

PROUD

**A CLINICIAN'S GUIDE FOR
THERAPEUTICALLY WORKING WITH
SEXUAL MINORITIES OF COLOR**

2nd Edition

**DEDICATED TO THE LIVES OF
LGBQ+ PEOPLE OF COLOR**

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Juan R. Pantoja-Patiño, Ph.D. (he/him/él) curated this resource guide with the hope of providing clinicians' a better understanding of how to therapeutically work with sexual minorities of color. He blends his lived experience as a gay/queer person of color and his expertise as a psychologist to bring into existence this second edition of the resource guide. He earned his Ph.D. in Counseling Psychology at Loyola University Chicago. His research, clinical work, and advocacy revolves around supporting sexual minorities of color and ensuring they live a life of joy, love, and resistance.



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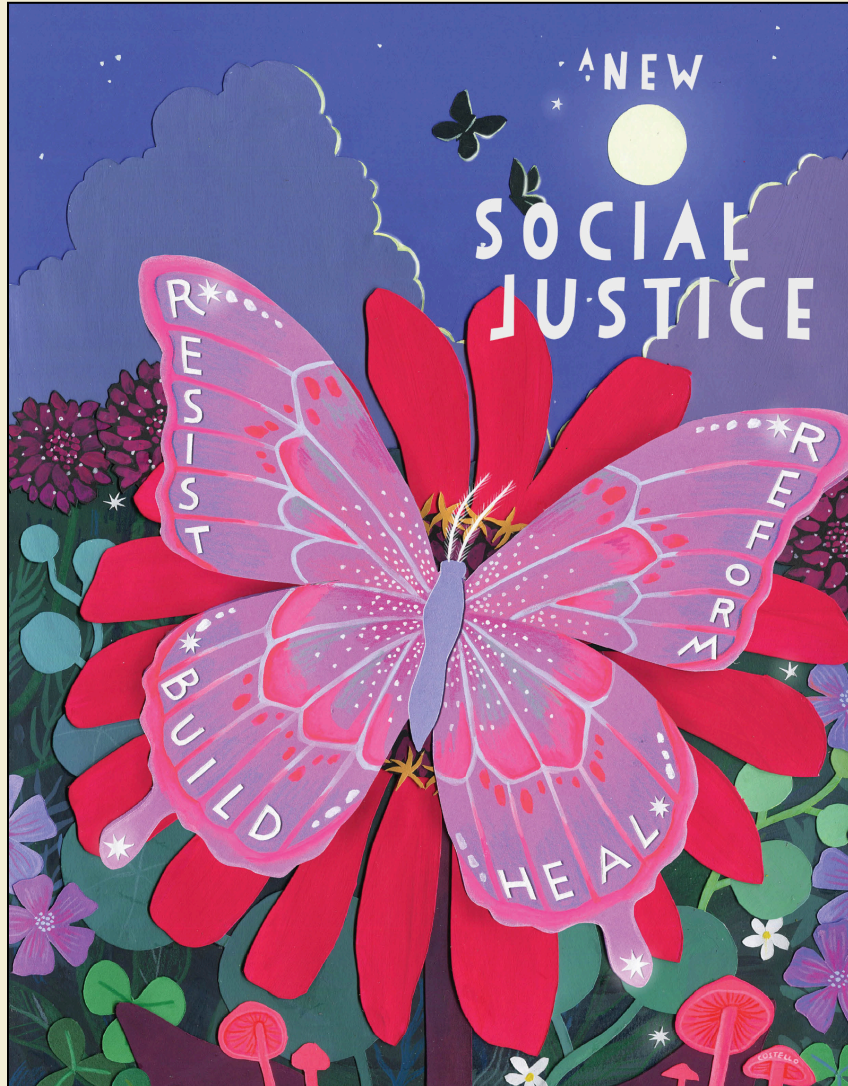
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“Racialized queer experiences are beautiful”

Juan R. Pantoja-Patiño



A new social justice magazine cover, 2021

~ INTRODUCTION ~

Sexual minorities of color or LGBTQ+ (lesbian, gay, bisexual, queer, questioning, among other identities) people of color are a diverse group of individuals with immensely rich experiences. Yet there continues to be a large gap of clinical knowledge in how to therapeutically work with sexual minorities of color. Therefore, it is the author's hope to curate a resource guide for clinicians (e.g., mental health therapists, counselors, social workers, psychologists, etc.) to therapeutically work with sexual minorities of color. This resource guide will better help inform their clinical interventions, case conceptualization, as well as treatment planning. The resource guide **will not direct** clinicians to implement interventions, rather it will provide essential knowledge of how to work with sexual minorities of color such as, attending to diversity factors, identities, lived experiences, common concerns, shared strengths, along with resources. Readers should know this resource guide ought to be viewed as fluid and not static, meaning by the time this guide reaches a reader it could be that the content of this guide is "outdated." Readers are encouraged to continually seek knowledge beyond this resource guide. Remember, this guide serves to build knowledge and not achieve competence.

Before delving into the content of this resource guide, it is of utmost importance to make the distinction between *sexual orientation* and *gender identity*. Sexual orientation and gender are distinct but interrelated constructs. Too often the terms are used synonymously yet they have differences. For instance, when one refers to the LGBTQ+ community, one is centering both sexual orientation and gender identities which can implicitly emphasize sameness/commonality among different subgroups of people. Further, if someone is focusing on transness (i.e., transgender, nonbinary), and not sexual orientation then one ought to explicitly name this distinction by not using the acronym *LGBTQ+*; unless one is speaking in relation to the entire spectrum of communities. Conversely, if one is solely highlighting sexual orientation and sexual minority groups and not aspects of gender, it could be invalidating to use the acronym *LGBTQ+*. As it assumes a degree of sameness of both transgender and gender diverse individuals and sexual minority people. Perhaps a more affirming acronym when only centering sexual minority groups is to use *LGBQ+* where *T* is omitted to avoid obscuring each of the diverse groups' - sexual minorities and transgender and gender diverse people - nuanced experiences.

Herein, *sexual orientation* refers to a person's sexual, affectional, and relational attractions toward other people. An individual may be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities (APA, 2015; 2021a). *Gender identity* is defined as a person's felt, inherent sense of being a girl or woman; a boy or man; a blend of man and/or woman; or an alternative gender (APA, 2015; Maroney et al., 2019). Often, gender is viewed as a binary construct, with mutually exclusive categories of boy or girl, man or woman. Such a binary approach makes the assumption that gender is always in alignment with sex assigned at birth. However, gender is a nonbinary construct that allows for a range of gender identities. Historically, many cultures honored and respected transgender and nonbinary individuals, and sadly such groups were diminished by westernization, colonialism, and systemic inequity (APA, 2015). It is important to make the distinction between sexual orientation and gender identity explicitly to make each of the diverse groups visible.

Now let us take a brief moment to explain why the term *sexual minorities of color* was chosen and not LGBTQ+. For starters, *sexual minority* refers to a non-heterosexual/straight individual who identifies as LGBTQ+. Terminology related to sexual minority populations have changed over time and across ecological contexts, and it will continue to evolve beyond the iteration of this resource guide. The term was selected as it aligns with current trends and professional practice guidelines like the American Psychological Association *Guidelines for Psychological Practice with Sexual Minority Persons* (APA, 2021a) and the *Inclusive Language Guidelines* (APA, 2023). At the same time, the term may be problematic as it aggregates individuals with different sexual orientations into a single definition. Readers should always honor people's use of labels or terms. Further one should respectfully ask individuals how they self-identify their sexual orientation rather than making assumptions. Altogether, the term *sexual minorities of color* was selected to refer to LGBTQ+ Black, indigenous, and people of color (BIPOC). This term helps to capture the intersection of a person being both LGBTQ+ and BIPOC.

Key Changes from First Edition to Second Edition

Notable changes were made in this recent edition, with many addressing the limitations of the first edition. For starters, throughout this guide, language and terms were revised to reflect current trends. All of the sections were updated. In the **Sexual Minorities of Color** section, new background knowledge, identity development models, and implications for each group were outlined. The elaboration of identity development for each subgroup (e.g., lesbian women/people of color, bisexual/bi+ people of color, etc.) is central to the development and implementation of interventions. Hence, the author felt it was necessary to include it in this edition. The updated implications also align with each of the subgroup's identity development, capturing more complexly and perhaps more accurately the lived experiences of sexual minorities of color. A new addition was the inclusion of racial subgroups known as the **BIPOC Subgroups** section, for instance, Black/African American sexual minorities; Native, American Indian, and Indigenous sexual minorities; Latine/x and Hispanic sexual minorities; Asian/Asian American and Pacific Islander sexual minorities; and American Arab/Arab, Middle Eastern, and North African sexual minorities. This new section addresses a limitation from the first edition, in which attention was primarily focused on specific LGBTQ+ populations rather than also having an emphasis on specific BIPOC populations. In this edition of the resource guide, the author introduces radical hope and affirmative therapy as potential sources/approaches for clinicians to inform their interventions with their clients. In the **Affirmative Therapy** section, the author presents a case study that integrates many of the principles and tenets discussed in the different sections. Finally, it is the author's hope to include an emphasis on gender identity, identity development for each of the specific racial subgroups included, as well as attention to multiraciality and acculturation models in the third iteration of this guide. Given that as this resource guide continues to evolve, there is a dire need to acknowledge as many intersectional components that influence the lives of sexual minorities of color.

~ KEY TERMINOLOGY ~

Note: Below are a few prominent terms throughout this resource guide. At times, there will be terms not in this section that may be later defined within each of the respective sections.

Acculturation: The processes by which groups or individuals adjust to the social and cultural values, ideas, beliefs, and behavioral patterns of their culture of origin to those of a different culture (APA, 2023).

African American/Black: Refers to people of African ancestry. African American specifically refers to American people of African ancestry (APA, 2023).

American Arab, Middle Eastern, and North African (AMENA): Includes individuals who identify with origins in Arabia, the Middle East, and North Africa (APA, 2023).

Asexual/Ace+: A person who experiences little to no sexual attraction or desire towards any gender or sex (Maroney et al., 2019).

Asian/Asian American: Asian refers to people of Asian descent, while Asian American includes people of Asian descent from the United States (APA, 2023).

BIPOC: An acronym for Black, indigenous, and people of color. It includes individuals from minoritized racial and ethnic backgrounds, such as African American/Black, Arab, Middle Eastern, and North African, Latine/x, and Asian/Asian American (APA, 2021b).

Bi+: An umbrella term used to capture multiple sexual orientations that involve having an attraction to more than one sex or gender. Includes individuals who identify as bisexual, pansexual, or queer (APA, 2021b).

Bisexual: A person who is attracted to two or more sexes or genders, but not necessarily simultaneously or equally (Maroney et al., 2019).

Cisgender: Refers to an individual whose gender identity and expression corresponds or aligns with their sex assigned at birth (APA, 2021b).

Cissexism: Prejudice, stereotyping, or discrimination on the basis of sex, specifically toward transgender and gender-expansive people (APA, 2023).

Colorblindness: Comprises of 1) color evasion or the denial of racial differences by emphasizing sameness, and 2) power evasion which is the denial of racism by highlighting the belief that everyone has equal opportunities (Neville et al., 2013).

Colorism: Emphasizes the notion that lighter skin color is revered and is interpreted as beauty. Colorism evolved out of European colonization and the enslavement of Africans in which skin color was utilized as a determining factor for superiority (Dixon & Telles, 2017).

Coming Out: Refers to the process in which one acknowledges and accepts one's own sexual orientation, gender identity, or sex identity. It also encompasses the process of disclosing said identity to others (APA, 2021b).

Decolonization: The process of undoing the impacts of historical domination on minoritized populations by colonization. Colonization is the dehumanization of peoples whose land (i.e., homes) are stolen, their culture is erased, and peoples are eliminated for the economic benefit of empire building (APA, 2023).

Gay: A man who is emotionally, romantically, and/or sexually attracted to men. Colloquially used as an umbrella term to include all LGBTQ people (Maroney et al., 2019).

Gender Identity: Defined as a person's felt, inherent sense of being a girl or woman; a boy or man; a blend of man and/or woman; or an alternative gender. A person's gender may or may not correspond to their sex assigned at birth or their sex characteristics (APA, 2021b).

Global Majority: Known as the people of the global majority that encourages those of African, Asian, Latin American, and Arab descent to recognize that together they comprise the vast majority (around 80%) of people in the world (APA, 2023).

Heterosexism: A system that unfairly privileges heterosexual norms and ideals, while disadvantaging non-heterosexual behaviors and identities (Pantoja-Patiño, 2023).

Heterosexual: Also referred to as straight, is a person who is sexually, emotionally, and/or romantically attracted to a sex or gender other than their own (Maroney et al., 2019).

Internalized Heterosexism: Process of appropriating or internalizing negative attitudes, values, and behaviors about non-heterosexual orientations (i.e., LGBTQ), expressions, and identities (Pantoja-Patiño, 2023).

Internalized Heterosexist Racism: Process where sexual minorities of color internalize aspects from systems of white supremacy and heterosexism toward their intersecting experiences by believing, surrendering to, or accepting that their experiences are inferior (Pantoja-Patiño, 2024).

Internalized Racism: Process of appropriating or internalizing negative attitudes, values, and behaviors about non-white communities (i.e., BIPOC), expressions, and identities (Pantoja-Patiño, 2023).

Intersectionality: The complex, cumulative way in which the effects of multiple forms of oppression combine, overlap, or intersect especially in the lived experiences of minoritized individuals or groups to produce and sustain complex inequities (Crenshaw, 1989).

Latine/Latinx/Hispanic: Latine is a gender-inclusive term that refers to people from Latin America; Latinx is also an inclusive term, yet it does not conform with Spanish or Portuguese syntax; Hispanic refers to those who speak Spanish (APA, 2023).

Lesbian: A woman who is emotionally, romantically, and/or sexually attracted to women (Maroney et al., 2019).

LGBTQ+: An acronym that stands for lesbian, gay, bisexual, transgender, queer, and questioning (Maroney et al., 2019).

Microaggressions: Commonly occurring, brief, verbal or nonverbal, behavioral, and environmental dignities that communicate derogatory attitudes. Microaggressions may be intentional or unintentional, and the perpetrators may possibly be unaware of their behavior (APA, 2023).

Nonbinary: A person who identifies outside of gender binaries such as man/woman or boy/girl. Common terms include agender, genderqueer, and genderfluid (Maroney et al., 2019).

Oppression: Occurs when one subgroup has more access to power and privilege than another subgroup, and when that power and privilege are used to dominate and degrade the other to maintain the status quo. Oppression is both a state and a process, with the state of oppression being unequal and inequitable group access to power and privilege, and the process being the ways in which the inequality and inequity are maintained (APA, 2023).

Pansexual: A person whose sexual or romantic attraction is not defined by gender (APA, 2021a).

Privilege: Unearned power (e.g., rights, benefits, social comfort, opportunities, ability to define what is normative or valued) that is afforded to some but not others based on status rather than earned merit. A person has privilege because they exist within a system where biased values, attitudes, and behaviors have become integrated and normalized (APA, 2021b).

Queer: 1) An umbrella term to refer to all LGBTQ+ people. 2) A political statement which advocates breaking binaries and seeing both sexual orientation and gender identity as fluid. 3) A label to explain a complex set of sexual orientations and gender experiences (Maroney et al., 2019).

Questioning: The process of considering one's own sexual orientation or gender identity, typically an identity that is not heterosexual or not cisgender (Maroney et al., 2019).

Racial Identity: An individual's sense of being defined by membership in a particular racial group (APA, 2023).

Racism: A system of structuring opportunity and assigning value based on phenotypic properties that unfairly advantages whiteness, while disadvantaging non-white behaviors and identities (APA, 2021b; Pantoja-Patiño, 2024).

Sex: Is typically assigned at birth based on a person's appearance of their external genitalia and other indicators such as internal genitalia, sex chromosomes, sex hormones. Sex is often categorized as male, female, or intersex (i.e., sexual anatomy consisting of both male and female characteristics; APA, 2021a).

Sexuality: Refers to a broad range of human sexual behavior, including sexual values, needs, preferences, and modes of sexual expression, intimacy, and affect (APA, 2021a).

Sexual Minority: A group of individuals whose sexual and affectional orientation, romantic attraction, or sexual attraction differ from heterosexual individuals. It can include lesbian, gay, bi+, queer, questioning, and asexual people (APA, 2019a).

Sexual Minorities of Color: Includes individuals who belong to both groups of sexual minority (LGBQ+) and BIPOC (Pantoja-Patiño, 2024).

Sexual Orientation: Refers to a person's sexual, affectional, and relational attractions toward other people. An individual may be attracted to men, women, both, neither, or to people who are genderqueer, androgynous, or have other gender identities (APA, 2015; 2021a).

Social Justice: 1) Is a process or steps towards liberation of oppressive conditions that sustain social inequalities and inequities among groups of people who do not share equal power in society. 2) Is an outcome of social change/action that results in more fairness and equity in resources, rights, and treatment of groups of people who do not share equal power in society (APA, 2021b; Vera & Speight, 2003).

Texturism: Discrimination based on hair texture often directed at people of African descent. Curls that are smaller, coarser, or kinkier in texture are often less prized, whereas looser curls and straight hair that adheres to Eurocentric beauty standards are considered more ideal (APA, 2023).

Transgender: Describes a person whose gender identity or expression differs from the social expectations of their assigned sex or gender at birth. It is also an umbrella term for anyone whose gender identities transgress societal norms (Maroney et al., 2019).

White Supremacy: The ideological belief that biological and cultural whiteness is superior, as well as normal and healthy, which results in differential treatment of BIPOC groups. It is a system that allots gains and privileges to white individuals while simultaneously creating barriers to assets and resources for communities of color (APA, 2021b; Campón & Carter, 2015).

~ SEXUAL MINORITIES OF COLOR ~

Sexual minorities of color as a group possess a lot of rich experiences that influence their identity development, health outcomes, and well-being. As clinicians, we ought to attend to the many complexities in an effort to fully understand their presenting concerns and treatment. Yet for many clinicians who therapeutically work with sexual minorities of color find it challenging to center clients' internal and external frame of references (i.e., how one experiences the world internally, as well as how one understands, interacts, and is shaped by the world externally). The fluidity of people and their environments/contexts is hard to capture and bring forth into the therapeutic space without it being somewhat static. Clinicians should bear that in mind when trying to engage in intersectionality work. At the same time, there is tremendous value in bringing the fluidity of people's existence via emotions, words, meaning making, and connection, which are all salient therapeutic factors. In the following section, attention to specific subgroups is given so clinicians can inform their interventions in a nuanced way.



Michelle Mildenberg, 2018

Lesbian Women / People of Color

Lesbian women or people of color refers to BIPOC women who are emotionally, romantically, and/or sexually attracted to women (Maroney et al., 2019). As people who simultaneously experience oppression based upon their gender, race, and sexuality, it is imperative to understand the ways women make sense of these overlapping oppressions as they affect and frame their lived experiences (Alimahomed, 2010). Lesbian women of color often have to deal with three sources of oppression including sexism, heterosexism, and racism. Scholars have come to understand this experience as “triple jeopardy” (Bridges et al., 2003). Sexism includes negative behaviors, beliefs, attitudes that restrict, devalue, or discriminate against a particular sex or gender. Sexism can manifest as sexual assault, domestic violence, sexual harassment, job discrimination (e.g., gender wage gaps, glass ceiling), as well as legislation policing women's bodies (APA, 2021). The effects of sexism are detrimental and cumulative, often pervasively impacting lesbian women of color personalities, identities, building of relationships, self-image, and decision-making processes. In general, due to the effects of sexism, women of color are expected to perform specific gender roles, are criticized for being assertive/outspoken, and may have to manage unwanted sexual attention from men. Lesbian women of color can experience feelings of powerlessness and incompetence because of how external systems have imposed a distorted, oppressive lens for which others are expected to view them through. When systems of heterosexism and racism interact with sexism, all three will influence lesbian women of color sexual orientation and racial development. For instance, individuals may have to negotiate their gender roles

with their racialized families; may have to reconcile with the expectation they will bear children with a man and if not they will disrupt the families lineage; and deal with the pressure of marrying a man (Bridges et al., 2003). Additionally, lesbian women of color often encounter healthcare institutions that are insensitive, discriminatory, and lack training regarding their needs which creates distrust of healthcare providers.

Experiences of racism and sexism exist in most dominant queer spaces as these spaces tend to be frequented by white cisgender gay men (Anderton & Woodbridge, 2017; Bridges et al., 2003). Moreover, lesbian women of color have been historically excluded by gay and lesbian organizations, rendering their needs and interests to the margins. At the same time, existing in marginality requires an oppositional consciousness. This oppositional consciousness is a liberative tactic employed by lesbian women of color to deal with the noxious systems of oppression that they have been forcefully placed in. According to Alimahomed (2010), lesbian women of color use their invisibility as a location to register their marginality as well as their resistance to assimilate into mainstream queerness and racial politics. This is extremely powerful and beautiful as resistance to assimilate means standing against whiteness, sexism, and heterosexism. It also provides a space to rethink and craft alternative meanings of what it means to be a lesbian woman of color. The invisibility created by being on the margins allows individuals to move into different spaces more freely without committing an allegiance to any one space. This freedom found within the margins stems from the oppositional consciousness that lesbian women of color acquire. Further, it inherently highlights the radical strength and creativity that individuals possess when presented with oppression. Other approaches to consider when working with lesbian women of color includes healing the wounds of gendered racism. *Gendered racism* is the unique manifestation of oppression facing women and girls of color, which can include sexualization, objectification, and adultification of girls of color (Bryant-Davis, 2023). Lesbian women of color need safe spaces to tell their stories that center their experiences, feelings, thoughts, dreams, needs, and strengths. Two potential therapeutic models are the [Intersectional Awakening Model of Womanista](#) (Chavez-Dueñas & Adames, 2021) which disrupts feminist models rooted in whiteness by encouraging exploration of colonialism, along with honoring the legacy of women of color who have resisted gendered racism. The other model is the [Resist and Rise group](#) (Bryant-Davis et al., 2021) which is a group intervention for women of color who have survived traumatic events like gendered racism. The core components of the group are connection, consciousness-raising, expressive arts, spirituality, and activism.

Identity Development of Lesbian Women / People of Color

Identity development is a central aspect of human development. Identity influences our lived experiences as we interact with the world and others. For sexual minorities of color, identities are complex, rich, and intersectional. At the same time, individuals constantly negotiate their identities throughout their life. For lesbian women of color, their racial and gender identities may bloom into awareness more readily than their sexual orientation. Before we explore sexual orientation models, it is necessary to understand racial and gender identity models. There are plenty of identity models for women and their various identities and readers are highly encouraged to seek relevant models on the

basis of their clients' demographics. In this section, the focus will be on [gendered racial identity development](#) for Black women (Williams & Lewis, 2021). This centering of the model is to illustrate the development of gendered racial identity development as a potential example to working with lesbian women of color. Further, the centering of this model is not intended for clinicians to generalize the model to all lesbian women of color. Again, clinicians ought to identify relevant models for their clients. Unfortunately, to the author's knowledge there does not exist a gendered racial identity development model for lesbian women of color.

The gendered racial identity development framework for Black women (Williams & Lewis, 2021) comprises two components: gendered racial identity developmental process and gendered racial identity attitudes/ideologies. The developmental process of Black women is not linear, and often people cycle through different aspects of the process at different time points in their life. With respect to the gendered racial ideologies, it represents the ways Black women think, feel, and perceive their identity throughout their development. Additionally, Black women can identify with multiple ideologies at once, and the ideologies can re-emerge and evolve over time and place (Williams & Lewis, 2021). For the first component, there are four phases including hyperawareness, reflection, rejection, and navigation. In the hyperawareness phase, Black women become more aware of their intersectionality and the negative perceptions that others have of Black women via discrimination experiences, stereotypes, and societal messages. Consequently, this draws a high level of awareness in which individuals may begin to monitor themselves how they engage with other people. In the reflection phase, Black women reflect on their positionality (i.e., social location) and how Black woman stereotypes and socialization messages shape their identity and what it means to them. In the rejection phase, Black women reject parts of Black woman stereotypes and socialization messages that do not fit into their understanding as a Black woman. Lastly, in the navigation phase, Black women navigate across environments through switching and shifting aspects of their Black woman identity in order to survive and co-exist in systems of oppression. For the second component, there are six phases which are assimilation, defiance, humanist, strength, pride, and empowerment. In the assimilation phase, Black women alter themselves to assimilate to Eurocentric standards of beauty. In the defiance phase, individuals engage in behaviors to counter negative stereotypes to change other people's perceptions of Black women, such as being very friendly to disprove the stereotypes that Black women are angry and unapproachable. In the humanist phase, people label themselves as human rather than exclusively labeling themselves as Black and a woman. For the strength phase, individuals restrict emotions and reify strength to overcome gendered racial oppression. In the last two phases, for pride, individuals feel proud for being a Black woman, while in the empowerment phase, individuals feel a sense of empowerment in being a Black woman and want to aid in the positive development of other Black women (Williams & Lewis, 2021).

Regarding lesbian women of color and their sexual orientation development, McCarn and Fassinger (1996) model can be considered. The [model of lesbian identity formation](#) (McCarn & Fassinger, 1996) constitutes a four-phase model with two parallel branches. The model conceptualizes the process as continuous and circular. The four-phases include awareness, exploration, deepening/commitment, and internalization/synthesis, while the two parallel branches are internal process and group membership identity development. Below is a table covering an overview of the model.

	Internal Process	Group Membership Identity Development
Awareness	Of feeling or being different; previously held assumption that all persons are straight is questioned	A new awareness that heterosexuality is not a universal norm
Exploration	Of strong feelings for women	Women seek to define their position in relation to the reference group
Deepening / Commitment	To self-knowledge, self-fulfillment, and crystallization of choices about sexuality	Deepening awareness of both the unique values and oppression of the lesbian community
Internalization / Synthesis	Of identity as a lesbian woman; women at this phase have many years of emotional and sexual self-exploration	Women identify themselves as a member of the lesbian community and internalize the new identity

This model, although single-focused (i.e., sexual orientation), can help conceptualize lesbian women's sexual orientation in a non-complex way. This model can be helpful in introducing processes and language important to identity development. For a more intersectional understanding of lesbian women of color, [Andrews \(2012\)](#) conducted an intersectional qualitative research study to explore what specific processes influence their identity development. Andrews (2012) identified five domains to explain the lived experiences of sexual minority women of color: 1) Meaning of identity labels, 2) identity confusion, 3) identity as political, 4) identity reflected, and 5) integration of identities. The domains are not meant to be static or sequential, but rather fluid and iterative. In the first domain, individuals consider how the labels they use (e.g., woman, straight, Black woman, etc.) to identify themselves have changed over time. Further, such development of labels is encapsulated by the process of understanding lesbian women of color cultural heritage and acquisition of language to describe themselves. Lesbian women of color initially use labels for their racial identities based on what was available to them at the time in a racist-heterosexist-sexist society. As they grow up to develop their identities, they begin to use labels they feel represents their heritage in a more authentic and prideful way. In the second domain, individuals experience confusion about their minoritized status. Lesbian women of color begin to recognize their identities (e.g., gender, race, and sexual orientation) and deny parts of their identities because of their new understanding of how the sociopolitical history of the U.S. oppresses their identities. In the third domain, individuals notice challenges that impede them to fully develop their identities. These challenges like oppression and advances by men move lesbian women of color to see their identities as implicitly political. At the same time, lesbian women of color transform their experiences of isolation and stress to use their identities as ways to combat and resist oppression while building community. In the fourth domain, individuals continue to cultivate an acuity for identifying difficulties in their processes of identity development such as internal conflicts, dealing with oppression, and denial of identities. In turn, they seek spaces to have their identities be reflected and affirmed. The last domain includes lesbian women of color viewing their identity development as ongoing and integrative (Andrews, 2012).

Implications for Lesbian Women / People of Color

Below are some implications to help begin inform your work:

- Be familiar with lesbian identity development - see McCarn and Fassinger (1996) [model of lesbian identity development](#) and Andrews (2012) [intersectional identity development](#) along with racial development models for women of color.
- Tap into your own experiences in understanding how your sexual orientation and racial development came to be.
 - *When did you realize you were [sexual orientation]? When did you realize you were [racial identity]? How did you know? What internal/external cues brought your identities to your awareness?*
- Be aware of the complexity of gendered racial ideologies that women might endorse to make meaning of their identities and how some of these might be protective factors to navigating gendered racism in one's environment. As such curiously explore the gendered racial messages and labels/meaning they add to such messages.
- Explore how clients' presenting concerns are influenced by systems of sexism, heterosexism, and racism. Clinicians can then use the information to employ interventions aimed at increasing lesbian women of color awareness of their identities.
 - Ask about messages and microaggressions they have experienced from each system.
 - Always externalize the oppression by blaming the systems of oppression for the messages and microaggressions and that these messages are not true nor reflective of who they are as a person - even if it feels that way.
- If clients are newly embracing their sexual orientation and/or coming out to others consider the following:
 - Continually affirm their sexual orientation, especially as a woman of color.
 - Explore the messages they have received around being lesbian along with their gender socialization (e.g., gender roles, expectations) and how it connects/intersects with their racial cultures.
 - Name both the struggles of being a lesbian woman of color as well as how powerful it is for them to embrace their authentic self even when systems of oppression do not want them to.
 - Highlight how coming out is grounded in whiteness and is not required for them to feel authentic. Often there is an expectation by white LGBTQ+ communities one needs to be publicly out, yet that does not take into account the realities of sexual minorities of color in that coming out may rupture the family system which is an invaluable source of support for BIPOC individuals. For instance, sexual minorities of color go to their racial communities for support around racist experiences and don't feel comfortable going to LGBTQ+ spaces since these are often white.
 - Ground individuals in realistic expectations. Often clients have the belief once they are out, they will no longer have to deal with oppression and their lives are free from

- hardships. Remind clients that unfortunately systems of oppression are still alive and that it is a lifelong process in navigating life as a lesbian woman of color. At the same time, it is a delicate balance in not getting lost in the sea of oppression including its hopelessness.
- Prepare clients with experiencing potential exclusion from multiple spaces (e.g., BIPOC, LGBTQ+) as their intersectionality is often compartmentalized and may be misunderstood. Thus, clients should seek or create affirming spaces where they can be validated for all of their identities.

Bisexual / Bi+ People of Color

	Bi+ people of color include individuals who identify within the bisexual, pansexual umbrella and are attracted to more than one sex or gender. Specifically, a person who identifies as bisexual is attracted to two or more sexes or genders, but not necessarily simultaneously or equally. While a person who identifies as pansexual is attracted to people of any gender or sex. A pansexual individual's sexual or romantic attraction is not defined by someone's sex or gender (APA, 2021a; 2021b; Maroney et al., 2019). A term worthy of being aware is <i>bicurious</i>, which is when a person desires to experiment sexually as bi+ but has no interest or is ready to settle into a bi+ identity (Harper & Ginicola, 2017). Too frequently, bi+ people of color experience a great deal of stigma from both LGBTQ+ and straight communities, as they are perceived to be promiscuous, untrustworthy, and unstable. Sadly, such folks have to legitimize to others their sexual orientation as real and not just a phase (Harper & Ginicola, 2017).
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Woman's Journey of Bisexuality, n.d.

In trying to better understand the experiences of bi+ people of color, it is crucial to learn about a few concepts such as heteronormativity, homonormativity, and mononormativity. *Heteronormativity* is the idea that it is more usual, expected, or accepted to be heterosexual (Nelson, 2024). *Homonormativity* suggests lesbian, gay, and bi+ people are expected to model themselves to reflect the dominant social norms, such as participating in monogamous relationships. Lastly, *mononormativity* suggests it is more common or normal to be monosexual than bi+ in any way (Nelson, 2024). Bi+ people of color often experience *monosexism* (the idea that lesbian, gay, and straight orientations are directed at a single gender; Harper & Ginicola, 2017). Monosexism reinforces the binary system of gender, such as gay individuals dating other gay individuals while for bi+ people, their attraction to others may be outside the gender binary which can make this group feel invisible. *Biinvisibility* includes bi+ people being ignored, demonized, or rendered invisible by both straight and lesbian/gay communities. Taken together, all of these oppressive norms impinge bi+ people of color's experiences leading to feelings of exclusion

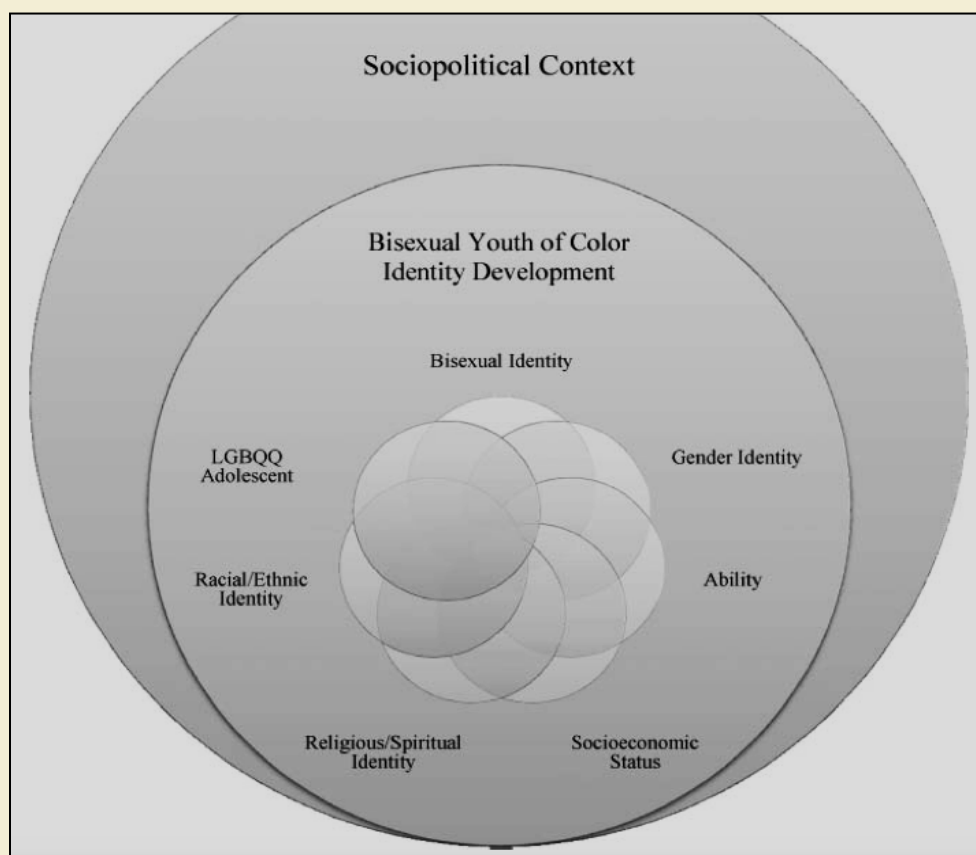
and misunderstanding. A recurrent misunderstanding is the myth of straight-passing privilege, which implies bi+ people hold such privilege when in differently gendered relationships and can access by appearing straight (Nelson, 2024). For instance, a bisexual man being in a romantic relationship with a woman. Further, when others and society view their relationship they may assume they are in a heterosexual one, thus negating the bisexual man's sexuality. Another dimension of straight-passing privilege is that because supposedly bi+ people are able to pass as straight, this means they do not experience as much oppression when compared to lesbian or gay people. Sadly, such assumption and misconception reiterates heterosexuality as a default and masks any difficulties bi+ people experience like lack of recognition around their identities, a lack of visibility, and an inability to represent their identities in social spaces (Nelson, 2024). A key and important distinction is recognizing the cultural difference of straight-passing privilege when it is imposed on to others (i.e., assuming bi + people in differently gendered relationships are straight, thinking bi+ people can access their straight privilege) whereas when individuals participate in straight-passing for safety. With the former, there is an inherent premise that bi+ people who can pass as straight possess privilege, reinforcing assumptions of heteronormativity, homonormativity, and mononormativity. The latter on the other hand, allows bi+ people of color to maneuver their world safely by passing as straight. This approach is not a form of privilege as bi+ people of color's intention to be seen as straight is to be socially accepted and avoid violence (Ghabrial & Ross, 2018; Nelson, 2024).

Coming out or disclosing one's identity to self and/or others takes courage. Especially when one does not truly know how others will respond to the disclosure. When bi+ people come out, sadly they are often pressured to identify with a monosexual orientation like lesbian or gay. Many non-bi+ people assume a bi+ orientation to be temporary and simply a phase, which can erase bi+ lived experiences. *Bierasure* refers to bi+ histories and identities being erased by labeling them as something else, usually with a monosexual reality (Ghabrial & Ross, 2018; Harper & Ginicola, 2017). For example, BIPOC families of bi+ individuals of color may affirm their romantic relationships when they are in a perceived "heterosexual relationship" but discouraged when they are in differently gendered relationships. It perhaps is not surprising that some bi+ people of color typically experience ambiguity related to their sexual orientation formation and disclosure decisions because of the external reactions/messages they receive (Mitchell et al., 2023). Consequently, it can be difficult to understand yourself, be yourself, and share yourself, when aspects of one's identities are steeped in ambiguity. Seylaby (2023) and Anzaldúa (1987) have talked about the ambiguity relative to bisexuality and biculturality as a space between conventional binary conceptualizations of identity; with Anzaldúa (1987) to first term the space as the borderlands. To exist in the borderlands means experiencing an iterative process of shifting of identities, in which the process first begins with tension then towards movement to deconstructing the duality of identities and lastly embracing ambiguity. To achieve this one needs to develop *borderland consciousness* or a state of mind/way of being. Borderland consciousness includes the following stages: 1) the land in between stage, 2) the creator and destroyer stage, 3) the integration and reconstruction stage, and 4) the borderland consciousness stage. In the land in between (Nepantla) stage, people become aware of the conflict among the cultures they belong to (e.g., LGBTQ+, BIPOC) and notice the challenges to their identities. Folks may feel pulled to identify exclusively with one aspect of their culture which can lead to questioning of one's knowledge, values, and cultures (Anzaldúa, 1987;

Seylaby, 2023). It is also here where individuals likely see identity as a construct rather than something inherently biologically based. In the creator and destroyer (Coatlicue) stage, people experience a sense of grief and loss of their understanding of themselves and their identities they once held. This process allows people to reframe their understanding and externalize the pain and confusion they feel to the outside world, as opposed to internalizing their identity struggle. The integration and reconstruction (Coyolxauhqui) stage represents the integration of a broken and reconstructed self. Individuals begin to create an authentic personal narrative by interrogating the knowledge they have received from the world around them and recognizing systems of oppression are ingrained in this knowledge. Individuals here make intentional decisions about views, traditions, and aspects from their cultures that align with their own beliefs. During the last stage (i.e., borderlands consciousness) people develop a tolerance for ambiguity and a border identity in which it consists of a blending of multiple identities rather than a separation of identities (Anzaldúa, 1987; Seylaby, 2023).

Identity Development of Bisexual / Bi+ People of Color

Bi+ people of color have unique aspects of and in their lives that need to be accounted for when clinically working with them. One of the ways to do this is by using identity development models within therapy. Chun and Singh (2010) were the first to propose a model of identity development for bisexual youth of color drawing from existent models on racial/ethnic, LGBTQ+, gender identity, and adolescent identity development.

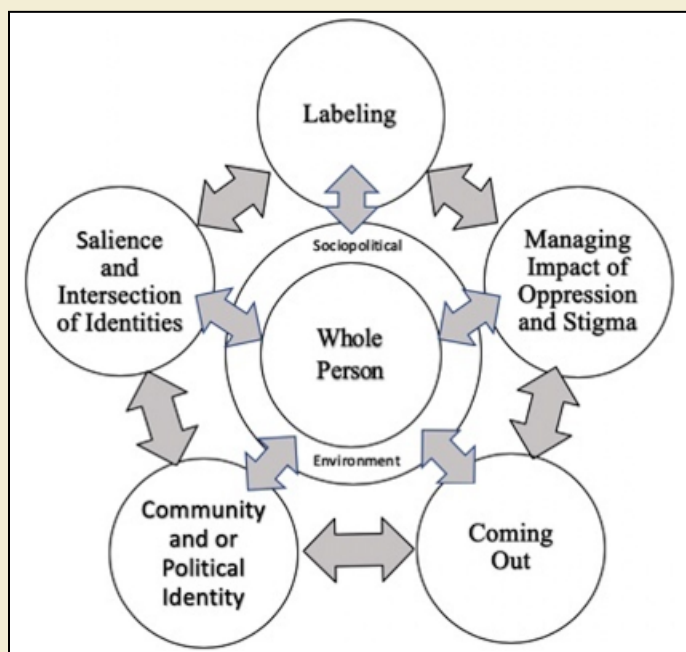


Chun and Singh (2010)

Their [bisexual youth of color intersecting identities development model](#) (Chun & Singh, 2010) assumes an ecological perspective in exploring the complexities of bi+ youth of color. The illustration (which is presented above) includes two large concentric circles that encompass a cluster of seven smaller circles. The largest concentric circle represents the sociopolitical context, while the smaller circles symbolizes the bi+ youth of color identity development, including seven smaller overlapping circles depicting racial/ethnic, LGBTQ+ adolescent, bisexual, gender identity development, ability, socioeconomic, and religious/spiritual identity development (Chun & Singh, 2010). From a clinical application perspective, clinicians should consider each of the concentric circles and how their presenting concerns manifest as. Furthermore, potential directions for interventions based on specific circles.

A more recent model proposed by Harper and Swanson (2019) have conceptualized bi/pan/polysexual identity as a nonsequential task. The [nonsequential task model of bi/pan/polysexual identity development](#), similarly to Chun and Singh (2010), puts the person in their sociopolitical context in the center while recognizing different aspects of one's process may interact with other aspects of their life. There are five aspects of the model (see illustration below) such as labeling, salience and intersection of identities, coming out, community and/or political identity, and managing the impact of oppression/stigma. An important consideration of the model is that one's identity development is not measured by the number of tasks they complete, but instead conceptualize where a person is and where they may go (Harper & Swanson, 2019). Additionally, some identity development tasks may be prioritized over others based on context and need, along with some being revisited at various points along the development. The first aspect (labeling) of the model describes one's understanding of their identity and the process of finding and accepting a label to match that experience. Some of the tasks in this aspect includes questioning or identity exploration of one's identity, moving from one identity to another, selecting an identity label within the bi/pan/polysexual umbrella, solidifying a specific label, or rejecting labels that are not congruent with their personhood. The second aspect (salience and intersection identities) acknowledges one's sexual/affectional identity development is one part of a person's identity, and other processes may occur simultaneously. Potential tasks involve discovering and assuming a label, as well as determining how their bi+ identity fits with other aspects of their identities. For example, a bi+ person of color may select in specifically identifying as a bisexual Latino man, agender pansexual, or biromantic. The third aspect (coming out) refers to all the tasks one undertakes related to understanding and accepting their own identities as well as sharing that information with others. For example, bi+ people of color may consider the risks and/or benefits of coming out, developing one's coming out narrative, finding effective coping strategies when coming out does not go as planned, etc. The fourth aspect (community and/or political identity) relates to how one understands themselves in relationship to and connects to community and/or within a political context. This includes examining what tasks a person wants to undertake related to how they build, develop, or maintain identity with a community; one may develop connections that provide support, connection, or where one can develop a political/advocacy/activism identity; how to integrate one's bi+ identity into one's cultural group and vice versa (Harper & Swanson, 2019). The last aspect (managing the impact of oppression/stigma) explores how one relates to their experiences in their sociopolitical context when it comes to experiences of microaggressions, discrimination, oppression, marginalization, stigma, etc. It consists of becoming aware of and addressing the impact of experiences of oppression, exploring how

one may have internalized various oppressions, how one develops coping strategies to deal with oppression, while developing a positive sense of self that combats negative experiences.



Harper and Swanson (2019)

Implications for Bisexual / Bi+ People of Color

Below are some implications to help begin inform your work:

- Be familiar with bi+ identity development - see Chun and Singh (2010) [bisexual youth of color intersecting identities development model](#) and Harper and Swanson (2019) [nonsequential task model of bi/pan/polysexual identity development](#) along with various racial development models.
- Tap into your own experiences in understanding how your sexual orientation and racial development came to be.
 - *When did you realize you were [sexual orientation]? When did you realize you were [racial identity]? How did you know? What internal/external cues brought your identities to your awareness?*
- Attune to specific bi+ processes including distorted understandings of straight-passing privilege, ambiguity and existing in the borderlands, and mononormativity.
- Explore how clients' presenting concerns are influenced by systems of monosexism (e.g., bierasure, biinvisibility), heterosexism, and racism.
 - Ask about messages and microaggressions they have experienced from each system.
 - Always externalize the oppression by blaming the systems of oppression for the messages and microaggressions and that these messages are not true nor reflective of who they are as a person - even if it feels that way.
- If clients are newly embracing their sexual orientation and/or coming out to others consider the following:
 - Continually affirm their sexual orientation, especially as a bi+ person of color.

- Do not delegitimize their sexual orientation i.e. don't assume they are identifying as bi+ presently and that over time they will identify as straight or gay/lesbian. Even if they do, it's not the clinician's duty to make such an assumption preemptively.
- Explore the messages they have received around being bi+ and how it connects/intersects with their racial cultures.
- Name the struggles of being a bi+ person of color as well as how powerful it is for them to embrace their authentic self even when systems of oppression do not want them to.
- Highlight how coming out is grounded in whiteness and is not required for them to feel authentic. Often there is an expectation by white LGBTQ+ communities one needs to be out, yet that does not take into account the realities of sexual minorities of color in that coming out may rupture the family system which is an invaluable source of support for BIPOC individuals. For instance, sexual minorities of color go to their racial communities for support around racist experiences and don't feel comfortable going to LGBTQ+ spaces since these are often white.
- Ground individuals in realistic expectations. Often clients have the belief once they are out, they will no longer have to deal with oppression and their lives are free from hardships. Remind clients that unfortunately systems of oppression are still alive and that it is a lifelong process in navigating life as a bi+ person of color. At the same time, it is a delicate balance in not getting lost in the sea of oppression including its hopelessness.
- Prepare clients with experiencing potential exclusion from multiple spaces (e.g., BIPOC, LGBTQ+) as their intersectionality is often compartmentalized and may be misunderstood. Thus, clients should seek or create affirming spaces where they can be validated for all of their identities.
- Emphasize their unique strengths as bi+ people of color, such as having the freedom from social labels, freedom to love and connect without regard for sex/gender, freedom to explore relationships, and freedom of sexual expression.

Gay Men / People of Color

Of the entire LGBTQ+ community, gay men experience the highest number of hate crimes (e.g., physical assault, sexual assault, discrimination, etc.), with gay men of color experiencing even higher rates of violence (Ginicola et al., 2017; Scheer et al., 2021). Mainly as such individuals possess identities that are heavily targeted across society including being BIPOC and gay. Sadly, violence against gay men has endured due to a historical legacy of systemic oppression, state-sanctioned exclusion, discrimination, and physical harm perpetuated by notions of hegemonic masculinity and heterosexist ideology (Bucher, 2014; Scheer et al., 2021). For example, throughout U.S. history, systemic violence towards gay men has occurred in the form of criminalization wherein gay men are transformed into criminal subjects, rendering their activities, identities, or desires illegal. Additionally, in the late 19th and early 20th centuries, gay men were targeted with harmful, medical/mental efforts to “fix” their same-sex desires including castration, carceral punishment, conversion “therapy,” among others (Scheer et al., 2021). This isn't surprising then to see that such oppression results in health disparities including suicidality, substance use, poorer physical health, depression, and identity concealment.

In general, gay men who engage in anal sex with other men are at an increased risk of contracting an STI (sexually transmitted infection), as anal sex is the riskiest type of sex for transmitting an infection. Gay men also experience higher rates of substance use and disordered eating/body image. Both of these higher rates may be a byproduct of systems of heterosexism and sexism respectively (Ginicola et al., 2017; Pantoja-Patiño, 2020). Queer people have had to create safe havens (e.g., bars, clubs) to protect themselves from oppression. These safe havens have become a staple for queer culture where substances are easily accessible to people as a means for joy and pleasure. These positive emotions have been diluted by heterosexism in queer people's lives, as such queer people have had to create these positive experiences on their own via substances. A word of caution is to not pathologize queer people's normative substance use, it is important to culturally assess their substance use patterns to determine if their substance use impairs their functioning (Pantoja-Patiño, 2020).



Raphael Perez, n.d.

Regarding disordered eating/body image, gay men, including gay men of color, experience high rates of disordered eating/body image as men frequently objectify other men, which is rooted in heterosexism and sexism. This perhaps is not surprising given heterosexism and sexism stems from a system of men supremacy practices or ideology that straight men are inherently superior to women and other gender diverse and nonheterosexual individuals. Heterosexuality is not only used as a notion of masculinity, but as a tool to enforce masculinity - including hegemonic or toxic masculinity - that can engender homophobia. *Homophobia* refers to a fear of gay individuals, a fear of being perceived as gay, a fear of liking men, and/or a fear of being effeminate (Bucher, 2014). Because the majority of gay men of color to a certain degree are socialized in the context of hegemonic masculinity, they will internalize elements of homophobia. Young boys who first take notice that their sexual orientation may be different from heterosexuality can develop feelings of fear and shame. Such young boys have been socialized through gender socialization that they should refrain from expressing emotional intimacy with other young boys. This type of socialization will likely stunt gay boys of color identity development, including how close they can get with other boys and potentially other men as they get older (Di Bianca & Mahalik, 2022; Ginicola et al., 2017). Continuing the thread on masculinity and gender socialization, gay men of color may experience *alexithymia* (difficulty naming and expressing emotions), *stoicism* (enduring pain without displaying signs of weakness), *depersonalization* (detachment from self), and dominance over others due to developing a model of hegemonic masculinity. The cost of upholding hegemonic masculinity is isolation, loneliness, exclusion from community, and heightened risk of suicide (Di Bianca & Mahalik, 2022). Gay men of color who hold rigid forms of masculinity can internalize homophobia, anxiety, shame, as well as feelings of inferiority which will inevitably impact how men enter into and experience intimacy with other men (Ginicola et al., 2017). When gay men of color do

interact with other men, especially in queer spaces, they are often met with high levels of racism especially by white gay men, with much of the racism manifesting as sexual exclusion or fetishization of gay men of color (Han & Choi, 2018). White gay men argue that excluding or fetishizing gay men of color as potential sexual partners is a “personal preference” rather than racial exclusion. Yet this is not a personal preference rather they are problematic conditions that govern romantic relationships amongst white gay men, which is racist.

Identity Development of Gay Men / People of Color

In the conceptualization of gay identity development, fortunately, there have been several theories that have elucidated the identity formation process of gay men; with a heavy focus on white cisgender gay men. However, more recently there is a burgeoning scholarship attending to the lived experiences of gay men of color (Han, 2017; Jamil et al., 2009). This section will first highlight Troiden’s (1989) [model of gay identity development](#) and then proceed with Han’s (2017) and Jamil et al’s (2009) theoretical contributions. Troiden’s (1989) model of gay identity development is a four stage model where progress through the stages occurs iteratively and recursively in different ways for different people. Stages may be encountered in a sequential manner, while in other instances they are merged, bypassed, or realized simultaneously. The first stage of the model is the sensitization stage which occurs before puberty. Gay men typically acquire social experiences during their childhood that serve later as bases for seeing their sexual orientation as personally relevant. For instance, boys/adolescents realizing they have emotional attractions to other boys/adolescents, along with dealing with feelings of arousal for boys/adolescents. These experiences come to be later interpreted with the significance of being gay. In other words, gay men may reflect on past events that support their current identity as gay. Colloquially this phenomenon is referred to as a “gay awakening.” In stage two, or the identity confusion stage, adolescent boys begin to reflect upon the idea that their feelings, behaviors, thoughts, and sensations potentially align with a gay identity. Subsequently, adolescents experience inner turmoil and uncertainty around their sexual orientation. In this stage, individuals no longer uphold wholeheartedly their heterosexual identity, at the same time they have yet to develop perceptions of themselves as a gay man (e.g., suspecting one might be gay). Critical systemic factors that contribute to identity confusion is heterosexism (e.g., homophobia, microaggressions, heteronormativity, stereotypes, etc.), ignorance, and inaccurate knowledge about what being gay means. Further, in this stage, individuals respond to identity confusion by adopting the following strategies: denial, repair (efforts to eliminate same-sex feelings and behaviors), avoidance of being gay (inhibiting interests, avoiding exposure to gay information, heterosexual immersion, use of substances), redefinition, and acceptance (Troiden, 1989). Stage three is the identity assumption stage in which men self-identify and present their identity as gay men. In this stage where men first experience “coming out.” In the final stage of commitment, men are committed to living out as gay men. Individuals in this stage are more comfortable living as a gay man than to try to live as a straight man. Gay men have shifted their self-perceptions from a negative deficit perspective to a positive normal perspective.

The aforementioned model can help initially conceptualize gay men of color identity development. However, a limitation of the model is a lack of acknowledgment of how race intertwines with sexual

orientation. Two perspectives that do account for the intersectionality in identity development of gay men of color are Jamil's et al. (2009) [sexual and ethnic identity development processes](#) and Han's (2017) [identity development considerations](#). Jamil's et al. (2009) sexual and ethnic development processes includes, timing and contexts of identity awareness; process of identity development; different experiences of oppression; and connection to the community. In the timing and contexts of identity awareness, young men of color become aware of their sexual orientation and ethnic identities during the period between elementary and high school. Awareness in these contexts involves an awareness of being and feeling different from other peers. For instance, gay adolescents of color can feel a sense of separation from racial communities because of their sexual orientation, as well as disconnected from the LGBTQ+ community due to their identities as a person of color (Ghabrial, 2017; Sarno et al., 2015). This awareness is potentially heightened as folks transition into adolescence, which is a profound time in a person's identity development journey. After discovering an initial awareness of their identities, young gay men of color can further their identities through the process of identity development. Using ethnic resources (e.g., food, music, traditions, etc.) within their immediate community and searching and connecting with a gay community helps to solidify one's identities. Through these resources and spaces, people learn to make meaning of their identities, which unfortunately can be negative. The next developmental process has to do with different experiences of oppression. Young gay men of color often face racism from white spaces, while facing heterosexism from both the white heterosexual community and their racial communities (Jamil et al., 2009; Rosenberg, 2016). Experiences of oppression influence the ways in which a person's identities will be integrated into a sense of self. As such, it is essential to parse out the positive elements of being a gay man of color from the experiences of oppression (Moore et al., 2020; Ferguson, 2016). The last developmental process from this model is connection to the community. Social spaces and environments shape a person's existence. For instance, young gay men of color learn about navigating the world from their families, neighborhoods, school, internet, to name a few. These contexts naturally will inform how they express their identities.

Similar to Jamil et al. (2009) developmental processes, Han's (2017) identity development considerations intersectionally capture the experiences of gay men of color. Several perspectives were delineated including, identities as declaration, identities as performance, identities as disidentifications, identities as fluid and contextual. In mainstream queer culture, a momentous point is coming out as it "alerts" the world about one's authenticity. At the same time, the emphasis on coming out marks "outness as moral, more healthy, and more politically viable" (Han, 2017). Typically, the failure of gay men of color to come out is blamed on communities of color as there is a perception that BIPOC communities are less likely to be accepting of openly gay people. However, gay men of color less willingness to come out may be more accurately attributable to racism in the gay community and heterosexism in communities of color (Han, 2017). As such, as a way to resist mainstream queer culture expectations, gay men of color may declare their sexual orientation other than coming out verbally, such as bringing one's partner to family functions. In the identities as performance perspective takes into account gay men of color masculinity and gender socialization. Masculinity plays a crucial role in the way gay men of color come to identify themselves. It may reflect the gender norms in communities of color, as well as a response to the whitening of what it means to be gay. Identities as disidentifications involves attempting to situate oneself both within and outside of the existing identity discourses

available. It involves taking the dominant narrative of what it means to be both a person of color and gay, and transforming them to align to one's own experience. The last perspective views identities as fluid and contextual and recognizes how identities can change over time and place (Han, 2017). For example, gay men of color are in different social locations before they come out to themselves versus when they have no awareness of their queerness. Similarly, an individual's identities change when they integrate their race and sexual orientation whereas when they are treated as separate. All of these considerations can be entry points for clinicians to develop interventions depending on where gay men of color are in their identity development journey.

Implications for Gay Men / People of Color

Below are some implications to help begin inform your work:

- Be familiar with gay identity development - see Troiden's (1989) [model of gay identity development](#), Jamil et al. (2009) [sexual and ethnic identity development](#), and Han's (2017) [identity development considerations](#).
- Tap into your own experiences in understanding how your sexual orientation and racial development came to be.
 - *When did you realize you were [sexual orientation]? When did you realize you were [racial identity]? How did you know? What internal/external cues brought your identities to your awareness?*
- Explore how clients' presenting concerns are influenced by systems of sexism (e.g., masculinity, homophobia), heterosexism, and racism.
 - Ask about messages and microaggressions they have experienced from each system.
 - Always externalize the oppression by blaming the systems of oppression for the messages and microaggressions and that these messages are not true nor reflective of who they are as a person - even if it feels that way.
- If clients are newly embracing their sexual orientation and/or coming out to others consider the following:
 - Continually affirm their sexual orientation, especially as a gay man of color.
 - Explore the messages they have received around being gay along with manhood (e.g., gender roles, intimacy with other men) and how it connects/intersects with their racial cultures.
 - Name both the struggles of being a gay man of color as well as how powerful it is for them to embrace their authentic self even when systems of oppression do not want them to.
 - Highlight how coming out is grounded in whiteness and is not required for them to feel authentic. Often there is an expectation by white LGBTQ+ communities one needs to be out, yet that does not take into account the realities of sexual minorities of color in that coming out may rupture the family system which is an invaluable source of support for BIPOC individuals. For instance, sexual minorities of color go to their racial communities for support around racist experiences and don't feel comfortable going to LGBTQ+ spaces since these are often white.

- Ground individuals in realistic expectations. Often clients have the belief once they are out, they will no longer have to deal with oppression and their lives are free from hardships. Remind clients that unfortunately systems of oppression are still alive and that it is a lifelong process in navigating life as a gay man of color. At the same time, it is a delicate balance in not getting lost in the sea of oppression including its hopelessness.
- Prepare clients with experiencing potential exclusion from multiple spaces (e.g., BIPOC, LGBTQ+) as their intersectionality is often compartmentalized and may be misunderstood. Thus, clients should seek or create affirming spaces where they can be validated for all of their identities.

Queer People of Color

The term *queer* can be described as an umbrella term to refer to all LGBTQ+ people; a political statement which advocates breaking binaries and seeing both sexual orientation and gender identity as fluid; as well as a label to explain a complex set of sexual orientations and gender experiences (Maroney et al., 2019). Queer can include lesbian women/people, gay men/people, bi+ people, trans people, among others. *Queer* was originally used as a derogatory label for gay and lesbian people since the early 1900's.



Presently, the term has been reclaimed by some LGBTQ+ individuals, while for others the term feels insulting as it is associated with memories of injury when used by straight people (Panfil, 2020). Additionally, the term has also been seen by some sexual minorities of color rooted in dominant Western and European ideologies along with it being associated with whiteness (Panfil, 2020). Nevertheless, it is a term widely used by LGBTQ+ members and it is argued that the label can encompass the many identities, expressions, and cultures of sexual minorities of color. Clinicians should respectfully ask their clients how they identify their sexual orientation before imposing or using the label *queer*. Queer people of color (QPOC) are extremely diverse, which means how one person utilizes their identity as queer will look different for another individual. Queerness can be alluded to as a universe with each individual who identifies as queer to be a star. Depending on what location you are looking at a star, its appearance and shape will change with time and space. It is of utmost importance to carefully explore how QPOC make sense of their queerness.

Félix d'Eon, n.d.a

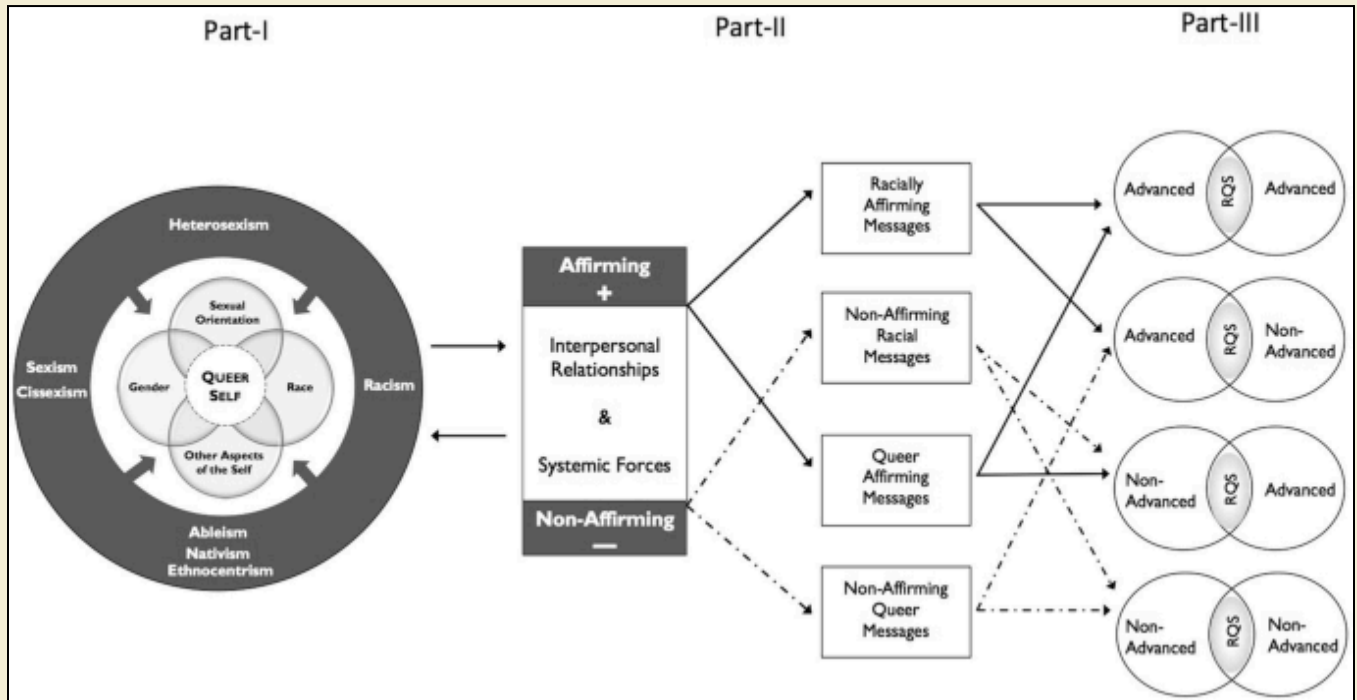
Queer people of color (QPOC) have been on the frontlines, fighting for and securing justice for others, while simultaneously being pushed to the margins (Collins & Taborda-Whitt, 2017). Devastatingly

because of systemic oppression, the contributions of QPOC are repeatedly overlooked and erased. For example, [Marsha P. Johnson](#), a queer person of color, was instrumental in the success of the [Stonewall Riots of 1969](#) and yet her story is often obscured by the centering of white gay men. More recently, includes the erasure of two of the three creators of the [Black Lives Matter movement](#) who are queer women of color (Collins & Taborda-Whitt, 2017). Moreover, queer people of color in the U.S. are confronted not only by disproportionately high rates of discrimination, un/underemployment, microaggressions, and violence, but also a legal landscape that does not fully protect their rights or value their lives wholly, hence leading to poorer health outcomes (Adames & Chavez-Dueñas, 2021; Balsam et al., 2011; Meyer, 2003; Pantoja-Patiño, 2020). All of this will greatly shape QPOC identity development and outness, particularly in hindering their identity disclosure and expression. Therefore, It is culturally responsive to explore how QPOC understand their queerness. For instance, the author self-identifies as both gay and queer. How the author engages with each label depends on the context they are in. If the author is amongst other sexual minorities they will identify as gay or gay/queer, while if they are in a space unfamiliar and want to disclose their sexual orientation they will use queer. In this example, the label has been used to highlight the fluidity of comfort and space. This is just one out of many examples of how queer is used and claimed. The beauty of being queer is how expansive the constellation of identities, expressions, experiences, and communities is. Muñoz (1999) speaks to this process known as *disidentification*, in which QPOC make meaning of their queerness. In essence, QPOC subvert cultural expectations like heteronormativity, gender binaries, etc. to survive oppression while making room for themselves within the social structures of oppression. An individual can then work from within the structure to gradually reform it by redefining what the oppressive labels mean, and at the same time refusing to be defined by such labels (Mattson, 2013). For some however, it may be overwhelming to grasp the universe of queerness, yet this should not deter clinicians from being curious or culturally humble in wanting to guide individuals in making meaning of what it means to be a queer person of color.

Identity Development of Queer People of Color

Identity development for queer people of color (QPOC) is guided by many intricate life experiences and the bidirectionality between the individual and their environments. Fortunately, Adames and Chavez-Dueñas (2021) have introduced the [racial queer identity framework](#) that focuses on how racism, heterosexism, and cissexism overlap and interlock to uniquely impact QPOC identity development. The authors courageously highlight how the language we have available to describe QPOC subjectivities are myopic - lacking imagination and thoughtfulness - and come from people who enslaved, colonized, and exploited communities of color. The racial queer identity framework therefore is grounded on theories of intersectionality, racial identity development, and collective history of oppression and resistance (Adames & Chavez-Dueñas, 2021). It comprises three parts and four schemas which are depicted in the figure below. Part I of intersectionality constitutes the queer person of color at the center with four overlapping identity spheres (sexual orientation, gender identity, race, and other aspects of the self). All of these spheres intersect to form the queer self. Additionally, the individual is directly influenced by various systems of oppression like heterosexism, racism, sexism, cissexism, ableism, nativism, and ethnocentrism. Altogether, it shapes QPOC identity development, for instance dealing with internalized

heterosexism can result in suppression of queerness. Part II includes affirming vs. non-affirming messages about queerness and race people receive. There are two main sources in which the affirming and non-affirming messages breed: interpersonal relationships and systemic forces. These two sources bidirectionally impact the queer self and vice versa. These two sources contain racially affirming messages, non-affirming racial messages, queer affirming messages, and non-affirming queer messages. The bidirectionality of Part I and Part II results in Part III which are the racial queer schemas. QPOC will enact one of four schemas which will vary depending on what messages (i.e., affirming vs. non-affirming) they have internalized. The schemas that QPOC develop will impact whether a person challenges both interpersonal and systemic forces in society (Adames & Chavez-Dueñas, 2021).



Adames and Chavez-Dueñas (2021)

If people receive and internalize racially and queer affirming messages they can develop an advanced - advanced schema in which they reclaim all aspects of themselves. People in this schema seek to belong and create communities where their whole selves are welcomed and celebrated. They view their social groups and communities as a source of pride despite being dehumanized and oppressed. QPOC also reject negative messages with a firm understanding of the unique strengths and qualities of their racial queer community. People demonstrate a commitment to continue to liberate themselves and others from the trenches of oppression by resisting and refusing daily the pressure to use norms and narratives created by white supremacy culture, patriarchy, and heterosexism to define oneself and one's community. Clinicians can help clients explore sources of strength and pride to reinforce the affirming messages and qualities of themselves so they can develop an advanced - advanced schema. It may also necessitate that clinicians support clients in contextualizing their internalized oppression and then externalize the oppression to systemic forces rather than to their identities. The second schema is the advanced - non-advanced which entails individuals reclaiming their race while compartmentalizing their queerness. Individuals in this schema have internalized racially affirming messages and non-affirming

queer messages. QPOC compartmentalize their queerness to minimize or avoid discomfort and anxiety associated with conflicting values, cognitions, emotions, and beliefs about their sexual orientation. Folks think of themselves as a racial being (advanced) but not a queer being (non-advanced). They feel comfortable with their racial group membership and actively counter negative messages about their race and racial group with pride. QPOC in this schema show a commitment to ending racism but not heterosexism and even blame the oppression experience on their queerness (Adames & Chavez-Dueñas, 2021). Clinicians working with individuals in this schema can target interventions in transforming the internalized heterosexism and the non-affirming messages they have appropriated. Further, clinicians can maximize the positive intersectionality (the empowerment and acceptance of one marginalized identity can spillover into another identity and enhance well-being; Ghabrial, 2017) of the QPOC reclaimed racial identity to spillover into their queer identity. The third schema of non-advanced - advanced includes the reclaiming of queerness and the compartmentalizing of race. QPOC in this schema have typically internalized non-affirming racial messages and queer affirming messages. People attach low salience to their race and racial issues (non-advanced) yet are grounded and comfortable with their queerness (advanced). Individuals understand and identify heterosexism and heteronormativity as problematic, however deny the impact of racism on their lives and those of their racial group. QPOC in this schema deal with internalized racism and harbor prejudice towards members of their racial communities. Conversely, QPOC feel connected to the queer community and believe white people are superior to BIPOC and see white queer people as leaders in the gay liberation movement. They believe white queer individuals are exemplary as they can “freely” be queer while simultaneously viewing communities of color as misguided for not accepting their queerness (Adames & Chavez-Dueñas, 2021). Clinicians here can work toward guiding clients to reframe their knowledge of racism by connecting their current understandings to systemic oppression and how it can convince individuals that their racialized experiences are the problem rather than white supremacy. The last schema is the non-advanced - non-advanced which QPOC in this schema reject all parts of themselves. Individuals do not consciously think about themselves as a person of color (non-advanced), nor a queer person (non-advanced), and let alone a queer person of color. People generally struggle with internalized heterosexism and internalized racism. They deny the impact of racism and heterosexism in their lives as they do not have the awareness to see and comprehend the complex ways in which white supremacy culture, patriarchy, and heterosexism are working in tandem to impact their existence. People may be questioning their sexuality, yet denying it or believing that they may have attraction to people of the same gender. Moreover, they do not see themselves as racial beings and understand themselves and the world through a colorblind lens (Adames & Chavez-Dueñas, 2021). Perhaps the main goal for clinicians in working with clients with this schema is to raise awareness or critical consciousness in order to begin the process of radical healing (French et al., 2020). It could be helpful to assess the extent to which individuals experience their intersecting identities as a source of empowerment and resilience via the [Queer People of Color Identity Affirmation](#) scale (Ghabrial & Andersen, 2021).

Implications for Queer People of Color

Below are some implications to help begin inform your work:

- Unfortunately there are not many identity development models for queer people of color. The only known model is Adames and Chavez-Dueñas (2021) [the racial queer identity framework](#)
- Tap into your own experiences in understanding how your sexual orientation and racial development came to be.
 - *When did you realize you were [sexual orientation]? When did you realize you were [racial identity]? How did you know? What internal/external cues brought your identities to your awareness?*
- Curiously seek to understand how individuals make meaning of their queerness, including what it means for them to be queer.
- Consider assessing the extent to which individuals experience their intersecting identities as a source of empowerment and resilience via the [Queer People of Color Identity Affirmation](#) scale (Ghabrial & Andersen, 2021).
- Explore how clients' presenting concerns are influenced by systems of sexism and cissexism (e.g., binary sex, homophobia, patriarchy), heterosexism, and racism.
 - Ask about messages and microaggressions they have experienced from each system.
 - Always externalize the oppression by blaming the systems of oppression for the messages and microaggressions and that these messages are not true nor reflective of who they are as a person - even if it feels that way.
- If clients are newly embracing their sexual orientation and/or coming out to others consider the following:
 - Continually affirm their sexual orientation, especially as a queer person of color.
 - Explore the messages they have received around queerness such as the term queer itself and how it connects/intersects with their racial cultures.
 - Name both the struggles of being a queer person of color as well as how powerful it is for them to embrace their authentic self even when systems of oppression do not want them to.
 - Highlight how coming out is grounded in whiteness and is not required for them to feel authentic. Often there is an expectation by white LGBTQ+ communities one needs to be out, yet that does not take into account the realities of sexual minorities of color in that coming out may rupture the family system which is an invaluable source of support for BIPOC individuals. For instance, sexual minorities of color go to their racial communities for support around racist experiences and don't feel comfortable going to LGBTQ+ spaces since these are often white.
 - Ground individuals in realistic expectations. Often clients have the belief once they are out, they will no longer have to deal with oppression and their lives are free from hardships. Remind clients that unfortunately systems of oppression are still alive and that it is a lifelong process in navigating life as a queer person of color. At the same time, it is a delicate balance in not getting lost in the sea of oppression including its hopelessness.
- Prepare clients with experiencing potential exclusion from multiple spaces (e.g., BIPOC, LGBTQ+) as their intersectionality is often compartmentalized and may be misunderstood. Thus, clients should seek or create affirming spaces where they can be validated for all of their identities.

Asexual / Ace+ People of Color

Asexuality is a sexual orientation with multiple meanings and describes a diverse population. Asexuality remains poorly recognized in public discourse (Kelleher et al., 2023; McInroy et al., 2021). *Asexual* or *ace+* refers to a person who experiences little to no sexual attraction or desire towards any gender or sex (Maroney et al., 2019). An asexual person can be straight, lesbian, gay, bi+ or queer since sexual attraction is only one kind of attraction. Every asexual person is different in the way they approach sexual intimacy. Some may experience romantic attraction but no desire for sexual intimacy, some may want to have sex or masturbate but still not wholly attracted to others, some might engage sexually with others or with themselves but may not feel pleasure when doing so (Gould, 2023). It's essential to distinguish between asexuality from abstaining from sex for religious or philosophical reasons. As in the latter instances, sexual attraction might be present yet it is not acted upon.



Liberal Jane Illustration, 2020

Some asexual individuals may have an LGBTQ+ identity, as a person could identify as an “asexual lesbian” which might refer to someone who identifies as a woman and seeks a partnered relationship with a woman, and is not interested in sex (Foster & Scherrer, 2014). Other relevant terms that fall within the ace+ spectrum are demisexual and graysexual. *Demisexual* is someone who experiences sexual desire towards others, but only when a strong emotional bond has developed, while *graysexual* is someone who experiences sexual desire and attraction, but infrequently and/or with low intensity (Gould, 2023). Another term to be aware of is *aromantic*, which means a person who experiences little to no romantic attraction (i.e., desire to have emotional contact and interaction with a partner) to persons of any gender (Cherry, 2023). Individuals who are aromantic also lack interest in having romantic relationships. Typically aromantic people do not experience feelings of romantic attraction; do not need a romantic relationship to feel fulfilled; and have a hard time relating to romantic stories/events. Aromantic people may still desire sex and even act on these desires with no interest to form an emotional bond with sexual partners. Some aromantic people are asexual, yet aromantic and asexuality are not synonymous. As one can see, the complexity of aromanticism is layered. At the same time, there are unique challenges aromantic individuals endure including the societal expectation for people to find a romantic partner, marry, and have children. If an aromantic person does not however, they are often made to feel bad and that something is wrong with them (Cherry, 2023; Kelleher et al., 2023). *Amatonormativity* has been coined to describe the societal expectation that humans ought to pursue love or romance which then creates a stigma around being single. Akin to amatonormativity is *compulsory sexuality* which is the belief that experiencing sexual attraction and sexual desire is the standard

(Ginicola & Ruggiero, 2017). Asexual people of color are continually oppressed by both straight and white LGBTQ+ communities who engage in sexual behaviors. The ace+ community as a whole including the term is generally housed within highly selective, white online spaces (Paramo, 2017). As such, those who do not have access to these spaces will not have access to knowledge of the identity. Asexual people of color are less likely to self-identify as asexual along with less likely to see themselves represented, and thus may internalize ideas of asexuality as a primarily white identity (Kelleher et al., 2023; Paramo, 2017).

One of the distinctive features of asexuality and the lived experiences of asexual individuals is the invisibility they endure across many spaces. This is because of the assumptive belief of compulsory sexuality that is propagated by amatonormativity and allonormativity. *Allonormativity* is the assumption that all people experience sexual attraction. Amatonormativity and allonormativity can make ace+ people feel broken or like something is missing, feeling pressured to date or have sex even if they don't want to, along with feeling invisible (Kelleher et al., 2023; Robbins et al., 2016). This invisibility makes it harder for individuals to come out as many may internalize allonormative ideals and question their asexuality. This sense of questioning is reinforced by the lack of exposure to asexuality as a construct and perpetuates a sense of isolation (Kelleher et al., 2023). Examples of allonormativity include equating sexual inexperience with immaturity, assuming that lack of sexual activity is cause of concern, and assuming that not having sex means you are repressing your sexuality. Examples of amatonormativity include assuming that everyone wants to get married, treating romantic relationships as more important than friendships, along with the structuring of society around married couples (e.g., housing, taxes, etc.). Thankfully the internet has become a safe haven for ace+ communities, and has even become an integral part of asexual people's identity development. Online resources and communities provide crucial information and terminology that facilitates people's ability to self-identify and legitimize their identities and experiences as asexual. As mentioned earlier, asexual people of color are less likely to self-identify as asexual due to online platforms being highly represented by white communities (Paramo, 2017). Even when the author was synthesizing information/bodies of knowledge on asexuality there was rarely any mention of BIPOC communities. If we acknowledge the general invisibility that ace+ individuals face, imagine the invisibility that asexual people of color experience. The invisibility for asexual people of color almost feels like their lives are nonexistent even when we know asexual people of color exist. To tie in the fact that for the ace+ community, online platforms are essential for individuals to define their asexual identity and yet asexual people of color may never get the opportunity to discover their authentic selves because of how exclusive these online spaces can be to ace+ white individuals. This exclusivity is due to their greater privilege in accessing such spaces as well as the likelihood of being able to disseminate knowledge of the identity within bubbles dominated by other white individuals (Paramo, 2017).

Identity Development of Asexual / Ace+ People of Color

Identity development for asexual people of color is quite distinctive from other members in the LGBTQ+ community. Mainly because asexuality centers individuals who experience little to no sexual attraction or desire towards any gender or sex (Maroney et al., 2019), unlike LGBTQ+ people who may experience

sexual attraction. Additionally, most identity development models utilize sexual attraction as a determining factor for one's sexual orientation, which for asexual folks that may not be a part of their lives. Unfortunately, at this time, the author was not able to find identity development models for asexual people of color. The author will highlight a general asexual identity development model which can help clinicians to consider asexual people of color experiences. Clinicians should integrate relevant racial identity development models along with other relevant factors important to their clients. The model described here stems from the qualitative work that Robbins et al. (2016) completed. They theorized a [model of asexual identity development](#) that is meant to be a descriptive tool of people's asexuality identity process. The model encompasses six stages (identity confusion, discovery of terminology, exploration and education, identity acceptance and salience negotiation, coming out, and identity integration) which are illustrated below:

Stage 1: Identity Confusion	Asexual identity formation begins with internal confusion and feeling different, "broken" or inadequate
Stage 2: Discovery of Terminology	People discover terminology via online platforms and validates asexuality as an available orientation
Stage 3: Exploration and Education	Process of self-education and exploration about sexuality leads to folks see if the asexual identity is an apt fit for them
Stage 4: Identity Acceptance and Salience Negotiation	People understand and accept that asexuality is a valid orientation and reject their initial pathologization of their lack of sexual interest
Stage 5: Coming out	Individuals share and express elements of their identity and educate others to increase their visibility as asexuals
Stage 6: Identity Integration	People reach self-acceptance and pride in the asexual identity regardless of their choice to come out or not

The model does not follow a linear progression and advancement between stages is not contingent upon completion of prior stages. In this first stage of identity confusion, individuals become aware of their little to no sexual attraction or desire. They then may begin to pathologize such feelings because asexuality is not widely known as an available sexual orientation label. Subsequently, people start to feel confused, incomplete, or inadequate (Robbins et al., 2016). This stems from the presence of microaggressions, thus individuals can experience shame surrounding their lack of sexual attraction. The second stage of discovery of terminology revolves around discovering that asexuality is a valid orientation. This awakening is important because asexuality is not as readily available as other sexual orientations like being gay, lesbian, bisexual, etc. Often individuals have to intentionally seek out resources, which many search the internet for answers. Asexuality's internet presence validates it as an available orientation and facilitates exploration of asexuality resources and communities (e.g., gray asexual, aromantic, autochorisexual, etc.). The third stage of exploration and education includes the process of self-education about asexuality and whether the asexual identity is an apt fit. People at this

stage may connect with other asexual individuals in online platforms and exchange information that helps define the construct of asexuality for them and promotes development of a positive self-image. In the fourth stage of identity acceptance and salience negotiation, individuals understand that asexuality is a valid orientation and have actively rejected their initial pathologization of their lack of sexual interest. People here have begun to connect the dots that their previous understanding of asexuality is rooted in amatonormativity and allonormativity. The fifth stage of coming out consists of sharing and expressing elements of one's identity and educating others to increase one's visibility as asexual. Stigmatization and dismissal of asexuality appears to be a typical experience among individuals. These experiences and the general lack of information surrounding asexuality brings forth a sense of obligation to educate others on asexuality (Kelleher et al., 2023). It is possible that being put in the position to defend the validity of asexuality may further strengthen the commitment to this identity and facilitate identity integration rather than impede it (Robbins et al., 2016). The final stage is identity integration which is when individuals achieve self-acceptance and pride for their asexual identity. People may also consider other nuanced forms of asexuality and allow for experimentation with other identities and eventually integrating them into their sense of self.

Implications for Asexual / Ace+ People of Color

Below are some implications to help begin inform your work:

- Be familiar with Robbins et al. (2016) [asexual identity development model](#) and relevant resources like Gould (2023) [What is asexuality](#) & Cherry (2023) [What does it mean to be aromantic](#)
- Tap into your own experiences in understanding how your sexual orientation and racial development came to be.
 - *When did you realize you were [sexual orientation]? When did you realize you were [racial identity]? How did you know? What internal/external cues brought your identities to your awareness?*
- Avoid pathologizing sexual behavior, for example do not search for a potential cause for someone's lack of sexual attraction as it reinforces compulsory sexuality.
- Provide resources, time, and space to discuss client's thoughts and their asexual identity. Some online platforms/resources on asexuality include:
 - [The Asexual Visibility & Education Network \(AVEN\)](#)
 - Reddit Forum - [Asexual People of Color](#)
 - Asexual Groups - [Group List](#)
- Explore how clients' presenting concerns are influenced by systems of compulsory sexuality (e.g., pressure to marry, engage in sex), heterosexism, and racism.
 - Ask about messages and microaggressions they have experienced from each system.
 - Always externalize the oppression by blaming the systems of oppression for the messages and microaggressions and that these messages are not true nor reflective of who they are as a person - even if it feels that way.
- If clients are newly embracing their sexual orientation and/or coming out consider the following:
 - Continually affirm their sexual orientation, especially as an asexual person of color.

- Explore the messages they have received around asexuality and how it connects/intersects with their racial cultures.
- Name both the struggles of being an asexual person of color as well as how powerful it is for them to embrace their authentic self even when systems of oppression do not want them to.
- Highlight how coming out is grounded in whiteness and is not required for them to feel authentic. Often there is an expectation by white LGBTQ+ communities one needs to be out, yet that does not take into account the realities of sexual minorities of color in that coming out may rupture the family system which is an invaluable source of support for BIPOC individuals. For instance, sexual minorities of color go to their racial communities for support around racist experiences and don't feel comfortable going to LGBTQ+ spaces since these are often white.
- Ground individuals in realistic expectations. Often clients have the belief once they are out, they will no longer have to deal with oppression and their lives are free from hardships. Remind clients that unfortunately systems of oppression are still alive and that it is a lifelong process in navigating life as an asexual person of color. At the same time, it is a delicate balance in not getting lost in the sea of oppression including its hopelessness.
- Prepare clients with experiencing potential exclusion from multiple spaces (e.g., BIPOC, LGBTQ+) as their intersectionality is often compartmentalized and may be misunderstood. Thus, clients should seek or create affirming spaces where they can be validated for all of their identities.

People of Color Questioning Sexual Orientation

Questioning one's sexual orientation can occur at any age, as well as change with age (Resnick, 2022). Sexual orientation, again, is a fluid experience that for some individuals includes an iterative process. *Questioning* is the process of considering one's own sexual orientation (or gender identity), typically an identity that is not heterosexual or cisgender (Maroney et al., 2019). However, note that questioning one's sexual orientation is not exclusive to the questioning of heterosexuality. For example, a gay man of color may question their degree of sexual attraction to other men and may land on identifying as an asexual gay man of color. Nevertheless, for many BIPOC individuals questioning their sexual orientation can be terrifying especially when one has been raised with the backdrop of traditional racialized values. BIPOC individuals usually develop their racial identities within their immediate community (e.g., neighborhood, family, schools, etc.), but if their sexual orientation differs from the immediate community they will have to intentionally branch out to external communities (e.g., LGBTQ+) to develop their sexual orientation (Moore et al., 2020). For BIPOC folks who are questioning, may be reluctant to seek out such spaces as they are often white. Additionally, it goes against the family system to speak out about one's sexual orientation to unfamiliar contexts. Most BIPOC cultures are relational, so the community is a core part of the person's sexual orientation. Questioning can then rattle an individual's sense of belonging, eliciting feelings of fear that if a non-heterosexual orientation were to be true, it can potentially result in significant losses and threaten their source of social and financial support and safety (Meyers, 2021). Further, sexual minorities of color

may wrestle with making sense of their sexual orientation and how to integrate it with other salient identities such as their race. And again, for BIPOC questioning individuals may not have the spaces or support to explore both of their sexual orientation and race, which can be an isolating experience. Therefore, clinicians' interventions relative to identity development ought to be gradual and grounded in the client's comfort level with discussing their identities (Resnick, 2022; Rose & Baltrinic, 2017).



Questioning and even changing aspects of one's sexual orientation can be a psychologically stressful and even painful process. There is a reason as to why LGBTQ+ people experience higher levels of depression, SI, anxiety, and substance use. This distress and pain stems from one's lived experience being incongruent with internalized heteronormative ideas (Boyer & Lorenz, 2020). Since most people from a very young age are socialized to uphold heteronormative norms, learn that same-gender attraction is not a possibility and/or is morally wrong. As such, there is little room for questioning within the heteronormative context because of the emphasis placed on the belief that heterosexuality is the only "normal" sexuality (Boyer & Lorenz, 2020). This leaves questioning individuals with either no information on non-heterosexual identities at all or with queerphobic information that will lead them to be unhappy with their identities with same-gender attraction.

Julia Bohan-Upadhyay, 2021

The plight of people questioning their sexual orientation is a unique experience that needs careful attention, especially for BIPOC individuals. BIPOC individuals' sexual orientation questioning needs to be understood within their sociocultural contexts including, but not limited to, families, schools, neighborhoods, and racialized cultures. Inherently, critical systemic factors (e.g., heterosexism, racism, queerphobia, heteronormativity, etc.) will influence sexual orientation questioning. For instance, awareness that one's sexual orientation may be different from their family unit can create a sense of separation from their racial communities (Ghabrial, 2017; Sarno et al., 2015), and elicit feelings of fear that if a non-heterosexual orientation were to be true, it can potentially result in significant losses and threaten their source of social and financial support and safety (Meyers, 2021). This fear should be connected to heterosexism in communities of color rather than putting the blame or onus on communities of color. The latter, in some ways, is fueled by white supremacy culture in that communities of color are perceived as naturally heterosexist without understanding the contextual factors that led to the communities espousing heteronormative beliefs (Han, 2017). This perspective is also supported by intersectionality theory (Crenshaw, 1991) and seeing all systems of oppression as interlocking and influencing each other. Take for example the dynamic interplay in between racism and heterosexism which results in heterosexist racism. A consequence of heterosexist racism, because of its

pervasiveness across contexts, is polluting the social spaces that sexual orientation questioning BIPOC frequent. Hence, individuals are likely to not have the spaces to question and explore their sexual orientation and race, which can be heavily isolating. Clinicians are then encouraged to foster safe and affirming spaces in their therapeutic context that they co-create with clients. This can heighten psychological safety and allow clients to authentically question their sexual orientation or come to terms with a non-heterosexual orientation/identity (Boyer & Lorenz, 2020; Price-Feeney et al., 2021). Acts of affirmation can include normalizing questioning sexuality, using messages of encouragement, providing resources around different non-heterosexual orientations, and patience. Clinicians can guide clients to begin exploring their sexual orientation by asking questions such as:

- *Can you see yourself being in a romantic and/or sexual relationship?*
 - *If so, who do you envision/imagine your ideal partner, are they a specific gender(s)?*
 - *If not, what factors move you away from romantic and/or sexual attraction?*
- *Are you interested in being sexually intimate with others? How do you experience feelings of sexual/physical attraction if any?*
- *If you existed as your true self, without the societal expectations of having to be straight [or the sexual orientation in question], do you see yourself expressing your sexual orientation differently?*
- *When did you first notice questioning your sexual orientation? What led to the questioning?*

Other helpful information to share with clients are diverse resources on the different LGBTQ+ identities and communities that exist. Below are a few for individuals to begin their exploration journey:

- [What to do when you're questioning your sexuality](#) - Resnick (2022)
- [I think I might be](#) - Advocates for Youth
- [Sexual orientation resources](#) - The Trevor Project
- [Terms describing sexual attraction, behavior, and orientation](#) - Healthline (2023)
- [How to know your sexuality](#) - wikiHow (2023)
- [Asexuality: Exploring the asexual spectrum](#) - Modern Intimacy (2022)
- [Glossary of must-know sexual identity terms](#) - verywellmind (2023)
- [What does LGBTQIA+ mean?](#) - verywellmind (2023)

Identity Development for People of Color Questioning Sexual Orientation

For people of color who are questioning or exploring their sexual orientation, there aren't specific identity development models per se, seeing that questioning is considered across various LGBTQ+ identity development models as one of the first processes/procedures/tasks/stages. Something to note is that questioning or exploring sexual orientation does not require people to arrive at a label or identity. For some, the questioning is both the process and an outcome while for others the outcome is the process. For example, an individual who questions their heterosexuality may come to the understanding that they are pansexual (process and outcome). Whereas for another person, the questioning of one's sexual orientation is the process (outcome of process) who may spend their entire life exploring their sexuality and never reach a definitive label.

Implications for People of Color Questioning Sexual Orientation

Below are some implications to help begin inform your work:

- Consider the following articles to help individuals explore their questioning journey: Resnick (2022) [What to do when you're questioning your sexuality](#) and Advocates for Youth (n.d.) [I think I might be](#) along with the questions previously noted on pg 37
- Tap into your own experiences in understanding how your sexual orientation and racial development came to be.
 - *When did you realize you were [sexual orientation]? When did you realize you were [racial identity]? How did you know? What internal/external cues brought your identities to your awareness?*
- Provide resources (refer to the above sections), time, and space to discuss client's thoughts and their questioning.
- Explore how clients' questioning is influenced by systems of heterosexism and racism.
 - Ask about messages and microaggressions they have experienced from each system.
 - Always externalize the oppression by blaming the systems of oppression for the messages and microaggressions and that these messages are not true nor reflective of who they are as a person - even if it feels that way.
 - Explore the emotions surrounding the questioning (e.g., fear, confused, anger, sadness, empty, embarrassed, shame) and connect their shame for questioning to heteronormativity
- If clients are questioning their sexual orientation consider the following:
 - Normalize that questioning is healthy and normal, and that one does not need to arrive at a conclusion immediately; it will take time as it can be a life-long journey.
 - Explore the messages they have received around non-heterosexual orientations and romantic relationships and how it connects/intersects with their racial cultures.
 - Name both the struggles of being a person of color questioning as well as how powerful it is for them to discover an authentic version of themselves even when systems of oppression do not want them to.
 - When folks have identified a sexual orientation (if they do) that relates to their sense of self, highlight how coming out is grounded in whiteness and is not required for them to feel authentic. Often there is an expectation by white LGBTQ+ communities one needs to be out, yet that does not take into account the realities of sexual minorities of color in that coming out may rupture the family system which is an invaluable source of support for BIPOC individuals. For instance, sexual minorities of color go to their racial communities for support around racist experiences and don't feel comfortable going to LGBTQ+ spaces since these are often white.
- Prepare clients with experiencing potential exclusion from multiple spaces (e.g., BIPOC, LGBTQ+) as their intersectionality is often compartmentalized and may be misunderstood. Thus, clients should seek or create affirming spaces where they can be validated for all of their identities.

Black, Indigenous, and People of Color Subgroups

Sexual minorities of color as a group are multifarious. When the focus is mainly on sexual minorities of color as a group, unique differences across sexual minorities of color may be missed. By grouping heterogeneous subgroups together it can overlook diverse manifestations of what each subgroup experiences. As such, the author attempts to highlight specific experiences from Black/African American; Native, American Indian, and Indigenous; Latine/x and Hispanic; Asian/Asian American and Pacific Islander (AAPI); and American Arab/Arab, Middle Eastern, and North African (AMENA). Obviously there are other racial variations that are still missed even when the above subgroups are centered, for instance asexual queer Indian people, biracial Indigenous pansexual individuals, etc. Readers, as always, are encouraged to seek out additional information that captures the fluid and nuanced experiences of their clients. Nonetheless, the below sections can be starting points for clinicians to garner relevant information.



Félix d'Eon, n.d.b

Black / African American Sexual Minorities

Black/African American LGBTQ+ people or sexual minorities have existed throughout all time periods long before colonization, along with being celebrated (Human Rights Campaign Foundation [HRCF], 2023a). Many different African cultures have long documented same-sex interactions including the Burkina Faso, where the *Dagaaba* people believed that men who had sex with men were able to bridge the human and spirit worlds through meditation, while in Southern Ethiopia, the *Maale* people documented a small group of men protected by the king who carried out traditionally feminine roles and tasks, and had sexual relationships with men. Or the fact that there are 5,000 yr. old Indigenous Bushman works of art on southern African rocks and cave walls that depict same-sex intimacy between men. Unfortunately, colonization of blackness had (and continues to have) a large negative and oppressive effect on the expression of sexuality among Black/African American LGBTQ+ individuals through the criminalization of queer intimacy and relations. In turn, that has resulted in Black/African American sexual minorities facing the highest risk of violence, workplace discrimination, unhousing issues, risk of HIV and AIDS, healthcare disparities, and mistreatment in the U.S. (HRCF, 2023a). Further, most narratives in the U.S. actively exclude depictions and perspectives of African queer heritage and people who experienced forced migration and enslavement, thus rendering the acts of colonization as nonexistent. In other words, the erasure of both the flourishing queer narratives of blackness and the history of colonization of African queer heritage makes it that presently, Black/African American sexual minorities have never existed and thus become targets to be

dehumanized while not holding colonizers accountable for their actions. As more diverse historical narratives are unearthed, it is important to remember that Black/African American sexual minorities have a place in the past, present, and future.

Black/African American sexual minorities often experience stigma and discrimination in their racial, sexual, and gender minority communities due to their multiple minoritized identities. Folks may then choose to create Black/African American LGBTQ+ communities as a strategy to access coping resources needed to support their mental health and well-being (Mosley et al., 2021; Watts & Thrasher, 2024). Individuals can commonly experience racism in LGBTQ+ spaces, including exclusion from queer community events, being refused entry to gay bars and sexual objectification due to beliefs about racial differences between Black/African American people and other sexual minorities of color (Watts & Thrasher, 2024). Therefore, clinicians can foster and support belongingness by connecting clients with communities with shared identities. Experiencing support is a vital component of personal liberation for Black/African American LGBTQ+ people, facilitating acceptance and authenticity (Mosley et al., 2021). The use of group therapy holds promise for improved mental health and well-being outcomes for Black/African American sexual minorities. At the individual level, clinicians can co-create therapeutic spaces to help clients explore their intersectional identities, along with identifying their strengths and how they have demonstrated resistance through their lives. Clinicians can also advocate for their clinical settings to conduct trainings on how to enhance psychological safety for individuals, and advocate for policy changes to protect individuals. Another critical consideration when working with Black/African American sexual minorities is religion and the Black church. Historically, the Black church has long served as a unifying force for many Black/African American people in the U.S., functioning both as a place of catharsis and hope dating back to enslavement, and as a place of mobilization and political power (HRCF, 2023a). However, it has also served as a place of trauma for many Black/African American LGBTQ people. For individuals who are religious, clinicians can identify supportive and allied members in one's existing religious community who may be able to provide support, can explore affirming places of worship and congregations, and explore spirituality and faith outside of traditional religions (HRCF, 2023a).

Resources for Black / African American Sexual Minorities.

- [Coming out: Living authentically as Black LGBTQ+ people](#) - Human Rights Campaign (2023a)
- [Brief Internalized Heterosexist Racism scale](#) for gay/bisexual Black men - James (2024)
- [Black and LGBTQ: Approaching intersectional conversations](#) - The Trevor Project (2021)
- [African American LGBTQ resources](#) - The University of Arizona (n.d.)
- [Black LGBTQ+ addiction and mental health support](#) - Prevail Recovery Center (n.d.)

Native, American Indian, and Indigenous Sexual Minorities

Native, American Indian, and Indigenous communities have experienced a long history of violence and cultural erasure, which have led to health disparities such as troubling rates of substance use, suicide, unhousing, poverty, and a lack of targeted education and employment services (Thomas et al., 2022).

Since Europeans arrived in the Americas, of which were inhabited by Indigenous populations, settler colonialism has generated the injustices experienced by such groups. *Settler colonialism* refers to the ongoing process of forcibly removing a population to make way for new permanent residents (Zongrone et al., 2020). Once established, settler colonizers replicated aspects of their social, political, economic, and cultural systems and transposed them into the newly colonized environment while also imposing them onto local Indigenous communities. Over time, the demographic balance shifted more and more toward settler communities as they attempted to systematically eliminate Indigenous peoples and cultures to cement their ownership or custodianship of lands and waters (Spurway et al., 2020). Colonization is a central aspect to understand when therapeutically working with Indigenous populations, as its role explains the historical and contemporary traumas communities face. Further, colonization is highly significant for Indigenous sexual minorities as historically Christian settler states like the U.S. were antithetical to positive attitudes toward queerness (Spurway et al., 2020). This is reflected in settler state policies and legislation. In the U.S., deliberate ethnocide took place via boarding schools with Indigenous sexual minorities not allowed to speak their own language, practice their spirituality or culture, or be open about their sexuality. This sadly permitted Indigenous communities to internalize and adopt anti-queerness beliefs and attitudes. Consequently, Indigenous sexual minorities find themselves not being able to safely live in their own communities because of racism and heterosexism. Additionally, Native, American Indian, and Indigenous individuals often report safety and victimization concerns at school. For instance, nearly two-thirds of students (65%) feel unsafe at school because of their sexual orientation (Zongrone et al., 2020). About 96% Native, American Indian. And Indigenous LGBTQ+ students have experienced homophobic remarks, which ultimately can result in lower levels of school belonging, feeling unsafe at school, and greater levels of depression.

Since the field of Western psychology is based in colonialistic worldviews, Indigenous sexual minorities may often experience further harm in their encounters with mental health services. Western psychology is often ill suited to non-Western and Indigenous populations. As such decolonization is necessary when working with Indigenous groups, given that as clinicians we are steeped in the culture of Western psychology and colonialism from the onset of our training as clinicians (Kinnamon, 2023). Colonialism and historical trauma results in a high degree of broken connections to culture, history, Spirit, nature, self, and the community, all of which have been disrupted, if not broken for Indigenous nations and individuals. Thus, clinicians working with Indigenous sexual minorities can support individuals reconnecting to their cultural roots by exploring elements of their cultures, including their respective LGBTQ+ community. The process can ensue an exploration of emotions around the disconnections to reignite the flame of authenticity and radical healing. Kinnamon (2023) conducted a qualitative study with Indigenous individuals and their experiences with mental health services, which they identified collaboratively with participants a few aspects for providing culturally sensitive services, including increased flexibility in regard to dual/therapeutic relationships, sharing resources, self-disclosure; encouraging exploration of relationships with cultural, social, lineage, community, nature, and Spirit; along with consulting with Indigenous clinicians and resources whenever possible. The increased flexibility in dual/therapeutic relationship allows for a more bottom-up approach which aligns with decolonial clinical work. A possibility could be clinicians self-disclosing their personal experiences with sexuality as a way to build connection with their clients, especially if clinicians also identify as LGBTQ+.

Consulting with Indigenous clinicians and resources ought to be necessary, particularly if clinicians do not identify as Native, American Indian, and Indigenous.

Resources for Native, American Indian, and Indigenous Sexual Minorities.

- [The Mental Health and Well-Being of Indigenous LGBTQ Young People](#) - The Trevor Project (2023)
- [Walking in Two Worlds: Supporting the Two Spirit and Native LGBTQ Community](#) - Tribal Information Exchange (n.d.)
- [Intersections: Indigenous and 2SLGBTQIA+ Identities](#) - Native Women's Association of Canada (n.d.)
- [Two Spirit/Native LGBTQ Resources](#) - National American Indian Court Judges Association (n.d.)
- [Native LGBTQ+ & Two-Spirit Resources](#) - OJJDP Tribal Youth Resource Center Team (2023)

Latine/x and Hispanic Sexual Minorities

A few key terms and their historical underpinnings are presented here. *Latine* is a gender-inclusive term that refers to people from Latin America, while *Latinx* is also an inclusive term, yet it does not conform with the Spanish or Portuguese syntax. Both however will be utilized interchangeably. In regards to *Hispanic*, it refers to those who speak Spanish (APA, 2023). The word comes from the Spanish term *Hispania*, which is the geography that later on became Spain. Confusion in the 1980s over this ethnonym led Spanish-speaking television (e.g., Univision, Telemundo, etc.) to encourage Spanish speakers/descendants to label themselves as Hispanics (García, 2020). This tactic helped popularize the term and explained that Hispanic is not a race and that the question of race in the U.S. census was separate. Most Latine/x and Hispanic people have a multiracial background comprising white, Black, Asian, and American Indian heritages. Critics have noted the ethnonym ignores the respective cultures and conflicts of the various peoples within Latin America. For instance, the term leaves out Indigenous populations who do not speak Spanish. The word also celebrates the connection to white European heritage, which colonized indigenous communities (García, 2020). As discussed, the term *Latinx* is an inclusive term that attempts to break the gendered language of Spanish and raise awareness of gender as nonbinary. The initial use of the ethnonym worked to replace Latino as an identifier in the names of various student clubs across U.S. universities. The term has not had much success amongst Spanish-speaking populations. Those who are not college or university educated, may not find the term so easily palatable (García, 2020). Many individuals have questioned whether the term itself attacks the Spanish language. All in all, it is crucial clinicians respect the identities their clients choose to identify with.

Latine/x and Hispanic sexual minorities share similarities with other sexual minorities of color. One of their distinctive cultural aspects however, is their history of migration. Approximately 1 in 3 Latine Americans is an immigrant, while many Latine youth grow up with families whose parents are immigrants (HRCF, 2023b). The lack of education and exposure to LGBTQ+ people may lead some family members to assume being LGBTQ+ is a choice, preference, or temporary phase. This process can be especially challenging for immigrant parents who were raised in places where information about queerness was less widely available. Latinx cultural values, beliefs, and traditions such as religion and

spirituality, *familismo* (a strong identification with, attachment to, one's family; Piña-Watson et al., 2014), and gender norms (*machismo*, *marianismo*, *caballerismo*) play a crucial role in both the individual's identity disclosure and the family's response (Abreu et al., 2023). *Marianismo* refers to Latina women typically being submissive, virtuously pure, religiously superior to men, and selfless, and often expected to emulate the Virgin Mary (Piña-Watson et al., 2014; Przeworski & Piedra, 2020). *Machismo* emphasizes that Latino men are superior to women and are leaders in their community and that women are expected to be beautiful, while *caballerismo*, an extension of *machismo*, views mothers in high regard and that chivalry and honor is expressed toward women who fulfill traditional gender role expectations (Piña-Watson et al., 2014; Przeworski & Piedra, 2020). Another important role in Latinx culture is religion. Religion is essential for many Latine individuals, with over 70% attending religious services regularly (HRCF, 2023b). Sometimes, it may feel difficult to reconcile one's religious beliefs or those of one's family with one's sexual orientation given that cultural values like *familismo* are often related to socially conservative norms that promote heteronormativity. An important caveat is it is valuable to explore the degree of *familismo* and conservative norms families and individuals endorse. It is not okay to presume that individuals' families are inherently unaccepting of their sexual orientation simply because they endorse these cultural values. Nowadays, there are many Latinx families who hold such cultural values and are actively accepting of their children's identities. On the other hand, *familismo* may serve a protective role for individuals by fostering family cohesion and encouraging closeness between family members. This type of support could actually lead Latinx families to accept sexual minorities' sexual orientation (Przeworski & Piedra, 2020).

Abreu et al. (2023) identified several themes about the experiences of Latinx bi+ people as they engaged in decisions about disclosure and navigated their relationship within the context of Latinx culture. Individuals noted several factors they considered in deciding to whom and how to disclose their sexual orientation to their family, such as presence of religiosity, fear of being excluded from the collective and violence, perceived negative attitudes toward bisexuality, selective disclosure to specific family members (based their decision to disclosure on emotional closeness to family members), and disclosure of authenticity (i.e., no longer wanting to hide their identity). Other sources of scholarship have identified the methods in which Latinx sexual minorities disclosed their sexual orientation non-verbally, such as bringing a partner to a family event, rather than by overtly informing others of their sexual orientation through verbal communication (Przeworski & Piedra, 2020). This approach is known as *tacit subjectivity*, which suggests that a sexual minority identity may be something other family members are aware of but no one discusses (Decena, 2008). This then allows Latinx sexual minorities to have more agency and freedom by having more options for making their sexual identity known. By not coming out explicitly, individuals occupy a vague space where one's sexual orientation is up to the interpretation of the observer. This may be a way of maintaining respeto for the family while also living openly and being true to one's sexual orientation (Decena, 2008; Przeworski & Piedra, 2020). Clinicians should carefully assess a Latine sexual minority individual's relationship with their family members and the likelihood that family members will serve a supportive role in a person's life before encouraging the client to come out to family members. Clinicians can also assess the degree to which individuals and their families ascribe to *familismo*.

Resources for Latine/x and Hispanic Sexual Minorities.

- [Latinx Resources](#) - familia es familia (2017)
- [Immigration Resources](#) - Immigration Equality (2020)
- [Latinx History Project](#) (2023)
- [Latinx LGBTQ Youth Report](#) - Human Rights Campaign (2018)
- [Coming Out Process for Latinx Queer Communities](#) - National Hispanic & Latino MHTTC (2023)

Asian/Asian American and Pacific Islander (AAPI) Sexual Minorities

For many Asian/Asian Americans and Pacific Islanders (AAPIs), coming out is a lifelong process that can require a different approach because of cultural norms that emphasize duty to family and community. Those who were raised in religious communities often have to reconcile with traditions that may condemn or reject queerness. For those who are immigrants or were raised in immigrant families, may have to navigate certain familial expectations (HRCF, 2023c; Kim et al., 2001). An estimated 22.5 million AAPIs live in the U.S., with more than 6 in 10 AAPIs in the U.S. being immigrants. Approximately 40,000 are LGBTQ+ AAPI undocumented immigrants. Such individuals come from countries that are less accepting or even intolerant of LGBTQ+ people. In some countries, queerness is still criminalized (e.g., LGBTQ+ people censored, jailed, tortured, put to death). Additionally, AAPI youth are being raised by parents who left their home countries in search of a better life. AAPI children often feel indebted to their parents as well as fear disappointing their parents, and will avoid doing anything that might bring shame upon the family. AAPI sexual minorities can carry a weight of expectations rooted in traditions that define success through rigid gendered norms. This sense of duty may be passed along to future generations and be reinforced across communities (HRCF, 2023c). For individuals who choose to come out to their families, it is not uncommon for their family members to take time to work through the concerns and fears they have regarding the unknown. For immigrant parents who were raised in places where information about LGBTQ+ experiences was less widely available, the process of acceptance of queerness can be challenging. It can be further exacerbated by language differences that make it hard to directly translate LGBTQ+ terminology to describe LGBTQ+ identities and experiences. In the absence of comprehensive education and exposure to LGBTQ+ people, AAPI parents/families may mistakenly believe that being a sexual minority is a choice, a preference, or even a phase. Families may believe that their children became a sexual minority because they moved to or were raised in the U.S., were disconnected from their AAPI culture, attended U.S. schools, live in big cities where there are a lot of LGBTQ+ people, or have LGBTQ+ friends (Choi & Israel, 2016; HRCF, 2023c).

Many AAPI sexual minorities are raised in Buddhist, Christian, Confucian, Hindu, Islamic, Sikh or other faith traditions, each with varying levels of acceptance and affirmation. Some South Asian traditions have long histories of scriptural inclusion of queerness and multiple perspectives of gods, goddesses, and divine spirits. This also includes the historical existence of AAPI sexual minorities throughout history in Asia and the Pacific Islands (Choi & Israel, 2016). In China during the Han dynasty (206 BCE-220 CE), several emperors were known to have male partners. Not surprisingly,

opposition to queer relationships was not widespread until the Westernization efforts of the late Qing dynasty (1644-1912) and early Republic of China (HRCF, 2023c). Similarly, Japan introduced anti-LGBTQ+ attitudes during the Meiji Restoration of the late 19th century when the government began adopting contemporary European social norms. Many Asian cultures have long had terms for queer individuals (these terms were often treated as a third gender), including *phet thi sam* in Thailand, *meti* in Nepal, *bakla* in the Philippines, and *mak nyah* in Malaysia. The Pacific Islands also have a multitude of LGBTQ+ traditions and identities such as *mahu* in Hawaii, *fa'afafine* in Samoa, *fakaleiti* in Tonga, *vaka sa lewa lewa* in Fiji, *rae rae* in Tahiti, *fafafine* in Niue, and *akava'ine* in the Cook Islands. This historical context is a crucial reminder of the importance of decolonization. Therefore, clinicians ought to support individuals reintegrate aspects of their cultural contexts via reconnection to cultural heritage and history, family and community, and self and relationships (Choi & Israel, 2016). Reclaiming historical representation is central to healing in communities that have experienced colonialism, cultural erasure, and other types of systemic oppression. Providing resources around AAPI cultures and practices may help clients increase their pride. Clinicians can also help clients develop critical consciousness regarding the broader social and political determinants of their presenting concerns. Specifically, AAPI sexual minorities can be guided to examine how dominant narratives of queerness are informed by white, individualistic assumptions. Clinicians may also need to process feelings of grief and loss as clients recognize that society is oppressive, including that some of their most meaningful relationships may have also contributed to their marginalization (Choi & Israel, 2016). Attention to AAPI cultural values within the therapeutic process is essential. A few are described in the remaining section. AAPI individuals often ascribe to the sentiment or cultural value that they each should be able to resolve psychological problems on their own and that asking for help is a sign of weakness. Moreover, people avoid family shame as the failure of any individual family member reflects negatively on the family as a whole. This is supported by the cultural value of collectivism in which AAPIs feel a strong sense of attachment to the group to which they belong, and they think about the welfare of the group before their own welfare. Individuals should avoid disrupting the status quo and conform to familial and societal norms. People should respect authority figures and not question or challenge a person in a position of power/authority. For many AAPIs, educational and occupational achievement ought to be a person's top priorities. Success in life is defined in terms of one's academic and career accomplishments. Complete devotion to one's studies and job will pay off later and will make one's parents/family proud. AAPI children are expected to manifest unquestioning obedience to their parents (filial piety). In a disagreement, one should overlook differences in an effort to maintain harmony. One should always try to be accommodating and conciliatory and never confrontational. One should exercise restraint when experiencing strong emotions. AAPI may uphold the cultural value of viewing the ability to control emotions as a sign of strength. Lastly, ancestors and elders are generally revered and respected, thus AAPI individuals, especially younger generations ought to never confront their elders or go directly against their wishes (Kim et al., 2001).

Resources for Asian/Asian American and Pacific Islander (AAPI) Sexual Minorities.

- [The National Queer Asian Pacific Islander Alliance](#) - (n.d.)
- [Mental Health Resource Guide](#) - Muslim Alliance for Sexual and Gender Diversity (n.d.)

- [AAPI LGBTQ Resources](#) - Asian American Psychological Association (2024)
- [Clinical Considerations for Working with LGBTQ Asian American Youth](#) - Shen et al. (2023)
- [Desi Rainbow Parents & Allies](#) - (2023)

American Arab/Arab, Middle Eastern, and North African (AMENA) Sexual Minorities

Like many non-Western cultures, American Arab/Arab, Middle Eastern, and North African (AMENA) civilizations have a long history of same-sex relations being commonplace in their respective cultures, including a rich depiction of queer love in poetry, art, and literature. It was not until the influence of Western imperialism that same-sex practices became framed as immoral and detestable. Queer identities are delegitimized in two ways: (1) by framing homosexuality as an “ailment” and (2) by framing homosexuality as a “Western phenomenon” (Abdi & Van Gilder, 2016). In AMENA cultures, sexual minorities learn early on that queerness is a disease and a product of Westernization. This dominant narrative serves to oppress and delegitimize the identities and experiences of AMENA sexual minorities, which does not provide people the identity affirmation they need for positive identity development. Instead individuals deal with feelings of cultural isolation which comprises identity dissonance and perceived invisibility. Moreover, AMENA cultures view family and marriage as a central building block of society. In general, sexuality is a taboo topic, and queerness is rarely tolerated let alone accepted in AMENA society. Sexual transgressions or acts that go against societal norms, are thought to bring dishonor to the family, especially when committed by women (Ikizler & Szymanski, 2014). The sexuality of AMENA cultures is influenced by cultural gender role expectations and religious values. Namely sexual identity is viewed as a hierarchical binary where on one side of the binary includes heterosexual, cisgender men, dominance, power, and superiority, whereas on the other side exists women, LGBTQ+ people, sex workers, and passivity (Chaney et al., 2020). Men are expected to be sexually assertive, while women are assumed to be chaste and sexually passive, with sexual rules that should be followed. For example, young women are expected to maintain abstinence before marriage due to virtues of modesty and familial duty. The perceived absence of an intact hymen prior to marriage can lead to ostracism, discrimination, and familial and community rejection. Regarding men, sexual activity between men is socially and religiously forbidden. However, some men may only engage in sexual activities with other men discreetly and if they are not perceived to be gay, based on stereotypical notions that sexual positions are associated with a gay identity. In other words, only men who engage in receptive anal intercourse are seen as gay. Relatedly, the religious practices of AMENA cultures impact AMENA sexual minorities’ sexuality and sexual behaviors. Many religious AMENA sexual minorities can feel terror just thinking about same-sex sexual activity because they are afraid they will be punished by God (Chaney et al., 2020). It can then be expected that developing an LGBTQ+ identity as an AMENA individual would be challenging.

Mental health counseling is not part of traditional AMENA culture and is often viewed as a Western phenomenon. For many AMENA individuals, mental health issues often manifest and are experienced as somatic issues. Consequently, many are more likely to seek help via medical doctors and religious leaders rather than from mental health providers. Other factors that prevent individuals from seeking counseling include the stigma and shame associated with mental health, language barriers, acculturation,

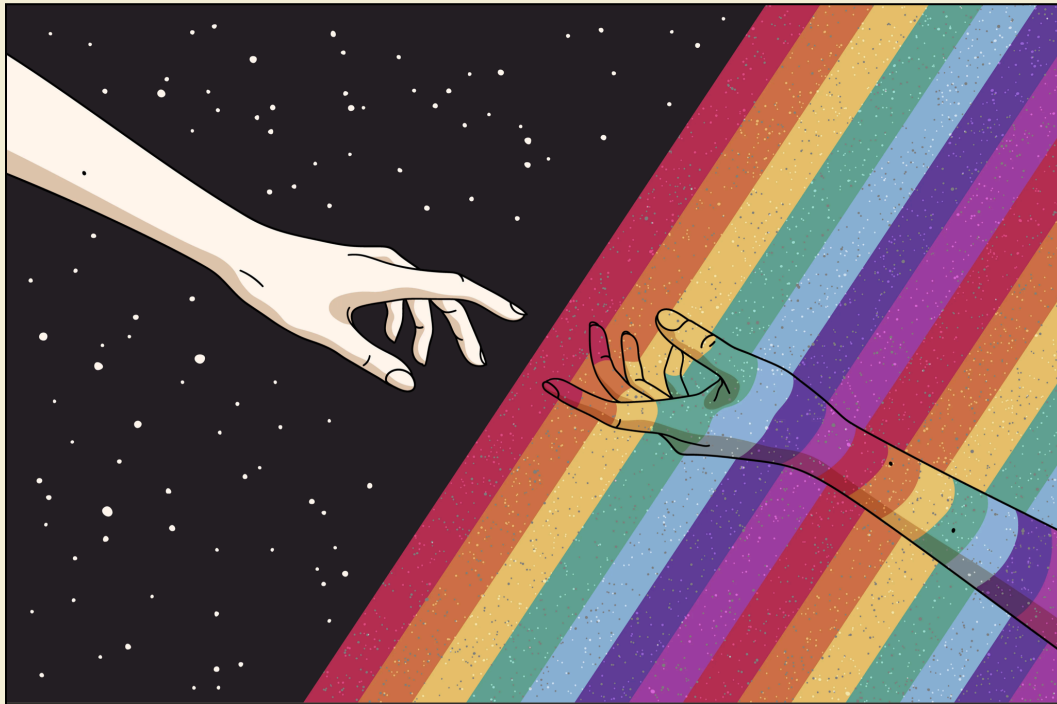
difficulty establishing a therapeutic relationship, lack of culturally sensitive services, and fatalistic viewpoint (Chaney et al., 2020). Under a fatalistic worldview, experiences, situations, and events are predetermined. As such, participating in counseling is not likely to help because nothing can be done to resolve their presenting issues. Some AMENA sexual minorities may view their sexual orientation as a punishment or test of faith from God. Clinicians are recommended to explore individuals clashing beliefs and values and be aware of not imposing their unconditional acceptance of AMENA sexual minorities by persuading them to label their queer identities or come out to family and friends when clients are not ready, do not have the desire, or the social support to do so. Clinicians also need to be mindful of individuals' levels of acculturation and identity development statuses. For individuals who are struggling with religious conflicts, clinicians can help people shift their dichotomous thinking (e.g., *"I can't be a lesbian and Muslim"*) to a more flexible and integrated way of thinking (e.g., *"I can be both lesbian and Muslim;"* *"I am a proud bisexual Lebanese man"*). Sexual guilt - the expectation of punishment from others for going against societal norms - is another issue to address when working with AMENA sexual minorities, especially those who adhere to traditional religious practices. One affirming skill to minimize sexual guilt is providing psychoeducation about sexual diversity and how queerness is part of the human experience, then allowing clients to decide how they want to integrate their sexual, spiritual/religious, and racial identities in a way that is most adaptive for them (Chaney et al., 2020).

Resources for American Arab/Arab, Middle Eastern, and North African Sexual Minorities.

- [Essential Resources on LGBTQIA+ Issues in the Middle East](#) - Pink Jinn (2021)
- [Resources for LGBTQ American Muslims](#) - Human Rights Campaign (n.d.)
- [Middle Eastern and North African Resource Guide](#) - The University of Arizona (2018)
- [Arab Sexual Diversity](#) - Al Bab (2023)
- [LGBT Voices from the Middle East & North Africa](#) - Human Rights Watch (2018)

~ COMMON CONCERNS ~

Sexual minorities of color through their shared collective history and lived experience may encounter similar concerns as a group. At the same time, one should keep in mind that although there are commonalities, how concerns are expressed may vary with each individual along with specific subgroups such as gay Arab men, queer people of color, etc. Folks can refer to each of the respective sections (e.g., Lesbian Women/People of Color, AMENA Sexual Minorities, and so forth) articulated previously based on individuals' specific salient identities. Within each of these sections includes culturally specific identity processes, concerns, values, and experiences that capture the breadth and depth of sexual minorities of color subgroups. In the following section, the focus shifts from a specific to a broader one to highlight the shared struggles sexual minorities of color face. Note these concerns are not exhaustive and there may be others that emerge within clients' lives. As always, clinicians are encouraged to seek additional knowledge to inform their interventions accordingly.

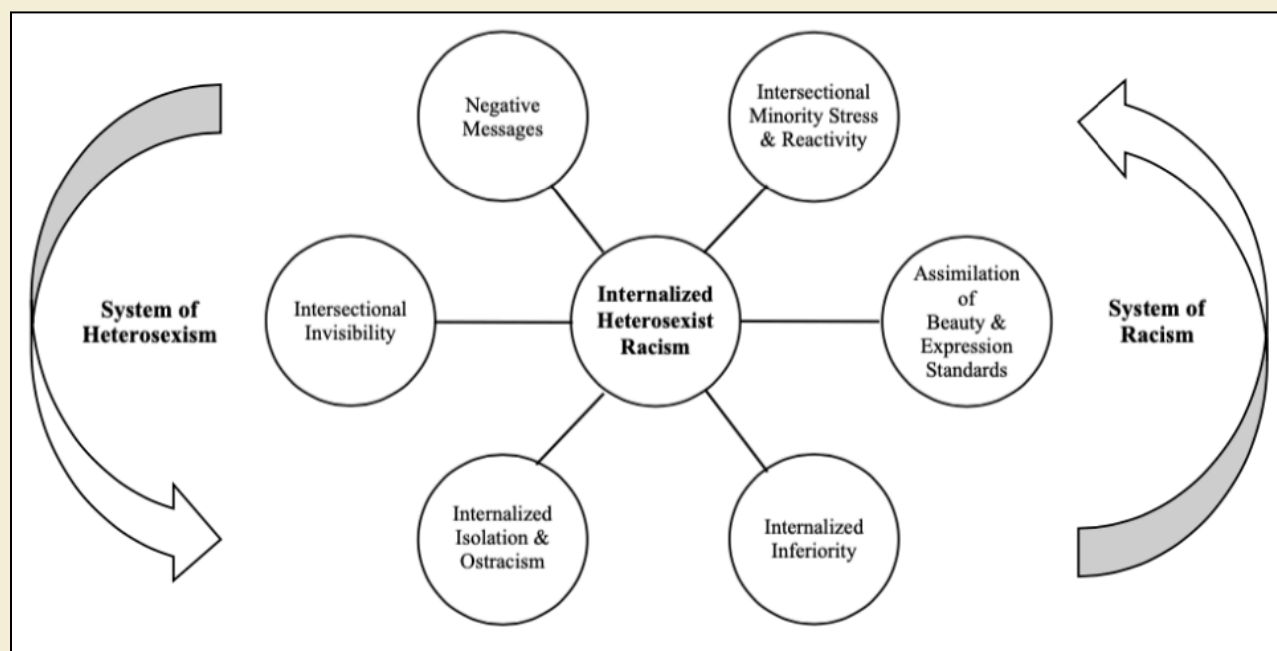


Getty Images, n.d.

Intersectional Oppression: Internalized Heterosexist Racism

Intersectionality refers to the complex, cumulative way in which the effects of multiple forms of oppression combine, overlap, or intersect especially in the lived experience of minoritized individuals or groups to produce and sustain complex inequities (Crenshaw, 1989). Sexual minorities of color often experience racism, heterosexism, and sexism - as well as other forms of oppression - in many social spaces they navigate. These experiences will influence the ways in which people's intersectional identities will be integrated into a sense of personal and group identity (Ferguson, 2016). Oppression has played a profound role in the lives of sexual minorities of color with many having to manage internal forms like *internalized heterosexist racism (IHR)*. IHR stems from the intertwining of white supremacy (racism) and heterosexism and it involves the acceptance that sexual minorities of color intersecting experiences are inferior (Pantoja-Patiño, 2024). Sadly, sexual minorities of color are socialized into these intersectional contexts that expose individuals to stigma, negative messages, and negative attitudes from people, communities, institutions, and society. For instance, within LGBTQ+ communities – which are often lacking racial diversity and are primarily white – sexual minorities of color typically experience racism in romantic relationships and social networks by being excluded or objectified (Balsam et al., 2011; Felipe et al., 2020; Ghabrial, 2017; Weber et al., 2018). Sexual minorities of color may then appropriate or internalize the feelings of exclusion or objectification and integrate them into their sense of self. Even when LGBTQ+ spaces are platonic because they are plagued with whiteness, these communities that are meant to be inclusive instead become spaces in which sexual minorities of color are policed and governed to uphold “desired” behaviors and actions (i.e., white beauty and expression standards), while robbing them of a sense of belonging (Rosenberg, 2016). Sexual minorities

of color may then erroneously believe they are inferior because they do not fit society's prototype. Additionally, individuals may feel the pressure to assimilate (adopting receiving-culture practices, values, and identifications while discarding those from the culture of origin; Schwartz et al., 2010) to white sexual minorities cultural standards. Sexual minorities of color may uphold these standards to present an ideal version of themselves to counter negative stereotypes about their racial groups as well as to be accepted by others (Versey et al., 2019). Specifically, people may alter their hair, bodies (e.g., skin bleaching, tanning, shaving, exercising to achieve the archetype body of white sexual minorities), and eating habits that are more akin to whiteness. To explicate the concept of IHR, several dimensions are outlined here, including potential interventions. Additionally, a visual representation of IHR and its dimensions are presented. The figure illustrates how IHR is a byproduct of systems of heterosexism and racism. IHR is centered in the middle along with its six dimensions. The curved arrows on each side of IHR are going in opposite directions to show that the system of heterosexism intertwines with the system of racism and vice versa.



Pantoja-Patiño (2024)

Negative Messages

Negative messages include the appropriation or internalization of external heterosexist racist messages about sexual minorities of color. Individuals subjected to heterosexist racism are socialized to believe in the superiority of white Americans and heterosexual individuals through negative messages from others, institutions, the media, and society. Sexual minorities of color then integrate these external messages into their self, their identities, and personality. A notable context in which heterosexist racism arises is families and communities. Families, and the communities the families live in, are one of the first social environments sexual minorities of color interact with. People are likely to hear negative messages about sexual minorities of color. For instance, hearing from one's racial groups say that "homosexuality" is an

illness or wrong, delegitimizes their sexual orientation, rendering people to feel invisible and alone (Abdi & Van Gilder, 2016). At the same time, when sexual minorities of color make attempts to be a part of the LGBTQ+ community, because such space is heavily androcentric (male/masculine) and ethnocentric (white), many will be othered and rendered invisible (Purdie-Vaughns & Eibach, 2008; Rosenberg, 2016). Even when sexual minorities of color are not concealing their intersecting identities, they are met with other forms of negative messages that remind them they are unwanted. Clinicians ought to explore the root sources of their clients' negative messages and connect them to external sources when possible, while also dispelling the messages.

Intersectional Minority Stress and Reactivity

Intersectional minority stress and reactivity considers the minority stress model (Brooks, 1981; Meyer, 2003) and intersectionality theory (Crenshaw, 1991), suggesting sexual minorities of color's internalized heterosexist racism (IHR) results in psychological stress and emotional reactions. This psychological distress and emotional suffering are taxing to individuals and may exceed their capacity to thrive, consequently having the potential to induce mental health concerns such as anxiety, depression, and substance use (Pantoja-Patiño, 2020; Schmitz et al., 2020). Further, intersectional minority stress and reactivity denotes stress processes associated with IHR such as, concealing sexual orientation as it goes against racial-familial values, difficulty in integrating racial identities and sexual orientation due to heterosexism from racial communities and racism in LGBTQ+ contexts, along with exclusion from LGBTQ+ and minoritized racial spaces (Balsam et al., 2011; Brennan et al., 2021; Noyola et al., 2020), just to name a few. Concealment of identities, identity conflict and compartmentalization, and ostracization all cause psychological distress and emotional reactions (e.g., shame, lower self-esteem, feelings of rejection). Continually encountering the intersectional systems of oppression can cause significant distress and emotional dysregulation to the point that individuals appropriate the psychological pain derived from such oppressive forces. Sexual minorities of color with internalized heterosexist racism may be stressed, anxious, or depressed about feeling pressure to assimilate to white and heterosexist environments. Thus, clinicians can hold the anguish in the therapeutic room to offset some of the heaviness of carrying the pain of IHR. Clinicians can then find pathways to amplify their clients' strengths along with reconnecting them with their ancestral and cultural roots to illustrate the power sexual minorities of color have. Clinicians can provide coping skills to manage the distress, however, there also needs to be skills that go beyond simply coping like radical healing.

Assimilation of Beauty and Self-Expression Standards

Assimilation of beauty and self-expression standards refers to sexual minorities of color consciously or unconsciously adopting white American and heterosexual cultural standards, such as dress attire, language, appearance, and impression management (engaging in strategies to prevent sexual orientation from being discovered; Pachankis, 2007) while concealing or downplaying their sexual orientation and race. The intent in enacting these behaviors is that white and heterosexual cultures are seen as superior to the cultures of sexual minorities of color based on the societal messages they experience (Bowleg, 2013; Campón & Carter, 2015; Lim & Hewitt, 2018). People may selectively uphold these standards of

beauty and self-expression to present a version of themselves that caters to whiteness and heterosexism to counter negative stereotypes about their group as well as to be accepted by others (Ghabrial & Ross, 2018; Versey et al., 2019). IHR forces people to believe white people – including both queer and straight – are superior and sexual minorities of color should behave/look like them. For instance, in romantic white queer spaces, sexual minorities of color are shunned from the get-go through acts of sexual exclusion or objectification based on race like upholding sexual preferences for a certain race or exoticizing BIPOC's physical characteristics (Balsam et al., 2011; Han & Choi, 2018; Weber et al., 2018). This process can pressure for instance cisgender queer men to endorse more low, deep voices to appear increasingly masculine, restricting certain mannerisms/body language, and dressing more casual (Smith, 2012; Nadal et al., 2016). Sexual minorities of color with IHR may inhibit themselves from dressing in their racial attires, avoid speaking their native language (if English is their second language), or distance themselves from their racial cultures as a result of feeling ashamed or embarrassed. Subsequently, people may alter their hair, body (e.g., achieving a certain body type via exercising, skin bleaching, tanning, shaving), and eating habits that are more akin to white American culture to be affirmed and accepted. Clinicians can help individuals reclaim authentic parts of themselves by emphasizing aspects they feel proud of. Clinicians can provide affirmation and encouragement as clients express themselves.

Internalized Inferiority

Internalized inferiority relates to sexual minorities of color negatively judging themselves (i.e., feeling less than) or others for their racial and sexual orientation cultures in comparison to white American and heterosexual cultural standards, ideologies, values, and beliefs. In essence, individuals with IHR diminish their respective cultures both internally and externally because of the negative societal beliefs and stereotypes of their cultures (Herek et al., 2009; Versey et al., 2019). Sexual minorities of color with IHR accept their subordinate status fed by systems of oppression as deserved, natural, and inevitable. White individuals (including white sexual minorities) and straight people (including straight BIPOC groups) get to project freely their own experience as the norm while stereotyping sexual minorities of color, thereby rendering their experiences invisible, which results in internalized inferiority (Ferguson et al., 2014; Purdie-Vaughns & Eibach, 2008; Rosenberg, 2016; Speight, 2007). Internalized inferiority can manifest with sexual minorities of color devaluing while simultaneously favoring whiteness and heterosexist ideologies along with feeling strong envy or animosity towards white and heterosexual individuals (David et al., 2019). Although people can revere the dominant cultures, at times they might feel a painful awareness of the advantages enjoyed by white and heterosexual individuals and desire to possess the same advantages (e.g., not being discriminated against for their race and sexual orientation, ability to live freely and coexist with others). They are aware of how different treatments are conferred based on one's race and sexual orientation and ultimately blame themselves for the negative perceptions of their cultures (Berg et al., 2016; Speight, 2007). Sexual minorities of color will see themselves through a deficit perspective such as less capable, beautiful/attractive, or successful in contrast to white sexual minorities and heterosexual individuals. Clinicians can therefore seek/identify sources of pride to combat the internalized inferiority and cultivate support spaces where clients' intersectional experiences are affirmed and celebrated.

Internalized Isolation and Ostracism

Internalized isolation and ostracism involves sexual minorities of color feeling detached from white LGBTQ+ and heterosexual BIPOC communities. Dealing with IHR leads sexual minorities of color to feel increasingly isolated (Felipe et al., 2020; Singh & Moss, 2016). As such, people might begin to mold themselves or assimilate to fit into heterosexist racist spaces to be accepted. In this process, sexual minorities of color distance themselves from developing a coherent sense of self. Instead, people will create versions of themselves that cater to oppressive structures, inevitably accepting that expressions of heterosexist racism are valid and true. This just highlights the human need for connection, and when minoritized groups are deprived of such that, they will sacrifice authenticity to be relationally connected with others, even if that means assimilating to whiteness and heterosexism. Sadly, because of assimilating oneself to be accepted, paradoxically creates feelings of isolation. This is due to sexual minorities of color detaching from one's true self (i.e., embracing their intersectionality), which can create a feeling of emptiness and isolation (Singh & Moss, 2016). At other times, sexual minorities of color may conceal and/or compartmentalize their identities as a form of self-protection (e.g., experiencing future incidents of oppression), yet such strategy creates internalized feelings of isolation and ostracism. For instance, people who conceal or downplay their intertwining identities may avoid situations in which their identities may be exposed, such as being in romantic relationships or attending LGBTQ+ and BIPOC venues (Pachankis, 2007). For those who choose to remain connected to either their racial communities or LGBTQ+ communities, many are required to lead "dual lives" with each of their respective identities being suppressed. Sexual minorities of color may also experience disconnection from being excluded or ostracized by others via discrimination, rejection of intersectionality, lack of support or lack of inclusion and belonging (Abdi & Van Gilder, 2016; Felipe et al., 2020; Ghabrial, 2017; Gonzalez, 2019; Mosley et al., 2021; Rosenberg, 2016). Clinicians can utilize the therapeutic relationship to foster a sense of belonging and safety to offset or counteract the feelings of disconnection, isolation, and loneliness.

Intersectional Invisibility

Intersectional invisibility deals with sexual minorities of color made to feel invalidated and ignored by external forces (e.g., people, society, institutions, etc.), which creates an internalized sense of invisibility. Sexual minorities of color do not fit society's prototype of their constituent marginalized group: white gay cisgender middle class men nor heterosexual cisgender minoritized racial groups. This tendency to define and center sexual minorities of color as such, results in members to experience intersectional invisibility (Ferguson et al., 2014; Purdie-Vaughns & Eibach, 2008; Remedios & Snyder, 2018). With respect to LGBTQ+ spaces, the dominance of white gay men has made finding space in the queer community problematic for sexual minorities of color. Unfortunately, said hegemonic whiteness cultivates pressures to abide by the cultural standards established by white gay men that fosters a sense of isolation, displacement, and invisibility (Ikizler & Szymanski, 2014; Sadika et al., 2020). People are essentially vanished from sociocultural constructions and representation of racial queerness, considering whiteness and heterosexuality are reified within LGBTQ+ and BIPOC contexts. Moreover, sexual

minorities of color will feel “othered” and out of place by their experiences with heterosexist racism (e.g., communities of color disapproving one’s sexual orientation, religious cultural values, endorsement of traditional gender and sex roles, being shunned by LGBTQ+ for one’s race, racial colorblindness). People will feel misrepresented, further minoritized, and disempowered while appropriating feelings of invisibility. Sexual minorities of color may feel their lived realities are continuously erased from various spaces such as, white heterosexual communities, white LGBTQ+ communities, and heterosexual BIPOC communities (Jackson et al., 2020; Lim & Hewitt, 2018; Williams et al., 2022). Being constantly rendered invisible can be both exhausting and stressful, especially for those who may put in efforts to feel validated and seen. When sexual minorities of color challenge hegemonic notions of heterosexist racism, their advocacy efforts may be trivialized or be labeled as overly sensitive. This intersectional invisibility may prevent individuals from engaging with others and communities authentically. Even when they are making strides to express themselves visibly, sexual minorities of color dealing with IHR may have a hard time seeing themselves visible as it can distort one’s perception of their world. Clinicians can help fulfill client’s needs to increase the sense that they matter and that their existence is seen by you.

Microaggressions

Microaggressions are brief, commonplace, and daily verbal, nonverbal, or environmental indignities that communicate hostile, derogatory, or negative slights and insults (Sue et al., 2007). Microaggressions are a byproduct of systems of oppression and can be expressed to any person of a minoritized group like sexual minorities of color. Sexual minorities of color can experience internalized heterosexist racism (e.g., microaggressions, messages, discrimination) from three different, yet interlocking interpersonal contexts: white heterosexual individuals, white sexual minorities, and heterosexual minoritized racial groups (Pantoja-Patiño, 2024). Heterosexist racism derives from whiteness and heterosexism, thus white heterosexual individuals’ control, reproduce, and spread the insidious oppression. Since sexual minorities of color interact with white heterosexual individuals, they are exposed to such oppression. The reason white sexual minorities and heterosexual minoritized racial individuals are considered perpetrators of heterosexist racism is they can appropriate tenets of each system as well. White sexual minorities can internalize heterosexism and socialize to espouse white supremacy ideology. For example, sexual minorities of color have noted having to educate white sexual minorities about race issues, feeling misunderstood by white sexual minorities, being objectified for one’s appearance (e.g., body gestures, tone of voice, etc.), and even being told that “race isn’t important” by white sexual minorities (Balsam et al., 2011; Nadal et al., 2016; Weber et al., 2018). Balsam et al. (2011) have developed and validated a scale that specifically assesses microaggressions amongst LGBTQ+ people of color called the [LGBT People of Color Microaggressions Scale](#). Relatedly, Weber et al. (2018) delineated a taxonomy of microaggressions commonly experienced by sexual minorities of color. Meaning people perpetuate the following microaggressions towards sexual minorities of color:

- **Discomfort/disapproval with LGBTQ+ experience** - people feel uncomfortable being around queer people and expressions of queerness (e.g., people staring at queer couples PDA, laughing).

- **Assumption of universal experience** - assuming queer people are the same in manner, appearance, and lived experience (e.g., gay men being flamboyant).
- **Traditional gender role stereotyping** - gender is viewed as binary and as such prescribes specific role assignment to specific genders (e.g., women are gentle, submissive).
- **Exoticization** - feeling objectified or viewed as exotic or foreign; others seeing queer people only as sexual objects or exotic beings.
- **Ascription of intelligence** - assumption of intelligence based on the perceived race of a person.
- **Assumption of criminality** - a person of color is viewed as a criminal or deviant because of their race.
- **Denial of personal privacy** - being asked specific and intrusive questions from others about one's sex life, sexuality, gender, and sexual practices.
- **Policing bodies** - being subtly pressured and questioned by others to conform to gender (e.g., people need to follow gender binaries) and sexual norms (e.g., men need to be exclusively romantically attracted to women and vice versa).

Families: Immediate/Extended and Chosen

For sexual minorities of color, family and community are immensely valuable, so much so that folks tend to sacrifice aspects of their identities. For example, for those who endorse traditional values of family obligations (e.g., cultural gender roles, religious/moral beliefs, forming a heterosexual family) may be seen as a disappointment by members of their family if they disclose their sexual orientation (Pantoja-Patiño, 2024). Additionally, families may be a source of oppression, especially when sexual minorities of color experience rejections from their racial communities and families based on religious - cultural prohibitions against being LGBTQ+. Individuals may feel pressured to abide and respect their cultural heritage norms despite them being oppressive. Mainly because for individuals, their racial communities and family are large sources of support in comparison to their LGBTQ+ communities. This can be a point of tension for some sexual minorities of color who have to juggle the pressure of prioritizing their own families as well as their *chosen family* (a network of LGBTQ+ identified people who accept, support, and care for one another like a family). A unique experience that intersects with sexual minorities of color and their families includes education. On average, sexual minorities of color are more likely to be first-generation college students and to come from lower-income families than white sexual minorities (Conron et al., 2023). Interestingly, some individuals look to college as an opportunity to distance themselves from their families, which may be indicative of seeking the distance as a means to freely explore themselves. Conversely, there are many loving family units that affirm and celebrate their queer children. Clinicians need to not assume their clients have non-affirming families. As such, clinicians can attend to the following exploratory prompts to assess the family context:

- Explore how sexual minorities of color families influence their sexual orientation, including both supportive and unsupportive factors.
- Explore one's sense of belonging in their families and racial communities.
- Explore family, community, and individual resilience to capitalize client's strengths.

- Identify sources of community support and avoid assumptions that a sexual minority of color inherently feels connected to the larger LGBTQ+ community because they are a sexual minority.

Minority Stress and Health Disparities

Minority stress refers to stress or stressors experienced by sexual minorities due to their stigmatized social status (Brooks, 1981; Meyer, 2003). Exposure to such stressors like discriminatory policies, microaggressions, internalized heterosexism, rejections, etc. results in health disparities. Collectively, these minority stressors create an excess burden for sexual minorities that increases their risk for negative health outcomes (Balsam et al., 2011; Meyer, 2003; Pantoja-Patiño, 2020). For instance, sexual minorities of color who reside in lower economic neighborhoods due to residential segregation by way of racism, creates economic disadvantages for them to achieve high socioeconomic status (Conron et al., 2023). Unfortunately, such residential segregation circumvents or thwarts sexual minorities of color access to resources, opportunities, wealth, and power. Even within LGBTQ+ spaces, because it is infested or plagued with whiteness, these communities often become active in community policing practices, governing, and protecting desired behaviors and actions within that space much of which excludes sexual minorities of color and robbing them of a sense of belonging within the LGBTQ+ community (Rosengberg, 2016). Other relevant health disparities induced by minority stressors include substance use and suicidal ideation. In a recent U. S. national survey on the mental health of LGBTQ+ people conducted by [The Trevor Project \(2023\)](#), found BIPOC LGBTQ+ endorsed higher rates of attempting suicide in the past year in comparison to their white peers. These higher rates may be explained by the increased rates of anxiety and depression sexual minorities of color experience relative to their minoritized identities being oppressed by society. Consequently, some sexual minorities of color may resort to substances as a way to cope with minority stress. Thus, clinicians will need to consider interventions that go beyond the individual level to systematically address health disparities.

- Challenge and advocate for more inclusive policy changes including in your place of employment (e.g., clinic, counseling center, hospital, etc.), within professional organizations (e.g., American Psychological Association, National Association of Social Workers, etc.), as well as through civic engagement like voting, donating money to grassroots organizations, etc.
- Remember, not challenging for changes or being a bystander reinforces systems of oppressions along with the innumerable health disparities among sexual minorities of color.
- Inspire clients to advocate for themselves, to the degree they feel safe, as a form of liberation.
- Be aware of advocacy resources and organizations that you can connect clients with. There is power in numbers, and there are many groups who are already doing the work. Social justice does not always need one to “reinvent the wheel” as that is energy that can be expended to uplift existing resources.

Religious Cultural Tensions

For many sexual minorities of color, because of the cultural and relational aspects of BIPOC communities, are exposed/raised within religious beliefs. In a recent study (Pantoja-Patiño, 2024) on

experiences with internalized heterosexist racism among sexual minorities of color, 71% of participants identify as religious. This highlights the relevance of religion in the lives of sexual minorities of color. For some individuals certain religious beliefs inflict pain and create feelings of rejection. For example, sexual minorities of color may be told they are immoral because of their sexual orientation. Folks might also hear messages on the importance of adhering to traditional racialized gender roles to raise straight children, along with behaving according to gender norms, as well as the expectation to seek a romantic partner to complement their gender identity. If sexual minorities of color move away from these traditional racialized gender roles and norms, families may utilize religion to justify the roles/norms, which can lead to internalized shame. In relation to attending or participating in religious spaces and events, people may feel judged or not welcomed, as well as conceal aspects of their identity within religious spaces (Lockett et al., 2021). For individuals who feel a connection to their religion may have to reconcile the tension between cultural and religious views on sexual minorities, which is emotionally exhausting. Additionally, this tension can impact health outcomes as people struggle to reframe religion to be positive and supportive of their intersectionality (Lockett et al., 2021; Schmitz et al., 2020). To add to the complexity of religion, sexual minorities of color might have families who are supportive and express love to them while simultaneously rejecting their sexual orientation (Noyola et al., 2020). These ambivalent attitudes toward sexual minorities of color can lead to confusion, frustration, and sadness as they try to reconcile their religious beliefs and their families' messages.

- Clinicians are highly recommended to suspend any countertransference toward religion. It is not our role to try to have clients move away from their religion. Rather it is about exploring how their religion functions and impacts them so clients can then make an informed decision of how they wish to practice their religion.
- Explore how religion plays a role in their life. *What are the religious messages they have received in terms of romantic relationships and LGBTQ+ people?*
- Identify both the positive and negative aspects of their religion including strengths, drawbacks, values, and beliefs. Encourage them to have the freedom to incorporate the positive aspects of their religion while simultaneously externalizing the negative messages to systems of oppression.
- At times, clients may feel guilty or bad for questioning their religious faith. Explore the underlying emotions of guilt/bad.
- Help clients to be open minded about having flexibility in their understanding of religion and how it applies to their lives. Often adhering to rigid religious beliefs maintains the tension between religion and one's sexual orientation.
- Normalize the emotional burden of having to navigate the religious cultural tension.

Identity Processes: Concealment, Conflict, Code Switching, & Coming Out

For many sexual minorities of color, coming out to themselves and others involves a labor of courage and energy. *Coming out* is the process in which one acknowledges and accepts one's own sexual orientation - or gender or sex identity - as well as the process of disclosing said identity to others (APA, 2021b). Coming out is not a one time process, it is an iterative one that hopefully over time gets easier to disclose at the discretion of individuals. Ideally, the decision of when to come out should be at the

willpower of sexual minorities, yet sadly there likely will be moments when they may be outed by others. As noted earlier, the coming out process is a white narrative that highlights people's desires and independence over collectivistic cultures (Meyers, 2021). For sexual minorities of color, they might prioritize their families and racial communities over others, including those in the LGBTQ+ community. Coming out may jeopardize a person's place in the community along with threatening their source of social and financial support and safety. White sexual minorities tend to believe that because they also hold a minoritized sexual identity, they can understand/relate to sexual minorities of color experiences with coming out (Meyers, 2021). This is not the case, even if white clinicians identify as a sexual minority, intersecting the coming out experience with race changes the experience for sexual minorities of color. Sexual minorities of color often disagree that coming out was necessary in order to be true to themselves or that it was more important than protecting their families' feelings or reputations (Enno et al., 2022). Coming out can be understood as a continuum, with one side of the continuum being in denial of one's sexual orientation, and at the end of the continuum celebrating one's sexual orientation.



HRCF (2023c)

Other relevant identity processes include identity conflict between one's racial identity and sexual orientation as a result of intersectional oppression. Sexual minorities of color may feel conflicted about these two identities, and view them as incompatible with each other resulting in anxiety (Kavanaugh et al., 2020; Sarno et al., 2015). This anxiety stems from the oppression they receive about their identities for instance, experiencing heterosexism in their racial communities, while racism within LGBTQ+ communities. People may feel the need to keep their intersectional identities separate. At times, this internal conflict can manifest as compartmentalization (both consciously and unconsciously) of identities. A manifestation of this includes *code switching* which is when an individual alters their behavior or appearance to conceal their identity to avoid conflict or oppression (Kavanaugh et al., 2020). There are instances when code switching is necessary to maintain the safety of one's existence, so it is important to explore the function and the context of it. For individuals who are navigating on coming

out, consider reviewing [The Trevor Project's Coming Out Handbook](#). This rich resource provides direction on how to plan on disclosing one's identity, while accounting for time, location, context, support, and self-care. Other identity related considerations are as follow:

- Center the stories of sexual minorities of color and avoid using white sexual minorities' experiences as a benchmark (e.g., coming out narrative, expectation that people are connected to the LGBTQ+ community, chosen family is a priority).
- Examine internal conflicts around one's identities and connect their conflict and/or internalized oppression to external systems of oppression.
- Explore the function of concealment strategies such as code switching. Help clients differentiate between the function of safety and internalized oppression. Usually safety does not include feelings of shame behind the concealment of identities.
- Identify positive aspects of clients' identities. There may be that sexual minorities of color may feel positively about one identity, but have negative feelings about another identity. As you are externalizing the negative feelings, help them internalize the positive aspects by amplifying or affirming their identities.

~ COLLECTIVE STRENGTHS ~



Marsha P. Johnson, n.d.



Celeste Byers, n.d.

Sexual minorities of color collectively possess strengths within their cultures. *Culture* refers to shared meanings, understandings, or symbols held by a group of people with a common historical background (Pantoja-Patiño, 2024; Parmenter, 2018). Sexual minorities of color are continually navigating multiple cultures, giving way for each culture, in this instance their racial and LGBTQ+ cultures, to influence their realities including their strengths. *Cultural pride* includes the reclamation and acceptance of one's own dignity, importance, and existence as a cultural being. The wording "reclamation and acceptance" herein reflects the valiant efforts of many sexual minorities of color who resist and persist systems of oppression that wrongfully make them feel inferior and ashamed. As such, usually sexual minorities of color first have to undo any internalized oppression that inhibits their ability to view themselves positively including their strengths. Nevertheless, clinicians can articulate and amplify unique strengths sexual minorities of color possess. For instance, sexual minorities of color are creative and courageous as they have to discover and employ unique strategies to navigate the world holding minoritized identities, and reenvisioning the way they can express themselves authentically in the face of oppressive systems. The following sections articulate a few strengths or sources of strengths among LGBTQ+ communities of color. As always, clinicians are encouraged to seek additional knowledge to inform their interventions accordingly.

Community and Collective Healing

For many sexual minorities of color, feeling connected to others is essential given their relational nature of growing up in collectivistic and familial communities. Individuals first learn about their racial status and identities from their immediate families. They acquire cultural norms, language, and beliefs. It is through this racial socialization process that individuals learn about how LGBTQ+ people are, usually via a negative lens. It is not surprising to hear sexual minorities of color express reservations about their own sexual orientation, especially for folks who are initially questioning their sexual orientation. The negative messages about being a sexual minority manifest internally for individuals, which can create a lot of turmoil, possibly stunting one's identity development. Further, for people who may be struggling with internalized heterosexism might not identify with the LGBTQ+ community and therefore not participate in it, which limits them from receiving the benefits of a community (Ferguson, 2016; Ghabrial, 2017). Community can encourage individuals to be authentic, which for sexual minorities of color is a critical and necessary condition to heal their wounds of oppression. It also results in the people relying on each other for support as well as being able to exchange relevant and beneficial information and resources with each other (Hudson & Romanelli, 2020). If individuals do identify as a sexual minority and make efforts to be a part of the LGBTQ+ community, it is likely they will experience racism as these communities tend to be frequented by white gay cisgender men (Balsam et al., 2011; Rosenberg, 2016). This is the result of interlocking systems of oppression that create intersectional exclusionary power dynamics within communities that privilege some identities while disempowering others (Parmenter et al., 2024). This is quite a conundrum for sexual minorities of color as they might struggle to find a community that is affirming of their intersectional experiences. Fortunately, the beauty of connection is we can build culturally affirming communities that provide people a sense of belonging that leads to collective healing. Folks can engage in resistance by engaging in self-preservation via a non-participatory stance with the mainstream LGBTQ+ community. Instead, people can surround

themselves with people who engage in critical consciousness, liberation, social justice work, and being intentionally supportive of sexual minorities of color (Parmenter et al., 2024). Community building with other sexual minorities of color can resist oppressive messages to assist in affirming LGBTQ+ BIPOC identities. Clinicians are encouraged to consider the following to support clients build communities:

- Help connect individuals to groups, organizations, online platforms, etc. that offer a space for sexual minorities of color to support one another. As such, that requires clinicians to be familiar with their immediate communities along with state and national ones.
- Foster nonclinical spaces for sexual minorities of color to gather and build community safely; such low-risk contexts would serve to build trust and information-sharing channels that might improve the well-being and health seeking of minoritized communities.
- Build collaborative relationships with different communities and identify existing community resources (i.e., [asset mapping](#)). This can allow for individuals/communities to exchange relevant and beneficial information and resources with each other. Especially, since clinicians who are not sexual minorities of color may not have access to certain cultural knowledge that individuals may need.
- Think about how your own therapeutic environments (i.e., therapy room/office, institution, physical building) creates a sense of belonging for sexual minorities of color. One of the easiest and powerful ways to visibly display your support and affirmation of folks' identities is through pride flags, display of queer pioneers of color like Marsha P. Johnson or Sylvia Rivera, listing your pronouns, just to name a few.
- Incorporate LGBTQ+ BIPOC media, programming, and engage in antiracist initiatives to center the voices of sexual minorities of color.
- Challenge the mental health field's focus on fostering resilience among oppressed groups towards an active role in dismantling systems of oppression that disempower sexual minorities of color. Existing perspectives on coping and resilience are harmful as they primarily encourage sexual minorities of color to rise above discrimination, thereby leaving oppressive systems intact.

Resistance and Persistence

Sexual minorities of color are a very strong group of individuals who actively defy or resist the oppressive conditions placed upon them. Acts of resistance go beyond seeking out social justice efforts and include acts of countering power structures. Sexual minorities of color have been at the frontlines actively challenging white supremacy, colonization, and Western imperialist LGBTQ+ narratives and combating the erasure of sexual minorities of color experiences (Parmenter et al., 2024). By resisting and persisting in systems of oppression, sexual minorities of color challenge the wrongly imposed narrative of inferiority toward their minoritized identities. The mere act of living authentically is an act of resistance for sexual minorities of color. For example, intersectional identity cohesion and salience of one's racial identities can serve as an internal process of resistance against oppression, as dominant narratives within mainstream LGBTQ+ and BIPOC communities create identity conflict and dissonance which prevents sexual minorities of color from feeling authentic. Over time, people develop the necessary coping skills for dealing with oppression along with being resilient due to stress inoculation

processes and positive intersectionality narratives (McConnell et al., 2018). *Positive intersectionality* was coined by Ghabrial (2017) after discovering that sexual minorities of color positive aspects of one's minoritized identities intersect with negative aspects of one's minoritized identities to buffer and resist the negative aspects of one's minoritized identities. In other words, the empowerment and acceptance of one minoritized identity can spillover into another identity and enhance resilience and overall well-being (Ghabrial, 2017; McConnell et al., 2018). There is strength in living in the intersection of multiple minoritized identities. Moreover, although there is strength in building resilience and coping skills, at some point one needs to move beyond these to truly heal from the nefarious effects of systemic oppression. Healing scales up coping and resilience by moving from surviving within an oppressive society to thriving. It moves away from the individualistic focus that coping relies upon and recognizes that people thrive within collectivism (e.g., activism, social justice), as a direct result of their connection to their community (French et al., 2020; Parmenter et al., 2024). Resilience is traditionally conceptualized as an individual-level process that does not promote transformative collective healing. Instead healing calls for resistance and persistence as it requires people to commit to living joy-filled lives amidst living in toxic environments. Healing occurs when people gain critical consciousness about their oppression and seek to resist the associated trauma (Adames et al., 2023; French et al., 2020). *Critical consciousness* involves an individual's capacity to critically reflect and act upon their sociopolitical environment. It demands one to deeply question and discern *how* and *why* power relations are structured and maintained, in order to begin the process of radical healing (French et al., 2020). Critical consciousness development takes time, energy, and work. It also requires one to take action rather than solely being aware of the social issues. The following are potential strategies to practice resistance, healing, and critical consciousness:

- Encourage sexual minorities of color to resist or reject self-blame for systemic oppression (e.g., racism, heterosexism, intersectional oppression), since such resistance is the antidote to the harmful effects of oppression.
- Provide the rationale for resistance, as such practice helps individuals be better equipped to recognize the problematic nature of systems, institutions, and ideologies organized to harm and dehumanize their existence. Highlight how our ancestors (e.g., Black and Brown trans women, indigenous groups, etc.) have resisted centuries of oppression and have found ways to thrive.
- Encourage folks to rediscover their ancestral roots relative to their identities, cultural/queer pride, and prominent leaders around the world.
- As resistance necessitates a lot of energy, one should continually seek and practice healing strategies including self-care, rest/sleep, connection, and building community.

Radical Hope

Radical hope considers the collective as well as the individual, examines social structures, envisions possibilities, and highlights BIPOC's capacities to work toward change (French et al., 2023). French et al. (2023) derived a framework from the findings of their qualitative study, which comprised four core components and several themes. The first, second, and third component is a *collective orientation* (first component) referring to an orientation *toward the past* (second) and *the present* (third). In these

components, individuals describe a sense of collective memory from the past of shared experiences of oppression, colonialization, and struggle that guides them to want to contribute to people in their communities in the present. The fourth core component is *faith and agency*, which is the belief that a more egalitarian collective future is possible through current and future actions. Faith is experienced as a belief in what is to come, despite not being able to see or experience positive change in the present. Agency requires the confidence to enact change and act upon one's environment. Faith and agency gives people a sense of possibilities for the future along with the competence to act toward that possibility. In addition to the four core components, radical hope also consists of five themes, the first one being *embracing radical pride*, which denotes the importance of having a sense of pride in one's racial background as a source of radical hope. Individual's sources of radical hope are forged from the stories they receive from family and community that foster a sense of pride. The next theme is *meaning making and purpose*, where meaning making is centered on how people come to understand difficult experiences, whereas purpose entails finding or living with purpose for the future. The theme of *resisting racism* refers to the process of fighting against and resisting oppression. Individuals herein utilize their knowledge about the history of one's people, including their strengths and forms of resistance in order to adopt a stance of radical hope. Additionally, individuals witnessing solidarity and current uprisings can serve as a motivator to work toward a better future. The theme of *envisioning possibilities* refers to the process of striving toward a different and more humane future. It requires creativity about possible solutions, experiencing love allows one to believe in something different, and seeing joy as the opposite of suffering. In the theme of *valuing self*, individuals prioritize their own and collective sense of wellness as an aspect of radical hope by: 1) living authentically and 2) practicing self-care and healing. Living authentically requires one to intentionally choose to live a joy-filled and culturally congruent life, without feeling burdened by the need to appease the comfort of white people. Embracing authenticity reflects the resistance to assimilation and whiteness. Self-care is a necessity as it can be mentally exhausting to engage in acts of resistance and challenging systems of oppression.

- Clinicians can explore the meaning of hope, including its sources, as a way to counteract helplessness and despair due to oppression. Possible questions can include:
 - *How do you find hope during times of sociopolitical turmoil?*
 - *What or who gives you hope at this moment?*
 - *How do you practice hope in your life?*
- Explore clients' collective memory of impactful cultural events in their lives, both in the past and present. Further, clinicians can encourage individuals to identify key people in their lives that embody social justice, activism, and resistance as a way to build radical hope.
- Help develop and implement self-care and healing strategies with clients that align with them living authentically.

Positive Intersectionality

As previously mentioned, *intersectionality* refers to the complex, cumulative way in which the effects of multiple forms of oppression combine, overlap, or intersect especially in the lived experience of minoritized individuals or groups to produce and sustain complex inequities (Crenshaw, 1989).

Extending and honoring the work and movement of Black feminism, Ghabrial (2017) introduced the concept of positive intersectionality claiming that the empowerment and acceptance of one minoritized identity can spillover into another identity and enhance well-being. This articulation of intersectionality grounded in strength, may explain the flourishing of sexual minorities of color while existing in oppressive environments. In particular when individuals may be struggling for instance with their sexual orientation yet take pride in their racial identity, they may be able to transfer the pride over to their sexual orientation by integrating their intersectional identities (Ferguson, 2016). Developing a positive self-concept requires people to explore and integrate their social identities, even while experiencing multiple forms of systemic oppression. Typically, sexual minorities of color develop their racial identities within their immediate communities, but may develop their sexual orientation outside of their immediate communities (e.g., LGBTQ+, peer groups, school/colleges, therapeutic contexts; Moore et al., 2020). Clinicians have the opportunity to deepen their understanding of sexual minorities of color so they can effectively and be culturally attune to the needs of their clients. Most importantly, since many individuals may not have the space to explore and process their lived experiences as sexual minorities of color. This means clinicians ought to create affirming and culturally sensitive spaces to allow the freedom of exploration and integration of identities.

- Help clients see there is strength in navigating their intersections as it can build resilience and resistance. Navigating the intersections is a bold and enriching experience that requires authenticity and vulnerability. It also means that one is able to begin the process of liberation as they explore and express their beautiful identities that systems of oppression try to undermine.
- Invite individuals to identify positive aspects of their identities. If individuals struggle in articulating their strengths, provide feedback about potential strengths they have based on what they present/share with you. For example, a person who may be questioning their sexual orientation might struggle to accept a non-heterosexual orientation due to internalized homophobia. Here the fact the individual, despite their struggle and even underlying fear/shame, is expressing this discomfort requires vulnerability, authenticity, and courage; all of which are strengths.
- Clinicians should reframe and reflect clients' assets so sexual minorities of color can begin to internalize positive intersectionality narratives.
- For clinicians who hold similar identities as their clients, it may be of value to self-disclose one's own positive aspects of their identities, their strengths, as well as how they have integrated their intersectional identities in a positive way. Many clients, especially for sexual minorities of color, rarely have mentors who can guide them in their self-discovery journey. As such, clinicians who hold similar identities can foster hope, safety, and affirmation.

~ THERAPEUTIC CONSIDERATIONS ~

In this last section, relevant therapeutic considerations for sexual minorities of color will be outlined. Although the author has discussed various factors throughout the resource guide, herein important

considerations are elaborated to help clinicians inform their interventions from a multicultural and social justice perspective. As always, clinicians ought to seek additional knowledge to continue to develop and refine their clinical practice.



Sylvia Rivera, n.d.



Naimah Thomas, 2020

Radical Healing

Radical healing consists of returning to one's ancestral roots and knowledge along with an unapologetic sense of self-definition and cultural authenticity in which people are not defined by their oppressors (French et al., 2020). Radical healing goes beyond coping and resilience to a process of thriving amidst the face of oppression. Radical healing occurs when people develop critical consciousness about their oppression and seek to resist the associated trauma (French et al., 2020). A core component of radical healing is *radical hope* which is the belief that one can fight for justice and the fight will not be futile. It requires envisioning an unimaginable future with the belief something good will emerge (French et al., 2020; 2023). We owe queer joy and liberation to Black and Brown queer and trans women like [Stormé DeLarverie](#), [Marsha P. Johnson](#), and [Sylvia Rivera](#). These women were courageous trailblazers who dedicated their lives to the social justice of LGBTQ+ communities. They all saw a future in which all LGBTQ+ lives, especially for BIPOC individuals, were accepted and celebrated while simultaneously eradicating systems of oppression. Without their radical hope, we likely would not have had the Stonewall Uprisings or Riots of June 28, 1969 impact that gave way to the Gay Liberation Movement in the U.S. (National Park Service, 2020; Singh et al., 2020; Smithsonian, 2021). Since then, the first Pride parades in New York City, NY took place marking the beginning of June as Pride month. It is important to note, the fight for LGBTQ+ social justice rights began well before Stonewall, and rather Stonewall was a culmination of a growing demand for civil rights among other minoritized communities (e.g.,

women, people of color, transgender and nonbinary people; Collins, 2019). This historical narrative needs to be unearthed to accurately tell the truth and contextualize the movement beyond the cisgender white gay man narrative. Too frequently, activists with privilege and power (i.e., white sexual minorities) get centered in the movement excluding the voices of sexual minorities of color. In addition to the radical hope Black and Brown queer and trans women envisioned, another essential component of the Stonewall Riots was the collective healing that occurred during and after. There is power in numbers, especially for minoritized individuals, and coming together to fight back systemic oppression was and is an act of radical healing. Prior to the Stonewall Riots, “homosexuality” was illegal and laws policing gender expression were in place. As such, police often raided bars where LGBTQ+ people sought refuge. The build up of pain and anger of such raids led to the patrons of the Stonewall Inn fighting back and resisting when the police attempted to arrest and brutalize them (Baume, 2020; Smithsonian, 2021). LGBTQ+ people have historically demonstrated their resistance via movements, as such it is important for sexual minorities of color to reconnect to their ancestral roots in both their cultural worlds of queerness and race to foster critical consciousness and develop their own counternarratives to oppression (Singh et al., 2020). The considerations below are inspired by Singh et al. (2020) articulation of liberatory counseling practices:

- Understand the history of LGBTQ+, BIPOC communities, and sexual minorities of color. Consider key movements: [Stonewall](#), [civil rights movements](#), and [Black Lives Matter](#).
- Clinicians ought to focus and commit to clients and the transformation of both clients and their communities/environments. Even when engaging in individual counseling, one needs to facilitate interventions from multiple levels (see Social Justice and Ecological Interventions).
- Educate yourself to better understand the etiology of oppression and dominant conditions (e.g., racism, heterosexism) that impact the lives of sexual minorities of color. Without understanding the root of oppression, one will never understand the realities of sexual minorities of color. Clinicians need to have the knowledge to name oppressive structures within clients’ narratives. If you are not able to see the oppression in the lives of sexual minorities of color, consider why not. This process also requires one to self-examine axes of both privilege and marginalization.
- Utilize the virtues or strengths of sexual minorities of color to produce the tools and energy that may lead to liberation. For instance, sexual minorities of color have an affinity towards community and connection given their cultural and familial upbringings. As such, capitalizing community and connection may look like encouraging folks to create their own affirming support systems or attend collective movements of activism. In doing so, it can lead to the liberation of people.

Acculturation Processes: Assimilation, Colorblindness, & Colorism

Acculturation refers to cultural changes because of contact with culturally different people, groups, and social influences (Schwartz et al., 2010). It is commonly understood in the context of people living in countries or regions other than where they were born, such as immigrants, refugees, asylum seekers, and sojourners. Culture includes the shared meanings, understandings, or symbols held by a group of individuals with a common historical background (Parmenter, 2018; Schwartz et al., 2010). Further,

culture has been primarily discussed within BIPOC groups and migrants, yet sexual minorities also have a culture to reference. Sexual minorities are not raised within the LGBTQ+ culture, instead they are raised within the heteronormative cultural context (Parmenter, 2018). Sexual minorities of color in the U.S. possess minoritized racial identities to which they are bound to experience acculturation. Sexual minorities of color may have to reconcile or negotiate acculturation differences as a sexual minority (e.g., sexual orientation being incompatible with racial heritage, avoiding participation in LGBTQ+ contexts, pressure to come out) and as a BIPOC (e.g., sense of support from racial contexts given one's sexual orientation, disclosure, and concealment of sexual orientation, exoticization in white LGBTQ+ spaces) which can influence their lived experiences (Pantoja-Patiño, 2024). Sexual minorities of color may feel the pressure to assimilate (adopting receiving-culture practices, values, and identifications while discarding those from the culture of origin; Schwartz et al., 2010) to white sexual minorities' and heterosexual cultural standards of beauty and expression such as dress attire, language, appearance, and impression management. People may uphold these standards to present an ideal version of themselves to counter negative stereotypes about their group as well as to be accepted by others (Pantoja-Patiño, 2024; Versey et al., 2019). Sexual minorities of color internalizing heterosexist racism via acculturation may inhibit themselves from dressing in their racial attires, avoid speaking their native language if English is their second language, or distance themselves from their racial cultures due to feeling ashamed or embarrassed. Individuals may also alter their hair, bodies (e.g., skin bleaching, tanning, shaving, exercising to achieve the archetype body of white sexual minorities), and eating habits that are more akin to whiteness in order to be affirmed.

Other notable aspects relative to acculturation are colorblindness and colorism. *Colorblindness* comprises two premises which is the rejection of racial differences by emphasizing sameness and power evasion which is the denial of racism by highlighting the belief everyone has equal opportunities regardless of race (Neville et al., 2013). The idea that by not drawing attention to race and racial differences (i.e., colorblindness), one cannot be racially biased. By upholding such an approach, it places a blanket over the system of racism to suggest racism no longer exists. Sexual minorities of color will be exposed to racism in the form of colorblindness via acculturation and racial socialization as a BIPOC individual (Parmenter, 2018). Sexual minorities of color will learn cultural and social practices that accommodate white and straight people's needs, statuses, and emotions to live in the U.S. Those can include, concealing one's sexual orientation to reduce straight people's uncomfortableness, downplaying one's cultural heritage by dressing in clothing that resembles whiteness and heterosexuality, as well as devaluing their own racial cultures (Pantoja-Patiño, 2024). Regarding *colorism*, it includes a preference or bias for lighter skin color. Colorism evolved out of European colonization and the enslavement of Africans in which skin color was utilized as a determining factor for superiority (Dixon & Telles, 2017). Presently, colorism continues to permeate, emphasizing the notion that lighter skin color is revered and is interpreted as beauty. Among sexual minorities of color, they can experience colorism at the hands of white sexual minorities as well as endorse it with others, usually in romantic relationships. The listed considerations and questions aim to explore and attend to acculturation processes:

- Explore a person's cultural identities and how aspects of their cultures interact with others:
 - *What aspects of your culture are most important to you? Your family?*

- *Do you see any differences between your own cultural identity and that of your family? If so, does that create problems, issues, or concerns for you?*
- Assess level of acculturation:
 - *How comfortable do you feel with American culture? LGBQ+ culture?*
 - *Are there aspects of your culture with which you don't "fit in"? If yes, what are they?*
 - *What are some expectations (e.g., religious, gender roles, choice of romantic partner, dating, etc.) that your family has for you?*
 - *How important is membership in your racial group to you? What about your membership in the LGBQ+ community?*
- Name elements of colorblindness and colorism within individuals' narratives, while also aiding them to externalize such elements. One of the ways to combat colorblindness and colorism is by explicitly engaging in dialogue about race, racism, and whiteness. Since a key premise of colorblindness and colorism is to negate racism by upholding illusory notions of sameness, equal opportunities, and reverence of whiteness. Dialogue helps to speak about the truth of systemic oppression and how it trickles into the lives of sexual minorities of color via acculturation processes.

Identity Development

Identity development is an important aspect of one's existence as it informs a multitude of intra- and inter-personal aspects of how people self-identify, see and experience their environments, as well as relate to others. Sadly, for many sexual minorities of color struggle with developing a fluid, intersectional, and positive identity (Enno et al., 2022; Ferguson, 2016; Sarno et al., 2015). This is due to the systems of oppression they are nested in, which innately thwarts affirmative forms of identity. Throughout this resource guide, the author has elucidated numerous factors relevant to sexual minorities of color including, intersectional oppression, family upbringing, identity processes, acculturation, and so forth. These factors will influence a person's identity development. Even if clients present in therapy to address concerns not related to identity development, inevitably their presenting concerns will be intertwined with aspects of their identities. Hence, it is likely that clinicians will attend to identity development either directly or indirectly. Clinicians are encouraged to refer to the specific sections in this resource guide to attend to distinctive aspects of sexual minorities of color identities. Subsequently, the author, rather than re-articulating similar information previously noted. Here listed are the different identity development models along with broad suggestions:

- Examine internal conflicts, such as identity conflicts and internalized oppression, and connect them to larger systems of oppression. In doing so helps people to differentiate between what is truly them and what aspects of oppression they have internalized that taints or obscures their understanding of their identities.
- Provide time and space to discuss clients' thoughts and identities to make them feel included, affirmed, which consequently can lead to better identity development and functioning. One ought

to normalize that not having all the “answers” to understand and make meaning of one’s identities is part of the process of navigating the intersections of various identities.

- Possible questions to ask include:
 - *What does it mean to you to be a member of your racial group while holding a [sexual orientation]?*
 - *What strengths do you derive from your membership in your racial group and/or LGBTQ+ community? Are there negative feelings that you have about being a member of your racial group? LGBTQ+?*
 - *Do you prefer to spend time mostly with members of your own racial group and/or LGBTQ+ community? If yes, how is that important to you? If not, how come?*

Here listed are the sexual orientation development models that have been previously discussed within the ***Sexual Minorities of Color*** section:

- ***Lesbian Women/People of Color:*** McCarn and Fassinger (1996) [model of lesbian identity formation](#) and Andrews (2012) [intersectional identity development for women of color](#)
- ***Bisexual/Bi+ People of Color:*** Chun and Singh (2010) [bisexual youth of color intersecting identities development model](#) and Harper and Swanson (2019) [nonsequential task model of bi/pan/polysexual identity development](#)
- ***Gay Men/People of Color:*** Troiden (1989) [model of gay identity development](#), Jamil et al. (2009) [sexual and ethnic identity development](#), and Han (2017) [identity development considerations for gay men of color](#)
- ***Queer People of Color:*** Adames and Chavez-Dueñas (2021) [the racial queer identity framework](#)
- ***Asexual/Ace+ People of Color:*** Robbins et al. (2016) [asexual identity development model](#), Gould (2023) [What is asexuality](#), Cherry (2023) [What does it mean to be aromantic](#)
- ***People of Color Questioning Sexual Orientation:*** Resnick (2022) [What to do when you’re questioning your sexuality](#) and Advocates for Youth (n.d.) [I think I might be](#)

Navigating Coming Out

As noted in the ***Identity Processes: Concealment, Conflict, Code Switching, & Coming Out*** section, *coming out* is the process in which one acknowledges and accepts one’s own sexual orientation - or gender or sex identity - as well as the process of disclosing said identity to others (APA, 2021b). Coming out is not a one time process, it is an iterative one that hopefully over time gets easier to disclose at the discretion of individuals. The coming out process is a white narrative that highlights people’s desires and independence over collectivistic cultures (Meyers, 2021). For sexual minorities of color, they might prioritize their families and racial communities over others, including those in the LGBTQ+ community. Additionally, the universal expectation of “the closet” tends to reinforce the conventions that assume only Western notions of queer identity are legitimate. As a reminder, sexual minorities of color do not need to “come out” and disclose their sexual orientation to others to feel authentic. Some people may find this disclosure process healing and liberating, yet for others it may be the contrary where they may become a bigger target for systemic oppression. Clinicians instead can guide clients to explore the intention behind their disclosure of identity with different individuals and contexts. An added factor to

consider related to one's sexual orientation and the coming out process is grief and loss. LGBTQ+ individuals, in addition to facing common types of losses such as death of family and friends, job transitions, and romantic breakups, deal with unique losses. LGBTQ+ people often experience specific losses associated with their sexual orientation including coming out, marginalization, and religious identity (Wheat & Thacker, 2019). The acknowledgement that one is a sexual minority of color results in a loss of identity as one's understanding of self has changed from identifying as straight to a non-heterosexual identity. This can be a scary, confusing, and sad moment for individuals who have internalized negative messages about possessing a non-heterosexual identity which may ensue grief. Moreover, as sexual minorities of color reconcile and integrate their identities into a more holistic sense of self, they may be more willing to come out to others. Each time a person voluntarily comes out they may experience ambiguous loss, where there is psychological loss but one is still physically present, creating ambiguity (Wheat & Thacker, 2019). For example, if a close friend has an unexpected negative response, yet not to the point of severing the relationship, the LGBTQ+ person can experience ambiguous loss. Their relationship may forever change from that moment and can no longer be what it was. Relatedly, for sexual minorities of color who hold religious views, may feel as though they must choose between their belief system and their sexual orientation. Either choice entails a loss that people will need to grieve. Consider the following coming out implications:

- Genuinely affirm a person's coming out experience. Disclosure of one's sexual orientation takes tremendous candor and strength. Clinicians should validate that coming out, especially if it is the individual's first time verbalizing their sexual orientation to another person, is a big step.
- If clients ask for direction about how they should navigate their coming out stories and sexual orientation, it is okay to inform them that it is a process and they should figure out what feels authentic for them with time, which can depend on the intention behind the disclosure of identity. Share with them, they should own the power to choose when to disclose - when possible - and with whom by establishing boundaries. Sexual minorities of color do not need to come out to feel authentic. One can be authentic through acceptance and not necessarily disclosure of sexual orientation.
- Explore and process the emotions surrounding the disclosure. At times, depending on who and where the disclosure occurs, it may elicit different emotions. Nevertheless, clinicians should explore all of the emotions surrounding the disclosure including grief and loss.

Affirmative Therapy

Affirmative therapy is a transtheoretical framework that centers the experiences of LGBTQ+ folks. Since cisgender heterosexual individuals have traditionally and historically benefited from an assumption of normality, practicing an affirmative stance extends this assumption to LGBTQ+ people by normalizing their existence as valid (Moradi & Budge, 2018; Palmieri, 2019). It is a stance that takes into account intersectional and within/between group differences. Its practice is explicitly values-driven which promotes the rights and welfare of individuals. A values-neutral approach, on the other hand, usually upholds the values of the dominant culture. Thus, clinicians need to affirm their clients' queerness and take active steps to dismantle systems of oppressions that have and continue to impact

sexual minorities of color. It also necessitates cultural knowledge and cultural humility, while actively promoting multi-level social justice praxis. For instance, empowering individuals in therapy, reducing barriers to care, as well as engaging in activism. Lastly, affirmative therapy attempts to intentionally deconstruct and resist pathologization of queerness (Moradi & Budge, 2018; Palmieri, 2019). In addition to an overview of affirmative therapy practices, it perhaps can be helpful to understand the factors that both promote and thwart affirmation among sexual minorities of color. In a study on the therapy experiences of queer BIPOC (Arora et al., 2022), participants generally noted receiving cultural empathy helped them feel more affirmed in their experiences with therapy. Additionally, explicit validation of their identities and experiences of oppression strengthened the therapeutic relationship. Participants also expressed that having a shared identity between themselves and their therapist, made them feel “seen” and more understood. Clients enter the matched therapy relationship with a sense of implicit trust for their therapist. Some clients asserted that shared identities created an understanding that cannot be taught through academic courses or reading a book, but instead must come through lived experience of marginalization (Jumarali, 2022). At the same time, participants highlighted feeling initially hesitant to discuss one or all of their minoritized identities due to fear of how their therapist would react or whether their therapist would be able to navigate their varying identities. This perhaps speaks to the clinician’s responsibility to gain cultural knowledge and to actively broach the themes of intersectionality, identity, and oppression, otherwise clients may not be as forthcoming in therapy (Jumarali, 2022). Individuals do not want to spend therapy time educating their therapists on racial, gender, and/or sexual identities, including oppression and marginalization. In the next section, rather than providing recommendations on affirmative therapy practices a case application will ensue demonstrating the practice of affirmative therapy.

Case Application

The following information has been de-identified to maintain anonymity. Ivan (he/him) is in his 30’s who self-identifies as a cisgender Asian American gay man, who is single and Christian (Very Important). He attends a predominately white institution (PWI) in a conservative Midwest U.S. state. He is originally from the South. Ivan sought counseling services to manage his “mental health.” In the initial sessions, special attention to the therapeutic relationship was given, such as self-disclosure of shared experiences (therapist identified as a 30 yr. old, cisgender Mexican American gay/queer man, single, with a Catholic upbringing but not presently religious); establishing trust and safety through humor, validation, and cultural empathy; as well as connecting his presenting concerns to external sources of oppression for him to develop critical consciousness. For instance, his expression of “mental health” issues presented as depression and anxiety. Two main sources or the roots of his concerns were around dating and building community as a gay man of color in a PWI. Through a lens of liberation, Ivan’s presenting concerns went beyond simply addressing his depression and anxiety - which often times tends to be the standard in traditional forms of therapies - to seeing how his PWI environment contributes to feelings of isolation, inferiority, loneliness, sadness, fear of judgment of others via experiences of sexual racism and heterosexism. Specifically, he encountered sexual exclusion on dating apps from white queer men or in other words, he was ignored by these men as he did not fit the group’s prototype. Even in his personal social groups he noticed differences of how white queer men treated him

versus how they treated other white queer men, including BIPOC queer men who assimilated to the mainstream white LGBTQ culture (e.g., being fit, masculine, distancing from one's cultural heritage, etc.). Such interpersonal dynamics were then appropriated or internalized by Ivan resulting in minority stress, depression, anxiety, and internalized oppression. Additionally, because of his religious faith, he dealt with tension between his religious beliefs (e.g., not engaging in sex before marriage, casual sex with men) and his desires or need for sexual activities with other men. This led to him questioning his faith and his sense of self of who he is as a Christian. As one can see, with a lens of liberation, one is able to excavate deeper meanings and accurately reflect the etiology of Ivan's concerns. Interventions that solely attend to managing the depression and anxiety will likely be temporarily effective, as Ivan will continue to exist in the PWI environment. Thus, interventions that primarily focus on healing as opposed to exclusively coping, will have the potential for more long-term change.

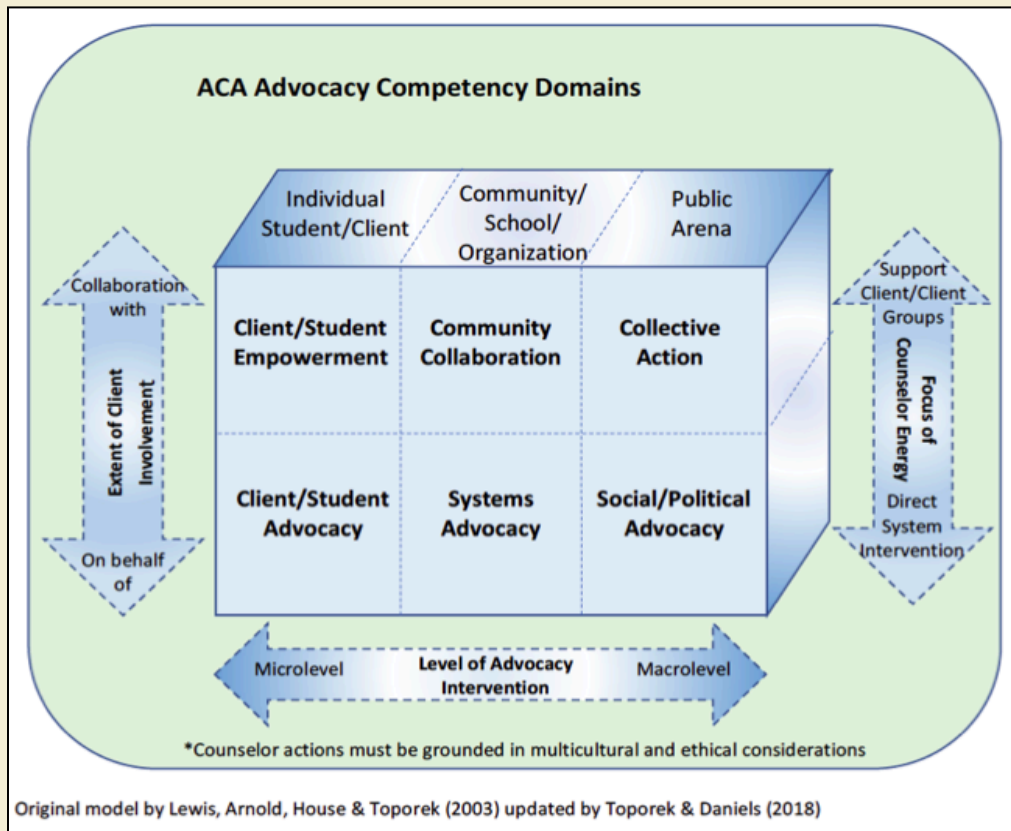
Affirmative therapy through a lens of liberation can help facilitate the healing process and long-term change. As noted above, affirmative therapy is a transtheoretical framework which can be seamlessly integrated with other therapeutic approaches. Considering Ivan's presenting concerns/needs and identities, relational-cultural therapy (RCT; Jordan, 2018) was utilized as the main approach while applying the principles of affirmative therapy (Moradi & Budge, 2018; Palmieri, 2019). Firstly, both Ivan's and therapist's lived experiences were centered within the context of therapy. RCT assumes that both the client and clinician are actively and mutually involved in the therapeutic process. In this instance, the therapist validated his experiences of oppression while normalizing his sexual needs and desire for intimacy with other men. From the therapist's perspective, they used self-disclosure and use of testimonies or storytelling to connect with Ivan's experience of pain and isolation as two gay men of color. This type of step helps to target the isolation and loneliness Ivan is feeling by fostering an authentic connection between him and the therapist. Secondly, throughout their work together, the therapist practices cultural humility and curiously accrues accurate knowledge to attend to the intersectional differences between their shared identities as gay men of color (within group differences) and as an Asian American gay man and a Mexican American gay man (between group differences). For example, the therapist continually suspended assumptions of within group differences such as not assuming Ivan does not have a supportive family for being a gay man; as well as between group differences like not assuming Ivan views the LGBTQ+ community as central in his life. Thirdly, therapy was facilitated or driven by an explicit values stance which moves away from Western therapies who attempt to uphold a values-neutral stance. The therapist here endorsed the values that Ivan, as a Christian gay man of color, is worthy and deserving of love, freedom, and autonomy despite the internalized beliefs that make him feel guilty or shame when he practices these values in his quest for intimacy with men. Further, the therapist engaged in self-reflection of their own biases and gaps in knowledge, including seeking information about sex/hook-up culture while managing their own countertransference to Ivan having sex with straight men. Fourthly, the therapist promoted a multi-level social justice praxis where Ivan's presenting concerns were connected to minority stressors, oppression, and his environment. For example, his concern or need to be more masculine was externalized to heterosexism. The praxis also included empathically challenging how his seeking attention or validation from white men in white spaces (e.g., PWI, Grindr) was rooted in internalized racism. Lastly, in challenging his internalized oppression, Ivan learned to resist the pathologization of his queerness by reworking his

relational schemas. Two dominant relational schemas he had internalized from others was the 1) belief he needed to seek intimacy from white men on Grindr, and 2) feeling he is cursed (i.e., feeling something is wrong with him) because he cannot be in a romantic relationship with a man. With his first schema, learn to re-shift his energy to seeking affirmation from those who genuinely want him in his life. Moreover, through reframing he learned to see that the curse is him being taught to think he is cursed as an extension of oppression. The therapist also highlighted Ivan's strengths such as seeing his femininity as a source of strength. At the end of their work together, Ivan's depression and anxiety diminished and he had developed a profound awareness of how his PWI environment influenced his presenting concerns. He utilized his insight to look for the conditions in environments that affirm his existence as is and to disengage from environments that are oppressive.

Social Justice and Ecological Interventions

Social justice requires us to go beyond solely interventions, particularly at the individual level. It embodies an approach that calls for multilevel interventions aimed at addressing the root causes of problems as well as preventing the problems from unfolding. *Social justice* is both a process and outcome, respectively it is a process or steps towards liberation of oppressive conditions that sustain social inequalities and inequities among groups of people who do not share equal power in society. Additionally, it is an outcome of social change/action that results in more fairness and equity in resources, rights, and treatment of groups of people who do not share equal power in society (APA, 2021b; Vera & Speight, 2003). In applying a social justice approach, it is necessary to attend to ecological variables as they provide rich, deep context that shapes and contributes to sexual minorities of color's mental health. Clinicians need to not only facilitate individual change but also systemic change. Otherwise we are only putting a temporary "bandage" on individuals suffering while they return to the same environmental conditions that perhaps gave way to their initial suffering. For instance, if we only give tools to cope and build resilience among sexual minorities of color to manage their intersectional internalized oppression, we are putting the onus of change within the individual. When in reality, one ought to foster both change in the individual and promote change that directly targets the intersectional systems of oppression that birth oppression. Therefore, clinicians are urged to focus on prevention and intervention that creates broader changes to the lives of sexual minorities of color. This means implementing interventions from different levels (i.e., micro-, meso-, macro-). The American Counseling Association (ACA; Toporek & Daniels, 2018) views each of the levels as comprising two domains, one from the perspective of the client and the other from the perspective of the counselor (see figure below). At the micro-level - client empowerment is focused on helping individuals identify systemic barriers, learning approaches to address the barriers, as well as facilitating their reflective processing of their advocacy experiences. The micro-level - client advocacy refers to actions a counselor takes to advocate on behalf of an individual. This is generally appropriate when the counselor has access to systems the person may not have access to. Clinicians can facilitate microlevel interventions by helping sexual minorities of color develop critical consciousness, identify strengths and resources, aiding them to see their symptoms do not derive from themselves rather from environments, as well as advocating with and for clients. At the meso-level - community collaboration, clinicians engage with communities to address systemic oppression, and offer their support to communities for them to address

systemic barriers. In the meso-level - systems advocacy reflects counselors advocating on behalf of groups of clients within a setting, including identifying environmental factors impinging on clients' development or providing and interpreting data as well as disseminating it to show the urgency for change. At the macro-level - collective action refers to advocacy in which the counselor collaborates with groups to address systemic issues. The counselor lends their knowledge and skill to the process of advocacy. The macro-level - social/political advocacy consists of writing advocacy letters regarding an issue, testifying at hearings, and appearing in mass media to raise awareness of issues.



- **Micro-level interventions:**

- Avoid questioning client's experiences with oppression or provide alternative explanations, instead sit through the discomfort by listening and bearing witness to the pain experienced by clients. Questioning and/or providing alternative explanations can cause distrust and invalidation among sexual minorities of color.
- Create empathic spaces in therapy through testimony or personal narratives that give voice to experiences of oppression; such practices can allow for sexual minorities of color to create meaning of their individual and collective experiences of oppression, and empower individuals to envision future possibilities.
- Identify strengths and resources as well as social, political, economic, and cultural factors that impact sexual minorities of color. Clinicians should also externalize any internalized oppression by connecting to systemic oppression.

- Assist clients in developing self-advocacy skills to challenge systemic oppression. Clinicians should also advocate for and with sexual minorities of color helping gain access to resources, services, and supports. For instance, are there clinicians who share the same identities/experiences that may be better suited to work with such clients?
- **Meso-level interventions:**
 - Build on existing community resources, strengths, and assets (asset mapping) along with communicating recognition of and respect for these strengths and resources.
 - Clinicians needing to collaborate with sexual minorities of color as a community need to develop alliances by engaging in tangible forms of activism. Otherwise, allyship simply falls short if clinicians are not actively making strides for social change.
 - Create healing spaces to center the voices of community members as they name and validate their experiences and identify culturally informed healing practices to heal the wounds of intersecting forms of oppression. At times, communities may already have answers and tools and they may only need a safe space to utilize them.
 - Collaborate with community members to foster healing within communities rather than solely healing at the individual level. This means identifying ecological factors impeding sexual minorities of color development and well-being.
- **Macro-level interventions:**
 - Recognize the impact of oppression while simultaneously identifying protective factors and avenues for enhancing these protective factors through the public arena. This can take the form of lobbying for protections for sexual minorities of color via policies.
 - Consult with communities affected by social issues to understand their views and experiences.
 - Communicate and disseminate information that provides clear explanations of the role of specific ecological factors in the lives of sexual minorities of color.
 - Communicate and disseminate information to influence decision makers, legislators, and policy makers, while ensuring sexual minorities of color voice is central.
 - Engage in various forms of activism including civic engagement (e.g., voting, being on committees, writing a letter to elected officials), public demonstrations (e.g., parades, marches, gathering collectively), boycotting, etc.
- **Advocacy Tools / Resources:**
 - [The Psychology of Advocacy and the Advocacy of Psychology](#) (Cohen et al., 2012)
 - [American Counseling Association Advocacy Competencies](#) (Toporek & Daniels, 2018)
 - [A Psychologist's Guide to Federal Advocacy](#) (APA, 2014)
 - [Using Social Media for Advocacy and Legislative Visits](#) (APAGS, 2015)
 - [Effective Advocacy Sample Letter](#) and [Finding your Elected Officials](#)
 - [Justice Action Toolkit](#) (Community Tool Box, 2023)
 - [Under Fire Series: The War on LGBTQ People in America](#) (Movement Advancement Project, 2024)
 - [LGBTQ Equality by State](#) (Movement Advancement Project, 2024)

~ RESOURCES ~

Note: This list is comprehensive but not exhaustive. If you have suggestions of what other resources to include. Please provide them [here](#) or click the link: <https://forms.gle/3q9gT2eW2x1PMnuE9>

Cultural Background & History

- Collins, C. (2019). Teaching Stonewall. *Learning for Justice*.
<https://www.learningforjustice.org/magazine/summer-2019/teaching-stonewall>
- Conron, K. J., O'Neill, K. K., Arredondo, M., & Guardado, R. (2023). *Educational experiences of LGBTQ people of color: Findings from a National Probability Survey*. Los Angeles, CA: The Williams Institute, UCLA and the Point Foundation.
<https://pointfoundation.org/hubfs/Research%20Reports/LGBTQ%20POC%20Report%202.23.23.pdf>
- Dixon, A. R., & Telles, E. E. (2017). Skin color and colorism: Global research, concepts, and measurement. *Annual Review of Sociology*, 43(1), <https://doi.org/10.1146/annurev-soc-060116-053315>
- Gariano, F. (n.d.). The history and meaning of 17 LGBTQ pride flags. *Today*.
<https://www.today.com/specials/lgbtq-flags/index.html>
- Mahowald, L. (2021). LGBTQ people of color encounter heightened discrimination: 2020 survey results on experiences in health care, housing, and education. *Center for American Progress*.
<https://www.americanprogress.org/article/lgbtq-people-color-encounter-heightened-discrimination/>
- Panfil, V. R. (2020). “Nobody don’t really know what that mean”: Understandings of “queer” among urban LGBTQ young people of color. *Journal of Homosexuality*, 67(12), 1713-1735.
<https://doi.org/10.1080/00918369.2019.1613855>
- Rosenberg, R. (2016). The whiteness of gay urban belonging: Criminalizing LGBTQ youth of color in queer spaces of care. *Urban Geography*, 38(1), 137-148. <https://doi.org/10.1080/02723638.2016.1239498>
- Singh, A. A., Parker, B., Aqil, A. R., & Thacker, F. (2020). Liberation psychology and LGBTQ+ communities: Naming colonization, uplifting resilience, and reclaiming ancient his-stories, her-stories, and t-stories. In L. Comas-Díaz & E. Torres Rivera (Eds.), *Liberation psychology: Theory, method, and social justice* (pp. 207-224). American Psychological Association. <https://doi.org/10.1037/0000198-012>
- The Trevor Project. (2021). *Black and LGBTQ approaching intersectional conversations*.
<https://www.thetrevorproject.org/wp-content/uploads/2021/07/intersectional-conversations-1.pdf>
- The Trevor Project. (2023). *2023 U. S. National survey on the mental health of LGBTQ young people*.
https://www.thetrevorproject.org/survey-2023/assets/static/05_TREVOR05_2023survey.pdf
- Weber, A., Collins, S-A., Robinson-Wood, T., Zeko-Underwood, E., Poindexter, B. (2018). Subtle and severe: Microaggressions among racially diverse sexual minorities. *Journal of Homosexuality*, 65(4), 540-559.
<https://doi.org/10.1080/00918369.2017.1324679>

Identity Development & Processes

- Adames, H. Y., & Chavez-Dueñas, N. Y. (2021). Reclaiming all of me: The racial queer identity framework. In K. L. Nadal & M. R. Scharón-del Río (Eds.), *Queer psychology: Intersectional perspectives* (pp. 59-79). Springer.
- Advocates for Youth. I think I might be. *Advocates for Youth*.
<https://www.advocatesforyouth.org/i-think-i-might-be/>

- Andrews, C. (2012). *Living at the intersections: Identity development in self-identified lesbian, bisexual, queer, and questioning women of color* (Publication No. 3535838). [Dissertation, Wright Institute Graduate School of Psychology]. ProQuest LLC.
- Cherry, K. (2023). What it means to be aromantic. *verywellmind*.
<https://www.verywellmind.com/what-does-it-mean-to-be-aromantic-5189571>
- Chun, K. Y. S., & Singh, A. A. (2010). The bisexual youth of color intersecting identities development model: A contextual approach to understanding multiple marginalization experiences. *Journal of Bisexuality*, 10(4), 429-451. <https://doi.org/10.1080/15299716.2010.521059>
- Cuncic, A. (2023). Glossary of must-know sexual identity terms. *verywellmind*.
<https://www.verywellmind.com/glossary-of-must-know-sexual-identity-terms-5186275>
- Gould, W. R. (2023). How to know if you're asexual. *verywellmind*.
<https://www.verywellmind.com/what-is-asexuality-5075603>
- Han, C. (2017). Examining identity development among gay men of color. *Sociology Compass*, 11(9), 1-12.
<https://doi.org/10.1111/soc4.12503>
- Harper, A. J., & Swanson, R. (2019). Nonsequential task model of bi/pan/polysexual identity development. *Journal of Bisexuality*, 19(3), 337-360. <https://doi.org/10.1080/15299716.2019.1608614>
- Human Rights Campaign Foundation. (2023a). *Coming out: Living authentically as Black LGBTQ+ people*.
https://reports.hrc.org/coming-out-living-authentically-as-black-lgbtq-people?_ga=2.238084935.678603604.1717176021-131914373.1707763471
- Human Rights Campaign Foundation. (2023b). *Coming out: Living authentically as LGBTQ+ Latine Americans*.
https://reports.hrc.org/coming-out-living-authentically-as-lgbtq-latine?_ga=2.262177611.678603604.1717176021-131914373.1707763471
- Human Rights Campaign Foundation. (2023c). *Coming out: Living authentically as LGBTQ+ Asian Americans, Native Hawaiians and Pacific Islanders*.
https://reports.hrc.org/coming-out-living-authentically-as-lgbtq-aanhpi?_ga=2.262177611.678603604.1717176021-131914373.1707763471
- Jamil, O. B., Harper, G. W., & Fernandez, M. I. (2009). Sexual and ethnic identity development among gay-bisexual-questioning (GBQ) male ethnic minority adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 203-214. <https://doi.org/10.1037/a0014795>
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist*, 24(3), 508-534. <https://doi.org/10.1177/0011000096243011>
- Pink Jinn. (2021). *Essential resources on LGBTQIA+ issues in the Middle East*.
<https://www.pinkjinn.com/2021/06/09/essential-resources-on-lgbtqia-issues-in-the-middle-east/>
- Resnick, A. (2022). What to do when you're questioning your sexuality. *verywellmind*.
<https://www.verywellmind.com/what-to-do-when-youre-questioning-your-sexuality-5112793>
- Robbins, N. K., Low, K. G., & Query, A. N. (2016). A qualitative exploration of the “coming out” process for asexual individuals. *Archives of Sexual Behavior*, 45(1), 751-760.
<https://doi.org/10.1007/s10508-015-0561-x>
- The Trevor Project. (2021). *Coming out: A handbook for LGBTQ young people*.
https://www.thetrevorproject.org/wp-content/uploads/2021/08/TTP_Coming-Out-A-Handbook-for-LGBTQ-Young-People.pdf
- The Trevor Project. (n.d.). *Sexual orientation resources*.
<https://www.thetrevorproject.org/resources/category/sexual-orientation/>

Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, 17(1-2), 43-74.
https://doi.org/10.1300/J082v17n01_02

Mental Health Resources

- Graham, C. (2021). LGBTQ+ students of color resource guide. *Best Colleges*.
<https://www.bestcolleges.com/resources/lgbtq-students-of-color-guide/>
- Human Rights Campaign Foundation. (n.d.). *QTBIPOC mental health and well-being*.
<https://www.hrc.org/resources/qtbi poc-mental-health-and-well-being>
- National Queer and Trans Therapists of Color Network. (n.d.). *The radical syllabus for QTPOC mental health practitioners*.
<https://nqttcn.com/wp-content/uploads/2021/05/Radical-Syllabus-for-QTPoC-Mental-Health-Practitioners.pdf>
- Student Diversity and Social Justice. (2022). *What's tea? The QTPOC cultural resource guide*.
<https://www.unlv.edu/sites/default/files/media/document/2022-04/CareerServices-QTPOC-UNLVGuide.pdf>

Therapeutic Approaches

- Adames, H. Y., Chavez-Dueñas, N. Y., Lewis, J. A., Neville, H. A., French, B. H., Chen, G. A., & Mosley, D. V. (2023). Radical healing in psychotherapy: Addressing the wounds of racism-related stress and trauma. *Psychotherapy*, 60(1), 39-50. <https://doi.org/10.1037/pst0000435>
- Adames, H. Y., Chavez-Dueñas, N. Y., Sharma, S., & La Roche, M. J. (2018). Intersectionality in psychotherapy: The experiences of an Afro-Latinx queer immigrant. *Psychotherapy: Theory, Research, & Practice*, 55(1), 73-79. <https://dx.doi.org/10.1037/pst0000152>
- Bridges, S. K., Selvidge, M. M. D., & Matthews, C. R. (2003). Lesbian women of color: Therapeutic issues and challenges. *Journal of Multicultural Counseling and Development*, 31(2), 113-130.
<https://doi.org/10.1002/j.2161-1912.2003.tb00537.x>
- Bryant-Davis, T., Fasalojo, B., Arounian, A., Jackson, K. L., & Leithman, E. (2024). Resist and rise: A trauma-informed Womanist model for group therapy. *Women & Therapy*, 47(1), 34-57.
<https://doi.org/10.1080/02703149.2021.1943114>
- Chavez-Dueñas, N. Y., & Adames, H. Y. (2021). Intersectionality awakening model of womanista: A transnational treatment approach for Latinx women. *Women & Therapy*, 44(1-2), 83-100.
<https://doi.org/10.1080/02703149.2020.1775022>
- Ferguson, A. D. (2016). Cultural and clinical issues when working with sexual minorities of color. In I. Marini & M. A. Stebnicki (Eds.), *The professional counselor's desk reference* (pp. 519-524). Springer Publishing Company.
- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46. <https://doi.org/10.1177/0011000019843506>
- Meyers, L. (2021). Listening to voices of color in the LGBTQ+ community. *Counseling Today, Cover Stories*.
<https://ct.counseling.org/2021/05/listening-to-voices-of-color-in-the-lgbtq-community/#>
- Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist*, 68(6), 455-466.
<https://doi.org/10.1037/a0033282>

- Pantoja-Patiño, J. R. (2020). The socio-multidimensional sexual and gender minority oppression framework: A model for LGBTQ individuals experiencing oppression and substance use. *Journal of LGBT Issues in Counseling*, 14(3), 268-283. <https://doi.org/10.1080/15538605.2020.1790469>
- Singh, A. A., & Moss, L. (2016). Using relational-cultural theory in LGBTQQ counseling: Addressing heterosexism and enhancing relational competencies. *Journal of Counseling & Development*, 94(4), 398-404. <https://doi.org/10.1002/jcad.12098>
- Stewart, S. L., Moodley, R., & Hyatt, A. (2017). *Indigenous cultures and mental health counseling: Four directions for integration with counseling psychology*. New York, NY: Routledge.
- Wheat, L. S., & Thacker, N. E. (2019). LGBTQ+ loss experiences and the use of meaning reconstruction with clients. *Journal of LGBT Issues in Counseling*, 13(3), 232-251. <https://doi.org/10.1080/15538605.2019.1627973>

Tools

- Adames, H. Y., Chavez-Dueñas, N. Y., Cruz, X., & Mchabcheb, R. (2021). *Our collective healing: A toolkit for queer and trans people of color (QTPOC)*. <https://icrace.files.wordpress.com/2021/06/final-qtpoc-toolkit-1-1.pdf>
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology*, 17(2), 163-174. <https://doi.org/10.1037/a0023244>
- Ghabrial, M. A., & Andersen, J. P. (2021). Development and initial validation of the queer people of color identity affirmation scale. *Journal of Counseling Psychology*, 68(1), 38-53. <https://dx.doi.org/10.1037/cou0000443>
- James, D. (2024). Initial development and validation of the brief internalized heterosexist racism scale for gay and bisexual black men: A measure of internalized heterosexist racism. *Archives of Sexual Behavior*, 53(1), 1307-1325. <https://doi.org/10.1007/s10508-023-02805-1>
- Movement Advancement Project. (2024). *Under fire series: The war on LGBTQ people in America*. <https://www.mapresearch.org/under-fire-report>
- UCLA Center for Health Policy Research. (n.d.). *Asset mapping*. http://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf

~ REFERENCES ~

- [A new social justice magazine cover]. (2021). *Yes! Magazine solutions journalism*.
<https://www.yesmagazine.org/issue/a-new-social-justice/2021/11/15/the-third-reconstruction>
- Abdi, S., & Van Gilder, B. (2016). Cultural (in)visibility and identity dissonance: Queer Iranian-American women and their negotiation of existence. *Journal of International and Intercultural Communication*, 9(1), 69-86.
<https://doi.org/10.1080/17513057.2016.1120850>
- Abreu, R. L., Hernandez, M., Ramos, I., Badio, K. S., & Gonzalez, K. A. (2023). Latinx bi+/plurisexual individuals' disclosure of sexual orientation to family and the role of Latinx cultural values, beliefs, and traditions. *Journal of Bisexuality*, 23(1), 1-26. <https://doi.org/10.1080/15299716.2022.2116516>
- Adames, H. Y., & Chavez-Dueñas, N. Y. (2021). Reclaiming all of me: The racial queer identity framework. In K. L. Nadal & M. R. Scharrón-del Río (Eds.), *Queer psychology: Intersectional perspectives* (pp. 59-79). Springer.
- Adames, H. Y., Chavez-Dueñas, N. Y., Lewis, J. A., Neville, H. A., French, B. H., Chen, G. A., & Mosley, D. V. (2023). Radical healing in psychotherapy: Addressing the wounds of racism-related stress and trauma. *Psychotherapy*, 60(1), 39-50. <https://doi.org/10.1037/pst0000435>
- Alimahomed, S. (2010). Thinking outside the rainbow: Women of color redefining queer politics and identity. *Social Identities*, 16(2), 151-168. <https://doi.org/10.1080/13504631003688849>
- American Psychological Association. (2014). *A psychologist's guide to federal advocacy*. Washington, DC: American Psychological Association, Education Government Relation's Office & Public Interest Government Relations Office.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864. <https://doi.org/10.1037/a0039906>
- American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021a). *Guidelines for psychological practice with sexual minority persons*.
www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf
- American Psychological Association. (2021b, 2023). *Inclusive language guidelines* (2nd ed.).
<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guide.pdf>
- American Psychological Association of Graduate Students. (2015). *Using social media for advocacy and legislative visits*.
<https://www.apa.org/apags/resources/advocacy/social-media-advocacy.pdf>
- Anderton, C., & Woodbridge, L. (2017). Counseling lesbian clients. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (pp. 129-150). American Counseling Association.
- Andrews, C. (2012). *Living at the intersections: Identity development in self-identified lesbian, bisexual, queer, and questioning women of color* (Publication No. 3535838). [Dissertation, Wright Institute Graduate School of Psychology]. ProQuest LLC.
- Anzaldúa, G. (1987). *Borderlands/La frontera: The new mestiza*. San Francisco, CA: Spinsters/Aunt Lute.
- Arora, S., Gonzalez, K. A., Abreu, R. L., & Gloster, C. (2022). "Therapy can be restorative, but can also be really harmful": Therapy experiences of QTBIPOC clients. *Psychotherapy*, 59(4), 498-510. <https://doi.org/10.1037/pst0000443>
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT people of color microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology*, 17(2), 163-174.
<https://doi.org/10.1037/a0023244>
- Baume, M. (2020). What is pride month and the history of pride? *Them*.
<https://www.them.us/story/the-complete-history-of-pride>
- Bohan-Upadhyay, J. (2021). [Illustration of an adolescent teen looking at a mirror]. *Parents*.
<https://www.parents.com/parenting/dynamics/lgbtq/parents-we-need-to-change-the-way-we-discuss-gender-sexuality-and-identity/>
- Boyer, S. J., & Lorenz, T. K. (2020). The impact of heteronormative ideals imposition on sexual orientation questioning distress. *Psychology of Sexual Orientation and Gender Diversity*, 7(1), 91-100. <https://doi.org/10.1037/sgd0000352>
- Bridges, S. K., Selvidge, M. M. D., & Matthews, C. R. (2003). Lesbian women of color: Therapeutic issues and challenges. *Journal of Multicultural Counseling and Development*, 31(2), 113-130.
<https://doi.org/10.1002/j.2161-1912.2003.tb00537.x>

- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books.
- Bryant-Davis, T. (2023). Healing the trauma of racism and sexism: Decolonization and liberation. *Women & Therapy*, 46(3), 246-260. <https://doi.org/10.1080/02703149.2023.2275935>
- Bucher, J. (2014). “But he can’t be gay”: The relationship between masculinity and homophobia in father-son relationships. *The Journal of Men’s Studies*, 22(3), 222-237. <https://doi.org/10.3149/jms.2203.222>
- Byers, C. (n.d.). *Justice first*. <https://amplifier.org/artworks/justice-first-2/>
- Campón, R. R., & Carter, R. T. (2015). The appropriated racial oppression scale: Development and preliminary validation. *Cultural Diversity and Ethnic Minority Psychology*, 21(4), 497-506. <https://dx.doi.org/10.1037/cdp000037>
- Chaney, M. P., Dubaybo, F., & Chang, C. Y. (2020). Affirmative counseling with LGBTQ+ Arab Americans. *Journal of Mental Health Counseling*, 42(4), 281-302. <https://doi.org/10.17744/mehc.42.4.01>
- Cherry, K. (2023). What it means to be aromantic. *verywellmind*. <https://www.verywellmind.com/what-does-it-mean-to-be-aromantic-5189571>
- Choi, A. Y., & Israel, T. (2016). Centralizing the psychology of sexual minority Asian and Pacific Islander Americans. *Psychology of Sexual Orientation and Gender Diversity*, 3(3), 345-356. <https://doi.org/10.1037/sgd0000184>
- Cohen, K. R., Lee, C. M., & McIlwraith, R. (2012). The psychology of advocacy and the advocacy of psychology. *Canadian Psychology / Psychologie canadienne*, 53(3), 151-158. <https://doi.org/10.1037/a0027823>
- Collins, C. (2019). Teaching Stonewall. *Learning for Justice*. <https://www.learningforjustice.org/magazine/summer-2019/teaching-stonewall>
- Collins, J. C., & Taborda-Whitt, C. (2017). Disrupting human resource development to see, hear, and value queer people of color. A call to action. *New Horizons in Adult Education & Human Resource Development*, 29(1), 1-4. <https://doi.org/10.1022/nha3.20165>
- Community Tool Box. (2023). *Social action toolkit*. <https://ctb.ku.edu/en/justice-action-toolkit>
- Conron, K. J., O’Neill, K. K., Arredondo, M., & Guardado, R. (2023). *Educational experiences of LGBTQ people of color: Findings from a National Probability Survey*. Los Angeles, CA: The Williams Institute, UCLA and the Point Foundation. <https://pointfoundation.org/hubfs/Research%20Reports/LGBTQ%20POC%20Report%202.23.23.pdf>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139-167. <https://chicagobound.uchicago.edu/uclf/vol1989/iss1/8/>
- Decena, C. U. (2008). Tacit subjects. *GLQ: A Journal of Lesbian and Gay Studies*, 14(2-3), 339-359. <https://doi.org/10.1215/10642684-2007-036>
- d’Eon, F. (n.d.a). *Māhū Love*. https://www.etsy.com/listing/846161711/mh-love-gay-art-queer-hawaiian-lgbt?click_key=a29b3a0aa200a32b8ea82437dcb5edc3877771e0%3A846161711&click_sum=3c8fd206&ref=shop_home_active_69
- d’Eon, F. (n.d.b). *La bandera*. https://www.etsy.com/listing/807459916/la-bandera-poc-queer-lgbtq-lesbian?click_key=dee11c134657da91df3d54243aa9a9aee8a266f8%3A807459916&click_sum=69f08cdb&ref=shop_home_recs_1&rt=1
- Di Bianca, M., & Mahalik, J. R. (2022). A relational-cultural framework for promoting healthy masculinities. *American Psychologist*, 77(3), 321-332. <https://doi.org/10.1037/amp0000929>
- Dixon, A. R., & Telles, E. E. (2017). Skin color and colorism: Global research, concepts, and measurement. *Annual Review of Sociology*, 43(1), <https://doi.org/10.1146/annurev-soc-060116-053315>
- Enno, A. M., Galliher, R. V., Parmenter, J. G., & Domenech Rodríguez, M. M. (2022). Sexual, gender, and ethnic identity intersectionality among LGBTQ+ people of color. *Journal of LGBTQ Issues in Counseling*, 16(1), 2-27, <https://doi.org/10.1080/15538605.2021.1972894>
- French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46. <https://doi.org/10.1177/0011000019843506>
- French, B. H., Neville, H. A., Lewis, J. A., Mosley, D. V., Adames, H. Y., & Chavez-Dueñas, N. Y. (2023). “We can create a better world for ourselves”: Radical hope in communities of color. *Journal of Counseling Psychology*, 70(4), 327-340. <https://doi.org/10.1037/cou0000670>
- García, I. (2020). Cultural insights for planners: Understanding the terms Hispanic, Latino, and Latinx. *Journal of the*

- American Planning Association*, 86(4), 393-402. <https://doi.org/10.1080/01944363.2020.1758191>
- Ghabrial, M. A. (2017). "Trying to figure out where we belong": Narratives of racialized sexual minorities on community, identity, discrimination, and health. *Sexuality Research and Social Policy*, 14(1), 42-55. <https://doi.org/10.1007/s13178-016-0229-x>
- Ghabrial, M. A., & Andersen, J. P. (2021). Development and initial validation of the queer people of color identity affirmation scale. *Journal of Counseling Psychology*, 68(1), 38-53. <http://dx.doi.org/10.1037/cou0000443>
- Ghabrial, M. A., & Ross, L. E. (2018). Representation and erasure of bisexual people of color: A content analysis of quantitative bisexual mental health research. *Psychology of Sexual Orientation and Gender Diversity*, 5(2), 132--142. <http://dx.doi.org/10.1037/sgd0000286>
- Ginicola, M. M., & Ruggiero, A. (2017). Counseling asexual clients. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (pp. 251-258). American Counseling Association.
- Ginicola, M. M., Sanabria, S., Filmore, J. M., & DeVoll, M. (2017). Counseling gay male clients. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (pp. 151-170). American Counseling Association.
- Gould, W. R. (2023). How to know if you're asexual. *verywellmind*. <https://www.verywellmind.com/what-is-asexuality-5075603>
- Han, C. (2017). Examining identity development among gay men of color. *Sociology Compass*, 11(9), 1-12. <https://doi.org/10.1111/soc4.12503>
- Han, C., & Choi, K. H. (2018). Very few people say "no whites": Gay men of color and the racial politics of desire. *Sociological Spectrum: The Official Journal of the Mid-South Sociological Association*, 38(3), 145-161. <https://doi.org/10.1080/02732173.2018.1469444>
- Harper, A. J., & Ginicola, M. M., (2017). Counseling bisexual/pansexual/polysexual clients. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (pp. 171-182). American Counseling Association.
- Harper, A. J., & Swanson, R. (2019). Nonsequential task model of bi/pan/polysexual identity development. *Journal of Bisexuality*, 19(3), 337-360. <https://doi.org/10.1080/15299716.2019.1608614>
- Hudson, K. D., & Romanelli, M. (2020). "We are powerful people": Health-promoting strengths of LGBTQ communities of color. *Qualitative Health Research*, 30(8), 1156-1170. <https://doi.org/10.1177/1049732319837572>
- Human Rights Campaign Foundation. (2023a). *Coming out: Living authentically as Black LGBTQ+ people*. https://reports.hrc.org/coming-out-living-authentically-as-black-lgbtq-people?_ga=2.238084935.678603604.1717176021-131914373.1707763471
- Human Rights Campaign Foundation. (2023b). *Coming out: Living authentically as LGBTQ+ Latine Americans*. https://reports.hrc.org/coming-out-living-authentically-as-lgbtq-latine?_ga=2.262177611.678603604.1717176021-131914373.1707763471
- Human Rights Campaign Foundation. (2023c). *Coming out: Living authentically as LGBTQ+ Asian Americans, Native Hawaiians and Pacific Islanders*. https://reports.hrc.org/coming-out-living-authentically-as-lgbtq-aanhpi?_ga=2.262177611.678603604.1717176021-131914373.1707763471
- Ikizler, A. S., & Szymanski, D. M. (2014). A qualitative study of Middle Eastern/Arab American sexual minority identity development. *Journal of LGBT Issues in Counseling*, 8(2), 206-241. <https://doi.org/10.1080/15538605.2014.897295>
- James, D. (2024). Initial development and validation of the brief internalized heterosexist racism scale for gay and bisexual black men: A measure of internalized heterosexist racism. *Archives of Sexual Behavior*, 53(1), 1307-1325. <https://doi.org/10.1007/s10508-023-02805-1>
- Jamil, O. B., Harper, G. W., Fernandez, M. I., & Adolescent Trials Network for HIV/AIDS Interventions. (2009). Sexual and ethnic identity development among gay-bisexual-questioning (GBQ) male ethnic minority adolescents. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 203-214. <https://doi.org/10.1037/a0014795>
- Jordan, J. V. (2018). *Relational-cultural therapy, second edition*. Washington, DC: American Psychological Association.
- Jumarali, S. N. (2022). *The impact of identity-based matching on the psychotherapy experiences of lesbian, gay, bisexual, transgender, and queer people of color* (Publication No. 28966665). [Dissertation, University of Maryland]. ProQuest LLC.

- Kavanaugh, S. A., Taylor, A. B., Stuhlsatz, G. L., Nepl, T. K., & Lohman, B. J. (2020). Family and community support among sexual minorities of color: The role of sexual minority identity prominence and outness on psychological well-being. *Journal of GLBT Family Studies*, 16(1), 1-17. <https://doi.org/10.1080/1550428X.2019.1593279>
- Kelleher, S., Murphy, M., & Su, X. (2023). Asexual identity development and internalisation: A scoping review of quantitative and qualitative evidence. *Psychology & Sexuality*, 14(1), 45-72. <https://doi.org/10.1080/19419899.2022.2057867>
- Kim, B. S. K., Atkinson, D. R., & Umemoto, D. (2001). Asian cultural values and the counseling process: Current knowledge and directions for future research. *The Counseling Psychologist*, 29(4), 570-603. <https://doi.org/10.1177/0011000001294006>
- Kinnamon, C. (2023). *"The power to heal and cure": Adaptations of Western therapy by American Indian and Alaska Native therapists*. [Dissertation, Antioch University Seattle]. ProQuest, LLC.
- Liberal Jane Illustration. (2020). [Asexuality is real and valid]. Facebook. https://www.facebook.com/liberaljane/photos/%EF%B8%8Fasexuality-is-real-and-valid-%EF%B8%8Fasexuality-is-an-umbrella-term-and-exists-on-a-s/1831988900271585/?paipv=0&eav=AfavfOmq4z5KODTVJi5WY8gOKIcadLMn_YMEh1v9FeY6L4pHrF9SEsaq0vtwopwVAr0&_rdr
- Lockett, G. M., Brooks, J. E., Abreu, R. L., & Sostre, J. P. (2021). "I want to go to a place that's openly talking about the experiences of people of color who also identify as LGBTQ+": Cultural, religious, and spiritual experiences of LGBTQ people of color. *Spirituality in Clinical Practice*, 10(3), 261-270. <https://doi.org/10.1037/scp0000288>
- Maroney, M., Matsuno, E., LaMartine, S., Nissenbaum, A., Rose, S., Stewart, J., Guerrant, M., Caso, T., Berney, E., & Pantoja-Patiño, J. R. (2019). *A guide for supporting trans and gender diverse students*. <https://www.apa.org/apags/governance/subcommittees/supporting-diverse-students.pdf>
- [Marsha P. Johnson]. (n.d.). *Essence*. <https://www.essence.com/entertainment/5-things-know-activist-marsha-p-johnson/>
- Mattson, E. (2013). *The narrative identities of queer people of color: Interviews with queer people of color in Long Beach, CA*. [Thesis, Umeå University]. Digitala Vetenskapliga Arkivet.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist*, 24(3), 508-534. <https://doi.org/10.1177/0011000096243011>
- McConnell, E. A., Janulis, P., Phillips II, G., Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 1-12. <http://dx.doi.org/10.1037/sgd0000265>
- McInroy, L. B., Beaujolais, B., Craig, S. L., & Eaton, A. D. (2021). The self-identification, LGBTQ+ identity development, and attraction and behavior of asexual youth: Potential implications for sexual health and internet-based service provision. *Archives of Sexual Behavior*, 50(1), 3853-3863. <https://doi.org/10.1007/s10508-021-02064-y>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyers, L. (2021). Listening to voices of color in the LGBTQ+ community. *Counseling Today, Cover Stories*. <https://ct.counseling.org/2021/05/listening-to-voices-of-color-in-the-lgbtq-community/#>
- Mildenberg, M. (2018). [Woman and lesbian flag]. *Philadelphia Magazine*. <https://www.phillymag.com/news/2018/09/29/lesbian-bars-philadelphia/>
- Mitchell, S. N., Ganong, L., & Coleman, M. (2023). "The in-between spaces of those labels": Exploring the challenges and positives of being a bisexual woman of color. *Global Journal of Human-Social Science*, 23(3), 13-28. <https://gjhss.com/index.php/gjhss/article/view/391/391>
- Moore, K. L., Camacho, D., & Munson, M. R. (2020). Identity negotiation processes among Black and Latinx sexual minority young adult mental health service users. *Journal of Gay & Lesbian Social Services*, 32(1), 21-48. <https://doi.org/10.1080/10538720.2019.1677542>
- Moradi, B., & Budge, S. L. (2018). Engaging in LGBQ+ affirmative psychotherapies with all clients: Defining themes and practices. *Journal of Clinical Psychology*, 74(11), 2028-2042. <https://doi.org/10.1002/jclp.22687>
- Mosley, D. V., McNeil-Young, V., Bridges, B., Adam, S., Colson, A., Crowley, M., & Lee, L. (2021). Toward radical healing: A qualitative metasynthesis exploring oppression and liberation among Black queer people. *Psychology of Sexual Orientation and Gender Diversity*, 8(3), 292-313. <https://doi.org/10.1037/sgd0000522>

- Muñoz, J. E. (1999). *Disidentifications: Queers of color and the performance of politics*. Minneapolis, MN: University of Minnesota Press.
- National Park Service. (2020). *Marsha P. Johnson & Sylvia Rivera*.
<https://www.nps.gov/articles/000/marsha-p-johnson-sylvia-rivera.htm>
- Nelson, R. (2024). Deconstructing the clinging myth of ‘straight-passing privilege’ for bi+ people. *Journal of Bisexuality*, 1-22. <https://doi.org/10.1080/15299716.2024.2332873>
- Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist*, 68(6), 455-466.
<https://doi.org/10.1037/a0033282>
- Noyola, N., Sánchez, M., & Cardemil, E. V. (2020). Minority stress and coping among sexual diverse Latinxs. *Journal of Latinx Psychology*, 8(1), 58-82. <http://dx.doi.org/10.1037/lat0000143>
- Palmieri, S. (2019). *LGBTQIA+ affirming therapy*. Powerpoint slides.
- Panfil, V. R. (2020). “Nobody don’t really know what that mean”: Understandings of “queer” among urban LGBTQ young people of color. *Journal of Homosexuality*, 67(12), 1713-1735. <https://doi.org/10.1080/00918369.2019.1613855>
- Pantoja-Patiño, J. R. (2020). The socio-multidimensional sexual and gender minority oppression framework: A model for LGBTQ individuals experiencing oppression and substance use. *Journal of LGBT Issues in Counseling*, 14(3), 268-283. <https://doi.org/10.1080/15538605.2020.1790469>
- Pantoja-Patiño, J. R. (2024). *Development and preliminary validation of the internalized heterosexist racism measure for sexual minorities of color*. (Publication No. 30993080). [Dissertation, Loyola University Chicago]. ProQuest Dissertations & Theses.
- Pantoja-Patiño, J. R. (2023). *Internalized heterosexist racism among sexual minorities of color*. [PowerPoint slides].
- Paramo, M. (2017). The asexual community is predominately white. Why? *Medium*. Retrieved from
https://medium.com/@Michael_Paramo/interrogating-the-whiteness-of-the-asexual-community-b5765a71f62b
- Parmenter, J. G. (2018). *The culture of sexuality: Identification, conceptualization, and acculturation processes within sexual minority and heterosexual cultures*. (Publication No. 10846634) [Thesis, Utah State University]. ProQuest LLC.
- Parmenter, J. G., Grace Wong, E., Khan, N. S., Pradell, L., & Galliher, R. V. (2024). “Even when I feel alone, I always know I’m not alone”: An intersectional analysis of LGBTQIA+ - BIPOC’s experiences of community and resistance. *Feminism & Psychology*, 0(0), 1-23.. <https://doi.org/10.1177/09593535241238073>
- Perez, R. (n.d.). *Gay couple dancing kissing with lions men* [Painting]. Artmajeur.
<https://www.artmajeur.com/raphael-perez-israeli-painter-artist/en/artworks/11451065/gay-couple-dancing-kissing-with-lions-men-love-art-israel>
- Piña-Watson, B., Castillo, L. G., Jung, E., Ojeda, L., & Castillo-Reyes, R. (2014). The marianismo beliefs scale: Validation with Mexican American adolescent girls and boys. *Journal of Latina/o Psychology*, 2(2), 113-130.
<https://doi.org/10.1037/lat0000017>
- Price-Feeney, M., Green, A. E., & Dorison, S. H. (2021). Suicidality among youth who are questioning, unsure of, or exploring their sexual identity. *The Journal of Sex Research*, 58(5), 581-588.
<https://doi.org/10.1080/00224499.2020.1832184>
- Przeworski, A., & Piedra, A. (2020). The role of the family for sexual minority Latinx individuals: A systematic review and recommendations for clinical practice. *Journal of GLBT Family Studies*, 16(2), 211-240.
<https://doi.org/10.1080/1550428X.2020.1724109>
- Resnick, A. (2022). What to do when you’re questioning your sexuality. *verywellmind*.
<https://www.verywellmind.com/what-to-do-when-youre-questioning-your-sexuality-5112793>
- Robbins, N. K., Low, K. G., & Query, A. N. (2016). A qualitative exploration of the “coming out” process for asexual individuals. *Archives of Sexual Behavior*, 45(1), 751-760. <https://doi.org/10.1007/s10508-015-0561-x>
- Rose, J. S., & Baltrinic, E. R. (2017). Counseling clients questioning their affectional orientation. In M. M. Ginicola, C. Smith, & J. M. Filmore (Eds.), *Affirmative counseling with LGBTQI+ people* (pp. 227-239). American Counseling Association.
- Rosenberg, R. (2016). The whiteness of gay urban belonging: Criminalizing LGBTQ youth of color in queer spaces of care. *Urban Geography*, 38(1), 137-148. <https://doi.org/10.1080/02723638.2016.1239498>

- Sarno, E. L., Mohr, J. J., Jackson, S. D., & Fassinger, R. E. (2015). When identities collide: Conflicts in allegiances among LGB people of color. *Cultural Diversity and Ethnic Minority Psychology, 21*(4), 550-559. <http://dx.doi.org/10.1037/cdp0000026>
- Scheer, J. R., Breslow, A. S., Esposito, J., Price, M. A., & Katz, J. (2021). Violence against gay men. In E. M. Lund et al. (Eds.), *Violence against LGBTQ+ persons* (pp. 135-148). https://doi.org/10.1007/978-3-030-52612-2_10
- Schmitz, R. M., Robinson, B. A., Tabler, J., Welch, B., & Rafaqut, S. (2020). LGBTQ+ Latino/a young people's interpretations of stigma and mental health: An intersectional minority stress perspective. *Society and Mental Health, 10*(2), 163-179. <https://doi.org/10.1177/2156869319847248>
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65*(4), 237-251. <https://doi.org/10.1037/a0019330>
- Seylaby, E. (2023). *Therapy in the borderlands: A feminist approach to therapy with bi+ and bicultural clients*. (Publication No. 30488179). [Dissertation, Widener University]. ProQuest LLC.
- Singh, A. A., Parker, B., Aqil, A. R., & Thacker, F. (2020). Liberation psychology and LGBTQ+ communities: Naming colonization, uplifting resilience, and reclaiming ancient his-stories, her-stories, and t-stories. In L. Comas-Díaz & E. Torres Rivera (Eds.), *Liberation psychology: Theory, method, and social justice* (pp. 207-224). American Psychological Association. <https://doi.org/10.1037/0000198-012>
- Smithsonian. (2021). Marsha Johnson, Sylvia Rivera, and the history of pride month. *Smithsonian Sparks*. <https://www.si.edu/stories/marsha-johnson-sylvia-rivera-and-history-pride-month>
- Spurway, K., Soldatic, K., Briskman, L., Uink, B., Liddel-Hunt, S., Hill, B., & Lin, A. (2020). The social and emotional wellbeing of Indigenous LGBTQ+ young people: A global perspective. *Irish Journal of Psychological Medicine, 39*(2), 138-147. <https://doi.org/10.1017/ipm.2020.83>
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286. <https://doi.org/10.1037/0003-066X.62.4.271>
- [Sylvia Rivera]. (n.d.). *Project olas*. <https://www.projectolas.com/post/honoring-latinx-lgbtq-activists-sylvia-rivera>
- Thomas, M., McCoy, T., Jeffries, I., Haverkate, R., Naswood, E., Leston, J., & Platero, L. (2022). Native American two spirit and LGBTQ health: A systematic review of the literature. *Journal of Gay & Lesbian Mental Health, 26*(4), 367-402. <https://doi.org/10.1080/19359705.2021.1913462>
- Thomas, N. (2020). *Radical healing heart in blue*. <https://justseeds.org/graphic/radical-healing-heart-in-blue/>
- Toporek, R., & Daniels, J. (2018). *American Counseling Association advocacy competencies*. <https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-updated-may-2020.pdf>
- The Trevor Project. (2023). *2023 U. S. National survey on the mental health of LGBTQ young people*. https://www.thetrevorproject.org/survey-2023/assets/static/05_TREVOR05_2023survey.pdf
- Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality, 17*(1-2), 43-74. https://doi.org/10.1300/J082v17n01_02
- Vaughan, M. D., Miles, J., Parent, M. C., Shim Lee, H., Tilghman, J. D., & Prokhorets, S. (2014). A content analysis of LGBT-themed positive psychology articles. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 313-324. <http://dx.doi.org/10.1037/sgd0000060>
- Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253-272. <https://doi.org/10.1177/0011000003031003001>
- Versey, H. S., Cogburn, C. C., Wilkins, C. L., & Joseph, N. (2019). Appropriated racial oppression: Implications for mental health in Whites and Blacks. *Social Science & Medicine, 230*, 295-302. <https://doi.org/10.1016/j.socscimed.2019.03.014>
- Watts, K. J., & Thrasher, S. S. (2024). The impact of community belongingness on mental health and well-being among Black LGBTQ adults. *Race and Social Problems, 16*(1), 47-64. <https://doi.org/10.1007/s12552-023-09396-5>
- Weber, A., Collins, S-A., Robinson-Wood, T., Zeko-Underwood, E., Poindexter, B. (2018). Subtle and severe: Microaggressions among racially diverse sexual minorities. *Journal of Homosexuality, 65*(4), 540-559. <https://doi.org/10.1080/00918369.2017.1324679>
- Westcott, J., Koch, J. M., Federici, D. J., Stowe, M., Burish, E., & Beaumont, M. A. (2022). A qualitative analysis of queer strengths. *The Humanistic Psychologist, 1*-14. <https://dx.doi.org/10.1037/hum0000309>

- Wheat, L. S., & Thacker, N. E. (2019). LGBTQ+ loss experiences and the use of meaning reconstruction with clients. *Journal of LGBT Issues in Counseling*, 13(3), 232-251. <https://doi.org/10.1080/15538605.2019.1627973>
- Williams, M. G., & Lewis, J. A. (2021). Developing a conceptual framework of Black women's gendered racial identity development. *Psychology of Women Quarterly*, 45(2), 212-228. <https://doi.org/10.1177/0361684320988602>
- [Woman's Journey of Bisexuality]. (n.d.). *Glamour newsletter*.
<https://www.glamourmagazine.co.uk/article/bisexuality-journey>
- Zongrone, A. D., Truong, N. L., & Kosciw, J. G. (2020). *Erasure and resilience: The experiences of LGBTQ students of color, Native American, American Indian, and Alaska Native LGBTQ youth in U.S. schools*. New York: GLSEN. <https://www.glsen.org/sites/default/files/2020-06/Erasure-and-Resilience-Native-2020.pdf>