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Intersectional Epistemologies of Ignorance: How Behavioral and Social Science Research Shapes What We Know, Think We Know, and Don't Know About U.S. Black Men's Sexualities

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Epistemologies of ignorance describe how ignorance influences the production of knowledge. Advancing an intersectional epistemologies of ignorance approach that examines how conscious (or unconscious) ignorance about racism, heterosexism, and classism shapes empirical knowledge about Black men's sexualities, we conducted a critical review of the behavioral and social science research on U.S. Black men, ages 18 and older, for two time frames: pre-1981 and the most recent decade, 2006–2016. Our search yielded 668 articles, which we classified into five categories: sexual violence, sexual experiences and expressions, sexual identities, cultural and social-structural influences, and sexual health and sexual risk. We found that most of the research, particularly pre-1981, centered the experiences of White heterosexual men as normative and implicitly constructed Black men as hypersexual or deviant. Most of the research also color-blinded White privilege and ignored how racism, heterosexism, and classism structured Black men's inequities. We also found notable exceptions to these trends. Black men who are gay, bisexual, or who have sex with men, and research on HIV risk were prominent in the past decade, as was research that emphasized the social-structural (e.g., poverty, heterosexism, racism) and cultural (e.g., masculinity, religion) contexts of Black men's lives and sexualities. We provide 10 recommendations to avoid intersectional epistemic ignorance in future research.

Black lives matter. Black sexuality does too. The #BlackLivesMatter (2015) manifesto acknowledges these realities with advocacy to link the struggles of sexuality—particularly the oppression of “Black queer and trans folk”—with those of race, class, gender, nationality, and disability. An abundant theoretical scholarship—authored and edited books by Black scholars, primarily—on Black sexuality in general (e.g., Battle & Barnes, 2010; Collins, 2005; Davis & McGlotten, 2012; Staples, 2006; West, 1993) and Black

men's sexualities in particular (e.g., Carbado, 1999; Slatton & Spates, 2014) also affirms the reality that Black lives and Black sexuality matter. Alas, this reality may be in jeopardy. The November 2016 election of Donald J. Trump as the 45th president of the United States underscores the Black Lives Matter movement's stance that “working for the validity of Black life” is a critical social and political imperative.

Trump's campaign thrived on the incitement of racial and ethnic divisions, with many White women and men from all socioeconomic statuses unified under nationalistic and racialized banners of Whiteness. Trump's election to the nation's highest office has also unmasked the virulence of White supremacy considered to be long in the country's past. Reports of racial and sexual harassment spiked in the wake of the election (Southern Poverty Law Center, 2016), and the new president's team has actively begun the reinstitutionalization of racism, sexism, xenophobia, and Islamophobia with the installation of White supremacists and right-wing ideologues hostile to the rights of immigrants, women, men of color, and lesbian, gay,

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bisexual, and transgender (LGBT; see Table 1) people in key positions of power in the White House and federal government. The Black Lives Matter movement's rallying credo that "Black lives matter" serves as a potent reminder that the topic of Black men's sexuality is neither merely theoretical nor academic, and is historically rooted in the struggles for social justice across key intersections such as race, class, gender, and sexual identity. Social inequality shapes how Black men experience and express their sexualities,¹ and behavioral and social science (BSS) researchers' awareness or ignorance of this fact shapes empirical knowledge about what we know, think we know, and don't know about Black men's sexualities.

Rooted in philosophy, epistemologies of ignorance provide a useful conceptual framework for examining and critiquing the BSS research about Black men's sexualities. Epistemology is the study of and justification of knowledge. Epistemologies of ignorance refer to the "identif[ication] of different forms of ignorance, [the] examin[ation of] how they are produced and sustained, and what role they play in knowledge practices" (Sullivan & Tuana, 2007, p. 1). Epistemic refers to knowledge or cognitions. Epistemic ignorance reflects a gap in knowledge that, presumably, could be remedied with education, once the knower has acknowledged the gap (Sullivan & Tuana, 2007). Historically, scholars have described racialized (Mills, 2007) or gendered (Harding, 1991) epistemologies of ignorance that buttress White supremacy or male domination, respectively.

Two types of epistemologies of ignorance are relevant for our critical review of the BSS research literature on Black men's sexualities. The first highlights the group identities and shared locations of knowers who, because of those identities/locations, often have different beliefs about what is credible or plausible (Alcoff, 2007). Consider Alcoff's (2007) insightful example of a dinner party at which is shared the news of an acquaintance being arrested, physically harassed by police, and charged with a fabricated crime. One group of listeners may regard the story skeptically and presume that the arrest was justified, while another group may regard it as credible and respond sympathetically. Group differences at the intersection of race, gender, and class will tend to shape responses to the story. Applied to BSS research on Black men's sexualities, historically the overwhelming majority of BSS researchers who have designed, conducted, analyzed, interpreted, and disseminated research on Black men's sexualities have been White, not Black. Moreover, BSS researchers have also shared other dominant social identities/locations, such as being heterosexual, middle or upper class, Western, and cisgender (i.e., those whose gender identities correspond with the biological sex assigned to them at birth). Accordingly, much of the research on Black men's sexualities centers Whiteness, heterosexuality, middle- and upper-classness, Western beliefs and values (e.g., individualism, meritocracy), and being cisgender as normative.

The second type of epistemological ignorance is social-structural in origin and emphasizes how dominant groups—White people and men in racialized and gendered epistemic examinations respectively—engage in cognitive practices to establish and maintain dominance. These include but are not limited to (a) the willful ignorance of widely visible social

injustices (Alcoff, 2007; Mills, 1997,2007); (b) beliefs in just societies (Alcoff, 2007); (c) the dismissal of countervailing evidence of social injustice (Alcoff, 2007; Alexander, 2010); (d) "color-blinding," which is the practice of ignoring White privilege to provide individualistic explanations for White people's achievements and/or erase how race structures social inequality for Black people (e.g., "I don't see race") (Alexander, 2010; Doane, 2003; Mills, 1997; Neville, Awad, Brooks, Flores, & Bluemel, 2013); and (e) other "cognitive dysfunctions (which are psychologically and socially functional)" (Mills, 1997, p. 18). Take a recent national survey on racial equality in the United States, for example: A July 2016 poll found that 65% of Black respondents, compared with just 27% of White respondents, agreed that "it is a lot more difficult to be Black in this country than it is to be White" (Pew Research Center, 2016). Most Black respondents (62%) also agreed that "White people benefit a great deal from advantages in society that Black people do not have," a statement with which only 13% of White respondents agreed.

These two types of epistemological ignorance offer insightful explanations for how different groups of knowers, and different unconscious and conscious cognitive practices and motivations, may shape BSS empirical knowledge about Black men's sexualities. And yet, because they fail to account for how "privilege and oppression are experienced and structured simultaneously" (May, 2015, p. 23) in the lives of groups such as Black men, these single-axis (i.e., race or gender) epistemic frames are limited. For example, Mills's (1997,2007) work on racialized epistemologies of ignorance positions Black people as a monolithic group, eliding the intersection of race and gender for Black women (May, 2015). This is also the case with gendered epistemologies of ignorance that frame women's gender as primary or foundational and, in so doing, obscure the intersection of race. Intersectional critiques of single-axis epistemologies of ignorance (May, 2015) and our own work on intersectionality inform our view that an intersectional epistemological ignorance framework is fundamental to understanding empirical knowledge and gaps about Black men's sexualities in the BSS empirical literature (Bowleg, 2012, 2013; Bowleg, Teti, Malebranche, & Tschann, 2013).

Rooted in Black feminist activism, practice, and theory, intersectionality rejects single-axis thinking in favor of a matrix worldview that recognizes how multiple and intersecting social identities/locations (e.g., race, sexual identity, religion) at the microlevel interlock and reflect social inequalities at the social-structural level (e.g., racism, heterosexism, Islamophobia) (Collins, 1991; Crenshaw, 1989; May, 2015). In the case of Black men, race, gender, class, and sexual identity are not independent locations that can be extricated or ranked. Rather, these social locations and the inequalities based on them are mutually constituted, such that one cannot understand one social location (e.g., being Black) absent its intersection with another key location (e.g., identifying as gay or bisexual). As such, intersectionality is ideally suited for "identifying gaps in conventional logics" (May, 2015, p. 10), such as single-axis views of epistemic ignorance. Accordingly, we advance an intersectional

epistemologies of ignorance lens to critique the BSS research literature on Black men's sexualities from two periods: pre-1981 (i.e., the documented start of the human immunodeficiency virus [HIV] epidemic) and the most recent decade, 2006–2016. History and social-structural context are essential antidotes to epistemic ignorance about the topic of Black men's sexuality and thus an important starting point for our work.

U.S. BLACK MEN'S SEXUALITY IN HISTORICAL CONTEXT

Race and racism are so inextricably linked to sexuality that scholar Cornel West (1993) has opined, “[I]t is virtually impossible to talk candidly about race without talking about sex” (p. 83). History is foundational to the study of Black men's sexualities. As such, a synopsis provides essential context for BSS research on the topic. The obsession of 16th- and 17th-century European settlers with the Black bodies that they observed during their exploits throughout Africa, and their racist projections of exotic, lascivious, and animalistic sexuality onto those bodies, is well documented (Collins, 2005; D’Emilio & Freedman, 2012; McGruder, 2010; Nagel, 2004). Slavery strictly restricted and regulated Black bodies and sexual behaviors. As the “owners” of enslaved Black people, White slaveholders raped Black women with impunity—often justifying rapes with explanations of Black women's lasciviousness—and relied on racist stereotypes about Black men's virility and their rabid lust for White women to justify strict and violent control of Black men (Davis, 1983; McGruder, 2010; Nagel, 2004). There is evidence that some slaveholders encouraged “breeding” between slave women and sexually virile Black male slaves, the latter for whom slaveholders could command higher prices and circulate among other plantations (D’Emilio & Freedman, 2012).

Postslavery, the myth of the Black rapist who preyed on innocent White women thrived as “a distinctly political invention” to maintain the social order of Black economic and social inferiority (Davis, 1983, p. 184). Before the Civil War, White abolitionists were the most frequent victims of lynching; but starting during Reconstruction, racist propaganda about Black rapists fueled the lynching of Black men despite the absence of any evidence that Black men were indiscriminately raping women, or any reports of slaves having raped White women during the Civil War (Davis, 1983). Respected journalist and antilynching activist Ida B. Wells meticulously documented lynchings based on newspaper reports, interviews with witnesses, and her own eyewitness accounts (Giddings, 1984) and found that more than 10,000 lynchings occurred between 1865 and 1895 (Davis, 1983). Findings from Wells's research of the circumstances of 728 lynchings found that “only a third of the murdered Blacks were even *accused* of rape, much less guilty of it.” (Giddings, 1984, p. 28). Despite nullification, the racist legacy of the “Black man as rapist” myth endured.

The Tuskegee Syphilis Study, which began in 1932, offers yet another historical example of the intersection of racism and sexuality. In this infamous study, the U.S. Public Health Service in the name of “science” withheld treatment and allowed 400 Black men to suffer with, and in many cases die from, untreated syphilis over the course of 40 years (Brandt, 1978). Historian Allan Brandt (1978) has described how social Darwinist notions about the intrinsic biological and mental inferiority of Black people united with a preoccupation about “racial differences [that] centered on the sexual nature of [B]lacks” (p. 21). Brandt documented that physicians routinely wrote articles in prestigious medical journals such as the *Journal of the American Medical Association* in which they linked the increase in syphilis in Black communities to their perceptions of Black people's hypersexuality, lasciviousness, and general moral depravity. Demonstrating the tenacity of stereotypes at the intersection of race and gender, physicians emphasized Black men's sexually predatory, almost uncontrollable sexual urge for White women. As such, the Tuskegee Syphilis Study represents an amalgamation of 20th-century conceptualizations of race, sex, and disease (Brandt, 1978).

And as late as 1955, 14-year-old Emmett Till, a Black male teenager from Chicago who was visiting relatives in Money, Mississippi, was brutally murdered by two White men—later acquitted for murder by an all-White-male jury—for reportedly flirting with a White female shopkeeper; a claim that she recently admitted was false (Pérez-Peña, 2017). The decision of Mamie Till, the mother of Emmett Till, to hold an open-casket funeral to allow the nation to bear witness to the brutality of her son's murder galvanized the U.S. civil rights movement (Till-Mobley & Benson, 2003). Collectively, this selective history affirms that research on Black men's sexualities is not empirically neutral territory. The types of questions that researchers deem important to ask matter, as do the philosophical, political, and epistemic positions that researchers hold by virtue of the intersections of their group identities and social locations.

THE SOCIAL-STRUCTURAL CONTEXT OF BLACK MEN IN THE UNITED STATES

Like historical context, social-structural context is also vital to understanding what it means to be a Black man in the United States. We use the term *Black* to reflect a socially constructed taxonomy of people of African descent who typically (but not always) share certain phenotypic and hereditary characteristics, such as skin color, hair texture, and facial features. In light of abundant evidence that no genetic basis for race exists (Yudell, Roberts, DeSalle, & Tishkoff, 2016) and that more genetic differences exist within so-called racial groups than between them, we use *Black* to denote a socially meaningful rather than biologically meaningful category. In our review of the literature, we use the terms *Black* and *African American* interchangeably to reflect how researchers used these terms in the

literature. Although *African American* denotes an ethnic identity, research on Black men rarely makes ethnic distinctions (e.g., African American, African, Caribbean), a point that we revisit in the Discussion section.

Social-structural context describes social (e.g., cultural norms and values, intimate relationship dynamics), political (e.g., laws and policies), and economic (e.g., individual, household, and neighborhood socioeconomic status [SES]) factors that influence and constrain the health of individuals, communities, and societies (Blankenship, Bray, & Merson, 2000). The term *social-structural* deftly captures the interaction between the social (e.g., microaggressions) and the structural (e.g., historical and contemporary discrimination in incarceration, unemployment, and poverty).

Sexuality develops over the life course, not just in adulthood. However, to limit the scope of our review, we chose to focus on adult men only—specifically, Black cisgender men in the United States ages 18 and older. This group constitutes 12% of the U.S. population (U.S. Census Bureau, 2015) but is represented disproportionately in numerous adverse statistics. A few examples will suffice: The October 2016 unemployment rate for the general population was 4.9%; this included 4.1% for White men ages 20 and older but 8.7% for Black men 20 and older (U.S. Bureau of Labor Statistics, 2016). Black men represent 37% of those in state or federal prisons, compared with 32% of White men and 22% of Latino men (Carson, 2015). Finally, homicide, unintentional injuries, suicide, heart disease, cancer, and HIV/acquired immunodeficiency syndrome (AIDS) rank among the leading causes of death for Black males ages 15 and older (Centers for Disease Control and Prevention [CDC], 2015), prompting scholars to call Black men’s health “in many respects ... the poorest of any large population group in the U.S.” (Bonhomme & Young, 2009, p. 74). These statistics attest that social-structural inequality, rooted in the historical legacy of racism and White supremacy, is a fundamental part of being a Black man in the United States.

SEXUALITY AND BEHAVIORAL AND SOCIAL SCIENCE RESEARCH: CONCEPTUAL DEFINITIONS

Having grounded our work within the philosophic framework of epistemologies of ignorance and the historical and social-structural contexts of Black men in the United States, we now pivot to the goal of this article: the review and critique of the BSS research literature on Black men’s sexualities. For conceptual clarity, we define in this section the key terms—*sexuality* and *BSS research*—that inform our work.

The word *sexuality* is ubiquitous in daily parlance, theory, and research. And yet definitions of sexuality are surprisingly rare (e.g., see Lewis & Kertzner, 2003). Historically, biomedical discourses have conceptualized sexuality as an essential biological imperative or a medical problem—erectile dysfunction, for example (Tiefer, 1996). Public health discourses have historically conceptualized

sexuality in terms of sexual health, including primarily sexually transmitted infections (STIs) and reproduction (Giami, 2002). Sexuality and sexual health are inextricably linked, however; this is a point the World Health Organization (WHO) acknowledges in the preface to its 2006 definition of sexuality: “[S]exual health cannot be defined, understood, or made operational without a broad consideration of sexuality, which underlies important behaviors and outcomes related to sexual health.” The WHO’s working definition defines sexuality as

[a] central aspect of being human throughout the life course [that] encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (p. 5)

This expansive definition guided our decision to conduct a broad search of the BSS research literature using the keywords *sexuality* and *sexual**—a decision we detail in the Method section that follows. As for the definition of BSS, our work is focused specifically on behavioral and social science–related aspects of sexuality. Our work aligns with the Office of Behavioral and Social Sciences Research at the National Institutes of Health’s (2010) definition of these terms. Behavior “refers to overt actions [and] underlying psychological processes such as cognition, emotional, temperament, and motivation.” The social science aspect of the definition “encompasses sociocultural, socioeconomic, and sociodemographic status; [and refers to] ... the various levels of social context from small groups to complex cultural systems and societal influences.” Rather than confine our literature search to BSS disciplines (e.g., psychology, public health, sociology) or databases (e.g., PsycINFO), we chose instead to search broadly across disciplines and databases (e.g., PubMed) and then filter out research that although sexuality related (e.g., pharmacological treatment for erectile dysfunction) was not BSS in scope. We detail our search and categorization procedures in the Method section that follows.

GOALS OF THE CRITICAL REVIEW

The goal of this article is to describe and critique the selected BSS research literature on Black men’s sexualities. To this end, we use tables to summarize the literature by topics, populations (e.g., gay, bisexual, and men who have sex with men [GBMSM], heterosexual men), sample characteristics (e.g., Black men only, racially/ethnically diverse men), and methods used (e.g., quantitative, qualitative, mixed method). Next, informed by the epistemologies of ignorance framework, we briefly describe and critique the selected literature in terms of three research questions:

- RQ1:** Who or what is centered as normative?
- RQ2:** How does the “color-blinding” of White privilege in BSS research minimize or erase the historical and social-structural contexts of Black men’s lives and/or sexualities?
- RQ3:** How does the literature challenge and/or reify negative stereotypes about Black men’s sexualities?

Our work represents a critical literature review of selected BSS research on Black men’s sexualities, but it is not a systematic review of it. Systematic reviews adhere to a specific methodology with the explicit aim of reducing systematic error (bias) and providing a scientific summary of empirical knowledge on a topic (Petticrew & Roberts, 2006). By contrast, we aim to critique a selection of the BSS research literature within the context of intersectional epistemologies of ignorance, not synthesize all of the BSS research ever published on the topic of Black men’s sexuality.

We have organized this article into three sections. First, we describe the methods we used to select the BSS empirical peer-reviewed journal articles and highlight some of the limitations of our approach. Second, we briefly describe and then critique much of this literature in terms of the epistemologies of ignorance-informed research questions. Finally, in the Discussion section, we revisit the types of epistemologies of ignorance, consider some of the methodological implications of this research, highlight empirical gaps, and provide a list of 10 recommendations for avoiding intersectional epistemic ignorance in future BSS research on Black men’s sexualities.

METHOD: SEARCHING AND CATEGORIZING THE BSS RESEARCH LITERATURE

Reflexivity

Reflexivity, the explicit acknowledgment of the personal, political, disciplinary, and epistemic stances that inform and shape all aspects of the research process (Finlay, 2002), is a core principle of qualitative research. Representation, a related concept, describes the ethical considerations that qualitative researchers confront when they conduct research with people from historically marginalized groups, particularly when they do not share their group identities or social locations (Fine, Weis, Weseen, & Wong, 2000). Although the present work is not a qualitative study, issues of reflexivity and representation are nonetheless central to it. Thus, we begin this Method section with a brief section on our reflexivity.

We are a multidisciplinary research team committed to representing underrepresented groups in BSS research. Our intersectionality-informed BSS research has focused on Black heterosexual men in the context of HIV prevention (e.g., Bowleg, Burkholder, et al., 2013; Bowleg, Teti, et al., 2013; Bowleg, Teti, Massie, Patel, & Tschann, 2015) and Black lesbian, gay, and bisexual (LGB) people in the context of research on resilience, stress, and mental and physical health (e.g., Bowleg, 2013). Our highly educated research team is

diverse: two Black women and one Black man; two Latinas and one Latino man; and two White women; five of us identify as heterosexual and three as LGB.

Issues of representation shape our work and this critical review. We have considerable professional expertise on the topic of Black men’s sexualities and sexual health, but, with the notable exception of the Black man on our team, we are not Black men and lack experiential knowledge about what it means to be a Black man in the United States. We do, however, bring to our work an ethic of affirmation and recognition for Black men’s lives and experiences, and the historical and social-structural contexts that shape them. We also share a commitment to social justice and to representing Black men fairly and respectfully in the dissemination of our results.

Search Strategy

To identify articles for this review, we conducted a literature search of seven databases: PsycINFO, MEDLINE, Academic Search Complete, PubMed, JSTOR, Sociological Abstracts, and Social Sciences Citation Index. We conducted the literature review in two stages. First, we conducted Boolean searches to locate the terms *Sexuality* AND [*men* OR *males*] AND [*“African American”* OR *African-American* OR *Black* OR *Negro* OR *Negroes* OR *“Afro American”* OR *Afro-American* OR *Colored*]. We applied additional search filters if available in the Advanced Search features of each database (see Table 2). Informed by our HIV prevention research expertise, we presumed that much of the literature would be HIV/AIDS focused—concentrated primarily on topics such as sexual risk and condom use—and voluminous. Thus, we chose to select and compare articles published before 1981 (i.e., before the HIV/AIDS epidemic) and within the most recent decade (i.e., 2006–2016). The onset of the HIV/AIDS epidemic

Table 1. List of Abbreviations and Acronyms

Abbreviation	Definition
AIDS	acquired immunodeficiency syndrome
BHM	Black heterosexual men
BSS	behavioral and social science
CDC	Centers for Disease Control and Prevention
CSA	childhood sexual abuse
DL	“down low”
GBMSM	gay, bisexual, and men who have sex with men
GB	gay and bisexual
HIV	human immunodeficiency virus
IPV	intimate partner violence
LGB	lesbian, gay, and bisexual
LGBT	lesbian, gay, bisexual, and transgender
MSM	men who have sex with men
MSMW	men who have sex with men and women
NIH	National Institutes of Health
SES	socioeconomic status
STI	sexually transmitted infection
UAI	unprotected anal intercourse
WHO	World Health Organization
YMSM	young men who have sex with men

Table 2. Results From Each Database for Search Terms: Sexuality (Sexual*) AND [men OR males] AND [“African American” OR African-American OR Black OR Negro OR Negroes OR “Afro American” OR Afro-American OR Colored]

Database	Other Search Filters	First Term	< 1981	2006–2016
PsycINFO	Peer reviewed; English	<i>Sexuality</i>	4	168
MEDLINE	IN: Abstracts	<i>Sexual*</i>	57	1,910
Academic Search Complete ^a				
PubMed	English	<i>Sexuality</i>	2	68
	IN: Title/Abstract	<i>Sexual*</i>	29	1,429
JSTOR	Articles; English	<i>Sexuality</i>	2	23
	IN: Abstract	<i>Sexual*</i>	64	163
Sociological Abstracts	Peer reviewed;	<i>Sexuality</i>	5	57
	English	<i>Sexual*</i>	24	274
	IN: Abstract			
Social Sciences Citation Index	Article; English	<i>Sexuality</i>	0	231
	IN: Topic	<i>Sexual*</i>	5	2,316
Total unique titles	—	<i>Sexuality</i>	10	336
		<i>Sexual*</i>	148	3,429

^aPsycINFO, MEDLINE, and Academic Search Complete were searched concurrently via EBSCOhost Online Research Databases.

marks a pivotal era in national and global public health. Thus, orienting our time-frame choice around the HIV/AIDS epidemic was important in three ways. First, it facilitated our ability to compare the types of sexuality topics and populations that BSS researchers deemed to be important before and after the HIV/AIDS epidemic. Second, it reduced the copious number of post-HIV/AIDS articles that would have been available for review had we not imposed a time-frame limit. Finally, it honed our attention on the most contemporary BSS empirical literature on Black men’s sexualities, rather than the expansive 25-year span of BSS research conducted between 1981 and 2006.

After removing duplicates, this search yielded 346 unique titles. Upon further review, we found that the resulting list of articles had missed several relevant studies—including some of our team’s—focused on Black men’s sexuality but coded with other keywords (e.g., sexual scripts). Therefore, we conducted a second search in which we changed the search term *sexuality* to *sexual** and retained the other original search terms. This second search yielded a total of 3,577 articles, including all 346 from the first search.

Study Selection Criteria

Studies were included if they presented empirical results about BSS aspects of sexuality among Black men ages 18 and older in the United States. Eligible studies were those that focused exclusively on Black/African American men or presented results specifically for Black men. Studies in which Black men ages 18 and older comprised at least 75% of the sample were also included, even if the study did not specifically present results for Black men. Because our work focused explicitly on BSS research, we excluded studies that assessed only the biomedical or epidemiological aspects of sexuality. For example, we excluded studies on the effectiveness of pharmacological treatments for erectile dysfunction or STIs but included studies focused on the behavioral or psychosocial impact of these

treatments. Similarly, we excluded studies that presented only prevalence/incidence data (e.g., HIV/STIs) but included those that presented these data in the context of behavioral and psychosocial factors. Qualitative, quantitative, and mixed method studies were eligible for inclusion, while review (i.e., systematic literature reviews, meta-analyses), theoretical, and conceptual articles were not. We also excluded studies that (a) used non-U.S.-based samples; (b) focused on cisgender or transgender women only; (c) used adolescent (i.e., age 17 and younger) samples exclusively or primarily, unless the authors clearly differentiated and presented results for adults; and (d) did not include full texts of articles.

Study Selection and Coding Procedures

Before article selection, the second and third authors developed a guide for inclusion/exclusion decisions and discussed this guide with the selection and coding team (all coauthors except the primary author). First, the second author used this guide to assess eligibility based on study titles. At this stage, 1,672 articles were excluded, most frequently for being animal-based research ($n = 476$), using non-U.S.-based samples ($n = 328$), or focusing on women or adolescent samples only ($n = 294$ and $n = 240$, respectively).² Thereafter, we randomly selected 50 articles for review and met to discuss decisions, resolve discrepancies, and clarify inclusion/exclusion criteria. An 85% interrater agreement was established for these 50 articles. We then distributed one-third of the 1,855 remaining articles equally among reviewers for a single reviewer to decide inclusion/exclusion and identify the sexuality-related topics included in each article. Using the WHO’s (2006) working definition of sexuality as an organizing framework, we classified these articles into five broad categories: sexual violence; sexual experiences and expressions; sexual identities; cultural and social-structural influences; and sexual health and sexual risk.

Next, we distributed all of the articles equally among reviewers to finalize exclusion/inclusion decisions and

Table 3. Proportion Comparisons (Chi-Square) of Results From Searches Using Sexuality and Sexual* as Keywords

	Sexuality (n = 56)	Sexual* (n = 612)	Total (n = 668)	χ^2	p
By category					
Sexual violence	3 (5.4%)	48 (7.8%)	51 (7.6%)	0.42	.517
Sexual experiences	12 (21.4%)	114 (18.6%)	126 (18.9%)	0.26	.608
Sexual identities	28 (50%)	105 (17.2%)	133 (19.9%)	34.51	< .001
Cultural and social-structural influences	45 (80.4%)	290 (47.4%)	335 (50.1%)	22.32	< .001
Sexual health and risk	29 (51.8%)	530 (86.6%)	559 (83.7%)	45.43	< .001
By population					
GBMSM	35 (62.5%)	338 (55.2%)	373 (55.8%)	1.11	.292
Heterosexual	2 (3.6%)	88 (14.4%)	90 (13.5%)	5.12	.024
At risk	7 (12.5%)	119 (19.4%)	126 (18.9%)	1.60	.206
Other populations	19 (33.9%)	189 (30.9%)	208 (31.1%)	0.22	.643
By sample characteristics					
Only Black people, only men	21 (37.5%)	252 (41.2%)	273 (40.9%)	0.29	.590
Various races, only men	20 (35.7%)	214 (35%)	234 (35%)	0.01	.916
Only Black people, men, and women	5 (8.9%)	50 (8.2%)	55 (8.2%)	0.03	.856
Other samples	10 (17.9%)	96 (15.7%)	106 (15.9%)	0.19	.666

categorizations. We then reviewed all of the included articles again (89% of articles were reviewed by a team member other than the one who made the original decision), to confirm inclusion and categorization, and to summarize findings and methodological information (e.g., study population, percentage of Black men in the sample, method; see Tables 4 and 5). The second and/or third authors reviewed and resolved discrepancies in article inclusion and categorization. We excluded articles that did not present results relevant to BSS aspects of Black men's sexualities ($n = 682$) or were review, theoretical, or conceptual articles ($n = 234$). We read the texts of the articles (not just the abstracts) to extract key findings about Black men's sexualities. This resulted in the 668 articles included in this review.

Although our literature search was comprehensive, we reiterate that this is not a systematic review. There are at least four limitations to our approach. First, we did not perform two independent reviews of every article. Although doing so would have increased reliability, we lacked the resources to systematically review the large number of articles that our search yielded. Consequently, we may have inadvertently excluded articles that should have been included. Second, the sheer volume of articles reviewed (almost 700) necessitated that we substantially condense the findings of each article. Accordingly, we briefly describe samples and report selected main findings in the text, but due to space constraints omit other key details (e.g., values for statistical tests). Third, we do not cite every article found; doing so would have yielded a reference list exponentially longer than this article. Finally, it is possible that including the term *sexual** in our literature search may have biased our findings because articles on sexual health exceed those focused on other aspects of sexuality. For example, Table 3 compares the results of the search by the keywords *sexuality* and *sexual**. It shows that the *sexuality* keyword yielded significantly more articles in the "sexual identities" and "cultural and social-structural influences" categories, and significantly fewer articles for the "sexual health and risk" category and for heterosexuals. These findings underscore two trends in BSS research: the

conflation of sexuality and LGB sexual identity; and the separation of sexual health from sexuality, despite the WHO's (2006) acknowledgment that "sexual health cannot be defined, understood, or made operational without a broad consideration of sexuality." Although using *sexual** as a keyword increased the number of articles in the sexual health and sexual risk category, it also identified more articles for the other categories in this review than the keyword *sexuality* alone. This facilitated a more comprehensive overview of the BSS empirical literature on Black men's sexualities.

A CRITICAL REVIEW OF THE BSS RESEARCH LITERATURE ON BLACK MEN'S SEXUALITIES

Methodological Characteristics of Studies/Articles³

Table 4 presents a summary of the methodological characteristics of the articles included in this review and includes the number of articles with each type of sample, the mean and range sample size, and the percentage (mean and range) of Black men in studies that did not use samples of Black men only. This information is presented across all 668 articles as well as by population. The last three columns present the sample and population by methodological approach. More than half of all studies focused on GBMSM (56%). In terms of demographic sample type, approximately 40% of the studies included exclusively Black male samples; and 35% used samples that included Black men and men from other racial/ethnic groups, White men most frequently. Most studies were quantitative (73%), 22% were qualitative, and 5% were mixed methods.

Organization and Presentation of Findings

We organized the findings into five broad categories ranked from low to high: sexual violence (8%); sexual experiences and expressions (19%); sexual identities (20%); cultural and social-structural influences (50%); and

Table 4. *Sample Breakdown by Population and Methodological Approach*

	All Studies	Quantitative Methods	Qualitative Methods	Mixed Methods
All studies	668 (100%)	n = 488 (73.0%)	n = 145 (21.7%)	n = 35 (5.2%)
Only Black people, only men	273 (40.9%)	162 (59.3%)	92 (33.7%)	19 (7.0%)
Sample size mean (range)	280 (1–2038)	437 (22–2,038)	32 (1–105)	144 (16–556)
Various races, only men	234 (35.0%)	196 (83.8%)	28 (12.0%)	11 (4.7%)
Sample size mean (range)	2,199 (17–84,170)	2,484 (46–84,170)	56 (17–150)	2,363 (30–10,403)
% of Black men mean (range)	36.0% (3.2%–92.3%)	34.7% (3.2%–90.4%)	43.8% (10.4%–92.3%)	39.5% (3.8%–83.3%)
Only Black people, men and women	55 (8.2%)	46 (83.6%)	10 (18.2%)	1 (1.8%)
Sample size mean (range)	723 (19–10,783)	877 (27–10,783)	67.8 (19–144)	172 (N/A)
% of Black men mean (range)	48.7% (25.9%–80.0%)	47.5% (25.9%–80.0%)	54.0% (47.2%–72.2%)	41.9% (N/A)
Other samples ^a	106 (15.9%)	84 (79.2%)	16 (15.1%)	4 (3.8%)
Sample size mean (range)	4,418 (2–118,670)	5,297 (2–118,670)	76 (15–196)	2,473 (68–7,883)
% of Black men mean (range)	33.2% (1.6%–97.0%)	30.4% (1.6%–97.0%)	47.3% (13.6%–93.0%)	27.1% (22.5%–31.6%)
GBMSM	n = 373 (55.8%)	n = 269 (72.1%)	n = 87 (23.3%)	n = 17 (4.6%)
Only Black people, only men	167 (44.8%)	102 (61.1%)	57 (34.1%)	8 (4.8%)
Sample size mean (range)	330 (1–2,038)	518 (22–2,038)	30 (1–105)	99 (22–234)
Various races, only men	184 (49.3%)	154 (83.7%)	21 (11.4%)	9 (4.9%)
Sample size mean (range)	1,951 (17–24,787)	2,185 (46–24,787)	53 (17–120)	2,388 (57–10,403)
% of Black men mean (range)	33.5% (3.2%–92.3%)	32.5% (3.2%–86.8%)	41.1% (10.4%–92.3%)	34.3% (3.8%–83.3%)
Other samples	20 (5.4%)	11 (55.0%)	9 (45.0%)	0
Sample size mean (range)	472 (15–2,733)	795 (158–2,733)	76 (15–196)	N/A
% of Black men mean (range)	60.8% (7.7%–94.0%)	58.3% (7.7%–94.0%)	65.8% (14.9%–93%)	N/A
Heterosexual	n = 90 (13.5%)	n = 60 (66.7%)	n = 21 (23.3%)	n = 9 (10.0%)
Only Black people, only men	44 (48.9%)	25 (56.8%)	12 (27.3%)	7 (15.9%)
Sample size mean (range)	348 (11–2,038)	536 (57–2,038)	43 (11–94)	198 (30–556)
Various races, only men	18 (20.0%)	15 (83.3%)	2 (11.1%)	1 (5.6%)
Sample size mean (range)	1,032 (29–8,345)	1,233 (119–8,345)	30 (29–31)	30 (N/A)
% of Black men mean (range)	62.3% (22.0%–81.5%)	62.3% (22.0%–81.5%)	54.6% (48.3%–61.0%)	77.0% (N/A)
Only Black people, men and women	14 (15.6%)	10 (71.4%)	4 (28.6%)	0
Sample size mean (range)	315 (27–1,070)	417 (72–1,070)	62 (27–142)	N/A
% of Black men mean (range)	48.1% (35.1%–71.9%)	47.4% (35.1%–71.9%)	49.6% (47.2%–54.9%)	N/A
Other samples	14 (15.6%)	10 (71.4%)	3 (21.4%)	1 (7.1%)
Sample size mean (range)	2,947 (2–28,184)	4,092 (2–28,184)	86 (62–122)	76 (N/A)
% of Black men mean (range)	31.5% (9.9%–50.0%)	34.0% (9.9%–50.0%)	24.2% (17.6%–37.1%)	31.6% (N/A)
At risk	n = 126 (18.9%)	n = 105 (83.3%)	n = 19 (15.1%)	n = 2 (1.6%)
Only Black people, only men	52 (57.8%)	38 (73.1%)	13 (25.0%)	1 (1.9%)
Sample size mean (range)	210 (16–2,038)	274 (68–2,038)	37 (16–105)	16 (N/A)
Various races, only men	34 (37.8%)	30 (88.2%)	3 (8.8%)	1 (2.9%)
Sample size mean (range)	587 (64–4,740)	645 (81–4,740)	84 (64–94)	346 (N/A)
% of Black men mean (range)	49.2% (8.6%–90.4%)	49.5% (8.6%–90.4%)	46.7% (25.5%–89.0%)	47.4% (N/A)
Only Black people, men and women	16 (17.8%)	15 (93.8%)	1 (6.3%)	0
Sample size mean (range)	442 (19–1,343)	471 (72–1,343)	19 (N/A)	N/A
% of Black men mean (range)	53.9% (35.9%–80.0%)	53.1% (35.9%–80.0%)	63.2% (N/A)	N/A
Other samples	24 (26.7%)	22 (91.7%)	2 (8.3%)	0
Sample size mean (range)	9,176 (24–118,670)	10,045 (80–118,670)	45 (24–65)	N/A
% of Black men mean (range)	40.4% (10.6%–93.4%)	37.1% (10.6%–93.4%)	64.2% (50.0%–78.5%)	N/A
Other populations	n = 208 (31.1%)	n = 152 (73.1%)	n = 45 (21.6%)	n = 11 (5.3%)
Only Black people, only men	71 (34.1%)	38 (53.5%)	28 (39.4%)	5 (7.0%)
Sample size mean (range)	235 (6–1,865)	402 (47–1,865)	28 (6–90)	127 (22–378)
Various races, only men	40 (19.2%)	34 (85.0%)	5 (12.5%)	1 (2.5%)
Sample size mean (range)	3,787 (26–84,170)	4,314 (119–84,170)	66 (26–150)	4,470 (N/A)
% of Black men mean (range)	36.4% (3.2%–92.3%)	33.3% (3.2%–89.3%)	54.5% (33.3%–92.3%)	49.0% (N/A)
Only Black people, men and women	30 (14.4%)	27 (90.0%)	6 (20.0%)	1 (3.3%)
Sample size mean (range)	863 (20–10,783)	1,094 (27–10,783)	92 (20–144)	4,470 (N/A)
% of Black men mean (range)	47.1% (25.9%–72.2%)	45.2% (25.9%–63.8%)	54.2% (47.2%–72.2%)	49.0% (N/A)
Other samples	67 (32.2%)	57 (85.1%)	6 (9.0%)	4 (6.0%)
Sample size mean (range)	3,545 (15–44,165)	3,987 (106–44,165)	64 (15–125)	2,473 (68–7,883)
% of Black men mean (range)	28.1% (1.6%–97.0%)	24.7% (1.6%–97.0%)	52.1% (13.6%–92.6%)	27.1% (22.5%–31.6%)

^aOther samples include studies using samples of both men and women of different race/ethnicities, couples-based research, parent/child dyadic research, sexual networks, and key informants.

Table 5. Summary of Methodological Characteristics of Studies by Category

	All Studies	Quantitative Methods	Qualitative Methods	Mixed Methods
Sexual violence	n = 51 (7.6%)	n = 44 (86.3%)	n = 6 (11.8%)	n = 1 (2.0%)
Population of interest				
GBMSM	20 (39.2%)	17 (85.0%)	3 (15.0%)	0 (N/A)
Heterosexual people	11 (21.6%)	10 (90.9%)	1 (9.1%)	0 (N/A)
At risk ^a	11 (21.6%)	9 (81.8%)	2 (18.2%)	0 (N/A)
Other populations ^b	20 (39.2%)	17 (85.0%)	2 (10.0%)	1 (5.0%)
Sample breakdown				
Only Black people, only men	21 (41.2%)	17 (81.0%)	4 (19.0%)	0 (N/A)
Various races, only men	17 (33.3%)	15 (88.2%)	1 (5.9%)	1 (5.9%)
Only Black people, men and women	2 (3.9%)	2 (100%)	0 (N/A)	0 (N/A)
Other samples ^c	11 (21.6%)	10 (90.9%)	1 (9.1%)	0 (N/A)
Sexual experiences	n = 126 (18.9%)	n = 93 (73.8%)	n = 30 (23.8%)	n = 3 (2.4%)
Population of interest				
GBMSM	60 (47.6%)	46 (76.7%)	13 (21.7%)	1 (1.7%)
Heterosexual people	18 (14.3%)	11 (61.1%)	6 (33.3%)	1 (5.6%)
At risk	24 (19.0%)	21 (87.5%)	3 (12.5%)	0 (N/A)
Other populations	46 (36.5%)	33 (71.7%)	11 (23.9%)	2 (4.3%)
Sample breakdown				
Only Black people, only men	46 (36.5%)	29 (63.0%)	16 (34.8%)	1 (2.2%)
Various races, only men	44 (34.9%)	37 (84.1%)	7 (15.9%)	0 (N/A)
Only Black people, men and women	12 (9.5%)	7 (58.3%)	5 (41.7%)	0 (N/A)
Other samples	24 (19.0%)	20 (83.3%)	2 (8.3%)	2 (8.3%)
Sexual identity	n = 133 (20.1%)	n = 72 (53.7%)	n = 59 (44.0%)	n = 3 (2.2%)
Population of interest				
GBMSM	114 (85.7%)	61 (53.5%)	50 (43.9%)	3 (2.6%)
Heterosexual people	12 (9.0%)	7 (58.3%)	5 (41.7%)	0 (N/A)
At risk	15 (11.3%)	7 (46.7%)	8 (53.3%)	0 (N/A)
Other populations	25 (18.8%)	11 (44.0%)	13 (52.0%)	1 (4.0%)
Sample breakdown				
Only Black people, only men	75 (56.0%)	30 (40.0%)	43 (57.3%)	2 (2.7%)
Various races, only men	45 (33.6%)	34 (75.6%)	10 (22.2%)	1 (2.2%)
Only Black people, men and women	3 (2.2%)	2 (66.7%)	1 (33.3%)	0 (N/A)
Other samples	11 (8.2%)	6 (54.5%)	5 (45.5%)	0 (N/A)
Cultural/social-structural influences	n = 335 (50.1%)	n = 210 (62.7%)	n = 100 (29.9%)	n = 25 (7.5%)
Population of interest				
GBMSM	192 (57.3%)	121 (63.0%)	61 (31.8%)	10 (5.2%)
Heterosexual people	44 (13.1%)	21 (47.7%)	15 (34.1%)	8 (18.2%)
At risk	57 (17.0%)	43 (75.4%)	14 (24.6%)	0 (N/A)
Other populations	104 (31.0%)	65 (62.5%)	31 (29.8%)	8 (7.7%)
Sample breakdown				
Only Black people, only men	169 (50.4%)	87 (51.5%)	69 (40.8%)	13 (7.7%)
Various races, only men	100 (29.9%)	73 (73.0%)	19 (19.0%)	8 (8.0%)
Only Black people, men and women	26 (7.8%)	19 (73.1%)	6 (23.1%)	1 (3.8%)
Other samples	40 (11.9%)	31 (77.5%)	6 (15.0%)	3 (7.5%)
Sexual health and Sexual risk	n = 559 (83.7%)	n = 422 (75.5%)	n = 107 (19.1%)	n = 30 (5.4%)
Population of interest				
GBMSM	320 (57.2%)	242 (75.6%)	64 (20.0%)	14 (4.4%)
Heterosexual people	81 (14.5%)	53 (65.4%)	20 (24.7%)	8 (9.9%)
At risk	115 (20.6%)	97 (84.3%)	16 (13.9%)	2 (1.7%)
Other populations	154 (27.5%)	120 (77.9%)	25 (16.2%)	9 (5.8%)
Sample breakdown				
Only Black people, only men	230 (41.1%)	145 (63.0%)	68 (29.6%)	17 (7.4%)
Various races, only men	201 (36.0%)	174 (86.6%)	18 (9.0%)	9 (4.5%)
Only Black people, men and women	48 (8.6%)	38 (79.2%)	9 (18.8%)	1 (2.1%)
Other samples	80 (14.3%)	65 (81.3%)	12 (15.0%)	3 (3.8%)

^aAt-risk populations include populations such as drug users, PLWHA, incarceration, and homeless populations.

^bOther populations include, for example, general population, college students, military/veterans.

^cOther samples include studies using samples of both men and women of different race/ethnicities, couples-based research, parent/child dyadic research, sexual networks, and key informants.

sexual health and sexual risk (84%) (see Table 5 for a summary of methodological characteristics of studies by category). In addition to these non-mutually exclusive categories, we used subcategories to facilitate the presentation of findings. Rather than describing every article, a task made impossible by the sheer volume of research that we found, we selected key categories and subcategories to critique pursuant to our three epistemologies of ignorance informed research questions. We include critiques for most of the categories and subcategories that follow, but not all of them. This is because research in several of the categories and subcategories that follow (e.g., cultural and social-structural influences, sexual health and sexual risk)—particularly research published in the past decade—tends to avoid intersectional epistemic ignorance by centering the experiences of Black men; prioritizing cultural and social-structural context; and interrogating and critiquing, rather than reinforcing negative stereotypes about Black men's sexuality.

Sexual Violence. The WHO's (2006) working definition of sexual health obliquely references sexual violence with its assertion that "pleasurable and safe sexual experiences [should be] free of coercion, discrimination and violence." Sexual violence was the smallest category of our search ($n = 51$, 8%). We found research focused on Black men's experiences as (a) perpetrators of interpersonal violence, including sexual violence, and (b) as victims of childhood sexual abuse (CSA).

Perpetration of sexual violence. Pre-1981, we found a 1975 study that showed Black men who committed sex offenses were more likely than their White counterparts to commit rape using vaginal intercourse and force, and to select adult female victims (Kirk, 1975). Although further analyses showed that the statistically significant racial differences "disappeared when occupation was statistically controlled" (p. 301), the study's title highlighted only the racial differences. Between 2006 and 2016, we found quantitative studies that showed men who perpetrated interpersonal violence (IPV), including sexual violence, were more likely to be Black and Latino than White (Ramisetty-Mikler, Caetano, & McGrath, 2007; Spencer, Renner, & Clark, 2016). A consistent result of quantitative studies with Black and Latino heterosexual men is that men who report IPV are more likely than those who do not to report inconsistent condom use with female partners (Frye et al., 2011); forcing sex without a condom (Raj, Reed, Welles, Santana, & Silverman, 2008; Raj et al., 2006); having fathered three or more children (Raj et al., 2006); and having a recent STI/HIV diagnosis and unprotected anal intercourse (UAI) with female partners (Raj, Reed, Welles, et al., 2008).

From a racialized epistemologies of ignorance perspective, the color-blinding of Whiteness in research on sexual violence typically individualizes White men's sexual violence and racializes Black men's sexual violence. White privilege and supremacy have historically structured the

definition of rape to exclude sexual violence perpetrated by White men (Block, 1999). For example, White slave-owning men routinely raped Black women with impunity because Black women were legally considered property. Postslavery, White men were less likely to be prosecuted for raping Black women (Block, 1999; Nagel, 2004). After the Civil War and the end of slavery, White people's fears and hysteria that freed Black men would seek revenge for slavery by raping White women proliferated, providing sanction for terrorism, such as the Ku Klux Klan's violence and the routine lynchings of Black men accused or convicted of rape (McGruder, 2010; Nagel, 2004). Research that ignores the historical legacy of how rape has been structured racially in the United States bolsters White supremacy by positioning White men as morally superior and framing Black men as sexually violent and predatory.

Because men commit the vast majority of sexually violent crimes against women, we found (presumably heterosexual) men to be the focus of most of the research on sexual violence. This heteronormative construction of men's sexual violence obscures empirical knowledge about heterosexual men's perpetration of sexual violence against men and transgender people, and GBMSM's perpetration of same-sex sexual violence. This empirical void on Black GBMSM's perpetration of sexual violence in the literature that we found may also reflect stereotypical notions of Black GBMSM as feminine (Collins, 2005; West, 1993), thereby centering sexual violence as a "masculine" crime relegated to "real" (i.e., heterosexual) men.

Childhood sexual abuse. We found several studies—most focused on Black GBMSM—that examined CSA as a correlate of sexual risk. Among them were qualitative studies in which Black GBMSM associated their experiences as CSA survivors to their same-sex sexual behaviors or adult GBMSM sexual identities (Fields, Malebranche, & Feist-Price, 2008), as well as their nongay sexual identities (e.g., MSM) and/or adult sexual identity confusion (Payne et al., 2014). Comparisons of GBMSM by race/ethnicity found that Black GBMSM were less likely than their Latino or White counterparts to feel presently affected by CSA but were more likely to discuss their experiences of CSA within the context of hypersexuality and substance use behaviors (Payne et al., 2014). Quantitative studies showed that Black and Latino MSM reported more CSA experiences than White men (Feldman & Meyer, 2007; Phillips et al., 2014) and, consequently, more adult IPV and substance use (Amos et al., 2008; Welles et al., 2009).

Viewed from an intersectional epistemic ignorance frame, these studies center the experiences of men who are White and heterosexual as normative, thereby serving to erase knowledge about how CSA is racially, sexually, and socioeconomically structured. With no critical attention to structure, many BSS studies on Black men's experiences with CSA centralize the crime of CSA within its victims:

Black GBMSM. This in turn frames CSA as an explanation for becoming or identifying as GBMSM rather than as a sexual crime against Black boys (Welles, Corbin, Rich, Reed, & Raj, 2011). We found no CSA studies focused on Black heterosexual men (BHM). Epistemologically speaking, this absence is also insightful. From an intersectional epistemic of ignorance perspective, the lack of CSA research with BHM implicitly positions Black men's heterosexuality as superior and normative, and pathologizes being or identifying as GBMSM. Reflecting the intersection of internalized racism and heterosexism, studies documented that some Black GBMSM participants attributed their social locations as GBMSM to CSA (Fields et al., 2008; Payne et al., 2014), an attribution buttressed by the implicit and heteronormative beliefs that same-sex behaviors and LGB identities are unnatural and/or abnormal.

Sexual Experiences and Expressions. In line with the WHO's (2006) definition that "sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships," we classified studies that addressed any of these areas of experiences and expressions into three subcategories: sexual attitudes and sexual "permissiveness"; sexual behaviors (non-sexual risk related); and sexual satisfaction and pleasure. BSS research on sexual experiences and expressions was relatively rare (19%; $n = 126$ of all articles).

Sexual attitudes and sexual "permissiveness". Upholding generations of historical racialized and gendered stereotypes about the sexual deviance of Black men, pre-1981 studies found that, compared with White men and women and Black women, Black men had more liberal sexual attitudes, and engaged in sexual behaviors such as losing their virginity at earlier ages (e.g., Hohman & Schaffner, 1947; Sutker & Gilliard, 1970) and premarital sex (Christensen & Johnson, 1978; Staples, 1978). Although the Christensen and Johnson (1978) study compared data collected in 1968 on premarital sex and "sexual permissiveness" from both Southern Black and White students at a Midwestern university and those at a Swedish university, the title mentioned the Black students only—"Premarital Coitus and the Southern Black: A Comparative View"—reinforcing stereotypical notions about Black hypersexuality and centering Whiteness and heterosexuality as both normative and morally superior. Moreover, the study noted gender differences within the Black sample with "Black males inclining toward the permissive Scandinavian model and Black females resembling the more conservative American model" (p. 721). The mention of a "permissive Scandinavian model" is an interesting rhetorical device in the sense that it did not implicate Swedes as being sexually permissive, just the Black people in the sample.

Although separated by at least 25 years, the BSS research literature in the 2006–2016 decade continued the trend of racial/ethnic and gender comparisons to document that, compared with White men and men from other racial/ethnic

groups, Black men were more likely to report ever having had vaginal intercourse, to initiate sexual activity at younger ages (Davidson, Moore, Earle, & Davis, 2008; Ompad et al., 2006), to report more positive attitudes about premarital sexual intercourse (Davidson et al., 2008), to be more sexually liberal in terms of their attitudes about and reported engagement in premarital or recreational sex (Davidson et al., 2008; Sprecher, Treger, & Sakaluk, 2013), and to report less guilt about their first sexual experiences (Davidson et al., 2008).

Viewed exclusively from the vantage point of Black men rather than standpoint of European "pseudo-science," which has long has defined Black men as sexually lascivious (McGruder, 2010; Nagel, 2004), much of this research affirms that many Black men have positive and healthy attitudes toward sex. This contrasts starkly with the negativity, shame, and guilt that characterizes conventional Judeo-Christian approaches to nonprocreative sex.

Sexual behaviors. Non-sexual-risk-focused research on sexual behaviors was relatively rare in BSS research, both pre-1981 and in the past decade. We identified racial/ethnic comparison studies documenting that Black men (sexual identity unspecified) were less likely than White or Latino men to have received or performed oral sex (Bui, Marhefka, & Hoban, 2010; Ompad et al., 2006), to have engaged in solo or partnered masturbation (Dodge et al., 2010), and to report anal sex with women (Javanbakht, Guerry, Gorbach, Stirland, & Chien, 2010; Pastuszek et al., 2016). The BSS research on Black men's sexual attitudes and behaviors highlights an interesting double bind: Black men have sexually liberal attitudes but are sexually conservative behavior-wise. Collectively, this research illustrates that, regardless of what Black men do or don't do sexually (or are perceived of doing or not doing), Black men's sexualities are socially constructed as problematic in comparison to White men's.

Sexual satisfaction and sexual pleasure. One of the most noteworthy findings of our search is how little Black men's sexual satisfaction and pleasure featured in BSS research prior to 1981, as well as in the past decade. Our search yielded a 2015 study in which the authors explicitly stated their desire to counter negative "stereotypes about Black men [as] lacking affection and emotional intimacy in their sexual encounters with other men" (Calabrese, Rosenberger, Schick, & Novak, 2015, p. 2005). Although Black GBMSM represented just 4% of the sample, the racially/ethnically diverse study nonetheless centered their experiences as normative. Results showed that compared with those who last reported sex with casual or new partners, Black GBMSM who reported sex with main partners were significantly more likely to report orgasms and very pleasurable experiences, and that they kissed, cuddled, felt loved by, and felt love for their sexual partners. A qualitative study with BHM of Caribbean descent found that participants discussed both STI protection and pleasure as

fundamental dimensions of sexual health. Describing a sexually pleasurable experience with a woman who was not his primary partner, one participant defined it as sexually healthy because it felt “good [and I] was able to just release and just be myself” (Crowell, Delgado-Romero, Mosley, & Huynh, 2016, p. 896).

The fact that our search found so few studies on sexual satisfaction and pleasure illustrates the prominence of biomedical and public health discourses in conceptualizing sexuality primarily in narrow and problem-focused terms. Empirical knowledge about the problematic aspects of Black men’s sexuality (e.g., CSA experiences, STI/HIV risk) is voluminous. Yet we know far less about how Black men experience and express sexual satisfaction and pleasure, or how knowledge about these experiences could inform interventions that simultaneously address STI/HIV protection and sexual satisfaction and pleasure.

Beyond challenging negative stereotypes about Black men as primarily hypersexual and hedonistic, the Calabrese et al. (2015) study also introduced the concept of love between Black men. This contrasts dramatically from conventional cultural representations of Black men. There is a substantial scholarly and empirical literature about Black men as sexual beings, but empirical examinations about love between Black men (and also between Black men and women, our search reveals) is scarce. Thirty years ago, Joseph Beam (1986), the Black gay male editor of the first anthology of Black gay men’s writing, eloquently articulated why Calabrese et al.’s mention of love between Black GBMSM remains radical: “Black men loving Black men is the revolutionary act of the eighties ... but because as Black men we were never meant to be together—not as father and son, brother and brother—and certainly not as lovers” (p. 242). Demonstrating how vital social-structural context is to the lives of Black GBMSM then (and still), Beam also acknowledged that “[u]nemployment, substance abuse, self hatred, and the lack of positive images are but some of the barriers to our loving” (p. 242).

We found another study that highlighted how a sample of U.S.-based Black Caribbean men’s definitions of sexual health differed from researchers’ definitions (Crowell et al., 2016). Although the study’s authors framed the participants’ prioritization of sexual pleasure without condoms and nonprimary partners as “unhealthy behavior” (p. 869), participants conceptualized sexual health as including *both* protection from STI/HIV and giving and receiving sexual pleasure with “no bounds or limits” (p. 869). The study highlights an interesting paradox. Discursively, some participants constructed their social reality as one where unprotected sex was sexually healthy because it felt good. This discourse differed from the researchers’ public health discourses which centered and prioritized “monogamy” and “protected sex” as normative and rational—values implicitly linked to Whiteness and middle-class status (Mays & Cochran, 1988). Viewed from an intersectional epistemologies of ignorance perspective, the study prioritizes sexual risk and pays little attention to the cultural, political,

structural, and sexual realities of Black communities (Cochran & Mays, 1993), and minimizes the impact that social-structural inequities (e.g., mass incarceration, unemployment, housing instability, poverty) have in shaping the lives of many Black men in the United States. Awareness of these contexts may better explain why some Black men may conceptualize unprotected sexual pleasure as a rational choice and, in turn, inform gender and culturally tailored interventions that prioritize both sexual pleasure and STI/HIV protection.

Sexual Identities. Sexual identities describe how people conceptualize and label themselves as sexual beings in terms of their romantic and sexual attractions and/or experiences. We found no articles focused on Black men’s sexual identities pre-1981. By contrast, in the past decade BSS research on Black GBMSM identities—but not heterosexual identities—has proliferated. This most likely reflects the disproportionate rates of HIV/AIDS among Black GBMSM, greater acceptability of LGBT research in BSS disciplines, and an increase in the number of Black gay and bisexual men who are BSS researchers. We found 133 studies on this topic (20%) that we classified into three subcategories: MSM and “down low” (DL); coming out/disclosing same-sex behavior to others; and the cultural contexts of sexual identities for Black GBMSM.

MSM and down low. Challenging the DL myth that Black MSM are more likely to identify as heterosexual compared with men from other racial/ethnic groups, some research has found that Black men are not more likely than White men to identify as heterosexual (e.g., Jeffries, 2009). A study with Black MSM found that roughly equivalent numbers (41%) identified as gay and bisexual, while only 11% identified as DL and 8% identified as heterosexual (Rutledge, Jemmott, O’Leary, & Icard, 2016). By contrast, results from quantitative studies that examined DL within the context of sexual risk showed that compared with White and Latino MSM, Black MSM were more likely to identify as DL, less likely than non-DL-identified MSM to report more sexual partners in the past 30 days, and more likely to report unprotected sex with female partners (Wolitski, Jones, Wasserman, & Smith, 2006). By contrast, another study showed DL identification was not associated with either unprotected anal or vaginal sex with female or male partners (Bond et al., 2009). A qualitative study with Black MSM and MSMW showed that men constructed the DL as masculinity performance (i.e., not acting “gay”) rather than as a response to homophobia in Black communities, a rejection of stereotypes of gay men, a reaction to racism in mainstream LGB communities, and a way to minimize discrimination at the intersection of race and sexual identity (Han, Rutledge, Bond, Lauby, & LaPollo, 2013).

Our review of research on MSM and the DL highlighted how sexual identities are socially constructed and, in the case of Black men, racialized. In centering the experiences of White GB-identified men as normative, the DL

pathologizes non-GB-identified Black MSMW, and reinforces stereotypes of Black men as hypersexual, deceitful, deviant, and immoral (Ford, Whetten, Hall, Kaufman, & Thrasher, 2007; Saleh & Operario, 2009). Intersectional epistemologies of ignorance maintain White superiority in three ways. They ignore (a) the history of secret networks of White DL men or conceptualize them as resilient in the face of homophobia (Ford et al., 2007); (b) social-structural factors (e.g., poverty, racism, homophobia, racialized stereotypes) that may shape MSM and DL identities (Ford et al., 2007; Saleh & Operario, 2009); and (c) culturally specific knowledge, norms, and attitudes about Black sexuality (Ford et al., 2007; Saleh & Operario, 2009).

Disclosure of same-sex behaviors. Our search yielded several studies that examined the complexities and challenges that Black GBMSM men confront about whether to disclose their same-sex behaviors to sexual partners, family members, friends, or health care providers, and the factors that influenced disclosure. In a qualitative study with Black MSMW, most participants said that it was easier to disclose their bisexual identity or behaviors to men than to women (Dodge, Jeffries, & Sandfort, 2008). The partner's sexual identity was also relevant, such that it was easier to disclose to other bisexual men (and women) than to gay men or heterosexual women (Dodge et al., 2008). We also found quantitative studies showing that, compared with White MSMW, Black MSMW were significantly less likely to disclose their same-sex behaviors to female sex partners (Shearer, Khosropour, Stephenson, & Sullivan, 2012); that compared with White, Latino, or Asian/Pacific Islander GBMSM, Black GBMSM were less likely to be out to family members or other important people (Gro, Bimbi, Nan, & Parsons, 2006); and that Black MSM, compared with White MSM, were less likely to disclose their sexual identity to health care providers (Petroll & Mosack, 2011). Disclosure of sexual activity is an important step in HIV risk reduction, but it is not an HIV risk reduction strategy in and of itself. As such, much of the disclosure-focused research reflects the primacy of public and biomedical discourses in HIV prevention research. It also reflects the vantage point of the White middle-class mainstream LGB movement that champions coming out about same-sex behaviors or LGB identity and frames nondisclosure as psychologically immature or immoral (Rust, 2003).

Sexual identities in cultural context. Our search found qualitative studies—all focused exclusively on Black GBMSM—that explored intersectional experiences relevant to multiple social identities/locations (e.g., race, gender, sexual identity) and related discrimination, primarily racism and heterosexism. Among them were studies with urban Black GBMSM that documented challenges such as negotiating the intersection of sexual and racial identities; racism in White communities, including White LGB communities; and homophobia in general, and from Black communities in particular (Bowleg, 2013; Choi, Han, Paul, & Ayala, 2011;

Green, 2007; Han et al., 2013; Hunter, 2010). Analyses of Black MSM's experiences with sexual identity, race, and neighborhoods highlighted the tension of living in predominantly Black neighborhoods where men felt "at home" versus predominantly White, gay, middle-class neighborhoods where they could be open about their sexuality (Egan et al., 2011). For Black MSM at predominantly White universities, acceptance or appraised risk of rejection influenced the extent to which they identified as GBMSM. Many reported their race, gender, and religious beliefs to be more important aspects of their identities than their sexual and class identities (Goode-Cross & Good, 2009). A key finding from qualitative interviews with young Black MSM is the rigid cultural expectation that Black men should be heterosexual motivated many Black MSM to conceal their sexual identities (Fields et al., 2015; Rhodes et al., 2011). Participants theorized that the stress associated with concealing their sexual identities was a potential pathway to HIV/STI because it facilitated social isolation and low self-esteem; limited access to HIV prevention messages and parental assistance with healthy sexual development; and blocked access to HIV prevention messages, including those from parents (Fields et al., 2015). Interviews with GBMSM in which several participants noted the importance of privacy for same-sex sexual behaviors suggests that some Black MSM may perceive privacy about same-sex behaviors to be culturally normative (Operario, Smith, & Kegeles, 2008).

Cultural and Social-Structural Influences. Much BSS research on sexuality reflects biomedical, psychosocial, and biobehavioral paradigms. Historically, these models have prioritized the individual as the primary unit of analysis, obscuring the impact of culture context (e.g., religion, masculinity norms) and social-structural (e.g., poverty, prejudice, and discrimination) on health and behavior (Weber & Parra-Medina, 2003). With the exception of religion and/or spirituality, research on the impact of cultural and social-structural influences on Black men's sexualities was rare before 1981. In the past decade, however, cultural and social-structural influences on Black men's sexuality—the vast majority of it in the context of HIV/AIDS—have been a prominent focus. We found 335 (50%) studies on this topic. Because this quantity exceeds the scope of our critical review, we highlight five major subcategories: religion and spirituality; social-structural factors; racial discrimination, stigma, and homophobia; masculinity; and stereotypes.

Religion/spirituality. Pre-1981, we found three racial/ethnic and gender comparison studies that examined the role of religiosity and "premarital sexual permissiveness" and found that religiosity was more strongly associated with less sexual permissiveness for White people (particularly women) than for Black men and women (Christensen & Johnson, 1978; Reiss, 1964; Staples, 1978). Robert Staples (1978), one of the most prominent Black sexuality scholars,

contextualized his study's results in terms of the different roles that the Church has historically played in Black and White communities by noting that Black slaves did not adopt the puritanical traditions that governed the religious traditions of their White slave owners.

In the past decade (i.e., 2006–2016), research on religion and spirituality in the context of the sexuality of BHM and GBMSM has flourished. Qualitative research with BHM found that a minority of participants associated their religion/spirituality with fewer sexual risk behaviors (e.g., more consistent condom use, fewer sexual partners, not consuming alcohol prior to sex) (Corneille, Tademy, Reid, Belgrave, & Nasim, 2008). Similarly, higher levels of religious well-being were positively associated with condom use self-efficacy for both heterosexual and GBMSM HIV-positive Black men (Coleman & Ball, 2009). A quantitative study with a nationally representative sample of Black and White men—sexual identity unspecified—ages 57 to 85 (Das & Nair, 2013) found that high church attendance (i.e., once a week or more) was associated with less risky partnerships for both groups. Racial comparisons, however, showed that Black men with high church attendance had a higher likelihood of having more casual partnerships in the past five years than White men with low church attendance.

Findings about the role of religion/spirituality on Black GBMSM's sexual risk have been mixed. While some quantitative studies have found that religious beliefs and frequency of church participation were not significantly associated with the number of sexual partners or unprotected sex (Kelly et al., 2013), others found a relationship between childhood exposure to heterosexist religion and higher numbers of sexual partners (Nelson, Wilton, Zhang, et al., 2016). One study found that although religiosity/spirituality did not influence unprotected anal sex, it had a significant indirect impact via internalized homophobia (Smallwood, Spencer, Ingram, Thrasher, & Thompson-Robinson, 2017). Other studies have examined the role of religiosity and spirituality as two distinct constructs, and have found that while religiosity tends to have a more negative impact, spirituality tends to more affirmatively influence GBMSM's sexual health (Watkins et al., 2016) and well-being (Meanley, Pingel, & Bauermeister, 2016).

Social-structural factors. Social-structural context features prominently in much of the contemporary research on Black men's sexual health and sexual risk. Explanations for disproportionately high rates of HIV/AIDS in U.S. communities have typically focused almost exclusively on individual risk behaviors (Hallfors, Iritani, Miller, & Bauer, 2007), obscuring evidence of a generalized HIV/AIDS epidemic in impoverished Black urban communities (Denning, DiNenno, & Wiegand, 2011), and prompting advocacy for more social-structural approaches to HIV prevention (Blankenship et al., 2000).

A recurrent finding in quantitative and mixed method research is that, compared with their White counterparts, Black men (and women) are significantly more likely to

live in neighborhoods characterized by racial segregation, poverty, lower incomes, and unemployment, and that these characteristics significantly influence Black men's sexual health and sexual behaviors (e.g., Dale et al., 2016; Raymond et al., 2014; Sullivan et al., 2014). Some studies have found, for instance, a positive relationship between BHM's rates of reported sexual risk behaviors and living in neighborhoods characterized by more disorder (e.g., crime), personal violence, and threats (e.g., being stopped and questioned by police) (Bowleg, Neilands, et al., 2014), and for young racially diverse GBMSM living in poor or racially segregated neighborhoods (Bauermeister et al., 2015). A recent study among Black adults relocating from public housing found that improvement in socioeconomic conditions (i.e., decreased community violence and better economic conditions) at the census-tract level was associated with reductions in partner risk and indirect concurrency (Cooper et al., 2015). Similarly, economic (i.e., unemployment, poverty), legal (i.e., incarceration), and social (i.e., housing instability) hardships were positively associated with HIV risk factors (e.g., UAI, multiple sexual partners, STI diagnosis) for Black men (Nelson, Wilton, Moineddin, et al., 2016), but not to the same degree for White men. For example, quantitative research found that each increasing level of SES was associated with a 125% decrease in HIV risk among White MSM but just a 13% decrease among Black MSM (Raymond et al., 2014).

Our search yielded no studies on the topic of incarceration pre-1981 but revealed that it is nascent in the past decade. We found quantitative studies that documented the relationship between incarceration history and HIV risk behaviors, such as multiple sex partners and substance use and recent HIV/STI diagnosis for BHM (Raj, Reed, Santana, et al., 2008; Rogers et al., 2012) and UAI for Black MSM (Bland et al., 2012). Another study found that compared with Black MSM who had no histories of incarceration, those with such histories reported higher rates of substance use but not sexual risk behaviors (e.g., two or more sexual partners, receptive UAI) (Brewer et al., 2014).

Racial discrimination, stigma, and homophobia. The impact of stigma and discrimination due to race, sexual orientation, and HIV status on Black men's increased HIV/STI risk was also a recurrent theme in the empirical literature, particularly in research with GBMSM. We found studies that demonstrated associations between Black MSM's reports of more frequent discrimination due to racism or homophobia and higher reports of UAI (Jeffries, Marks, Lauby, Murrill, & Millett, 2013) and sexual problems (e.g., infrequent sex, finding sexual partners) (Zamboni & Crawford, 2007). We also found research that showed that HIV-positive Black MSM who reported more trauma because of race, sexuality, or HIV-status discrimination reported higher rates of UAI than those who reported no or less trauma (Fields et al., 2013). Research with Black and Latino MSM documented that racism, homophobia, and financial hardship were associated with lack of social

support, which, in turn, was associated with sexual risk behaviors for both groups (Ayala, Bingham, Kim, Wheeler, & Millett, 2012). Similarly, a study with BHM found that more social support moderated the impact of racial discrimination on sexual risk behaviors (Bowleg, Burkholder, et al., 2013).

As for homophobia, the notion that negative attitudes and discrimination against LGB people in Black communities are culturally normative was a recurrent theme in several qualitative (e.g., Fields et al., 2015; Malebranche, Fields, Bryant, & Harper, 2009) and quantitative (Jeffries et al., 2013) studies on Black men's sexualities. Several studies cited homophobia as a barrier to Black MSM's identification as gay or bisexual (e.g., Fields et al., 2015), and Black religious institutions as a primary source of homophobia and heterosexism in Black communities (e.g., Martos, Valera, Bocking, & Wilson, 2016; Smallwood et al., 2017).

Masculinity. Framed primarily from the vantage point of Black heterosexual men and GBMSM, our review found several studies focused on Black masculinity and sexual risk. Findings from qualitative studies highlighted how conventional masculinities such as hypersexuality, sex with multiple women, and men's strong sex drives (Bowleg et al., 2011; Carey, Senn, Seward, & Vanable, 2010; Nunn et al., 2011), and avoiding HIV testing so as not to disrupt being sexually active for BHM (Duck, 2009; Hall & Applewhite, 2013) facilitated sexual risk behaviors. A qualitative study with BHM found that, consistent with hegemonic masculinity discourses, some BHM constructed women, but not men, as bearing responsibility for safer sex and/or contraception; and as being deceitful or unconcerned about sexual risk and/or becoming pregnant (Bowleg, Heckert, Brown, & Massie, 2015). Faced with the risk of reinforcing negative stereotypes about Black masculinity, the authors of these studies typically contextualized their findings within the social-structural realities of many Black men's lives (e.g., poverty, unemployment, unstable housing, incarceration) (e.g., Nunn et al., 2011).

Moreover, we found several studies that sought to counterbalance more harmful aspects of Black masculinity with a concerted focus on counternarratives or the presentation of alternative or unconventional masculinities that may be associated with fewer sexual risk behaviors. For example, in a qualitative study about BHM's discourses on safer sex and masculinity, some BHM discussed claiming responsibility for condom use and choosing sexual exclusivity (Bowleg, Heckert, et al., 2015). Similarly, a mixed method study that involved interviews followed by surveys with a predominantly homeless sample of BHM in Los Angeles found that many endorsed unconventional masculinity norms such as sexual exclusivity, accepted responsibility for condom use, reported lower sex drives than women, and said that they trusted women (Kennedy et al., 2013).

Although masculinity has historically been conflated with heterosexuality (Collins, 2005), we found several

studies—all qualitative—that countered this trend with a specific focus on masculinity among Black GBMSM. Among them were studies that found that those who discussed more conventional masculinities reported more unprotected sex with multiple partners (Operario et al., 2008; Rhodes et al., 2011); a greater preference for masculine sexual partners; discomfort with having men perceived as feminine be insertive partners; providing for more masculine partners to make condom use decisions; and having the partner's masculinity serve as a gauge for sexual risk (Fields et al., 2012). Young Black gay men in Mississippi (Balaji et al., 2012) and Black MSM in Atlanta, Georgia, and New York City (Fields et al., 2015), articulated "role-flexing," the adaptation of heteronormative behaviors (e.g., no public displays of affection with men) to reflect conventional masculinity and conceal their sexual identities. Our search also found quantitative studies with Black MSMW that found those who endorsed more hypermasculinity norms reported higher numbers of male and female sexual partners compared with White MSMW (LaPollo, Bond, & Lauby, 2014).

We found that, in general, most of the research on masculinity assumed the vantage point of Black men and avoided the hegemonic definition of masculinity as that of "propertied, heterosexual White men as natural, normal, and beyond reproach" (Collins, 2005, p. 186). By recognizing that Black men *by definition* are excluded from hegemonic masculinity *because they are Black* (Collins, 2005), much of this research highlights how intersections of race, class, gender, and sexual identity shape Black men's masculinity and suggests a need for culturally and sexual identity-specific masculinity interventions for BHM and GBMSM.

Racialized sexual stereotypes. Although our search yielded no research on the topic of racialized sexual stereotypes pre-1981, we found several studies—most of them focused on Black GBMSM—in the past decade. Qualitative studies have found that GBMSM from different races, including Black, associate being Black with being the insertive partner, and that many Black men said they preferred this role (Lick & Johnson, 2015; Wilson et al., 2009). A qualitative study with a racially diverse sample of MSM found that Black participants frequently perceived the Black-insertive association to be a function of racialized stereotypes about Black men as having large penises and being sexually dominant and aggressive (Wilson et al., 2009). Some Black participants said that they perceived these stereotypes to be sexually objectifying and noted that they sought to partner with Black men to avoid it (Wilson et al., 2009). Other research highlighted how Black GBMSM are racially sexualized and stereotyped in media and in online profiles for sex partners. Narratives from qualitative interviews with racially/ethnically diverse MSM highlighted numerous accounts of White men who racially fetishized MSM of color during sexual interactions (Rhodes et al., 2011). Black men in the study reported being subjected to the Mandingo fantasy, in which a physically powerful Black man is expected to sexually dominate his White partner. Results from a content analysis of online profiles of men seeking male sexual partners found that,

after Asian men, online seekers were less likely to prefer Black men for individual sex but showed a high preference for group sex with Black and Latino MSM (White, Reisner, Dunham, & Mimiaga, 2014).

Findings that sexualized stereotypes of Black men endure highlight how race and class structure power and privilege for White GBMSM and social inequity for Black GBMSM. The topic of racism within White mainstream LGB communities is not novel; it is a recurrent theme in early anthologies of Black GBMSM (Hemphill, 1991) and contemporary research (Bowleg, 2013; Choi et al., 2011; Green, 2007; Han et al., 2013; Hunter, 2010). Almost 30 years ago, Black gay writer Essex Hemphill (1991) observed, “It has not fully dawned on White gay men that racist conditioning has rendered many of them no different from their heterosexual brothers in the eyes of Black gays and lesbians” (pp. xviii–xix). From an intersectional epistemic ignorance perspective, the color-blinding of GBMSM identities and neglect of racism within White LGBT communities buttresses White supremacy by blaming Black GBMSM for the adverse social, economic, and health outcomes they experience (Mills, 1997; Neville et al., 2013).

Sexual Health and Sexual Risk. The WHO’s (2006) working definition of sexual health defines it as “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.” By contrast, U.S. biomedical and public health discourses conceptualize sexual health primarily in terms of STIs, sexual risk, and reproduction (Giarni, 2002).

The BSS research literature base on sexual health and sexual risk is colossal; roughly 84% ($n = 559$) of the articles that we found fit this category. Because a summary of these 559 studies is well beyond the scope of our critical review, we spotlight three major categories: condom use; psychosocial risk and resilience; and sexual partners. Pre-1981, we found two studies, both of which compared samples recruited from STI/health clinics by race and gender. One study found that Black men were more frequently diagnosed with gonorrhea than Chicano or White men but reported fewer different sexual partners and delayed significantly longer before seeking treatment (Darrow, 1976). The other study found that Black men sought treatment sooner than White men and were more likely to decrease sexual activity after becoming symptomatic for STIs (Kramer, Aral, & Curran, 1980). Without historical or social-structural context, such as the evidence-based distrust that many Black people experienced in the wake of the racist Tuskegee Syphilis Study, the Darrow (1976) study implicitly positions Black men as sexually irresponsible and/or unethical, and by extension bolsters White supremacist views that White men are more sexually responsible and moral. Notably, results that Black men reported fewer sexual partners and decreased sexual activity post-STI diagnosis counteract racialized stereotypes about Black men as sexually voracious and irresponsible.

The HIV/AIDS epidemic has had a devastating and disproportionate impact on Black communities in the United States. The HIV rate among Black men is especially

startling. Black men’s lifetime risk for acquiring HIV is 1 in 20, compared with 1 in 48 for Latino men and 1 in 132 for White men (CDC, 2016b). If current epidemiological trends continue, 50% of Black GBMSM will test positive for HIV during their lifetimes (CDC, 2016a). Reflecting this public health urgency, Black men and HIV/STIs were the focus of the majority of the articles that we found between 2006 and 2016.

Condom use. Reflecting the efficacy of condoms as a primary HIV risk reduction tool, the BSS literature on condom use is extensive. We found several studies on this topic that utilized a wide range of samples—including nationally representative samples of adults (e.g., Dodge et al., 2010), men (Doherty, Schoenbach, & Adimora, 2009a) and college students (Buhi et al., 2010)—and documented that Black men (sexual identity unspecified) typically reported more consistent condom use compared with their White and Latino counterparts. Black GBMSM’s condom use, by contrast, is mixed. Whereas some studies found that Black GBMSM reported higher rates of condom use compared with their White counterparts (Jeffries & Dodge, 2007; Sullivan et al., 2014), others found that Black and Latino gay men reported lower rates of condom use than White gay men (Rhodes, Yee, & Hergenrather, 2006) or found no racial/ethnic differences in condom use (De Santis & Vasquez, 2011; Randolph, Torres, Gore-Felton, Lloyd, & McGarvey, 2009). The contrary findings notwithstanding, collectively these studies show that Black men have been responsive to public health condom promotion messages and engage in HIV protective behaviors at rates similar to or greater than men from other racial/ethnic groups, a refutation of negative stereotypes about Black men as sexually unethical or irresponsible.

Studies that center the experiences of Black men by sampling Black men exclusively document numerous barriers to condom use, such as negative attitudes about condoms, being under the influence of alcohol or drugs, and spontaneity or “heat” of the moment, in qualitative (e.g., Corneille et al., 2008; Frye et al., 2013) and quantitative (e.g., Hicks, Kogan, Cho, & Oshri, 2016) studies with BHM, and qualitative (e.g., Malebranche et al., 2009; Rhodes et al., 2011) and quantitative studies (e.g., Bohl, Raymond, Arnold, & McFarland, 2009; Harawa, Williams, Ramamurthi, & Bingham, 2006; Taylor et al., 2012) with Black GBMSM. Qualitative studies with Black GBMSM also highlight population-specific barriers to condom use, such as negative attitudes about condoms in social networks (e.g., Martos et al., 2016), being in the “bottom”/receptive position during anal sex (e.g., Fields et al., 2012), and buying, selling, or trading sex (Harawa et al., 2006). With their focus on Black men as the vantage point, rather than on racial/ethnic differences, these studies highlight culturally specific opportunities for intervention.

Research focused on BHM is relatively rare compared with that focused on GBMSM. Qualitative studies with BHM have described the tendency for many BHM to blame or hold women responsible for condom use (Bowleg, Heckert, et al., 2015; Bowleg et al., 2011), report more nonverbal communication

about condom use than women (Bowleg, Valera, Teti, & Tschann, 2010; Corneille et al., 2008), say that men control and/or initiate condom use more frequently than do women (Bowleg, Heckert, et al., 2015; Bowleg et al., 2010; Corneille et al., 2008; Duck, 2009), report more frequent condom use with new or casual sexual partners compared with main partners (e.g., Chatterjee, Hosain, & Williams, 2006), and/or perceive that condoms were incompatible with emotionally committed relationships (Bowleg, Heckert, et al., 2015; Corneille et al., 2008).

Psychosocial risk and resilience factors. Our search yielded several studies that examined how psychosocial risk and resilience may mediate or moderate Black men's sexual risk behaviors, albeit with mixed findings. Results showed that whereas racial/ethnic and gender comparisons among young adults in a longitudinal study suggested that depression was strongly associated with STI diagnosis for Black men only (Khan et al., 2009), other research with incarcerated Black men involved in committed relationships with women (Khan et al., 2015) and Black GBMSM in six U.S. cities (Williams et al., 2015) found that neither depression nor anxiety was associated with sexual HIV risk behaviors. Research also showed that post-traumatic stress symptoms were positively associated with unprotected sex among HIV-positive young Black MSM (Radcliffe, Beidas, Hawkins, & Doty, 2011) and BHM who reported more experiences with racial discrimination (Bowleg, Fitz, et al., 2014). A qualitative interview study found that Black MSM methamphetamine users described drug use and sexual risk behaviors as strategies for coping with the distress of multiple stigmatization (Jerome & Halkitis, 2009).

Our search also found a handful of quantitative assets-based studies with MSM and MSMW that examined the extent to which resilience factors (e.g., racial identity, social support) moderated sexual risk. Although a study found that Black MSM's reported social support did not buffer the relationship between reported severity of homophobic or depressive experiences and UAI (Jeffries et al., 2013), other studies that have emphasized racial identity have found the converse. Specifically, a study with Black MSM found that higher levels of racial centrality (i.e., the degree to which being Black is central to one's identity) and racial public regard (i.e., perceptions of societal views toward Black people) predicted decreases in total and unprotected anal sex (Walker, Longmire-Avital, & Golub, 2015). Finally, a study with postincarcerated MSMW found that, among HIV-negative MSMW, greater racial pride was associated with less unprotected sex with same-sex partners (Li et al., 2016).

Sexual partners. With an emphasis on HIV prevention primarily, our search found a voluminous literature base on the sexual partnerships of Black men in terms of multiple partners and partner concurrency, sexual networks, and finding sexual partners. Research on this area is vast. In the interest of brevity, we provide a snapshot of some of the key findings. Our search yielded quantitative studies that demonstrated that young BHM were significantly more likely than their White counterparts to

report having more sex partners (Buhi et al., 2010)—with a nationally representative study of men documenting that roughly 44% to 64% of BHM had reported a history of multiple and/or concurrent sex partners (Doherty, Schoenbach, & Adimora, 2009b). Other studies, however, have found no racial/ethnic differences in sexual concurrency or number of past sexual partners (Astone et al., 2013). Results for Black MSM were also mixed; some studies document that, compared with White or Latino MSM, Black MSM report fewer sexual partners overall (e.g., Bohl et al., 2009), and differences in terms of concurrent partners are not statistically significant, with about one-fourth of all men reporting concurrency (Kelly et al., 2010), while others found that Black MSM reported more non-main sexual partnerships when compared with these groups (e.g., Bohl et al., 2009; Harawa et al., 2006; Taylor et al., 2012). Findings indicated that young Black men involved in concurrent (versus monogamous) partnerships engaged in more risk behaviors (e.g., inconsistent condom use; alcohol and drug use) (Jolly et al., 2016).

Qualitative studies provided insights into some of the cultural and social-structural complexities of multiple partners and concurrency. These included conventional masculinity norms (Bowleg et al., 2011; Carey et al., 2010; Frye et al., 2013; Nunn et al., 2011), beliefs about men's "natural" or elevated sex drives (Carey et al., 2010; Frye et al., 2012; Frye et al., 2013), the need for economic support (Frye et al., 2012; Nunn et al., 2011), being unmarried, not trusting sexual partners, and alcohol and cocaine use (Nunn et al., 2011). Qualitative studies with BHM also highlighted counternarratives, such as resolutions to be sexually exclusive out of principle or to reduce HIV/STI transmission to main partners (Bowleg, Heckert, et al., 2015; Bowleg et al., 2011) or concerns or guilt about emotionally hurting primary partners (Carey et al., 2010; Frye et al., 2012). Correlates of concurrency in quantitative studies with BHM include factors such as incarceration, conventional masculinity, impulsive decision making, substance use, early onset of sexual activity (Khan et al., 2008; Kogan, Cho, Barnum, & Brown, 2015), and being sexually involved with a coparent (Taylor et al., 2011).

There is also a substantial empirical literature base on Black GBMSM's sexual networks—groups of people who are linked sexually—and HIV/STI risk. Studies document that because Black MSM's sexual networks tend to be more racially homophilous and include denser concentrations of HIV-positive Black MSM, they are inherently riskier than those of non-Black MSM (e.g., Mustanski, Birkett, Kuhns, Latkin, & Muth, 2015; Tieu et al., 2015). The dense concentration of HIV in U.S. Black communities increases HIV risk for Black men even when their sexual or drug use behaviors are far lower and less risky than their White counterparts (Hallfors et al., 2007). As a case in point, quantitative research has found that Black MSM have overall lower odds of engaging in receptive UAI than White MSM, but have significantly greater odds than White MSM of engaging in receptive UAI when with a same-race partner (Groves, Rendina, Ventuneac, & Parsons, 2016). For example, Black GBMSM in research on racialized sexual stereotypes

highlighted how GBMSM's stereotypes of Black GBMSM men as insertive partners, hypermasculine, and sexually dominant shaped the tendency for Black GBMSM to assume the insertive position in interracial sexual interactions (Wilson et al., 2009).

From an intersectional epistemic ignorance perspective, ignorance about how racism and poverty—and specific to Black GBMSM, racism, heterosexism, and class inequities—structure HIV/AIDS in Black communities reinforces racist stereotypes of Black men as hypersexual and deviant. It also establishes a seemingly normative dialectic; Black GBMSM's sexual networks are riskier simply by virtue of being Black. Collectively, much of the research on Black GBMSM's sexual networks is historically rooted in the intersection of racism and heterosexism: Both types of oppression rely on “a concept of sexual deviancy for meaning” (Collins, 2005, p. 97). But because White GBMSM are centered as normative within HIV prevention research and have a lower risk of contracting HIV, compared with Black GBMSM, White GBMSM are not conceptualized as sexually deviant or hypersexual.

DISCUSSION: CULTIVATING INTERSECTIONAL EPISTEMIC AWARENESS ABOUT BLACK MEN'S SEXUALITIES

Black men and sexuality: neither is empirically neutral territory. Rooted in European “pseudo” and racialized “science,” which from at least the 16th century onward has defined Black people as intellectually, morally, and physically inferior to justify oppression (Guthrie, 2004), empirical knowledge about Black people in the United States has rarely been neutral. As for sexuality research, this too is rife with historical bias, conservative and/or individualistic theoretical paradigms, ideologies of morality, and political interference. BSS research on Black men's sexualities is further complicated by the fact that Black men are a historically oppressed group. This intersectional reality, manifest in the killing of Trayvon Martin, an unarmed 17-year-old Black male in 2012, sparked the Black Lives Matter movement (#BlackLivesMatter, 2015). Since Martin's death, police killings of Black men—many of them unarmed, many deaths (or their aftermaths) captured on video, and few resulting in criminal conviction—have spiked, solidifying the necessity of a movement to advocate for Black lives.

The Black Lives Matter movement's manifesto affirms that race, sexual identity, class, and sexuality are inextricably linked in the United States. Racist violence and Black men's sexuality are also intricately linked, prompting Cornel West (1993) to assert, “White fear of Black sexuality is a basic ingredient of White racism” (p. 86). Bolstering this view, in 2015 a White supremacist weaponized his racism, declaring to a Black man who begged him to stop shooting, “No, you've raped our women, and you are taking over the country,” before murdering nine Black parishioners at a

historic Black church in Charleston, South Carolina (Ellis, Botelho, & Payne, 2015). The intersectional epistemologies of ignorance framework that informed our critical review thus provides a timely, provocative, and discomfiting lens through which to discuss the BSS empirical literature on Black men's sexualities.

Two types of epistemologies of ignorance informed our work: ignorance based on the knower's shared social identities/locations and social-structurally based ignorance in which dominant groups use various cognitive strategies to establish and maintain dominance (Alcoff, 2007). Having critiqued the BSS research on Black men's sexualities from a social-structural epistemic ignorance perspective (Mills, 1997, 2007), we begin our discussion with an emphasis on group identity/social location-based epistemic ignorance (Alcoff, 2007). Next, we consider some of the methodological implications of the research that we reviewed and then highlight four gaps in empirical knowledge. We conclude with 10 recommendations to avoid intersectional epistemic ignorance in future BSS research on Black men's sexualities.

BSS Researchers' Group Identities and Social Locations Matter

BSS researchers' group identities and social locations matter substantially in shaping empirical knowledge about Black men's sexualities. Researchers often choose research topics and approaches that reflect their personal interests, life concerns and experiences, and what they deem to be important (Graham, 1992; Mills, 1997). Researchers also have the power to, either consciously or unconsciously, produce empirical knowledge that “both reflects and perpetuates social inequalities” (Mackenzie, 2000, p. 1146). Affirming how White privilege has historically structured the production of empirical knowledge, Black researchers were 13% less likely than White researchers to receive NIH-funded investigator-initiated grants (i.e., R01s) between fiscal years 2000 and 2006 (Ginther et al., 2011). The disproportionate impact of HIV/AIDS in U.S. Black and Latino communities has highlighted the epistemic limitations of having predominantly White middle- and upper-class researchers design and conduct HIV prevention research in racial/ethnic minority communities. In response, federal agencies such as the NIH and CDC have funded postdoctoral training programs to increase the number of racial/ethnic minority researchers who conduct HIV/AIDS research in racial/ethnic minority communities (e.g., Sutton et al., 2013).

Pursuant to a shared social identity/location of knowers epistemic perspective, HIV prevention research mentorship programs (e.g., the Visiting Professors Program at the Center for AIDS Prevention Studies [CAPS], Minority HIV/AIDS Research Initiative [MARI]) acknowledge that, compared with White researchers, racial/ethnic minority researchers typically have less social distance from racial/ethnic minority research participants in terms of race (Ford

et al., 2007) and class (Lott, 2002); have more knowledge about the cultural and social-structural contexts of their communities; are likely to have racial/ethnic minority communities perceive them as more credible and trustworthy, and, a result of this, may develop more culturally competent and effective interventions (e.g., Sutton et al., 2013). Thus, it is likely no accident that diversifying the field of researchers who conduct BSS sexuality and HIV/AIDS research has prompted an increase in research that establishes Black men as the vantage point and foregrounds the role of cultural and social-structural context.

Indeed, one of the most noteworthy findings of our work is that racially/ethnically and sexual identity diverse research teams—several led by Black men—are prompting the field to reconsider what we know, think we know, and don't know about Black men's sexualities with research on novel and understudied topics, such as Black GBMSM and masculinity (Fields et al., 2015); how Black MSM understand and make meaning of the DL (e.g., Han et al., 2013); how Black men perceive racialized stereotypes about their sexuality (e.g., Wilson et al., 2009); and the role of religiosity/spirituality on Black men's sexualities (e.g., Jeffries et al., 2014). And yet it must be noted that Black men are vastly underrepresented among people with BSS doctorates (American Psychological Association Center for Workforce Studies [APACWS], 2010). In psychology, one of the largest BSS disciplines, only 8% of all doctoral recipients in 2015 were Black, while 73% were White and 8% Latino (National Science Foundation, 2016). Moreover, Black women, not men, accounted for most (64%) of the psychology doctorates earned by Black people in 2008 (APACWS, 2010). Curiously, the report did not note the percentage of psychology doctorates that Black men earned in 2008. These statistics highlight how discrimination at the intersection of race, gender, and class structures and limits educational opportunities for Black boys and men. These statistics underscore a dire need for interventions to end institutionalized discrimination in education against Black boys in elementary/primary, middle/junior, and high schools. They also attest to the need for more mentorship programs specifically designed to expand the ranks of Black men BSS sexuality and sexual health researchers.

Methodological Implications for Future BSS Research

Our critical review also highlights two methodological implications for future BSS research on Black men's sexuality: the need for more qualitative and mixed method research, and the limitations of racial/ethnic comparative research. Quantitative methods prevail in the BSS research on Black men's sexualities, accounting for 73% of the studies we found. Qualitative studies, by contrast, represented just 22% of the studies. Nonetheless, the steady growth of qualitative studies in the past decade represents an important development in the field.

Historically, large, nationally representative studies have provided a wealth of descriptive and correlational data about men's sexual behaviors, but substantial gaps remain about what sexuality and sexual behaviors mean to Black men. Many of the qualitative studies that we reviewed show great promise for advancing novel, nuanced, and culturally and contextually grounded knowledge about understudied topics such as non-gay or bisexual-identified Black MSM's perspectives about same-sex experiences and identities, (e.g., Han et al., 2013) or Black GBMSM's experiences and perspectives on masculinity (e.g., Fields et al., 2015; Malebranche et al., 2009). Echoing Lewis and Kertzner's (2003) call for more research to understand the meaning of sexual behavior from Black men's perspectives, we encourage more qualitative research, especially such that employs underutilized qualitative methodologies such as phenomenology, and discourse and narrative analysis. Our review also highlights the need for more mixed method research that capitalizes on the advantages of qualitative and quantitative methods. Underscoring mixed method research as an underdeveloped methodology in BSS research on Black men's sexualities, our search found just 35 mixed method studies.

Our finding of a 1947 study on the sexual "permissiveness" of single men (Hohman & Schaffner, 1947) attests to the longevity of racial/ethnic comparative studies in research on Black men's sexualities. Indeed, we found numerous studies in the past decade that compared racially/ethnically diverse samples of men on a variety of indicators such as condom use, number of sexual partners, and sexual networks (e.g., Bohl et al., 2009). Race/ethnicity comparative studies are well suited to documenting racial/ethnic health inequities. Yet from an epistemologies of ignorance perspective, many of these studies tend to bolster White superiority by centering White people as normative and/or constructing racial/ethnic minorities as deviant. They are also limited by the presumption that the underlying processes shaping outcomes are the same for all racial/ethnic groups, their tendency to obscure important within-group heterogeneity (e.g., nativity, ethnicity, SES), and the fact that they typically include small samples of racial/ethnic minority participants (for an excellent discussion of the limitations of race/ethnic comparison research, see Whitfield, Allaire, Belue, & Edwards, 2008).

Minding the Gaps in the BSS Empirical Literature on Black Men's Sexualities

Epistemologically speaking, gaps in the empirical literature can be insightful. Here, we spotlight four gaps relevant to ethnic/nativity similarities and differences; socioeconomic position/class; heterosexual men's identities; and sex and sexual pleasure.

Ethnic/Nativity Differences. Although many of the studies that we reviewed reported between-group ethnic comparisons as descriptive statistics, reports of within-group comparisons were scant. This is likely a result of having

multiethnic Black samples (e.g., Caribbean, African) that are too small for meaningful statistical comparison. Nonetheless, this risk of homogenization has important implications for empirical knowledge about Black men's sexualities in several domains. For example, there are likely differences in how boys and men born and/or raised in different countries are socialized in terms of gender and masculinity. The qualitative study with Caribbean BHM that found participants defined sexual health in terms of both STI risk reduction and sexual pleasure may reflect this (Crowell et al., 2016). In terms of racial discrimination, there is evidence that recent racial/ethnic minority immigrants are less likely to report racial discrimination compared with African Americans or immigrants that have lived in the United States for longer, and that the health of first-generation immigrants is typically better than their U.S.-born counterparts (Krieger, 2012). Moreover, there is evidence that some Black African and Caribbean men have racist stereotypes about African American men, prompting a call for researchers to distinguish between involuntary (i.e., African Americans) and voluntary immigrants in sexuality research on Black men (Lewis & Kertzner, 2003).

Socioeconomic Status. Our review highlights that considerable gaps in empirical knowledge exist about the impact of SES on Black men's sexualities. Although many of the studies that we reviewed presented descriptive SES data, the inclusion of SES as a focal variable of interest was rare (e.g., see Raymond et al., 2014). This too may represent a small sample size issue in terms of the likelihood for samples to include low numbers of middle or high SES Black men as well as the tendency for researchers to study down rather than up the SES ladder (Lewis & Kertzner, 2003). Accordingly, many of the studies we reviewed included samples of Black men who predominantly had a low SES. A notable exception to this trend was a 2007 qualitative study that examined the intersection of race and sexuality in the life narratives of Black middle class gay men in New York City (Green, 2007).

Heterosexual Men's Sexual Identities. From a social constructivist perspective, knowledge is not fixed but instead is shaped by historical, cultural, geographical, and political factors. For instance, whereas most of the pre-1981 studies that we found centered heterosexuality as normative, most of the research from the past decade assumed the vantage point of Black GBMSM, rendering BHM virtually invisible. The underrepresentation of BHM in contemporary BSS research is likely the result of the disproportionate impact of HIV/AIDS among Black GBMSM. There is also a void in empirical knowledge about the experience and development of Black men's sexual identities—heterosexual and GBMSM—across the life course (Lewis & Kertzner, 2003).

Sex and Sexual Pleasure. Ironically, we found that sex and sexual pleasure were virtually nonexistent in the

BSS research on Black men's sexualities. We found a handful of exceptions to this trend (e.g., Calabrese et al., 2015; Crowell et al., 2016; Dodge et al., 2010). Medical anthropologist Richard Parker (2015) has pondered whether the greater emphasis on the role of culture on sexuality has eclipsed research on "actual sexual practices" (p. 17). The empirical void has prompted other sexuality researchers to advocate for more research on a broader array of sexual health topics such as "sexual satisfaction, pleasure, sexual function, and other topics not directly related to risk" (Dodge et al., 2010, pp. 343–344).

Avoiding Intersectional Epistemic Ignorance in an Uncertain Future: 10 Recommendations

Because empirical knowledge is socially constructed, it, like sexuality, is subject to historical, cultural, and political changes. It is too soon to tell what influence the new Trump administration will have on BSS sexuality research, but signs of the mainstreaming of White supremacy, heterosexism, and upper-class privilege are not promising. In what would represent a perversion of decades of progress in sexuality and sexual health BSS research, the new administration could choose to prioritize funding for research that erases race/ethnicity, LGBT and class inequities, or it could opt to minimize or cease providing funds for sexuality research or sexuality research focused specifically on LGBT people.

Political climates such as these affirm the importance of cultivating an intersectional epistemic awareness in BSS research with Black men but also with all people marginalized and oppressed at intersections of race, gender, sexual identity, class, nationality, disability, and religion. Researchers are not passive actors in the BSS research enterprise. Researchers actively mold and hone empirical knowledge, making the cultivation of intersectional epistemic awareness not only timely but a social justice imperative. To this end, we advance 10 recommendations for avoiding intersectional epistemic ignorance in future research on Black men's sexualities.

1. Educate yourself and your research team about the history and social-structural context of Black people in the United States. There is no shortage of excellent books (e.g., Alexander, 2010; West, 1993) and documentaries on this topic.
2. Avoid "color-blindness" by making structured racial inequality (e.g., mass incarceration, unemployment, HIV/AIDS), Whiteness, and White privilege visible (Alexander, 2010; Mills, 1997; Neville et al., 2013).
3. Involve diverse groups of Black men (e.g., sexual identities, SES) on research teams in meaningful roles to ensure that the research reflects the social-structural and cultural contexts of Black men's lives. If not possible, involve people with less social distance from research participants in terms of race, class, and sexual

- identity (e.g., community-based organizations, community advisory boards) (Ford et al., 2007).
4. Integrate relevant local and national statistics (e.g., poverty, unemployment, incarceration, wealth inequality, educational achievement) to connect study findings about participants to the “set of historical, structural, and economic relations in which they are situated” (Fine et al., 2000, p. 199; Ford et al., 2007).
 5. Train the next generation of Black male BSS researchers by mentoring young Black males at the high school and/or undergraduate level.
 6. Consider how research findings might negatively stereotype and stigmatize Black men and incorporate strategies to counteract and proactively address this (Fine et al., 2000; Ford et al., 2007).
 7. Consider an intersectional matrix worldview that recognizes how multiple and intersecting social identities/locations (e.g., race, sexual identity, and class) at the microlevel interlock and reflect social-structural inequality based on those identities/locations (e.g., racism, heterosexism, classism) (Collins, 1991; Crenshaw, 1989; May, 2015).
 8. Operationalize race and culture to counter the practice of (a) essentializing race as a biologically meaningful, rather than a socially meaningful category and (b) reinforcing race as an explanatory variable in and of itself (Betancourt & Lopez, 1993; Yudell et al., 2016).
 9. Prioritize the collection and analysis of data on individual-, household-, and neighborhood-level socioeconomic position (Krieger, Williams, & Moss, 1997) to investigate whether SES and inequality provide greater explanatory power for study outcomes.
 10. Consider the limitations of racial/ethnic comparative research (Whitfield et al., 2008) compared with research that centers the experiences of Black men.

Conclusion

We end where we began: Black lives matter. Black sexuality does too. Pursuant to our intersectionally informed focus, these concepts are mutually constitutive (Collins, 1991; Crenshaw, 1989), not mutually exclusive. The intersectional epistemologies of ignorance framework that informed our analysis and conclusions highlights how conscious (or unconscious) ignorance about racism, heterosexism, and classism shapes empirical knowledge about Black men's sexualities to maintain a hierarchy of White, middle- and upper-class, heterosexual (at least prior to 1981), and cisgender men's supremacy. This framework was invaluable to our work. Without it, we might have been inclined to analyze the BSS research on Black men's sexualities at face value: X number of studies with this group of Black men found Y about Black men's sexualities. Instead, the

framework provided us with a profoundly insightful lens to examine not only the results but also the *function* of BSS research on Black men's sexualities. In line with the intersectionality framework, the epistemologies of ignorance lens facilitated our ability to “probe structural silences [about Black men's sexualities] and take up knowledge, lives, and forms of justice at the interstices” (May, 2015, p. 186).

To this end, we echo intersectionality scholar Vivian May's (2015) contention that “intersectionality should be understood as a heuristic useful for exposing and challenging epistemologies of ignorance” (p. 186). Our work reveals an urgent need to cultivate an “epistemic disobedience or defiance” (May, 2015, p. 186) in response to the single-axis and apolitical logics that dominate most BSS research on Black men's sexualities. Cultivating an intersectional epistemic awareness about the historical and social-structural contexts of Black men's lives in the United States is a profound antidote to the racialized epistemologies of ignorance that have historically characterized much of the BSS empirical knowledge on Black men's sexualities.

Notes

1. We use the term *sexuality* to denote it as a general concept or topic of study. We pluralize the term (i.e., *sexualities*) to acknowledge the heterogeneity in Black men's experiences and expressions of sexuality.
2. These categories were not mutually exclusive. For example, several articles focused on adolescent girls but were classified as “adolescents OR women.”
3. Although we use the terms *studies* and *articles* interchangeably, it is important to note that we found several instances in which a single article described multiple studies on a specific topic.

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