

Understanding The Role Of Resilience In Gender And Sexual Minority Communities

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MHIA
Mental Health America
B4Stage4

Objectives

Delineate the healthcare challenges faced by SGM individuals

With a focus on older HIV+ gay men

Describe resilience and how it can mitigate the impact of biopsychosocial health outcomes

Apply strategies for coping with stigma and discrimination in SGM communities

Evolution of Sexual Orientation & Gender Identity Terminology

PRIDE

understanding

L	G	B	T	T	Q	Q	I	A	A	P
Lesbian A woman who is primarily attracted to women.	Gay A man who is primarily attracted to men; sometimes a broad term for individuals primarily attracted to the same sex.	Bisexual An individual attracted to people of their own and opposite gender.	Trans-gender A person whose gender identity differs from their assigned sex at birth.	Transsexual An out-dated term that originated in the medical and psychological communities for people who have permanently changed their gender identity through surgery and hormones.	Queer An umbrella term to be more inclusive of the many identities and variations that make up the LG-BTQ+ community.	Questioning The process of exploring and discovering one's own sexual orientation, gender identity and/or gender expression.	Intersex An individual whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male."	Ally Typically a non-queer person who supports and advocates for the queer community; an individual within the LGBTQ+ community can be an ally for another member that identifies differently than them.	Asexual An individual who generally does not feel sexual desire or attraction to any group of people. It is not the same as celibacy and has many sub-groups.	Pansexual A person who experiences sexual, romantic, physical and/or spiritual attraction to members of all gender identities/expressions, not just people who fit into the standard gender binary.

Sexual Orientation: Gay, lesbian, and bisexual are currently preferred, as they have come to represent the broader sexual, emotional, and relational attraction under consideration.

Gender Identity:

Emerging terminology: queer, pansexual, omnisexual, demisexual, and the like, are not very well known outside the LGBT community.



LGBTQ Population Estimates

- 8 million people (3.5%) identify as gay, lesbian, or bisexual
- 700,000 people identify as transgender
= at least 9 million LGBT people
- 19 million people (8.2%) have engaged in same-sex sexual behavior
- 25.6 million people (11%) acknowledge same-sex attraction

U.S. LGBTQ population is now 4.5 percent, study concludes

Millennials Are Driving LGBT Population Growth, According To Gallup's Latest Poll

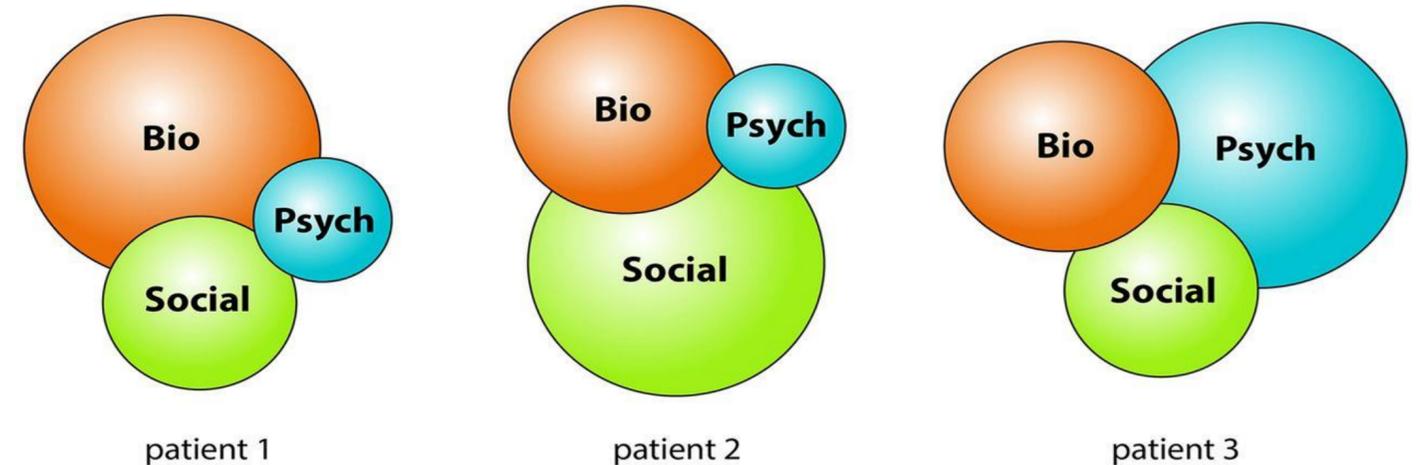
**11 Million
LGBT individuals
in the U.S.**

A Biopsychosocial Perspective

“To provide a basis for understanding the determinants of diseases and arriving at rationale treatments and patterns of health care, a medical model must also take into account the

patient, the social context in which he lives and the complementary system devised by society to deal with the disruptive effects of illness,

that is the physician role and the health care system. This requires a biopsychosocial model.” (Engel, 1977)



A Syndemic Approach

- Health conditions do not exist in isolation
- Health conditions are mutually reinforcing
- Health conditions are directed by biopsychosocial drivers

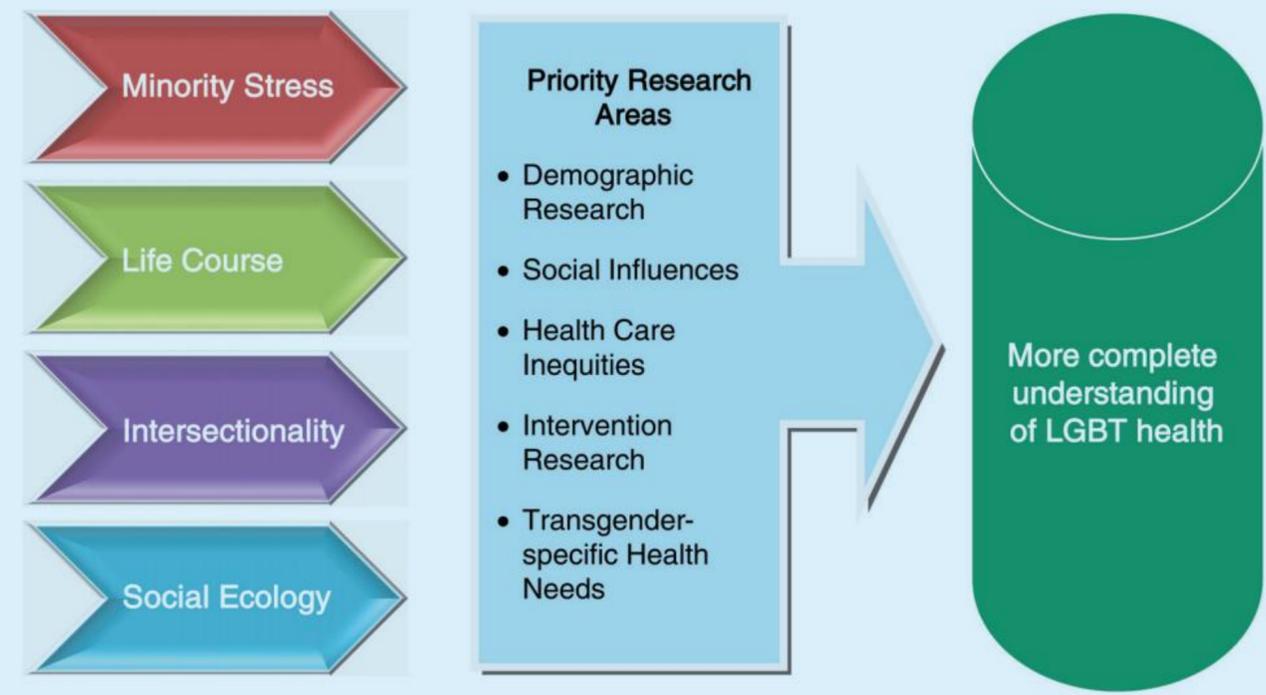


Syndemic
[syn - dem - ic]

(n) - A syndemic or synergistic epidemic involves the clustering of two or more diseases within a population; the biological, social, & psychological interaction of those diseases; and the large-scale social forces that precipitate disease clustering in the first place.

“While some research about the health of LGBT populations has been conducted, researchers still have a great deal to learn”.
(Institute of Medicine at the National Academies, 2011)

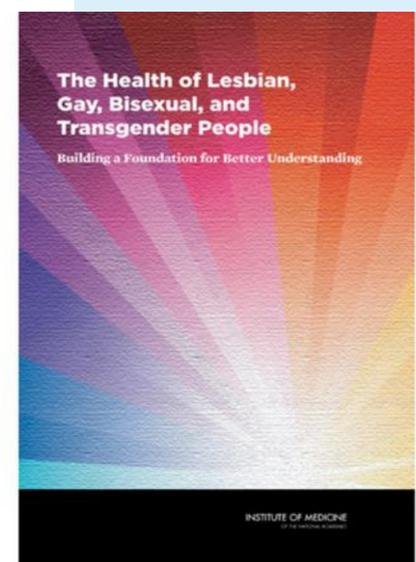
Figure 1: Research Agenda



A number of different conceptual perspectives can be applied to priority areas of research in order to further the evidence base for LGBT health issues.

The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding



HHS rule lets health care workers refuse care that violates religious beliefs

BY GRACE SEGERS
MAY 2, 2019 / 3:04 PM / CBS NEWS



National Center for Lesbian Rights
@NCLRights



BREAKING: The Trump-Pence administration just finalized a rule that would allow personal beliefs to dictate patient care. This is a critical threat to our #LGBTQ community.

#PutPatientsFirst

120 1:24 PM - May 2, 2019



80 people are talking about this



KHN Morning Briefing

Summaries of health policy coverage from major news organizations

Health Care

Trump touts new faith-based protections for health-care workers at National Day of Prayer ceremony

Trump Administration's Expanded Conscience Rule Will Allow Medical Professionals To Refuse To Provide Health Care Services

The HHS rule is designed to protect the religious rights of health care providers and religious institutions by allowing them to opt out of procedures such as abortions, sterilizations and assisted suicide. But critics say that the broad scope of the policy will allow for discrimination against women and members of the LGBTQ community.



Physical Health Disparities

LGB Men and Women	GB Men	LB Women
↓ self-rated overall health	↑ cardiovascular diseases	↓ self-rated physical health
↑ asthma diagnoses	↑ acute health conditions	↑ urinary tract infections
↑ headaches	↑ self-reported fatigue	↑ hepatitis C & B
↑ allergies	↑ self-reported of pain	↑ risk of invasive breast cancer
↑ chronic diseases	↑ urinary incontinence	↑ cardiovascular diseases
↑ acute physical symptoms	↑ cancer diagnoses	
↑ prevalence of disabilities	↓ cancer survival rates	
↓ age of disability onset		

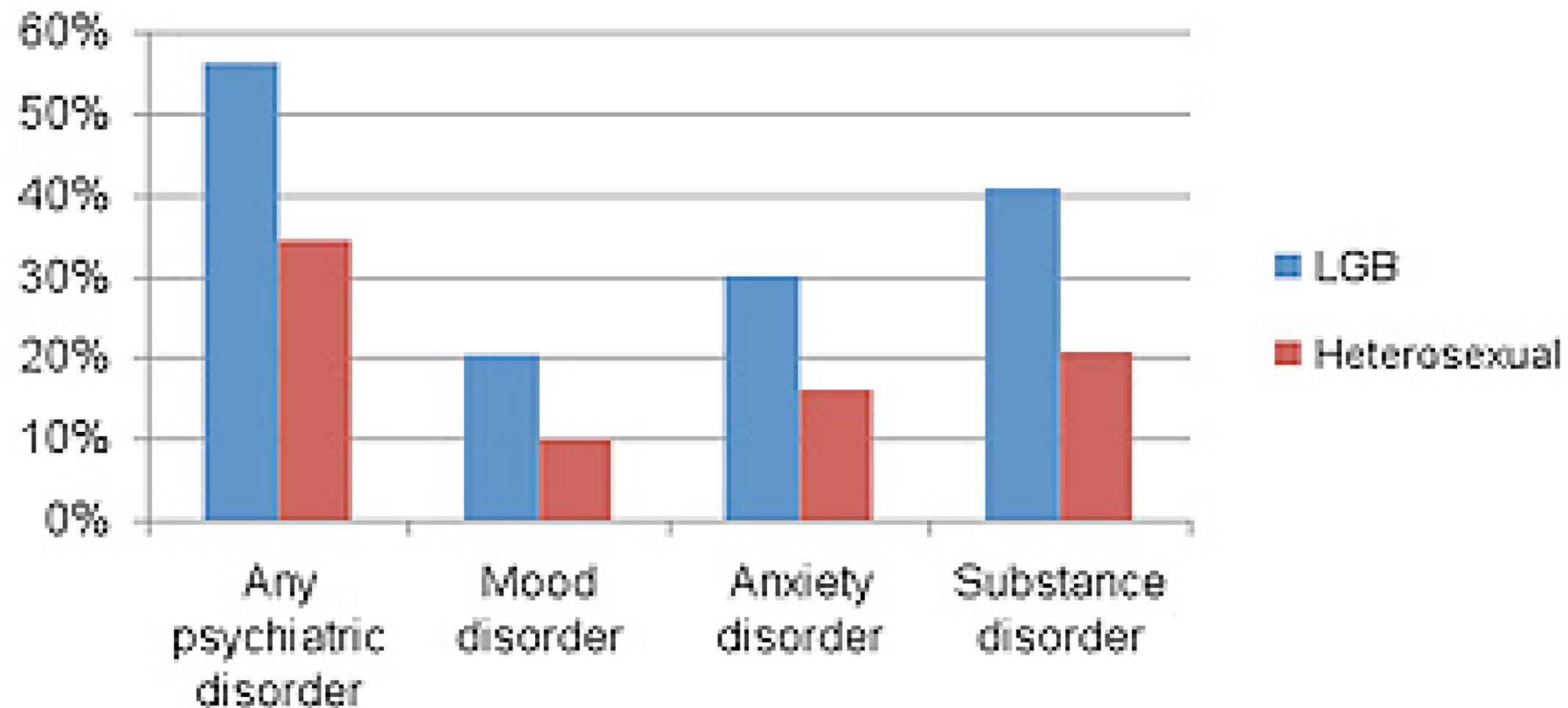
Transgender Health Challenges

- Hormones
 - Blood pressure; blood sugar; clotting
- Cancers
 - Associated with biological gender
- Injectable silicone
 - Non-medical/disfigurement/infected syringes
- Substance use/ATOD
- Depression/Anxiety
- STI's
 - HIV TW (14.1%); TM (3.2%)
- CVD
 - hormones, smoking, obesity



LGB Mental Health Disparities

Prevalence of Psychiatric Disorders in Past 12 Months



Drivers of Health Care Disparities

Personal-level Factors:

Enacted Stigma
Race/Ethnicity
Level of Education
Geographic Location/Environment
SES/Poverty

Structural-level Factors:

Structural Stigma
Provider Knowledge and Training
Health Insurance

Why LGBT Health?



Health Care Disparities

GLSEN 

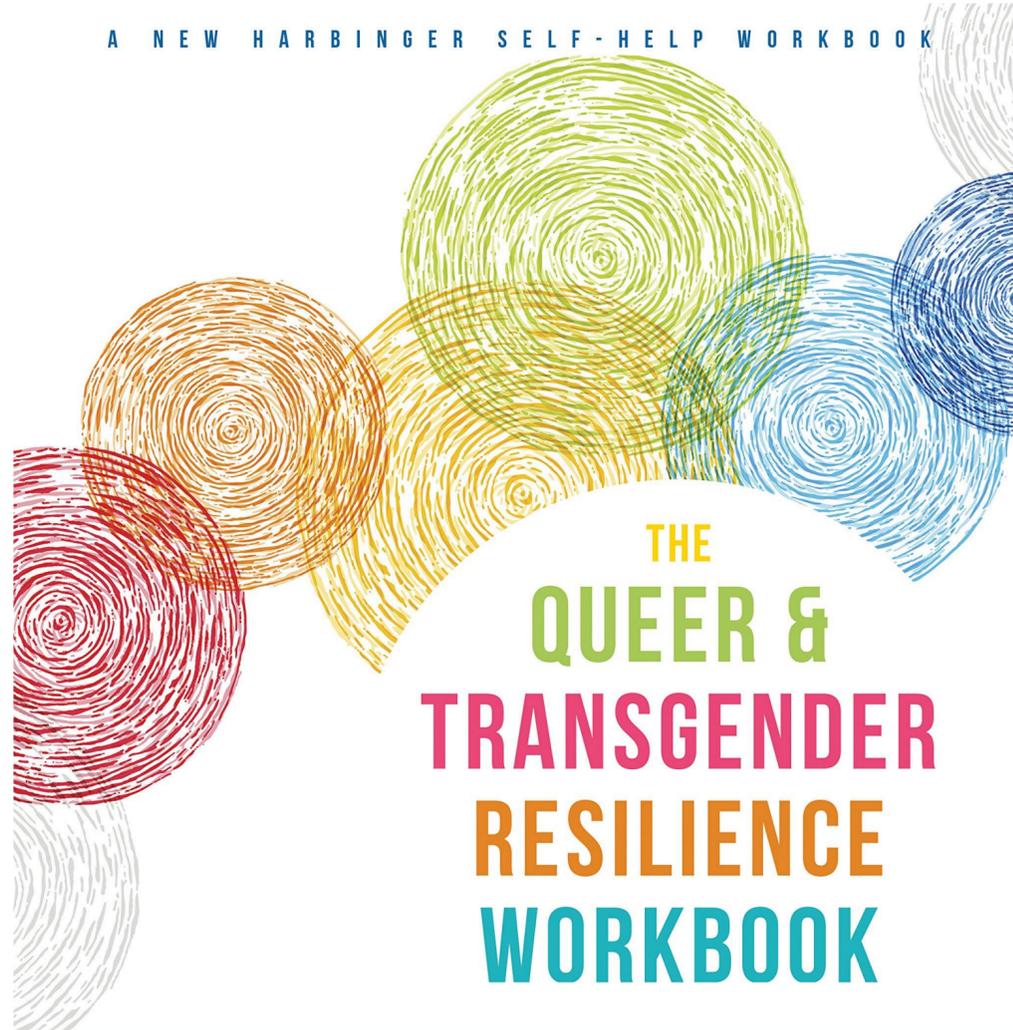
Erasure and Resilience: The Experiences of LGBTQ Students of Color

Native and Indigenous LGBTQ Youth in U.S. Schools



A Report from GLSEN and
the Center for Native American Youth

A NEW HARBINGER SELF-HELP WORKBOOK



THE QUEER & TRANSGENDER RESILIENCE WORKBOOK

Skills for Navigating Sexual Orientation & Gender Expression

ANNELIESE SINGH, PhD, LPC
FOREWORD BY **DIANE EHRENSAFT, PhD**

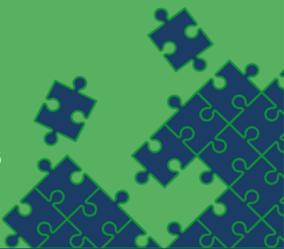
RISK AND RESILIENCE

LGBTQ emerging adults

**RELIGIOUS IDENTITIES
CAN SEEM
CONTRADICTORY
WITH GENDER AND
SEXUAL MINORITY
(GSM) IDENTITIES.** 

 **INVOLVEMENT IN
BOTH GSM
COMMUNITIES AND
RELIGIOUS
COMMUNITIES ARE
ASSOCIATED WITH
INCREASED WELL-
BEING.**

 **RELIGIOUS GROUP
INVOLVEMENT HELPS
EXPLAIN THE
ASSOCIATION
BETWEEN IDENTITY
INTEGRATION AND
WELL-BEING.**

**IDENTITY
INTEGRATION CAN
BE CRITICAL FOR
RELIGIOUS GSM
EMERGING ADULTS
WELL-BEING.** 

Source: Scroggs, B., Miller, J. M., & Stanfield, M. H. (2018). Identity development and integration of religious identities in gender and sexual minority emerging adults. Unpublished manuscript.



Resilience

What is Resilience

As defined by the American Psychological Association:

“the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.”

Other definitions include:

“the personal qualities that enables one to thrive in the face of adversity”

“the capacity of individuals to cope successfully with significant change, adversity, or risk”

In general:

The ability to bounce back and overcome challenging situations

Resilience: Theoretical Underpinnings

There are several paradigms that examine the foundational underpinnings

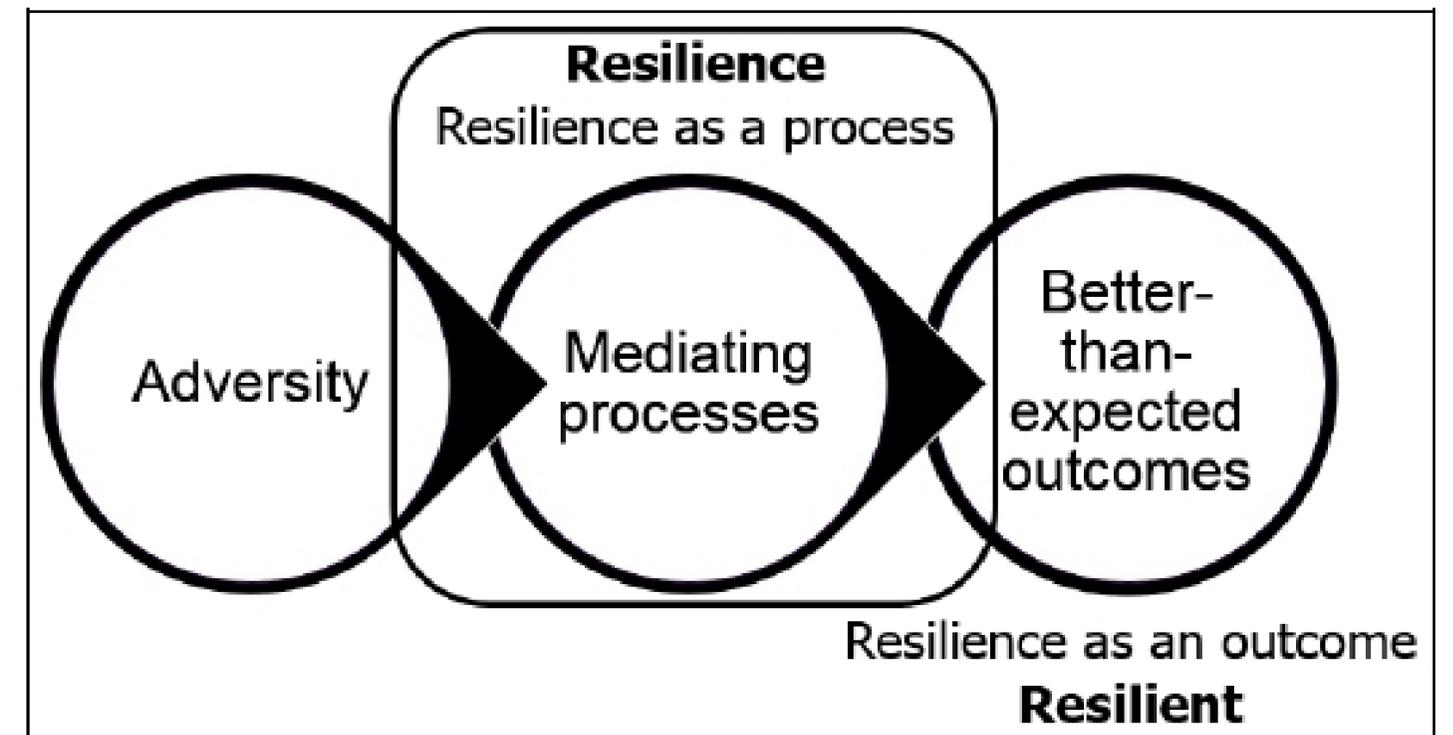
Originally conceptualized in children

Three stage model

Resilient qualities, the resiliency process, and innate resilience

Trait/process/outcome

FIGURE 1
RESILIENCE AS PROCESS AND OUTCOME



van Breda, 2018

Resilience: Measurement

Efforts to measure resilience have focused on:

Biological (regular exercise and/or immune response and regulation)

Individual (positive emotional resources, hope, optimism, or agency)

Interpersonal/Family (secure kin relations and/or close social ties)

Community/Organizational (engaging in the natural environment and/or having a satisfying work life)

Quantitative methods

Connor-Davidson Resilience Scale (CD-RISC)

Resilience Scale for Adults (RSA)

Brief Resilience Scale (BRS)

Fletcher-Lyon Collective Resilience Scale (FLCRS)

Qualitative perspectives

SGM & Resilience

What Contributes to Resilience

Wide range of factors that may contribute to resilience among SGM populations

Individual level: positive self-esteem, self-efficacy, cognitive ability to mediate stress, self-acceptance, pro-active coping, self-care, shamelessness, and spirituality

Interpersonal level (community and environmental): perceived social support, social connectedness, positive LGBTQ role models, positive representation of LGBTQ populations in the media, family acceptance, positive school and/or work environments, having access to safe spaces, connection to LGBTQ communities, and social activism

Table III. Interfactor Correlations Among Stressor Factors

	Encounter with homophobia	Community divisions	Making sense of danger	Failed witnessing	Internalized homophobia
Encounter with homophobia	1.00	.31	.40	.32	.13
Community divisions		1.00	.15	.12	.11
Making sense of danger			1.00	.26	.15
Failed witnessing				1.00	.23
Internalized homophobia					1.00

Table VI. Interfactor Correlations Among Resilience Factors

	Movement perspective	Confronting IH	Expression of affect	Successful witnessing	LGB community
Movement perspective	1.00	.37	.26	.29	.19
Confronting IH		1.00	.28	.21	.21
Expression of affect			1.00	.25	.11
Successful witnessing				1.00	.14
LGB Community					1.00

Russel & Richards, 2003

HIV, Aging, and Resilience

Background

By 2025, people aged 50 and older will constitute the majority of those living with HIV/AIDS

PLWHA face biopsychosocial health stressors

- Living with HIV/AIDS

- General aging process

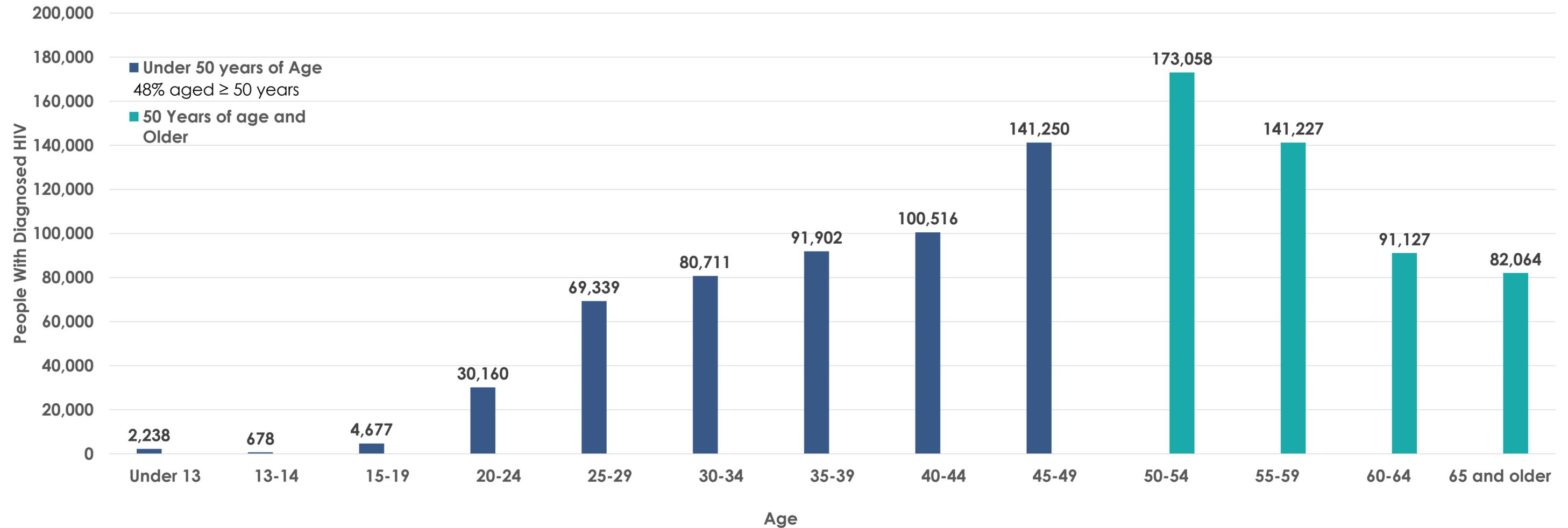
- Long-term impact of antiretroviral treatment

Too often, deficit-based models have dominated our public health approaches

Few studies have focused on resilience in HIV-positive gay men

HIV/AIDS and Aging

People With Diagnosed HIV in the US and Dependent Areas by Age, 2016



The Complexities of Aging with HIV

PLWHA are living longer and fuller lives

However aging with HIV presents additional challenges

Heightened health concerns during older adulthood

Mental health

Neurocognitive health

Long-term effects from ART

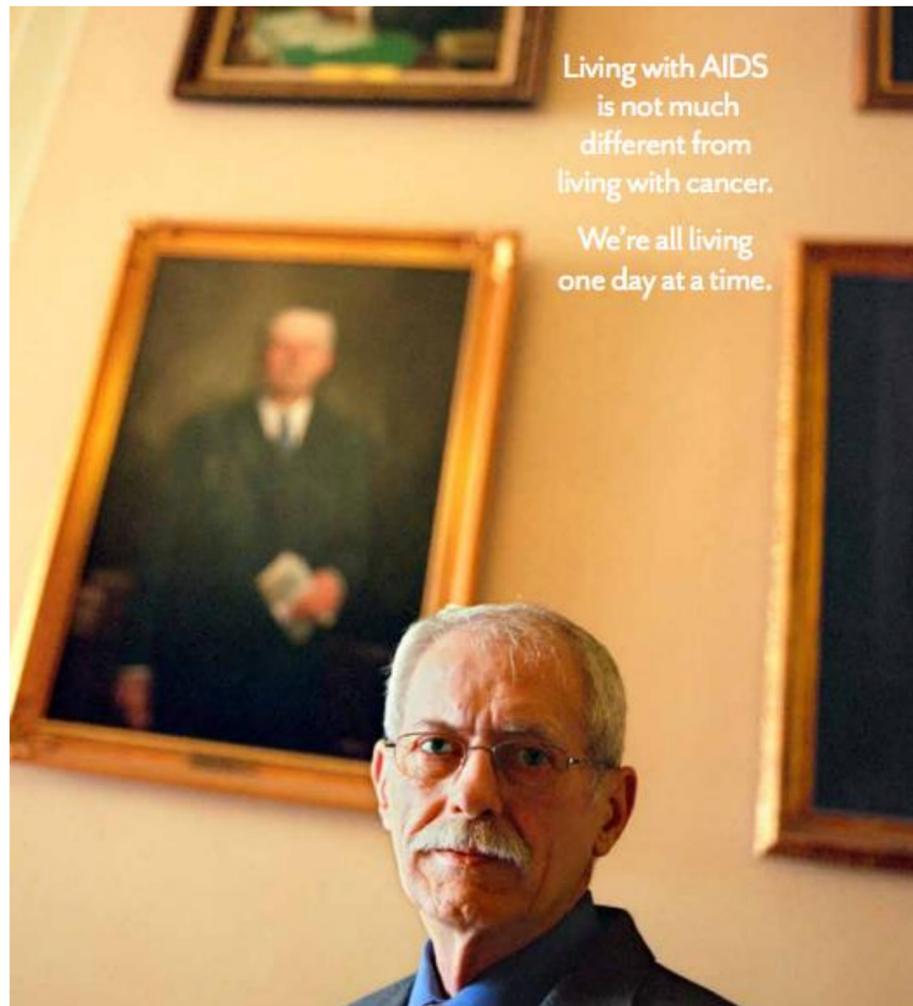
Ongoing HIV-related trauma

Stigma due to age, HIV, race, SES, gender, sexual orientation, etc...

Potentially fragile and fragmented social networks

Care in older adults living with HIV must attend equally to physical, emotional, and social well being

Additional Psychosocial Challenges



Anger
Fear
Loneliness
Frustration
Loss of Hope

Graying of AIDS, 2011

Mental Health and Associated Co-morbidities

Diminished psychological health may compromise the overall health of PLWHA

Interferes with consistent access to care

Many who meet the screening criteria for depression, acute stress disorder, and/or PTSD are not receiving mental health treatment

Depression, ongoing trauma, and chronic stress are associated with decreased CD4 counts and an increased viral load

Despite these challenges, ART adherence is stronger among older PLWHA compared to their younger counterparts

Resilience in Older Gay Men Living with HIV/AIDS

Importance of acknowledging sexual identity as a key element in peoples' lives

Examining the construct of resilience among men who self-identify as gay and not something else on the sexual orientation spectrum is important

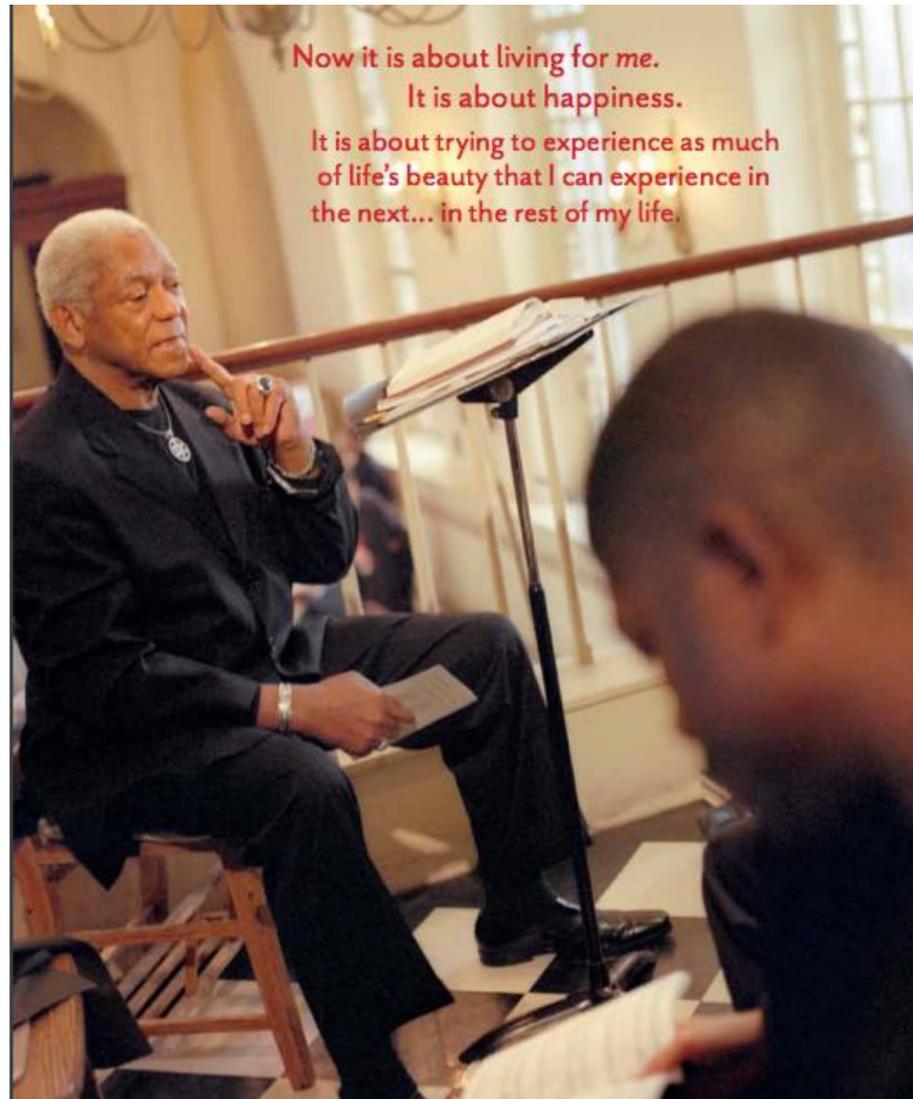
Few studies have looked at resilience among older HIV-positive gay men

Lower self-reported resilience scores was associated with higher instances of clinical depression, suicidality, and over mental health distress in addition to delay in seeking care

Deciphering the workings of resilience in PLWHA may provide a lens upon which health care providers build their delivery of care



Modeling the Role of Resilience on the Health of Older PLWHA



Graying of AIDS, 2011

To understand the buffering effects of resilience on the well-being of older PLWHA, we must:

Accept that the health needs of older PLWHA are multidimensional

Attend to social and mental health in addition to physical and HIV-related health

Resilience in Older Gay Men Living with HIV/AIDS

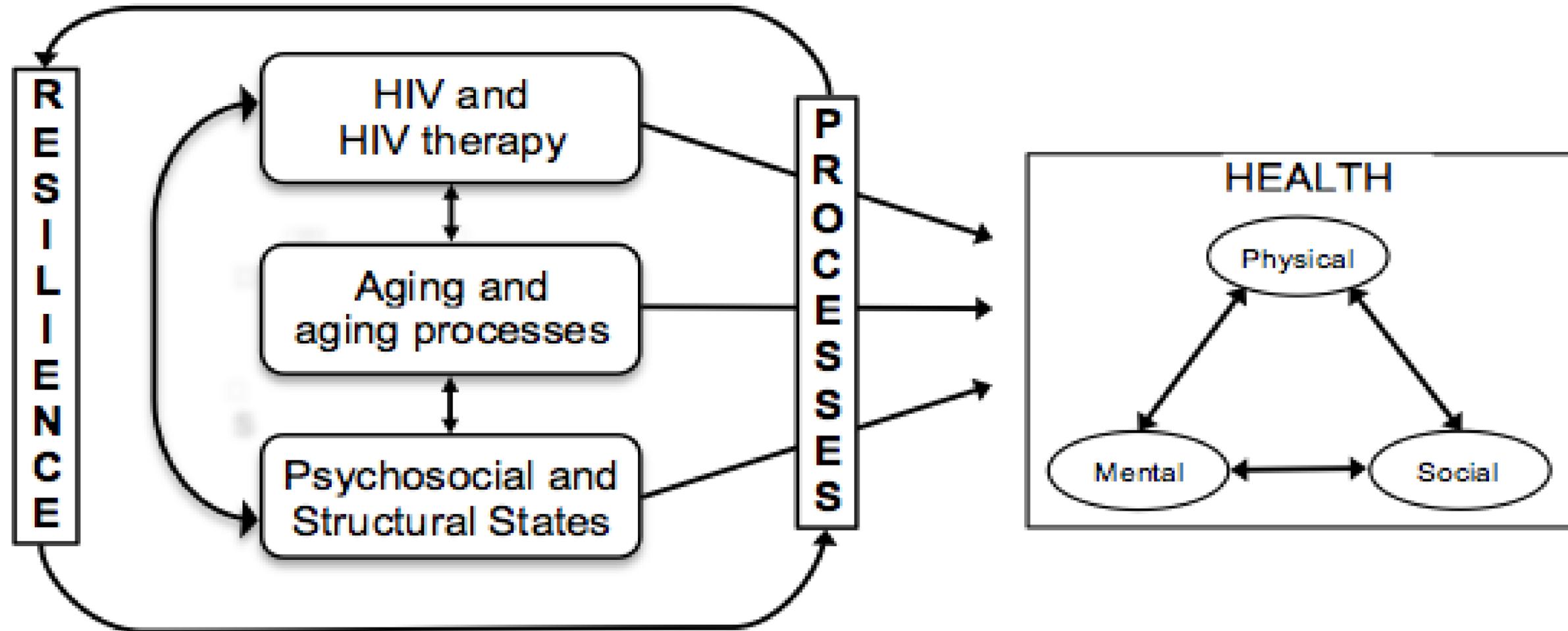
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HIV, Aging, & Resilience Framework



Halkitis, Krause, and Vieira, 2017

GOLD III: Resilience Study Overview

250 participants were recruited via:

Community-based outreach organizations (GMHC, SAGE, Health Clinics, etc.)

Dating/sex mobile apps and websites

Events (Pride festivals, book talks, bar nights, etc.)

Word of mouth

Eligibility criteria:

Age 50-69

Assigned male at birth, currently identified as male and gay

HIV-positive

TBI negative or LOC of <30 minutes

Relevant GOLD III Measures

Mental Health

- PTSD (PCL)
- MINI International Neuropsychiatric Interview (MINI)
 - Major depressive episode
 - Suicidality
 - Non-alcoholic psychoactive substance use disorders
 - Generalized anxiety disorder

HIV Factors

- Years living with HIV, HIV Treatment, and Health History
- Age and aging processes
- Psychosocial & Structural
 - Bereavement/Grieving
 - Loneliness
 - Outness
 - Stigma (HIV-, Age-, and Gay-related)

Resilience Measures

- Brief Resilience Scale (Smith et al., 2008)
- Short Grit Scale (Duckworth & Quinn, 2009)
- CHIBPS HIV and Resilience Scale

CHIBPS HIV and Resilience Scale

I can bounce back from difficult situations caused by HIV/AIDS.

I have learned to live my life with HIV/AIDS.

HIV-related issues are difficult for me to deal with.

Living with HIV/AIDS is normal to me.

I can deal with setbacks caused by HIV/AIDS.

I have hope for the future despite the fact that I am living with HIV/AIDS.

HIV/AIDS dictates how I live my life.

Surviving HIV/AIDS is important to me.

I can manage my HIV/AIDS.

It is difficult for me to live with HIV/AIDS.

GOLD III Sample Descriptions

Basic Demographics (n=250)	n (%)
Age (median)	56
Race/Ethnicity	
White, non-Hispanic	80 (32.0)
Black, non-Hispanic	103 (41.2)
Hispanic	44 (17.6)
Mixed, non-Hispanic	9 (3.6)
Asian, non-Hispanic	3 (1.2)
Other, non-Hispanic	6 (2.4)
Missing	5 (2.0)
Educational Attainment	
High School or Less	24 (9.6)
High School Diploma or GED	60 (24.0)
Associate's Degree	46 (18.4)
Bachelor's Degree	74 (29.6)
Graduate Degree	44 (17.6)
Missing	2 (0.8)

Basic Demographics (contd.) (n=250)	n (%)
Perceived Financial Situation	
I have enough money to live comfortably	86 (34.4)
I can barely get by on the money I have	124 (49.6)
I cannot get by on the money I have	37 (14.8)
Missing	3 (1.2)

GOLD III Health

Health Indicators (n=250)	n (%)
Most Recent CD4 Count	
< 200	24 (9.6)
201 to 500	92 (36.8)
> 500	125 (50.0)
Don't Know	8 (3.2)
<i>Missing</i>	1 (0.4)
Most Recent Viral Load	
Undetectable	205 (82.0)
Under 500	30 (12.0)
500 to 5,000	9 (3.6)
Over 5,000	3 (1.2)
Don't Know	2 (0.8)
<i>Missing</i>	1 (0.4)
Self-Rated Health	
Excellent	32 (12.8)
Very Good	74 (29.6)
Good	92 (26.8)
Fair	44 (17.6)
Poor	7 (2.8)
<i>Missing</i>	1 (0.4)

Health Indicators (n=250)	n (%)
Year of HIV diagnosis, median	1992
Time of Diagnosis	
Pre-ART	152 (60.8)
Post-ART	94 (37.6)
Missing	4 (1.6)
AIDS Diagnosis	
No	118 (47.2)
Yes	131 (52.4)
Missing	1 (0.4)
History of Opportunistic Infection	
No	141 (56.4)
Yes	108 (43.2)
Missing	1 (0.4)

Mental Health Correlates of HIV-Related Resilience Among Gay Men age 50 - 69 Living with HIV/AIDS

Measures: HIV-Related Resilience scale, sections from the The Mini International Neuropsychiatric Interview (anxiety, depression, suicidality, substance use), and the PTSD-Civilian Checklist. Sociodemographic variables include race/ethnicity, socioeconomic status, educational attainment, age, and pre/post ART status

Analytic Plan:

Univariate analyses examined the distribution of all variables of interest

Bivariable associations assessed independent associations between HIV-related resilience and the mental health and sociodemographic covariates of interest

Hierarchical linear regressions will model significant ($p < 0.05$) mental health and sociodemographic factors associated with HIV-related resilience

Table 3.1 Baseline Sample Characteristics and Associations with HIV-Related Resilience in the GOLD III Study Sample ($n = 250$)

	HIV-Related Resilience				
	n (%)	Full Scale	Adaptive Coping Mean (SD)	Optimism	Effective Coping
Total HIV Resilience Scores		3.95 (0.64)	3.90 (0.75)	4.29 (0.70)	3.71 (0.97)
<i>Age (n = 249)</i>					
50 - 59	175 (70.0)	3.96 (0.66)	3.88 (0.77)	4.25 (0.73)	3.77 (0.97)
60 - 69	74 (29.6)	3.96 (0.60)	3.92 (0.68)	4.37 (0.61)	3.58 (0.98)
<i>p</i> - value		0.233	0.198	0.156	0.964
<i>Race/Ethnicity (n = 245)</i>					
White, non-Hispanic	80 (32.0)	3.95 (0.64)	3.96 (0.64)	4.27 (0.66)	3.60 (1.00)
Black, non-Hispanic	103 (41.2)	4.01 (0.62)	3.98 (0.76)	4.39 (0.71)	3.89 (0.92)
Hispanic/Latino	44 (17.6)	3.77 (0.65)	3.66 (0.76)	4.21 (0.68)	3.50 (1.01)
Mixed/Asian/Other non-Hispanic	18 (7.2)	3.82 (0.69)	3.66 (0.78)	4.06 (0.87)	3.70 (1.08)
<i>p</i> - value		0.051	0.066	0.202	0.087
<i>Educational Attainment (n = 248)</i>					
High School or Less	24 (9.6)	3.72 (0.71)	3.63 (0.91)	4.13 (1.03)	3.43 (0.94)
High School Diploma or GED	60 (24.0)	3.91 (0.60)	3.79 (0.77)	4.19 (0.68)	3.78 (1.01)
Associate's Degree	46 (18.4)	3.97 (0.64)	3.92 (0.69)	4.32 (0.62)	3.70 (1.02)
Bachelor's Degree	74 (29.6)	4.03 (0.67)	4.00 (0.75)	4.32 (0.69)	3.77 (0.91)
Graduate Degree	44 (17.6)	4.03 (0.63)	4.01 (0.64)	4.41 (0.59)	3.68 (1.02)
<i>p</i> - value		0.286	0.156	0.395	0.631
<i>Perceived Financial Situation (n = 247)</i>					
I have enough money to live comfortably	86 (34.4)	4.16 (0.54)	4.09 (0.60)	4.36 (0.62)	4.06 (0.79)
I can barely/I cannot get by on the money I have	161 (64.4)	3.85 (0.67)	3.80 (0.80)	4.24 (0.73)	3.52 (1.02)
<i>p</i> - value		<0.001	0.002	0.224	<0.001
<i>Time of Diagnosis (n = 246)</i>					
Pre-ART	152 (60.8)	3.96 (0.64)	3.89 (0.74)	4.33 (0.73)	3.69 (0.96)
Post-ART	94 (37.6)	3.95 (0.64)	3.89 (0.75)	4.21 (0.64)	3.77 (0.96)
<i>p</i> - value		0.898	0.969	0.185	0.522
<i>AIDS Diagnosis (n = 249)</i>					
No	119 (47.6)	4.03 (0.58)	3.92 (0.66)	4.32 (0.65)	3.89 (0.90)
Yes	130 (52.0)	3.89 (0.69)	3.87 (0.82)	4.25 (0.75)	3.55 (1.02)
<i>p</i> - value		0.087	0.620	0.425	0.007
<i>History of Opportunistic Infection (n = 249)</i>					
No	140 (56.0)	3.97 (0.63)	3.90 (0.71)	4.26 (0.73)	3.79 (0.91)
Yes	109 (43.6)	3.93 (0.67)	3.90 (0.80)	4.31 (0.65)	3.61 (1.04)
<i>p</i> - value		0.614	0.950	0.549	0.139

Table 3.2 Mental Health Outcomes and Associations with HIV-Related Resilience in the GOLD III Study Sample ($n = 250$)

	HIV-Related Resilience				
	n (%)	Full Scale	Adaptive Coping Mean (SD)	Optimism	Effective Coping
Total HIV Resilience Scores		3.95 (0.64)	3.90 (0.75)	4.29 (0.70)	3.71 (0.97)
<i>PTSD (n = 249)</i>					
Not-Symptomatic	208 (83.2)	4.06 (0.59)	3.98 (0.71)	4.37 (0.67)	3.87 (0.90)
Symptomatic	41 (16.4)	3.43 (0.67)	3.45 (0.79)	3.89 (0.73)	2.93 (0.96)
<i>p</i> - value		<0.001	<0.001	<0.001	<0.001
<i>Depression, Current (n = 249)</i>					
No	214 (85.6)	4.01 (0.63)	3.93 (0.75)	4.33 (0.70)	3.80 (0.92)
Yes	35 (14.0)	3.65 (0.66)	3.68 (0.68)	4.06 (0.68)	3.19 (1.15)
<i>p</i> - value		0.002	0.063	0.035	0.001
<i>Suicidality Risk, Current (n = 249)</i>					
No	167 (66.8)	4.03 (0.59)	3.93 (0.73)	4.37 (0.64)	3.84 (0.90)
Yes	82 (32.8)	3.80 (0.72)	3.84 (0.78)	4.12 (0.79)	3.44 (1.08)
<i>p</i> - value		0.013	0.373	0.007	0.002
<i>Substance Dependence, Current (n = 249)</i>					
No	204 (81.6)	3.99 (0.63)	3.95 (0.69)	4.34 (0.66)	3.71 (0.96)
Yes	45 (18.0)	3.80 (0.70)	3.66 (0.92)	4.07 (0.85)	3.73 (1.04)
<i>p</i> - value		0.072	0.017	0.019	0.873
<i>Generalized Anxiety Disorder, Current (n = 249)</i>					
No	204 (81.6)	4.01 (0.62)	3.94 (0.74)	4.34 (0.69)	3.79 (0.95)
Yes	45 (18.0)	3.71 (0.67)	3.71 (0.76)	4.04 (0.69)	3.36 (1.02)
<i>p</i> - value		0.004	0.075	0.010	0.006

Table 3.3 Hierarchical Multiple Regression Model Predicting HIV-Related Resilience by Mental Health Outcomes in the GOLD III Study Sample

	Block 1				Block 2			
	B (SE)	95% CI	β	p - value	B (SE)	95% CI	β	p - value
HIV Resilience: Full Scale								
<i>Intercept</i>	4.47 (0.14)	4.19, 4.76	-	<0.001	4.68 (0.21)	4.27, 5.09	-	<0.001
Perceived Financial Situation	-0.31 (0.08)	-0.48, -0.15	-0.23	<0.001	-0.25 (0.08)	-0.40, -0.09	-0.18	0.002
PTSD	-	-	-	-	-0.54 (0.12)	-0.77, -0.31	-0.31	<0.001
Depression	-	-	-	-	-0.07 (0.12)	-0.31, 0.17	-0.04	0.555
Generalized Anxiety Disorder	-	-	-	-	-0.02 (0.12)	-0.24, 0.21	-0.01	0.891
Suicidality	-	-	-	-	-0.09 (0.08)	-0.26, 0.08	-0.07	0.282
$R^2 = 0.054$								
$\Delta R^2 = 0.125$								
HIV Resilience: Adaptive Coping								
<i>Intercept</i>	4.38 (0.17)	4.05, 4.71	-	<0.001	4.67 (0.20)	4.27, 5.07	-	<0.001
Perceived Financial Situation	-0.29 (0.10)	-0.48, -0.10	-0.19	0.003	-0.22 (0.10)	-0.41, -0.03	-0.14	0.023
PTSD	-	-	-	-	-0.51 (0.12)	-0.75, -0.27	-0.25	<0.001
Substance Dependence	-	-	-	-	-0.28 (0.12)	-0.51, -0.05	-0.14	0.019
$R^2 = 0.034$								
$\Delta R^2 = 0.082$								
HIV Resilience: Optimism[^]								
<i>Intercept</i>	4.95 (0.23)	4.51, 5.40	-	<0.001	-	-	-	-
PTSD	-0.40 (0.13)	-0.65, -0.14	-0.21	0.003	-	-	-	-
Depression	-0.04 (0.14)	-0.32, 0.23	-0.02	0.754	-	-	-	-
Substance Dependence	-0.26 (0.12)	-0.48, -0.04	-0.14	0.023	-	-	-	-
Generalized Anxiety Disorder	-0.04 (0.13)	-0.30, -0.22	-0.02	0.740	-	-	-	-
Suicidality	-0.15 (0.10)	-0.34, 0.04	-0.10	0.127	-	-	-	-
$R^2 = 0.097$								
HIV Resilience: Effective Coping								
<i>Intercept</i>	4.68 (0.22)	4.25, 5.11	-	<0.001	5.01 (0.31)	4.39, 5.62	-	<0.001
AIDS Diagnosis	-0.26 (0.12)	-0.50, -0.03	-0.13	0.031	-0.22 (0.12)	-0.44, -0.01	-0.11	0.057
Perceived Financial Situation	-0.50 (0.13)	-0.75, -0.25	-0.25	<0.001	-0.41 (0.12)	-0.64, -0.17	-0.20	0.001
PTSD	-	-	-	-	-0.75 (0.17)	-1.10, -0.42	-0.29	<0.001
Depression	-	-	-	-	-0.14 (0.19)	-0.52, 0.22	-0.06	0.414
Generalized Anxiety Disorder	-	-	-	-	0.05 (0.17)	-0.29, 0.39	0.02	0.784
Suicidality	-	-	-	-	-0.20 (0.13)	-0.45, 0.05	-0.10	0.116
$R^2 = 0.087$								
$\Delta R^2 = 0.115$								

[^] Given there was not a statistically significant relationship between the optimism sub-scale of the HIV-RRS and any of the sociodemographic characteristics of interest, all mental health variables were entered into the first block.

Results



Summary

Across the HIV-RRS and sub-scales, those with higher HIV-related resilience were more financially secure and had lower levels of PTSD

Similarly, those with higher optimism and adaptive coping scores were less likely to endorse substance dependence

HIV-related resilience mediated the relationship between HIV-related stigma and total mental health endorsements

Limitations

Cross-sectional design does not allow for causal inference

Findings come from an urban, NYC sample thus findings may not be generalizable to all HIV-positive MSM living in NYC or outside of jurisdiction

The sample is not representative of all gay men living with HIV/AIDS in the US

Potential for interviewer and measurement bias

Future Directions and Implications

Public Health: Sifting from a Deficits-Based to a Strengths-Based Approach

Social workers and psychologists (community-based and those practicing positive psychology) have been doing this work for decades

Resilience as an Underutilized Approach

Bridging the Gap: The Health of Populations and Individuals

Healthcare for Older SGM individuals (and PLWHA)

Services for older gay adults are limited

SAGE (Services & Advocacy for GLBT Elders) helps to bridge this gap, but one organization cannot be responsible for all aging LGBTQ adults in the United States

Future Directions and Implications

Navigating Experiences with Stigma

Tapping into resilience can mitigate the impact of stigma

Ending the HIV/AIDS Epidemic

Ensuring that PLWHA are included in efforts

Untangling 'LGBTQ' Health

The needs of each sub-group are different

The current pandemic: COVID-19

SGM Resources

Health:

The Fenway Institute www.lgbthealtheducation.org

AMA GLBT Advisory Committee

www.ama-assn.org

WPATH Standards Transgender/Transsexual/ Gender Non-Conforming Health

<https://www.wpath.org/publications/soc>

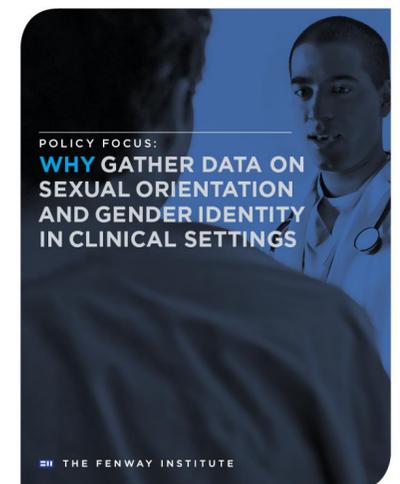
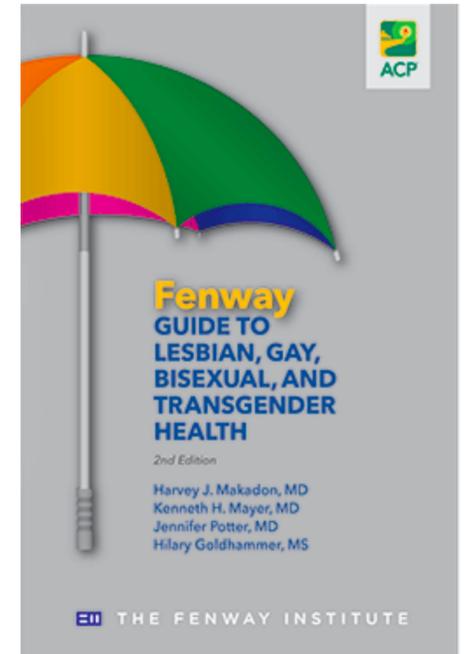
Gay and Lesbian Medical Association

www.glma.org

Other:

GLAAD Resource List

<https://www.glaad.org/resourcelist>



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THANKS



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