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Identifying Barriers In Black Communities That Hinder The Engagement In LGBT Affirming Behaviors. Clinical Implications For Understanding Barriers to Attaining Adequate Social Support When Working With LGBT People Of Color.

Raven Howard

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Raven C Howard, M.A.

Florida School of Professional Psychology

Gary Howell, Psy.D.

Committee Chair

Patricia Dixon, Psy.D.

Committee Member

Elizabeth Lane, Ph.D.

Committee Member

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CERTIFICATE OF APPROVAL

Clinical Research Project

This is to certify the Clinical Research Project of

Raven C Howard, M.A.

has been approved by the
CRP Committee on
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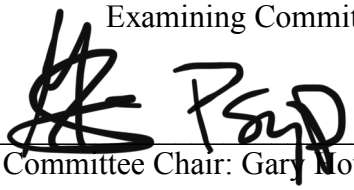
Examining Committee:



Committee Chair: Gary Nowell, Psy.D.

Patricia S. Dixon, Psy.D

Member: Patricia Dixon, Psy.D.

Elizabeth Lane, PhD

Member: Elizabeth Lane, Ph.D

Abstract

Institutional oppression and social inequality have been a topic of importance for decades within the literature. These adverse events may lead to many mental health problems, segregation between identity groups, and a hostile environment. This study aims to analyze the barriers in Black communities that may prevent Black communities from providing adequate social support or advocating for LGBT people of color. The primary question is: Does religious beliefs and levels of engagement in intergroup dialogue and intergroup contact impact the likelihood of engagement in LGBT affirming behaviors. Participants (n = 276) completed an anonymous online survey, and linear regression results indicated significant contributions from intergroup dialogue, intergroup contact, and lower religion with LGBT affirming behaviors. Intergroup dialogue suggested the strongest contribution to engagement in LGBT affirming behaviors. A moderation analysis was also conducted to determine if intergroup dialogue and intergroup contact would moderate the relationship between high religiosity and low engagement in LGBT affirming behaviors. Results suggested that the intergroup dialogue moderating variable was significant, and the moderating intergroup dialogue variable was not significant.

DEDICATION

This CRP is dedicated to my loving and supporting family and lifelong friends. Specifically, my parents Harvey and Cathy Howard because without their tremendous support, I could not have made it this far with achieving my academic goals. Mom, all of your prayers, guidance, and advice helped to see me through to reach this moment. Thank you to my cousin Latasha Harrison who was also my roommate during graduate school and witnessed all of the stressful moments, late nights of studying, and the many obstacles that presented throughout my journey. The endless amount of support and encouragement from you will forever leave a mark on me, and because of your kind words, the struggle felt a little easier to overcome.

Additionally, a warm appreciation is given to my fiancé Andrew Evans who has supported me every single step of the way, through the good and the bad. All of the laughs, tears, and memories we have shared will always hold a special place in my heart. You have taught me so many things about myself during this journey, and your warmth, love, and support helped me grow into the young professional that I am today. During the challenging times, you were right there being my biggest cheerleader, and now we can celebrate this victory, together. Lastly, I would like to thank my close friends who constantly uplifted me, reminded me to celebrate small victories, and never forgot to express how proud I made them. I love every one of you from the bottom of my heart. These words can't express my true gratitude for everything you all have done for me in many different ways. Thank you all for believing in me and never leaving my side.

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CHAPTER I: INTRODUCTION

Historically, African Americans have endorsed strong religious beliefs that are less receptive to same-sex relationships or any gender expression that does not fit within the binary gender model. African Americans who identify as lesbian, gay, bisexual, or transgender (LGBT) face significant loss of family, friends, church affiliations, and a sense of belonging in Black communities. In the past, individuals who identified as LGBT have received harmful treatments, and some treatments are still being utilized.

Background of the Problem

African American churches have been recognized in the past for attempting to provide support to LGBT people of color by "praying the gay away" or believing that sexual orientation is a phase that will pass (Rachlin, Green, & Lombardi, 2008). These harmful treatments and misunderstandings contribute to poorer mental health outcomes and identity confusion for LGBT individuals. Rachlin, Green, & Lombardi (2008) reported higher rates of depression, anxiety, smoking, alcohol abuse, substance abuse, suicidality in the LGBT population. The increased poorer mental health outcomes appeared to be linked to experiencing chronic stress, social isolation, and being disconnected from health services and proper support services (Rachlin, Green, & Lombardi, 2008).

The African worldview places value on interdependence and supporting one another within the community, but there appear to be limitations when it comes to providing adequate support to LGBT people of color. Powerful movements such as "Black Lives Matters" have proven the ability of Black communities to unite and stand up for equal rights. There are many Black communities that engage in social activism and advocate for their rights when feeling

marginalized or oppressed on a systemic level. The question is, what is hindering Black communities from empathizing with the LGBT community and advocating for equality? There appears to be a lack of support from Black communities towards other oppressed and marginalized sexual minority groups, such as the LGBT population.

Black individuals who identify as LGBT may witness their relatives and friends advocating for Black lives and not advocating for the lives of sexual minorities. For many LGBT individuals, their gender identity and sexual orientation play an important role in their life, and it is one of the moving parts that define who they are as a person. When an individual comes to the realization that their community will support and advocate for them regarding their struggles because of their ethnic identity, but will not provide similar support for the struggles faced regarding their sexual or gender identity can create confusion and dissonance within that individual. These individuals may feel that their families and communities do not accept and support them in entirety and that they are not valued and loved for every part of their identity.

For many Black communities, church organizations and churches provide significant support for individuals when faced against systemic racism, discrimination, hate crimes, police brutality, etc. Church members engage in collectively praying for change, leaning on faith that their higher power will intervene, and instilling hope that things will get better for the Black community. It is very rare that the church is involved with the LGBT community who also face similar adverse events as heterosexual Black individuals. For LGBT individuals who also identify as Black, face adversity twice as much as someone who identifies with one minority group. Individuals with intersecting minority identities usually do not have their church to rely on for support during times of adversity related to LGBT issues.

Historically, Black LGBT individuals were not open about their sexual orientation. Many individuals lived separate lives and were considered to be "in the closet." The choice to not be open about their sexual preferences helped them to stay alive many years ago. It helped individuals not to lose family ties and connections with their communities. For many generations, it was taught by some religions that if you identify as LGBT, you will burn in hell. It was also taught that if a heterosexual person is around a gay person, their sexual orientation may be contagious. Some religious individuals recommended others to stay away from people who identified as LGBT because their spirits were contaminated by the devil. There were many other myths and negative messages taught throughout each generation in Black communities. These cultural myths play a tremendous role in the lack of support from Black communities to the LGBT community.

Statement of the Problem

There seems to be significant stigma attached to identifying as LGBT within the African American communities that likely produces fear and shame in LGBT people of color while navigating through their communities. Black communities and society as a whole may fail to acknowledge the chronic stress and painful experiences that occur in hostile environments against LGBT people of color. Many people lack the awareness of how intersectionality can influence poor mental health outcomes, increased substance use, and suicide attempts and completions.

There is a global lack of understanding of minority stressors and not enough emphasis placed on the importance of advocacy for promoting resilience for LGBT people of color. The problem is that current literature does not identify specific, observable barriers in Black

communities that intrude the level of engagement in advocacy or affirming behavior for LGBT people of color. Current research literature aims at expanding on topics related to adversity experienced by LGBT people of color and highlights barriers identified by LGBT individuals to seeking and receiving care and social support.

Purpose of the Study

The purpose of the study is to identify and examine specific barriers in Black communities that hinders engagement in LGBT affirming behavior and providing social support for LGBT people of color. The study will explore predicted barriers, including religious views, the quality, and quantity of intergroup contact and intergroup dialogue. With these findings, it is hoped to be utilized as a catalyst to positive social change for sexual minorities. By identifying the problems and barriers, researchers and clinicians may utilize the findings to create and implement new guidelines and interventions into Black communities. The goal of the guidelines would be to break down the barriers and promote LGBT affirming behaviors.

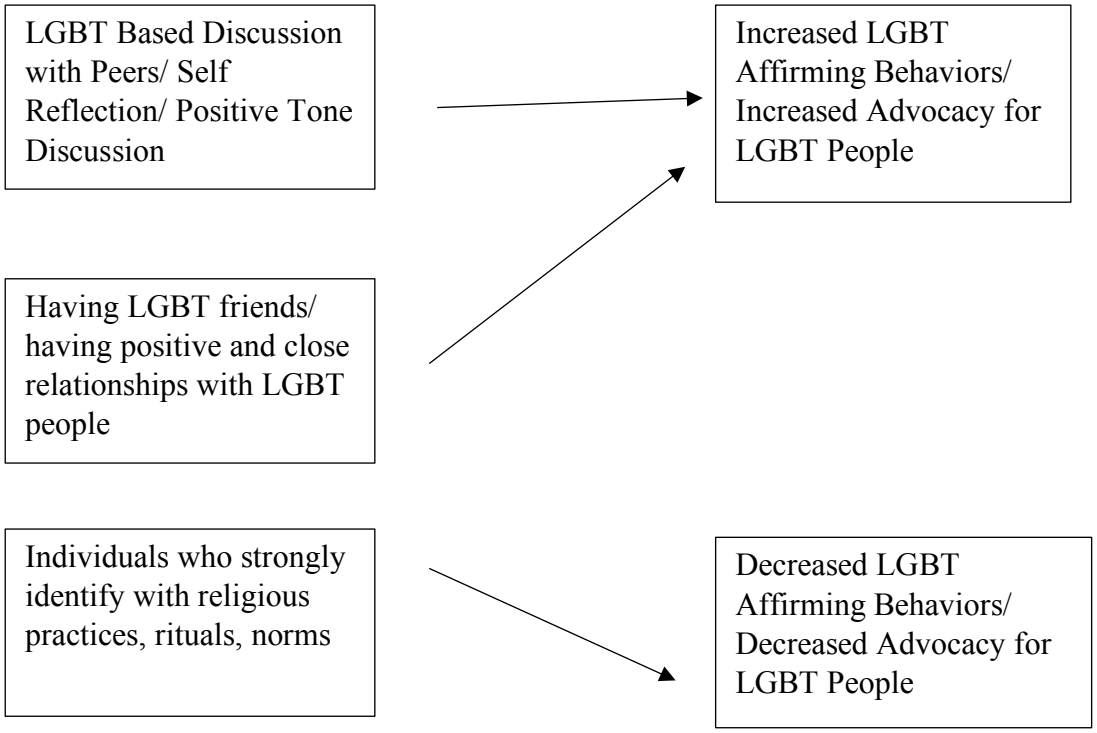
The current study test several factors that may be associated with increasing the likelihood of Black individual's engagement in LGBT affirming behavior. The research questions of the study included: How does religiosity relate to LGBT affirming behavior? How does intergroup contact relate to LGBT affirming behavior? How does intergroup dialogue about LGBT issues relate to LGBT affirming behavior? Does intergroup dialogue about LGBT issues moderate the relationship between religiosity and LGBT affirming behavior? Do intergroup dialogue and intergroup contact moderate the relationship between religiosity and LGBT affirming behavior.

In this article, we use the acronym LGBT by referring to non-heterosexual individuals who identify as lesbian, gay, and bi-sexual. The "T" in LGBT refers to transgender individuals defined as any individual whose gender does not fit into the widely accepted binary paradigm of male and female genders. Black participants will include African Americans and other people of color who identify as Black, such as individuals of Caribbean descent, Afro descent, and Multiracial. Black communities in the context of this paper refer to communities where the population is predominantly Black, including residential settings, educational settings, and churches/church affiliations. LGBT affirming behaviors are defined as providing social support, advocacy, acting as an ally, not engaging in discrimination, hate crimes, and homophobic beliefs.

Hypotheses

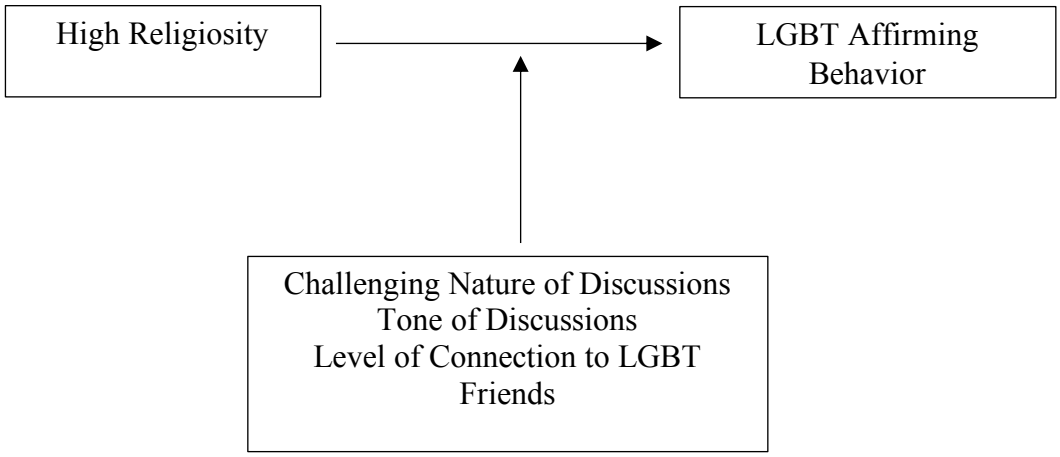
The hypotheses included: Low levels of religiosity will predict higher LGBT affirming behaviors. High levels of intergroup contact will predict higher LGBT affirming behaviors. High levels of intergroup dialogue about LGBT issues will predict higher LGBT affirming behavior. Intergroup contact and intergroup dialogue will be a moderating factor that strengthens the relationship between religiosity and LGBT affirming behavior. See Figure 1 and Figure 2 below.

Figure 1



Note: Hypothesized associations between intergroup dialogue and contact with LGBT affirming behavior

Figure 2



Note: Hypothesized associations with interaction effect between religiosity and affirming behavior.

CHAPTER II: LITERATURE REVIEW

LGBT Population and Adversity

There are more than nine million American adults who identify as LGBT in the United States (Flores & Barclay, 2015). Gates (2014) identified that even though same-sex marriages have gained some traction, there are still thirty-two states that lack fully inclusive protections that do not prohibit discrimination based on sexual orientation and gender identity. Current research reported violence based on sexual orientation as an ongoing public health concern in the United States. Notably, 60% of these aggressive acts are toward gay men, and a significant percentage of attacks are perpetrated toward lesbian, bisexual, and transgender persons (Vincent, Parrot, & Peterson, 2011). Also, Black transgender individuals have to navigate through adversity, including experiencing oppression and marginalization in regards to race, gender identity/expression, and sexual orientation (Levitt & Ippolito, 2013).

The adversity experienced by LGBT people of color can be referred to as minority stress, which is additional stress that minority groups encounter in addition to the normative stress of majority groups (Levitt and Ippolito, 2013). Levitt and Ippolito (2013) reported that transgender women make up only 8.6% of the LGBT community, but made up 44% of the total number of murder victims in 2010. Mallory, Hasenbush, & Sears (2013) reported more than one in five transgender Latina women in Los Angeles County reported experiencing physical assault by law enforcement officers. Transgender women are twice as likely to experience discrimination, and for transgender people who were also people of color, the percentage increased to 2.5 times more likely to experience discrimination (Levitt & Ippolito, 2013). This is likely because transgender victims lack appropriate social support and access to legal services.

Also, in 2010 the National Center for Transgender Equality and the National Gay and Lesbian Task Force reported that 41% of transgender participants attempted suicide, compared to 1.6% of the general population (Levitt & Ippolito, 2013). There was a reported history of bullying, harassment, expulsion, or sexual and physical assault that contributed to raising the suicide risk of transgender individuals to 51percent. Transgender individuals also experience significant occupational and financial challenges, difficulties in educational and health settings, and also obtaining and maintaining interpersonal support systems (Levitt & Ippolito, 2013). Grant, Mottet, Tanis, Harrison, Herman, & Keisling (2011) utilized the National Transgender Discrimination Survey for injustice, and transgender respondents reported to experience unemployment at twice the rate of the general population, with 44% who reported under-employment. Singh and Mckleroy (2011) found that transgender participants remained in "abusive" relationships or lived in crime-ridden neighborhoods due to difficulty finding employment. Participants reported experiencing job loss due to "transphobia" in the workplace (Singh & Mckleroy, 2011).

Mental health and health care concerns. Generally, LGBT individuals experience discrimination and exclusion in the health care sector that may include inadequate understanding of status specific conditions, denial of care, substandard care, or avoidance of treatment (Rachlin, Green, & Lombardi, 2008). Evidence concludes that LGBT individuals experience worse health disparities and health outcomes compared to heterosexual individuals throughout the entire globe of every country in the world (Rachlin, Green, & Lombardi, 2008).

LGBT individuals experience significant barriers in regards to receiving proper healthcare. Gay men and transgender individuals are at higher risk to contracting HIV and other

sexually transmitted infections, and also less likely to have health insurance compared to heterosexual persons (Rachlin, Green, & Lombardi, 2008). The literature explains how the impact of HIV- based stigma and discrimination negatively contributes to health outcomes for individuals living with HIV, particularly the Southern region has higher HIV diagnoses and death rates than any other region in the country (Miyashita, Hasenbush, Wilson, Meyer, Nezhad & Sears, 2015). Also, lesbian and bisexual women tend to use health services less frequently than heterosexual women, which increases the risk of obesity and breast cancer (Rachlin, Green, & Lombardi, 2008).

Minority Stress

Many theoretical models have been created to explain the underlying factors of suicidal behavior. The minority stress model was originally utilized for racial and ethnic minorities, but over the past decade, it has expanded to the sexual minority health research. The minority stress models attempt to explain the reasoning of why minorities have a higher risk of developing a variety of mental disorders. (Ploderl, Sellmeier, Fartacek, Pichler, Fartacek, & Kralovec, 2014).

Hatzenbuehler (2009) expanded the model by highlighting the alterations of cognitive and interpersonal processes that are linked to mental health problems. For sexual minorities, the model covers significant stressors, including individuals facing discrimination and violence that may threaten their sense of safety and security daily. Also, proximal stressors such as individuals who identify as gay, lesbian, or bi-sexual devaluing their sexual orientation from internalized homophobia, or having a fear of coming out. (Ploderl et al., 2014).

Recent studies offer some insight into the elements of minority stress that may result in some transgender individuals being at a higher risk for suicide attempts (Hendricks & Testa,

2012). The literature explained that transgender individuals who attempted suicide were due to recent unemployment, sexual assault, verbal and physical abuse related to gender, and low self-esteem (Hendricks & Testa, 2012). LGBT people of color experience unique and complex minority stressors in addition to general life stressors that cause mental health problems, including suicidality.

Individuals who experience minority stress likely have mental processes that anticipate or expect external stressful events to occur, such as rejection due to their sexual minority status (Hendricks & Testa, 2012). It produces increased vigilance and distress and leads to psychological harm. Sexual minorities also experience internalized prejudices and negative attitudes that are learned from societal messages. Hendricks & Testa (2012) highlighted that an internalized sense of stigma is subjective and not directly observable, but they are also potentially the most damaging to mental health. It is essential to understand internalized stigma may directly block an individual's ability to cope with life stressors and result in reducing the individual's resiliency (Hendricks & Testa, 2012).

Homonegativity is a similar concept to internalized homophobia. It is described as internalized cultural stereotypes about same-sex sexuality. Cox, Dewaele, Van Houtte & Vincke, (2011) explained how internalized homonegativity may range from presenting as mild self-doubt to severe self-hatred and self-destructive behavior. Internalized negativity has been linked to higher rates of depression, self-esteem issues, maladaptive coping skills, lack of social support, and poorer physical health outcomes (Cox, Dewaele, Van Houtte & Vincke, 2011).

Intersectionality and mental health. Intersectionality is explained by Jeraj (2013) as a concept from a feminist theory which looks at the intersections between groups of oppressed people.

Each individual has multiple identities that will likely be shaped by history and social relations. The different combinations of the overlapping identities produce their oppressions. Intersectionality has expanded from women's issues to providing an analysis of a wide range of social and political issues (Jeraj, 2013). Poorer mental health outcomes may occur in individuals with intersecting identities due to experiencing multiple adverse psychological health outcomes, higher exposure to risk factors, less access to protective factors that may result in poor mental health trajectories (Khan, Llcisin, & Saxton, 2017). In 2012, 79% of lesbian and bisexual women reported to experience spells of sadness, feeling miserable or depressed (Jeraj, 2013). For lesbian and bisexual women who identify as Black or a minority ethnic, 86% reported experiencing clinical depression (Jeraj, 2013).

A study conducted by (Curling, Steele, Gibson, Daley, Green & Ross, 2017) examined group differences in depression and discrimination experiences and predictors of depression and unmet needs for mental healthcare services. The findings revealed that race, gender, class, and sexuality all corresponded to significant differences in exposure to discrimination, experiences of depression and unmet needs for mental healthcare (Curling et al., 2017). Participants who experienced discrimination daily was the strongest predictor of both depression and unmet needs for mental healthcare (Curling et al., 2017).

The literature also suggested that lower income and intersections of race with other marginalized identities were associated with more depression and unmet needs for mental healthcare (Curling et al., 2017). Overall it appears that discrimination is the factor that contributes the most to those vulnerabilities, and individuals who identify with intersecting oppressed minority groups are likely to have poorer mental health outcomes.

A study conducted by Mariam, Llcisin, and Saxton (2017) concluded that Black LGBTQ adolescents who experienced racism and antigay discrimination was associated with suicidality and depression. Also, discrimination that included homophobia and racism appeared to predict symptoms of psychological distress in gay Latino men (Mariam, Llcisin, & Saxton, 2017).

The study compared findings between White sexual minorities with LGBT people of color, and more Black and Latino LGBQ reported a history of serious suicide attempts (Mariam, Llcisin, & Saxton, 2017). Also, sexual minority women of color showed greater risk of self-reported lifetime substance abuse when compared to heterosexual women of color and White sexual minority women (Mariam, Llcisin, & Saxton, 2017). The literature consistently reveals higher percentages of poorer mental health outcomes for individuals with intersecting oppressed identities. These individuals are at greater risk for suicide and have less access to proper healthcare and adequate resources to buffer against adversity experienced daily.

Jeraj (2013) highlighted the importance of clinicians employing a self-aware approach to intersectionality that enables providers to visibly recognize the layers of identity, discriminations, and power structures that interact with mental health. When examining the way intersecting identities, oppressions, and power structures simultaneously come together, it provides the path to attempt to discover the root causes (Jeraj, 2013).

LGBT Stigmatization and Role of Religion in Black Communities

The literature reveals that the mood of the country continues to display contradictory attitudes or actions towards sexual minority groups. Generally, the country shows an increased acceptance of LGBT lifestyles compared to the past couple of decades (Sue & Sue, 2013). African Americans are believed to have significantly less tolerance of same-sex relationships

than White individuals, and this tends to results in greater stigmatization of gay, lesbian, and bisexual individuals in African American communities (Battle & Lemell, 2002).

Stigmatization has proven to contribute to Black gay men having difficulties coping with traumatic life histories and rejection by Black churches and Black communities as a whole (Battle & Lemelle, 2002). Coleman (2016) reported that some Black churches and Historically Black College Universities (HBCU) foster or perpetuate a system of hate, misunderstanding, and marginalization that teaches the LGBT population to hide who they are and attack others who are different according to society's standards. Singh & Mckleroy (2011) found that some transgender participants experienced religion being used as punishment and judgment from their religious institutions in regards to their gender identity or expression.

Sue and Sue (2013) explained LGBT individuals encounter obstacles with accepting their internal identity due to gaining awareness of the contrasting views with society of what is a healthy identity. Cross-gender behavior and appearance are stigmatized in the American society, and the LGBT population is facing challenges of developing a healthy self-identity while living in a cisgender or heterosexual society (Sue & Sue, 2013). Over the past ten years, there has been a positive shift in the general society's attitudes and acceptance of LGBT individuals, but has resulted in substantial numbers of Black individuals publicly holding on to misinformation, cultural taboos, and xenophobia (Gibbs & Jones, 2013). The stigma attached to LGBT individuals produces Xenophobic beliefs that inhibit Black communities to function in an evolving, multicultural, and all-inclusive society (Gibbs & Jones, 2013). LGBT individuals are facing self-identity challenges due to societal norms that may relay covert or overt messages about their gender identity or sexual orientation being labeled as abnormal (Sue and Sue, 2013).

A comprehensive, national educational initiative for the Black community is strongly needed to aid in understanding gender expression, human sexuality, sexual orientation, and learning to accept differences in a respectful manner (Gibbs & Jones, 2013).

Importance of religion in black communities. "The Black church" is the spiritual ark that empowered Black people socially, psychologically, and physically during slavery and other difficult times (Coleman, 2016). The Black church has a legacy of social justice (Miller, 2007). It is suggested the initial societal concern for the Black church is ensuring freedom from race-based and other societal discrimination and oppression (Miller, 2007). Freedom has a particularly religious connotation in the lives of African Americans (Miller, 2007). The Black church is the most recognized central, oldest, and influential institution in the Black community (Marks, Nesteruk, Swanson, Garrison, & Davis, 2001).

Research highlights how religion indirectly influence the lives of Black individuals who are not "churchgoers" through ideology and imagery with which many were raised (Marks, Nesteruk, Swanson, Garrison, & Davis, 2001). Religion in Black communities has also proven to be an important source of racial pride, hope, and optimism. A study examined the relationship between church attendance and health outcomes. The results showed that frequent church attendance is linked to lower mortality rates, higher self- esteem, and higher levels of a satisfactory life in African Americans (Marks, Nesteruk, Swanson, Garrison, & Davis, 2001). There was a 14 -year advantage (i.e., age 80 vs age 66) for those who attended church more than once a week in comparison to those who never attended church. Further, reports of greater mental health, lower levels of psychological impairment, suicide, substance abuse, & depression were made by frequent church goers (Marks, Nesteruk, Swanson, Garrison, & Davis, 2001).

According to the U.S religious landscape survey, 87% of African Americans reported belonging to a religious group, with 59% belonging to a historically Black protestant church (Boyd-franklin, 2010). Religious traditions are a major coping mechanism for Black communities and provide comfort for many during adversity (Boyd-franklin, 2010). Over the years, religion for Black people has been used as a buffer against racism and discrimination utilizing tactics such as prayer and quoting scriptures (Boyd-franklin, 2010). It is also utilized as a safe haven for often hostile world environments and used throughout the entire life cycle.

Most importantly, religion in Black communities provides a sense of belonging, social support, and extended family support (Boyd- Franklin, 2010). Many LGBT people of color experience loss of social support in Black communities that may involve losing their church home and extended family. This loss of religious belonging may be detrimental to LGBT people of color due to the significant impact religion has on the lives and psychological well-being of Black communities.

Intergroup Dialogue and LGBT Affirming Behavior

The opportunity to develop or enhance critical thinking and personal reflection skills regarding socialization, power and social justice could buffer against the prejudice and discrimination that takes places against sexual minorities. Intergroup dialogue is believed to be a helpful tool for debunking stereotypes between individuals with differing identities, worldviews, cultures, beliefs, and values. Intergroup Dialogue is a method used to educate about social justice, but it is uncommon for sexual orientation dialogues to take place whereas most groups focus on race and gender (Dessel, Woodford, Warren, 2011). Dessel, Woodford, Routenberg & Duane (2013) stated that there are usually positive outcomes reported by individuals who

participate in difficult dialogues as long as it is structured and authentic processes that take place. Other factors that contribute to positive outcomes include engaging self, appreciating differences, learning how to examine life events through the lens of oppression and privilege, and attempting to build alliances within identity groups (Dessel, Woodford, Warren, 2011).

Dessel, Woodford, Routenberg & Duane (2013) described intergroup dialogue to be beneficial for combating misunderstandings and levels of intolerance between individuals with different beliefs systems and opinions cultivated by their societal norms. Dessel, Woodford, Routenberg & Duane (2013) conducted a qualitative study that examined undergraduate heterosexual student's experiences who participated in sexual orientation intergroup dialogue courses over nine years. Students engaged in the group with individuals who identified as LGB, but they were unaware of those individual's sexual orientation while participating in the dialogue.

The students reported the dialogue to be a safe space where they could explore their questions, opinions, and ideas (Dessel, Woodford, Routenberg & Duane, 2013). The participants also reported to develop a greater sense of empathy and understanding about sexual minorities, and it aided in reducing bias towards the LGBT population (Dessel, Woodford, Routenberg & Duane, 2013). Notably, it was reported that the participants acquired a significant amount of knowledge and insight into their heterosexual privilege and heterosexist society.

Gaining self- awareness regarding privilege and structural inequality can be very influential in creating social change. Also, it can be helpful to utilize privilege with platforms advocating for the human rights and safety of marginalized sexual minorities. Intergroup dialogues may lead to controversial topics or conflicts, but these conflicts can promote positive

learning experiences if facilitated properly (Dessel, Woodford, Routenberg & Duane, 2013). When individuals learn to respect other's way of life and sexual preferences or identities, society is likely to be more accepting or nonjudgmental of those who fall outside of the majority or binary system.

Intergroup Contact and LGBT Affirming Behavior

The concepts of intergroup contact are similar to intergroup dialogue in regards to reducing bias and discrimination. (Heinze & Horn, 2009) explained the intergroup contact hypothesis as having contact with individuals of the outgroup may improve negative attitudes and beliefs towards outgroup members. The literature highlighted the importance of interaction between different groups to reduce biased beliefs and to behave in a prejudice manner (Heinze & Horn, 2009). It is believed that when groups engage in positive interactions, it is a higher likelihood that proper communication and trust can be established and this could reduce anxiety while in contact with outgroup members (Heinze & Horn, 2009). It is of note the intergroup contact theories emphasize that casual contact reinforces learned stereotypes and prejudice behaviors (Heinze & Horn, 2009). With that being said, it is essential the contact is intimate and meaningful to reduce bias and prejudice.

Heinze & Horn (2009) conducted a study with adolescents and examined intergroup contact with adolescents' attitudes about same-sex relationships and treatment of lesbian and gay peers. The participants completed self- report measures that examined the acceptability of homosexuality, levels of comfort around lesbian and gay peers, and the acceptability of exclusion or teasing a lesbian or gay peer. The findings suggested that having a gay or lesbian friend was linked to increased positive attitudes towards same-sex relationships and lower

tolerance towards lesbian or gay peers being treated unfairly (Heinze & Horn, 2009). Their findings supported the intergroup contact theory in the sense of intimate contact with an outgroup member reducing prejudice attitudes (Heinze & Horn, 2009).

CHAPTER III: METHODS

Participants

There were 276 participants in the study by completing the anonymous online survey. Of these participants, 88% identified as heterosexual, followed by a 6% as bisexual, 2% as lesbian, 1% as gay, 3% as other. Due to the focus of this study, only self-identified Black individuals were included in the analyses. Within the sample of Black individuals, most identified as African American (*n* = 240; 87%), followed by 8% as Caribbean descent, 3% as African/Afro descent, 1% as Creole, and less than 1% as Biracial/Multiracial and Other. The sample was evenly represented by male (*n* = 98; 36%) and female (*n* = 173; 63%); five participants did not report their gender. Most of the participants identified with the 25-34 age range (*n* = 165; 60%), 20% in the 18-24 age range, 15% in the 35-50 age range, 5% in the 51-64 age range. No participants self- identified as 65 and older. With regard to education obtained, 39% obtained a bachelor's degree, 37% obtained a graduate level degree, 13% obtained high school diploma, 11% obtained an associate's degree, and less than 1% of the sample obtained none of the above.

The idea of this study originated from a previous study completed by Paul Poteat with high school students. Poteat (2015) study examined if critical thinking skills, the ability to self-reflect, sexual prejudice, intergroup contact, and intergroup dialogue had a positive relationship with LGBT affirming behavior. The current study was developed with graduate-level educators at a college university with feedback from professors who have expertise in diversity research and clinical practice with diverse populations. The feedback included a review of the survey items to ensure readability and comprehension of the constructs.

Procedures

The survey was taken only online by participants. After IRB review and approval of the study causing minimal risk to the participants, a web link was provided to each participant that was posted on surveymonkey.com. Recruitment for participants took place utilizing snowball sampling. The survey link was posted via text message, Facebook, Instagram, Twitter, and email. Each participant was provided with informed consent forms and required to click "I agree" before proceeding to fill out the online survey.

Participants were educated about the purpose of the study, informed of their rights to withdraw from the study at any point, and also provided contact information if they had any questions or concerns about the material they were exposed to while completing the survey. The surveys were completed on computers or cellular devices, and their responses remained anonymous to protect their confidentiality. No identifying information was required to complete the survey besides the demographics section of the survey. The responses remained secured on the survey monkey website that required a password to see the responses. The data was exported into an excel sheet and also SPSS that was saved on a password- protected flash drive.

Measures

Demographics. Participants reported their gender, age, sexual orientation, race/ethnicity, and level of education. The response options for race/ethnicity were African American, African/Afro Descent, Caribbean Descent, Biracial/Multiracial, Creole, and Other. The response options for gender were Male, Female, Transgender, Non-binary, and others. Age was separated by category and asked: "Which category below includes your age?" To obtain information about education, participants were asked: "What is the highest level of education you have obtained?"

Religiosity. Participants completed the 14 item Centrality of Religiosity Scale (CRSi-14) created by Stefan Huber and Odilo W. Huber. The originator of the religiosity survey granted permission to utilize a version of the survey for this current study. The scale measured five dimensions of religion that are likely representative of the frequency and intensity of the activation of the personal religious construct system (Huber and Huber, 2012). The intellectual domain refers to the person's knowledge base of religion. An example of a question from the intellectual subscale was, "How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?"

The ideology domain refers to an individual's beliefs regarding the existence of transcendent reality and the relation between transcendence and human (Huber and Huber, 2012). Participants responded to the question, "To what extent do you believe that God or something divine exists?" The public and private practice domain refer to an individual who belongs to religious communities and participates in either public or private religious rituals or communal activities. Questions related to these domains included, "How important is it for you to be connected to a religious community?" and "How important is a personal prayer for you?" The religious experience refers to some kind of direct contact to an ultimate reality, which affects them emotionally (Huber and Huber, 2012). Participants answered questions like, "How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?" Response options ranged on a five-point Likert scale from 1 (*never/ don't believe)* to 5 (*very often/always/definitely)*. Higher average scale scores represented highly religious individuals. The construct items had strong internal consistency ($\alpha = .93$).

Intergroup contact. Participants completed survey questions created by Paul Poteat. He granted permission to utilize his question in the current study. Participants were asked questions about their connectedness to their LGBT friends. The questions were, "How close do you feel to them?" and "How much time do you spend with them?" Participants were also asked to report the quantity of LGBT friends they have. Response options were none, *1-2, 3, 4, 5, or more*. Participants who reported having any LGBT friends were also asked how open they were about discussing their views related to LGBT issues and how frequently do the discussions take place. Response options for all items were on a 5 point Likert scale that ranged from 1 (never/ not at all) to 5 (*always/ very close*). Scores of this construct were averaged together where higher scores indicated higher interactions with the LGBT community and greater connection to LGBT friends.

Intergroup dialogue. Questions were used from the survey Paul Poteat utilized in a previous study with an adolescent population, and permission was granted to use the same questions in this current study to examine variables that may contribute to LGBT affirming behaviors. Questions were asked about the level of engagement in difficult dialogues about the LGBT community. Participants responded to items asking, "How often do you discuss issues related to sexual orientation with your friends (e.g., same-sex marriage, coming out, your attitudes about LGBT people in general)?" Participants were also asked to describe the tone of the dialogue that occurs when discussing those issues. Response options ranged on a five-point Likert scale from 1 (*very negative*) to 5 (*very positive*). Additionally, participants answered if the difficult dialogues ever challenged or pushed the way they thought about their views. The response options were *never*, *rarely*, *sometimes*, *often*, and *always*. Scores of this construct were averaged together where higher scores indicated higher levels of engagement in dialogue and

openness to challenging views with the LGBT community. The construct items had good reliability (α = .71).

LGBT affirming behavior. Participants completed five items created to examine a range of LGBT affirming behaviors. The questions were derived from the study completed by Poteat (2015) with an adolescent population. There was no specific timeframe assessed about when the affirming behavior took place so the responses could indicate in the past or currently. Explicit LGBT behaviors were measured by the following questions: (a) I voiced strong support for lesbian, gay, bi-sexual, or transgender (LGBT) individuals; (b) I spoke about addressing inequalities faced by LGBT individuals; (c) I engaged in some form of advocacy effort for LGBT individuals; (d) I made an effort to learn something new about LGBT issues; and (e) I participated in some form of awareness-building activity, event, or meeting around LGBT issues (e.g. attending a cultural club meeting, diversity event in your school or community). The response options were on a 5 point Likert scale from 1 *(0 times)* to 5 (*7 or more times*). Poteat (2015) ran an initial exploratory factor analysis with principal axis factoring extraction indicated a unidimensional factor structure for the items (eigenvalue = 3.44; 61.42% variance accounted for; factor loadings = .63, .79, .81, .83, and .85). Scores of this construct were averaged together where higher scores indicated more frequent engagement in LGBT affirming behaviors. The items demonstrated strong internal consistency (α = .89). Refer to Table 1 for descriptives on each variable.

Missing Data. Five participants failed to report their gender in the demographic section of the survey.

Table 1

Sample M and SD for Intergroup Contact, Intergroup Dialogue, Religion, and Affirming Behavior Variables
(N= 276)

Variable	*M*	SD
Intergroup Contact	3.20	.94
Intergroup Dialogue	2.97	.66
Religiosity	3.92	.80
Affirming Behavior	2.13	1.08

CHAPTER IV: RESULTS

A regression tested the interrelationship among religion, intergroup contact, intergroup dialogue, and LGBT affirming behavior. This sophisticated statistic was run to show how well intergroup contact, intergroup dialogue, and religion would predict the engagement of LGBT affirming behaviors. The findings from the examination of the distribution of scores indicated that all assumptions of normality, linearity, homoscedasticity, and independence of residuals were met and normal. There were no major outliers that needed to be removed from the data.

The results from the linear regression indicated a significant relationship between LGBT affirming behaviors with religion ($F(1, 274) = 4.279$, $p < .05$), with an R^2 of .015. Therefore, aspects of religiosity explained 1.5% of the variance in LGBT affirming behavior. It was found that intergroup dialogue significantly predicted LGBT affirming behavior ($\beta = .50$, $p<.001$), as did intergroup contact ($\beta = .18$, $p<.01$), and religion ($\beta = -.12$, $p<.05$). Follow up regression results are included in Table 2 with descriptive data on each variable. The dependent variables were associated with one another in a theoretically consistent direction. Higher engagement in LGBT based discussion, higher quantity, and good quality relationships with those who identify as LGBT and lower religiosity were all associated with LGBT affirming behaviors.

Moderation multiple regression was used to determine if the relationship between religiosity and LGBT affirming behaviors was dependent on the involvement of intergroup contact and intergroup dialogue among Black communities and the LGBT community. Religiosity and intergroup dialogue were mean centered before the creation of an interaction term to facilitate interpretation and to reduce multicollinearity that would occur for the first order variables with the interaction term (Aiken & West, 1991).

For the interaction model, LGBT affirming behaviors was regressed onto the mean centered religiosity variable, and the mean centered intergroup dialogue variable. The interaction term was then added to the regression as a moderator to determine if the relationship between religiosity and LGBT affirming behavior scores were dependent on the involvement of intergroup dialogue. The findings concluded that the regression of LGBT affirming behaviors onto mean centered religiosity and intergroup dialogue was significant ($F(3, 272) = 52.729$; $p < .05$) accounting for 36% of the variance in LGBT affirming behavior, see Table 3. Without accounting for the interaction, religiosity had an overall negative relationship with LGBT affirming behaviors and intergroup dialogue had an overall positive relationship. However, these effects should only be interpreted with the following model, which includes the interaction. The interaction accounted for an additional 34.5% ($R^2 = .368$) of the variance ($F(1, 274) = 4. 279$, $p < .05$).

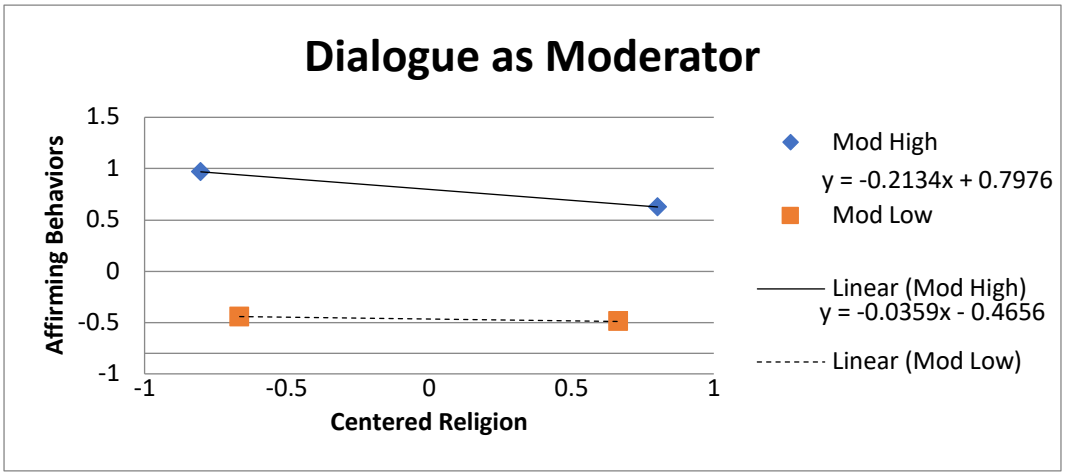
Figure 3 shows the simple slopes for the relationship model between religiosity and LGBT affirming behaviors when intergroup dialogue is high (defined as the mean + 1 standard deviation) and when intergroup contact is low (defined as the mean – 1standard deviation). These values are arbitrary and sample dependent. However, this method of demonstrating the effects is widely accepted (Aiken & West, 1991; Cohen, Cohen, West & Aiken, 2003).

The results indicate that the overall relationship between religiosity and LGBT affirming behaviors when intergroup dialogue is lower is negative. That is, when participants with lower engagement in intergroup dialogue and strong religious beliefs, they are more likely to report lower engagement in LGBT affirming behaviors. On the contrary, when individuals engage in

more LGBT based discussions about LGBT issues, the negative relationship between religiosity and LGBT affirming behaviors is attenuated.

An additional interaction model analysis (i.e., Moderator2) was computed to test the hypothesis that intergroup contact would increase the likelihood of engagement in LGBT affirming behaviors. The previous steps of mean centering each variable and regressing LGBT affirming behaviors onto the mean centered variables were repeated for this analysis. Results concluded that the regression of LGBT affirming behaviors onto mean centered religiosity and intergroup contact was not significant ($F(2, 273) = 3.295$; $p = .131$). Although intergroup contact alone predicted LGBT affirming behaviors, it does not appear to buffer against individuals who reported high religiosity scores and low affirming scores. These effects should only be interpreted with the following model, which includes the interaction.

Figure 3



Note: Individuals with more engagement in dialogue regarding LGBT based issues report more engagement in LGBT affirming behaviors. By contrast, individuals with lower engagement in intergroup dialogue report less engagement in LGBT affirming behaviors.

Table 2

Significant Regression Model of Factors Associated with LGBT Affirming Behavior

Independent Variables	Outcome: LGBT – Affirming Behavior		
	b	SE	β
Intergroup Contact	.18	.06	.001**
Intergroup Dialogue	.50	.09	.000***
Religiosity	-.12	.08	.04*

The overall model was significant: F(3, 272) = 54. 450, $p < .000$)
Unstandardized coefficient estimates (b), standard errors of the estimates (SE), and standardized coefficient estimates (β) are reported
** $p < .05$; **$p < .01$; *** $p < .001$*

Table 3

Summary of regression analysis for the moderating effects of intergroup dialogue on religiosity and LGBT scores

Variable	*B*	*SE*	*B*	*SE*
Intergroup Dialogue	. 497	.087	. 585	.078
Religiosity	-.124	.081	-.161	.065
AB*Religiosity			-.136	.049
R^2	. 015		. 368	

N = 276. Intergroup Dialogue is mean centered. Religiosity is mean centered. AB*Religiosity is the interaction of mean-centered intergroup dialogue and mean centered religiosity. AB = affirming behaviors.

CHAPTER V: DISCUSSION

Emphasizing the importance of employing LGBT affirming behaviors may promote safe and welcoming environments for individuals who identify as LGBT. This study examined multiple factors associated with the engagement or lack of engagement in LGBT affirming behaviors within Black communities. As hypothesized, the more a participant engaged in intergroup dialogue about LGBT issues, the more they reported the utilization of LGBT affirming behaviors. Participation in difficult dialogue about LGBT based issues may provide Black individuals with the opportunity to reflect on their own biases, stereotypes, and past unconscious or conscious discriminative behavior towards LGBT individuals. In order to promote further change, one must first become aware of the problem.

The dialogues may also act as a learning environment where Black individuals become aware of the oppression and discrimination faced by their LGBT peers. This could help Black individuals to empathize with the LGBT population based on one's personal experiences of facing discrimination and oppression because of their race. Dialogue about LGBT based issues can aid in the development of building an ally identity and engaging in advocacy for the LGBT population (Poteat, 2015). Also, as hypothesized, the higher reports of LGBT contact were related to higher reports of LGBT affirming behavior. It is important to note that casual intergroup contact alone does not predict LGBT affirming behavior. The quality and closeness of friendships make a significant difference in increasing or decreasing LGBT affirming behavior.

Black participants who rated their relationships to be positive and described their friendship with LGBT individuals as "close" or "very close" were strongly associated with LGBT affirming behavior. When Black individuals have the opportunity to establish strong

connections and create positive friendships with an individual or a group of individuals who identify as LGBT, it appears to increase the likelihood of Black individuals to behave more affirming towards LGBT populations. This is explained by the intergroup relations literature, which emphasized reducing prejudice attitudes or behaviors by building strong emotional connections (Poteat, 2015). Once an individual develops a strong emotional tie with an LGBT individual, it creates the opportunity to denounce the unfair treatment of sexual minorities. Individuals who reported lower religiosity scores also reported higher LGBT affirming behavior. Historically, most religions have publicly shamed individuals who identified as a sexual minority. The historical teachings and sermons were passed through each generation, where negative messages continue to be internalized by current generations. Religious teachings about the LGBT population has created a global barrier to religious individuals understanding how to interact with LGBT individuals in an affirming manner. Some progression has been made regarding churches accepting LGBT individuals into their presence, but most cultures in the present society continue to struggle with how to navigate relationships, advocacy, and other affirming behavior without facing judgment by religious peers. Given the religious climate, it reinforces highly religious individuals to engage in less LGBT affirming behaviors.

The intergroup dialogue moderation hypothesis was also supported by the current research findings, and there was a significant moderating interaction between dialogue, religion, and LGBT affirming behavior. Intergroup dialogue increased LGBT affirming behaviors for individuals who identify as highly religious. Open communication and exchange of dialogue that promotes reflection without judgment is likely to contribute to the success of LGBT individuals sharing their experiences with heterosexist religious communities. Limited communication leaves space for assumptions, biases, and generational messages to be activated and reinforced

by the lack of interactions between in-group and outgroup members. Although religion alone had an overall negative relationship with LGBT affirming behaviors, the findings concluded that religious individuals who are willing to engage in dialogue with LGBT people are more likely to behave in an affirming manner.

When looking at intergroup contact, and intergroup dialogue together, intergroup contact did not make a significant difference in regards to increasing LGBT affirming behaviors for participants who strongly identified as religious. Most of the past literature concluded that intergroup contact is most beneficial for children and identity who are currently developing attitudes, beliefs, and discovering personal and sexual identities (Poteat, 2015). The literature noted that it may not be as impactful within the adult population as beliefs may be strongly engrained in one's lifestyle and it may be harder to reduce bias or prejudice behavior by intergroup contact alone for religious individuals. The current study was conducted with the adult population, and this may explain the absence of a significant moderation interaction between the intergroup contact, religious, and LGBT affirming behavior variables.

Clinical Implications from the Current Study

The results of the current study highlight some clinical implications for work with sexual minorities, Black individuals, and those who identify as Black and LGBT. One aspect that remains stable throughout Black communities is the significant role that religion continues to play in Black individual's lives. Religion has served many purposes in Black communities and continues to be valued as a source of connection, fellowship, effective coping mechanism for life stressors, and provides hope and a sense of fulfillment. Clinicians should explore with clients who identify as LGBT and Black what role religion plays in their life. For example, it may

benefit the client to understand if and how their relationship with their church community has changed since “coming out.”

Many LGBT individuals will experience significant losses that may include their immediate family, friends, a church home, and other community organizations. Also, it may be helpful to process with the client what it is like to navigate throughout the Black community while identifying as LGBT. Many sexual minorities who identify as Black will experience discrimination, oppression, and marginalization from multiple majority groups who identify as White, heterosexual, and Christian. Clinicians should openly address these social injustices, inequalities, and adversity faced by the LGBT population to provide validation to the client's experiences.

To foster empowerment, clinicians should also highlight things that can be changed by the client to help clients focus on what they can control in their lives. It may be helpful to teach LGBT individuals how to advocate for their needs and how to effectively help others understand their needs. Teaching this skill may increase the likelihood of others being an ally and advocating for the needs of the LGBT population. Poteat (2015) identified factors such as the ability to use critical thinking, self-reflection, challenging one's biases and stereotypes during difficult dialogues, positive problem-solving strategies, having LGBT friends, and having good quality, close relationships with LGBT friends as factors that increase affirming behavior. Educating clients about the factors associated with affirming behaviors can help clients to increase the ability to gain an ally once they understand what to look for in others to increase advocacy.

To better understand a client's perception of the Black community and their relationship with heterosexual, Black, Christian individuals, clinicians may benefit from asking specific questions related to those experiences. Some questions that could be asked to explore that area of concerns include: "What emotions do you feel when you enter a Black church?", "How would you describe your sense of belonging to the Black community?" "What do you think would happen if you initiated a dialogue about issues faced by the LGBT community in an all-Black setting?" and "If you could change one thing about the Black church or the Black community what would it be?"

When asking these questions, it is helpful to keep the questions as open-ended and objective as possible to encourage further exploration. It is essential that as the clinician, the questions are not leading and do not hinder the client from responding with an authentic response. For example, if the client identifies as Black and the clinician also identifies as Black, the client may not want to offend the clinician by expressing negative thoughts or emotions regarding the Black community or Black churches. The clinician should promote a judgment-free environment where the client feels safe to express oneself without the fear of abandonment or punishment from the clinician.

Also of note, the clinician should remain aware of their own biases and belief systems that could interfere with the therapeutic process and effective treatment. If the clinician identifies as LGBT and may hold negative beliefs, assumptions, or biases about Black communities, this could hinder the client from fully processing their own feelings and personal experiences. It is also important not to assume that all individuals who identify as LGBT has experienced adverse situations from Black communities. Some LGBT individuals will not report any experiences

with Black communities or report all positive and affirming experiences from Black churches and organizations. It is rarer than not but important to remember not to generalize these negative experiences to the entire LGBT population.

An individual who identifies as Black and LGBT, seeking support and guidance may want to contact their spiritual leader or pastor. Research has shown that the Black community is more likely to reach out to their pastors than to present for therapy due to the mental health stigma. Therefore it is important for clinicians to be informed that some LGBT individuals also use religion as a coping mechanism and would prefer their spiritual leader to be a part of their treatment process. Clinicians should provide consultation services and make themselves available in other capacities to pastors to ensure the spiritual leaders are informed about how to best meet the individual needs.

Clinicians should collaboratively identify minority stressors with the clients who identify with more than one minority group. It may be helpful for the clinician to have access to community resources that can be of assistance with individuals who may need government assistance for means of survival. If the clinician does not have direct access to resources in the community, there should be an appointed person of contact that can assist with helping clients to receive services. When working with the LGBT community, the clinician should be educated about specific affirming health care facilities that can be recommended to clients who need adequate health care. The clinician must understand that some clients will struggle to obtain employment or housing due to their gender identity or sexual orientation. Other clients will not have any sense of support in their lives. Therefore, the clinician should keep a flexible treatment approach when working with the LGBT community. At times the treatment focus may be on

symptoms of depression or substance use; other times it may be focused on assisting the client in meeting their physiological and safety needs through community resources.

Most importantly, when working with LGBT individuals, it is important for clinicians to model affirming behavior. Clinicians should demonstrate the effective ways to advocate for marginalized populations such as the LGBT population. Specifically, the clinician should advocate for their clients in any way possible to display support and a positive alliance with their client from a social standpoint. It could benefit LGBT clients to work through their issues in a private setting such as therapy, and makes a larger statement to display support in a public way such as signing petitions, emailing and writing letters to local and state officials, attending protests for equal rights, and educating the public about how to engage in affirming manners.

Limitations and Future Directions

There were a few limitations to the current study. The measure for LGBT affirming behavior was based on the past engagement of those behaviors. It is possible that the participants had future engagements planned to advocate, attend an educational workshop, or participate in difficult dialogue, etc. There was not an opportunity for participants to report any plans to utilize affirming behavior with the LGBT population. Also of note, the survey asked specific questions about affirming behavior (e.g., "I have voiced strong support for LGBT individuals." "I spoke about addressing inequalities faced by LGBT people," etc.) Participants may have engaged in affirming behaviors in other ways that were not specifically asked from the survey questions. There was no opportunity for participants to elaborate on other LGBT affirming behaviors they may have utilized. Due to this limitation, the findings may not provide a comprehensive conclusion of the extent that participants engaged in affirming behavior. Also, the survey

questions measuring intergroup contact, intergroup dialogue, and affirming only consisted of a few questions for each domain. It was likely a great amount of information excluded from the study due to the limited amount of questions to assess these behaviors. In terms of religiosity, participants were not asked to identify their religious affiliation. The presence of this information could help to gather further information regarding which religious groups were more or less likely to engage in affirming behaviors with the LGBT population.

Future studies should use survey questions and interview methods that fully describe how participants engage in LGBT affirming behavior, the extent of their connections and friendships with LGBT individuals and further details about how the difficult dialogues fostered LGBT affirming behaviors. It may be helpful to have some open-ended questions where participants are allowed to elaborate on experiences that may not be asked in the survey questions. It may also benefit from asking more stigma related questions about religion and the LGBT population. By asking stigma related questions in a true or false manner could identify if participants endorse negative beliefs, biases, or prejudices about the LGBT population, possibly because of their religious beliefs. For example, "Is it possible to pray the gay away from individuals who identify as LGBT?" There could also be specific questions related to how the Black churches function with the LGBT community. For example, "Does your church allow dialogue about issues faced by the LGBT community without judgment?"

In regards to the statistical analysis, it may be helpful to identify more moderator variables and run each moderator analysis separately to have a clear understanding of how each variable interacts with the dependent variable. By identifying more mitigating variables and understanding how each variable contributes to increasing LGBT affirming behaviors can help

researchers educate Black communities and religious organizations of specific steps to take about how to increase affirming behaviors. For example, educating the community that difficult dialogues is empirically supported to promote communication between groups with different upbringings, lifestyles, and worldviews.

Future recommendations include researching how Black behavioral professional organizations can align with progressive religious organizations and independent, nondenominational churches to address and challenge certain affiliations that criticize or condemn LGBT individuals. It would be helpful to de-stigmatize the LGBT population in Black communities to promote more dialogue about LGBT based issues. This may result in education, self-reflection, and awareness of any biases or attitudes that reinforce the stigma about LGBT individuals in Black communities.

These findings can inform the development of diversity-related programs, workshops, and classes that can be implemented within Black communities with the objective of reducing discrimination, marginalization, hate crimes, stigma, etc. It seems religion will always play a significant role in most Black communities for many years to come. Given this information, it underscores the need for more diversity-related programs throughout Black communities (i.e., grade school, college institutions, community centers, church programs, and other Black organizations) that directly address LGBT based issues and how to navigate religious beliefs and humanness when interacting with LGBT individuals.

Diversity programs that can engage Black allies who support LGBT individuals will likely be more successful in changing the climate of Black communities and improving the experiences of LGBT individuals in Black communities. In conclusion, there is a need for more

research that examines an individual's positive attributes and optimal social conditions that could encourage more affirming behavior. Black communities have a strength of advocating for social justice. More research is needed to help Black communities build on their strength of advocating for equality for not only people of color but for people of color and the LGBT population who experiences adversity twice as much as a heterosexual person of color.

Countering anti-gay and other discriminative attitudes and behaviors will require a collaborative effort from everyone in Black communities. This current study contributes to the literature by highlighting how religious views continue to negatively impact the engagement of LGBT affirming behavior. It also shows improvement in Black communities for some Black individuals who have engaged in affirming behavior regardless of religious notions or beliefs. These advances highlight future directions for research on Black individuals who are allies to the LGBT population. Overall, it is important to promote affirming Black environments that will, in turn, promote better mental health and safe, supportive environments for LGBT people of color.

APPENDIX A: PARTICIPANT INFORMED CONSENT

My name is Raven Howard, M.A., and I am a doctoral student in the Clinical Psychology program at the Florida School of Professional Psychology at Argosy University. I am working on my Clinical Research Project, which is a requirement for me to fulfill my degree and will not be used for decision-making by any organization. This study is for research purposes only.

The purpose of this research study is to identify factors that contribute to LGBT affirming behaviors in Black communities. You are invited to participate in this research project because you identify as a Black individual.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

The procedure involves filling out an online survey that will take approximately 15 minutes. Your responses will be confidential, and we do not collect identifying information such as your name, email address, or IP address. The survey questions will be about your level of involvement with the LGBT community and what role religion plays in your life.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only and may be shared with FSPP University representatives. After three years, as per FSPP at Argosy University policy, all data will be deleted/shredded.

There will be no immediate or direct personal benefits from your participation, except for your contribution to the study. For the professional audience, the potential benefit of this research will provide additional knowledge for clinical use with Black communities.

If you have any questions about the research study, please contact Raven Howard by email: rhoward326@yahoo.com. Additionally, if you have any questions about the research study, you may contact my CRP Chair, Dr. Gary Howell at FSPP at Argosy University by phone (813-463-7165) or Dr. Elizabeth Lane, IRB Chair for FSPP at Argosy University, 1403 N. Howard Avenue, Tampa, FL, 33607, or by phone at 813-463-7244, or email at emlane@argosy.edu.

I have read and understood the information explaining the purpose of this research study and my rights and responsibilities as a participant. My signature below or the submit button on this form designated my consent to voluntarily participate in this research, according to the terms and conditions outlined above.

Signature of consent Date

APPENDIX B: PARTICIPANT DEMOGRAPHIC INFORMATION

Gender:
( ) Male
( ) Female
( ) Transgender
( ) Non- binary
( ) Other

Age:
( ) 18-24
( ) 25-34
( ) 35-50
( ) 51-64
( ) 65 & up

Sexual Orientation:
( ) Heterosexual
( ) Lesbian
( ) Bi- Sexual
( ) Gay
( ) Other

Race/Ethnicity:
( ) African American
( ) African/Afro Descent
( ) Caribbean Descent
( ) Creole
( ) Biracial or Multiracial
( ) Other:

Education:
( ) High school diploma/GED
( ) Associates Degree
( ) Bachelor's Degree
( ) Graduate Level Degree
( ) None of the above

APPENDIX C: RECRUITMENT MESSAGE TO PARTICIPATE

Recruitment through Text Message/Email

Hello [insert name],

I am conducting a study focusing on advancing the cause of positive social change for oppressed and marginalized minority groups. If you are interested in the cause, click on the following link to complete my consent form and survey. Participation will take approximately 15 minutes, and you will have the opportunity to enter into a drawing to win a $50 gift card for your participation. If you have any questions or concerns, feel free to reach out to my research chairperson or me at raven2.howard@stu.argosy.edu or ghowell@argosy.edu.

Thank you!

Recruitment through Facebook

Hello Facebook Friends,

I am conducting a study focusing on advancing the cause of positive social change for oppressed and marginalized minority groups. If you are interested in the cause, click on the following link to complete my consent form and survey. Participation will take approximately 15 minutes, and you will have the opportunity to enter into a drawing to win a $50 gift card for your participation. If you have any questions or concerns, feel free to reach out to my research chairperson or me at raven2.howard@stu.argosy.edu or ghowell@argosy.edu.

Thank you!

Recruitment through Instagram

Hello Instagram Followers,

I am conducting a study focusing on advancing the cause of positive social change for oppressed and marginalized minority groups. If you are interested in the cause, click on the following link to complete my consent form and survey. Participation will take approximately 15 minutes, and you will have the opportunity to enter into a drawing to win a $50 gift card for your participation. If you have any questions or concerns, feel free to reach out to my research chairperson or me at raven2.howard@stu.argosy.edu or ghowell@argosy.edu. Thank you!

Recruitment through Snapchat

Hello Snapchat Friends,

I am conducting a study focusing on advancing the cause of positive social change for oppressed and marginalized minority groups. If you are interested in the cause, click on the following link to complete my consent form and survey. Participation will take approximately 15 minutes, and you will have the opportunity to enter into a drawing to win a $50 gift card for your participation. If you have any questions or concerns, feel free to reach out to me or my research chairperson at raven2.howard@stu.argosy.edu or ghowell@argosy.edu.

Thank you!

APPENDIX D: LGBT CONTACT, DIALOGUE, & AFFIRMING BEHAVIOR QUESTIONS

How many LGBT friends or family members do you have?
( ) None
( ) 1-2
( ) 3
( ) 4
( ) 5 or more

How close do you feel to them?
( ) Not at all
( ) A little
( ) Neutral
( ) Close
( ) Very Close

How much time do you spend with them?
( ) Never
( ) Rarely
( ) Sometimes
( ) Often
( ) Always

How open are you about your views on LGBT issues?
( ) Never
( ) Rarely
( ) Sometimes
( ) Often
( ) Always

How often do you talk about LGBT issues with your LGBT friends/family?
( ) Never
( ) Rarely
( ) Sometimes
( ) Often
( ) Always

How often do you discuss issues related to sexual orientation with your friends? (ex's: same-sex marriage, coming out, your own attitudes about lesbian, gay, bisexual, or transgender people in general)?"
( ) Never
( ) Rarely
( ) Sometimes
( ) Often
( ) Always

How would you describe the tone of these conversations?

( ) Very Negative
( ) Negative
( ) Neutral
( ) Positive
( ) Very Positive

How often do these conversations challenge or push you in how you think about your views?
( ) Never
( ) Rarely
( ) Sometimes
( ) Often
( ) Always

I voiced strong support for lesbian, gay, bi- sexual, or transgender (LGBT) individuals
( ) 0 times
( ) 1-2 times
( ) 3 -4 times
( ) 5-6 times
( ) 7 or more times

I spoke about addressing inequalities faced by LGBT individuals
( ) 0 times
( ) 1-2 times
( ) 3-4 times
( ) 5-6 times
( ) 7 or more times

I engaged in some form of advocacy effort for LGBT individuals
( ) 0 times
( ) 1-2 times
( ) 3-4 times
( ) 5-6 times
( ) 7 or more times

I made an effort to learn something new about LGBT issues
( ) 0 times
( ) 1-2 times
( ) 3-4 times
( ) 5-6 times
( ) 7 or more times

I participated in some form of awareness-building activity, event, or meeting around LGBT issues (ex: attending a cultural club meeting, diversity event in school or your community)
( ) 0 times
( ) 1-2 times
( ) 3-4 times

( ) 5-6 times
( ) 7 or more times

APPENDIX E: THE CENTRALITY OF RELIGIOSITY SCALE

I made an effort to learn something new about LGBT issues
o ( ) 0 times
o ( ) 1-2 times
o ( ) 3-4 times
o ( ) 5-6 times
o ( ) 7 or more times

I participated in some form of awareness-building activity, event, or meeting around LGBT issues (ex: attending a cultural club meeting, diversity event in school or your community)
o ( ) 0 times
o ( ) 1-2 times
o ( ) 3-4 times
o ( ) 5-6 times
o ( ) 7 or more times

How often do you think about religious issues?
o ( ) Very often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

To what extent do you believe that God or something divine exists?
o ( ) Very often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How often do you take part in religious services?
o ( ) Very often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How often do you pray?
o ( ) Very often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?
o ( ) Very often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How interested are you in learning more about religious topics?
o ( ) Very often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

To what extent do you believe in an afterlife-e.g. immortality of the soul, resurrection of the dead or reincarnation?
o ( ) Very much so
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How important is to take part in religious services?
o ( ) Very much so
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How important is personal prayer for you?
o ( ) Very much so
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How often do you experience situations in which you have the feeling that God or something divine wants to communicate or to reveal something to you?
o ( ) Very much so
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?

o ( ) Very much so
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

How important is it for you to be connected to a religious community?
o ( ) Very much so
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much
o ( ) Never

In your opinion, how probable is it that a higher power really exists?
o ( ) Very likely
o ( ) Likely
o ( ) Somewhat Likely
o ( ) Not Very Likely at all
o ( ) Unsure

How often do you pray spontaneously when inspired by daily situations?
7
o ( ) Daily
o ( ) Weekly
o ( ) Monthly
o ( ) Yearly
o ( ) Never

How often do you experience situations in which you have the feeling that God or something divine is present?
O ( ) Very Often
o ( ) Quite a bit
o ( ) Moderately
o ( ) Not very much at all
o ( ) Never

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