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Racial Discrimination, Sexual Partner Race/Ethnicity, and Depressive Symptoms Among Black Sexual Minority Men

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Abstract

Although racial sexual exclusivity among Black gay, bisexual, and other sexual minority men (SMM) is frequently framed as a cause of HIV inequities, little research has examined how these sexual relationships may be driven by and protective against racism. This study examined associations between general racial discrimination, Black sexual exclusivity, sexual racial discrimination, and depressive symptoms among Black SMM. Analyses focused on cross-sectional self-report data from 312 cisgender Black SMM in the U.S. Deep South. Measures included general racial and sexual identity discrimination, race/ethnicity of sexual partners, sexual racial discrimination, and depressive symptoms. We estimated a moderated-mediation model with associations from discrimination to Black sexual exclusivity, moderated by discrimination target, from Black sexual exclusivity to sexual racial discrimination, and from sexual racial discrimination to depressive symptoms. We tested an indirect effect from racial discrimination to depressive symptoms to examine whether Black sexual exclusivity functioned as an intervening variable in the associations between racial discrimination and depressive symptoms. Results indicated that participants who experienced racial discrimination were more likely to exclusively have sex with Black men. Men with higher Black sexual exclusivity were less likely to experience sexual racial discrimination and, in turn, less likely to experience depressive symptoms. The indirect pathway from racial discrimination to depressive symptoms through Black sexual exclusivity and sexual racial discrimination was significant. Our results suggest that one of the drivers of sexual exclusivity among Black SMM may be that it helps to protect against the caustic psychological effects of racial discrimination.

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Keywords

Black/African American; Sexual Minority Men; MSM; Racial Discrimination; Sexual Minority Discrimination; Minority Stress; U.S. Deep South

The year 2019 marked the 30th anniversary of a seminal work from Marlon Riggs called “Tongues Untied.” A central message from the powerful film echoed the words of fellow Black gay scholar-activist Joseph Beam, “Black men loving Black men is the revolutionary act,” proclaiming that the best way for Black gay men to cope with the constellation of oppression targeting them is to develop and maintain brotherhood with other Black gay men. Invoking these words and others of Black queer activists, Matthews, Smith, Brown, and Malebranche (2016) made a cogent and resounding call for public health research to examine Black sexual partnership in the context of strength and resilience rather than just HIV risk. Despite this call, decades of advocacy, and burgeoning research showing that social and sexual connections among Black gay, bisexual, and other sexual minority men (SMM) can be critical for their health and well-being (e.g., Boone & Bowleg, 2020; Calabrese, Rosenberger, Schick, & Novak, 2015; Carlos et al., 2010; Garcia et al., 2016; Scott et al., 2014), there continue to be few studies that examine the positive impacts of these intimate relationships. In particular, limited research has examined how sexual relationships among Black SMM may be driven by and protective against aspects of societal oppression, such as racial discrimination (Matthews et al., 2016). Given this gap in public health research, the present study examined whether experiences of racial discrimination are associated with Black sexual exclusivity and whether that exclusivity helps to prevent sexual racial discrimination and associated depressive symptoms among Black SMM.

A key way that societal oppression affects Black SMM is through discrimination, the enactment of prejudicial attitudes and beliefs through labeling, stereotyping, denying equitable treatment or access, and/or denigrating people based on minority status (e.g., racial, sexual identity; Clark, Anderson, Clark, & Williams, 1999; Link & Phelan, 2001). Several theoretical frameworks posit that racial and sexual identity discrimination are the basis for psychological and physiological health inequities experienced by Black SMM (e.g., Clark, Anderson, Clark, & Williams, 1999; Meyer, 2003). Case and Hunter (2012) assert that a common behavioral outcome of discrimination is that people facing marginalization, such as Black SMM, often seek out counterspaces, or supportive, nurturing contexts in which negative stereotypes can be challenged among other people with similar identities, experiences, and resiliencies (Solorzano, Ceja, & Yosso, 2000). In fact, they posit this response as an adaptive reaction to discrimination, which can entail engaging social support to promote actively embracing aspects of the stigmatized self and increase resiliency against the negative effects of oppression (Case & Hunter, 2012). This is consistent with the theoretical literature that frames social support as an aid in the reinterpretation of negative experiences (Thoits, 1986). Rubin (1984) focuses on sex as a form of social support and psychosocial resistance to oppression and postulates that sex can be a liberating action and serve as one of the most powerful ways of coping among sexual minorities in a homonegative society. Matthews and colleagues (2016) stress that these sexual relationships among Black SMM, sometimes referred to as ‘sexual networks,’ can occur, in part, as a

response to intersectional societal oppression and can help to build community among these men. This communal support, in turn, can help to reduce future discrimination and serve as a source of strength, resiliency, and joy for Black SMM. Taken together, this scholarship suggests that sexual relationships among Black SMM who face racial and sexual identity discrimination in broader society, and racial discrimination within sexual minority communities (Han et al., 2015), can be a positive and preventive response to discrimination and its associated psychological effects.

Despite this theoretical foundation, few studies have focused on whether sexual relationships among Black SMM may be driven by racial discrimination, and how these sexual relationships can be protective for Black SMM living in the context of racial and homophobic hate (Matthews et al., 2016). Indeed, the majority of extant research on sexual relationships among these men focuses on risk of disease rather than health prevention/promotion. For example, research on the ‘network hypothesis’ shows that, although Black SMM are less likely to engage in HIV transmission risk behaviors than SMM of other races (Maulsby et al., 2014; Millet et al., 2007), they may be at higher risk for HIV because they are more likely to have sex with other Black SMM, for whom viral suppression is lower on average than SMM of other races (Berry, Raymond, McFarland, 2007; Bohl, Raymond, Arnold, & McFarland, 2009; Newcomb & Mustanski, 2013; Raymond & McFarland, 2009; Sullivan et al., 2015).

More recent studies, however, have started to highlight the ways in which sexual relationships among Black SMM can be loving and intimate and provide important social support for Black SMM (e.g., Calabrese et al., 2015). Additionally, research suggests that engaging in intimate connection with other Black SMM may reduce the effects of racial discrimination and the likelihood of experiencing future racial discrimination. For example, in a qualitative study of coping strategies for racism and homophobia among 50 SMM of color (34% Black), two salient approaches to these stressors were that participants avoided stigmatizing environments and drew support from external sources (Choi, Han, Paul, & Ayala, 2011). In particular, Black men in this study reported that they would cope with racism by avoiding White gay men, not spending time in White gay neighborhoods, and avoiding other White spaces (Choi et al., 2011). Similarly, in a qualitative study with 37 Black SMM, participants reported coping with homophobia by spending time in gay-friendly contexts in which they could be among other same-gender loving men, though men stressed that spending time in Black SMM spaces was particularly protective when facing racism within sexual minority contexts (Della, Wilson & Miller, 2002). Recent work from Reed and Miller (2016) and Barry and colleagues (2018) also highlights that fostering social support among young Black SMM can help to challenge societal oppression and reduce its negative psychological impacts. Han (2007) emphasized that these spaces shared by Black SMM can be particularly important because they help to prevent sexual racial discrimination by White gay men, such as being denied or overlooked as a potential sexual partner. As a result, Han (2007) suggests that sexual relationships among Black SMM can be psychological protective.

The protective effect of sexual relationships among Black SMM against sexual discrimination may be critical as extant empirical studies indicate that the constellation of

discrimination targeting Black SMM is a predictor of negative psychological outcomes. For example, a longitudinal study that examined a minority stress model among SMM of color ($n=178$, 43% Black SMM) showed that racial discrimination, sexual minority stigma, and their interaction were associated with increased emotion regulation difficulties, anxiety symptoms, and depressive symptoms (English et al., 2018). Bogart and colleagues (2011) also found that, among 181 Black SMM living with HIV, discrimination targeting race/ethnicity, HIV status, and sexual identity were all individually and additively associated with depressive and post-traumatic stress symptoms. Additionally, in their review manuscript, Wade and Harper (2019) report that there is a modicum of empirical evidence indicating that sexual racial discrimination is associated with negative psychological outcomes among young Black SMM.

Evidence of the association between racial discrimination and depressive symptoms is especially important since a recent report from the American Psychological Association (APA) suggests that Black men and SMM are disproportionately affected by health inequities such as chronic depression and other serious mood disorders (APA, 2018). Evidence also suggests that depression may be particularly burdensome for Black SMM in the U.S. Deep South (e.g., Pence et al., 2006), where there are high rates of racial discrimination targeting Black communities (Scott & Wilson, 2011). As such, it is likely that Black SMM in the Deep South face unique risks for depression associated with racial discrimination in their communities. Despite this emerging evidence, there has been little scientific inquiry into how this stress process operates for Black SMM in the Deep South and how it may drive and be affected by sexual relationships among Black SMM.

The Present Study

Although sexual relationships among Black SMM have been frequently characterized as sources of disease (e.g., CDC, 2018), the present study investigated whether these relationships can be psychologically protective. Specifically, we examined whether discrimination based on racial and sexual minority identities was associated with the race/ethnicity of sexual partners for Black SMM in the Deep South. We also tested whether having greater sexual exclusivity with Black sexual partners was negatively associated with sexual racial discrimination and, in turn, depressive symptoms. Given evidence that racial discrimination may be one of several causes motivating Black SMM to seek socioemotional intimacy with other Black SMM (e.g., Choi et al., 2011; Reed & Miller, 2016; Della et al., 2002), we hypothesized that racial discrimination, but not sexual identity discrimination, would be associated with higher likelihood of having sex exclusively with Black SMM. Additionally, given research showing that intimate relationships among Black SMM can reduce negative psychological outcomes by preventing sexual racial discrimination (Han, 2007) we hypothesized that sexual exclusivity with Black men would be negatively associated with sexual racial discrimination and, in turn, lower depressive symptoms.

Methods

Procedures

Study design and setting.—We drew the present sample from a cross-sectional study with Black gay, bisexual, and sexual minority men (SMM) and transgender women, called *Ecological Study of Sexual Behaviors and HIV/STI among African American Men Who Have Sex with Men (MSM) in the Southeastern United States U.S.* study and known colloquially as *MARI* study. The *MARI* study was conducted in two cities in the U.S. Deep South: Jackson, Mississippi and Atlanta, Georgia between 2013 and 2014. Broadly, the study aimed to describe and explicate the “environmental riskscape” for HIV among Black SMM and transgender women (Hickson et al., 2015). We compensated participants \$35, which we eventually increased to \$50 to promote study enrollment. One hundred and fifty six people participated in Atlanta and 221 people participated in Jackson. Our research protocols were approved by the Sterling Institutional Review Board and all participants provided written informed consent.

Participants.—Inclusion criteria for the study included identifying as Black/African American, being labeled male at birth, being 18 years or older, and reporting sex with a man in the six months prior to enrollment. The present study specifically focuses on the cisgender SMM in the larger sample given research indicates that the discriminatory, sexual, and psychological experiences of Black transgender women are unique to those of cisgender Black SMM (Ezell, Ferreira, Duncan, & Schneider, 2018; Siembida, Eaton, Mksut, Driffin, & Baldwin, 2016). Of the 349 enrolled participants who met these criteria, 324 reported sex in the past 12 months in their survey and, of these, 12 were missing data on a model covariate(s). The 312 men who had sex in the past 12 months and were not missing data on model covariates comprised the present analytic sample. The 12 men excluded for covariate missingness did not significantly differ from the included 312 across any study variables.

Recruitment efforts for the study included collaborating with local organizations, distributing print advertisements to local establishments (e.g., colleges and universities, adult bookstores, bars and clubs), and online advertising on social media and sex/dating applications. To read additional details on the recruitment methods, see (Hickson et al., 2015). Participants provided information on their psychological health, sexual behavior, discrimination experiences, neighborhood characteristics, and several other psychosocial outcomes using audio computer-assisted survey interview (ACASI) technology.

Measures

Demographic.—Participants reported several demographic characteristics including sexual identity, age, education, HIV status, and perceived social status (Wolff, Acevedo-Garcia, Subramanian, Weber, & Kawachi, 2009).

Black sexual exclusivity.—To assess Black sexual exclusivity we used a multiple-response item with a dichotomous yes/no scale that asked participants to report whether or not any of their male sexual partners from the past 12 months were: Black or African American, White or Caucasian, Hispanic or Latino, American Indian or Alaska Native,

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Asian American or Pacific Islander, or another race/ethnicity. We intentionally use the terminology “race/ethnicity” when referring to this measure given it asked about racial groups (“Black or African American”) and ethnic groups (“Hispanic or Latino”) which are not necessarily mutually exclusive. From this item, we created an ordered categorical variable indicating the level of Black sexual exclusivity among sexual partners over the past 12 months. The potential values for this variable were: 0 (racially diverse sexual partners), 1 (exclusively partners of color), and 2 (exclusively Black partners). We adjusted the effects of this variable in the models described below by regressing it on the number of sexual partners for each participant.

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Discrimination.—We used an eight-item version of the Everyday Discrimination Scale (EDS; Williams, Yan, Jackson, & Anderson, 1997), which asks about experiences of discrimination in daily life (e.g., “you are treated with less courtesy than other people”). The items are rated on a scale from 1 (*never*) to 6 (*almost every day*). The nine-item version of the scale has shown validity in its association with psychological and physical health outcomes among a multiracial sample (Williams et al., 1997). Following these items, the scale asked for participants to attribute the discrimination targeting their identity(ies) with the following prompt, “What do you think is the main reason for this treatment?” and participants selected applicable discrimination targets on a dichotomous yes/no scale: age, gender, race, physical appearance, sexual orientation, or other (participants specified other reasons through an open-ended response). The present study focused on the most frequently reported attributions: race and sexual orientation. We refer to these variables as general racial discrimination and sexual identity discrimination, respectively. In the present study, the EDS demonstrated good internal consistency ($\alpha=.90$).

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In addition to the EDS, we inquired about sexual racial discrimination specifically with an original item that asked “In the past year, were you rejected by a potential sexual or romantic partner because you are Black or African American?” Participants responded on a binary yes/no scale. We refer to this variable as sexual racial discrimination.

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Depressive Symptoms.—We used the Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977) to measure depressive symptoms. The 20 scale items assess depressive affect, interpersonal problems, somatic complaints, and positive affect. Items include: “I was bothered by things that usually don’t bother me;” “I had trouble keeping my mind on what I was doing;” and “My sleep was restless.” Study participants reported the amount of time they had experienced a given symptom during the previous week on a 4-point Likert-type scale ranging from 0 (*Rarely*) to 3 (*Most or all of the time*). We reverse-coded scores in the positive affect section and computed a mean depressive symptoms variable. The CES-D has shown good psychometrics with Black U.S. American samples ($\alpha = .89$ in Sellers, Copeland-Linder, Martin, & Lewis, 2006). The alpha for the present study was highly consistent with past studies at .89.

Analysis Plan

We first ran descriptive and correlation analyses between study variables. We then tested our study hypotheses with a single path model using *Mplus* 8.2 (Muthén & Muthén, 1998–

2017). For the hypothesis regarding racial and sexual identity discrimination and their associations with Black sexual exclusivity, we created an interaction term between the dichotomous racial and sexual identity target items from the EDS scale and the centered EDS mean. Within the model depicted in Figure 1, we regressed Black sexual exclusivity on the dichotomous target variables, the EDS mean, and the two interaction terms. We examined the mediation path from the second hypothesis by regressing sexual racial discrimination on Black sexual exclusivity and regressing depressive symptoms on sexual racial discrimination. In line with best practices for moderated-mediation models with categorical mediators (Hayes, 2017), we manually calculated the size and *p*-value of the conditional indirect effect of the mediated pathway using the MODEL CONSTRAINT command within *Mplus*, and with equations that examined the specific indirect effect from the significant interaction term (Stride, Gardner Catley, & Thomas, 2015). We used a variance-adjusted weighted least squares (WLSMV) estimator with a probit link to estimate this model and we specified Black sexual exclusivity and sexual racial discrimination as categorical outcome variables. We assessed model fit using accepted fit indices (Hu & Bentler, 1999). We adjusted this model by study site, sexual identity, age, education, HIV status, and perceived social status by regressing both outcomes and predictors on these variables. We also adjusted the effects of the Black sexual exclusivity variable by the number of sexual partners reported by each participant.

For missing data, complete data rates for primary model variables were: 100% for discrimination, discrimination target attribution, and all covariates; and 98% for depressive symptoms and number of sexual partners. In line with the *Mplus* default, we used full information maximum likelihood estimation under the assumption that data were missing at random (MAR; Marcoulides & Schumacker, 1996). We deemed this assumption tenable since there were no differences between participants with and without missing data across any study variables, and there was no reason to expect systematic differences across our dependent variables linked to missingness patterns (Bhaskaran & Smeeth, 2014).

Results

Table 1 contains the demographic characteristics and frequencies of psychosocial variables for the total sample and stratified by study site. The majority of the participants were from the Jackson site, identified as gay, were single, were not formally employed and receiving less than \$5,000 in income per year, and were not living with HIV. The participants were 30.0 years old on average and ranged from 18 to 62 years old. Participants most frequently reported discrimination based on sexual orientation, followed by race, physical appearance, other identities, gender, and age, respectively. The majority of participants (88.8%) reported not experiencing sexual racial discrimination within the past year, a rate which may have been driven by relatively high rates of sexual activity with Black men and lower rates of sexual activity with White men. Indeed, the vast majority of our participants (96.2%) reported having had a Black sexual partner within the past 12 months, followed by White (19.6%), Latinx (12.5%), and other race/ethnicities (6.4%; i.e., Native American, Asian or Pacific Islander, and other participant-specified race/ethnicities). There were significant differences across site for age, sexual identity, employment status, housing, and HIV status, such that participants from the Atlanta site were more likely to be older, identify as

questioning, to not be formally employed, to not be housed, and to be living with HIV than the Jackson site.

Table 2 displays the descriptive statistics and bivariate correlations for each of the observed variables included in the path model. Discrimination for any reason was positively correlated with attributing a racial and sexual identity target, experiencing sexual racial discrimination, depressive symptoms, and number of past-year sexual partners and negatively correlated with income, subjective social status and age. Attributing discrimination to a racial target was positively correlated with attributing discrimination to a sexual identity target, sexual racial discrimination, income, formal education and it was negatively correlated with age. Attributing discrimination to a sexual identity target was positively correlated with discrimination. Black sexual exclusivity was negatively correlated with sexual racial discrimination and income. Sexual racial discrimination was positively correlated with subjective social status and negatively associated with number of past year sexual partners. Depressive symptoms were negatively correlated with subjective social status and positively correlated with the number of past-year sexual partners. Additional correlations among covariates are in Table 2.

The fit indices for the path model (Figure 1) showed that the model fit the data well, $\chi^2(27) = 37.00$, $p = .10$, CFI = 1.00, TLI = .99, RMSEA = .03. For the parameter estimates, as anticipated, we found that the interaction between discrimination and racial target attribution was positively associated with Black sexual exclusivity ($\beta = .21$, SE = .06, $p < .001$), such that the simple slope for participants who attributed discrimination to race showed a positive association between discrimination and greater Black sexual exclusivity ($AOR = 1.48$, SE = .38, $p < .001$). Neither the main effect of discrimination ($\beta = -.001$, SE = .16, $p = .99$) nor the interaction of discrimination x sexual identity attribution ($\beta = -.27$, SE = .21, $p = .21$) were significantly associated with Black sexual exclusivity. The other model pathways showed that Black sexual exclusivity was associated with lower odds of sexual racial discrimination ($\beta = -.25$, SE = .02, $p < .001$) and that sexual racial discrimination was positively associated with depressive symptoms ($\beta = .16$, SE = .06, $p < .01$). The conditional indirect effect from discrimination to Black sexual exclusivity to sexual racial discrimination to depressive symptoms was significant and negative ($\beta = -.15$, SE = .03, $p < .001$). This suggests that the indirect effect from discrimination to depressive symptoms through Black sexual exclusivity and sexual racial discrimination was significant when participants attributed discrimination to race. There were no direct effects from the interaction between racial target attribution and discrimination to sexual racial discrimination or depressive symptoms. Depressive symptoms were not significantly associated with Black sexual exclusivity within the model.

Discussion

In the 30 years since the release of “Tongues Untied,” there has been relatively little science to examine what Marlon Riggs and other Black queer activists identified as a key protective factor for Black SMM: embracing other Black SMM (Matthews et al., 2016). In the present study, we sought to add to this nascent literature by assessing sexual relationships among Black SMM as an outcome and mediating factor of racial discrimination for Black SMM in

the Deep South. Our results showed that racial discrimination was associated with a higher likelihood of having Black sexual exclusivity which was, in turn, negatively associated with sexual racial discrimination. Critically, sexual racial discrimination was positively associated with depressive symptoms, indicating that Black sexual exclusivity helped to prevent depressive symptoms through its impact on sexual racial discrimination. Overall, the present study indicates that, although sex among Black SMM has largely been depicted as a source of HIV risk in public health research (CDC, 2018), it may help to prevent sexual racial discrimination and the negative psychological impact that comes with it.

Although several studies have identified that Black SMM have the highest likelihood of sex with other Black men (e.g., Bohl, Raymond, Arnold, & McFarland, 2009; Eaton, Kalichman, & Cherry, 2010; Mimiaga et al., 2009; Newcomb & Mustanski, 2013; Sullivan et al., 2015), the present analysis is one of the only, to our knowledge, to quantitatively indicate that this trend is partially driven by racial discrimination. Therefore, these results suggest that, in addition to historical oppression that has led to housing and social segregation (Lutfi, Trepka, Fennie, Ibanez, & Gladwin, 2015), racial discrimination may be one form of societal oppression that is driving high levels of racial exclusivity in sexual relationships among Black SMM. These results are in line with past empirical literature that has shown that Black SMM tend to seek out social support with other Black SMM when experiencing racism (e.g., Choi et al., 2011). As such, the present study suggests that, in addition to fostering love, closeness, and pleasure (e.g., Boone & Bowleg, 2020; Calabrese et al., 2015), sexual relationships may be one coping strategy in reaction to an oppressive environment and may provide congruent and validating “counterspaces” (Case & Hunter, 2012) and/or social support (Matthews et al., 2016) among Black SMM experiencing racism.

In line with past research, the present results also show that sexual racial discrimination is associated with depressive symptoms. This finding is consistent with past minority stress and racial discrimination studies that have evinced the psychologically erosive effects of racial discrimination among Black SMM (e.g., Bogart et al., 2011; Dowshen et al., 2009; English et al., 2018). These results are important because they highlight the role of sexual racial discrimination, or men of color being rejected by a potential sexual partner because of race/ethnicity. Importantly, our results also suggest that high rates of depression and other mood disorders experienced by Black SMM broadly (APA, 2018), and in the U.S. Deep South specifically (Pence et al., 2006), may be partially driven by these experiences with sexual racial discrimination. These findings may be particularly relevant for contemporary Black SMM who frequently face sexual racial discrimination in sex/dating apps (Abraham et al., 2017; Paul, Ayala, & Choi, 2010; Rosengren et al., 2019; Wade & Harper, 2019) and in homogenously White gay spaces (Haile et al., 2014). Additional inquiry will be necessary to understand the contexts in which sexual racial discrimination is most frequent and impactful.

Consistent with our hypothesis, having exclusively Black sexual partners was associated with a lower likelihood of sexual racial discrimination and, in turn, depressive symptoms among Black SMM. As such, the health promotive effects of intimate sexual relationships among Black men may be attributed, in part, to preventing victimization and promoting psychological healing. Indeed, in line with past research that has shown the protective

effects of social support among Black SMM (e.g., Reed & Miller, 2016), our results suggest that having sexual relationships with Black SMM may be protective against racist sexual rejection. Inversely, these results suggest that Black men who are facing racial discrimination and having sex less exclusively with Black men may be at risk for sexual racial discrimination and resultant depressive symptoms. Thus, having sexual relationships with White men and other partners with relative racial power after repeated racial victimization may be particularly psychologically harmful for Black SMM. This is consistent with theory that suggests racial discrimination may actually cause Black SMM to seek out sexual relationships with White men, which may lead to further rejection and negative psychological outcomes (Han, 2007).

Strengths, Limitations, and Future Directions

The present study is one of the few that has focused on discrimination, race/ethnicity, sex, and psychological health among Black SMM in the Deep South, one of the groups at highest risk for identity-based victimization in the U.S. This study also presents a novel and assets-focused analysis of sex among Black SMM, which is typically framed in terms of deficits or risk (Matthews et al., 2016; Reed & Miller, 2016). Finally, our path model represents a strong analytic approach to our hypotheses since we controlled for spurious casual pathways, including those from several theoretically and empirically relevant covariates.

These strengths, however, must be considered in the context of the study's weaknesses. First, all analyses were cross-sectional and without temporal precedence and, as a result, we are unable to make inferences regarding the directionality of our model estimates. In addition, since the present sample consists of predominantly men in the Deep South who were not formally employed, our results may not apply to other geographic locations or individuals in higher-resourced environments. The self-report EDS measure we used in this study was also limited given it asked for the "main reason" participants were discriminated against and listed separate social identities. As such, the measure did not assume the mutually constitutive nature of racial and sexual minority identities (among others) in line with intersectionality theory and did not provide the opportunity for intersectional analyses (Bowleg, 2008; Collins, 1998; Crenshaw, 1995). Moreover, we found relatively low rates of racial discrimination (27% prevalence), which was likely an artifact of the mutually exclusive nature of this "main reason" inquiry. Importantly, this approach to measurement also negatively affects participants' encoding and recall, which may lead to an underestimation of discrimination frequency and effects (Brown, 2001). Since we found strong associations from the interaction of discrimination and racial target even with this limited measurement, it is likely that more robust measurement may find even stronger associations between racial discrimination and Black sexual exclusivity. The measure of sexual exclusivity was also limited because we did not have data available on the number of sexual acts and partners per racial group. As a result, we were unable to test important hypotheses around how the amount of sex and the relational context of sex (i.e., casual versus main partner; intimacy) may affect the associations with sexual racial discrimination and depressive symptoms examined in this study. Finally, the sexual exclusivity variable was also limited because it asked about Black and Latinx partners as if they were mutually exclusive, although partners may have been racially Black and ethnically Latinx. Future

studies will benefit from considering heterogeneity within Black SMM communities, including how social support may operate among racially similar partners from different ethnic backgrounds.

Future research should consider using measures that ask about experiences at the intersection of identities among Black SMM (e.g., Bowleg et al., 2016). Similarly, it will be important in future studies to consider the context in which racial discrimination is occurring as it is unclear how the effects of racial discrimination within sexual minority communities compound those of discrimination perpetrated in broader U.S. society. Future research could also examine the effects of structural factors like segregation and incarceration and their interaction with interpersonal racial discrimination as drivers of the high rates of sexual exclusivity among Black SMM. Similarly, since we observed relatively low rates of sexual racial discrimination over the past year (11.2%), which could have been driven by low rates of sexual engagement with White men, future research should examine factors that drive sexual racial discrimination such as online/app-based contexts (Abraham et al., 2017; Paul et al., 2010; Rosengren et al., 2019; Wade & Harper, 2019). In addition, although the present study examined being rejected by a potential sexual partner we did not examine another form of sexual racial discrimination faced by Black SMM: the sexual fetishization of Black masculinity that causes them to be actively *desired* rather than denied (Fanon, 1970; Han, 2007; Wade & Harper, 2019). Future research will be essential to examine these nuances to sexual dehumanization faced by Black SMM. Moreover, since the present study did not account for sexual partners of multiracial identities, researchers may consider how engaging with multiracial sexual partners may affect the stress process examined in this study. Finally, we were not able to incorporate a group of participants who were having sex exclusively with White men in the present study. Although this is not common among Black men living in the U.S. south (Sullivan et al., 2015), it will be an important experience to represent and examine in future research.

Conclusion

In their 2016 perspective article examining public health research on sexual relationships among Black SMM, Matthews and colleagues asserted that love and sex among Black SMM must not be pathologized but seen as a protective and empowering (Matthews et al., 2016). In line with this call, we examined whether Black sexual exclusivity is associated with and protective against racial discrimination for Black SMM. Our results indicate that racial discrimination may partially drive Black sexual exclusivity among Black SMM, which, in turn, may help to prevent sexual racial discrimination and resultant depressive symptoms for these men. Along with past studies evincing the positive effects of sex and love among Black SMM regardless of racial discrimination experiences (e.g., Calabrese et al., 2015), our results should encourage researchers and practitioners to consider how Black men loving Black men can be a powerful, positive, and protective force in their lives.

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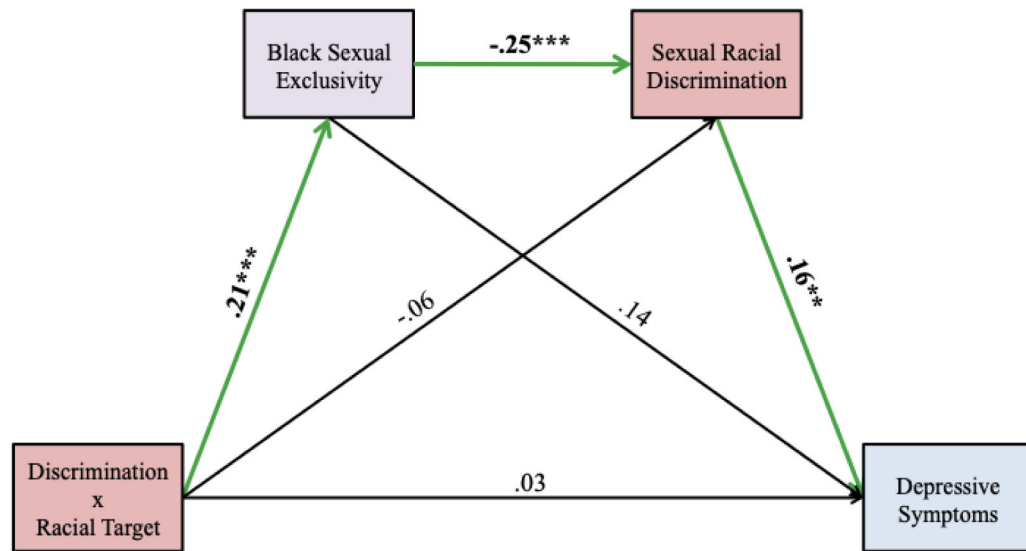


Figure 1. Mediation path model examining the associations between racial discrimination, Black sexual exclusivity, sexual racial discrimination, and depressive symptoms

Note: $***p .001$, $**p .01$, $*p .05$, $†p .10$

This model is adjusted for study site, sexual identity, age, education, HIV status, perceived social status, number of sexual partners..

Table 1.

Sample Demographics by study site.

	Total		Jackson Site (n=192)		Atlanta Site (n=120)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Sexual Identity	X ² (4) = 10.91, <i>p</i> < .05					
Gay	213	68.3	135	63.4	78	36.6
Bisexual	85	27.2	54	63.5	31	36.5
Strai ght/Heterosexual	6	1.9	2	33.3	4	66.7
Questioning	3	1.0	0	00.0	3	100.0
Other	5	1.6	1	20.0	4	80.0
Formal Employment Status	X ² (2) = 16.25, <i>p</i> < .001					
Full-time	81	26.0	63	77.8	18	22.2
Part-time	65	20.8	43	66.2	22	33.8
Unemployed or on Disability	166	53.2	86	51.8	80	48.2
Income	X ² (2) = .86, <i>p</i> = .65					
Less than \$5,000	113	36.2	66	58.4	47	41.6
\$5,000 to \$15,999	89	28.5	57	64.0	32	36.0
\$16,000 or more	104	33.3	66	63.5	38	36.5
Formal Educational Attainment	X ² (3) = 3.19, <i>p</i> = .36					
Less than high school	20	6.4	10	50.0	10	50.0
High school graduate or GED	105	33.7	60	57.1	45	42.9
Some college, trade or	124	39.7	82	66.1	42	33.9
College graduate or higher	63	20.2	40	63.5	23	36.5
Housing	X ² (1) = 79.79, <i>p</i> < .001					
Not Housed	51	16.3	3	5.9	48	94.1
Housed	261	83.7	189	72.4	72	27.6
HIV Status	X ² (1) = 11.79, <i>p</i> < .001					
Positive	106	34.0	51	48.1	55	51.9
Negative	204	65.4	139	68.1	65	31.9
Relationship Status	X ² (1) = 1.08, <i>p</i> = .30					
Single	251	80.4	34	55.7	27	44.3
Partnered	61	19.6	158	62.9	93	37.1
Discrimination Target	--					
Sexual Orientation	172	55.1	123	71.5	49	28.5
Race	85	27.2	61	71.8	24	28.2
Physical Appearance	80	25.6	65	81.3	15	18.8
Gender	64	20.5	52	81.3	12	18.8
Age	64	20.5	43	67.2	21	32.8
Other	73	23.4	34	46.6	39	53.4

	Total		Jackson Site (n=192)		Atlanta Site (n=120)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Sexual Partner Races/Ethnicities	--					
Black or African American	300	96.2	188	62.7	112	37.3
White	61	19.6	37	60.7	24	39.3
Latinx	39	12.5	19	48.7	20	51.3
Other racial backgrounds	26	8.3	14	53.8	12	46.2
Black sexual exclusivity	$X^2(2) = 2.98, p = .23$					
Diverse Partners	61	19.6	37	60.7	24	39.3
Exclusively Partners of Color	24	7.7	11	45.8	13	54.2
Exclusively Black Partners	226	72.4	144	63.7	82	36.3
Sexual Racial Discrimination	$X^2(1) = 0.03, p = .87$					
No	277	88.8	170	61.4	107	38.6
Yes	35	11.2	22	62.9	13	37.1
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age (<i>Mdn</i> =26)	$t(178.80) = -11.10, p < .001$					
	30.0	11.29	24.93	7.39	38.18	11.69
Number of past-year sexual partners	$t(305) = -1.61, p = .11$					
(<i>Mdn</i> =4)	6.18	6.85	5.69	6.27	6.98	7.68

Note. Discrimination target and partner race/ethnicity allowed for multiple selections preventing an omnibus χ^2 test.

Table 2.

Descriptives and correlations among variables included in path model.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1. Discrimination	--												
2. Racial Target	.18**	--											
3. Sexual Identity Target	.20***	.13*	--										
4. Black Sexual Exclusivity	-.11	-.06	-.02	--									
5. Sexual Racial Discrimination	.12*	.15**	-.05	-.12*	--								
6. Depressive Symptoms	.39***	.06	.12*	-.06	.10	--							
7. Employment Status	.11	-.11	-.08	.09	.03	.03	--						
8. Income	-.13*	.18**	-.04	-.13*	.05	-.06	-.32***	--					
9. Formal Education	-.08	.18**	.06	-.07	.01	.08	-.22***	.39***	--				
10. Housing	-.10	.19**	.09	-.01	.08	-.05	-.20***	.22***	.18**	--			
11. Subjective Social Status	-.21***	-.04	-.02	.11	.11*	-.19**	-.13*	.09	.04	.10	--		
12. Age	-.12**	-.15**	-.29***	.07	-.10	-.06	.33***	.08	-.01	-.36***	-.03	--	
13. Number of past-year sexual partners	.14*	.01	.06	.09	-.21***	.17**	.04	-.02	-.03	-.03	.03	.03	--
Range	1–6	0–1	0–1	0–2	0–1	0–60	1–4	1–12	1–6	0–1	1–10	18–62	1–50
Mean	2.10	.27	.55	1.53	.11	19.79	2.40	3.67	2.80	.84	6.71	30.02	6.18
SD	1.24	.45	.50	.80	.32	10.56	1.01	2.90	.99	.37	1.90	11.29	6.85

Note:

p .001,**
p .01,*
p .05

Correlations between continuous variables are estimated as Pearson correlations, correlations between continuous and dichotomous variables are point biserial correlations, correlations between continuous and ordinal variables are point polyserial correlations, correlations between ordinal and other ordinal or binary variables are polychoric correlations, and correlations between binary variables are tetrachoric correlations. For housing, 0= not housed, 1=housed