

**Racialized Sexual Discrimination (RSD) and Psychological Wellbeing Among Young Black  
Gay/Bisexual Men (YBGBM)**

by

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## **ABSTRACT**

The vast majority of research addressing the health needs of young Black gay/bisexual men (YBGBM) has focused on sexuality and HIV, and there is a deficit of research exploring issues related to racism and psychological wellbeing among this population. In this dissertation, I examine an understudied phenomenon that I define as Racialized Sexual Discrimination (RSD), which describes the sexualized discriminatory treatment that gay and bisexual men are subject to in online social venues. I attempt to build upon the largely qualitative literature on this topic by applying a mostly quantitative methodological approach. First, I conducted an exhaustive review and synthesis of literature that examines gay/bisexual men of color's experience with RSD, as well as racial discrimination more broadly. I discuss this phenomenon in a stress and coping framework, and examine the ways in which RSD may contribute to poor psychological health outcomes. Next, I conducted a mixed methods research project to develop a scale to measure the full scope of the phenomenon, and evaluated the new scale using exploratory factor analysis. I successfully constructed the scale after conducting a series focus groups, and getting feedback from cognitive interviewees and a panel of expert reviewers. The results of the factor analysis revealed an eight-factor structure of RSD under three core domains: 1.) White-Centric Domain (white supremacy and white inferiority); 2.) Black-Centric Domain (white rejecting black, black rejecting black, white desiring black, and black desiring black); and 3.) Neutral/Non-directional



Domain (Degradation and Role Assumptions). Finally, I sought to determine whether RSD was related to poor psychological health outcomes among a sample of YBGBM. To do so, I examined the association between six subscale across the Black-Centric and White-Centric domains on two psychological health outcomes (depressive symptoms and feelings of self-worth) by estimating twelve hierarchical linear regression models. The analyses revealed that (1) white supremacy, black rejecting black, white desiring black, and black desiring black were all significantly associated with higher depressive symptoms; and (2) white desiring black was significantly associated with lower feelings of self-worth. This study is among the first to explore the relationship between RSD and markers of psychological wellbeing using quantitative analyses, and provides preliminary evidence that RSD is negatively associated with psychological wellbeing among YBGBM. Implications and future directions for this work are discussed.

## **CHAPTER I**

### **Introduction**

Young Black gay/bisexual men (YBGBM) in the United States face a set of unique and harrowing challenges related to their health and wellbeing. While an overwhelming focus of black gay/bisexual men's health has focused on sexuality and HIV, there is a noteworthy deficit of research exploring issues related to racism and psychological wellbeing among this population (Graham, Aronson, Nichols, Stephens, & Rhodes, 2011; Wade & Harper, 2017). Specifically, the association between racism and psychological health outcomes for YBGBM remains under-examined, in spite of a rich literature documenting the ill effects of racism—both structural and interpersonal—on psychosocial functioning for Black men as a whole (Kessler, Mickelson, & Williams, 1999; Mays, Cochran, & Barnes, 2007; Pieterse & Carter, 2007; Williams & Mohammed, 2009; Williams & Williams-Morris, 2000). For YBGBM, being marginalized on the basis of both race and sexual orientation presents an array of difficulties, in both LGBT spaces (which may harbor racism/hostility towards racial/ethnic minorities) and Black social/cultural spaces (which may harbor hostilities towards LGBT individuals) (Arnold, Rebhook, & Kegeles, 2014; Harper & Wilson, 2016; Loiacano, 1989; Wilson & Harper, 2013).

One such area where race, sexuality, and psychological wellbeing intersect is the process of seeking and forming intimate relations with sexual/romantic partners. Online and mobile app

based partner-seeking is widespread among young gay and bisexual men, as virtual mediums of social/sexual networking have experienced a surge in popularity over the last several years (Bolding, Davis, Hart, Sherr, & Elford, 2007; Grosskopf, LeVasseur, & Glaser, 2014). These virtual spaces allow users to advertise their desired qualities in an intimate partner—in an effort to streamline the partner-seeking and selection process. In so doing, users are free to explicitly state the characteristics they like or dislike in a prospective partner—including their age, HIV status, size/weight, and race. In most cases, users are also able to set their own search parameters based on these same characteristics.

Within these virtual spaces, researchers have reported that racialized preferences are widespread, and are often made visible on user profiles. These discriminatory preferences are diverse—both exclusionary and inclusionary—are typically expressed by White men, and are largely directed towards racial/ethnic minority groups (Callander, Holt, & Newman 2012; Callander, Newman, & Holt, 2015). There is a small but informative literature base examining these racialized experiences among gay/bisexual men of color. Some researchers have referred to this phenomenon as ‘sexual racism,’ ‘race-based sexual preferences,’ and a variety of other similarly worded terms and phrases. Henceforth, I will use the term Racialized Sexual Discrimination (RSD) as an all-encompassing term to capture the different definitions that researchers have used to describe this phenomenon.

Based on my review of the literature addressing this phenomenon, I define RSD broadly as sexualized discriminatory treatment directed towards a particular racial/ethnic group, in settings where individuals are seeking partners for dating, casual sex, and/or romance. RSD is (1) grounded upon a number of social and physical factors (e.g., phenotypic characteristics and cultural standards of beauty; sexual scripts and stereotypes; sociohistorical legacies of racial

inequality); (2) can manifest in a multitude of ways (e.g., overt and covert exclusion; objectification; fetishization); and (3) has implications for several health outcomes (e.g., HIV risk; psychological well-being). In this dissertation, I aim to provide an in-depth examination of this phenomenon, and describe two research projects that makes a unique and important contribution to the social science literature on RSD. Throughout this examination, I will begin by focusing broadly on gay and bisexual men of color, and will later direct my focus towards young gay and bisexual Black men specifically.

### **Description of Papers**

My dissertation consists of an exhaustive review and synthesis of literature that examines gay/bisexual men of color's experience with Racialized Sexual Discrimination (RSD), with a particular focus on the experiences of YBGBM specifically. It also includes a theoretical model that describes the potential linkages between such experiences and markers of psychological wellbeing. I then investigate these linkages empirically by developing a scale that measures RSD, and examining the relationship between this construct and markers of psychological wellbeing. I have elected to use a three-paper format for my dissertation (Chapters 2, 3, and 4). Below, I provide an overview of each paper, as well as a brief methodological description where appropriate.

### **Chapter II—Literature Review: What is Racialized Sexual Discrimination (RSD)?**

My first paper provides a comprehensive overview of empirical research on RSD experienced by gay/bisexual men of color in online partner-seeking venues. I discuss how these racialized experiences are a documented phenomenon, with a variety of manifestations, and identify the potential effects that this phenomenon may have on the psychosocial health of gay/bisexual men of color. Second, I synthesize this literature with a broader literature that

examines the ways in which both structural and interpersonal racism (i.e., chronic and acute stress due to racial discrimination) contribute to poor psychological health for people of color. Third, I present a theoretically-grounded conceptual model detailing the pathways between RSD and psychological wellbeing, using Lazarus and Folkman's (1984) theory of stress and coping as a guiding framework. Finally, I identify major gaps in the literature, and conclude by offering recommendations for future research in this area.

### **Chapter III—Scale Development: How is Racialized Sexual Discrimination accurately described and measured?**

My first study was a mixed methods research project to develop a novel scale of RSD. The goal of the qualitative component of this project was to identify and define RSD, and generate survey items to measure the phenomenon. Focus groups comprised of key informants were conducted to (1) verify that four proposed domains of RSD were wholly representative of the phenomenon, and (2) generate survey items that would capture the experiences that young men have within each domain. For study participants, RSD was contextualized as a social phenomenon experienced by gay/bisexual men of color on gay dating/social networking apps and websites (e.g., grindr, Scruff, Adam4Adam, etc). I also defined RSD as the sexualized discriminatory treatment directed towards a particular racial/ethnic group, in virtual settings where individuals are seeking partners for sexual intimacy.

After completing the focus groups and creating a full set of survey items, I initiated the quantitative component of this project, which was to verify the factor structure of the scale using data reduction techniques (e.g., exploratory factor analysis). Based on a review of the emergent themes in the literature, I hypothesized that RSD could be organized into four primary domains: (1) *Exclusion*; (2) *Rejection*; (3) *Degradation*, and; (4) *Erotic Objectification*. I further

hypothesized that these experiences may occur in two contexts, each with a higher level of intimacy: (1) *partner browsing* (i.e., viewing user profiles on dating websites) and (2) *partner negotiation* (i.e., written exchanges in communication). By definition, the exclusion domain is expected to occur only in the partner browsing context, whereas the rejection domain is expected to only occur in the partner negotiation context. Therefore, all items within these two domains reflect the individual context in which they are experienced. The degradation and erotic objectification domains, however, may occur in both contexts, thus items were generated that explored participants' experiences with degradation and erotic objectification while looking at user profiles, and interacting directly with users online.

When creating individual items within each domain and context, I developed items that captured the *effect* (i.e., to what degree does this experience have a negative effect on you) and the *frequency* (i.e., how often do you have this experience) of any particular experience. To this end, I developed two items with different phrasing to capture these different aspects of one unique experience. The effect and frequency scores of any given experience were subsequently multiplied to develop an overall *impact* score, which was to be used for both exploratory factor analyses and model testing. Below is an example of a sample experience written as two items that capture effect and frequency:

- 1.) When I see a profile of a **White person** clearly state that they do NOT want to meet **people of my race/ethnicity**, I have a negative reaction. (*effect*)

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly disagree

2.) How often do you see profiles of **White people** clearly state that they do NOT want to meet **people of your race/ethnicity**? (*frequency*)

- 1 – Never
- 2 – Some of the time
- 3 – Half of the time
- 4 – Most of the time
- 5 – All of the time

The above example captures one experience within the *Exclusion* domain, and within the context of *partner browsing*, and does so in an exhaustive manner by assessing both the effect and frequency of that experience.

In verifying the factor structure of the RSD scale, I selected an analytic approach that allowed for the augmentation of the scale, depending on how many factors emerged, and how many items held together on the emergent factors. Necessary changes to the proposed domains were made to accommodate different outcomes than were originally hypothesized, so that the emergent factors could be applied in a regression model for the model testing component of my dissertation. These changes, and subsequent reconceptualization of the RSD domains, as well as the overall factor structure of the scale, are discussed, as well as reliability and convergent validity assessments for the completed scale. I conclude by discussing the implications and limitations of my findings, and I make suggestions for future research.

#### **Chapter IV—Model Testing: What is the association between Racialized Sexual Discrimination and markers of psychological wellbeing?**

The purpose of this project was to examine the association between the proposed domains of RSD on markers of psychological wellbeing. Specifically, I sought to test a series of hierarchical regression models that explored the relationship between RSD subscales and depressive symptoms, as well as the relationship between RSD subscales and feelings of self-

worth, for a holistic examination of both positively and negatively valenced psychological health markers. While the theory of stress and coping informed my conceptual and analytic models, for the purpose of this project, I sought only to examine main effects between the stressor and the outcome (appraisal and coping processes will be examined in future research). I predicted that all RSD subscales would be associated with an increase in depressive symptoms and a decrease in feelings of self-worth in all regression models. After completing the factor analytic component of my project, a different factor structure within the RSD scale emerged than what was originally hypothesized. Therefore, I utilized six subscales of RSD that emerged from the factor analysis for the model testing component of my project, for a total of twelve regression models. I retained the same analytic approach as originally conceived, but altered my hypothesis given the different subscales that emerged from the factor analysis. I predicted that some, but not all, of the new RSD subscales would be associated with an increase in depressive symptoms and a decrease in feelings of self-worth in my regression models—while others would not be not significantly associated with markers of psychological wellbeing for my study population. I conclude by discussing the implications and limitations of my findings, and I make suggestions for future research.



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## **CHAPTER II**

### **Literature Review: What is Racialized Sexual Discrimination (RSD)?**

Racialized Sexual Discrimination (RSD) is defined as the sexualized discriminatory treatment that gay and bisexual men of color encounter in online partner seeking venues, such as mobile apps (e.g., Grindr, Scruff) and websites (e.g., Adam4Adam, Craigslist). Because RSD is a form of discrimination, there is cause for concern that this phenomenon may be a part of the broader constellation of race-based microaggressions that people of color experience on a regular basis. As such, there is an imperative for LGBTQ and racial/ethnic health researchers to consider the role that RSD may play in the health and wellbeing of gay and bisexual men. To date, this phenomenon, sometimes referred to as ‘sexual racism’ or ‘race-based sexual preferences,’ has only received limited attention in the social science and health literature.

Because RSD is an understudied phenomenon, researchers have largely employed qualitative methods to investigate this topic, leaving ample room for researchers to examine the associations between this phenomenon and other outcomes in a quantitative framework. In one qualitative study, researchers conducted a content analysis of online profiles of gay/bisexual men seeking other men for sex in Boston, and examined profiles for explicit mentioning of race-based preferences (White, Reisner, Dunham, & Mimiaga, 2014). Four racial/ethnic categories were

included (Black, White, Latino, and Asian), and the researchers reported that Asian men were the by far the least likely racial/ethnic group category to be referenced. The researchers noted that considerably more Black men reported a preference for other Black men on their profiles (76%), compared to Black men who reported a preference for Latino (43%), White (19%), and Asian (14%) men. An equal percentage of Latino men reported a preference for both White and other Latino men (63%), but fewer Latino men reported a preference for Black (38%) and Asian (7%) men. More Asian men reported a preference for White (57%) and Latino (43%) men, but considerably fewer Asian men reported a preference for Black (14%) or Latino men (14%). More White men reported a preference for Latino (63%) or Black (53%) men. Slightly fewer White men reported a preference for other White men (47%), and considerably fewer reported a preference for Asian (21%) men.

This study is illustrative of inclusionary racialized preferences, notably distinguishing Asian men as the least likely to be explicitly mentioned as a preferred race across all other racial/ethnic groups in this particular sample. However, this study makes no mention of profiles that indicate *exclusionary* preferences, which omits one important phenomenological component of the broader racialized partner-seeking landscape. Paul, Ayala, & Choi (2010) speak to this important component in their qualitative study with Black, Latino, and Asian MSM living in Los Angeles. In their study, participants overwhelmingly indicated that race was a central factor in governing online interactions, as both a facilitating and exclusionary characteristic. Participants indicated that others' 'personal preferences' (i.e., preferences for or against a particular racial/ethnic group) were often on display. Sexual objectification of racial/ethnic minorities and outright discriminatory/racist exchanges were also reported. Furthermore, some participants reported that repeated experiences of being constantly *devalued* and *rejected* on the basis of their

race had significant adverse effects, such as reduced self-esteem and reduced sense of self-worth. Here, the researchers make an important observation with regard to the potential ramifications of these experiences on the psychological wellbeing of gay/bisexual men of color, though this study lacked any systematic measurement of such outcomes. While the generalizability of this study is limited, the researchers' findings provide preliminary support of a negative relationship between RSD and psychological wellbeing for gay and bisexual men of color.

The idea of 'personal preference' as a non-racialized justification of RSD is often reported by White gay and bisexual men, though this idea has been subject to critique in the literature. Robinson (2015) conducted 15 semi-structured in-depth interviews with a racially/ethnically diverse sample of gay and bisexual men (ages 22 to 28) to investigate this theme, and performed a content analysis on 100 racially/ethnically diverse online profiles. Robinson reported that some men applied search filters in which they exclusively or primarily searched for White men, and excluded most men of color (particularly Black men). The theme of race as a 'personal preference' emerged on a number of occasions to justify discriminatory selection of potential partners. For many men, 'Whiteness' served as the hallmark of desirability, above and beyond other racial/ethnic categories. The author concluded that race as 'personal preference' has become the new face of racism in the context of online sexual and dating networks for gay and bisexual men.

Callander and colleagues (2015) aimed to scrutinize the subject of 'personal preference' even further when they surveyed the attitudes of gay/bisexual men in Australia to examine the subject of 'sexual racism.' The researchers used a 79-item cross-sectional survey to elicit information related to the use of online dating and sex websites, experiences with racism and discrimination, sexual practices, and attitudes about race. Most participants were White (67.7%),

Asian (13.8%), Mixed (6.2%), or left their profiles blank (4.1%). The remaining racial/ethnic groups (Black, Indian, Middle Eastern, Native American, South Asian, and Other) accounted for the remaining 9.2% of the sample. 15% of the sample reported having discriminatory content on the basis of race on their profiles, while 12% of the sample indicated that their profiles were inclusive of race. The researchers found that men have a wide range of attitudes towards sexual racism, but the overwhelming majority of the sample were tolerant of sexual racism in online venues. Overall, the researchers concluded that attitudes around sexual racism had a strong association with general racist attitudes. Given this finding, the researchers call into question the notion that racial attraction is about 'personal preference,' and instead suggest that such preferences may be a reflection of racism expressed in a sexualized context.

These studies all follow a similar trend of challenging the notion that personal preference is distinct from more general racist attitudes, and perhaps highlights a need for more investigation among White gay and bisexual men, and the racial patterning of their partner preferences. However, what is absent from these studies is a quantitative measure of the degree to which White 'personal preferences' are *perceived* as racist by racial/ethnic minorities. Indeed, it may be more important to demonstrate that, regardless of White gay and bisexual men's beliefs about their racism (or lack thereof), the real concern lies with how this racialized language is internalized and processed by those who are most often targeted or excluded by the use of such language. With the exception of Paul and colleagues (2010), most studies to date have made few assertions about the ways in which RSD is interpreted, as well as the potentially harmful effects it may have on the psychological health of young gay and bisexual men of color. In pursuit of a holistic understanding of this phenomenon, it will be important for researchers to carefully assess

both the beliefs and impact of RSD, as experienced by the men who are routinely subjected to these experiences.

McKeown, Nelson, Anderson, Low, & Elford (2010) and colleagues attempt to move the investigation of RSD even further, by examining a broader scope of the ways in which this phenomenon manifests. In a recent study, these researchers used an intersectional approach to explore the experiences of gay/bisexual Black and South Asian men living in Britain, and investigated experiences related to identity, objectification, exclusion, discrimination, racial/ethnic cultural backgrounds, and broader White gay culture. The researchers conducted in-depth e-mail interviews divided into two sets, and reported findings from 47 participants. The researchers used content and thematic analyses to identify and code recurrent constructs/themes. With respect to discrimination, objectification, and exclusion, many participants reported having experienced instances of each, though the perpetration of these discriminatory behaviors were more likely to manifest in subtle, rather than overt, ways. Black men spoke of the 'eroticization of black bodies' by White gay men, but noted that this was only expressed in the context of situational sexual desire. In the long-term, however, Black men reported that they were not regarded as viable romantic partners by White men, and felt that they were reduced to a sexual object with little worth or utility beyond their dark features, perceived hypermasculinity, and other stereotypical traits. In contrast, South Asian men reported that they were most likely to be excluded than objectified, and that they were seen as undesirable or asexual. Lastly, both Black and South Asian men reported finding White men to be sexually desirable, reflecting how "Whiteness" has come to be regarded as the standard for desire and attraction.

Stereotypes on the basis of race, and resultant patterns of objectification and exclusion, are a pervasive theme in studies that examine RSD. In another study, Wilson and colleagues

(2009) aimed to explore sexual stereotyping and partnering practices among gay/bisexual men from diverse racial/ethnic backgrounds who use online gay dating/sex websites to find partners who are interested in having sex without the use of a barrier ("bareback" sex). The researchers conducted semi-structured in-depth interviews with 111 participants, in which participants discussed their experiences around racial identity, racialized sexual encounters, and having sex with men from racial/ethnic backgrounds that differ from their own. The researchers identified four categories of sexual stereotypes predicated upon race: (1) "sex characteristics;" (2) "gender expectations;" (3) "embodiment and body validation;" and (4) "sexual positioning." These categories were further divided into between-group and within-group stereotypes. The researchers noted that sexual stereotypes influenced participants' decision making around selecting partners, and thus these sexual decision-making processes were racialized in nature. To this end, common "sexual scripts" in gay culture often perpetuate racialized stereotyping as it pertains to sex and sexuality, which in turn organizes the structure of gay/bisexual men's sexual networks. Altogether, the researchers suggest that these networks have a strong tendency to reflect and maintain the social acceptability of sexual racism and stereotyping in the gay community.

As researchers begin to draw a more complete picture of RSD, it will be important to organize different dimensions of RSD experiences into discrete categories, especially if researchers aim to move towards a more quantitative approach in investigating the phenomenon. Callander and colleagues (2012) made an important attempt to make concrete categorizations of the phenomenon of RSD. They used inductive content analysis to identify three categories of racialized content on dating profiles of gay/bisexual men in Australia. The first category was subject, which referred to the foci of racialized user content. Subject was comprised of three



subcategories: self (i.e., describing the racial characteristics of one's own racial group); others (i.e., describing the racial qualities of one's own racial group); and concept (i.e., commenting on the general occurrence of racialized content on user profiles). The second category was purpose, which referred to users' reasons for including racialized content on their profiles. Purpose was comprised of four subcategories: marketing (i.e., advertising one's self based off of one's racial/ethnic characteristics); negative discrimination (i.e., excluding partners based on their racial/ethnic characteristics); positive discrimination (i.e., indicating a preference for partners based on their racial/ethnic characteristics); and commentary (i.e., making reference to the general phenomenon of RSD). The last category was position, which referred to an individual's stance on racialized content. Position was comprised of three subcategories: defensive (i.e., justifying/rationalizing one's use of racialized language); normalized (i.e., using racialized language without providing any justification for its use); and critical (i.e., challenging the normativity/acceptability of including racialized content on profiles).

Callander and colleagues' attempt to categorize and define the different facets of RSD is critical in advancing the scientific understanding of the phenomenon. The current state of research on RSD is mostly descriptive and phenomenological. However, organizing the different manifestations of RSD into discrete categories may enable researchers to measure the phenomenon quantitatively. By extension, developing a comprehensive and systematic way to measure RSD would allow researchers to use statistical models to make predictions about how the phenomenon may influence health outcomes. Such models may examine RSD as a single broad construct, or it may examine the subcategories of RSD, similar to those described by Callander and colleagues (2012). To use their categories as an example, it may be the case that the marketing or commentary categories may be a more innocuous manifestation of the

phenomenon, whereas the discrimination or normalized categories may be harmful for young gay and bisexual men of color. By contrast, young gay and bisexual men of color may find the critical category to be a welcome addition to the social landscape of online dating, as this category may be a reflection of allyship—which may be a critical piece for future interventionist work in addressing the phenomenon of RSD (Edwards, 2015; Freire, 1996; Gentner, 2016; Michael & Conger, 2009; Patel, 2011; Taylor, 2015).

Overall, researchers have reported that participants had a diverse set of definitions, experiences, and interpretations of their sexualized and racialized interactions online. However, the overwhelming majority of participants in these studies acknowledged that sexualized discriminatory treatment is indeed present, and relatively common, in online settings. Conspicuously absent from the conversation, however, are instances in which people experience discrimination from members of their own racial/ethnic group. There has been some discussion about how whiteness is regarded as the most desirable feature, and that this may be mutually expressed by both people of color and other White people (McKeown et al., 2010). In this case, people of color may very well indicate inclusionary preferences on their profiles (e.g., stating that they ‘prefer white guys’), but there has been minimal discussion about instances in which a person makes exclusionary, degrading, or objectifying comments about members of their own race. It does appear that some racial/ethnic minorities may discriminate against other racial/ethnic minorities (e.g., a Latino person writing ‘no blacks’ on their profiles), but even these dynamics have yet to be explored in depth. Indeed, this lack of discussion may reflect the possibility that White individuals are the most likely perpetuate RSD, but this remains an empirical question. As researchers continue to move the conversation forward on RSD, it will be

important to capture the nuance of how different people from different racial/ethnic groups both perpetuate and experience RSD.

While there is significantly more work to be done on the phenomenon of RSD, studies have managed to highlight a multitude of ways in which RSD manifests, such as exclusionary/inclusionary racial preferences, explicitly communicated rejection, being ignored, devaluation/degradation, negative racial stereotypes, and the eroticization/objectification of men of color. These studies are also rich with qualitative data and are highly explorative in their designs, which is in an important methodological avenue for a phenomenon that is not well represented in the public health literature. However, there is a considerably less research on this subject that takes a more quantitative approach, and that attempts to test associations between this phenomenon and important health outcomes faced by young gay and bisexual men of color. Moving forward, it will be important to examine RSD in the context of psychological wellbeing, an outcome that has been largely overlooked in the public health discourse addressing this population.

### **Psychological Wellbeing across Race/Ethnicity and Sexual Orientation**

The literature exploring racial/ethnic differences on the prevalence of depression is highly contentious. Most studies to date indicate that White populations exhibit higher rates of major depressive disorder, and proclaim that there are no differences on the basis of race/ethnicity in the odds of reporting depressive symptoms (Aneshensel, Clark, & Frerichs, 1983; Riolo, Nguyen, Greden, & King, 2005; Somervell, Leaf, Weissman, Blazer, & Bruce, 1989; Uebelacker, Strong, Weinstock, & Miller, 2009). However, many researchers have challenged these conclusions, as data continues to emerge that calls these earlier findings into question. Data from the National Health and Nutrition Examination Survey (NHANES) collected

between 2005 and 2006 revealed that 8% of Non-Hispanic Black Americans qualified as having depression, compared to 6.3% of Mexican Americans and 4.8% of Non-Hispanic Whites (Pratt & Brody, 2008). Issues related to under/misdiagnoses, measurement instruments, failure to account for cultural factors, failure to recognize depressive symptoms on the part of both physicians and individuals; underutilization of health services, issues related to health insurance, and poor access to treatment, have all been brought to the forefront to explain the lower rates of depression diagnoses among Black and Latino males (Crockett, Randall, Shen, Russell, & Driscoll, 2005; Dunlop, Song, Lyons, Manheim, & Chang, 2003; Gonzalez et al., 2010; Lewis-Fernández, Das, Alfonso, Weissman, & Olfson, 2005; Neighbors, Jackson, Campbell, & Williams, 1989; Neighbors, Caldwell, Williams, & et al., 2007; Watkins, Green, Rivers, & Rowell, 2006; Watkins & Neighbors, 2007; Watkins & Neighbors, 2012). Researchers have also noted that MDD manifests more severely in Black Americans relative to Whites, and is often left untreated for longer durations (Williams et al., 2007).

Among gay men, depression is noted to be markedly high, and though the number of studies examining depression among gay/bisexual men of color is modest, several researchers have noted that depressive symptoms do appear to be elevated among both Black and Latino gay/bisexual men, with disproportionately high numbers appearing to be at-risk for suicide (Guarnero & Flaskerud, 2008; Hightow-Weidman et al., 2011; Magnus et al., 2010; Meyer, 2003; O'Donnell, Meyer, & Schwartz, 2001; Wohl, et al., 2011; Zea, Reisen, & Poppen, 1999). Researchers propose that poor psychological functioning among this population may be due to an amalgam of factors, including the stress of racism, homophobia, heteronormativity, disproportionate HIV infection, and rejection from others within their communities, which may include both LGBT and Black/African-American social spaces (Arnold et al., 2014; Harper &

Wilson, 2016; Jamil, Harper, & Fernandez, 2009; Loiacano, 1989; O'Donnell et al., 2011; Wilson & Harper, 2013). While the contribution of racialized sexual experiences to these poor health outcomes is unknown, there is a clear need to address concerns related to depressive symptomatology among young gay and bisexual men of color. This is especially true for young Black gay and bisexual men, as investigators have reported that there is a noteworthy deficit of research that addresses psychosocial functioning among this population (Wade & Harper, 2017). As such, all factors that potentially contribute to poor mental health outcomes among this gay and bisexual men of color warrant closer investigation, especially those that currently remain unknown.

Positive self-affirmations, such as self-esteem and self-worth, are another marker of psychological wellbeing that have received some attention in the psychological and public health literature. Unlike depressive symptomatology, however, the research on self-esteem and self-worth among Black men, gay/bisexual men, and the intersection of those two identities, is comparatively small. However, there are studies that suggest that racism may have an adverse effect on the self-esteem of racial/ethnic minorities—and gay/bisexual men of color in particular—in addition to other markers of overall psychological health (Diaz, Ayala, Bein, Henne, & Marin, 2001; Schmitt, Branscombe, Postmes, & Garcia, 2014; Verkuyten, 1998).

It should be noted that the distinctions between 'self-esteem' and 'self-worth' are not clearly delineated in the literature, and appear to share considerable overlap. However, these constructs are related to the broader domain of self-affirmations, which are known to protect one's sense self-worth in the presence of stressors that pose a threat to an individual's overall self-concept (Critcher & Dunning, 2015). Self-affirmation constructs are also more frequently assessed as a predictor in many analytic models, rather than an outcome. For example, Sherman

and colleagues (2009) demonstrated that positive self-affirmations serve to reduce the negative effects of stress on an individual's health, and many more studies have examined the ways in which self-esteem is associated with positive health and an overall sense of wellbeing (Evans, 1997; Furnham & Cheng, 2000; Mann, Hosman, Schaalma, & De Vries, 2004). A holistic model of psychological functioning generally includes both positive and negative affective and dispositional states (Ryff, 1989), and these variables may be positioned as either predictors or outcomes, depending on the types of research questions being asked.

Critcher and Dunning's (2015) recent research on self-affirmation resulted in their construction of a measure of feelings of self-worth, that includes both positive and negative markers of self-worth. A measure that captures this more nuanced conceptualization of the value of one's self may be superior to traditional measures of self-esteem for a number of reasons. For one, Critcher and Dunning's self-worth measure captures a broader emotional range that may better represent the feelings experienced by gay/bisexual who experience RSD, including shame, humiliation and inferiority. In contrast, the Rosenberg Self-Esteem scale, a more widely used measure of assessing an individual's perceived value, is slightly more limited in scope (Rosenberg, 1979). Second, Critcher and Dunning's measure attempts to capture an individual's sense of self-confidence. This may be particularly relevant for RSD, given that this phenomenon is grounded in a sexual context, where matters of self-confidence may be especially pertinent. Overall, it will be important to capture a psychological state with a positive valence when examining psychological health as a whole, and a measure of self-worth may prove to be well suited as an outcome to examine the hypothetical construct of RSD.

### **Towards a Theoretical Framework of RSD**

The Transactional Model of Stress and Coping serves as a useful framework for guiding the conceptualization of RSD and its potential harmful effects on gay/bisexual men of color (Folkman, 1997; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Lazarus & Folkman, 1984). In this model, RSD would be positioned as a stressor, that leads to two cognitive appraisal processes: primary and second appraisal. While Lazarus and Folkman posit multiple types of primary and secondary appraisal, there is one of each that perhaps stands out as the most pertinent when exploring the subject of RSD. One primary appraisal construct that may be especially important is perceived severity. Perceived severity is generally regarded as the extent to which someone evaluates a stressor to be a significantly negative event (Wenzel, Glanz, & Lerman, 2000). The degree to which an individual perceives any particular aspect of RSD to be significantly negative may influence their coping efforts and/or method of coping. Secondary appraisal happens either immediately after primary appraisal, or concomitantly. While primary appraisal is characterized as a threat evaluation, secondary appraisal is defined as a resource evaluation, where an individual determines whether or not they have the capacities to manage the stressful situation. Coping self-efficacy is one type of secondary appraisal that may be especially important when examining RSD. Coping self-efficacy is defined as one's expectations about one's own ability to cope with a stressor (Wenzel et al., 2000). Similar to primary appraisal, one's perception of how effective their coping skills are will prime the individual to employ one or more coping methods to most effectively deal with the stressful experience.

Both primary appraisal and secondary appraisal lead to coping efforts in the theory of stress and coping. Problem-solving and emotion-based coping are often highlighted as two primary coping strategies when confronted with a stressor (Folkman 1997; Folkman et al., 1986; Wenzel et al., 2000). With a stressor such as RSD, where little can be done about the behavior of

individuals on the internet, most individuals who experience this stressor may be forced to rely on emotion-regulation coping efforts to avert negative psychological outcomes. Emotion-focused coping strategies are noted to be complex and varied, as there are both positive and negative emotional regulation strategies. Researchers have noted that emotional regulation strategies that involve avoidance or disengagement are often maladaptive and may worsen health outcomes (Wenzel et al., 2008). In one study, researchers reported that Black college students who experienced discrimination were more likely to employ such strategies, and that these coping mechanisms were associated with lower scores on life satisfaction and self-esteem (Utsey & Ponterotto, 2000). In the case of RSD, avoidant coping strategies (i.e., disengaging from online partner seeking) may be one of the few options available to those who experience distress in these venues. Unfortunately, this coping method may do little to avert the negative health consequences that stem from RSD, leaving many gay/bisexual men with a diminished capacity to mitigate the stress of racialized sexual experiences online. Figure II.1 presents an illustration of the hypothetical pathway between RSD and psychological health outcomes.

### **Racial/Ethnic Identification**

Ethnic identification is a construct that may play a central role in examining the relationship between RSD and psychological wellbeing. Ethnic identification is best characterized as an individual's attachment to their ethnic background, and the degree to which they derive a robust sense of self with respect to their ethnicity (Phinney, 1989; 1990; 1992). For racial/ethnic minorities, developing a strong, positive sense of ethnic identity is central to a positive conception of one's self and of one's value, and is a critical developmental process throughout the course of adolescence and young adulthood (Phinney, 1989; 1990). Researchers have noted that, among racial/ethnic minorities, having a strong, positive ethnic identity is



associated with better outcomes in psychological health and wellbeing (Rivas-Drake et al, 2014; Roberts et al., 1999; Syed et al., 2013; Williams, Chapman, Wong, & Turkheimer, 2012).

Among Black Americans in particular, a recent meta-analysis of studies that examine ethnic identity and psychological distress also provided evidence that positive racial/ethnic identification is associated with better psychological health outcomes (Lee & Ahn, 2013).

While strong ethnic identity has often been implicated in positive health outcomes, there is also evidence that having a strong ethnic identity may exacerbate negative health outcomes when confronted with stressors that threaten a person's identity. In one study, researchers reported that racial/ethnic minorities who were more strongly identified with their ethnicity had stronger negative responses to instances of prejudice (Operario & Fiske, 2001). Among Black college students, researchers reported that participants who had a stronger sense of racial/ethnic identity were more sensitive to stressors that were culture specific (Neville, Heppner, & Wang, 1997). A recent study examining depressive symptoms among different Asian-American sub-populations also called into question the uniform protective attributes of high racial/ethnic identification (Ai, Nicdao, Appel, & Lee, 2015). In this case, when exposed to instances of discrimination, the modifying effect of ethnic identification varied in direction across different sub-groups. However, yet another recent study examining the relationship between perceived discrimination and depressive symptoms across a large, multiethnic sample of college students, revealed that ethnic identity had no modifying effect between these two variables at all (Donovan et al., 2013).

The literature reveals a complex and inconsistent picture with respect to the protective qualities of ethnic identification across different populations and contexts. Because there is essentially no research on the relationship between RSD and ethnic identification, it is difficult to

predict the ways in which having a strong ethnic identity will function to modify the relationship between RSD and psychological wellbeing. However, it is conceivable that gay/bisexual men of color who are strongly identified with their ethnicity may experience worse psychological health outcomes when exposed to RSD in online partner-seeking venues. Ethnic identification involves a social component in its conceptualization, as this construct is partially defined by developing a sense of self through a shared group identity. The phenomenon of RSD, however, is largely experienced in solitude (or interpersonally, along with the individual who is perpetrating the discriminatory behavior), and there is little evidence at this point to suggest that gay/bisexual men of color discuss these racialized encounters with their support networks, or seek other gay/bisexual men of color in similar situations to process these shared experiences. In the absence of social support, which is known to buffer the effects of a stressor (Wenzel et al., 2000), being strongly identified with a group identity without having access to said group to process a racialized experience, may render the protective qualities of group identification functionally inert. In the absence of the validation, reassurance, and solidarity that comes from processing a shared experience with members of one's identity group, experiencing RSD and being strongly identified with one's ethnicity may only elevate negative responses to these experiences, and result in poorer psychological health outcomes. Indeed, it is an empirical question that remains to be answered with this specific form of racialized stress among this specific population. As such, ethnic identification's role in the experience of RSD and psychological wellbeing will be important to assess in future studies that explore these relationships.

### **Intra/Inter-personal Factors and Psychological Wellbeing**

In pursuit of a robust model that examines RSD and psychological wellbeing, it is important to note that there are other variables that may account for some degree of the variance in psychological wellbeing, especially in the context of online-partner seeking. One especially important factor to consider would be the amount of time than an individual spends online looking for intimate partners. For one, those who spend more time looking for sexual partners in these venues simply have more opportunities to be exposed to instances of RSD. While there is an extensive literature on the subject of online partner seeking and HIV risk (Bauermeister, 2012; Bauermeister, Leslie-Santana, Johns, Pingel, & Eisenberg, 2011; Bolding, Davis, Hart, Sherr, & Elford, 2005; Liao, Millett, & Marks, 2006; McFarlane, Bull, & Rietmeijer, 2000; Mustanski, 2007), there is considerably less research on the association between online partner seeking and markers of psychological wellbeing. Given the deficit of research on this topic, and its potential relevance to examining the association between RSD and psychological wellbeing, frequency of online partner seeking will be an important individual-level factor to take into account.

There is a generous amount of research indicating that self-perceptions of one's own attractiveness is associated with markers of psychological wellbeing (Bale & Archer, 2013; Brennan et al., 2013; Duncan, Strycker, & Chaumeton, 2015; Ehlinger & Blashill, 2016). Researchers have employed a variety of different measures to capture one's self-perception of attractiveness, including body image, self-perceived physical attractiveness, and self-perceived sexual attractiveness (Amos & McCabe, 2015; Bale & Archer, 2013; Brennan et al., 2013; Duncan et al., 2015; Ehlinger & Blashill, 2016). However, Wade (2000) reported that self-perceived sexual attractiveness (SPSA) is a distinct construct from self-perceived physical attractiveness, and therefore may be the most salient measure to use in contexts that are

specifically sexual in nature. In the case of RSD, in spaces where men are seeking other men for casual sex, SPSA may be an especially prominent characteristic that accounts for a portion of the variance in psychological wellbeing. This is especially true in situations where racially-mediated physical characteristics (e.g., skin color, stereotypes about anatomy) may play a role in the selection or rejection process (Wade, 2008). Therefore, it will be important for researchers to account for participants' perception of their own sexual attractiveness when examining the relationship between RSD and markers of psychological wellbeing.

Sensitivity to rejection is another individual-level characteristic that may factor in to psychological wellbeing in the context of RSD. Because racially-mediated rejection is a documented component of RSD, it may be important to account for the degree to which individuals have a high sensitivity to being rejected in more general terms (Callander, Holt, & Newman 2012; Callander, Newman, & Holt, 2015; Paul et al., 2010). Researchers have reported that perceived rejection is associated with poorer psychological health outcomes, especially when rejection occurs in intimate partner contexts (Downey & Feldman, 1996; Nolan, Flynn, & Garber, 2003). Experiencing rejection is central to the overall phenomenon of RSD among gay/bisexual men of color, and, indeed, a common occurrence in online dating venues. Consequently, the extent to which an individual is sensitive to being rejected may account for some portion of the variance in psychological health outcomes, in situations where rejection is likely to be frequently encountered.

Yet another important intrapersonal characteristic related to RSD is internalized racism, also referred to as appropriated racial oppression. Internalized racism has received significant attention in the literature, and researchers note that there are a variety of ways in which internalized racism manifests. In general, internalized racism is present when members devalue

their own group membership, hold negative attitudes about members from their own racial/ethnic group, and/or identify the dominant group to be superior or preferred in some way (Campón & Carter, 2015; Cokley, 2002; Hughes, Kiecolt, Keith, & Demo, 2015; Lipsky, 1987; Pyke, 2010; Tappan, 2006). Researchers have also reported that internalized racism has a positive association with depressive symptoms and other markers of psychological distress among Black Americans—and among a sample of Black LGBTQ individuals, internalized racism had a negative association with self-esteem (Szymanski & Gupta, 2009; Taylor, Henderson, & Jackson, 1991; Williams, 1999). Internalized racism is an essential factor to consider with respect to RSD, especially when accounting for some of the nuance that may exist when it comes to racial/ethnic minorities perpetuating RSD themselves. Internalized racism may indeed be reflected in some manifestations of RSD, where racial/ethnic minorities indicate a preference for Whites, or a dislike for other racial/ethnic minorities. Nevertheless, because the evidence suggests that internalized racism is positively associated with poor psychological health, researchers may want to consider this important intrapersonal factor when addressing the phenomenon of RSD.

One interpersonal-level characteristic that may be of importance is relationship status, though the contribution of this factor to psychological wellbeing in the context of RSD is less clear. Non-monogamous relationships are common among gay men, and take on a variety of forms, with different rules and restrictions that may or may not be explicitly negotiated among partners (Hoff & Beougher, 2010; Mitchell, 2014; Parsons, Starks, Gamarel, & Grov, 2012; van Eeden-Moorefield, Malloy, & Benson, 2016). While there is little evidence to suggest that gay/bisexual men of color discuss their racialized experiences with social support networks (i.e., friendship or family networks), there is evidence demonstrating that communication about sexual

experiences among non-monogamous couples does occur, and is often a healthy component of a non-monogamous arrangement (Mogilski, Memering, Welling, & Shackelford, 2015). It may be the case, then, that inaccessible social support resources may be supplanted by a romantic partner, with whom an individual may be more likely to discuss sexual experiences (and include the racialized components of these experiences). This possibility, coupled with new research indicating that being in a relationship provides psychological health benefits for gay men (Parsons, Starks, DuBois, Grov, & Golub, 2013), could mean that being in a relationship may account for some portion of the variance in psychological wellbeing in the context of RSD.

### **Conclusions and Steps Forward**

To expound upon current understanding of the phenomenon of RSD, researchers may consider contextualizing the phenomenon in a stress and coping framework, and applying quantitative methodologies to examine its relationship with psychological health outcomes. Researchers may first consider examining the main effects between RSD and psychological health outcomes, before testing the moderating effects of ethnic identification (see Figure II.2). In this scenario, researchers might estimate a hierarchical linear regression model with an interaction term (RSD x racial/ethnic identification), where higher scores on ethnic identification might be expected to exacerbate the impact of RSD on psychological health (Aiken & West, 1991). Alternatively, researchers may reasonably predict that higher scores on ethnic identification will buffer the effects of RSD. Both hypotheses may be justified by the literature addressing the potentially protective or exacerbating effects of ethnic identification in the face of discrimination (Ai, Nicdao, Appel, & Lee, 2015; Neville, Heppner, & Wang, 1997; Operario & Fiske, 2001; Rivas-Drake et al, 2014; Roberts et al., 1999; Syed et al., 2013; Williams, Chapman, Wong, & Turkheimer, 2012).

Next, researchers may consider testing the mediation pathway between RSD and psychological health outcomes, by situating either the primary appraisal of RSD (e.g., perceived severity) or secondary appraisal of RSD (e.g., coping self-efficacy) as the mediator between the stressor and the outcome (see Figure II.3). In such a design, researchers would test for total effects (i.e., the relationship between the predictor and outcome) and for direct effects (i.e., the relationship between the predictor and outcome, after controlling for the mediator), as well as indirect effects (i.e., the value of the pathway between the predictor and the mediator multiplied by the value of the pathway between the mediator and the outcome) (Preacher & Hayes, 2004). With a more advanced analytic approach, researchers may also use a multiple mediation analysis in the event that the two mediators are causally ordered (i.e., mediator 1 affects mediator 2, but not the other way around) (Daniel, De Stavola, Cousens, & Vansteelandt, 2015). This type of analysis would most closely resemble the complete pathway as outlined in stress and coping theory. In this case, researchers would examine the pathway from stressor (RSD) to appraisal (perceived severity or coping self-efficacy [mediator 1]), appraisal to coping (e.g., emotional regulation [mediator 2]), and from coping to the outcome (psychological health) (see Figure II.4). As with a simple mediation model, researchers would test for total effects, as well as direct effects, while controlling for two mediators instead of one. Researchers would also test for indirect effects, though researchers will be computing the values of four pathways instead of two.

Overall, researchers have found that racialized language and interaction is pervasive in online partner-seeking venues catering to gay/bisexual men, and that gay/bisexual men of color are regularly exposed to such language and interactions. Some researchers have suggested that this exposure may have adverse consequences for the psychological health and wellbeing of gay/bisexual men of color. Specifically, these persistent racialized experiences may be associated

with higher rates of depressive symptoms, or a lower sense of self-worth. Moreover, there is evidence suggesting that having a strong ethnic identification may exacerbate the effect of racialized experiences on markers of psychological wellbeing. In other words, individuals who find their racial/ethnic background to be especially salient to them may experience even stronger negative emotions when exposed to RSD.

Gay/bisexual men of color are already disproportionately overrepresented across a number of poor health outcomes—and psychological wellbeing is no exception. However, given that psychological wellbeing is seldom addressed in this population, it is important for researchers to investigate the complex social phenomena that contribute to these health outcomes, while taking into account the unique experiences of this population. Exploring the relationship between RSD and psychological wellbeing would provide an innovative and potentially significant contribution to the literature on this marginalized population.



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Figure II.1: Conceptual Model of RSD

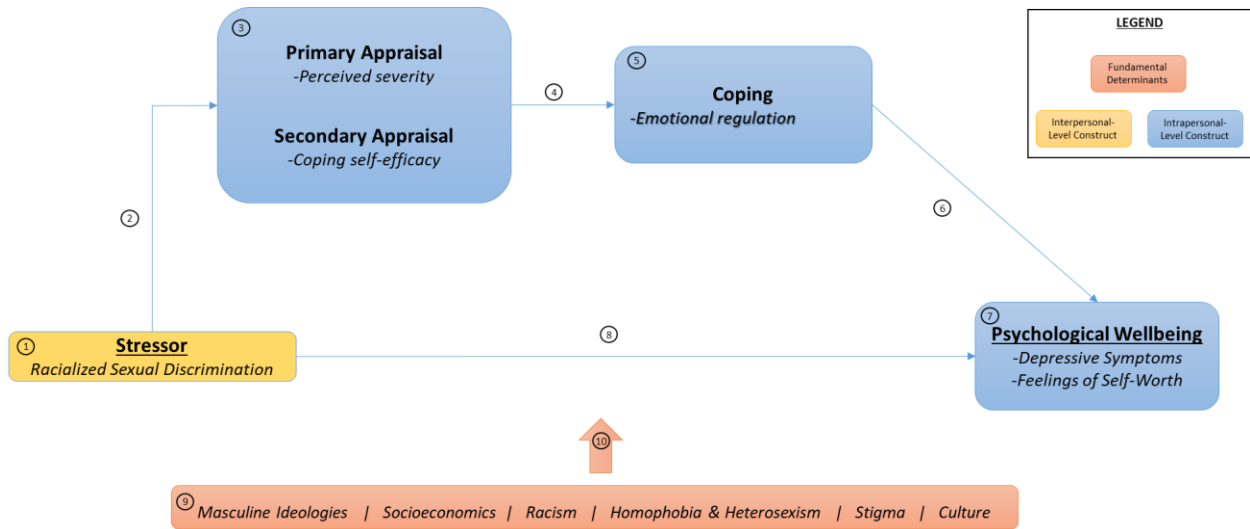


Figure II.2: Interaction Model of RSD and Ethnic Identification on Psychological Wellbeing

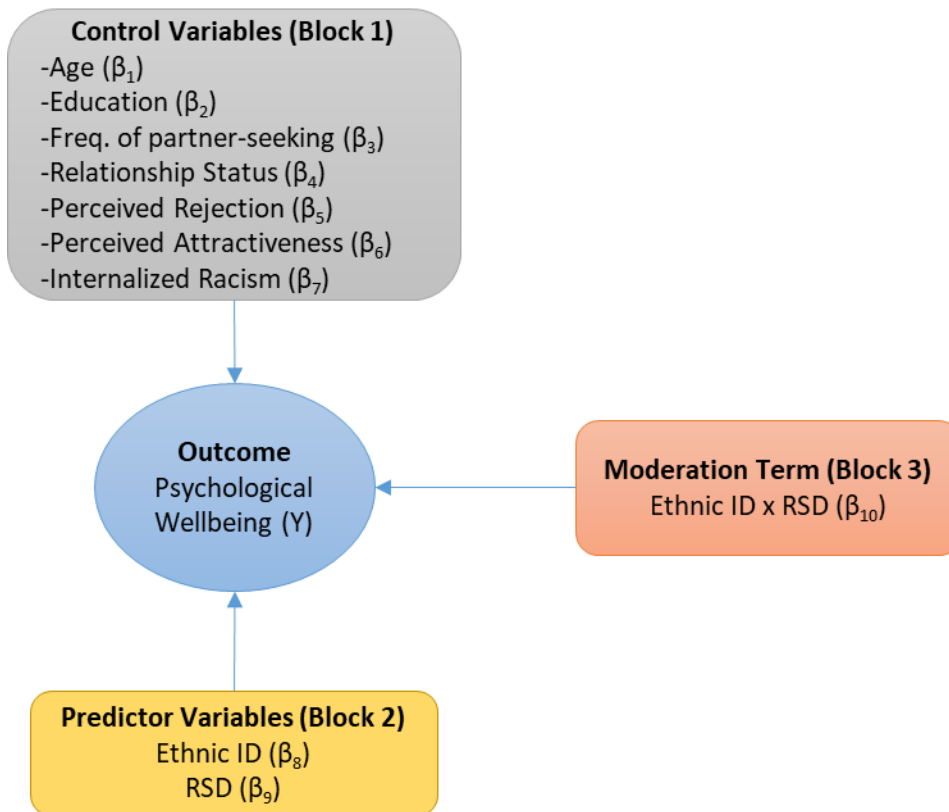


Figure II.3: Stress and Coping Single Mediation Model of RSD and Psychological Wellbeing

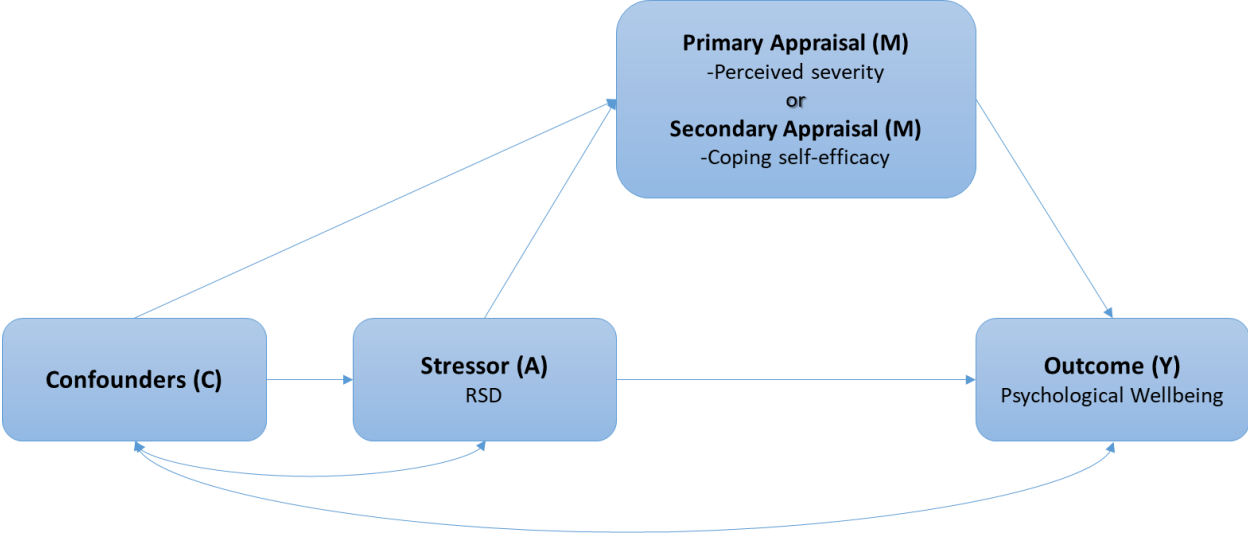
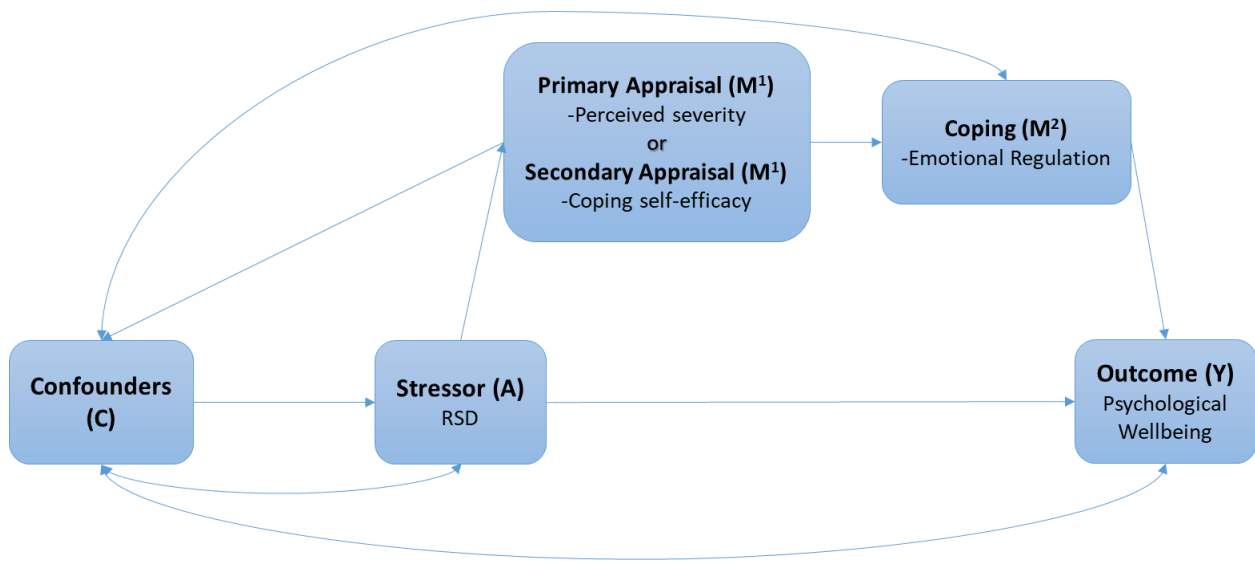


Figure II.4: Stress and Coping Double Mediation Model of RSD and Psychological Wellbeing



## CHAPTER III

### **Scale Development: How is Racialized Sexual Discrimination accurately described and measured?**

Online and mobile app-based partner-seeking is near ubiquitous among adolescents, especially among young gay and bisexual men (Bolding, Davis, Hart, Sherr, & Elford, 2007; Grosskopf, LeVasseur, & Glaser, 2014). Within these spaces, researchers have noted that race-based discriminatory preferences, as well as racial stereotypes, are common—and are often made explicit on user profiles, or through messages exchanged between users (Callander, Holt, & Newman, 2012; Paul, Ayala, & Choi, 2010; White, Reisner, Dunham, & Mimiaga, 2014; Callander, Newman, & Holt, 2015). Researchers have referred to this phenomenon using different descriptions, such as sexual racism, race-based sexual preferences, and other similar terms. Henceforth, the researchers will refer to this phenomenon as Racialized Sexual Discrimination (RSD). While RSD has received attention in popular media, LGBT news outlets, and personal web blogs, it remains a relatively new area of study in the social science and public health literature. Gay and bisexual men of color constitute the majority of those who experience this type of discrimination, and these populations have been the primary focus of researchers who have investigated the phenomenon.

Most of the work in this area has involved the use of qualitative methods, ranging from in-depth interviews and focus groups, to content analyses of user profiles on mobile apps and dating websites. Researchers note that there are a variety of manifestations of RSD. Often, RSD is first encountered at the level of viewing user profiles. Profiles may include content specifying that there are particular racial/ethnic groups that are desirable, or content specifying that there are particular racial/ethnic groups that are *not* desirable. Such content represents inclusionary and exclusionary racial preferences, respectively, and users may make these preferences explicit on their online profiles (Paul et al., 2010; White et al., 2014). In many cases, members from racial/ethnic minority groups are excluded (e.g., profiles may include content saying “no Blacks” or no “Asians”), whereas White men are often referenced as a preferred race (e.g., profiles may include content saying “White men only”) (Callander et al., 2012; Callander et al., 2015; Robinson, 2015). In some cases, users even express overtly degrading or mean-spirited comments about people from particular racial/ethnic backgrounds (e.g., claims that people from certain racial/ethnic backgrounds are uneducated or unclean) (Callander et al., 2015; McKeown, Nelson, Anderson, Low & Elford, 2010; Robinson et al., 2015). This appears to be the least common manifestation of RSD, given the social unacceptability of making public and deliberately malicious statements about certain racial/ethnic groups. Nonetheless, overtly hostile and degrading comments about race/ethnicity may evoke some of the strongest emotional reactions to RSD, and is an important manifestation to account for when addressing this phenomenon.

In addition to exclusionary and degrading content on user profiles, RSD can also manifest in the form of rejection during a written exchange between users. Such rejection can be overt (e.g., a user makes it explicit that he is rejecting another user because of his race/ethnicity) or it

can be covert and inferred (e.g., a user simply ignores messages from people from certain racial/ethnic backgrounds). In the case of the latter, many gay and bisexual men of color indicate that their messages to White men frequently go unanswered, and some of these men feel as though they are being ignored because of their race/ethnicity (McKeown et al., 2010). In some instances, however, men of color may actually be sought after in a RSD context. The eroticization/objectification of individuals from certain racial/ethnic backgrounds is a common theme in the literature exploring this phenomenon. In these instances, men of color are seen as desirable because of their phenotypic traits (e.g., skin color), stereotypes about their physical characteristics (e.g., penis size), stereotypes surrounding sexual positioning (e.g., being the insertive or receptive partner in anal sex), or stereotypes about the roles these men should embody in a sexual encounter (e.g., being more dominant or more submissive) (Plummer, 2007; Wilson et al., 2009). Even though eroticization of this sort may provide some men of color with sexual opportunities (as opposed to being denied as a sexual partner), these men mostly find these objectifying experiences to be just as troublesome as being excluded or rejected on the basis of their race/ethnicity (McKeown et al., 2010; Paul et al., 2010).

Researchers have suggested that RSD may have potentially adverse effects of the health of young gay and bisexual men of color. Specifically, individuals subject to these experiences may have an eroded sense of self-worth and self-esteem over time (Paul et al., 2010). Individuals who experience RSD may also be at greater risk for developing depressive symptoms, as a result of being constantly devalued and rejected. It is well documented that rates of depression and suicidal ideation among gay and bisexual men are already disproportionately higher than straight communities, and it has also been reported that Black and Latino gay men in particular are at elevated risk for suicide (Guarnero & Flaskerud, 2008; Hightow-Weidman et al., 2011; Magnus

et al., 2010; Meyer, 2003; O'Donnell, Meyer, & Schwartz, 2001; Wohl, et al., 2011; Zea, Reisen, & Poppen, 1999). However, the degree to which RSD contributes to mental health risk among racial/ethnic minority gay men is currently unknown. The social science literature examining the mental health effects of general discrimination on the basis of both race/ethnicity and sexual orientation may provide some clues. This literature is robust, with ample evidence indicating that discrimination may have a significant negative effect on mental health and psychological wellbeing (Kessler, Mickelson, & Williams, 1999; Mays & Cochran, 2001; Mays, Cochran, & Barnes, 2007; Meyer, 1995; Meyer, 2013; Pieterse & Carter, 2007; Williams & Williams-Morris, 2000; Williams & Mohammed, 2009). However, there is considerably less research examining the discrimination experiences of young gay/bisexual men of color (Wade & Harper, 2017). Researchers have also developed a number of quantitative measures to capture the experiences of racism and discrimination for many racial/ethnic minority groups, and these scales have been used to investigate the association between discrimination and a large variety of health outcomes for racial/ethnic minorities (Brondolo et al., 2005; Harrell, 1997; Harrell, Merchant, & Young, 1997; Harrell, 2000; Landrine & Klonoff, 1996; Nadal, 2011). However, scales intended to measure the phenomenon of RSD, as experienced by young gay/bisexual men of color in online spaces, are limited both in number and scope (Kecojevic, Wong, Corliss, & Lankenau, 2015a; Kecojevic et al., 2015b). Moreover, there is limited quantitative research on this phenomenon altogether, and even less research that systematically examines the association between RSD and psychological health. In order to understand this phenomenon in a more holistic manner, and in order to make inferences about its association with health and wellbeing, it will be important to adequately define and measure RSD.



To this end, the present study serves to build upon the current scientific literature examining this phenomenon. The specific aim of this study was to gather sufficient input on the phenomenon of RSD, in order to develop a scale that captures the full extent of this construct. To accomplish this goal, the researchers conducted focus groups comprised of key informants to validate the construct of RSD, and to generate survey items for a RSD scale. Based on a review of the emergent themes in the literature (Callander et al., 2012; Callander et al., 2012; McKeown et al., 2010; Paul et al., 2010; Robinson, 2015; White et al., 2014), the researchers hypothesized that RSD can be organized into four domains: (1) Exclusion; (2) Rejection; (3) Degradation, and; (4) Erotic Objectification. Within these domains, the researchers aimed to develop items that capture the *effect* (i.e., to what degree does the experience have a negative effect on an individual), the *frequency* (i.e., how often an individual encounters the experience), and the *beliefs* (to what degree does an individual perceive a particular experience to be racist) of any given experience.

Upon verification of these domains through a series of focus groups, the researchers then aimed to develop an RSD scale organized around these four categories. This scale was included in a nationwide survey that examined the racialized sexual experiences that young Black gay/bisexual men (YBGBM) encounter when seeking sex partners online. The researchers then sought to use the data collected in this survey to perform a factor analysis on the scale, in order to verify its factor structure, and to perform reliability and convergent validity assessments on the completed scale. The researchers hypothesized that a four-factor structure, in line with the proposed domains, would emerge from the factor analysis. The researchers further predicted that the complete scale, and all subscales, would demonstrate strong reliability, as well as high convergent validity with a similar scale measuring the severity of racist life experiences.

## **Method: Study 1**

### **Participants**

**Eligibility Criteria.** In order to be deemed eligible for the study, participants had to: (1) be at least 18 years of age; (2) be willing to commit to a 1.5 hour study; and (3) identify as a gay or bisexual man of color and/or work directly with this population in a professional capacity. Those working with this population in a professional capacity had to actively address any or all of the following topics with their clients: (1) sexuality, (2) racism, (3) sexual health/behavior, (4) dating/relationships.

**Recruitment.** All prospective participants were sent a standardized recruitment invitation via e-mail (see Appendix A), that included basic inclusion criteria for the study, and a link to the screening questionnaire and consent form (see Appendix B). The researchers have collaborative affiliations with other researchers and service providers in various LGBT and HIV organizations throughout Southeast Michigan, who focus their efforts on serving gay/bisexual men of color. Many of these individuals also identify as gay/bisexual men of color, and were thus ideal candidates for inclusion in this study. In such cases, the researchers had the e-mail addresses of these individuals due to prior affiliations, and these study candidates were sent a recruitment e-mail, following IRB approval of the study. In all remaining cases, e-mail addresses for prospective participants were obtained through their organization's website.

Participants who completed the screening questionnaire and consent form also indicated which times and dates they were available to participate in the focus groups. After signing up for a time and date, the researchers sent a verification form to study participants via e-mail for a final confirmation of their eligibility, availability, and consent to participate in the study (see

Appendix C). Finally, participants were sent a group assignment e-mail to inform them of the date, time, and location of their group one week prior to their assigned meeting date (see Appendix D).

## **Procedure**

**Focus Groups.** Interested participants completed a screening questionnaire to determine their eligibility, and to indicate their availability to participate in the study. Those consenting to participate in the study took part in a focus group designed to generate survey items that capture the multifaceted phenomenon of RSD. Participants were not assigned to groups based on whether they identified as a gay/bisexual man of color, or whether they were a professional working with this population (i.e., focus groups were open to include both community members and professionals). A total of four focus groups were conducted, and consisted of three to five participants each. A total of 16 participants participated in the focus groups. For each group, the researchers defined the construct of RSD, and identified the hypothetical domains that make up the construct. The researchers wrote the four hypothetical domains (Exclusion, Rejection, Degradation, and Erotic Objectification) on the white board for the group to discuss. The researchers provided examples of potential survey items that captured certain elements of a domain, so that the participants would have a clearer sense of what the end goal of the project might look like (see Appendix E for Focus Group Guide and sample items). Participants were then asked to provide input on what type of items/themes should be included on an instrument measuring RSD, and offered suggestions about how the researchers might modify existing items/themes. Examples of participant probes include the following: (1) what are your overall thoughts on the concept we have created? (2) What would you add/remove to the concept? (3) Are there any dimensions beyond exclusion, degradation, erotic objectification that you would

include? (4) Should any of our proposed dimensions be broken apart or fleshed out in a more nuanced way? Throughout the entire course of the discussion, participants were encouraged to use a pseudonym in place of their real names, in order to protect their privacy. In addition, participants were given a confidentiality agreement form upon entering the study site, which asked them not to share any information discussed in the focus group, including the identities of other participants. Participants checked a box agreeing to the confidentiality agreement before proceeding (see Appendix F).

The researchers co-facilitated each focus group, and took electronic notes on a laptop computer during the course of the discussion. All data collected during the focus groups were anonymous, as the researchers did not record any names or identifiers during the note-taking process. Each focus group lasted for 1.5 hours, and participants received \$20 USD as compensation for their time and transportation. Study data were kept in an encrypted and firewall-protected server, and The Institutional Review Board at the University of Michigan approved all study procedures.

**Cognitive Interviews.** RSD scale items were constructed after completion of the focus groups (see Results section). After the scale was created, cognitive interviews were conducted to assess the readability, comprehension, meaning, and wording of the completed scale. Cognitive interviewing is a form of survey pre-testing to assess the appropriateness and viability of a research instrument, and is especially useful when developing new measures that address diverse racial/ethnic groups (Collins, 2003; Nápoles-Springer, Santoyo-Olsson, O'brien, & Stewart, 2006; Peterson, Peterson, & Powell, 2017). Cognitive interviewing has been shown to improve data quality by determining whether research respondents are processing and understanding survey items in the way that the author intends them to be understood, and that this

understanding is consistent across respondents (Collins, 2003; Drennan, 2003; Jobe & Mingay, 1987). Cognitive interviewees had to be over 18 years of age and fit the demographic profile of the target population (e.g., young Black-identified gay/bisexual men), and were asked to complete the survey and provide feedback on their comprehension of each item. Respondents ( $N=6$ ) included a mixture of individuals who participated in the focus groups, as well as individuals who were not involved in the focus groups.

**Expert Panel Review.** After developing the final items, the completed scale was reviewed by a panel of experts ( $N=7$ ). Panel experts had to be established academic researchers who specialized in gay/bisexual men's health, and had to have extensive experience in addressing issues related to both race and sexual behaviors among gay/bisexual men. Expert panel reviews are commonly used and generally recommended to assess the content and quality of newly developed research instruments (Davis, 1992). We asked each member of the panel to review the scale independently, and to assess the degree to which each item is culturally and developmentally sound. Experts were also asked to assess each item for conceptual clarity and appropriateness, in addition to evaluating whether the scope of the proposed construct was sufficiently addressed.

### **Data Analytic Strategy**

Thematic analyses of participant responses were conducted. All responses were evaluated to determine the degree to which they match the proposed domains of RSD developed by the researchers, or whether they are unique enough to warrant the creation of new domains for the scale. Items that describe a particular experience were constructed based on the summaries and consensus of the group, and were reflective of the agreed upon domains. Participant feedback on the accuracy and completeness of proposed domains were evaluated, and appropriate changes

were made to strengthen or augment the items and/or domains. Following the focus groups, alteration of the scale items, wording, and presentation—in accordance with participant and expert panel feedback—were made at the researchers’ discretion.

## **Results: Study 1**

### **Focus Groups**

A total of four focus groups were conducted and included a total of 16 participants. The first group ( $N=3$ ) consisted of two Black men and one White woman. The White woman in attendance was a HIV/AIDS health professional working in the community. The second group ( $N=4$ ) consisted of three Black men and one Southeast Asian man. The third group ( $N=4$ ) consisted of four Black men. Finally, the fourth group ( $N=5$ ) consisted of five Latino men.

The consensus across all focus groups was that the four proposed domains of RSD were wholly representative of the broader construct. Participants affirmed that these categories were reflective of their understanding and personal experiences. One participant proposed a possible 5th category, but was unsure of how to label it. He suggested ‘stereotyping’ [non-erotic] as a potential category. While his position was not fully articulated, he did suggest that there are other ways that White men would interact with him that were racialized, but did not quite fit under ‘Erotic Objectification.’ Two other participants provided an example of a White person saying “I didn’t expect your voice to sound like that,” or of a White person expressing surprise when a participant used advanced vocabulary. There was some debate as to whether these microaggressions constitute a discrete category under RSD, or whether they were reflective of general racism, with all but one participant being partial to the latter. The participant who proposed the possible 5<sup>th</sup> domain felt that these microaggressions may fall under RSD, because

they impact the dynamics of a sexual negotiation/encounter—but because they were not explicitly erotic in nature, that they did not fall under the erotic objectification domain (or any other domain). This participant was the only vocal proponent of a 5th domain; other group members did not advocate for its inclusion or exclusion. Upon later reflection, the participant suggested that perhaps the four existing domains most accurately capture the concept of RSD, and perhaps the aforementioned microaggressions represent a “bridge” between general racism and RSD.

In two of the focus groups, participants noted that being explicitly rejected on the basis of their race was, in general, more painful than being rejected without an explanation. Participants in both groups raised the issue of whether White people who rejected them explicitly on the basis of their race intended their rejection to be malicious, or whether it reflected an overt and conscious exercise of privilege. Across all focus groups, the topic of “preferences” came up briefly, with all group members agreeing that this language (as used by White people) was merely a guise for racist attitudes. These discussions mirror the dominant discourse in the literature about how RSD manifests in online venues (Callander, Holt, & Newman, 2012; Callander, Newman, & Holt, 2012). The subject of sexual kinks also arose, as it pertains to how RSD is experienced and interpreted. One participant noted that he (and others) may have a sexual kink that involved race play and degradation. To this end, the participant felt that degradation and erotic objectification may not be a negative thing for those who enjoy it.

Participants across all focus groups also approved of the three types of questions (effect, frequency, and beliefs), but noted that complexity with evaluating the overall impact of a single given experience with three different dimensions of measurement. Participants thought the way the sample question was structured worked well. However, participants thought the researchers

should be clear that the phenomenon of RSD, in the way that it is conceptualized and measured, should position White gay/bisexual men as the sole perpetrators. One participant, however, then introduced the subject of racialized exclusion and rejection perpetrated by other people of color, which elicited a lot of conflicting and complex responses from the group. Participants noted that the effect items may be overly simplistic as it is currently framed (a simple negative/positive emotional response on an ordinal continuum). The participant suggested that his specific emotional response will differ based on the race of the person perpetuating RSD. For example, RSD as perpetuated by a White person would elicit anger, whereas RSD perpetuated by a person of color may elicit sadness. Other participants agreed, highlighting some of the nuance in emotional reactions to RSD.

Participants in one of the groups expressed a strong interest in generating items that explored RSD as perpetuated by other people of color (POC), and there was no consensus as to whether discriminatory preferences based on different POC categories were equal to one another (e.g., Black saying Whites only vs. Asians saying Whites only). Participants in this group agreed that different combinations of exclusion across different racial/ethnic groups elicited different feelings, albeit all negative (e.g., Whites saying ‘Whites only’ would elicit anger, whereas Blacks saying ‘Whites only’ might elicit sadness, confusion, disbelief, etc.). There was disagreement, however, on the degree to which it was acceptable for certain racial/ethnic groups to express exclusive interest in their own racial/ethnic group (e.g., Blacks saying ‘Blacks only’ might be acceptable, but Asians saying ‘Asians only’ may not be acceptable). This point was also complicated by the fact that certain ethnicities vary in their phenotypic traits (e.g. some racial/ethnic minorities may be very light-skinned, and others very dark-skinned), and that this offered differential access to sexual opportunities, and placed them at different levels of privilege



in a sexual marketplace (hence why Asians saying ‘Asians only’ may be less acceptable, in the event that some Asian groups are more fair-skinned than Blacks). Overall, participants spent a good deal of time processing the complexity of measuring the full scope of this phenomenon, in all of its iterations. Nevertheless, all participants agreed that this phenomenon was important to examine, that the proposed domains were inclusive of the phenomenon, and that measuring beliefs, effect, and frequency of a racialized experience was an ideal approach to examining RSD in an exhaustive manner.

### **RSD Scale Construction**

After completing the focus groups, the researchers developed a scale to measure RSD. The researchers began by establishing a hypothetical four-domain construct (Exclusion; Rejection; Degradation; and Erotic Objectification) as verified by focus group participants. It was further hypothesized that there were three contexts in which RSD might occur: (1) partner browsing (i.e., viewing user profiles on dating websites or mobile apps), (2) partner negotiation (i.e., direct interaction with users via written exchanges on a website or mobile app), and (3) partner contact (i.e., direct in-person interactions). The exclusion domain, by definition, is expected to occur only in the partner browsing context, whereas the rejection domain is expected to only occur in the partner negotiation context. Therefore, all items within these two domains would reflect the individual context in which they are experienced. The degradation and erotic objectification domains, however, could occur when browsing, negotiating, and meeting in-person, so the researchers sought to develop items for these two domains that covered all three contexts. When creating individual items within each domain and context, the researchers developed items that captured the effect (i.e., to what degree does the experience have a negative effect on an individual), the frequency (i.e., how often an individual encounters the experience),

and the beliefs (to what degree does an individual perceive a particular experience to be racist) of any given experience. To this end, the researchers developed three items with different phrasing to capture these three different aspects of one unique experience.

Within the exclusion domain, two categories of experiences were defined: exclusionary profiles (i.e., a user indicating on their profile that they *do not* want to meet people from a specific racial/ethnic group) and preferential profiles (i.e., a user indicating on their profile that there is a specific racial/ethnic group that they *do* want to meet). Within the rejection domain, two categories of experiences were defined: overt rejection (i.e., a user rejecting an individual who contacts them, and explicitly referencing that individual's race/ethnicity as the reason for rejection) and ignored messages (i.e., a user simply not responding to an individual's attempt at making contact). Within the degradation domain, only one category of experience was defined: intentionally hurtful comments (i.e., a user saying something mean or degrading about individuals from a particular racial/ethnic group) and items that captured this experience were presented across all three contexts. Within the erotic objectification domain: two categories of experience were defined: desire for physical traits (i.e., a user specifying a desire for a specific physical characteristic that the user associates with a particular racial/ethnic group) and assumptions about roles (i.e., a user assuming that individuals from a particular racial/ethnic group will embody a particular sexual role that is stereotypical of that user's racial/ethnic group). Items that captured erotic objectification experiences were also presented across all three contexts.

Finally, to capture the nuance of these experiences based on the race/ethnicity of the individuals perpetrating RSD, the researchers presented four different iterations of the same experience that varied by race. For example, an exclusion item would describe an experience

where a POC excludes another POC, a POC excludes a White person, a White person excludes a POC, and White person excludes another White person. These four different iterations would only be presented for items within the partner browsing context. Within the partner negotiation and partner contact context, two different iterations would be presented: an RSD experience perpetrated by a POC, and an RSD experience perpetrated by a White person. See Appendix G for an item grouping summary of the initial version of the RSD scale.

### **Cognitive Interviews**

Cognitive interviews were conducted using a small sample ( $N=7$ ) of young gay/bisexual men of color. Respondents to the survey highlighted several areas of improvement. First, respondents raised concerns about the length of the scale and the redundancy of certain items. Specifically, because a single experience was measured three times using three different types of questions (effect, frequency, and beliefs), and because items were repeated for different combinations of racial pairings and across different contexts, many respondents were overwhelmed by the sheer number of questions. They offered general recommendations to reduce the number of items on the scale so that study participants would not feel overwhelmed with the repetitiveness. These recommendations included cutting some of the items themselves, and also reducing the length of the instruction sections throughout the scale. In addition, some respondents expressed mixed feelings about the wording of the effect items. The phrasing used for all effect items was ‘negative reaction’ (e.g., “When I see a profile from White people clearly state that they do NOT want to meet people of my race/ethnicity, I have a negative reaction”). Some participants found themselves wanting to have a more specific emotion to respond to, such as ‘sad’ or ‘angry,’ and felt that ‘negative reaction’ was a bit vague. Finally,

respondents made several suggestions to slightly alter the wording of some of the items so that they were more easily understandable.

### **Expert Panel Review**

A group of expert reviewers ( $N=6$ ) were contacted to evaluate the scale. All of the reviewers suggested that the length of the scale be reduced, and noted that many participants may find it too repetitive. Reviewers also made several wording and typographical suggestions (e.g., the use of bolding or italics), as well as suggestions around page structure (e.g., the use of page breaks and headers). Some reviewers also raised the question of whether or not labeling behaviors as ‘a form a racism’ might either be too provocative or unclear, given that such a word carries a great deal of emotional valence, as may also mean slightly different things to different people (i.e., some participants might interpret the word as being reflective of attitudes and/or behaviors, and equate the term to ‘prejudice’ or ‘discrimination’—while others may interpret the word in terms of power structures and institutionalized inequity). These concerns were limited to the belief cluster of items (e.g., ‘When I see a profile from White people clearly state that they do NOT want to meet people of my race/ethnicity, I believe this is a form of racism), as neither the frequency nor the effect cluster of items contained any derivation of the word ‘racism.’ Last, some reviewers raised similar questions about the use of the term ‘negative reaction,’ and wondered whether it might be useful to select a word that identified a more specific emotion.

### **Scale Augmentation**

Based on feedback provided from the scale construction, cognitive interviews, and expert panel review, several changes to the RSD scale were made. First, the researchers made minor changes to the wording and sentence structure of some of the scale items, and also shortened the

instructions that preceded each section of the scale. Second, the partner contact context was omitted from the degradation and erotic objectification domains (and thus eliminated entirely), reducing the length of the scale from 108 items to 90 items. Next, the belief cluster of items were omitted entirely to further reduce the length of the scale, bringing the total number of items down to 60. Last, given the complexity of interpreting the overall salience of a given experience based on two different ways of measuring the experience (i.e., frequency and effect) the researchers chose to compute a multiplicative term between the effect and frequency items to develop a total *impact* score of a given experience. This computation resulted in 30 impact items to be used in the factor analysis of the scale (see Method section for Study 2).

## **Method: Study 2**

### **Participants**

**Eligibility Criteria.** In order to be eligible for the study, participants had to meet the following criteria: (1) identify as a man; (2) be assigned male sex at birth; (3) identify primarily as Black, African-American, or with any other racial/ethnic identity across the African diaspora (e.g., Afro-Caribbean, African, etc.); (4) be between the ages of 18 and 29; (5) identify as gay, bisexual, queer, same-gender-loving, or another non-heterosexual identity, or report having had sexual contact with a man in the last 3 months; (6) report having used a website or mobile app to find male partners for sexual activity in the last 3 months; and (7) reside in the United States.

### **Recruitment**

A non-probability convenience and virtual snowball sample of YBGBM was recruited using best practices for online survey sampling (Baltar & Brunet, 2012; Fricker, 2008).

Participants were recruited from one of seven recruitment venues to participate in the “ProfileD Study”. The first and primary recruitment venue was Facebook™, one of the most popular and widely used social media websites on the internet. The second recruitment venue was Scruff™, a mobile app for gay and bisexual men to meet one another for sex or dating. The vast majority of participants were recruited through these two venues (Facebook = 89.6%; Scruff = 7.9%).

Prospective participants viewed advertisements for the study in each respective venue, and clicked on a study link embedded in the advertisement that directed them to the study webpage. The advertisements on Facebook were only be made viewable to men in the targeted age range who lived in the United States. Facebook ads were further tailored to target individuals who (1) indicated that they were “interested in” men, or who omitted information on the gender in which they were interested; (2) indicated interest in various LGBTQ-related pages on Facebook; (3) matched Facebook’s behavior algorithms for U.S. African-American Multicultural Affinity; or (4) indicated interest in various pages related to popular Black culture. Once participants clicked on the link in the study advertisement, they were directed to the study webpage, which was a survey hosted on Qualtrics. Participants then completed a set of screening questions to determine their eligibility, before moving on to take the complete survey.

All other recruitment venues combined accounted for 2.5% of the total study sample. Similar to Facebook and Scruff, study advertisements were posted on Twitter™, Black Gay Chat™ (a dating website for gay black men), and SLYGE media outlets (a popular culture website/blog catering to a gay black male demographic), where participants could click on a study link and be taken to the screening questionnaire. In addition, individuals who had participated in the qualitative component of this project, and indicated that they were interested in participating in the larger survey, were given the study link directly via e-mail. Last, a small

number of participants who had participated in a past study conducted by external research associates opted to participate in this study. Colleagues at Emory University Rollins School of Public Health PRISM Health research center, who run the American Men's Internet Survey (AMIS - a nationwide online survey of gay, bisexual, and other men who have sex with men), had a small list of participants who wished to be contacted again for future studies. This Emory-based research center sent out email invites to eligible past participants of their AMIS study who requested to be contacted about future research opportunities, and provided them with a link to the screening questionnaire for the ProfileD Study.

### **Screening and Consent**

Interested persons clicking on the study advertisement were brought to the study webpage, which contained all of the study information, including eligibility criteria. Prospective participants had the opportunity to read an instruction page that outlined the purpose of the study and what their participation would entail (completion of an online survey). Eligibility criteria was determined once prospective participants moved forward from the instruction page. Prospective participants responded to a series of yes or no questions about their gender, age, racial/ethnic identity, sexual orientation/sexual behavior, mobile app or website use, and residence. Examples of screening questions include the following: ‘Do you identify as a man?’; ‘are you between the age of 18 and 29?’; Do you identify primarily as Black, African-American, or with any other racial/ethnic identity across the African diaspora (e.g., Afro-Caribbean, African, etc.); ‘Do you identify as non-heterosexual, or have you had sexual contact with a man in the last year?’; have you used the internet to find male partners for sexual activity in the last 3 months?; and do you reside in the United States? Participants who did not meet the eligibility criteria were re-directed to a page informing them of such, and were thanked for their interest.

Prospective participants who met the eligibility criteria and completed the screening form were brought to a consent page. On this page, prospective participants were provided with more in-depth information about the study (i.e., purpose of the research, description of participant involvement, risk/discomforts; benefits; compensation; confidentiality, voluntary nature of the study; and contact information of the researchers). Prospective participants were informed that all of their data would remain confidential if they elect to proceed with the study, and that they would not be asked to provide any personal identifying information (e.g., name, address, etc.). Prospective participants were also informed of their right to discontinue the survey at any point if they wished. Before continuing to the full survey, prospective participants were asked if they consented to participate in the study by selecting a response option of ‘yes’ or ‘no.’ Those who selected no were re-directed out of the study and thanked for their interest, while those selecting yes proceeded to the full survey.

## **Procedure**

Those consenting to participate in the study completed a survey on Qualtrics lasting 30 to 45 minutes. Participants were not compensated for taking the survey. While completing the survey, participants were permitted to save their answers and return to the survey at a later time if they were not able to complete it in a single sitting. Study data were kept in an encrypted and firewall-protected server, and the Institutional Review Board at the University of Michigan approved all study procedures.

## **Measures**

**Racialized Sexual Discrimination.** The RSD scale is organized as a four-factor construct consisting of the following domains: (1) Exclusion; (2) Rejection; (3) Degradation,



and; (4) Erotic Objectification (See Study 1 for additional detail). The RSD scale consists of 60 individual items that capture 30 unique experiences across these four domains. Each unique experience has two corresponding items: one that captures the *effect* (i.e., to what degree the experience has a negative effect on the participant) and the *frequency* (i.e., how often a participant encounters the experience) of the experience. Experiences may also occur in one of two contexts: *partner browsing* (i.e., viewing user profiles on mobile apps/websites) and *partner negotiation* (i.e., written exchanges in communication on mobile apps/websites). All items within the *partner browsing* context were measured on a 5-point Likert scale, for both the effect (0 = ‘Strongly disagree;’ 1 = ‘Disagree;’ 2 = ‘Neutral;’ 3 = ‘Agree;’ 4 = ‘Strongly agree’) and the frequency (0 = ‘Never;’ 1 = ‘Some of the time;’ 2 = ‘Half of the time;’ 3 = ‘Most of the time;’ 4 = ‘All of the time’) items. All items within the *partner negotiation* context were measured on a 6-point Likert scale, for both the effect (0 = ‘I have not contacted this group;’ 1 = ‘Strongly disagree;’ 2 = ‘Disagree;’ 3 = ‘Neutral;’ 4 = ‘Agree;’ 5 = ‘Strongly agree’) and the frequency (0 = ‘I have not contacted this group;’ 1 = ‘Never;’ 2 = ‘Some of the time;’ 3 = ‘Half of the time;’ 4 = ‘Most of the time;’ 5 = ‘All of the time’) items.

The effect and frequency scores for all items within the partner browsing context were multiplied to develop an *impact* score, ranging from 0 to 16. This impact score was divided by 16 and multiplied by 100 to result in a final impact score for all partner browsing items ( $N=20$ ), ranging from 0 to 100. Likewise, the effect and frequency scores for all items within the partner negotiation context were multiplied to develop an impact score, ranging from 0 to 25. For ease of interpretation, this impact score was divided by 25 and multiplied by 100 to result in a final impact score for partner negotiation items ( $N=10$ ), ranging from 0 to 100. Subsequently, all

partner browsing and partner negotiation *impact* scores ranged from 0 to 100, resulting in 30 multiplicative terms that represented the complete RSD scale.

**Internalized Racism.** Data was collected on participants' self-reported internalized racism to create an internalized racism score. The score was created using the Appropriated Racial Oppression Scale (AROS), where the mean of 24 items was computed to generate an AROS mean index, ranging from 1 to 7 (Campón & Carter, 2015). Participants were asked to indicate the degree to which they agreed with a series of statements, such as, 'Sometimes I have a negative feeling about being a member of my race;' 'I find persons with lighter skin-tones to be more attractive;' 'People of my race shouldn't be so sensitive about race/racial matters.' Each item was measured using a 7-point Likert scale containing the following anchor values: 1 = 'Strongly disagree;' 7 = 'Strongly agree.' Higher scores indicate higher self-reported levels of internalized racism. The Cronbach's alpha value for internalized racism demonstrated excellent reliability ( $\alpha = .911$ ).

**Perceived Severity.** Data was collected on the degree to which participants were bothered by a set of racist life experiences to create a perceived severity score. The scores were created using three select *microstress* items from the Racism and Life Experiences Scales (RaLES). The mean of these items was computed to generate a mean perceived severity index, ranging from 1 to 6 (Harrell, 1997; Harrell, Merchant, & Young, 1997; Harrell, 2000). Participants were asked to indicate how they felt about each of the following three statements: 'Seeing a white person indicate that they are only interested in other white people;' 'Being ignored, overlooked, or not responded to, due to your race/ethnicity;' 'Being told by someone that they are not interested in your race/ethnicity.' Each item was measured using a 6-point Likert scale containing the following values: 0 = 'has never happened to me;' 1 = 'doesn't bother me at

all; 2 = 'bothers me a little; 3 = 'bothers me somewhat; 4 = 'bothers me a lot; 5 = 'bothers me extremely. Higher scores indicated higher perceived severity of racist life experiences. The Cronbach's alpha value for perceived severity demonstrated strong reliability ( $\alpha = .869$ ).

**Sociodemographics.** The age, relationship status, frequency of mobile app/website use for partner seeking, educational attainment, and sexual orientation of each participant was based on self-report. Participants were instructed to provide their numerical age; no data on date of birth was collected. Participants were asked to indicate whether or not they were in a relationship by responding to the question, 'are you single?' with a yes or no response. Participants were asked to indicate how often they use a mobile app or website in a typical month to seek partners for casual sex. Frequency of mobile app/website use to find partners was measured using a 6-point Likert scale containing the following values: 1 = 'Once a month or less; 2 = '2-3 times a month; 3 = 'About once a week; 4 = '2-6 times a week; 5 = 'About once a day; 6 = 'More than once a day.' Higher scores indicated higher self-reported frequency of mobile app/website-based partner seeking for casual sex. Educational attainment was measured using a 5-point Likert scale containing the following values: 1 = 'Less than high school; 2 = 'High school graduate; 3 = 'Some college; 4 = 'College graduate; 5 = 'Post College.' Higher scores indicated higher self-reported levels of educational attainment. Finally, participants were asked to indicate their sexual orientation. Participants were permitted to select one of 11 sexual orientation categories: 1 = 'Gay; 2 = 'Bisexual; 3 = 'Same Gender Loving; 4 = 'Queer; 5 = 'Straight; 6 = 'Trade; 7 = 'DL (Down Low); 8 = 'Homothug; 9 = 'Questioning; 10 = 'Other; 11 = 'Unsure.'

### **Data Collection and Cleaning**

Best practices for online data collection were employed, which involve the identification of valid/invalid, fraudulent, and suspicious data (Bauermeister et al., 2012). Such practices

include detecting suspicious response patterns to survey items (e.g., selecting the same response for every question throughout the survey) and/or completing the survey in an unrealistically short amount of time. Best practices also include determining whether multiple surveys were submitted from the same IP address. However, because surveys are administered anonymously, no IP address information was collected from study participants. Given that no incentive was offered as a part of this study, the researchers have little reason to suspect that an individual would complete the survey multiple times.

### **Data Analytic Strategy**

Descriptive statistics were computed for exploratory analyses of the sample, including mean scores, standard deviations, frequency counts, and percentages for demographic characteristics and study variables. An exploratory factor analysis (EFA) with an oblimin rotation on the multiplicative *impact* items was performed to identify the underlying factor structure within the complete RSD scale. An oblimin rotation was selected due to the theoretical assumption that each proposed RSD subscale would be correlated with every sub-scale in the complete measure (Williams, Onsman, & Brown, 2010). Each sub-scale that achieved a minimum factor loading of 0.32, and had an Eigen value great than 0.85, was retained (Tabachnick & Fidell, 2007; Yong, A. G & Pearce, 2013.). Items that cross-loaded on multiple factors were retained on the factor in which they had the highest factor loading. Reliability statistics were computed including Cronbach's alpha and inter-item correlations, in order to determine the internal consistency of the measure and all proposed sub-scales.

Two measures of sampling adequacy were performed in order to determine the suitability of the data for testing of latent factors: Bartlett's test of sphericity and the Kaiser-Meyer-Olkin (KMO) measure. Bartlett's test of sphericity is a significance test to determine whether or not the

correlation matrix is an identity matrix. A p-value less than .05 was used to reject the null hypothesis that the correlation is an identity matrix, which is essential in determining that the study sample is adequate (Williams et al., 2010). The KMO measure was used to assess the amount of common variance across variables, and cutoff scores greater than 0.6 were used per standard recommendations (Cerny & Kaiser, 1977; Kaiser, 1974; Williams et al., 2010). Finally, convergent validity was assessed by computing correlations coefficients between the full RSD scale and RSD subscales, and the perceived severity mean index of the RaLES.

## **Results: Study 2**

### **Sample Description**

Data was collected on a total of 634 participants. The mean age of the sample was 24.45 years ( $SD = 3.17$ ), and most study participants (86.4%) were single. The majority of participants identified as gay (71.9%) or bisexual (16.1%). Nearly half (46.2%) of participants had completed a college degree and/or received a post-graduate education. The other half had mostly received some college education (42.1%), and only one participant hadn't completed high school. Participants varied on their app use, with approximately a quarter of participants (25.4%) reporting a minimum of once-a-day usage, and nearly half of participants (45.6%) reporting less than once-a-week usage (see Table III.1).

### **Scale Testing**

The item scores ranged from 6.31 to 53.76 ( $M = 26.71$ ) and the interitem correlations ranged from -.060 to .840 ( $M = .196$ ). Bartlett's test of sphericity of the correlation matrix was significant ( $\chi^2 = 9005.87$ ;  $df = 435$ ;  $p < .001$ ) and the KMO measure of sampling adequacy was .800. These scores indicate that the study sample was adequate to complete a factor analyses. An EFA on the 30 multiplicative items produced an eight-factor structure, contrary to the proposed

four-factor structure (see Appendix H for a summary of the item grouping for the revised eight-factor scale). These new factors were labeled as follows: (1) white supremacy, (2) white rejecting black, (3) black rejecting black, (4) white desiring black, (4) role assumptions, (6) black desiring black, (7) degradation, and (8) white inferiority (see Table III.2 for the factor structure of the RSD scale with the multiplicative impact items; see Table III.3 for a full list of the individual frequency and effect items). 55.1% of the variance was explained in the analysis, and the Eigen values for each factor were as follows: Factor 1 = 6.16; Factor 2 = 2.83; Factor 3 = 1.81; Factor 4 = 1.78; Factor 5 = 1.16; Factor 6 = 1.02; Factor 7 = .900; Factor 8 = .87.

The mean and range inter-item correlations of the subscales were as follows: white supremacy,  $r = .374$  (.138–.721); white rejecting black,  $r = .821$  (.821–.821); black rejecting black,  $r = .761$  (.761–.761); white desiring black,  $r = .767$  (.767–.767); role assumptions,  $r = .432$  (.207–.722), black desiring black,  $r = .635$  (.635–.635); degradation,  $r = .307$  (.203–.451); and white inferiority,  $r = 0.273$  (.229–.316) (Note: the minimum and maximum range does not differ from the mean on 2-item subscales). The standardized Cronbach's alpha for the subscales were as follows: white supremacy,  $\alpha = .827$  (8 items); white rejecting black,  $\alpha = .913$  (2 items); black rejecting black,  $\alpha = .865$  (2 items); white desiring black,  $\alpha = 0.868$  (2 items); role assumptions,  $\alpha = .820$  (6 items); black desiring black,  $\alpha = .776$  (2 items); degradation,  $\alpha = .639$  (4 items) and white inferiority,  $\alpha = .530$  (4 items). The Cronbach's alpha of the entire scale (30 items) was .880 (see Table III.4).

The correlations between the RSD scale and each RSD subscale is presented in Table III.5. The full RSD scale correlated with the RSD subscales were as follows: white supremacy ( $r = .835, p < .01$ ), white rejecting black ( $r = .505, p < .01$ ), black rejecting black ( $r = .434, p < .01$ ), white desiring black ( $r = .576, p < .01$ ), role assumptions ( $r = .779, p < .01$ ), black desiring

black ( $r = .505, p < .01$ ), degradation ( $r = .669, p < .01$ ), and white inferiority ( $r = .332, p < .01$ ). Correlations among subscales ranged from .046 (black desiring black and white rejecting black) to .591 (white supremacy and degradation). All subscales were significantly correlated with one another at the .01 level, with the exception of white inferiority's correlation with white rejecting black, black rejecting black, and white desiring black, as well as black desiring black's correlation with white rejecting black.

Convergent validity analyses revealed a statistically significant positive correlation between the full RSD scale and the perceived severity index of the Racism and Life Experiences Scale ( $r = .481; p < .01$ ) (see Table III.6). A statistically significant positive correlation was also observed between the perceived severity index and the following RSD subscales: white supremacy ( $r = .581; p < .01$ ), white rejecting black ( $r = .579; p < .01$ ), black rejecting black ( $r = .138; p < .01$ ), white desiring black ( $r = .273; p < .01$ ), role assumptions ( $r = .221; p < .01$ ), degradation ( $r = .200; p < .01$ ), and white inferiority ( $r = .074; p < .01$ ). The correlation between perceived severity and the black desiring black subscale did not achieve statistical significance (see Appendix I for a complete version of the final RSD scale).

## **Discussion**

This study aimed to develop and validate a scale that measures the full scope of Racialized Sexual Discrimination, as experienced by gay and bisexual men of color in online social venues. The researchers used a mixed methods approach to achieve this goal, utilizing focus groups, exploratory factor analysis, and convergent validity assessments. The researchers' hypothesis of a four-factor structure to describe RSD was not confirmed; rather, an eight-factor structure emerged, compelling the researchers to reconceptualize and redefine the originally proposed domains of RSD.

## Scale Development

Several changes were made to the scale throughout the qualitative component of the study. Most notably, two measurement aspects of this phenomenon were removed from the final scale. First, the researchers omitted the cluster of items examining participants' beliefs about certain racialized experiences, where participants could indicate the degree to which they found a particular experience to be racist. These items were included mostly for descriptive purposes, and to contribute to the literature addressing claims that discriminatory selection of partners on the basis of race represent "personal preferences" and not racist sentiments (Callander et al., 2012; Callander et al., 2015; McKeown et al., 2010). However, given that there is an already established discourse on this subject, the researchers felt that this cluster of items was a lesser priority. Moreover, cognitive interviewees and expert reviewers expressed concerns around the length of the scale, as well as item redundancy, which compelled the researchers to identify and remove the least important components of the scale. Ultimately, it was decided that the effect and frequency (i.e., the overall impact) of an experience were the most important factors to consider when developing a scale intended to be used for health research.

The second major omission was of a third context in which RSD is experienced: direct in-person contact. Indeed, many gay/bisexual men of color may encounter instances of RSD when their online conversations transform into actual physical contact, where the other party makes verbal comments that invoke race/ethnicity in a degrading or objectifying way. Nevertheless, the researchers had several concerns with retaining this cluster of items. Chief among these concerns was the total length of the measure. Similar to the belief cluster of items, the partner contact context was omitted primarily to reduce the length of the scale and to eliminate item redundancy. In addition, the researchers had concerns about the possibility of



ceiling effects for the effect set of items. The researchers suspected that many individuals may select the highest response value when indicating the degree to which they have a negative reaction to racialized events within the partner negotiation context, before they reached items that described the same experience within the partner contact context. The researchers suspected that this risk was particularly high within the degradation domain, which was expected to be among the most emotionally charged manifestation of RSD. Last, the partner contact items were also omitted so that the scope of this scale focused on the phenomenon of RSD as it occurs in online social venues. This was deemed to be more appropriate, given that both the popular and scientific discourse on this subject explores this phenomenon as it occurs in a digital landscape (Callander et al., 2012; Callander et al., 2015; McKeown et al., 2010; Paul et al., 2010; Robinson, 2015; White et al., 2014). The authors acknowledge, however, that in-person racialized experiences are of equal, if not greater, importance in determining the degree to which RSD may have an effect on psychological health outcomes. Future research should examine these discriminatory practices as they occur in direct in-person contact among gay and bisexual men of color.

### **Scale Testing**

The first factor to emerge from the factor analysis was the most diverse, in terms of the different items that loaded onto the factor. Items from three out of the four originally proposed domains loaded onto factor one, which the researchers defined as white supremacy. Each item that loaded onto this factor described an experience where a White person was positioned as being superior, more desirable, or of greater value, relative to a person of color. This clustering of items reflects several studies that discuss Whiteness as the baseline for attraction and desirability (McKeown et al., 2010; Robinson, 2015), which is one of the most defining

characteristics of RSD. The researchers identify the white supremacy subscale, along with the white inferiority subscale, to represent a broader ‘White-Centric’ domain within the RSD scale. The experience of white supremacy in online social venues is expected to be a significant contributor to poor psychological health outcomes among gay and bisexual men within these spaces, and will be an important factor to account for in future exploratory work on this phenomenon.

The originally proposed rejection domain was split into two factors after completing the factor analysis: black rejecting black and white rejecting black (each factor containing one partner browsing and one partner negotiation multiplicative terms). Interestingly, four out of the six desire for physical trait items within the originally proposed erotic objectification domain also loaded onto two separate factors: white desiring black, and black desiring black. Similar to the two rejection-based factors, these two factors also contained one partner browsing and one partner negotiation multiplicative term. Collectively, the researchers identify these four factors as a ‘Black Centric’ domain within the RSD scale. These distinctive categories make conceptual sense in terms of how RSD is perpetuated and experienced, and three out of the four subscales had the highest factor loadings (an absolute value range of .862 to .922) of any other subscale that emerged in the analysis. It should be noted that the black desiring black subscale was the only one of the eight that did not significantly correlate with the perceived severity index in convergent validity assessments. This finding also makes conceptual sense, as the researchers would not expect that the experience of black men desiring other black men would be associated with experiences of severe racist life events. Altogether, these four subscales were consistent with the literature on this phenomenon (Callander et al., 2012; Callander et al., 2015; McKeown

et al., 2010; Paul et al., 2010; Robinson, 2015; White et al., 2014), and may prove to be important in future research on discrimination and health among the target population.

The role assumption subscale was one of the closest approximations of the originally proposed domains. All of these items fell under the erotic objectification domain, as one of two key experiences that defined erotic objectification (alongside desire for physical traits). In addition, four out of the six multiplicative items from the original degradation domain loaded on the degradation subscale from the eight-factor solution, making the degradation subscale another close approximation of one of the originally proposed domains. Together, the role assumption and degradation subscales represent a ‘Non-valenced/Neutral/Non-directional’ domain within the RSD scale, as each subscale contains items that described Black discrimination against White people, as well as White discrimination against Black people. By containing both directions of discrimination, these subscales are essentially neutral in their racial/ethnic focus. Therefore, it is difficult to make predictions about how they will function in a discrimination and health framework, when examining their associations with psychological health outcomes. Similarly, it is also difficult to determine what role, if any, the white inferiority subscale will play in examining health outcomes among gay and bisexual men of color. Unlike the role assumptions and degradation subscales, however, white inferiority was the only subscale to demonstrate poor reliability out of the eight factors that emerged. As such, this subscale is likely to be minimally informative in examining its association with psychological health. Theoretically, the reasons why white inferiority would have any relationship with the psychological health for people of color are not immediately apparent, but it may be useful to examine these relationships empirically before arriving at any conclusion to completely discard the subscale.

Finally, although the proposed four-factor structure of RSD was not observed in the factor analysis, the researchers still find that the four originally proposed domains are conceptually useful in organizing the different categories of experiences that young men encounter on mobile apps and websites. The literature—although limited, and mostly qualitative—suggest that these four experiential categories do in fact occur, and the researchers’ own qualitative research seems to corroborate these observations (Callander et al., 2012; Callander et al., 2015; McKeown et al., 2010; Paul et al., 2010; White et al., 2014; Robinson, 2015; Wilson et al., 2009). With the results of the factor analysis, the researchers have reconceptualized and redefined the organization of RSD into three domains: White-Centric (white supremacy and white inferiority), Black-Centric (black rejecting black, white rejecting black, black desiring black, and white desiring black), and ‘Non-valenced/Neutral/Non-directional’ (role assumptions and degradation). The White-Centric and Black-Centric domains include items where White men and Black men, respectively, are the focus/object of attention, whereas the Non-valenced/Neutral/Non-directional domain includes items where both groups are the focus/object of attention. These new domains complement some of the findings reported by Callander and colleagues (2012), who used inductive content analysis on gay dating profiles to identify a category they defined as ‘subject,’ which contained three subcategories: self, others, and concept. This subject category described users who include descriptions on their profiles that focused on either their own race (self), on others’ race (other), or on the general theme of race in online social venues (concept). For the present study, items that loaded onto the Black-Centric subscale reflected a user’s own race, while items that loaded onto the White-Centric domain reflected the only ‘other’ racial/ethnic category that the scale addresses (i.e., White men). Items that loaded on the Non-valenced/Neutral/Non-directional domain reflected the concept of RSD

experiences in a more general sense. Therefore, there is at least some congruence with the newly established domains and previous research on the phenomenon of RSD. Nevertheless, the researchers will continue to give consideration to the utility of the originally proposed domains in defining the construct of RSD, but will utilize the emergent factors and redefined domains in future work that examines the associations between RSD and health-related outcomes.

### **Strengths and Limitations**

There are a number of advantages of using focus groups to develop research instruments. Focus groups enable the investigators to hear from multiple people at the same time, which optimizes time efficiency and minimizes research costs. Moreover, focus groups provide a setting where one individual's idea can inspire a related idea in another individual, enabling participants to build off of one another throughout the course of the discussion (Leung & Savithiri, 2009). Focus groups that engage a targeted population are particularly useful when developing culturally-specific instruments, especially when exploring topics that are underrepresented in the scientific literature (Hughes & DuMont, 1993; Vogt, King, & King, 2004; Willgerodt, 2003). One disadvantage of using focus groups, however, is that it may marginalize individuals who feel pressured or uncomfortable in social settings in which sensitive topics are being discussed. Thus, investigators may miss valuable input from those who are more socially inclined to have discussions of this nature in a private semi-structured interview. For the present study, the researchers did not get the impression that participants were reluctant to provide input, as all participants were lively, engaged, and passionate about the topic being discussed.

To the best of the researchers' knowledge, these two studies represent the first attempt to develop and test a multidimensional measure of RSD, that is comprehensive in its scope, and that

aims to measure both the effect and frequency of discriminatory online experiences. Participants in the scale development stage of the project were enthusiastic about the creation of this measure, and were confident that the full scope of the phenomenon was captured in the proposed domains. While the factor analysis revealed a different factor structure than hypothesized, it nevertheless provided preliminary evidence that the items included in the scale were solid indicators of the latent construct of RSD and its subscales. All but one of the eight factors that emerged in the analysis demonstrated good reliability, and may prove to be especially useful in examining the relationship between this phenomenon and markers of psychological wellbeing.

There were a number of limitations throughout the scale development phase that are important to address. Other than reducing the length of the scale, there were a few cognitive interviewees and expert panel reviewers who expressed some concern over the wording of the effect cluster of items (i.e., using the phrase ‘negative reaction’ to represent the emotional valence of a particular experience, instead of using a more specific term such as ‘sad’ or ‘angry’). Ultimately, the researchers decided to retain this wording in the final version of the scale. This decision was made because the emotional reactions to different experience may indeed be varied; some participants may react with anger, others with sadness, disbelief, or any number of emotional responses. The researchers were confident, however, that the affective responses to discriminatory experiences would be inherently negative (or neutral, which was a response option), and sought to be inclusive of all negative affective responses. Attempting to capture the nuance of different specific emotional responses would have required even more items, which would have resulted in an unreasonably lengthy and complex scale. The researchers acknowledge the limitations of using a broad term to capture participants’ affective responses to

instances of RSD, and will consider other possibilities to measure the effect of RSD in future iterations of the scale.

One area of interest that the current scale does not examine includes the experiences of one POC group discriminating against another POC group (e.g., Asian men discriminating against Black men; Latino men discriminating against Middle Eastern men, etc.). The topic of POC discriminating against other POC arose in the focus groups, and participants conceded the difficulty of capturing the layered complexities of RSD as perpetuated by other people of color. Given this complexity, the researchers decided to limit the scale to focus on two racial/ethnic group categories: the race of the respondent (in this case, all respondents were Black-identified) and White people. The researchers did capture experiences of same-race RSD (e.g., Black people discriminating against Black people), and purposely selected wording that would allow the scale to be used for different racial/ethnic groups (e.g., ‘When my messages are rejected by people of my own race/ethnicity, I have a negative reaction’). As the literature on RSD continues to grow, and as the researchers make refinements to the current scale, it may be useful for additional RSD scales to be developed, that explore the experiences of POC discriminating against other POC.

### **Directions for Future Research**

The present study only involved a preliminary examination of a newly developed RSD scale, using exploratory factor analysis and one convergent validity assessment. Future research should employ more sophisticated, hypothesis-driven statistical tests to verify construct validity, such as through confirmatory factor analysis. Additional convergent validity and divergent validity assessments should also be employed for a robust evaluation of the scale. The researchers may also consider applying more stringent cutoff values for the elimination of items, in order to further reduce the length of the scale, and retain only those items that have the highest

factor loadings on each subscale. Having a shorter, more parsimonious version of the RSD scale may make it easier for study participants to complete, as the scale length has been repeatedly identified as a shortcoming.

With the creation of a scale measuring the phenomenon of RSD, the researchers aim to apply this scale to health-related research among adolescent and young adult men within the LGBTQ community. In particular, the literature suggests that RSD may have an adverse effect on the self-esteem and self-worth of young gay and bisexual men of color who are subjected to these experiences (Paul et al., 2010). Moreover, there is a deficit of research examining both discrimination experiences and depressive outcomes among young gay and bisexual men of color, and a measure such as the RSD scale can provide some insights into the relationship between discrimination and mental health among this population (Wade & Harper, 2017). The researchers hope to further refine the RSD scale and use it to fill in some of the gaps in the literature on health and wellbeing for young gay and bisexual men of color, as well as contribute to the overall scientific understanding of this phenomenon.



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Table III.1 – Descriptive Statistics of EFA Study Sample

<i>N</i> =634	<i>N</i> ( <i>M</i> )	%( <i>SD</i> )
<b>Sexual Orientation</b>		
Gay	456	71.9%
Bisexual	102	16.1%
Other	76	12.0%
<b>Education</b>		
Less than high school	1	0.2%
High school graduate	73	11.5%
Some college	267	42.1%
College graduate	189	29.8%
Post college	104	16.4%
<b>App Use</b>		
Once a month or less	164	25.9%
2-3 times a month	125	19.7%
About once a week	64	10.1%
2-6 times a week	114	18.0%
About once a day	57	9.0%
More than once a day	110	17.4%
<b>Relationship Status (single)</b>	548	86.4%
<b>Age</b>	24.45	3.17

Table III.2 – RSD Scale: EFA 1 (30-item Multiplicative Terms) Pattern Matrix<sup>ab</sup>

	Factor							
	1	2	3	4	5	6	7	8
Exclusion (Excluded) – W4B	.715							
Exclusion (Preferred) – W4W	.635							
Degradation – W4B [Browsing]	.577						-.378	
Exclusion (Preferred) – B4W	.473							
Degradation – W4B [Negotiation]	.439							
Exclusion (Excluded) – B4B	.439							
Erotic Objectification (Physical) – W4W [Browsing]	.400							
Erotic Objectification (Physical) – B4W [Browsing]	.346							
Rejection (Ignored) – W4B		-.871						
Rejection (Overt) – W4B		-.868						
Rejection (Overt) – B4B			.859					
Rejection (Ignored) – B4B			.848					
Erotic Objectification (Physical) – W4B [Negotiation]				-.922				
Erotic Objectification (Physical) – W4B [Browsing]				-.862				
Erotic Objectification (Roles) – B4B [Browsing]					-.795			
Erotic Objectification (Roles) – B4W [Browsing]					-.790			
Erotic Objectification (Roles) – B4B [Negotiation]					-.651			
Erotic Objectification (Roles) – W4W [Browsing]					-.605			
Erotic Objectification (Roles) – W4B [Browsing]				-.365	-.498			
Erotic Objectification (Roles) – W4B [Negotiation]				-.376	-.411			
Erotic Objectification (Physical) – B4B [Browsing]						.671		
Erotic Objectification (Physical) – B4B [Negotiation]						.597		
Degradation – B4W [Browsing]							-.657	
Degradation – W4W [Browsing]							-.591	
Degradation – B4B [Browsing]							-.500	
Degradation – B4B [Negotiation]							-.338	
Exclusion (Excluded) – W4W								.473
Exclusion (Preferred) – B4B								.468
Exclusion (Excluded) – B4W								.444
Exclusion (Preferred) – W4B				-.331				.346
Extraction Method: Maximum Likelihood. Rotation Method: Oblimin with Kaiser Normalization.								
a. Rotation converged in 22 iterations.								
b. Domain Color Code: Exclusion, Rejection, Degradation, Erotic Objectification								

Table III.3 – RSD Scale Items and Factor Loadings

Multiplicative Term: <i>Impact</i> Item - Effect x Frequency (Factor Loading)	Effect Item	Frequency Item
<b>White Supremacy</b>		
Exclusion (Excluded) – W4B (.715)	When I see a profile from White people clearly state that they do NOT want to meet people of my race/ethnicity I have a negative reaction.	How often do you see profiles from White people explicitly state that they do NOT want to meet people of your race/ethnicity?
Exclusion (Preferred) – W4W (.635)	When I see a profile from White people clearly state that they want to meet other White people I have a negative reaction.	How often do you see profiles from White people clearly state that they want to meet other White people?
Degradation – W4B [Browsing] (.577)	When I see a profile from White people saying something mean or hurtful about people of my race/ethnicity I have a negative reaction.	How often do you see profiles from White people saying something mean or hurtful about people of your race/ethnicity?
Exclusion (Preferred) – B4W (.473)	When I see a profile from people of my race/ethnicity clearly state that they want to meet White people I have a negative reaction.	How often do you see profiles from people of your race/ethnicity clearly state that they want to meet White people?
Degradation – W4B [Negotiation] (.439)	When White people say something mean or hurtful about my race/ethnicity I have a negative reaction.	How often do White people say something mean or hurtful about your race/ethnicity?
Exclusion (Excluded) – B4B (.439)	When I see a profile from people of my race/ethnicity clearly state that they do NOT want to meet other people of my race/ethnicity I have a negative reaction.	How often do you see profiles from people of your race/ethnicity explicitly state that they do NOT want to meet other people of my race/ethnicity?
Erotic Objectification (Physical) – W4W [Browsing] (.400)	When I see a profile from White people expressing a desire for a specific physical trait related to other White people I have a negative reaction.	How often do you see profiles from White people expressing a desire for a specific physical trait related to other White people?



Erotic Objectification (Physical) – B4W [Browsing] (.346)	When I see a profile from people of my race/ethnicity expressing a desire for a specific physical trait related to White people I have a negative reaction.	How often do you see profiles from people of your race/ethnicity expressing a desire for a specific physical trait related to White people?
<b>White Rejecting Black</b>		
Rejection (Ignored) – W4B (-.871)	When my messages are ignored by White people I have a negative reaction.	How often are your messages ignored by White people?
Rejection (Overt) – W4B (-.868)	When my messages are rejected by White people I have a negative reaction.	How often are your messages rejected by White people?
<b>Black Rejecting Black</b>		
Rejection (Overt) – B4B (.859)	When my messages are rejected by people of my own race/ethnicity I have a negative reaction.	How often are your messages rejected by people of your own race/ethnicity?
Rejection (Ignored) – B4B (.848)	When my messages are ignored by people of my own race/ethnicity I have a negative reaction.	How often are your messages ignored by people of your own race/ethnicity?
<b>White Desiring Black</b>		
Erotic Objectification (Physical) – W4B [Negotiation] (-.922)	When White people express a desire for a specific physical trait related to my race/ethnicity I have a negative reaction.	How often do White people express a desire for a specific physical trait related to your race/ethnicity?
Erotic Objectification (Physical) – W4B [Browsing] (-.862)	When I see a profile from White people expressing a desire for a specific physical trait related to people of my race/ethnicity I have a negative reaction.	How often do you see profiles from White people expressing a desire for a specific physical trait related to people of your race/ethnicity?
<b>Role Assumptions</b>		
Erotic Objectification (Roles) – B4B [Browsing] (-.795)	When I see a profile from people of my race/ethnicity assuming that other people of my race/ethnicity will take on a particular sexual role I have a negative reaction.	How often do you see profiles from people of your race/ethnicity assuming that other people of your race/ethnicity will take on a particular sexual role?

Erotic Objectification (Roles) – B4W [Browsing] (-.790)	When I see a profile from people of my race/ethnicity assuming that White people will take on a particular sexual role I have a negative reaction.	How often do you see profiles from people of your race/ethnicity assuming that White people will take on a particular sexual role?
Erotic Objectification (Roles – B4B [Negotiation] (-.651)	When people of my race/ethnicity assume that I will take on a particular sexual role because of my race I have a negative reaction.	How often do people of your race/ethnicity assume that you will take on a particular sexual role because of your race?
Erotic Objectification (Roles) – W4W [Browsing] (-.605)	When I see a profile from White people assuming that other White people will take on a particular sexual role I have a negative reaction.	How often do you see profiles from White people assuming that other White people will take on a particular sexual role?
Erotic Objectification (Roles) – W4B [Browsing] (-.498)	When I see a profile from White people assuming that people of my race/ethnicity will take on a particular sexual I have a negative reaction.	How often do you see profiles from White people assuming that people of your race/ethnicity will take on a particular sexual role?
Erotic Objectification (Roles) – W4B [Negotiation] (-.411)	When White people assume that I will take on a particular sexual role because of my race I have a negative reaction.	How often do White people assume that you will take on a particular sexual role because of your race?
<b>Black Desiring Black</b>		
Erotic Objectification (Physical) – B4B [Browsing] (.671)	When I see a profile from people of my race/ethnicity expressing a desire for a specific physical trait related to other people of my race/ethnicity I have a negative reaction.	How often do you see profiles from people of your race/ethnicity expressing a desire for a specific physical trait related to other people of your race/ethnicity?
Erotic Objectification (Physical) – B4B [Negotiation] (.597)	When people of my race/ethnicity express a desire for a specific physical trait related to my race/ethnicity I have a negative reaction.	How often do people of your race/ethnicity express a desire for a specific physical trait related to your race/ethnicity?
<b>Degradation</b>		

Degradation – B4W [Browsing] (-.657)	When I see a profile from people of my race/ethnicity saying something mean or hurtful about White people I have a negative reaction.	How often do you see profiles from people of your race/ethnicity saying something mean or hurtful about White people?
Degradation – W4W [Browsing] (-.591)	When I see a profile from White people saying something mean or hurtful about other White people I have a negative reaction.	How often do you see profiles from White people saying something mean or hurtful about other White people?
Degradation – B4B [Browsing] (-.500)	When I see a profile from people of my race/ethnicity saying something mean or hurtful about other people of my race/ethnicity I have a negative reaction.	How often do you see profiles from people of your race/ethnicity saying something mean or hurtful about other people of my race/ethnicity?
Degradation – B4B [Negotiation] (-.338)	When people of my same race/ethnicity say something mean or hurtful about my race/ethnicity I have a negative reaction.	How often do people of your same race/ethnicity say something mean or hurtful about your race/ethnicity?
<b>White Inferiority</b>		
Exclusion (Excluded) – W4W (.473)	When I see a profile from White people clearly state that they do NOT want to meet other White people I have a negative reaction.	How often do you see profiles from White people explicitly state that they do NOT want to meet other White people?
Exclusion (Preferred) – B4B (.468)	When I see a profile from people of my race/ethnicity clearly state that they want to meet other people of my race/ethnicity I have a negative reaction.	How often do you see profiles from people of your race/ethnicity clearly state that they want to meet other people of your race/ethnicity?
Exclusion (Excluded) – B4W (.444)	When I see a profile from people of my race/ethnicity clearly state that they do NOT want to meet White people I have a negative reaction.	How often do you see profiles from people of your race/ethnicity explicitly state that they do NOT want to meet White people?
Exclusion (Preferred) – W4B (.346)	When I see a profile from White people clearly state that they want to meet people of my race/ethnicity I have a negative reaction.	How often do you see profiles from White people clearly state that they want to meet people of your race/ethnicity?

Table III.4 – Post Factor-Analytic Summary of the RSD Scale

	Mean	SD/%	Min	Max	$\alpha$
Complete RSD Scale	26.71	11.55	0	77.46	.880
Subscales					
White Supremacy	31.51	18.20	0	87.50	.827
White Rejecting Black	40.07	25.52	0	100	.913
Black Rejecting Black	26.64	16.88	0	100	.865
White Desiring Black	39.67	28.17	0	100	.868
Role Assumptions	29.96	19.66	0	100	.820
Black Desiring Black	22.53	19.67	0	100	.776
Degradation	23.62	15.00	0	100	.639
White Inferiority	10.13	10.30	0	66.67	.530

Table III.5 – Correlation Matrix between RSD Scale and Subscales

	RSD Scale	White Supremacy	White Rejecting Black	Black Rejecting Black	White Desiring Black	Role Assumptions	Black Desiring Black	Degradation
RSD Scale								
White Supremacy	.835**							
White Rejecting Black	.505**	.527**						
Black Rejecting Black	.434**	.256**	.310**					
White Desiring Black	.576**	.353**	.150**	.202**				
Role Assumptions	.779**	.490**	.214**	.182**	.404**			
Black Desiring Black	.505**	.239**	.046	.299**	.366**	.368**		
Degradation	.669**	.591**	.176**	.265**	.254**	.437**	.263**	
White Inferiority	.332**	.161**	.070	.056	.064	.196**	.228**	.221**

\*\*  $p < .01$

Table III.6 – Correlations between RSD subscales and the perceived severity index of the RaLES

	Perceived Severity
RSD Scale	.481**
White Supremacy	.581**
White Rejecting Black	.579**
Black Rejecting Black	.138**
White Desiring Black	.273**
Role Assumptions	.221**
Black Desiring Black	.024
Degradation	.200**
White Inferiority	.074**

\*\*  $p < .01$

## **CHAPTER IV**

### **Model Testing: What is the association between Racialized Sexual Discrimination and markers of psychological wellbeing?**

Studies examining the health needs of young Black gay and bisexual men (YBGBM) have predominantly focused on the disproportionate rates of HIV among this population. This focus comes at the expense of other critical health domains, such as discrimination and psychological wellbeing, as there is a noteworthy deficit of studies focusing on these topics as it pertains to YBGBM (Graham, Aronson, Nichols, Stephens, & Rhodes, 2011; Wade & Harper, 2017). One potentially relevant area related to the health and functioning of YBGBM is the phenomenon of Racialized Sexual Discrimination (RSD). RSD, often referred to as sexual racism, is a unique and understudied phenomenon in the social science and public health literature. RSD is defined as the sexualized discriminatory treatment that gay/bisexual men of color experience when using mobile apps (e.g., Grindr, Scruff) and websites (e.g., Adam4Adam, Craigslist) to find partners for a sexual encounter. Researchers have reported that sexualized discriminatory treatment directed towards racial/ethnic minorities on gay apps and websites is widespread, are often perpetuated by White users, and take a variety of different forms—ranging from exclusion and rejection, to degradation and erotic objectification (Callander, Holt, & Newman, 2012; Callander, Newman, & Holt, 2015; McKeown, Nelson, Anderson, Low, &

Elford et al., 2010; Paul, Ayala, & Choi, 2010; Robinson, 2015; White, Reisner, Dunham, & Mimiaga, 2014; Wilson et al., 2009).

Overwhelmingly, researchers point to a dominant theme in the discourse surrounding RSD—that selecting a partner based on their racial/ethnic features simply represents a “personal preference” and is neither a racist act, nor reflective of racist attitudes (Callander et al., 2012; Callander et al., 2015; Robinson, 2015). This sentiment, researchers note, is most often expressed by White men within these spaces. Furthermore, Whiteness appears to be the baseline for sexual attractiveness in U.S. and euro-centric cultures, and is often the standard by which desirability is measured (Campón & Carter, 2015; Jha, 2015; Reece, 2016; Robinson, 2015). This sexualized white supremacy is pervasive on gay dating apps and websites, and is represented by exclusionary preferences (e.g., a white person indicating that they do not want to be with a black person), inclusionary preferences (e.g., a white person indicating that they only want to date other white people), degradation (e.g., white people making denigrating comments about black people on their dating profiles, and/or during a conversation), and expressions of desire for white-centric physical features. White supremacy is even represented by Blacks indicating that they are not interested in someone of their own race, and instead expressing inclusionary preferences for White people. Conversely, YBGBM and other White people may indicate that they view White people to be inferior or less desirable relative to people of color, but this appears to be a somewhat rare occurrence relative to indicators of white supremacy. While white supremacy has been documented in the literature exploring RSD (see Chapter 3), researchers have yet to systematically evaluate the ways in which sexualized white supremacy affects people of color (POC), particularly as it pertains to their psychological health. YBGBM



who regularly use mobile apps and websites to meet sex partners may be at elevated risk for poor psychological health outcomes after repeated exposure to such discriminatory stimuli.

Another common form of RSD is being rejected, after attempting to engage another user in conversation by exchanging messages online. In these instances, YBGBM may be told explicitly by another user that the user is not interested in meeting them because of their race/ethnicity. Alternatively, the user can simply ignore the message—presumably because of their race/ethnicity. Many racial/ethnic minority men report being frequently ignored by other users—who are often White—and attribute this lack of response to the fact that they are a person of color (McKeown et al., 2010). However, YBGBM may also be rejected in the same manner by members of their own racial/ethnic group. While there is less research on how RSD may be perpetuated by people of color towards other people of color, researchers in a recent study (see Chapter 3) reported that POC to POC discrimination not only occurred, but was a particularly salient experience for many participants. Such cases be indicative of possible internalized racism on the part of those who perpetuate such discrimination. There has been considerable discussion in the social science and health literature about internalized racism and appropriated racial oppression—where members of an ethnic group hold negative perceptions of their own race/ethnicity, devalue their own group membership, and favor White/Eurocentric beauty standards (Cokley, 2002; Campón & Carter, 2015; Hughes, Kiecolt, Keith, & Demo, 2015; Lipsky, 1987; Pyke, 2010; Tappan, 2006). Researchers have also reported that internalized racism has a positive association with depressive symptoms and other markers of psychological distress among Black Americans—and among a sample of Black LGBTQ individuals, internalized racism had a negative association with self-esteem (Szymanski & Gupta, 2009; Taylor, Henderson, & Jackson, 1991; Williams, 1999). Internalized racism may indeed be reflected in

instances where YBGBM ignore or reject other YBGBM, and the researchers note that experiences of same race or of other POC rejection may represent a distinct form of RSD that can also contribute to negative health outcomes. As such, discrimination by POC directed towards other POC should not be overlooked in the context of RSD, and should be a focal point for investigators who study this phenomenon.

While white supremacy and rejection are among the most commonly reported themes in the literature, they are not the only manifestations of RSD. Many researchers have reported that the eroticization/objectification of YBGBM are also common experiences among this population. In these instances, YBGBM may be desired for the exoticism of their phenotypic traits (e.g., dark skin color) or stereotypes about their anatomy (e.g., Black men have larger penises) (Plummer, 2007; Wilson et al., 2009). Researchers have reported that men who experience this eroticization consider it to be just as upsetting as being rejected from users, or being subject to white supremacy experiences, even though men desiring them for their physical traits may improve their opportunities for a sexual encounter (McKeown et al., 2010; Paul et al., 2010). YBGBM can also be desired on the basis of their physical traits by members of their own race, which adds an additional layer of complexity to the phenomenon of RSD. POC objectification of POC is perhaps the most limited area of RSD research, and subsequently important to examine, in order to arrive at a more holistic understanding of this phenomenon.

In the context of online partner seeking, it is also necessary to consider factors other than racial discrimination that may be associated with poor psychological health outcomes among this particular population. First and foremost, it is essential to account for the amount of time users spend looking for partners online, given that the more time users spend online, the more opportunities they have to encounter instances of racism. Second, in an atmosphere where

rejection (whether RSD-driven or not) is commonplace, it is important to account for individuals' general sensitivity to rejection. Perceived rejection is associated with greater depressive symptoms, and may be especially salient when it occurs in intimate partner contexts (Downey & Feldman, 1996; Nolan, Flynn, & Garber, 2003). Other basic sociodemographic factors, such as age, educational attainment, and relationship status may also be important to account for. For relationship status in particular, it is unclear whether or not having a primary partner has any association with RSD. However, researchers have noted that gay men in romantic relationships experience greater psychological wellbeing, and that men in open relationships often discuss their external partner-seeking experiences with their primary partners (Parsons, Starks, DuBois, Grov, & Golub, 2013; Mogilski, Memering, Welling, & Shackelford, 2015). It is possible, then, that having the security of a primary partner may account for some of the variance in psychological health outcomes in the context of seeking external partners for sexual encounter.

In addition to the factors listed above, self-perceived sexual attractiveness (SPSA) may also be a critical factor to consider when examining psychological health outcomes among YBGBM who seek sexual partners online. SPSA, researchers note, is distinct from general perceptions about one's physical attractiveness, and is therefore a particularly relevant construct when negotiating the possibility of a sexual encounter (Wade, 2000). Among Black Americans, researchers have reported that skin color is associated with Black Americans' SPSA (Wade, 2008). Among the general population, researchers have also found that perceptions of one's own sexual attractiveness is associated with psychological wellbeing (Bale & Archer, 2013; Brennan et al., 2013; Duncan, Strycker, & Chaumeton, 2015; Ehlinger & Blashill, 2016). Given the

centrality of SPSA in social venues where men are looking to find partners for sex, this is yet another important variable to account for when investigating the potential effects of RSD.

In an effort to better contextualize how RSD may contribute to poor psychological health outcomes for YBGBM, it is worth examining the broader literature on mental health for Black men in the United States. Researchers have reported that Black Americans may experience more severe depressive symptoms relative to Whites, and that Black American are more likely to go without treatment for depressive disorders relative to Whites (Williams et al., 2007). Many researchers have reported that gay/bisexual Black men in particular have significantly high rates of depressive symptoms, and many appear to be at risk for suicide (Hightow-Weidman et al., 2011; Magnus et al., 2010; Meyer, 2003; O'Donnell, Meyer, & Schwartz, 2001; Wohl, et al., 2011). This population is often subject to a disproportionate amount of microaggressions and social stressors in their daily lives, including homophobia, heteronormativity, racism, community stigma/racism, and high rates of HIV infection (Arnold et al., 2014; Jamil, Harper, & Fernandez, 2009; Loiacano,1989; O'Donnell et al., 2011). There is limited research, however, on the experiences of adolescent and young adult gay/bisexual Black men, as it pertains to both discrimination and mental health outcomes, such as depression (Wade & Harper, 2017). By extension, the specific phenomenon of RSD, and its association with depressive symptomatology among this population, is not well understood in the health literature. As such, there is a demonstrable need to examine these associations, in order for public health researchers and practitioners to make strides towards developing appropriate health interventions for this population.

In addition to outcomes such as depressive symptomatology, positive self-affirmations are an important component of a holistic understanding of mental health (Critcher & Dunning,

2015; Sherman & Cohen, 2006; Steele, 1988). Positive self-affirmations often include outcomes such as self-worth and self-esteem. Researchers have reported that racism may be associated with a reduced sense of self-esteem among racial/ethnic minorities and gay and bisexual men of color, and may also be associated with other poor psychological health outcomes (Diaz, Ayala, Bein, Henne, & Marin, 2001; Huebner, Rebchook, & Kegeles, 2004; Schmitt, Branscombe, Postmes, & Garcia, 2014; Verkuyten, 1998). While self-worth and self-esteem have been studied extensively in the health literature, there is considerably limited research on these outcomes among YBGBM (Wade & Harper, 2017). Moreover, the association between RSD and positive self-affirmation outcomes are exceedingly limited, with only minimally generalizable inferences drawn from qualitative research on the phenomenon (Paul et al., 2010).

In a recent study, researchers developed a comprehensive measure of RSD, that defined three central domains of the phenomenon, and eight unique subscales (see Chapter 3). The RSD Scale aims to capture the complete spectrum of RSD experiences, and measures both the effect of an RSD experience, as well as the frequency with which a given RSD experience is encountered. Together, the product of the effect and frequency ratings of a given RSD experience represent the overall impact of that experience. The purpose of the RSD scale is to examine the relationship between discriminatory experiences online and a variety of behavioral health outcomes, including markers of psychological wellbeing. The RSD Scale is not designed to be used as a composite measure in predictive analyses; rather, the eight subscales are intended to be used separately as independent variables in predictive models. The researchers who developed this scale found that seven out of the eight subscales demonstrated good to excellent reliability. While this scale is yet to be subjected to confirmatory factor analyses, preliminary

evidence suggest that this scale may be a robust and useful measure to study the phenomenon of RSD in quantitative analyses.

Given the recent creation of an RSD scale, the current study aims to explore the relationship between RSD and markers of psychological wellbeing, among a sample of YBGBM. The researchers use the Transactional Model of Stress and Coping as the conceptual framework to guide the study (Folkman, 1997; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Lazarus & Folkman, 1984). Using this model, each subscale of RSD is considered to be a stressor for YBGBM. After individuals appraise the severity of RSD, and determine the degree to which they have resources to manage it, an individual will engage in coping strategies to manage its effects (Wenzel, Glanz, & Lerman, 2000). After individuals exert coping efforts to contend with the stressor, the subsequent health outcome is experienced. This framework is useful for understanding the complete pathway from stressor to outcome in the context of RSD. However, for the current study, the researchers aim to investigate only the main effects of RSD experiences directly on psychological health outcomes. Specifically, the researchers sought to estimate 12 regression models examining 6 different RSD subscales (white supremacy; white rejecting black; black rejecting black; white desiring black; black desiring black; white inferiority) on two different psychological health outcomes (depressive symptoms and self-worth). Based on a review of the literature, and using stress and coping theory, the researchers hypothesize that higher scores on (1) white supremacy; (2) white rejecting black; (3) black rejecting black; and (4) white desiring black will all be associated with an increase in depressive symptoms and a decrease in feelings of self-worth for study participants. The researchers expect to see no relationship between (1) black desiring black and (2) white inferiority on psychological health outcomes for study participants.

## Method

### Participants

**Eligibility Criteria.** In order to be eligible for the study, participants had to meet the following criteria: (1) identify as a man; (2) be assigned male sex at birth; (3) identify primarily as Black, African-American, or with any other racial/ethnic identity across the African diaspora (e.g., Afro-Caribbean, African, etc.); (4) be between the ages of 18 and 29; (5) identify as gay, bisexual, queer, same-gender-loving, or another non-heterosexual identity, or report having had sexual contact with a man in the last 3 months; (6) report having used a website or mobile app to find male partners for sexual activity in the last 3 months; and (7) reside in the United States.

### Recruitment

A non-probability convenience and snowball sample of YBGBM were recruited using best practices for online survey sampling (Baltar & Brunet, 2012; Lazarus & Folkman, 1984). Participants were recruited from one of seven recruitment venues to participate in the “ProfileD Study”. The first and primary recruitment venue was Facebook™, one of the most popular and widely used social media websites on the internet. The second recruitment venue was Scruff™, a mobile app for gay and bisexual men to meet one another for sex or dating. The vast majority of participants were recruited through these two venues (Facebook = 89.6%; Scruff = 7.9%). Prospective participants viewed advertisements for the study in each respective venue, and clicked on a study link embedded in the advertisement that directed them to the study webpage. The advertisements on Facebook were only be made viewable to men in the targeted age range who lived in the United States. Facebook ads were further tailored to target individuals who (1) indicated that they were “interested in” men, or who omitted information on the gender in which they were interested; (2) indicated interest in various LGBTQ-related pages on Facebook; (3)

matched Facebook's behavior algorithms for U.S. African-American Multicultural Affinity; or (4) indicated interest in various pages related to popular Black culture. Once participants clicked on the link in the study advertisement, they were directed to the study webpage, which was a survey hosted on Qualtrics. Participants then completed a set of screening questions to determine their eligibility, before moving on to take the complete survey.

All other recruitment venues combined accounted for 2.5% of the total study sample. Similar to Facebook and Scruff, study advertisements were posted on Twitter™, Black Gay Chat™ (a dating website for gay black men), and SLYGE media outlets (a popular culture website/blog catering to a gay black male demographic), where participants could click on a study link and be taken to the screening questionnaire. In addition, individuals who had participated in the qualitative component of this project, and indicated that they were interested in participating in the larger survey, were given the study link directly via e-mail. Last, a small number of participants who had participated in a past study conducted by external research associates opted to participate in this study. Colleagues at Emory University Rollins School of Public Health PRISM Health research center, who run the American Men's Internet Survey (AMIS - a nationwide online survey of gay, bisexual, and other men who have sex with men), had a small list of participants who wished to be contacted again for future studies. This Emory-based research center sent out email invites to eligible past participants of their AMIS study who requested to be contacted about future research opportunities, and provided them with a link to the screening questionnaire for the ProfileD Study.

### **Screening and Consent**

Interested persons clicking on the study advertisement were brought to the study webpage, which contained all of the study information, including eligibility criteria. Prospective



participants had the opportunity to read an instruction page that outlined the purpose of the study and what their participation would entail (completion of an online survey). Eligibility criteria was determined once prospective participants moved forward from the instruction page. Prospective participants responded to a series of yes or no questions about their gender, age, racial/ethnic identity, sexual orientation/sexual behavior, mobile app or website use, and residence. Examples of screening questions include the following: ‘Do you identify as a man?’; ‘are you between the age of 18 and 29?’; Do you identify primarily as Black, African-American, or with any other racial/ethnic identity across the African diaspora (e.g., Afro-Caribbean, African, etc.); ‘Do you identify as non-heterosexual, or have you had sexual contact with a man in the last year?’; have you used the internet to find male partners for sexual activity in the last 3 months?; and do you reside in the United States? Participants who did not meet the eligibility criteria were re-directed to a page informing them of such, and were thanked for their interest. Prospective participants who met the eligibility criteria and completed the screening form were brought to a consent page. On this page, prospective participants were provided with more in-depth information about the study (i.e., purpose of the research, description of participant involvement, risk/discomforts; benefits; compensation; confidentiality, voluntary nature of the study; and contact information of the researchers). Prospective participants were informed that all of their data would remain confidential if they elect to proceed with the study, and that they would not be asked to provide any personal identifying information (e.g., name, address, etc.). Prospective participants were also informed of their right to discontinue the survey at any point if they wished. Before continuing to the full survey, prospective participants were asked if they consented to participate in the study by selecting a response option of ‘yes’ or ‘no.’ Those who

selected no were re-directed out of the study and thanked for their interest, while those selecting yes proceeded to the full survey.

## **Procedure**

Those consenting to participate in the study completed a survey on Qualtrics lasting 30 to 45 minutes. Participants were not compensated for taking the survey. While completing the survey, participants were permitted to save their answers and return to the survey at a later time if they were not able to complete it in a single sitting. Study data were kept in an encrypted and firewall-protected server, and the Institutional Review Board at the University of Michigan approved all study procedures.

## **Measures**

**Outcome Variables.** The two dependent variables used in this study include Depressive Symptoms and Feelings of Self-Worth.

***Depressive Symptoms.*** Data was collected on participants' self-reported depressive symptoms in the past week to create a depressive symptoms score. The score was created using the Center for Epidemiologic Studies Depression (CES-D) scale, where the mean of 20 items was computed to generate an overall CES-D score, ranging from 0 to 3. (Radloff, 1977; Roberts, 1980). Participants were presented with a series of statements and were asked to indicate how often they have experienced each one. Participants responded to such statements as: 'I felt that I could not shake off the blues even with help from my family or friends;' 'I had trouble keeping my mind on what I was doing.' Each item was measured using a 4-point Likert scale containing the following values: 0 = 'rarely (less than 1 day);' 1 = 'some (1–2 days);' 2 = 'occasionally (3–4 days);' 3 = 'most (5–7 days).' Four items on the scale were reverse-coded so that all responses were in directional alignment; higher scores indicate higher self-reported levels of depressive

symptoms in the past week. The Cronbach's alpha value for depressive symptoms demonstrated excellent reliability ( $\alpha = .920$ ).

***Feelings of Self-Worth.*** Data was collected on participants' self-reported feelings of self-worth to create a Self-Worth score. The score was created using the Feelings of Self-Worth Measure, where the mean of 14 items was computed to generate a self-worth mean index, ranging from 1 to 9 (Critcher & Dunning, 2015). Participants were asked to indicate the degree to which they agree with a series of statements, such as, 'Overall, I feel positively towards myself right now;' 'I feel very much like a person of worth;' 'I feel inferior at this moment.' Each item was measured using a 9-point Likert scale containing the following anchor values: 1 = 'Not at all;' 9 = 'Extremely.' Seven items on the scale were reverse-coded so that all responses were in directional alignment; higher scores indicate higher self-reported feelings of self-worth. The Cronbach's alpha value for depressive symptoms demonstrated excellent reliability ( $\alpha = .952$ ).

**Control Variables.** The control variables in this study include self-perceived sexual attractiveness, perceived rejection, and four sociodemographic variables (age, relationship status, mobile app/website use for partner seeking, and educational attainment). Sexual orientation and HIV status are reported for descriptive purposes only.

***Self-Perceived Sexual Attractiveness.*** Data was collected on the degree to which participants feel that they are sexually attractive to create a self-perceived sexual attractiveness score. The score was created using the Self-Perceived Sexual Attractiveness Scale (SPSA), where the mean of 6 items was computed to generate an SPSA mean index, ranging from 1 to 7 (Amos & McCabe, 2015). Participants were asked to indicate the degree to which they agreed with a series of statements, such as, 'I believe I can attract sexual partners;' 'I feel I am sexy;' 'I

feel that others may perceive that a sexual relationship with me would be sexually fulfilling.’ Each item was measured using a 7-point Likert scale containing the following anchor values: 1 = ‘Strongly disagree;’ 7 = ‘Strongly agree.’ Higher scores indicate higher self-reported levels of SPSA. The Cronbach’s alpha value for SPSA demonstrated excellent reliability ( $\alpha = .952$ ).

***Perceived Rejection.*** Data was collected on the degree to which participants feel that they are rejected by others to create a perceived rejection score. The score was created using the Perceived Rejection Scale, where the mean of 4 items was computed to generate a mean perceived rejection index, ranging from 0 to 4 (Berenson, Downey, Rafaeli, Coifman, & Paquin, 2011). Participants were asked to indicate the degree to which a series of statements was true at the immediate moment. The statements were as follows: ‘I am accepted by others;’ ‘I am abandoned;’ ‘I am rejected by others;’ ‘My needs are being met.’ Each item was measured using a 5-point Likert scale containing the following values: 0 = ‘not at all;’ 1 = ‘a little;’ 2 = ‘moderately;’ 3 = ‘quite a bit;’ 4 = ‘extremely.’ Two items on the scale were reverse-coded so that all responses were in directional alignment; higher scores indicate higher self-reported levels of perceived rejection. The Cronbach’s alpha value for perceived rejection demonstrated acceptable reliability ( $\alpha = .768$ ).

***Internalized Racism.*** Data was collected on participants’ self-reported internalized racism to create an internalized racism score. The score was created using the Appropriated Racial Oppression Scale (AROS), where the mean of 24 items was computed to generate an AROS mean index, ranging from 1 to 7 (Campón & Carter, 2015). Participants were asked to indicate the degree to which they agreed with a series of statements, such as, ‘Sometimes I have a negative feeling about being a member of my race;’ ‘I find persons with lighter skin-tones to be more attractive;’ ‘People of my race shouldn’t be so sensitive about race/racial matters.’ Each

item was measured using a 7-point Likert scale containing the following anchor values: 1 = ‘Strongly disagree;’ 7 = ‘Strongly agree.’ Higher scores indicate higher self-reported levels of internalized racism. The Cronbach’s alpha value for internalized racism demonstrated excellent reliability ( $\alpha = .911$ ).

***Sociodemographics.*** The age, relationship status, frequency of mobile app/website use for partner seeking, educational attainment, HIV status, and sexual orientation of each participant was based on self-report. Participants were instructed to provide their numerical age; no data on date of birth was collected. Participants were asked to indicate whether or not they were in a relationship by responding to the question, ‘are you single?’ with a yes or no response. Participants were asked to indicate how often they use a mobile app or website in a typical month to seek partners for casual sex. Frequency of mobile app/website use to find partners was measured using a 6-point Likert scale containing the following values: 1 = ‘Once a month or less;’ 2 = ‘2-3 times a month;’ 3 = ‘About once a week;’ 4 = ‘2-6 times a week;’ 5 = ‘About once a day;’ 6 = ‘More than once a day.’ Higher scores indicated higher self-reported frequency of mobile app/website-based partner seeking for casual sex. Educational attainment was measured using a 5-point Likert scale containing the following values: 1 = ‘Less than high school;’ 2 = ‘High school graduate;’ 3 = ‘Some college;’ 4 = ‘College graduate;’ 5 = ‘Post College.’ Higher scores indicated higher self-reported levels of educational attainment. Participants were asked to indicate their HIV status by responding to the questions, ‘have you ever tested positive for HIV?’ with a yes or no response. Finally, participants were asked to indicate their sexual orientation. Participants were permitted to select one of 11 sexual orientation categories: 1 = ‘Gay;’ 2 = ‘Bisexual;’ 3 = ‘Same Gender Loving;’ 4 = ‘Queer;’ 5 = ‘Straight;’ 6 = ‘Trade;’ 7 = ‘DL (Down Low);’ 8 = ‘Homothug;’ 9 = ‘Questioning;’ 10 = ‘Other;’ 11 = ‘Unsure.’

**Independent Variables.** Data was collected on participants' self-reported experiences of Racialized Sexual Discrimination (RSD) using a researcher-developed RSD scale. The RSD scale consists of 60 individual items that capture 30 unique experiences. Each unique experience has two corresponding items: one that captures the *effect* (i.e., to what degree the experience has a negative effect on the participant) and the *frequency* (i.e., how often a participant encounters the experience) of the experience. Experiences may also occur in one of two contexts: *partner browsing* (i.e., viewing user profiles on mobile apps/websites) and *partner negotiation* (i.e., written exchanges in communication on mobile apps/websites). All items within the *partner browsing* context were measured on a 5-point Likert scale, for both the effect (0 = 'Strongly disagree;' 1 = 'Disagree;' 2 = 'Neutral;' 3 = 'Agree;' 4 = 'Strongly agree') and the frequency (0 = 'Never;' 1 = 'Some of the time;' 2 = 'Half of the time;' 3 = 'Most of the time;' 4 = 'All of the time') items. All items within the *partner negotiation* context were measured on a 6-point Likert scale, for both the effect (0 = 'I have not contacted this group;' 1 = 'Strongly disagree;' 2 = 'Disagree;' 3 = 'Neutral;' 4 = 'Agree;' 5 = 'Strongly agree') and the frequency (0 = 'I have not contacted this group;' 1 = 'Never;' 2 = 'Some of the time;' 3 = 'Half of the time;' 4 = 'Most of the time;' 5 = 'All of the time') items.

The effect and frequency scores for all items within the partner browsing context were multiplied to develop an *impact* score, ranging from 0 to 16. This impact score was divided by 16 and multiplied by 100 to result in a final impact score for all partner browsing items ( $N=20$ ), ranging from 0 to 100. Likewise, the effect and frequency scores for all items within the partner negotiation context were multiplied to develop an impact score, ranging from 0 to 25. For ease of interpretation, this impact score was divided by 25 and multiplied by 100 to result in a final impact score for partner negotiation items ( $N=10$ ), ranging from 0 to 100. Subsequently, all

partner browsing and partner negotiation *impact* scores ranged from 0 to 100, resulting in 30 multiplicative terms that represented the complete RSD scale.

***White-Centric Domain.*** The White-Centric cluster of items describe a group of experiences where white men are the focus/object of attention. It consists of two categories.

*White Supremacy.* The mean of 8 impact items was computed to generate a white supremacy score, ranging from 0 to 100. Participants responded to such items as, ‘How often do you see profiles from White people clearly state that they want to meet other White people?’ and ‘When I see a profile from White people clearly state that they do NOT want to meet people of my race/ethnicity I have a negative reaction.’ The Cronbach’s alpha value for white supremacy demonstrated strong reliability ( $\alpha = .832$ ).

*White Inferiority.* The mean of 4 impact items was computed to generate a white inferiority score, ranging from 0 to 100. Participants responded to such items as, ‘When I see a profile from White people clearly state that they do NOT want to meet other White people I have a negative reaction and ‘How often do you see profiles from people of your race/ethnicity clearly state that they want to meet other people of your race/ethnicity?’ The Cronbach’s alpha value for white inferiority demonstrated poor reliability ( $\alpha = .541$ ).

***Black-Centric Domain.*** The Black-Centric cluster of items describe a group of experiences where black men are the focus/object of attention. It consists of four categories.

*White Rejecting Black.* The mean of 2 impact items was computed to generate a white rejecting black score, ranging from 0 to 100. Participants responded to such items as, ‘How often are your messages rejected by White people?’ and ‘When my messages are ignored by White people I have a negative reaction.’ The Cronbach’s alpha value for white rejecting black demonstrated strong reliability ( $\alpha = .898$ ).

*Black Rejecting Black.* The mean of 2 impact items was computed to generate a black rejecting black score, ranging from 0 to 100. Participants responded to such items as, ‘How often are your messages ignored by people of your own race/ethnicity?’ and ‘When my messages are rejected by people of my own race/ethnicity I have a negative reaction.’ The Cronbach’s alpha value for black rejecting black demonstrated strong reliability ( $\alpha = .865$ ).

*White Desiring Black.* The mean of 2 impact items was computed to generate a white desiring black score, ranging from 0 to 100. Participants responded to such items as, ‘When White people express a desire for a specific physical trait related to my race/ethnicity, I have a negative reaction’ and ‘How often do White people express a desire for a specific physical trait related to your race/ethnicity?’ The Cronbach’s alpha value for white desiring black demonstrated strong reliability ( $\alpha = .830$ ).

*Black Desiring Black.* The mean of 2 impact items was computed to generate a black desiring black score, ranging from 0 to 100. Participants responded to such items as, ‘How often do you see profiles from people of your race/ethnicity expressing a desire for a specific physical trait related to other people of your race/ethnicity?’ and ‘When people of my race/ethnicity express a desire for a specific physical trait related to my race/ethnicity I have a negative reaction.’ The Cronbach’s alpha value for black desiring black demonstrated acceptable reliability ( $\alpha = .731$ ).

### **Power Analysis**

Power analyses were conducted using G\*Power© v.3.1 following established operational guidelines (Faul, Erdfelder, Buchner, & Lang, 2009; Faul, Erdfelder, Lang, & Buchner, 2007). An  $F$  test for a fixed model linear multiple regression with an  $R^2$  increase was selected given the hierarchal block regression design (UCLA: Statistical Consulting Group(b), n.d.). Using



G\*Power, the sample size was computed given the alpha level, power level, and effect size. An alpha level of 0.01 was chosen to enhance the rigor of the analyses. All regression models contained 1 continuous outcome variable and 8 predictors. Based on expected effect size guidelines, and because there is limited literature to specify an a priori effect size parameter, the effect size was set to a small value of .025 (Cohen, 1977). For comparative purposes, three power analyses set at .80, .85, and .90 were conducted. In order to further enhance the rigor of the analyses, and reduce the likelihood of encountering a type II error, the minimum sample size ( $N=599$ ) based off of the results of the power analysis set to .90 was selected (see Table IV.1).

### **Data Collection and Cleaning**

Best practices for online data collection were employed, which involve the identification of valid/invalid, fraudulent, and suspicious data (Bauermeister et al., 2012). Such practices include detecting suspicious response patterns to survey items (e.g., selecting the same response for every question throughout the survey) and/or completing the survey in an unrealistically short amount of time. Best practices also include determining whether multiple surveys were submitted from the same IP address. However, because surveys are administered anonymously, no IP address information was collected from study participants. Given that no incentive was offered as a part of this study, the researchers have little reason to suspect that an individual would complete the survey multiple times.

### **Data Analytic Strategy**

Descriptive statistics were computed for the study sample, including mean scores, frequency counts, and percentages for demographic characteristics and study variables. Each independent variable of interest was examined in a hierarchical linear regression model using depressive symptoms as the dependent variable, and another model using feelings of self-worth

as the dependent variable. Using six independent variables of interest, the researchers estimated a total of twelve hierarchical linear regression models to test the study hypothesis. The first block in each model consisted of demographic characteristics and theoretically informed control variables (age, education, frequency of mobile app/website use for partner seeking, relationship status, perceived rejection, internalized racism, and self-perceived sexual attractiveness), while the second block included one of the six independent variable of interest (white supremacy, white rejecting black, black rejecting black, white desiring black, black desiring black, and white inferiority). A hierarchical regression with a two-step entry was selected to allow the control variables absorb as much as the variance in the dependent variable as possible, in order to apply a more rigorous assessment of the association between the independent and the dependent variables of interest. For all models, a significance value of  $p < .01$  was selected as the minimum value to establish statistical significance (See Figure IV.1).

## **Results**

### **Sample Description**

Data was collected on a total of 612 participants. The mean age of the sample was 24.46 years ( $SD = 3.17$ ), and most study participants (87%) were single. The majority of participants identified as gay (71.1%) or bisexual (16.2%), and a small number of participants (14.9%) reported being HIV-positive. The sample was fairly well-educated sample, as nearly half (46.6%) of participants had completed a college degree and/or received a post-graduate education. The other half had mostly received some college education (41.8%), and only two participants (0.3%) hadn't completed high school. Participants varied on their app use, with approximately a quarter of participants (25.7%) reporting a minimum of once-a-day usage, and nearly half of participants (46.7%) reporting less than once-a-week usage (see Table IV.2).

## Multivariable Analyses

**White Supremacy.** In the model examining the relationship between depressive symptoms and the white supremacy factor of RSD ( $F_{(8, 603)} = 31.00, p < .001; R^2 = 29.1\%$ ), depressive symptoms had a significant association with white supremacy, where higher scores on white supremacy were associated with higher rates of depressive symptoms ( $\beta = .11, p < .01$ ). Depressive symptoms were significantly associated with age ( $\beta = -.10, p < .01$ ) and perceived attractiveness ( $\beta = -.18, p < .001$ ), where higher scores on these variables were associated with lower rates of depressive symptoms. Depressive symptoms were also significantly associated with internalized racism ( $\beta = .16, p < .001$ ) and perceived rejection ( $\beta = .30, p < .001$ ), where higher scores on these variables were associated with higher rates of depressive symptoms. No associations between depressive symptoms and education, mobile app/website use, and being single were found.

In the model examining the relationship between feelings of self-worth and the white supremacy factor of RSD ( $F_{(8, 603)} = 38.82, p < .001; R^2 = 34.0\%$ ), feelings of self-worth had no significant association with white supremacy. Feelings of self-worth were significantly associated with perceived attractiveness ( $\beta = .39, p < .001$ ), where higher scores on perceived attractiveness were associated with higher feelings of self-worth. Feelings of self-worth were also significantly associated with perceived rejection ( $\beta = -.22, p < .001$ ), where higher scores on perceived rejection were associated with lower feelings of self-worth. No associations between feelings of self-worth and age, education, mobile app/website use, being single, and internalized racism were found (see Table IV.3).

**White Rejecting Black.** In the model examining the relationship between depressive symptoms and the white rejecting black factor of RSD ( $F_{(8, 603)} = 29.42, p < .001; R^2 = 28.1\%$ ), depressive symptoms had no significant association with white rejecting black. Depressive symptoms were significantly associated with age ( $\beta = -.11, p < .01$ ) and perceived attractiveness ( $\beta = -.20, p < .001$ ), where higher scores on these variables were associated with lower rates of depressive symptoms. Depressive symptoms were also significantly associated with internalized racism ( $\beta = .15, p < .001$ ) and perceived rejection ( $\beta = .32, p < .001$ ), where higher scores on these variables were associated with higher rates of depressive symptoms. No associations between depressive symptoms and education, mobile app/website use, and being single were found.

In the model examining the relationship between feelings of self-worth and the white rejecting black factor of RSD ( $F_{(8, 603)} = 38.54, p < .001; R^2 = 33.8\%$ ), feelings of self-worth had no significant association with white rejecting black. Feelings of self-worth were significantly associated with perceived attractiveness ( $\beta = .40, p < .001$ ), where higher scores on perceived attractiveness were associated with higher feelings of self-worth. Feelings of self-worth were also significantly associated with perceived rejection ( $\beta = -.23, p < .001$ ), where higher scores on perceived rejection was associated with lower feelings of self-worth. No associations between feelings of self-worth and age, education, mobile app/website use, being single, and internalized racism were found (see Table IV.4).

**Black Rejecting Black.** In the model examining the relationship between depressive symptoms and the black rejecting black factor of RSD ( $F_{(8, 603)} = 32.34, p < .001; R^2 = 30.0\%$ ), depressive symptoms were significantly associated with black rejecting black, where higher scores on black rejecting black ( $\beta = -.15, p < .001$ ) were associated with higher rates of

depressive symptoms. Depressive symptoms were significantly associated with age ( $\beta = -.12, p < .01$ ) and perceived attractiveness ( $\beta = -.19, p < .001$ ), where higher scores on these variables were associated with lower rates of depressive symptoms. Depressive symptoms were also significantly associated with internalized racism ( $\beta = .16, p < .001$ ) and perceived rejection ( $\beta = .28, p < .001$ ), where higher scores on internalized racism was associated with higher rates of depressive symptoms. No associations between depressive symptoms and education, mobile app/website use, and being single were found.

In the model examining the relationship between black rejecting black and feelings of self-worth ( $F_{(8, 603)} = 38.54, p < .001; R^2 = 33.8\%$ ), feelings of self-worth had no significant association with black rejecting black. Feelings of self-worth were significantly associated with perceived attractiveness ( $\beta = .40, p < .001$ ), where higher scores on perceived attractiveness were associated with higher feelings of self-worth. Feelings of self-worth were also significantly associated with perceived rejection ( $\beta = -.22, p < .001$ ), where higher scores on perceived rejection were associated with lower feelings of self-worth. No associations between feelings of self-worth and age, education, mobile app/website use, being single, and internalized racism were found (see Table IV.5).

**White Desiring Black.** In the model examining the relationship between depressive symptoms and the white desiring black factor of RSD ( $F_{(8, 602)} = 35.53, p < .001; R^2 = 30.2\%$ ), depressive symptoms had a significant association with white desiring black, where higher scores on white desiring black were associated with higher rates of depressive symptoms ( $\beta = .15, p < .01$ ). Depressive symptoms were significantly associated with age ( $\beta = -.10, p < .01$ ) and perceived attractiveness ( $\beta = -.20, p < .001$ ), where higher scores on these variables were

associated with lower rates of depressive symptoms. Depressive symptoms were also significantly associated with internalized racism ( $\beta = .18, p < .001$ ) and perceived rejection ( $\beta = .30, p < .001$ ), where higher scores on these variables were associated with higher rates of depressive symptoms. No associations between depressive symptoms and education, mobile app/website use, and being single were found.

In the model examining the relationship between feelings of self-worth and the white desiring black factor of RSD ( $F_{(8, 602)} = 39.82, p < .001; R^2 = 34.6\%$ ), feelings of self-worth were significantly associated with white desiring black, where higher scores on white desiring black ( $\beta = -.09, p < .01$ ) were associated with lower feelings of self-worth. Feelings of self-worth were significantly associated with perceived attractiveness ( $\beta = .40, p < .001$ ), where higher scores on perceived attractiveness were associated with higher feelings of self-worth. Feelings of self-worth were also significantly associated with perceived rejection ( $\beta = -.21, p < .001$ ) and internalized racism ( $\beta = -.10, p < .01$ ), where higher scores these variables were associated with lower feelings of self-worth. No associations between feelings of self-worth and age, education, mobile app/website use, and being single were found (see Table IV.6).

**Black Desiring Black.** In the model examining the relationship between depressive symptoms and the black desiring black factor of RSD ( $F_{(8, 603)} = 30.21, p < .001; R^2 = 28.6\%$ ), depressive symptoms had no significant association with black desiring black. Depressive symptoms were significantly associated with age ( $\beta = -.11, p < .01$ ) and perceived attractiveness ( $\beta = -.20, p < .001$ ), where higher scores on these variables were associated with lower rates of depressive symptoms. Depressive symptoms were also significantly associated with internalized racism ( $\beta = .15, p < .001$ ) and perceived rejection ( $\beta = .32, p < .001$ ), where higher scores on

these variables were associated with higher rates of depressive symptoms. No associations between depressive symptoms and education, mobile app/website use, and being single were found.

In the model examining the relationship between feelings of self-worth and the black desiring black factor of RSD ( $F_{(8, 603)} = 38.62, p < .001; R^2 = 33.9\%$ ), feelings of self-worth had no significant association with black desiring black. Feelings of self-worth were significantly associated with perceived attractiveness ( $\beta = .40, p < .001$ ), where higher scores on perceived attractiveness were associated with higher feelings of self-worth. Feelings of self-worth were also significantly associated with perceived rejection ( $\beta = -.23, p < .001$ ), where higher scores on perceived rejection were associated with lower feelings of self-worth. No associations between feelings of self-worth and age, education, mobile app/website use, being single, and internalized racism were found (see Table IV.7).

**White Inferiority.** In the model examining the relationship between depressive symptoms and the white inferiority factor of RSD ( $F_{(8, 603)} = 29.41, p < .001; R^2 = 28.1\%$ ), depressive symptoms had no significant association with white inferiority. Depressive symptoms were significantly associated with age ( $\beta = -.11, p < .01$ ) and perceived attractiveness ( $\beta = -.20, p < .001$ ), where higher scores on these variables were associated with lower rates of depressive symptoms. Depressive symptoms were also significantly associated with internalized racism ( $\beta = .15, p < .001$ ) and perceived rejection ( $\beta = .32, p < .001$ ), where higher scores on these variables were associated with higher rates of depressive symptoms. No associations between depressive symptoms and education, mobile app/website use, and being single were found.

In the model examining the relationship between feelings of self-worth and the white inferiority factor of RSD ( $F_{(8, 603)} = 38.55, p < .001; R^2 = 33.8\%$ ), feelings of self-worth had no significant association with white inferiority. Feelings of self-worth were significantly associated with perceived attractiveness ( $\beta = .40, p < .001$ ), where higher scores on perceived attractiveness were associated with higher feelings of self-worth. Feelings of self-worth were also significantly associated with perceived rejection ( $\beta = -.23, p < .001$ ), where higher scores on perceived rejection were associated with lower feelings of self-worth. No associations between feelings of self-worth and age, education, mobile app/website use, being single, and internalized racism were found (see Table IV.8).

### **Discussion**

This study aimed to examine the relationship between Racialized Sexual Discrimination and markers of psychological wellbeing, among a sample of YBGBM who use the internet to meet partners for sexual encounters. Researchers have suggested that RSD may have an adverse effect on psychological wellbeing among gay and bisexual men of color, but there is minimal research examining this association using quantitative methods (Paul et al., 2010). This study aimed to contribute to the evidence base surrounding RSD and its relationship to psychological wellbeing among YBGBM. The researchers used a newly developed and preliminarily validated scale of RSD for this investigation (see Chapter 3). The researchers examined the association between six RSD subscales (white supremacy, white rejecting black, black rejecting black, white desiring black, black desiring black, and white inferiority) on two psychological health outcomes (depressive symptoms and feelings of self-worth), by estimating twelve hierarchical linear regression models. The researchers found that the white supremacy, black rejecting black, and white desiring black subscales were all significantly associated with higher depressive



symptoms—and that the white desiring black subscale was significantly associated with lower feelings of self-worth. The results of this study provide supporting evidence that RSD is associated with negative psychological health outcomes, particularly as it pertains to depressive symptoms.

### **Control Variables and Psychological Wellbeing**

While the researchers had reason to suspect that relationship status and frequency of online partner seeking may have accounted for a statistically significant portion of the variance in psychological health outcomes, neither of these variables were significant in any of the twelve regression models. Educational attainment also failed to achieve statistical significance across all twelve models. Age, however, was statistically significant across all six depression models, but did not achieve significance in any of the self-worth models. In all depression models, being older was associated with a decrease in depressive symptoms. This finding may reflect epidemiological trends in depression rates by age, where individuals between the age of 18 to 25 have higher rates of depressive symptoms than those between 25 to 49 (Substance Abuse and Mental Health Services Administration, 2016). In the context of RSD, it is also possible that men develop better coping capacities for RSD after repeated exposure over time, though the researchers are not able to draw definitive conclusions about any temporal factors that affect the association between RSD and psychological wellbeing.

As researchers suspected, perceived rejection and self-perceived sexual attractiveness were highly significant across all twelve models, where higher scores on perceived rejection was associated with worse psychological wellbeing, and higher scores on self-perceived sexual attractiveness was associated with better psychological wellbeing. These results are consistent with the literature examining the association between self-perceived sexual attractiveness and

self-perceived rejection on psychological health outcomes (Bale & Archer, 2013; Downey & Feldman, 1996; Nolan, Flynn, & Garber, 2003; Wade 2008). Moreover, these two variables had the largest effect sizes of any variable across all twelve models, suggesting that they are two essential factors to account for in the context of RSD. Finally, higher scores on internalized racism was significantly associated with greater depressive symptoms, and had a reasonably high effect size relative to other variables in the model. Though in the self-esteem models, internalized racism failed to achieve statistical significance. These findings complement research identifying a positive association between internalized racism and depressive outcomes; however, it is inconsistent with prior research indicating that internalized racism is associated with lower self-esteem, a closely related self-affirmation construct (Szymanski & Gupta, 2009; Taylor, Henderson, & Jackson, 1991; Williams, 1999). Given this inconsistency, it will be important for researchers to continue examining the role of internalized racism on self-worth in the presence of RSD. In the case of both psychological health markers, internalized racism accounted for a meaningful portion of the variance, and should therefore be considered in future models that examine the phenomenon.

### **RSD Subscales and Psychological Wellbeing**

The white supremacy, black rejecting black, and white desiring black subscales were all significantly associated with higher depressive symptoms among YBGBM. In all cases, higher scores on these variables were associated with higher self-reported depressive symptoms.

Overall, these findings support researchers' speculations that RSD may have an adverse effect on psychological wellbeing of YBGM (Paul et al., 2010). Contrary to the researchers' hypothesis, the white rejecting black subscale failed to achieve statistical significance in both the depressive

and self-esteem models. This is particularly noteworthy in light of the significant results found for both the white supremacy subscale, and the black rejecting black subscale.

First, this finding suggests that YBGBM may be particularly harmed by the experience of being discriminated against by members of their own racial ethnic group, more so than being discriminated against by other White people. The experiences of being rejected by one's own racial/ethnic group has received minimal attention in the literature, but this topic did arise in focus groups that preceded the current study (see Chapter 3). Participants in the focus groups expressed strong negative emotions about the experience of being rejected by members of their own racial/ethnic group, or by other people of color. These reports complement the findings noted in this study. Researchers may thus want to pay particular attention to the experiences of YBGBM being discriminated against by other YBGBM in future research on RSD.

Second, this finding may suggest that YBGBM have developed a strong enough coping capacity to deal with rejection from White men at a one-on-one interpersonal level, but still experience psychological harm from witnessing the elevation of whiteness as superior in the broader social landscape of online dating. Parallels may be drawn between the sociocultural embeddedness of racism in broader society, juxtaposed with the interpersonal discrimination that men of color may experience on a day to day basis. Researchers have noted that the former may have an overall greater impact on the health and wellbeing of racial/ethnic minorities, and also creates a social context that gives rise to individual-level discrimination (Bailey et al., 2017; Bonilla-Silva, 1997; Gee & Ford, 2011). In the case of RSD, YBGBM may be able to develop strategies to mitigate the microaggressions that they encounter directly, but they are generally powerless to alter a social environment that holds whiteness in greater esteem, and regard people of color to be of lesser value. Researchers may thus want to pay close attention to role of white

supremacy in dating mobile apps/websites frequented by gay men, and continue to examine its association with psychological wellbeing among YBGBM.

The white desiring black subscale represents the objectification of YBGBM on the basis of their physical traits, and was related to higher self-reported depressive symptoms among the study sample. This finding suggests that objectification may be psychologically harmful for Black YBGBM. Expressing a desire for a particular racial/ethnic group is one of the more unique RSD experiences, being the only type of experience that may provide men with sexual opportunities, whereas all other manifestations of RSD typically deny men these sexual opportunities. Although successful sexual encounters may ultimately be the goal for men who seek partners online, this finding suggests that certain sexual encounters—those that are driven by the promotion of racial/ethnic stereotypes, or the eroticization of racial/ethnic features—may come at a cost to the psychological health of YBGBM. McKeown and colleagues (2010) spoke to this complex phenomenon, noting that YBGBM in their studies felt as though they had little value beyond servicing a racialized sexual need when negotiating or having a sexual encounter with White men. The white desiring black subscale was also the only RSD subscale to achieve statistical significance in the self-worth models, where higher scores on this variable was associated with lower feelings of self-worth. As such, the phenomenon of White men desiring Black men for their physical characteristics was the only manifestation of RSD to be significantly, and negatively, associated with both markers of psychological wellbeing. Therefore, this study provides preliminary evidence that this particular manifestation of RSD may be among the most impactful for YBGBM. Researchers may thus want to consider this potentially key variable in future research exploring the phenomenon of RSD.

White inferiority was found to have no relationship with depressive symptoms or feelings of self-worth among the study sample, consistent with the researchers' predictions. White inferiority emerged as a subscale following exploratory factor analyses of the initial version of the RSD scale, suggesting that this is a discrete manifestation of RSD in online social venues. However, the items that loaded onto this factor had relatively small factor loadings, and the subscale as a whole demonstrated poor reliability. The findings from the current study suggest that, while sentiments of white inferiority may exist on gay dating apps and websites, this subscale appears to have minimal utility when examining the association between RSD and psychological health among YBGBM. The results of this study confirm that it may be useful to remove items indicative of white inferiority sentiments from the RSD scale.

### **Strengths and Limitations**

Given that this study used cross-sectional data, it is not possible to draw conclusions about causal relationships between the variables observed. This study is also limited by the use of a new measure that has not been subject to extensive psychometric testing with replicable results. Moreover, this new scale has not been subject to confirmatory factor analyses, and thus further refinement and construct validity assessments of the scale is needed. As such, the conclusions drawn from this study are very preliminary, and must be interpreted with caution. In addition, the RSD scale only accounts for racialized experiences that are encountered online. The scale does not account for RSD experiences during an in-person sexual encounter, though it is possible that racialized discriminatory treatment that is experienced in-person may also contribute significantly to poor psychological health outcomes. This study also focuses exclusively on the experiences of Black men, and the scale only accounts for racialized dynamics that exists between White men and a single racial/ethnic minority group (i.e., the race/ethnicity

of the respondent—in this case, Black-identified men), or between members of the same racial/ethnic group. As such, the results of this study cannot be generalized to racial/ethnic minorities other than Black men, nor does it account for the discriminatory experiences that racial/ethnic minorities may experience from other racial/ethnic minorities.

The exclusion of trans-identified men is another limitation of this study, though the researchers concluded that it would be best to limit the current study to cisgender men for a number of reasons. First, the researchers sought to limit the heterogeneity of the sample, as obtaining a more homogenous sample would also allow the researchers to speak more accurately to the experiences of the specific population of focus, and to the phenomenon itself. Second, the limited time-frame of the project did not enable the researchers to gather enough data on trans-identified individuals to make meaningful inferences about this population. In order to speak to a more broad population of YBGBM, future research on this phenomenon should aim to be inclusive of trans-identified individuals.

This study, however, does present a number of strengths. First, the study benefits from a relatively large sample size of YBGBM, enhancing its generalizability to this population. Second, the RSD scale is an innovative approach to investigating discrimination experienced by YBGBM. It provides a largely under-examined perspective on instances of racialized experiences that are commonly reported among this population in online partner-seeking venues. Third, the use of this measure provides an opportunity to determine the extent to which such experiences contribute negatively to psychological wellbeing. Given the pervasiveness of online partner-seeking among YBGBM, using the RSD scale in studies on discrimination and health may yield results that are significant in its scope. Moreover, it provides an opportunity to

contribute to a limited knowledge base on important health outcomes among YBGBM that have received less attention in the public health literature.

### **Implications for Public Health Practice**

This work also has implications for individual-, community-, and structural-level intervention in public health. Researchers and health practitioners may consider developing education modules and emotional-coping exercises specific to RSD, and deliver this content in a developmentally appropriate format to YBGBM. Health practitioners may also consider developing racial sensitivity and anti-racism training modules, specific to the online partner-seeking landscape, with the intention of delivering this content to White gay and bisexual men. These two approaches would engage both the perpetrators of RSD and those subjected to its adverse effects, effectively creating a two-pronged micro-level intervention to reduce the pervasiveness of the phenomenon. At the community level, researchers may also consider developing robust awareness initiatives within queer communities to convey the scope and impact of RSD on racial/ethnic minorities. Such initiatives may help mobilize the LGBT community to develop social justice campaigns to discourage the practice of RSD. Finally, at the structural level, researchers may consider engaging the creators and administrators of mobile apps and websites that cater to gay men. These creators and administrators have ultimate authority around what is and isn't allowed on their media platforms, and could potentially hold users accountable for what they write on their profiles. Many of these apps and websites already have pop-up and banner ads for a wide assortment of products, campaigns, events, and even social justice-oriented messages on occasion. This represents yet another avenue to get the word out about this phenomenon and its potentially harmful effects, and discourage users from behaving in a discriminatory and offensive manner towards other users of color.

## **Conclusion and Directions for Future Research**

Racialized sexual discrimination appears to have a significant association with psychological health outcomes among YBGBM, and is particularly salient for self-reported depressive symptoms. However, because this is the first study to examine psychological health using a newly developed scale of RSD, additional studies with replicated results are needed to advance the scientific understanding of this phenomenon. Moving forward, it will be important for the current iteration of the RSD scale to continue to be revised and tested using confirmatory factor analytic techniques. This will enhance the validity of the scale, which will make it more useful in future studies examining its association with health among gay/bisexual men of color. Future studies should also examine the RSD experiences of racial/ethnic groups other than YBGBM. Researchers have reported that nearly all racial/ethnic minority groups may be the target of RSD, but RSD may manifest differently for different racial/ethnic groups. For example, the ways in which gay/bisexual men of color are eroticized differ based on the sexual scripts and stereotypes that are ascribed to a particular racial/ethnic group (McKeown, et al., 2010; Paul et al., 2010; Wilson et al., 2009). Some racial/ethnic groups may also experience RSD more frequently than others, and there may be some groups for whom RSD may have a stronger effect. It will therefore be useful for researchers to perform comparative analyses across different racial/ethnic groups to determine which groups may be at less, or greater, risk for adverse psychological health outcomes. Overall, RSD remains a potentially important yet critically understudied phenomenon, and there is ample room for researchers to continue exploring its association with health outcomes among young gay and bisexual men of color.



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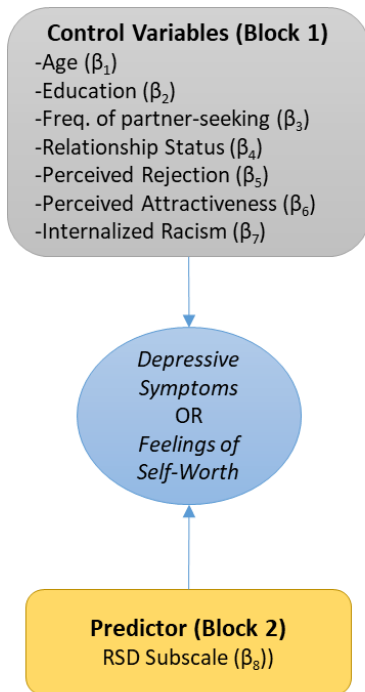
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Figure IV.1: Main Effects Model of RSD and Depression/Self-Worth



$$Y = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \beta_4 x_4 + \beta_5 x_5 + \beta_6 x_6 + \beta_7 x_7 + \beta_8 x_8 + e$$

\*For simplicity, one graphic is presented to represent all combinations of predictor and outcome variables, resulting in twelve total models.

Table IV.1 – Power Analyses for Regression Model Testing

	Power Level .8	Power Level .85	Power Level .9
<b>Input</b>			
Effect size $f^2$	.025	.025	.025
$\alpha$ error probability	.01	.01	.01
Power (1- $\beta$ err prob)	0.80	0.85	0.90
Number of tested predictors	1	1	1
Total number of predictors	8	8	8
<b>Output</b>			
Noncentrality parameter $\lambda$	11.7750000	13.1500000	14.9750000
Critical F	6.6900479	6.6841495	6.6780270
Numerator df	1	1	1
Denominator df	462	517	590
Total sample size	471	526	599
Actual Power	.8004735	.8505557	.9002603



Table IV.2 – Descriptive Statistics for Study Sample

N=612	Mean/N	SD/%	Min	Max	$\alpha$
<b>Sexual Orientation</b>					
Gay	435	71.1%			
Bisexual	99	16.2%			
Straight	4	0.7%			
Other	74	12.0%			
<b>Education</b>					
Less than high school	2	0.3%			
High school graduate	69	11.3%			
Some college	256	41.8%			
College graduate	183	29.9%			
Post college	102	16.7%			
<b>App Use</b>					
Once a month or less	164	26.8%			
2-3 times a month	122	19.9%			
About once a week	63	10.3%			
2-6 times a week	106	17.3%			
About once a day	53	8.7%			
More than once a day	104	17.0%			
Relationship Status (single)	530	87%			
HIV Status (positive)	91	14.9%			
Age	24.46	3.17			
Perceived Rejection	1.92	.81	0	4	.768
Perceived Attractiveness	5.07	1.60	1	7	.952
Internalized Racism Score	2.83	.99	1	7	.911
<b>Dependent Variables</b>					
Depressive Symptoms	1.85	.63	0	3	.920
Feelings of Self-Worth	6.07	1.87	1	9	.952
<b>RSD Variables<sup>a</sup></b>					
White Supremacy	31.96	18.44	0	87.5	.832
White Rejecting Black	39.97	24.94	0	100	.898
Black Rejecting Black	26.70	16.64	0	100	.865
White Desiring Black	39.52	27.63	0	100	.830
Black Desiring Black	22.39	18.89	0	100	.731
White Inferiority	10.83	8.33	0	75	.541

All absolute skewness values are less than 1.96

Table IV.3 – Regression Model 1: White supremacy on depression and self-worth

	Depression (N=612)		Self-Worth (N=612)	
	Model 1: $R^2=.281$		Model 1: $R^2=.338$	
	Model 2: $R^2=.291$		Model 2: $R^2=.340$	
	$b_{(SE)}$	$\beta$	$b_{(SE)}$	$\beta$
Constant	1.90(.28)***		4.45(.65)***	
Age	-.02(.01)	-.10**	.04(.02)	.07
Education	-.02(.03)	-.03	-.002(.08)	-.001
App Use	.02(.01)	.05	-.04(.04)	-.04
Single	-.05(.06)	-.03	.03(.18)	.01
Perceived Rejection	.23(.03)	.30***	-.51(.09)	-.22***
Perceived Attractiveness	-.07(.02)	-.18***	.46(.05)	.39***
Internalized Racism	.10(.02)	.16***	-.16(.07)	-.09*
White Supremacy	.004(.001)	.11**	-.004(.004)	-.04
Omnibus Test	$F_{(8,603)}=31.00$ ***		$F_{(8,603)}=38.82$ ***	

Notes. Referent group for multivariable regressions is: being in a relationship (Single).

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

Table IV.4 – Regression Model 2: White rejecting black on depression and self-worth

	Depression (N=612)		Self-Worth (N=612)	
	Model 1: $R^2=.281$		Model 1: $R^2=.338$	
	Model 2: $R^2=.281$		Model 2: $R^2=.338$	
	$b_{(SE)}$	$\beta$	$b_{(SE)}$	$B$
Constant	2.06(.23)***		4.264***	
Age	-.02(.01)	-.11**	.05(.02)	.08*
Education	-.01(.03)	-.02	-.01(.08)	-.004
App Use	.02(.01)	.06	-.05(.04)	-.04
Single	-.06(.07)	-.03	.04(.19)	.01
Perceived Rejection	.25(.03)	.32***	-.53(.09)	-.23***
Perceived Attractiveness	-.08(.02)	-.20***	.46(.05)	.40***
Internalized Racism	.09(.02)	.15***	-.16(.07)	-.08*
White Rejecting Black	.000(.001)	-.01	.000(.003)	.003
Omnibus Test	$F_{(8,603)}=29.42***$		$F_{(8,603)}=38.54***$	

Notes. Referent group for multivariable regressions is: being in a relationship (Single).

\* $p<.05$ ; \*\* $p<.01$ ; \*\*\* $p<.001$ .

Table IV.5 – Regression Model 3: Black rejecting black on depression and self-worth

	Depression (N=612)		Self-Worth (N=612)	
	Model 1: $R^2=.281$		Model 1: $R^2=.338$	
	Model 2: $R^2=.300$		Model 2: $R^2=.338$	
	$b_{(SE)}$	$B$	$b_{(SE)}$	$\beta$
Constant	1.88(.22)***		4.269***	
Age	-.02(.01)	-.12**	.05(.02)	.078*
Education	-.01(.03)	-.02	-.01(.08)	-.004
App Use	.02(0.1)	.05	-.05(.03)	-.05
Single	-.03(.06)	-.02	.04(.19)	.01
Perceived Rejection	.21(.03)	.28***	-.52(.09)	-.23***
Perceived Attractiveness	-.07(.02)	-.19***	.46(.05)	.40***
Internalized Racism	.10(.02)	.16***	-.16(.07)	-.08*
Black Rejecting Black	.01(.001)	.15***	7.415E-005	.001
Omnibus Test	$F_{(8,603)}=32.34***$		$F_{(8,603)}=38.54***$	

Notes. Referent group for multivariable regressions is: being in a relationship (Single).

\* $p<.05$ ; \*\* $p<.01$ ; \*\*\* $p<.001$ .

Table IV.6 – Regression Model 4: White desiring black on depression and self-worth

	Depression (N=611)		Self-Worth (N=611)	
	Model 1: $R^2=.281$		Model 1: $R^2=.338$	
	Model 2: $R^2=.302$		Model 2: $R^2=.346$	
	$b_{(SE)}$	$\beta$	$b_{(SE)}$	$B$
Constant	1.91(.22)***		4.53(.64)***	
Age	-.02(.01)	-.10**	.04(.02)	.07
Education	-.020(.03)	-.03	-.001(.08)	.000
App Use	.01(.01)	.04	-.04(.04)	-.03
Single	-.06(.06)	-.03	.03(.18)	.01
Perceived Rejection	.23(.03)	.30***	-.49(.09)	-.21***
Perceived Attractiveness	-.08(.02)	-.20***	.46(.05)	.40***
Internalized Racism	.11(.02)	.18***	-.19(.07)	-.10**
White Desiring Black	.003(.001)	.15***	-.01(.002)	-.09**
Omnibus Test	$F_{(8,602)}=35.53***$		$F_{(8,602)}=39.82***$	

Notes. Referent group for multivariable regressions is: being in a relationship (Single).

\* $p<.05$ ; \*\* $p<.01$ ; \*\*\* $p<.001$

Table IV.7 – Regression Model 5: Black desiring black on depression and self-worth

	Depression (N=612)		Self-Worth (N=612)	
	Model 1: $R^2=.281$		Model 1: $R^2=.338$	
	Model 2: $R^2=.286$		Model 2: $R^2=.339$	
	$b_{(SE)}$	$\beta$	$b_{(SE)}$	$\beta$
Constant	2.01(.22)***		4.23(.64)***	
Age	-.02(.01)	-.11**	.05(.02)	.08*
Education	-.01(.03)	-.02	-.01(.08)	-.004
App Use	.02(.01)	.05	-.05(.04)	-.05
Single	-.06(.06)	-.03	.04(.18)	.01
Perceived Rejection	.25(.03)	.32***	-.53(.09)	-.23***
Perceived Attractiveness	-.08(.02)	-.20***	.47(.05)	.40***
Internalized Racism	.09(.02)	.15***	-.16(.07)	-.08*
Black Desiring Black	.002(.001)	.07*	.002(.003)	.02
Omnibus Test	$F_{(8,603)}=30.21$ ***		$F_{(8,603)}=38.62$ ***	

Notes. Referent group for multivariable regressions is: being in a relationship (Single).

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

Table IV.8 – Regression Model 6: White inferiority on depression and self-worth

	Depression (N=612)		Self-Worth (N=612)	
	Model 1: $R^2=.281$		Model 1: $R^2=.338$	
	Model 2: $R^2=.281$		Model 2: $R^2=.338$	
	$b_{(SE)}$	$\beta$	$b_{(SE)}$	$\beta$
Constant	2.05(.22)***		4.30(.64)***	
Age	-.02(.01)	-.11**	.05(.02)	.08
Education	-.01(.03)	-.02	-.01(.08)	-.004
App Use	.02(.01)	.05	-.05(.04)	-.05
Single	-.06(.06)	-.03	.03(.19)	.01
Perceived Rejection	.25(.03)	.32***	-.52(.09)	-.23***
Perceived Attractiveness	-.08(.02)	-.20***	.47(.05)	.40***
Internalized Racism	.09(.02)	.15***	-.16(.07)	-.08*
White Inferiority	.000(.002)	.002	.001(.006)	.008
Omnibus Test	$F_{(8,603)}=29.41$ ***		$F_{(8,603)}=38.55$ ***	

Notes. Referent group for multivariable regressions is: being in a relationship (Single).

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

## **CHAPTER V**

### **Conclusion**

This primary objective of this dissertation was to make significant contributions to the understanding of Racialized Sexual Discrimination (RSD) using both qualitative and quantitative methods. The literature on RSD is limited and mostly qualitative, but it paints a consistent picture that gay and bisexual men of color routinely encounter racialized experiences on gay dating mobile apps and websites (Callander, Holt, & Newman, 2012; Callander, Newman, & Holt, 2015; McKeown, Nelson, Anderson, Low, & Elford et al., 2010; Paul, Ayala, & Choi, 2010; Robinson, 2015; White, Reisner, Dunham, & Mimiaga, 2014; Wilson et al., 2009). Researchers have speculated that RSD experiences—similar to more general race-based discrimination—may have an adverse effect on psychological wellbeing (Paul et al., 2010). In order to advance the discussion surrounding RSD and its potentially harmful effects, I developed a new scale to measure the phenomenon, and examined the association between RSD experiences on markers of psychological wellbeing. I found that the newly developed RSD scale had sound psychometric properties. I also found preliminary evidence that RSD contributes negatively to the psychological health of young Black gay and bisexual men (YBGBM).

### **Summary of Results**



In *Chapter II*, I conducted a comprehensive review and synthesis of the social science literature examining the phenomenon of RSD. I reported on researchers' findings, which detail the prevalence of RSD; the different ways in which RSD manifests; differences in experiences of RSD across racial/ethnic groups; the collective discourse surrounding RSD among gay and bisexual men of color (and, to a lesser degree, White gay and bisexual men); the social acceptability of RSD in online venues; the broader structural and social atmosphere of online dating apps and websites; and the potential implications that RSD may have for the health and wellbeing of gay and bisexual men of color. Next, I provided the reader with an overview of two key psychological health markers, depression and self-worth, and included a discussion on psychological wellbeing across both race and sexual orientation. I discussed the relevance of examining both of these markers in the context of RSD, as part of a holistic framework of psychological wellbeing. I then introduced a conceptual framework to organize the reader's understanding of RSD and its potential effects on psychological health. I utilized Lazarus and Folkman's (1984) theory of stress and coping to guide this discussion, and detailed the complete hypothetical pathways between RSD and psychological wellbeing. I also introduced a discussion on ethnic identification in the context of RSD. I examined the ways in which ethnic identification may moderate the relationship between RSD and psychological wellbeing, based on prior research investigating how ethnic identification operates in the face of race-based stressors. Next, I accounted for important intrapersonal factors that may be associated with psychological health in the context of RSD. Finally, I concluded by proposing different analytic models that researchers may consider testing, in order to examine the effects of RSD on psychological health in a theory-driven quantitative framework.

In *Chapter III* I conduct two independent studies, one qualitative and one quantitative. In the qualitative study, I ran a series of focus groups with young gay and bisexual men of color, and a LGBTQ service provider who works with these populations, in order to verify the construct of RSD, and describe the different domains that constitute RSD in its totality. Participants provided information on different items and themes that should be included in a RSD scale. After the focus groups, I developed a scale of RSD, and administered the scale to a group of cognitive interviewees and expert panel reviewers. After receiving their feedback, I made augmentations to the scale, and eventually arrived at a final 60-item version that captured the frequency and effect of RSD experiences across four domains: Exclusion, Rejection, Degradation, and Erotic Objectification. The four domains would represent the hypothetical domains that describe RSD as a whole.

In the quantitative study, I collected primary data using online data collection. I administered the newly developed RSD scale to a sample of 634 YBGBM in order to test the psychometric properties of the scale using exploratory factor analysis. The factor analysis revealed an eight-factor structure, contrary to the hypothesized four factor-structure around the four hypothesized domains, compelling me to redefine and reconceptualize the domains and subscales of RSD. The newly defined domains and subscales were as follows: 1.) White-Centric Domain (white supremacy and white inferiority); 2.) Black-Centric Domain (white rejecting black, black rejecting black, white desiring black, and black desiring black); and 3.) Neutral/Non-directional Domain (Degradation and Role Assumptions). With the exception of the white inferiority subscale, all other subscales demonstrated good reliability. I concluded that an early iteration of a RSD scale is psychometrically sound, but provided recommendations for a more stringent assessment/modification of the scale in future research.

In *Chapter IV*, I used the data collected from the quantitative portion of my project to examine the association between RSD and markers of psychological wellbeing. I used all of the subscales within the White-Centric (white supremacy and white inferiority) and Black-Centric (white rejecting black, black rejecting black, white desiring black, and black desiring black) domains that emerged from the factor analysis. For each subscale, I estimated a hierarchical linear regression model for two different outcomes of psychological health (depressive symptoms and feelings of self-worth) for a total of twelve regression models. I found that the white supremacy, black rejecting black, and white desiring black subscales were all significantly associated with higher depressive symptoms—and that the white desiring black subscale was significantly associated with lower feelings of self-worth. I concluded that RSD was associated with negative psychological health outcomes among YBGBM, and discussed the implications of these findings.

### **Limitations and Strengths**

This dissertation has a number of limitations. In *Chapter III*, there were three primary shortcomings of the RSD scale's construction and content. First, it is important to acknowledge that there was some ambivalence among a subset of cognitive interviewees and expert panel reviewers to use the phrase 'negative reaction' in the effect cluster of items on the RSD scale. While the majority of respondents did not express this ambivalence, this is nevertheless a valid critique, as some of the nuance of different emotional responses to RSD is lost with such a broad description. This will be a point of concern that I will take under advisement as I continue to refine the scale. Second, participants expressed an interest in examining the experiences of a racial/ethnic group discriminating against another racial/ethnic group (e.g., Asian men discriminating against Black men; Latino men discriminating against Middle Eastern men, etc.),

yet these types of experiences are not assessed in the current version of the scale. There is an opportunity, however, to develop additional scales that focus specifically on the occurrence of people of color (POC) discriminating against other POC. Third, this version of the scale did not capture RSD experience at the level of in-person interactions, as the *partner context* items were omitted from the final version of the scale. These items were omitted primarily to save space, and to focus this work on the phenomenon of RSD as it occurs in a digital landscape. However, the examination of in-person RSD represents yet another opportunity for future development in this area.

There were also limitations in the model testing component of my project. In *Chapter IV*, it was not possible to draw conclusions about causal relationships between the variables observed given the cross-sectional design. I must also consider my findings to be preliminary, given the fact that I used a brand-new scale that has not been subject to extensive psychometric testing with replicable results. By extension of the shortcomings in *Chapter III*, the results in *Chapter IV* cannot speak to the racialized experiences that YBGBM encounter in person, nor can it account for the racialized experiences that YBGBM encounter from other racial/ethnic minority groups.

This project also has a number of strengths. To the best of my knowledge, this project represents the first attempt to develop and test a multidimensional measure of RSD, that is comprehensive in its scope, and that aims to measure both the effect and frequency of discriminatory experiences. All but one of the eight factors that emerged in the factor analysis demonstrated good reliability, providing preliminary evidence that the scale is psychometrically sound. Also, I had a fairly large sample size of YBGBM for the model testing component of this project, which enhances its generalizability to this population. Overall, the RSD scale is an

innovative approach to investigating discrimination experienced by YBGBM. My project builds upon a limited and largely qualitative literature on RSD with the addition of theory-driven quantitative research, and is among the first to provide preliminary quantitative evidence that RSD contributes to poor psychological health outcomes among YBGBM.

### **Implications for Health Promotion**

This work has a number of implications for public health practice and intervention across multiple levels. At the individual level, RSD may be regarded as another key variable within a holistic framework of factors that affect the health and functioning of YBGBM. Clinicians and other health practitioners may consider the ways in which RSD contributes negatively to the psychological wellbeing of this population, and account for this variable when making strides toward improving the health of their clients. This is especially pertinent for health practitioners who address the complex social, sexual, and romantic lives of YBGBM at a developmental stage when forming intimate connections is at their most salient. To this end, there are many opportunities for researchers and practitioners to pursue culturally tailored approaches to individual-level interventions. There are also opportunities to develop comprehensive education modules on the subject of RSD, which can be delivered in a developmentally appropriate format to young gay and bisexual men of color, and can also be included in training curriculums for clinicians and other health practitioners who work with these populations.

The utility of education is not limited to just gay and bisexual men of color or the professionals who work with them. As the understanding of RSD grows, researchers may want to contribute to the broader discussion about this phenomenon within the larger LGBT community. Indeed, there are opportunities to develop robust awareness initiatives within queer communities to convey the scope and impact of RSD on racial/ethnic minorities. Such initiatives may help

mobilize the LGBT community to develop social justice campaigns to discourage the practice of RSD. Allies and members of the LGBT community have already pursued initiatives around the subject of LGBT suicide and bullying, such as the Trevor Project and the "It Gets Better" campaign, to widespread recognition and varying degrees of success (Hendricks, Lumadue, & Waller, 2012; Lister et al., 2013; Muller, 2012; Savage & Miller, 2011; Stelter, 2010; Wiederhold, 2014). Awareness around RSD has already begun to follow suit, with blogs and smaller media outlets reporting on the subject, but has yet to breach the threshold of broader community and/or national recognition. The success of previous awareness campaigns in the LGBT community suggests that concerted efforts to raise awareness around RSD could become both prevalent and impactful.

Finally, this work has implications for structural levels of intervention, though these are not without significant challenges and barriers. The results of this work beg the question: what degree of influence can the awareness of RSD, and its potential harms, have on the creators and administrators of mobile apps and websites that cater to gay men? These creators and administrators have ultimate authority around what is and isn't allowed on their media platforms, and could potentially hold users accountable for what they write on their profiles. It would, of course, be far too invasive to police private conversations—but mobile app and website administrators can place this particular issue front and center on their products, instead of burying language about anti-racism policies in their terms and conditions. Many of these apps and websites already have pop-up and banner ads for a wide assortment of products, campaigns, events, and even social justice-oriented messages on occasion. This represents yet another avenue to get the word out about this phenomenon and its potentially harmful effects, and

discourage users from behaving in a discriminatory and offensive manner towards other users of color.

### **Directions for Future Research**

I detail directions for future research as the end of each chapter. In *Chapter II*, I offer general recommendations for researchers to continue investigating the phenomenon of RSD, as it is a vastly understudied topic in the social science and public health literature. I then make specific suggestions for different types of research questions that may be pursued using quantitative methods. First, I propose that researchers examine the moderation effects of ethnic identity on RSD, with respect to RSD's association with psychological health outcomes (Aiken & West, 1991). Researchers have found that ethnic identification can sometimes exacerbate negative health outcomes in the face of discrimination, but can also serve as a protective factor to buffer the effects of discrimination (Ai, Nicdao, Appel, & Lee, 2015; Neville, Heppner, & Wang, 1997; Operario & Fiske, 2001; Rivas-Drake et al, 2014; Roberts et al., 1999; Syed et al., 2013; Williams, Chapman, Wong, & Turkheimer, 2012). I suggest that, in the context of RSD, higher scores on ethnic identification might be expected to exacerbate the negative effects of RSD on psychological health outcomes. Second, I propose that researchers examine the mediation pathways between RSD and psychological wellbeing, by examining the role of primary appraisal, secondary appraisal, and coping efforts, in accordance with the theory of stress and coping (Daniel, De Stavola, Cousens, & Vansteelandt, 2015; Folkman, 1997; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Lazarus & Folkman, 1984; Preacher & Hayes, 2004).

In *Chapters III* and *IV*, I made recommendations to improve the current iteration of the RSD scale. First and foremost, I proposed using a confirmatory factor analysis along with

additional convergent and divergent validity assessments to better validate the scale. In addition, I recommended applying more stringent cutoff values to retain only those items with the highest factor loadings, and to reduce the length of the scale. I also made recommendation to examine RSD among racial/ethnic minority populations other than YBGBM. By extension, I recommended that researchers perform comparative analyses across different racial/ethnic groups to determine which groups may be at less, or greater, risk for adverse psychological health outcomes.

Overall, this dissertation provides an overview of Racialized Sexual Discrimination, and advances the scientific understanding of how this phenomenon is defined and measured. It also examines the ways in which RSD is associated with psychological wellbeing among young Black gay and bisexual men, and provided preliminary evidence of its potentially harmful effects. Moreover, this dissertation contributes to an exceedingly sparse literature that examines this phenomenon using quantitative methods, and adds to a generally small literature on the topic as a whole. There is still considerable work to be done on this subject. Indeed, investigators have only scratched the surface of this unique type of discrimination, and it will be critical for public health researchers to continue to broaden their understanding of the phenomenon moving forward.



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## **APPENDICES**

## APPENDIX A

### Initial Contact (Recruitment) E-mail for Scale Development Study

Hello,

My name is Ryan Wade, and I'm working on a new and exciting research project through the University of Michigan. I am contacting you today to ask if you would be interested in participating in the initial phases of this research.

The purpose of this project is to generate survey items to measure the understudied phenomenon of *Racialized Sexual Discrimination* (RSD), as experienced by gay/bisexual men of color on gay social networking apps and websites (e.g., grindr, Scruff, Adam4Adam, etc). RSD is broadly defined as sexualized discriminatory treatment directed towards a particular racial/ethnic group, in settings where individuals are seeking partners for dating, casual sex, and/or romance.

Those interested in participating in the study will be assigned to a focus group of four to six people, lasting for approximately 1.5 hours. The purpose of this focus group will be to generate survey items that capture different elements of the RSD construct. Participants will be compensated with \$20 for their time. To be eligible, you have to:

- 1) Be over 18 years of age
- 2) Identify as a gay or bisexual man of color, OR work directly with this population in a professional capacity.
  - a. Those working with this population in a professional capacity must actively address any or all of the following topics with their clients: (1) sexuality, (2) racism, (3) sexual health/behavior, (4) dating/relationships.
- 3) Be willing to participate in a focus group lasting approximately 1.5 hours.

If you answered "Yes" to the above questions, and are interested in helping us out by participating in the focus group, then please click the following link in order to answer a set of screening questions and to sign up for the study:

[https://umich.qualtrics.com/jfe/form/SV\\_9HuMRknckXsipo9](https://umich.qualtrics.com/jfe/form/SV_9HuMRknckXsipo9)

Thank you and I hope to hear from you soon!

## APPENDIX B

### Screening Questionnaire for Scale Development Study

#### Start of Block: Screening Questions

Q1 Do you identify as a gay/bisexual man of color OR do you work with this population in a professional capacity? Please check all that apply

- I identify as a gay/bisexual man of color (1)
  - I work with gay/bisexual men of color in a professional capacity (2)
  - I identify as a gay/bisexual man of color AND I work with this population in a professional capacity (3)
  - None of the above apply to me (4)
- 

Q2 Are you willing to participate in a focus group lasting approximately 1.5 hours?

- Yes (1)
  - No (2)
- 

Q3

Please review the following consent information, and then answer the question that follows

## **CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

### **Racialized Sexual Discrimination (RSD) Item Generation and Scale Development**

Principal Investigator (P.I.): Ryan M. Wade, MSW<sup>1</sup>

Faculty Advisor: Gary W. Harper, PhD, MPH<sup>1</sup>

<sup>1</sup>University of Michigan School of Public Health, Department of Health Behavior and Health Education

#### ***What is the purpose of this research?***

You are invited to participate in a research study about Racialized Sexual Discrimination (RSD). The purpose of this project is to create survey items to measure the phenomenon of RSD, as experienced by gay/bisexual men of color on gay social networking apps and websites (e.g., grindr, Scruff, Adam4Adam, etc). RSD is broadly defined as sexualized discriminatory treatment directed towards a particular racial/ethnic group, in settings where individuals are seeking partners for dating, casual sex, and/or romance.

RSD is (1) grounded upon a number of social and physical factors (e.g., physical characteristics and cultural standards of beauty; sexual scripts and stereotypes; social and historical legacies of racial inequality); (2) can be expressed in many different ways (e.g., blatant and subtle exclusion; erotic objectification); and (3) has implications for several health outcomes (e.g., HIV risk; psychological well-being).

#### **Description of Participant Involvement**

If you agree to be in this study, you will be asked to participate in a focus group with gay or bisexual men of color, or those who work professionally with this population (if you are a service provider). These focus groups are designed to obtain feedback on the creation of a survey that will be used to measure RSD. RSD will be defined for the group, and the group in turn will be asked to brainstorm potential survey items that would capture all important components of this concept. The Principal Investigator and Faculty Advisor will be present during these sessions. They will take electronic notes pertaining to

potential survey items to be included on the survey. Your participation in this focus group will take about 1.5 hours of your time.

### **Risks/Discomforts?**

The researchers have taken steps to minimize the risks of this study. Even so, you may still experience some risks related to your participation, even when the researchers are careful to avoid them. These risks may include the following:

A.) If you share the identity of the target population, you may experience mild discomfort when thinking about negative lived experiences. In order to manage/minimize prolonged exposure to risk, you will be permitted to excuse yourself from the focus group at any time without penalty (i.e., you will not forfeit your compensation). In addition, you are under no obligation to answer any question that makes you uncomfortable.

B.) Due to the nature of the research design, the researchers cannot guarantee the privacy of the participants after the study has ended. It is possible that focus group participants may reveal information about the nature of the discussion and/or the other participants in the study once the focus group has ended. The researchers will put multiple safeguards in place to address this concern. First, the researchers will ask all participants to check a box on a confidentiality agreement stating that you will not share any information discussed during the focus group, including the identities of the other participants. Second, the researchers will ask all focus group participants to use a pseudonym (fake name) in place of their real names, in order to better conceal their identities. Third, none of the specific responses provided by the participants will be tied to their real names. There will be no way to trace the data collected to any individual in the study. Fourth, all data collected will be kept secure in an encrypted network drive that only the study personnel will have access to.

### **Benefits**

You will not personally benefit from being in this study. However, we hope that what we learn from your contribution will be beneficial in our efforts to measure RSD. Specifically, we hope to explore the



relationship between this construct and a variety of health outcomes among gay/bisexual men of color.

### **Compensation**

You will be compensated for your participation in this study. You will receive \$20 USD as compensation for your time and transportation. By agreeing to be in this study, you do not give up your right to seek compensation if you are harmed as a result of participation.

### **Confidentiality**

The records of this study will be kept confidential. In any report we might publish, we will not include any information that will identify you. Research records will be stored securely and only the researchers will have access to the records that identify you by name. There are some reasons why people other than the researchers may need to see information you provided as part of the study. This includes organizations responsible for making sure the research is done safely and properly, including the University of Michigan or government offices.

The notes taken from these focus group sessions will not identify any participants, or tie any responses to any person in the group. Your name will not be attached to any data. All information collected in the study will be kept on a password-protected computer and in an encrypted server.

If you tell us something that makes us believe that you or others have been or may be physically harmed, we may report that information to the appropriate agencies.

### **Voluntary Nature of the Study**

Participating in this study is completely voluntary. Even if you agree to be in the study now, you can change your mind later and leave the study. There will be no negative consequences if you decide not to

participate or change your mind. If you decide to withdraw early, the information you provided cannot be destroyed because it is not linked to you either directly or by code.

### Contact Information

If you have questions about this study, please contact the Principal Investigator, Ryan M. Wade, MSW at [wlryan@umich.edu](mailto:wlryan@umich.edu), or the Faculty Advisor, Gary W. Harper, PhD, MPH, at [gwharper@umich.edu](mailto:gwharper@umich.edu). If you have questions about your rights as a research subject, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, 2800 Plymouth Rd., Bldg. 520, Room 1169, Ann Arbor, MI 48109-2800, (734) 936-0933.

***Upon arriving to the study site, you will be given a copy of this information to keep for your records, and will be asked to check a box indicating that you consent to participate in this study.***

---

Q4 Do you agree to participate in the study?

Yes (1)

No (2)

---

[ONLY DISPLAYED IF NO IS SELECTED]

Q5 Based on your selection(s), you do not meet the criteria necessary to participate in the study.

Thank you for your interest.

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Q7 Thank you for your interest in this study. Below, you will find a list of dates and times that are currently available for you to participate in the focus group. Please check every option that you are able/willing to attend.

If none of the options below fit with your schedule, there will be a box for you to indicate alternative dates/times when you might be available to participate.

- Monday, February 6th, 6pm - 7:30pm (1)
- Tuesday, February 7th, 6pm - 7:30pm (2)
- Wednesday, February 8th, 6pm - 7:30pm (3)
- Thursday, February 9th, 6pm - 7:30pm (4)
- Friday, February 10th, 6pm - 7:30pm (5)
- Saturday, February 11th, 2pm - 3:30pm (6)
- Saturday, February 11th, 4pm - 5:30pm (7)
- None of the above dates or times will fit with my schedule (8)



Q8 On the previous question, you selected 'None of the above dates or times will fit with my schedule.' Please indicate any additional dates and times when you might be available to participate in a focus group lasting 1.5 hours. You may enter as many dates/times as you wish.

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Q9 Please enter your preferred e-mail address.

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End of Block: Screening Questions

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## APPENDIX C

### Study Verification E-mail for Scale Development Study

Hello,

Thank you for your interest in participating in this study. Before we proceed, I need to verify that you meet our inclusion criteria, and that you consent to participate in the study. Please find a consent document that includes all of the information about the study attached to this e-mail. If you still wish to participate after reading the consent document, please respond to this e-mail with the following information:

- 1) Your age.
- 2) *Copy and paste the following statement:* "I identify as a gay/bisexual man of color, OR I work with this population in a professional capacity (or both)."
- 3) *Copy and paste the following statement:* "I am willing to participate in a focus group lasting approximately 1.5 hours."
- 4) *Copy and paste the following statement:* "I consent to participate in this study."

In the event that you have questions about the consent form, but still wish to verify that you are eligible for the study, you may include information for items 1-3, and hold off posting the 4<sup>th</sup> statement. You may then ask whatever questions you have before consenting to participate. I will respond to all of your questions, and if you are still interested in participating, you may then post the 4<sup>th</sup> statement in return.

Once you agree to participate, I will be in touch about arranging a time, date, and location for the study. You will receive a copy of the consent document for your records upon entering the study site, where I will go over the consent details with you once more before you proceed.

Thank you, and I hope to hear from you soon!

## APPENDIX D

### Group Assignment E-mail for Scale Development Study

Hello,

Thank you for your interest in participating in our study, and for signing up to join one of our focus groups. Your group is scheduled for INSERT DATE and will last from INSERT TIME. The focus group will be held at **University of Michigan's School of Public Health (SPH I) on the second floor, in room 2706**. The full address is below:

1415 Washington Heights  
Ann Arbor, Michigan 48109-2029  
Room: 2706 SPH I

Please note that there are two buildings (SPH I and SPH II) and you will be entering **SPH I**. Please plan to arrive a few minutes early to find parking and enter the building. Metered parking can be found alongside the street directly outside the building (along Observatory St.) and is free beginning at 6pm. You do not need to bring any materials with you, and there will be a sign directing you to the room where the group will be held.

I will be at the front entrance to let participants into the building until 6:10pm. If you are running late, please call INSERT PHONE NUMBER and we can let you into the building (the door will be locked).

Additional travel and parking information can be found here:  
<https://sph.umich.edu/admissions-aid/explore.html>

If you have any questions prior to the focus group, please feel free to contact me at [wlryan@umich.edu](mailto:wlryan@umich.edu)

We look forward to seeing you soon,

Ryan Wade, MSW  
Gary W. Harper, PhD, MPH

## APPENDIX E

### Focus Group Guide for Scale Development Study

#### **Introduction –**

**The principal investigator (P.I.) will work to create a comfortable environment for group discussion. The P. I. will let the group members know why they are here, and how the group will function, emphasizing confidentiality. Also, the P. I. will make sure the participants understand what a focus group is and emphasize the need for honest feedback.**

#### *P.I. introduction:*

Hello. My name is Ryan and I will be leading our group today. I would first like to thank you for taking the time to talk with us today. Your thoughts and opinions are very valuable and I appreciate your willingness to assist in developing a new scale to measure Racialized Sexual Discrimination, as experienced by gay/bisexual men of color. I know that's a very wordy description, so we'll refer to it as RSD from this point forward. Our group will last about an hour and a half today.

Using the internet or mobile apps to find partners for casual sex, dating, and/or relationships is very common among gay men today, especially among young gay men. Gay/bisexual men of color often have unique experiences in these settings, as it is not uncommon for them to report instances in which race is explicitly referenced in online profiles, or in exchanges with other users. Some men report that users openly state their desire to meet others who fall into a particular racial/ethnic category, and/or openly state that they do *not* want to meet certain people who fall into a particular racial/ethnic category. Some of the language on user profiles may be strictly exclusionary (e.g. "Not into Asians"; "White guys only"), or indicate a preferential interest for a particular racial/ethnic group, sometimes referencing characteristics that users associate with that group (e.g., "looking for aggressive Black bulls; BBC to the front"). At the point of actual sexual contact, sometimes a person's race or ethnicity is explicitly evoked and eroticized during the encounter. In such cases, similar eroticization language posted on a user's profile may be verbally spoken in person. Such verbal exchanges may or may not be negotiated between partners beforehand, and such exchanges may take place even if a user hasn't written anything on their profile indicating that they find certain racial/ethnic background to be erotic.

Today, we are here to hear your opinions on what kind of items/statements on a survey may best capture the many racialized sexual experiences that gay/bisexual men of color may encounter in both the context of partner seeking/negotiation, and partner contact. Our goal is to create a scale of RSD that captures different aspects of the phenomenon. Specifically, we propose that there are at least four ideas that describe RSD as a whole: **(1) exclusion (2) rejection (3) degradation and (4) erotic objectification.**

Since each of you may have different backgrounds and experiences, you may not all agree with the information and ideas that are presented. This is OK and something that we expect to happen. However, we do want to make sure that you each feel comfortable speaking your mind in today's focus group, so we ask that you treat each other with respect and that you do not say anything to another participant that may insult them in any way. We also want everyone to feel comfortable expressing their points of view, so we are asking you to not talk about anything that a particular person said in this group to others after the group is over. So basically what is said in the group – and the names/identities of people who participated in the group – should stay in the group. This will help to protect everyone's privacy and to create a safe and informative group.

Please remember that all participant information will be kept completely confidential. Any names used will not be tied to any notes that we take during the discussion. Also, anyone is welcome to use a pseudonym (fake name) in place of their real name. We have provided you with a notecard to write down any name that you would like to be called during the focus group. Do you have any questions before we get started?

#### **I. Formation of the Concept of RSD**

As explained during the screening and consent process, we propose that RSD (1) is grounded upon a number of social and physical factors (e.g., phenotypic characteristics and cultural standards of beauty; sexual scripts and stereotypes; sociohistorical legacies of racial inequality); (2) can manifest in a multitude of ways (e.g., overt and covert exclusion; erotic objectification); and (3) has implications for several health outcomes (e.g., HIV risk; psychological well-being). Today, we will mostly be taking points #1 and #2 into consideration as we discuss ways to capture this concept.

1. What are your overall thoughts on the concept we have created?
2. What changes would you make to the concept?  
*Potential probes:*
  - What would you remove to the concept?
  - What would you add to the concept?
  - Are there any dimensions beyond exclusion, degradation, erotic objectification that you would include?
  - Should any of our proposed dimensions be broken apart or fleshed out in a more nuanced way?
  - For items that specifically address “racism,” should we define benevolent and malevolent forms of racism?



## **VI. Item Review and Generation**

We've generated some potential items to get us started. What do you think of them? What you would change? What other items should be included?

We aim to develop items that capture **beliefs, impact, and frequency** of any particular experience. To this end, we propose the development of three questions with different phrasing to capture one unique experience. Below is an example of such items:

For the following items, respond as though you are using a mobile app or website to find sexual partners.

- 1.) When I see a profile of a **White person** that advertises for someone of the **same race/ethnicity** I believe that this is a form of racism.

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly agree

- 2.) When I see a profile of a **White person** that advertises for someone of the **same race/ethnicity** I have a negative reaction.

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly agree

- 3.) How often do you see profiles of **White people** that advertises for someone of the **same race/ethnicity**?

- 1 – Never
- 2 – Some of the time
- 3 – Half of the time
- 4 – Most of the time
- 5 – All of the time

## **V. Conclusion of Focus Group**

Thank you again for the very helpful information. You all have been great. Before we go today, I would like to give everyone the opportunity to share with me any other thoughts you have about RSD.

## APPENDIX F

### Confidentiality Agreement for Scale Development Study

#### Confidentiality Agreement

Thank you again for agreeing to participate in today's focus group discussion. Your input during this focus group will make a significant contribution to our study.

Please remember that everyone in this focus group comes from different backgrounds and life experiences. Thus, you may not all agree with the information and ideas that are presented. This is okay and something that we expect. We want to make sure that all participants feel safe in today's group. We also want everyone to feel comfortable expressing their points of view and sharing their experiences. Thus, we are asking that you help us ensure that everything that is said during this focus group remains confidential. Therefore, we ask that you adhere to the following confidentiality guidelines when participating in today's focus group:

1. You must treat each other with respect and not say anything to another participant that may insult or harm him in any way.
2. You must not talk about anything that a particular person said in this group to others after the group is over. What is said in the group should stay in the group.
3. You should not use any of the other participants' names if you happen to know them. If anyone's name is accidentally used, it will not be included in the written transcript of the group.

All of these things will help to protect everyone's confidentiality and create a safe and informative group. If you agree to the above conditions of confidentiality, please check the box below, and fill in the date. Once you have completed the form, you may give it to the Principal Investigator.

I agree to all of the conditions above, and will adhere to all confidentiality guidelines.

Date: \_\_\_\_\_

## APPENDIX G

### RSD Item Groupings (Initial Scale)

#### Item Groupings

<b>Exclusion (partner browsing)</b>	<b>(24 items)</b>
1 - <i>Preferred race</i>	
- My Race for My Race	(3 items - effect, frequency, beliefs)
- My Race for White	(3 items - effect, frequency, beliefs)
- White for My Race	(3 items - effect, frequency, beliefs)
- White for White	(3 items - effect, frequency, beliefs)
2 - <i>Excluding race</i>	
- My Race for My Race	(3 items - effect, frequency, beliefs)
- My Race for White	(3 items - effect, frequency, beliefs)
- White for My Race	(3 items - effect, frequency, beliefs)
- White for White	(3 items - effect, frequency, beliefs)
<b>Rejection (partner negotiation)</b>	<b>(12 items)</b>
3 - <i>Ignored messages</i>	
- By White	(3 items - effect, frequency, beliefs)
- By My Race	(3 items - effect, frequency, beliefs)
4 - <i>Overt rejection</i>	
- By White	(3 items - effect, frequency, beliefs)
- By My Race	(3 items - effect, frequency, beliefs)
<b>Degradation</b>	<b>(24 items)</b>
5 - <i>Intentionally hurtful comments</i>	
- Partner Browsing	
o My Race for My Race	(3 items - effect, frequency, beliefs)
o Same Race for White	(3 items - effect, frequency, beliefs)
o White for My Race	(3 items - effect, frequency, beliefs)
o White for White	(3 items - effect, frequency, beliefs)
- Partner Negotiation	
o By White	(3 items - effect, frequency, beliefs)
o By My Race	(3 items - effect, frequency, beliefs)
- Partner Contact	
o By White	(3 items - effect, frequency, beliefs)
o By My Race	(3 items - effect, frequency, beliefs)

<b>Erotic Objectification</b>	<b>(48 items)</b>
6 - <i>Racial/ethnic physical traits</i>	
- Partner Browsing	
o My race for My race	(3 items - effect, frequency, beliefs)
o My Race for White	(3 items - effect, frequency, beliefs)
o White for My race	(3 items - effect, frequency, beliefs)
o White for White	(3 items - effect, frequency, beliefs)
- Partner Negotiation	
o By White	(3 items - effect, frequency, beliefs)
o By My Race	(3 items - effect, frequency, beliefs)
- Partner Contact	
o By White	(3 items - effect, frequency, beliefs)
o By My Race	(3 items - effect, frequency, beliefs)
7 - <i>Assumptions about roles</i>	
- Partner Browsing	
o My race for My race	(3 items - effect, frequency, beliefs)
o My Race for White	(3 items - effect, frequency, beliefs)
o White for My race	(3 items - effect, frequency, beliefs)
o White for White	(3 items - effect, frequency, beliefs)
- Partner Negotiation	
o By White	(3 items - effect, frequency, beliefs)
o By My Race	(3 items - effect, frequency, beliefs)
- Partner Contact	
o By White	(3 items - effect, frequency, beliefs)
o By My Race	(3 items - effect, frequency, beliefs)
<b>Item Total</b>	<b>(108 items)</b>

## APPENDIX H

### RSD Item Groupings (Final Scale)

<b>Exclusion (partner browsing)</b>	<b>(16 items)</b>
1 - <i>Preferred race</i>	
- Black for Black	(2 items - <i>effect x frequency</i> )
- Black for White	(2 items - <i>effect x frequency</i> )
- White for Black	(2 items - <i>effect x frequency</i> )
- White for White	(2 items - <i>effect x frequency</i> )
2 - <i>Excluded race</i>	
- Black for Black	(2 items - <i>effect x frequency</i> )
- Black for White	(2 items - <i>effect x frequency</i> )
- White for Black	(2 items - <i>effect x frequency</i> )
- White for White	(2 items - <i>effect x frequency</i> )
<b>Rejection (partner negotiation)</b>	<b>(8 items)</b>
1 - <i>Ignored messages</i>	
- By White	(2 items - <i>effect x frequency</i> )
- By Black	(2 items - <i>effect x frequency</i> )
2 - <i>Overt rejection</i>	
- By White	(2 items - <i>effect x frequency</i> )
- By Black	(2 items - <i>effect x frequency</i> )
<b>Degradation</b>	<b>(12 items)</b>
1 - <i>Intentionally hurtful comments</i>	
- Partner Browsing	
o Black for Black	(2 items - <i>effect x frequency</i> )
o Black for White	(2 items - <i>effect x frequency</i> )
o White for Black	(2 items - <i>effect x frequency</i> )
o White for White	(2 items - <i>effect x frequency</i> )
- Partner Negotiation	
o By White	(2 items - <i>effect x frequency</i> )
o By Black	(2 items - <i>effect x frequency</i> )
<b>Erotic Objectification</b>	<b>(24 items)</b>
1 - <i>Racial/ethnic physical traits</i>	
- Partner Browsing	
o Black for Black	(2 items - <i>effect x frequency</i> )
o Black for White	(2 items - <i>effect x frequency</i> )
o White for Black	(2 items - <i>effect x frequency</i> )

o White for White	(2 items - <i>effect x frequency</i> )
- Partner Negotiation	
o By White	(2 items - <i>effect x frequency</i> )
o By Black	(2 items - <i>effect x frequency</i> )
2 - <i>Assumptions about roles</i>	
- Partner Browsing	
o Black for Black	(2 items - <i>effect x frequency</i> )
o Black for White	(2 items - <i>effect x frequency</i> )
o White for Black	(2 items - <i>effect x frequency</i> )
o White for White	(2 items - <i>effect x frequency</i> )
- Partner Negotiation	
o By White	(2 items - <i>effect x frequency</i> )
o By Black	(2 items - <i>effect x frequency</i> )
<b>Item Total</b>	<b>(60 items)</b>

## APPENDIX I

### Complete RSD Scale

**RSDE1 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 1.1 - Racial Preferences (when browsing user profiles)** The following set of questions ask you about your experiences related to racial preferences that people write on their internet profiles. For the following items, **respond as though you are browsing** a mobile app or website to find sexual partners. For this first set of questions, we want to know **how you feel when people say that they have a desire for a particular race**, depending on the race of the user. Please tell us how much you agree with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When I see a profile from <b>people of my race/ethnicity</b> clearly state that they want to meet other people of my race/ethnicity I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>people of my race/ethnicity</b> clearly state that they want to meet <b>White people</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> clearly state that they want to meet <b>people of my race/ethnicity</b> I have a negative reaction. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> clearly state that they want to meet other <b>White people</b> I have a negative reaction. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSDE2 For the last set of questions in this section, we want to know how often you typically see people of say that they have a desire for a particular race. Please tell us how often you experience the following:

	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do you see profiles from <b>people of your race/ethnicity</b> clearly state that they want to meet other people of your race/ethnicity? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>people of your race/ethnicity</b> clearly state that they want to meet <b>White people</b> ? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> clearly state that they want to meet <b>people of your race/ethnicity</b> ? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> clearly state that they want to meet <b>other White people</b> ? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSDE3 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 1.2 - Racial Exclusions (when browsing user profiles) The following set of questions ask you about your experiences related to racial exclusions that people write on their internet profiles. For the following items, respond as though you are browsing on a mobile app or website to find sexual partners. For this first set of questions, we want to



know how you feel when people exclude a particular racial/ethnic group, depending on the race of the user. Please tell us how much you agree with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When I see a profile from <b>people of my race/ethnicity</b> clearly state that <b>they do NOT want to meet other people of my race/ethnicity</b> I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>people of my race/ethnicity</b> clearly state that <b>they do NOT want to meet White people</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> clearly state that <b>they do NOT want to meet people of my race/ethnicity</b> I have a negative reaction. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> clearly state that <b>they do NOT want to meet other White people</b> I have a negative reaction. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSDE4 For the last set of questions in this section, we want to know how often you typically see people exclude a particular race. Please tell us how often you experience the following:

	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do you see profiles from <b>people of your race/ethnicity</b> explicitly state that they do NOT want to meet other <b>people of my race/ethnicity</b> ? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>people of your race/ethnicity</b> explicitly state that they do NOT want to meet <b>White people</b> ? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> explicitly state that they do NOT want to meet <b>people of your race/ethnicity</b> ? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> explicitly state that they do NOT want to meet other <b>White people</b> ? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDR1 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 2.1 - Being ignored (when having conversations online) The following set of questions ask you about your experiences with being ignored online. For the following items, **respond as though you have contacted a**

person on a mobile app or website for a sexual encounter. For this first set of questions, we want to know **how you feel when a person ignores you**, depending on the race of the person you contacted. Please tell us how much you agree with the following statements:

	I have not contacted this group (0)	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When my messages are <b>ignored by people of my own race/ethnicity</b> I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my messages are <b>ignored by White people</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDR2 For the last set of questions in this section, we want to know **how often you are typically ignored by people of a particular race**. Please tell us how often you experience the following:

	I have not contacted this group (0)	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often are your messages <b>ignored by people of your own race/ethnicity?</b> (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are your messages <b>ignored by White people?</b> (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDR3 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 2.2 - Being Rejected (when having conversations online) The following set of questions ask you about your experiences with being explicitly rejected online (e.g., the person you contacted responds to you and says that they are not interested in you). For the following items, respond as though you have contacted a person on a mobile app or website for a sexual

encounter. For this first set of questions, we want to know **how you feel when a person rejects you**, depending on the race of the person you contacted. Please tell us how much you agree with the following statements:

	I have not contacted this group (0)	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When my messages are <b>rejected by people of my own race/ethnicity</b> I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my messages are <b>rejected by White people</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDR4 For this last set of questions, we want to know **how often you are typically rejected by people of a particular race**. Please tell us how often you experience the following:

	I have not contacted this group (0)	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often are your messages <b>rejected by people of your own race/ethnicity?</b> (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are your messages <b>rejected by White people?</b> (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSDD1 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 3.1 - Hurtful Comments (when browsing user profiles) The following set of questions ask you about your experiences related to offensive or hurtful language that people write on their internet profiles. For the following items, respond as though you are browsing a mobile app or website to find sexual partners. For this first set of questions, we want

to know how you feel when people write mean or hurtful race-based comments on their profile, depending on the race of the user. Please tell us how much you agree with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When I see a profile from <b>people of my race/ethnicity</b> saying something mean or hurtful about other people of my race/ethnicity I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>people of my race/ethnicity</b> saying something mean or hurtful about <b>White people</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> saying something mean or hurtful about people of my race/ethnicity I have a negative reaction. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> saying something mean or hurtful about other <b>White people</b> I have a negative reaction. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSDD2 For the last set of questions in this section, we want to know how often you typically see people write mean or hurtful race-based comments on their profile about a particular race. Please tell us how often you experience the following:

	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do you see profiles from <b>people of your race/ethnicity saying something mean or hurtful about other people of my race/ethnicity?</b> (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>people of your race/ethnicity saying something mean or hurtful about White people?</b> (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people saying something mean or hurtful about people of your race/ethnicity?</b> (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people saying something mean or hurtful about other White people?</b> (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDD3 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 3.2 - Hurtful Comments (when having conversations online) The following set of questions ask you about your experiences with being spoken to or treated in an offensive way during a conversation online. For the following items, respond as though you have contacted a person on a mobile app or website for a sexual encounter. For this first set of

questions, we want to know **how you feel when someone makes an** intentionally mean or hurtful comment about your, depending on the race of the person you're speaking with. Please tell us how much you agree with the following statements:

	I have not contacted this group (0)	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When <b>people of my same race/ethnicity</b> say something mean or hurtful about my race/ethnicity I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When <b>White people</b> say something mean or hurtful about my race/ethnicity I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDD4 For the last set of questions in this section, we want to know **how often you typically speak with someone who makes** intentionally mean or hurtful comments about your race. Please tell us how often you experience the following:

	I have not contacted this group (0)	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do <b>people of your same race/ethnicity</b> say something mean or hurtful about your race/ethnicity? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do <b>White people</b> say something mean or hurtful about your race/ethnicity? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSDO1 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 4.1 - Racial Desires (when browsing user profiles) The following set of questions ask you about your experiences related to racial desires and expectations that people write on their internet profiles. For the following items, respond as though you are browsing a mobile app or website to find sexual partners. For this first set of questions, we want to know how you feel when when people express a desire for a specific physical trait related to your race, depending on the race of the user. Please tell us how much you agree with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When I see a profile from <b>people of my race/ethnicity</b> expressing a desire for a specific physical trait related to other <b>people of my race/ethnicity</b> I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>people of my race/ethnicity</b> expressing a desire for a specific physical trait related to <b>White people</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> expressing a desire for a specific physical trait related to <b>people of my race/ethnicity</b> I have a negative reaction. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> expressing a desire for a specific physical trait related to other <b>White people</b> I have a negative reaction. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDO2 For the last set of questions in this section, we want to know how often you typically see a person expressing a desire for a specific physical trait related to race. Please tell us how often you experience the following:

	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do you see profiles from <b>people of your race/ethnicity</b> expressing a desire for a specific physical trait related to other <b>people of your race/ethnicity</b> ? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>people of your race/ethnicity</b> expressing a desire for a specific physical trait related to <b>White people</b> ? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> expressing a desire for a specific physical trait related to <b>people of your race/ethnicity</b> ? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> expressing a desire for a specific physical trait related to other <b>White people</b> ? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDO3 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 4.2 - Racial Desires (when having conversations online)

The following set of questions ask you about your experiences related to racial desires and expectations when having conversations with people online. For the following items, respond as though you have contacted a person on a mobile app or website for a sexual encounter. For this first set of questions, we want to know how you feel when someone expresses a desire for a specific physical trait related to your race/ethnicity, depending on the race of the person you're speaking with. Please tell us how much you agree with the following

statements:

	I have not contacted this group (0)	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When <b>people of my race/ethnicity</b> express a desire for a specific physical trait related to my race/ethnicity I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When <b>White people</b> express a desire for a specific physical trait related to my race/ethnicity I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSD04 For the last set of questions in this section, we want to know **how often you typically encounter a person** expressing a desire for a specific physical trait related to your race/ethnicity. Please tell us how often you experience the following:

	I have not contacted this group (0)	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do <b>people of your race/ethnicity</b> express a desire for a specific physical trait related to your race/ethnicity? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do <b>White people</b> express a desire for a specific physical trait related to your race/ethnicity? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSD05 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 4.3 - Sexual Roles (when browsing user profiles) The following set of questions ask you about your experiences related to sexual role expectations (e.g., whether or not you're expected to be a more dominant or more submissive partner) and assumptions that people write on their internet profiles. For the following items, respond as though you are browsing a mobile app or website to find sexual partners. For this first set of questions, we want to know how you feel when people make assumptions about sexual roles based on race, depending on the race of the user. Please tell us how much you agree with the following statements:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When I see a profile from <b>people of my race/ethnicity</b> assuming that <b>other people of my race/ethnicity will take on a particular sexual role</b> I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>people of my race/ethnicity</b> assuming that <b>White people will take on a particular sexual role</b> I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> assuming that <b>people of my race/ethnicity will take on a particular sexual</b> I have a negative reaction. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I see a profile from <b>White people</b> assuming that <b>other White people will take on a particular sexual role</b> I have a negative reaction. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSD06 For this last set of questions, we want to know how often you typically see people assume that a person of a particular race will take on a specific sexual role. Please tell us how often you experience the following:

	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do you see profiles from <b>people of your race/ethnicity</b> assuming that <b>other people of your race/ethnicity will take on a particular sexual role?</b> (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>people of your race/ethnicity</b> assuming that <b>White people will take on a particular sexual role?</b> (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> assuming that <b>people of your race/ethnicity will take on a particular sexual role?</b> (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you see profiles from <b>White people</b> assuming that <b>other White people will take on a particular sexual role?</b> (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSD07 RACIALIZED SEXUAL DISCRIMINATION INVENTORY Section 4.4 - Sexual Roles (when having conversations online) The following set of questions ask you about your experiences related to sexual roles expectations (e.g., whether or not you're expected to be a more dominant or more submissive partner) and assumptions that people make during a conversation online. For the following items, respond as though you have contacted a person on a mobile app or website for a sexual encounter. For this first set of questions, we want to know how you feel when someone makes an assumption about your sexual role based on your race, depending on the race of the person you're speaking

with. Please tell us how much you agree with the following statements:

	I have not contacted this group (0)	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
When <b>people of my race/ethnicity</b> assume that I will take on a particular sexual role because of my race I have a negative reaction. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When <b>White people</b> assume that I will take on a particular sexual role because of my race I have a negative reaction. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



RSDO8 For the last set of questions in this section, we want to know **how often you typically a person making an assumption about your sexual role based on race**. Please tell us how often you experience the following:

	I do not message this group (0)	Never (1)	Some of the time (2)	Half of the time (3)	Most of the time (4)	All of the time (5)
How often do <b>people of your race/ethnicity</b> assume that you will take on a particular sexual role because of your race? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do <b>White people</b> assume that you will take on a particular sexual role because of your race? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>