and gender identity (SOGI), which reveals that LGBTQ+ students (avg. age 20) are 2.5 to 3 times more likely than cishet students (avg. age 20) to report having thought about ending their lives. What's more, while our findings indicate that anxiety and depression levels were lower in Spring 2020 than Spring 2019 (which may have to do with the overall mental health of the students who opted to return for the survey, during an ongoing pandemic, being better than those who did not return), both anxiety and depression worsened between Spring 2020 and Fall 2020. Throughout these time periods, LGBTQ+ students indicated significantly higher levels of both anxiety and depression when compared to cishet students. Conclusions/Implications: Lesbian, gay, bisexual, transgender, queer and otherwise not-cisgender, not-heterosexual (LGBTQ+) young people are particularly at risk for experiencing the mental health-related effects of pandemics and health emergencies. Given that our sample comes from a diverse college student cohort, our recommendations include increasing access to college-based, culturally competent mental health services; utilizing virtual affinity group and peer support networks to scaffold mental health services; and incorporating wellness-based activities into the college classroom for whole person health promotion.

Video link: Email the authors for additional study information

Advance directives for LGBTQ+ clients: Security, affirmation, and self-determination for queer futures

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Through my work providing legal services throughout Cook County as an attorney at the Center for Disability & Elder Law, I have learned through practical experience that the Illinois Power of Attorney for Health Care is a radical tool for self-determination for LGBTQ+ individuals receiving medical care. The Illinois Power of Attorney for Health Care (755 ILCS 45/4) is one proxy advance directive, or a type of legal document that provides written instructions related to health care for an individual in the event the individual is unable to make decisions. Advance directives can take two forms: instruction and proxy. An instruction directive is an advance directive that provides instruction for future care, while a proxy directive provides instructions for future care and appoints an individual (an agent) to carry out these instructions. While advance directives are powerful tools that can communicate patient treatment preferences for individuals broadly, they are especially important tools for the LGBTQ+ community to recognize chosen family, secure gender-affirming care, and receive respect after death. Three points have become apparent across my practice. First, without a power of attorney for health care, the Illinois Health Care Surrogate Act (755 ILCS 40/) statutorily selects a decisionmaker to make decisions for an individual who is unable to, privileging a spouse or nuclear family members over an unmarried partner or chosen family member. The Illinois Power of Attorney for Health Care allows an individual (the principal) to appoint an agent to make medical decisions on their behalf, empowering the principal to select any person to be their decisionmaker, regardless of the heteronormative and cisnormative defaults statutorily directed by the Illinois Health Care Surrogate Act. Second, the Illinois Power of Attorney for Health Care contains a specific section in which the principal can provide specific instructions to their agent around the type of medical care they should receive if they are unable to make decisions. The section allows the principal to "prescribe special rules" (755 ILCS 45/4-10) regarding decisions the agent should make, and can be used to include treatment related to gender-affirming care, even when the principal is unable to communicate. This presentation offers draft language for transgender individuals to ensure that gender-affirming care is provided. Finally, the Disposition of Remains Act (755 ILCS 65/40) specifically provides that an Illinois Power of Attorney for Health Care can include directions pertaining to treatment after death. These instructions can include instructions regarding gender identity, including, but not limited to, instructions with respect to appearance, chosen name, and gender pronouns, regardless of whether the person has obtained a court-ordered name change, changed the gender marker on any identification, or undergone gender-affirming medical treatment. Combined, these capabilities of the Illinois Power of Attorney for Health Care create meaningful possibilities for LGBTQ+ individuals to recognize unmarried partners and chosen family, to direct gender-affirming care and treatment, and to receive respect and affirmation after death. This presentation includes a discussion of who in the LGBTQ+ community should consider advance directives and ultimately concludes that, while especially important for LGBTQ+ elders, especially trans elders, these documents can be powerful tools for any LGBTQ+ individual.

Video link: Email the authors for additional study information

Addressing Gaps in the Substance Use and Infectious Disease Care Continuums: Project ASPIRE (Accelerating Substance use and Psychiatric screening among Individuals at-risk or HIV-infected and facilitated Referral via the Emergency Department)

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Issue: Substance use disorders (SUDs), HIV, and Hepatitis C Virus (HCV) are intertwined epidemics with increased morbidity and mortality. Significant gaps exist in screening, linking, and retaining individuals with SUDs in both addiction and infectious disease treatment. Sexual gender minorities (SGM) experience disparities in the prevalence of SUDs and HIV/HCV, and there is a need for novel intervention strategies to reduce service gaps across both the substance use and HIV/HCV care continuums. Setting: The University of Cincinnati (UC) Health system serves a broad catchment area encompassing both urban and rural counties in southwest Ohio, northern Kentucky, and eastern Indiana. The region is an epicenter of the current opioid and injection drug use epidemic, is a CDC-designated hotspot for incident HIV infections, and has an elevated prevalence of HCV. To address the multi-faceted needs posed by SUDs and HIV/HCV, particularly among SGM, there is an urgent need for integrated prevention and treatment approaches in the Cincinnati region. Project: Project ASPIRE was developed to address health disparities related to the substance use, HIV, and HCV syndemic. The central premise of Project ASPIRE is that individuals with SUD are not reliably screened and linked to substance use treatment that is functionally integrated with infectious disease prevention and treatment services. Project ASPIRE leverages a high-volume, urban emergency department (ED) to: a) implement screening among patients at-risk for or with HIV infection to identify SUDs; b) utilize a multicomponent, comprehensive linkage service to link patients to substance use and HIV/HCV treatment; and c) seamlessly convert linkage services into retention services for substance use and HIV/HCV treatment, leveraging the ED to identify patients who have fallen out of substance use or HIV/HCV care. Results: To monitor Project ASPIRE implementation, we report on SUD screening for a one-year period along with the number of patients receiving comprehensive retention services. From March 1, 2019 through February 28, 2020, patients (N=1,924) completed validated substance use screening measures and received HIV preventive services (e.g., HIV testing). A majority of patients had a positive screen for problematic alcohol and/or other substance use (58.5%); 335 patients consented to engage in Project ASPIRE services. Of those enrolled, 153 were linked to substance use and/or HIV/HCV treatment within the UC Health system, and 58 received referrals for services (e.g., residential treatment) at other local organizations. Lessons Learned: Through the iterative process of implementing Project ASPIRE to best meet the multi-faceted SUD and HIV/HCV treatment needs, additional co-located services were developed. A co-located infectious disease clinic was established within the addiction treatment setting to provide comprehensive infectious disease care along with HIV/HCV risk reduction counseling, expansion of on-site HIV/HCV testing capabilities, and facilitation to other harm reduction services (e.g., syringe exchange). Gaps in the consistent assessment of sexual orientation and gender identity were identified and addressed within clinical workflows. Needed are additional efforts to tailor Project ASPIRE approaches to screening, linkage, and retention for SGM to better address gaps in both the substance use and HIV/HCV care continuums.

Video link: Email the authors for additional study information

PrEP Use and Persistence among Young Sexual Minority Men 17-24 Years Old during the COVID-19 Pandemic

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Background: Public health efforts to combat the spread of COVID-19 have had unintended consequences on access to, and delivery of, health care services, including a significant reduction in the availability and accessibility of routine HIV and other sexually transmitted infection (STI) testing and refill for antiretroviral medicines. Researchers have also illustrated that sexual minority men (SMM) using PrEP have discontinued or changed the frequency of PrEP dosing but little is known among young sexual minority men (YSMM). We sought to determine the impact of the pandemic on HIV pre-exposure prophylaxis (PrEP) use and sexual health services among YSMM in the U.S. Methods: Between April and September 2020, we recruited 239 YSMM 17-24 years old from social media and men-for-men geosocial networking apps to participate in a brief, cross-sectional survey. The survey assessed sexual behavior, PrEP use, and COVID-19 pandemic-related disruptions to sexual health services. Results: The average age of the respondents was 20.2 (SD=2.5). Over half (54.0%) of men identified as gay, 12.6% as transgender, and more than half were Black/African American (n=78, 32.6%) or Latino/Hispanic (n=50; 20.9%). One-in-seven YSMM PrEP users discontinued use during the pandemic, and all those who discontinued PrEP reported a decrease in sexual activity. Twenty percent reported difficulty getting prescriptions and medications from their doctors or pharmacies, and more than 10% reported challenges accessing HIV/STI testing. Among those who met CDC criteria for PrEP, 86.5% were not currently using PrEP at the time of the survey. Among those surveyed 3 months after the start of major COVID-19 lockdown measures (n=165), 35.8% reported CAS with a causal partner within the past 3 months. Seeking HIV testing was associated with reporting condomless anal sex in the previous 3 months, indicating the necessity for ensuring continuity of basic sexual health services for YSMM. Conclusions: Our findings underscore the need to ensure continuity of basic sexual health services for a population vulnerable to HIV and the need to adapt PrEP modalities and telehealth services to increase immediate and long-term accessibility.

Video link: Email the authors for additional study information

Compassion, Outness, & Self-identity in LGBTQIA+ Individuals

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Background: Self-compassion involves regarding oneself with gentle, unconditional acceptance and kindness, even in moments of perceived inadequacy or shortcoming (Neff, 2003). Compassionate self-concept is associated with a variety of positive life outcomes, such as positive self-identity, compassion for others, and healthy interpersonal relationships (Jennings & Tan, 2014). Researchers have neglected to adequately examine these constructs within LGBTQIA+ individuals. Sexual and gender minorities may internalize negative attitudes toward LGBTQIA+ individuals perpetuated throughout society, which may negatively impact their outness in various social contexts, development of self-compassion, and sense of self-identity (Fredrick et al., 2019). Hypothesis: In individuals with an LGBTQIA+ gender identity or sexual orientation, outness in various social contexts (e.g., in family, religion, and the world) will be positively correlated with self-compassion, compassion for others, and measures of positive self-identity. Methods: The sample consisted of 259 participants varying in age, gender, sexuality, race/ethnicity, and other demographic characteristics. Recruitment of participants included convenience and snowball sampling via fliers, online platforms, and courses at a Southwest university. Participants completed an online survey consisting of measures pertaining to demographics, compassion, LGBTQIA+ experiences, outness, and self-identity. Results: Pearson r correlation analyses were used to test for relationships among the aforementioned constructs. These analyses were largely significant and confirmatory. The results revealed that a) outness in family is significantly positively correlated with self-compassion, compassion for others, and (to a lesser extent) positive self-identity, b) outness in religion was not significantly correlated with self-compassion, compassion for others, or positive self-identity, c) outness in the world was positively correlated with compassion for others, but not self-compassion or positive self-identity, d) overall outness was positively correlated with self-compassion and (to a lesser extent) positive self-identity, but not compassion for others, and e) there were no significant group differences in self-compassion or compassion for others between LGBTQIA+ individuals and individuals who identify as cisgender and/or heterosexual. Conclusions/Implications:

The results presented in this study provide important insight to the experiences of LGBTQIA+ individuals and factors that relate to their outness, self-concept, and interpersonal relationships. The statistical analyses indicate a strong positive relationship between outness and a) self-compassion, b) compassion for others, and c) self-identity. These findings have implications for both research and practice. Given the many positive psychological and physical health benefits associated with living openly as an LGBTQIA+ person, it is essential for researchers to explore factors that contribute to and result from disclosing one's sexual orientation or gender identity. When working with LGBTQIA+ clients, practitioners can facilitate conversations about that person's level of outness in various social contexts, which can serve as a key instrument in assessment and treatment. Practitioners should not necessarily interpret this information as direction to encourage all LGBTQIA+ clients to come out, as doing so without proper preparation and timing can be detrimental. However, awareness of that person's outness could indicate potential concerns regarding their self-compassion and other underlying matters that may need to be addressed. Furthermore, compassion-based treatment options may provide beneficial tools for those enduring personal struggles, such as coming out. Learning Objectives: Understand the relationship between outness in various social contexts and self-compassion. Understand the relationship between outness in various social contexts and compassion for others. Consider the ways in which self-compassion may serve as a useful tool in helping LGBTQIA+ individuals cope with difficult experiences, such as the decision to come out.

Fear of Harassment Due to Lack of Gender-Neutral Bathrooms as a Predictor of Psychological Distress in TGD College Students

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Background: The lack of availability of adequate gender-neutral bathrooms can potentially serve to increase distress among transgender and gender diverse (TGD) individuals. Although extant research is minimal, it has focused on suicidality, broad definitions of well-being that do not include psychological distress, or the topic of gender-neutral bathrooms more broadly, rather than focusing on TGD college students specifically. Further, there is a lack of research examining the relation between accessibility of gender-neutral bathrooms on campus and TGD college students' experiences with drinking to cope or hazardous drinking. Methods: Therefore, the present study addressed two aims: (1) examine TGD college students' perceptions regarding availability of gender-neutral bathrooms on their college campus and to what extent they report fear of harassment related to the availability of these bathrooms and (2) identify whether fear of harassment related to lack of access to gender-neutral bathrooms is associated with TGD students' psychological distress (e.g., anxiety and depression), drinking to cope, and hazardous drinking. To explore these aims we first conducted raw frequencies to examine TGD students' perceptions of gender-neutral bathroom availability on their college campus and associated fear of harassment. Next, we ran correlational analyses to examine relationships between TGD students' fear of harassment related to lack of access to gender-neutral bathrooms and psychological distress, drinking to cope, and hazardous drinking. Results: Participants were 4,335 undergraduate college students from eight public universities across the United States. 133 identified as TGD (30 trans, 103 gender diverse [e.g., gender queer, gender non-conforming, or non-binary]). For aim one, frequency analyses showed that 84.2% (n = 112) of TGD students reported that there were too few gender-neutral bathrooms on their campus, and reported significantly greater fear of harassment related to lack of access to gender-neutral bathrooms when compared to cisgender students. For aim two, there were statistically significant positive correlations between TGD students' fear of harassment related to lack of access to gender-neutral bathrooms and psychological distress. However, we did not find significant associations between fear of harassment related to lack of access to gender-neutral bathrooms and drinking to cope or hazardous drinking. Conclusions/Implications: The results of this study point to the significance of increasing availability and accessibility of gender-neutral bathrooms on campuses to help mitigate TGD students' fear of harassment and psychological distress. Universities can also integrate prevention efforts (e.g., mandatory sensitivity trainings) to help reduce campus community members' proclivity to harass TGD students on campus. Moreover, future research should explore additional factors (e.g., off-campus social support, positive campus climate, low felt stigma, connection to LGBTQIA+ community) that might protect TGD students from the deleterious psychological outcomes associated with fear due to inadequate access to gender-neutral bathrooms.

Video link: https://use.vg/gbOt9e

Parents' attitudes towards including information about sexual orientation and gender in adolescent sex education: Associations with religiosity and political affiliation

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Background: Comprehensive school-based sex education that includes a discussion of sexual orientation and gender has sexual health benefits for all adolescents. While most parents want some form of sex education taught in schools, there is debate about which specific topics should be included. A few studies have shown that parents' religiosity and political affiliation can impact the topics they believe are appropriate for sex education. On average, more liberal parents are more accepting of talking about sexual orientation in sex education, while more religious parents are more opposed to it. Yet to date, no studies have specifically examined parents' attitudes about including discussion of gender in sex education. Further, no studies have examined the interaction between parent religiosity and political affiliation on parents' attitudes towards including information about sexual orientation or gender in sex education. This study fills these two important gaps in the literature. Methods: Participants were a national U.S. sample of 904 parents (M age=40.61; 71.6% women; 80.1% White; 7.4% Black; 3.0% Latinx) recruited from MTurk. All parents had an adolescent between the ages of 13-17 (M age=14.68).

Political Affiliation: Parents reported their political affiliation as very liberal/somewhat liberal, moderate, or somewhat conservative/very conservative. Religiosity: Parents reported how often they attended religious services: 1=less than once a year or not at all to 5=more than once a week. Sex Ed Attitudes: Parents identified how important it was that 23 different topics were included in school-based sex education for their child. We focused on the two items of sexual orientation and gender, rated on a scale from 1=I am opposed to it being taught at any point to 5=very Important. Results: In regard to political orientation, 35.5% of parents were liberal, 32.4% moderate, and 31.1% conservative. The majority of parents thought including sexual orientation and gender in school-based sex education was somewhat or very important (73% and 70%, respectively). Two ANCOVAs were conducted to examine how religiosity, political affiliation, and their interaction were associated with: a) sexual orientation and b) gender in sex education. We found significant interactions for each variable: when parents were conservative and higher in religiosity, they had less supportive attitudes about including either sexual orientation or gender in sex education than any other combination. Parents who were conservative but not religious were as supportive of including sexual orientation and gender in sex ed as were parents who were politically liberal. There were no differences for liberals and moderates between low and high religiosity-regardless of religiosity, liberals and moderates were supportive of sexual orientation/gender being included in sex education. Conclusions/Implications: In this sample, parents were on average supportive of sex education being inclusive of topics related to sexual orientation and gender, with highly religious and conservative parents being the least supportive. The fact that conservative but not religious parents held attitudes about sex education that were similar to politically liberal and moderate parents challenges a common stereotype about conservative attitudes and warrants additional research.

Video link: Email the authors for additional study information

Culture as a Social Determinant of Health Deterrent to MSM Health in KwaZulu Natal Province, South Africa

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Background: Access to health-services for men-who-have-sex-with-men (MSM) is critical in the fight against HIV/AIDS. MSM across South-Africa are experiencing factors preventing them from accessing health-services and have been denied their fundamental human-rights. Culture has been identified as one of the key barriers for MSM in accessing health-services. Method: The study used two data collection tools: in-dept interview and observation for 25 MSM. The interviews were conducted in Durban KZN province focusing on experiential assessments of MSM in the district municipality. The selected MSM are residents of the district and are above the age 18 years at the time the study was conducted with voluntary willingness to participate in the study without any financial compensation. The collected data were compared and analyzed through regression-model using health-belief-model. Results: More than 75% respondents reported that cultural belief is used as a tool that prevented them from accessing health-care-services, impacted on accessing prevention and treatment. 60% clinicians and 80% non-clinicians had insufficient knowledge about MSM, using culture to promoted stigma/discrimination. 60% of the respondent experienced physical/verbal abuse' in their community fueled by cultural beliefs. Culture is used as a yardstick to manhood, denying MSM of their cultural rites. Conclusions: Cultural influence on MSM health has shown to be very vast affecting the perceptions of their overarching health mostly impacting on their mental health. Health inequality is linked to direct access to health services and the provision of quality health services for MSM hindered by cultural beliefs is used as a deterrent yardstick. Community influencers engagement and support identified as a tool to reduce cultural misconception against MSM

Video link: Email the authors for additional study information

Higher Infectious Symptom Count is Associated with Greater Anxiety in Sexual/Gender Minorities During the COVID-19 Pandemic

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Background Sexual/gender minorities (SGM) experience disproportionate burdens of adverse mental health outcomes, including anxiety disorders, compared to their heterosexual and cisgender counterparts. The existing literature frames the COVID-19 pandemic as a source of physical, psychosocial, and economic stressors that compound existing mental health disparities. A substantial body of clinical and experimental research has established that infectious illness can contribute to poor mental health outcomes. However, the literature has yet to elucidate the role of infectious illness as a potential risk factor for adverse mental health outcomes among SGM individuals in the context of the COVID-19 pandemic. Here, we test whether infectious illness symptom counts are cross-sectionally associated with anxiety symptoms in a sample of U.S. SGM adults (median age=25, range: 20-41) assigned male at birth (n=418). Methods We administered a cross-sectional no-contact survey between September, 2020 and February, 2021 to assess the impact of the COVID-19 pandemic on participants in RADAR, an ongoing Chicago-based cohort study of SGM assigned male at birth. The Generalized Anxiety Disorder 7 (GAD-7) was used to measure anxiety. GAD-7 Scores of 10 or greater indicate clinically significant symptoms of anxiety. Infectious illness symptoms were assessed by presenting participants with a checklist of symptoms and asking them to indicate which symptoms, if any, they had experienced at any time since March 1, 2020. Participants who reported experiencing infectious illness symptoms since March 1, 2020 were also asked to indicate which infectious illness symptoms, if any, they were currently experiencing at the time of data collection. Results In our sample, 168 individuals (40.2%) reported experiencing at least one symptom of infectious illness since March 1, 2020. 70 participants (16.7%) reported they were currently experiencing at least one symptom at the time of data collection. In a multiple regression model adjusting for age, gender identity, race/ethnicity, and HIV status, we found that experiencing more infectious illness symptoms since March 1 was associated with higher GAD-7 scores (**β**=0.43, SE=0.12, P=0.0005). This effect was even more pronounced in a multiple regression model adjusting for the same covariates but using current symptom count as the independent variable (**β**=0.97, SE=0.27, P=0.0003). 120 individuals (28.7%) had GAD-7 scores of 10 or greater. In a binomial logistic regression model adjusting for the same covariates, we found that having a higher symptom count since March 1, 2020 was associated with greater odds of having a GAD-7 score of 10 or greater (OR=1.14; 95% CI: 1.04, 1.25; P=0.007). This effect was even more pronounced in a binomial logistic regression model adjusting for the same covariates but using current symptom count as the independent variable (OR=1.39; 95% CI: 1.13, 1.74; P=0.002). Conclusions/Implications Our results suggest that infectious illness may be a risk factor for elevated anxiety among SGM in the context of the COVID-19 pandemic. Forthcoming follow-up data will be used to assess the directionality of the association between infectious illness symptoms and anxiety. These findings highlight the importance of screening for anxiety disorders when patients present with infectious illness symptoms in clinical settings.

Video link: https://northwestern.box.com/s/3vqy9m9pd1zx9aq2m497uq1qusv1ypsm

State Non-Discrimination Laws for LGBTQ Students Associated with Increased School District Support for Gay-Straight Alliances

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Background: Gay/straight alliance clubs (sometimes called gender and sexuality alliances, or GSAs) are associated with reduced violence victimization and improved mental health among lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) students and their cisgender/heterosexual peers. Less, however, is known about the structural supports needed to successfully implement these programs. Beginning in fall 2013, 19 state education agencies (SEAs) received funding from CDC's Division of Adolescent and School Health (DASH) to support HIV/STI and pregnancy prevention activities in "priority" school districts, including supporting priority districts to implement a policy requiring or recommending GSAs in their schools. Using evaluation data from this program alongside policy data from GLSEN, this analysis sought to understand whether the presence of state laws protecting LGBTQ students were associated with school districts' support for establishing GSAs in schools over time. Methods: Program evaluation data were collected semi-annually from SEAs from 2013 to 2017. Every six months, SEAs were asked, "currently, does [Priority District Name] recommend or require schools to do each of the following related to school connectedness (mark yes or no)," including one item that stated "having a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity (these clubs are sometimes called gay/straight alliances)." This item was used to create an indicator representing a recommendation or requirement for schools to have GSAs. Data on state non-discrimination laws protecting LGBTQ students and enumerated anti-bullying laws for LGBTQ students were obtained through GLSEN's state law database. Two indicators were created to capture the presence or absence of each of these laws for each SEA. Time was coded continuously using a linear orthogonal contrast code to capture changes from reporting period 1 (spring, 2015) to reporting period 8 (fall, 2018). We assessed whether increases in the percentage of priority districts recommending or requiring schools to provide GSAs varied over time by the presence of non-discrimination or enumerated anti-bullying laws with a difference-in-difference design. Results: Overall, the percentage of priority districts recommending or requiring schools to provide GSAs increased significantly from 56.1% at the start of program implementation to 75.1% at the end of the four year project period ($p < 0.01$). States with non-discrimination laws protecting LGBTQ students had significantly more districts recommending or requiring schools to provide GSAs ($p = 0.03$). There was no statistically significant association between states having enumerated anti-bullying policies and districts recommending or requiring schools to provide GSA, nor was there an interaction between time and either policy. Conclusions/Implications: Across the four years of program implementation there was a significant increase in districts recommending or requiring GSAs. These findings underscore the importance of structural supports, such as state non-discrimination laws and stable programmatic funding, in fostering environments where youth can thrive. State LGBTQ non-discrimination laws for students alongside financial support for programs that support LGBTQ youth in schools may facilitate the adoption of school-based practices like GSAs that support the health of LGBTQ youth.

Video link: Email the authors for additional study information

"I wouldn't even dream of getting on PrEP": Parental insurance coverage as a barrier to sexual healthcare in young men who have sex with men

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Background: Young men who have sex with men (YMSM) between the ages of 15-24 years old make up a disproportionate number of yearly new HIV and STI infections in the United States. Pre-exposure prophylaxis (PrEP) and HIV/STI testing are underutilized in this population. Barriers to utilization remain poorly understood; however, research suggests that confidentiality concerns may be a salient barrier for adolescents and young adults. Such concerns have been linked to coverage under parental health insurance, often until age 26, as mandated by the Affordable Care Act. Most of the aforementioned research does not examine sexual minority adolescents or young adults, who may have unique concerns about breaches of confidentiality (e.g., being "outed"). It may be that YMSM avoid HIV/STI screening, treatment, and preventative services due to such concerns. Methods: This analysis was undertaken as part of a larger qualitative interview study on urban-rural differences in healthcare experiences among YMSM between the ages of 18-29 years old. Participants were prior participants of 2GETHER, a randomized controlled trial of a relationship education program for same-sex, male couples. Urbanity and rurality were defined using the Index of Relative Rurality, a continuous measure from 0 to 1 (0 = most urban, 1 = most rural), and participants were divided into quartiles for comparison. Structured interviews were audio recorded, transcribed, and analyzed via thematic analysis. Results: Of the 22 participants who answered questions about parental insurance, most identified as gay (80%). Race/ethnicity was majority non-white. Mean age was 26.4 years. Thus, most participants did not have parental coverage and recounted prior experiences. Eight participants reported that parental insurance had no effect on the sexual healthcare they sought. Four reported that they were never covered by a parental plan because they were insured through public assistance. Eight participants reported that parental coverage was a key consideration for them in forgoing STI/HIV testing, treatment, or PrEP due to concerns about being "outed" to their family as a sexual minority, sexually active, or both. One participant reported that he was removed from his family's insurance as a direct consequence of his seeking HIV-preventative services under their insurance. The valence of experiences with parental health insurance was not associated with current urban/rural locality. Conclusions and Implications: To our knowledge, this is the first analysis to ask YMSM about their experiences and perceptions of parental insurance, and their resultant engagement with sexual healthcare. Findings suggest that many YMSM may forgo HIV/STI screening, treatment, and prevention services because they worry about disclosure of sexual identity or behavior to their families. Addressing this barrier could help stem the disparate rates of HIV and STIs in YMSM, especially in those who don't have access to affordable alternatives to primary or urgent care. That said, our sample of YMSM was relatively old and relied on retrospective accounts. Future research should examine adolescent and young adult (i.e., ≤ 25 years old) MSM experiences with parental insurance, taking care to sample a variety of localities and socioeconomic contexts.

Video link: https://northwestern.box.com/s/i13jfu0eq3qkbudsrfxdqilwohd67mf5

The Association of LGBTQ-Supportive School Health Policies and Practices with Sexual Health Outcomes Among Lesbian, Gay, Bisexual, and Heterosexual Students

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Background: This study examines the association between lesbian, gay, transexual, and questioning (LGBTQ)-supportive school health policies and practices with sexual health outcomes among lesbian, gay, bisexual (LGB) and heterosexual students. Existing research focuses on sexual health outcomes of LGBTQ or heterosexual youth, rather than considering both groups. Furthermore, it examines school policies and practices individually, rather than their combined effect. We address the existing gaps in research by exploring (1) the degree of association between individual school policies and practices with sexual health outcomes; (2) the association between the sum of multiple school policies and practices with sexual health outcomes; and (3) the degree to which these associations differ for LGB and heterosexual students. Methods: We used School Health Profiles data from principals and lead health educators from 117 high schools in 16 local education agencies to assess LGBTQ-supportive school policies and practices [e.g., having a gay/straight alliance (GSA) or similar club]. We also computed the sum of school policies and practices, indicating the number available for each student. Concurrently, we used Youth Risk Behavior Survey from 75,638 students from the same schools to measure sexual health outcomes (e.g., being currently sexually active, having four or more lifetime sexual partners, using a condom during last sexual intercourse). We conducted multi-level cross-sectional logistic regression analyses to examine the associations between school-level policies and practices with student-level sexual health outcomes while controlling for sex, grade, and race/ethnicity. Results: For both LGB and heterosexual students, several school policies and practices, such as facilitating access to out-of-school health service providers, were significantly associated with lower odds of ever having sex, having four or more lifetime sexual partners, and being currently sexually active. Some school policies and practices, such as having a GSA or similar club, were also significantly related to lower odds of ever being tested for human immunodeficiency virus (HIV), the opposite of the expected association. None of them were significantly associated with using a condom during last sexual intercourse for sexually active heterosexual or gay and bisexual men. Increasing the sum of school policies and practices was significantly associated with lower odds of ever having sex for LGB students and of ever having sex, having four or more lifetime sexual partners, being currently sexually active, and ever being tested for HIV for heterosexual students. Conclusions/Implications: The study indicates that LGBTQ-supportive school policies and practices may be beneficial for sexual health outcomes of both LGB students and their heterosexual peers. Our findings suggest that these school policies and practices are significantly associated with lower odds of negative sexual health outcomes among the general student population, but not with condom use among sexually active male students. Furthermore, they are also associated with lower odds of HIV testing. Subsequent research should further explore these unexpected findings. Our study also highlights the benefits of simultaneously implementing multiple LGBTQ-supportive school policies and practices. Overall, the study emphasizes the need for multi-faceted LGBTQ-supportive school policies and practices to improve sexual health outcomes among both LGB and heterosexual students.

Video link:
https://drive.google.com/file/d/19O1JEutCyShbBcvMWMu4V37ZBpuInxCq/view?usp=sharing

Family functioning and mental health across two years in families with transgender and nonbinary youth

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Background. Transgender and nonbinary (TNB) youth have increased risk for adverse mental health outcomes due to gender-based stigma. Previous cross-sectional research by our team found that family functioning in families with TNB youth was directly related to TNB youths' mental health. The current study examined concordance of family functioning and mental health among family members across two years in families with TNB youth, and examined associations of family functioning from multiple family members' perspectives and family members' mental health. Methods. Participants were 89 family members (30 TNB youth, 44 caregivers, 15 siblings) from 30 families from the U.S. New England region who participated in the community-based longitudinal Trans Teen and Family Narratives Project. Ages at baseline were 13-17 years (TNB youth) and 13+ years (siblings). Participants were primarily White race/ethnicity (73% TNB youth, 93% caregivers, 80% siblings). Each family member completed an online survey at 5 waves, every 6 months, across 2 years (December 2015-Feb 2019). Surveys assessed family functioning (quality of communication, satisfaction with family) and mental health outcomes (depressive and anxious symptoms). Results. Family member reports of family functioning were significantly associated only for some waves and only between some family member types (TNB youth, caregivers, siblings). Caregiver and sibling reports, and TNB youth and sibling reports of family functioning were the most concordant. Across all waves, TNB youth reported more severe depressive and anxious symptoms than their caregivers and siblings. As with family functioning, mental health outcomes across family members were significantly associated only for some waves and only between some family member types. TNB youths' reports of family functioning were significantly related to their own mental health and to their participating sibling's mental health across waves. TNB youth who reported better family functioning had less severe depressive symptoms themselves, but more severe anxious symptoms among their participating sibling. Associations between siblings' reports of family functioning and caregivers' mental health were significantly related across waves for only one outcome: siblings who reported better family communication had caregivers with less severe anxious symptoms. Conclusions/Implications. Findings indicated that reports of family functioning changed over time, representing an opportunity for intervention. In addition, TNB youth, caregivers, and siblings were not consistently concordant in their reports of family functioning. This research has implications for clinical practice with TNB youth and their families. Family members may report different perceptions of family functioning over time and may need support to work toward alignment. In these families, TNB youth appear to be at greatest risk for adverse mental health, particularly when they report low family functioning. Considering their increased mental health risk, TNB youth's own reports of family functioning should be the focus in interventions. A family systems approach is critical to supporting the mental health of all family members in families with TNB youth.

Video link: Email the authors for additional study information

Illustrating Social Isolation: Racial/Ethnic Differences in LGBTQ+ Bar Attendance among Chicago Neighborhoods

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Background: This study explores racial/ethnic differences in attendance at LGBTQ+ bars in Chicago, as well as the differences in how far attendees travel to these bars. Methods: Data were collected within PLoT ME, a substudy of the RADAR cohort study of young men who have sex with men (YMSM) and transgender women to study the multilevel impacts on HIV incidence. Between 2016 and 2017, participants provided data on the places they had gone to meet friends, new people, and potential sex partners in the past 6 months. PLoT ME participants were asked to provide details on why they attended these venues (i.e., to meet sex partners or socialize with friends) as well as venue-level perceptions of other patrons (i.e., rate of heavy drinking/drug use/sexual activity/LGBTQ patronage). Only respondents who reported a Chicago address were included in the study. For participants who were interviewed multiple times, we filtered down their demographic data to include one data collection point per participant in order to analyze data corresponding with their most recently reported age and address. All data were analyzed in R. Our sample of 655 participants was racially/ethnically diverse, included cisgender males and transgender females, ranged between 16 and 29 years of age, and lived across many of Chicago's 77 Community Areas. Results: The majority of the 82 LGBTQ+ bars named were concentrated on the North Side of Chicago, namely in the majority-white Boystown/Northalsted neighborhood, whereas few LGBTQ+ bars are located within majority Black or Latinx neighborhoods farther away in the South and West Sides of the city. The mean distance traveled to LGBTQ+ bars are 3.14 miles for White (non-Hispanic) participants, 6.38 miles for Latinx participants, and 7.90 miles for Black (non-Hispanic) participants ($p < 0.001$). Conclusions/Implications: These differences by race and neighborhood contribute to larger narratives illustrating social isolation for multiple-marginalized individuals and likely the need for accessible, affirming community spaces for Black and Latinx individuals.

Video link: Email the authors for additional study information

Protective Environments and Substance Use Among Transgender and Gender Expansive Youth

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Introduction: Transgender and gender expansive youth (TGE) have an elevated risk for substance use compared to their cisgender peers. TGE health inequities may be attributed to transgender stigma - or transphobia - and discrimination by people, policies, and institutions; shaping both the social experience and the physical reality of young TGE peoples' lives. Strengthening protective environments - the factors and conditions beyond the individual level of the social ecology that interrupt the mechanisms by which health risks and hazards affect health - is an important prevention strategy for the adverse health outcomes that TGE youth face. The purpose of this study is to examine associations between protective environments - community tolerance of TGE individuals, family support, and housing stability - and lifetime alcohol use, lifetime high risk substance use (HRSU; cocaine, methamphetamines, and/or heroin), and overall health in a sample of TGE youth. Methods: This secondary analysis of 1,567 TGE youth aged 13-24 years draws from CDC's 2018 web-based Survey of Today's Adolescent Relationships and Transitions (START), which used a non-probabilistic recruiting strategy via social media. Bivariate t-tests, chi-squared tests of independence, and pairwise comparisons of categorical variables with three or more categories were used to describe the characteristics of the sample. Logistic regression was used to test the hypothesized relationships between protective environments and health outcomes, controlling for age, TGE identity, race/ethnicity, metropolitan status, and ability to afford health costs in the past 12 months. Results: Overall, 28.1% of TGE youth felt that people who lived near them were tolerant of transgender people, 32.8% felt that their family was at least somewhat supportive of their TGE identity, and 73.8% were stably housed. In the logistic regression models, living in a tolerant community was associated with lower odds of lifetime alcohol use (aOR = 0.64, 95% CI: 0.46-0.89), lifetime HRSU (aOR = 0.60, 95% CI: 0.44-0.81), and overall poor health (aOR = 0.64, 95% CI: 0.46-0.88). Having a supportive family was not significantly associated with lifetime alcohol use, lifetime HRSU, or overall poor health. TGE youth who had not told anyone about their TGE identity had higher odds of lifetime HRSU (aOR = 6.96, 95% CI: 4.72-10.38) compared to those who had an unsupportive family. Having stable housing was associated with lower odds of lifetime alcohol use (aOR = 0.36, 95% CI: 0.19-0.64), lifetime HRSU (aOR = 0.08, 95% CI: 0.05-0.12), and overall poor health (aOR = 0.65, 95% CI: 0.43-1.00). Conclusions: TGE youth in this study reported low levels of community tolerance, family support, and housing stability, which were associated with several health risks. Protective factors, including safe, stable, nurturing relationships and environments, are critical to youths' health and wellbeing. The findings in this study highlight the need for prevention strategies designed to promote protective environments to address known substance use and overall health inequities among TGE youth. Additional efforts are needed to address the root causes of TGE health inequities, including interventions that contend with the social norms that perpetuate anti-transgender stigma and violence and reduce stigma at all levels of the social ecology.

Video link:
https://drive.google.com/drive/folders/1i1GAIBKlIb01BwsFJG0JUPe2FNGrpxPo?usp=sharing

A Scoping Review of Trans Inpatient Mental Health Care Policy

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Background: Trans and gender non-conforming (TGNC) individuals experience higher rates of mental health difficulties including depression, anxiety, trauma, and suicidality (Bockting et al., 2013), as well as higher rates of violence (James et al., 2016). Despite a greater need for care, TGNC individuals often report insufficient access to healthcare, with barriers including lack of insurance and negative healthcare experiences (Safer et al., 2016). However, most of the literature on TGNC healthcare appears to have focused on outpatient care. Additionally, while professional policies and law related to TGNC healthcare have been a frequent focus of news (e.g., TGNC bathroom access, hormone therapy for TGNC minors), policy related to inpatient TGNC mental health care is less easily identified. Methods: A scoping review of literature related to TGNC inpatient mental health policy was conducted following PRISMA guidelines (Moher et al., 2009). With assistance from institution librarians, a structured search of published studies related to inpatient mental health care of transgender persons was conducted initially in MEDLINE via PubMed, then in CINAHL, the Cochrane Library, APA PsycInfo, Academic Search Complete, and Web of Science from database inception through July 15, 2020. Search strategies were customized for each database and included appropriate controlled vocabulary terms and keywords related to inpatient mental health care of transgender persons. Only publications written in English with available full text were included in this review. After duplicate removal, all items were placed into Rayyan software (Ouzzani et al., 2016) for judgement by team members as to meeting inclusion criteria, including relevancy to search terms and addressing policies for treatment of trans mental health inpatients. Results: Eight articles were selected as meeting inclusion criteria for this review. The majority of studies included were of a case study/vignette methodology, with other methods including literature review, qualitative study, and descriptive correlational study. Majority of subjects were trans mental health inpatients, with qualitative studies also including healthcare providers. Examination of studies elucidated several common themes, including: inconsistency in utilization of names and pronouns (e.g., in documentation, addressing patients), lack of communication between healthcare providers, lack of training for healthcare providers, personal biases of healthcare providers impacting care, and lack of formal policies for treatment of trans mental health inpatients. Conclusions:The findings of this scoping review suggest a dearth of peer-reviewed literature suggesting or supporting policies for the treatment of trans individuals in mental health inpatient settings. Themes across extant literature highlight the need for consistent, formalized, and evidence-based policies within healthcare systems to address the unique needs of trans mental health inpatients. Future studies should not only make recommendations for but examine the efficacy of policies regarding the treatment of trans individuals in mental health inpatient care.

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Implementation and Evaluation of a Provider Education Intervention: Transgender Education for Affirmative and Competent HIV and Healthcare (TEACHH)

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Background: Trans women experience many barriers to accessing gender-affirming HIV prevention and care, which constrains the health and wellbeing of trans women living with and/or affected by HIV. Access is impeded, in part, by the convergence of limited trans knowledge and competency with trans and HIV-related stigma among healthcare and social service providers. To advance gender-affirming HIV service delivery we implemented and evaluated 'Transgender Education for Affirmative and Competent HIV and Healthcare (TEACHH). This theoretically-informed (Information-Motivation-Behavioral Skills Model) and community-developed intervention aimed to increase providers' gender-affirming HIV prevention and care knowledge and competency, and to reduce negative provider attitudes and biases among regarding trans women living with and/or affected by HIV. Methods: Healthcare providers and providers in-training (n=78) including in both direct (e.g., physicians) and indirect (e.g., management) positions participated in a non-randomized multi-site pilot study evaluating TEACHH with pre-post-test design. Pre- and post-intervention data assessed participant characteristics (e.g., sociodemographic characteristics, past HIV/trans training experience), and intervention feasibility (e.g., workshop completion rate) and acceptability (e.g., willingness to attend another training about the experiences/clinical care for trans women living with/affected by HIV). Qualitative feedback about most beneficial aspects, gaps, and overall feedback of/on the intervention were also collected. Paired sample t-tests and multivariable linear regressions were conducted to assess pre-post intervention differences in perceived competency, attitudes/biases, and knowledge to provide gender-affirming HIV care to trans women living with HIV and trans persons more broadly. Results: The intervention was feasible (100% workshop completion) and acceptable (91.9% indicated interest in future gender-affirming HIV care trainings). Most beneficial aspects included content (gender-affirming language, clarifications and explanations on new terms and concepts, introduction of new theories and approaches, resources on health and rights of trans women living with HIV, and how and where to access treatment, care, and support) and delivery (use of case studies, small groups, brainstorming, and discussion approaches for facilitation within a learning space). Suggestions were made to provide more in-depth information about pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), hormone therapy and antiretroviral therapy (ART) research evidence, as well as barriers to HIV care - among trans women with HIV - differ from barriers among cis women counterparts. Overall feedback was overwhelmingly positive, with 24 participants of 38 providing overall feedback describing the intervention as either "great," "very informative, amazing facilitators," or an "eye-opener". Post-intervention scores indicated significant improvement in: 1) knowledge, attitudes/biases and perceived competency in gender-affirming HIV care (score mean difference (MD) 8.49 (95% CI of MD: 6.12-10.86, $p<0.001$), and 2) knowledge, attitudes/biases and perceived competency in gender-affirming healthcare (MD=3.21; 95% CI of MD: 1.90-4.90, $p<0.001$). Conclusions/Implications: This brief provider intervention showed promise in improving gender-affirming provider knowledge, perceived competency, and attitudes/biases and was feasible and acceptable to participants in a wide range of roles with diverse past training experiences. These findings inform future directions for TEACHH and other intersectionally-affirming provider education interventions. Scale-up of TEACHH may increase access to gender-affirming health services and HIV prevention and care for trans women, advancing healthcare access and reducing HIV disparities among trans women.

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Profiles of Spirituality and Resilience and Their Associations with HIV Syndemics

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Background: Sexual minority (i.e., gay, bisexual, men who have sex with men [MSM], queer) men (SMM) continue to experience disproportionate rates of HIV and HIV syndemics (i.e., two or more co-occurring negative health condition). The majority of this research has focused on risk factors and have largely neglected attention to resilience factors. Methods: Utilizing survey data from a U.S. national sample of 1071 SMM, we performed a two-step cluster analysis to determine profiles of spirituality and resilience (i.e., generatively, self-efficacy, stress-related growth). Results: Four profiles were determined: (1) high spirituality and resilience, (2) moderate resilience and low spirituality, (3) moderate spirituality and low resilience, and (4) low spirituality and resilience. We then used Pearson Chi Squared Test of Association to examine the associations between the profiles of protective factors and HIV syndemics. Profile 1 was inversely associated with depressive symptoms, sexual compulsivity, and HIV syndemics. Profile 2 was inversely associated with depressive symptoms and HIV syndemics. Profile 4 was positively associated depressive symptoms, sexual compulsivity, and HIV syndemics. Conclusions: Implications of these findings for SMM's HIV prevention is discussed within a strengths-based culturally-grounded framework.

Video link: Email the authors for additional study information

Race as a Moderator of Minority Stressors' Effect on Suicidal Ideation in Sexual and Gender Minority Youth Assigned Female at Birth

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Background. Suicidal behaviors disproportionately affect sexual and gender minority (SGM) vs. cisgender/heterosexual youth. These disparities have been explained by the minority stressors (MS) that SGM individuals face, such as discrimination, negatively affecting their mental health. Existing studies of SGM suicidality use largely White samples, neglecting SGM people of color (POC), who face more and/or different minority stressors based on their two minority identities. Although evidence exists of racial differences in the extent to which MS increase suicidality in the general population-specifically that low social support affects suicidality more strongly for Black vs. White female youth-no research has explored these issues in SGM. The current study aimed to test whether race moderates the prospective associations between MS and next-year suicidal ideation (SI) among SGM youth assigned female at birth. Method. The analytic sample included 369 participants from FAB400, a longitudinal study of SGM youth assigned female at birth, who identified as Black (40.1%), Latinx (29.3%), or White (30.6%) and completed SI measures at baseline, 6-month, and 12-month follow-up. In separate models for each MS, we entered baseline measures for MS (internalized stigma, SGM victimization, microaggressions, social support, and racial/ethnic discrimination) as the predictor, race as the moderator (dummy coded first with White as the reference group, then with Black as the reference group), and baseline SI and age as covariates. Outcome data consisted of any SI aggregated across 6-month and/or 12-month follow-up. Results. Across all racial groups, low significant other support was the only minority stressor to predict next-year SI when controlling for baseline SI and age (OR = .85). Tests of racial moderation using PROCESS indicated that internalized stigma affected Latinx vs. Black and White individuals' SI differently, with internalizing stigma acting as a risk factor of SI only for White participants (OR = 2.56). The effect of friend support on SI also differed for Latinx vs. White youth, with a negative association for Latinx (OR = .63), but not White or Black, participants. The effect of racial/ethnic discrimination on SI differed between Black and Latinx participants at marginal levels (p = .08), with a positive association for Black (OR = 1.79), but not Latinx, individuals. No moderating effects of race were found in the effect of SGM victimization, microaggressions, family support, or significant other support. Conclusions/Implications. Low social support emerged as an important risk factor for SI in young SGM people, a finding that was more pronounced for Latinx vs. White participants. Further, racial/ethnic discrimination appears to be a more impactful risk factor for Black vs. Latinx individuals. White participants' SI was more affected by internalized stigma than POC's. Thus, the impact of MS on SGMs' SI does appear to differ by race/ethnicity. These findings suggest that intersectional approaches to research and treatment of SGM suicidality should be utilized to further research the role of youth's identities.

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From Friendly to Knowledgeable: Increasing Family Medicine Residents' Education on Managing and Treating the LGBTQ Population

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Issue: LGBTQ health is a topic of increasing importance within the primary healthcare setting. Primary care physicians are in a unique position to optimize the health outcomes for patients of this population by establishing a strong, patient-physician relationship through continuity of care. Setting: The project was implemented at a family medicine residency program with an audience of family medicine physicians-in-training and residency faculty. The project took place in the clinic setting, where the residents see patients and complete their didactic sessions, with exception of a Grand Rounds presentation at Morton Plant Hospital. Project: The purpose of the project was to develop an LGBTQ curriculum at the family medicine residency consistent with American Academy of Family Physicians recommended curricular guidelines, in order to help physicians-in-training increase familiarity with health concerns and disparities specific to LGBTQ patients, terminology unique to this population, and local resources to enhance patient care. This curriculum intervention consisted of: a lecture series, creation of a resource binder, and a knowledge assessment. Pre- and post-intervention knowledge assessments were administered to the residents to determine if there was an increase in knowledge after the lectures, as well as to get feedback on the lectures and curriculum. Results: While there was no statistically significant difference in the results of the knowledge assessment, the average score of the knowledge assessment was higher post-curriculum. Feedback for the curriculum was overwhelmingly positive and residents believed it should be continued for future residents. Lessons Learned: Residents responded well to an LGBTQ curriculum and feel as though this training will help them as future family physicians. Opportunities to enhance on the curriculum include: expanding on health maintenance points for this population, transgender screening recommendations, and increasing hands-on experiences. Suggestions included bringing champions of the LGBTQ community (both patients and providers) to didactic sessions to speak on their experiences, creation of a pocket resource, and the initiation of journal clubs and discussion groups. By introducing a curriculum for primary care physicians during residency training, physicians can focus on developing a trusting patient-physician relationship and advocate for the promotion of health and well-being of the LGBTQ population.

Video link: Email the authors for additional study information

Intersectional stigma subgroups, sociostructural burdens, and physical and mental health of Black & Latino sexual minority men

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Background Applying an intersectional framework to quantitative health research among Black and Latino sexual minority men requires analyses that consider interlocking, multidimensional systems of racist and homonegative oppression that fundamentally subvert health. Health disparities literature is dominated by unidimensional approaches contrasting health between racial/ethnic groups or sexual identity groups, further marginalizing the health of Black and Latino sexual minority men. This study was intentionally grounded in the experiences of Black and Latino sexual minority men without comparison to dominant groups, allowing focused investigation of intersecting racist and homonegative stigma experiences and health consequences. The purpose of this study was to identify subgroups of Black and Latino sexual minority men experiencing distinct patterns of intersectional stigma and then to investigate how sociostructural burdens and mental and physical health differed among subgroups.
Method Data were from a cohort of 435 Black and Latino sexual minority young men ages 16 to 25 in the Healthy Young Men's Cohort Study in Los Angeles. Participants provided data semiannually on five occasions spanning 24 months from 2016 to 2019. The marginal approach to longitudinal latent class analysis was used to identify latent classes indicated by multidimensional experiences of racism (e.g., police harassment, workplace discrimination, sexual objectification) and homonegativism (e.g., violent victimization, family rejection, identity concealment). Associations between sociostructural burdens (e.g., unemployment, food insecurity, residential instability) and class membership were investigated. Prevalence of mental health care needs and chronic conditions (e.g., asthma, sleep disorders, gastrointestinal disorders) were compared among classes. Results Five latent classes were identified: Minimal Stigma (26% of person records), Homonegativism (17%), Select Social Stigma (22%), Multiform Racism (24%), and Compound Stigma (11%). Structural inequality factors were generally associated with 1.69 to 3.75 times higher odds of belonging to the Homonegativism, Sexual Racism, Multiform Racism, and Compound Stigma classes relative to the Minimal Stigma class. The Compound Stigma class had the highest prevalences of sociostructural burden, mental health care needs, and chronic physical health conditions. Conclusion Ultimately, this study demonstrates how multiple sociostructural burdens interlock with intersecting, interpersonal experiences of stigma to together erode the health of Black and Latino sexual minority young men. Latent class analysis provided a way to quantitatively model intersecting stigma experiences holistically by centering the individual, thus avoiding inadvertent compartmentalization of Black and Latino sexual minority men to one-part Black or Latino and one-part sexual minority. Different constellations of stigma experiences converged with structural factors to inordinately burden those facing the most ubiquitous and frequent discrimination and structural hardship. These results reinforce evidence that attempts to disrupt effects of stigma must consider multiple levels of oppression and multilevel intervention. Further, differences in health outcomes among classes support the importance of taking an intersectional approach to identify subgroups for whom the link between stigma and health may be most detrimental. To engage in rigorous intersectional research, quantitative public health research must employ analyses that center on individuals and reflect the multilevel, multidimensional nature of oppression.

Video link: Email the authors for additional study information

Parent-child tension during the COVID-19 lockdown associated with longitudinal increases in depression among sexual minority boys living at home

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Background: Sexual minority boys (SMB) have consistently shown to be at increased risk for negative mental health outcomes, which may be exacerbated by having to sequester at home during COVID-19 with parents who may not be supportive of their children's sexual orientation. The current study aimed to examine if perceived sexual-orientation-related tension at home (tension) is associated with increased levels of depression during the COVID-19 sequester period, and whether there is a compounding effect of parental rejection (specific to sexual orientation) and perceived tension on increased levels of depression during the COVID-19 sequester period. Methods. Longitudinal data were collected from participants' baseline surveys, taken prior to the COVID-19 pandemic, as well as a one-time, COVID-specific online survey delivered from April 21 to April 28, 2020 to 14-20-year-old SMB from a pre-existing cohort. The survey consisted of various factors related to COVID-19, such as environmental changes, experiences of being a sexual minority during a pandemic, and depression. Only those who reported living at home with parents were included in the analyses (N=500). Results. Across the diverse sample, reporting higher levels of tension was independently associated with worse depression during the COVID-19 sequester period relative to before COVID for both mother's (b=-.99; 95% CI [-1.81, -0.17]; p=.018) and father's rejection models (b = -1.34; 95% CI [-2.34, -0.34]; p=.009). Specifically, interaction effects between tension and mother's rejection (b=-1.01; 95% CI [-1.86, -0.15]; p=.022), and separately, tensions and father's rejection (b = -1.02; 95% CI [-1.95, -0.09]; p=.033), were statistically significant. Analyses revealed that among those with higher maternal or paternal rejection, the relationship between increasing tensions and COVID-specific depression was more pronounced. Conclusions/Implications: We found the significant compounding effect that increasing mother's and father's rejection and tension have on depression during COVID-19 among SMB, such that that higher levels of tension were significantly associated with increasing depression during COVID-19, especially among those already reporting high rejection from their mothers and/or fathers. Given the impact that parental rejection has on depression among SMB, our findings emphasize that, particularly during this high-stress time period, culturally appropriate family education and guidance on sexual orientation and gender identity, is needed now more than ever. Specifically, the intensity of the COVID-19 home experience for SMB underscores the need to provide support and resources to parental figures of SMB prior to events like COVID-19, when it may be difficult to process their SMB children's sexual orientation in addition to pandemic-related hardships and uncertainties.

Video link: Email the authors for additional study information

Uplifting LGBTQ+ Young Adults in the South

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Issue: LGBTQ+ individuals have historically experienced higher rates of substance use and mental health concerns, and greater financial instability, social stigma, and discrimination than the general population, particularly in the Southern US. These inequities have widened during COVID-19, as research conducted during the pandemic identified that LGBTQ+ adults are at greater risk of physical and mental illness and negative economic impact than non-LGBTQ+ adults. Setting: Project Uplift was designed to fill a critical need for behavioral health services for LGBTQ+ young adults aged 18-25, primarily individuals of color, by providing evidence-based, culturally responsive substance use and mental health treatment. The program also offers intensive case management to help clients build skills and address challenges common for LGBTQ+ people in the South, such as housing instability and trauma history, which may worsen behavioral health outcomes. Project Uplift services are offered in two metropolitan regions of NC, Charlotte and Durham; all services are currently provided online.
Project: Project Uplift initiation was initially delayed by institutionally-imposed COVID-19 restrictions, providing the opportunity to survey young adult LGBTQ+ individuals (n=98) in the Charlotte area to regarding the impact of the pandemic on behavioral, medical and resource needs. The majority of survey respondents (86%) reported either a reduction in work hours or job loss and 65% reported food insecurity. Behavioral health concerns were high, as 86% reported an increase anxiety and 88% in depression. The majority of respondents reported an increase in alcohol use during the pandemic (81%) and 65% reported a need for substance use treatment resources. Survey findings were used to adapt the Project Uplift services to ensure optimal service provision based on changes and increases in community needs. Results: Baseline surveys illustrate the complex experiences and needs of the Uplift clients. All clients identify as a sexual and/or gender minority, 70% identify as Black or multi-racial, 65% had experienced lifetime sexual trauma, 79% reported community trauma, 67% reported substance or alcohol use in the past month, and 71% had symptoms consistent with moderate to severe anxiety. Compared to prior programs with similar populations, service participation has been very high and no-shows for appointments have been substantially lower. Lessons Learned: Adaptations were necessary to respond to the changing needs of our clients during the pandemic. Strategic programming decisions included: Offering virtual group services first using Acceptance and Commitment Therapy (ACT) for individuals who were reluctant to start individual therapy; counselors were trained in Cognitive Processing Therapy which has a strong evidence-base for use with individuals with trauma history without requiring disclosure of trauma details; creating BIPOC-specific programming; addition of a peer support group and transitioning support group to address isolation; case management included a greater focus on mental health support. We also found that virtual programming offered greater flexibility in service provision, particularly for working individuals, thus this option will be retained after in-person services are a viable option.

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Changes in sexual behavior and access to sexual health services among adolescent men who have sex with men during the early COVID-19 pandemic

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Background: COVID-19 poses a unique environmental influence on sexual behavior. Individual precautions and public health measures may reduce peoples' willingness to seek out partners, but increased isolation may fuel desire for physical connection. The pandemic's effects on the sexual behaviors of adolescent men who have sex with men (AMSM) is of particular importance to study because of the historic burden of HIV faced by this population as they become young adults. This is also a critical period for sexual identity development and exploration. Given two concurrent epidemics, understanding AMSM's attitudes toward these diseases and changes in risky sexual behavior is critical to informing public health practice. Methods: In an ongoing national trial of an online HIV prevention program for AMSM aged 13-18, we administered a rapid survey about COVID from April 21-28, 2020. We assessed AMSM's attitudes about COVID and HIV as well as changes to their environment, sexual behaviors, and access to sexual health services due to public health measures (e.g., school closures). We analyzed the data using logistic regression. Results: Of 667 respondents, 44% reported worrying less about HIV because of COVID, and 64% reported being more concerned about getting COVID than HIV. Large proportions of AMSM reported increases in solo sexual behaviors (e.g., 76% for porn use, 49% for sexting) and decreases in partnered sexual behaviors (e.g., 50% for oral/anal sex). However, a substantial minority still reported oral (27%) and anal sex (18%) with 1+ casual partners. In bivariate analyses, increased sexual behavior and having casual partners was associated with relationship status, satisfaction with social activities, increased concerns about HIV, increased financial concerns due to COVID (for casual partners), and increased private internet access. School closures and stay-at-home orders were associated with decreased sexual behavior but not number of casual oral or anal sex partners. COVID affected 53-71% of AMSM who tried to access sexual health services (e.g., condoms, testing). Conclusions: Most AMSM are not engaging in sexual behavior that would put them at risk for either COVID or HIV, but some are despite having pandemic measures in place. Individual-level interventions for this group may need to address issues such as social isolation and survival sex. Structural interventions should focus on reducing barriers to accessing appropriate prevention and testing resources.

Video link:
https://northwestern.zoom.us/rec/share/8Y0o1M89ydw8__72Fkx2Ym11vi_mF5U0ZvsDk9ZGda7aKsOTrBzbQg9dadJNeYFL.c6epByou2f9MDBZn?startTime=1620363561000

Minority stress and sexual partner violence victimization and perpetration among LGBQ+ college students: The moderating roles of problem drinking and social support

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Background: The high rates and deleterious outcomes of sexual violence among emerging adults is well-known, including within the context of a current or former romantic/sexual relationship (i.e., sexual intimate partner violence [S-IPV]). Experiences of S-IPV are especially high among individuals who identify as LGBQ+. Research suggests that distal (i.e., stigma consciousness) and proximal (i.e., internalized homophobia, identity concealment) experiences of minority stress increase risk for IPV, although little research has been conducted specifically on S-IPV. Although research suggests that hazardous drinking and social support are related to both IPV and minority stress, the extent to which these constructs moderate the association between minority stress and S-IPV experiences is unknown. The current study assesses distal and proximal minority stressors as predictors of S-IPV victimization and perpetration among LGBQ+ U.S. college students, as well as the extent to which hazardous alcohol use and social support moderated these relationships. Methods: A cross-sectional research design was utilized in a sample of LGBQ+ U.S. college students (N = 1,221) across 20 institutions of higher education who completed an online survey. Latent class analysis with moderation was used to evaluate if the association between minority stressors and S-IPV victimization and perpetration were moderated by hazardous alcohol use and social support. Results: Results indicated relatively low rates of S-IPV perpetration, however, 12.5% LGBQ+ students reported S-IPV victimization by a partner in the past six months. Contrary to our hypotheses, minority stress and on-campus social support from peers did not have a direct impact on either S-IPV victimization or perpetration. Hazardous alcohol use was related to S-IPV victimization, but not perpetration. There were no direct effects of minority stress on either S-IPV victimization and perpetration. However, at higher levels of hazardous drinking, minority stress indicators were related to both S-IPV victimization and perpetration. Conversely, at lower levels of hazardous drinking, minority stress was unrelated to S-IPV victimization and perpetration. Conclusions/Implications: Despite the negative impacts that minority stress has on LGBQ+ populations, individuals who engage in low levels of hazardous drinking may rely on healthy ways of coping with minority stress (that could reduce risk for S-IPV), whereas hazardous drinking may exacerbate the impact of minority stress on S-IPV via drinking to cope. Although no relation between minority stress and on-campus social support with regard to instances of S-IPV was found, prior research supports that greater peer support is indicative of lower rates of IPV victimization and perpetration. Additionally, we did not find a relation between alcohol use and S-IPV perpetration, despite this well-documented trend among heterosexual college students. This may be attributed to the low number of participants reporting S-IPV perpetration or because hazardous drinking operates differently as a predictor among LGBQ+ students. Results suggest a need for S-IPV prevention efforts that reduce minority stress and hazardous drinking among LGBQ+ college students. Taken together, college campuses should create inclusive and safe environments for LGBQ+ students and institute policies that reduce structural sexual stigma and create comprehensive, affirming prevention efforts to reduce S-IPV experiences among LGBQ+ college students.

Video link: https://use.vg/qGriW0

Application of a novel method in identifying lesbian, gay, bisexual, transgender, and/or queer (LGBT/Q) individuals in the National Violent Death Reporting System

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ISSUE: The National Violent Death Reporting System (NVDRS) is an ongoing, active, state-based surveillance system that collects comprehensive information on violent deaths in the United States. Sexual orientation and gender identity (SOGI) variables were added in 2013, but there are still barriers to determining lesbian, gay, bisexual, transgender, and/or queer (LGBT/Q) status among decedents. SOGI may not be routinely collected postmortem, and stigma can result in reluctance to disclose LGBT/Q status, either by decedents to loved ones prior to death or by informants to frontline investigators. These limitations present challenges in understanding prevalence of violent death and measuring mortality disparities affecting LGBT/Q populations. SETTING: Initially implemented in six states in 2003, NVDRS now collects data from all 50 states, the District of Columbia, and Puerto Rico. As of May 2021, data from 41 states/territories are available for analysis. PROJECT: NVDRS uses information from three required sources: death certificates, coroner/medical examiner (C/ME) reports, and law enforcement (LE) reports. Information obtained includes injury characteristics, demographics, circumstances (i.e., events preceding or contributing to death), mental health diagnoses, and toxicology. Variables capturing sexual orientation, sex of partner, and transgender status were added in 2013. Trained abstractors enter information into a web-based system and create LE and C/ME narratives describing incident details. PRELIMINARY RESULTS: An initial effort to identify suicides among LGBT persons (age 15 years and up) from 18 states between 2003 through 2014 relied on keyword searches conducted using SAS to scan narratives and manual coding of LE and C/ME narratives. These approaches were used due to slow uptake of new SOGI variables or the absence of SOGI information in death records. Incidents of potential LGBT persons were extracted using keywords determined through literature reviews, and reviewers double-coded all cases to ascertain whether narratives clearly identified decedents as LGBT. Of 123,289 suicide decedents (≥15 years old), 3,610 (2.9%) were identified through keyword searches as potentially being LGBT; of these, only 621 (0.5%) actually met the definition for LGBT. Another 324 decedents did not have enough information in the narratives to determine SOGI. Queer/unspecified sexual minorities were not coded in this initial round. For years 2014 through 2018, the initial methodology was replicated and expanded on to identify and examine homicides of LGBT/Q persons (age 15 years and up) in 41 states. Natural language processing was added to improve keyword searches, and independently, completeness of SOGI variables also improved. SOGI variables were checked against narratives for evident errors during coding. Of 48,902 homicide decedents, 610 (1.2%) cases were extracted through keyword searches and 362 (0.7%) met the LGBT/Q case definition. Of the 362 cases, most cases (n=293, 80.9%) contained information on SOGI or LGBT/Q status in both SOGI variables and narratives. Plans are underway to repeat these efforts with suicide data from 2014-2018. LESSONS LEARNED: Improvements in efforts to identify LGBT/Q decedents, including use of natural language processing, are promising. However, given the higher rates at which LGBT/Q people experience violent victimization compared to non-LGBT/Q counterparts, there is reason to believe LGBT/Q deaths remain undercounted. Tools and training for death investigators may improve routine and systematic identification of SOGI at death. Understanding true burden of violent deaths among LGBT/Q populations is critical to targeted prevention efforts.

Video link: Email the authors for additional study information

Transgender women of color and institutional gender affirmation: A quasi-experimental approach to assessing the influence of transgender legal name and gender marker change on self-concept, mental health, and transition-related stress

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Purpose: This study used a quasi-experimental approach to assess how legal name change and/or gender marker change on identification documents, or what is described as legal or institutional gender affirmation, influences individual self-concept, mental health, and transition-related stress among transgender women of color. Methods: Data from a life course study of individual and environmental stressors among transgender women of color in Atlanta and Chicago were extracted to compare legal name change and gender marker status and measures of resilience, self-esteem, depression and anxiety symptoms, and psychosocial impact of gender status, as well as, transition-related stress, including: transgender congruence, public identity, stigma concerns, and social comfort. Results: 157 transgender women were categorized to three discrete groups: 1) no legal name or gender marker change (n = 75); 2) legal name or gender marker change on identification (n = 41), and 3) both legal name change and gender marker change on identification documents (n = 41). Significant differences were found between groups for resilience, self-esteem, and psychosocial impact of gender status, with significantly higher scores among transgender women who had changed both legal name and gender marker ($p \leq .008$). Additionally, gender congruence was significantly higher among transgender women who had changed both legal name and gender marker ($p = .001$). Transwomen who had only changed one identification article (legal name change or gender marker) were significantly more likely to have greater stigma concerns compared to the other two groups ($p = .034$). Conclusion: Findings suggest that there are potential psychosocial benefits to institutional gender affirmation, legal name and gender marker change, for transgender women of color. Structural interventions to remove restrictive policies and increase access to institutional gender affirmation are needed in order to optimize these benefits.

Video link: Email the authors for additional study information

"I wasn't even sure, like do you know how gay sex works?": the need for LGBTQ health competency among health care providers to increase pre-exposure prophylaxis uptake among young sexual minority men

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Background: LGBTQ individuals experience disproportionately high rates of mental health issues and chronic conditions, among other health inequities while simultaneously facing a myriad of barriers to health care access and utilization. These experiences are often attributed to structural issues directly affecting individuals' ability to access care, including cost/health insurance coverage, transportation issues, geographic barriers and issues related to discrimination and queerphobia. However, less attention is given to concerns of systemic issues within the health care system. Many physicians, nurses, and other clinicians lack LGBTQ-specific training, understanding of social and cultural norms in LGBTQ communities, and knowledge required to comprehensively discuss topics regarding identity, sexual behavior, and HIV prevention. More research is needed to explore sexual minority men's perceptions of LGBTQ health competency in health care providers and identify the relationships between these perceptions and both disclosure of sexuality and health care utilization. Methods: Semi-structured interviews were conducted with a sample of racially, ethnically and socioeconomically diverse group of young SMM in New York City (n=43). Interview guide topics included interactions with health care providers, experiences in the healthcare system broadly, and HIV prevention. Results: Three main themes were identified: First, SMM reported uncomfortable encounters with health care providers who lacked basic LGBTQ health competency. Participants perceived a discomfort and unfamiliarity with specific sexual behaviors as expressed by health care providers, with some participants feeling an obligation to teach or explain these sexual behaviors to providers without sufficient knowledge. Additionally, participants with positive health care experiences still reported a lack of LGBTQ health competency in providers. Second, SMM's perceptions of LGBTQ health incompetence by providers were linked with intentional nondisclosure of sexuality and anxiey surrounding future healthcare visits. Participants described avoiding asking important questions surrounding relative HIV risk and avoiding future medical appointments. Third, SMM expressed the desire for health care interactions congruent with patient-centered medicine (PCM). Many participants expressed the desire to be heard by providers and to engage in the co-construction of their care. Additionally, participants with physicians that were LGBTQ-identifying or specialists in SMM's health reported feeling more comfortable discussing sexual behavior and specifically identified feeling more knowledgeable about sexual behavior and HIV risk mitigation due to patient-provider interactions following the main tenants of PCM. Conclusions: Addressing the lack of basic LGBTQ health competency in health care providers is essential to reduce barriers to quality and competent care for SMM patients, and more broadly, to reduce stigma. Early implementation and continued familiarity with LGBTQ health issues including, but not restricted to, HIV prevention are needed to effectively serve sexual minority patients. Standardized structural changes may be enacted via more inclusive medical and nursing school curriculums and mandated continuing medical education programs. Additionally, by engaging SMM in the co-construction of care, clinicians can cultivate environments that promote open disclosure of sexual activity and increase patient confidence in their health, increasing pre-exposure prophylaxis uptake among this population. Future research endeavors should develop and assess interventions that prioritize inclusive medical education.

Video link: https://www.dropbox.com/s/g3l2i0u6lzd3wxz/NLGBTQ%20Poster%20Video.mov?dl=0

Feasibility and Acceptability of a Family-Based Intervention to Prevent Drug Use, Sexual Risk Behaviors and Depression Among Hispanic Sexual Minority Youth

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Background: Sexual minority youth (SMY) in general, and Hispanic sexual minority youth (HSMY) in particular, report higher levels of drug use, sexual risk behaviors, and depressive symptoms, compared to their heterosexual and non-Hispanic sexual minority peers, respectively. Despite a need, the majority of psychological intervention research does not generally include SMY, most recommended adaptations are not empirically supported by rigorous research, and none, to our knowledge, have included an exclusively HSMY sample. Moreover, RCTs of commonly used psychological interventions have not been completed with SMY, and even less with HSMY. Whereas research on SMY has grown in recent years, scholarship on HSMY, and the unique variables that impact this population, has not moved forward at the same pace. Further, very little research has incorporated the influence of family on the health of SMY, and the few that have, examined these variables cross-sectionally and only from the youth perspective. There are currently no family-based interventions for HSMY and their families to prevent syndemic conditions such as drug use, sexual risk behaviors (e.g., condomless sex), and depressive symptoms. Therefore, the purpose of this study was to test the feasibility and acceptability of Familias con Orgullo [Families with Pride] among 24 HSMY and their parents. Methods: Families completed the baseline assessment and were randomized to either Familias con Orgullo or a no intervention control condition. Familias con Orgullo consisted of seven parent-only group sessions, two or three adolescent-only group sessions, and four parent and adolescent family sessions with the adolescent delivered across two cohorts. Trained raters assessed intervention fidelity via study developed measures that were rated on a scale from 0 = Poor to 6 = Excellent. Results: Initial findings of the intervention showed promising effects favoring Familias con Orgullo on family functioning measures such as parent-adolescent communication (d = 0.30), adolescent depressive symptoms (d = 0.57), and adolescent resiliency (d = 0.23). We had similar decreases in both conditions on sexual minority stress (d = .007) and condomless sex [OR = 1.03]. Finally, 20% of youth in Familias Unidas con Orgullo were more likely to move from using drugs at baseline to not using drugs at post-intervention, compared to 15% in the control condition [OR = 1.25]. In terms of fidelity, the average score for the family sessions was 4.63 (SD = .62) and 5.5 (SD = .7) for the group sessions. Conclusions/Implications: Familias con Orgullo holds promise for reducing sexual risk behavior, and mental health disparities among HSMY, a highly underserved population.

Video link: https://miamiedu-my.sharepoint.com/:v:/g/personal/adl122_miami_edu/Ebv-uspX_epCuN16L7mOMYIBhrQ8diHMOpqHnQD23n_gGQ?e=Sb1Gkz

Compassionate listening to people from the LGBTQ community in times of social isolation by COVID-19

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Based on the current scenario of social isolation as a result of the pandemic by COVID-19, this project proposed to put into practice a listening with people from the LGBTQ community in Brazil, in order to understand how they were emotionally impacted during the quarantine period. During the month of April 2020, a compassionate listening was carried out with seven people - all seven of them self-identified as LGBTQ, covering topics such as interpersonal experiences, loneliness and affections during the isolation.

Video link: Email the authors for additional study information

Understanding Who We Serve and How We Serve: Equality Clinic of Augusta, Inc

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Issue: The LGBTQ community faces higher levels of mistreatment and lack of access to competent healthcare (Stoddard et al., 2011). Many private insurers do not include coverage for gender-affirming interventions as they are deemed "cosmetic" and "medically unnecessary" by these companies (Khan, 2013). This further contributes to health disparities for LGBTQ patients. Systemic issues, including lack of medical education in LGBTQ-focused curriculum (Stoddard et al., 2011) perpetuates lack of competent care. Setting: The Southern region of the United States has a low social climate score and increased health disparities for LGBTQ individuals compared to other regions in the United States (Hasenbush et al.,2014). Furthermore, the experiences and needs of the LGBTQ community in smaller metropolitan and rural areas, which are widespread in the region of this study, are likely different from those in larger cities due to fewer resources and municipal laws that protect this community (Coleman et al., 2014; Stepleman et al., 2018). The focus of this study is the Equality Clinic, a student-run clinic in Augusta, GA that specializes in providing free care to uninsured or underinsured members of the LGBTQ community. Project: The present study examined the first two years of Equality Clinic operation from September 2014 to September 2016 to better understand the unique needs of the patient population it serves. In addition to providing access to care for this community, the Equality Clinic aims to train future providers in delivering competent care. The sample was derived from the 156 adult patient's Electronic Medical Records (EMR) that attended the Equality Clinic during this window. Variables were extracted that identified chronic health conditions, reasons for visit, chief complaint, and information related to gender health. The demographics of the patient population were also collected, including gender identity, distance traveled to clinic, insurance status, and income. The majority of patients who attended the Equality Clinic during the time of the study were transgender (71%) and White (55%), with an average age of 29 (SD = 11.23), and average income of $679/month. The sample was primarily healthy, with most denying any chronic health conditions (62%). Most care provided to patients related to gender health (63%) and some gender-related care included initiation of new prescriptions for hormone replacement therapy (HRT, 37%). Other presenting concerns included general physical examination (17%), treatment for chronic illness (10%), and treatment for acute illness (8%). Behavioral health consults were provided in 55% of visits and 23% of patients reported a previously diagnosed psychological disorder. Lessons Learned: Examination of early patients who attended the Equality Clinic demonstrate the extant needs that face the transgender community, access to care and gender-related care. Transgender individuals are more likely to report employment discrimination compared to their cis-gender LGBQ counterparts (Kattari et al., 2016) and have high rates of unemployment compared to the general population (Leppel, 2016). These factors contribute to difficulties accessing health insurance and medical care. This pattern of utilization has informed the need for trans-competent care and the Equality Clinic has increased emphasis on training students in treating the unique needs of this community.

Video link: https://augustauniversity.box.com/s/orlzzhe7i6loghy9zesuownacrk8qpyc

Exchanging sex for food: Exploring factors affecting young transgender adults' involvement in sexual exploitation due to food insecurity

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Background: Food insecurity, defined as inadequate access to a sufficient quantity of affordable and nutritious food due to lack of money and other resources, affects LGBT adults at higher rates than non-LGBT adults. Food insecurity has been associated with adverse health outcomes, including mental distress and increased HIV transmission risk. Research has identified exchanging food for sex, a form of sexual exploitation, as means to obtain food. Young transgender adults might be at a higher risk for exchanging food for sex as alternative options, such as seeking food assistance or having a stable job, might be difficult due to discrimination and transphobia. However, there is almost no empirical evidence on risk and protective factors affecting exchanging sex for food among young transgender adults. We conducted this study to explore factors that elevate the risk of exchanging sex for food in young transgender adults in the U.S. Methods: We analyzed data from a sample of young transgender adults (18-35 years old, N = 20,250) who participated in the 2015 U.S. Transgender Survey (USTS). USTS is the largest survey examining the lives and experiences of transgender people in the United States, with respondents from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and overseas U.S. military bases. Participants were asked if they had engaged in sex or sexual activity for food. Further, participants were asked if they had engaged in sex for food within the past year or more than a year ago. We examined the association of sex for food with demographic, economic, and social characteristics. Two separate multivariable models based on when participants exchanged sex for food were analyzed using firth logistic regression for rare events. Results: Five percent (n = 1,014) of USTS participants reported engaging in sex for food. Among those who engaged in sex for food, 75% percent did it more than a year ago (n = 756) and 25% exchanged sex for food within the past year (n = 258). Participating in the Supplemental Nutrition Assistance Program, having a disability, being a young transgender person of color, being rejected by any family member, having unsupportive family members, living as a woman on a day-to-day basis, and experiencing homelessness within the past year were significantly associated with a higher likelihood of exchanging sex for food, regardless of time. Living with parents or family that they grew up with was significantly associated with a lower likelihood of sex for food, regardless of time, compared to renters. Conclusions: Our study identified risk factors that elevate the likelihood of engaging in sex for food among young transgender adults. These factors underscore various types of rejection and discrimination faced by young transgender adults. In turn, these factors may erode the social support and safety net of young transgender adults, preventing them from accessing and affording adequate food. Although short-term food assistance may reduce risk, our findings suggest solutions addressing social and economic discrimination might effectively tackle food insecurity and sexual exploitation in young transgender adults.

Video link: Email the authors for additional study information

Internalized heterosexism mediates the association between adverse childhood experiences and well-being among sexual minority women

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Background. Sexual minority women (SMW) are at increased risk for sexual-based stigmatization and victimization compared to heterosexual women (Mereish & Poteat, 2015). Mereish et al. (2014) found that SMW are also more likely to report adverse childhood experiences (ACEs). ACEs predict mental and physical health disparities across the lifespan in large national samples (CDC, 2013). These disparities perpetuate a greater risk for depression, anxiety, PTSD, suicidal ideation, substance abuse, and various physical health conditions (Mustanski et al., 2016). Internalized heterosexism (IH) is one stigma-related minority stressor unique to sexual minorities that is defined as one's negative attitudes about oneself pertaining to sexual orientation and identity (Meyer & Dean, 1998). IH stems from negative stereotypes, stigmatization, and myths about homosexuality in one's culture (Mason et al., 2015). Kaysen et al. (2015) found that IH and shame were associated with more psychological distress and maladaptive coping strategies such as denial and isolation. Other studies found links between IH and diminished social support, poorer quality relationships and loneliness, and physical health distress (Chow & Cheng, 2010; Spencer & Patrick, 2009). IH creates a barrier between a sexual minority person and prominent sources of coping and resilience that buffer the negative effects of childhood adversity. Although numerous studies have examined the prevalence and various outcomes of adversity in the LGBTQIA+ community, there has yet to be a study that specifically examines the association between ACEs, IH, and psychological well-being among adult sexual minority women. It is hypothesized that IH will mediate the association between ACEs and well-being. Method. In the present study, N=2,281 self-identified adult women of the LGBTQIA+ community were recruited via social media outlets and completed an anonymous online survey during December 2020 and January 2021. Participants answered demographic questions and completed self-report measures including the ACEs (Finkelhor et al., 2015), IHP Scale (Herek & Glunt, 1995), and Mental Health Continuum-Short Form (Keyes, 2009). Results. ACEs was positively correlated with IH and negatively correlated with well-being. IH was negatively correlated with wellbeing. Hayes' (2018) PROCESS macro was used to test the hypothesized mediation model (v3.5.3; model 4). As expected, IH significantly mediated the association between ACEs and well-being, b = -0.10, SE = .02, 95% CI [-0.1430, -.0538], even when controlling for age, gender identity, sexual identity, race/ethnicity, and childhood religion. The model accounted for 15% of the variance in well-being, F(7, 2281) = 56.01, p < .0001. Conclusions/Implications. Results of this study provide greater understanding of how childhood adversity perpetuates IH in adulthood and negatively impacts psychological wellbeing. It is advisable for health professionals to be aware of the association between ACEs and well-being among SMW, particularly in conjunction with levels of IH. Because IH negatively impacts wellbeing, health professionals need to be informed on how to provide LGBTQ+ affirming care in the best interest of their patients. This study also illuminates a need for future research to examine the intersecting role of racial discrimination on ACEs, IH, and the impact of the COVID-19 pandemic.

Video link:
https://drive.google.com/file/d/1aLlcqX4Ciwv6pa9qp9o_EMwsvuK42VY5/view?usp=sharing

Validation of the SGM-Specific Conflict Tactics Scale-2 with Diverse Sexual and Gender-Minority Populations

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Background: Sexual and gender minority (SGM) individuals experience intimate partner violence (IPV) at higher rates than their heterosexual peers. While recent research has strived to explore IPV amongst SGM populations, most uses IPV measures that have not been validated with SGM populations and often are heteronormative, bringing into question their cultural appropriateness. The purpose of the current study is to expand on Dyar and colleagues' (2019) work to develop and validate the SGM Conflict Tactics Scale-2. While Dyar et al. (2019) adapted measures for use with SGM populations assigned female at birth, the present study expands this work by validating the SGM Conflict Tactics Scale-2 with a more diverse sample of SGM individuals. The measure includes the following subscales taken from the Conflict Tactics Scale-2: psychological IPV, physical IPV, sexual IPV, and coercive control. In addition, Dyar et al. (2019) developed a measure of SGM-specific IPV that includes questions about outing (e.g., "threatened to out me to my friends, family, or other people in my life if I didn't do what they wanted") and social isolation (e.g., "threatened to turn people in the LGBQ+ community against me or spread rumors about me in this community"), which are unique forms of IPV that SGM populations experience. Methods: Data for this study come from a study of SGM undergraduate college students from 20 medium- to large-sized public universities across the United States. The sample includes 2,576 SGM students between the ages of 18 and 24 who completed surveys in either Fall 2020 or Fall 2021. The majority of SGM students identified as bisexual (47%), followed by asexual (14%), pansexual (10%), lesbian (9%), gay (9%), queer (6%), questioning (3%), and other (1%). The gender identities of sexual minority students were: woman (70%), man (18%), gender queer/non-conforming/non-binary (9%), transgender (2%), and other (0.4%). Results: We present findings of confirmatory factor analyses of the Dyar et al. (2019) factor structure for the adapted SGM-CTS-2. Analyses were conducted separately for victimization and perpetration. We also present findings of correlational analyses used to assess validity by examining the association of the victimization and perpetration measures with related constructs (e.g., depression, hazardous alcohol use). Implications: The results provide additional support for the proposed factor structure of the SGM Conflict Tactics Scale-2 with SGM populations as well as additional support for convergent validity. The results of the study assist in providing culturally appropriate and validated measures of IPV experienced by SGM populations. The need for such measures are critical in understanding IPV rates, risk and protective factors for IPV, and evaluating IPV prevention efforts for SGM populations.

Video link: https://use.vg/Hahze5

Intersectional income and nativity disparities in depressive symptoms among Latinx sexual minority men: An intercategorical approach

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Background: Latino sexual minority men (LSMM), including non-US and US-born individuals, experience greater depression than non-Latino SMM. Moreover, LSMM living in poverty report higher rates of depression than of higher socioeconomic statuses. Members of one or more minoritized groups face negative effects on their health related to their experiences of marginalization. Therefore, the present study seeks to examine the role of intersectionality (i.e., the convergence of multiple minoritized identity statuses) in LSMM's experiences of discrimination, and ultimately, mental health outcomes. Methods: Two hundred seventy LSMM (M=32.36 years) in South Florida self-reported cross-sectional data on income, nativity, discrimination (Everyday Discrimination Scale/EDS), and depression (Center for the Epidemiological Studies of Depression). We cross-stratified income and nativity to identify four intersectional groups: high-income, US-born (n=69), high-income, non-US-born (n=92), low-income US-born (n=56), and low-income non-US born (n=52). An indirect effects model examined the direct and indirect effects of intersectional group membership on depressive symptoms via discrimination. Direct, indirect, and total effects were compared with the reference group (high-income, US-born LSMM). Results: First, we examined whether high-income LSMM reported differential experiences of discrimination and depression based on their nativity. However, the high-income, non-US-born group had no direct, indirect, or total effects on depression, such that, for high-income LSMM, participants of a minoritized nativity group did not differ from those in a privileged nativity group. Then, we examined whether US-born LSMM of low-income status, another minoritized group, reported differences from those of a high-income status. Examining this part of the model, we found that low-income, US-born group membership had only a significant total effect. That is to say, participants of a lower income level but who had the same nativity (US-born) reported depressive scores 3.07 points higher (p=.011) than those who reported high-income and US-born status. Lastly, we examined whether experiences of discrimination and depression varied for LSMM of two minoritized groups (low-income, non-US-born) compared to those of two privileged groups (high-income, US-born). Results showed significant direct and total effects of group membership with the low-income, non-US-born group on depression. In other words, LSMM of two minoritized groups reported depressive scores 2.64 (p=.029) points higher, or 2.70 (p=.031) times higher when including the effect of discrimination, than those who identified as high-income and US-born. Discussion: The current study provides evidence for intersectional income and nativity disparities in mental health outcomes among LSMM. Regardless nativity status, low-income LSMM experienced greater depressive symptoms than those of a high-income. Among LSMM who were low-income and born abroad, participants were more depressed than those of a high-income and US-born status. In addition to discrimination as measured by the EDS, there are other factors which may explain the intersectional health disparities low-income, non-US-born LSMM face. Moreover, the EDS may not capture the nuances in how individuals perceive discrimination or all types of discrimination. We also note that the cross-sectional design of this study prevents assessing temporality between study variables. Further research is warranted to understand the intersectional experiences of LSMM of minoritized identities who experience undue stress because of their identity.

Video link: Email the authors for additional study information

Understanding Transgender and Gender Diverse Enrollees in the Massachusetts All Payer Claims Database

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Background: Many states allow health insurers to explicitly exclude gender affirming care from their plans. These exclusions have serious implications for access to care among transgender and gender diverse (TGD) communities. To address these concerns, Massachusetts enacted policies intended to increase coverage of gender affirming care in 2014 (for private insurance enrollees) and 2015 (for Medicaid enrollees). Because health insurance claims lack information on gender identity, researchers have used gender-related diagnosis codes to identify transgender and gender diverse (TGD) individuals. Given that these codes are often required by insurers for coverage of gender affirming services, selection concerns exist for causal evaluations that assess the impact of policy changes on TGD outcomes. Thus, understanding the relationship between coverage of gender affirming care and use of gender-related diagnosis codes is critical to future efforts to evaluate the impact of coverage changes on access and outcomes. We used the Massachusetts All Payer Claims Database (APCD) to describe use of gender-related diagnosis codes among TGD children and adults across insurance types during a period with pivotal changes regarding gender affirming care coverage. Methods: Using a previously developed algorithm, we identified individuals with gender-related codes in the Massachusetts APCD, a database which includes health insurance claims for most Massachusetts residents in 2012-2016. We described the size and health insurance types of the identified sample and examined the timing of first gender-related codes by insurance type before and after state-level policy changes. Conclusions/Implications: This study is the first to describe TGD individuals in the Massachusetts APCD and it provides new insight into the timing of first gender-related code in relation to adoption of gender affirming coverage policies. The proportion of individuals with gender-related diagnosis codes in the Massachusetts APCD is notably higher compared to similar studies using health insurance claims data, a finding which may be attributable to our ability to observe younger individuals in this dataset or more generous coverage of gender affirming care in Massachusetts. Despite larger increases in new gender-related codes after policy changes, we observed consistent yearly growth in the TGD sample across payers during the study period. Increases in gender-related codes over time are likely attributable to a range of social, political, and health care factors. Results: Among all enrollees in 2012-2016, 0.048% (n=6,495) had at least one gender-related code. Mean age was 31.6 years, with 17.2% of TGD enrollees <18 years and 5.0% of enrollees ≥65 years. When TGD individuals were assigned their first gender-related code, 57.5% were in private plans (mean age=28.9 years), 33.5% were in Medicaid (mean age=33.9 years), and 5.5% were in Medicare (mean age=43.6 years); 53.6% had multiple insurance types over the study period. The number of TGD individuals with their first gender-related code increased each year for all insurance types (12.9% of enrollees had their first code in 2012 vs. 31.2% in 2016). Growth in new codes was greatest between the years before and after adoption of nondiscrimination policies.

Video link: Email the authors for additional study information

Substance use disorder treatment in sexual and gender diverse people

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Introduction Sexual and gender diverse (SGD) people have higher odds of a substance use disorder (SUD) diagnosis compared to heterosexual and cisgender people. Differences in SUD treatment engagement and utilization between SGD and non-SGD populations are not well understood. The United States Food and Drug Administration (FDA) has approved pharmacotherapy for the treatment of SUDs, including acamprosate, disulfiram, and naltrexone for alcohol use disorder (AUD), and methadone, buprenorphine, and naltrexone for opioid use disorder (OUD). Recent guidelines also recommend topiramate as an option for alcohol use disorder treatment, though it is not currently FDA-approved.   The purpose of this study is to build on extant SGD addictions literature by assessing differences in SUD treatment, including psychopharmacology and other therapies, among SGD versus non-SGD populations. We will include data from January 2011- June 2021, which will facilitate study of treatment trends over the last decade, as well as following the outbreak of COVID-19. Using diagnoses recorded in a federally qualified health center electronic health record, we will compare SUD treatment for SGD and non-SGD patients with AUD and OUD. We hypothesize that findings from our work may reveal disparities in treatment for SGM communities. Data from this study will support intervention strategy development to reduce inequities in SUD treatment engagement and retention for SGD communities.   Methods We plan to analyze SUD treatment data from Fenway Health's electronic medical record from January 2011- June 2021 and explore differences in SGD versus non-SGD patients. The health center's Institutional Review Board is currently reviewing all study procedures. The inclusion criteria are adult patients with ICD-9 or ICD-10 SUD diagnoses on the electronic health record problem list at any time and any type of clinic visit during the study period.   Non-pharmacologic SUD treatment utilization will be assessed using two electronic health record derived variables: behavioral health referrals and behavioral health appointments. SUD treatment utilization involving pharmacotherapy will be assessed using two electronic health record-derived variables: presence of a medication assisted treatment (MAT) document and SUD medication prescription. Although these latter psychopharmacology-related variables do not measure direct use of psychopharmacology, they do indicate the existence of a treatment plan created by the patient and provider which includes medication.   Analysis covariates include sociodemographic and psychiatric history variables. Demographic variables included age, sex, gender identity, sexual orientation, race, ethnicity, employment status, income, zip code, experience of homelessness, insurance type, and marital status. Psychiatric history covariates may include psychiatric diagnoses, other psychiatric medication prescriptions, other psychiatric medication refills, psychosocial screens (including the PHQ-9, GAD-7, AUDIT-C, and DAST-10), urine drug screen results, and history of psychiatric emergency (history of withdrawal and/or overdose and suicidal ideation/attempt).   First, we plan to report frequencies of SUD treatment using the four utilization variables, including behavioral health referrals, behavioral health appointment attended, presence of MAT intake document, and SUD medication prescription. We plan to calculate rates for each SUD treatment measure for the entire sample and, separately, for each sexual orientation and gender identity category. We will also report frequency and duration of treatment utilization: we plan to observe SUD treatment for a defined period of time following SUD diagnosis (only including patients who had an appointment or prescription following the initial diagnosis to ensure the patient was continuing care at Fenway).   Second, we will assess differences in treatment by sexual orientation and gender identity using logistic regression. Outcome variables will include binary indicators for each of the four SUD treatment measures. Depending on data availability, we may also explore

associations between covariates and variables exploring treatment continuity and engagement. Covariates will include demographic and psychiatric history variables, selected a priori using both theory and the existing literature. We also will include treatment duration at Fenway as a covariate to account for longer periods of time offering greater opportunity for service use. To explore the potential moderation effects of SUD by severity, psychosocial screen results will be stratified, used to create interaction terms with SUD diagnoses, and tested for significance one at a time.

Video link: Email the authors for additional study information

The Role of Romantic Relationships and Identity Visibility in Bi+ People's Well-Being

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Background: Bisexual people experience worse mental and physical health outcomes relative to gay and straight individuals, including greater rates of anxiety and hypertension and lower overall well-being (Ulrich, 2011; Garr-Schultz & Gardner, 2019). The current research investigates 1) whether the sense that one's bisexual identity is invisible to others contributes to these low levels of well-being and 2) the role that romantic relationships play in supporting the sense that one's bisexual identity is visible. Methods: Using the online survey platform Prolific, we recruited a sample of bi+ U.S. adults (individuals who reported being attracted to multiple gender groups and who self-identified as bisexual, pansexual, fluid, or queer). The sample included 464 participants (68% women, 24% men, 8% nonbinary; 69% White, 11% multiracial, 7% Latinx, 5% Black, 4% East Asian, 2% Indian, 2% Southeast Asian), 135 of whom were in relationships with someone of their own gender, 199 of whom were in relationships with someone of a different gender, and 130 of whom were single. Participants completed an online survey that included measures of sexual identity visibility, measures of individual and relationship well-being, and open-ended questions about how their romantic relationship (or lack thereof) contributed to their sense of sexual identity visibility. Results: Controlling for outness, participants in same-gender relationships felt more strongly that their bi+ identities were visible relative to both single participants and participants in mixed-gender relationships. Greater bi+ identity visibility was in turn associated with better overall mental health (beta = 0.15, p = .012) and greater subjective well-being (beta = 0.15, p = .015) but not with depression or overall physical health. Qualitative analyses of participants' responses to our open-ended questions are currently underway to address what relationship factors promote the sense that one's bi+ identity is visible. Initial analyses suggest that participants feel their identities are more visible when their partner shares their LGBT+ identity or engages in behaviors that normalize bisexual identities. Conclusions/Implications: Feeling that one's bi+ identity is visible-that it is known, believed, and acknowledged by others-is associated with greater overall mental health and subjective well-being, emphasizing the importance of efforts to bring greater awareness to bi+ identities at both societal and individual levels. In order to help bi+ people thrive, greater attention should be paid to the unique challenges bi+ individuals in same-gender and mixed-gender relationships encounter-and the unique relational behaviors they adopt to maintain their sense of bi+ identity visibility.

Video link: Email the authors for additional study information

Intimate partner violence help-seeking in the U.S. Transgender Survey

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BACKGROUND: It is estimated that 54% of transgender individuals in the U.S. experience intimate partner violence (IPV) in their lifetimes: that is, psychological, physical, or sexual abuse in a romantic or sexual relationship (James et al., 2016). Although we know generally that many transgender IPV (T-IPV) survivors fear (Kurdyla, Messinger, & Ramirez, 2019) and encounter transphobia during the help-seeking process (Guadalupe-Diaz & Jasinski, 2017; Messinger & Guadalupe-Diaz, 2020; Roch et al., 2010), less is known about exactly which sub-groups of transgender victims seek help for IPV and why (Fleming & Resick, 2017). Moreover, no paper to our knowledge has examined T-IPV help-seeking with national-level data, nor has any paper on this issue controlled for potential confounding effects through multivariate analyses. The present paper fills these gaps in the literature through a secondary data analysis of T-IPV help-seeking patterns in the nationally-representative 2015 U.S. Transgender Survey. METHODS: In 2015, the National Center for Transgender Equality recruited transgender individuals through purposive and snowball sampling from all 50 states, Washington, D.C., and several U.S. territories and overseas military bases. The resulting U.S. Transgender Survey (USTS) represents the largest survey ever to study transgender lives (N = 27,715 transgender adults). For this paper, secondary data analyses were conducted on a subsample of participants who had reported ever experiencing any form of IPV (analytic sample n = 15,198 T-IPV survivors). All analyses included sampling weights, which were developed by the USTS research team and informed by the 2014 U.S. Census Bureau's American Community Survey (see James et al., 2016). In addition to univariate and bivariate analyses, two logistic regression models were conducted, the first examining predictors of whether T-IPV survivors sought help from a survivor agency (e.g., IPV shelter or rape crisis center), and the second examining predictors of whether those who did not seek help chose not to out of fear of potentially encountering a transphobic response. RESULTS: Logistic regressions found that T-IPV survivors are significantly more likely to seek help from a survivor agency if they are trans men, assigned-female-at-birth (AFAB) genderqueer, Alaska Native or American Indian, lower income, anti-transgender discrimination victims, or victims of any IPV type but most especially controlling IPV. Logistic regressions also found that the possibility of encountering transphobic agency staff was significantly more likely to deter survivors from seeking help if they were trans women, asexual or bisexual, lower income, younger, undocumented, not a parent, ever homeless, had experienced anti-transgender discrimination, or had experienced any IPV type, particularly sexual IPV. CONCLUSIONS/IMPLICATIONS: The findings illustrate that not all transgender people face the same kinds of barriers when seeking help for IPV. Formal agencies should not only be equipped with transgender-inclusive policies and procedures but also with the proper resources needed to address the unique concerns of those transgender survivors, who may need a variety of resources addressing past discrimination, citizenship status complexities, sexual violence and other forms of IPV, and economic instability. Additional implications for future research and population-specific service provision are discussed.

Video link: Email the authors for additional study information

Cervical Cancer Screening Compliance Among Sexual and Gender Minorities

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Background: The rate of new cervical cancer cases and cervical cancer deaths in the United States has declined in the last fifty years due to the widespread use of cervical cancer screenings known as Papanicolaou (Pap) tests. Sexual minority women, or women who identify as lesbian, bisexual, queer or otherwise have sex with women, may be less likely to receive Pap test screenings than heterosexual women. Other studies that have been conducted on sexual minority women do not consider the intersection of sexual orientation and gender identity. This study examined sexual orientation disparities in Pap test screenings among cisgender women as well as individuals assigned female at birth with a cervix who identify as transgender (female-to-male, FTM), or gender nonconforming. Methods: This study used data on adults aged 18-64 years who self-responded that their sex assigned at birth was female (n = 147,840) from the 2018 and 2019 Behavioral Risk Factor Surveillance Survey. We used descriptive statistics and logistic regression models to examine the associations between sexual orientation and Pap test use in the previous three years. All analyses were conducted in Stata. Results: Individuals who reported that their sex at birth was female and identified as gay or lesbian were less likely to have had a Pap test in the last three years compared to heterosexual individuals (OR, 0.75; 95% CI, 0.55-0.99). Individuals who responded "something else" when asked about their sexual orientation were less likely to have had a Pap test in the last three years compared to heterosexual individuals (OR, 0.67; 95% CI, 0.48-0.83). Transgender (FTM) individuals were less likely to have received a Pap test in the last three years compared to cisgender women (OR, 0.55; 95% CI, 0.31-0.98). Gender non-conforming individuals were also less likely than non-transgender individuals to have received a Pap test in the last three years, but these results were not significant (OR, 0.90; 95% CI, 0.45-1.82 for gender non-conforming). Conclusions/Implications: All individuals with a cervix are at risk of cervical cancer, regardless of their sexual orientation or gender identity. Sexual orientation and gender identity disparities in sexual and reproductive health services demonstrate a need to reconsider the way in which these services are provided. Our study found that some SGM individuals were less likely to be compliant in Pap test screenings than non-SGM individuals. Further research should be done to conclude the impact of sexual orientation and gender identity on Pap test screening compliance.

Video link: Email the authors for additional study information

Ending the HIV Epidemic in the Carolinas: Building diverse organizational networks to design and deliver research-tested interventions at the community level

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Background: In the U.S., young men who have sex with men and transgender women (YMSM/TGW) are disproportionately impacted by HIV. Social anti-gay norms and discriminatory policies and institutions create an environment with numerous barriers to effective HIV prevention. North Carolina (NC) and South Carolina (SC) have been identified as two critical areas for Ending the Epidemic. Acknowledging the long-standing HIV prevention efforts in place across multiple sectors, we sought to investigate the barriers and promising pathways for providing research-tested digital health interventions to diverse networks of partner organizations. Methods: In a qualitative study, semi-structured, key informant interviews (KII) and focus groups (FG) were completed with participants residing in NC and SC. KII were conducted with individuals working in HIV prevention and/or lesbian, gay, bisexual, transgender, and queer (LGBTQ) health. YMSM/TGW (16-24 years old) were recruited to participate in FG via social media, community partners, and ads on college online platforms. FG participants completed a short online survey to assess demographic and HIV prevention strategies. A deductive and inductive approach with multiple coders was employed to identify themes from the KII and FG transcripts. Results: 14 stakeholders were identified through online searches and networking of our academic and clinical team to complete KII. Half of the stakeholders were from NC and the majority (n=10) worked in community-based organizations. 23 YMSM/TGW participated in 3 FG, with a mean age of 20.5 years old, 52% White, 22% living with HIV, 9% taking a PrEP. KII and FG participants offered insight to programs that have improved access to care with strategies that include 1) increasing representation and self-awareness of staff to create safe spaces for clients or patients, 2) removing the silos of HIV funding and education to decrease stigma, and 3) relationships among partners to facilitate obtainment of local resources. We identified general and regional specific barriers to HIV prevention from both lived experiences and organizational perspectives, including the social effects of pervasive systemic racism in the South, discrimination against gender and sexual minorities, and community level trauma. Although many were receptive to the idea of integrating these lessons into a digital health intervention, there were concerns about youth's access to internet and personal cell phones. This would have to be considered in the design of the intervention, as well as considering a stigma-informed recruitment campaign with local partners' input and delivery. Conclusions/Implications: Stakeholders and YMSM/TGW identified barriers to HIV prevention particularly in education, health care, and social support in NC and SC. Understanding factors affecting youth engagement and recruitment to HIV prevention interventions is essential to implement EHE initiatives. Identifying ways to deliver anti-stigma messaging through digital health platforms could accelerate the prevention efforts of diverse partners in the fields of HIV prevention and LGBTQ health. Learning objectives: Conference attendees will be prompted to consider how interdisciplinary partnerships and community member engagement might be used to design and deliver a digital health intervention that aids in the connection to HIV prevention information and resources. Conference attendees will learn social and structural-level approaches within HIV prevention that are currently employed by those working in YMSM/TGW health including building local partnerships, ensuring staff representation, and removing HIV silos from funding and sex education. Conference attendees will be able to identify how an anti-discrimination approach could be used as a starting point for overcoming barriers to HIV prevention for YMSM/TGW in the South.

Preventing Adverse Childhood Experiences among Sexual and Gender Minority Youth: A Call to Action

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Background: Adverse childhood experiences (ACEs) are a pernicious public health issue that disproportionately affect sexual and gender minority youth (SGMY; Craig et al., 2020; Schneeberger et al., 2014). Some ACEs are specific to SGMY such as family rejection of youth's sexual orientation and/or gender identity, as well as caregiver-initiated sexual orientation change efforts (Blosnich et al., 2020; Pariseau et al., 2019; Ryan et al., 2020). Further, clear links have been illustrated between family rejection behaviors and depression, anxiety, substance use, and sexual health risks for SGMY (Pariseau et al., 2019; Richter et al., 2017). Although our understanding of rates and outcomes of ACEs among SGMY have increased in recent years, we know little about how to effectively prevent ACEs in SGMY specifically. Methods: This presentation will provide a commentary and a call to action in hopes of increasing dialogue about the prevention of ACEs among SGMY. We assert that family-based programming, delivered via telehealth, that focuses on building family strengths, enhancing parenting skills, and reducing minority stress in SGMY may be especially effective in reducing ACEs in SMGY, particularly those living in rural areas of the U.S. where rates of ACEs among SGMY are especially high (Craig et al., 2020). Results: Although all SGMY and their caregiver(s) could potentially benefit from evidence-based programming to prevent ACEs, there are sub-populations of SGMY that are likely most in need of comprehensive prevention efforts. For example, SGMY of color as well as youth living in rural areas of the United States (U.S.) experience ACEs at rates higher than White SGMY and SGMY living in urban areas of the U.S, respectively (Craig et al., 2020; Richter et al., 2017). Further, transgender youth with lower perceived parental support are more likely than youth with higher perceived parental support to report interest in receiving gender-affirming care via telemedicine (Sequeira et al., 2020). Conclusions/Implications: There is an urgent need to develop evidence-based programs to prevent family-based ACEs in SGMY. Using rigorous models of program development, components of existing evidence-based programs (e.g., Strengthening Families, Family Acceptance Project) could be adapted to create a comprehensive ACEs prevention program for SGMY. It is also critical that ACEs prevention programs consider the perspectives of youth with multiple marginalized identities to ensure that the programs are culturally inclusive, in addition to considering how programs may need to be adapted to the developmental needs of younger SGMY versus older SGMY. Further, rigorous evaluation methods are critical to ensure that prevention programs for SGMY and their caregiver(s) are working to reduce ACEs and to identify factors that may mediate and moderate treatment outcomes.

Video link: Email the authors for additional study information

Bisexual Relationships: Investigating the Impact of Attitudes Regarding Bisexuality onRelationship Satisfaction Among Female Same-Gender Couples

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There is a large body of research investigating minority stressors among individuals who identify as bisexual (Flanders, 2015, Jorm, et al., 2002). Much less research exists exploring the processes and dynamics of bisexual individuals in relationships (Klesse, 2011; Hayfield & Lahti, 2017). While romantic relationships are related to increased minority stressors among bisexual individuals (Ross, Dobinson, & Eady, 2010), there are also potential beneficial effects from relational involvement (Feinstein, et al., 2016). With mixed findings, it is important to conduct more research on relational dynamics among bisexual-identified people to continue investigating the strengths and challenges they experience in relationships. Additional research such as this would provide crucial information to inform practitioners and policy makers on how to best support mental health among these individuals and couples. The current study seeks to explore the dynamics within female bisexual relationships that may act as minority stressors or buffer against the effects of external minority stressors.

Video link: Email the authors for additional study information

The Young Men and Media Study: A pilot randomized controlled trial of a community-informed, online HIV prevention intervention for 14-17-year-old sexual minority males

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Background: Adolescent sexual minority males (ASMM) are disproportionately affected by HIV. Lacking access to relevant formal sexual health education, ASMM often turn to the Internet, including pornography, to get information about male-male sexual relationships. Although the Internet can be a convenient and affirming source of sexual health information, it can also be unreliable, often providing misinformation or misleading characterizations of male-male sexual relations. The Young Men and Media study developed and pilot tested a community-informed, online HIV prevention intervention designed to increase sexual health knowledge, promote critical examination of online media, including pornography, and decrease sexual risk among ASMM. Methods: ASMM (N = 154, age 14-17 years) were recruited online in Spring 2020. Participants were assessed at baseline, randomly assigned to the Young Men and Media intervention (n = 77) or other existing HIV informational websites (n = 77), and re-assessed at post-intervention and 3-month follow-up. The developed intervention used nine interactive modules to cover male anatomy, HIV/STI prevention information, general sexual health information, partner communication, and pornography literacy skills. Sample characteristics, feasibility, and acceptability measures were described using frequencies, measures of central tendency, and variation. Preliminary efficacy was analyzed using longitudinal quantile regression models for continuous outcomes (HIV/STI knowledge, condom knowledge) and generalized estimating equations for dichotomous outcomes (PrEP awareness, beliefs about pornography accuracy). Results: Participants reported living in 41 states (17% Northeast, 25% Midwest, 27% South, 31% West). Approximately half (48%) identified as racial/ethnic minorities and most self-identified as gay (53%). Retention was 89% (92% intervention, 86% control) at post-intervention and 86% (87% intervention, 84% control) at 3-month follow-up. Of the 65 intervention participants who logged in to the website (65/77, 84%), most completed all nine modules (median = 9, mean = 7, SD = 2.7) and found the content useful (average module score 4.3 out of 5 stars). Although analyses were not powered to detect intervention effects, point estimates where in the expected direction for HIV/STI knowledge and beliefs about pornography accuracy. Specifically, HIV and STI knowledge scores were higher among intervention participants relative to control at post-intervention (HIV knowledge: b=0.70, 95% CI: -1.67-3.07; STI knowledge: b=4.00, 95% CI: -1.47, 5.46). HIV knowledge scores continued to be higher for intervention participants compared to control at 3-month follow-up (b=0.56, 95% CI: -1.93-3.04). Further, intervention participants had lower odds of believing that pornography accurately represents male-male sex compared to control at post-intervention (OR=0.45, 95% CI: 0.09-2.32) and 3-month follow-up (OR=0.73, 95% CI: 0.14-3.33). There were no differences in condom knowledge scores or PrEP awareness. Conclusions/Implications: The intervention was feasible and acceptable to ASMM; preliminary evidence supports its potential to positively impact sexual health outcomes. Because intervention prior to or around the age of sexual debut is critical to the development of healthy sexual behaviors, the Young Men and Media intervention may be useful in addressing the sexual health needs of ASMM. A fully powered trial of this intervention is needed to determine if the intervention increases sexual health knowledge, decreases sexual risk, and helps decrease HIV transmission among ASMM.

Video link: Email the authors for additional study information

Queer Experiences with Sexual Violence

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Background: Despite strong indications that sexual and gender minorities (SGM) face disproportionate risk for experiencing sexual violence (SV), the literature base exploring SV as experienced by SGM is extremely limited. One of the significant barriers to studying and intervening upon sexual violence risk for SGM communities is insufficient understanding within the field of public health as to how, when, where, and by whom SGM are subjected to sexually violent encounters. Furthermore, existing public health frameworks position sexual and gender identities as fixed, innate characteristics rather than as dynamic over time and in different contexts. In this study, we use a concept of "queerness" as a stand in for SGM in order to make room for nuance, complexity, and dynamism of gender and sexuality. The purpose of this study was to better understand how experiences and understanding of sexuality, gender, and sexual violence change and intersect over the life-course for queer-identifying individuals.
Methods: Twenty-two semi-structured, in-depth interviews were conducted with queer-identifying individuals between the ages of 18-30 who had experienced sexual violence at some point in their lives and were currently living in the metropolitan Atlanta area. Participants were eligible unless they identified as both heterosexual and cisgender at the time of recruitment. Interviews were conducted in-person and over Zoom from December 2019 to June 2020. Thematic analysis of the interviews was guided by intersectional, socioecologic, and life-course theoretical frameworks. Results: The majority of participants in this study reported experiencing sexual violence for the first time as adolescents, before they had consciously begun grappling with their sexual or gender identities. These participants were uniformly assaulted by cisgender men. Participants reported that changes in the way they understood their sexuality and gender often occurred concurrently with realizations that their prior experiences had constituted assault. For participants whose assaults occurred before they began to explore a queer identity, queerness was cited as a source of strength in grappling with their assault. Participants whose assaults occurred after claiming a non-normative sexual or gender identity felt limited inclusion or support within any communities, queer or otherwise. Conclusions/Implications: Sexual and gender minority research in public health is based predominately on static, biologically reductionist, and behavioral models of orientation and identity. Sexual violence research in particular, is grounded in binary, heteronormative models of sex and power dynamics. Our study emphasizes that sexual orientation and gender are connected to the continual navigation of sense of self and social context, rather than innate characteristics. Put simply, these frameworks will not suffice as we move to include sexual and gender minorities in sexual violence research. The development of a framework for SGM research is outside the scope of this paper, but the authors consider the expansion of sexuality and gender frameworks within public health as a priority of utmost importance.

Video link: https://zoom.us/rec/share/Rr83NkUJn9wPB6EGz-UjUM5yT6wzHi05vU9qMJGzeXfGABTQJG2AVFl6pWlm5RTf.W4KhIoWUxUaOA0zE?startTime=1620363319000

Lesbian, Gay, Bisexual, Transgender, and Queer Health Care Experiences in a Military Population: A Qualitative Analysis

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Background: The health care needs of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) service members remain unknown, as most data rely heavily on LGBTQ civilian and veteran populations. This study aimed to understand the experiences, concerns, barriers, and factors impacting the health and readiness of Lesbian Gay Bisexual Transgender and Queer (LGBTQ) prior military service members (SM), as expressed through qualitative responses. Methods: The data for this analysis was collected from the two open-ended survey questions as part of a larger online survey on the experiences, associated stressors, and social support that impact the health and readiness of military LGBTQ prior service members. The analysis was performed using the web-based data analysis application Dedoose. A group of qualitative analysts from Research Triangle Institute (RTI) International, Research Triangle Park, NC conducted the analysis. Results: A total of 168 surveys (n=168) were received from December 2018 to April 2019. Analysis of the responses revealed five main themes related to the health care experiences of prior LGBTQ SMs: (1) identity, (2) negative experiences, (3) impact of experiences, (4) policy, and (5) positive experiences. Discussion/Conclusion: These findings can influence future military research by focusing on the effects of the Don't Ask Don't Tell (DADT) policy, negative and positive experiences, and the impact of those experiences. Future research may wish to determine what factors contribute and how these factors can be modified to change negative to positive experiences for LGBTQ service members and veterans. Military policy towards inclusiveness and acceptance of LGBTQ service members is needed. It is critical to find potential best practices for LGBTQ policy and health care for all military members and veterans. Disclaimer: The content is solely the responsibility of the authors and does not necessarily represent the views, policy or position of the funding agency, the US Army, US Navy, US Air Force, US Marine Corps, US Coast Guard, the Department of Defense, or the US Government. This research was funded by a grant from the TriService Nursing Research Program, Uniformed Services University (HU0001182TS02, PI: Pedro N. Oblea, Jr).

Video link: Email the authors for additional study information

"No, I don't feel identified": exclusion of trans individuals in cancer prevention campaigns.

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Introduction: The Center for Disease Control and Prevention has identified the trans community as a health disparity population with a high risk for cancer. Trans individuals face the greatest health disparities within this population. Previous studies have identified the avoidance of preventative medical care due to stigmatization in medical scenarios. This may result in later detection and treatment of some types of cancer such as breast and cervical cancer. Finally, Latinx trans individuals (LTI) have been under-represented in research efforts addressing cancer risk or incidence levels. Aim: This presentation will examine: (1) the perceptions of trans individuals about existing cancer prevention campaigns, and (2) provide recommendations for making cancer campaigns more inclusive of trans individuals. Method: We conducted 40 in-depth semi-structured interviews with LTI in Puerto Rico and Mainland US. This is part of a larger mixed-methods study design focused on examining cancer screening barriers and facilitators among LTI. Interviews were transcribed and later analyzed using thematic analysis approach. Results: Participants expressed feelings of exclusion and discomfort when it comes to cancer prevention campaigns. Preliminary findings indicate that although some participants are able to identify current cancer campaigns, they understand that these do not represent them because of on cisgender individuals. Some of the recommendations advocate for the inclusion of diverse identities on the campaigns or cancer prevention campaigns specifically designed to educate LTI. Conclusion: These findings suggest that current cancer campaigns have neglected to include LTI. This can further increase cancer health disparities among this population, as they do not feel that cancer prevention and screening recommendations are reaching them. There is a need for inclusive cancer prevention campaigns that target specifically LTI. Keywords: Trans, Cancer Campaigns, Cancer Risks, Prevention, Health Disparities, LGBT+ Funding: National Cancer Institute (NCI: 1R21CA233449-01A1)

Video link:
https://www.dropbox.com/s/ihaw91zzhxxsk2u/LGBT%20Conference%20Video.mp4?dl=0

A Qualitative Analysis of Transgender and Gender Non-conforming Patient Experiences in California`s Inland Empire

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Background: Transgender and gender non-conforming (TGNC) individuals face many economic and cultural forms of discrimination and exclusion that add barriers to accessing high-quality healthcare services. These barriers are particularly complex in the Inland Empire, a large, racial-ethnically diverse region in Southern California that has a weak healthcare infrastructure. A 2015 quantitative needs assessment of the Inland Empire's TGNC community found that <50% surveyed found it easy to access healthcare and 21% had been refused care. Using a qualitative approach, our study aims to better understand both the negative and positive healthcare experiences of racial-ethnically diverse members of the Inland Empire's TGNC community. Methods: We partnered with a local TGNC health and advocacy organization, the Transgender Health and Wellness Center, to employ a community based participatory research approach. Three focus groups were conducted with a racial-ethnically diverse sample of 20 TGNC individuals aged 18+ living in the Inland Empire. We asked participants to discuss questions related to healthcare access, quality of care, and providers' cultural competency. We used the "rigorous and accelerated data reduction" technique to analyze the data and identify salient themes. Results: Four themes were identified: (1) shortcomings of healthcare provider training, (2) interpersonal barriers to healthcare, (3) systemic barriers to healthcare, and (4) effects of improper care on TGNC patients. The shortcomings of healthcare provider training included a lack of awareness beyond binary gender identities and a lack of understanding of the difference between gender and sexuality. Interpersonal barriers to healthcare included experiences of misgendering, treatment refusal, and having providers call them by their deadname (i.e., name given at birth). Systemic barriers to healthcare included limited insurance coverage, transportation issues, and lack of expedient care, which made participants feel erased by their providers. Lastly, improper care was highlighted by participants seeking alternative and sometimes unsafe forms of care due to lack of timely care. Conclusion: This study highlights how negative TGNC patient experiences are shaped by a lack of TGNC-competency among health providers, as well as interpersonal and systemic barriers to healthcare. While negative experiences were problematic and persistent, participants provided recommendations to improve care, such as increasing representation of diverse transgender perspectives in provider training, involving providers in TGNC community outreach and volunteer work, and requiring letters of recommendation and certificates for providers to be deemed TGNC-friendly. Understanding TGNC patients' lived experiences and generating community-based recommendations are vital to equipping healthcare providers with knowledge to provide better care and redefining the TGNC-specialist qualification criteria. Additional research is needed to explore the intricacies of Inland Empire TGNC-patient experiences within behavioral health, reproductive health, endocrinology, and surgery.

Video link: Email the authors for additional study information

Service Provider Perspectives on LGBTQIA+ People's Needs and Access Barriers During COVID-19

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Background: Members of LGBTQIA+ populations often experience difficulty accessing formal or institutional support services, due to a combination of limited available resources, lack of provider competency with queer and transgender clients, social stigma, and overt discrimination (Acevedo-Polakovich et al., 2011; Williams & Fish, 2020). Other aspects of identity and context also shape access to care (Wagaman, 2014). Information from social service providers corroborates these findings, with providers describing systemic barriers to service access (McIntyre et al., 2012) and emphasizing the importance of continued competency trainings (Moe & Sparkman, 2015). The COVID-19 pandemic has intensified existing barriers, as well as the financial, social, and physical precarity of LGBTQIA+ individuals (Salerno et al., 2020). Methods: Data for this analysis was drawn from qualitative semi-structured interviews with 15 service providers working with LGBTQIA+ client populations in the New York City area. Interviews were conducted via videoconferencing software in September through December of 2020, and were audio recorded and transcribed. Analysis of interview transcripts was conducted using a modified grounded theory approach to derive analytic categories and theoretical understandings directly from the data. Results: Providers discussed existing barriers to service access faced by their LGBTQIA+ clients, and ways these barriers have been exacerbated or changed by the COVID-19 pandemic. These included the inability to access certain services remotely, clients' lack of access to reliable technology and private space, exacerbated mental health and substance abuse needs, and interruptions in gender-affirming care. Providers also addressed workarounds in service delivery that they have implemented due to the pandemic, including adapted scheduling methods, expanded means of service delivery, and new outreach initiatives to reach clients. Conclusions/Implications: Implications and recommendations for increased service availability are discussed, with a focus on ways in which service provision adjustments implemented due to COVID-19 may be useful beyond the pandemic as well. References Acevedo-Polakovich, I. D., Bell, B., Gamache, P., & Christian, A. S. (2013). Service Accessibility for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. Youth & Society, 45(1), 75-97. McIntyre, J., Daley, A., Rutherford, K., & Ross, L. E. (2012). Systems-level Barriers in Accessing Supportive Mental Health Services for Sexual and Gender Minorities: Insights from the Provider's Perspective. Canadian Journal of Community Mental Health. https://doi.org/10.7870/cjcmh-2011-0023 Moe, J. L., & Sparkman, N. M. (2015). Assessing Service Providers at LGBTQ-Affirming Community Agencies on Their Perceptions of Training Needs and Barriers to Service. Journal of Gay & Lesbian Social Services, 27(3), 350-370. https://doi.org/10.1080/10538720.2015.1051687 Salerno, J. P., Williams, N. D., & Gattamora, K. A. (2020). LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1), S239. Wagaman, M. A. (2014). Understanding Service Experiences of LGBTQ Young People Through an Intersectional Lens. Journal of Gay & Lesbian Social Services, 26(1), 111-145. Williams, N. D., & Fish, J. N. (2020). The availability of LGBT-specific mental health and substance abuse treatment in the United States. Health Services Research, epub ahead of print. https://doi.org/10.1111/1475-6773.13559

Video link: https://www.dropbox.com/s/w1b1s2l34x14pgx/Osborn%20-%20National%20LGBTQ%20Health%20Conference.mov?dl=0

"It's very inconvenient for me": A Mixed-Method Study Assessing the Perceptions and Factors Associated with Adolescent Sexual Minority Males Attending PrEP Follow-Up Appointments

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Background: PrEP retention of care studies are limited and none to date have explored retention in care factors among adolescent sexual minority men (ASMM). We conducted a mixed-method study informed by the Andersen's Behavioral Model of Health Services to (1) examine the association of predisposing, enabling, and need factors and the confidence to attend 3-month PrEP follow-up appointments and (2) identify ASMM's beliefs about attending 3-month PrEP follow-up appointments. Methods: ASMM (N=1433) completed a baseline survey for an online HIV prevention program between 2018-2020. Participants were recruited via social media campaigns and participant registries. Multivariable linear regression was conducted to examine the association between Andersen Model factors and confidence to attend 3-month PrEP appointments. An inductive content analysis was conducted to identify prevalent advantageous and disadvantageous beliefs of attending trimonthly PrEP appointments. Results: Qualitative and quantitative findings show that perceived parental support is a salient enabling factor in ASMM attending PrEP follow-up appointments. Teens who perceived greater parental support of their PrEP-taking had more confidence they could attend PrEP follow-ups than teens who perceived lower parental support of taking PrEP ($\beta = .260$; $p \leq .001$). ASMM listed that attending trimonthly appointments might result in them disclosing their sexuality to their parents (9.8%), so they might lie to their parents about their reasons for attending PrEP appointments (11.5%). Since teens wanted to keep their PrEP follow-ups a secret, it would be challenging, if not impossible, to navigate the logistics of attending and paying for PrEP care. Conclusions/Implications: Our mixed-method study results are the first to quantitatively examine factors associated with ASMM's confidence to attend these PrEP follow-up appointments and qualitatively identify ASMM beliefs about attending these visits. This study suggests that parents are crucial gatekeepers for ASMM to initiate and sustain the PrEP care continuum. Interventions should consider adolescents' developmental and family context if they want to be effective. Studies should investigate parents' attitudes and intention to engage in the PrEP care continuum with their children, with results from these studies informing family-based interventions. Future research is necessary to determine different PrEP environmental-targeted interventions that youth find acceptance, such as providing HIV testing and PrEP delivery in at-home, school-based, and other community-based settings.

Video link: https://northwestern.box.com/s/1twpklwmp21h75wfzwlk58zigwetiujz

What's your STYLE? Building Virtual Community Among YBMSM Living with HIV

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Issue: Racial disparities in the HIV care continuum prevent optimal linkage and retention in HIV care, antiretroviral therapy uptake and adherence, and viral suppression. Thirty-eight percent of Black men are estimated to be consistently retained in care, compared with 49% of white and 50% of Hispanic men. Compared to white MSM, Black MSM experience lower rates of viral suppression and overall poorer health outcomes. Setting: STYLE 2.0 (Strength Through Youth Livin' Empowered) includes young (18-35 years old) Black cisgender men who have sex with men (YBMSM) living with HIV in the Triangle region (Durham, Orange, and Wake counties) of North Carolina and the Columbia, South Carolina area. STYLE 2.0 includes those who are newly diagnosed/new to care, at risk of falling out of care, or virally unsuppressed. Project: STYLE 2.0 adapted an existing innovative model of care (STYLE) designed to engage and retain Black and Latino YMSM living with HIV in medical care. By focusing specifically on YBMSM and adding innovative virtual programming, STYLE 2.0 utilizes specific programming to target this hard-to-reach population. Virtual programming includes health care navigation (HCN), support groups, motivational interviewing, and the STYLE 2.0 app (by HMP) that includes information and resources, fosters social support, and includes game-based motivational elements. Results: Out of the 128 potential participants referred, 66 individuals enrolled in STYLE 2.0 at an average age of 27.7. Once data collection is completed, our robust data set will include baseline, 6- and 12-month surveys, in-depth interviews, chart reviews, and app paradata, which will provide a rich description of the participants and allow for analysis of changes in primary outcomes over the 12-month STYLE 2.0 program. Additional analyses will examine associations between individual characteristics and changes in outcomes as well the relationship between intervention dose and outcomes. Early interviews describe the importance of working with HCNs "that look like me" and the creation of a virtual community to share with. Weekly support groups are one of the most popular aspects of the program. Lessons Learned: Throughout the entire program, Young Adult Advisory Board (YAB) oversight has helped ensure community input on STYLE 2.0 components including recruitment materials, support group structure, and STYLE 2.0 app content. Creating a community has been an important aspect of the program for both the YAB participants and the program participants. Word of mouth community campaigns are critical for program enrollment, and HCN exposure to clinic staff can lead to strong program support from an entire clinic. In addition, in-person clinic recruitment with a warm handoff yielded the highest likelihood of enrollment in the program. Virtual warm handoffs proved effective as well, especially between HCN and the STYLE 2.0 behavioral health provider. While STYLE 2.0 was always meant to include virtual components, COVID-19 forced all aspects of the project to be conducted virtually. STYLE 2.0 project staff has created virtual protocols for recruitment, enrollment, and support groups that will allow other organizations to replicate the project for individuals that are unable or unwilling to attend in-person activities.

Video link: https://duke.box.com/s/inzw0mn6pw8bpz8dsx6654kqthigv9dn

Social and Community Barriers to HIV Prevention among Sexual and Gender Minority Youth in the Rural Southern United States

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Background: Queer youth acquire HIV at disproportionate rates, especially in the rural Southern United States (US). Black/African-American and Hispanic/Latinx men who have sex with men (MSM) account for most new HIV cases in the US, and, along with young transgender women, experience significant disparities in HIV prevention and care. Among these groups, youth fare worse across the HIV Care Continuum (e.g., linkage to care, engagement in care, medication adherence), resulting in low rates of viral suppression. These rates are exacerbated in the rural Southern US, where states like North Carolina and South Carolina bear a significant HIV burden. The federal Ending the HIV Epidemic plan aims to scale up the use of Pre-exposure Prophylaxis (PrEP) among young MSM and transgender women (YMSM/TGW). However, many barriers to care exist for these groups. While previous research has focused on the individual-level barriers for engaging YMSM/TGW in HIV prevention and care, few studies have focused on the social and community barriers to HIV prevention. This qualitative study aimed to describe key social and community barriers to HIV prevention among YMSM/TGW in the rural South. Methods: Semi-structured, key informant interviews were completed with 14 key stakeholders working in HIV prevention across two states in the Southern US (i.e., North Carolina, South Carolina) that are targeted in the federal Ending the HIV Epidemic plan. Three focus groups were also conducted with YMSM/TGW (N=23) residing in the two states. A deductive and inductive approach with multiple coders was employed to identify themes related to social and community barriers to HIV prevention for YMSM/TGW in rural Southern communities. Results: Participants reported many social and community factors that impede scale-up for HIV prevention, including cultures of hostility, fear, and isolation. Emergent themes were organized by three socio-ecological levels: individual, interpersonal, and structural (i.e., organizational, community, and policy-related) barriers. While individual-level barriers included mistrust, discomfort, and fear of disclosure, interpersonal-level challenges of racism, gender binarism, heteronormativity, and anti-gay beliefs were described as prominent experiences that led to pervasive stigma in the daily lives of YMSM/TGW. Structural barriers relevant to organizations and social institutions included lack of representation and supports for queer people and people of color in local HIV organizations and healthcare systems. Community-level themes indicated a need for increased visibility and safe spaces in rural communities. Participants also reported how anti-queer beliefs, discrimination, and lack of HIV knowledge influence HIV-related state policies. Conclusions/Implications: Understanding and addressing social and community barriers that impede HIV prevention in the rural South is critical both for ending the HIV epidemic and for ensuring that all YMSM/TGW can achieve optimal health and wellbeing. Policymakers, healthcare providers, and public health professionals should consider the socio-environmental context of the rural South and prioritize local, community-based partnerships to reduce the rural burden of HIV.

Video link:
https://drive.google.com/file/d/1oTRqMxjSdg0QvoKeZ6dgYf77zPrdoqdu/view?usp=sharing

Impacts of COVID-19 pandemic on support access, stress, and coping behaviors for sexual and gender minority people of color assigned male at birth

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Background: Before the COVID-19 pandemic it was already understood that people in the LGBTQ community are disproportionately impacted by systemic inequities, stressful if not adverse environments, various health issues and related risk factors. People of Color also experience similar inequities, stressors, environmental risks and related challenging health outcomes, and LGBTQ people of color navigate complex social conditions related to these intersections of their identities. Since the pandemic began COVID-19 has been less a "Great Equalizer" as initially labeled, and more a magnifier of already severe inequities in access to social supports, healthcare, financial stability, well-being, and health outcomes. For example, people of color (including young LGBTQ adults) have been shown to be more likely to know someone who has died from COVID-19 or related complications, and more likely to be laid off/furloughed since the pandemic began compared to white people. This poster will examine potential disparities among young LGBTQ adults of color for pandemic-related isolation from supports (friends, family, healthcare services) and changes in stress, depression, and coping behaviors (including substance use and sexual behaviors). Methods: Data was taken from surveys collected before and during the COVID-19 pandemic from a longitudinal study in the Chicago area, RADAR, which is a diverse cohort of young sexual and gender minority people assigned male at birth (SGM-AMAB; N=1079). Sample data was taken from 511 participants of color and white participants who have completed surveys both before and during the pandemic (POC=371, White=140). We examined each group for associations and differences between reported access to social supports, and changes in depressive and anxious symptoms, as well as changes in substance use and sexual behaviors. Results: Preliminary analysis revealed that young SGM-AMAB adults are dealing with significantly lower overall social support during the pandemic compared to pre-pandemic (F (509,1) = 5.66, p = 0.0178). Participants of color also reported lower overall social support (F (509,1) = 10.47, p = 0.0013) compared to their white peers. We also found that all participants reported more depression symptoms during the pandemic compared to pre-pandemic (F (510,1) = 15.17, p = 0.0001). Poster will present additional findings examining participants' use of available supports (personal and healthcare professionals), reported stress, and coping behaviors including substance use and sexual behaviors. Conclusions/Implications: Preliminary analysis supports previous findings related to disparities in support access between young LGBTQ people of color and their white peers before and during the pandemic. Poster will further discuss implications of magnified societal inequities, isolation from supports, and related environmental stressors on the health and well-being of young LGBTQ+ adults.

Video link: Email the authors for additional study information

Transgender Minority Stressors and their Associations with Severe Psychological Distress

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Background: Transgender individuals have long disproportionately experienced negative mental health outcomes. Transphobic discrimination and violence have in the past been major contributors to these disparities. However, little work has yet emerged regarding the impact of specific transgender minority stressors, or gender identity-related discriminatory experiences, on psychological distress in young adult trans populations. The current study uses a minority stress framework to examine how five minority stressors (i.e., family rejection, threat of harm, physical harm, sexual harm, and identity invalidation) are associated with psychological distress in this marginalized population. Methods: Data from two studies examining minority stress experiences among LGBTQ+ people during the coronavirus pandemic were merged (one focused on college students, the other on young adults ages 18-29). The analytic sample for this study included anyone who indicated a non-cisgender gender identity (combined $n=374$). Both studies were online cross-sectional surveys administered from late May to early August 2020. Single-item measures of family rejection, threat of harm, physical harm, sexual harm, and identity invalidation were created by combining responses to each survey's respective items about each construct. The outcome, psychological distress, was measured with the sum score from the K6 (0-24). The associations between minority stressors and psychological distress were examined with separate linear regressions. Additional regressions stratified by sex assigned at birth were also run. Results: In unadjusted linear regression models, all five minority stressors were significantly associated with psychological distress ($bs=1.16\text{-}4.35$, $ps<0.05$). When controlling for demographic covariates, only the associations with psychological distress for physical harm ($b=2.52$, $p=0.036$), sexual harm ($b=4.46$, $p=0.002$), and identity invalidation ($b=2.76$, $p<0.001$) remained significant. Predicted mean K6 scores for those who had not experienced each minority stressor fell below 13 while predicted scores for those who had experienced the minority stressor fell above 13 for all five minority stressors in both the adjusted and unadjusted models. Additionally, in the assigned sex-stratified regressions for participants assigned female at birth ($n=294$), physical harm ($b=2.87$, $p=0.02$), sexual harm ($b=4.62$, $p=0.002$), and identity invalidation ($b=2.56$, $p=0.001$) were significantly associated with psychological distress. For participants assigned male at birth ($n=78$), family rejection ($b=3.44$, $p=0.01$) and invalidation ($b=3.88$, $p=0.024$) were significantly associated with psychological distress. Conclusions/Implications: Minority stressors, especially experiences of physical and sexual violence as well as gender identity invalidation, appear to have differential deleterious associations with psychological distress based on sex assigned at birth. Predicted K6 scores for people experiencing each of the minority stressors were above the clinical cutoff of 13, which indicates severe psychological distress, while predicted K6 scores for those who reported not experiencing the stressors were below this threshold. Therefore, practitioners, researchers, and policymakers should be cognizant of the impacts of transphobia and related minority stressors on mental health when serving the transgender community and ensure that their interventions, especially those focused on university students and young adults, are inclusive of trans people. Longer-term, these groups should also support policies to address the structural transgender oppression that creates the conditions for minority stressors to persist.

Video link: https://umd.box.com/s/6isw19ekvlncdbkytu72rnj0pyh4y5di

Factors associated with mental health treatment use among adolescent sexual minority males before and during COVID-19

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Background: Adolescent sexual minority males (ASMM) face multiple, stark mental health disparities. Yet, we know surprisingly little about mental health treatment use among ASMM. The current study examined mental health treatment use among ASMM, both in their lifetime and during the COVID-19 pandemic. Methods: ASMM (N=154, age 14-17 years) were recruited in Spring 2020 for a pilot randomized controlled trial of an online sexual health intervention. These analyses used data from the baseline (n=154) and 3-month follow-up assessments (n=132). Participants reported living in 41 states (17% Northeast, 25% Midwest, 27% South, 31% West). Approximately half (48%) identified as racial/ethnic minorities and most identified as gay (53%). ASMM reported if they had received professional mental health treatment in their lifetime (at baseline) and within the past three months (at follow-up), and who provided treatment. Measures included factors relevant for mental healthcare access: demographics, being out to one's guardian, having a primary care physician, the Patient Health Questionnaire 2 (PHQ-2), and Generalized Anxiety Disorder scale 2 (GAD-2). The PHQ-2 and GAD-2 were summed and dichotomized at the clinical cutoff (>3, indicating clinically-significant depressive/anxious symptoms). All participants completed relevant measures at baseline and follow-up. Frequencies were used to describe the data. Fisher's exact tests examined bivariate differences in treatment use by relevant healthcare access factors. Multivariable Firth logistic regression was used to test associations at baseline and 3-month follow-up between treatment use and relevant factors significant at the bivariate level. Results: Approximately half (52%, n=80) of the participants reported clinically-significant mental health symptoms at baseline and 55% (n=72) at follow-up. At baseline, 40% of youth reported receiving any mental health treatment in their lifetime, with 30% (n=46) having seen a psychologist/social worker and/or 14% (n=21) a psychiatrist. At follow-up, 20% of youth reported receiving any mental health care in the past three months; 13% (n=17) having seen a psychologist/social worker and/or 9% (n=12) a psychiatrist. There were no significant differences in treatment use by randomization group at either time point (p's>.05). The multivariable model at baseline indicated that being out to one's guardian (aOR=3.3, 95% CI: 1.8-8.0), having a primary care physician (aOR=2.7, 95% CI: 1.1-6.8), and having clinically-significant symptoms (aOR=2.9, 95% CI: 1.4-6.0) were associated with greater odds of having received treatment. At follow-up, fewer racial/ethnic minority youth had received recent mental health treatment than white youth (11% vs 85% X2=5.2, p=.03), while more youth with clinically-significant symptoms had received recent treatment than those below the cutoff (74% vs 25% X2=5.0, p=.03); however, neither remained significant in the multivariable model (race/ethnicity aOR=0.31, 95% CI: 0.09-1.04; symptoms aOR=2.3, 95% CI: 0.91-5.9). Conclusions/Implications: A sizeable number of ASMM reported receiving mental health treatment in their lifetimes, although fewer received treatment during COVID-19, particularly racial/ethnic minority youth. At both time points, more youth endorsed clinically-significant symptoms than had received care, underscoring the treatment need among ASMM. Research and practice efforts are needed to reduce mental health treatment barriers for all ASMM, with particular urgency during COVID-19 and its aftermath.

Video link: Email the authors for additional study information

Gender Identity and Pronoun Usage in Standardized Patient Encounters

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The purpose of this research is to understand student competency in gender-affirming care through documentation. Consistent pronoun documentation and usage in progress notes is important for affirming gender minority patients as these populations experience significant health disparities linked to medical mistrust. Further, accurately documenting gender identity and sex assigned at birth (SAAB) are crucial for comprehensive preventative care. Progress notes are key texts for assessing specific clinical skills competencies for trainees. Understanding how medical students document patient identity can help educators identify opportunities to improve gender-affirming care. Methods The sample of progress notes (n=286) analyzed for this study was taken from a standardized patient (SP) assessment completed by 3rd year medical students. In this SP scenario, the patient was establishing primary care. The encounter featured five iterations of the same patient case based on SP gender identity (cisgender men/women, genderqueer, transgender men/women), with all patients having the same health history other than gender identity and SAAB. Upon completing one randomized SP encounter, students were instructed to write a post-encounter note following the common SOAP (Subjective, Objective, Assessment, Plan) note template. The resulting post-encounter notes were organized and coded using Dedoose, and we identified themes around how SAAB and pronouns were established and then used throughout the note. Using content analysis, we also counted how SAAB and pronouns appeared in the notes across gender identities. Results Students completed 85 encounters with genderqueer SPs, 92 encounters with transgender SPs, and 108 encounters with cisgender SPs. Consistent and accurate patient pronouns were clearly established in only 27% of the notes (n=78/286). Consistent pronoun usage was most often observed among notes for cisgender SPs although students were more likely to clearly establish SAAB (44% vs. 6%) and pronouns (41% vs. 5%) for non-cisgender SPs. Despite this, inconsistent or incorrect pronoun usage in the documentation was observed most often for genderqueer patients (60%, n=51/85). Students also disregarded the patient's established pronouns in written documentation once for a transman SP and 16 times for genderqueer SPs (e.g., "patient identifies as genderqueer, prefers they/them pronouns and presents today as a new patient....is presenting now because she..."). Conclusion Our analysis reveals a lack of accuracy and consistency in how medical trainees document SAAB and pronouns during clinical skills assessments. Gaps for genderqueer patients specifically suggest a continued lack of understanding or acknowledgment of non-binary identities. In real-world clinical settings, these errors and cisnormative biases would be detrimental to gender minority patients, as incorrect assumptions may lead to ineffective communication or harmful recommendations. Our conclusions are limited as a single-institution analysis, but broader study of student documentation can help us understand the origins of healthcare disparities for marginalized patient groups. Learning to document progress notes is part of the medical school curriculum and competency is assumed among practicing clinicians. Practice establishing SAAB and pronouns in documentation should be emphasized in training. We show that practice notes are rich data sources for insight into students' acquisition and development of clinical skills related to gender-affirming care.

Differences in Healthcare Experiences Amongst LGBTQ+ Subgroups in the Southern United States

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BACKGROUND: LGBTQ+ individuals face unique health disparities; however, existing research demonstrates differences within these groups. For example, transgender and gender diverse (TGD) patients are more likely to have experienced negative healthcare experiences (Macapagal et al., 2016), while bisexual individuals experience increased stigma within their own community (Feinstein & Dyar, 2017). This study sought to further explore healthcare experiences of LGBTQ+ subpopulations in an underserved area of Southern United States. We hypothesized that TGD participants would report more negative health experiences compared to cisgender bisexual+ and monosexual counterparts. METHODS: 409 LGBTQ+ individuals (cisgender gay or lesbian individuals [monosexual], $n=258$; Cisgender bisexual, queer, or pansexual individuals [bisexual+], $n = 71$; TGD individuals, $n = 80$) participated in an online survey. Participants answered questions regarding negative healthcare experiences, including care refusal or perceived blame for health status, poor treatment by a provider due to gender identity or sexual orientation, as well as perceived lack of provider knowledge and education about LGBT health needs. RESULTS: Omnibus Chi-square tests were significant for being refused care ($\chi2\ (2) = 12.34$, $p = 0.002$), being treated poorly by a healthcare provider or being refused healthcare based on sexual orientation ($\chi2\ (2) = 15.92$, $p < 0.0001$) and gender identity ($\chi2\ (2) = 81.58$, $p < 0.0001$). Pairwise comparisons revealed a larger portion of TGD participants reported healthcare professionals have refused to touch them or used excessive precautions ($p < 0.001$), that healthcare professionals used harsh or abusive language towards them ($P < 0.05$), and also felt that health care providers need more LGBTQ+ education and awareness compared to the bisexual+ cisgender group ($p < 0.05$) and the monosexual cisgender group ($p < 0.01$). No significant differences were found between cisgender sexual orientation groups. More TGD participants reported feeling blamed for their health status (30.43%) compared to monosexual cisgender participants (13.18%, $p<0.003$), but not the bisexual+ cisgender group (23.21%, $p > 0.05$). CONCLUSIONS/IMPLICATIONS: Overall, TGD participants reported experiencing discrimination in healthcare settings more often than both cisgender groups, but TGD and bisexual+ cisgender groups did not always differ. Despite these disparities, more than half of each group reported feeling that healthcare providers need more training regarding LGBTQ+ health. This study exploring LGBTQ+ healthcare in the Southern US adds to a growing body of literature highlighting the importance of intervention at individual provider levels up to systemic change for a better healthcare experience for all LGBTQ+ communities. Learning Objectives • Describe unique healthcare experiences of LGBTQ+ communities in an underserved are of the Southeastern United States • Identify differences in healthcare experiences reported by LGBTQ+ subgroups • Identify potential interventions to reduce negative healthcare experiences for LGBTQ+ communities

Video link: https://augustauniversity.box.com/s/ntgiwh64vt0jsdehuuclcb5ttf2f5kd0

Experiences of Trans & Gender Diverse People Living in Oregon, Michigan, Nebraska, and Tennessee in 2020-2021

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Background: Research has shown that structural stigma, such as policies that restrict rights or access to protections, may relate to mental health for sexual minorities. Even so, limited research has examined the impacts of structural stigma and how this shapes lived experiences for transgender and gender diverse (TGD) people. We sought to understand how sociopolitical context related to mental health and exposure to minority stress across four US states that varied in their levels of structural stigma and supports for TGD people.   Methods: Participants were recruited for a baseline visit, which included an interview, surveys, and the collection of biomarkers of stress; this was followed by a year of monthly surveys and we will be conducting final interviews and biomarker collection in the coming months. A total of 158 participants were recruited from Oregon, Michigan, Tennessee, and Nebraska. Participants ranged in age from 19-70 years old (M = 33.06; SD = 12.88). There were 27.2% of participants identifying as trans men/men, 26% identifying as trans women/women, and the remaining participants identified with terms like genderqueer, nonbinary, etc. Approximately 30.4% of the sample identified as people of color.   Results: ANOVAs revealed that, as expected, TGD people in Tennessee and Nebraska perceived their local areas and state as holding more negative views towards TGD people than participants in Michigan and Oregon [respectively, F (3, 152) = 7.44, p < .001; F (3, 152) = 31.67, p < .001] although the participants across the states did not differ in their perspectives on how those in the broader country viewed TGD people [F (3, 137) = 1.824, p = .15]. Given the differences in perceptions and levels of structural stigma, we expected there to be differences across the states in exposure to minority stress. There were not differences across the states in exposure to victimization, discrimination, or rejection over the past year, internalized stigma, or gender non-affirmation. In general, it appeared that instead of varying across the states, minority stress was common across the board. For example, 43.6-70.6% of participants across the four states had trouble accessing restrooms in public over the past year. There also were no significant differences in resilience across the states and overall, resilience scores were in the "neutral" range on this scale. There also were no differences across states in levels of depression and anxiety. Again, instead we see high rates of distress across participants with 64.6% of participants reporting moderate to severe symptoms of anxiety and 44.9% reporting moderate to severe symptoms of depression.   Conclusions/Implications: Counter to our hypotheses that exposure to stigma would vary across states, there were not significant differences. Instead, TGD people's lives appear to be highly impacted by stressors, regardless of location, with coping and resilience levels compromised in the face of these challenges. Future research is needed to understand whether shifts in sociopolitical context and levels of structural stigma relate to shifts in mental health, minority stress, and resilience.

Video link: https://youtu.be/I-7sY-CSiqk

Four Year Analysis of Repeat Positivity of Rectal Chlamydia trachomatis and Neisseria gonorrhea in Chicago YMSM Population

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Background: Bacterial sexually transmitted infections (STIs) maintain high prevalence among young men who have sex with men (YMSM) in the U.S. While significant research has been conducted to link bacterial STI infection with HIV infection, little work has been done to assess the effects of STI infection on later infection, and fewer works still analyze the progression of STIs in a population over years, especially in sexual minority youth. This analysis compares incidence rates of both rectal Chlamydia trachomatis (RCT) and Neisseria gonorrhea (RNG) in a longitudinal cohort while exploring the trends of persons testing positive for bacterial STIs over four years to better examine long term trends of STI infections. We hypothesize that having a positive screen for rectal STI at a visit will increase likelihood of retesting positive for an STI at annual follow-ups. Methods: This study analyzes data from an on-going longitudinal cohort study of YMSM (aged 16 to 29) in Chicago (N=1127) during the period 2015-2020. Participants were recruited using venue-based, social media (e.g. Facebook), and incentivized snow ball sampling. All participants were between 16 and 29 years of age, assigned male at birth, spoke English, and had a sexual encounter with a man in the previous year or identified as gay, bisexual or transgender. Data were collected at baseline with continuing six-month follow-up visits. At odd-numbered visits (i.e. V1 & V3), participants were screened for RCT and RNG using self-administered testing kits with results reported back to participants within one week. Those who tested positive were referred to clinics for treatment and to receive other sexual health resources. Results: Among 1157 participants at baseline, 182 (16.0%) tested positive for a rectal STI: 100 (8.8%) for RNG and 115 (10.1%) for RCT. At the one year follow-up, among 889 participants, 138 (15.5%) again tested positive for a rectal STI. 69 (7.8%) were reactive for RNG and 91 (10.3%) for RCT - suggesting no change in the incidence rate for infections ($p>0.05$). Later annual follow ups show a similar trend. Participants who tested positive for rectal STIs at baseline, compared to those who tested negative at baseline, were 3.6 times more likely to have also tested positive for rectal STIs follow-up ($p<0.0001$). Additionally, Black YMSM participants, compared to other YMSM, were 7.5 times more likely to retest positive for RCT or RNG ($p<0.01$) as compared to white participants. HIV-positive participants, compared to HIV-negative participants, were four times as likely to test positive for rectal STIs at follow up ($p<0.0001$). Data will be presented across yearly follow ups to examine the persistence of trends and discuss the impact of treatment history. Implications: These results suggest that participants who tested positive for rectal STIs are also those most likely to test positive again at follow-ups. Separately, Black and HIV positive YMSM are at greater risk of persistently testing positive. Future research should incorporate treatment history for STIs to develop a better understanding of whether these findings represent untreated infections or re-infections.

Video link: https://depaul.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=0506fd25-2f0a-49b5-b555-ad200168ff21

Childhood Trauma and Risk Behavior: Exploring Relationships among Sexually Diverse Women

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Background: More than 60% of American adults have experienced at least one form of adverse childhood experience (ACE), with approximately 25% reporting three or more ACEs (Merrick, Ford, Ports & Guinn, 2018). Childhood trauma, a subset of ACEs, is associated with a plethora of detrimental short and long-term outcomes. Many of these outcomes constitute risk behaviors, which can be both harmful in and of themselves and can further compound risk for other negative health outcomes (e.g., STIs, violence exposure in adulthood). The startlingly high prevalence of childhood trauma coupled with the associated negative outcomes of ACEs warrant urgent attention, particularly among disproportionately impacted populations (e.g., women, sexual and gender minorities). Thus, the current study examines the effect of childhood trauma on risk behavior (impulsiveness, risk-taking, and sexual risk) in a sample of women of diverse sexual orientations. Method: This study tested the relationship between childhood trauma and risk taking, impulsiveness, and sexual risk in a sample of N = 439 women. The data were collected as part of a larger study assessing risk and protective factors for sexual violence among women of diverse sexual orientations (n = 144 heterosexual, n = 136 bisexual, n = 108 lesbian, n = 51 other). The present study analyzed responses from the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al. 2003), Barratt Impulsiveness Scale (BIS-11; Patton et al. 1995), the Health and Safety Subscale of the Domain-Specific Risk-Taking (DOSPERT; Blais & Weber, 2006), as well as a singular question assessing sexual risk ("How many partners have you had sex with?"). Hierarchical regression analysis was used to identify possible relationships between childhood trauma and each outcome. Further, as an exploratory aim of the present study, we also tested a moderation model assessing whether the relation between childhood trauma and each risk behavior varied as a function of sexual orientation. Results: Controlling for age and sexual orientation, results showed that childhood trauma significantly contributed to each of the outcomes: impulsiveness (F [1, 439] = 5.767, p = .017), risk-taking (F [1, 439] = 5.915, p = .015), and sexual risk (F [1, 434] = 21.293, p < .001). For impulsiveness, the effects of age, sexual orientation, and childhood trauma were each small but significant, and accounted for 4.2% of the total variance in the model. For risk-taking, only age and childhood trauma significantly predicted the outcome; the entire model accounted for 4.8% of the variance. For sexual risk, again only age and childhood trauma significantly contributed to the outcome, and the entire model accounted for 11.2% of the variance. These results suggest that childhood trauma is an important contributor to impulsiveness, risk-taking, and sexual risk behavior among sexually diverse women. All moderation models were non-significant; the relation between childhood trauma and each risk behavior did not vary as a function of sexual orientation. Conclusion: This study adds to the knowledge on sexually diverse women's experiences, including insights regarding how childhood trauma significantly impacts victims' later engagement in risk-taking behavior. These findings highlight opportunities for targeted intervention and/or treatment, as preventing impulsivity and risk-taking behavior (including sexual risk) can help mitigate other longer-term negative outcomes among survivors (e.g., STIs, revictimization).

Video link:
https://www.dropbox.com/s/qebnvzemmjhweg7/Quan%20Hipp%20NLGBT%20Presentation%202021.mp4?dl=0

Bisexual Women: The Importance of Intersectionality

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Background According to a recent Gallup Poll (2021) examining lesbian, gay, bisexual, and transgender identification, more than half (54%) of adults who identify as LGBT identify as bisexual. Approximately half of LGBT Millennials and 72% of LGBT Gen Zers identify as bisexual. Overall, women are more likely than men to identify as bisexual. Bisexual individuals often face backlash from both heterosexual society and from within the LGBTQ+ community. Bisexual women face unique challenges in a heteronormative, patriarchal, monosexual world, and must be examined through an intersectional lens, as bisexual women with other marginalized identities face additional layers of oppression. Methods A thorough review of the literature was conducted, examining how bisexual women are identified, scrutinized, and what the outcomes of these various studies suggest when examined together. It is important to note that this research is currently focused on cisgender bisexual women, as there are additional barriers and layers of oppression faced by transgender folx which must be examined in their own right. Results Bisexual women have been found to be at higher risk for sexual assault (Dyar et al., 2019), intimate partner violence (Bermea et al., 2018), drug misuse (Schuler & Collins, 2020), and mental health concerns such as anxiety, depression, self-harm, and suicidal ideation (Bostwick & Hequembourg, 2014; McLaren & Castillo, 2020; Taylor et al., 2019) when compared to lesbian and heterosexual counterparts. On top of these already marginalizing experiences, bisexual women may also be facing additional marginalization based on their race, socioeconomic status, immigration status, and ethnic identity. Several studies indicate a need for interventions that aim to promote acceptance of bisexual folx among heterosexual individuals as well as among gay and lesbian individuals (Beach et al., 2019). Bisexual women often feel they have to combat erasure and fight to legitimize their identity when faced with hostility, denial, hypersexualization, and pressure to "choose a side." Bisexual women are frequently underrepresented in the literature and are often lumped into "lesbian/bisexual" categories, despite their vastly different experiences and identities. Some mechanisms used to invalidate and invisibilize a female's bisexual identity include ignoring it, labeling it as attention-seeking or a phase, perpetuating unachievable narratives defining what a "real" bisexual is, and devaluing bisexuality overall in a society favoring monosexuality (Alarie & Gaudet, 2013; Kirby et al., 2020; Toft & Yip, 2018). Conclusions Although the importance of intersectionality in the LGBTQ+ community has been explored overall, this lens is not frequently used to examine the experiences of bisexual women, specifically. As this population grows, it is integral that we continue to explore and examine the difficulties this population faces. Clinicians must be aware of the dismissal of this population, as the validation and representation of their identity is crucial. This poster or presentation endeavors to explore the myriad unique challenges bisexual women face from an intersectional lens and arm clinicians with a better understanding of this population, its risk factors, and specific interventions and tools which can best be used to support bisexual women from all races, ethnicities, socioeconomic statuses, immigration statuses, and other backgrounds.

Video link: https://bit.ly/2SvMycf

Parental accepting and rejecting behaviours: A qualitative study of experiences at home among South Asian gay and bisexual young men in Canada

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Background: South Asian youth may experience double minority stress, due to facing the multiple stressors of sexual minority stigma and racism. Supportive and accepting parent-child relationships that are characterized by open, mutual, and low-conflict communication have been found to be associated with better health outcomes among young gay and bisexual men. Although South Asians are the largest visible minority group in Canada, and family support has been identified as important social supports for youth, little research has considered how well families support South Asian LGBTQ youth. This qualitative study examines level of parental support received by South Asian young gay and bisexual men and what is needed to increase parental support of South Asian gay and bisexual young men in Canada. Methods: Semi-structured interviews were conducted with 15 gay and bisexual South Asian young men between the ages of 19 to 25 years in the Greater Vancouver and Toronto area between February 2020 and September 2020. Data were systematically analysed using QSR NVivo 12 according to the principles of Interpretive Description to help us explicate what we learned from our participants about parental behaviours that are considered supportive or rejecting to gay or bisexual South Asian youth. Results: Three overarching themes related to family and community support were identified in the analysis including that a) parents were very concerned about what others would think about their child's sexual orientation; b) parents demonstrated a wide range of reactions to their child's disclosure, which most commonly included anger, denial, and avoidance; and c) there are a lack of resources for South Asian sexual minority youth compared to White sexual minority youth. Societal expectations that South Asian children maintain family honour make it very challenging for South Asian gay and bisexual youth to navigate coming out to their parents. For the same reasons, it makes it very difficult for South Asian parents to accept their child's sexual orientation. Conclusions/Implications: It is imperative that interventions to increase parental support of South Asian gay and bisexual youth are culturally relevant. Resources must be tailored not only for South Asian youth, but for their parents as well.

Video link: https://drive.google.com/file/d/1F7IxYds2AHSlCeV76r1-fmrxYu5UjhTY/view

"There Are People Like Me Who Will See That and It Will Just Wash Over Them": Black Men Who Have Sex with Men's Perspectives on Messaging within PrEP Visual Advertisements

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Background: The disproportionate burden of HIV among Black men who have sex with men (MSM) in Washington, DC, is a public health emergency. Public health campaigns, which often include pictures of Black MSM alongside messages about PrEP, have been developed to encourage PrEP awareness and uptake. However, there is currently insufficient knowledge about whether Black MSM find the messaging in PrEP advertisement campaigns to be acceptable. Our study with Black MSM living in the Washington, DC/Baltimore metro area explored reactions to and recommendations regarding textual elements of PrEP visual advertisements from three large-scale public health campaigns. Methods: Data were collected as part of a larger mixed-methods project aimed at evaluating the acceptability and effectiveness of PrEP social marketing materials among Black MSM. Four 90-minute, semi-structured focus groups (3-5 participants each) were conducted in Washington, DC, with Black MSM in 2019. Participants viewed PrEP marketing materials adapted from Washington, DC's "PrEPare for Possibilities," NYC's "We Play Sure," and Chicago's "PrEP4Love" advertisement campaigns. Participants responded to the advertisements and recommended specific textual changes to make the advertisements more effective and acceptable. Two co-authors independently coded the focus group transcripts to establish interrater reliability. The same co-authors also extracted and organized themes from the data. Results: Participants were sexually active, HIV-negative/status unknown Black MSM living in the Washington, DC/Baltimore metro area (n=18), ranging from 22 to 62 years of age (M(SD)=34(10.3)). The majority of participants identified as non-Latinx (89%) and most were born in the United States (89%). Among the sample, 61% identified as gay and 39% identified as bisexual. While some participants praised the succinct nature of the messaging in the visual advertisements, the majority of participants expressed that the messaging did not motivate them to seek out more information about PrEP. Regarding message content preferences, most participants expressed a desire for PrEP advertisements to include more details about PrEP as well as information on potential side effects and easy access to further information (e.g., website link, QR code). Some noted the benefits of including explicit suggestions to speak to a healthcare provider about PrEP. Participants had mixed preferences on including messaging about the use of condoms within PrEP advertisements. Some suggested that doing so could foster doubt about the protective benefit of PrEP, whereas others believed that neglecting to do so could lead to public misperceptions. Regarding message presentation style, participants were almost unanimous in their preference for short, simple, and clear slogans that normalize PrEP use. Many participants expressed confusion in response to the wordplay in the current slogans. Conclusions: Responses from our focus groups indicate that the messaging included in popular PrEP advertisement campaigns may not sufficiently address basic questions Black MSM in the Washington, DC/Baltimore metro area have about PrEP. Specific adjustments to the textual aspects of PrEP advertisements could enhance clarity and facilitate further information-seeking. In addition to visual considerations of such advertisement campaigns, it is important to tailor the textual elements of advertisements to maximize impact and acceptability.

Video link: https://gwu-edu.zoom.us/rec/share/4dDP8RrEykbYNMNE4f6hV9OY03E1ioPSULN0O7hJJmFHl88NZ9b8jfNUKQh0tJq6.cVSwyXLVnb-qeVFj?startTime=1620342381000

No Queer liberation without Black liberation: Improving agency responses to LGBTQ survivors of partner violence through an intersectional lens

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Issue The LGBTQ Community experiences Intimate Partner Violence (IPV) at rates equal to or higher than their cisgender, heterosexual peers; however, this population is typically underserved or poorly served by domestic violence agencies across the country. Additionally, Queer and Trans survivors of color are often not centered in conversations about serving LGBTQ individuals. We believe that an intersectional approach, inclusive of (but not limited to) race, ethnicity, gender identity, gender expression, and sexual orientation, is necessary to providing high-quality, safe, and affirming services to all LGBTQ-identified survivors of intimate partner violence Setting The North Carolina LGBTQ Domestic Violence Response Initiative (Initiative) is a grant-funded project designed to increase the capacity of service providers and community agencies to serve LGBTQ survivors of IPV in a more culturally-affirming way. The Initiative is a partnership between the University of North Carolina at Greensboro and five service provider agencies across the State: three domestic violence service provider agencies, one university-based service provider agency, and one local LGBTQ Center. Project Now in the fourth year of the NC LGBTQ DV Response Initiative, we have identified the need to incorporate a stronger racial equity lens into this work based on empirical data as well as tensions experienced within partner agencies. In the proposed presentation, staff involved with the Initiative will share steps taken to implement an intersectional framework in the Initiative's overall approach, including but not limited to: hiring a racial equity consultant to provide ongoing education and support, creating an intersectionality assessment to measure progress of agencies, integrating a racial equity framework into the community needs assessment process, and including racial identities along with sexual orientation, gender identity, and gender expression in developing priorities and strategic recommendations for agencies participating in the Initiative. Results Presenter(s) will share results of the intersectionality assessment completed by Initiative agency staff as well as the outcomes and recommendations stemming from the racial equity training and working sessions being held in Spring 2021. Lessons Learned Based on anecdotes we have heard from our partners and the challenges we have faced in building domestic violence agencies' capacity to serve LGBTQ survivors of IPV over the years, we have learned that in order to serve LGBTQ communities in an inlusive way, we must prioritize serving communities of color in a culturally affirming way. We hope that by sharing the assessment tools we developed to measure agencies' capacity to do this work, we can provide other community agencies with a starting point to consider and evaluate an intersectional approach in their own work. Further, we hope that by sharing the strategic recommendations developed by Initiative partners from their assessment data and subsequent working sessions, we can provide guidance for community agencies who wish to better serve LGBTQ survivors of color.

Video link: Email the authors for additional study information

The Associations between Minority Stressors, Universal Stressors, and Depression among Lesbian, Gay, and Bisexual Emerging Adults

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Background. Lesbian, gay, and bisexual (LGB) individuals often disproportionally face multiple marginalization through experiences of societal prejudice and discrimination that can lead to negative mental health symptomology, including depression (Meyer 2003; Schmitz et al., 2019). Higher rates of intimate partner victimization (IPV) and childhood maltreatment have also been found among LGB individuals compared to their heterosexual counterparts (Edwards et al., 2015; Messinger, 2011; Walters et al., 2013). Aside from universal stressors, LGB populations also experience stressors distinctively tied to their sexual and gender identities, such as externalized and internalized heterosexism and identity concealment, which are correlated with increased psychological distress and maladaptive coping (Bosson et al., 2011; Hoy-Ellis, 2015; Russell & Fish, 2016; Szymanski, 2009). Further shaping multiple marginalization experiences, LGB people of color are even more vulnerable to adverse mental health outcomes based on the intersections of both their stigmatized sexual minority status and racial/ethnic identities. In racial and ethnic minority LGB populations, Latino/a/x and African Americans report the highest levels of childhood sexual abuse (Balsam et al., 2010). Additionally, LGB African American and Latino youth often experience elevated depression (Consolacion et al., 2004; Russell & Fish., 2016; Ryan et al., 2009). The current study strives to address this gap by observing variance in depression scores due to minority stressors, namely, heterosexism and LGB-identity concealment, after controlling for the effects of universal stressors, namely, minority race/ethnicity, childhood maltreatment, and IPV types among LGB emerging adults. Method. Participants were 277 emerging adults 18-29 years old ($M = 25.39$, $SD = 2.77$) recruited via Amazon's Mechanical Turk (Amazon Mturk), with 105 male participants, 171 female participants, and 1 who self-identified as intersex. Forty-six individuals self-identified as lesbian (16.6%), 71 as gay (25.6%), and 160 as bisexual (57.8%). Furthermore, 155 identified as White non-Hispanic (56%), 74 (26.7%) as Hispanic, 19 (6.9%) as Black or African American, 15 (5.4%) as Asian, 10 (3.6%) as bi- or multi-racial, and 4 (1.4%) as American Indian or Alaska Native. The present study used validated standardized measures with established psychometric properties. Results. Nearly 41% of participants reported moderate-to-severe depression symptoms. Bivariate correlations indicated that depression was significantly and positively associated with childhood maltreatment, psychological, and physical face-to-face IPV, heterosexism, and identity concealment. A two-step hierarchical regression model examining the unique effect of sexual minority stressors--heterosexism and identity concealment--on depression after controlling for childhood maltreatment and face-to-face IPV types was significant. Being a person of color including identifying as being of Hispanic origin, exposure to childhood maltreatment, and experiencing psychological IPV significantly predicted increases in depression scores (Step 1). Furthermore, bisexual women (vs. gay men; $B = 2.709$, $p < .001$), those with greater exposure to heterosexism ($B = .058$, $p < .001$) and greater degree of identity concealment ($B = .102$, $p < .001$; Step 2) experienced significantly greater scores on depression. Conclusions. LGB individuals, specifically LGB people of color, are often underrepresented and underserved in the realm of mental health research and resources. Clinical interventions, services, and future studies should be specifically tailored toward addressing interpersonal violence among LGB populations as well as the minority stressors within diverse high-risk groups of LGB individuals, such as people of color and bisexual women (Cochran et al., 2007).

Video link: Email the authors for additional study information

Exploring sexual health stereotypes of gay men and lesbian women: A mixed methods study

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Background: Gay men and lesbian women have been associated with various stereotypes, such as the stereotype of gender inversion where gay men are associated with traditionally feminine traits and lesbian women with traditionally masculine traits. Compared to heterosexual counterparts, gay men and lesbian women also face various health disparities-including disparities in sexual health, such as higher rates of certain sexually transmitted diseases/infections (STIs). Minimal research exists on stereotypes of gay men and lesbian women in the sexual health domain. In a series of three studies ($N=669$), we aimed to explore the content of stereotypes about gay men's and lesbian women's sexual health using qualitative and both explicit and implicit quantitative social psychological frameworks. Methods: In Study 1 ($n=252$), Amazon Mechanical Turk participants ranked four groups (gay/straight men and lesbian/straight women) by which was most to least likely to experience the following scenarios: engagement in "risky" sexual behavior and acquisition of STIs. In Studies 2A ($n=217$) and 2B ($n=200$), participants from Amazon Mechanical Turk were asked to list and discuss any stereotypes they believe exist in society regarding the "sexual health or sexual practices" of gay men, lesbian women, and straight women/men in free-response format (Study 2A only) and completed Implicit Association Tests (IATs) measuring implicit associations between gay men (Study 2A) and lesbian women (Study 2B) and STIs. Results: In Study 1, gay men were the group most associated with "risky sexual behavior," straight men were second-most associated, and there were no significant differences between lesbian and straight women, $F(1,928)=30.65$, $p<.001$. In the measure assessing associations with STIs, a nearly identical pattern of results appeared, although lesbian women were seen as the group least associated with acquiring STIs, $F(1,920)=67.93$, $p<.001$. In Studies 2A and 2B, the mean IAT D score for gay men was 0.37 ($SD = 0.44$, 95%CI [0.30,0.44]) and for lesbian women was 0.14 ($SD = 0.45$, 95%CI [0.08,0.20]). Both of these mean scores significantly differed from zero, $t(144)=9.95$, $p<.001$, $d=1.17$, and $t(107)=4.45$, $p<.001$, $d=0.45$, respectively, suggesting that both gay men and lesbian women are more implicitly associated with stimuli regarding STIs than stimuli regarding non-sexually transmissible diseases. In the free-response portion of Study 2A, words related to promiscuity and STIs were reported most frequently for gay men. The most frequent words reported for gay men were "promiscuous," "HIV/AIDS," and "STDs/STIs," and for lesbian women were "masculine," "butch," and "dominant." Participants used more negative sentiment to describe gay men and lesbian women ($M=-0.04$, $SD=0.23$) than straight counterparts ($M=0.10$, $SD=0.24$), $t(735)=-7.83$, $p<.001$. Conclusions/implications: Results from these studies suggest that gay men are especially associated with explicit stereotypes surrounding STIs and that both gay men and lesbian women are more implicitly associated with STIs than non-sexually transmissible diseases. Stereotypes about the sexual health of gay men and lesbian women are prevalent and may be implicated in interactions with healthcare providers, potentially leading to disengagement with and avoidance of healthcare interactions. Taken together, the current research encourages healthcare providers to consider psychological factors affecting gay and lesbian patients' experiences.

Video link: Email the authors for additional study information

Using Intersectionality-informed Quantitative Methods to Investigate the Association of Social Determinants of Health with Durable viral suppression in People with HIV at LGBTQ FQHC in Chicago

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Background: Durable viral suppression leads to improved health of people with HIV (PWH). Due to difficulties in outcome measurement, limited studies have examined the associations between social determinants of health (SDOH) and durable viral suppression. Also, usual statistical modeling approaches focus on isolating the influence of a Subheadings for the research track: single SDOH on outcomes. This reductionist approach has been criticized since it may represent outcomes of the multiply marginalized. Instead, an intersectional approach where SDOH are viewed as interlocking forces is proposed. The analysis considers the whole person and looks into how SDOH combine in affecting an individual's risk and producing disparities in the population. In this study, we applied published quantitative methods that utilize an intersectional lens to investigate the role of SDOH in durable suppression. We hope to generate new insights for creating responsive care that helps PWH achieve durable suppression. Methods: We analyzed data of PWH seen at an LGBTQ federally qualified health center (FQHC) in Chicago from 2012 to 2019 who had ≥3 viral loads. We first used latent trajectory analysis (LTA) to identify people who achieved durable suppression. We then analyzed the data using two intersectionality-informed methods: Latent class analysis (LCA) and Qualitative Comparative Analysis (QCA)). We used LCA to generate a social position variable based on sexual orientation, gender identity, race-ethnicity, and income variables and used this latent class in the logistic model. We used crisp set QCA to identify combinations of selected modifiable SDOH (mental health diagnosis, substance abuse diagnosis, poverty status, insurance status, and housing instability) that are sufficient to achieve durable suppression. We compared findings to a multivariable logistic regression model with no interactions. Results: LTA revealed four trajectories which we collapsed into two categories for further analysis: Durable suppression (durable 1: 63%, durable 2: 26%) and Non-durable suppression (slow controllers: 5%, non-controllers: 5%). While logistic regression showed that sexual orientation and trans identity were not significantly associated with durable suppression, the model with LCA-derived social positions revealed significant differences across latent classes. For example, the class comprised of trans women had significantly lower odds of durable suppression than the class comprised of mostly non-poor white cis gay men. QCA showed that having multiple advantageous conditions (e.g., "not poor" and "permanent housing" and "has insurance") was important for achieving durable suppression. In contrast to logistic regression where mental health disease was not a significant factor, "having a mental health disease" and "permanent housing" and "private/government insurance" was identified as a sufficient combination to achieve durable suppression. Subgroup QCA revealed differences in requirements across race-gender subgroups. While the previously described combination was sufficient for white cis gay men, trans people of color needed an added advantage of "no substance abuse disorder" to achieve durable suppression. Conclusions/Implications: We demonstrated that analyses using LCA and QCA complement standard regression and produce novel insights into how intersecting SDOH can produce disparities. The use of quantitative intersectionality-informed methods is crucial for nuanced policymaking and program planning, especially for addressing disparities experienced by PWH.

Video link:
https://northwestern.app.box.com/folder/136835672132?s=03htg7kij3puf6hbyr5jwj311kqgoagd

Puerto Rican Transmasculine Individuals' Experience with Gynecological Care

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Background: The American Cancer Society has called to eradicate cancer-related disparities among made vulnerable populations due to race/ethnicity, gender identity, and sexual orientation. As ethnic and gender minorities, Latinx transmasculine individuals (LTM; assigned female sex at birth who live as a man, male, or another diverse non-binary gender identity on the masculine spectrum) might be at disproportionately higher risks of developing cervical cancer. Gynecologists play a critical role in the prevention, education, and screening of reproductive health issues, such as this type of disease. However, recent research suggests that a key barrier for adequate care among Latinx transmasculine individuals in Puerto Rico includes the frequently stigmatizing and discriminatory interactions with health care providers. The objective of this poster presentation is to explore the experiences of Puerto Rican transmasculine individuals with gynecological care. Method: We conducted individual semi-structured interviews with LTM (n=19). Participants were recruited using a non-probabilistic sampling method to ensure variability in the sample. Interviews were digitally recorded and transcribed. Data was analyzed following thematic analysis guidelines. Results: Qualitative results suggest (1) gynecological care might be a source of discomfort among Puerto Rican transmasculine individuals, (2) perception of gynecology as a female-specific field of medicine present barriers for transgender health, and (3) positive interactions with gynecologists were related to gender-affirming behaviors. Recommendations for trans-inclusive strategies in gynecological settings are discussed. Conclusions: Findings suggest gender-affirming practices from gynecological health care providers are a facilitator for cervical cancer screenings among Puerto Rican transmasculine individuals. Further research is required to evaluate the knowledge and training of transgender health among gynecologists and clinical personnel living in Puerto Rico.

Video link: https://www.dropbox.com/sh/n716p5qhlrywkub/AAAeAbXRO9v8iUnj0xjdV-zEa?dl=0

"I kind of talk to all my students the same": Analyzing how school staff support the mental health needs of sexual and gender minority youth in United States high schools

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Background: Sexual and gender minority youth (SGMY; e.g., lesbian, gay, bisexual, and transgender youth) are more likely than their cisgender heterosexual peers to experience mental illnesses such as depression and anxiety. Despite this, little is known about how school staff (e.g., teachers, principals, nurses) provide mental health support SGMY in American high schools. Therefore, the aim of this study is to examine ways school staff think about and respond to the mental health needs of SGMY, and whether this differs from their approach with cisgender heterosexual students. Methods: We purposively recruited a diverse sample of school staff (N=29) using a novel stratified sampling frame that enrolled staff who worked at high schools in regions of the United States with low, medium, and high structural stigma (e.g., policies, practices, and norms that restrict resources, opportunities, and well-being for SGMY). We derived structural stigma tertiles from an established state-level scale (Hatzenbueher et al., 2014). Using one-on-one semi-structured interviews with staff via phone call, we inquired about staff's perceptions and behaviors related to the mental health needs and supports in their schools. We used thematic analysis to identify common themes among participants. Results: We identified four primary themes. First, some school staff recognized SGMY are at higher risk for mental health diagnoses and treated the mental health of SGMY youth differently than their cisgender heterosexual peers. Staff shared that they were aware that SGMY are at substantively higher risk for suicide, depression, and drug and alcohol use. These school staff relied on SGMY affirming centers or programs within the school or community to help support SGMY. Second, some school staff recognized SGMY are at an elevated risk for mental health diagnoses, yet the overall lack of access to SGMY mental health resources in schools made it difficult for staff to treat the mental health needs of SGMY differently from their cisgender heterosexual peers. Third, some school staff reported that the overall lack of access to any mental health resources in their schools makes it difficult to treat the mental health needs of their students, regardless if their students identify as SGMY or not. Sometimes these school staff shared that due to budget constraints, they were tasked with providing mental health interventions for the students regardless of their training or ability. Fourth, some school staff in this study reported that they did not recognize SGMY's elevated risk for mental health diagnoses. As a result, these staff did not treat the mental health of SGMY differently from their cisgender heterosexual peers. Conclusions: Though some high school school staff recognize the unique mental health needs of SGMY and support SGMY with SGMY-affirming resources, many school staff lack knowledge about SGMY's mental health disparities and/or lack the necessary resources to support both their SGMY and cisgender heterosexual students. Results from our study can aid in training and intervention protocols that aim to support SGMY's mental health outcomes within schools.

Video link: Email the authors for additional study information

Engagement in advocacy and political activities among U.S. transgender adults: A latent class approach

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Background: Decisions to participate in advocacy/political activities are complex for transgender (trans*) individuals, who may face unique barriers. Barriers to participation can be exacerbated for trans* individuals with multiply marginalized identities; however, for some, factors related to inequity can also drive engagement. Involvement in advocacy/political efforts may expose trans* individuals to discrimination resulting in heightened psychological distress, while research has also shown trans* people identify advocacy/political engagement as a health-promoting strength and imperative to the future orientation and resiliency of community members. This study explores patterns of participation in advocacy/political activities via latent class analysis (LCA) to identify subpopulations who may be engaged or disengaged in certain advocacy/political processes. Further, by investigating demographic and psychosocial predictors of class membership, we can determine potential barriers and facilitators to advocacy/political engagement types. Methods: Data were obtained from the 2015 US Transgender Survey (USTS). Eleven advocacy/political activities were included as latent class indicators. LCA was performed in MPlus to identify latent subgroups with varying combined levels of advocacy/political participation. A 3-step approach to modeling was utilized so that the measurement model remained fixed when completing the latent class regression. Results: The final sample included 26,878 respondents. A four-class model fit best: Class 1 (n= 8,506; 31.6%) included "grassroots participants," i.e., high rates of attending political protests/rallies and working with community members to solve problems, but low rates of participation in most other activities; Class 2 (n= 13,485; 50.2%) included "non-participants," i.e., lowest rates if participating in all activities; Class 3 (n= 2,351; 8.8%) included "immersed participants," i.e., highest rates of participation in all activities, except Presidential campaign donations; and Class 4 (n= 2,536; 9.4%) included "distant participants," i.e., donated money to Presidential campaigns at the highest rate and donated to other candidates/issues and voted at the second-highest rates, yet participated in all other activities at low rates. Key regression findings included that compared to distant participants, grassroots participants and immersed participants were more likely: poverty-impacted, disabled, and mistreated, verbally harassed, and physically assaulted within the past year. Relative to distant participants, grassroots participants were also younger, while immersed participants were more likely Biracial than white. Compared to immersed participants, non-participants were more likely: poverty-impacted, to have either a high school degree or some college (ref: college degree or higher), and to have none of their IDs (ref: all IDs) match their name and gender. Alternatively, non-participants were less likely: trans men and non-binary (ref: trans women), younger, and mistreated, verbally harassed, and physically assaulted within the past year.
Conclusions/Implications: Results may inform targeted outreach and leveraging resources toward priority populations, e.g., non-participants displayed restricted engagement in all activities and faced specific barriers (e.g., IDs not matching name/gender) that may be mitigated through prioritized efforts assisting group members-who were also likely multiply marginalized (e.g., poverty-impacted)-navigate this barrier. Because of increased discrimination exposure for immersed participants, we must also prioritize efforts towards alleviating resultant psychological distress and ensuring safety to enhance involvement for others and tap into the potential of advocacy/political engagement as a health-promoting strength for all trans* communities.

Video link: Email the authors for additional study information

Threat of harm beliefs mediate the link between binegativity and sexual assault-related PTSD among bisexual women

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Background Bisexual women are at higher risk of experiencing sexual assault compared to monosexual women (Walters et al., 2013). Bisexual women also experience greater disparities in mental health, including posttraumatic stress disorder (PTSD) compared to monosexual women (Roberts et al., 2010) and report more severe PTSD symptoms following sexual violence (Long et al., 2007; Sigurvinsdottir & Ullman, 2015). Posttraumatic maladaptive beliefs (i.e., beliefs about the self, others, and the dangerousness of the world) contribute to the development and maintenance of PTSD (Sher et al., 2017). Additionally, sexual minority stigma predicts PTSD in part via maladaptive posttraumatic beliefs among bisexual and lesbian women (Dworkin et al., 2018). The current study focused on the experiences of bisexual women given disparities in sexual violence and PTSD, and the unique experiences of binegativity (i.e., experiences of stigma due to bisexual identity). We examined the link between experienced binegativity (received from heterosexual and lesbian/gay individuals) and sexual assault-related PTSD via internalized binegativity and posttraumatic maladaptive beliefs (i.e., threat of harm, self-worth and judgment, and trustworthiness of others) among bisexual women. Methods The sample consisted of 266 young adult (ages 18-35) bisexual women who reported experiences of sexual assault. Measures completed online (via MTurk) included: the Sexual Experiences Survey-Short Form Victimization (Koss et al., 2007), Anti-Bisexual Experiences Scale (Brewster & Moradi, 2010), Bisexual Identity Inventory (Paul et al., 2014), Posttraumatic Maladaptive Beliefs Scale (Vogt et al., 2012), and the PTSD Checklist for DSM-5 (Weathers et al., 2013). The sample was predominantly White (83.7%) with a mean age of 26 (SD = 4.2). Parallel mediation analyses were conducted with the PROCESS macro (Model 4; Hayes, 2018). Results The analyses indicated that experienced binegativity predicted greater internalized binegativity and greater maladaptive beliefs related to threat of harm and trustworthiness of others (but not self-worth and judgment beliefs). Only threat of harm beliefs emerged as a significant predictor of PTSD symptoms. Further, the indirect effect of experienced binegativity on PTSD symptoms via threat of harm beliefs was significant, providing support for statistical mediation. Conclusions/Implications: Bisexual women perceive that they are targeted for sexual victimization due to stigma and bisexual stereotypes (Flanders et al., 2017) and binegativity is related to increased sexual victimization risk (Flanders et al., 2019). Our findings indicate that among bisexual women who experienced sexual assault, binegativity may contribute to PTSD by increasing a sense of dangerousness of the world. Clinical interventions with bisexual women who have experienced sexual assault must also consider experiences of binegativity, which may exacerbate symptoms. Further, posttraumatic maladaptive beliefs about threat of harm and dangerousness of the world appear to be an important target for treatment. Clinicians may help bisexual women understand how their experiences are influenced by the sociocultural context, while also addressing beliefs about the dangerousness of the world that may be too extreme or overaccommodated, keeping one "stuck" in posttraumatic symptoms (Resick et al., 2007). Finally, findings highlight the need for policies aimed at reducing binegativity on a societal level to shift attitudes towards bisexual people to improve health outcomes.

Video link:
https://www.dropbox.com/s/28egswq11ql12m2/Salim%20et%20al_2021_Poster%20Video.mp4?dl=0

Self-Compassion, Depression, and the Moderating Effects of Age and Family Support in Transgender and Gender Nonbinary Individuals

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Background. Transgender and gender nonbinary (TGNB) individuals often experience elevated stress due to their underrepresentation in a cisnormative society (minority stress). While protective factors have been identified, their application to the current COVID-19 pandemic remains largely unstudied. The COVID-19 pandemic has amplified psychological distress within the TGNB community, due to the existing structural inequalities (e.g., access to healthcare, Kidd et al., 2021). Two possible protective factors that have received attention are self-compassion (e.g., Corey, 2021), and perceived support, especially from family (Hendricks & Testa, 2012). Given the documented increase in depression associated with the COVID-19 pandemic (Ettman et al., 2020), and research to suggest depression symptoms generally decrease throughout adulthood (Sutin et al., 2013), the present study aimed to explore whether self-compassion was associated with self-reported depressive symptoms, and whether perceived familial support and age would moderate this association for TGNB individuals, within the context of the COVID-19 pandemic. We hypothesized perceived self-compassion would be negatively associated with depression (H1); and this would be moderated by familial support and age (H2). Method. Participants who were 1) at least 18 years of age, 2) identified as TGNB, and 3) experienced gender dysphoria were eligible for the study. Data were collected from 148 transgender individuals (n =148) during May 2020. The participants ranged from 18 to 57 years-old (M = 26.38, SD = 7.31), and a majority identified as Non-Hispanic White (64.9%) . Depression was measured with the 20-item Center for Epidemiologic Studies Depression Scale (Randloff, 1977); self-compassion was measured with the 12-item Self-Compassion Scale - Short Form (Raes et al., 2011); and perceived familial support was a four-item subscale from the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Data were collected online via Qualtrics and analyzed using Hayes' PROCESS macro for SPSS (Hayes, 2013), to test for main effects and two- and three-way interaction effects. Results. There was a significant main effect of self-compassion on depression symptoms ($\beta = -.21$, $p < .01$). Perceived family support also had a main effect on depression ($\beta = -.19$, $p < .05$) on depression. Additionally, in support of H2, results showed a significant three-way interaction effect between self-compassion, family support, and age on depression ($\beta = -.26$, $p < .01$), such that familial support and age moderates the negative associations between self-compassion and depression. Conclusions. During the COVID-19 pandemic, when experiences of stress are high especially for underrepresented communities, our results showed self-compassion and familial support to be protective factors against symptoms of depression for TGNB individuals. Additionally, age and family support moderated the negative association between self-compassion and depression, which suggests self-compassion and family support may be protective factors for TGNB individuals in the wake of COVID-19. Identifying considerations in planning programming, education, and clinical work with TGNB individuals associated with these topics will be presented, along with additional clinical implications. Limitations and future directions will also be presented. Learning Objectives 1. Identify mental health risk factors for the r transgender or gender non-conforming individuals (TGNB) in the context of the COVID-19 pandemic 2. Describe self-compassion & familial social support as specific resilience factors 3. Explain about the interaction between age, self-compassion and familial support for TGNB individuals in the context of the COVID-19 pandemic

Video link: Email the authors for additional study information

Sexual minority status alone is a stronger predictor of sexual shame than intersecting racial, ethnic, religious, and sexual minority identities.

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Background: Sexual shame can have deleterious effects not only on one's sense of self, but also on a one's sexual satisfaction (Marcinechová & Záhorcová, 2020; Lim, 2019). Some work has suggested that higher levels of religiosity are related to higher levels of sexual shame (Marcinechová & Záhorcová, 2020). Further qualitative research in ethnically diverse samples of Black women highlights narratives of their family members shaming women for the way they dressed and "showed" their bodies, thus framing sex and sexuality in a negative light (Leath et al., 2020). However, little research has surveyed the effects of intersecting identities - religious, ethnic, and sexual - on sexual shame. Methods: We used data from a large online survey in a convenience sample of students at a university in the Midwestern US. We analyzed interactions of sexual orientation and racial identity labels as predictors of sexual shame with extrinsic and intrinsic religiosity as mediators. Results: Sexual minority participants reported higher levels of sexual shame than those identifying exclusively heterosexual identity (F(1, 176) = 10.98, p = .001). Identities other than exclusively heterosexual were associated with lower levels of religiosity, but neither extrinsic or intrinsic religiosity mediated the relationship between sexual orientation and sexual shame. Respondents who identified as both an ethnic and sexual minority reported similar levels of sexual shame to those who identified solely as a sexual minority. Likewise, neither extrinsic and intrinsic religiosity were significant mediators of the relationship between intersectional identities and sexual shame. Conclusions: The results of these analyses suggest that sexual minorities may experience higher sexual shame, potentially due to minority stress or internalized homophobia. Our null mediation models indicate religiosity may not be uniquely responsible for strengthening the relationship between minority group membership and sexual shame. However, future work in non-convenience samples with greater ethnic/racial diversity may find greater impact of religiosity on sexual shame.

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Video link: Email the authors for additional study information

Understanding the Influence of the Patient-Provider Relationship on Sexual Minority Women's Mammogram Usage

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Background: Sexual minority women have an elevated risk of breast cancer due to structural and individual risk factors yet are less likely to receive mammograms. Healthcare providers' lack of sensitivity likely functions as a structural barrier, where the intersection of multiple and overlapping systems of oppression, such as racism, heterosexism, and ableism, manifest within clinical practice and communication and alter the frequency and quality of patient care. For example, structural oppression is filtered through patient-provider interactions and heightens sexual minority women's discomfort with providers, thereby reducing the use of healthcare services. Given sexual minority women's constrained engagement with healthcare services related to breast cancer screening and disproportionate burden of mortality from breast cancer compared to their heterosexual counterparts, it is crucial to further understand how patient-provider interactions shape decision-making surrounding breast cancer screening. Methods: Using nationally-representative National Health Interview Survey (NHIS) data from 2017, this study examines the relationship between sexual orientation and perception of various dimensions of the patient-provider relationship, including perceived respect, the importance of shared cultural identity and background, and satisfaction with provider communication about patient's opinions and easy to understand information. Further, it proposes investigating how patients' perceptions of the patient-provider relationship mediate the relationship between sexual orientation and mammogram usage among sexual minority women. This analysis' target population is US sexual minority women who are 30 years and older who have visited a provider within the past year. The sample population consists of 154 sexual minority-identified women after accounting for sexual minority-identified women who had a mammogram within the past year. Bivariate and multivariate logistic regression were used to estimate the relationship between sexual orientation and the dimensions of the patient-provider relationship and the relationship between sexual orientation and mammogram usage, controlling for demographic features, usual place of care, and health status. Results: Initial findings indicate that after controlling for race/ethnicity, sex, age, education, income, health status, usual place of care, and ability, sexual minority patients had 0.53 times the odds of feeling respected by providers some/none of the time (as opposed to all/most of the time) and 1.06 times the odds of not receiving a mammogram within the past year, compared to their heterosexual counterparts. Implications: While previous research has used NHIS data to examine disparities in sexual minority women's mammography usage across race and ethnicity, very little research has captured how patients' perceptions of the patient-provider relationship may alter engagement with mammography. Further analyses will examine this as well as the effect of multiple identities on perception of dimensions of the patient-provider relationship. With the understanding that overlapping structural oppression manifests within the patient-provider relationship, this research clarifies mechanisms that influence breast cancer screening behaviors and decision-making for this at-risk population. This research has the potential to improve the quality of communication in clinical practice surrounding breast cancer screening for sexual minority women.

Video link: Email the authors for additional study information

Interpersonal victimization, substance use, and mental health among sexual and gender minority youth: The role of self-concept factors

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Reducing substance use and negative mental health outcomes of interpersonal victimization among sexual and gender minority youth (SGMY) represents a critical public health priority. Victimized individuals often develop cognitive schemas, or organized knowledge structures consisting of traits, values, and memories about the self, such as self-concept factors, in response to interpersonal victimization. Other studies demonstrate the role of self-concept factors (e.g., mastery, control, and self-esteem) in explaining the relationship between victimization and substance use and mental health. However, mastery, control, and self-esteem have not been explored as mediators of interpersonal victimization experiences and health among SGMY. This study applied cognitive schema models of trauma-related health symptoms using a large sample of SGMY to examine (1) whether interpersonal victimization is associated with substance use (i.e., alcohol use, cannabis use, and cigarette use) and mental health problems (i.e., depressive symptoms, self-perceived stress, self-rated health issues) among SGMY and (2) whether diminished sense of mastery and control and lower self-esteem can partially explain elevated rates of substance use and mental health problems in this population. We used the US-based 2017 LGBTQ National Teen Survey (n = 17,112; Mage = 15.57, SD = 1.27); 6,401 (37.4%) identified as gay or lesbian, 7,396 (43.2%) as cisgender women, and 10,245 (59.9%) as White. Substance use and mental health variables were positively associated with interpersonal victimization variables and negatively associated with self-concept factors. Cognitive mechanisms partially mediated the relationship between interpersonal victimization and mental health. Overall, this model explained 74.2% of the variance in mental health and 28.4% of the variance in substance use. Cognitive coping may represent an important modifiable factor that can be targeted by trauma-focused interventions in efforts to improve victimized SGMY's mental health. Findings call for the development of identity-affirmative, evidence-based, and trauma-focused interventions for SGMY to improve this populations' overall health.

Video link: Email the authors for additional study information

LGBTQ+ Identity Abuse and Minority Stress: Differences in Internalized Homonegativity, Experiences of Discrimination, and Outness between Victims and Non-Victims

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Background Identity abuse (IA) within LGBTQ+ populations is a form of intimate partner violence (IPV) where the perpetrator leverages systemic oppression (i.e., heterosexism, homophobia) based upon an individual's gender identity or sexual orientation against an LGBTQ+ partner (Woulfe & Goodman, 2018; Guadalupe-Diaz & Anthony, 2017). IA includes behaviors such as threatening to disclose a partner's LGBTQ+ identity, undermining or belittling a partner's LGBTQ+ identity, or using homophobic/transphobic language towards a partner (Woulfe & Goodman, 2018). Recent studies found that IA victimization is correlated with other forms of IPV, such as psychological and physical abuse (e.g., Scheer, Woulfe, & Goodman, 2018; Scheer & Mereish, 2018). IPV victimization has previously been associated with dimensions of the Minority Stress Model (Brooks, 1981; Meyer, 2003) including increased internalized homonegativity and experiences of discrimination (e.g., Balsam & Szymanski, 2005), as well as decreased level of outness (e.g., Carvalho et al., 2011). Due to the negative mental health outcomes associated with minority stress, such as increased rates of depression, anxiety, and suicide (e.g., Haltzenbuehler & Pachankis, 2016), the current study examined if IA had similar relations to these minority stress dimensions as other forms of IPV. We predicted that victims of IA would report increased internalized homonegativity, increased experiences of discrimination, and decreased levels of outness compared to non-victims. Methods Participants (N=179) were recruited as part of an ongoing longitudinal study on IPV in LGBQ+ young adults, with recruitment occurring in one Midwestern and one Southern US area. Participants were between the ages of 18 and 25 (M=21.45, SD= 1.95) and self-identified as LGBQ+. Participants were of diverse sexual orientations (12.8% gay, 20.7% lesbian, 38.5% bisexual, 10.1% queer, 14.5% pansexual, 1.1% asexual, and 0.6% same-gender loving) and gender identities (20.1% man, 66.5% woman, 7.3% Trans male/Trans man, 0.6% Trans female/Trans woman, and 12.8% Genderqueer/Gender non-conforming). At baseline, participants completed self-report measures that assessed IA (Identity Abuse Scale; Woulfe & Goodman, 2018), instances of discrimination (Heterosexist Harassment, Rejection, and Discrimination Scale; Szymanski, 2006), outness (Nebraska Outness Scale; Meidlinger & Hope, 2014), and internalized homonegativity (Multi-Axial Gay Men's Inventory; Theodore et al., 2013). Results Results showed that twenty-one percent of participants reported a lifetime history of IA victimization. Independent samples t-tests indicated that victims of IA (M=26.05, SD=14.51) had significantly higher scores on internalized homonegativity relative to non-victims of IA (M=18.53, SD=7.72), t(175)= -4.24, $p < .01$. Moreover, victims of IA (M=2.01, SD=0.88) reported significantly higher scores on discrimination than non-victims (M=1.62, SD=0.52), t(177)= -3.40, $p < .01$. However, there was no significant difference on reported outness between victims of IA (M=5.12, SD=2.31) and non-victims (M=5.66, SD=1.85), t(174)= 1.49, $p > .05$. Conclusions These results provide the first evidence that victims of IA experience greater minority stress than non-victims, consistent with the broader IPV literature. Findings provide insight into a unique type of IPV experienced by some LGBTQ+ people that is relevant to mental healthcare providers working with LGBTQ+ clients. Continued research is needed to better understand the adverse health outcomes associated with IA victimization among LGBTQ+ individuals.

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LGBTQ+ People's Experiences of Stress, Health, and Technology in a Pandemic

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Background: The onset of the global pandemic of coronavirus, or COVID-19, has shaped significant stress and health challenges among people, particularly marginalized social groups. Specifically, lesbian, gay, bisexual, transgender, and/or queer (LGBTQ+) people experience heightened health inequalities, which are often exacerbated by minority stress dynamics of prejudice and discrimination. People are also navigating technology in new and heightened ways during the pandemic, which can create unique sources of stress to manage. The focus of the mixed methods approach in conducting surveys and interviews was to explore relationships between and among identity-related stress dynamics, COVID-19 experiences, and technology usage to illuminate how LGBTQ+ people are distinctively navigating COVID-19.Therefore, this study's objective was to qualitatively explore LGBTQ+ people's experiences and understandings of the pandemic and simultaneously quantitatively test those dynamics to determine quantifiable patterns of health and wellbeing. Methods: Procedure. Utilizing a concurrent, triangulation design and convergence analytic model of mixed methods, we simultaneously surveyed 457 adults ages 18+ from predominantly rural regions (n=117 LGBTQ+-identifying) (Step 1), and completed follow-up in-depth semi-structured interviews conducted with n=43 LGBTQ+ people from the original sample (Step 2). This approach allowed us to provide a more comprehensive, nuanced portrait of LGBTQ+ people's pandemic-related health experiences. Analytic Strategy. First, we completed grounded theory-driven exploratory qualitative analyses to promote hypothesis generation, which we then statistically tested using the quantitative survey data. Results: Qualitative analyses. Interviews with LGBTQ+ people revealed that the pandemic is creating complex challenges for them to manage in terms of their health and well-being. Firstly, LGBTQ+ people described experiencing problematic constraints to building community connections across their various social networks, including LGBTQ+, neighborhoods, and various social organizations. Secondly, pandemic-induced stressors were identified by participants as wellbeing challenges, such as heightened awareness of and worrying about social conflict, amplified technology usage, and barriers to self-care. Finally, LGBTQ+ participants also emphasized the use of innovative resilience and strengths-based health promotion strategies to potentially offset pandemic stress. Quantitative analyses. Preliminary analyses suggest that, while not experiencing significant differences in perceived social support, LGBTQ+ respondents scored higher (mean=33.4, sd=10.8) on the pandemic stress scale relative to non-LGBTQ+ peers (mean=27.4, sd=10.5) ($p<0.001$). LGBTQ+ respondents also reported elevated checking behaviors related to COVID-19 relative to peers (mean=16.8, sd=14.5 vs mean=14.5, sd=4.7). LGBTQ+ respondents also reported higher problematic reliance on cellphones/smartphones (mean=29.9, sd=8.9 vs mean=26.7, sd=9.4) ($p<0.01$), and spending more time chatting/speaking online to friends (mean=3.9, sd=1.1 vs. mean=3.5, sd=1.2) relative to non-LGTBQ+ peers ($p<0.001$). Conclusions/Implications: LGBTQ+ individuals are likely experiencing elevated stress and reliance on technologies during the COVID-19 pandemic. Study results illustrate the potential of novel avenues of observational and interventional research aimed at enhancing people's lives and addressing pandemic-related inequalities. Service providers and policymakers can utilize the findings to better understand the distinctive experiences of LGBTQ+ people, their health, and technology access and usage during a pandemic to tailor effective programming for ameliorating LGBTQ+ health disparities.

Video link: Email the authors for additional study information

Impact of COVID-19 on Health and Access to Healthcare and Social Services among Sexual and Gender Diverse Texans: Differences by Race and Ethnicity

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Background: Much of what we know about the health and lives of sexual and gender diverse (SGD) subheadings within your abstract. individuals is largely focused in regions outside the Southern United States. In fact, we know more about the lives and experiences of SGD persons living in Chicago, IL than we do in all of Texas. In addition, research has now recognized the intersection of race and ethnicity. Research has documented disparities among people of color (POC) and Latinx/Hispanic individuals; however, little is known about the experiences of SGD individuals, specifically among POC and Latinx/Hispanic communities. Thepurpose of this study was to understand the impact of COVID-19 on SGD individuals living in Texas and assess differences in terms of race and ethnicity. Methods: The COVID-19 & You Study is a collaboration of over 30 researchers, LGBTQ+ organizations, and community members from across the state, representing each of the public health regions in the state, including well-established as well as grassroots organizations. This cross-sectional study consisted of a 30-minute online survey. Participants could enter into a raffle to win one of sixteen $50 gift cards at the end of the survey. We used a broad recruitment strategy that consisted of using existing participant pools, emails sent out by community partners, and posting on community partner websites and social media across the state. Data were collected between May 2020 through August 2020. Descriptive statistics (n, frequency, percent) are provided for all measures overall and by race and Latinx/Hispanic ethnicity. Bivariate associations were determined with Chi-Square Tests. Results: A total of 1,288 SGD Texans completed the survey. With regard to race and ethnicity, 29.1% (n = 375) identify as Latinx/Hispanic (any race), and 42.2% (n = 539) identified as a person of color (POC). Overall, 26.9% (n = 346) of the sample identified as transgender or gender diverse. Chi-square tests show significant differences between white and POC respondents regarding access to services, COVID-19 rates, exposure, and symptoms, as well as worry regarding COVID-19. POC reported significantly lower rates of health insurance and significantly higher rates of difficulty in paying for prescriptions, accessing mental health services, and medical care. Similarly, Latinx/Hispanic participants reported more difficulty with paying for prescriptions, had increased worry regarding COVID-19 compared to participants who were not Latinx/Hispanic. Conclusions/Implications: This study examined the experiences of SGD individuals living in Texas, an understudied population. The COVID-19 pandemic is exacerbating existing disparities among SGD Latinx/Hispanic and POC, compounded by more worry, higher rates of COVID-19 with increased difficulty with accessing a number of healthcare and social services.

Video link: Email the authors for additional study information

Substance use differences in sexual minority emerging adults

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Purpose: This study examined differences in substance use between sexual minority orientation groups of emerging adults, particularly the understudied groups, pansexual and asexual. Methods: Negative binomial regression analyses were conducted using a sample of 1,853 sexual minority emerging adults ages 18-29 recruited cross-sectionally from Prolific in March 2020. Results: Significant differences were found between groups (gay/lesbian, bisexual, pansexual, asexual, other) in the use of alcohol, tobacco, cannabis, cocaine, hallucinogens, and methylenedioxymethamphetamine. Conclusion: The present study indicates that pansexuals and asexuals are unique in their substance use and that sexual minority individuals cannot be considered one homogenous group in their substance use.

Video link: Email the authors for additional study information

Planning A Health and Wellness PSA for LGBTQ+ Youth

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Issue: The COVID-19 pandemic has affected the lives of all Americans, including youth who were particularly impacted by changes to their learning environments caused by local shutdowns. High school and college age students, typically adolescents and young adults ages 13 to 24, are in an important developmental phase in their lives where social relationships with their peers are paramount to their development, particularly when romantic and sexual relationships begin to form. Given the urgent need to sustain social distancing for safety, we proposed a youth-led social media PSA to remind youth to maintain precautions, such as mask wearing, physical distancing, and hand washing. The campaign focused on promoting alternatives to in-person socializing, and precautions to take if doing so. Setting: This project was proposed by the Adolescent and Young Adult Research team at the CORE Center, which is particularly concerned with the health and wellbeing of adolescents and young adults in Cook County, Illinois. The campaign lives online at instagram.com/keepingit.x/. Project: The project team included junior health researchers, creative media professionals, and 14 LGBTQ+ youth advisors (average age 18). Based on their own experiences during the pandemic, the youth decided the campaign should focus on three topics, including 1) self-care, 2) healthy dating, and 3) safer sex. The artists then developed the creative design and content outline, which included 3 static posts per topic and additional day-of stories. The campaign went live on World AIDS Day (Dec 1, 2020), and concluded on International Human Rights Day (December 10, 2020). The content was cross-posted on the artists' profiles, and included many LGBTQ+ oriented hashtags for organic discovery. After the last post was published, the stories were compiled into a highlight for continued accessibility. The campaign engagement metrics were measured on December 31, 2020. Results: Engagement metrics from the instagram profile for December, 2020, indicate 246,000 unique users were reached, for a total of 471,000 impressions. There were 3,700 content interactions, including 784 shares, and 566 saves. 18.5% of users were from the Chicago metropolitan area, 89% were 13-35 years old (13-17 11%, 18-24 37%, and 25-35 40%), and 68.5% were male. Lessons Learned: Overall, this was a successful partnership between the researchers, youth advisors, and creative media professionals. Furthermore, this youth-led social media campaign promoted strategies for healthy dating, safer sex, and self-care oriented to adolescents and young adults. The campaign metrics and demographics indicate a high degree of engagement overall, however without availability of disaggregated demographics, they do not discern the particulars of the engaged audience. In addition, the campaign was not developed with a specific call to action, and therefore can not speak to an objective measurement. The lessons learned will inform the development of and considerations for future health promotion campaigns, including future collaborations to utilize the community and youth-based participatory approach implemented in the development of the PSA towards the planning of local sexual health promotion campaigns in Chicago, and beyond.

Video link: Email the authors for additional study information

Risk for COVID-19 at the Intersection of Race, Gender, and Sexual Orientation

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Background: In spring 2020, the Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center, and the Research & Evaluation Group at Public Health Management Corporation partnered to conduct the 2020 Pennsylvania LGBTQ Health Needs Assessment, the second statewide assessment gathering data on health disparities impacting the LGBTQ community in Pennsylvania. The 2020 assessment collected data from 6,582 respondents from 64 counties across the state. The assessment is conducted to measure health disparities impacting the LGBTQ population. Health topics covered by the assessment included tobacco use, HIV, cancer, diabetes, BMI, and healthcare utilization. These factors are significant in determining the level of risk for COVID-19. Methods: Between early March and mid-May 2020, an anonymous, internet-based survey was available for completion by any Pennsylvania resident who self-identifies as LGBTQ. The purposive, convenience, snowball style sample was supported by LGBTQ-focused community-based organizations that promoted participation among their constituents. The survey was available in both English and Spanish. Results: 4.9% of respondents did not have health insurance. 23.6% of respondents had not visited the doctor for a routine check-up in a year or longer, and 44.8% had not received a flu vaccine in the last year. Black, Hispanic or Latinx, and transgender and gender nonconforming respondents were more likely to experience negative reactions from their healthcare providers based on their LGBTQ and/or racial/ethnic identity, which is a barrier to accessing healthcare. 8.2% of Black respondents had diabetes, compared to 6.9% of all respondents. 66.3% of respondents overall had BMIs that are categorized as "overweight" or "obese". 7.8% of BIPOC respondents had been diagnosed with HIV, compared to 4.8% of respondents overall. 14.5% of respondents were current smokers (smoking some days or every day), and current smoking rates were further elevated among transgender and gender nonconforming respondents (15.6%), Hispanic or Latinx respondents (16.8%), and Black respondents (21.9%). 6.2% of all respondents had received a cancer diagnosis. Conclusions: Findings from the 2020 Pennsylvania LGBTQ Health Needs Assessment indicate that members of the LGBTQ population in Pennsylvania are at increased risk for contracting COVID-19 and experiencing severe symptoms. Black, Hispanic or Latinx, and transgender or gender nonconforming LGBTQ Pennsylvanians are at especially high risk due to health disparities related to tobacco use, HIV, diabetes, and barriers to accessing healthcare.

Video link:
https://drive.google.com/file/d/1S3YJx1lsM52ah3BawRL0buVJvVv5plHC/view?usp=sharing

Specimen self-collection for HIV, gonorrhea and chlamydia testing, and potential PrEP adherence monitoring among MSM

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Background: Online HIV and other sexually transmitted infection (STI) prevention studies often rely on self-collected biological specimens, but little has been published about the extent to which research participants successfully return specimens for laboratory testing, or return specimens that are of adequate quality. Our study sought to understand patterns of participation in the self-collection and return of five different types of biological specimens for HIV, gonorrhea and chlamydia testing, and potential pre-exposure prophylaxis (PrEP) adherence monitoring among gay, bisexual and other men who have sex with men (MSM) in the United States. Methods: From March-November 2019, 100 sexually active MSM aged 18-34 years were recruited into Project Caboodle! through targeted advertising on Facebook and Grindr. Participants were first asked to complete a baseline survey, for which they received an incentive of $40 as an Amazon gift card. They were then shipped a box containing instructions and materials for self-collecting and potentially returning a finger-stick blood sample (for HIV testing), a pharyngeal swab, a rectal swab, and a urine specimen (for triple-site gonorrhea and chlamydia testing), and a hair sample (to assess adequacy for PrEP adherence monitoring) within 6 weeks from the date of box delivery. Specimen return was not incentivized. Returned finger-stick blood samples, pharyngeal swabs, rectal swabs, and urine specimens were tested at the Emory University Clinical Virology Research Laboratory, and returned hair samples were evaluated at the University of California, San Francisco Hair Analytical Laboratory. Results: Participants' mean age was 26.2 years. Thirty-seven (37.0%) were non-Hispanic white, 17 (17.0%) were non-Hispanic black, 29 (29.0%) were Hispanic, and 17 (17.0%) were of some other race/ethnicity. Most participants had a college degree or higher educational level (n=59, 59.0%), identified as gay (n=86, 86.0%), and were single (n=68, 68.0%). Fifty-four (54.0%) had engaged in condomless anal sex, and 69 (69.0%) had engaged in condomless oral sex with ≥2 men in the past 3 months. Eighty-eight (88.0%) reported being tested for HIV, and 69 (69.0%) reported being tested for other STIs in the past year. Thirty-seven (37.0%) returned all five biological specimens, 14 (14.0%) returned some specimens, and 49 (49.0%) returned no specimens. Lower educational level (p=0.002) was significantly associated with lower rates of specimen return. None of the blood samples tested positive for HIV, none of the pharyngeal swabs tested positive for gonorrhea or chlamydia, 1/46 (2.2%) and 2/46 (4.3%) rectal swabs tested positive for gonorrhea and chlamydia respectively, 1/47 (2.1%) urine specimens tested positive for chlamydia, and 36/46 (78.3%) hair samples were deemed adequate for potential PrEP adherence monitoring.
Conclusions/Implications: Our data reveal three typologies of research participants with respect to biological specimen self-collection and return - Fully compliant, semi-compliant, and non-compliant. Among those who chose to return specimens, the adequacy of self-collected specimens for laboratory testing was good. Tailored messaging, reminders and incentives might help achieve gains in self-collected specimen return for online HIV and other STI prevention research, particularly among sexually active MSM who have a lower educational level.

Video link: Email the authors for additional study information

Prevalence of within-group racism among gay men at the intersection of race/ethnicity, weight, and gender expression

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Racism is a multifaceted form of discrimination that targets people based on their membership in a particular racial or ethnic group and leads significant health disparities. Defined as the prejudicial or unjust treatment between members within the same group or community, within-group discrimination (e.g., racism in the LGBTQ community) has been shown to adversely affect mental health outcomes (e.g., depression, anxiety). Yet, little is known about whether and how racism contributes to experiences of within-group discrimination among gay men. Grounded in intersectionality theory, the present study examined the prevalence of within-group racism experiences in a large sample of gay men and how it varies by race/ethnicity, self-perceived weight, and gender expression. 2,149 gay men between the ages of 19 and 79 were recruited via social media advertisements and completed measures of within-group racism (Maki, 2017). Participants reported how frequently they experienced within-group racial/ethnic discrimination. A majority of participants were White (72%); 9% were Hispanic, 5% were Black, 4% were Biracial, 4% were Asian, 2% were Indian, <1% were Hawaiian, and 3% identified as another race/ethnicity. For weight, 11% perceived themselves as underweight, 34% perceived their weight as average, and 55% perceived themselves as overweight. For gender expression, 11% perceived themselves as more feminine, 21% perceived themselves as neither masculine nor feminine, and 67% perceived themselves as more masculine. Within-group racism was more commonly reported by racial/ethnic minority participants compared to White participants: 67% vs. 21% have been accused of false stereotypes based on their ethnicity or race by members of the gay community, 52% vs. 11% have been treated with less respect based on their race/ethnicity at a gay establishment and/or gathering, 62% vs 28% have been desired by someone of another race or ethnicity as a means to fulfill a fetish, and 64% vs. 29% have heard derogatory jokes and comments about people of their race/ethnicity at a gay bar and/or gathering. Univariate tests revealed that experiences of within-group racism differed by race/ethnicity and gender expression, but not by self-perceived weight. Gay men of color experienced comparable levels of within-group racism, but significantly more than White gay men. Gay men who perceived themselves to be neither feminine nor masculine reported higher rates of within-group racism compared to their feminine and masculine counterparts. Interestingly, there was an interaction between race/ethnicity and gender expression, with gender neutral Black gay men reporting the highest rates of within-group racism. Findings suggest within-group racism is a prevalent concern among gay men of color and that certain groups of gay men are targeted more than others. Such discrimination threatens gay men's sense of safety and belonging in their own community, increasing health risks. Given the consequences of racism and within-group discrimination on mental health, future research is encouraged to explore the effects and mechanisms of within-group racism among specific groups of gay men to better understand pathways of risk and resilience.

Video link: https://drive.google.com/file/d/1aiJZBlgOsC0yrXjpljUu-zwyGgk68rZo/view?usp=sharing

Risks of Intimate Partner Homicide and Severe Reassault among Transgender and Gender Diverse Intimate Partner Violence Survivors: Preliminary findings from community listening sessions

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Background: Intimate partner violence (IPV) is an epidemic among transgender and gender diverse (TGD) people, particularly among transgender women of color. TGD individuals experience 2.2 times the risk of physical IPV and 2.5 times the risk of sexual IPV compared to their cisgender peers.1 A recent systematic review on IPV in trans populations identified 85 quantitative articles on this topic, but none addressed intimate partner homicide (IPH) in TGD individuals.1 This gap in knowledge is striking given community initiatives such as the Trans Murder Monitoring report2 and Transgender Day of Remembrance3 that highlight TGD homicides, which are often committed by an intimate partner. The purpose of this analysis was to examine community-identified antecedents of severe reassault and IPH risk among TGD people who have experienced IPV. Methods: Preliminary community listening sessions were held with 13 TGD adults, ages 20 to 61 years old (Mage=33.9, SDage=12.7, Mnage=28, IQRage [24.5, 39]). Seven participants were Black and assigned male at birth (AMAB), and six participants were assigned female at birth (AFAB; n=4 White, n=1 Mexican, n=1 Black). Participants completed a brief survey of demographic characteristics and experiences with IPV using an adapted version of the Revised Conflict Tactics Scale (CTS-2) and the Transgender-related IPV [T-IPV] measure; 0-12 points; binary). Descriptive statistics described the rate and types of IPV experienced by participants. Thematic content analysis of community listening session transcripts was used to describe community-identified antecedents of IPH. We compared themes that arose from AMAB and AFAB participants. Results: All participants had experienced at least 1 form of IPV (MIPV=3.5, SDIPV=2.6, MnIPV=3, rangeIPV=[1, 10], IQRIPV [1.5, 4.5]). None of the participants were currently in an abusive relationship. Community-identified antecedents of severe reassault or IPH risk among TGD participants AMAB included: (a) community violence saturation and increased gun use by partners; (b) self-protecting behavior - escalation - retaliation; and (c) gender disclosure and the effect of stigma. Themes among TGD participants AFAB included: (a) use of weapons, attempted drowning, or choking; (b) use of physical violence in public; and (c) coercive control of gender transition or gender presentation. A shared theme among TGD participants AMAB and TGD participants AFAB was complex social and structural vulnerability (e.g., financial dependence, homelessness, substance use, mental illness, engagement in sex work, citizenship status). Conclusions/Implications: While a few of the themes identified resemble known severe reassault and IPH risks (i.e., gun/weapon use, coercive control), several themes were unique to TGD people and must be considered when safety planning with TDG individuals or adapting IPV screening tools for this population. Generally, there is a lack of IPV/IPH interventions for TGD people and future research should include a robust analysis with larger samples of TGD people from diverse racial and ethnic backgrounds and proxy interviews with friends/families of the deceased (victim of IPH) that might lead to a fuller picture of risk and prevention efforts for TGD people experiencing IPV.

Video link: Email the authors for additional study information

Age, Autonomy, and Authority of Knowledge: The role of consent in regulating access to care for transgender minors

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Background: In most states, adolescents aged 13 to 17 are granted the authoritative decisional power to consent for medical care related to sexual and reproductive health services, substance use treatment and counseling, and psychiatric treatment. Despite research suggesting that parental reactions to youths' transgender identity impacts youths' ability to access transgender-affirming health services and interventions, no legal provisions exist to protect minors who seek healthcare related to gender identity. We aimed to better understand how TNB youth's (< age 18) transgender identity and legal status as minors impacted their ability to access care or influenced the quality of care they received. Methods: We conducted in-depth interviews with TNB youth ages of 13 to 17 years (N = 11) and 1 focus group with high school age TNB youth (N = 8) in the Seattle area of Washington state regarding their experiences accessing a variety of healthcare services. We used Foucauldian discourse analysis to examine how socially constructed discourses of age, consent, and autonomy impacted TNB minors' abilities to access a variety of healthcare services, their inclusion in informed consent processes, and barriers to care youth encounter when seeking transgender-related health services and interventions. Results: We identified two sets of discourses - discourses of autonomy and discourses of support - that characterized how youths' ability to make decisions about their bodies and health were mediated by parents and providers. Discourses of autonomy included confidentiality, self-determination, and personal vs. medical authority of knowledge. These exchanges encompassed the extent to which youth were granted the authority to self-determine their genders, and how their health needs were prioritized and facilitated or dismissed and occluded. Discourses of support included role ambiguity, trust/mistrust, and good/bad parent subjectivities. These discourses encompassed the various roles and positions that youth, parents, and providers took up or were placed within in terms of authoritative decisional capacity. Conclusions/Implications: Findings from this study highlight multiple issues present at the intersection of health care and the law for TNB minors, as well as complexities in adult-child relationships that are often present for TNB youth. These findings problematize the notion of individual choice and suggest that not all TNB youth are granted the same freedom to live in the gender that feels most real or most comfortable to them. While all children under 18 are confronted with issues related to their age and decision-making capacity - particularly in healthcare contexts - TNB youth face unique challenges that are specific to the construction of gender non-normativity. TNB youth are invited, if not required, to be certain of themselves in terms of gender, but not granted the legal authority to make decisions about their bodies and health without the endorsement of adults (e.g., parents and providers). Recent legislation to criminalize gender-affirming care for youth in the United States enact the discourses we identify and perpetuate ongoing health disparities in this population.

Video link: Email the authors for additional study information

Parental Nativity and Familial Acceptance of Sexual and Gender Minority Latinx Youth

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In this quantitative survey study, researchers examined survey data collected from 1,877 Latinx youth concerning home experiences, health, identity, and parental nativity. Data were drawn from the LGBTQ National Teen Survey, an online, anonymous comprehensive survey designed to advance understanding of the experiences of these adolescents (13-17 years of age). The survey was in part distributed by the Human Rights Campaign and examined perceptions of familial acceptance of SGM Latinx youth. Relationships were found between family acceptance, sexual orientation, and parental nativity (if parents were both in- or outside of the United States).

Video link: Email the authors for additional study information

CURED: How LGBTQ Activists Fought the Mental Illness Label and Changed the Psychiatric Profession

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Mentally ill. Deviant. Diseased. And in need of a cure. These were among the terms psychiatrists used to describe lesbians and gay men in the 1950s, 60s, and early 70s. According to the Diagnostic and Statistical Manual of Mental Disorders, every gay person-no matter how well-adjusted-suffered from a curable mental illness. And as long as lesbians and gay men were "sick," progress toward equality was impossible. Slated for national broadcast on PBS in October 2021, CURED takes viewers inside the David-versus-Goliath struggle that led the APA to declassify homosexuality as a mental disorder in 1973. While CURED is indisputably about science, medicine, and politics, at its core this is a film about the process of social change. It features a diverse group of activists who came together at a crossroads in LGBTQ history. Their tenacity, resourcefulness, and ingenuity brought about a shift that transformed not only LGBTQ people's perceptions of themselves, but also the field of psychiatry and the social fabric of America. To learn more about CURED, please view the poster presentation and accompanying video. Here's a link to the trailer for CURED: https://www.cureddocumentary.com/

Video link:
https://drive.google.com/file/d/1EI4h7HFWugO7BL0cPcpTnMYvx6NMCG5s/view?usp=sharing

Integration of PrEP Education and Referrals with HIV Self-Test Distribution

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Issue: Access to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and HIV medical care are critical parts of the efforts to end the HIV/AIDS epidemic. GMHC's Testing Center provides HIV testing and counseling, and seeks to increase knowledge and uptake of these biomedical interventions. The COVID-19 pandemic introduced additional barriers for clients in need of HIV testing and medical services, including the closure of GMHC's Testing Center and the cancellation of many non-essential medical appointments. Setting: GMHC's testing center located in the Midtown Manhattan neighborhood of New York City and provides comprehensive HIV and STI testing, education, counseling, and linkages to medical care and supportive services. Project: As GMHC transitioned to remote work, the Testing Center joined the NYC DOHMH's HIV self-test distribution program. While this program did not require follow-up, GMHC's Testing Center offered clients who requested these free self-tests the option to further engage with staff, so that staff could provide education and navigation services remotely. In these phone sessions, counselors provided PrEP education and referral services. Results: From protocol initiation in April through the end of December, 230 HIV self-tests were distributed. 68% of clients accepted the offer for a follow-up phone session. Of the clients who accepted follow-up, 70% were new to GMHC testing services. GMHC counselors were successfully able to reach 62% (n=97) of the clients who accepted a follow-up session; the remainder were lost to follow-up. All of these clients received a PrEP/PEP screener, and 48 accepted a PrEP/PEP education session. Ten clients were referred to PrEP providers, and 1 client to a PEP provider. Nine (82%) of the clients referred to PrEP/PEP services were MSM; the others were a heterosexual woman, and a gender nonconforming person who has sex with men. Five (45%) identified as Hispanic/Latino/Latina, 3 (27%) as White, 2 (18%) as Black/African-American/Afro-Caribbean, and 1 (9%) as Asian/Pacific Islander. 5 PrEP appointments and 1 PEP appointment were confirmed to be attended. Lessons Learned: GMHC determined that it is possible to leverage self-test distribution to engage clients in PrEP education and navigation services, though demand for these services was low. GMHC was able to reach priority populations through a remote self-test distribution model. Shifting to a remote model additionally engaged a large percentage of people who were not previous clients of GMHC, indicating that there may be opportunity to engage new clientele. Because clients are often lost to follow-up, we have shifted to discussing PrEP and providing referrals at test distribution rather than during the follow-up sessions. The hope is that this will engage additional people in PrEP services.

Video link: https://drive.google.com/file/d/1WPKBKNrbDo3RslhA-pTdL1lFtNntbHAb/view?usp=sharing

Religiousness and minority stress in conservatively religious sexual minorities: Lessons from Latter-day Saints

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Sexual minorities who engage in conservative religions may experience both stress and support from their engagement with their faith. However, it is unclear how religion/spirituality and minority stress may simultaneously affect health outcomes. To address this gap, we recruited 1,083 U.S. adults reporting varied engagement with a conservative religious tradition, the Church of Jesus Christ of Latter-day Saints (Mormon; LDS), belonging to one of four groups: (a) heterosexual, LDS; (b) sexual minority, LDS; (c) heterosexual, nonLDS; and (d) sexual minority, nonLDS. We found that LDS sexual minorities reported more religiousness/spirituality and described experiencing more minority stressors, relative to nonLDS sexual minorities. Interaction analyses indicated that internalized homonegativity was more strongly associated with depression for LDS sexual minorities than for nonLDS sexual minorities. We suggest that aspects of religion/spirituality may buffer the effects of minority stress experienced by sexual minorities who choose to remain engaged with conservative religious traditions.

Video link: Email the authors for additional study information

How do we handle this?: Microaggressions, coping, and mental health among bisexual women

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Background: Bisexual individuals experience microaggressions that have been linked to psychological distress and poor mental health. The psychological mediation framework posits that sexual minority individuals, including bisexual women, experience increased stress due to stigma, which creates increases in coping mechanisms and emotional regulation (i.e., rumination and resilience). These factors influence their mental health outcomes. Guided by this framework, the current study examined whether rumination and resilience mediate the relationships between past year and lifetime microaggressions and negative mental health outcomes (i.e., anxiety, depression, suicidality) among bisexual women. We hypothesized that past year and lifetime microaggressions would be associated with increases in rumination, resilience, and negative mental health outcomes. We also predict that rumination and resilience mediate the associations between microaggressions and negative mental health outcomes. Methods: We used a diverse community sample of bisexual women (N= 108) from the Women's Daily Experience Study to conduct a secondary analysis of previously collected baseline data. Path analysis using Mplus version 8.4 was employed. Results: Both lifetime and past year microaggressions were associated with increased depression (B = 1.63, [95% CI = 0.56,2.71], B = 1.01, [95% CI = 0.01, 2020], respectively), anxiety (B = 1.60, [95% CI = 0.65, 2.55], B = 1.19, [95% CI = 0.31, 2.06]) and higher likelihood of suicide attempt (OR = 2.43, [95% CI = 1.24, 4.72], OR = 1.76, [95% CI = 1.04, 2.96], respectively). Lifetime microaggression was also associated with higher likelihood of poorer self-assessed mental health (B = 1.83, [95% CI = 1.13, 2.93]). Experiencing more microaggressions over the lifetime microaggressions was also associate with increased resilience (B = 2.79, [95% CI = 0.41, 5.17] and rumination (B = 1.12, [95% CI = 0.35, 1.88]. When controlling for lifetime microaggressions, as resilience increased depression decreased (B = -0.19, [95% CI = -0.27, -0.11]. Additionally, increases in resilience was linked to lower odds of poor self-assessed mental health (B = 0.94, [95% CI = 0.91, 0.98]. Past year microaggressions were associated with increased resilience (B = 2.49, [95% CI = 0.22, 4.78]. When controlling for past year microaggressions, as resilience increased depression decreased (B = -0.17, [95% CI = -0.25, -0.10]. Moreover, increases in rumination was linked to increased depression (B = 0.30, [95% CI = 0.10, 0.60]. Rumination was linked to increased anxiety, when controlling for past year microaggressions (B = 0.30, [95% CI = 0.08, 0.52]. Resilience mediated the relationship lifetime microaggressions and depression. Conclusion: This study illuminated the impact of microaggressions on the mental health of bisexual women. Our analyses reveal unique differences between the presentation of and factors that mitigate several mental health outcomes, such as anxiety and depression. Future intervention should aim to reduce rumination and resilience to promote positive health outcomes. More research is needed to identify and understand coping mechanisms within varying cultural contexts that will help bisexual women cope with microaggressions and stigma. This work will inform the development of future mental health interventions.

Video link: https://uic.zoom.us/rec/share/0FzNKtpDCYBF9VgjY1paHCXlRzPHP5rO-BXxY4YX2ddQCyG_qjEJ79Hd_Qv31LED.wVIfYcZ_o8d4J3OS

Tough Talks: A behavioral health intervention to aid in HIV disclosure during a pandemic

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Background: HIV disclosure remains a daunting task for young men who have sex with men (YMSM) - a task compounded by the stress and potential lack of privacy during the coronavirus (COVID-19) pandemic. Tough Talks (TT), a modular mHealth intervention utilizing artificial intelligence (AI)-facilitated role-playing scenarios and interactive self-efficacy building activities, was developed for YMSM to improve disclosure decisions and HIV health outcomes. Here we assess the initial efficacy of the intervention and the concurrent impact of the pandemic on YMSM with HIV. Methods: YMSM (aged 16-29) with HIV reporting anal sex or an STI in the past 6 months enrolled in a three-arm trial beginning in June 2019: TT delivered fully online (Arm 1), TT delivered with support in a clinical setting (Arm 2), or standard of care (SOC) provision of disclosure information (Arm 3). Computer-assisted self-interviews (CASI) were administered at baseline, 1- (intervention completion), 3-, and 6-months to assess disclosure and HIV-care outcomes and intervention acceptability. To facilitate intervention delivery during the pandemic, adaptations to deliver TT in a virtual setting were carefully developed. In May 2020, we added survey questions to assess the health and socioeconomic impact of COVID-19. Results: To date, 145 YMSM (mean age 24, 60% Black or African American, 27% Hispanic, 85% residing in the South) have been enrolled (72% of planned sample). At baseline, the majority were virally suppressed (81%), reported >90% adherence to ART (75%), and were diagnosed with HIV for more than a year (63%). In addition, 50% reported that about half or less of their sexual partners knew their status, indicating a need for a disclosure intervention. Most intervention arm participants who completed the 1 month survey (n=90) reported that TT positively impacted their decisions to disclose to sexual partners (53%) and helped them incorporate disclosure decisions into their daily lives (78%). Additionally, most thought practicing disclosure with the virtual avatar helped prepare them for disclosure in real life (73%). Of the 52 participants who completed the COVID-19 questions at 1-month, 13.5% reported testing positive for COVID-19 and 40.4% knew someone who had COVID-19. At the end of the study (3 or 6-month survey), participants (n=68) identified high rates of unemployment (46%), difficulty paying rent (38%), and increased anxiety (60%) due to COVID-19. Few reported interruption in access (15%) and adherence (7%) to ART but some reported increased challenges getting to HIV care clinical visits (25%) and decreased access to STI testing/treatment (22%). At 6-months, more intervention participants reported maintaining viral suppression (89%) compared to SOC participants (75%). Conclusions/Implications: Preliminary findings suggest that TT may help with disclosure decisions and has positive health benefits. The skills to disclose are of critical importance during the COVID-19 pandemic, when YMSM have reported increased anxiety and financial hardship. While the immediate impact on access to HIV medical care was not reported, provision of increased social support and access to resources is warranted.

Video link: Email the authors for additional study information

Creating & Implementing "Thrive with Pride" Cafes to Reduce Social Isolation and Improve Health Outcomes in LGBT+ Older Adults

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LGBT+ older adults are at acute risk of social isolation, a significant Social Determinant of Health. They are frequently unpartnered and do not have children, and report shrinking social circles as they age. Additionally, LGBT+ older adults are often less inclined to seek out social services, reporting fears of harassment or discrmination. Based on this need, AgeOptions, the Area Agency on Aging of suburban Cook County (Illinois), has designed and implemented Thrive with Pride cafes, an innovative approach to providing information and outreach to this historically underserved population. Thrive with Pride cafes are an attempt to create safe and affirming community spaces to bring together LGBT+ older adults to seek and provide peer support and reduce apprehension around seeking services. Partnering with local community organizations throughout suburban Cook, including affirming faith communities, the program offers hyperlocal and responsive programming through a network of linked "cafes," hosted by partner sites and supported by AgeOptions's staff. AgeOptions support staff seeks to counteract the LGBT+ community's historic (and understandable) reluctance to seek help from Aging Network providers and other healthcare providers or helping professions, by bringing informational programs into these cafes, so that older adults can build trusting relationships with providers and learn about agencies seeking to provide affirming care. In March of 2020, as a result of the COVID-19 pandemic, Thrive with Pride suspended in-person meetings and, in June of 2020, relaunched as an online-only program. Since then, the program has expanded from five to nine partner sites, meeting online on a variety of platforms, and has drawn participation from throughout Illinois. Participant feedback (although numbers are small and results are colored by the Coronavirus public health emergency) indicates that Thrive with Pride is meeting its goals of improving health outcomes and alleviating social isolation. Preliminary data indicates that those who participated in the Thrive with Pride program made fewer trips to the ER and were able to pay for and adhere to prescription drug regimens. In addition, participants indicated that the program has given them a sense of community belonging and made them more likely to seek help from their local Area Agency on Aging, or other aging service providers. Thrive with Pride offers an exciting new approach to reaching and serving a historically underserved population, leveraging partnerships between traditional and nontraditional service providers to positively impact the health and social integration of LGBT+ older adults. Additionally, our experience of moving the program online during the COVID-19 pandemic has provided us a learning laboratory to experiment with virtual program models. For example, we have learned that online programming is more accessible to some older adults and can encourage them to seek other virtual services, even as the technology divide has created other inequalities. Although we hope to return to in-person programming sometime in 2021, we anticipate continuing many of the online elements of our programming in order to fully implement all of what we have learned and to expand affirming services for LGBT+ older adults.

Video link:
https://drive.google.com/file/d/1fpnBjGOFPT1ruBf_x7jvobrUuY1SLrYT/view?usp=sharing

Double Whammy?: Exploring the Impact of Heterosexist Language on Queer Students of Color

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It may be "okay" to be gay, but that does not make it "normal". Although the Lesbian, Gay, Bisexual and Transgender (LGBT) community has achieved some pivotal milestones in the fight for queer-equality such as: the federal recognition of same-sex marriage in the United States and the continuous improvement of positive attitudes towards queer sexuality, any sexual orientation that veers away from the heterosexual path, while tolerated, are still not normalized. This has resulted in a noteworthy shift in the United Sates from the blatant, threat-based anti-gay sentiments and actions of the past, to a new, more nuanced form of discrimination. The contemporary nature of queer discrimination relies on a more subtle, and non-assaultive heterosexism that can hide in plain sight; a manner of speech, behavior and thought that may not be rooted in the intention of discrimination but still communicates derogatory and negative messages in which one is assumed as less than due to their marginalized group membership. As one of the main mechanisms of contemporary heterosexism, heterosexist language is often times used to enact antigay sentiment through which queer members are made to feel unwelcomed and isolated resulting in a number of adverse social and psychological health outcomes from lower ratings of self-esteem, negative feelings about one's sexual minority status, to identity anxiety. Methods: 127 undergraduate and graduate students between ages 18 to 35 were asked to complete a survey that measured the differences between the frequent hearing of heterosexist language (like "that's so gay") on campus and the ratings of social and self-acceptance for both White and Non-White self-identifying GLB students. Results: It was found that the frequency of heterosexist language used on campus impacted GLB students differently than their straight peers. GLB students were found to have reported hearing such language more frequently than their straight peers and hearing such language had an oscillating impact on their ratings of social acceptance whilst on campus. This makes GLB students more likely than straight their straight peers to feel less socially accepted, this impact was similar for both Nonwhite and White GLB students. GLB students of color, however, were found to report more frequent exposure to heterosexist language than their white counterparts. Regarding their perceptions of their self-esteem however, it was found that GLB students and heterosexual students had comparable ratings of self-acceptance and there were no significant differences between white and nonwhite GLB students In fact both sets of students still had high ratings of self-acceptance even in the face of frequent heterosexist language used around them. Conclusions: GLB Students of color report experiencing more heterosexist language that their white counterparts. However, both nonwhite and white GLB students appear to have developed mechanisms and strategies being used to protect against the adverse of impact of language on GLB students' self-acceptance, though an impact on social acceptance persists, though this impact does not appear to be significantly impacted by race/ethnicity.

Video link: Email the authors for additional study information

Oppression-Based Traumatic Stress and Mental Health Outcomes: Preliminary Data from a US Sample of Transgender and Gender Expansive Adults

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Background: Transgender and gender expansive (TGE) people represent 10.5% of all hate crimes in the United States, despite representing less than 1% of the national population (Nadal, 2018). In a 2015 national survey with over 27,000 TGE adults, nearly half of respondents were denied equal treatment, verbally harassed, and/or physically attacked in the past year because of their gender. Furthermore, the rate of serious psychological distress was eight times the rate in the general US (James et al., 2016). Minority stress theory posits that TGE-related oppression is associated with adverse mental health outcomes, including anxiety, depression, and suicidality (Hendricks & Testa, 2012). Limited research has investigated the impact of oppression-based minority stress on trauma symptoms among TGE individuals. Posttraumatic Stress Disorder is estimated to affect between 18-61% of the TGE population (e.g., Wharton, 2007), as compared to 6.8% of the general US population (Kessler et al., 2005). Increased attention has focused on race-based traumatic stress, which supports an association between race-based oppression and symptoms of trauma (Holmes, et al., 2016); however, scant research has investigated oppression-based traumatic stress among TGE individuals (Reisner et al., 2016). The present study aimed to use preliminary data to investigate the impact of discrimination on mental health outcomes, including anxiety, depression, and trauma symptoms. Method: This study examined preliminary cross-sectional data from an ongoing longitudinal survey with 74 TGE adults in the US. Interested participants followed a link to online consent and proceeded to a 45-60 minute survey, including the Transgender Discrimination Scale (TDS; Watson et al., 2018), Everyday Discrimination Scale (EDS; Williams et al., 1997), General Anxiety Disorder Scale (GAD-7), Patient Health Questionnaire (PHQ-9), Life Events Checklist (LEC) and the PTSD Checklist for DSM-5 (PCL-5). Following survey completion, participants used a separate link to enter a raffle for a chance to win a $250 gift card. Results: Results from multiple regression analysis indicated that discrimination (based on TDS and EDS) significantly positively predicted GAD-7 scores [F (3, 55) = 4.25, p = .009] and PCL-5 scores [F (3, 55) = 8.60, p = .000], but not PHQ-9 scores [F (3, 55) = 1.22, p = .31], controlling for previous traumas (based on LEC). A follow-up to the EDS asked what participants believed were the main reasons for the discrimination experiences endorsed. The most endorsed reasons were gender expression (50%) and gender identity (50%), followed by sexual orientation (31.6%), physical appearance (22.4%) and weight (19.7%). Conclusions/Implications: Some researchers have argued that psychologists' lack of acknowledgement that oppression may contribute to traumatic stress is an indication of oppression in and of itself (Carter, 2007). Dissemination of results from the current study could have diagnostic implications regarding the impact of discrimination on mental health and may inform policy changes and anti-discrimination laws aimed at reducing systemic oppressive forces. Results may also support the development of clinical interventions targeting oppression-based traumatic stress. Future research should investigate the impact of intersecting oppressive systems based on multiple social categorizations on mental health outcomes.

Video link: https://alliant.zoom.us/rec/share/y7lAvngM4VIZCxsNMrwyMlgbEvQm0d2tfZUvw0V-751rmPXDG3UiZKhsiBgFMMs.tpXzfz9VugnCF2D2?startTime=1619739455000

Do Heterosexual and Non-Heterosexual Men Believe They Navigate Sexual Consent Negotiation Differently?

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Background. The current understanding of sexual consent negotiation is grounded in research conducted with heterosexual populations, and little is understood about how non-heterosexual men (bisexual, bi- curious, two-spirited, other) navigate these processes. While the limited research that has addressed sexual consent negotiation behaviour in same-sex relationships has found some trends consistant with heterosexual individuals, little is understood about the unique challenges faced by non-heterosexual men. Method. The current study quantitatively investigates what heterosexual and non-heterosexual understand to be different about sexual consnet negotioation between heterosexual and non-heterosexual men. Exploring their perceptions provides insight not only into some of the unique challenges faced by non-heterosexual men but also some of the entrenched beliefs surrounding sexual consent negotiation that both heterosexual and non-heterosexual men hold. A sample of 251 heterosexual men and 313 non-heterosexual men participated in an online survey where they were asked to respond to an open-ended question regarding sexual consent. Heterosexual men responded to the question "Do you think sexual consent and sex negotiation is different for men who have sex with men compared to heterosexual men? If so, how?". Non-heterosexual men responded to the question "Do you think sexual consent and sex negotiation is different for men who have sex with men compared to heterosexual men? If so, how?". Responses were analyzed following Braun & Clarke's (2006) six phase thematic analysis guidelines. Results. Four main themes were derived: (1) understanding of sexual interactions, (2) understanding of sexual script, (3) unique challenges, and (4) the universality of sexual consent. Respondents spoke to their understanding of sexual interaction, believing non-heterosexual sexual consent negotiation to be faster and more immediate. This was linked to perceptions of emotional attachment and the idea that sexual interaction and emotional involvement were distinct and separate processes in non-heterosexual sexual consent negotiation, not believed to be the case in heterosexual interactions. Unique challenges such as different protection concerns, role declaration, and sexualization of spaces were understood to hold differing levels of consideration for heterosexual and non-heterosexual men. The perception of a clearly defined sexual script for non-heterosexual men was suggested to create ambiguity surrounding sexual consent negotiation. This ambiguity may in turn hold significant implications on unwanted sexual experiences for non-heterosexual men. The perception of universal sexual consent negotiation across heterosexual and non-heterosexual populations was found almost twice as much in heterosexual responses than non-heterosexual responses. Conclusion. These findings provide initial insight into the perceived differences between heterosexual and non-heterosexual men in regards to sexual consent negotiation within heterosexual and non-heteroseuxal sexual interactions. These differences may be understood within the context of sexual scripting theory and masculinity gender role theory. We suggest that sexual consent negotiation is a health risk factor for non-heterosexual men that has not yet been adequately understood and addressed. Awareness of the perceptions that surround sexual consent negotiation of both heterosexual and non-heterosexual men holds implications on public knowledge which in turn can better inform policy making, education, future research, and social interactions.

Video link: Email the authors for additional study information

Gaslighting and Denial in Family Responses to Mental Health, Violence, and LGBTQ+ Identities

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Background: When LGBTQ family members have mental health issues, other family members may react with suspicion of psychiatry, dismissal of symptoms, or strong beliefs in alternative modes of healing. Family communication about mental health may be weak or non-existent. We argue that these systems of family communication about mental health are embedded within a broader system of family communication about potentially stigmatizing issues with family members. Methods: This study analyzes 82 semi-structured interviews with LGBTQ+ adults that were part of the 2018 Strengthening Colors of Pride Interview Study. Strengthening Colors of Pride is a community-based participatory research (CBPR) project aimed at better understanding the development and activation of resilience among LGBTQ individuals living in South Texas. Twenty-eight interviewees identified as Latinx or Hispanic, 24 interviewees identified as White and not Hispanic, and 15 interviewees identified as Black or African-American. Fifteen interviewees had multiracial identifications. Half of interviewees reported four or more adverse childhood experiences (ACEs). Results: We locate systems of communication about mental health within family denial of sexual violence and LGBTQ identity. Families used similar systems of communication for each of these three subjects--mental health, sexual violence and LGBTQ+ identification--within families in our study, particularly within the families of individuals with high adverse childhood experiences (ACEs) scores. We use intersectional family system theory to understand the ways the rules and roles of communication around mental health, sexual violence, and LGBTQ+ identities are foregrounded by household dysfunction and concerns about family stigmatization. These systems of communication were particularly complicated for Black and Latinx LGBTQ+ interviewees. Conclusions/Implications: In order to understand the stigma around mental health issues within LGBTQ+ communities, it is critical to analyze the reception of these diagnoses by family members, particularly the way mental health diagnoses are embedded within other kinds of family communication.

Video link: Email the authors for additional study information

"I wish I actually had known what the heck sex was:" A mixed methods analysis of what adolescent sexual minority males wish they knew prior to their sexual debut with a male partner

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Background Adolescent sexual minority males (ASMM) are disproportionately affected by a myriad of health concerns, including being diagnosed with HIV and other sexually transmitted infections at higher rates than heterosexual teens. One potential contributor to the sexual health disparities experienced by ASMM is the lack of relevant formal sexual education available to ASMM. Understanding what ASMM wish they knew prior to their sexual debut with a male partner can help inform sexual education programs and interventions on ways to address the needs of ASMM, ultimately helping ASMM develop healthy sexual relationship skills.   Methods ASMM (ages 14-17) were recruited online from across the United States in Spring 2020 for a pilot trial of an online sexual health intervention. Participants who reported ever having voluntary sexual contact with a male partner on the baseline survey (N = 102) were asked about the sexual behaviors they engaged in at their sexual debut, knowledge/skills they felt they had prior to debut, sources of said knowledge, and knowledge/skills they felt would have been useful prior to debut. Participants responded to the open-ended question, "What other things do you wish you had known before you had your first sexual experience with a male partner?" Close-ended questions were described using frequencies. A content analysis was conducted on the open-ended response.   Results Participants came from 31 states (16% Northeast, 23% Midwest, 33% South, 28% West). Most identified as gay (58%) and over half (55%) identified as racial/ethnic minorities. The majority reported kissing (79%), mutual masturbation (54%), and/or oral sex (64%) at debut. A quarter (25%) reported anal sex at debut. The most common knowledge participants reported prior to sexual debut was how to say no to sex (80%), how to use a condom (69%), and how to prevent HIV/AIDS (64%). The most common sources of this knowledge were personal research (e.g., the Internet, magazines; 67%) and school (49%). Participants reported wanting information about how to talk with partners about what they would not like to do sexually (52%) and what they would like to do sexually (50%) prior to debut. In open-ended responses participants desired knowledge about communication skills, what sex is and how to engage in it, and the emotional experience of sex.   Conclusions/Implications Although many ASMM in our sample reported a range of useful skills prior to debut, they also reported a deficit in communication skills. Further, qualitative data suggests that participants desired information about the emotional experience of sex and what sex is and how to engage in it. These results suggest that teaching communication skills, addressing the emotional experience of sex, and providing details about sex and how to engage in it may better prepare ASMM for their sexual debut with a male partner. Integrating the stated wants of ASMM into sexual health programs and interventions may improve acceptability and efficacy and help ASMM lead happy and healthy sex lives from the start.

Video link:
https://drive.google.com/file/d/1XakVe8eOtN3qcCQheTrvgK5ENNgVOqva/view?usp=sharing

Mental Health Outcomes and Receipt of Gender-Affirming Care

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Background: Transgender and non-binary (TNB) youth are disproportionately burdened by mental health outcomes including increased rates of depression, anxiety, suicidal ideation/attempts. Gender-affirming care is associated with reduced long-term adverse mental health outcomes among TNB youth and is associated with a reduced lifetime incidence of suicidal ideation in TNB adults who started medical transition during adolescence. Conversely, TNB youth who present to medical care later in adolescence tend to have more adverse mental health outcomes compared with those who access earlier. Less is known about how gender-affirming care affects mental health in the short-term. We aimed to investigate changes in mental health outcomes among TNB adolescents over the first 12 months of care in an urban multidisciplinary gender clinic. We also sought to understand associations between initiation of pubertal blockers (PB) and gender-affirming hormones (GAH) with changes in mental health outcomes. Methods: Seattle Children's Gender Clinic (SCGC) serves a four-state area. We recruited TNB patients who completed a phone intake and in-person appointment between August 2017 and June 2018 at SCGC (N=104). We assessed three internalizing mental health outcomes: depression (Patient Health Questionnaire 9-item scale; PHQ-9, generalized anxiety (Generalized Anxiety Disorder 7-item scale; GAD-7), and suicidality (binary outcome measure based on the suicidality measure from the PHQ9) at baseline, 3, 6, and 12 month follow-up surveys. . Outcomes of interest were dichotomized into measures of moderate or severe depression and anxiety (PHQ-9 and GAD-7 scores ≥10). A priori, we considered several sociodemographic and other covariates hypothesized to potentially be associated with our outcomes of interest based on theory and prior research. We used generalized estimating equations (GEE) models to estimate the association between receipt of GAH or PB, modeled as a time-varying exposure, and mental health outcomes after adjusting for temporal trends. Results: The cohort included 63 (60.6%) youth who identified as transgender male or male, 27 (26.0%) as transgender female or female, 10 (9.6%) as non-binary, and 4 (3.8%) responded "I don't know" or did not respond. At baseline, 56.7% had moderate to severe depression, 50.0% moderate to severe anxiety, and 43.3% had reported self-harm/suicidal thoughts in the past 2 weeks. After adjusting for temporal trends and baseline covariates we observed a 60% decrease in depression (aOR 0.40; 95% CI: 0.17-0.95) and a 73% decrease in suicidality (aOR 0.27; 95% CI: 0.11-0.65) associated with receipt of GAH and PB. There were no changes in anxiety noted at each of the time points evaluated. Conclusion/Implications: Gender affirming medical interventions were associated with substantial improvement in both depression and suicidality (but no anxiety) over the 12 month period. Given this population's high rates of adverse mental health outcomes, including suicidality, this data provides critical evidence that expansion of access to gender affirming care will save lives.

Video link: Email the authors for additional study information

Factors associated with time to receiving gender affirming care at a multidisciplinary pediatric gender clinic serving transgender and non-binary youth

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Background: Puberty blockers (PB) and gender-affirming hormones (GAH) have been shown to improve the well-being of transgender and non-binary (TNB) youth. Conversely, delays in receiving gender-affirming medications are associated with poor mental health, including depression, anxiety, and suicidality. We aimed to describe barriers to care for a cohort of youth receiving care at a multidisciplinary pediatric gender clinic and examine factors associated with delays in receiving PB or GAH. Methods: We used longitudinal data from a prospective cohort of TNB youth seeking care at the Seattle Children's Hospital Gender Clinic (SCGC) between August 2017 and June 2018. Youth completed surveys at baseline, 3, 6, and 12 month follow up. At the time of this study, patients under age 18 were required to complete a mental health assessment with their existing therapist or a SCGC mental health provider prior to receiving PB or GAH. Participant zip codes and dates of engagement in care were abstracted from electronic health record review. We calculated the time from: (i) contacting the clinic to completing a phone intake; (ii) completing a phone intake to first medical appointment; (iii) first medical appointment to receiving PB or GAH; and (iv) contacting the clinic to receiving PB or GAH. We estimated the time-to-care using Kaplan Meier curves and used Cox regression models to estimate to hazard ratio (HR) of factors hypothesized to be barriers/facilitators of care. Results: Our cohort included 104 youth age 13-20 years old (61% transmasculine, 26% transfeminine, 10% non-binary). Sixty-four youth received GAH and 19 received PB during the study period. The median time from contacting the clinic to receiving PB or GAH was 307 days (range 54-807 days). Lower parental income and Medicaid insurance were the primary factors associated with longer times to a first clinic appointment. Youth who self-reported that their gender identity was a source of tension with their parents experienced longer times from contacting the clinic to completing the phone intake (HR 0.64; 95% CI: 0.42-0.99). Youth who did not complete a mental health assessment prior to their first medical appointment also experienced delays in receiving PB or GAH (HR 0.45, 95% CI: 0.22-0.92). Age was the only factor associated with faster times to receiving care: 13-14 year olds experienced significantly shorter times to receiving medications relative to participants age 15-16 (HR 2.06, 95% CI: 1.15-3.70). Conclusions/Implications: TNB youth waited a median time of 10 months from their initial contact with the clinic to receive gender-affirming medications, although this time varied from under 2 months to more than two years. Our findings suggest that low income youth disproportionately experience delays in accessing gender-affirming medications. In our study, the mental health assessment process, which exists in a majority of pediatric gender clinics across the US, contributed to delays in youth receiving time-sensitive gender-affirming care. Our findings highlight the need for gender clinics to develop infrastructure to better serve low-income TNB youth and should serve as a call to action to re-evaluate mental health requirements in existing pediatric guidelines to ensure timely access to interventions.

Video link:
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LGBTQ+ young people's experiences and perceptions of self-managing their mental health

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Background: There is evidence that young people generally self-manage their mental health using self-care strategies, coping methods, and other self-management techniques, which may better meet their needs or be preferable to attending specialist mental health services. LGBTQ+ young people are more likely than their peers to experience a mental health difficulty and may be less likely to draw on specialist support due to fears of discrimination. However, little is known about LGBTQ+ young people's experiences and perceptions of self-managing their mental health. Methods: Using a multimodal qualitative design, 20 LGBTQ+ young people in the United Kingdom (UK) participated in a telephone interview or an online focus group. A semi-structured schedule was employed to address the research questions, which focused on LGBTQ+ young people's experiences and perceptions of self-managing their mental health, what they perceived to stop or help them to self-manage, and any perceived challenges to self-management specifically relating to being LGBTQ+. Results: Reflexive thematic analysis yielded three key themes: 1) self-management strategies and process, 2) barriers to self-management, and 3) facilitators to self-management. Participants' most frequently mentioned self-management strategy was 'speaking to or meeting up with friends or a partner'. Both barriers and facilitators to self-management were identified which participants perceived to relate to LGBTQ+ identity. Conclusions: Social support, LGBTQ+ youth groups, and community support were identified as key facilitators to participants' self-management of their mental health, which merits further investigation in future research. These findings also have important implications for policy and intervention development concerning LGBTQ+ young people's mental health.

Video link: https://www.dropbox.com/s/9fxevwha5vxz38d/Video%2006-05-2021%2C%2009%2036%2050.mov?dl=0

Validation of the Brief Sense of Community Scale in a Lesbian, Gay, and Bisexual Sample

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Background: Members of sexual minoritized groups, including people who identify as lesbian, gay, and bisexual (LGB), experience poorer physical and mental health relative to non-sexual minoritized groups. Sense of community has been shown to buffer against negative mental health outcomes in LGB individuals (Detrie & Lease, 2007; Griffin et al., 2018; Meyer, 2003). McMillan and Chavis (1986) define sense of community in four domains: membership, influence, integration and fulfillment of needs, and shared emotional connection. Valid measurement of this construct can better inform research, assessment, and intervention designed to promote well-being in this population. The present study aims to evaluate the validity of the Brief Sense of Community Scale (BSCS) among sexual minoritized groups. The Brief Sense of Community Scale (Peterson et al., 2008) is an eight-item measure based on the McMillan and Chavis model. This measure was adapted to apply to an LGB population. Methods: The scale was administered to 219 adult LGB participants within a larger assessment of health needs in a southern LGBT population. This sample was comprised of 144 (65.8%) cisgender men and 75 (34.2%) cisgender women. Of the sample, 124 (56.6%) identified as gay, 56 identified as lesbian (25.6%), 26 identified as bisexual (11.9%), eight identified as pansexual (3.7%), three identified as queer (1.4%), and two identified as questioning (0.95%). The average participant age was 35.56 (SD=13.66). Validity evidence was evaluated using the Downing (2003) model. This model evaluates validity of measures through five domains: (1) content, (2) response process, (3) internal structure, (4) relationship to other variables, and (5) consequences. The present analyses evaluated internal structure validity using confirmatory factor analysis. Results: Results from confirmatory factor analyses were evaluated using several indices of goodness-of-fit, including the χ2-to-df ratio. Values less than 2.0 suggest good fit. Analyses indicated good fit of a first-order four factor model (χ2-to-df ratio= 1.43) and adequate fit of a second-order model (χ2-to-df ratio= 1.94), suggesting good internal structure consistent with theory. Conclusions/Implications: This study provides evidence for the use of the BSCS in an LGB population and demonstrates the utility in measuring sense of community in sexual minorities.

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The Impact of Longitudinal LGBTQ Research on Medical Student Education

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Issue Medical school education on LGBTQ healthcare is growing but still significantly lacking in comprehensiveness at many institutions. Research indicates that many LGBTQ patients believe their providers need more LGBTQ education, had had more negative experiences with providers compared to their non-LGBTQ counterparts, and have felt providers were not aware of their unique healthcare needs. Simultaneously, many medical students perceive a lack of adequate education on LGBTQ healthcare issues. This lack of education contributes to other issues such as provider discrimination and improper care for LGBTQ patients.   Setting The Medical College of Georgia is in the Central Savannah River Area (CSRA) of the Southeastern United States. LGBTQ patients in this historically underserved region have elevated health disparities compared to LGBTQ individuals in other regions. Medical students interested in LGBTQ health and health disparities have the unique opportunity to learn and contribute through research participation to better address LGBTQ health needs.   Project Entrance into the longitudinal, interdisciplinary LGBTQ research experience for medical students occurs through the Medical Scholars Program (MSP), a summer stipend program to provide research training during summer break between the first and second year. MSP students in the LGBTQ Health Research Team - comprised of faculty, students, and advanced trainees primarily from psychology and medicine - participate in qualitative and quantitative research projects related to LGBTQ health disparities, minority stress, and transgender mental health among other topics. Students can continue their work as members of the research team past the summer.   Results The first three authors - MSP students from summer 2020 - are now completing almost a year of work with the team and have worked on two primary projects: a qualitative project on the relationship between sexual and gender identity in the trans female population, and a quantitative project on self-dysregulation and its relationship to self-harm and suicide in transgender individuals in the Southeast. These students have also had the opportunities to utilize a regional LGBTQ health needs database to explore questions of interest as well as conduct literature reviews, work on human subjects' research applications, conduct data analyses, and co-write abstracts and manuscripts for the aforementioned and other projects ongoing with the team. Lessons Learned There is a sentiment among medical students that medical education is inadequate in relation to LGBTQ healthcare issues. By working in longitudinal LGBTQ research, students were able to learn about respectful terminology to use with LGBTQ patients, the minority stress that LGBTQ individuals face, and the subtleties of LGBTQ healthcare. This education expanded to specific issues in the transgender medical field such as transmedicalism and hormone replacement therapy. Through this experience, students learned about the importance of growing the body of literature regarding the unique health needs of the LGBTQ population and working towards reducing health disparities. The experience of these students in the LGBTQ research team highlights the benefits of integrating LGBTQ centered care into the curriculum to better serve future patients.

Video link: https://augustauniversity.box.com/s/9oeo5s1lnlpmiuoe0mhmagau96736qwp

School Safety Among Sexual and Gender Minority Adolescents: Implications for Eating and Weight Control Behaviors

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BACKGROUND. Unhealthy weight control and disordered eating behaviors are particularly common among adolescents who identify as a gender and/or sexual minority (SGM). The disproportionate prevalence of UWCBs among SGM adolescents, presumed to manifest as a result of disparate SGM social stress and mistreatment, is concerning given that weight control and disordered eating in adolescence is predictive of overweight and compromised health (e.g., depressive symptoms) over time. The current study examines how perceptions of school safety contribute to reduced negative weight control and eating behaviors across adolescents with diverse sexual and gender identities. METHODS. Data on perceptions of school safety, as well as weight control and disordered eating behaviors (i.e., binge eating, eating to cope) was drawn from a large national sample of SGM secondary school students (i.e., Grades 7-12; N=17,112; LGBTQ National Teen Survey). The sexual identity breakdown of the sample was 37% Gay/Lesbian, 35% Bisexual, 13% Pansexual, 4% Asexual, 4% Queer, 3% Queer, 2% Straight, 2% another sexual identity. 72% of the sample indicated that they were assigned female at birth, and gender identity revealed that two-thirds of participants (67%) were cisgender. RESULTS. Differences in weight control and disordered eating behaviors emerged as a function of gender identity and sexual orientation. School safety was significantly associated with fewer negative weight control behaviors ($B = -0.30$, $p < .001$), reduced binge eating ($B = -0.19$, $p < .001$), and less eating to cope ($B = -0.21$, $p < .001$). Relative to youth identifying as gay or lesbian ($b = -0.39$, $p < .001$), perceptions of school safety were less strongly associated with reduced eating to cope among bisexual ($b = -0.29$, $p < .001$) and pansexual ($b = -0.27$, $p < .001$) youth. Female [$t(11433) = 9.94$, $p < .001$] and transgender [$t(7206.14) = 34.10$, $p < .001$] youth reported feeling less safe in school relative to their male, and cisgender counterparts respectively. Further, perceptions of school safety varied as a function of sexual identity [$F(7,11427) = 43.58$, $p < .001$]; pansexual youth perceived lowest levels of school safety, while bisexual and gay or lesbian youth reported feeling the safest. Despite slight variation in the strength of these associations, the protective effects of school safety were significant across sexual and gender identities. CONCLUSIONS. Findings suggest that efforts to support feelings of school safety among SGM students are likely to have positive implications for eating and weight-related behaviors, and emphasize the need for interventions to promote climates of safety and inclusion within the school setting. 3-in-4 students in our SGM sample reported engaging in at least one negative weight control behavior. These health compromising behaviors were especially prevalent among transgender youth; it has been proposed that transgender youth may engage in disordered weight management behaviors in an attempt to maximize concordance between their physical appearance and gender identity. Understanding the extent to which school safety supports healthy outcomes for students across diverse sexual and gender identities underscores the need for school-based interventions to promote climates of safety and inclusion.

Video link:
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Perspectives from young partnered gay, bisexual and other men who have sex with men on sexual agreements: the catalysts, barriers and events that color these conversations

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Background: Sexual agreements are the decisions couples make about whether they allow sex with outside partners, and the boundaries that may exist around this permitted sex. The formation, adherence, and breaking of sexual agreements can have a profound impacts on HIV risk for gay, bisexual, and other men who have sex with men (GBMSM). Research on sexual agreements among GBMSM has historically focused on adults with limited attention on young GBMSM (YGBMSM). In order to develop developmentally-appropriate HIV prevention interventions for YGBMSM, research is needed to explore the meaning of sexual agreements among this priority population. As part of larger HIV prevention intervention project "We Prevent", we analyzed data from in depth interviews with YGBMSM in intimate relationships with other men to understand their experiences of making sexual agreements with their partners. Methods: We Prevent is an ongoing three-phase project designed to assess feasibility and acceptability of a relationship-focused HIV prevention intervention for partnered YGBMSM. This study reports on analyses of in-depth qualitative interview data from YGBMSM (n = 30) that was used to develop and refine the intervention. Participants were recruited between July and November 2018 using advertisements placed on Facebook, Instagram and Snapchat. Interviews were conducted virtually via the VSee HIPPA compliant video conferencing platform. The interview guide included questions that examined relationship history, relationship strengths and challenges, the nature of sexual agreements, and communication. We used thematic analyses to understand the nature of sexual agreements, which included deductive and inductive elements. Deductive elements were initially based on conceptualizations of sexual agreements among adult GBMSM. Results: Participants ranged in age from 15 to 19 (M=17.8, SD=1.1), majority identified as gay (83.3%), and all identified as a cisgender man and resided in 30 states. More than half the sample identified as a person of color. Qualitative analyses revealed that sexual agreements were more commonly assumptions rather than explicit agreements. We identified three overarching themes: (1) reasons for agreements; (2) meaning of exclusivity; and (3) communication. Sexual agreements were often formed because of development milestones (e.g., prom, going to college) as a way to confirm a relationship. Desires for a monogamous or open relationships were often influenced by developmental and social factors, such as long distance and sexual orientation disclosure. Although many participants had not had explicit conversations about agreements, some described a range of challenging emotions around discussing agreements such as "intimidating" and "intense." Others described how they had learned from prior relationships that it was important to have an explicit conversation about sexual agreements and the conversation was easier. Conclusions: The sexual agreements made by YGBMSM are shaped by developmental factors, such as first relationships, milestones, and navigating the coming out process. HIV prevention intervention research developed with and for YGBMSM must consider the development context that motivate and deter this priority population from establishing sexual agreements.

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Structural life instability and engagement with HIV-prevention services among Latino sexual minority men

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Background: Latino sexual minority men (LSMM) experience high rates of HIV. LSMM also experience co-occurring mental health and sociostructural epidemics that intertwine, drive, and exacerbate HIV risk. The HIV-prevention literature suggests that these structural and psychological factors influence an individuals' likelihood to engage in health promotive behaviors. The structural construct of "life instability," or the cumulative negative effect of factors inducing unpredictability, chaos, or confusion in a person's life, may provoke mental health issues and in turn, lead to decreased HIV preventative behaviors. Guided by the theory of planned behavior, the current study aimed to assess the extent to which structural life instability (housing, employment, and insurance status) related to HIV-prevention service engagement (indicators of HIV testing and PrEP use) indirectly through psychological distress (depression and anxiety) among LSMM. Methods: 290 LSMM in South Florida completed a cross sectional assessment battery in English or Spanish. Hybrid structural equation modeling was used. First, measurement models were constructed using confirmatory factor analysis (CFA) for the two latent endogenous variables in the model: psychological distress and HIV-prevention engagement. A formative factor analysis (FFA) was conducted for the exogenous variable in the model: structural life instability. Once the CFA and FFA models were appropriately fitted, the structural model was tested using weighted least square mean and variance adjusted estimation. Results: Most of the sample identified as white-Hispanic/Latinx (79.3%), gay (83.8%), younger-aged (M = 31.99, SD = 8.32), and completed the survey in English (80.3%). There was a significant direct effect from structural life instability to psychological distress (β = .38, SE = .05 p < .001), such that greater structural life instability was associated with increased psychological distress. There was also a significant direct effect from psychological distress to HIV-prevention engagement (β = -.35, SE = .07, p = .03), such that increased psychological distress was associated with decreased HIV-prevention engagement. Of note, there was a non-significant direct effect from structural life instability to HIV-prevention engagement (β = -.14, SE = .07, p = .12) such that increased structural life instability was not associated with HIV-prevention engagement. Testing our main research question, structural life instability had a significant indirect effect to HIV-prevention engagement via psychological distress (β = -.13, SE = .03, p = .03) such that increases in structural life instability were associated with decreases in HIV-prevention engagement through increased psychological distress. Conclusions/Implications: Current findings add to the literature by providing a possible mechanism explaining the relationship between structural life instability and HIV-prevention engagement (i.e., psychological distress) among a group of LSMM living in an U.S. HIV epicenter; however more research is needed. Results provide evidence to not only inform future research exploring more complex risk (and resilience) factor frameworks that include both structural and individual level factors to better understand engagement with HIV-prevention health behaviors among LSMM. Additionally, these findings demonstrate the need to further explore how the components of the Theory of Planned Behavior can be used as areas to guide intervention at the structural level when evaluating barriers to LSMM's engagement in HIV prevention services.

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Considerations for Breast Cancer Screening in Sexual Minority Women

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Issue: Sexual minority women (SMW), those who identify as lesbian, bisexual, or women with female sexual partners, have been shown to have more risk factors with regard to breast cancer than their non-SMW counterparts. SMW are more likely to have increased modifiable and non-modifiable risk factors, they are diagnosed with breast cancer at a younger age, and they are less likely to know if they have a family history of breast cancer. However, studies of breast cancer morbidity and mortality to date with this population lack quality and consistency, making it difficult to draw conclusions, particularly regarding preventive screening practices among SMW. Setting: Given increased risk factors, primary care and oncology providers should be aware of population-specific risk factors and barriers to breast cancer screening for the SMW population in all its diversity. Project: This review examines recently published cross-sectional studies that establish reliable data for health professionals regarding breast cancer screening rates among SMW as compared to non-SMW and within SMW subgroups. Specifically, to address a previous gap in the literature, this review includes studies that offer analyses by race/ethnicity and rural versus urban geographical location. Results: Relevant findings include lower reported rates of guideline-appropriate mammography screening among bisexual women in general and that rural SMW are less likely than their urban and non-SMW counterparts to receive timely breast cancer screening. Additionally, SMW tend to seek mammography due to problematic findings and provider referral rather than as a preventive measure. Barriers to care including access to insurance and economic stability continue to negatively impact screening rates and timely care for SMW. Lessons Learned: A multifactorial approach by clinicians and healthcare teams that includes structural competency and affirming clinical operations is necessary to ensure more equitable outcomes for the prevention of breast cancer in sexual minority women.

Video link: Email the authors for additional study information

Barriers to Help-Seeking Among Young SGM-AFAB Victims of Intimate Partner Violence

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Background. Sexual and gender minorities assigned female at birth (SGM-AFAB) experience alarming levels of intimate partner violence (IPV), which are significantly higher than those of cisgender heterosexual women and of SGM assigned male at birth (Olsen et al.,2017; Reuter et al., 2017). The effects of IPV also appear to be worse for SGM-AFAB than other groups (Walters et al., 2013), which may in part be due to how very few (less than one-third) seek help for the IPV (Whitton et al., 2019). This study aimed to better understand the barriers to help-seeking for IPV in this vulnerable population. Methods. Forty-one SGM-AFAB (ages 18-32; 32% Black, 34% Latinx; 32% transgender or gender non-binary) who reported IPV victimization as part of a larger study completed semi-structured interviews to gather in-depth information about their psychological, physical, and sexual IPV experiences. As part of the interview, participants were asked about disclosure of and help-seeking for IPV. Those who did not disclose or seek help were asked to describe perceived barriers to doing so. Using a grounded theory and constant comparison approach, we identified 17 themes related to barriers to help-seeking. Interview transcripts were coded for these themes by three coders (kappa = .82). Results. Seventy-three percent of participants told someone about the IPV, though only 26% sought formal help (e.g., from police, therapist) and none used IPV hotlines or shelters. The most common barrier to help-seeking (present in 35% of relevant excerpts) was not viewing the IPV as abusive, often due to insufficient severity, self-blame, or denial. Other common barriers were anticipating an unhelpful response (14%), accessibility issues (9%), perceived lack of sensitivity/knowledge about SGM among helpers (8%), not having anyone to turn to (7%), and fear that it would reveal their non-heterosexuality (5%). Conclusions. An important first step in reducing the negative consequences of IPV among SGM-AFAB is to increase their likelihood of seeking help. Results suggest that broad education to young SGM-AFAB about the range of relationship behaviors that constitute IPV and warrant help may be important in such efforts. In addition, increasing the accessibility, SGM competence, and confidentiality of services might reduce the barriers to seeking help in this marginalized population.

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Sociopolitical Involvement among Black and Latinx LGBTQ+ Adults

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Research and theory about the lived experiences of lesbian, gay, bisexual, transgender, and queer+ (LGBTQ+) populations are often characterized by both stress and resilience. One protective factor that is commonly explored is community-based involvement or one's behavioral engagement with the LGBTQ+ community. Few studies specifically center the involvement of Black and Latinx LGBTQ+. Although scant, previous research suggests that there are under examined complexities to the community-based involvement of Black and Latinx LGBTQ+ that relate to their multiple marginalized social identities and access to various identity-related communities. As an extension of previous research, the current study utilizes data from the 2010 Social Justice Sexuality Project to describe the community-based involvement of Black and Latinx LGBTQ+ Adults (N = 2,518) across three relevant community spaces (i.e., LGBTQ+, BIPOC, and LGBTQ+ BIPOC). Sociopolitical Involvement (SPI) -a type of community-based involvement - references one's participation in social and cultural events that address community issues or concerns (Battle & Harris, 2013). Using Latent Profile Analysis (LPA), findings revealed six subtypes of SPI: LGBTQ+ Gateway Engager, Occasional Engagers, Intersectional Community Enthusiasts, Mainstream Engagers, Immersed Community Members, and LGBTQ+ Focused Affiliates. Intersectional Community Enthusiasts indicated a particularly unique pattern of SPI that related to significantly higher connectedness, religiosity/spirituality, sexual identity outness, and psychological well-being. Key findings exhibited the utility of considering multiple sites of involvement when exploring the engagement behaviors of Black and Latinx LGBTQ+ Adults.

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Searching for Belonging: Biracial/Multiracial and Bisexual Adults' Experiences with Community

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Purpose: Previous literature has established that bisexual people often experience invisibility, binegativity, homophobia, and heterosexism within their communities, however, this research largely centers around white narratives. Though recent research has slowly begun to examine the lived experiences of racially/ethnically diverse bisexual groups, most of these studies take a monolithic approach to racial identity. Rarely are biracial/multiracial individuals included within sexual minority research, and little work has been undertaken to examine the experiences of biracial/multiracial and bisexual individuals at the intersections of their identities. To address these gaps, the purpose of the current study was to explore the identity-related lived experiences of biracial/multiracial and bisexual adults within the context of community. Methods: Data were collected through 90-minute semi-structured Zoom audio interviews. Participants were recruited primarily using online social network sites. Our sample was comprised of 24 adults between the ages 18 and 59 years (mean=28) including 14 cisgender women, two cisgender men, three transmen, four non-binary or genderqueer individuals, and one individual who self-identified as questioning. Using an intersectionality framework, we aimed to explore how the blending of multiple identities may influence perceptions of inclusion, exclusion, and social connectedness within communities. Interview transcripts were analyzed using inductive thematic analysis. Results: Participants largely characterized the LGBTQ+ community as racially oppressive, recounting instances of color-blindness towards racial injustices and apathy in discussing white privilege and racism. This lack of intersectional awareness left participants feeling their biracial/multiracial identity was separate and secondary to their queerness within LGBTQ+ spaces. When attempting to access community spaces for people of color, many white-passing or racially ambiguous participants faced identity policing and biphobia through gatekeeping. Participants additionally described white, gay, cisgender men as the gatekeepers of the LGBTQ+ community, leaving participants feeling they had little connection or representation within mainstream queer spaces. Though strongly desired, most participants struggled to locate existing communities of other biracial/multiracial and bisexual people. Moreover, the liminality of their identities frequently created challenges in experiencing belonging within single-identity spaces. An internalized sense of outsiderhood was particularly salient in participants who experienced identity stress and intersectional invisibility. Nearly all participants found validation for their identities within their self-created communities of online and in-person friends. Overall, participants most commonly experienced belonging and connectedness with others that had multiple identities, shared ideologies, and shared experiences regardless of whether or not they were also biracial/multiracial and bisexual. Conclusion: Our findings suggest the need for developing more resources to connect biracial/multiracial and bisexual individuals to affirmative, intersectionality-based support networks and communities. Further, creating intentional spaces for biracial/multiracial and bisexual people to connect might help counteract identity stress and promote resiliency. Finally, there is an urgent need to engage white LGBTQ+ people in anti-racism work that challenges their discomfort discussing racism and generates the consciousness to dismantle racial bias and discrimination within queer spaces.

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Q Chat Space: Assessing the Feasibility and Acceptability of an Internet-Based Community Support Program for LGBTQ Youth

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Issue Sexual orientation and gender identity-related disparities in mental health, substance use, and victimization persist despite rapid advancement in LGBTQ acceptance, rights, and visibility. This persistence necessitates broader prevention and intervention efforts that address LGBTQ youth's unique developmental needs. However, there are few psychosocial support programs tailored to LGBTQ youth. Even when available, many youth face significant barriers to accessing LGBTQ-specific programs for fear of being "outed" to parents, peers, and community members. These services are particularly hard-to-reach for youth in non-metropolitan and unsupportive communities. Thus, internet-based prevention and intervention programs may be particularly feasible for LGBTQ youth.   Setting Q Chat Space is a synchronous chat platform that allows youth (age 13-19) to join adult-facilitated, internet-based support groups anonymously. Facilitators are staff from U.S.-based LGBTQ community centers and are trained by CenterLink, Q Chat Space's founding and managing organization.   Project The current study assessed the feasibility and acceptability of Q Chat Space. First, four independent reviewers conducted thematic analysis of 74 chat transcripts from the initial program pilot. Second, we conducted a user survey that captured youth's sociodemographic and contextual indicators, their motivations for joining, and their satisfaction with the program. The user survey separated youth who registered but never attended a chat ("non-users") from those who attended one or more chats ("users"). Results   Results from thematic coding revealed ten chat content themes: coming out; identity; intersectionality; family dynamics; LGBTQ community dynamics; support; direct or proximal stressors; indirect and structural stressors; media; and physical, mental, and sexual health. Analysis of process memos revealed two additional themes: (1) differences in chat structure and process, and (2) the potential benefits of chat participation.   Bivariate results from the user survey showed that there were relatively few sociodemographic and context (e.g,. family; community size) differences between users and non-users; although, users were more likely than non-users to identify as non-cisgender. Overall, users were "very satisfied" with chat topics and facilitators. Topic and facilitator satisfaction did not vary by sociodemographic or contextual characteristics. The most cited reasons for joining Q Chat Space were wanting to talk with other LGBTQ young people, having a safe space to talk about LGBTQ identity, and wanting to connect with other youth from the same background. Participants' most preferred topics were emotional and mental health, groups for trans/non-binary youth, and coming out. Lessons Learned Findings suggest that Q Chat Space is an acceptable and feasible program for supporting LGBTQ youth. Findings from the chat transcripts directly reflect contexts and processes that impact LGBTQ youth mental and behavioral health, as outlined in the minority stress model and related empirical work. Chat transcript data also suggest that youth may feel safer and more comfortable sharing personal or uncomfortable experiences and questions in a text-based (rather than face-to-face) program. The motivations for signing up from the user survey emphasize the need to cultivate LGBTQ community connections. Themes identified in the transcripts align closely with these desires and provide important information for the development of LGBTQ youth-targeted community and online programming.

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Outness to medical providers, PrEP awareness, and PrEP use in a longitudinal sample of men who have sex with men and transgender youth assigned male at birth.

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Background: Men who have sex with men (MSM) and gender minority (GM) youth experience higher risk for HIV transmission in the U.S. compared to heterosexual men, and cisgender youth. The advent of daily oral pre-exposure prophylaxis (PrEP) has provided an effective biomedical strategy for reducing risk for transmission in this population; however, researchers have observed sub-optimal uptake of PrEP. One possible contributor to sub-optimal uptake is the degree to which MSM and GM youth disclose their sexual identities, particularly in healthcare contexts. Previous cross-sectional research has linked lower overall degree of outness to lower acceptability and use of PrEP. However, research suggests that sexual identity disclosure to healthcare providers in particular is important to receiving quality healthcare. Moreover, sexual identity disclosure to a medical provider has also been significantly negatively associated with PrEP awareness in cross-sectional research. Most previous literature has been cross-sectional and examined "outness" or "sexual identity" disclosure in a broader sense in relation to PrEP-related outcomes rather than examining outness specific to the healthcare setting. This study seeks to examine outness to medical providers in relation to PrEP awareness, PrEP use in the past 6 months, and current PrEP use in a large longitudinal sample of MSM and GM youth assigned male at birth. Method: Data for this study were collected as a part of an ongoing longitudinal cohort study of HIV and substance use among young MSM and GM assigned male at birth (current N = 1,401). The current analysis used data from 5 time points that were collected in 6-month increments. Participants were HIV negative (n=695). Only time points where the participant had indicated having a medical provider were included. At the initial visit included in the analysis each participant provided demographic information (between persons). At each time point (within persons) participants provided their insurance status, number of condomless anal sex partners for the preceding 6 months, their level of outness with their medical provider (categorized as: "out," "somewhat out," "not sure" and "not out"), and dichotomous PrEP outcomes (PrEP awareness, use of PrEP in the preceding 6 months, and their current PrEP use status). We examined associations between current outness to medical provider and PrEP outcomes using multilevel structural equation modelling (MSEM) regressions in Mplus version 7. Results: Time points where participants indicated being "not sure" or "not out" were negatively associated with PrEP awareness compared to time points where participants indicated being out to medical providers. Time points where participants indicated being "not out" were also negatively associated PrEP use in the past 6 months, and current PrEP use compared to time points where participants indicated being out to medical providers. Bisexual identity was negatively associated with PrEP use (both past 6 months and current) compared to gay participants. Conclusions: Outness to medical providers appears to be a critical factor in the PrEP care continuum. Future studies should examine ways to ensure safe and comfortable disclosure of sexual identity to healthcare providers and examine factors relevant to sub-populations such as bisexual individuals.

Video link: Email the authors for additional study information

Impact of HIV disclosure on HIV care continuum among men who have sex with men living with HIV: systematic review and meta-analysis

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Objectives
The objective of this study is to synthesize the existing empirical literature and perform a systematic review and meta-analysis on the relationship between HIV disclosure and the engagement in each stage of the HIV care continuum among men who have sex with men living with HIV.

Methods
Seventeen studies were included, with eight quantitative studies and nine qualitative studies. Meta-analytic techniques were used to compute and aggregate effect sizes (odds ratio [OR] and their confidence intervals [95%CI]) for the eight quantitative studies and a thematic analysis was employed for qualitative studies.

Results
Findings from random-effects models showed that HIV disclosure was associated with linkage to care (OR=1.68; 95% CI=1.34, 2.10) from the pooled estimation. The overall weighted effect size (OR) for ART initiation, retention in care, and viral suppression were 1.34, 1.49, and 1.34, respectively, but did not reach statistical significance. Thematic analysis from qualitative studies complemented the findings by incorporating the approaching (e.g., pursuing a rewarding or desired end state) and avoidance motivations (e.g., avoiding a punishing or undesired end state) attached to the relationship between non-HIV disclosure and the HIV care continuum.

Conclusion
The results of this study found a positive association between HIV disclosure and engagement in HIV care continuum, although the associations with some care continuum outcomes (e.g., retention in care, viral suppression) did not reach statistical significance. The small number of available studies limits the definitive conclusions and more research is needed to ascertain the magnitude of effect sizes.

Video link: Email the authors for additional study information

Opportunities and challenges for HIV self-testing during the time of COVID-19 among young sexual minority men 17-24 years old

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Background: Since the beginning of COVID-19 and the global response to it, HIV/STI testing, prevention, and treatment were among the services that became significantly limited, disproportionately affecting rural and racial/ethnic minorities who depend on HIV testing services and counseling for prevention. In response to these challenges, the CDC established a list of recommendations to use HIV self-testing (HIVST; blood- or oral-fluid-based) in lieu of on-site testing in order to reduce the risk of COVID-19. Nonetheless, few studies have investigated the impact of COVID-19 on HIVST. As such, we sought to determine how HIVST can be successfully disseminated given the ongoing risk of COVID-19 through an exploratory, qualitative approach. Methods: In 2020, HIV-negative/unknown young sexual minority men (YSMM; n = 41; Mage = 21.0, 17-24 years old; 85.4% cisgender; 56.1% Black or Latino; 65.9% gay) who met CDC criteria for PrEP were recruited via social media and men-for-men geosocial networking apps to participate in synchronous online focus groups eliciting preferences and opinions about the impact of COVID-19 on HIV prevention and awareness and willingness to use HIVST. All participants were provided factual information with pictures of the Oraquick In-Home HIV Test and the dried blood spot self-sampling for mailing to a laboratory for analysis. Qualitative data were analyzed using inductive and deductive thematic analysis. Results: It was evident in our analyses that the COVID-19 pandemic caused significant challenges for HIV prevention that extended beyond changes due to quarantine and community containment measures. Rather, much of these young men's challenges to HIV testing and prevention was rooted in existing structural barriers (e.g., lack of transportation, poverty, location of biomedical resources) and experiences of, or anticipated, rejection from family. Related to HIVST, opinions varied regarding the advantages and disadvantages of each method of HIVST (blood- or oral-fluid-based). Since the start of the pandemic, some men noted that their primary clinic(s) had transitioned care entirely remote, with the added use of HIVST. Specific themes included reduced barriers related to convenience, stigma, and privacy concerns. Emotional responses had direct links to acceptability and family awareness of their sexual behavior/identity. Regarding HIVST implementation and COVID-19 pandemic-related challenges, themes included how to involve the community to increase access to HIVST, awareness of sensitivity and specificity, and minimizing stigma and cost. Conclusions: HIVST preferences amidst COVID-19 vary among YSMM. Findings may inform public health messaging to YSMM and HIVST implementation methods, in light of growing precautions to prevent the spread of COVID-19. Data presented highlight specific strategies to disseminate HIVST technologies, including to racial and ethnic minority communities and those residing in rural areas. Some lessons learned from HIVST could be applied to the implementation and dissemination of the Lucira COVID-19 All-In-One Test Kit for COVID-19 self-testing.

Video link: Email the authors for additional study information