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## Getting Involved: Exploring Latino GBT Volunteerism and Activism in AIDS and LGBT Organizations

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### Abstract

The purpose of this paper is to investigate the community involvement (e.g., volunteerism, activism) of Latino gay and bisexual men and transgender persons (GBT) in two areas: AIDS/GLBT and other general causes. Drawing from volunteering and identity theories, we explore: Who is likely to get involved? What factors affect variation in the levels of involvement? Where do Latino GBT participate and what do they do? Data come from a cross-sectional sample (N=643) of Latino GBT in Chicago and San Francisco. We find high levels of involvement, but primarily focused on AIDS/GLBT. Involvement appears to be driven by income, early involvement, role modeling, and childhood stigmatization of gender nonconformity.

### Keywords

gay men; Latino; HIV/AIDS; volunteering; activism

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In the 1980s, the AIDS epidemic created an impressive community mobilization of gay men in the United States, Europe, and Latin America. Gay men and their allies organized to demand the attention of governments and the larger society to the disease (Chambre, 2006). Such mobilization revitalized the gay, lesbian, bisexual, and transgender (GLBT) movement by bringing new volunteers and activists, creating new grass-roots organizations, and, indirectly, by infusing GLBT communities with government funding to fight HIV/AIDS. In the process, AIDS became part of a gay collective identity; a unifying experience and political force.

Despite the numerous accounts on the AIDS and GLBT movements (e.g., Boehmer, 2000; Cohen, 1999; Gould, 2009; Omoto & Snyder, 1995; Ouellette, Cassel, Maslank, & Wong,

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1995; Snyder & Omoto, 1992; Stockdill, 2003), we still know very little about the involvement of ethnic minority gay men (see Ramirez-Valles, 2011 for an exception). For example, there is a lack of understanding of who within Latino communities has been involved in the AIDS and GLBT movements, what leads to such involvement, and what that involvement entails (Ramirez-Valles, Kuhns, Campbell, & Diaz, 2010). Theoretically, this is relevant to uncover the manner in which different and interconnected statuses such as sexual orientation and race might shape movement participation and to illuminate within group (e.g., within gay men, within Latinos) variations.

The purpose of this paper is to describe the community involvement (e.g., volunteerism and activism) of Latino gay and bisexual men and transgender persons (GBT) and specifically their involvement in the AIDS and GLBT movements. Using data from Latino GBT in San Francisco and Chicago, we explore: Who is likely to get involved? What factors differentiate participation in AIDS/GLBT organizations from participation in other types of organizations? What factors affect variation in the levels of involvement? Where do Latino GBT participate and what do they do?

What is known about the antecedents of participation in AIDS/GLBT organizations is based on a handful of studies among white volunteers and activists, mainly gay men (e.g., Bebbington & Gatter, 1994; Omoto & Snyder, 1995; Omoto & Crain, 1995; Ouellette et al. 1995). While these studies have been key in documenting the mobilization of gay men, they suffer important limitations. One is the lack of conceptual clarity in the use of the terms volunteerism and activism. These terms are rarely defined and they are usually measured by a single dichotomous variable or a list of volunteering activities, ignoring aspects such as the frequency and length of involvement and the importance individuals attach to their participation. Moreover, these studies rely on convenience samples of volunteers, solely. Thus, they have been unable to identify variables associated with levels of participation. In this paper we move the scholarship forward by using a multi-dimensional measure of involvement and a sample of both involved and non-involved individuals recruited via Respondent-driven Sampling.

## Theoretical Model of Community Involvement

In this study we propose a nuanced conceptualization of volunteerism/activism applicable to a broader group of Latinos. The terminology to characterize participation in societal affairs is varied. Some social scientists use volunteerism (e.g., Cnaan, Handy, & Wadsworth, 1996; Omoto & Snyder, 1995) and others call it activism (e.g., Boehmer, 2000). Musick and Wilson (2008) include activism as a form of volunteering. Although these terms are not synonymous, they overlap and are frequently used interchangeable, yet imprecisely. However, these terms – volunteerism and activism- do not capture the involvement of working class and ethnic minority groups in the U.S. Among Latinos, for example, volunteerism symbolizes charity; an activity of upper class women (Taylor, 2005).

We offer the concept of community involvement to capture a broader range of activities. Community involvement refers to individuals' unpaid work on behalf of others, or for a collective good, and in the context of a formal or semi-formal organization and social

networks, taking place outside the home and the family (Ramirez-Valles, 2002). This includes concepts of volunteerism, activism, and informal help and is consistent with the multidimensionality of the concept as described by Cnaan and colleagues (1996).

Theoretically, we also argue for an integration of resources mobilization (Jenkins, 1983) and identity-based models (Larana, Johnston, & Gusfiel, 1994) to describe movement participation. In the literature, these two approaches are treated separately and as if they were mutually exclusive. While they emerged from different traditions, there are elements in each of them that may be combined to better account for gay men's participation in AIDS and GLBT organizations. We draw on Wilson and Musick's integrated approach to volunteerism (from a resources mobilization tradition; Wilson & Musick, 1997; Musick & Wilson, 2008) and on the group identity model (Simon & Klandermans, 2001; Simon, Stürmer, & Steffens, 2000). Wilson and Musick (1997) posit that volunteering is a productive activity requiring three types of capital: human, social, and cultural. Human capital refers to resources to perform activities (e.g., education, employment). Individuals with high incomes and levels of education are likely to be recruited by organizations looking for their skills and financial resources (Putnam, 2000; Tang, 2006; Okun & Michel, 2006).<sup>1</sup> Among gay men, education and income have been found to be positively associated with participation in gay groups (Barrett & Pollack, 2005; Valocchi, 1999).

Social capital refers to connections such as friends and partners. Friends are one of the most important sources of recruitment to social movement organizations (Snow, Rochford, Worden, & Benford, 1986; Tang, 2006). Similarly, couples might be more likely to get involved than their single counterparts because partners recruit their partners and, if they have children, they often become involved because of their children's activities (Putnam, 2000; Jones, 2006). Yet, among GBT persons the opposite can also be true, single individuals may be inclined to get involved to connect with others (Ramirez-Valles, 2011).

Cultural capital refers to the values and norms promoting involvement. Wilson and Musick (1997), for example, propose religiosity as a construct to assess people's exposure to values and principles leading to volunteering. Among Latino GBT we expect religiosity to play a limited, if any, role in fostering involvement (Garcia, Gray-Stanley, & Ramirez-Valles, 2008). Furthermore, individuals may also learn about getting involved through their upbringing from their parents and from their own early experiences. Following Hodgkinson (1995), we suggest that parental involvement is a form of vicarious learning which leads to involvement later in life, and that youth involvement in pro-social activities also leads to involvement in adulthood.

Among Latinos, we submit another construct to assess cultural capital: acculturation into the U.S. mainstream culture. The process of acculturation may provide values and norms about the importance of being involved. However, it is plausible that those who speak primarily English, but who are not fluent in Spanish are less involved in AIDS/GLBT organizations than those fluent in both languages, as many AIDS/GLBT organizations working with Latinos use Spanish as the primary language (Cantu, 2000; Ramirez-Valles & Diaz, 2005).

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<sup>1</sup>But there are exceptions, e.g., Piven & Cloward (1997).

From a group identity model, individuals get involved to work with, and for, others with whom they share an identity (Simon et al., 2000; Klandermans, 2002; Simon & Klandermans, 2001). Scholarship in the AIDS movement seems to support this approach (Cohen, 1999; Gould, 2009). The model is akin to new social movements perspectives (e.g., Larana et al., 1994), which claim the primacy of identity in mobilization. Specifically, “identity convergence” (Snow & McAdam, 2000), refers to the process by which the personal and the movement’s collective identity become harmonious. In our case, those who identify as either gay, bisexual, or as transgender seek out and are recruited to movement organizations to realize and sustain their personal identities. Yet, theoretically it remains unclear what aspects of identity matter. We are interested in two markers of GBT identity: stigmatization based on gender nonconformity (e.g., experienced homophobia) and being HIV-positive. Being stigmatized for not conforming to the dominant gender roles is at the core of the GBT identities (Herek, 1988, 1991). Stigmatization, especially early in life, creates a sense of being different from the majority, while building a shared experience with other GBTs (Meyer, 2003). Likewise, HIV/AIDS create stigmatization while bringing those affected together on the basis of a shared experience. Moreover, it provides the basis for a relative new identity, the HIV-positive person. Last, we presume that individuals’ sense of belonging to an ethnic group (e.g., Latino) play a similar role in channeling involvement. As argued by Cantu (2000) and Ramirez-Valles (2011), Latinoness is a precursor of involvement at the same time that is re-created in Latino LGBT and AIDS organizations catering gay men of Latin-American descent. Although we cannot assess this in this study, the examination of acculturation into the US may shed light into this issue.

In this paper we aim at characterizing Latino GBT’s general community involvement and involvement in AIDS/GLBT organizations. We combine involvement in AIDS and GLBT organizations because they frequently overlap. A significant amount of Latino GBT’s AIDS involvement has taken place in gay organizations (Cantu, 2000; Ramirez-Valles, 2011). We assess the types of capital and aspects of collective identity that contribute to general involvement and that differentiate general from AIDS/GLBT involvement. Then, we look at which of those variables predict variations in the levels of involvement in AIDS/GLBT organizations. We hypothesize that education, income, being employed, childhood socioeconomic status, role modeling, youth involvement, being partnered, and acculturation (and time of residence in the US) are positively associated to levels of involvement. While religiosity (e.g., current and childhood) is not linked to involvement. From the perspective of the group identity model, we further hypothesize that childhood experiences of stigmatization based on gender nonconformity and HIV-positive status are uniquely related to participation in AIDS/GLBT organizations.

## **METHOD**

### **Data Collection**

All materials associated with data collection were created in both Spanish and English and were used by fully bilingual research staff. All measures were developed and pilot tested in Spanish and English. Data were collected using computer-assisted self-interviewing. Of 734 individuals who were eligible for the study, 649 (88%) completed the interview. Six

interviews were judged to be incomplete or have systematically missing data. The final sample size was 643.

## Sample

Data were collected in 2004 in Chicago and San Francisco. These two cities share a large Latino (especially Mexican) and GLBT populations. But the GLBT community in San Francisco has a longer history of activism and a higher rate of HIV/AIDS. The sample consisted of 643 individuals (n=320 in Chicago; n=323 in San Francisco), aged 18 to 73 years old, all of whom self-identified as Latino; gay or bisexual men; or transgender (male-to-female; female-to-male were excluded because the larger study focused on HIV high risk behaviors). In Table 1 we present demographic characteristics and univariate data for the total sample and by city.

We recruited participants through Respondent-driven Sampling (RDS), a social network referral method (Heckathorn, 1997; Heckathorn, 2002). RDS was designed specifically to sample populations for which no sampling frame is available. The recruitment takes place through peers (not through community organizations), so it may provide broader larger population coverage than venue-based and random-digit-dialing methods (Ramirez-Valles, Heckathorn, Vazquez, Diaz, & Campbell, 2005). At the same time, it assesses inclusion probabilities for members of the population, thus controlling for selection bias.

## Measures

We control for three variables in all the analysis: city (i.e., Chicago=1, San Francisco=0), age (i.e., ordinal categories: 1= 18–29; 2= 30–39; 3= 40–49; and 4= 50), and family structure. A dummy variable was created for family structure, corresponding to the respondents' childhood living situation, either living in a two-parent household (1) or not living in a two-parent household (0). This variable influences youth and adult involvement as those in two-parent household are more likely to participate (Ramirez-Valles, Zimmerman, & Newcomb, 1998).

**Human Capital**—Highest level of education was coded into five categories: 1= < high school; 2= high school diploma or GED; 3= some college, technical, or vocational school; 4= college degree; and 5= graduate degree. Current annual income was coded into five categories: 1= < \$10,000; 2= \$10,000 – \$19,999; 3= \$20,000 – \$29,999; 4= \$30,000 – \$39,999; 5= \$40,000). Additionally, participants were asked to assess their families' socio-economic status when they were growing up on a 6-point scale, 1= being very stressed out/Always worry about it and 6= very comfortable/Never Worry about it (Luo & Waite, 2005; Zea, 2002). Last, a dummy variable was created for current employment status: 0= less than full-time employment and 1= full-time employment.

**Social Capital**—Relationship status indicates whether the respondent is currently in a relationship, with 1= partner or boyfriend and 0 = single.

**Cultural Capital**—For acculturation, we used two variables: language usage was constructed by taking the average of participants' responses to three questions regarding the

primary language used with friends, when listening to music and watching television, and when reading books, magazines and newspapers (1= Spanish only, 2= Spanish mostly, 3= English and Spanish equally, 4= English mostly, 5= English only). The Cronbach alpha is .83. The second indicator is time in the U.S., measured in five ordinal categories, capturing the years of residence in the US: 1= 0–4; 2= 5–11; 3= 12–19; 4= 20–72; and 5=born in U.S. Role modeling was assessed by four items measuring individuals' vicarious involvement experiences as children: parents or legal guardians were involved, family helped others, a role model helped others, and the respondent was helped by others. Respondents were given a point for every affirmative answer (e.g., 1=yes; 0= no). The range for this variable is from 0 to 4. Early involvement was measured by means of up to seven childhood or teenage experiences: involvement in academic club, youth group, volunteer work, religious organization, art group, and sports league; and wanting to create social change (0=no, 1=yes). Responses were summed to create an overall score and the range for this variable is from 0 to 7. The measures of both role modeling and early involvement were developed following Hodgkinson's work (1995). Finally, religiosity was indicated by current religiosity and childhood religiosity. For the former, we created a scale by averaging responses to six statements about participants' religious and spiritual beliefs and practices (e.g., "I am a religious or spiritual person," "I have a personal relationship with a power greater than myself"). Responses were rated in a 4-point agreement scale: 1= strongly disagree to 4= strongly agree. The Cronbach alpha for this scale is .85. For childhood, we asked "how religious or spiritual was your family while you were growing up?" (1= not at all to 4= very).

**Identity**—We assessed childhood stigmatization of gender nonconforming behavior with four items covering experiences such as being called names and being physically attacked. Responses were recorded on a four-point frequency scale: 1= never, 2= once or twice, 3= a few times, 4= many times. A scale was created by averaging the responses across the four items. This was done to preserve the original anchoring (e.g., 1= never; 4= many times). For HIV status, we coded participants' reported status into a dummy variable: 0= HIV-positive, 1= HIV-negative, refused, unknown. The latter three responses were coded as HIV-negative because we were interested in the relationship of being HIV-positive (and being aware of it) to community involvement.

**Community Involvement**—We assessed participation in two domains: general community involvement and involvement in AIDS/GLBT organizations. For general community involvement we used 2 indicators: ever volunteered (0= none; 1= yes) and being involved in the past 12 months (0= no; 1= yes). We asked: "Have you ever done any volunteer work (defined as working in some way to help others without being paid, including activism and informal helping)?" Then, participants were asked to mark all the causes (in a list of 20) in which they have been involved. Additionally, they were asked who had invited them to get involved (e.g., friend, church). For AIDS/GLBT involvement we used a set of 4 indicators: a) Ever volunteered (0= no; 1= yes); b) Frequency of community involvement in the past 12 months (0= none to 7=daily); c) Subjective level of involvement, which is a summary score of level of involvement (1=very little involved to 4=very involved) for each organization in which the respondent has participated; d) Average

lifetime length of involvement (1= less than a month to 6= more than 3 years) in all the organizations in which the respondent has participated. Additionally, participants were asked to mark in a list all the organizations in which they have participated.

### Data Analysis

After examining general patterns of community involvement, we constructed a multinomial logistic regression model to predict ever being involved, generally and in AIDS/GLBT. Then we investigated differing levels of involvement within GLBT/AIDS areas. We ran multiple regression models predicting: frequency of involvement in the last 12 months, subjective level of involvement, and average lifetime length of involvement in AIDS/GLBT organizations. Data were not weighted, as it is not necessary as long as models control for variables that could be associated with sampling (e.g., city, age; Winship & Radbill, 1994).

## RESULTS

The sample is comprised of 84% self-identified homosexual or gay men and 16 % identified as bisexual men or transgender women. The socio-demographic features do not mirror those of the larger Latino population in Chicago and San Francisco. Latinos in this study are more likely to be foreign born and have higher levels of education than the general Latino population (U.S. Census Bureau, 2007). Differences between Latino GBT and the rest of the Latino population are expected given that many GBT emigrate to the U.S. in search of a life as GBT persons and not necessarily driven by a financial need. Moreover, HIV/AIDS has limited Latino GBT's access to full employment. Yet, 47% of the sample was born in Mexico and 23% in the U.S., thus, we are unable to explore differences among the variety of Latino groups (e.g., Puerto Rican, Cuban).

### General Community Involvement

Levels of community involvement are relatively high (See Table 1). Of the total sample, 77% (n= 497) report having been involved. Only 19% (n=93; 15% of the total sample) report providing informal help (i.e., helping a sick friend) exclusively. When we inquired about who invited them to get involved, friends (70%) were most frequently mentioned followed by community organizations (57%), religious organizations (35%), school personnel (34%), a family member (30%), employer (26%), someone at work (23%), and partners or boyfriends (19%). Regarding early involvement experiences, 40% of the participants belonged to art groups as children or adolescents; 39% participated in a youth club, 32% in sports league or team, 30% in religious organizations, 15% in student government, and 18% raised money for a cause or organization. Furthermore, 37% report that their parents (either parent or guardian) did volunteer work.

The most frequently reported community involvement cause is working for the poor, hungry, and homeless (56%), followed by HIV/AIDS (52%), Latino issues (41%), GLBT issues (39%), helping the sick (not AIDS-related; 39%), school-related activities (36%), and religious (35%). The least common causes include animal rights (11%) and adults sports leagues (9%). The most common activities performed (data not shown) are related to direct

assistance, such as transportation, companionship, and delivering food. Yet, activities related to direct social action (e.g., demonstrations) are quite frequent (about 37%).

### AIDS and GLBT Involvement

Forty percent of the total sample have ever been involved specifically in HIV/AIDS areas (See Table 1), while 30% have been involved in GLBT issues, and 23% (n= 146 of 643) have been involved in both causes. Yet, as noted earlier, in actuality, it is difficult to distinguish between the two, as many GLBT organizations in both cities undertake HIV/AIDS activities and vice versa. Hence, we grouped these two categories together (n= 309; 48% of the sample) for the purpose of analyzing the correlates of community involvement. This leaves 29% (n= 188) of the total sample as the group (exclusively) involved in areas other than AIDS/GLBT causes.

Seventy percent (n= 216; 34% of the overall sample) of those who have participated in AIDS or GLBT organizations were involved in the previous 12 months. The Gay Pride Parade is the most popular organization in which Latino GBT get involved in both cities (46% in Chicago and 31% in San Francisco). However, in Chicago, involvement generally takes place in AIDS-related organizations (e.g., CALOR, which serves HIV-positive Latinos) and the AIDS Walk. In San Francisco, there is greater involvement in gay organizations (e.g., AGUILAS-*El Ambiente*, *Hermanos de Luna y Sol*). Notably, almost all the reported organizations, except for Gay Pride Parade and the AIDS Walk, are run by, and devoted to, Latinos, according to the authors' observations.

### Correlates of Community Involvement

In Table 2 we present the multinomial logistic models regressing general community involvement and AIDS/GLBT involvement on indicators of human, social, and cultural capital and identity. In model 1, we compare those who are involved generally and those involved in AIDS/GLBT organizations to those never involved (the reference group). In model 2, we change the reference group to compare those involved in AIDS/GLBT organizations vis-à-vis those involved generally (the reference group in this model).

GBT persons involved in both general (OR= 1.36;  $p < .05$ ) and AIDS/LGBT organizations (OR= 1.46;  $p < .05$ ) are more likely to have been exposed to role models in their upbringing than those who have never been involved. In addition, those participating in AIDS/LGBT issues are more likely to report involvement during their teenage years than those who have never been involved (OR=1.26;  $p < .05$ ). They also report higher incomes (OR=1.3;  $p < .05$ ), less than full-time employment (OR= .51;  $p < .05$ ) and are less likely to reside in Chicago compared to those not involved (OR= .48;  $p < .05$ ).

When we contrast general community involvement vis-à-vis AIDS/GLBT involvement, childhood stigmatization of gender nonconforming behavior becomes a significant factor. Those involved in AIDS/GLBT organizations are more likely to report childhood stigmatization than those involved elsewhere (OR= 1.45;  $p < .05$ ). Also, they are more likely to report higher incomes (OR= 1.29;  $p < .05$ ) and to live in San Francisco (OR= .63;  $p < .05$ ) than those involved in other areas.



### Levels of Involvement in AIDS and GLBT Causes

The analysis presented in Table 3 is based on the sub-sample of those who report involvement in AIDS/GLBT organizations during their lifetime. We looked at three outcomes: frequency of involvement in the last 12 months, subjective level of involvement, and average lifetime length of involvement.

The multiple regression model predicting frequency of involvement in the last 12 months shows two factors linked to increased frequency: early involvement ( $b = .266$ ;  $p < .05$ ) and childhood stigmatization ( $b = .127$ ;  $p < .05$ ). These two variables are also positively associated with subjective level of involvement ( $b = .193$  and  $.111$ ;  $p < .05$  respectively). Yet, for this outcome, the effects of early involvement on level of involvement are modified by childhood SES ( $b = .139$ ;  $p < .05$ ) and current income ( $b = .169$ ;  $p < .05$ ). These interactions suggest that the benefits of early involvement on later involvement may only apply to those who were or are better off financially; or that those benefits amplify as SES increases in both childhood and adulthood. Furthermore, time of residence in the U.S. is positively associated with level of involvement ( $b = .155$ ;  $p < .05$ ). In our last model, we found that age is the only variable predicting average lifetime length of involvement ( $b = .193$ ;  $p < .05$ ).

### DISCUSSION

More than a decade ago, a few small studies (Bebbington & Gatter, 1994) suggested that gay men volunteers in HIV/AIDS did not have a general inclination to volunteer. This proposition has not been tested. Our purpose in this paper was to fill this gap by providing evidence of Latino GBT's community involvement in both general and AIDS/GLBT causes. We found support for that proposition using a multi-dimensional measure of involvement. Latino GBT are involved in community affairs, but primarily in AIDS/GLBT organizations. We argue that this is due to the relevance of collective identity.

Community involvement in this sample in AIDS/GLBT organizations approximates, if not exceeds, that found among Latino gay men in urban centers like Los Angeles and New York City (Ramirez-Valles & Diaz, 2005; Ramirez-Valles et al., 2005). But the levels are higher than those in mid-size cities (e.g., Austin, Phoenix; Ferrer, Ramirez-Valles, Kegeles, & Rebchook, 2002). Yet, we should be cautious as our sample is drawn from networks and there is no random sample of Latino GBT to make generalizations and comparisons across cities. Isolated individuals were perhaps less likely to participate in this study (Ramirez-Valles et al., 2005).

Our findings point to cultural and human capital and collective identity as factors influencing involvement, but their significance varies by the cause. Regarding cultural capital, role modeling provided by adults during respondents' childhood is associated with involvement in adulthood, regardless of the cause. This is also the only variable by which those who are involved in general causes (not AIDS/GLBT) differ from those who have never been involved. Early involvement, a second indicator of cultural capital, is a predictor of later involvement, but for AIDS/GLBT organizations exclusively. The effects of early involvement on AIDS/GLBT involvement are not very different from those for general involvement, so perhaps we should not speculate on their meaning. Yet, they are fairly

consistent with other studies (Hodgkinson, 1995). Early involvement is also positively associated with frequency and subjective levels of involvement in AIDS/GLBT organizations. In the latter, however, the association is modified by income levels.

Two of human capital variables, income and employment contribute solely to AIDS/GLBT involvement. Those with higher incomes are more likely to get involved than their counterparts. For those with higher income, in particular, early involvement seems to stimulate higher levels of involvement in AIDS/GLBT causes. This is consistent with Barlett and Pollack's (2005) argument that social class shapes access to a gay community. Middle and upper social class gay men can afford to live in gay neighborhoods where GLBT organizations and other socializing venues are likely to be found. They have easy access to transportation and wider social networks. In addition, they are more likely to embrace a gay public identity than working class men.

Contrary to our expectations, fully employed Latino GBT are less likely to be involved. This is only for the particular case of AIDS/GLBT organizations and when compared to those who have never been involved, thus, we should be cautious. It could be the case that involvement in AIDS/GLBT causes requires significant amount of time, or that these organizations attract those under or unemployed. Yet, we did not collect data on occupational type, which could explain this association. For example, white collar individuals might have more time flexibility and a different set of motives (e.g., developing professional social networks) to get involved than working class Latinos.

Stigmatization based on gender nonconformity during childhood increases the likelihood of getting involved in AIDS/GLBT organizations. This points to the role of collective identity in shaping involvement in AIDS/GLBT movements. Ideally, we would have included an assessment of both personal and collective identity, but stigmatization provides a proxy to begin to understand participation in these organizations. Stigmatization constitutes part of the shared experience of GLBT persons and it is at the heart of many GLBT organizations, as they fight to eliminate discrimination and ameliorate its consequences. The collective identity, of which this stigmatization forms a part, creates a bond and a sense of obligation towards those who share that identity, or towards the "in-group" (Simon et al., 2000). Also, the sense of being different from the majority may direct individuals to search for peers and, in the process, to get involved in GLBT groups.

Stigmatization and collective identity might work in several slightly different ways (Kaplan & Liu, 2000). Those who experienced stigmatization may get involved in GLBT organizations to cope with its negative consequences. The stigma endured may also become a motive (Ramirez-Valles et al., 2005) to get involved to reduce or eliminate stigma towards GLBT people. It is plausible, nonetheless, that collective identity and the awareness of the experienced stigma are the outcome, not the cause, of community involvement. We do not have the data to explore such a pathway, but we believe that both directions are valid (Snow & McAdam, 2000; Stürmer & Simon, 2004).

Moreover, we believe Latino identity is implicated in the involvement of GBT persons and in their collective identity. The organizations in which they are involved tend to cater to

Latinos and those who speak Spanish (Ramirez-Valles, 2011). This suggests that a process of “identity consolidation” (Snow & McAdam, 2000) is taking place in those organizations by which two seemingly conflicting identities, Latino and gay, are being combined. That is, these GBTs are getting involved not because of a collective identity as a GBT, but as Latino GBT. Unfortunately, we do not have the data needed to probe this issue.

Incidentally, HIV status is not associated with community involvement. This same conclusion was reached in the study of Latino gay men in New York City, Miami, and Los Angeles (Ramirez-Valles & Diaz, 2005). The reason for this, we propose, is that HIV status does not necessarily reflect a shared experience. A better indicator than HIV status could be experiences with HIV and AIDS, such as knowing people living with HIV/AIDS and AIDS loss (Jennings & Andersen, 2003), and actual experiences of stigmatization based on HIV status and AIDS. Likewise, religiosity was not linked to community involvement.

Religiosity is one of the most consistent predictors of involvement (Putnam, 2000) among the general population, because it supplies both opportunities and normative values to get involved. Religiosity may not function in that fashion among GBT populations because they are not accepted by the major forms of organized religion.

Finally, Latino GBTs living in San Francisco are more likely to be involved in AIDS/GLBT causes than their peers in Chicago. San Francisco has been an epicenter of gay life and the AIDS epidemic in the U.S. It has provided more opportunities to get involved and, actually, community involvement might be an integral part of the lifestyle in the city.

Notwithstanding the methodological limitations, this study underlines the unique ways in which various forms of capital and the experience of gay, bisexual, and transgender identities may shape Latino GBT persons’ involvement as volunteers and activists in the United States.

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**Table 1**Distribution of Study Variables by City (Percentages, Means,  $\pm$ Standard Deviations)

Characteristics	Chicago (n = 320) n (%)	San Francisco (n = 323) n (%)	Total (N= 643) n (%)
Age			
<29	127 (40)	76 (23)	203 (32)
30–39	110 (34)	128 (40)	238 (37)
40–49	57 (18)	88 (27)	145 (22)
50>	26 (8)	31 (10)	57 (9)
Education			
Less than high school	81 (25)	91 (28)	172 (27)
High school/GED	88 (28)	61 (19)	149 (23)
Vocational/Some college	106 (33)	111 (34)	217 (34)
College graduate	35 (11)	51 (16)	86 (13)
Graduate school	10 (3)	9 (3)	19 (3)
Income			
<\$10,000	95 (30)	165 (51)	260 (40)
\$10,000 – \$19,999	108 (33)	64 (20)	172 (27)
\$20,000 – \$29,999	70 (22)	50 (15)	120 (18)
\$30,000 – \$39,999	34 (11)	28 (9)	62 (10)
\$40,000	13 (4)	16 (5)	29 (5)
Employment <sup>a</sup>			
Full-time	156 (49)	85 (26)	241 (37)
Less than full-time	164 (51)	236 (74)	400 (63)
Childhood SES (1=stressed out, 6=comfortable)	3.39 $\pm$ 1.52	3.21 $\pm$ 1.69	3.30 $\pm$ 1.61
Two-Parent Household	213 (67)	226 (70)	439 (68)
In a Relationship	162 (51)	157 (49)	319 (50)
Acculturation			
Language Use (1=Spanish, 5=English)	2.97 $\pm$ 0.94	2.73 $\pm$ 0.96	2.85 $\pm$ 0.96
Time in the US <sup>b</sup>			
0–4 years	43 (13)	70 (22)	113 (18)
5–11 years	60 (19)	71 (22)	131 (20)
12–19 years	53 (17)	64 (20)	117 (18)
20–72 years	64 (20)	72 (22)	136 (21)
Born in US	99 (31)	46 (14)	145 (23)
Early Involvement (0–7 activities)	2.01 $\pm$ 1.77	2.19 $\pm$ 1.74	2.10 $\pm$ 1.75
Role Modeling (0–4 activities)	1.63 $\pm$ 1.25	2.00 $\pm$ 1.28	1.82 $\pm$ 1.28
Childhood Stigmatization (1=never, 4=many times)	2.25 $\pm$ 0.92	2.57 $\pm$ 1.00	2.41 $\pm$ 0.98
HIV Status (Negative)	263 (82)	210 (65)	473 (74)
Religiosity			
Adult Religiosity (1=strongly disagree, 4=strongly agree)	3.32 $\pm$ 0.54	3.32 $\pm$ 0.64	3.32 $\pm$ 0.59
Childhood Religiosity (1=not at all religious, 4=very religious)	3.34 $\pm$ 0.78	3.41 $\pm$ 0.81	3.38 $\pm$ 0.80

Characteristics	Chicago (n = 320) n (%)	San Francisco (n = 323) n (%)	Total (N= 643) n (%)
Community Involvement			
Ever Involved	227 (71)	270 (83)	497 (77)
Involved in last 12 mo.	156 (49)	208 (64)	364 (57)
AIDS/GLBT Community Involvement			
Involved in HIV/AIDS	101(32)	159 (49)	260 (40)
Involved in GLBT	71 (22)	124 (38)	195 (30)
Involved in AIDS/GLBT	124 (39)	185 (57)	309 (48)
Lifetime Length of Involvement <sup>c</sup>	2.79±1.40	2.72±1.31	2.74±1.34
Subjective Level of Involvement <sup>d</sup>	14.46±13.08	11.85±11.47	12.91±12.19
Involved in last 12mo	84 (26)	132 (41)	216 (34)
Freq. Involvement. last 12 mo. <sup>e</sup>	1.69±1.63	1.98±1.83	1.86±1.75

<sup>a</sup>Two cases were deleted due to conflicting employment information.

<sup>b</sup>One case deleted due to missing data.

<sup>c</sup>1= Less than a month; 6= more then 3 years

<sup>d</sup>1= very little involved, 4= very involved across number of organizations (total range 1–70).

<sup>e</sup>0= none, 7= daily

**Table 2**

Multinomial Logistic Regression Models Predicting General and AIDS/GLBT Community Involvement among Latino Gay and Bisexual Men and Transgender Persons (Odd Ratios and 95% CI; N= 643)

Independent Variables	Model 1 <sup>a</sup>		Model 2 <sup>b</sup>
	General Involvement	AIDS/GLBT Involvement	AIDS/GLBT Involvement
Age	1.06 (0.81, 1.39)	1.07 (0.83, 1.39)	1.02 (0.81, 1.28)
City (Chicago)	0.76 (0.46, 1.25)	0.48 (0.30, 0.77) *	0.63 (0.42, 0.96) *
Two-Parent Household	1.15 (0.71, 1.88)	1.29 (0.80, 2.08)	1.12 (0.73, 1.72)
<b>Human Capital</b>			
Education	0.93 (0.73, 1.19)	1.13 (0.89, 1.43)	1.21 (0.99, 1.50)
Income	1.00 (0.78, 1.30)	1.30 (1.02, 1.65) *	1.29 (1.05, 1.60) *
Childhood SES <sup>c</sup>	0.87 (0.75, 1.02)	0.90 (0.78, 1.03)	1.03 (0.90, 1.16)
<b>Social Capital</b>			
Full-time Employment	0.66 (0.38, 1.12)	0.51 (0.30, 0.87) *	0.78 (0.48, 1.27)
In a Relationship	0.92 (0.58, 1.45)	0.75 (0.48, 1.16)	0.81 (0.55, 1.20)
<b>Cultural Capital</b>			
Religiosity			
Adult	0.94 (0.62, 1.45)	0.96 (0.64, 1.43)	1.01 (0.71, 1.44)
Childhood	0.89 (0.66, 1.20)	1.02 (0.76, 1.37)	1.15 (0.90, 1.48)
Early Involvement	1.18 (0.99, 1.41)	1.26 (1.06, 1.49) *	1.07 (0.93, 1.22)
Role Modeling	1.36 (1.09, 1.70) *	1.46 (1.18, 1.81) *	1.08 (0.89, 1.30)
Acculturation			
Language Use <sup>d</sup>	1.20 (0.89, 1.61)	1.07 (0.81, 1.42)	0.90 (0.70, 1.15)
Time in the US	1.00 (0.82, 1.22)	1.11 (0.92, 1.34)	1.11 (0.94, 1.31)
<b>Identity</b>			
Childhood Stigmatization	0.84 (0.66, 1.07)	1.22 (0.96, 1.54)	1.45 (1.18, 1.78) *
HIV Status (Negative)	0.99 (0.54, 1.82)	0.63 (0.36, 1.11)	0.64 (0.39, 1.03)

<sup>a</sup>Reference group is Not Involved.

<sup>b</sup>Reference group is General Involvement.

<sup>c</sup>1=stressed out, 6=comfortable.

<sup>d</sup>1=Spanish, 5=English.

\*  $p < 0.05$ .



**Table 3**

Multiple Regression Models Predicting Levels of Involvement in AIDS/GLBT Organizations among Latino Gay and Bisexual Men and Transgender Persons (n=307)

Independent Variables	Frequency of Involvement last 12 months <sup>a</sup> $\beta$	Subjective Level of Involvement <sup>b</sup> $\beta$	Average Lifetime Length of Involvement <sup>c</sup> $\beta$
Age	.017	.001	.193*
City (Chicago)	-.044	.076	.037
Two-Parent Household	-.020	-.016	-.089
<b>Human Capital</b>			
Education	.107	-.036	-.076
Income	-.101	.089	.020
Childhood SES <sup>d</sup>	-.073	-.009	.107
<b>Social Capital</b>			
Full-time Employment	-.008	.090	.053
In a Relationship	-.002	-.033	.008
<b>Cultural Capital</b>			
Religiosity			
Adult	-.053	-.031	.039
Childhood	-.002	-.006	-.006
Early Involvement	.266*	.193*	.033
Role Modeling	-.004	.039	-.013
Acculturation			
Language Use <sup>e</sup>	.071	.002	.055
Time in the US	.018	.155*	-.003
<b>Identity</b>			
Childhood Stigmatization	.127*	.111*	.109 <sup>†</sup>
HIV Status (Negative)	-.074	-.046	.038
<b>Interactions</b>			
Early Involvement X Childhood SES	NS	.139*	NS
Early Involvement X Income	NS	.169*	NS

<sup>a</sup>0=none, 7=daily.

<sup>b</sup>lifetime involvement (1=very little, 4=very involved).

<sup>c</sup>1=<a month, 6=>3yrs.

<sup>d</sup>1=stressed out, 6=comfortable.

<sup>e</sup>1=Spanish, 5=English.

\*  $p < 0.05$ ;

<sup>†</sup>  $p=0.07$