

Racialized Sexual Discrimination (RSD) in the Age of Online Sexual Networking: Are Young Black Gay/Bisexual Men (YBGBM) at Elevated Risk for Adverse Psychological Health?

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Highlights

- Racialized Sexual Discrimination (RSD) is a multidimensional yet understudied construct.
- RSD, also known as sexual racism, is widely perpetuated in online hook-up websites for gay men.
- RSD may negatively impact the psychological health of gay/bisexual men of color.
- There is an imperative to develop robust measurement tools to capture the full extent of RSD.
- A conceptual and analytic model to guide scientific inquiry into RSD is proposed.

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Abstract Young Black gay/bisexual men (YBGBM) are a highly marginalized population across multiple health outcomes. Most research on YBGBM health has focused on HIV/sexual health, but there is a demonstrable need for research examining racism and psychosocial functioning among this population. Racialized Sexual Discrimination (RSD), also known as sexual racism, is an important but under-investigated phenomenon that may have implications for the psychological health and well-being of YBGBM. This paper provides an overview of empirical research on RSD as experienced by gay/bisexual men of color in online partner-seeking venues. First, the researchers discuss how racialized experiences are a documented online phenomenon, with a variety of manifestations, and identify the potential effects that this phenomenon may have on the psychosocial health of YBGBM, and gay/bisexual men of color as a whole. Second, the researchers synthesize the RSD literature with a broader literature examining psychological well-being across race and sexual orientation. Third, the researchers

present a theoretically grounded conceptual model detailing the pathways between RSD and psychological well-being using a stress and coping framework. The paper concludes with recommendations for future research on this topic, including scale development and hypothesis testing.

Keywords Race · Gay/Bisexual Men · Discrimination · Partner-Seeking · Mental Health

Introduction

Young Black gay/bisexual men (YBGBM) in the United States face unique and significant challenges related to their health and well-being. While an overwhelming focus of Black gay/bisexual men's health has been on sexuality and HIV, there is a noteworthy deficit of research exploring issues related to racism and psychological well-being 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

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orientation presents an array of difficulties, in both LGBT spaces (which may harbor racism/hostility toward racial/ethnic minorities) and Black social/cultural spaces (which may harbor hostilities toward LGBT individuals; Arnold, Rebchook, & Kegeles, 2014; Harper & Wilson, 2016; Loiacano, 1989; Wilson & Harper, 2013).

One such area where race, sexuality, and psychological well-being intersect is the process of seeking and forming intimate relations with sexual/romantic partners. Online and mobile app-based partner-seeking is near ubiquitous 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, 2005; Grosskopf, LeVasseur, & Glaser, 2014; Grov, Breslow, Newcomb, Rosenberger, & Bauermeister, 2014; Phillips et al., 2014). In most cases, 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/ethnicity. 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 toward racial/ethnic minority groups (Callander, Holt, & Newman, 2012; Callander, Holt, & Newman, 2016). There is a small but informative collection of empirical research examining these racialized experiences among gay/bisexual men of color, most of which have been conducted in the White-majority countries of Australia, the United Kingdom, and the United States of America. Some researchers have referred to this phenomenon as “sexual racism,” “romantic segregation,” “racialized partner discrimination,” and a variety of other similarly worded terms and phrases (Robinson, 2007; Callander et al., 2012; Callander, Newman, & Holt, 2015; Callander, Holt, & Newman, 2016). Henceforth, the term Racialized Sexual Discrimination (RSD) will be used as an all-encompassing term to consolidate different definitions that researchers have used to describe this phenomenon.

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). 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 micro-aggressions that people of color

experience on a regular basis. As such, there is an imperative for researchers to consider the role that RSD may play in the health and well-being of gay and bisexual men.

While there is extensive cross-disciplinary scholarship on the intersection of race, sexuality, and partner-selection among gay/bisexual men, this review will concentrate on empirical social science research that (a) examines RSD, as experienced by gay/bisexual men of color, and either (b) attempts to organize the different manifestations of this phenomenon into discrete categories or (c) discusses the possible implications of RSD as it pertains to the psychosocial functioning and overall well-being of gay/bisexual men of color. This review will also synthesize the RSD literature with a broader literature examining psychological well-being across race and sexual orientation, and introduce a theory-driven model detailing the pathways between RSD and psychological well-being. Finally, this review will offer future recommendations for research in this area.

A Phenomenon in Context: Virtual Spaces and Socioecological Drivers of RSD

Due to a history of marginalization, digital social spheres—ranging from early Internet chatrooms to contemporary mobile apps—have long been a critical resource for the LGBTQ community (Gudelunas, 2012; Grov, Breslow, et al., 2014; Harper, Serrano, Bruce, & Bauermeister, 2016; Mckenna & Bargh, 1998; Wong, 2015). In these spaces, gay and bisexual men are able to network with one another more efficiently, while reducing their risk of encountering discrimination in the physical environment (e.g., in public) (Harper et al., 2016; Miller, 2015; Pingel, Bauermeister, Johns, Eisenberg, & Leslie-Santana, 2013). These spheres, however, are often a microcosm of broader society—where deeply embedded socioecological norms, narratives, and power structures are still fully present.

Eurocentric beauty ideals, for example, are widespread and exist in both virtual and physical spaces (Feliciano, Robnett, & Komaie, 2009; Hunter, 2002, 2007). These ideals enter the collective consciousness of Western societies through a variety of mediums—include visual and print media, fashion industry norms, and general social discourse (Conlin & Bissell, 2014; Northup & Liebler, 2010; Sekayi, 2003). These ideals highlight certain physical features (e.g., fairer skin, straighter/less coarse hair, and thinner lips) as the most physically attractive and thereby the most desirable features in an intimate partner (Glenn, 2008; Hunter, 2002, 2007; Sekayi, 2003). There is a rich literature addressing how Eurocentric beauty ideals can have a negative effect on the health of people of

color, particularly Black women. Researchers have reported that Black women may experience more body dissatisfaction, higher rates of disordered eating, lower self-esteem, and higher depressive symptoms—due to the internalization of White beauty standards (Patton, 2006; Robinson-Moore, 2008; Wood, Nikel, & Petrie, 2010). Although much of the work on beauty ideals focuses on the experiences of women, it is clear that Whiteness, irrespective of gender, is positioned as the prevailing standard of beauty. Given the ubiquity of these ideals, the partner-seeking digital landscape advantages those of European ancestry and reinforces the notion that people of color are less desirable or attractive.

Race-based sexual stereotypes are another critical driving force behind RSD. Among Black Americans in particular, sexual stereotypes have an enduring legacy, dating back to the post-emancipation era of the United States. During this time, caricatures such as the promiscuous “jezebel” and the brutish “Mandingo” were ascribed to Black women and men, respectively (Ladson-Billings, 2009; Ray & Rosow, 2010; West, 1995). In the antebellum South, many White Americans propagated the idea that the “animalistic” Black male would sexually prey on White women as revenge for slavery, giving rise to a host of cultural and sexual scripts that portray Black men as predatory and hypersexual (Jackson, 1994; Sandfort & Dodge, 2008). Today, researchers have reported that a number of sexual stereotypes are still ascribed to Black men—including promiscuity, aggressiveness, dominance, having a large penis, and, among gay men, being the insertive partner during anal sex (Calabrese, Rosenberger, Schick, & Novak, 2015; Calabrese et al., 2018; Newcomb, Ryan, Garofalo, & Mustanski, 2015).

Such stereotypes alter the dynamics of partner-seeking, and may facilitate sexual objectification, or further reinforce the lesser desirability of Black men. In addition to beauty ideals—other, more general racial characteristics ascribed to Black men (e.g., that Black men are thugs, criminals, belligerent, and uneducated) may also make Black men appear less desirable as an intimate partner (Graham, Braithwaite, Spikes, Stephens, & Edu, 2009; Tyree, 2011; Welch, 2007). While not an exhaustive list, many of the aforementioned factors combine to create a social context in which RSD is likely to be perpetuated, in both virtual and physical spaces. But unlike physical spaces, virtual spaces may give rise to more overt racial discrimination—as users may be emboldened to express more racialized sentiments online, where it is much easier to remain anonymous. By extension, the frequency with which gay/bisexual men of color are exposed to RSD may be greater online than in a face-to-face environment. As a result, the benefits of inhabiting a virtual gay space are, to some degree, offset by the persistent racialized

experiences that gay/bisexual men of color encounter in these spaces. RSD is therefore not only important to investigate as a general concept, but it is equally important to contextualize RSD as a phenomenon that operates in a distinctive way in online social settings.

Overview of Empirical Research Examining RSD

Phenomenology and Foundational Themes

Because RSD is an understudied phenomenon in the psychological, social, and health sciences, 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, Callander, Holt, and Newman (2016) explored sexual racism as experienced by racial/ethnic minority gay and bisexual men in Australia. The researchers conducted 14 semi-structured in-depth interviews and employed deductive thematic analyses to interpret the findings. They identified three primary areas of interest to guide the course of the interview: (a) “conceptualization of online racism”; (b) “experiences”; and (c) “strategies.” Participants reported conceptualizations of racism that were organized into three categories: (a) “sexual racism as preference”; (b) “sexual racism as prejudice”; and (c) “sexual racism moderated by intent.” The discussion of participants’ personal experiences was organized into two categories: (a) “expressions of ethnosexual stereotypes” and (b) “blatant and subtle sexual racism.” Finally, the researchers organized participants’ strategies for coping with sexual racism into three categories: (a) “disconnection”, (b) “adaptation”, and (c) “confrontation.”

Findings from Callander, Holt, and Newman (2016) and Callander, Newman, and Holt (2015) make an important contribution to understanding the phenomenology of RSD in online settings. They describe participants’ conceptualizations of RSD, their experiences with RSD, and coping strategies to mitigate the adverse effects of RSD. Their first category, “conceptualizations,” primarily focuses on whether or not RSD can be globally defined as *racism* (as opposed to *discrimination*, which is a more precise and literal definition of the phenomenon). Their second category, “experiences,” does some initial work to place different manifestations of RSD into discrete categories: (a) racial stereotypes, (b) blatant racism (e.g., overt verbal hostility), and (c) subtle racism (e.g., rejection, disinterest, or exclusion on the basis of race that is not explicitly verbalized). Categorizations such as these may be the most important in pursuit of an accurate and comprehensive definition of the construct, and they also

provide some guidance for what researchers may explore in future studies on this topic. Last, the researchers' third category (coping strategies) alludes to the possibility that RSD may be having a harmful effect on gay/bisexual men of color and highlights a need to investigate the direct relationship between RSD (or its different manifestations) and psychological well-being. Overall, the researchers found that participants had a diverse set of definitions, experiences, and interpretations of their sexualized and racialized interactions online. However, all participants in the study acknowledged that sexual racism has a distinct presence in online settings.

In another qualitative study, researchers conducted a content analysis of online profiles of gay/bisexual men seeking other men for sex in the United States (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). Many participants indicated more than one preferred racial/ethnic group on their profiles, but the researchers found that Asian men were by far the least likely racial/ethnic group category to be referenced. The researchers also noted that considerably more Black men reported a preference for other Black (76%) men on their profiles, 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 Asian (43%) men, but considerably fewer Asian men reported a preference for Black (14%) or Latino (14%) men. More White men reported a preference for Latino (63%) or Black (53%) men. Slightly fewer White men reported a preference for other White (47%) men, 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, and Choi (2010) speak to this important component in their qualitative study with Black, Latino, and Asian men who have sex with men (MSM) living in the United States (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 exchanges were also reported. Furthermore, some participants reported that repeated experiences of being constantly *devalued* and *rejected* on the basis of their race/ethnicity had significant adverse effects, such as reduced self-esteem and a reduced sense of self-worth. Here, the researchers make an important observation with regard to the potential ramifications of these experiences on the psychological well-being of gay/bisexual men of color, though this study lacked any concrete measurement of such outcomes. While the ability to generalize from qualitative research is severely limited, the researchers' findings nonetheless provide preliminary support of a negative relationship between RSD and psychological well-being for gay and bisexual men of color.

In another qualitative study, Brennan et al. (2013) also provide insights into the ways in which RSD may impact gay/bisexual men of color's well-being. In their case, they sought to examine ethnoracialized body image concerns among a racially/ethnically diverse sample of gay and bisexual men living in Canada (Toronto). Participants reported that (a) the media portrays Whiteness and being muscular as the standard beauty ideal; (b) they are often ignored or fetishized because of their race/ethnicity; (c) they engage in maladaptive eating behaviors (e.g., skipping meals, self-induced vomiting) to alter the way their bodies look; and (d) they suffer emotionally due to these racialized body image concerns. Similar to Paul et al. (2010), Brennan et al. (2013) identify that fetishization/objectification is commonly encountered by gay/bisexual men of color, providing additional evidence that this is a concrete manifestation of RSD. They also establish a clear connection between RSD/White beauty ideals and adverse behavioral health among gay/bisexual men of color. Souleymanov, Brennan, George, Utama, and Ceranto (2018) established this connection even further in a recent study, in which they quantitatively examined the relationships between general sexual objectification (i.e., not gay or race-specific), general racism experiences, and alcohol use disorder among a sample of gay/bisexual men of color living in Canada (Toronto). Using multivariate logistic regression, the researchers found that both experiences of racism and sexual objectification were associated with higher odds of alcohol use disorder and that an interaction term between Latino ethnicity and sexual objectification was associated with even higher odds of alcohol use disorder. Taken together, these two studies demonstrate that racism and objectification in a sexualized context may be associated with adverse psychosocial functioning among gay/bisexual men of color, further highlighting how critical it is for investigators to continue examining RSD and its potential health effects.

Whiteness and the “Personal Preference” Narrative

In continuing to paint a complete picture of this phenomenon, the centrality of Whiteness—and its role in facilitating RSD, is a recurring point of discussion. In a recent qualitative study, Riggs (2013) examined racist, anti-Asian sentiment expressed by Australian White gay men in their online dating profiles. The researcher identified four recurrent ways in which anti-Asian sentiment was expressed: (a) “the construction of racism as ‘personal preference’”; (b) “the construction of Asian gay men as not ‘real men’”; (c) “the construction of Asian gay men as a ‘type’”; and (d) the conclusion that saying “sorry” was sufficient enough to justify racist attitudes. Furthermore, a search of key terms revealed that the words “sorry,” “preference,” “type,” and derivations of the word “effeminate” were the most commonly used terms when describing Asian men. Riggs reasonably asserts that not only is there a substantial power differential between gay White men and Asian men in online dating venues in Australia, but White men may express racist sentiments in these venues without repercussion, which may have harmful effects on Asian men. Relatedly, Chae and Yoshikawa (2008) examined the relationship between perceived group devaluation and depression among Asian men in the context of partner-seeking. Using a sample of 134 Asian gay men from a Northeastern city in the United States, the researchers found that men who scored higher on perceiving their racial/ethnic group to be devalued by White gay men reported higher depressive symptoms—although only one item on the four-item group devaluation scale was related to RSD specifically (less desirability). These studies serve to illustrate how the sentiments and perspectives of the dominant group (White gay men) exert influence over gay/bisexual men of color within the social/sexual landscape. As such, it will be important for researchers to continue examining how Whiteness dictates the sexual and romantic playing field, both passively (e.g., cultural beauty ideals) and actively (e.g., perpetuating and promoting RSD).

Many recent studies on sexual racism examine the topic of “personal preference” in online sexual networking, as this term has become common parlance within these spaces. 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. To investigate this theme, Robinson (2015) conducted 15 semi-structured in-depth interviews with a racially/ethnically diverse sample of gay and bisexual men (ages 22 to 28) in the United States 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 online sexual and dating networks for gay/bisexual men.

Callander et al. (2016) 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 omitted information about their racial/ethnic background (4.1%). Other racial/ethnic groups (Black, Indian, Middle Eastern, Native American, South Asian, and Other) accounted for the remaining 9.2% of the sample. About 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 toward sexual racism, but the overwhelming majority of the sample was 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. Most studies to date have made few assertions about the ways in which RSD is internalized, 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.

Stereotyping and Objectification

McKeown, Nelson, Anderson, Low, and Elford (2010) attempt to move the investigation of RSD even further, by examining a broader scope of the ways in which this phenomenon manifests. These researchers used an intersectional approach to explore the experiences of gay/bisexual Black and South Asian men living in the United Kingdom 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. With respect to discrimination, objectification, and exclusion, many participants reported having experienced instances of each, though the perpetration of these discriminatory behaviors was 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. Last, 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 RSD research. In another study, Wilson et al. (2009) aimed to explore sexual stereotyping and partnering practices among gay/bisexual men from diverse racial/ethnic backgrounds who used online gay dating/sex websites to find partners interested in having sex without the use of a barrier (“bareback” sex). The researchers conducted semi-structured in-depth interviews with 111 participants living in the United States (New York City), 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: (a) “sex characteristics”; (b) “gender expectations”; (c) “embodiment and body validation”; and (d) “sexual positioning.” These categories were further divided into between-group and within-group

stereotypes, and reflect assumptions about sexual performance and characteristics ascribed to particular racial/ethnic groups. For example, all racial/ethnic groups (including Black men) attributed a large penis stereotype to Black men, as well as an assumption that a Black man would be a top (i.e., the insertive sexual partner). All racial/ethnic groups (including Asian men) attributed a small penis stereotype to Asian men, as well as an assumption that Asian men were “mechanical” or “reserved/vanilla” during sex. And all racial/ethnic groups (including Latino men) attributed being “hot” or “passionate” during sex to Latino men.

These categories serve to illustrate the types of ways that individuals may be stereotyped in a partner-seeking context, if and when these stereotypes are explicitly communicated to a person of color in these contexts. As such, these experiences may be helpful in describing the phenomenon of RSD by highlighting the specific kinds of racialized experiences that gay/bisexual men may encounter. The researchers also 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.

Other researchers have also drawn attention to the occurrence of racial stereotyping and objectification in the context of RSD. In a more recent qualitative study, Hidalgo, Cotten, Johnson, Kuhns, and Garofalo (2013) examined minority stress among African American and Latino gay/bisexual men living in the Midwestern United States. The participants in their study described interracial sexual encounters in which their partners expressed sexual desire for them specifically because of their racial/ethnic background. Study participants differed in their response to these experiences. Some noted that they were not bothered by this, or dismissed such desires as being just a “preference,” while others felt objectified and dehumanized by this kind of racially driven desire. In all cases, participants noted that there were certain sexual scripts or stereotypical roles that they were expected to embody as a person of color (e.g., being “thuggish,” hypersexual, and/or hypermasculine). The results from this study add to the mounting evidence that race-based objectification is a common occurrence, and may represent a discrete sub-domain of the broader construct of RSD. This study also highlights the importance of identifying the degree to which gay/bisexual men of color have negative, neutral, or positive

reactions to partners who (a) express sexual desire for them purely on the basis of their race, or who (b) apply sexual stereotypes or role assumptions onto them because of their race.

Measurement and Construct Development

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 toward a more quantitative approach (e.g., scale development and measurement) in investigating the phenomenon. Callander et al. (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 et al. (2012) 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 et al. (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 important for future interventionist work in addressing the phenomenon of RSD (Edwards, 2015; Freire, 1996; Gentner, 2016; Michael & Conger, 2009; Patel, 2011; Taylor, 2015).

As researchers continue to describe and organize the phenomenon of RSD, the issue of translating these description into a measurable construct becomes increasingly salient. To the authors' knowledge, only four studies have attempted to make use of a quantitative measure of sexual racism. Han et al. (2015) developed an 8-item "Stress-from-Racism" measure to examine the relationship between sexual racism and condomless anal sex among gay/bisexual men of color living in the United States (Los Angeles). Only three items on this scale were specifically relevant to RSD, while the other items referred to more general social discrimination. The three items described participants' experiences with being objectified, being rejected, and being made to feel unwanted online. The researchers reported that Asian men experienced the most stress from racism within the gay community relative to Black and Latino men. They hypothesized that this may be due to more frequent instances of rejection from White men, in part due to the findings from Paul et al. (2010), who found that Asian men were more likely than Black or Latino men to actively seek out White partners.

The second study to make use of a sexual racism scale was published recently by Bhambhani, Flynn, Kellum, and Wilson (2018), who built off of the aforementioned work by Han et al. (2015). They used a six-item scale that simply described whether or not an individual had encountered sexual racism online, in their general dating life, or when engaging prospective partners for sex—and one item ascertained an individual's emotional response (defined as feeling "stressed") to any kind of race-based discrimination encountered online. Using this scale, the researchers sought to investigate the role of "psychological flexibility" in the context of sexual racism. Psychological flexibility describes an individual's capacity to behave in accordance with their values/desires (such as looking for a relationship) even when faced with internal/external barriers to this behavior (such as negative thoughts about one's viability as a partner). Using a U.S.-based sample, the researchers found that sexual racism was positively

correlated with psychological distress and that psychological flexibility mediated the relationship between sexual racism and psychological distress. Bhambhani et al. (2018) study joins a short list of studies (Brennan et al., 2013; Chae & Yoshikawa, 2008; Paul et al., 2010; Souleymanov et al., 2018) that have made concrete assertions about the ways in which RSD may lead to adverse psychological health outcomes, and Bhambhani and colleagues are among the few to do so by testing relationships in a quantitative framework.

The third and fourth studies to make use of a sexual racism scale are, to the authors' knowledge, the only published studies to use factor analysis to validate a scale that includes some elements of RSD. Balsam, Molina, Beadnell, Simoni, and Walters (2011) developed a microaggression scale for LGBT people of color. Their scale contained 5 items explicitly related to RSD on a factor labeled "LGBT relationship racism." These items captured a single instance of same-race rejection, general rejection, and exclusionary content on user profiles—as well as two indicators of race-based physical objectification. Ibañez, Van Oss Marin, Flores, Millett, and Diaz (2009) sought to develop a measure to assess Latino gay men's experiences with racism and constructed a ten-item scale with two factors (general racism, and gay-context racism). The gay-context factor contained three items related to RSD, which ascertained whether an individual's race had been the focus of past sexual/romantic partners, whether an individual has been sexually rejected because of his race, or whether an individual has simply had difficulty finding relationships because of his race. The researchers found that Latino men who had darker skin, more Indian physical features, and who had lived in the United States for a longer time reported more general and gay-specific racist experiences overall. Taken together, these studies represent an early and successful attempt to measure elements of sexual racism quantitatively and make important strides toward scale validation.

In summary, Bhambhani et al. (2018), Han et al. (2015) Balsam et al. (2011) and Ibañez et al. (2009) have all demonstrated the viability of using a quantitative measure of RSD among gay/bisexual men of color. However, the scales used in two of these studies have not been subjected to psychometric evaluation. Although Ibañez et al. (2009) and Balsam et al. (2011) used factor analysis to validate their scales, the measure mostly captured general racist experiences, and only a small number of items were related to RSD. Moreover, these scales do not capture some of the nuanced RSD-related experiences that happen exclusively in online settings and were developed before app-use and online social networking among gay men became as widespread as it is today. Across all of these studies, the scales used do not capture the exceedingly

broad scope of RSD as described in previous researchers' qualitative and quantitative work. While these scales only capture a narrow segment of the ways in which RSD is perpetuated online, they nonetheless provide an important contribution toward the development and use of a standardized measure of this phenomenon.

Summary of Racialized Sexual Discrimination

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 Asians" 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 social sciences. 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. It remains unknown

what kind of effects prolonged exposure to RSD has on the psyches of gay/bisexual men of color. Moving forward, it will be important to examine RSD in the context of psychological well-being, an outcome that has been largely overlooked in the public health discourse addressing this population.

Psychological Well-being 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 continue 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 White Americans (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 et al., 2007; Watkins, Green, Rivers, & Rowell, 2006; Watkins & Neighbors, 2007, 2012). Researchers have also noted that major depressive disorder manifests more severely in Black Americans relative to White Americans and is often left untreated for longer durations (Williams et al., 2007).

Among LGBT populations, researchers have reported that the cumulative effects of minority stress (e.g., oppression, discrimination, violence, stigma) may predispose sexual minorities to elevated risk of poor psychological health (Hatzenbuehler et al., 2014; Meyer, 2003). Among gay men in particular, 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, 2011; 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 the LGBT and Black/African American community (Arnold et al., 2014; Harper & Wilson, 2016; Jamil, Harper, & Fernandez, 2009; Loiacano, 1989; O'Donnell et al., 2011; Wilson & Harper, 2013). While RSD's contribution to these negative health outcomes is less clear, there is a demonstrable 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 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 well-being 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 of 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 et al. (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 well-being (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; Ryff & Keyes, 1995), 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 feelings of self-worth measure 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 (2015) 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 (2015) 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.

Toward 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 secondary appraisal. While Lazarus and Folkman (1984) 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 significant negative event (Wenzel, Glanz, & Lerman, 2002). 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 (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006; Wenzel et al., 2002). 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., 2002). 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 emotion 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., 2002). 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 negative 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 1 presents an illustration of the hypothetical pathway between RSD and psychological health outcomes.

Ethnic Identification

Ethnic identification is a construct that may play a central role in examining the relationship between RSD and psychological well-being. Ethnic identification is best characterized as an individual's attachment to their ethnic

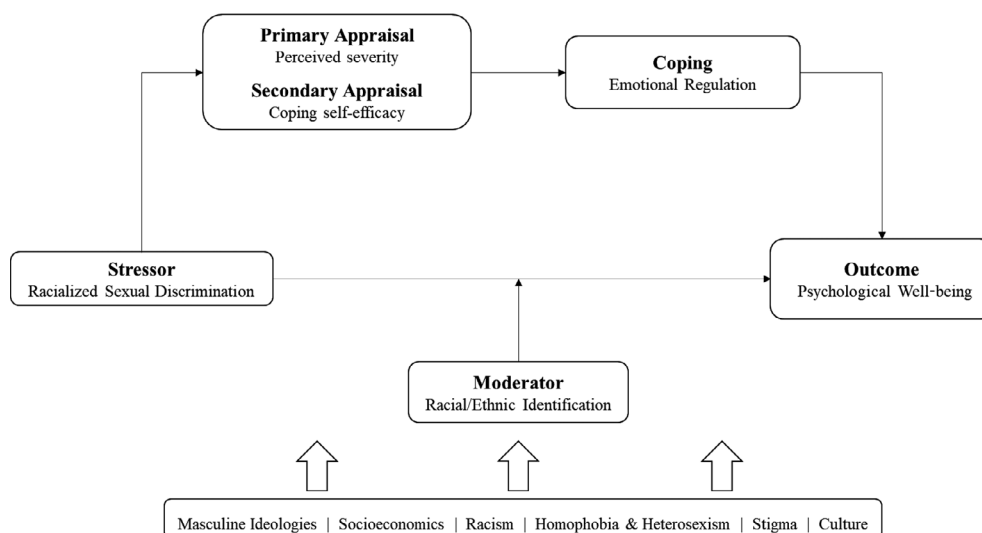


Fig. 1 Conceptual model of RSD

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 well-being (Rivas-Drake et al., 2014; Roberts et al., 1999; Syed et al., 2013; Williams, Chapman, Wong, & Turkheimer, 2012). Among Black Americans in particular, a meta-analysis of studies that examine ethnic identity and psychological distress also provided evidence that positive 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). In another study, researchers found that higher scores on ethnic identification worsened the negative psychological effects of racial discrimination among a sample of Asian American men (Yoo & Lee, 2008). A recent study examining

depressive symptoms among different Asian American sub-populations also called into question the uniform protective attributes of high 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 well-being. 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 (Phinney, 1989, 1990, 1992). 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 in certain contexts (Holt & Espelage, 2005; Wenzel et al., 2002; Wong, Schrager, Holloway, Meyer, & Kipke, 2014), 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 well-being will be important to assess in future studies that explore these relationships.

Intra/Interpersonal Factors and Psychological Well-being

In pursuit of a robust model that examines RSD and psychological well-being, it is important to note that there are other variables that may account for some degree of the variance in psychological well-being, 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 et al., 2005; Liau, 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 well-being. Given the deficit of research on this topic, and its potential relevance to examining the association between RSD and psychological well-being, 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 well-being (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 well-being. These are 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 well-being.

Sensitivity to rejection is another individual-level characteristic that may factor in to psychological well-being 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 et al., 2012; Callander, Holt, and Newman, 2016; 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 is 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. While internalized racism has only received modest attention in the social science literature, researchers have noted that there are a variety of ways in which internalized racism manifests (Campón & Carter, 2015; Pyke, 2010; Tappan, 2006). 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; 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 White people, 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 well-being 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 (van Eeden-Moorefield, Malloy, & Benson, 2016; Hoff & Beougher, 2010; Mitchell, 2014; Parsons, Starks, Gamarel, & Grov, 2012). 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 research indicating that being in a relationship provides psychological health benefits for gay men (Parsons, Starks, DuBois, Grov, & Golub, 2013; Shilo, Antebi, & Mor, 2015), could mean that being in a relationship may account for some portion of the variance in psychological well-being in the context of RSD.

Conclusions and Steps Forward

Community psychology is tasked with advancing theory, scholarship, and action to promote systemic change for the betterment of communities. This is especially true for those who are marginalized on the basis of their identities

and group membership. As a historically stigmatized population, promoting wellness for the LGBT community has been an ongoing priority for the field (D'augelli, 2003; Garnets & D'Augelli, 1994; Harper & Schneider, 2003), and gay/bisexual men of color in particular are among the most disenfranchised members of this community. RSD is a manifestation of social and structural forces that reify dominant racial hierarchies and may negatively impact the well-being of gay/bisexual men of color. As a relatively novel construct in the social sciences, investigating RSD falls within the scope of community psychology's mission—namely that of advancing theory of a critical social problem, and arriving at a holistic understanding of the ways in which this problem impacts communities. Moreover, understanding this phenomenon is the first step to developing initiatives to mitigate its adverse effects, which reflects the field's commitment to action-oriented scholarship. Thus, RSD-related research is poised to produce tangible benefits for a population that suffers disproportionately as a result of structural inequities.

To expound upon current understandings 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 Fig. 2). In this scenario, researchers might estimate a hierarchical linear regression model with an interaction term (RSD \times 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 et al., 2015; Neville et al., 1997; Operario & Fiske, 2001; Rivas-Drake et al., 2014; Roberts et al., 1999; Syed et al., 2013; Williams et al., 2012).

Next, researchers may want to have a more robust understanding of the ways in which stress appraisals and coping processes influence the relationship between RSD and psychological well-being. To accomplish this, 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 Fig. 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

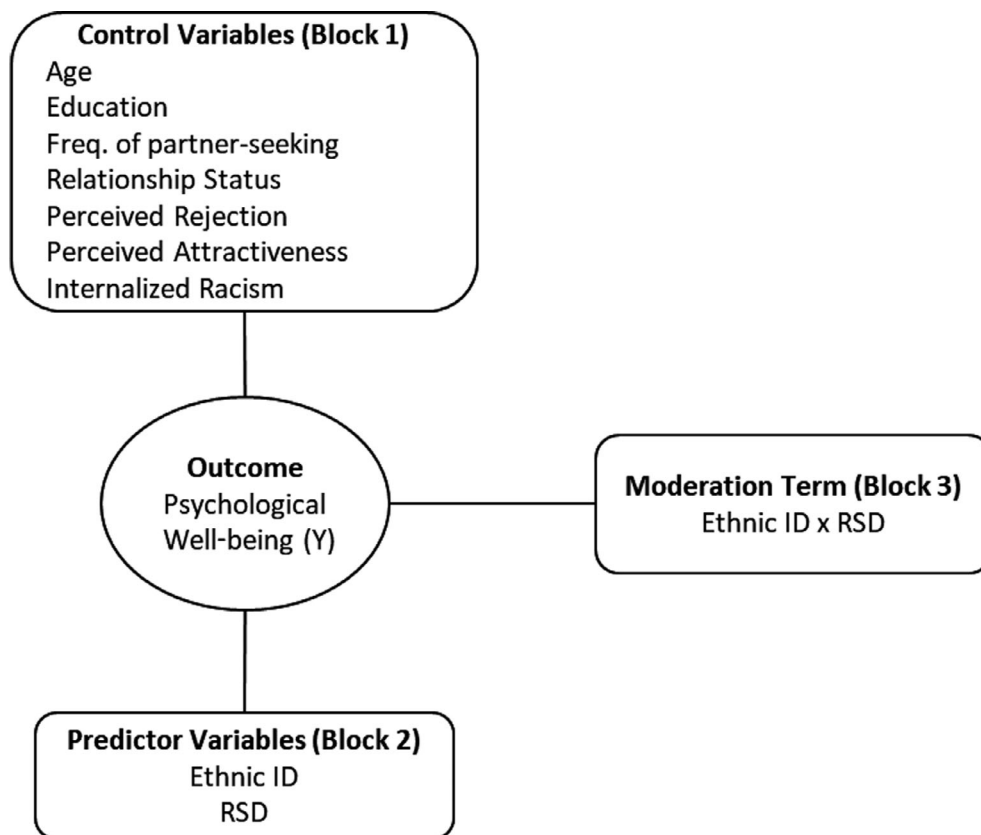


Fig. 2 Interaction model of RSD and ethnic identification on psychological well-being

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 Fig. 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. Based on the literature, researchers have indicated that both rejection on the basis of race and objectification on the basis of race are frequently encountered by gay/bisexual men of color in a sexualized context. Moreover, researchers have described some facets of RSD that are unique to online settings, such as user profiles that display exclusionary (e.g., “no Blacks”) or inclusionary (e.g., “Whites only”) race-based preferences. Finally, researchers have described instances in which outright hostile and degrading comments directed toward racial/ethnic minorities are communicated in these online settings. Thus, these four categories (rejection, objectification, exclusionary/inclusionary preferences, and degradation) may capture a broad scope of how RSD is experienced and enacted online.

Some researchers have suggested that exposure to RSD may have adverse consequences for the psychological health and well-being 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

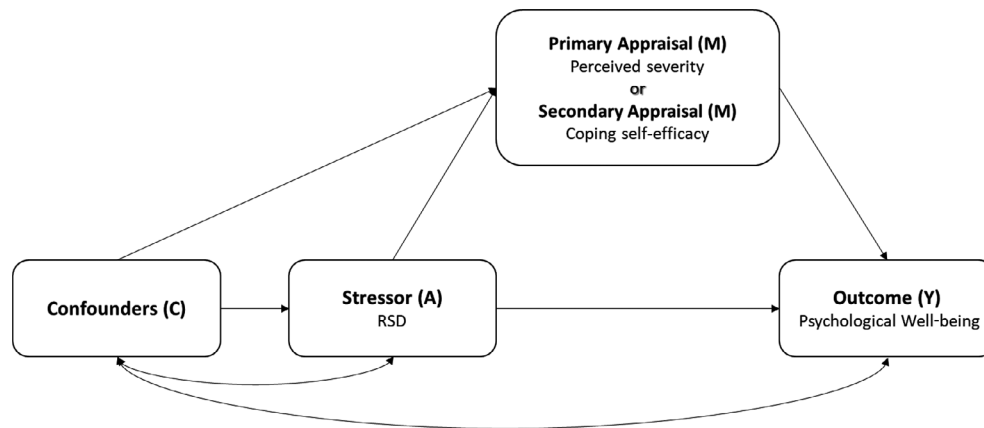


Fig. 3 Stress and coping single mediation model of RSD and psychological well-being

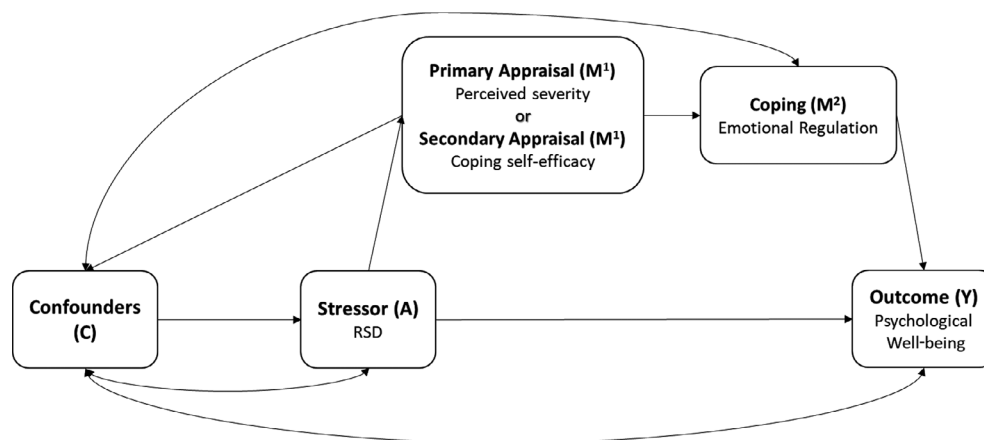


Fig. 4 Stress and coping double mediation model of RSD and psychological well-being

exacerbate the effect of racialized experiences on markers of psychological well-being. 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. However, the modifying effects of ethnic identification in the context of RSD have yet to be investigated and will be an essential area of focus for researchers examining this topic. In addition, examining the role of stress appraisals and coping processes in the context of RSD may have important implications for the development of health promotion initiatives, as well as clinical applications for YBGBM and other gay/bisexual men of color.

Gay/bisexual men of color, and YBGBM in particular, are already disproportionately overrepresented across a number of poor health outcomes—and psychological well-being is no exception. While the focus of this review concentrated on psychological health, there is also evidence that RSD may have an adverse impact on other areas of health and functioning, particularly sexual health

and HIV risk. Future work on this subject should concentrate on these important health outcomes as well. However, because psychosocial functioning is insufficiently addressed among gay/bisexual men of color, it is important for researchers to investigate the complex social phenomena that contribute to psychological health outcomes, while taking into account the unique experiences of this population. Continuing to examine the relationship between RSD and psychological well-being, while broadening the scope of the methodologies and tools used to investigate this phenomenon, would provide an innovative and potentially significant contribution to the literature on this marginalized population.

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