**Ci3 Spotlight: Darnell N. Motley, PhD**

*The Ci3 Spotlight highlights a staff member from our interdisciplinary team of researchers, designers, storytellers, and policy experts.*

**Name:** Darnell N. Motley, PhD  
**Title/Role at Ci3:** Lead Researcher, LGBTQ Health

Tell us about what you do at Ci3, and how you connect with university partners.

I oversee Ci3’s portfolio of research and service projects related to sexual and gender minority communities. That means that I get to work on all the projects that center the experiences of young people who identify as gay, lesbian, bisexual, trans, gender nonconfirming, or any other queer identity.

What did you do before you joined Ci3? How has it influenced your work?

Before I joined the team at Ci3, I was the Clinical Psychology Fellow in LGBT Health at the Edward Hines VA Hospital. In my role as a fellow, I was equal parts clinician, educator, and advocate. I provided psychotherapy to LGBTQ veterans in outpatient mental health and an infectious disease clinic. I also provided education to VA staff who were interested in improving the quality of their care when engaging LGBTQ veterans. In addition, I oversaw a series of sexual health outreach events across the hospital campus (e.g., distribution of condoms and lube, in-clinic sexual education) and was responsible for sexual health programming during times designated for health awareness (e.g., World AIDS Day, Minority Health Month).

What prompted you to pursue a career in research? And why did you focus on sexual health care?

For many people, sex and sexual health are taboo conversations. However, it is necessary that we understand these topics in order to ensure that people can have healthy and enjoyable sexual lives. Given that I am a member of multiple communities that are disproportionately impacted by sexual health issues, I feel it my responsibility to translate my interest in sexual science into something usable for my communities. Part of that work is ensuring that I do research which examines the experiences of ethnic, sexual, and gender minority groups; another key part is using methods, like interviews and focus groups, which allow me to amplify the voices of community members.

What is unique about your work as a researcher with the LGBTQ community?

Unfortunately, it is still relatively rare to see research focused on LGBTQ communities of color that is led by a member of the community. I believe that my experience as a Black gay man who is also a clinical community psychologist places me at a unique vantage point to engage this research. I understand the importance of rigorous and thoughtful research that considers the complexity of a person’s context; I also understand that participants are people, and the ways that researchers report findings about them are important. For many years, the disproportionate impact of HIV on Black gay men and transgender women has allowed people to demonize the individuals impacted by the virus rather than casting our focus toward the systems which perpetuate this disproportionate impact. I believe it is my responsibility to do research that is humanizing and respectful, while also honest about the multiple opportunities present for improving sexual health in marginalized communities.

What impact do you hope you and/or your research will have on this community in Chicago and nationwide?

It’s my hope that my research will make room for the voices of communities who are often spoken for and spoken about, but rarely given space to speak for themselves. In addition, I hope that my work will illuminate the complexity of the experiences of LGBTQ communities of color. These communities are not simply vectors of disease or even victims of an epidemic. Rather, LGBTQ communities of color are dynamic, with a range of perspectives, a range of behaviors, and a multitude of strengths. Lastly, I hope my presence as a Black gay researcher in the area of sexual health will invite more LGBTQ people of color to participate in research, both as participants and as scholars. With more community members in both of these roles, we will strengthen our potential to understand the community and develop tailored approaches to meet their needs.
Last month we commemorated Black HIV Awareness Day. Why is it important that we engage very intentionally and specifically with this community? What do you believe is necessary for stakeholders to do to help address most of the structural and systemic issues that further marginalize this community from receiving high quality care?

Research has demonstrated that Black men who have sex with men (MSM) are not engaging in risk behaviors more often than White MSM. However, their rates of HIV are much higher. This is because health disparities are intimately tied to the ways that marginalized communities are conceptualized and treated in society. If we do not fight racism, we will not fight the racist policies and conditions which place communities of color at risk for worse health outcomes. Limited access to culturally competent providers places Black people at increased risk for HIV. Providers who do not believe the physical complaints given by Black people place Black people at increased risk for HIV. Income inequality places Black people, particularly women (whether cis or trans) and MSM, at increased risk for HIV. Homophobia and transphobia do the same thing. These problems are large ones, but not insurmountable ones. If we are at all interested in the health and wellness of Black communities, HIV is an issue that cannot be ignored.

Further, we should not pretend that the disproportionate impact of HIV on specific communities means that it will not continue to impact other communities. Sexual networks are diverse. Communities are interconnected. As such, ignoring the HIV epidemic in Black communities is ignoring the potential for that epidemic to also impact any and every other community. Therefore, it is important that we take an all-hands-on-deck approach to combating the epidemic in Black communities.

What’s your favorite quote, and how does it inspire your work?

My favorite quote is “Know thyself,” and it frames my work in a few ways. First, I recognize that research inherently holds bias. All of it. Quantitative. Qualitative. Even literature reviews. All of it is impacted by the researcher. Accordingly, it is necessary that I know what I bring to the table and how it frames my approach to the work I do. In addition, understanding myself is a continual opportunity to improve myself, and I am committed to that work. I investigate the what’s and why’s of my experience, so that I can be and do better with every new day.

Who inspires you in your everyday life?

My mother is my primary inspiration. She cares about people in a way that I’ve rarely seen. She will give her last to ensure that no one else goes without. As a child, I could not understand this approach to life. We had very limited means, and I thought we should have kept what little we had for ourselves. However, my mother was resolute in that we should always seek to serve others. It is a blessing in itself and it invites additional blessings as well. For years, I could not understand how she was so devoted to this approach to life. However, I’ve seen the evidence for the validity of her worldview. People love my mother so deeply that they love me, without having ever met me. People who know my mother have extended themselves to support me, sight unseen. And since I’ve tried to embrace this philosophy myself, I’ve seen the benefit of service. Some of the most enjoyable work that I do is the work that I do in community, for free. Some of the biggest smiles that I receive are from folks who only somewhat know me, but they know my commitment to them well. So, yes, my mother has consistently been my North Star. She provides a mark to press toward and a model to emulate. I honestly don’t know who and how I’d be without her.