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Race-Based Sexual Stereotypes and their Effects on Sexual Risk Behavior in Racially-Diverse Young Men Who Have Sex with Men

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Abstract

Men who have sex with men (MSM) are disproportionately impacted by the HIV/AIDS epidemic in the United States. The epidemic is not evenly distributed across MSM, and young racial minority MSM experience the highest rate of new infections. Race-based sexual stereotyping is not uncommon among MSM, and it may contribute to the isolation of racial minority sexual networks, which has been found to contribute to increased HIV incidence in Black MSM. The goals of these analyses were to describe the race-based sexual preferences and stereotypes of racially-diverse young MSM (YMSM), and to examine whether endorsement of sexual stereotypes was associated with sexual risk behavior when having sex with partners of the stereotyped race. Data were taken from Crew 450, an ongoing longitudinal study of a syndemic of psychosocial health issues linked to HIV among YMSM in Chicago and surrounding areas. Analyses utilized data from three study waves, and longitudinal analyses were conducted with Hierarchical Linear Modeling. YMSM generally endorsed same-race preferences for sexual partners. Black partners were rated highest in displaying stereotypically dominant characteristics and in likelihood of taking the top/insertive sex role, while Latino partners were rated the highest in likelihood of sex being hot and passionate. White partners were rated lowest on each of these domains. Longitudinal analyses found that endorsement of these stereotypes had important implications for the rate of condomless receptive and insertive anal sex with racial minority partners. Findings suggest that sexual stereotypes may contribute to the isolation of racial minority sexual networks.

Keywords

sexual stereotypes; Black/African American; Hispanic/Latino; young men who have sex with men; HIV/AIDS

Men who have sex with men (MSM) are disproportionately impacted by the HIV/AIDS epidemic in the United States (CDC, 2013). The burden of this epidemic is not evenly

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distributed across the MSM population as a whole; racial minorities, and in particular Black MSM, experience higher prevalence of HIV and increased incidence of new infections. Young MSM (YMSM) also experience a higher incidence of infections compared to older age groups, and Black YMSM have the highest incidence of new HIV infections of any group in the United States. Paradoxically, research has found that Black MSM do not engage in more HIV risk behaviors, including reporting comparable or lower rates of condomless anal intercourse (CAI), fewer sexual partners, and less substance use (Clerkin, Newcomb, & Mustanski, 2011; Maulsby et al., 2014; Millett, Flores, Peterson, & Bakeman, 2007; Millett, Peterson, et al., 2012; Newcomb & Mustanski, 2013; Newcomb, Ryan, Greene, Garofalo, & Mustanski, 2014). Consequently, it has become clear that racial disparities in HIV incidence cannot be explained by individual risk behaviors alone (Millett, Jeffries, et al., 2012).

Recent work has suggested that the higher incidence of new HIV infections among Black MSM is, in no small part, a consequence of the characteristics of the sexual networks of MSM (Bohl, Raymond, Arnold, & McFarland, 2009; Newcomb & Mustanski, 2013; Raymond & McFarland, 2009; Rosenberg, Khosropour, & Sullivan, 2012; Rosenberg, Rothenberg, Kleinbaum, Stephenson, & Sullivan, 2013). The sexual networks of Black MSM appear to be characterized by higher rates of sexual partner overlap (i.e., network density, or more sexual connections between network members), which is driven in part by higher prevalence of same-race partnering (i.e., sexual homophily) among Black relative to other MSM (Berry, Raymond, & McFarland, 2007; Clerkin et al., 2011; Newcomb & Mustanski, 2013; Raymond & McFarland, 2009). Given that Black MSM represent a relatively small proportion of the United States MSM population (Gates, 2010), HIV likely spreads around the smaller and more racially-homophilous networks of Black MSM more efficiently than the larger and less homophilous networks of other racial groups (Millett, Peterson, Wolitski, & Stall, 2006; Mustanski & Newcomb, 2013; Newcomb & Mustanski, 2013). Because HIV prevalence is already higher among Black MSM, the per-sex act odds of encountering someone who is HIV-positive and infectious in these small networks would eventually overwhelm the lower rates of risk behaviors among Black MSM, thus driving higher rates of HIV incidence. Much less is known about the sexual networks of Latino MSM, but research suggests that they may be less homophilous than those of Black MSM (Newcomb & Mustanski, 2013), which would result in less network density and may account for the lower HIV incidence in Latino relative to Black MSM.

It remains unclear why rates of same-race partnering are the highest among Black MSM, but it has been suggested that racial prejudice within the MSM community might drive these men into smaller and denser sexual networks. Research has found that racial minority MSM report being frequent targets of sexual objectification, which is characterized by assumed negative or positive sexual characteristics based on race (Husbands et al., 2013; Paul, Ayala, & Choi, 2010; Stokes & Peterson, 1998; Wilson et al., 2009; Wilson & Yoshikawa, 2004). A recent qualitative study of a racially-diverse sample of MSM found that individuals held various race-based sexual stereotypes with regard to potential partners' sexual characteristics, gender expectations, and sexual role preferences (Wilson et al., 2009). In this study, Black partners were described as most likely to exhibit dominant and aggressive characteristics. Black partners were also considered to be most likely to be the top or

insertive partner during anal sex. Participants endorsed fewer stereotypes for Latino partners, but they were considered to be the most likely to be “hot and passionate” during sex. Interestingly, this sexual objectification of Latino partners may actually decrease the degree of racial isolation of the sexual networks of Latino MSM to the extent that this stereotypes is desirable, which would increase the likelihood of mixed-race partnering with Latino MSM (Paul et al., 2010).

Regardless of subjective opinions about whether these stereotypes have a positive or negative valence, which research has found vary substantially among racial minority MSM (Paul et al., 2010; Wilson et al., 2009), this sexual objectification has been linked to reduced self-esteem and negative mental health outcomes (Diaz, Ayala, Bein, Henne, & Marin, 2001; Stokes & Peterson, 1998). Research has not examined extensively how race-based sexual stereotypes impact engagement in sexual risk behavior, though studies have found that racial minority MSM who feel objectified by their sexual partners perceive themselves to have less control over the behaviors they engage in during the sexual encounter (e.g., sexual role), particularly when these encounters occur with White partners (Paul et al., 2010; Wilson et al., 2009). Sexual stereotypes might influence HIV transmission risk via two pathways: 1) by diminishing the racial minority's perceived/actual agency to engage in safer sex practices; and 2) by increasing likelihood of same-race partnering, further isolating the sexual networks of racial minority MSM, and driving new HIV infections into the smaller and denser sexual networks of racial minority MSM.

The primary aims of these analyses were to: 1) describe the race-based sexual preferences of a community sample of YMSM; 2) describe the mean levels of race-based sexual stereotypes across the three largest racial groups in our sample (Black, Latino, and White), as well as compare differences in the relative strength of race-based sexual stereotypes for sexual partners of these same racial groups; and 3) explore whether the endorsement of race-based sexual stereotypes was associated with sexual risk behavior when having sex with partners of the stereotyped race (i.e., with Black or Latino partners). We hypothesized that participants would most likely endorse preference for same-race sexual partners. In terms of sexual stereotypes, we anticipated that Black partners would receive the highest scores on measures of dominant characteristics and being the top/insertive partner, while Latino partners would receive the highest scores on being hot and passionate sexual partners. We hypothesized that White partners would score lowest on all of these characteristics. Finally, we made no specific hypotheses about the association between stereotypes and sexual risk behavior when having sex with members of the target stereotyped race.

Methods

Participants and Procedures

Data for the current study were taken from Crew 450, an ongoing longitudinal study designed to analyze the prevalence, course, and predictors of a syndemic of psychosocial health issues linked to HIV among YMSM in Chicago and surrounding areas ($N = 450$). Participants were eligible to enroll in the study if they met the following criteria: (1) between 16 and 20 years of age at baseline; (2) birth sex male; (3) spoke English; (4) had a previous sexual encounter with a man or identified as gay or bisexual; and (5) were available

for follow-up for 2 years. A modified form of respondent driven sampling (RDS) (Heckathorn, 1997) was used to recruit participants. The initial convenience sample (i.e., “seeds”) ($N = 172$; 38.2%) was recruited from the community through targeted in-person outreach at venues frequented by YMSM as well as school organizational outreach, flyers posted in community settings frequented by the target population, and through geo-social network applications (i.e., Grindr and Jack’d). A full description of the RDS methodology, as well as justification for the modification of this approach for the current study, is detailed elsewhere (Kuhns et al., 2014).

Data for these analyses were taken from the first three waves of data collection, and the study had 85.8% and 80.7% retention rates at the 6- and 12-month follow-up waves, respectively. Note that retention rates may differ from other reports due to differences in analytic samples. Participants were paid \$45 for completing each of the three waves. All data were collected using computer-assisted self-interview technology with audio instructions. The protocol was approved by the Institutional Review Boards (IRBs) with a waiver of parental permission for minors under 45 CFR 46.408(c) (Mustanski, 2011). Participants provided written informed consent/assent, and mechanisms to protect participant confidentiality were utilized (i.e., a federal certificate of confidentiality).

At each of the three time points, participants were asked to report on their 3 most recent sexual relationships during the past 6 months, resulting in a maximum of 9 possible partnerships per participant in an 18-month reporting window. For more information on the longitudinal effects of sexual partnership characteristics on sexual risk behavior in the sample, see (Newcomb, Ryan, Garofalo, & Mustanski, 2014). Because the measure of race-based sexual stereotypes was administered at wave 2 of the study only, the 64 participants who did not complete this wave were not included in the analytic sample. In addition, 8 participants did not complete the race-based sexual stereotypes measure at wave 2 because they completed a reduced online survey battery designed for participants who had moved out of the Chicago area. Finally, 3 participants chose not to complete items on this measure, leaving an analytic sample of 375 YMSM.

Measures

Demographic characteristics—The demographic interview assessed participant age, race/ethnicity, sexual orientation, living situation, and educational attainment. Participants self-reported sexual orientation as: “only gay/homosexual”, “mostly gay/homosexual”, “bisexual”, “mostly heterosexual”, “only heterosexual”, or “other”.

Sexual Behavior—The HIV-Risk Assessment for Sexual Partnerships (H-RASP) (Mustanski, Starks, & Newcomb, 2014) is a computerized self-administered interview designed to assess sexual behavior and associated situational/contextual variables at the level of the sexual partnership. This instrument evaluates up to 3 sexual partnerships during the 6 months prior to each interview, for a total of up to 9 possible partnerships reported per participant in these data. We examined two sexual risk outcome variables in these analyses: 1) total number of condomless receptive anal intercourse acts (CRAI) within each male partnership; and 2) total number of condomless insertive anal intercourse acts (CIAI) within

each male partnership. The outcomes were calculated by multiplying the total number of sex acts by the frequency of condom use during these sexual encounters (response options, always = 0%, more than half the time = 25%, half the time = 50 %, less than half the time = 75 %, never = 100%). All outcomes were winsorized at three standard deviations from the mean to reduce the effects of outliers.

Race-Based Sexual Preferences and Stereotypes—Based on the work of Wilson and colleagues (2009), we developed a questionnaire assessing race-based sexual preferences and stereotypes. To measure sexual preferences, we asked participants: “Which group [do you most prefer to have sex with/?are you most physically attracted to/?do you think is best in bed?]”. Response options for these analyses included Black, Latino, and White men. Next, we asked a series of questions assessing sexual stereotypes, repeated three times in order to assess each individual's endorsement of stereotypes for Black, Latino and White partners separately. Each question began with the statement: “If I had sex with a [Black/Latino/White] guy...” For each racial group, we assessed stereotypes about the quality of sex (hot and passionate), behavior of the partner (aggressive; dominant; macho and masculine; feminine), and sexual role during the encounter (he would be the top; he would be the bottom). Participants responded on a 4-point Likert scale ranging from “strongly disagree” to “strongly agree”. For these analyses we calculated three race-based sexual stereotype variables. “Hot and passionate” was examined as a single-item. We created two composite variables to describe stereotypes. First, “dominant characteristics” included the items: aggressive, dominant, macho and masculine, and feminine (reverse coded). Cronbach α for this composite was .73 for ratings of Black partners and .69 for ratings of Latino partners. Second, “top/insertive sex role” included the items: he would be the top and he would be the bottom (reverse coded). Both composite variables were calculated by taking the mean of each individual item included in the composite.

Analyses

We conducted descriptive analyses of race-based sexual preferences (i.e., prefer to have sex with, most physically attracted to, best in bed) to examine the mean response among Black, Latino and White participants. We also calculated the degree of same-race preference for each variable across racial groups. In order to validate these findings, data on participants' actual racial distribution of sex partners reported during the 18-month study period were used to calculate the odds of having a same-race sexual partnership. Next, we conducted descriptive analyses of race-based sexual stereotypes (i.e., sex is hot and passionate, dominant characteristics, top/insertive sex role) to examine the mean response among Black, Latino and White participants, and we conducted paired *t*-tests to examine whether endorsement of race-based sexual stereotypes varied by sexual partner race.

In order to examine whether endorsement of race-based sexual stereotypes was associated with the rate of sexual risk behavior with a member of the stereotyped race, we used data from three waves of Crew 450 which represent an 18-month reporting window. The race-based sexual stereotype data came from the second of the three waves (i.e., the midpoint; 6-month follow-up). These longitudinal analyses were conducted with Hierarchical Linear Modeling (HLM) v. 7.0 statistical software (Raudenbush, Bryk, Cheong, Congdon, & du

Toit, 2011). In HLM, we entered each stereotype variable (i.e., sex is hot and passionate, dominant characteristics, top/insertive sex role) as Level 2 moderators of the Level 1 main effects of sexual partner race (e.g., sex with Latino partners is hot and passionate*partner race [Latino vs. other]). We conducted analyses separately by participant race (sample restricted to Black, Latino, or White) and sexual partner race (Black v. other; Latino v. other), and we examined each model with both CRAI and CIAI as outcome variables (i.e., 12 models total). Low numbers of sexual encounters reported with members of certain racial groups precluded the use of a single analytic model for each outcome variable. To account for the higher likelihood of Type I error with multiple analyses, we used $p < .01$ to indicate statistical significance. All models included participant age, partner HIV status, and relationship type (serious v. casual) as covariates. Maximum likelihood estimation was used to model the rate of sexual risk using a Poisson distribution that accounted for overdispersion (i.e., the standard deviation of the outcome variable was larger than the mean). Results are presented as event-rate ratios (ERR), which provides an estimate of the change in the event-rate of the outcome variable for each one unit increase in the independent variable. All effects and interactions were modeled as fixed effects. Estimates were made from the population-average model using robust standard errors.

Results

Table 1 presents the full demographic characteristics of the analytic sample at 6-month follow-up (i.e., that wave at which we measured race-based sexual stereotypes). Mean age of the analytic sample was 19.4 ($SD = 1.3$). The majority of the sample was racial/ethnic minorities: 52.3% Black, 20.5% Hispanic/Latino, 18.4% White, and 8.8% other. This is higher than the 69% estimated by the US Census Bureau (<http://factfinder.census.gov>) in the city of Chicago, but not substantially different from estimates for areas neighboring the primary sites of data collection. The majority of participants identified as only gay/homosexual (58.4%), while 19.2% were mostly gay/homosexual, 18.4% were bisexual, 1.1% were mostly heterosexual, 1.1% were heterosexual, and 1.6% identified as “other”.

Race-Based Sexual Preferences

Across all items assessing race-based sexual preferences, participants most often reported preferences for partners of their same race. Of the three largest racial groups in this study (Black, Latino, and White), Black YMSM endorsed the highest degree of same-race preference for the following items: “prefer to have sex with” and “best in bed”. White YMSM endorsed the highest degree of same-race preference for “most physically attracted to”. Conversely, Latino YMSM reported the lowest degree of same-race preference for the following items: “prefer to have sex with” and “most physically attracted to”. White YMSM reported the lowest degree of same-race preference for “best in bed”. Across all racial groups, “prefer to have sex with” had the highest degree of same-race preference. These self-reported same-race preferences are corroborated by the racial distribution of the sexual partners YMSM reported during the 18-month longitudinal reporting window. YMSM were most likely to report same-race partnerships, and the odds of same-race partnerships was highest among Black YMSM.

Race-Based Sexual Stereotypes

The next set of analyses assessed race-based sexual stereotypes for Black, Latino and White male sexual partners. As shown in the first two columns of Table 3, for the sample as a whole, Black sexual partners received the highest scores on both composite items: dominant characteristics and top/insertive sex role. Paired *t*-tests (reported in the first two columns of the lower half of Table 3) confirmed that these scores were higher than the scores for both Latino and White partners on these same stereotype domains. Latino partners were rated highest for sex being hot and passionate, though this rating did not differ significantly from the rating for Black partners. White sexual partners received the lowest scores on each item, which was confirmed as statistically significant with paired *t*-tests.

Next, we examined whether these patterns in sexual stereotype endorsement varied by participant race by examining the reports of each of the three primary racial groups (Black, Latino and White) individually (columns 3-8 of Table 3). The overall pattern of findings remained intact except for the following differences: Latino YMSM participants rated sex with both White and Latino partners as significantly more hot and passionate than sex with Black partners, and White participants rated sex with Latino partners as significantly more hot and passionate than sex with Black partners. In terms of dominant characteristics, White YMSM participants did not endorse significant differences between White and Latino partners, and Latino YMSM did not endorse differences between Black and Latino partners. Finally, White YMSM participants did not endorse significant differences between White and Latino partners in top/insertive sex role stereotypes, and Latino participants did not endorse significant differences between Black and Latino partners on this domain.

Race-Based Sexual Stereotypes and Sexual Risk Behavior

Sixteen participants did not report any sexual partners during the 18-month assessment period and were therefore excluded from analyses of the effects of race-based sexual stereotypes on sexual risk behavior. Across all participants, there were no significant racial differences (Black, Latino, White, and other race) in rate of CRAI or CIAI. Compared to Black sexual partners, participants reported a significantly higher rate of CRAI with “other race” sexual partners (OR = 2.15, $p < .01$). Rate of CRAI with Latino or White partners did not differ significantly from rate of CRAI with Black partners. Participants reported a significantly higher rate of CIAI with both Latino (OR = 1.73, $p < .01$) and “other race” sexual partners (OR = 2.14, $p < .001$). Rate of CIAI with White partners did not differ significantly from Black partners.

Next, we examined whether endorsement of race-based sexual stereotypes was associated with rate of CRAI or CIAI with members of the stereotyped race (i.e., Black or Latino partners; see Table 4 for a summary of results). White participants who rated Black partners higher on sex being hot and passionate had a higher rate of CRAI with Black partners (ERR = 2.06, $p < .01$). For Latino participants, as ratings of sex being hot and passionate with Black partners increased, the rate of CIAI with Black partners decreased (ERR = 0.53, $p < .01$). Additionally, Latino participants were less likely to engage in CRAI with Latino partners (relative to partners of other races) at low ratings on the hot and passionate item, but as these ratings increased in strength, the rate of CRAI with Latino partners increased (see

Figure 1; $ERR = 2.68, p < .01$). A similar pattern was found for Latino participants' rating of sex being hot and passionate with Latino partners and CIAI ($ERR = 3.90, p < .01$). White participants who rated sex with Latino partners as hot and passionate had a higher rate of both CRAI and CIAI with Latino partners, but these effects did not reach significance.

In terms of the effect of dominant characteristics on sexual risk, endorsement of dominant characteristics for Black partners had little effect on rate of sexual risk behavior with Black partners. In fact, among White participants rate of CRAI decreased as ratings of Black partners as more dominant increased ($ERR = 0.03, p < .01$). Some significant findings emerged for the effect of endorsement of dominant characteristic stereotypes for Latino partners on rate of sexual risk behavior. As Black participants' ratings of dominant stereotypes for Latino partners increased, the rate of CRAI with Latino partners increased (see Figure 1; $ERR = 5.33, p < .01$). Additionally, Latino participants who rated Latino partners as less dominant had a higher rate of CIAI with those partners; the rate of CIAI with Latino partners decreased as endorsement of dominant characteristic stereotypes increased ($ERR = 0.43, p < .01$).

Finally, endorsement of top/insertive sex role stereotypes had several significant effects on sexual risk behavior. For Black participants, as top/insertive sex role stereotypes for Black partners increased, rate of CRAI increased ($ERR = 2.00, p < .01$). The opposite pattern emerged for CIAI. Black participants with lower top/insertive stereotypes for Black partners (i.e., more likely to be the bottom/receptive partner) had a higher rate of CIAI with those partners (see Figure 1; $ERR = 0.51, p < .01$). Few significant effects emerged for the effect of top/insertive sex role stereotypes for Latino partners on sexual risk behavior. In fact, Black YMSM participants who rated Latinos as more likely to be tops had a lower rate of CRAI ($ERR = 0.27, p < .01$) with those partners. While not statistically significant, White and Latino participants who rated Latinos as more likely to be tops had a higher rate of CRAI with those partners. Conversely, when these same racial groups rated Latinos as less likely to be tops, they had a lower rate of CIAI with those partners.

Discussion

These analyses provide some of the first data to describe the presence of race-based sexual stereotypes in a sample of racially-diverse YMSM, as well as novel examinations of the effect of these stereotypes on engagement in sexual risk behavior. Findings highlight that YMSM generally endorsed same-race preferences for sexual partners. However, participants endorsed substantial differences in the strength of sexual stereotypes for partners of different races. Black partners were rated highest in displaying dominant characteristics and in likelihood of taking the top/insertive sex role, while Latino partners were rated the highest in likelihood of sex being hot and passionate. White partners were rated lowest on each of these domains. Finally, longitudinal analyses found that endorsement of these stereotypes had important implications for the rate of condomless sex with partners of the stereotyped race.

Consistent with hypotheses and previous research (Berry et al., 2007; Newcomb & Mustanski, 2013; Raymond & McFarland, 2009), YMSM in the current study endorsed

same-race preferences for sexual partners, and same-race preferences were the most pronounced among Black YMSM. Furthermore, longitudinal analyses of sexual partnerships across an 18-month reporting window found that participants of all races were most likely to report same-race sexual partners, but the odds of same-race partnering was again highest among Black YMSM. These findings confirm previous research and support hypotheses suggesting that high rates of HIV infection among Black MSM may be driven by the smaller and denser sexual networks of this group. However, these data do not help us to understand why sexual network effects are particularly strong for Black YMSM. It has been suggested that discrimination, including race-based sexual stereotypes, may be contributing factors. Consistent with previous qualitative work (Wilson et al., 2009), participants in the current study rated Black partners as the most likely to exhibit dominant characteristics (i.e., aggression, dominance, masculinity) and to be the top/insertive partner during sexual encounters. Sexual stereotypes about racial minority MSM may further isolate Black sexual networks if: a) the individuals who endorse the stereotypes view these characteristics as undesirable in sexual partners, which is corroborated by the fact that White and Latino participants rated Black partners as the least preferred and least physically attractive; and b) the recipients of the stereotypes feel objectified and therefore favor same-race partnerships.

Longitudinal analyses provide evidence for how these stereotypes might influence engagement in sexual risk behaviors with Black partners. Among White participants, endorsement of the stereotype that Black partners have dominant characteristics was associated with less CRAI with Black partners. Conversely, White participants who endorsed the stereotype that sex with Black partners is hot and passionate engaged in more CRAI with those partners. This indicates that stereotypes about characteristics (e.g., dominance/aggression) may be independent from those about the quality of the sexual encounter (e.g., passion). Dominant characteristics may serve as a more salient and stereotypic reminder of one's race. Given that MSM have been found to perceive Black partners as more likely to be HIV-infected and subsequently use condoms more frequently with Black partners (Clerkin et al., 2011; Raymond & McFarland, 2009), YMSM who perceive Black partners as more stereotypically dominant may also be more likely to use condoms with Black partners. Beliefs that sex with Black partners is more hot and passionate, on the other hand, may be more sexually arousing to YMSM, and sexual arousal has been found to lead to heightened risk-taking (Groves, Golub, Mustanski, & Parsons, 2010; Mustanski, 2007). It should be noted that Latino participants showed a different pattern; endorsement of dominant stereotypes for Black partners was not associated with sexual risk. Interestingly, Latino participants who believed that sex with Black partners is hot and passionate had an increased (but non-significant) rate of CRAI with Black partners but a decreased rate of CIAI.

Also consistent with hypotheses and previous findings (Diaz, Ayala, & Bein, 2004; Diaz et al., 2001; Paul et al., 2010; Wilson et al., 2009), participants rated sex with Latino partners as the most likely to be hot and passionate. This stereotype, which evidence suggests holds a positive valence for many individuals who endorse it (Paul et al., 2010; Wilson et al., 2009), may facilitate higher rates of racial mixing. Rates of same-race partnering were lower among Latino MSM compared to Black MSM. In fact, at least one study found that Latino MSM most frequently engaged in sexual partnerships with White MSM (Newcomb &

Mustanski, 2013), and the current study found that Latino YMSM had the lowest same-race preferences on the following racial preference items: “prefer to have sex with” and “most physically attracted to”. This higher rate of racial mixing among Latino MSM likely would also mean that the sexual networks of Latinos are larger and less dense than those of Black MSM, which may contribute to the lower HIV incidence rates among Latinos. However, endorsement of the stereotype that sex with Latinos is hot and passionate was associated with increased sexual risk behavior amongst Latino participants. As such, endorsement of this stereotype may place individuals in the dyad at heightened risk for acquisition of HIV and other sexually transmitted infections.

It is important to note that race-based sexual stereotypes have implications for the health of racial minority MSM beyond HIV risk. Even though some individuals may perceive that certain sexual stereotypes have a positive valence (e.g., sex with Latinos is hot and passionate), research has documented that many racial minority MSM feel sexually objectified due to their racial background (Diaz et al., 2001; Paul et al., 2010; Stokes & Peterson, 1998; Wilson et al., 2009; Wilson & Yoshikawa, 2004). In addition to its effects on risk for HIV, race-based sexual objectification has been linked to reduced self-esteem and negative mental health outcomes (Diaz et al., 2001; Stokes & Peterson, 1998). Efforts to reduce racism, prejudice and objectification within the MSM community are needed in order to reduce isolation of racial minority MSM communities and improve multiple health outcomes.

Several limitations should be noted in interpreting findings. We used a convenience sample that is predominantly urban and racial minorities. While this racially-diverse sample allowed us to examine racial differences in race-based sexual preferences and stereotypes, this sample is not generalizable to the YMSM population as a whole. This community sample had relatively low numbers of White YMSM, and very few of these individuals reported having sexual partnerships with racial minorities. This limited our ability to examine certain associations between sexual stereotypes and sexual risk in White-Black partnerships. Furthermore, lower numbers of Latino and White YMSM participants may have impacted our ability to detect statistically significant effects in these groups. Finally, we measured a limited number of race-based sexual stereotypes using an investigator-created measure based on a previous qualitative study (Wilson et al., 2009). As such, these findings do not capture the broad array of discriminatory and prejudicial experiences that racial minorities encounter, and a well-validated measure of these experiences is needed.

Despite these limitations, the current study provides novel data that expands upon previous research, which has mostly been qualitative in nature. These findings support that Black and Latino YMSM are frequently the targets of race-based sexual stereotyping. These stereotypes likely contribute to the isolation of racial minority sexual networks within the MSM population, which would help to drive higher rates of HIV incidence, particularly among the smaller and denser sexual networks of Black MSM. These analyses also provide evidence that holding certain stereotypes influences condom use when having sex with members of the stereotyped race, which places both members of the dyad at risk for acquisition of HIV and sexually transmitted infections. Racial prejudice and sexual objectification within the MSM community are understudied phenomena, but our findings

suggest that such stereotypes might play an important role in the disproportionate burden of the HIV epidemic experienced by racial minority MSM.

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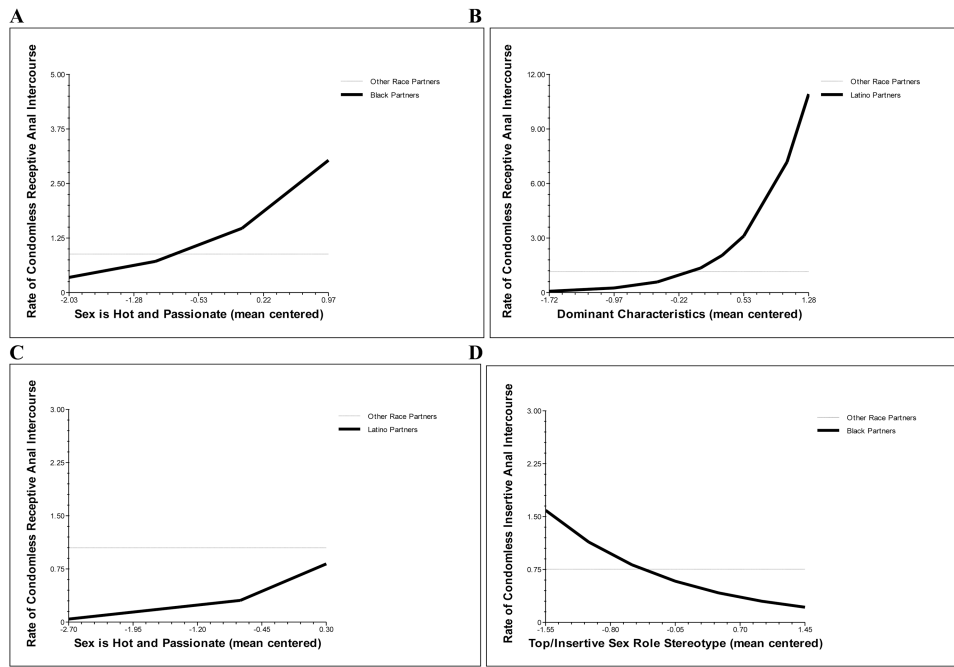


Figure 1. Effects of Race-Based Sexual Stereotypes on Sexual Risk Behavior with Black and Latino Partners

NOTE: (A) White participants: effect of “hot and passionate” on CRAI with Black partners. (B) Black participants: effect of dominant stereotypes on CRAI with Latino partners. (C) Latino participants: effect of “hot and passionate” stereotypes on CRAI with Latino partners. (D) Black participants: effect of top/insertive sex role stereotypes on CIAI with Black partners

Table 1
Demographic characteristics of analytic sample at 6-Month Follow-Up (n=375)

Demographics	N (%)
Age ($M = 19.4, SD = 1.3$)	
Less than 18	68 (18.1)
18 or older	307 (81.9)
Race/Ethnicity	
Black/African American	196 (52.3)
Hispanic/Latino	77 (20.5)
White	69 (18.4)
Other	33 (8.8)
Sexual Orientation*	
Only Gay/Homosexual	219 (58.4)
Mostly Gay/Homosexual	72 (19.2)
Bisexual	69 (18.4)
Mostly Heterosexual	4 (1.1)
Only Heterosexual	4 (1.1)
Other	6 (1.6)
Living Situation*	
Living with Parents	198 (52.8)
Other Stable Housing	160 (42.7)
Unstable Housing	16 (4.3)
Highest Education*	
Less than High School	109 (29.1)
High School or GED	88 (23.5)
Greater than High School	177 (47.2)

NOTE:

* There is missing data on one participant.

Table 2
Race-Based Sexual Partner Preferences Across Participant Racial Groups

Sexual Preferences	Total Sample		Black YMSM		Latino YMSM		White YMSM		Other YMSM	
	N	%	N	%	N	%	N	%	N	%
Prefer to have sex with?	--	--	--	--	--	--	--	--	--	--
Black	180	47.7	154	78.2	2	2.6	6	8.7	18	52.9
Latino	95	25.2	23	11.7	53	68.8	11	15.9	8	23.5
White	95	25.2	16	8.1	21	27.3	51	73.9	7	20.6
Within-Race	258	68.4	154	78.2	53	68.8	51	73.9	--	--
Outside-Race	119	31.6	43	21.8	24	31.2	18	26.1	--	--
Most physically attracted to?	--	--	--	--	--	--	--	--	--	--
Black	161	42.7	139	70.6	3	3.9	5	7.2	14	41.2
Latino	98	26.0	32	16.2	44	57.1	12	17.4	10	29.4
White	103	27.3	18	9.1	26	33.8	51	73.9	8	23.5
Within-Race	234	62.1	139	70.6	44	57.1	51	73.9	--	--
Outside-Race	143	37.1	58	29.4	33	42.9	18	26.1	--	--
Best in bed?	--	--	--	--	--	--	--	--	--	--
Black	201	53.3	160	81.2	13	16.9	12	17.4	16	47.1
Latino	104	27.6	21	10.7	55	71.4	18	26.1	10	29.4
White	60	15.9	9	4.6	6	7.8	38	55.1	7	20.6
Within-Race	253	67.1	160	81.2	55	71.4	38	55.1	--	--
Outside-Race	124	32.9	37	18.8	22	28.6	31	44.9	--	--

Table 3
Race-Based Sexual Stereotypes and Group Comparisons Across Participant Racial Groups

Race-Based Stereotypes	Total Sample		Black YMSM		Latino YMSM		White YMSM	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Black Sex Partners	--	--	--	--	--	--	--	--
Hot and Passionate	3.18	0.96	3.49	0.80	2.61	1.07	3.01	0.90
Dominant Characteristics	3.17	0.70	3.18	0.69	3.18	0.76	3.17	0.68
Top/Insertive Sex Role	2.76	0.83	2.58	0.82	3.01	0.87	2.98	0.75
Latino Sex Partners	--	--	--	--	--	--	--	--
Hot and Passionate	3.21	0.98	2.96	1.09	3.70	0.56	3.30	0.81
Dominant Characteristics	2.89	0.72	2.73	0.75	3.25	0.57	3.00	0.63
Top/Insertive Sex Role	2.63	0.75	2.47	0.73	2.88	0.78	2.76	0.74
White Sex Partners	--	--	--	--	--	--	--	--
Hot and Passionate	2.95	0.86	2.79	0.92	3.08	0.82	3.22	0.68
Dominant Characteristics	2.66	0.65	2.58	0.66	2.73	0.68	2.88	0.56
Top/Insertive Sex Role	2.50	0.86	2.35	0.85	2.70	0.93	2.69	0.70

Race Comparisons	<i>t</i> -stat.	Sig.	<i>t</i> -stat.	Sig.	<i>t</i> -stat.	Sig.	<i>t</i> -stat.	Sig.
White (1) v. Black (0) Partners	--	--	--	--	--	--	--	--
Hot and Passionate	-3.42	<.01	-9.10	<.01	2.89	<.05	1.81	ns
Dominant Characteristics	-13.21	<.01	-11.60	<.01	-4.70	<.01	-3.53	<.01
Top/Insertive Sex Role	-7.59	<.01	-5.18	<.01	-3.50	<.01	-3.64	<.01
White (1) v. Latino (0) Partners	--	--	--	--	--	--	--	--
Hot and Passionate	-4.34	<.01	-1.93	ns	-5.87	<.01	-0.85	ns
Dominant Characteristics	-5.94	<.01	-2.82	<.05	-6.36	<.01	-1.75	ns
Top/Insertive Sex Role	-3.87	<.01	-2.58	<.05	-2.61	<.05	-1.17	ns
Black (1) v. Latino (0) Partners	--	--	--	--	--	--	--	--
Hot and Passionate	-0.41	ns	5.92	<.01	-8.59	<.01	-2.34	<.05
Dominant Characteristics	7.05	<.01	8.19	<.01	-1.10	ns	2.07	<.05
Top/Insertive Sex Role	4.03	<.01	2.30	<.05	1.54	ns	2.71	<.05

NOTE: sig = statistical significance/p-value. ns = non-significant

Table 4
Summary of Models Examining the Influence of Race-Based Sexual Stereotypes on Sexual Risk Behavior

Race-Based Stereotypes	Black Partners				Latino Partners			
	CRAI	ERR	CIAI	Sig.	CRAI	ERR	CIAI	Sig.
Black Participants	--	--	--	--	--	--	--	--
Hot and Passionate	0.79	ns	1.03	ns	1.31	ns	0.64	ns
Dominant Characteristics	0.94	ns	1.16	ns	5.33	<.01	1.07	ns
Top/Insertive Sex Role	2.00	<.01	0.51	<.01	0.27	<.01	2.07	ns
Latino Participants	--	--	--	--	--	--	--	--
Hot and Passionate	2.61	<.05	0.53	<.01	2.68	<.01	3.90	<.01
Dominant Characteristics	0.54	ns	3.27	ns	1.26	ns	0.43	<.01
Top/Insertive Sex Role	1.12	ns	0.80	ns	1.84	<.05	0.53	<.05
White Participants	--	--	--	--	--	--	--	--
Hot and Passionate	2.06	<.01	--	--	1.62	ns	2.33	ns
Dominant Characteristics	0.03	<.01	--	--	0.71	ns	2.79	<.05
Top/Insertive Sex Role	3.34	<.05	--	--	1.89	ns	0.35	<.05

NOTE: CRAI = condomless receptive anal intercourse. CIAI = condomless insertive anal intercourse. ERR = event-rate ratio. sig = statistical significance/p-value. ns = non-significant