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“You’re already Black...”: Racially-informed Care and Intersections of Gender for LGBTQ African American Children and Youth in Birmingham, Alabama

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Researchers of children and youth have drawn our attention to the diverse ways ethnic minority and LGBTQ young people experience marginalization across the intersections of race, class, gender, and sexuality (Bernstein 2011; Chin 2002; Cover 2012; Gray 2009; Meadow 2018; Pascoe 2007; Tilton 2010). However, our understandings of how care is engaged in by Black parents and communities, with attendant implications for how Black LGBTQ young people receive or miss access to LGBTQ support and HIV prevention, need further attention. This paper on Black LGBTQ childhoods examines intersections of race, LGBTQ identity, and childhood in Birmingham, Alabama, a U.S. city of racialized Global Souths and Majority Worlds, to examine care for Black LGBTQ children and youth. During sixteen months of ethnographic fieldwork in Birmingham, Alabama, in 2018 and 2019, I found that African American parents working to mitigate marginalizations of race and LGBTQ identity in the context of Black heteronormativity and anti-Black racism may inadvertently distance their LGBTQ children from notions of gayness, HIV, and LGBTQ support as a racially-informed form of care. This analysis draws from theories and phases of care proposed by Berenice Fisher and Joan Tronto in 1990 and by Joan Tronto in 2017.

Networks of care organized through family and family-like groups, church, and religious communities and through HIV prevention and education services provide multiple forms of support and care for Black and Black LGBTQ young people in Birmingham. “Caring with,” as proposed by Joan Tronto in 2017, occurs “when a group of people (from a family to a state) can rely upon an ongoing cycle of care to continue to meet their caring needs” and indicates ongoing social or structural systems of care (Tronto 2017, 32). Care in this way becomes visible through everyday forms of care provided by Black parents in Birmingham in response to LGBTQ identity among Black LGBTQ children and youth.

The Black LGBTQ people I spent time in Birmingham with often conveyed experiences of navigating Blackness and “gayness” with their families when first coming out. Instances of racially-informed forms of care were particularly visible in stories recounted by Black LGBTQ individuals and their mothers. My conversation with Winton was no exception. We sat across from each other in the recording studio at the Birmingham Civil Rights Institute talking about LGBTQ space, what that meant, and about his hopes for safety and community as a gay Black man. During the interview, he talked about coming out to his mother as a young person still in school. He recounted,

When I came out to my mother her first response was ‘you’re already a Black man and that’s already going to make things hard for you in this country. Adding that to it is not going to make things any easier. That’s not the life that I want for you, a life of uphill battle. But if that’s the life you choose, I can’t do anything but support you.’

Winston's mother's first concern was not that he would be endangered spiritually or rejected by their community, two commonly understood reasons for Black anti-gay sentiment connected to African American religiosity and discourses of Black respectability (Arnold, Rebhook, and Kegeles 2014; Battle and Ashley 2008). Rather, her concern was that the marginalizations he would face as a gay person would compound the marginalizations of being a Black man in the United States. She identified his Blackness as a cause of marginalization that would only be made more difficult by his gayness, yet she reiterated her commitment to care for him. Her words conveyed care for her gay son, informed by the realities of anti-Black racism in the United States. A Black mother speaking during a podcast interview publicly recorded at the HIV Outreach Center where I conducted participant observation responded similarly. When asked how she felt when her son came out, she said, "When I found out my son was gay, I was afraid for him. He had watched his uncle get sick and die from AIDS. I couldn't see how he could choose to go that same way, down that same path." Her response to his gayness was directly linked to her fears for his health and wellbeing as a Black gay man. Like most mothers, she wanted to see her talented and handsome son successful and healthy. Being Black and gay, compounded by a disproportionately high incidence of HIV in Black LGBTQ communities which pathologizes Black LGBTQ identity, threatened her son's wellbeing in compounding ways. Her words indicated her desire to protect her child from "gayness" and from the possibility of contracting HIV through the same-sex sexual encounters that had already claimed the life of a close relative.

Parental concerns about youth sexuality continue to shape the abstinence-only sex education taught in Alabama's public schools. Judith Levine (2002) has emphasized the irony of abstinence-only education policies often producing the very results parents most fear: increased incidences of teen pregnancy and sexually transmitted diseases. Additionally, sex education in the United States is ambivalent about sex-related content, focusing on reproductive biology while actively promoting ideals of heteronormativity (McNeill 2013). During the time of my fieldwork, age-appropriate comprehensive sex education addressing same-sex sexual health was at times offered by HIV prevention specialists in Birmingham's majority Black schools if requested by the school's counselor. But these classes were an exception, and parents had the option of opting their students out. Like the ironies of abstinence-only sex education in heteronormative contexts, in fearing the marginalizations of "gayness" and distancing their children from LGBTQ support services associated with HIV, parents could inadvertently limit their children's access to HIV prevention education and regular testing, two interventions known to reduce the likelihood of contracting HIV and dying of AIDS.

These ethnographic moments help to show how parental concern and racialized forms of marginalization shape Black parents' responses to their child's LGBTQ identity. LGBTQ identity can be seen to further encumber already difficult chances of safety and success for Black children. These findings underscore the need for HIV resources and LGBTQ support services by, for, and within Black communities. They also highlight ongoing marginalizations of racialization impacting the lives of LGBTQ children and youth in the United States, marginalizations countered by Black parents in Birmingham through racially-informed forms of care.

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