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Examining the relationship between mass incarceration, gender norms, and HIV vulnerability for formerly-incarcerated black men who have sex with men and women.

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EXAMINING THE RELATIONSHIP BETWEEN MASS INCARCERATION, GENDER NORMS, AND HIV VULNERABILITY FOR FORMERLY INCARCERATED BLACK MEN WHO HAVE SEX WITH MEN AND WOMEN

By

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B.S., Eastern Michigan University, 2017
M.P.H., University of Louisville, 2019

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DEDICATION

This dissertation is dedicated to

My ancestors whose divine protection have kept me through this journey and beyond.

To my beloved Mother, Tracy Turney-Smith, Father, Darrell Smith, Sister, Alexandra Smith, and Godmother, Wanda Ware, your boundless love, support, and wisdom have been my guiding light. Without your sacrifices and nurturing, I wouldn't stand here today. I love you.

To the Black men fighting against the oppressive shackles of the carceral system. Your indomitable spirit, unyielding determination, and remarkable resilience serve as the bedrock upon which this study is founded.

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Finally, thank you to every one of my nine participants who trusted me with your stories and opened up, I quite literally could not have completed this milestone without your expertise, I'm forever indebted to you all.

ABSTRACT

EXAMINING THE RELATIONSHIP BETWEEN MASS INCARCERATION, GENDER NORMS, AND HIV VULNERABILITY FOR FORMERLY INCARCERATED BLACK MEN WHO HAVE SEX WITH MEN AND WOMEN

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In 2018, Black Americans represented 42% of new HIV diagnoses, despite comprising only 13% of the population. Moreover, Black men accounted for three-quarters of new HIV cases in 2016, with Black gay/bisexual men contributing to the majority of incidence among Black Americans. Existing literature suggests that individual behavior alone cannot explain these racial inequities in HIV rates. This study aims to explore the role of the criminal legal system (CLS) as a structural determinant of health, given its historical racial implications that disproportionately affect Black Americans. Additionally, the study examines masculinity's influence as a predictor of risky sexual behavior. This study addressed the gap in understanding how the CLS impacts masculinity and HIV vulnerability among formerly incarcerated Black men who have sex with men and women, while also investigating the role of prosocial masculinity within this population.

Utilizing a sequential explanatory study design, a secondary analysis (bivariate and multivariate models; n=239) and semi structured interviews (n=9) were conducted. Findings indicate that incarceration may influence risky sexual behaviors through

masculinity, with different types of masculinity affecting HIV vulnerability positively and negatively. Findings indicate that incarceration may influence risky sexual behaviors through masculinity, with different types of masculinity affecting HIV vulnerability positively and negatively. Participants suggested enhancing health education and promotion efforts in correctional facilities that include novel HIV prevention approaches.

Furthermore, this study carries implications for policy, including the consideration of repealing HIV criminalization laws and implementing second chance policies for formerly incarcerated individuals. Future research should further investigate the interplay between masculinity and sexual risk behaviors, as well as devising methods to foster prosocial masculinity and overcome reintegration obstacles hindering its adoption.

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CHAPTER I: INTRODUCTION

By the end of 2018, an estimated 1.2 million Americans ages 13 and older were diagnosed with human immunodeficiency virus (HIV) (Centers for Disease Control and Prevention, 2020b). Fourteen percent (161,800) of this estimate included Americans who have yet to be formally diagnosed (Centers for Disease Control and Prevention, 2020a).

In 2018, Black Americans accounted for 42% of new HIV diagnoses despite only making up 13% of the United States population (Centers for Disease Control and Prevention, 2021). Furthermore, in 2016 Black men accounted for three-quarters of new HIV cases among Black Americans; 24% of these diagnoses were through heterosexual sex behavior transmission (Centers for Disease Control and Prevention, 2021). Additionally, most HIV diagnoses occur in gay/bisexual men within the Black American population. Black men account for 22.3% of all new heterosexual HIV transmissions compared to 5.1% of White men (Centers for Disease Control and Prevention, 2016).

HIV transmission related to men having sex with men (MSM) accounts for 73% of new infections among Black men and an unknown number of cases among Black women whose male partners were infected through sex with other men (Harawa et al., 2013). Biologically, HIV is more efficiently transmitted from men to women, yet men typically possess more power in condom use negotiation in heterosexual relationships (Bowleg, Teti, Malebranche, & Tschann, 2013). Furthermore, Black MSM are less likely

to disclose their same-sex activities to others, are more likely to be bisexually active (actively having sex with both men and women) or identify as men having sex with men and women (MSMW) (Harawa et al., 2013), further highlighting a need to research HIV prevention within this population. Additionally, failure to address factors contributing to transmission among BMSMW could increase cases among Black heterosexual/bisexual women who already bear a disproportionate burden of HIV.

There are a variety of factors that increase an individual's risk of HIV infection, including high-risk sexual behaviors such as forgoing or infrequent condom use, concurrent sexual partnerships, early age of sexual debut, use of substances/alcohol during or before sexual activity, and an increased number of sexual partners (Chawla & Sarkar, 2019). However, solely focusing on individual behavior to explain the inequities in HIV rates provides an incomplete assessment of the issue. According to the Indiana University National Sex Survey, Black Americans are more likely to be tested for HIV and have higher rates of condom usage than all ethnic/racial groups (Scholl, 2010). Additionally, condom usage trends increase until age 50 for Black American men, while condom usage trends for white American men decrease with age (Scholl, 2010). These examples show that the disparity in HIV rates between Black and white men engaging in heterosexual sex cannot solely be attributed to risky behavior, which behooves researchers to assess the social and structural determinants of health that impact HIV vulnerability for this population of health.

Structural Determinants of Health

Structural Determinants of health can be viewed as the "root causes" of health inequities because they lay the foundation for the social determinants of health (SDOH) (Crear-Perry et al., 2021). Structural Determinants include economic/social policies and governing processes that may be influenced by systems of power, such as racism and sexism (Crear-Perry et al., 2021). Policies and governing processes affect whether the distribution of resources is equally or unequally distributed and the equity of that distribution based on gender, race, sexual orientation/identity, social class, or other social identifiers (Crear-Perry et al., 2021).

The criminal justice system, precisely the phenomenon of mass incarceration, is the focal structural determinant of health for this dissertation. This determinant is of interest due to the disproportionate social and racial implications inflicted upon Black Americans.

Mass Incarceration

Mass incarceration broadly refers to the fact that the United States incarcerates more people than any other nation in the world. Only 5% of the world's population resides in the United States; however, nearly 25% of the global prison population is incarcerated in American facilities (American Civil Liberties Union, 2021). The United States incarcerated population has had a 700% increase since 1970, outpacing crime rates and population growth (American Civil Liberties Union, 2021). This substantial growth in the prison population can be attributed to the War on Drugs and other policies within

varying federal and state administrations that enacted and supported policies to criminalize further and penalize drug use and drug trafficking, as well as escalate punitive actions for other crimes, including the Anti-Drug Abuse Act of 1986 and the 1994 Crime Bill (Alexander, 2010). The effects of this criminalization substantially increased the incarcerated population, with most inmates being poor and ethnic/racial minorities. Black and Hispanic Americans comprise 56% of the incarcerated population yet only comprise 32% of the overall U.S. population (Nijhawan, 2016). African American men bear an immense social burden once involved in the incarceration system. Additionally, incarceration is linked with many adverse health outcomes, including HIV.

An estimated one in seven individuals diagnosed with HIV will pass through the incarceration system each year (Massoglia, 2008). The HIV rate among prison populations is five to seven times higher than the general population; the highest rates are among Black prisoners (The Center for HIV Law and Policy, 2020). Additionally, having an offender status is associated with a heightened risk of contracting HIV through sexual activity and/or injection drug use (Golembeski & Fullilove, 2005; M. R. Khan et al., 2015). These risks not only impact the incarcerated population but the communities to which they will return upon release. (Golembeski & Fullilove, 2005). The Drug War HIV/AIDS Inequities Model posits that mass incarceration negatively impacts sexual networks and increases sexual risk, thus increasing HIV vulnerability within the community (Kerr & Jackson, 2016). Therefore, it is imperative to continue understanding the drivers of high-risk behaviors of individuals who belong to a constrained and high-risk sexual network, such as formerly incarcerated and criminal justice system involved BMSMW.

Masculinity

Masculinity ideology has been widely used to explain the social implications of masculinity and its related social norms that define and predict male behaviors that are deemed appropriate. The tenets of masculinity are heavily influenced by mainstream society through films, tv, music, and social media; additionally, these expectations are reinforced through interpersonal relationships between men themselves and externally with women (Vandello & Bosson, 2013). Early literature on the topic of masculinity state that the central tenets of hegemonic masculinity include but are not limited to independence, providing for one's family, being unemotional, aggressive behaviors, strength, and dominance over people deemed not masculine (i.e., women and homosexual men) (Griffith, 2015; Thompson & Pleck, 1986). Additionally, attempts to adhere to traditional tenets of masculinity increase a man's likelihood to engage in risky sexual behaviors (Fleming, DiClemente, & Barrington, 2016; Tony; Whitehead, James; Peterson, & Linda; Kaljee, 1994). This is further outlined by T. Whitehead's analysis of "fragmented masculinity," otherwise known as the concept of "masculine balance," which describes the importance of men maintaining a balance between the expression of masculine "respectable" behavior (i.e., financially providing for one's family) and masculine "reputation" (demonstrations of sexual prowess) (Whitehead, 1997). The "balancing" of reputation and respectable behaviors for American Black men is explicitly largely impacted by societal factors such as systemic racism and economic disenfranchisement, which can lead Black men to perform certain behaviors to feel a

sense of power, whether it is economic or social (Fleming et al., 2016; Whitehead, 1997; Tony; Whitehead et al., 1994).

The concept of masculine norms will be analyzed in this dissertation as a predictor of behavioral intention for sexually risky behaviors. This concept will be applied to the study through the theoretical framework of the Theory of Reasoned Action, explicitly the construct of subjective norms as it may be influenced by masculine norms that motivate men's sexual behaviors. Masculine norms have been used to predict men's propensity to engage in sexually risky behaviors, and though there are limited examples, it has proven to be a significant association (Fleming et al., 2016; Reidy, Brookmeyer, Gentile, Berke, & Zeichner, 2016).

Masculinities are shaped by many factors, including structural and social environments; therefore, involvement in the criminal justice system is of particular interest for this dissertation. Furthermore, previous research has found the need for "front management" to survive and achieve social hierarchy in incarceration settings (Viggiani, 2012). Other studies have found associations between incarceration/criminal justice system involvement and hyper-masculine ideals and greater sexual risk, which further highlights the impact of incarceration/criminal justice system involvement on adherence to masculine norms (Knittel, 2011; Knittel, Snow, Griffith, & Morenoff, 2013).

This dissertation builds on previous findings of the implications of the criminal justice system on masculinities and HIV vulnerability to understand if there is an association between incarceration and adherence to traditional masculine norms. Additionally, this dissertation seeks to examine associations between masculinity and risky sexual behaviors and how they may increase HIV vulnerability among Black men.

RQ1: Do justice-involved cisgender BMSMW ages 18 and older have different perceptions of masculinity compared to those who have not been justice-involved?

Aim1a: Determine differences in masculinity between justice-involved and non-justice-involved cisgender BMSMW ages 18 and older.

Aim 1b: : Determine association of masculinity with sexual risk behavior among sample of justice-involved and non-justice involved cisgender BMSMW ages 18 and older, controlling for education and age.

RQ2: What tenets of masculinity influence HIV vulnerability among justice-involved cisgender BMSMW ages 18 and older?

Aim 2a: Determine if hegemonic masculine norms for this population may influence high-risk sexual behavior (i.e., condom usage and sexual partner concurrency).

Aim 2b: Determine if prosocial masculine norms for this population may serve as protective factors against HIV transmission.

RQ3: How does involvement in the criminal justice system impact perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older?

Aim 3a: Understand perceptions of masculinity for justice-involved cisgender BMSMW ages 18 and older that influence HIV vulnerability

Aim 3b: Explore influences of the criminal justice system on perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older.

Aim 3c: Explore motivation to comply with norms that influence (positively and negatively) HIV vulnerability among justice-involved, cisgender BMSMW ages 18 and older.

CHAPTER II: LITERATURE REVIEW

Overview of the Issue

At the end of 2018, it was estimated that 1.2 million individuals ages 13 and older living in the United States were diagnosed with HIV. Despite only comprising 13% of the population, Black Americans accounted for 42% of the new HIV diagnosis in 2018. Furthermore, Black men accounted for three-quarters of new HIV diagnoses among Black Americans in 2016. In 2019, of the 36,801 new HIV diagnoses in the U.S., 26% (9,421) were among Black gay and bisexual men (Centers for Disease Control and Prevention, 2021). Twenty-four percent of these cases were through heterosexual transmission.

Additionally, though most cases among Black men in the U.S. occur among men who strictly have sex with men, there is still a need to study HIV transmission among Black men who have sex with men and women, as Black men account for 61% of heterosexually transmitted HIV cases among men (CDC, 2019). Failure to address the driving factors of transmission in this subpopulation could increase cases among Black women who also carry a disproportionate burden of disease, as most Black women contract HIV from heterosexual sex (Adimora et al., 2006). In order to fully understand the drivers of these disparities, public health researchers turn to the social determinants of health to look beyond individual factors contributing to population disparities.

Social Determinants of Health

Social determinants of health (SDOH) are defined by Healthy People 2020 (2020) as "the conditions in the environments in which people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks." Public health researchers have consistently found varying links between social conditions and health outcomes. For example, Hill-Briggs et al. (2021) conducted a systematic review of SDOH and diabetes literature that stated that socioeconomic status (SES), which encompasses income, education, and occupation, is consistently a strong predictor of many diseases, including diabetes.

SDOH are imperative to consider when trying to understand drivers of HIV rates because behaviors alone cannot explain the inequities between the rate for Black and white Americans. For example, the Indiana University National Sex Survey found that African Americans have the highest rates of condom usage among all ethnic/racial groups and are more likely to be tested for HIV (Scholl, 2010). Among African American men, condom usage rises until age 50, with condom usage happening among 41.3% of sexual encounters for Black men ages 40 – 49 years old; conversely, condom use decreases with age among White men. (Scholl, 2010).

Given this information, researchers must look at social factors rather than solely relying on individual behavior change to meaningfully reduce HIV rates. One social factor driving these disparities is the criminal justice system and, more explicitly, the phenomenon of mass incarceration. This SDOH is of interest due to the racial and social implications of the system, which disproportionately impacts Black Americans.

Mass Incarceration

During the antebellum period, slave patrols acted as a force to ensure economic order and assist slave owners in recovering and punishing enslaved Africans who were viewed as property (Kappeler, 2014). Night Watch, a system composed of community volunteers whose primary duty was to warn others of impending danger, also sought to control the behaviors of minorities (African Americans and Native Americans) through violence and terror (Kappeler, 2014). The legal end of slavery did not necessarily end the function of Slave Patrols and Night Watch; many Slave Patrol and Night Watch groups evolved into police departments throughout the North and South (Kappeler, 2014).

After the abolishment of slavery in 1865, these groups worked to enforce Black Codes, newly established and strict state and local laws that detailed where, when, and how formerly enslaved African Americans could work and be compensated (Blackmon, 2008). Black Codes essentially legalized coercing African Americans into indentured servitude, controlling all aspects of their lives. Legally, African Americans struggled to resist the influence of Black Codes as many former confederate soldiers and members of the KKK became police officers or judges in the courts (Blackmon, 2008).

Black Codes served as a pipeline for the labor camps as African Americans could be found guilty of novel offenses such as loitering, breaking curfew, vagrancy, or not carrying proof of employment (Blackmon, 2008). With the legal system against them, many African Americans found themselves in the criminal justice system for petty crimes (Alexander, 2010; Blackmon, 2008; National Constitution Center, 2021). Though the 13th Amendment abolished slavery, Section 1 of the Amendment stated that slavery and involuntary servitude were illegal *except* as a punishment for a crime (National

Constitution Center, 2021). The loophole in the 13th Amendment allowed for African Americans to be forced back into chains under neo-slavery. Southern states often leased convicted prisoners to plantations, railways, and mines to make a profit for the state. Prisoners were often subjected to inhumane treatment, dangerous work conditions, and zero pay (Equal Justice Initiative, 2013). Under the convict leasing system, the American penal system held more Black prisoners than white for the first time in American history (Equal Justice Initiative, 2013).

Building on the foundation of the Black Codes, Jim Crow laws, the state and local statutes that legalized racial segregation, were enforced throughout the South from 1877 to the Civil Rights Era in the 1960s (Urofsky, 2021). Jim Crow laws continued to systemically marginalize African Americans by denying them the right to vote, hindering them from holding jobs and acquiring education, and denying them other social and political opportunities. Disobeying Jim Crow laws yielded heavy consequences such as arrest/jail time, fines, violence, and even death (Alexander, 2010; Blackmon, 2008).

The War on Drugs

In 1930, Harry Anslinger was appointed as the first commissioner to the Federal Bureau of Narcotics (FBN), founded by the Department of the Treasury to oversee enforcement of the provisions of the Harrison Narcotics Act of 1914, which regulated and taxed the production, importation, and distribution of opiates and coca products (Lesser, 2014). During his 30-year-long appointment as commissioner, Anslinger implemented stringent drug laws and lengthy prison sentences, which would later aid in facilitating America's prison-industrial complex (McGettigan, 2020). Anslinger conflated drug use,

race, and music as a means to criminalize drug use based on racist ideologies; for example, he is quoted as saying, *"reefer makes darkies think they're as good as white men […] There are 100,000 total marijuana smokers in the U.S., and most are Negroes, Hispanics, Filipinos, and entertainers. Their Satanic music, jazz, and swing result from marijuana use. This marijuana causes white women to seek sexual relations with Negros, entertainers, and many others".* Anslinger is now infamously known as the father of the war on drugs and is largely responsible for the cultural shift in how Americans view drug use and race (McGettigan, 2020). It should also be noted that stigmatization of drug use increased exponentially during Anslinger's tenure (Hari, 2015).

Despite the pervasive oppressive mechanisms used to destabilize African Americans within American society, the triumphs of the Civil Rights Movement created an opportunity for African Americans to attempt to fully integrate into the white dominant society with new legal protections from discrimination. Throughout the Civil Rights Movement, many lawmakers argued that Dr. Martin Luther King's civil disobedience philosophy promoted criminal activity and the destruction of "law and order" (Alexander, 2010). In 1964, Barry Goldwater, the presidential candidate for the Republican party, exploited the omnipresent fear of Black crime and continued to build the foundation for the "get tough on crime" movement, which would take place nearly ten years later (Alexander, 2010; Vorenberg, 1972). Furthermore, this rhetoric influenced the views of both conservative and liberal Americans, who were increasingly becoming alarmed by the alleged increase in criminal activity (Barker, 2009). Due to this general fear, legislators were able to exploit the public's support of punitive approaches to crime and increased aggressive criminal sentencing. By 1971, the use of powder cocaine

became extremely popular, prompting the Nixon administration to announce the “War on Drugs,” declaring illicit drugs “public enemy number one” (Britannica Editors, 2020). In 1973, the Nixon administration created and funded the Drug Enforcement Administration (DEA) with a budget of 75 million dollars and 1,470 employees. Besides the creation of the DEA, the Nixon administration's War on Drugs was largely rhetoric compared to some of his successors (Drug Policy Alliance, 2020).

By the early 1980s, the vitality of the blue-collar factory workforce was deteriorating; this collapse led to economic despair and a decline in inner-city communities (Alexander, 2010). Black communities were most adversely impacted as Black people comprised most of the blue-collar workforce. In order to provide for themselves and their families, many individuals turned to the drug market in a desperate attempt to make money (Alexander, 2010). The demand for crack cocaine increased, as did the number of individuals entering the market to compete for profit from the same customers, inevitably leading to violent disputes between dealers (Turner, 2017).

On October 27, 1986, Congress passed the Anti-Drug Abuse Act under the Reagan Administration, furthering the War on Drugs declared by Nixon. The Anti-Drug Abuse Act of 1986 most famously included mandatory minimum sentencing for the distribution of powder cocaine and crack cocaine (Alexander, 2010). For the first time, mandatory sentencing was triggered by a specific drug. Though powder cocaine and crack cocaine were both penalized, crack cocaine carried a 100:1 drug quantity ratio compared to powder cocaine. This meant that 500 grams of powder cocaine carried a five-year federal prison sentence; however, only 5 grams of crack cocaine carried the same five-year sentence (Vagins & McCurdy, 2006).

Less than ten years later, the Clinton Administration passed the 1994 Crime Bill invoking the "three strikes" mandate, which stated that if an individual had two previous serious or violent convictions, including drug distribution and use, the third conviction was an automatic 25 to life sentence; thus continuing the increase in the number of individuals incarcerated and for more extended periods of time (Alexander, 2010).

The introduction of crack cocaine into poor Black neighborhoods disproportionately put Black Americans at risk again for involvement within the criminal justice system, whether they were buying or selling the drug. Many scholars recognize the War on Drugs to have racist motives and even consider it the new Jim Crow (Alexander, 2010; American Civil Liberties Union, 2021; Vagins & McCurdy, 2006).

Currently, the United States incarcerates more people than any other nation in the world. The American incarceration system consists of 2.3 million people in 1,833 state prisons, 110 federal prisons, 1,772 juvenile correctional facilities, 3,134 local jails, 218 immigration detention facilities, and 80 Indian Country jails, as well as military prisons, and state psychiatric hospitals and prisons (Sawyer & Wagner, 2020). Since 1970, the United States incarcerated population has increased by 700%, far outpacing population growth and crime (American Civil Liberties Union, 2021).

The criminal justice system most negatively impacts poor and ethnic/racial minorities as they are more likely to be arrested, incarcerated, and receive longer and more severe sentences primarily due to the War on Drugs and the "*get tough on crime*" policies of the 80s and 90s (American Civil Liberties Union, 2021). Implications from policies such as the Anti-Drug Abuse Act of 1986 and the 1994 Crime bill help facilitate

over-policing in Black communities, thus leading to the mass incarceration of Black Americans (Alexander, 2010; American Civil Liberties Union, 2021).

Though Black individuals only make up 13% of the overall US population, they represent 38% of the incarcerated population (Meyer et al., 2017). An estimated 1 in 9 African American men ages 18 or older are incarcerated compared to 1 in 36 Hispanic men and 1 in 106 white men (Nijhawan, 2016). Additionally, the lifetime risk of incarceration for African American men is 1 in 3 compared to 1 in 17 white men (American Civil Liberties Union, 2021). Furthermore, African Americans experience harsher penalties in the criminal legal system for the same crimes than Whites. For example, research on "stop and frisk" (a policing strategy of stopping a person to search them for prohibited items such as weapons) has shown racial inequities in the number and nature of stops (Lehehan, 2017). In 2011, police reports showed that the use of force was used in 23% of the stops among Black and Latino individuals but only in 16% of the stops with white individuals, despite being twice as likely to find weapons (primarily knives) on white individuals (Lehehan, 2017).

Furthermore, this dissertation cannot discuss the phenomenon of incarceration without highlighting the economic impacts it has on the individual, their community, and society as a whole. Research shows that individuals who have been convicted of a crime or imprisoned are more likely to live in poverty, with the Brennan Center report stating a 52% reduction in annual earnings and little earnings growth for the remainder of their life, resulting in a total of $500,000 loss over the course of decades (2020).

Conversely, the American Prison System generates $74 billion a year and is funded by both the United States government and American taxpayers (Wright, 2018).

The prison system generates revenue in a variety of ways, the main being through the increase of individuals incarcerated, with each inmate bringing in between $6,000 to $14,000 in revenue (Wright, 2018). The economic benefit of incarceration for private corporations at the expense of incarcerated individuals has roots in convict leasing previously discussed and has been the center of controversy in recent years. For example, critics argue that inmates are subjected to inhumane treatment and conditions, often charged for minuscule instances, such as 20 cents to $1 per minute for a phone call, and cutting services such as cleaning services to save the facility money (Wright, 2018). Due to these instances and high recidivism rates, many argue the goal of the American Prison System is not to rehabilitate individuals but a method to create revenue (Craigie et al., 2020; Wright, 2018). Moreover, the social costs of incarceration are extensive, and African American men have been heavily impacted by the social determinant of incarceration.

Incarceration and Health

In addition to the negative social implications of the criminal justice system, incarceration is also linked with adverse health outcomes. For example, some scholars argue that the environment of incarceration creates additional stressors for inmates, thus increasing their allostatic load and leaving their immune systems more vulnerable to chronic and infectious conditions (Massoglia, 2008; Mcewen, 1998).

Though inmates are legally guaranteed medical care during incarceration, inmates and ex-prisoners alike have poor overall self-reported health compared to the rest of the population (Nijhawan, 2016). Inmates are more likely to report high rates of chronic

diseases such as asthma, arthritis, cervical cancer, hepatitis, and hypertension (which is the most common chronic condition reported by prisoners (30%) and jail inmates (36%)) (Maruschak, 2015; Nijhawan, 2016). From 2011 to 2012, 40% of state and federal prisoners and jail inmates reported having a current chronic medical condition, and about half reported ever having a chronic medical condition (Maruschak, 2015).

In addition to chronic conditions, there are high rates of mental health illness and substance use disorder among justice-involved populations (both incarcerated and released). About 1 in 7 state and federal prisoners and 1 in 4 jail inmates reported symptoms that met the threshold for serious psychological distress (Bronson & Berzofsky, 2017). Furthermore, in 2017, about 66% of people reported not receiving any mental health care while incarcerated (Ring & Gill, 2017).

The living conditions of prison, such as the hygiene facilities, residential crowding, and high levels of intimate contact, provide generative conditions for the spread of communicable diseases (Massoglia, 2008). This impacts not only the incarcerated prison populations but also the general public, as several tuberculosis outbreaks in the United States have been traced back to correctional facilities (Massoglia, 2008). Additionally, there is a higher prevalence of STIs (syphilis, trichomonas, herpes simplex virus, and human papillomavirus) and HIV in the prison population compared to the general public (Nijhawan, 2016). Hammett, Harmon, and Rhodes (2002) estimated that 24% of all STIs, 35% of tuberculosis, 29% of Hepatitis C, 17% of AIDS, 13% of HIV, and 15% of Hepatitis B cases are present in the formerly incarcerated population.

By the end of 2010, state and federal prisons held over 20,000 people living with HIV. Each year, one in seven persons diagnosed with HIV passes through a

detention/correctional facility (Massoglia, 2008). Furthermore, the HIV rate among prisoners is five to seven times higher than the general population, with the highest rates among Black prisoners (The Center for HIV Law and Policy, 2020).

Incarceration and Sexual/Gender Minorities

Incarceration is more prevalent among sexual and gender minority (SGM) individuals, who are also at a greater risk for health-related harm, including stress-induced health outcomes, once incarcerated (Baćak et al., 2018). For example, 860 per 100,000 heterosexual women versus 3,860 per 100,000 lesbian and bisexual women are incarcerated; additionally, 2,380 per 100,000 heterosexual men versus 3,210 per 100,000 gay and bisexual men are incarcerated (Prison Policy Initiative, 2021).

It is also important to note that sexual orientation and sexual acts within the context of incarceration sometimes do not align, as 3.8% and 2.9% of men in prisons and jails, respectively, reported having had sex with another man (yet do not identify as gay or bisexual) before entering the correctional facility (Meyer et al., 2017). Among incarcerated sexual minority men, 27% are Black gay or bisexual men, whereas 34% identify as men who have sex with men (Baćak et al., 2018). SGM individuals are at an increased risk of stigma and hostile behavior toward them. SGM individuals are also at an increased risk of victimization; national data shows that the prevalence of sexual victimization among gay/bisexual men in prison was 17.5%, compared with 2.7% of heterosexual men (Meyer et al., 2017). Previous research has shown that adult victimization is associated with unprotected sex with a main partner, a higher number of sexual partners, and a lower proportion of protected sex incidents (Belenko, Lin,

O'Connor, Sung, & Lynch, 2005; Clum et al., 2012), placing formerly incarcerated SGM individuals at a unique increased risk of HIV.

Incarceration and HIV

Jails and prisons often house significant concentrations of individuals who either have HIV or are at risk of contracting it via injection drug use or sexual activity. These risks can be assessed individually through behavioral analysis and on a structural level, such as through sexual networks. Kerr and Jackson's (2016) Drug War HIV/AIDS Inequities Model postulates that mass incarceration impacts the availability of viable partners and increases sexual risks, ultimately increasing HIV vulnerability in the community.

On a structural level, incarceration directly impacts sexual networks, which refer to a set of people who are linked directly or indirectly through sexual contact (Kerr & Jackson, 2016; M. Khan, Miller, et al., 2008). The main function of sexual networks that foster the transmission of STIs and HIV is concurrent sexual partnerships which refer to sexual relationships that overlap in time (M. Khan, Wohl, et al., 2008). Therefore, the pattern of sexual networks can significantly influence the spread of HIV and STIs in a population. Incarceration disrupts stable monogamous relationships, thus promoting high-risk sexual partnerships through turnover in sexual networks. This disruption often leads to separational concurrency, where the non-incarcerated partner develops sexual networks outside the relationship (Adimora & Schoenbach, 2005). Having a partner with an incarceration history is associated with multiple partnerships and having more partners (Kerr & Jackson, 2016). Additionally, the incarcerated partner's social network may

change, directly influencing the sexual network by connecting individuals who were previously at low risk for HIV infection with subgroups with a high HIV prevalence (Adimora & Schoenbach, 2005).

As incarcerated persons re-enter their communities, they may return to previous sexual partnerships or develop new ones. This increases the prevalence of reciprocal sexual concurrency (when both partners in a sexual relationship have overlapping sexual engagements with others) (Neaigus, Jenness, Hagan, Murrill, & Wendel, 2013). Furthermore, men and women who were either recently incarcerated or had a recent sexual partnership with someone who was incarcerated were more likely to report multiple new sexual partnerships and transactional sex compared to those without the exposure of incarceration (M. Khan, Wohl, et al., 2008).

Studies have found a correlation between incarceration and increased behavioral risks for HIV, such as transactional sex (sex in exchange for goods and/or services) and drug/alcohol use (Khan, Miller, et al., 2008; Khan, Wohl, et al., 2008). Despite the consensus in the literature about incarceration's influence on risky behaviors, there remains a gap in understanding the drivers of sexually risky behaviors among formerly incarcerated individuals, specifically Black men who have sex with women. One way to better understand the increased HIV vulnerability among this population is by assessing the socio-cultural and personal implications of masculinity.

Masculinity

Masculinity and HIV

Although there is a plethora of literature on various factors associated with HIV transmission, few studies have explored masculinity's role in this association. The studies exploring this association have linked higher adherence to hegemonic masculinity norms to increased HIV risk behaviors among Black men across all sexual orientations (Fields et al., 2015; Fleming et al., 2016; Lapollo, Bond, & Lauby, 2014; Mackenzie, 2019). Among men who have sex with women specifically, adherence to masculine norms endorsing "uncontrollable" male sex drive, capacity to perform well sexually, and power over others are dimensions of hegemonic masculinity that motivate men's sexual behavior (Fleming et al., 2016). In relation to HIV risk, researchers found that the relationship between masculine ideology and condom use is mediated by a belief that condoms interfere with sexual pleasure (Fleming et al., 2016).

A systematic analysis of this topic found that most of the literature highlighted a hegemonic model of masculinity characterized by men's necessity to provide for their family and demonstrate their sexual prowess (Jacques-Aviñó et al., 2019). Cultural norms facilitated three central beliefs 1) men are driven to seize opportunities to satisfy their sexual desires, 2) their value/status is directly tied to their ability to make money, and 3) bravery is an innate characteristic of masculinity – which can make them susceptible to contracting HIV and other STIs (Jacques-Aviñó et al., 2019).

Furthermore, research conducted in the United States suggests that men adopt an image of hypersexualized masculinity to gain community acceptance (Jacques-Aviñó et al., 2019). Many studies applying the framework of hegemonic masculinity to HIV

transmission, specifically among Black men, tend to demonize masculinity; however, a few studies have analyzed positive aspects of masculinity related to HIV prevention (Mackenzie, 2019).

Among African, Caribbean, and Black heterosexual men in Canada, research has found positive or "pro-social" aspects of masculinity that can be considered when considering HIV prevention efforts among this population. This includes being responsible for taking care of one's family and remaining healthy by accessing healthcare (Etowa, Kakuru, Gebremeskel, Etowa, & Kohoun, 2022; Husbands et al., 2020; Smith et al., 2022). These findings suggest a need to further explore perceptions of masculinity among Black men that look beyond hypersexualization as a driver of HIV in the Black community. Though studies have assessed the relationship between masculinity and HIV among Black men, there remains a need for a deeper analysis of varying masculinities and underlying drivers. This analysis would require researchers to analyze the associations with an intersectionality perspective that considers varying power relations such as race, gender, sexuality, and social class (Etowa et al., 2022; Jacques-Aviñó et al., 2019).

Masculinity Theory

Gender Order Theory (GOT) is a social structural theory based on gender and power imbalance. The concept of hegemonic masculinity, which has been used widely and refined in recent years, exists within this theory (Connell & Messerschmidt, 2005; Messerschmidt, 2018). Hegemonic masculinity can be defined as a set of values established by men in power that includes and excludes and organizes society in unequal

gendered ways. The main features are a hierarchy of masculinities, differences in power access (over women and other men, i.e. minority or gay men), and the interaction between men's identity, ideals, relations, power, and patriarchy (R. Jewkes & Morrell, 2012). Many HIV researchers utilize Gender Order Theory to better understand masculinity's interpersonal and cultural implications, specifically on sexual behaviors (Haberland, 2015; Wingood & DiClemente, 2000).

Masculinity ideology has been widely used to explain the social implications of masculinity and its related social norms that define and predict male behaviors that are deemed appropriate. The tenets of masculinity are heavily influenced by mainstream society through films, television, music, and social media. These expectations are reinforced through interpersonal relationships among men and with women (Vandello & Bosson, 2013). Early literature on masculinity indicates that the main tenets of hegemonic masculinity include but are not limited to independence, being unemotional, aggressive behaviors, strength, and dominance over people deemed not masculine (i.e., women and homosexual men) (Griffith, 2015; Thompson & Pleck, 1986). Additionally, attempts to adhere to traditional tenets of masculinity increase a man's likelihood of engaging in risky sexual behaviors (Fleming, DiClemente, & Barrington, 2016; Whitehead, Peterson, & Kaljee, 1994).

Though hegemonic masculinity is central to understanding this phenomenon in the field of masculinity studies, it is not without limits and critiques. There are five main critiques of hegemonic masculinity, the first being that it is heteronormative and fails to acknowledge the ways in which it may function among sexual and gender minorities (Connell & Messerschmidt, 2005; Petersen, 2003). Second, due to its ambiguity and

overlap, the concept fails to specify what true conformity to hegemonic masculinity looks like in practice (Connell & Messerschmidt, 2005; Wetherell & Edley, 1999). Third, the concept of hegemonic masculinity ignores the positive aspects of masculinity and ways in which it can benefit men and society, such as providing for one's family and responsibility (Collier, 2002). Critics have also argued that the concept is based on a flawed premise of the hegemonic masculinity framework that believes achievements of the "traditional tenets" are attributed to inherent beliefs that men possess rather than a learned social understanding (Connell & Messerschmidt, 2005; Laurie, 2015). The final and main critique is that the framework posits that marginalized masculinities exist in tension with but never penetrate or impact hegemonic masculinity (Connell & Messerschmidt, 2005). However, Demetriou (2001) argues that hegemonic masculinity is relative in nature and requires "benchmarks" from other masculinities to continue to construct itself; otherwise, it becomes meaningless (Collins, 2004). Despite the criticisms, hegemonic masculinity remains a foundational concept to masculinity studies and thus serves as a building block to future understandings of Black masculinity.

Sexual Orientation and Homophobia

The target population for this research project is formerly justice-involved BMSMW. This may yield participants with varying sexual orientations. Therefore, it is vital to acknowledge how sexual orientation interacts with masculinity and race.

Sexual orientation can be conceptualized as a part of an individual's identity that includes "a person's sexual and emotional attraction to another person and the behaviors and/or social affiliations that may result from this attraction" (American Psychological

Association, 2019). The term sexual orientation will be utilized through the research process versus terms such as *sexual preference,* which suggests a choice in romantic and sexual attraction, and the term *sexual identity*, which refers to a person's sense of self in relation to their sexuality and can encompass components such as gender identity and sexual orientation. (American Psychological Association, 2019).

A body of research examines how masculinity is perceived and performed among Black men of varying sexual orientations. Being Black and same-gender loving creates a "double barrier" to achieving hegemonic masculinity. The way race influences adherence to hegemonic masculinity is discussed later in this chapter; however, much of the research regarding queer Black men and masculinity postulate that having a gay/homosexual/queer identity carries an additional stigma that contradicts traditionally assumed norms of Black masculinity (i.e., hypermasculinity) (Amola & Grimmett, 2015; Fields et al., 2015). Hypermasculinity is inherently homophobic and heterosexist; therefore, in order to maintain acceptance in the Black community, some scholars argue that Black men who have sex with men and women (BMSMW) feel the need to justify their sexual orientation and behaviors in a way that does not pose a threat to their masculinity (Amola & Grimmett, 2015; Fields et al., 2015; Lapollo et al., 2014). This draws attention to the role of both *personally mediated homophobia* (encounters between individuals in which one person acts in an adversely discriminatory way towards a person of the LGBTQ+ community) and *internalized homophobia* (when a person comes to internalize oppressive prejudices and biases about the identity group(s) to which they belong) on masculinity for BMSMW (Krieger, 2014).

Homophobia can be described as a "culturally produced fear or prejudice against homosexual individuals that sometimes manifests itself in legal restrictions and/or threatened or actual verbal/physical violence against homosexual individuals" (Anderson, 2016). Though the suffix *-phobia* generally refers to an irrational fear, the use of it in the term "homophobia" designates an attitudinal temperament that ranges from slight dislike to violent abhorrence of people who are romantically and/or sexually attracted to individuals of the same sex (Anderson, 2016). Additionally, individuals may deal with the stress of interpersonal and structural instances of homophobia by internalizing the ideals of this concept (Frost & Meyer, 2009; Severe et al., 2021). This can manifest as a tendency to invalidate or marginalize themselves or other queer individuals and can lead to a rejection of one's sexual orientation (Frost & Meyer, 2009).

Additionally, multiple studies have found that internalized homophobia among BMSMW prompts individuals to "camouflage" their homo/bi-sexuality by engaging in behaviors that prove their masculinity (Fields et al., 2015). This may look like fighting, rejecting "effeminate" qualities such as showing emotions, and being sexually experienced with women; sometimes, this effectuates concurrent sexual partnerships with both multiple men and women (Fields et al., 2015; Kisler & Williams, 2014; Mackenzie, 2019). Additionally, exhibiting a masculine public persona to hide sexual orientation can lead BMSMW to be less likely to disclose their sexual behaviors and engage in strategies to seek male partners that may be associated with high-risk sex practices, such as on-site sexual activities with partners met online or at bars/clubs (Lapollo et al., 2014; Schrimshaw, Downing, & Siegel, 2013).

Current research suggests that stigmatization of justice involvement (i.e., offender status) may be a pathway from incarceration to HIV risk; however, there is limited research on the role of internalized homophobia among BMSMW in relation to HIV risk and incarceration (Moore, Stuewig, & Tangney, 2013; Severe et al., 2021). However, a recent study on this topic found that the prevalence of elevated internalized homophobia was 1.8 times higher among BMSMW compared to Black men who have sex with men only (Severe et al., 2021). Despite this finding, more research is required to understand the impact of homophobia on BMSMW.

Construction of Black Masculinity

The ideals of hegemonic masculinity are posited to remain the same for all men, yet it often fails to acknowledge that at the center of its composition is Whiteness (Collins, 2004; Ferber, 2007). Therefore, Black men cannot practice hegemonic masculinity simply because they are Black; the closest they may get is adjacent through attempts to access social, political, and economic power while emulating "respectable" attributes accepted by white society (Collins, 2004; Whitehead, Peterson, & Kaljee, 1994). "Other" masculinities are ranked in hierarchal order based on their proximity to white hegemonic masculinity; these rankings are primarily based on race, gender, sexual orientation, class, and age (Collins, 2004). Therefore, to understand Black masculinity, it is imperative to acknowledge the influence of racism on the construction of Black masculinity.

Before examining constructions of Black masculinity, it is vital to acknowledge the lack of current literature to support a proper understanding of Black masculinity.

Often, it is understood through the lens of white men's construction of masculinity. Regardless, a historical perspective is required to grasp its origins.

During the antebellum period, Black people, specifically Black men, were portrayed as docile, blissfully ignorant, and juvenile. This can be seen in famous images such as Uncle Remus (Smiley & Fakunle, 2016). However, these stereotypes quickly became obsolete during Reconstruction (1865-1877) (Smiley & Fakunle, 2016). The passing of the 13th, 14th, and 15th Amendments fueled a widespread panic among white Americans, mainly due to the South's obsession with "protecting" white womanhood to ensure the continuation of a pure white race (Collins, 2004). This panic perpetuated images that hyperbolized Black men's phallic power and construed them as inherently lustful and animalistic (Richardson, 2007).

In an attempt to maintain their dominance in society, panicked White Americans reduced Black men to their bodies and identified their muscles and penis as sites to be controlled and tamed (Collins, 2004; Ferber, 2007). Images such as the "brute" and "mandingo" depicted Black men as inherently violent and sexually pathological, which can be seen in the film *Birth of a Nation* (Collins, 2004; Richardson, 2007). These stereotypes created and imposed a vilifiable version of masculinity, leading to thousands of lynchings and countless other acts of violence toward Black men throughout the U.S., particularly in the South (Equal Justice Initiative, 2020; Richardson, 2007). This historical perspective emphasizes how White America converged Black masculinity and criminality to justify instances of personally mediated and systemic racism.

Modern society's view of Black masculinity has not deviated far from that of the Reconstruction Era. The "brute" stereotype has now transformed into the "thug" or

"gangsta" stereotype that once again portrays Black men as lawless and violent (Collins, 2004; Smiley & Fakunle, 2016). Scholars have explored how the "thug/gangsta" personas have been used to justify state-sanctioned violence/murders and the astronomical increase in incarceration rates of Black men (Majors & Billson, 1992; Smiley & Fakunle, 2016). Additionally, these stereotypes are on display and arguably reinforced through mass media such as film and entertainment (Boylorn, 2017).

Black masculinity scholars of the late 20th and early 21st centuries produced works that described and analyzed the underpinnings of modern Black masculinity. The concept of the "cool pose" arose and aided Black men's studies to understand better how Black men navigate masculinity under a White dominant society. As articulated by Majors and Billson (1992), cool pose is both a survival and coping strategy employed by Black men, especially those who are young and of low socioeconomic status. Cool pose is seen as young Black men's innovative, and some argue, rebellious modes to increase their ability to achieve success in pursuit of masculinity (Majors & Billson, 1992; Ransaw, 2013). This adaption can manifest through a range of behaviors such as creative expressions through clothing, walking style, and language as well as coming off as unemotional, engagement and promotion of violence/criminality, and, of most importance for this study, promiscuity (Majors & Billson, 1992; Ransaw, 2013). Additionally, scholars of Black male studies argue that "cool pose" in itself is an act of rebellion against racial oppression and class oppression for those with a lower socioeconomic status (Majors & Billson, 1992). The implementation of cool pose and related coping strategies lead men to what scholars reference as regressive or progressive masculinities (Kimmel, 2006).

However, a recent study that quantitatively measured adherence to "cool pose" among Black and white male youth found no differences in the likelihood of feeling greater pressure to use violence if provoked, as well as measures of sexual prowess. Nevertheless, Black male youth were more likely to feel greater pressure to be physically/emotionally strong, play sports and to dominate/control others (Unnever & Chouhy, 2021). These findings slightly differ from previous literature on the topic, further highlighting a need to explore conceptions of masculinity among Black men (Majors & Billson, 1992; Unnever & Chouhy, 2021).

Adaption and acceptance of regressive or progressive masculinities are argued to be influenced by the interplay between implications of several factors, including spatiality and racial/socioeconomic marginalization (Collins, 2004; Mutua, 2006; Ransaw, 2013; Silva, 2021). Furthermore, having a higher socioeconomic status allows some Black men to achieve hegemonic masculinity adjacent success; in other words, their displays of masculinity are more closely aligned with White men's and thus deemed less threatening (Collins, 2004; Kimmel, 2006; Ransaw, 2013). For Black men who come from lower socioeconomic status, the ability to employ traditional masculine attributes is compounded by both race and class status. Rashad Shabazz (2012) takes this a step further to analyze the ways in which Black men growing up in poor and urban communities take on a "postindustrial carceral masculinity" that keeps them in a "carceral circulation" between the projects and prisons. Lack of ability to achieve social, economic, and political capital due to the implications of an offender status adds additional pressures on men to valence towards "regressive" masculinities (Whitehead, Peterson, & Kaljee, 1994).

It is important to note that though men under systemic and societal pressures may employ regressive masculinity, some studies have explored the presence of progressive masculinities as norms among Black men (Brassel, Settles, Jellison, & Dodson, 2020). Studies have found that norms such as taking care of their health and feeling responsible for protecting, loving, and providing for not only their immediate family (as seen among white men) but for their extended family and community are well established among Black men compared to their white counterparts (Brassel et al., 2020; Etowa et al., 2022). Additionally, despite adherence to progressive masculinity, some Black men express limits to their ability to control certain aspects of life, specifically regarding health outcomes, as found by Lease, Shuman, and Gage (2019).

Whitehead (1997) argues that systemic racism (slavery and mass incarceration) and economic disenfranchisement have historically prevented Black men from achieving what dominant society deems as masculine respectability; thus, it leads Black men to perform certain behaviors to feel a sense of economic/social power. This is otherwise identified as masculine reputation. The motivation to comply and the degree of compliance with masculine respectability and reputation are referred to as "masculine balance" (Whitehead, 1997: Whitehead et al., 1994).

Literature posits that due to the systematic disadvantage, Black men, especially those from low-income communities, have embraced masculinities that prioritize sexual promiscuity and sexual prowess due to the inability to enact more progressive forms of masculinity such as the ones aforementioned (e.g., responsibility for providing for one's family) (Harris, 1995; hooks, 2004; Ransaw, 2013). Furthermore, scholars argue that men are often in competition with each other for the sexual validation provided by women

(Patrick, 2013). Gendered performances comprising displays of heterosexual appetite and prowess fuel the notions of sexual ownership and objectification of women, where women are often used as props to affirm masculinity and sexual identity (Patrick, 2013; Quinn, 2002).

Additionally, the crack epidemic created an opportunity for Black men living in inner cities who have long felt powerless to attain a sense of masculinity and power through money and social hierarchy achieved with the selling and profit of crack cocaine (hustling). However, this false sense of masculinity led many Black men to mass incarceration. Hustling culture can be defined as " a complex of money-making activities including 1) the willingness to work long hours; 2) holding multiple employment situations, 3) taking risks which have the potential for yielding maximum economic returns for minimum effort, and 4) in scarce economic environments, the willingness to take advantage of whatever economic opportunities are available in that environment which may be defined as illegal by society", such as drug trafficking (Whitehead et al., 1994). Though the crack epidemic has ended, the rate of Black men arrested for drug violations is still disproportionately higher compared to their white counterparts despite the trafficking rates being almost identical (Alexander, 2010). Moreover, incarceration as a social environment is not a disruption of the perpetuation of the hustling culture but a place to enhance the skills, which may be helpful in understanding the role of jail/prison on masculine ideologies (Shabazz 2012; Whitehead et al., 1994).

Furthermore, an emergent body of empirical research explores the effects of street-level criminalization on the construction of gender/sexuality in lower economic and urban neighborhoods. Findings indicate that aggressive policing policies and practices

can amplify violent and potentially harmful forms of masculinities in poor and urban communities (Jones, 2014; Rios, 2011; Shabazz, 2012; Stuart & Benezra, 2018). For example, chronic policing in Black communities prompts Black young men and boys to enact tactics to avoid police contact, one option being to portray a level of toughness in order to make police hesitate to harass them (Rios, 2011; Stuart & Benezra, 2018). Other options may include "coupling up," which refers to utilizing young women and girls as props to show affection, emotion, and intimacy in an attempt to prove innocence; however, this exploitive treatment of young women reinforces hegemonic masculinity that legitimizes hierarchical gender relations (Stuart & Benezra, 2018).

Incarceration and Masculinity

Previous literature has explored the implications of incarceration culture on men's perspectives of masculinity. Juvenile boys and adult men involved in the justice system have been found to display more homophobic ideals and compulsory heterosexuality, indicating less gender-equitable attitudes (Knittel, 2011; Knittel et al., 2013). Justice-involved individuals also have a higher proportion of lifetime partners compared to their counterparts who are not justice-involved. This suggests an influence on masculinity by the criminal justice system, given the function of hegemonic masculinity (Connell, 1987; Jaime, 2017; Knittel et al., 2013).

Qualitative studies have reported that prisoners who display (hegemonic) masculinity quickly acquire social hierarchy within the incarcerated population. Those who don't often are victimized through bullying, violence, and sexual assault (Evans & Wallace, 2008; Seymour, 2003; Viggiani, 2012). Context is an essential matter in

masculinity (Connell & Messerschmidt, 2005); in the prison context, some men portray a façade of masculinity even if that is not how they would normally behave outside of the prison context (Viggiani, 2012). Men have reported the need for "front management," a survival strategy employed by incarcerated men to convey "masculine" personas. These personas are consistent with the prison code, which values aggression, control, violence, and exploitation (Viggiani, 2012).

Nevertheless, there are instances where it may be more beneficial to employ less traditional or more progressive aspects of masculinity within the incarceration context. For example, Gordon et al. (2013) found that among 139 African American men, engagement in less masculine norms and more peer support was associated with a decrease in individual incarceration time.

Nevertheless, upon release, formerly incarcerated men face a plethora of barriers to reintegrating successfully into society (Andersen, Scott, Boehme, King, & Mikell, 2020). These barriers, specifically in gaining employment and establishing income, are exacerbated by both the stigma associated with being an ex-offender as well as being Black (Couloute, 2018b; Williams, Wilson, & Bergeson, 2019). These barriers directly impact formerly incarcerated Black men's ability to adhere to the previously mentioned progressive masculinity norms, such as providing for one's family (Williams et al., 2019). Stereotypes regarding being a Black man and an ex-offender, combined with a lack of employment, impact the inability to achieve masculine roles that may benefit the individual and his family/community. The implications of the prison context on masculinity postulate that the HIV vulnerability of formerly incarcerated BMSMW may

be exacerbated by the influence of the incarceration system on their sense of masculinity which may increase their propensity to engage in sexually risky behaviors.

Previous research has found associations between mass incarceration and increased HIV vulnerability, specifically regarding sexual behavior (Brinkley-Rubinstein & Cloud, 2020; Green et al., 2012). However, there is little to no research that assesses the social/structural impact of the criminal justice system on personal perceptions of masculinity and HIV vulnerability among BMSMW. Findings from this study could be vital to exploring HIV prevention efforts among this specific population. This not only helps address the gap in the literature surrounding HIV and masculinity but between incarceration and HIV as well. This study proposes the following research questions:

Quantitative Methods:

RQ1: Do justice-involved cisgender, BMSMW ages 18 and older have different perceptions of masculinity compared to those who have not been justice-involved?

Aim1a: Determine differences in masculinity between justice-involved and non-justice-involved cisgender BMSMW men ages 18 and older, controlling for education and age.

Aim1b: Determine association of masculinity with sexual risk behavior among sample of justice-involved and non-justice involved cisgender BMSMW ages 18 and older, controlling for education and age.

RQ2: What tenets of masculinity influence HIV vulnerability among justice-involved cisgender BMSMW ages 18 and older?

Aim 2a: Determine if hegemonic masculine norms for this population may influence high-risk sexual behavior (i.e., condom usage and sexual partner concurrency).

Aim 2b: Determine if prosocial masculine norms for this population may serve as protective factors against HIV transmission.

Qualitative Methods:

RQ3: How does involvement in the criminal justice system impact perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older?

Aim 3a: Understand perceptions of masculinity for justice-involved cisgender BMSMW ages 18 and older that influence HIV vulnerability

Aim 3b: Explore influences of the criminal justice system on perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older.

Aim 3c: Explore motivation to comply to norms that influence (positively and negatively) HIV vulnerability among justice-involved, cisgender BMSMW ages 18 and older.

CHAPTER III: METHODS

HIV, unlike many other illnesses, has socio-cultural implications that have allowed it to become a concentrated epidemic among specific subgroups of the United States. The risk of HIV/AIDS intersects with social hierarchies such as race, gender, SES, and even offender status. This study's conceptual model theorizes that inequitable criminal justice policies, socio-cultural gender ideals, and the adherence to societal standards of masculinity have led to an increase in risky sexual behavior for formerly incarcerated Black men, thus increasing their HIV vulnerability. The conceptual model organizes constructs from varying theories to conceptualize the issue and how to best approach research design to answer the research questions. Constructs from the following theories guide this study's methodology: Intersectionality, Gender Order Theory, Theory of Planned Behavior, and Symbolic Interactionism.

Intersectionality is a critical framework rooted in the acknowledgment of how aspects of an individual's social and political identities combine to create different experiences of oppression or privilege (Bauer et al., 2021). Originally, Intersectionality was used to understand the lived experiences of Black women; however, given the context of the study, understanding the way race and gender interact to influence the lived experiences of the study population is imperative. For example, Black men face an increased risk of becoming justice-involved due to systemic racism and structural factors

such as mass incarceration (Alexander, 2010). Having the identity of an ex-offender comes with many additional obstacles and experiences of oppression, such as difficulty obtaining employment or integrating back into society successfully, as well as discrimination based on offender status (Couloute, 2018a, 2018b). Additional factors such as socioeconomic status, spatiality (i.e., geographic neighborhoods, type of housing, carceral system), and sexuality all may impact the lived experiences of justice-involved Black men, thus rationalizing the importance of applying intersectionality theory to this study through assessing any differences between justice-involved and non-justice-involved Black men ages 18 and older who have sex with men and women. The construct of intersectionality is closely tied with the model's following construct: hegemonic masculinity.

Hegemonic masculinity is a concept that derives from Gender Order Theory. This concept comes from a collection of essays written by Robert Connell in 1987, analyzing the imbalances of power based on gender and gender identity (Connell, 1987). Early literature on masculinity indicates that the central tenets of hegemonic masculinity include but are not limited to independence, being unemotional, aggressive behaviors, strength, and dominance over people deemed not masculine (i.e., women and homosexual men) (Griffith, 2015; Thompson & Pleck, 1986). Hegemonic masculinity postulates that men in power have established the aforementioned values that organize society in unequal gendered ways, focusing on a hierarchy of masculinities and its relationship to the access of power (Rachel Jewkes et al., 2015). The hierarchy is structured to place affluent cishet white men at the “top” and cascades down, assigning poor/marginalized, ethnic/racial, and sexual/gender minority men at the “bottom” (Connell, 1987; Connell &

Messerschmidt, 2005). The closer a man's proximity is to whiteness, money, and cisgender/heteronormative aspects, the higher he is placed on the hierarchy, thus having better access to societal, economic, and political power (Connell, 1987; Ferber, 2007; Maharaj, 1995).

This study assessed hegemonic masculinity through a masculinity scale and domains for the focus group guide. These findings allow the researcher to assess general compliance to hegemonic masculinity, including values that increase HIV vulnerability for the study population. Furthermore, the construct of hegemonic masculinity intertwines with intersectionality theory in recognizing that ability to comply with standards of masculinity varies depending on where individuals fall in the hierarchy of masculinities, where white economically stable men are at the top and poor, ethnic/racial minority, and queer men are at the bottom. Black men who are justice-involved face additional societal obstacles that uniquely impact their ability to conform to standards of masculinity.

In addition to understanding masculine norms among the study population, the Theory of Reasoned Action/Theory of Planned Behavior (TRA/TPB) was utilized to theorize how subjective norms are constructed based on influences from social and structural factors such as hegemonic masculinity, race, gender, and justice involvement. The TPB is a widely used theory in the field of public health to understand what influences behaviors that impact health. The construct of subjective norms is of interest because the TPB states that subjective norms feed directly into an individual's intention to perform a behavior, and in this case, behaviors that increase HIV vulnerability (e.g., sexual partner concurrency and condom usage). This construct considers normative beliefs and

motivation to comply, which are imperative to understand when considering how masculinity impacts sexual behavior because it is understood as a performance to assert gender/sexual identity (Vandello & Bosson, 2013). Additionally, the construct of attitude is pertinent to include within this study as both the quantitative and qualitative portions of the study will assess perceived susceptibility (a construct of the Health Belief Model) that typically "feeds into" the attitude construct of the TPB. This theory guided the quantitative analysis with the decision to run statistical tests between masculinity scores and varying sexual risk behaviors, as well as inform the formation of the interview guide to understand behaviors and motivation to comply with masculine norms.

Furthermore, this study draws upon Symbolic Interactionism Theory to understand the motivation to comply with masculine norms that influence HIV vulnerability. Symbolic interactionism is a theoretical perspective that assumes individuals construct themselves, society, and their reality through interactions. This perspective highlights the cyclical interaction between meanings and action through which meanings are derived from actions and, in turn, influence decisions to engage in the action (Charmaz, 2006). Additionally, symbolic interactionism theory assumes that people can and do think about their actions rather than mechanically responding to stimuli (Charmaz, 2006).

Blumer (1969) suggests three core principles of this theory which are 1) meaning, 2) language, and 3) thought. The principle of meaning is central to the theory in how meaning suggests that the way people act is based upon the meaning that the individual has given to other people and things; Blumer argues that this is the center of human behavior. The second principle of language provides meaning to humans through the use

of symbols. According to symbolic interactionism theory, language aids in naming, which then assigns meanings to everything. Symbols then serve as the basis for any form of communication; this leads to the third principle of thought, which is the interpretations one applies to symbols (Blumer, 1969). In other words, symbolic interactionism states that the social world is constructed through the repetitive acts of everyday social interaction where individuals, in relation to their social groups, create symbolically shared meanings (Del Casino & Thien, 2009).

This is imperative to include in the study because the actual action (risky sexual behaviors) is central to the research. Focusing on the action allows for the creation of abstract interpretive understandings of the data highlighting multiple social realities of the participants. This theory's application provides an opportunity to explore why justice-involved Black men ages 18 and older who have sex with men and women may adhere to certain masculine norms that increase their HIV vulnerability. Furthermore, this theory's application to the study allows the researchers to understand how individuals in this population make sense of masculinity and the symbols attached to it.

Overview of Conceptual Model

We hypothesize that Black men are at an increased risk of incarceration due to racism which directly impacts the balance between masculine responsibility and reputation. Furthermore, the inability to valence towards masculinities that prioritize responsibility influences the creation of personal perceptions of masculinity that negatively influence sexual risk behavior; additionally, given what is known about the criminal legal system's impact on sexual networks and socioeconomic stability, we

believe incarceration may increase a man's propensity to engage in risky sexual behaviors resulting in heightened HIV vulnerability. This hypothesis is evidenced in the conceptual model below (Figure 1).

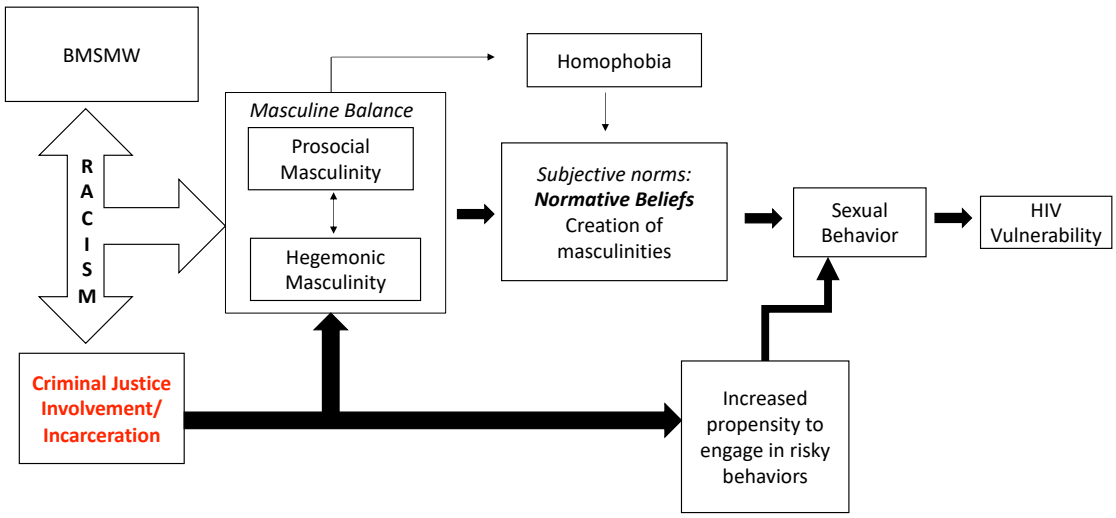

Figure 1: Conceptual Model

Study Design

A sequential explanatory study design (Figure 2) was utilized to answer the research questions. The purpose of this study design is to utilize qualitative findings to explain initial quantitative results. This design is well suited for this study because it allows the researcher to explore in-depth the possible explanations of findings from the quantitative data (Plano-Clark & Creswell, 2006).

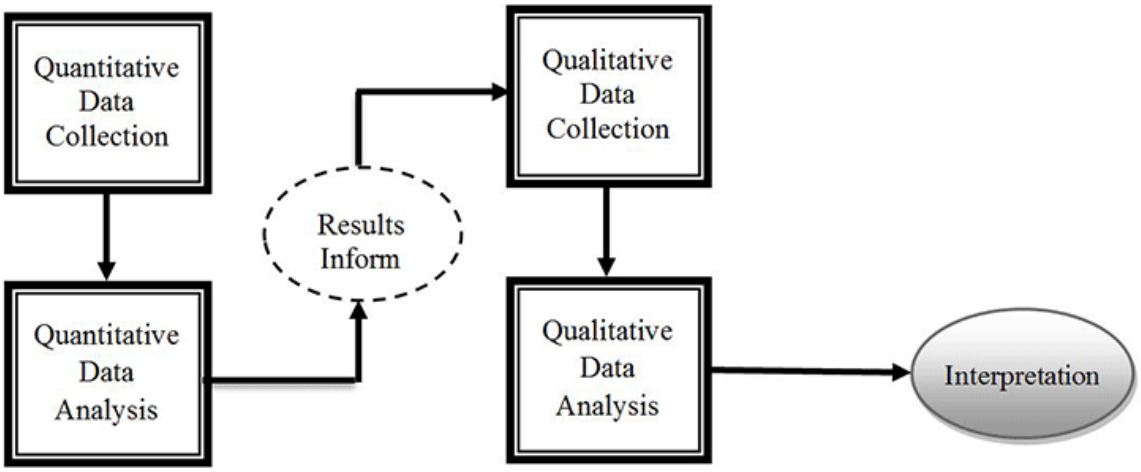

Figure 2: Explanatory Sequential Design (Watkins & Gioia, 2015)

Quantitative Methodology

This study is a secondary analysis of data collected from a research study conducted by the Public Health Management Corporation in Philadelphia, Pennsylvania, that sought to develop strategies for recruiting MSMW for research and services and to inform the content of HIV prevention messages (Lapollo et al., 2014). The study was sponsored by the Centers for Disease Control and Prevention. Respondent-driven sampling was used to recruit participants between December 2007 through June 2008 who were male, 18 years of age or older, identified as Black or white, resided in the Philadelphia metropolitan area, were proficient in English, and reported sex (oral, vaginal, or anal) with at least one female and at least one male in the past 12 months from when the survey was completed. Investigators examined the association between hypermasculine ideals and sexual behaviors that may contribute to increased HIV risk among Black MSMW and a comparison group of White MSMW. There is a total of 347 participants in the sample. For the current study, we will employ measures focusing on

masculinity, incarceration status, condom utilization, and partner concurrency. All analyses will be conducted using STATA/IC version 16.1.

The following variables were used in univariate, bivariate, and multivariate analyses:

Masculinity

Masculinity is measured using the adapted version of the Hypermasculinity Posturing subscale of the Multicultural Masculinity Ideology Scale (MMIS). The MMIS was developed and validated among Anglo-American (α = .88), Chilean (α = .72), and African American college-based samples (α = .76) (Doss & Hopkins, 1998; Lapollo et al., 2014). Some examples of the masculinity items include "a man should prove their masculinity by having a lot of sex,"; "a man should not cry,"; and "a man should not solve problems by fighting," with each item coded as 1 (strongly agree) through 4 (strongly disagree). It is important to note that the original MMIS was validated among both men and women in each cultural group. However, the adapted 13-item scale was deemed reliable among Black MSMW (α = .83) (Lapollo et al., 2014). For the purposes of this study, the measure has been assessed for further validity with consultation with researchers specializing in masculinity.

Incarceration History

Incarceration history was measured by the question, "Have you ever been to jail?" response options were coded as 0 = never been to jail and 1 = formerly incarcerated.

High Risk Behavior

Theoretically, the researcher would have liked to include injection drug use in the model as a high-risk behavior, however, due to limitations in the dataset, this analysis is not possible. Therefore, all high-risk behaviors included in the analysis are related to sexual risk.

Condom Utilization

Condom use is measured by five variables that differ depending on the type of type of sex. Responses were recoded into one overarching variable to assess if participant engaged in unprotected sex regardless of type of sex: resulting in a dichotomous variable with 0 = “No” and 1 = “Yes"

Partner Concurrency

Partner concurrency was measured by the questions, “How many anal male partners have you had in the past 3 months?” and “How many vaginal female partners have you had in the past 3 months?”. Response options were recoded from continuous to categories with 0 = “Only one or no partner” and 1 = “Multiple partners” for both variables.

Transactional Sex

Transactional sex is measured with two questions assessing whether the participant gave or received money for sex with both female and male partners. The two variables denoting giving or receiving money by gender of partners were combined to

create two dummy variables that assessed whether the participant engaged in transactional sex at all or not (0 = “Engaged in transactional sex” and 1 = “Did not engage in transactional sex”) for both male and female partners.

Anonymous Sex

Anonymous sex is measured by two variables that assessed if the participant ever had anonymous sex with a man and if they ever had anonymous sex with a woman. Response options for both variables are 0 = “No” and 1 = “Yes”.

Sociodemographic Variables

The following demographic variables were measured: age (continuous response option), education (1 = Less than HS, 2 = HS diploma/GED, and 3 = post-secondary education), employment status (1 = Employed PT/FT, 2 = Unemployed, looking or not looking, 3 = Student/disabled or unable to work/other), and individual income (1 = Less than $5K, 2 = $5,000 - $9,999, 3 = $10K - $19,999 , 4 = $20K or more. Sexual orientation was measured with the question, “Do you think of yourself as heterosexual or straight, homosexual or gay, bisexual, unsure/questioning, or other?”. Men who identified as unsure/questioning and other were combined into one category.

Additional questions about justice system involvement were asked such as, “Are you currently on parole?” and “How many times have you been to jail?”.

To assess HIV risk, participants were also asked if they had ever been tested for HIV and if they had ever been diagnosed with an STD, with yes or no response options for both questions. To assess HIV serostatus, participants were asked the result of their

last HIV test; those who answered, “did not get the result” and “indeterminate” were combined into one category labeled “unsure”.

Participants were also asked about their age of sexual debut. Additionally, participants were asked if they were victims of sexual assault with yes or no response options.

Perceived Severity

Perceived severity was also measured by the HIV attitudes scale, “HIV is no big deal”; Each item was coded as strongly agree = 1 to strongly disagree = 4.

Table 1: Variables for Analysis

Variable	**Type**	**Definition**	**Missing**
N=161 after dropping non-Black individuals from dataset			
Masculinity	Continuous	Min – 13 Max – 52 Mean: 35.772 SD: 6.43 *13 items coded as 1 (strongly agree) – 4 (strongly disagree)* *Hegemonic – 10 items* *Prosocial – 3 items* *α = .83*	*13*
Formerly Incarcerated	Binary	0 = never been to jail 1 = formerly incarcerated	*0*
Currently on Parole	Binary	0 = No 1 = Yes	*0*
Times been to jail	Interval	1 = Once 2 = Twice 3 = Three or four times 4 = Five or more times	*3*
Age	Interval	1 = 18 – 24 years old 2 = 25 – 39 years old 3 = 40 – 55 years old 4 = 55 years and older	*0*

Highest Education Level	Interval	1 = Less than HS 2 = HS/GED 3 = post-secondary education	*0*
Employment Status	Categorical	1 = Employed FT/PT 2 = Unemployed, looking or not looking 3 = Student/retired/disabled/Other	*0*
Individual Income	Interval	1 = Less than $5K 2 = $5,000 - $9,999 3 = $10K - $19,999 4 = $20K	*1*
Sexual Orientation	Categorical	1 = Heterosexual or Straight 2 = Homosexual or Gay 3 = Bisexual 4 = Unsure/Questioning 5 = Other	*1*
Diagnosed with an STD	Binary	0 = No 1 = Yes	*0*
Tested for HIV	Binary	0 = No 1 = Yes	*0*
Result of last HIV test	Categorical	1 = HIV negative 2 = HIV positive 3 = Unsure	*10*
HIV Severity	Categorical	1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree	*0*
Ever been raped	Binary	0 = No 1 = Yes	*0*
Number of male sex partners in the past 3 months	Binary	0 = Only one or no partner 1 = Multiple partners	*0*
Number of vaginal sex partners in the past 3 months	Binary	0 = Only one or no partner 1 = Multiple partners	*0*
Number of unprotected sex episodes	Binary	0 = Never had unprotected sex 1 = Had unprotected sex	*0*
Sexual Debut	Continuous	Min – 1 Max – 30 Mean: 15.816 SD: 4.54	*3*
Transactional sex with a female partner (gave or received money)	Binary	0 = No 1 = Yes	*0*

Transactional sex with a male partner (gave or received money)	Binary	0 = No 1 = Yes	*0*
Anonymous sex with a male partner	Binary	0 = No 1 = Yes	*1*
Anonymous sex with a female partner	Binary	0 = No 1 = Yes	*0*

Descriptive statistics were used to analyze the data to gain a description of the study participants and variables of interest. Mean scores were assessed for all continuous variables (e.g., masculinity and age of sexual debut). Additionally, frequencies and percentages were assessed for all categorical and interval variables (e.g., incarceration status, criminal justice involvement, condom utilization, partner concurrency, age, education, employment, income, sexual orientation, ever being diagnosed with an STD, ever being tested for HIV, and perceived severity). Graphs and scatterplots were generated to determine the distribution of data. Data was also be inspected to determine if variables meet standards for future inferential tests.

Proposed Statistical Analyses:

RQ1: Do justice-involved Black cisgender men ages 18 and older who have sex with men and women have different perceptions of masculinity compared to those who have not been justice-involved?

Aim 1a: ANOVAs were be computed to examine differences in personal perceptions of masculinity between justice-involved and non-justice-involved Black cisgender men ages 18 and older who have sex with men and women. The analysis controlled for education and age.

Aim 1b: Simple logistic regressions were computed to examine if there is a relationship between masculinity, both prosocial and hegemonic and high-risk sexual behaviors among justice involved and non-justice involved Black cisgender men ages 18 and older who have sex with men and women.

RQ2: What tenets of masculinity influence HIV vulnerability among justice-involved Black cisgender men, ages 18 and older, who have sex with men and women?

A series of regression analyses controlling for education and age were computed to examine the relationship between masculinity norms (hegemonic and prosocial masculinity) and variables of high-risk sexual behavior (e.g., condom use and sexual partner concurrency).

Qualitative Methodology

Though public health research has been largely rooted in quantitative research methodology, qualitative research methodology provides the ability to explore the "lived experience" perspective of individuals (Stickley, O'Caithain, & Homer, 2022). In this specific study, the qualitative research approach allows the researcher to explore possible explanations for findings from the quantitative portion, which otherwise might not be captured through the quantitative methodology.

Participants for the qualitative portion of the study were formerly incarcerated, cisgender, Black men at least 18 years old, living in the CDC's Ending the HIV Epidemic jurisdictions, who have had sex with at least one man and one woman at any point in their lifetime, who have been incarcerated for at least six months in their adult life to account for the indoctrination into prison/jail masculine culture and norms.

Recruitment

Participants were recruited via social media advertising on Facebook and Instagram. Additionally, physical flyers were shared with community organizations that work with the target population, such as Goodwill Industries, YMCA Safe Space, Metro United Way, and the Office for Safe and Healthy Neighborhoods. Physical flyers were also shared with organizations that work with formerly incarcerated men, such as halfway houses and bail bond services. Participants were able to contact the researcher via Google voice, Qualtrics interest forms, and email to express interest in participation. The researcher screened each participant via phone call, text, email, or the Qualtrics form to ensure they meet the eligibility requirements.

Each participant who participated in an in-depth interview received a $75 prepaid VISA Swiftcard. All gift cards were disbursed in accordance with University of Louisville policies and procedures.

Inclusion Criteria are:

- Resides within the CDC's Ending the HIV Epidemic Jurisdictions in the United States of America
- Age > 18
- Justice-involved and/or incarcerated for at least 6 months as an adult
- Identify as Black/African American
- Identify as a cisgender man
- Has had sex with a woman
- Has had sex with a man
- English Speaking

Exclusion Criteria are:

- Intellectual disability that prevents consenting to research
- Resides outside the CDC's Ending the HIV Epidemic Jurisdictions in the United States of America
- Age < 18
- Has not been incarcerated and/or justice-involved as an adult for at least 6 months
- Does not identify as Black/African American
- Does not identify as a cisgender man
- Exclusively having sexual experiences with one sex
- Non-English speaking

Data Collection

Unlike quantitative research, a qualitative research sample size cannot be calculated or estimated by power analysis; therefore, data collection continues until saturation is met (Brod, 2009). Saturation can be defined as a stage in the research process where sufficient data has been gathered to develop concepts and categories that explain the phenomenon in the study, as well as the relationship between the concepts and categories (Brod, 2009). Previous research has found that this typically happens around 12 interviews (Brod, 2009; Fields et al., 2015; Kisler & Williams, 2014). This study aimed to conduct between 8 and 10 interviews or until saturation was met. All interviews were be conducted virtually via Microsoft Teams video-conferencing application.

The purpose of interviews is to generate new information and to confirm or deny information regarding quantitative findings, so this methodology lends itself well to the study design. Additionally, in-depth interviews are often used to explore personal experiences and perspectives. The privacy and confidentiality of individual interviews lend themselves to more sensitive topics such as sexual behavior, sexuality, and personal ideals compared to the group experience of focus groups. This made interviews ideal for this study (Creswell, 2016).

A semi-structured interview guide was used to conduct the interviews. Semi-structured interview guides pose broad questions that can be followed up with probing questions for further clarification. The fluidity provided by semi-structured interview guides allows the facilitator to explore additional avenues that may not be present in the original guide but may be relevant to the research question. Additionally, guides can be adapted between interviews as new themes and/or issues arise in the interviewing process (Brod, 2009; Creswell, 2016).

Questions in the interview guide were guided by findings from previous literature on the topic and the theoretical bases of the aforementioned theories. Overarching interview guide domains include the main constructs from the outlined theories; additionally, the order of questions followed the connection between constructs. Furthermore, results from the quantitative portion of the study were used to inform the domains of interest for the guide.

Example questions may include:

1. What does it mean to be a man?
    a. Does this answer change if I asked what does it mean to be a Black man?

i. *Tenet – hegemonic masculinity and intersectionality*

2. What is expected of you all as Black men?

a. Has being formerly incarcerated prevented you from doing/completing any of these expectations?

i. *Construct/tenets – hegemonic masculinity, motivation to comply, intersectionality*

Data Analysis

The framework guiding the qualitative analysis is grounded theory coding. Grounded theory analysis is particularly useful for investing social processes with little to no previous research, especially when the research is lacking in breadth and/or depth or where a new point of view on a familiar topic seems promising (Charmaz, 2006). Additionally, Milliken and Schreiber (2012) highlight that grounded theory, as a research methodology that focuses on social processes, is inherently symbolic interactionist in nature, complementing the analysis framework with the theoretical underpinnings of the study well. Grounded theory analysis is particularly useful in fully exploring the meanings participants assign to words/symbols and the thought process informing that assignment (Charmaz, 2006; Milliken & Schreiber, 2012). The iterative process of coding provided by grounded theory analysis allows the researcher to truly understand the meanings and processes in a manner that illustrates the participant's true perspective(s) (Chun Tie, Birks, & Francis, 2019; Milliken & Schreiber, 2012).

All interviews were audio-recorded, transcribed verbatim using a transcription service, read over for accuracy, and uploaded into DEDOOSE qualitative data software

for analysis. Transcripts were read and reviewed by the researcher and a CITI-trained second coder; notes were taken to familiarize themselves with the data. Furthermore, interview transcripts and notes taken during their respective interviews were reviewed. Once transcripts and notes had been reviewed, initial coding begin utilizing in-vivo coding, commonly utilized in grounded theory analysis (Chun Tie et al., 2019). The purpose of initial codes is to compare incidents to each other in order to find patterns of differences and similarities in the data. Each line of text was reviewed and coded; once the entire document was coded, codes were combined to reduce redundancy and overlap. Each code was then be labeled and received a description; then, the codes were collapsed into themes. Once themes were solidified, the transcripts were recoded with the thematic codes.

Throughout the data coding process, the researcher employed memoing (the act of recording reflective notes that the researcher is learning from the data), a tool in qualitative analysis that allows the researcher to make critical connections between raw data and abstract concepts that can be used to explain phenomena (Chun Tie et al., 2019). Additionally, memoing adds to the credibility and trustworthiness of qualitative research as it provides evidence of how meaning is derived from the transcripts (Charmaz, 2006).

After the transcripts were coded with thematic codes, the researchers analyzed the thematic codes for sensitizing concepts in relation to the theoretical bases of the study (e.g., hegemonic masculinity, intersectionality, subjective norms). Sensitizing concepts are constructs that derive from the study participants' perspectives utilizing their words and expressions. These can be useful in giving the researcher a sense of how certain

phenomenon that arises from the data may fit within the theoretical framework (Bowen, 2006; Charmaz, 2006).

Reliability and Validity

In order to ensure content validity, committee members from the University of Louisville School of Public Health and Information Sciences, Kent School of Social Work, and Winston Salem University School reviewed and rated the questions from the interview guide on the relevance, usefulness, or essentialness of the constructs of the study. The ratings from the committee were then analyzed and used to make modifications if necessary.

Strategies for Ensuring Trustworthiness

Trustworthiness is the symbol of rigor in qualitative research, as stated by Lincoln and Guba (1985). In qualitative research, the goal of rigor is to ensure an accurate depiction of the participant's experiences. According to Lincoln and Guba (1985), rigor can be outlined as 1) credibility, 2) dependability, 3) transferability, and 4) confirmability.

Credibility

Credibility implies "confidence" in the truth of the data collected (Korstjens & Moser, 2018). Furthermore, creditability establishes if the research findings are a plausibly interpreted representation of the participant's original views (Korstjens & Moser, 2018). Creditability in this study was established through continuing in-depth

interviewing (Lincoln & Guba, 1985) until saturation was met, asking reflective and explorative probes in addition to the guide to obtain clarity. Additionally, the researcher wrote field notes and reflections during data collection and engaged with participants prior to the interview to establish rapport.

Furthermore, there was a total of three coders involved in data analysis. Once transcripts went through the first round of coding, a codebook was created with an agreed-upon set of codes and definitions. The codebook included the code, a brief definition, the full definition, when it should have been used, when it should have not been used, and an example quotation. The transcripts were recoded utilizing the codebook. After re-coding, the researchers met again to ensure consistent interpretation and to assess discrepancies. After a final round of coding (thematic codes), peer debriefing was utilized to ensure creditability. Peer debriefing is recommended to be used in triangulation with member checking and reflexivity which is also part of this study (Poduthase, 2015). Twenty to twenty-five percent of data was included in the peer debriefing process, with a focus on transcripts that were characteristically different or that particularly difficult to code (Barber & Walczak, 2009; Barusch, Gringeri, & George, 2011; Poduthase, 2015).

Dependability

Dependability refers to the stability and consistency of findings over time and under various circumstances (Lincoln & Guba, 1985). Audit trails are often used to establish dependability in qualitative research to ensure that someone outside of the study could follow, critique, and audit the research process in its entirety (Korstjens & Moser,

2018). An audit trail was created from the start of the research study through the end in order to establish dependability within this study. The audit trail was established by the researcher writing and keeping memos, transcripts from interviews, and sharing interpretations and conclusions with the dissertation chair and committee members

Transferability

According to Lincoln and Guba (1985), transferability refers to the extent to which the qualitative findings from the study can be transferred to other contexts or settings with other respondents. Transferability in this study was addressed by documenting and reporting a detailed description of the research process, any assumptions, and an audit trail of the process, as well as clear descriptions of the participant's experiences and demographics.

Confirmability

In addition to credibility, dependability, and transferability, attributes of confirmability were aimed for in this study. Confirmability builds on transferability and denotes the extent to which findings can be confirmed by others (Lincoln & Guba, 1985). Confirmability mainly seeks to establish that data and interpretations are clearly derived from the data and not made up assumptions (Korstjens & Moser, 2018). Confirmability was achieved in this study by the audit trail previously mentioned. Furthermore, member checking was conducted to increase the study's confirmability. Member checking is a qualitative technique conducted by sharing a brief, deidentified summary of study

findings with the research participants. The purpose is to ensure that the final result(s) accurately reflect the participants' experience(s) (Korstjens & Moser, 2018).

Positionality and Reflexivity

The researcher approaches the study with varying positionalities. The researcher considers herself an outsider in the sense that she is an individual who has never been formally involved in the justice system. Additionally, she can be considered an outsider because she is a woman. Her understanding of the male experience is limited to her personal experiences, social conditioning via movies, media, and music, and what she has learned through reviewing scholarly literature on men's lived experiences. Conversely, the researcher also views themselves as an insider in the sense that though she is neither formerly incarcerated nor a man, she is a Black woman with personal and vicarious trauma/experiences and perceptions of the criminal justice system. These views of the system impacted how the researcher approached the interpretation of the data, specifically regarding the negative impacts of the justice system. In order to address the multiple positionalities, the researcher holds in this study, methods such as peer debriefing with researchers with varying identities and reflexivity were employed.

Reflexivity is defined as the process of critical self-reflection about oneself as a researcher, including but not limited to the researcher's biases, preferences, preconceptions, and relationship to the research (relationships to participants and how the relationship may impact the data and interpretations) (Korstjens & Moser, 2018). Reflexivity is a continuous process that allows researchers to construct and convey their

positionality throughout all stages of the research process by utilizing reflective memos, journaling, and taking field notes during the interviews (Finlay, 2017).

Observational field notes were used to record noteworthy instances during the interviews, interpretations of the interviews, self-reflection, and self-critique. Additionally, memo writing was utilized to record the research experience, interpretations, and positions of the data (Creswell, 2016; Korstjens & Moser, 2018).

Data Management

Data Handling and Storage

Throughout the entire research process, including dissemination, the confidentiality of participants was ensured. Video-recorded data from the interviews was be uploaded onto a password-protected MacBook computer. Information collected included names, email addresses, phone numbers, social media contacts, and personal contacts to contact participants to discuss project logistics. Any information and data stored electronically was password protected and saved on the University of Louisville's shared drive and was not stored on an unauthorized cloud server. All personal identification, including names, were given pseudonyms which were anonymized during data analysis and dissemination.

Obtaining Consent

Prior to the scheduled interview, the researcher provided each participant with a copy of the preamble informed consent form via email. Once on the Microsoft Teams call, the researcher and participant reviewed it to ensure there were no gaps in

understanding. Participants were then be given the opportunity to ask questions. Individuals who wished to continue to participate in the study indicated their consent by continuing with the interview. All participants reserved the right to withdraw their consent and discontinue their participation in the study at any time for any reason. However, data that was already collected was maintained.

Human Subject Protection

Ethical clearance for this study was sought through the Institutional Review Board at the University of Louisville. All research personnel involved in this study who collected/analyzed data and/or engaged with participants completed all necessary CITI and HIPAA training. Breaches in data security or adverse events of data collection were immediately be reported to the U of L IRB.

Risks

Participants may find it unsettling aand uncomfortable to discuss their personal experiences regarding their incarceration, sexual history, and relevant trauma.

Benefits

Some participants experienced therapeutic value in participating in interviews. Otherwise, though this study may not directly benefit the participants, the findings may benefit those in their community. The conclusions of this study will allow researchers to begin closing the literature gap regarding this population's needs and resulting in recommendations for policy and practice/intervention

CHAPTER IV: RESULTS

This study aimed to understand the relationship between incarceration status and personal perceptions of masculinity (hegemonic and prosocial); as well as explore associations between varying types of masculinity and increased HIV vulnerability. The following research questions were addressed:

RQ1: Do justice-involved cisgender BMSMW ages 18 and older have different perceptions of masculinity compared to those who have not been justice-involved?

Aim1a: Determine differences in masculinity between justice-involved and non-justice-involved cisgender BMSMW ages 18 and older.

Aim1b: Determine association of masculinity with sexual risk behavior among sample of justice-involved and non-justice involved cisgender BMSMW ages 18 and older.

RQ2: What tenets of masculinity influence HIV vulnerability among justice-involved cisgender BMSMW ages 18 and older?

Aim 2a: Determine if hegemonic masculine norms for this population may influence high-risk sexual behavior (i.e., condom usage and sexual partner concurrency).

Aim 2b: Determine if prosocial masculine norms for this population may serve as protective factors against HIV transmission

RQ3: How does involvement in the criminal justice system impact perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older?

Aim 3a: Understand perceptions of masculinity for justice-involved cisgender BMSMW ages 18 and older that influence HIV vulnerability

Aim 3b: Explore influences of the criminal justice system on perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older.

Aim 3c: Explore motivation to comply with norms that influence (positively and negatively) HIV vulnerability among justice-involved, cisgender BMSMW ages 18 and older.

A sequential explanatory mixed-methods design was utilized to determine differences in masculinity scores between formerly incarcerated men and those with no history of incarceration. Additionally, this study assessed associations between masculinity scores and HIV vulnerability, and potential explanations for such associations. This chapter first presents the characteristics of the study participants; followed by a detailed presentation of the research findings, starting with the quantitative portion, followed by demographic information of the qualitative portion participants and the findings from the interviews.

Quantitative Findings

Characteristics of Participants

There was a total of 348 observations in the dataset, however, 109 were dropped because they identified as White, leaving a total of 239 observations. The majority of the sample fell within the age range of 45 years or older (58.58%), followed by the 35 – 44 years old age group. Participants in this sample had relatively low socioeconomic status with 50% indicating their highest level of education completed was a high school diploma or GED, with a plurality (33.89%) reporting an individual income of less than $5,000 per year and 39.75% reporting they were currently unemployed. Furthermore, a majority did not identify as heterosexual (83.26%).

The masculinity scales were divided into two measures (hegemonic and prosocial). Hegemonic masculinity had 13 items with answers ranging from strongly agree (1) to strongly disagree (4); the responses had a minimum of 10 and a maximum of 40 with the mean being 21.59 and a standard deviation of 5.47. Prosocial masculinity had 3 items, with the same Likert scale response options; the minimum response score was 3 and the max was 12 with the mean being 6.84 and a standard deviation of 1.66.

The dataset also measured incarceration variables. Sixty-seven percent of the sample reported ever being incarcerated and 14% were currently on parole at the time of the survey. Furthermore, 18.41% reported going to jail at least five times or more, followed by three to four times in their life (17.57%).

Participants were also assessed on a variety of sexual risk variables. Fifty eight percent indicated that they had been diagnosed with an STD, 92.05% stated they had been tested for HIV, and 64.85% indicated they were HIV-negative. Moreover, 39.33% disagreed that HIV was no big deal, which assessed participants perceived severity. Fifty-

seven percent of participants stated that they had engaged in any kind of unprotected sex. Additionally, 52.30% stated that they only had one or no male partners in the past 3 months, however, 41.00% stated that they only had one or no female partners in the past 3 months. Furthermore, 51.46% reported ever engaging in transactional sex (paying for and/or being paid for) with a male partner; similarly, 55.23% reported engaging in transactional sex with a female partner. Lastly, 38.91% of participants reported anonymous sex with a male partner in the past three months, and 55.23% reported having anonymous sex with a female partner in the past three months.

Missing Data

The variables used in the dataset did contain some missing data, however, all variables had less than 10% of missing data. The percent missing for each variable is outlined in the last column to the right in Table 2.

Table 2: Demographics of Dataset

Demographic Characteristics **N = 239** **(N=161 for incarceration variables)**	**Count**	**%**	**% missing**
Age			--
18 – 24 years old	7	2.93	
25 – 34 years old	19	7.95	
35 – 44 years old	73	30.54	
45+ years old	140	58.58	
Education			--
Less than High School	59	24.69	
HS diploma/GED	120	50.21	
Post-Secondary Education	60	25.10	

Identify as Heterosexual			0.42%
No	199	83.26	
Yes	39	16.32	
Individual Income			0.84%
Less than $5K	81	33.89	
$5,000 - $9,999	60	25.10	
$10,000 - $19,999	60	25.10	
$20,000 or more	36	15.06	
Employment Status			--
Employed	55	23.0	
Unemployed	95	39.75	
Student/Other/Unable to work	89	37.24	
Masculinity Measure			
Hegemonic Measure			
(Min: 10 Max: 40, Mean=21.59, SD= 5.47	--	--	5.02%
Prosocial Measure	--	--	1.26%
(Min: 3 Max: 12, Mean=6.84, SD= 1.66)			
Ever been Incarcerated?			--
No	78	32.64	
Yes	161	67.36	
Times been to Jail			1.86%
Once	34	14.23	
Twice	38	15.90	
Three or four times	42	17.57	
Five or more times	44	18.41	
Currently on Parole			--
No	127	53.14	
Yes	34	14.23	
Diagnosed with an STD			--
No	100	41.84	
Yes	139	58.16	
Tested for HIV			--
No	19	7.95	
Yes	220	92.05	
Result of last HIV test			0.91%
Negative	155	64.85	
Positive	53	22.18	
Unknown	10	4.18	
Perceived Severity *(HIV is no big deal)*			--
Strongly Agree	27	11.30	
Agree	50	20.92	
Disagree	94	39.33	
Strongly Disagree	68	28.45	

Age of Sexual Debut			2.09%
11 years old or younger	34	14.23	
12 – 14 years old	91	38.08	
15 – 17 years old	60	25.10	
18 – 20 years old	29	12.13	
21 or older	20	8.37	
Ever been raped			0.42%
No	177	74.06	
Yes	61	25.52	
Ever had unprotected sex			--
No	101	42.26	
Yes	138	57.74	
Male Partner Concurrency in past 3 mos			7.53%
Only one or no partners	125	52.30	
Multiple partners	96	40.17	
Female Partner Concurrency in past 3 mos			4.18%
Only one or no partners	98	41.00	
Multiple partners	131	54.81	
Transactional Sex with Male Partner			--
No	107	48.54	
Yes	132	51.46	
Transactional Sex with Female Partner			--
No	116	44.77	
Yes	123	55.23	
Had anonymous sex with a man in past 3 mos			7.95%
No	127	53.14	
Yes	93	38.91	
Has anonymous sex with a woman in past 3 mos			6.69%
No	91	38.08	
Yes	132	55.23	

Bivariate Analyses – ANOVAs

Research Question 1: Aim 1a

RQ1: Do justice-involved cisgender BMSMW ages 18 and older have different perceptions of masculinity compared to those who have not been justice-involved?

Aim1a: Determine differences in masculinity between justice-involved and non-justice-involved cisgender BMSMW ages 18 and older.

Table 3 provides the output of a series of ANOVA and accompanying post-hoc tests conducted to examine differences in perceptions of masculinity and a variety of demographic variables, including incarceration, and sexual risk variables. The analysis revealed that there was a statistically significant difference in the prosocial masculinity scale score between men who had ever been to jail compared to those who had not ($F(1, 234) = 5.67$, $p \leq 0.01$). Scheffé post hoc criterion for significance found that the mean value of prosocial masculinity was significantly different between justice-involved *(M=6.66 SD= 0.13)* and non-justice involved men *(M=7.21 SD=0.19)* $F(1, 234) = 5.67$, $p = .01$.)

Furthermore, we also observed a statistical difference in both hegemonic ($F(3, 223) = 2.07$, $p \leq 0.10$) and prosocial ($F(3, 232) = 4.40$, $p \leq 0.05$) masculinity measures between the four age groups. In comparison to the reference group (18 – 24 years old), 25 – 34-year-old scored significantly different in hegemonic masculinity ($p \leq 0.10$). Each age group had significantly different prosocial masculinity scores compared to the reference group (25 – 34, $p \leq 0.05$; 35 – 44, $p \leq 0.001$; 45 +, $p \leq 0.001$).

Additionally, there were statistical differences in hegemonic masculinity measures between education levels ($F(2, 224) = 4.96$, $p \leq 0.01$). Scheffé post hoc criterion for significance found that hegemonic masculinity was significantly different between the reference group of post-secondary education and less than high school ($p \leq 0.10$) and high school/GED ($p \leq 0.001$).

ANOVA indicated statistically significant results for analysis with sexual risk variables. For the question that asked had the participant ever been diagnosed with an STD, we found statistical differences in the mean scores for prosocial masculinity only ($F(1, 234) = 2.65$, $p \leq 0.10$). Tukey's HSD Test for multiple comparisons found that the mean score of prosocial masculinity was significantly different between participants who answered "yes" to ever having an STD and those who answered "no" ($p \leq 0.10$, 95% C.I. = -0.07, 0.78). Furthermore, ANOVA test revealed that mean scores for hegemonic masculinity varied statistically between perceived HIV severity answers ($F(3, 223) = 3.12$, $p \leq 0.05$). We computed Tukey's HSD Test for multiple comparisons and found that mean scores for hegemonic masculinity in the reference group of strongly disagree were statistically different from strongly agree ($p \leq 0.10$).

When assessing the relationship between masculinity and engagement in unprotected sex, we found statistical differences in the mean scores for hegemonic masculinity only ($F(1, 225) = 5.03$, $p \leq 0.05$). Tukey's HSD Test for multiple comparisons found that the mean score of hegemonic masculinity was significantly different between participants who answered "yes" to ever having unprotected sex and those who answered "no" ($p \leq 0.05$, 95% C.I. = -3.07, -0.20).

Additionally, ANOVA tests showed statistical differences in both hegemonic ($F(1, 219) = 9.18$, $p \leq 0.00$; Tukey's HSD Test $p \leq 0.00$) and prosocial ($F(1, 225) = 6.36$, $p \leq 0.01$; Tukey's HSD Test $p \leq 0.00$) masculinity scores between participants who indicated they only had one or no female partners in the past three months compared to those who had multiple partners.

Lastly, we found statistical differences in the mean scores for hegemonic masculinity only on the variable that assessed if the participant ever engaged in anonymous sex with a female partner in the past 3 months ($F(1, 210) = 4.74$, $p \leq 0.05$). Tukey's HSD Test for multiple comparisons found that the mean score of hegemonic masculinity was significantly different between participants who answered "yes" to ever engaging in anonymous sex with a female and those who answered "no" ($p \leq 0.05$, 95% C.I. = 0.15, 3.09).

Table 3: Bivariate Analysis for Aim 1a

ANOVA and post-hoc test results Outcome: Masculinity Scales	**Hegemonic Masculinity Scale**		**Prosocial Masculinity Scale**	
	M	***SD***	***M***	***SD***
Incarceration Variables				
Ever been to jail	21.44	0.53	**6.94****	0.16
No (Ref)	20.96	0.59	7.21	0.19
Yes	21.92	0.46	6.66$_b$	0.13
Times been to jail	21.87	0.94	6.69	0.26
Once (Ref)	21.79	1.22	6.42	0.29
Twice	21.19	0.95	7.18	0.30
Three or four times	21.97	0.88	6.44	0.26
Five or more times	22.51	0.69	6.70	0.18
Currently on Parole	21.79	0.69	6.57	0.21
No (Ref)	22.03	0.54	6.73	0.15
Yes	21.55	0.84	6.41	0.27
Age	**20.69***	1.08	**7.43****	0.40
18 – 24 years old (Ref)	17.57	2.34	9.17	0.98
25 – 34 years old	21.26$_a$	0.76	7.06$_b$	0.27
35 – 44 years old	22.55	0.80	6.75$_c$	0.21
45+ years old	21.38	0.43	6.76$_c$	0.13
Education	**21.36****	0.64	6.87	0.20
Less than High School	22.09 $_a$	0.67	6.76	0.22
HS diploma/GED	22.32 $_c$	0.51	6.77	0.15
Post-Secondary Education (Ref)	19.67	0.74	7.07	0.23
Identify as Heterosexual	21.81	0.67	6.92	0.21
No (Ref)	21.51	0.39	6.81	0.12

Yes	22.11	0.95	7.03	0.30
Individual Income	21.72	0.75	6.83	0.22
Less than $5K (Ref)	20.66	0.61	6.95	0.21
$5,000 - $9,999	22.24	0.82	6.53	0.22
$10,000 - $19,999	21.91	0.69	6.98	0.21
$20,000 or more	22.06	0.89	6.86	0.22
Employment Status	21.69	0.62	6.87	0.19
Employed (Ref)	22.33	0.66	7.07	0.20
Unemployed	21.73	0.64	6.61	0.18
Student/Other/Unable to work	21.02	0.57	6.94	0.18
Diagnosed with an STD	21.56	0.53	**6.88***	0.16
No (Ref)	21.28	0.59	7.05	0.19
Yes	21.83	0.46	6.70[a]	0.12
Tested for HIV	20.99	0.77	6.97	0.23
No (Ref)	20.26	1.16	7.11	0.34
Yes	21.72	0.38	6.82	0.11
Result of last HIV test	21.11	0.86	6.89	0.19
Negative (Ref)	22.03	0.46	6.84	0.14
Positive	21.10	0.80	6.73	0.21
Unknown	20.20	1.31	7.10	0.23
Perceived Severity *(HIV is no big deal)*	**21.98*** 23.81[b]	0.87 1.64	6.78 6.42	0.24 0.38
Strongly Agree	22.33	0.69	6.74	0.21
Agree	21.54	0.52	6.77	0.16
Disagree	20.23	0.61	7.18	0.21
Strongly Disagree (Ref)				
Age of Sexual Debut	21.71	0.98	6.83	0.29
11 or younger (Ref)	21.74	1.25	6.57	0.35
12 – 14 years old	20.84	0.47	7.00	0.15
15 – 17 years old	21.92	0.71	6.88	0.21
18 – 20 years old	22.32	1.14	6.55	0.29
21 or older	21.76	1.32	7.15	0.44
Ever been raped	21.41	0.55	6.86	0.17
No (Ref)	21.80	0.43	6.83	0.12
Yes	21.02	0.66	6.88	0.22
Ever had unprotected sex	**21.73***	0.51	6.83	0.16
No (Ref)	20.91	0.54	6.74	0.17
Yes	22.54[b]	0.48	6.92	0.14
# of male partners in the past 3 mos	21.48	0.53	6.90	0.15
Only one or no partners (Ref)	20.84	0.45	6.83	0.13
Multiple partners	22.12	0.60	6.96	0.17
# of female partners in the past 3 mos	**21.42**** 20.33	0.51 0.53	**6.92**** 7.19	0.15 0.16
Only one or no partners (Ref)	22.50 [c]	0.48	6.64 [c]	0.14
Multiple partners				

Transactional Sex with Male Partner	21.59	0.51	6.85	0.16
No (Ref)	21.34	0.49	6.94	0.16
Yes	21.84	0.53	6.76	0.15
Transactional Sex with Female Partner	21.55	0.51	6.86	0.15
No (Ref)	20.92	0.52	6.96	0.16
Yes	22.17	0.50	6.75	0.14
Anonymous sex w/ a man in past 3mos	21.86	0.56	6.83	0.17
No (Ref)	21.55	0.47	6.81	0.14
Yes	22.16	0.65	6.84	0.19
Anonymous sex w/ a woman in past 3mos	**21.55****	0.52	6.88	0.16
No (Ref)	20.74	0.55	7.03	0.16
Yes	22.36 b	0.49	6.73	0.15

Notes:
ANOVAs controlled for education and age
***** *Denotes statistical significance at 0.10 level in ANOVA*
****** *Denotes statistical significance at 0.05 level in ANOVA*
a Denotes statistical significance from reference group at the 0.10 level in post-hoc tests
b Denotes statistical significance from reference group at the 0.05 level in post-hoc tests
c Denotes statistical significance from reference group at the 0.01 level in post-hoc tests

Bivariate Analyses - Simple Logistic Regressions

RQ1: Do justice involved cisgender BMSMW ages 19 and older have different perceptions of masculinity compared to those who have not been justice involved?

Aim1b: Determine association of masculinity with sexual risk behavior among sample of justice-involved and non-justice involved cisgender BMSMW ages 18 and older.

After conducting ANOVAs with control variables and post-hoc tests to answer research question 1, a series of logistic regressions were computed to determine the relationship between sexual risk variables and masculinity, with masculinity (hegemonic and prosocial) being the independent variables. We observed a statistically significant

relationship between the variable perceived severity (reference group: "strongly disagree") and both hegemonic and prosocial masculinity. Specifically, the odds of being one level higher on the HIV attitudes scale (measures HIV perceived severity), decreases by 9% (OR=0.91; 95% CI [0.84 – 0.99]) for every one unit increase in the hegemonic masculinity scale; and increases by 41% (OR=1.41; 95% CI [0.73 – 1.10]) for every one unit increase in the prosocial masculinity scale.

Additionally, we observed a statistically significant relationship between female partner concurrency (reference group: only one or no partners) in the past three months and both masculinity measures. Specifically, the odds of multiple female sexual partners in the past three months increases by 9% (OR=1.09; 95% CI [1.02 – 1.17]) for every one unit increase in the hegemonic masculinity scale while the odds of having multiple female sexual partners decreases by 32% (OR=0.68; 95% CI [0.54 – 0.86]) for every unit increase in the prosocial masculinity scale. ANOVA results are outlined in Table 4.

Table 4: Bivariate Analysis for Aim 1b

Logistic Regression Results Outcome: Sexual Risk variables	**Hegemonic Masculinity Scale**		**Prosocial Masculinity Scale**	
	Odds Ratio	***Confidence Interval***	***Odds Ratio***	***Confidence Interval***
Diagnosed with an STD Ref group: No	0.99	0.93 – 1.06	0.90	0.73 – 1.10
Tested for HIV Ref group: No	1.03	0.91 – 1.18	1.09	0.72 – 1.66
Result of last HIV test Ref: Negative	0.98	0.92 – 1.05	0.92	0.73 – 1.15
Perceived Severity *(HIV is no big deal)* Ref group: Strongly Disagree	**0.91**	**0.84 – 0.99***	**1.41**	**1.03 – 1.93***
Age of Sexual Debut Ref group: 11 or younger	0.99	0.92 – 1.07	1.13	0.86 – 1.48

Ever been raped Ref group: No	0.97	0.90 – 1.04	0.98	0.78 – 1.22
Ever had unprotected sex Ref group: No	0.95	0.90 – 1.01	1.05	0.86 – 1.27
# of male partners in the past 3 mos Ref group: Only one or no partners	1.04	0.98 – 1.11	1.08	0.86 – 1.34
# of female partners in the past 3 mos Ref group: Only one or no partners	**1.09**	**1.02 – 1.17****	**0.68**	**0.54 – 0.87****
Transactional Sex with Male Partner Ref group: No	1.02	0.96 – 1.08	0.98	0.81 – 1.19
Transactional Sex with Female Partner Ref group: No	1.04	0.98 – 1.10	0.96	0.78 – 1.17
Anon. sex w/ a man in past 3mos Ref group: No	1.02	0.96 – 1.08	0.97	0.79 – 1.18
Anon. sex w/ a woman in past 3mos Ref group: No	1.04	0.97 – 1.11	0.89	0.71 – 1.09

Notes:
****** Denotes statistical significance at 95% level*
******* Denotes statistical significance at 99% level*

Multivariate Analyses – Ordered Logistic Regression and Binary Logistic Regression using MICE

RQ2: What tenets of masculinity influence HIV vulnerability among justice-involved cisgender BMSMW ages 18 and older?

Aim 2a: Determine if hegemonic masculine norms for this population may influence high-risk sexual behavior (i.e., condom usage and sexual partner concurrency).

Aim 2b: Determine if prosocial masculine norms for this population may serve as protective factors against HIV transmission.

The total *N* for the dataset after dropping white participants was 239; once analyses were computed for research question 1, participants who were not formerly incarcerated were dropped from the dataset resulting in an *N* of 161 for complete cases. However, due to the missingness on critical variables in the analysis, the researcher

employed the statistical technique of multiple imputation which is a widely used approach to handle missing data. This study specifically utilized multivariate imputation using chained equations (MICE) to reach a final *N* of 161. The variables "age" and "education" had complete cases and therefore were not imputed on though they were included to inform the imputation model. The number of complete cases on each variable and the number of imputed observations is outlined in Table 5.

Table 5: Multiple Imputation

Multiple Imputation using chained equations	**Complete**	**Imputed**
# of female partners in the past 3 mos	156	5
Identify as Heterosexual	160	1
Times been to jail	158	3
Prosocial Masculinity Scale	158	3
Hegemonic Masculinity Scale	150	11
Notes: *Complete + imputed = 161 total; imputed is the minimum across m of the number of filled-in observations*		

After multiple imputation was completed, final analyses were conducted to answer research question 2. A series of multivariate regressions were computed and the outputs for each analysis are shown in Table 6. Sexual risk variables were the outcome measure, while masculinity was included as the primary independent measure (hegemonic and prosocial). Age, education, sexual orientation, and frequency of incarceration were also included in the model based on each variable either being statistically significant in the bivariate analyses and/or being theoretically important to include. The assumption of proportional odds was checked and not violated in the models ($p \geq 0.05$).

The first model was an ordered logistic regression using MICE with perceived HIV severity as the outcome variable (ranging from strongly agree to strongly disagree), and hegemonic masculinity as the primary independent variable. In this model, only hegemonic masculinity was statistically significant. The odds of being one level higher on the perceived HIV severity measure decreases by 7.23% (OR=0.93; 95% CI [-0.13 – -0.01]) for each unit increase in the hegemonic masculinity measure.

In model two, the same analysis was computed (HIV severity as outcome of interest), except we assessed the relationship with prosocial masculinity as the primary independent variable. We observed the odds of being one level higher on the perceived HIV severity scale increases by 34.9% (OR=1.34; 95% CI [0.09 – 0.49]) for each unit increase in the prosocial masculinity measure. We also found that the odds of being one level higher on the perceived HIV severity scale increases by 60.5% (OR=1.60; 95% CI [0.04 – 0.91]) for each additional increase in education level.

Model three was a binary logistic regression utilizing MICE with sexually concurrency with female partners as the dependent variable and hegemonic masculinity as the primary independent variable. We found that the odds of having multiple partners increases by 10.5% (OR=1.11; 95% CI [0.03 – 0.17]) for each unit increase on the hegemonic masculinity scale.

Finally, model four is the same as model three (female sex partner concurrency as outcome of interest), except it assesses prosocial masculinity as the primary independent variable. This model illustrated that the odds of having multiple partners decreases by 34.9% (OR=0.65; 95% CI [-0.68 – -0.18]) for each unit increase on the prosocial masculinity scale.

Table 6: Multivariate Analyses for Aims 2a and 2b

Ordered Logistic Regression using MICE *Outcome: Perceived HIV Severity (4 Levels)*	**Odds Ratio**	**Confidence Interval**
Hegemonic Masculinity (primary IV)	**0.93**	**0.87 – 1.01****
Age	1.13	0.76 – 1.70
Education	1.51	0.97 – 2.31
Identify as Heterosexual	1.01	0.77 – 2.05
Times been to jail	1.02	1.28 – 1.34
Prosocial Masculinity (primary IV)	**1.34**	**1.09 – 1.63****
Age	1.25	0.83 – 1.85
Education	**1.60**	**1. 04 – 2.48****
Identify as Heterosexual	0.85	0.41 – 1.75
Times been to jail	1.00	0.76 – 1.31
Binary Logistic Regression using MICE *Outcome: Female Partner Concurrency*	**Parameter estimate**	**Confidence Interval**
Hegemonic Masculinity (primary IV)	**1.11**	**1.03 – 1.19****
Age	1.32	0.82 – 2.13
Education	0.81	0.50 – 1.34
Identify as Heterosexual	1.36	0.57 – 3.22
Times been to jail	0.93	0.67 – 1.28
Model 4:		
Prosocial Masculinity (primary IV)	**0.65**	**0.50 – 0.84****
Age	1.19	0.73 – 1.92
Education	0.75	0.46 – 1.25
Identify as Heterosexual	1.87	0.76 – 4.61
Times been to jail	0.95	0.69 – 1.32
Notes: ** Denotes statistical significance at .10 level* *** Denotes statistical significance at .05 level*		

Qualitative Findings

Characteristics of Participants

Nine (9) individuals participated in the qualitative portion of this study. Among the participants who were sampled, 33.4% were 27 – 32 years old, 55.5% were 33 – 40

years old, and 11.1% were 40 years old or older. Participants lived in various cities including, Louisville, Kentucky, Oakland, California, Buffalo, New York, Chicago, Illinois, New Orleans, Louisiana, Dallas, Texas, and Indianapolis, Indiana. When asked about sexual orientation, 11.1% identified as Heterosexual, 77.8% identified as Bisexual, and 11.1% identified as Homosexual. Additionally, 44.4% of participants stated that they were employed or self-employed full time, 22.2% stated they were employed or self-employed part time, 22.2% stated they were unemployed and looking for work, and 11.1% reported "other" as their current employment status. Participants were also asked about their highest level of completed education, 33.3% indicated they earned a high school diploma/GED, 22.2% reported attending some college, 11.1% had earned an Associate's degree, and 33.3% reported earning a Bachelor's degree. Furthermore, 11.1% of participants stated they had no personal income, 22.2% reported an individual income between $1 and $19,999, 55.5% reported an income between $20,000 and $39,000, and 11.1% reported an income between $60,000 and $79,000.

Incarceration experiences were also captured in the demographic survey. There were 44.4% of participants reporting ever being incarcerated in a jail, 77.7% in a prison, 11.1% in a halfway house, and 22.2% selected "other." Additionally, the plurality of participants 44.4% stated that they had only been incarcerated one (1) time, 11.1% reported being incarcerated 2 or 3 times in their lifetime, 33.3% reported being incarcerated 4 to 5 times in their lifetime, and 11.1% reported being incarcerated 6 or more times. Finally, participants were asked to report their longest period of incarceration, responses ranged from 8 months to 7 years and 9 months, with the average length being 38 months, or a little over 3 years.

Table 7: Demographic Characteristics of Interview Participants

Demographic Characteristics N = 9	**Count**	**Percentage (%)**
Age		
27 – 32 years old	3	33.4
33 – 40 years old	5	55.5
41 years old or older	1	11.1
Sexual Orientation		
Heterosexual	1	11.1
Bisexual	7	77.8
Homosexual	1	11.1
Employment Status		
Employed or self-employed full time	4	44.4
Employed or self-employed part time	2	22.2
Unemployed and looking for work	2	22.2
Other	1	11.1
Highest Level of Completed Education		
High school diploma/GED	3	33.3
Some college	2	22.2
Associate's degree	1	11.1
Bachelor's degree	3	33.3
Individual Income		
No personal income	1	11.1
$1 - $19,999	2	22.2
$20,000 - $39,999	5	55.5
$40,000 - $59,999	0	0
$60,000 or more	1	11.1
Ever Incarcerated at Type of Facility		
Jail	4	44.4
Prison	7	77.7
Halfway house	1	11.1
Other	2	22.2
Times Incarcerated		
One time	4	44.4
Two to three times	1	11.1
Four to five times	3	33.3
Six or more times	1	11.1
Place of Residence	--	--
Oakland, California		
Chicago, Illinois		
Indianapolis, Indiana		
Louisville, Kentucky		
New Orleans, Louisiana		
Buffalo, New York		
Dallas, Texas		

Member checking was completed with one-third of the sample population. Participants reviewed and confirmed accuracy in the reported results below.

Black Masculinity and Subjective Norms

What does it mean to be a man?

Black men extensively delved into the definition of what it means to be a man, revealing two primary constructs. The first revolves around responsibility, encompassing the duty to take care of oneself, one's family (both nuclear and extended), and one's community. This sense of responsibility manifests in various forms, including financial support, emotional care, and a commitment to physical protection for oneself and loved ones. Every participant raised the theme of responsibility in some capacity during the interviews.

"To be a man is basically owning up to your responsibilities. Providing for your family. Taking leadership roles and putting on the pants" (Shawn, 30 years old)

Additionally, the second main construct of what makes a man is biology, or assignment of sex and/or gender. Some participants spoke about a biological component of what it means to be a man,

"When you say you're a man, in general, naturally, it comes naturally. That means your… what do I say… your … you know [genitals]. That's the natural aspect of it" (Diondre, 36 years old)

However, there were some conflicting feelings about whether biological anatomy played into what "makes a man".

"What does it mean to be a man? Well, it certainly doesn't incorporate your genitals […] I think being a man is having an understanding of acceptance and dependency, self-knowledge, respect for others, self-care. Pretty much it." (Larry, 58)

Furthermore, some participants blended both aspects of a biological meaning and a duty of responsibility, one participant shared:

"Being a man means a male that is mature enough and grown and has growth. He's not a child anymore. He has developed into an older, more mature person. They've had enough experiences, like to be a real man, you have responsibilities, and basically just take care of your responsibilities and hold down your family, your loved ones, your friends, and basically, yourself, most importantly, yourself" (Dwayne, 36 years old)

Black Masculinity

According to the participants, Black masculinity aligns with the fundamental attributes of being a man, including qualities like protection, provision, and standing up for what is right. However, the unique challenge lies in the impediments to achieving and embodying these attributes due to systemic barriers such as racism and discrimination. Importantly, discussions on Black masculinity by participants consistently underscored the pervasive influence of white supremacy as a crucial contextual backdrop.

"It's harder for a Black man to do that, to protect his family, take care of his family and himself, and provide in America… it's a lot harder […] the way the system is set up." (Dwayne 36 years old)

Furthermore, participants spoke about dehumanization of themselves as Black men due to various stereotypes ranging from being illiterate to being a physical threat.

"Being a Black man in a white man's world… it can be complicated at some points. Some people might see you as a threat but you're not actually a threat" (Keith, 30 years old)

"To be a Black man in America for me, it's hard. You are prejudged before you even walk outta your door. It's like a soon as you come out your mother's uterus, you already categorized" (Shawn, 30)

"They look at you like you not smart, like you can't read, you can't write, like you are always late, especially when it comes to like work. Or you're unorganized, or like a threat. Like we're trying to hurt somebody or take something from another person. I guess what I'm saying is we just have to work harder, and we have to do extra things to prove it. Or to get where we're trying to get […] And they don't look at us like, oh this is someone's son. This is somebody's father; this is somebody's brother. They just look at us like whatever they think a Black man is or what comes along with being a Black man" (Dwayne, 36 years old)

Though participants discussed the challenges and obstacles of being a Black man, they also highlighted resilience as a key component of Black masculinity. Resilience was discussed as being used as a coping strategy against negative stereotypes and discrimination.

"You got to be resilient. You gotta overcome everything that try to tear you down. It's so many obstacles already put against us just because we Black men" (Marcus, 35 years old)

Some participants spoke about the positive aspects of being a Black man, in that, there is a sense of pride and community.

"But a positive aspect, is that being Black makes me bold actually […] I feel a unique set of being. And apart from that, there's a community. We have this strong bond, a strong understanding that comes naturally […] If you step out there and you see your brother, and maybe something happens to you, there's always a support because your brother is there, your sister is there" (Diondre, 36 years old)

Each participant was directly questioned about how they would personally describe their own masculinity. It is crucial to acknowledge that participants not only identified as Black but also as queer men, adding an additional layer to their individual conceptions of masculinity. For example, Marcus (35) articulates that confidence and strength are key aspects that define his sense of manhood.

"Confident 'cause I believe in me. You know, and I always been tough and strong. No matter what situation get thrown at me or I gotta go through or go around. I just try to never feel broken, you know, I always want to stay intact, and I believe in that" (Marcus, 35 years old)

Dwayne (36), describes his masculinity as a mix between lover, mellow, and chill.

"I would probably say I'm more of a lover. I'm kind of mellow, chill. I use my intelligence and my interaction with other people to basically help me feel more of man […] my knowledge of things when I communicate and being very chill is how I describe my masculinity. I don't take no BS though"

The men shared common themes in their descriptions of masculinity, yet each provided distinct responses with individual rationales. For clarity, a word cloud was generated to visually depict the varied vocabulary used. Participants articulated traditional masculine traits with words such as "*strong*," "*tough*," and "*dominant*," which are in yellow. Participants also utilized terms aligned with prosocial norms like "*lover*," "*nurturing*," "*passionate*," and "*respectfu*l" which are depicted in orange. Additionally, some introduced unique descriptors like "*semi-dominant*" and "*moderately authoritative*," suggesting a hybrid of hegemonic and prosocial masculinity, denoted in brown. The only term that was repeated among men was *"strong"* which is in a slightly larger font.

Figure 3: World Cloud

Sexual Subjective Norms

In any cultural phenomenon, established rules or norms shape how individuals interact within their social circles. When it comes to masculinity, the subjective norms of sexual behavior were frequently addressed. Participants explored the connection between sexual behaviors and masculinity, encompassing a spectrum from specific acts considered masculine or not, to the frequency of sexual intercourse, and engaging in sexual concurrency (having multiple partners simultaneously). The consensus among most participants was that dominance and control were pivotal factors defining masculinity in the context of sexual behavior.

Interviewer: What do you think majority of other Black men would consider masculine when it comes to sex?

Marcus: Dominance, confidence … I don't know, maybe a little rough and tough

Furthermore, participants explicitly conveyed that submissiveness, particularly in the context of sexual behavior, is not deemed masculine. In the realm of sexual acts, submissiveness may involve being a receptive partner in anal sex or performing oral sex on a male partner, and according to the participants, these behaviors are not considered masculine.

"What is not masculine is being submissive. Getting yourself involved in a sexual position that is not considered masculine, such as giving a man oral sex, or having anal sex" (Larry, 58)

"Some Black men that I've come across, they're alpha males, meaning, 'I don't take it up the butt. I'm the one in control, I'm going to tell you what to do, you're just

going to do it, you're going to listen to what I say, and that's how it goes'. And some of them are very controlling […] (Cortez, 37)

However, Shawn unequivocally stated that regardless of the "role" or "position" one is in, masculinity does not exist in same sex/gender sexual relations.

"There's no masculinity when it comes to gay sex. There's nothing masculine about it" (Shawn, 30)

It's crucial to emphasize that whether an act was deemed masculine or not, participants did not refuse to engage in it. They highlighted that the decision ultimately hinged on personal preference, even in the context of heterosexual sex.

"If you are a bisexual top man, then it doesn't matter if it's a male or a female, you want to exert dominance because that's where you get your masculinity feel from. If you're the opposite, and you're a passive or submissive male, then if you're having sex with a man that's a top, then you want to be submissive. So it all depends on your sexual preference" (Larry, 58)

In addition to the classification of sexual encounters and the roles considered masculine or not, the act of sex itself and its frequency emerged as a tool to affirm one's masculinity among the men. Intriguingly, none of the participants explicitly claimed this belief for themselves. However, they acknowledged that other men with similar backgrounds, such as being Black, queer, or formerly incarcerated, subscribed to this notion.

"Some people feel like having sex frequently makes you a real man, makes you stronger than any other person So they have multiple sex partners, and have sex many times (Diondre, 36 years old)

Keith (30) provides some insight into his personal perceptions of promiscuity as a means of proving masculinity,

"*Having multiple partners sex doesn't make you a better man than anybody. […] people have some foresight that in terms of having multiple sex partners or frequent sex, maybe it has to do with satisfying your partner actually. I think that's what the person is trying to say. But in terms of a lot of partners, I think that's a kind of a risky one actually. Maybe to me that doesn't make you more man, actually. To me, no. It doesn't make you more man."*

Some participants offered reasons for what may make a person more inclined to adhere to hegemonic masculinity norms. These reasons included unresolved trauma, inability to reject societal pressures, and even protection against homophobia.

"Because everybody trying to prove a point. Being gay used to be such a bad thing honestly. And everybody and they mama used to tease you behind it. So, it's like if you fuck around with some pussy ain't nobody gonna give a damn if you fuck one way or the other […] Society make you feel like you are an individual that have to do this. And that's not something that's in your heart. So you do what you want to do on the outside to show society that you are doing what they want you to do but down low you're doing what you want to do. Which sometimes, often don't mix together." (Shawn, 30)

Dwayne gives insight to why Black queer men may want to hide their sexuality due to specific community norms.

Interviewer: Earlier, you talked about people hiding their sexuality, what do you think makes Black men specifically hide their sexuality?

Dwayne: First of all, I believe your sexual preference is your own personal thing, so you shouldn't have to come out in public and talk about your sexuality […]but as far as being a Black man, I wanted to say it's a lot of white men who basically, they're not hiding it, they just have a masculine energy in public so you can't tell. But as far as Black men hiding, its because it's shunned upon […] basically a lot of people in our community have a certain understanding. It's just what people are being taught in our community, our families, church, we're taught it's not okay.

Moreover, Dominique (34), stated that adherence to certain masculine norms were simply due to the fact that masculinity is a performance for other men close to them.

Interviewer: And why do you think that that men feel the need to kind of portray themselves in that [having multiple sexual partners] way?

Dominique: To show up for they friends, they homies.

Rejection of Queer Identity

Alongside the exploration of sexual behavior norms, the theme of "rejecting a queer identity" emerged during the data analysis. The rationale for this rejection varied; for some, it was a demonstration of loyalty to their peers, while for others, it served as a form of self-protection, even within incarceration facilities. Regardless of the motivating factor, certain participants were adamant that, in specific contexts and social circles,

queerness and masculinity could not coexist. According to their perspective, embracing masculinity required the rejection of a queer identity. Men subscribing to this ideology prioritized presenting themselves as heterosexual. For instance, Dominique (34) characterizes his masculinity in this manner.

Interviewer: How would you describe your own sense of masculinity?

Dominique: Shoot, walk, talk, keep a straight masculine look […] because you don't want people to look at you as that you are gay, you want people to look at you being very masculine.

Dominique (34) also highlighted how embedded these norms were within the facility he was incarcerated.

"If you come in and very masculine and say that you are masculine, you are like a straight man, then they're gonna put you on the straight side not knowing that you really are gay. It all goes off of what you telling and what you look like […] Cause you know, you have the, as they call them, the DL guys, so people don't know that they like men. So of course, they're not gonna go to the opposite side because either you're a gang member or you know, you're not gonna go to the other side if you don't want to be seen on that side cause either you a snitch or you homosexual."

Impact of Incarceration

One of the initial impacts discussed by participants was the separation from society and loved ones. Moreover, the incarceration environment itself was often described as traumatizing, with many participants using the term "trauma" to characterize

their experience. To protect themselves, individuals mentioned an escalation in aggressiveness and a decline in trust towards others as a coping mechanism, complicating the process of reintegrating into society. Even upon release, the influence of incarceration persisted through perceived and actual stigma, as well as exclusion from crucial life aspects such as gainful employment, higher education, and stable housing.

Losing Time

Participants noted that one of the significant consequences of incarceration was the perception of wasting time. They expressed a sense of missed opportunities during their period of confinement, which subsequently hindered their ability to adapt to societal changes upon reentry into the community.

Interviewer: How has being formerly incarcerated impacted your life in general?

Marcus: Miss out on a lot of things. And it is always difficult playing catch up

Interviewer: How has being formerly incarcerated impacted your life in general?

Dominique: A lot of time bypassed me being incarcerated. And coming out into society and it's completely different, then you have to adapt to it. Oh, it's hard. The world moves too fast you know"

Mental Distress and Trauma

Interviews revealed instances of mental distress and trauma, often stemming from witnessing traumatic events during incarceration. Notably, there was no mention of any discourse on mental health support or available resources to help individuals process such incidents.

Dominique: A guy died in front of me, so yeah… that kind of did like, messed me up mentally for a while.

Interviewer: I'm so sorry to hear you went through something like that. Did they offer any like, services to kind of process through that?

Dominique: No, they didn't care.

Masculinity

Conflicting sentiments emerged regarding whether incarceration directly influenced masculinity, with a significant portion of participants expressing that there was no apparent impact.

Interviewer: How do you feel, or do you feel that your incarceration experience has impacted any of the ways you're able to show your masculinity?

Keith: Actually, I would say no.

As the interview progressed, some men, including Marcus (35), revised their earlier statements and reflected on how incarceration did, in fact, have an impact on their sense of masculinity.

Marcus: Well, as you talk about more, it did impact me. It made me a little more aggressive, just the environment, you know, if we, talking on how incarceration impacted me as a whole, then I think it made me more aggressive. If anything, that's what it turned me into.

Interviewer: And do you feel like aggressiveness is a part of masculinity?

Marcus: Yes. I would say that […] I don't think no man would ideally want to consider themselves soft in a way

Interviewer: And you said it impacted aggressiveness… how did the environment facilitate that?

Marcus: Oh, with a whole bunch of men, it's bound gone be aggression, if even if it's not towards one another that it got created from, it can be created by just your own personal issues. Or the staff, your friends and family on the outside world. Or just being in there for such a long time will drive anybody mad.

Dwayne (36), echoed these sentiments and even discussed how the impact on masculinity creates additional hurdles to integrating back into society after release.

"It makes you hardcore. You can't cry, you can't really smile, you don't want to smile because you're down. You're down the whole time. Even if you get commissary, you talk to people on the phone or whatever, just the whole element of being imprisoned and locked away and dealing with the other inmates and the guards and the people who work there, it's a constant fear of people taking advantage of each other. You don't want anyone to take advantage of you so you basically have to be a shell of yourself. You can't really show too much. You can, but it's a fear of if you show too much to somebody or something, then you'll get taken advantage of in that type of environment […] It affects people. It's like a shell shock. It has an after effect. And I'm not going to lie, a lot of people who been locked up for a long time, they can probably get a check for post-traumatic distress because it's hard to interact with humans after you're in prison for that long, just get back out here and just act like nothing happened… and just blend back in with everybody else? Nah it's hard. Know what I'm saying?"

Participants also discussed the negative impact of incarceration on self-esteem and self-worth, highlighting how these factors influence one's sense of masculinity and the ability to fulfill the fundamental aspects of being a man, as previously discussed.

"One of the effects it has had was my self-esteem. You know, having that feeling of the kind of person you are, what you've been through. It's painful. It's exhausting. Sometimes you even find yourself in a point of... I guess trauma where you just, you feel those situations playing out again. It has very negative effect on the self-esteem. And that's one of the things that I and some other few people I know are really fighting to overcome. But eventually, you'll see those things that happened and know those things should not really define you. But still they have a lot of effect on you being able to express your masculinity and see yourself as a man out there. So, I think the first thing, it has effect on the self-esteem, the way you view yourself […] But, nevertheless, you still have to ensure that small community of people who see you as a human, who want to see you as happy, who see you as someone who can achieve something. And you hold them very tight and close to yourself." (Eric, 27)

Socioeconomic Stability

As previously mentioned, all participants expressed the view that being a man involved shouldering responsibilities, providing for oneself and loved ones. However, navigating a world with the identity as formerly incarcerated posed a substantial obstacle in achieving life stability necessary for a genuine sense of responsibility. This included challenges in securing housing, pursuing educational goals, and attaining employment.

"After my initial incarceration, it impacted my housing due to housing discrimination with those that are incarcerated. I was telling them I was incarcerated, I could tell, their attitude towards renting to you changed. […] And it impacted my psyche

because of the continual disappointment […] I had done my time but at every corner and every door just getting shut in my face just cause I was incarcerated" (Larry, 58)

"A lot of people don't like to hire ex-felons and I know it depends on what you went down for and of course mines was second degree burglary so people don't wanna hire nobody like that cause they think that you're gonna come into the establishment and rob 'em" (Dominique, 34)

"I got my G.E.D., but I ain't been in school for a long time and I ain't never thought about going to college. I just think it's over for that. Especially someone like me, who have a long list of felonies… there'd be no point" (Marcus, 35)

"I lost my job and when I came out it was really difficult for me to have to start over again, Just trying to set up your life over and over again. It was really difficult for me" (Keith, 30)

Resilience

The theme of resilience resurfaced during the examination of the influence of incarceration on participants' lives. Despite facing adverse impacts and experiences, a majority of men shared their capacity for personal growth stemming from their incarceration. This growth was attributed to the adoption of coping mechanisms and dedicating time to reflect on life perspectives.

Keith (30), discussed how he found writing as an escape to process his feelings during his incarceration,

"While you're in there, you have more time to think over things. Sometimes you can make good time of that, you can discover things about yourself. I wrote a lot in there, and I'm working on turning it into a book. I love writing actually"

Cortez (37), talked about how his experience made him stronger,

"It made me a stronger person with everything that I went through. It made my faith a lot stronger. I've learned to just let things go […] I just have a more peaceful mindset"

Larry (58), discussed how his time allowed him to reflect on how he wanted to be defined as a Black man,

"I realized that my actions and behaviors I displayed leading up to my incarceration, has defined me as a Black man in saying this is what I don't want to do […] our society looks at us a criminally intent or we don't have the ability to be upright and productive citizens. I gained awareness through my incarceration […] I don't want to be looked at as just another statistic or a number being associated with incarceration"

Outside Partnerships

Romantic and sexual relationships that were formed outside of correctional facilities often dissolved due to the challenges posed by incarceration. Factors such as physical distance, strain on physical intimacy, and the inability to provide support—whether emotional, financial, or physical were cited as reasons for the breakdown of these relationships.

"When I went to prison, I was actually in a relationship […] but after seven months of me being there, she lost hope, I couldn't be there for her. And I don't blame her, so yeah, I lost her as a result of going to that shithole" (Keith, 30)

Though attempts to maintain the relationship were made, no one reported successfully rekindling a romantic partnership post-release.

Dwayne: You really can't have a real relationship when you're incarcerated. I learned not to expect anything while I'm incarcerated. It's easier to not interact. I believe you have to give up what you had going on. And even if people do stay around somewhat, you still can't be there for them physically or financially. You can't support them as much as you'd like.

Interviewer: Were you able to rekindle that relationship once you got out?

Dwayne: It wasn't as strong as it was. It was hard to get back on the same page and it never ended up being what I thought it could have been prior to me getting incarcerated.

Upon release, the sexual drive and behavior of men varied. Some prioritized "making up for lost time," while others, though initially intending to engage in frequent sex, found themselves more interested in focusing on getting their lives back on track. Additionally, some discussed that the extended period without sex had diminished their interest in it once they were released.

"Well, I actually had less urges to have sex. Because going that long without having sex is challenging and you just have to adapt to it. And now, I just got used to it […] Now, I just want to work on myself, and I realized that having multiple partners wasn't as safe, so now I just have one" (Diondre, 36)

Loneliness and Deprivation

The end of romantic relationships and isolation caused individuals to experience both emotional loneliness and a lack of physical connection. To deal with these feelings, participants reported having to adjust to their solitary circumstances. Nevertheless, this adjustment posed difficulties upon reintegration into society, hindering their ability to forge meaningful interpersonal connections, especially with sexual and romantic partners.

Interviewer: Do you feel like incarceration impacted your sexual frequency once released?

Keith: Yeah, it was less. Because I spent more time on my own than I spent with people, that became a part of me […] just staying in there alone, it's just a lonely place, I guess I just got used to being alone.

Inside Partnerships

Notably, one participant shared that the loneliness and deprivation experienced in confinement can lead an individual to make decisions they might not have otherwise chosen, including engaging in sexual acts with another man.

"At some point, you are bound to do things you didn't intend on doing because you don't have an option. Like, you end up sleeping with a fellow man, maybe you were never bisexual, but because of the situation (incarceration), you end up doing it" (Keith, 30)

A prominent finding that emerged concerning sexual relationships within correctional facilities was the influence of sentence length on an individual's likelihood to engage in sexual activities.

"When you're in penitentiary, you just having sex like there's no tomorrow. You're not really thinking about, oh, I'm about to get out. Especially if somebody serving 10, 15 years, you're not looking at it like 'oh well I just did 14 years, just got one more year left' within that long ass process. You up in there trying to get what you gotta get" (Shawn, 30)

In discussions about nonconsensual sexual conduct, some participants framed it in terms of a power imbalance. This could manifest in physical terms, where an individual has the physical ability to overpower another person, or in a social sense, such as when someone is indebted to another person.

"Sometimes you can be forced to do it if that person is more powerful than you. Sometimes it (nonconsensual sex) will happen" (Diondre, 36)

Furthermore, participants discussed the relationship between the type of facility (e.g., maximum security) and sexual experiences.

"*There's people willing to do stuff with people and nobody has to take nothing from anybody. In maximum security, I heard a lot of stories about people owing people money and stuff like that. You would walk by and somebody's getting their sexuality took from them and not giving it away.*

Where I was at, it was not maximum security. We were out in the open […] You have a mixture of people that's not interacting like that, and you have a mixture of people who are interacting like that. More people who actually are, like I said, willing to interact like that so nobody has to get it taken like that. If you in a lower-level prison, people don't get forever, people really going home and they're going home in two or three years or five years or even 10 years. But in a maximum security, they not going home. They're not going home for 20 years. People been in there for 50 years, people got a 100 years to life. You don't want to mess with them. They're doing what they do, you know what I'm saying? People think it's just because you interact with the same sex that you're just going to be willing to give it away. No, that person might not like you. Just because a person is gay or whatever, I don't know, it don't mean that they going to be gay with everybody" (Dwayne, 36)

Views on Same Gender Relations

To provide more context to the sexual experiences of the participants while incarcerated, the researcher also explored the attitudes held by other incarcerated men towards gay/bisexual individuals and sex. As anticipated, participants mentioned that some incarcerated individuals harbored homophobic sentiments towards gay/bisexual men.

"It's nasty to people, you know, homosexuality, it's not accepted in jail" (Dominique, 34)

However, though same gender sexual relationships were not necessarily welcomed, it was not a major problem within the facilities.

"Majority of the population didn't like other men messing with little girls (feminine inmates) in there […] they wasn't too fond of it. It's not nobody problem, a lot of people just wasn't too fond of it" (Marcus, 35)

Even among men who gave off an extremely masculine persona engaged in sexual activity within the facilities, some of which was surprising to certain participants at first.

"When the lights go off, that whole man to woman thing turned into man to man thing for some of the guys. And I literally watched a lot of guys who were claiming to be straight have whole relationships with gay guys. Or they would do the thing where they would be hanging out in the person's room and next thing you know they're in there, fondling each other or having sex, whatever. But that happens in every prison […] That's just the culture of a lot of the prisons" (Cortez, 37)

"It's still masculine guys in prison still having a sexual encounter […] Once I got in there and I seen that and I understood that people still have a choice when they go to prison to have a physical, sexual encounter with other people. But it depends whether you care if anybody knows or whether you don't […] and you ready to deal with whatever type of energy is going to come along with that while you're incarcerated" (Dwayne, 36)

Safe Prisons

Despite varying personal perceptions of same gender loving relationships among individuals, multiple participants pointed out that there were policies and protections in place within the correctional system to prevent homophobia.

"You have a lot of rights being a homosexual and being in prison and people don't even know that on the outside, that you really have more rights in prison than you do in the streets, which is crazy […] like if people gay bash, you can write them up […] people think cause your incarcerated you don't have no rights, oh no, that's not the truth, cause you can sue from the inside. You can even report COs and they'll get fired" (Dominique, 34)

Moreover, the policies in place included stringent protections against sexual assault, and there were severe punishments outlined for individuals who targeted or preyed on gay/bisexual men.

"The concept of sex in prison now has altered because of the different polices that they've put behind having that type of engagement in the penal institution. So because of safe prisons and things, you can't be a lifer and see somebody come in that's very

feminine and think you just gone rape this boy, it don't work like that no more. Back in the day, they come in there John and leave Judy" (Larry, 58)

Larry (58) believed that policies such as "safe prisons" were effective in reducing and eradicating nonconsensual sexual misconduct.

"A safe prison means that you are not to engage in any type of sexual activity with anyone, especially without their consent. You will get a felony charge if you try to force yourself on someone sexually. It is very much a major infraction, and you suffer severe consequences. So, it's very stringent. There's no negotiations. Safe prison is very real"

Romantic Relationships and Safe Sex

Additionally, because policies like "safe prisons" and other protections against homophobia existed, participants discussed the existence of harmonious sexual, and even romantic relationships while incarcerated.

"I saw that some of them really had quite harmonious relationships, considering that it was the same sex in a penal institution. But they had amazing friendships and relationships established. So, I was able to see that anything is possible sex wise, relationship wise, whether it be whether a person's incarcerated or not" (Larry, 58)

Similar to relationships formed outside correctional facilities, there was a prioritization of protecting oneself before engaging in sexual activity with a new partner within the incarcerated environment.

"Well for me I had a lover in there, so we made sure before anything had happened, we actually were tested, but they don't give condoms of course in prison, but county jail they do" (Dominique, 34)

Nevertheless, despite the desire to implement some level of safe sex practices, the incarceration environment often posed challenges that hindered the ability to do so. This circumstance left men with a sense that there were no viable options for protection, often necessitating the use of nontraditional barriers to provide a semblance of safety.

"*You just have to be prepared because it's different. […] you could use a little sandwich bag or something like that, but they're not passing no condoms out. […] it's more of we don't supposed to be doing this so we got to hurry up and sneak. Or it's just a spur of moment, real quick. Unless you already prepared, walking around with something that you made but you don't really have no pockets in there, so yeah. We cannot protect ourselves in there" (Dwayne, 36)*

Marcus (35) also noted utilizing some form of plastic as a barrier during sexual intercourse while incarcerated,

"We aint have condoms so sometimes, you know, sometimes I got extra, some cling wrap or something"

HIV Perceptions

HIV and Masculinity

Despite acknowledging at one point in the interview that men use sex as a tool to prove and affirm their masculinity, many participants disagreed that there was a direct relationship between masculinity and the risk of HIV, specifically.

"Characteristics of masculinity that impact HIV risk? I don't know. I think sexual behavior is to each person […] I don't think there's no relationship, I don't think you can put those two to the same" (Marcus, 35)

However, some participants were able to draw connections between how masculinity may impact safe sex behaviors, such as the use of condoms or being aware of the risk of STDs/STIs.

Interviewer: So, I want to go back to what you said about condoms, do you feel that masculinity may impact someone's willingness to use condoms?

Keith: Sure, for some people. Because if someone feels like they're very tough, like nothing can happen to me, they have this perspective that they're almost like invincible

Larry (58) expressed that the necessity to prove masculinity took precedence over risk analysis when it came to engaging in sexual activities.

"Most people, especially men that have to prove that they're men through sex, don't really, I think sometimes pay close attention to the transmission of STIs or STDs the way they should, because they're trying to conquer whatever need to conquer sexually. So

that I don't think they really have to, they don't really consider the fact that I need to be doing something from a safety perspective. As long as I can control and conquer kind of like thing. Or they feel like they have something to prove from a quote/unquote masculine perspective"

Perceived HIV Severity

There was a range of perceived HIV susceptibility among participants. Some believed there was absolutely no risk for them, most acknowledged a slight risk, while a couple others believed that regardless of circumstances, everyone is at risk for HIV.

Interviewer: Do you feel that you're at risk for HIV? Why or why not?

Diondre: Everyone is if you're not careful

Reasons for perceived risk mainly were attributed to preventative behaviors, though some were not scientifically backed, such as judging potential partners on their cleanliness/hygiene or believing that there was more risk for HIV through vaginal sex with a woman versus anal sex with a man.

"I don't see any possibility of being infected with my male partners […] because there's a difference between a vagina and the other way around, so there's that" (Keith, 30)

Preventative Behaviors

Despite scientifically inaccurate preventative mechanisms, most men stated that testing and using condoms were their preferred methods of HIV prevention. However, many were only tested once or twice in their lifetime, with those times occurring during

their incarceration experience, such as through the intake process or periodically through standard testing schedules of the facility. Additionally, there was a prioritization of having partners tested prior to sexual intimacy.

"I also ensure that you're tested before we have sex. I do all that with all my girls. I make sure you tested. If you want to be my girl, you gotta get tested" (Keith, 30)

Moreover, while participants identified condom usage as a prevention method they employed, many mentioned that they did not use them regularly, primarily because condoms interfered with their pleasure. However, they also recognized that there are options to enhance pleasure with condoms.

"*I'm not going to lie. I don't like condoms, but you have to get your size condom. It provides protection though […] And there's other things you can provide to help it feel more natural" (Dwayne, 36)*

Condoms were also highlighted as being especially important to use with female partners due to the potential risk of unwanted pregnancy.

"*So, for me it's like you mostly being more careful going into a female than a male because a female can reproduce, and a male don't. Make sure if you don't use a condom, you pull out" (Shawn, 30)*

HIV Diagnosis

The serostatus of participants varied, leading some to share their HIV diagnosis stories. Participants who were HIV positive attributed the lack in HIV knowledge and treatment to their initial fear and anxiety surrounding their diagnosis. One participant

stated that he was completely shocked by his diagnosis because he did not believe he was at a true risk for HIV because he wasn't promiscuous and was mostly protecting himself.

"When I was diagnosed, I was numb. I didn't think I fit the category for it. I wasn't loose. I mean, I'm bisexual, but I'm mostly protecting myself […] And then the lack of knowledge frightened me about it and so I had to educate myself. And get with my medical team to see exactly what this was […] I look at the concept not as I'm going to have to live with it, but it has to live with me. So, what do I have to do to take control of it to be sure I can have comfortable life. But my initial was fear, concern, overwhelming sense of sadness. Like, 'Oh my god, I'm going to die'"

Furthermore, support and understanding from loved one's aid in navigating life after a positive diagnosis.

"*I've been positive for 13 years. My perspective of in the beginning was death. I thought I was gonna die from it. I was kind of low educated on it. I was more worried about my family than anything, but once I came out and told them they were fine I moved on with life and started taking care of myself and try to educate other people on it'*

One participant had a very unique story which brings to the forefront the issue of HIV criminalization and adds an additional layer to the relationship between the criminal justice system and HIV among Black queer men.

"*I just look at how I was carelessly living. Yeah, I had money. I had money to buy anything I wanted, and I felt like I was on top of the world at the time. And for me to allow myself to be put in that situation to where I wasn't caring about my health, I wasn't caring about what happened in my life. I was just living life in the moment. And those*

impulse decisions is what changed my life for the better and worse. And the worst part I believe was hearing the judge say, "You're guilty." Or taking that plea deal when I should have just fought. How I was done was completely different than how other people that I was incarcerated with who went through similar situations of HIV incarceration. The judge told my lawyer that if I didn't take the plea deal that they would throw the book at me. Just the fact that I didn't tell my partner my status[1] and that was my whole entire incarceration was based off of that."

[1]To add context, the participant had been diagnosed with HIV prior and was undetectable at the time of the encounter that ultimately led to their incarceration

PrEP and Health Promotion

PrEP Awareness

Awareness of PrEP varied among participants. Some had no knowledge or awareness of PrEP, while others had heard of it but were unsure of how it worked or what it was used for. Among those who were aware of PrEP, most mentioned seeing a commercial on platforms such as BET and YouTube.

Interviewer: Have you ever heard of the medication PrEP?

Dwayne: No

Interviewer: Okay, PrEP is an HIV prevention medication. The brand names are Descovy or Truvada

Dwayne: Oh yeah! I have heard of it. I see those commercials all the time on BET.

PrEP Intention and Barriers

No participants indicated that they were currently on PrEP or interested in beginning PrEP in the near future. However, when asked if they would take PrEP if available to them, most participants stated they would take the medication, such as Eric (27),

"Yes. As long as it has been proven and tested to have more good than bad. Like let's say the medication has one or two side effects, as long as it's a low risk, yeah, I'd take it"

In addition to side effects, participants stated cost/insurance as the main barrier to taking PrEP.

Interviewer: What are some other things we as public health professionals can do to increase PrEP awareness and get people more willing to take it?

Marcus: Shit. Give it out for free.

Although one participant did not see the benefit of taking PrEP if he was already taking other measures to be safe such as using condoms.

Interviewer: Would you take PrEP if it was available to you?

Keith: Well, I'm not a person that has sex randomly, of course I can take that to help protect me, but I always use protection"

Improving PrEP Awareness and Uptake

Participants brainstormed potential place-based interventions and messaging to be utilized to increase PrEP awareness and uptake among incarcerated/formerly incarcerated

BMSMW. Unanimously, participants suggested facility-based education and awareness campaigns, especially targeting those who are about to be released. Various avenues for increasing PrEP education and awareness were proposed, including regular programming, ads in the facility health clinic, brochures, and e-infographics provided via tablets.

"*You can do programs, like I said, especially in prison. I was in the sex education program. I learned a lot there" (Diondre, 36)*

Additionally, to enhance the reception of such programming in correctional facilities, a participant suggested emphasizing that HIV transmission is not solely through sex. Participants conveyed that the nature of jail/prison puts individuals at risk if they come into contact with blood through fights, needles, weapons, etc.

"*Prison is a good place because even though they're not supposed to do it, they do it. And people are sharing needles and everything in there; tattoos, shit fights, it's blood […] They have programs, so they can have a program where they offer it then and when they do get out as well. But it's a good place to inform them. And if somebody reaches out it's not like they saying 'I'm doing something', but just to make sure' (Dwayne, 36)*

Moreover, there were suggestions to educate correctional facility staff so they can serve as a resource for recently released individuals regarding the use of PrEP as well as resources to get engaged in care for those who are HIV positive.

They should at least have the knowledge of the resources that are available so that persons can obtain the knowledge. If they don't know, they should be able to point them in the direction. Instead of leaving them out there to just have to kind of think for

themselves and releasing them. They tell them when they come out, they come out with a parole plan. So, if the parole board or the parole officer, any people that don't have any kind of knowledge based on, especially if they identify a person as being HIV positive, then we kind of failed them in a way. Because if we can tell them they need to go to AA or whatever, having all these other different programs, but you don't have anything or any knowledge of what they're chronically living with, and then what's the point" (Larry, 58)

CHAPTER V: DISCUSSION

This study utilized a sequential explanatory mixed-methods design to examine the relationship between incarceration status, gender norms, and HIV vulnerability for formerly incarcerated BMSMW. It is among the first studies to explore varying aspects of masculinity and HIV vulnerability, particularly among Black men. It also contributes to the emerging literature exploring perspectives of biomedical HIV prevention strategies (e.g. PrEP) among this population. This chapter will highlight key findings, limitations, and implications for the findings in regard to public health research, practice, and policy. Additionally, it will provides insight into analysis results exploring the proposed research questions: 1) Do justice-involved cisgender, BMSMW ages 18 and older have different perceptions of masculinity compared to those who have not been justice-involved?; 2)What tenets of masculinity influence HIV vulnerability among justice-involved cisgender BMSMW ages 18 and older?; 3)How does involvement in the criminal justice system impact perceptions of masculinity among justice-involved cisgender BMSMW ages 18 and older? Results highlight the considerable role that different varieties of masculinity have on HIV vulnerability, the impact of incarceration on influencing masculinity and the subsequent implications for HIV among BMSMW, and the potential utility of varying strategies to address HIV prevention and treatment among formerly incarcerated Black men.

Impact of Incarceration

The primary focus of this study to was to understand how the interplay of masculinity and incarceration impacted HIV vulnerability of this population. Non-justice involved Black men on average scored higher on the prosocial masculinity scale compared to their formerly incarcerated counterparts. Though this is the first study to our knowledge to examine tenets of prosocial masculinity among this specific population, current research posits that justice involved men, particularly Black men, are more likely to take on “regressive” or hegemonic masculine norms due to experiences such as incarceration (Shabazz, 2012; T.; Whitehead et al., 1994). Moreover, prosocial norms are rooted in responsibility (i.e., taking care of family or obtaining high wage employment) which incarceration can directly impede (Bartlett & Eriksson, 2019; Etowa et al., 2022; Umamaheswar & Tadros, 2021). Our qualitative findings revealed that incarceration significantly affected housing, employment, and education, posing substantial challenges to achieving stability upon release, thus furthering impediments to achievements that reinforce prosocial norms.

Moreover, the variance in masculine adherence observed may stem from men's inclination to adopt what the literature terms as "prison masculinities," which prioritize traits like aggression, violence, and control as means of protection (Evans & Wallace, 2008; Mears & et al., 2013; Viggiani, 2012). This phenomenon was corroborated in our qualitative data, where participants expressed becoming more aggressive and emotionally detached due to their incarceration experiences, indicating that incarceration affects masculinity from multiple angles. Subsequent research should concentrate on identifying specific strategies to alleviate the barriers to enacting prosocial masculine norms among

formerly incarcerated men, such as counseling or interventions aimed at supporting their reintegration into the community.

Incarceration was also discussed as an obstacle to maintaining sexual and romantic relationships, aligning with existing research on the impact of incarceration on sexual networks within communities disproportionately affected by mass incarceration (Kerr & Jackson, 2016). This is particularly concerning as relationship impediments and dissolution associated with incarceration may have impact factors that reduce HIV vulnerability (e.g. monogamy) (Kerr & Jackson, 2016). These findings underscore the critical importance of viewing criminal justice reform through a public health lens, given its direct implications for HIV vulnerability within a population already facing disproportionate risks.

Masculinity and Sexual Risk Behaviors

This study also sought to understand specifically how adherence to different masculine norms may impact HIV vulnerability through sexual risk variables. Our findings revealed that within the entire sample, adherence to prosocial masculinity was significantly different between men who disclosed ever being diagnosed with an STD versus those who had never been diagnosed. This finding is consistent with prior research indicating that prosocial masculinity has been effective in mitigating challenges associated with accessing healthcare. (Smith et al., 2022). Therefore, men who display prosocial masculinity may be able to utilize personal masculine perceptions to overcome the stigma associated with STDs which directly undermines testing (Reeves et al., 2023).

Furthermore, our analysis uncovered that heightened sexual risk was associated with hegemonic masculinity. We found significant differences in hegemonic masculinity scores among the following binary variables; ever having unprotected sex, female sexual partner concurrency, and having anonymous sex with a woman in the past 3 months. Though these findings are limited in understanding directionality, it provides rationale for further exploration. Moreover, these findings align with previous research on the relationship between sexual risk behaviors (i.e., sexual partner concurrency and unprotected sex) and masculinity which has established that men who adhere to traditional (hegemonic) aspects of masculinity are more likely to engage in high-risk sexual behaviors (Fleming et al., 2016).

Masculinity and HIV Risk

Our final analyses revealed that within the sample of formerly incarcerated Black men, greater adherence to prosocial masculinity correlated with heightened perception of HIV severity. In other words, individuals who prioritized masculine norms associated with responsibility were more inclined to perceive HIV as a serious concern. This discovery holds particular significance, as existing research among sexual minority men indicates that the perception of threat or severity significantly influences HIV vulnerability through risk taking behaviors (Downing, 2014; Mackellar & et al., 2007).

However, it is essential to note that other studies have emphasized the limitations of solely considering perceived severity as a predictor of risk behaviors (Shi, Kanouse, Baldwin, & Kim, 2012). This limitation was echoed in our qualitative findings, where many men in the sample acknowledged HIV as a significant health concern and even

stated it was a “death sentence”; yet there was a spectrum of perceived HIV susceptibility among them. This suggests that while recognizing the severity of HIV is crucial, its impact on risk behavior may be constrained. This is evidenced by the fact that most men reported using condoms sparingly and being tested for HIV only a few times.

To gain a better understanding of the relationship between perceived risk and HIV risk behaviors, future research should further investigate the dynamics of this relationship within different demographic groups, such as various age cohorts, levels of HIV knowledge, self-identified sexual orientations, and types of sexual behaviors (i.e., receptive versus insertive anal sex). Delving into these subpopulations can provide valuable insights into how adherence to specific masculine norms influences perceptions of HIV severity and sexual risk variables. By examining these factors, researchers can elucidate nuanced patterns and inform targeted interventions aimed at reducing HIV transmission within this unique population.

Despite the aforementioned findings pertaining to the relationship between masculinity and HIV vulnerability, most men in the qualitative analysis generally disagreed with the existence of this relationship. Nevertheless, some participants acknowledged that some men do use sex as a way to prove their masculinity in ways that are considered high-risk. Furthermore, within our quantitative analysis, we found that higher adherence to hegemonic masculinity predicted an increased likelihood of having multiple vaginal sexual partners among formerly incarcerated men in this sample. This result is consistent with prior research on traditional masculinity, specifically among marginalized men (i.e., Black, queer, and formerly incarcerated) in that inability to attain traditional tenets pushes minority men to over compensate with masculinities that

prioritize dominance, aggressiveness, and sexual conquests (Fleming et al., 2016; T.; Whitehead et al., 1994). These are concerning findings given the apparent impact that hegemonic masculinity has on HIV risk behaviors.

Notably, this finding is intriguing as it emphasizes the persistence of explicit heteronormative aspects of hegemonic masculinity within a population of men who have sex with men and women. This suggests that despite its oppressive nature, some individuals within this group may perceive utility in adhering to this norm to some extent. This finding was able to be explored throughout the qualitative analysis in that some men discussed a tenet of masculinity being the *rejection of queer identity*. Consequently, this rejeInaction might manifest in sexual risk behaviors such as multiple sexual partners simultaneously or accumulating a higher number of lifetime partners. Additionally, participants suggested that the pressure to adhere to this norm could stem from the desire to safeguard oneself against homophobia, unresolved trauma, and societal expectations. This insight sheds light on the complex interplay between masculinity, sexual behavior, and the socio-cultural factors that influence them. Furthermore, these findings call upon researchers to critically examine our current understanding of masculinity and how it functions among marginalized men rather simply than labeling it regressive or "othered" in relation to white hegemonic masculinity. This highlights an emerging critique of our current framework on masculinity, emphasizing the importance of recognizing the diverse manifestations and experiences of masculinity within different cultural and social contexts (Roberts & Elliott, 2020). By acknowledging and examining these complexities, researchers can develop a more inclusive and comprehensive understanding of masculinity that accounts for the diversity of men's lived experiences.

PrEP Awareness/HIV Education

In addition to understanding HIV vulnerability, this study also sought to explore potential solutions for increasing novel forms of HIV prevention such as PrEP. Specifically, we sought information on PrEP awareness and uptake among this population. Interview participants indicated that the following information was the most important for individuals to know about PrEP: 1) free/low-cost options, 2) potential side effects, and 3) the benefit of taking PrEP. These concerns are reflected in other studies (Edeza & et al., 2021; Hannaford et al., 2018; Mayer, Agwu, & Malebranche, 2020; Wood & et al., 2019). In terms of cost, it is worth noting that despite various avenues covering the cost of oral PrEP such as insurance, Medicaid, and Gilead Sciences programs at the time of the interviews, this knowledge was not prevalent among the sample. Consequently, there is a pressing need for public health initiatives to effectively disseminate such information to priority populations. Similarly, addressing concerns raised by participants regarding potential side effects and benefits is imperative, as many expressed hesitancies towards PrEP usage due to apprehensions about unknown side effects and potential risks.

Public Health Implications

Practice

Given the findings from this study, there are four main implications presented to enhance public health practice. First, there is a necessity to reconceptualize PrEP messaging to encompass a broader spectrum of recipients. A considerable number of men

in the sample were either unaware or had very limited knowledge of PrEP and its benefits. PrEP campaigns and advertisements featuring men who display cis-heteronormative visuals may facilitate heightened acceptance among this sample. Efforts to broaden PrEP messaging would also address current critiques in literature about PrEP, such current advertising model(s) create a sense of additional marginalization and stigma for gay/bisexual men (Calabrese et al., 2016; Rogers & et al., 2019). Therefore, creation of comprehensive PrEP advertisements including cis-heteronormative visuals not only have the potential to reach a wider audience but generalize its use thus destigmatizing PrEP uptake.

Secondly, PrEP advertisements with diverse audiences should also prioritize promoting PrEP accessibility, specifically in regard to cost. The high cost of PrEP has been found to be a perceived barrier in previous studies, however, medical assistance programs and cost sharing alternatives have proven to be a successful option to overcome such barriers (Arnold et al., 2017; Kay & Pinto, 2020; Mayer et al., 2020). In this study, participants were unaware of the cost of PrEP and the array of current avenues offering it for free or at reduced costs. Therefore, advertisements explicitly conveying that oral PrEP costs are covered by most private insurance, government plans, and even Gilead Sciences (the manufacturer of oral PrEP) have the potential to increase PrEP uptake and adherence, which supports the findings of Srikanth et al. (2022). Additionally, leveraging the existing strengths of AIDS service organizations (ASOs) to offer assistance in navigating insurance and payment options for potential PrEP users could serve as a viable strategy to alleviate cost-related barriers. This approach aligns with recommendations outlined in previous research, which outline community desires to maximize the role

ASOs in HIV prevention efforts (Ayangeakaa et al., 2023). Finally, increasing awareness of alternative PrEP delivery systems (e.g. long-acting injectables) may present a potentially attractive HIV prevention approach for this community, though the access landscape for injectable PrEP may be less robust and more complicated than oral PrEP (Patel, Khan, Nunn, & Chan, 2023).

Moreover, utilizing correctional facilities as a key point in the continuum of care holds promise for mitigating the adverse impact of incarceration on HIV-positive individuals' engagement with healthcare upon reintegration into society. For instance, fostering collaborations between correctional facilities and HIV care clinics could facilitate a smoother transition for HIV-positive individuals while ensuring sustained engagement with HIV care services. This type of health promotion model that creates a partnership between correctional facilities and community health networks has been shown to be successful for primary care engagement, reducing emergency department utilization, and facilitating continuity in care for HIV and/or Hepatitis C positive released individuals (Akiyama et al., 2019; Teixeira, Jordan, Zaller, Shah, & Venters, 2015; Wang et al., 2012).

Specifically, this may look similar to the work being done through the Transitions Clinic Network (TCN), which resulted in a 51% reduction in overall emergency room utilization in its pilot study (Shavit & et al., 2017). The TCN now exists in 48 community-based primary care programs housed within 14 states and Puerto Rico (Transitions Clinic Network, 2014). The model executed by TCN pairs recently released individuals with a community health worker (CHW) integrated into an existing health system. The CHW then meets the individual at their health care appointments to assess

reentry needs (i.e., housing, transportation, food, etc.,), provide resources for successful reentry, schedules appointments, aid in insurance/healthcare payment system, and provide linkage to behavioral health and substance use treatment. Furthermore, because the CHWs have a history of incarceration it allows for a level of experiential knowledge and trust that facilities relationships. The TCN was created for recently released individuals with chronic health concerns, however, modeling a program specific to HIV positive released individuals and parolees has the potential to improve prevention outcomes for those demonstrating increased HIV vulnerability and treatment outcomes for those living with HIV. In fact, the TCN has expanded to connecting recently released individuals with resources to PrEP proving that there is an opportunity for growth within the HIV continuum of care.

Lastly, interview participants suggested that advocating for health education and promotion efforts within the facilities, particularly targeting individuals preparing to reintegrate into the community, could address broader sexual health concerns. This encompasses not only HIV prevention but also initiatives pertaining to the prevention and testing of sexually transmitted infections, facilitating access to prophylactic measures, and other resources aimed at supporting sexual health. Currently, a proposed study seeks to enroll incarcerated men into a program to promote PrEP and continue PrEP usage upon release, however the findings from this study are not yet published but present a potential avenue to conduct such work (Murphy et al., 2022). Researchers from the aforementioned study also suggest PrEP programs among this population should prioritize long acting injectable PrEP given the unstable and unpredictable time period upon release (Murphy et al., 2022).

Furthermore, recognizing the obstacles posed by reintegration in accessing healthcare, such as transportation, time constraints, and financial considerations, public health interventions emphasizing telehealth and remote options for sexual healthcare delivery possess the potential to mitigate risks and enhance overall sexual health outcomes for this demographic (Katzen, 2011; Luther & et al., 2011; Nordberg et al., 2021).

Policy

In addition to practice, the findings from this study also have policy implications. The first one being HIV criminalization; our current laws do not mirror scientific advancements made since the beginning of the HIV epidemic and most laws are rooted in beliefs that are not backed by science (Centers for Disease Control and Prevention, 2023). In the age of undetectable equal untransmissible (U=U), it is imperative to rethink and even repeal legislation that criminalizes HIV. Furthermore, research shows that these laws not only further stigmatize people living with HIV, but they also undermine testing for those with an unknown serostatus; findings suggest these effects are exacerbated in Black communities (Baugher & et al., 2021; Centers for Disease Control and Prevention, 2023).

Additionally, Black gay/bisexual men are disproportionately represented in HIV related arrests and convictions suggesting that enforcement of these laws are discriminatory (Cisneros, Tentindo, Sears, Macklin, & Bendana, 2021). Finally, repealing explicit criminalization may not be enough, as the participant in this study was prosecuted under the general criminal law which views seminal fluid of HIV positive

men as a deadly weapon further suggesting a need to review how general laws can further drive criminalization.

This study also has implications for reintegration/reentry policy reform. Our findings suggest this population has a strong desire to engage in aspects of prosocial masculinity (i.e., responsibilities); however, are unable to due to the implications of incarceration status. This finding suggests that policymakers and lobbyists should consider scaling up policies that support rehabilitation versus punitive approaches (i.e., ban the box and employability certificates). These types of "second chance" policies would provide formerly incarcerated men a greater chance to adhere to masculine norms rooted in responsibility, such as financial stability (Pathak, 2023).

Limitations and Strengths

Like any study, this research is not devoid of limitations. One primary constraint is the inability to generalize findings beyond the studied population. Nevertheless, the study's primary aim was to offer a comprehensive understanding of the interplay between incarceration, masculinity, and HIV vulnerability within this distinct demographic. Moreover, the qualitative aspects of this study are not intended for generalizability, but rather to gain in-depth information on a specific phenomenon and using this to guide future strategies to address HIV.

Additionally, there may be potential selection bias in the qualitative portion of the study as most men explicitly identified as bisexual/gay, due to self-selection for the study. This may also have implications on our data in that sexual orientation does not

equate to sexual behavior, therefore there may be nuances among this population that is not accounted for. Furthermore, though we had a diverse sample of participants in the qualitative portion in terms of region and age, these differences were not analyzed as this study did not seek to investigate those differences.

The dataset utilized in this study is notably dated, spanning from December 2007 to June 2008. This temporal gap raises concerns regarding the evolving nature of gender norms and societal perceptions over time. Moreover, the survey data did not explore medical innovations of contemporary interest such as PrEP. However, the study addressed these limitations by incorporating qualitative methods, allowing participants to confirm or dispute quantitative findings, further explore complexities of the identified relationships, and provide insight into perspectives around PrEP.

Lastly, while the study primarily focused on HIV vulnerability, the absence of the exploration of injection drug use represents another limitation. Incorporating this significant factor could have provided additional insights into the broader issue. However, due to constraints within the dataset, such exploration was unattainable, thereby constraining our complete understanding of the subject matter. Future studies should explore potential relationships between injection drug use and conceptions of masculinity among formerly incarcerated BMSMW.

Moreover, this study also had additional strengths such as being the first study to our knowledge to analyze masculinity as a predictor of sexual risk behavior considering the influence of the criminal legal system for this specific population, which is notably and understudied population. The study design also serves as a strength due to its complementary nature, where each portion serves as a strength for the other's limitation.

Finally, the quantitative portion utilized respondent driven sampling and had a high reliability score with the masculinity scale ($\alpha = .83$).

Unintended Consequences

Before concluding, the researcher would like to make a statement of the potential unintended consequences of the findings for this study. When taken out of context, this study's findings have the potential to further stigmatize this population. The study's main findings suggest that the criminal legal system negatively impacts masculinity, which in turn may influence high risk sexual behaviors. It is imperative to understand that individual behavior cannot be viewed as the driver of problem; but it is more so a symptom of the interplay of structural institutions and power dynamics that negatively impact formerly incarcerated Black men who have sex with men and women.

Conclusion

To our knowledge, this study represents the pioneering effort to explore the intricate nexus between incarceration, masculinity, and HIV vulnerability among formerly incarcerated Black men who have sex with both men and women. Our findings illuminate how experiences of incarceration can shape masculine identities and subsequently influence attitudes and behaviors related to HIV, both in terms of health-promoting practices and risky behaviors. This research underscores the critical importance of comprehending the structural impact of incarceration on HIV vulnerability within this demographic, as well as the ways in which individual behaviors are shaped within this context. Specifically, our study demonstrates that different expressions of

masculinity can serve as predictors of HIV risk behaviors, underscoring the need for a nuanced understanding of the diverse forms of masculinity that exist. Moreover, it is among the first to explore both traditional masculinity, prosocial masculinity, and their differential impact on HIV vulnerability among formerly incarcerated black men.

Our findings not only align with existing literature on masculinity but also contribute further evidence to support recent studies highlighting the benefits of prosocial and hybrid masculinities in mitigating HIV risk. Finally, our study highlights the need for initiatives aimed at promoting HIV prevention and treatment centered programming within incarceration facilities, as well as targeted health campaigns focused on enhancing awareness and adherence to PrEP. Such advocacy is crucial for addressing the unique vulnerabilities faced by formerly incarcerated BMSMW, and for advancing public health efforts in this area. Future research should explore why certain types of masculinity were associated with varying risk variables (i.e., hegemonic masculinity associated with sexual risk variables), and explore if there are points of intervention or even potential ways to alter personal masculine perceptions throughout the life course. Furthermore, researchers should replicate similar research studies and questions with varying demographic populations such as age cohorts, sexualities, transmen, and varying nativity to account to differing cultural influences on masculinity. This study also calls for further research on masculinity as whole to truly understand the complex nature of it as a determinant for men's health. Understanding intention to take PrEP and ways to facilitate higher PrEP adherence should also be explored among this population as well as ways to better integrate sexual health promotion efforts into the correctional facility infrastructure.

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APPENDICES

Appendix A: Study Flyer

Appendix B: Demographic Survey

Black Men's Health Demographic Survey

AAA

Please complete the survey below.

Thank you!

1) **How old are you?**
* must provide value

Example: 28 years old

2) **What city and state do you currently reside?**
* must provide value

Example: Louisville, Kentucky

3) **What is your sexual orientation?**
* must provide value

- ☐ Heterosexual
- ☐ Bisexual
- ☐ Homosexual
- ☐ Questioning/Unsure
- ☐ Other

4) **What is your current employment status?**
* must provide value

- ○ Employed or self-employed full time
- ○ Employed of self-employed part time
- ○ Unemployed and looking for work
- ○ Full-time or part-time student
- ○ Retired
- ○ Other

5) **What is your highest level of completed education?**
* must provide value

- ○ Less than high school

- ○ High school diploma/GED
- ○ Some college
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Graduate/Professional degree (i.e., Master's, PhD, MD)

6) What is your average INDIVIDUAL income?

* must provide value

- ○ No personal income
- ○ $1 - $19,999
- ○ $20,000 - $39,000
- ○ $40,000 - $59,000
- ○ $60,000 - $79,000
- ○ $80,000 +

Please note this is your personal income, NOT your household income

7) What kind of facility were you incarcerated at? (Check all that apply)

* must provide value

- ☐ Jail
- ☐ Prison
- ☐ Halfway house
- ☐ Other

8) How many times have you been incarcerated?

* must provide value

- ○ One time
- ○ 2 - 3 times
- ○ 4 - 5 times
- ○ 6 or more times

9) What was the longest period of time you were incarcerated?

* must provide value

Example: 3 years and 2 months

Submit

Appendix C: Data Agreement

PUBLIC HEALTH management corporation

a nonprofit institute for public health
Centre Square East
1500 Market Street
Philadelphia, PA 19102
215.985.2500 PHONE
215.985.2550 FAX
PHMC.ORG

Michael K. Pearson
Chairperson
Richard J. Cohen, PhD, *FACHE*
President and CEO

DATA USE AGREEMENT

This Data Use Agreement (the "Agreement") is effective as of November 23, 2020 (the "Agreement Effective Date") by and between **Public Health Management Corporation** ("Covered Entity") and **Adrienne Briana Smith** ("Data User").

RECITALS

WHEREAS, Covered Entity possesses Individually Identifiable Health Information that is protected under HIPAA (as hereinafter defined) and the HIPAA Regulations (as hereinafter defined), and is permitted to use or disclose such information only in accordance with HIPAA and the HIPAA Regulations;

WHEREAS, Data User performs certain Activities (as hereinafter defined);

WHEREAS, Covered Entity wishes to disclose a Limited Data Set (as hereinafter defined) to Data User for use by Data User in performance of the Activities (as hereinafter defined);

WHEREAS, Covered Entity wishes to ensure that Data User will appropriately safeguard the Limited Data Set in accordance with HIPAA and the HIPAA Regulations; *and*

WHEREAS, Data User agrees to protect the privacy of the Limited Data Set in accordance with the terms and conditions of this Agreement, HIPAA and the HIPAA Regulations;

NOW THEREFORE, Covered Entity and Data User agree as follows:

1. **Definitions.** The parties agree that the following terms, when used in this Agreement, shall have the following meanings, provided that the terms set forth below shall be deemed to be modified to reflect any changes made to such terms from time to time as defined in HIPAA and the HIPAA Regulations.

a. "*HIPAA*" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

b. "*HIPAA Regulations*" means the regulations promulgated under HIPAA by the United States Department of Health and Human Services, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164.

c. "*Covered Entity*," means a health plan (as defined by HIPAA and the HIPAA Regulations), a health care clearinghouse (as defined by HIPAA and the HIPAA Regulations), or a health care provider (as defined by HIPAA and the HIPAA Regulations) who transmits any health information in electronic form in connection with a transaction covered by the HIPAA Regulations.

d. "*Individually Identifiable Health Information*" means information that is a subset of health information, including demographic information collected from an individual, and;

(1) is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

(2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

a) that identifies the individual; or

b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

e. "*Protected Health Information*" or "*PHI*" means Individually Identifiable Health Information that is transmitted by electronic media; maintained in any medium described in the definition of the term *electronic media* in the HIPAA Regulations; or transmitted or maintained in any other form or medium. Protected Health Information excludes Individually Identifiable Health Information in education records covered by the Family Educational Right and Privacy Act, as amended, 20 U.S.C. § 1232g, and records described at 20 U.S.C. § 1232g(a)(4)(B)(iv).

2. Obligations of Covered Entity.

a. *Limited Data Set.* Covered Entity agrees to disclose the following Protected Health Information to Data User: **CARDS Survey Data merged with HIV testing data N=348** (the "Limited Data Set"). The database is deidentified and does not include PHI, only having chronological age, rounded to year, without any inclusion of date of birth. The database includes baseline and follow-up Government Performance and Results Act (GPRA) data and associated clinical care data.

3. Obligations of Data User.

a. *Performance of Activities.* Data User may use and disclose the Limited Data Set received from Covered Entity only in connection with the performance of the public health research activities provided in Exhibit A attached to this Agreement (the "Activities"). Data User shall limit the use or receipt of the Limited Data Set to the individuals or classes of individuals who need the Limited Data Set for the performance of the Activities provided in Exhibit A.

b. *Nondisclosure Except As Provided In Agreement.* Data User shall not use or further disclose the Limited Data Set except as permitted or required by this Agreement.

c. *Use Or Disclosure As If Covered Entity.* Data User may not use or disclose the Limited Data Set in any manner that would violate the requirements of HIPAA or the HIPAA Regulations if Data User were a Covered Entity.

d. *Identification Of Individual.* Data User may not use the Limited Data Set to identify or contact any individual who is the subject of the PHI from which the Limited Data Set was created.

e. *Disclosures Required By Law.* Data User shall not, without the prior written consent of Covered Entity, disclose the Limited Data Set on the basis that such disclosure is required by law without notifying Covered Entity so that Covered Entity shall have an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, Data User shall refrain from disclosing the Limited Data Set until Covered Entity has exhausted all alternatives for relief.

f. *Safeguards.* Data User shall use any and all appropriate safeguards to prevent use or disclosure of the Limited Data Set other than as provided by this Agreement.

g. *Data User's Agents.* Data User shall not disclose the Limited Data Set to any agent or subcontractor of Data User except with the prior written consent of Covered Entity. Data User shall ensure that any agents, including subcontractors, to whom it provides the Limited Data Set agree in writing to be bound by the same restrictions and conditions that apply to Data User with respect to such Limited Data Set.

h. *Reporting.* Data User shall report to Covered Entity within 5 calendar days of Data User becoming aware of any use or disclosure of the Limited Data Set in violation of this Agreement or applicable law.

i. *De-identified Data Use.* Data User may maintain a repository of De-identified data that can be used to evaluate programs and policies, including but not limited to, the merger of findings or conclusions derived from analysis of data obtained from the Covered Entity. Data User agrees to comply with all state and federal statutes and regulations and contractual conditions with regard to the protection of client confidentiality.

4. Material Breach, Enforcement and Termination.

a. *Term.* This Agreement shall be effective as of the Agreement Effective Date, and shall continue until the Agreement is terminated in accordance with the provisions of Section 4.c. [or the Agreement between the parties terminates]. The Data User is a participant in PHMC's PA Department of Health-funded Minority Student Research Training Program.

b. *Covered Entity's Rights of Access and Inspection.* From time to time upon reasonable notice, or upon a reasonable determination by Covered Entity that Data User has breached this Agreement, Covered Entity may inspect the facilities, systems, books and records of Data User to monitor compliance with this Agreement. The fact that Covered Entity inspects, or fails to inspect, or has the right to inspect, Data User's facilities, systems and procedures does not relieve Data User of its responsibility to comply with this Agreement, nor does Covered Entity's (1) failure to detect or (2) detection of, but failure to notify Data User or require Data User's remediation of, any unsatisfactory practices constitute acceptance of such practice or a waiver of Covered Entity's enforcement or termination rights under this Agreement. The parties' respective rights and obligations under this Section 4.b. shall survive termination of the Agreement.

c. *Termination.* Covered Entity may terminate this Agreement:

(1) immediately if Data User is named as a defendant in a criminal proceeding for a violation of HIPAA or the HIPAA Regulations;

(2) immediately if a finding or stipulation that Data User has violated any standard or requirement of HIPAA, the HIPAA Regulations, or any other security or privacy laws is made in any administrative or civil proceeding in which Data User has been joined; or

(3) immediately in the event Data User's funding to support this program is terminated, Data user must provider the Covered Entity within ten (10) days of such loss, and provide evidence of such loss of funding upon request of Covered Entity.

(4) pursuant to Sections 4.d.(3) or 5.b. of this Agreement.

d. *Remedies.* If Covered Entity determines that Data User has breached or violated a material term of this Agreement, Covered Entity may, at its option, pursue any and all of the following remedies:

(1) exercise any of its rights of access and inspection under Section 4.b. of this Agreement;

(2) take any other reasonable steps that Covered Entity, in its sole discretion, shall deem necessary to cure such breach or end such violation; and/or

(3) terminate this Agreement immediately.

e. *Knowledge of Non-Compliance.* Any non-compliance by Data User with this Agreement or with HIPAA or the HIPAA Regulations automatically will be considered a breach or violation of a material term of this Agreement if Data User knew or reasonably should have known of such non-compliance and failed to immediately take reasonable steps to cure the non-compliance.

f. *Reporting to United States Department of Health and Human Services.* If Covered Entity's efforts to cure any breach or end any violation are unsuccessful, and if termination of this Agreement is not feasible, Covered Entity shall report Data User's breach or violation to the Secretary of the United States Department of Health and Human Services, and Data User agrees that it shall not have or make any claim(s), whether at law, in equity, or under this Agreement, against Covered Entity with respect to such report(s).

g. *Return or Destruction of Records.* Upon termination of this Agreement for any reason, Data User shall return or destroy, as specified by Covered Entity, the Limited Data Set that Data User still maintains in any form, and shall retain no copies of such Limited Data Set. If Covered Entity, in its sole discretion, requires that Data User destroy the Limited Data Set, Data User shall certify to Covered Entity that the Limited Data Set has been destroyed. If return or destruction is not feasible, Data User shall inform Covered Entity of the reason it is not feasible and shall continue to extend the protections of this Agreement to such Limited Data Set and limit further use and disclosure of such Limited Data Set to those purposes that make the return or destruction of such Limited Data Set infeasible.

h. *Injunctions.* Covered Entity and Data User agree that any violation of the provisions of this Agreement may cause irreparable harm to Covered Entity. Accordingly, in

addition to any other remedies available to Covered Entity at law, in equity, or under this Agreement, in the event of any violation by Data User of any of the provisions of this Agreement, or any explicit threat thereof, Covered Entity shall be entitled to an injunction or other decree of specific performance with respect to such violation or explicit threat thereof, without any bond or other security being required and without the necessity of demonstrating actual damages. The parties' respective rights and obligations under this Section 4.h. shall survive termination of the Agreement.

i. *Indemnification.* Data User shall indemnify, hold harmless and defend Covered Entity from and against any and all claims, losses, liabilities, costs and other expenses resulting from, or relating to, the acts or omissions of Data User in connection with the representations, duties and obligations of Data User under this Agreement. The parties' respective rights and obligations under this Section 4.i. shall survive termination of the Agreement.

5. Miscellaneous Terms.

a. *State Law.* Nothing in this Agreement shall be construed to require Data User to use or disclose the Limited Data Set without a written authorization from an individual who is a subject of the PHI from which the Limited Data Set was created, or written authorization from any other person, where such authorization would be required under state law for such use or disclosure.

b. *Amendment.* Covered Entity and Data User agree that amendment of this Agreement may be required to ensure that Covered Entity and Data User comply with changes in state and federal laws and regulations relating to the privacy, security, and confidentiality of PHI or the Limited Data Set. Covered Entity may terminate this Agreement upon 30 days written notice in the event that Data User does not promptly enter into an amendment that Covered Entity, in its sole discretion, deems sufficient to ensure that Covered Entity will be able to comply with such laws and regulations.

c. *No Third Party Beneficiaries.* Nothing express or implied in this Agreement is intended or shall be deemed to confer upon any person other than Covered Entity and Data User, and their respective successors and assigns, any rights, obligations, remedies or liabilities.

d. *Ambiguities.* The parties agree that any ambiguity in this Agreement shall be resolved in favor of a meaning that complies and is consistent with applicable law protecting the privacy, security and confidentiality of PIII and the Limited Data Set, including, but not limited to, HIPAA and the HIPAA Regulations.

e. *Primacy.* To the extent that any provisions of this Agreement conflict with the provisions of any other agreement or understanding between the parties, this Agreement shall control with respect to the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the Agreement Effective Date.

PUBLIC HEALTH MANAGEMENT CORPORATION

By: DocuSigned by: Richard J. Cohen /CBABDB47/-BF49C

Printed Name: Richard J. Cohen

Title: President & CEO

Date: January 18, 2022

DATA USER

By: DocuSigned by: 03439F3E4BD7468...

Printed Name: Adrienne Smith

Title: PhD Candidate

Date: January 18, 2022

Exhibit A

Activities Attachment to "Data Use Agreement"

This Data Use Agreement (the "Agreement") is effective as of November 16, 2021 (the "Agreement Effective Date") by and between **Public Health Management Corporation** ("Covered Entity") and **Adrienne Briana Smith** ("Data User").

Limited Data Set. Covered Entity agrees to disclose the following Protected Health Information to Data User **CARDS Survey Data merged with HIV testing data N=348** (the "Limited Data Set").

Limited Data Set. Covered Entity (Public Health Management Corporation) agrees to disclose the following Protected Health Information to Data User: **Adrienne Briana Smith**

The Limited Data Set is to be utilized only for:

- Secondary data analysis as part of a doctoral program at the University of Louisville School of Public Health & Information Sciences in the Department of Health Promotion & Behavioral Sciences
- Conducting statistical analyses germane to the specific research questions developed by the Data User, approved by the Covered Entity
- Dissemination of analytic results, via doctoral dissertation, research poster or symposium presentation, and/or peer-review manuscript, with final approval and authorization by Covered Entity

The Limited Data Set is to not be utilized for:

- Sharing by the Data User to other students or researchers or individuals, without Covered Entity approval and separate Data Use Agreement
- Classroom data analysis exercises for instructional purposes
- Analysis by other students for academic or research dissemination, without Covered Entity approval and separate Data Use Agreement
- Dissemination of analyses without approval by Covered Entity

Appendix D: Preamble

TITLE OF RESEARCH STUDY: Examining the relationship between mass incarceration, gender norms, and HIV vulnerability formerly incarcerated Black men who have sex with men and women

Introduction and Background Information
You are invited to participate in a research study about HIV among Black men in the United States. The study is being conducted under the direction of Dr. Jelani Kerr and Adrienne Smith, MPH, at the University of Louisville.

Why is this study being done?
The purpose of this study examines associations between incarceration status, masculinity, and risky sexual behaviors and how they may impact HIV vulnerability among formerly incarcerated Black men.

What will happen if I take part in the study?

Your participation in the study will involve participating in an hour-long one-on-one interview and providing your perspective on HIV, masculinity, and the criminal legal system. The interview, including your responses will be audio-recorded and transcribed verbatim by an outside source named Rev. Your participation in this study will be completed after the interview ends. If there are any questions that make you uncomfortable, you do not have to answer. To validate your identity, your IP address will be collected automatically through your submission to the screening document to confirm your location within the United States. Additionally, you will be required to produce a valid form of ID (i.e., driver's license, school ID, state-issued ID) once the interview begins for the researcher to confirm your name. Any other information on the ID will not be recorded or stored.

What are the possible risks or discomforts from being in this research study?
The risks of participating in this study are minimal. There may be questions that you are uncomfortable with, but you do not have to answer them. Additionally, we are able to link you with mental health support resources after the interview if you desire them.

What are the benefits of taking part in the study?
You may or may not benefit personally by participating in this study. The information collected may not benefit you directly; however, the information may be helpful to others. However, some participants find it therapeutic to participate in interviews.

Will I be paid?
You will be paid by prepaid e-gift card from your choice of either Walmart or Amazon for your time, inconvenience, or expenses while you are in this study. Upon completion of the interview, you will be compensated $75 which will be emailed to the address of your choice.

How will my information be protected?
The data collected will be kept private and secure by storing audio recordings and transcripts on restricted access sections of the UofL server, encrypted jumpdrives, and password protected data files. Your name will not be associated with the study (all reporting will include fake names). All audio recording devices used will

be kept in locked in file cabinets, behind a locked door, in a restricted-access building. Only people associated with the project will have access to this information.

Deidentified audio-recorded data collected from interviews will be sent to Rev.com for transcription. There are strict privacy and confidentiality processes in place at Rev.com.

Individuals from the Commonwealth Institute of Kentucky, the Institutional Review Board (IRB), the Human Subjects Protection Program Office (HSPPO), the University of Louisville, and other regulatory agencies may inspect these study records. In all other respects, however, the data will be held in confidence to the extent permitted by law. Should the data be published, your identity will not be disclosed.

Will my information be used for future research?
Your data will not be stored or shared for future research.

Can I stop participating in the study at any time?
Taking part in this study is completely voluntary. You may choose not to take part at all. If you decide to be in this study, you may change your mind and stop participating at any time. You will not be penalized or lose any benefits for which you qualify.

Who can I contact for questions, concerns and complaints?
If you have any questions about the research study, please contact Adrienne Smith at adrienne.smith@louisville.edu or 502-509-4139

If you have concerns or complaints about the research or research staff and you do not wish to give your name, you may call this toll free number: 1-877-852-1167. This is a 24 hour hot line answered by people who do not work at the University of Louisville.

If you have any questions about your rights as a research participant, you may call the Human Subjects Protection Program Office at (502) 852-5188. You may discuss any questions about your rights as a research participant, in private, with a member of the Institutional Review Board (IRB).

Acknowledgment
This document tells you what will happen during the study if you choose to take part. By participating in the interview and providing answers to the questionnaire, you agree to take part in this study.

You are not giving up any legal rights to which you are entitled by consenting to this study. You can save this consent form for your records.

Jelani Kerr, PhD

Appendix E: Interview Guide

Examining the relationship between mass incarceration, gender norms, and HIV vulnerability for formerly incarcerated Black men who have sex with men and women

Thank you for taking the time to meet with me today. During this interview, we will discuss topics such as your incarceration experience, your personal perceptions of masculinity, your views on HIV and prevention, and also some more personal topics such as your sexual behaviors. If anytime you're uncomfortable or wish not to answer a particular question, please let me know we will skip the question or can end the interview altogether.

Masculinity: First, we're going to discuss your personal views on masculinity

1. What does it mean to be a man?
    a. How would you answer differently if I asked you what it means to be a Black man specifically?
    b. How do men similar to you (Black, formerly incarcerated, who have sex with men & women) show the world that they are men? (Probe: hegemonic measures and prosocial)
2. How has your incarceration experience has impacted any of the ways you are able to show your masculinity?
3. What do you think the majority of other Black men would consider masculine or manly when engaging in sex?
    a. Does this differ whether it's a female or male partner?
    b. What would they not consider masculine?
        i. How does this compare to your personal views?
4. Lastly, to wrap up this section, what are three adjectives or words that you would use to describe your own sense of masculinity? Why these words?

Incarceration Experience: I'm going to ask you a little bit about your experience in jail or prison

5. How has being formerly incarcerated impacted your life in general?
    a. Probe: Education, employment/income, general life stability
6. How has being incarcerated impacted your sex life?
    a. Sexual/romantic partners "how did incarceration impact relationships"
        i. Sexual activity after vs prior
    b. Have your views on sex changed since being incarcerated?
    c. How was sex viewed in the facilities?

HIV Perceptions: **Now we're going to switch gears and discuss your perceptions of HIV.**

7. What would be your reaction if you found out you were HIV positive? Why?
8. Do you feel that you're at risk for HIV? Why or why not?
    a. What do you do to protect yourself from contracting HIV? (Probe: Testing behavior, condom use, partner concurrency, PrEP)
        i. How have your preventative behaviors regarding sex been impacted since being incarcerated?
        ii. Some research shows that formerly incarcerated people are at a higher risk for HIV. Why do you think this is?

Exploring Quantitative Results: So, as you know, this is a study, and we've been working with some data collected by other Black men who have been to jail or prison who also have sex with men and women, and I'm particularly interested in your thoughts on our findings. We found that men who believe things such as men should prove their masculinity by having a lot of sex, having sex early in life, having sex often in a relationship, being tough, or showing strong anger tend to have multiple sexual partners at once.

9. Why do you think that is?
10. What aspects of masculinity do you feel impact HIV risk?
    a. Probe: Pro-social masculinity Protect or increase risk?
        i. We also found that men who endorse aspects of masculinity that prioritize familial and communal responsibility (having a good paying job or not engaging in fights) tend to have only one partner at a time. Why do you think that is?

HIV Prevention: The last part of this interview I want to get your thoughts on HIV prevention efforts.

11. Have you ever heard of PrEP? If yes, where?
    a. If no, explain: PrEP is a HIV prevention medication, you may have seen the commercials there are a few types, pill, Descovy and Truvada, and injections Apretude given once every 2 months. When taken consistently and correctly, research shows that PrEP reduces the risk of HIV infection by up to 92 percent via sex and around 74 percent when preventing HIV through intravenous drug use.

> PrEP works by setting up "walls" around white blood cells that are key to your immune system, HIV attacks these cells. The walls created by PrEP keep HIV from crossing into the healthy cells and replicating. If HIV enters your body, it will be unable to bypass the walls to access the immune cells, thus providing protection against HIV.

12. Would you take PrEP if it was available to you? Why or why not?
13. What should we do to increase PrEP awareness/education?

Is there anything that we haven't discussed that you feel would be good to include in this interview?

Thank you so much for your time and willingness to participate in this interview. Again, all your information will remain confidential.

CURRICULUM VITAE

Adrienne B. Smith, PhD MPH

Louisville, KY | adrienne.smith@louisville.edu

LinkedIn: linkedin.com/in/adrienne-smith-774377155

EDUCATION

University of Louisville
May 2024
Louisville, KY
Doctor of Philosophy in Public Health: Health Promotion and Behavioral Sciences
Dissertation Title: *Examining the relationship between mass incarceration, gender norms, and HIV vulnerability for formerly incarcerated Black men who have sex with men and women*

University of Louisville
May 2019 Louisville, KY
Master of Public Health: Health Promotion and Behavioral Sciences
Practicum Experience: Louisville Metro Public Health & Wellness, Center for Health Equity

Eastern Michigan University
April 2017
Ypsilanti, MI
Bachelor of Science in Public Health: Community Health Education
Minor: African American Studies

SPECIALIZED KNOWLEDGE, SKILLS, AND ABILITIES

Research:

- Methodology: quantitative, qualitative, and mixed-method research methodology/analysis
- Specific Skills:
    - Conducting literature reviews and systematic analyses
    - Designing, conducting, and validating scientific surveys and questionnaires, data management/cleaning, and statistical data analysis (complex regression analyses)
    - Interview guide creation, conducting interviews, facilitating focus groups
- Manuscript writing/publishing
- Grant writing and budgeting
- Program development/implementation/evaluation
- Public health messaging and education material creation
- Non-traditional knowledge translation efforts and findings dissemination

Subject Matter Expertise:

- Health disparities among marginalized populations (e.g., sexual and gender minorities, racial/ethnic minorities, individuals with criminal justice system experiences)
- Social and structural determinants of health (e.g., gender norms, racism, criminal justice system, neighborhood factors, social system support)
- HIV/AIDS prevention and continuum of care
- Reproductive health
- Mental health

Teaching:

- Designing lecture material for undergraduate level public health courses
- Course and syllabus development and adherence to CEPH accreditation standards

- Creating and grading course examination and assessment materials

Software:
- Advanced proficiency in Microsoft Office and Apple Software
- STATA
- Dedoose
- Redcap
- CANVA

RESEARCH EXPERIENCE

A Community-based, Knowledge Translation Approach to Address Neighborhood Factors that Impact HIV Care Continuum Participation
University of Louisville
Role: Research Assistant
October 2022 – Present
- Review articles to include in systematic analysis
- Conduct data extraction from selected articles
- Collaborate with community advisory board for knowledge translation/intervention efforts
- Assist in manuscript writing
- Administration tasks (i.e., scheduling meetings, payments, & leading meetings)

An Examination of the Feasibility and Acceptability of a Racial Trauma Processing for Family Health Intervention ('NRICH – Navigating Racialized Institutions for Community and family Healing)
University of Louisville
Role: Study Coordinator
July 2022 – Present
- Assisted in grant proposal application, specifically literature review and methods
- Creation of materials for intervention
    - Lead focus group among target population to gauge perceptions/acceptance of current intervention plan
- Assist in IRB application
- Identify and delegate tasks to research team

Sexual Health Needs of Previously Incarcerated Men
Role: Co-Investigator
Purdue University & University of Louisville
July 2022 – Present
- Conceptualize project
- Conduct literature review
- Create interview guide domains and questions
- Assist in IRB application
- Create recruitment material
- Conduct individual interviews with participants
- Qualitative data analysis
- Identify and delegate tasks to research team

Understanding African American parental concerns about child protective services involvement to improve access to pediatric medical and social care
Role: Data Collector/Study Support
Norton Children's Medical Group-Novak/ University of Louisville
December 2021 – July 2022

- Conduct individual interviews with key informants and participants
- Conduct focus groups with parents impacted by CPS involvement
- Review transcripts for qualitative analysis

Informal Mentors and HIV Healthcare Engagement
Role: Data Collector/Study Support
University of Louisville
July 2021 – August 2022

- Conduct individual and joint interviews with participants and their mentors
- Review transcripts for qualitative analysis

Fighting Injustice Among African American Youth (FIAAY)
Role: Graduate Research Assistant
University of Louisville
August 2020 – Present

- Connect with community partners for participant recruitment
- Administer project survey with participants
- Provide comprehensive sex education for community partners/participants
- Attend community events to share resources and recruit
- Conduct preliminary statistical analyses
- Train new team members on protocol data collection methods
- Lead qualitative data collection and analysis

Entry into Prenatal Care: An Evaluation of Family Health Center's Process
Role: Data Collector/Study Support
University of Louisville
January 2019 – April 2019

- Identified key stakeholders
- Developed questionnaires
- Conducted interviews with patients
- Observed appointments and waiting room experiences
- Reviewed existing procedures and materials
- Conducted both qualitative and quantitative analysis of data collected
- Presented findings and recommendations to Family Health Centers Executive Board

PUBLICATIONS

Kerr, J., **Smith, A.B.,** Nzama, N., Bullock, N.A., Chandler, C., Osezue, V., Johnson, K., Rozema, I., Harris, L., Bond, K., & Rice, B. (2023). Systematic Review of Neighborhood Factors Impacting HIV Care Continuum Participation in the United States *Journal of Urban Health*

Sterrett-Hong, E., **Smith, A.B.,** Bullock, N., Combs, R., Harris, L. & Kerr, J. (2023). Post-Traumatic Stress Disorder Symptoms among Black Americans at high-risk for HIV and intentions to take Pre-Exposure Prophylaxis. *Ethnicity and Health*

Sterrett-Hong, E.M., Crosby, R., Johnson, M., Mayo-Wilson, L.J., Arroyo, C., Machinga, R., Brewer, R., Srivastava, A., **Smith, A.B.,** & Arnold, E. (2023). Socio-ecological Influences on HIV Care Engagement: Perspectives from Young Black Men who have Sex with Men Living with HIV in the Southern U.S *Journal of Racial and Ethnic Health Disparities*

RESEARCH GRANTS/FUNDING

Programmatic Support Grant -- *University of Louisville, Office for Research and Innovation*
Amount: $3,000
Awarded: June 2023

Dean's Diversity Supplement Award for Research – *University of Louisville, Graduate School*
Amount: $1,000
Awarded: June 2022

Multicultural Association of Graduate Student Research Award – *University of Louisville, Graduate School*
Amount: $500
Awarded: April 2022

Graduate School Council Research/Travel Award – *University of Louisville, Graduate School*
Amount: $350
Awarded: December 2021

ABSTRACTS

Smith, A.B., Nzama, N., Mott, D., Deakings, J., Kelly-Taylor, K., and Kerr, J. Title: *Community-Based Recruitment Efforts for Marginalized Populations: Lessons from the FIAAY HIV Testing Research Project*
American Public Health Association – November 2023

Kerr, J., **Smith, A.B.,** Nzama, N., Johnson, K., Harris, L., Bullock, N., Chandler, C., Metzger, I., Osezua, V., LaPreze, D., and Brawner Rice, B. Title: *Systematic Review of Neighborhood Factors Impacting Continuum of Care Participation in the United States*
American Public Health Association – November 2023

Kerr, J., Turan, J., Mrug, S., LaJoie, A.S., Rai, S., Earnshaw, V., DiClemente, R., **Smith, A.B.,** Kelly-Taylor, K., Wendel, M.L., and Nzama, N. Title: *Incarceration, police mistrust, and associations with HIV-related sources of social marginalization among young adults in Louisville, Kentucky*
American Public Health Association – November 2023

Smith, A.B., and Hubach, R. Title: *Exploring the Sexual Health Needs of Justice-Involved Men*
American Public Health Association – November 2022

Sallah, Maimuna, **Smith, A.B.**, Kelly-Taylor, K., Deakings, J., and Kerr, J. Title*: Socioeconomic Factors on HIV Knowledge*
Research! Louisville – November 2022

Kelly-Taylor, K., **Smith, A.B.,** Earnshaw, V., Turan, J., DiClemente, R., LaJoie, S., Rai, S.N., Burton, K., Deakings, J., Bullock, N., and Kerr, J. Title: *The Difference in HIV knowledge: A Comparative Analysis between Formerly Incarcerated and Non-justice Involved African American Youths*
American Public Health Association – November 2022

Smith, A.B., Sterrett-Hong, E.M., Combs, R., Parker, K., Kerr, J. Title: *Exploring Trauma Symptoms as a Predictor of PrEP Intention among HIV vulnerable African Americans*
American Public Health Association – November 2022

Smith, A.B., Earnshaw, V., Turan, J., DiClemente, R., LaJoie, S., Rai, S.N., Burton, K., Kelly-Taylor, K., Deakings, J., Bullock, N., and Kerr, J. Title: *Examining the relationship between incarceration status and endorsement of HIV stereotypes among African American youth in Louisville, KY*
American Public Health Association – November 2022

Smith, A. B., Kerr, J., Husbands, W., Wong, J., Omorodion, F., Luginaah, I., Etowa, J., and Konkor, I. Title: *Masculinity and Healthcare-related HIV vulnerability among heterosexual African-Canadian men*

Indiana University National HIV Conference – June 2022

Deakings, J. A., Burton, K., **Smith, A.B.,** Kelly-Taylor, K., Bullock, N., and Kerr, J. Title: *Fight the Stigma: Translational HIV Education for African Americans through Art*
Kentucky Public Health Association – April 2022

Smith, A. B., Harris, L., Ayangeakaa, S., Combs, R., Burton, K., Bullock, N., Krigger, K., and Kerr, J. Title: *Examining the relationship between health information sources and perceived HIV susceptibility among young African Americans in Louisville, Kentucky*
American Public Health Association **–** October 2021

COMMUNITY PRESENTATIONS

Breaking the Glass Ceiling: Women and HIV Prevention Virtual Workshop Series
Midwest AIDS Training and Education Center April 2022
Presenter - HIV Disparities for Women of Color

TEACHING EXPERIENCE

PHPH 301: Foundations of Global Public Health
University of Louisville Fall 2021; Spring 2022; Spring 2023
Guest Lecturer – HIV in the U.S.: The Effects of Mass Incarceration

PHPB 300: Social and Behavioral Foundations of Public Health
University of Louisville Spring 2021
Guest Lecturer – Political Values and Public Health Solutions: The Crack Epidemic

PHPH 550-01: Positive Psychology and Public Health
University of Louisville Fall 2020
Co-Teacher

- Co-created course syllabus
- Created and presented lecture material
- Created quizzes, Blackboard discussion prompts, and related assignments
- Graded assignments and entered into Blackboard

PROFESSIONAL EXPERIENCE

University of Louisville – Cooperative Consortium for Transdisciplinary Social Justice Research
Louisville, KY
Graduate Assistant
August 2019 – May 2021

- Planned and implemented professional development workshops for students, faculty, and community partners
- Developed surveys and other metrics for measuring the reach and success of the Consortium
- Aided in the development of an online database of Consortium funded projects
- Assisted in planning and implementation of the annual celebration of social justice research symposium

Center for Health Equity
Louisville, KY
Graduate Practicum Student
June 2018 – January 2019

- Completed literature review to support Health Impact Assessment
- Co-facilitated focus groups and key informant interviews

- Managed database of stakeholders
- Co-facilitated idea collection for *Our Money, Our Voice* Participatory Budgeting initiative

Office for Safe and Healthy Neighborhoods
Louisville, KY
Community Outreach and Volunteer Management AmeriCorps VISTA
August 2017 – August 2018
- Implemented and Evaluated One Love Louisville Ambassador Program
- Coordinated partnerships between community members and OSHN partners
- Conducted community outreach to increase violence prevention efforts in the West End of Louisville, KY

UNIFIED-HIV Health and Beyond
Ypsilanti, MI
Winter 2017 Semester Intern
January 2017 – April 2017
- Attended Michigan HIV/AIDS Council Meetings
- Entered patient data into an electronic file for CDC monitoring
- Facilitated bar outreach/prevention program at Necto Night Club
    - Tabled Friday nights with HIV prevention information and resources
    - Distributed free condoms, lube, dental dam, etc.
    - Scheduled HIV testing with club goers

COMMUNITY INVOLVEMENT

Goodwill Industries of Kentucky Inc., – R.I.S.E Program
July 2021 – Present
In affiliation with FIAAY research team
- Create and distribute HIV testing pamphlet
- Provide interactive sexual health education bi-weekly with members of the R.I.S.E program
    - Focus on HIV prevention, including PrEP education

COVID-19 Vaccination Clinic
March 2021
- Volunteered with UofL Health at Kingdom Fellowship Christian Life Center during pop up clinic

Back to School Drive – Alpha Kappa Alpha Sorority, Inc., Phi Psi Omega Chapter
August 2019
- Collected backpacks and school supplies for kindergarten class of Lincoln Heights Elementary School

Washtenaw Public Health Department
January 2017
- Facilitated food distribution through WIC program
- Created general information pamphlet
- Assisted in recipe demonstration

Closing the Health Gap – Alpha Kappa Alpha Sorority, Inc., Phi Psi Omega Chapter
June 2017
- Co-facilitated vaccination and health screening signups for children
- Distributed kid-friendly healthy lifestyle coloring books/literature
- Provided back to school bookbags and supplies

TRAININGS/CONFERENCES

American Public Health Association
November 2023 *Atlanta, Georgia*
November 2022 *Boston, Massachusetts*
October 2021 *Denver, Colorado*
Abstract(s) presented

Indiana University National HIV Conference – June 2022
Abstract presented
Indianapolis, Indiana

Kentucky Public Health Association – April 2022
Abstract presented
Bowling Green, Kentucky

Publishing Academy – September 2021
Graduate School of the University of Louisville

Academic Consortium on Criminal Justice Health – April 2021
Virtual

Women in Public Health Conference – February 2020
Atlanta, GA

Center for Health Equity: Redlining Training – December 2018
Louisville, KY

Peace Education
Cooperative Games Workshop **–** March 2018
Two Day Prejudice Reduction Workshop **–** February 2018
Conflict Resolution Training – November 2017
Louisville, KY

Federal Emergency Management Agency – October 2017
Emergency Management Institute – Introduction to Incident Command System
Virtual

ASSOCIATIONS/MEMBERSHIPS

American Public Health Association
August 2021 – Present
Student Member
HIV/AIDS Section Member

Graduate School Student Ambassador
University of Louisville 2021-2022; 2022-2023

Academic Consortium on Criminal Justice Health
April 2021 – April 2022
Professional Organization

Bias Incident Reporting System Planning Committee – University of Louisville
January 2021 – Present
Student Rep

Dean of School of Public Health Executive Committee – University of Louisville

January 2021 – Present
Student Rep

Black Graduate and Professional Student Association – University of Louisville
March 2021 – Present
Founding Member & Finance Chair
Student Organization

Graduate Student Council – University of Louisville
2019-2020 Academic Year
Health Promotion & Behavioral Science Department Representative
Student Organization

Multicultural Association for Graduate Students – University of Louisville
August 2019 – Present
General Membership
Student Organization

Alpha Kappa Alpha Sorority, Inc.,
Initiated March 2015 Xi Chapter, Eastern Michigan University
Service Organization

Phi Sigma Pi, Honors Fraternity – Eastern Michigan University Chapter
Initiated November 2014
Honors Organization

AWARDS/ACKNOWLEDGEMENTS/SCHOLARSHIPS

2023 Outstanding Community Engagement Award: March 2023
University of Louisville Office of Community Engagement
FIAAY Project

Susan L. Fulmer Fellowship: March 2022 – March 2023
American Public Health Association HIV/AIDS Section

Health and Social Justice Scholar: August 2020 – May 2023
University of Louisville – Office of Diversity and Inclusion

Emerald Scholarship: August 2012
Eastern Michigan University

Education First Scholarship: August 2012
Eastern Michigan University