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SOCIAL DETERMINANTS AND THE SEXUAL HEALTH OF LGBTQ+ PEOPLE OF COLOR IN THE INLAND EMPIRE

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SOCIAL DETERMINANTS AND THE SEXUAL HEALTH OF LGBTQ+ PEOPLE OF COLOR IN THE INLAND EMPIRE

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

Little research exists on the health education and healthcare-seeking attitudes and experiences of LGBTQ+ people of color, especially in areas that are considered low-income. This study sought to find the barriers to sexual healthcare for LGBTQ+ people of color in the Inland Empire. This study was a quantitative, exploratory study that utilized a non-random selection and convenience sample method. Data was collected from seventy-eight participants through an anonymous online survey distributed by an LGBTQ+-centered agency and analyzed with SPSS. It was found that most participants experienced a disconnect between the topics they wanted to learn about in sex education and the topics they learned about. It was also found that participants perceive that acceptance of LGBTQ+ people has shifted positively in the last 10 years. Another finding is that participants were generally unaware of many accessible LGBTQ+-centered services. It is recommended that more research be done on the causes of these barriers. This study also implies that changes need to be made in policy and social work education relating to more accessibility and knowledge of LGBTQ+ sex education topics.

DEDICATION

Friends from High School

Thank you to Katherine and Lissete for always supporting me since high school. You both have contributed so much to this research and my well-being and I am so grateful to both of you. I love you both so much and I cannot wait to see how much each of us attains in this life.

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CHAPTER ONE

PROBLEM FORMULATION

Sexual Healthcare of LGBTQ+ People of Color

This paper examines the issues hindering the physical and sexual health of LGBTQ+ people of color. A common issue is the state of general healthcare for LGBTQ+ people of color. There is an intersectional compounding of issues that are exclusively impacting LGBTQ+ people of color. People of color, as well as LGBTQ+ people, commonly have negative experiences with healthcare.

To highlight this issue, a study examined the 2015 U.S. Transgender Survey and found that 22.8% of transgender people between the age of 25 and 64 avoided seeking necessary healthcare because they anticipated that they would face discrimination (Kcomt et al., 2020). Another study focused on the voices of transgender people seeking healthcare. It was found that many transgender people felt that healthcare providers were not culturally competent of their community's issues (Vermeir et al., 2018). While these are subjective viewpoints of queer people, it is important to consider the feelings queer people have around healthcare, which can be a potential barrier.

These issues become further compounded when looking at intersectionally marginalized groups such as LGBTQ+ people of color. A study focused on the experiences of LGBTQ+ people of color and their experiences with healthcare workers and found that 38% of the participants reported worse care than what was being provided to other patients, with the patients attributing

the worse care to homophobia, transphobia, racism, or various combinations of the three (Howard et al., 2019).

Implications on the Micro, Macro, and Policy Level

This issue is one that transcends any one specific sphere of social work practice. When looking at the micro sphere, there is a strong need from the LGBTQ+ community for micro work. LGBTQ+ people of color also have higher rates of life-threatening diseases such as HIV and AIDS (Centers for Disease Control and Prevention, 2020). This fosters a need for social workers who focus on linkage to care, especially for the homeless population of HIV-positive LGBTQ+ people of color who are less likely to have access to healthcare.

At the macro level, there is a need for more public education on LGBTQ+ people and their needs. There is a need for stronger task forces that will advocate for better treatment in schools, on the streets, in hospitals, and other places where LGBTQ+ people of color are being discriminated against. More administrative and educational leaders in social work need to make an effort to educate social workers who work under them to better understand the needs of LGBTQ+ people of color, to look past the minimal teachings taught in social work programs.

At the policy level, the US is lacking immensely in providing regulated and inclusive education. In only six states is it mandated that sex education is inclusive of LGBTQ+ individuals (Unite for Reproductive & Gender Equality, 2021). This lack of inclusiveness of LGBTQ+ individuals in sex education has

been thought to lead to riskier sexual practices in LGBTQ+ people, specifically men who have sex with men and transgender women.

Potential Contributions to Social Work

The findings from this proposed study have the potential to contribute to a positive change in social work practice. Micro social workers who do case management can use the information that was be found in this study to improve interventions to better assist their clients as well as become better advocates for them. The findings can lay the groundwork for macro social workers in educator roles to implement change in social work education curriculum to better educate social workers on the intersectional marginalization of LGBTQ+ people of color. These can also affect the way administrative macro social workers run their programs, making sure that they are inclusive and sensitive to the needs and issues of LGBTQ+ people of color they may be serving.

CHAPTER TWO

LITERATURE REVIEW

Social Adversities Affecting the Sexual Health of LGBTQ+ People of Color

It has been found that people of color have generally dealt with disproportionate rates of certain types of diseases, not just sexually transmitted diseases. These rates have always been influenced by several things, such as lack of access to prevention and few accessible resources to manage the disease post-exposure. This has notably been looked at in depth with diabetes and hypertension (Russell et al., 2010). It has been found that for these groups, a very common set of diseases is still disproportionately affecting the community due to there not being enough assistance for prevention and care. Similarly, people who identify as LGBTQ+ have a similar experience of health disparities and lack of care in healthcare environments, leading to disproportionate rates of illness and disease, which is further impacted when looking at STDs and STIs (Keuroghlian et al., 2017). There have been several studies examining the various aspects of the health of people of color as well as studies examining the health of LGBTQ+ people. However, there have been very little studies looking at the health of LGBTQ+ people of color, especially in terms of social determinants that lead to sexual health problems.

Lack of LGBTQ+-Based and Ethnic-Based Education and Training

This lack of care begins in education, which is a major part of pre-exposure factors for all diseases. Knowing about safe practices and how to prevent diseases is one of the most successful preventive practices for sexual healthcare. There is a sweeping, widely encompassing lack of education for LGBTQ+ youth in K-12 education, social service providers, and medical service providers. This lack of education and training can have disastrous consequences for LGBTQ+ people of color which was explored in this chapter.

Lack in K-12 Education

There is currently a massive lack in formal academic literature looking into the exclusion of people of color in sex education. A study conducted on Latina youth found that they felt left out of conversations relating to sex education and sexual health due to lack of discussion of Latina bodies and homosexual sex (García, 2009). The inclusion of LGBTQ+ identity in sex education has been studied and it was found that this inclusivity benefited LGBTQ+ youth and their health, with lower rates of depression and STD contraction (Goldfarb & Lieberman, 2021). However, LGBTQ+-inclusive sex education is only legally required in 6 states: California, Colorado, New Jersey, Oregon, Rhode Island, and Washington. This is an issue for numerous reasons. For example, generally, condoms are promoted as a pregnancy prevention tool. However, this is not an issue that most LGBTQ+ have to worry about. Although, when sex education promotes condom usage as a tool to reduce the chance of contracting an STD or

STI and discusses the potential effects of non-conventional sexual practices it leads to lower rates of risky activities in students. This in turn leads to a lower chance of contracting an STD or STI (Adimora & Auerbach, 2010).

Lack of Training for Social Service Specialists and Health Care Providers

When examining different training processes in a systematic review, it was found that healthcare students only received between 1 to 42 hours of LGBTQ+-specific training with little to no involvement from LGBTQ+ people (Sekoni et al., 2017). While medical incompetence towards LGBTQ+ people has already been mentioned, this issue also applies to people of color. While there have been numerous advances globally to implement indigenous health education for healthcare workers, there is little recorded data to support the idea that they have improved the outcomes of indigenous communities. This has been contributed to medical racism in the original framework and foundation of healthcare that needs to be addressed (Jones et al., 2019).

Discrimination in Health

People of color, as well as people who identify as LGBTQ+, have certain health and healthcare issues than their white counterparts and cisgender, heterosexual counterparts. This has to do both with the prejudices present in the healthcare system and medical professionals. Also, there are disproportionate levels of development of certain diseases and infections in this community compared to their white, cisgender, and heterosexual counterparts.

Prejudice in Healthcare

A study found that Black patients were less likely to have a positive and productive interaction with a healthcare worker of a different race. Specifically, it was found that Black patients were less likely to report a positive and productive interaction when seeing a healthcare worker who had a low level of explicit racial bias and a high level of implicit racial bias than they would with someone with low levels of both implicit and explicit racial bias (Penner et al., 2010). In fact, in another similar study, some participants reported being stereotyped by their healthcare providers, such as a Black transgender woman who was assumed to be a sex worker by her doctor (Howard et al., 2019).

HIV, AIDS, and Other STDs and STIs

The most noticeable and discussed issue for this group are the HIV and AIDS epidemics. When looking at the general Black population, they made up 45.4% of the HIV infections that were diagnosed in 2018. Similarly, that same year, Latinos made up 22.4% of new HIV diagnoses (Centers for Disease Control and Prevention, 2020). This issue becomes further impacted when looking at men of color who have sex with men (MSM). Black men made up 75% of the HIV diagnoses in Black people in 2018, with 82% of these diagnoses being attributed to MSM sexual activity. Similarly, when looking at Latino men, they made up 89% of the HIV diagnoses in Latino people in 2018, with 87% of these diagnoses being attributed to MSM sexual activity (CDC, 2020).

Lack of Accessibility to Healthcare Services

There is currently a lack of accessibility to services that center the experiences and needs of LGBTQ+ people, with a compounded set of barriers that especially affect LGBTQ+ people of color. These issues can stem from there being a lack of LGBTQ+-centered services in geographic locations where it is needed. Another issue is the fact that there are many restrictions as to what services can be offered to LGBTQ+ youth of color.

Lack of LGBTQ+-Centered Services

There are a variety of social services for different marginalized groups, such as veterans, foster youth, Black folks, Brown folks, and LGBTQ+ folks. However, some of these services are very niche and only found in certain areas. For example, when looking at general Southern California, there are LGBTQ+ services in hotspots such as Los Angeles and Palm Springs. However, when looking at any other areas, specifically in the greater Inland Empire, there are little to no LGBTQ+-centered services (Olivares, 2021). Most notable is the need for social workers who have a focus on behavioral health and specialize in LGBTQ+ mental health. With the way society is set up currently, LGBTQ+ people of color, particularly youth, have a heightened rate of mental health issues such as depression, anxiety disorders, suicide ideation, and other things (Russell & Fish, 2016). When LGBTQ+ people don't have access to inclusive mental health care, they are more likely to engage in risky sexual behavior, which has a high chance of leading to acquiring STDs and STIs (Donenberg & Pao, 2005).

Lack of Accessibility for LGBTQ+ Youth

LGBTQ+ people of color, particularly youth, have significantly higher rates of homelessness than their cisgender and heterosexual counterparts (Page, 2017). This is an issue since homeless people tend to have worse mental, physical, and sexual health then their housed counterparts (Turnbull et al., 2007). Without parental help, it is hard for these children to receive appropriate services. This is a problem when LGBTQ+ youth of color tend to be homeless because they have been disowned by unaccepting parents who have found out about their LGBTQ+ identity (Lolai, 2015). This also impacts housed youth who may not seek out needed services since they may fear being found out and disowned by family, which is a common trend in the LGBTQ+ community (Fish, 2008).

Policy Issues

There are many policies that are constantly being developed and challenged across the country. Some of these policies are openly discriminatory to LGBTQ+ people and have adverse effects on LGBTQ+ people of color when paired with general racism and queerphobia.

Legal Discrimination

In 27 states, there is no policy protecting LGBTQ+ people from facing housing discrimination. In fact, it has been found that same-sex couples and transgender people seeking housing have been found to be shown fewer housing units than their heterosexual and cisgender counterparts (Levy et al., 2017). This is a policy issue because it is completely legal, even if the landlords

directly stated it was due to their gender or sexual orientation. This is a policy issue that affects their livelihood and wellbeing because homes are needed to be safe and healthy.

When a person seeking services is homeless, they tend to have higher rates of health disparities than their housed counterparts. It was found that homeless youth are more likely to participate in sex work and suffer from sexual exploitation and violence, as well as have higher rates of HIV diagnoses (Turnbull et al., 2007).

Theories Guiding Conceptualization

When looking at past research on LGBTQ+ people of color, there are four theories that seem to be Critical Race Theory, Queer Theory, and Intersectionality Theory.

Critical Race Theory

First, when looking at research on people of color, Critical Race Theory is a common concept. This theory originated in the 1970s and examines the way legal power, race, and racism impact the livelihood of people of color to develop a better understanding of racial injustices that go on in the United States (Martinez, 2014). This theory was be used to guide this research as well since the group being focused on are people of color who are affected by systemic injustices due to their race, including in healthcare and social services. This theory helped examine potential aspects of racial discrimination in sexual healthcare.

Queer Theory

When looking at research about LGBTQ+ people, Queer Theory is a common concept. This theory originated in 1900s and was largely developed by French theorist Michel Foucault. This theory examines how those with political, religious, and other types of institutional power push heteronormativity and cisnormativity on everyone. This theory tends to examine how these positions of power influence the discrimination that LGBTQ+ people go through on personal, professional, and legal levels (Calafell & Nakayama, 2016). This theory was used to guide this research as well since the group being focused on are LGBTQ+ people. Specifically, the theory was used to examine homophobia and transphobia that are present in health services as well as social services.

Intersectionality Theory

Last, when looking at the little research about LGBTQ+ people of color, Intersectionality Theory is a common concept. This theory was created in 1989 by Kimberlé Crenshaw, a civil rights activist and legal scholar. This theory examines how social identities and the systems every person belongs to intersect to create unique privileges and oppressions that are only experienced by those who hold those intersectional identities (Atewologun, 2018). This theory was used most extensively since this research is specifically looking into the way gender, sexual orientation, and race intersect and interact. Specifically, this theory seems to fit best because this research is looking at the specific oppressions that this group goes through due to their intersecting identities. This

theory was used to explain how some of the social determinants and adversities that LGBTQ+ people of color face are exclusive to their lived experience, with some not experienced by either white LGBTQ+ people or cisgender, heterosexual people of color.

CHAPTER THREE

METHODS

Introduction

This study sought to find out the effects of cultural incompetency, exclusion in sex education, and discrimination on the sexual health of LGBTQ+ people of color. This chapter discusses the details of how this study was conducted. The following sections cover the study design, sampling, data collection and instruments, procedures, protection of human rights, and data analysis.

Study Design

The specific purpose of this study was to explore the effects of discrimination, cultural competency, and exclusiveness in sexual education on the sexual health of LGBTQ+ people of color in the Inland Empire. This research project is exploratory since it was explaining the specific effects of the aforementioned social determinants. Due to the lack of data and studies on this topic and geographical area, this was a quantitative study. The quantitative data focused on the rate of certain experiences, such how many LGBTQ+ people of color were offered an inclusive sex education in their K-12 experience and was collected through an anonymous, online survey.

The exploratory, quantitative research method was chosen to get a baseline occurrence rate for these social determinants while also getting a look at how the participants think, feel, and react to them. This study collected new data looking at LGBTQ+ people of color in the Inland Empire, which is a group of people that have not been studied before. Similarly, there is not much data looking at what social aspects affect the sexual health of LGBTQ+ people of color in general.

This study seeks to assess how LGBTQ+ people of color in the Inland Empire are affected by social determinants. Second, this study aims to find the rate that the target population is subjected to the social determinants being studied as well as measurable effects. Third, this study aims to find out the intimate experiences and thoughts regarding the effects of these social determinants on their sexual health.

Sampling

This study utilized the non-probability sampling technique of convenience sampling of various LGBTQ+ people of color in the Inland Empire. The inclusion and exclusion criteria required participants to identify as a person of color and as a member of the LGBTQ+ community. A majority of these participants were sent a referral for the study through a mailing list run by an LGBTQ+-centered wellness center that serves people across the Inland Empire. Approval was

provided by the CEO of the organization. The original goal was to receive around 100 survey responses.

Data Collection and Instruments

Quantitative data was collected from online surveys that the participants were able to fill in at any time between the start and end of the data collection period. The survey described the study and the purpose of the study to the participants. The survey started off with questions surrounding the participants' demographic information. These demographic questions found the participants' ages, gender identities, ethnic identities, sexual orientations, and county of residence. The independent variable was the social determinants the participants have been through as LGBTQ+ people of color. The dependent variable was measured by questions that provide nominal data as well as interval/ratio data from scales and yes-or-no questions. The dependent variable was looking for barriers to utilization of preventative and post-exposure sexual healthcare, issues with inclusion in sex education, issues with general stigma.

Procedures

A flier was made describing the study and the goals of the study and included a call for LGBTQ+ residents of color from the Inland Empire. The flier

included a link to the quantitative survey as well as a QR code for easier access for those who may prefer that.

This flier was primarily distributed through the mailing list that was created by an LGBTQ+-centered agency. As this study used the convenience method, the participants were encouraged to pass on the survey to any LGBTQ+ people of color people they may know.

Data collection from the quantitative portion was done privately by the facilitator through the Qualtrics website. The data was kept securely on a cloud-based database with password protection and went go through the analysis process on the same laptop.

Protection of Human Subjects

The identity of the participants of the quantitative questionnaire were kept completely confidential and all identifying information was separated from pertinent data for the survey. The data was kept secure on a laptop and the folder was password protected. The survey included an informed consent form at the very beginning which let the participants know about their rights to confidentiality and that their identifying information was be separated from their pertinent data. The participants of the qualitative survey had their identifying information kept confidential. In three years, the data from the research will be destroyed. The study protocol was approved by the California State University IRB.

Data Analysis

The quantitative questionnaire responses were changed into numerical values that were run through SPSS. This data set was used to identify social determinants for LGBTQ+ people of color in the Inland Empire. This data was used to confirm that these experiences are common in the Inland Empire, as well as to establish a baseline for the general thoughts and reactions to these issues from the target population.

Summary

This study investigated the effects of cultural incompetency, exclusion in sex education, and discrimination on the sexual health of LGBTQ+ people of color. This study gave a spotlight to a community that has never been explored before on a larger scale, bringing the voices and experiences of a marginalized community to the forefront of a formal study. The quantitative design of the study allowed for baseline data formation for this specific community as well as in-depth analyses of the community's intimate thoughts on these experiences.

CHAPTER FOUR

RESULTS

This project investigated the barriers faced by LGBTQ+ people of color relating to their sexual health. Data was collected through an anonymous, online survey consisting of questions relating to the topics of experience with formal sex education, perceived discrimination and perception by society, and knowledge and use of LGBTQ+-centered services. Quantitative data was analyzed using SPSS. This chapter goes over the participants' demographics, their experiences with sexual education, perceived discrimination and perception by society, and knowledge and use of LGBTQ+-centered services.

Demographics

Seventy-eight participants were recruited during a 6-month recruitment period (October 2022 to March 2023). These participants all identified as a person of color and a member of the LGBTQ+ community. The participants were a fairly distributed mix of cisgender and transgender men (37.2%), cisgender and transgender women (29.5%), and non-binary people (23.1%). Most participants (59%) identified as non-white Hispanic. The vast majority of participants (76.9%) were very young adults (18-26). See Table 1 for the full demographic data.

Table 1

Baseline Characteristics of Participants

Demographics	Participants	
	n	%
Sex Assigned at Birth		
Male	40	51.3
Female	30	38.5
Undisclosed	8	10.2
Gender Identity		
Man	29	37.2
Woman	23	29.5
Non-Binary	18	23.1
Undisclosed	8	10.2
Sexual Orientation		
Other	28	46.2
Bisexual/Pansexual/Polysexual	21	26.9
Homosexual	17	21.8
Demisexual	3	3.8
Heterosexual	1	1.3
Race		
Hispanic (Non-white)	46	59.0
Mixed	17	16.6
Undisclosed	8	10.3
Asian American / Pacific Islander	6	7.7
Black	4	5.1
American Indian / Alaska Native	1	1.3
Age		
18 – 26	60	76.9
27 – 34	9	11.5
35 or older	1	1.3
Undisclosed	8	10.3
County of Residence		
San Bernardino	47	60.3
Riverside	23	29.5
Undisclosed	8	10.3

Experiences with Formal Sex Education

Of the seventy-eight participants, fifty (64.1%) reported that they received some amount of formal sex education in their academics. None reported receiving formal sex education for more than one semester in their time in K-12. The most common length was receiving formal sex education for more than one day, but no more than one week, which was reported by 28 participants.

Participants were also asked to report on the topics they learned about in their sex education and the topics they wished they had learned in their sex education. There does seem to be, for the most part, an inverse relationship between education received and education desired. For example, fifty-two participants (66.7%) reported learning about male anatomy, but only thirty-four participants (43.6%) were interested in learning about this topic. Inversely, fifty-six participants (71.8%) reported a desire to learn about exploring sex as a queer person, while only one participant (1.3%) reported learning about this topic. The data about received and desired formal sex education topics can be seen in Table 2.

Participants were also given the option to write-in any content they desired from their formal sex education. Half of the written responses mentioned wanting to have learned about consent. Other notable topics were masturbation, sex organ dysfunctions, birth control side effects, STI treatment, pregnancy options, sex-related cyber safety, and signs of romantic and sexual abuse.

Table 2

Received and Desired Topics

Lesson Topics	Received		Desired	
	n	%	*n*	%
Male anatomy	52	66.7	34	43.6
STDs / STIs	49	62.8	38	48.7
Female anatomy	49	62.8	32	41.0
Sex for reproduction	49	62.8	30	38.5
Heterosexual sex	45	57.7	28	35.9
How to have safe sex	33	42.3	45	57.7
Sex for Pleasure	6	7.7	55	70.5
Exploring sex as an LGBTQ+ person	1	1.3	56	71.8
Homosexual sex	1	1.3	52	66.7
Intersex anatomy	1	1.3	42	53.8

Perceived Racial and LGBTQ+ Discrimination and Societal Perception

The participants were asked to share how positively they believed others view LGBTQ+ people on a 100-point scale with 0 being the least positive and 100 being the most positive. The participants were asked to consider both current views and the views of 10 years ago, as well as the differences between general society and within their specific culture. It was found that the average

score for general society 10 years ago compared to now was 33.95 and 65.58 respectively, with a unanimous positive change in score. When looking at the responses about the participants' various cultures of color, the average scores from 10 years ago compared to now were 23.84 and 43.12 respectively. There seem to be similar gains in scores but lower starting and ending points. See Table 3 for more information.

Participants were also asked about any perceived discrimination that they faced when living their everyday lives or when interacting with professionals such

Table 3

Perceived View of LGBTQ+ People

Time period	General society		Racial cultures	
	M	*SD*	*M*	*SD*
10 years ago	33.95	20.399	23.84	22.182
Now	65.58	14.392	43.12	23.644

Note. Measured on a 100-point scale with 100 being the most positive and 0 being the least positive.

Table 4

Reported Discrimination

Discrimination Type	Setting			
	General[1]		Professional[2]	
	n	%	*n*	%
Both racial and LGBTQ+ discrimination	26	33.3	17	21.8
Only racial discrimination	11	14.1	9	11.5
Only LGBTQ+ discrimination	11	14.1	11	14.1
Neither	17	21.8	25	32.1
Undisclosed	13	16.7	16	17.9

Note. Reported discrimination is over the last 12 months.
[1]General Discrimination can include street harassment, online bullying, etc.
[2]Professional Discrimination includes discrimination by a doctor, social worker, etc.

as doctors or social workers in the last 12 months. When looking at their daily lives and experiences with discriminatory practices such as online bullying or street harassment, most participants (61.5%) stated that they had faced racial discrimination, LGBTQ+ discrimination, or both. Almost half (47.4%) of the participants reported that they faced racial discrimination, LGBTQ+ discrimination, or both from a professional in the past year. Over one-third (38.5%) of the participants stated that they avoided seeing a professional service

provider due to a fear of facing either racial or LGBTQ+ discrimination. See Table 4 for more information.

Knowledge and Use of Services

The participants were also asked to share their knowledge of and use of LGBTQ+-centered services. It was found that only 30.8% of the participants were aware of LGBTQ+-centered services that are accessible to them. Only 36% of the participants reported being aware of any LGBTQ+-centered sexual health organization/provider at all, with a majority only knowing 3 or fewer. However, participants seemed to have a more expansive knowledge of LGBTQ+-centered sexual health websites with 41% reporting knowing of at least one website. It was also found that 57.7% of participants were at least somewhat likely to seek an LGBTQ+-centered service for medical purposes. See Table 5 for more information.

Summary

One of the primary significant findings is that participants did not receive formal education on many topics they expressed interest in while receiving education on topics that they did not express as much interest in. It seems significant that there was a unanimous positive change in the last 10 years for societal and cultural perceptions of LGBTQ+ people. Another significant finding is that over half of the participants had reported facing either racial discrimination, LGBTQ+ discrimination, or both in the last 12 months. Less than a

third of all participants were aware of LGBTQ+-centered services that are accessible to them.

Table 5

Likelihood of Seeking LGBTQ+-centered Services for Medical Purposes

Likelihood	Participants	
	n	%
Very likely	24	30.8
Likely	10	12.8
Somewhat likely	11	14.1
Neither likely or unlikely	6	7.7
Somewhat unlikely	4	5.1
Unlikely	5	6.4
Very Unlikely	4	5.1
Undisclosed	14	17.9

CHAPTER FIVE

DISCUSSION

This research project has examined three different topics as potential barriers to sexual healthcare for LGBTQ+ people of color in the Inland Empire. The first barrier that was examined were the topics of formal sex education received by participants living in this region. It was found that there is generally a disconnect between the topics that participants would have liked to learn about in their K-12 education and what they were actually taught. The second barrier that was examined was the perceived discrimination and perception of LGBTQ+ people by general society and various racial groups. While the participants reported lower positive perceptions of LGBTQ+ people for their racial group than general society across a ten-year time span, there was a unanimous agreement that there was a similar upward shift in scores as the years passed. The final barrier that was assessed was the knowledge and use of LGBTQ+-centered services. It was found that less than a third of all the participants were aware of any LGBTQ+-centered services that were accessible to them. However, more than one-third of the participants reported knowing at least one website that focused on LGBTQ+-centered sexual health.

Discussion

This research project had very similar findings to other research on these similar topics. For example, a study found that girls of color felt that they were left out of conversations relating to their sexual health during their sex education courses, specifically not learning about homosexual sex (Garcia, 2009). This was found to be similar to the participants of this study who wanted to learn more about homosexual sex in their sex education classes, which they did not receive. Another finding was that there are very few LGBTQ+-centered services in the greater Inland Empire (Olivares, 2021). This coincides with the finding in this survey that many participants could not name more than 3 LGBTQ+-centered services that are accessible to them. The scores that were found relating to the perceived acceptance of LGBTQ+ people by people of color versus general society were also not very shocking. Studies have shown before that acceptance of LGBTQ+ people tends to be lower in communities of color, which impacts LGBTQ+ people of color (Cyrus, 2017). The positive change in scores has also been seen in studies, specifically stating that the United States has had a steady increase in acceptance (Flores, 2019).

Implications for Social Work Practice

The findings have various implications for social work practice. For one, it seems that there is a considerable amount of fear of discrimination relating to either racial or LGBTQ+ discrimination. To offset this, social workers

should make an extra conscious effort to come across as safe people for their clients. This means going beyond simply not making racist, homophobic, or transphobic comments, this means actively being anti-racist and pro-LGBTQ+ in their practices. While this research project focused primarily on sexual health practitioners, this change can benefit any and all social service providers. This is not simply a matter of customer service satisfaction, but this change can make a noticeable difference in the health and well-being of LGBTQ+ people, people of color, and those that stand at their intersection.

This research also brings to light that there is a lack of knowledge of LGBTQ+-centered resources. Social workers should have a wealth of knowledge relating to services that clients may need. If social workers do not have a solid knowledge of LGBTQ+-centered services in the Inland Empire, they are failing any LGBTQ+ people of color in the area who are in need of these services. Even knowing of websites that focus on the sexual health of LGBTQ+ people of color can be incredibly beneficial. As a field dedicated to social justice, there should be a maximum effort by social workers to make sure that marginalized people are being taken care of to the best of their ability, especially so for LGBTQ+ people of color.

Implications for Social Work Policy

Currently, there are no laws that come to mind relating to this research. However, it seems that there would be some benefit to making sure

that social service organizations are being operated in ethical ways that are welcoming and safe for various marginalized groups. This can be done in a few ways, such as mandating or incentivizing organizations to create a position for someone who specializes in the experiences of various marginalized communities. For example, at federal or state-funded domestic violence shelters, which are usually gendered, there should be a specialist in gender dynamics that can make sure that any transgender or non-binary people are receiving fair treatment.

While this is a much more extreme policy, it would be incredibly beneficial to LGBTQ+ people of color everywhere if there was federal or state money set aside to make sure that districts can set up federally or state-endorsed LGBTQ+-centered services. While it was mentioned earlier that social workers should hunt for services, it still stands that there are not enough services for the needs of LGBTQ+ people of color in the country. While these services would not be able to be exclusive to LGBTQ+ people of color due to legal purposes, these organizations should be very clear and vocal supporters of LGBTQ+ people and people of color. These organizations should hold the aforementioned anti-racist and pro-LGBTQ+ values that would allow clients and recipients of social services to feel more comfortable when seeking services.

Implications for Social Work Education

Similar to the implications for practice and policy, this research shines a light on what is lacking in the education that social workers are receiving in their MSW programs. When applying to become an ASW, social workers are required to have credit showing that they have taken courses related to human sexuality. There needs to be a more strict curriculum that dictates what topics are covered in these human sexuality courses. Some courses are inclusive of marginalized people and cover the range of experiences of people, such as those that are in the LGBTQ+ community and those that are not. However, there are some courses that are doing the bare minimum and simply discussing reproductive sex. These courses are very similar to the sex education that the participants in this research received which left them lacking in the information they felt they needed to know about. While social workers are not meant to be sex education teachers, this is an opportunity for social workers to have basic working knowledge if their client needs it. This is especially true for any social workers who are in the medical field, as they will be able to answer simple questions relating to the body on a physical or sexual basis.

Similarly, there is a large spectrum relating to how much relating to marginalized people are taught in these programs. For example, there are programs that have mandatory courses about anti-racism or a robust human sexuality course. There needs to be more of a conscious effort by those in charge of these programs to make it necessary for social workers to learn these

skills even if it is not currently mandated. Being knowledgeable about the experiences of these marginalized people will make social workers more desirable and helpful. This knowledge can apply in every facet of social work because LGBTQ+ people and people of color are part of every demographic and seek the same services are their non-LGBTQ+ and white counterparts. They are seeking therapy, seeking veteran services, adopting children, and everything else.

Implications for Social Work Research

The findings have various implications for social work practice. First, there should be a study that compares some of these barriers to risky sexual behavior. If there is a found connection between sex education and risky sex, or a lack of inclusive sexual health centers with risky sex, it can be a building block for changing the way LGBTQ+ people of color are taught and cared for in the Inland Empire and other areas. This research can help build a bridge that will influence policy and education that can transcend the social work sphere and influence long-term, meaningful change for LGBTQ+ people of color for years to come.

Along with risky sex, future researchers can evaluate how often LGBTQ+ people of color in the Inland Empire are utilizing sexual healthcare services such as STD/STI testing or using medication such as Pre-exposure Prophylaxis (PrEP) or Post-exposure Prophylaxis (PEP). If the utilization of services is compared to accessibility to care, such as in the style of food desert research, it

can be argued that the lack of organizations is a hindrance to the community. This can potentially lead to policy change that will set aside federal or state money to have these needs met. If not, at the very least it may inspire future grassroots organization leaders to lean into this need and help out the community in the future.

Further, once a lot more data is collected, future researchers should conduct a study to find if both race and affiliation with the LGBTQ+ community can be seen as the determining factors for these barriers they are receiving. This would mean gathering data from non-queer white people, queer white people, and non-queer people of color and comparing them to the data from queer people of color. This research can be extraordinarily beneficial as it can show definitely that the intersectional identity is facing its own set of specific barriers due to being both a person of color and a member of the LGBTQ+ community.

Strengths and Limitations

Like most other studies, this study had its various strengths and limitations. One strength was that this research was done in collaboration with one of the major LGBTQ+-centered health centers in the Inland Empire. This strength allowed me the potential to reach out to a lot much larger audience than would have been possible by simple word-of-mouth. Another strength was that this project utilized a snowball method that encouraged participants to pass the survey along to other LGBTQ+ people that they knew.

A limitation of this project would have to be the lack of time on behalf of the collaborating organization. Although the organization reported sending an original email blast to their email list, there was no follow-up at regularly scheduled interviews. Preferably, there would be a new email blast every month to keep the momentum going and collect more data. Another limitation would be the overwhelming number of Hispanic participants compared to the other races. Preferably, this survey would have been stronger if it had a racial breakdown similar to that found in the Inland Empire. The lack of financial incentives can also be seen as a limitation for this study. It might have been more successful in collecting data from more participants if there had been a financial incentive attached.

Conclusion

This research project has examined three different topics as potential barriers to sexual healthcare for LGBTQ+ people of color in the Inland Empire. The barriers that were examined were: the topics of formal sex education, the perceived discrimination and perception of LGBTQ+ people by general society and various racial groups, and the knowledge and use of LGBTQ+-centered services. The findings from this survey have notable implications for future social work practice, policy, education, and research. All these implications have a sense of interconnectedness that seemingly have a common root of lack of education on the topic, by all parties involved. This project, like all others, had its own strengths and limitations that can either be implemented or improved upon

to make future research more robust.

APPENDIX A

SURVEY QUESTIONS

1. Do you identify as a person of color?
    a. Yes
    b. No

2. Do you identify as a member of the LGBTQ+ community?
    a. Yes
    b. No
3. What is your age in numerical years?
4. What is your ethnicity/race? Select all that apply.
    a. White (Non-Hispanic)
    b. Asian/Pacific Islander
    c. Hispanic/Latino/Chicano
    d. Black
    e. American Indian/Alaska Native/Indigenous
    f. Mixed Race
    g. Other (Please Specify) _____
5. What was your sex assigned at birth?
    a. Male
    b. Female
    c. Intersex
    d. Prefer not to say
6. Which gender identity/identities fit you the best? Select all that apply.
    a. Man

b. Woman

c. Non-Binary

d. Genderqueer

e. Other (Please Specify) _____

f. Prefer not to say

7. What is your sexual orientation? Select all that apply.

    a. Heterosexual

    b. Homosexual

    c. Bisexual/Polysexual/Pansexual

    d. Asexual

    e. Demisexual

    f. Queer

    g. Other (Please Specify) _____

    h. Prefer not to say

8. Which county do you reside in?

    a. San Bernadino County

    b. Riverside County

    c. Other (Please Specify) _____

9. Did you receive formal sex education during your K-12 years?

    a. Yes

    b. No

10. Cumulatively, how long was your sex education in K-12?

a. I did not have a formal sex education
b. One day or less
c. More than one day but no more than a week
d. More than a week, but no more than a month
e. More than one month, but no more than one semester
f. More than one semester

11. Did you formally learn about any of the following topics in school? Select all that apply.
    a. Female anatomy
    b. Male anatomy
    c. Intersex anatomy
    d. Sex for reproduction
    e. Sex for pleasure
    f. Heterosexual sex
    g. Homosexual sex
    h. Sexually transmitted diseases and infections
    i. How to have safe sex
    j. Exploring sex as a queer person
    k. Other (Please specify): _____
    l. None of the above.
12. Which of the following topics would you have liked to learn about? Select all that apply.

a. Female anatomy
b. Male anatomy
c. Intersex anatomy
d. Sex for reproduction
e. Sex for pleasure
f. Heterosexual sex
g. Homosexual sex
h. Sexually transmitted diseases and infections
i. How to have safe sex
j. Exploring sex as a queer person
k. Other (Please specify): _____
l. None of the above

13. In your experience, how positive was general society's view towards LGBTQ+ people ten years ago? (100 point scale)
14. In your experience, how positive was general society's view towards LGBTQ+ people today? (100 point scale)
15. In your experience, how positive was your culture's view towards LGBTQ+ people ten years ago? (100 point scale)
16. In your experience, how positive was your culture's view towards LGBTQ+ people today? (100 point scale)
17. Have you ever faced racial discrimination and/or LGBTQ+-based discrimination from a professional, such as a doctor or social worker?

a. Yes, both racial and LGBTQ+ discrimination
b. Yes, racial discrimination
c. Yes, LBGTQ+ discrimination
d. No, neither

18. In the past 12 months, have you avoided seeing a professional, such as a doctor or social worker, due to fear of facing racial discrimination or LGBTQ+-based discrimination?
    a. Yes, both racial and LGBTQ+ discrimination
    b. Yes, racial discrimination
    c. Yes, LBGTQ+ discrimination
    d. No, neither
19. In the past 12 months, have you faced racial discrimination and/or LGBTQ+-based discrimination in any form (i.e. online bullying, street harassment, etc.)
    a. Yes, both racial and LGBTQ+ discrimination
    b. Yes, racial discrimination
    c. Yes, LBGTQ+ discrimination
    d. No, neither
20. Are you currently aware of any LGBTQ+-centered services that are accessible to you?
    a. Yes
    b. No

21. How likely are you to seek an LGBTQ+-centered service provider for medical purposes?
    a. Very Likely
    b. Likely
    c. Somewhat Likely
    d. Neither Likely nor Unlikely
    e. Somewhat Unlikely
    f. Unlikely
    g. Very Unlikely
22. How many LGBTQ+-centered sexual health organizations/providers are you aware of?
    a. 1-3
    b. 4-6
    c. 7-9
    d. 10+
23. How many LGBTQ+-centered sexual health websites are you aware of?
    a. 1-3
    b. 4-6
    c. 7-9
    d. 10+

Developed by Irad Leon

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL

Date: 3-31-2023

IRB #: IRB-FY2022-291
Title: Social Determinants and the Sexual Health of LGBTQ+ People of Color in the Inland Empire
Creation Date: 4-2-2022
End Date:
Status: Approved
Principal Investigator: Laurie Smith
Review Board: Main IRB Designated Reviewers for School of Social Work
Sponsor:

Study History

Submission Type	Review Type	Decision
Initial	Exempt	Exempt

Key Study Contacts

Member Irad Leon	Role Co-Principal Investigator	Contact leoni1@coyote.csusb.edu
Member Laurie Smith	Role Principal Investigator	Contact lasmith@csusb.edu
Member Laurie Smith	Role Primary Contact	Contact lasmith@csusb.edu

APPENDIX C

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to identify barriers faced by Black and Brown GSM people in the Inland Empire. The study is being conducted by Irad Leon, a graduate student, under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to identify barriers faced by Black and Brown GSM people in the Inland Empire.

DESCRIPTION: Participants will be asked a few questions about their experience with discrimination, inclusive education, access to resources, and some demographics.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take 10 to 15 minutes to complete the survey.

RISKS: There may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Smith at (909) 537- 3837.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2023.

****

By responding yes below, you agree to understand the terms of the study and consent to participating. I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in this study.

- Yes, I consent to participate in this study
- No, I do not consent to participate in this study

APPENDIX D

RESEARCH FLYER

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School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

Queer/Trans People of Color Needed

To participate in a research study to identify barriers faced by Black and Brown GSM people in the Inland Empire in relation to sexual health.

All your answers to the questions will be kept confidential.

Findings from this study will add to the literature in this area of research.

Online survey link: https://csusb.az1.qualtrics.com/jfe/form/SV_5jBJmsIjjCmZJuS

Scan here:

Questions/concerns?
Contact Irad Leon, Student Researcher, anytime at 005953801@coyote.csusb.edu, or Research Supervisor, Dr. Smith at lasmith@csusb.edu or via phone at (909) 537-3837.

This study has been approved by the California State University, San Bernardino Institutional Review Board. (IRB#: IRB-FY2022-291)

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