"Take It Out on the Floor": Experiences of Violence Among Black LGBT House and Ball Community Youth in a Rust Belt City

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Abstract

Black, lesbian, gay, bisexual, and transgender (LGBT), individuals experience higher rates of violent victimization compared to their cisgender heterosexual counterparts over their life course. Among Black LGBT people, witnessing and experiencing violence have been related to poor health outcomes, including depression, risky sexual behavior, substance use, and lower engagement in healthcare services. We engaged in research to better understand the effects of violence experienced by the Black LGBT youth community. We conducted a qualitative, phenomenological study focused on the causes of violence occurring in the lives of Black LGBT youth engaged in a recreation-based community health program. The study consisted of four focus groups with Black LGBT youth ($N = 24$) and in-depth individual interviews with medical and social service providers who work with Black LGBT youth ($N = 4$). Data analysis presented three themes: (1) causes of violence, (2) the context of intracommunity violence, and (3) solutions to violence. The first theme describes the reasoning, motivation, or explanation for violence experienced by the Black LGBT youth community. The second theme, the context of intracommunity violence, describes how violence occurs specifically within Black LGBT young adult communities. The third theme, solutions to violence, describes the recommendations for addressing, reducing, and/or eliminating violence within the Black LGBT youth community. Our findings highlight the need for safe spaces, culturally-relevant services, and trusted figures for Black LGBT young adults, which can serve as mechanisms for mitigating violence.

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Introduction

Violence remains a serious social problem in the United States and globally. Violence has been defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation," and has been recognized by the World Health Organization (2002) as a social determinant of health (p. 5). Among the many populations negatively impacted by ongoing violence are members of the lesbian, gay, bisexual, and transgender (LGBT) communities. Anti-LGBT violence includes prejudice-motivated violence such as harassment, physical assault, and intimate partner violence (IPV; Peterson & Panfil, 2014). Research has demonstrated that LGBT individuals are more likely than their cisgender and/or heterosexual counterparts to experience violence victimization (Follins et al., 2014; Peterson & Panfil, 2014).

Violence Over the Life Course

The impact of violence often begins early in the lives of LGBT individuals. Studies of LGBT youth have found that instances of anti-LGBT harassment, bullying, and violence are linked to health disparities and poor mental health outcomes (Earnshaw et al., 2017; O'Donnell et al., 2011; Pritchard, 2013). One geospatial analysis found that youth living in neighborhoods where anti-LGBT violence was present were more likely to report experiences of being bullied (Hatzenbuehler et al., 2015). Violence perpetrated against LGBT people persists over the life course and is associated with poor mental health outcomes such as general anxiety, distress, and depression (Cramer et al., 2018) and may be related to disparities in suicidal ideation and attempts among LGBT youth compared with their cisgender, heterosexual counterparts (Aranmolate et al., 2017). Externally sourced violence committed against LGBT individuals can have multiple impacts. Experiences of externally sourced violence range from discrimination and harassment to sexual and physical assault, including murder (Grant et al., 2011).

Black LGBT People and Violence

Violence must also be examined among intersectional populations, particularly among Black LGBT individuals who exist as racial, sexual, and gender minorities. Black LGBT populations are overrepresented in reports of hate crimes, violence, and homicide (National Coalition of Anti-Violence Programs, 2017). Exposure to violence, either as a witness or a recipient, has been associated with poor health outcomes among Black LGBT people, including depression, HIV risk activity, substance use, and lower engagement in healthcare services (Hoffman, 2014; Quinn et al., 2016; Reisner et al., 2014; Voisin et al., 2017; West, 2014). Black transgender women, who live at the intersection of racial and gender minoritized statuses, have disproportionately been targets of violence (National Coalition of Anti-Violence Programs, 2017; Riley, 2015; Teal, 2015; Williams, 2016).

Ecological Models of Violence

Ecological models offer a method to examine sources of violence against Black LGBT people and find targets for suitable intervention. Experiences of discrimination and violence are attributed to intersecting social and structural stigma (intersectional stigma), such as homophobia, transphobia, poverty, classism, and racism experienced by Black LGBT people (Meyer, 2010, 2015; Simpson & Helfrich, 2014; Teal, 2015). These societal and structural stigmas influence all ecological levels by impacting public policy sectors, social hierarchies, interpersonal relationships, and the lived experiences of LGBT individuals. Studies have shown associations between discriminatory policies, enacted violence, and negative mental health outcomes among LGBT people (Hatzenbuehler et al., 2010). At the individual level, studies have found that enacted violence has been associated with higher rates of suicidal ideation and self-harm among LGBT populations compared to heterosexuals (Craig & McInroy, 2013; Mueller et al., 2015; Simpson & Helfrich, 2014).

Hughto et al. (2015) have used a three-level model of social ecology to understand the effects of stigma on transgender populations. The study of the individual, interpersonal and structural levels of ecology highlight the pathways that enacted stigma, such as violence, take to negatively impact health (Hughto et al., 2015). Studies of transgender women have also shown that internalized transphobia can lead to suicide attempts, depression, substance use, and sexual risk (Nemoto et al., 2004). Bisexual individuals, including those who are Black, have historically experienced poorer health outcomes compared to both heterosexual and gay/lesbian populations, and more instances of violence (Friedman et al., 2019; Johnson & Grove, 2017). A recent study of sexual violence against bisexual women found that internalized biphobia and substance use can result in to negative health outcomes among women (Johnson & Grove, 2017). Enacted stigma can also lead to internalized stigma, which is associated with higher behavioral risk: for example, recent findings demonstrate that internalized homophobia is associated with condomless anal sex in a sample of Black MSM (Whitfield, 2020).

At the interpersonal level, Black LGBT people are at increased risk of violence from sexual partners, family, and friends compared to cisgender and heterosexual persons. Black LGBT people face high incidence rates of harassment, physical, sexual, and IPV (Alexander et al., 2016; Craig & McInroy, 2013; Simpson & Helfrich, 2014; Wade & Harper, 2017). Studies suggest that violence, including IPV, childhood sexual abuse, and community violence, are related to HIV risk activity, HIV acquisition, and interruptions in HIV treatment among Black MSM (Beymer et al., 2017; Quinn et al., 2016; Williams et al., 2015). Among transgender women who engage in sex work, there is increasing evidence that family rejection is related to poor health outcomes including suicide and increased risk of partner violence (Hoffman, 2014; Klein & Golub, 2016).

The overarching social and structural challenges faced by Black LGBT populations have been associated with gaps in mental health, social service utilization, and HIV prevention and care outcomes (Meyer, 2015). Further, the homophobia, transphobia, and biphobia that permeate through all levels of the ecology negatively impact employment and housing opportunities for some, particularly gay/bisexual men and transgender women. These individuals may engage in sex work for financial stability and social community, but

risk exposure to various forms of violence (Sevelius et al., 2011; Stevens et al., 2017). These ecological factors converge to exacerbate HIV and violence-related health disparities, resulting in a need for safe spaces for Black LGBT youth, which can include social services to address these health disparities (Adams et al., 2018; Garcia et al., 2015; Krier et al., 2021).

Black LGBT People in the Rustbelt

While it encompasses a large area, there exists a paucity of literature that details experiences of violence and the responses to violence by Black LGBT people in the rustbelt region. The rustbelt exists as a historically white, working class, post-industrial region that complicates the study of the urban/rural dichotomy (Noah, 2014). Cities in the region are often surrounded by more rural spaces, creating LGBT communities with broad reaches and migration patterns to LGBT-centered spaces. Rustbelt cities, such as Pittsburgh, have often included private social clubs and after-hours bars which created a safe space for queer and trans subcultures (Apple, 2015). LGBT individuals have been responsible for making their own safe spaces in the region for decades; however, only recently has this culture of space-making been studied (Apple, 2015, 2021; Currans, 2021).

The House and Ball Community

Originating within urban Black and Latinx LGBT communities, the House and Ball Community (HBC) has engaged in space-making for several decades. The HBC has long consisted of a network of houses, also known as families of choice, with a hierarchical order of leadership (e.g., house mother, house father) (Bailey, 2013). These parents provide leadership and mentorship to younger LGBT individuals, incorporating socialization, identity development and mitigation strategies for the homophobia, transphobia, and challenges youth may encounter (Bailey, 2011, 2013). These houses facilitate the development of non-biological families that offer kinship (Bailey, 2011). In addition to this mentorship, houses are essential in building community-relevant skills, particularly in recreational activities like runway walking and unique dance styles such as vogue. Houses take turns hosting balls, which are performance-based competitive events where participants are judged on the precision, skills, and creativity shown in these recreational activities within predetermined categories (Bailey, 2013). Houses can also assist with the "unmarking [of] oneself through performance" of gender (Bailey, 2013, p. 366), a method of protection and "passing" (p. 366) to avoid violence outside of the ballroom space (Bailey, 2011, 2013). Further, HBC has been an important source of information, connection, and support throughout the HIV epidemic and beyond (Arnold & Bailey, 2009, 2017; Castillo et al., 2012). Despite this structure, there are instances of intra-community violence within and among houses in the HBC based partially on disagreements at the ball competitions and interpersonal issues that can arise from what some HBC members have perceived as a limited pool of romantic and sexual partners (Bailey, 2011; Riley, 2015).

Given the extensive impact of violence on the lives and health outcomes of Black LGBT youth, it is imperative to understand how violence may impact Black LGBT youth in the rustbelt. A further consideration in preventing violence victimization for youth is the possibility of violence perpetration. The cycles of violence theory posit that some

individuals exposed to violence may respond by perpetrating violence against others, creating a harmful pattern, especially within tightly bound communities (Widom, 1989). Therefore, it is vital to prevent violence and its deleterious effects whenever possible to avoid further proliferation.

Theoretical Framework

The theoretical premises that anchored this phenomenological study include intersectionality and minority stress theory. An intersectionality is a tool by which to better understand the complexities of marginalized identities and the way in which systems of oppression can be intertwined with one another (Crenshaw, 1990). Intersectionality provides us with a framework to view the oppression of Black LGBT people resulting from intertwined systems of inequality. This framework examines the ways in which race, ethnicity, class, sexual orientation, and gender identity allow for the multiple marginalizations of Black LGBT youth (Crenshaw, 1990). Intersectionality posits that individuals experience power, privilege, and oppression based on the combination of their identities. The theory articulates the importance of systems that are used as a tool to perpetuate the marginalization of persons with minority identities (Cho et al., 2013). In examining the experiences of Black LGBT youth as it relates to violence, it is important to recognize their experiences are shaped not only by their racial identity or sexual orientation but by the totality of their identity. This theory accounts for how systems of race, ethnicity, class, sexual orientation, and gender identity allow for the multiple marginalizations of Black LGBT youth. To this end, intersectional methodological approaches do not often require participants to parse out their experiences related to violence based on one specific identity, but rather try to understand their experiences from their unique intersectional identities as Black LGBT youth.

Because Black LGBT youth reflects a multiplicity of marginalizable minority identities, we used minority stress theory to complement our theoretical grounding of the study within intersectionality. Minority stress is the concept that although all individuals experience individual and social stress, groups of individuals who are marginalized in society experience a unique type of stress directly correlated to their minoritized status (Meyer, 2003). Minority stress theory posits that disparities in mental health outcomes found persistently in LGBT communities are in large part attributable to the cumulative burden of stress deriving from homo-, bi-, and transphobia (Meyer, 2012).

Current Study

Based on previous literature which illustrates the elevated rates of violence endured by Black LGBT youth and its impact on health, this present phenomenological study investigated the lived experiences of violence among Black LGBT youth. To engage Black LGBT youth in sexual health services, one rustbelt city developed a recreation-based community health space that offered HIV screening, mental health counseling, and linkage to other essential services (Adams et al., 2018; Krier et al., 2021). The space employed peer workers alongside professionals and offered various HBC-related activities (e.g., peer leaders taught classes for various types of vogue performance). To begin to address the dearth of literature about Black LGBT youth in the rustbelt, this study sought to qualitatively

understand the impact of violence on their lives using three aims. The study aims were to: (1) explore how routinely intra-community (i.e., from within the Black LGBT community) and inter-community (i.e., between the Black LGBT community and other communities) violence is experienced among local Black LGBT youth; (2) understand community perceptions of *how* and *why* such violence is perpetrated (e.g., homophobia, biphobia, transphobia, racism), and understand typical responses to such violence; and (3) explore connections between forms and contexts of endured violence and HIV risk behaviors and its distal associations (i.e., mental health, sex work).

Methods

Sampling and Recruitment

The study consisted of four focus groups with Black LGBT youth ($N = 24$) and in-depth individual interviews with medical and social service providers who work with Black LGBT youth ($N = 4$). Focus group participants were recruited using a purposive sampling technique. Researchers partnered with a local community-based organization that provides recreation-based social and medical services and a community-based clinic that primarily serves Black LGBT communities. Recruitment strategies for the focus groups at these community venues included word of mouth from peer workers, flyers at the agencies, and advertising on the organizations' social media platforms. Recruitment for the in-depth individual interviews with providers consisted of email solicitations to individual providers using a listserv for local HIV prevention and social services providers working with marginalized groups. Focus groups took place at the recreation-based community health space and at the office space of the partner community-based organization. Individual interviews were conducted at the offices of the medical and social service providers, to ensure their comfort and reduce the study burden. Only the researchers and participants were present at the time of the interviews and focus groups.

Three-fourths (75%) of participants identified as male. The majority (70.4%) of participants reported their gender identity as cisgender with a smaller number reporting their gender identity as transgender (14.8%). Almost half (40.7%) of participants reported their sexual orientation as gay. More than half (60.7%) of participants identified as Black. Equally, more than a quarter of participants (26.9%) reported their household income as less than $10,000 annually and between $30,000 and $39,999 annually. Half of the participants in the study reported their educational attainment level as a high school diploma or some college. The full sample demographics are depicted in Table 1.

Measures

The focus groups consisted of a semi-structured focus group interview guide with five grand tour questions and probing questions for follow up. A grand tour question, coined by Spradley (1979), is a question that allows participants to give a verbal response to a topic that they know well (Leech, 2002). The grand tour questions included topics surrounding: (1) defining violence, (2) describing the types of violence experienced by Black LGBT youth, (3) discussing the effects of violence on the community, (4) discussing coping strategies employed by members of the community, and (5) describing strategies

that community-based organizations could implement to combat violence. The focus groups lasted for 1.5 hours and were structured using a phenomenological approach, which is useful for understanding the meaning people attach to a specific experience or concern (Creswell et al., 2007).

For this study, we drew upon the knowledge of both those who belong to the Black LGBT youth community as well as the medical and social service providers who work with this community. Medical and social service providers participated in in-depth individual interviews, which were approximately 1 hour in length. These semi-structured interviews explored providers' perceptions of why and how violence occurs in the Black LGBT community and possible strategies for addressing violence among Black LGBT youth.

Qualitative data were audio-recorded and transcribed by a transcription service. Demographic information about participants was gathered using an anonymous demographic form collected prior to the start of the focus groups and individual interviews. The data collected included self-reported age, gender identity, sex assigned at birth, sexual orientation, racial and ethnic identity, and income status.

Study Rigor

To safeguard the identities of participants, each participant in the focus group was asked to not use names for individuals during the focus group. Participants were provided with the purpose of the study before the interviews were conducted. All transcripts were checked for accuracy with audio recordings after translation and prior to being uploaded in NVivo. Handwritten memos, paper-based demographic forms, and observation notes from the focus groups and individual interviews were stored in a locked cabinet separate from all other study materials. The researchers took several measures to enhance study rigor, including observation memos, member checking, using a content expert, and inter-rater reliability. The primary and secondary authors kept observational memos throughout the study and conducted peer debriefing following each focus group. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist (Tong et al., 2007) was followed to ensure the appropriate rigor of the study (Supplemental Appendix 1).

Bracketing

To ensure rigor and objectivity when conducting the study, the authors made conscious attempts to suspend preconceived ideas or beliefs about the phenomenon in question to the best of their ability by bracketing. Bracketing allows researchers to remove their personal experiences and preconceived notions from the participants' lived experiences (Alase, 2017; Moustakas, 1994). At the start of the study, the researchers acknowledged their own personal experiences with the phenomenon under study, and through group meetings, discussed the ways in which their personal experiences may influence the data collection process and worked to reduce as much bias as possible. All researchers identify as sexual minority cisgender men, with three of the researchers identifying as sexual minority cisgender men of color, and have prior professional experience engaging with gay men of color. The authors were acutely aware of their personal experiences with homo/biphobia and/or racism. The

authors discussed these issues to ensure that their personal experiences were not influencing the research.

Data Analysis

Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) is an analytic approach for qualitative research grounded in phenomenology and hermeneutics and focuses on a deep exploration of the phenomenon in question paying attention to the role of interpretation. The steps of IPA are outlined elsewhere (Smith et al., 2009). Briefly, IPA consists of reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes, constant comparison across cases, and looking for patterns. For this analysis, we segmented the experiences of violence into three categories; intra-community and inter-community violence, exploring the nature of violence as it related to their identities (e.g., homophobia, biphobia, transphobia, racism, cliques), and the impact of violence on health outcomes and solutions to address these health impacts.

In addition to using the IPA approach, we used a descriptive coding process (Saldaña, 2015). Descriptive coding includes summarizing the data in a word or short phrase that describes the nature of the passage. Coding line-by-line, then passage-by-passage, descriptive codes were assigned to all the transcripts. At the end of the first coding cycle, all the codes were reexamined by the entire research team. Codes with similar meanings were collapsed into one code using the same descriptive coding approach, creating a codebook. For the second cycle of coding, the tabletop category methods described by Saldaña (2015) were applied to develop clear higher-level codes. After determining higher-level codes, frequencies were conducted to assist with prioritizing codes. After reducing codes to second-level codes and running frequencies, we further reduced codes into major themes, refining the codebook to truncated codes. The third round of coding was conducted to consolidate group passages and codes into final themes.

Five researchers independently coded two transcripts. The paired coded results were examined for inter-rater reliability. The lowest inter-rater reliability score was 0.65. Any inter-rater reliability scores below 0.75 were discussed between coders until a consensus was arrived upon. Data analysis was completed using NVivo Version 12.

To ensure the validity of the study, the authors utilized member checking. After completing the data analysis, participants were given the opportunity to review the findings. No revisions were recommended by participants. All research activities were approved by the Institutional Review Board (IRB) at the University of Pittsburgh.

Results

During data analysis, three overarching themes emerged: (1) causes of violence, (2) the context of intracommunity violence, and (3) solutions to violence. The first theme describes the reasoning, motivation, or explanation for violence experienced by the Black LGBT youth community. The second theme, the context of intracommunity violence, describes how violence occurs specifically within Black LGBT young adult communities. The third

theme, solutions to violence, describes the recommendations for addressing, reducing, and/or eliminating violence within the Black LGBT youth community.

Causes of Violence

The first theme identified focused on the causes of violence, which provided context for the origins of violence within the Black LGBT youth community. Although individuals had unique stories, three main causes of violence were identified by participants: (1) prior experiences of violence, (2) systematic and institutional barriers for Black LGBT youth, and (3) low self-esteem among Black LGBT youth.

Prior experiences of violence.—Three participants shared they were often subjected to violence from an early age, particularly within their own families and/or within their local communities. Familial violence often took the form of witnessing IPV among parents. Other participants believed the root cause of some of the violence occurring in the community was a response to witnessing violence during their formative years. Some of these individuals shared that they were exposed to violence in their youth which may have been a catalyst to perpetuate violence in their own lives. One participant stated,

> I was thinking about how violence gets kind of transferred from one person and on to the next person and on to the next person sort of thing. But if you've experienced violence, you might be more likely to perpetuate that violence on another person because of the frustrations that that has caused inside of you because of your own personal pain.

The vast majority of participants did not reference prior family violence as a cause for violence among Black LGBT youth.

Systemic and institutional barriers for Black LGBT youth.—The majority of participants stated that emotional pressure caused by systemic and institutional barriers due to intersecting identities of race, ethnicity, gender identity, and sexual orientation contributed to violence among Black LGBT youth. These barriers included a lack of educational opportunities, employment hardships, limited access to housing, racism enacted by the white LGBT community, and homophobia enacted by religious institutions. The aggregation of these marginalizing experiences facilitated their enactment of violence, even among their own spaces and peers. One local HBC leader noted,

> They have a lot of pressure of life going on. . .So, it's only so much people can handle or if they're only– they only know how to deal with things in a violent way because, at home, their mom is very aggressive and rude because of their lifestyle, or at school they're being picked on in an aggressive way because of their lifestyle, or at work sometimes people say derogatory things if they don't understand your lifestyle. And for that to happen in their inner community, sometimes that is the straw that broke the camel's back. They're going to just lash out.

Low self-esteem.—Various forms of trauma and discrimination often resulted in low self-esteem. A few of the participants cited low self-esteem resulting from discrimination. Such discrimination increased low self-esteem and intensified vulnerability to critical peer

judgment and assessments. At times, these conflicts resulted in violence. Social discord described by participants often originated on social media and was enacted in several ways when Black LGBT youth gathered. One participant stated, "We've had to engage in violence a few times over the past few years, but it was in defense or in response to a lot of online antagonizing, or people taking ballroom outside of the weekend and bring it into people's jobs or to people's happy places, and that's just unacceptable."

Context of Intracommunity Violence

The second theme which emerged focused on the context for the occurrence of intracommunity violence. Participants discussed how violence occurred within Black LGBT communities. The context and dynamics of intracommunity violence included perpetuation of intracommunity violence among Black LGBT youth, youth choosing to isolate themselves from members of their communities, and the use of the Black LGBT social networks for safety and to build resilience to violence.

Dynamics of intracommunity violence.—Some participants suggested that intracommunity violence (violence that occurs within one's own community) may be related to the cumulative experiences of the unique discrimination and violence experienced externally by Black LGBT youth, consistent with minority stress theory. A few participants indicated intracommunity violence occurred within the HBC and in other Black LGBT youth spaces. The intracommunity violence often first occurred as verbal attacks online and including criticisms, unsanctioned disclosure of personal information, or the use of derogatory names among members of the community. One participant stated:

> A lot I have seen, I would say, when there's an interpersonal tension around any variety of issue, people will often bring in someone's sexual orientation or gender identity as a means to degrade them. And I think if you know what hurts you the most, maybe you can know how to hurt someone else the most, and understand that as someone who's part of that community, and have faced marginalization based on your identity, or it's something you have had insecurities about in the past.

A few of these participants indicated in some cases, these verbal altercations would escalate to physical violence. Given the limited spaces available for Black LGBT youth to congregate, the escalation from verbal to physical violence often occurred within spaces created to foster safety and social support for Black LGBT youth. One of the participants stated,

> So it's sort of a self-fulfilling issue is that they—there's no safe spaces to be— there's very limited bars. And I think that because there's limited spaces, now you're throwing crabs in a barrel all the time. . . Which is very different from a white gay person, or a white girl, or a heterosexual person.

A few participants in the study indicated friendships and loyalties within the HBC could perpetuate intracommunity violence. For instance, one participant stated,

> Usually, it's more like alliances between– two personal people will have a beef, but you're in [one house] so your [house members] will have your back, and I'm an

> [different house] so the [house members] will have my back. And so, if we fight, it might end up being four or five of us that fight, based on house alliances.

These participants reiterated that much of the violence within the HBC was due to allegiances and loyalties. However, very few participants spoke about this theme. Intracommunity violence within the HBC often stemmed from House members' perceived need to protect and defend their peers. Much of the HBC violence was reactionary; members would feel that they were being attacked or criticized and reacted violently. This violence was a form of self-protection as well as protection of their House members. Intracommunity violence also occurred within Black LGBT youth community spaces, including the recreation-based community health space that hosted this study. One staff member stated that some of the youth come to the space to fight with one another since they knew it is a safe space and thus the violence would be, to some degree, under control by staff and youth members who were in the space and could help keep the peace.

Solutions to Violence

While Black youth encountered barriers to education, employment, and social services based on their race, ethnicity, sexual orientation, and/or gender identity, a variety of recommended solutions to mitigate violence within the community emerged from the qualitative data. Some youth suggested solutions to violence were behavioral while others made recommendations for violence prevention and mitigation. The solutions provided by Black LGBT youth included: (1) isolation/avoidance, (2) resilience, (3) need for trusted figures, (4) mental health services, and (5) allocation of resources.

Isolation and avoidance.—One solution offered by a couple of participants to violence was social isolation and avoidance. While navigating intersectional experiences where they faced stigma and discrimination in various forms, one way to cope with violence was to temporarily avoid spaces where Black LGBT youth congregated. The drawback to this method would be seclusion from needed social support. Avoidance took many forms, including youth moving away from their current city to find new social networks and attenuating the challenges in the current city. Frequently, Black youth would return to the city, because they did not have the social and material resources to live on their own in a different city. One participant stated,

> I think a lot– what I've noticed is that a lot of the community runs, and they'll do stuff like, 'I'm going to move out of town because I can't deal with this no more.' And they'll go to Atlanta for six months, or go to New York City, or go to San Francisco, and try to make it somewhere else as an escape.

Resilience.—The second solution to violence among Black LGBT youth was leveraging their resilience. A few Black LGBT youth cited resilience as a possible solution to violence. Resilience here describes the ability of Black LGBT youth to overcome violence previously witnessed or survived in addition to the ability to attenuate perpetration or negative effects of violent victimization in the future (Dacus, 2018). One of the resiliencies leveraged by Black LGBT youth includes social networks both within and outside of the HBC. A few

participants spoke of the ways in which the HBC was used as a form of healing from violence through artistic expression. One participant stated:

> So my experience has been also at house ball events where I think it's a similar concept to they're creating these community social environments where they can act out their aggression in a safer way. . .And then they're also expressing themselves creatively through these vogue competitions. I've literally heard people say, 'Let it go. Take it out on the floor.' So, they're battling with people that they may have interpersonal tensions within the vogue scene in that platform.

Additionally, a few participants indicated the importance of shared experiences with violence in the HBC. Participants discussed how being a member of a house can provide a space for healing. This was especially important for feminine-presenting, transgender, and gender non-conforming members of the community. A participant who is the leader of a house stated, "They can get bullied for being clockable or they can be harassed for being clockable or appearing to be gender-fluid. . .So, really, the House Ball Community can be utilized as a community of healing if done in the right way."

Need for trusted figures.—Several participants indicated that the presence and guidance of trusted figures constituted an important need among Black LGBT youth. Participants spoke about their experiences with racism, homophobia, and/or transphobia and how useful it was to have trusted figures that accepted them and provided them with guidance and support when coping with violence. One participant stated:

> Another way that I meet people are [while] they're looking for people who are accepting of them the way that they are because they are experiencing some type of discrimination, whether it be at home or at work or at school. So, they're looking for people that they can relate to.

One way trusting individuals were helpful for Black LGBT youth handling violence was through mentoring. A few participants spoke about the need for mentoring by a trusted figure in whom they could confide, and with whom they could relate. One participant stated that while having a counselor with a solid education was important, they were more interested in a therapist who had similar life experiences. A few other participants stated that while therapy would be beneficial, they also needed mentorship and guidance from people with similar backgrounds. As one participant said:

> Honestly truly, my mentors, I could relate to. They have been through some things I have been through. They looked like me. They related to me. And that's how I was able to stay on a straight narrow: Because I had mentors I could relate to.

Mental health services.—Another recommended solution to violence was to provide Black LGBT youth with culturally informed mental health services. Many participants suggested therapy would be beneficial for Black LGBT youth. While participants discussed the importance of mental health services, they also suggested education was needed to reduce the stigma around mental health. One participant stated:

> I know a lot of people that just need a therapist or just need someone to talk to or just need someone to vent to and they're not getting that because they won't go to

a therapist because of the stigma behind mental health and being looked at as crazy or whatever the case may be. I think that there could be healing in the knowledge of mental health and health care in general.

Furthermore, focus group participants discussed how group therapy might assist in reducing the stigma of receiving mental health services. One participant indicated,

I think that if we could do therapy in a group setting. . . So, I think that if we could get the youth together in a way to address some of these things in a group setting, like Project Silk should really be doing groups. . . I would definitely participate in that.

In discussing mental health services, the providers taking part in individual interviews emphasized the need for mental health services to be culturally responsive to the specific needs and concerns of Black LGBT youth. A service-providing participant stated,

I think what I've tried to do is really advocate that [Black LGBT young adult] individuals have social problems pathologized onto them, and that we need to address the environmental stressors as much as we can, and that institutional discrimination, and not hone on in on what is wrong with that person. And that's what we see in behavioral health diagnoses but also just within, I think, specifically, the Black young community.

Allocation of resources.—The majority of participants mentioned the importance of meeting the basic needs of Black LBGT youth. Many youths disclosed that it was difficult for them to work on their educational and career goals without having their basic needs met. Various participants discussed how successfully remediating violence in Black LGBT youth communities requires addressing violence stemming from not having their basic needs, such as housing and employment, met. A participant stated:

Say if they had a house, right? And they gave us each a bedroom, and they had some counselors there to help [inaudible] once a week with mental health sessions and things like that, but they have someone come another day of the week to help us do resumes and work on jobs.

Discussion

Our study sought to understand the context of violence amongst Black LGBT youth involved in the HBC in a rustbelt city. Drawing upon the experiences of Black LGBT youth and social service and medical providers, our study uncovered three major themes related to violence among Black LGBT youth in the HBC. The major themes that emerged focused on the sources of violence, the context of violence, and potential solutions to violence for Black LGBT youth. Our rich findings provide insight into how social service providers can best provide culturally relevant services to Black LGBT youth in ways that are responsive to their collective identity. Other studies have examined HBC in relationship to violence (Bailey, 2011; Riley, 2015), yet our study links causes, mechanisms, and solutions within a consortium of service providers working with Black LGBT youth, providing a holistic framework for addressing the violence they experience. The results from this study suggest

innovative and culturally sound solutions to reduce violence both outside and within Black LGBT youth communities.

Our study consisted of three aims, and we gained unique insight into the first two aims of our study, which were encapsulated among the overarching themes that emerged. While we anticipated that participants would be able to discuss possible connections between violence and HIV risk behaviors and/or sexual health, participants did not synthesize any connections between violence and HIV risk behaviors and/or sexual health. There are a few possible reasons for this. One may be that the youth in our sample did not perceive there to be an association between violence and sexual health. Another reason may be that youth were not ready to speak about this topic. Another plausible explanation is that Black LGBT youth participants did not yet have the tools, mentorship, or culturally responsive mental health resources necessary to allow them to explore these connections and/or engage in meaning-making.

Our first theme explored sources of violence, which was supported by and consistent with minority stress theory and the framework of intersectionality. We found that Black LGBT youth experience unique societal stressors due to their collective identity. When investigating the sources of violence, some participants described how previous experiences of violence led to cycles of violence among Black LGBT youth, consistent with the cycles of violence theory. These findings support previous studies which highlight the disproportionate rates of victimization of Black LGBT youth (Follins et al., 2014; Sterzing et al., 2019; Toomey et al., 2017). Furthermore, it illustrates a major premise of the cycle of violence theory, which posits that being exposed to violence increases the likelihood of individuals engaging in future violence (Widom, 1989). Furthermore, participants discussed how lack of basic resources induced stress, which in turn promoted violent behaviors. These findings indicate that structural inequities may lead to violence in communities where Black LGBT youth reside and contribute to the perpetuation of violence among and within Black LGBT youth communities, thus corroborating decades of research on the effects of disadvantage from violence (Wright & Fagan, 2013). In order to address the issues of violence specific to Black LGBT youth, public health and policy must address the structural inequities that persist in these communities and contribute to the recurring cycles of violence that occur within them.

Our second theme considered the context of violence. When asked about the mechanisms of violence, participants largely discussed the impact of intracommunity violence. Intracommunity violence evolved in the HBC scene, as well as from peers within their own community spaces. It was apparent that youth would become triggered by the discriminatory language used in the community space or by rivalry among those in the HBC. In alignment with minority stress theory, youth reported being provoked into violent behaviors as a result of their prior and current experiences of discrimination from society. Our second theme demonstrated the negative repercussions of our first theme. That is, the dynamics in which violence manifested itself are a direct result of their prior experiences of violence, systemic and institutional barriers, and low self-esteem.

Previous studies have described the role of harassment, discrimination, and victimization of Black LGBT youth within the larger context of the LGBT community, particularly by

white LGBT community members (Cyrus, 2017; Giwa & Greensmith, 2012; Sutter & Perrin, 2016). When speaking of externally-based violence, several participants described that their racial identity was subject to discrimination, such as when experiencing racism from the white LGBT community. In other instances, they mentioned discrimination based on their sexual minority identity, such as when one participant was physically attacked by a family member for being gay. However, the majority of participants spoke to stigma, discrimination, and violence that they related to their collective, intersectional identity as Black LGBT youth. Findings of violence based on Black LGBT youth's collective identity necessitate the need for safe community spaces dedicated to Black LGBT youth.

In our study, participants discussed external victimization resulting from racism and transphobia, yet there was a strong emphasis on how intracommunity violence influenced the lives of Black LGBT youth. Our findings suggest that, in this locale, Black LGBT youth have social networks comprised largely of other Black LGBT youth, while their connectedness to other racial/ethnic LGBT youth is more limited. This is supported by previous research which found the social networks of Black LGBT youth were relatively racially homogenous (Christmas, 2013; da Silva et al., 2020; Pastrana Jr, 2016; Voisin et al., 2013). Future research should examine how homophily in Black LGBT youths' social networks determines the context of the violence they experience in their everyday lives.

Our third theme encapsulated solutions to violence. Participants suggested several critical interventions to address the violence occurring in the Black LGBT youth community. Namely, participants discussed the importance of Black LGBT youth having mentors and trusting adults in their lives, particularly in providing guidance and support to address the social and structural stressors impacting their lives. Our findings indicate that it is important for Black LGBT youth to have mentors from similar backgrounds. These findings support previous research that argues the HBC often serves as a safe and caring space for Black LGBT youth (Arnold & Bailey, 2009; Bailey, 2013; Kubicek et al., 2013; Telander et al., 2017). Furthermore, various participants echoed previous research which suggests a need for culturally competent medical and social services for Black LGBT youth (Bakker & Cavender, 2003; Goldenberg et al., 2019; Moore, 2016). Participants proposed one of the solutions to violence within the Black LGBT youth community is greater engagement in mental health services. The stigma around mental health services and the pathologizing of Black individuals were raised by youth. However, participants stated that attending therapy with peers or as a collective goal among peers would help to reduce such stigma and encourage and incentivize others to attend. It was apparent that youth were open to engaging in therapy, but such therapy for Black LGBT youth must be provided in a culturally responsive manner. Engaging in therapy may allow participants to identify additional solutions to violence, and possibly increase their self-esteem. This finding would help youth to process the causes of violence (Theme 1) and find less deleterious coping mechanisms such as isolation and avoidance, increase their self-esteem, and strengthen their resilience. Black LGBT youth stressed the need for resources, such as employment opportunities, housing, and assistance with financial planning. The need for resources is a direct result of anti-Black racism, homophobia, and transphobia enacted against Black LGBT youth that creates barriers to accessing such resources, which is consistent with our first theme. Consistent with other literature about Black LGBT youth (Braveman et al.,

2011; Fields et al., 2016; Follins et al., 2014), participants noted that obtaining housing, steady employment, and financial security remained elusive. Organizations that work with Black LGBT youth should not only be aware of the systematic and institutionalized anti-Black racist and homo/bi/transphobic systems that create barriers for Black LGBT youth, but the effects they have on youth, including lack of educational attainment and consequent risk of employment difficulties, food insecurity, and homelessness. Social service, medical, HIV prevention, and care organizations should be cognizant that Black LGBT youth may need to be provided with distinctive support compared to their White LGBT counterparts. Overall, our findings demonstrated the need to provide culturally relevant mental health and social services, coupled with structured mentorship opportunities, to address the totality of Black LGBT youth identities, as opposed to each singular identity. Our findings revealed that Black LGBT youth felt that mentorship would be most beneficial and utilized if trusted adults were of similar backgrounds and had similar life experiences. As such, organizations that interface with Black LGBT youth are recommended to develop educational assistance and employment pipelines that make mental health and public health job opportunities available for Black LGBT youth who occupy these spaces.

This study was not without limitations. One limitation was that not all members of the community space were interviewed, and a probability sampling strategy was not employed. While our focus groups consisted of those belonging to the same houses, the focus groups in this study did not include all individuals who frequented the community space, nor did they include all members of the local HBC. Additionally, Black LGBT youth who were not ready to discuss their experiences of violence were unlikely to participate in the focus groups or individual interviews, and their experiences were not captured. Our questions allowed for open-ended questions to be asked but did not allow for all parts of their experiences to be captured. Due to logistical difficulties and safety concerns encountered during the COVID-19 pandemic, in-person triangulation activities were not performed immediately after the data were analyzed, which may have reduced the study's rigor and the breadth of the data ultimately generated.

Conclusion

As community projects develop to address health disparities for Black LGBT youth, feedback from the community can provide important recommendations to mitigate the effects of violence on Black LGBT youth and optimize safety protocols within programmatic spaces. Our findings confirm that Black LGBT youth are subjected to violence on account of their collective identity, although it is not always apparent if a singular identity is targeted at once, or multiple identities simultaneously. Our study demonstrates the complex ways in which the life experiences of Black LGBT youth are shaped by their overlapping racial, ethnic, gender, and/or sexual identities and the violence that ensues as a result of these intersecting minoritized identities, and the inequities that result from intertwined oppression. Black LGBT youth encounter various forms of institutionalized barriers and discrimination based on their intersecting marginalized identities, frequently resulting in low self-esteem and an increased vulnerability of being judged by others. Minority stress fomented by these discriminatory experiences can act as a facilitator for violence. To mitigate violence and trauma being imposed on the Black LGBT

youth, these people should be able to determine what solutions would be most beneficial to them and be provided with resources, support, and validation. Black LGBT youth should be provided with safe community spaces staffed with trusted figures that allow them to engage in meaningful activities while offering peer and collegial support that are centered around these people and salient to their identities. Addressing violence at the community level, including perpetuated intracommunity violence, can help break the cycle of violence and allow the Black LGBT youth to thrive.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Funding

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Table 1.

Sample Demographics (N = 28).

Characteristics	N	Col%	SD
Age	26.29		6.41
Sex			
Female	7	25	
Male	21	75	
Gender			
Cisgender	19	70.4	
Female-to-Male	1	3.7	
Male-to-Female	3	11.1	
Genderqueer	4	14.8	
Sexual orientation			
Gay	11	40.7	
Straight	5	18.5	
Bisexual	4	14.8	
Lesbian	1	3.7	
Not sure	3	11.1	
Other	3	11.1	
Race/ethnicity			
White	4	14.3	
Asian	1	3.6	
African American/Black	17	60.7	
Latino/Hispanic	2	7.1	
Multiracial	4	14.3	
Household income			
Less than $10,000	7	26.9	
$10,000–$ 19,999	1	3.8	
$20,000–$29,999	5	19.2	
$30,000–$39,999	7	26.9	
More than $49,999	6	23.1	
Education			
Less than 12 years	5	17.9	
High school or GED	6	21.4	
Some college	8	28.6	
College grad	5	17.9	
Post grad degree	4	14.3	