

**Friend *and* Foe: How Sapphire Stereotype Endorsement and Gendered Racial Identity
Centrality Influence Black Women's Sexual Assertiveness**

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Abstract

The Sapphire gendered racial stereotype, which depicts Black women as domineering, controlling, and emasculating, stands in direct contrast to the hegemonic feminine sexual ideals of women's submissiveness and passivity. While research has examined the influence of Black women's negotiation of the Jezebel and Strong Black Woman stereotypes on sexual assertiveness, the relation between Sapphire stereotype endorsement and sexual assertiveness has yet to be investigated. We surveyed 1,595 Black women ($M_{age} = 23.44$) to examine whether Sapphire stereotype endorsement would be associated with sexual assertiveness, and if gendered racial identity centrality moderated this association. Our findings revealed that Sapphire endorsement was significantly associated with greater sexual assertiveness. Further, we found that gendered racial identity centrality moderated this association, such that it was strongest for women with high compared to low gendered racial identity centrality. Findings demonstrate the need for culturally relevant practice interventions that promote Black women's sexual well-being with consideration to the influence of gendered racial stereotypes on Black women's sexual experiences.

Keywords: Black women, gendered racial identity centrality, hegemonic feminine sexual ideals, Sapphire stereotype, sexual assertiveness

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Society (de)values women based on how well they perform hegemonic behavioral prescriptions of femininity, such as being communal, emotional, and submissive (Eagely, 2013; Mahalik et al., 2005). Hegemonic feminine sexual ideals emphasize sexual submissiveness and passivity through gendered behavioral prescriptions such as sexual reservation, sexual gatekeeping, self-silencing, and the prioritization of men's satisfaction (Eaton & Matamala, 2014; Fahs et al., 2019; Tirone & Katz, 2020). Scholars suggest, however, that women must actively reject hegemonic feminine sexual ideals to facilitate sexual assertiveness (Lentz & Zaikman, 2021; Livingston et al., 2007). Sexual assertiveness has been defined as the subjective evaluation of one's ability to initiate sex, refuse unwanted or unsafe sex, negotiate the use of contraceptives, and communicate sexual preference to an intimate partner (Greene & Faulkner, 2005; Hurlbert, 1991; Morokoff et al., 1997). Research has demonstrated an association between women's sexual assertiveness and indicators of sexual well-being, such as greater marital and sexual satisfaction, subjective sexual desire, sexual communication, and orgasm frequency (Brassard et al., 2015; Ménard & Offman, 2009; Sanchez et al., 2006, Santos-Iglesias et al., 2013). Sexually assertive women are shown to have a greater likelihood of successfully negotiating safe sex practices than non-assertive women (Brown et al., 2018; Darden et al., 2018; Tirone & Katz, 2020).

In addition to hegemonic feminine sexual ideals, Black women in the United States (U.S.) contend with gendered racial stereotypes or stereotypical depictions at the intersections of sexism and racism that stigmatize and pathologize the femininities and sexualities of Black women (Collins, 2000). Prior studies show that Black women's endorsement of gendered racial stereotypes may be detrimental to their physical and mental well-being (Jones et al., 2021;

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Watson & Hunter, 2016; Woods-Giscombé, 2010). Further, a growing body of research has begun to interrogate the links between Black women's endorsement of gendered racial stereotypes and their sexual well-being (Avery et al., 2022; Davis & Tucker-Brown, 2013; Hall & Witherspoon, 2015; Leath et al., 2021; Jerald et al., 2017; Townsend et al., 2010). Although the Sapphire gendered racial stereotype (also: Angry Black Woman), which depicts Black women as emasculating, controlling, and argumentative, stands counter to the hegemonic feminine sexual ideals of passivity and submissiveness, its relation to sexual assertiveness has yet to be examined (West, 1995). Given research demonstrating a positive association between Black women's gendered racial identity centrality (e.g., the significance of one's intersecting gender and racial identities) and sexual satisfaction (Leath et al., 2021) and evidence of gendered racial identity centrality moderating the associations between gendered racism and Black women's psychological health (Jones & Day, 2018; Jones et al., 2021; Lewis et al., 2017; Szymanski & Lewis, 2016), exploration of its role in the gendered racial stereotype endorsement—sexual assertiveness link is warranted. Thus, the current study investigated Black women's Sapphire stereotype endorsement in relation to sexual assertiveness and whether gendered racial identity centrality moderated this association.

Sapphire Stereotype Endorsement and Sexual Assertiveness

Black women's identity development is uniquely shaped by their simultaneous experience of systemic racism and sexism, or gendered racism (Essed, 1991). The term gendered racism connotes a form of aggressive sexism in which Black women are subject to gender roles influenced by broader racist attitudes (Essed, 1991; Shorter-Gooden, 2004). Black women often experience gendered racism in the discursive form of gendered racial stereotypes that are byproducts of a history of enslavement in the United States, where they were developed to rationalize the systemic assault, exploitation, and subjugation of Black women (Donovan, 2011;

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Rosenthal & Lobel, 2020). These stereotypes function to maintain systemic control over Black women's political, economic, ideological, and reproductive freedom (Collins, 2000). For instance, the Jezebel stereotype depicts Black women as hypersexual and seductive, while the Strong Black Woman (SBW) stereotype portrays them as stoic and resilient caretakers (Collins, 2000; Thomas et al., 2011). In comparison, the Sapphire stereotype characterizes Black women as aggressive and outspoken, which contributes to their perception as domineering, argumentative, and emasculating (Collins, 2000; West, 1995). Named after the Sapphire character from the television show *Amos 'n' Andy*, the Sapphire image depicts Black women as angry, aggressive, domineering, loud, and hostile (Collins, 2000). Rising to popularity during the 1960s when the U.S. Civil Rights and Women's Movements were gaining momentum, the Sapphire stereotype was created by White men to portray Black femininity as dangerous and, historically within the U.S., has been used to blame Black families' poverty and Black children's dysfunction on Black women's status as matriarchs (Collins, 2000). As demonstrated by Thomas et al. (2004), there are both theoretical similarities and distinctions between the Jezebel, SBW, and Sapphire stereotypes. Although these stereotypes are grounded in similar racist and sexist assumptions of Black femininity, they also have different gendered racial behavioral prescriptions that warrant separate sub-scales (Thomas et al., 2004).

Prior research has demonstrated how perceptions of assertive expression can be racialized and gendered. For example, in an experiment where a racially diverse group of men and women watched a video of an employer/employee interaction, participants were most likely to assume the dispositional characteristic of anger expression when the employee was Black and female (Motro et al., 2021). Further, in an experiment where a sample of predominantly White and Asian college students took part in a computerized mock jury, Black female jurors who expressed anger while communicating their opinion were considered the least effective despite

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making identical arguments as White male jurors, who were considered the most effective (Salerno et al., 2019). Indeed, these results suggest that the Sapphire stereotype may be deployed against Black women when their behaviors are interpreted as violating the hegemonic feminine ideals of communality and passivity (Jones & Norwood, 2017; Judd, 2019).

The endorsement of gendered racial stereotypes involves an agreement with harmful stereotypical narratives and depictions related to women of color (Thomas et al., 2004). Black women's endorsement of the Jezebel and SBW stereotypes has been linked with outcomes related to sexual well-being, such as greater sexual monitoring, sexual passivity, and risky sexual behaviors (Avery et al., 2022; Davis & Tucker-Brown, 2013; Hall & Witherspoon, 2015; Leath et al., 2021; Jerald et al., 2017; Townsend et al., 2010). Black women's Sapphire stereotype endorsement has been comparatively understudied both qualitatively and quantitatively, in comparison to the Jezebel and SBW stereotypes. To our knowledge, only two studies have investigated Black women's Sapphire stereotype endorsement in relation to their sexual well-being. For instance, one study did not find a significant association between Sapphire stereotype endorsement and sexual risk behaviors (Hill & Witherspoon, 2015). Moreover, in a study of young Black women's sexual decision-making, participants commented that their sexual partners classified them as "angry," "crazy," and as having "attitude problems" if they refused sex or tried to negotiate safe sex practices (Bond et al., 2021, p. 301), qualities often associated with the Sapphire stereotype, but not explicitly defined as such in the study. Thus, further research is needed to better understand whether and how Sapphire stereotype endorsement influences Black women's sexual assertiveness.

The Potential Moderating Role of Gendered Racial Identity Centrality

Gendered racial identity has been conceptualized as forming through processes of reflection and negotiation of one's gendered racial identity within socio-cultural and institutional

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contexts (Williams & Lewis, 2021). Gendered racial identity centrality, or the significance of one's intersecting gender and racial identities, may influence the meaning Black women derive from their experiences of gendered racism (Jones & Day, 2018; Lee & Ahn, 2013; Thomas et al., 2011). Studies examining the role of gendered racial identity centrality in the associations between gendered racism and mental health among Black women have reported conflicting findings (Jones et al., 2021; Szymanski & Lewis, 2016). For example, one study reported that, among women with moderate to high levels gendered racial identity centrality, there was a statistically significant positive association between experiencing gendered racism and use of detachment coping strategies (e.g., internalization/self-blame; Szymanski & Lewis, 2016). In another study, the positive association between Black women's identity shifting (i.e., the conscious or unconscious shifting of speech or behavior to mitigate the negative impact of discrimination) and depressive symptoms was stronger for Black women with high levels versus low levels of gendered racial identity centrality (Jones et al., 2021). In addition, a study found that a greater frequency of gendered racial microaggressions and lower levels of gendered racial identity centrality contributed to the greater use of disengagement coping strategies (e.g., emotional avoidance), which was negatively associated with mental health outcomes (Lewis et al., 2017). Given recent research elucidating a positive association between gendered racial identity centrality and sexual satisfaction among Black women (Leath et al., 2021), further exploration of the role of gendered racial identity centrality in the relations between gendered racial stereotype endorsement and sexual assertiveness is warranted.

The Current Study

A growing body of research has begun to interrogate the links between Black women's endorsement of gendered racial stereotypes and their sexual well-being (Avery et al., 2022; Davis & Tucker-Brown, 2013; Hall & Witherspoon, 2015; Leath et al., 2021; Jerald et al., 2017;

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Townsend et al., 2010). Still, the association between the endorsement of the Sapphire stereotype — depicting Black women as emasculating, controlling, and argumentative, and standing counter to the hegemonic feminine sexual ideals of passivity and submissiveness — and sexual assertiveness has yet to be examined (West, 1995). Moreover, studies examining the role of gendered racial identity centrality in the associations between gendered racism and mental health among Black women have reported conflicting findings (Jones et al., 2021; Szymanski & Lewis, 2016). Therefore, the current study investigated the relations between Sapphire stereotype endorsement, gendered racial identity centrality, and sexual assertiveness. Given research indicating that age (Hall & Witherspoon, 2015; Jerald et al., 2017; Smith et al., 2019; Townsend et al., 2010; Williams & Lewis, 2021) and socioeconomic status (Avery et al., 2022; Bay-Cheng, 2019; Jones, 2019) are associated with Black women’s endorsement of gendered racial stereotypes, gendered racial identity centrality, and sexual well-being, we controlled for these variables in our regression analyses. In this study, we hypothesized the following:

H1: Sapphire stereotype endorsement will be positively associated with sexual assertiveness.

H2: Gendered racial identity centrality will moderate the positive association between Sapphire stereotype endorsement and sexual assertiveness such that this association will be stronger among participants with high relative to low levels of gendered racial identity centrality.

Method

Participants and Procedure

The sample included 1,595 Black women with a mean age of 23 years ($SD_{age} = 3.41$). While Black transgender women between the ages of 18 and 30 met the criteria for inclusion in the current study, no participants identified as transgender. The majority of participants identified

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their ethnicity as African American (83.9%), followed by Afro-Latina (5.1%), Multiracial/Biracial (4.5%), African (4.2%), and West Indian/Caribbean (2.3%). The majority identified as heterosexual (76.3%), followed by 17.5% identifying as bisexual, and 6.1% identifying as gay/lesbian. Most participants reported being employed full-time (36.0%), while 22.1% reported being full-time students and 18.8% reported being employed part-time and going to school. Participants in our sample were well-educated, with 27.0% having graduated from junior college, trade school, or college, and 27.8% reporting having completed at least some college. An additional 26.8% of participants reported graduating from high school. Participants in our sample reported moderate subjective socioeconomic statuses ($M = 6.17$, $SD = 2.16$).

IRB approval for this study was obtained from a large Southeastern university. We did not pre-register the study, however, the data, analysis code, and research materials are available by emailing the corresponding author. The data used in this study were collected as part of a larger survey and have been used in prior analyses (see Matsuzaka et al., 2022; Matsuzaka et al., 2022; Stanton et al., 2022). Participants were recruited by Qualtrics Panels to complete a Qualtrics-hosted anonymous online survey. Participants were required to self-identify as Black cisgender or transgender women between the ages of 18 to 30. Informed consent was obtained prior to participants starting the survey. The average survey completion time was 60 minutes. After completing the survey, participants were debriefed and compensated. Qualtrics Panels provides participants with the option to receive different types of compensation. As such, we did not manage this process or have access to compensation details (Qualtrics, n.d.). Participants were compensated directly through Qualtrics Panels (Boas et al., 2022; Ibarra et al., 2018).

Measures

Sexual Assertiveness

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We measured sexual assertiveness with the 25-item Hurlbert Index of Sexual Assertiveness (HISA; Hurlbert, 1991). Although the HISA has recently been demonstrated to have a two factor structure in a sample of Black adult women (i.e., Avery et al., 2022), for this study, we chose to use the unidimensional HISA given our specific interest in Black women's global experience of sexual assertiveness (for example, see Avery et al., 2021 and Fletcher et al., 2015). Sample items in the measure included: "I communicate my sexual desires to my partner," "I find myself doing sexual things I do not like," (reverse coded) and "I approach my partner for sex when I desire it." Participants were instructed to indicate how frequently they engage in each behavior described within the items on a 5-point Likert-type scale with response categories ranging from 1 (*never*) to 5 (*all of the time*). We instructed participants to think of a typical partner, whether that be long-term or casual, when answering the items. Mean scores were used with higher scores representing greater sexual assertiveness. Convergent validity of the HISA was supported by sexually assertive women a) scoring higher on the Index of Marital Satisfaction and the Index of Sexual Satisfaction, b) reporting a higher frequency of sexual activity and orgasms, and c) having a greater subjective sexual desire in comparison to sexually nonassertive women (Hurlbert, 1991). The HISA demonstrated excellent internal consistency in the current study ($\alpha = .93$) and good to excellent internal consistency in previous studies with samples of Black women (α range = .85 to .91; Avery et al., 2022; Fletcher et al., 2015).

Sapphire Stereotype Endorsement

We measured Sapphire stereotype endorsement with the 10-item Sapphire subscale of the Stereotypic Roles about Black Women Scale (SRBWS; Thomas et al., 2004). Items described both the extent to which respondents perceived Black women as endorsing the Sapphire stereotype and the extent to which respondents personally endorsed the Sapphire stereotype. Sample items included: "If given a chance, Black women will put down Black men," "Black

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women are usually angry with others,” “People respond to me more if I am loud and angry,” and “I often have to put someone in their place, read them, or check them.” Participants were instructed to indicate the extent to which they agreed with statements on a 5-point Likert-type scale, with response categories ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Mean scores were calculated with higher scores representing greater endorsement of the Sapphire stereotype. Thomas et al. (2004) assessed goodness of fit of the four-factor model of the SRBWS and a null model, and concluded that the four-factor model in which Jezebel, Mammy, SBW, and Sapphire stereotype endorsement each map onto unique constructs, was the best fitting model. The SRBWS-Sapphire subscale showed good internal consistency in this study ($\alpha = 0.87$) and in a prior study involving a sample of Black women ages 18 to 63 ($\alpha = 0.70$; Thomas et al., 2004).

Gendered Racial Identity Centrality

We used the 8-item Gendered Racial Identity Centrality scale to measure Black women’s gendered racial identity centrality (Lewis et al., 2017). This scale was adapted from the centrality subscale of the Multidimensional Inventory of Black Identity (Sellers et al., 1997) and was modified to reflect Black women’s intersectional identity. Sample items included: “In general, being a Black woman is an important part of my self-image” and “I have a strong attachment to other Black women.” Participants were instructed to indicate the extent to which they agreed with statements on a 7-point Likert-type scale, with response categories ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Mean scores were calculated with higher scores representing higher levels of gendered racial identity centrality. Validity of the Centrality subscale was supported by a) good alpha coefficients for predictive and construct validity (α s ranging from .70 to .79; Lewis et al., 2017) and b) statistically significant positive association between having a Black best friend and scores on the Centrality subscale (Sellers et al., 1997).

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The Centrality subscale had good internal consistency in this study ($\alpha = 0.72$) and in another sample of Black women ($\alpha = 0.80$; Lewis et al., 2017).

Covariates

Participants reported their age in years. We used Adler et al. 's (2000) MacArthur Scale of Subjective Social Status to measure subjective socioeconomic status, which takes into consideration education, current occupation, and income. Participants viewed an image of a ladder and indicated, on a 10-point scale 1 (*worst off*) to 10 (*best off*) where they perceived their socioeconomic position in comparison to other people in the United States.

Results

Preliminary Analyses

All analyses were conducted using the Statistical Package for Social Sciences (SPSS) Version 27 (IMB Corp., 2017). We tested for normality by conducting a screening for missing data and analyzing boxplots for possible outliers. The analysis of missing data showed that less than 5% of all items for all cases were missing; no item had more than 3.4% of data missing. Little's Missing Completely at Random (MCAR) test resulted in a χ^2 of 71.88 (degrees of freedom = 23, $p < .001$), signifying that data was not MCAR (Schlomer et al., 2010). We used pairwise deletion to remove cases with missing data and analyzed all other cases without missing data (Schlomer et al., 2010). Only two outliers were found, but were retained, as our large sample buffered against these outliers affecting our analysis (Field, 2013). Kurtosis and skewness values were between ± 2.00 , thus, within the acceptable range (Byrne, 2010).

As presented in Table 1, univariate analyses revealed that participants had moderate levels of sexual assertiveness ($M = 2.95$, $SD = .81$), moderate levels of Sapphire stereotype endorsement ($M = 2.70$, $SD = .88$), and high levels of gendered racial identity centrality ($M = 4.76$, $SD = 1.24$). We conducted Pearson correlation tests to examine the bivariate associations

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between the covariates (age, subjective socioeconomic status), Sapphire stereotype endorsement, gendered racial identity centrality, and sexual assertiveness. As presented in Table 2, age ($r = 0.1, p < .001$) and subjective socioeconomic status ($r = .08, p < .001$) were significantly positively correlated with sexual assertiveness. Sapphire stereotype endorsement ($r = .22, p < .001$) and gendered racial identity centrality ($r = .22, p < .001$) were significantly positively correlated with sexual assertiveness. Sapphire stereotype endorsement was also significantly positively correlated with gendered racial identity centrality ($r = .11, p < .001$).

Hypothesis Testing

Hierarchical regression models were constructed to examine whether Sapphire stereotype endorsement, gendered racial identity centrality, and their interaction term, were associated with sexual assertiveness, controlling for age and subjective socioeconomic status. On Step 1, we entered the control variables (age, subjective socioeconomic status). We then entered Sapphire stereotype endorsement on Step 2. On Step 3, we entered the gendered racial identity centrality variable. To test the moderation hypothesis (H2), we used Hayes' (2012) SPSS PROCESS macro (model 1). Continuous predictors were mean centered (Aiken et al., 1991), and the two-way interaction term between the Sapphire stereotype endorsement and gendered racial identity centrality variables was entered on the final step of the regression model.

Hypothesis 1

H1 tested whether Black women's Sapphire endorsement stereotype would be positively associated with sexual assertiveness. H1 was supported. Sapphire stereotype endorsement accounted for 6.2% of the variance in sexual assertiveness, $F(3, 1591) = 34.57, p < .001, r^2 = .06$. As shown in Table 2, Sapphire stereotype endorsement $b = 0.20, t(1591) = 8.74, \beta = 0.26, p < .001$ was significantly positively associated with sexual assertiveness.

Hypothesis 2

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H2 tested whether Black women's gendered racial identity centrality would moderate the association between their Sapphire stereotype endorsement and sexual assertiveness scores. Findings revealed that H2 was supported (Figure 1). Gendered racial identity centrality ($\beta = .05$, $F = 35.80$, $p < .01$, $\Delta r^2 = .05$) moderated the effects of Sapphire stereotype endorsement on sexual assertiveness scores. Using procedures developed by Dawson (2014), the interaction was plotted on two levels of Sapphire stereotype endorsement- one standard deviation above and below the mean of gendered racial identity centrality. Simple slopes tests were conducted to further probe the interaction effect (Aiken et al., 1991). Results showed that among those who reported low gendered racial identity centrality, $t(1595) = 3.07$, $\beta = .32$, $p < .01$, and high gendered racial identity centrality, $t(1595) = 8.42$, $\beta = .44$, $p < .001$), Sapphire stereotype endorsement was significantly associated with sexual assertiveness scores. As such, whether participants reported low or high gendered racial identity centrality, Sapphire stereotype endorsement was associated with higher sexual assertiveness scores. This association was stronger for Black women who reported high gendered racial identity centrality compared to those who reported low gendered racial identity centrality.

Discussion

Limited research has explored the associations between Black women's endorsement of gendered racial stereotypes and their sexual well-being. The current study examined the associations between Sapphire stereotype endorsement, gendered racial identity centrality, and sexual assertiveness in a large sample of Black women. Results revealed that Sapphire stereotype endorsement was positively associated with sexual assertiveness. This positive association was stronger for Black women with high versus low levels of gendered racial identity centrality. To our knowledge, this study is the first to examine Sapphire stereotype endorsement in relation to Black women's sexual assertiveness. In doing so, we add to the growing body of literature

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elucidating how gendered racial stereotypes may influence Black women's sexual well-being (Avery et al., 2022; Davis & Tucker-Brown, 2013; Hall & Witherspoon, 2015; Leath et al., 2021; Jerald et al., 2017; Townsend et al., 2010).

We confirmed our first hypothesis that Sapphire stereotype endorsement would be positively associated with sexual assertiveness. While the Sapphire stereotype endorsement variable accounted for only 6.2% of the variance in sexual assertiveness scores, these results are consistent with the small but statistically significant amount of variance demonstrated in past research investigating Black women's endorsement of gendered racial stereotypes and their sexual well-being (Avery et al., 2022; Leath et al., 2021). Our results are distinguished from prior findings related to Black women's Jezebel and SBW stereotype endorsement in relation to sexual well-being. Unlike the Jezebel and SBW stereotypes, which have been linked with greater sexual monitoring, guilt, and shame, and engagement in self-silencing behaviors (Avery et al., 2022; Hall & Witherspoon, 2015; Leath et al., Townsend et al., 2010), our results showcase how Black women can negotiate the Sapphire stereotype in ways that may support greater sexual assertiveness. Our results also confirm prior research that did not find a significant association between Sapphire stereotype endorsement and risky sexual behavior (Hall & Witherspoon, 2015). It has been theorized that Black women who endorse the Sapphire stereotype may be more comfortable centering their own needs and desires and communicating perceptions of injustice and wrongdoing (Collins, 2000; Judd, 2019; West, 1995). We speculate that participants who endorsed the Sapphire stereotype in our study may have been more comfortable expressing their sexual desires and negotiating safe sex practices with their intimate partners. As past research has demonstrated an association between the rejection of hegemonic feminine norms and sexual agency (Eaton & Matamala, 2014; Lentz & Zaikman, 2021; Ward et al., 2019), Black

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women's endorsement of assertiveness in alignment with the Sapphire stereotype may represent a form of resistance against these norms.

As expected, we found that gendered racial identity centrality moderated the association between Sapphire stereotype endorsement and sexual assertiveness. Specifically, we found that the positive association between Sapphire stereotype endorsement and sexual assertiveness was strongest at high compared to low levels of gendered racial identity centrality. Research suggests that Black women in the later stages of their gendered racial identity development may be better equipped to reject the parts of the gendered racial stereotypes that are not compatible with their positive sense of Black womanhood and navigate oppressive environments by shifting parts of their identity (Williams & Lewis, 2021). Given data indicating relatively high levels of gendered racial identity centrality in our sample ($M = 4.76$, $SD = 1.24$), Black women in our study may have been more able to reject the racist and sexist interpretations of the Sapphire stereotype's assertiveness to instead prioritize its portrayal of a Black woman who centers their needs and desires (Collins, 2000; West, 1995). Indeed, this positive interpretation of the assertive nature of the Sapphire stereotype may explain the positive association between Sapphire stereotype endorsement and greater sexual assertiveness among women in our sample.

Our study extends prior research that investigated gendered racial identity centrality in relation to sexual well-being (Leath et al., 2022) by examining the moderating role of gendered racial identity centrality within the Sapphire stereotype endorsement—sexual assertiveness link. Our findings corroborate prior research demonstrating the moderating role of gendered racial identity centrality within the association between Black women's experiences of gendered racism and their mental health (Jones & Day, 2018; Jones et al., 2021; Leath et al., 2021; Lewis et al., 2017; Szymanski & Lewis, 2016). By extending this body of research to investigate sexual assertiveness as the outcome, we demonstrate how constructs related to sexual well-being may

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also be closely intertwined with mental health. Future studies are needed to build an integrated understanding of how the associations between Sapphire stereotype endorsement, gendered racial identity centrality, and sexual assertiveness relate to Black women's mental health and well-being.

Limitations and Future Research

Our study had several limitations that should be considered when interpreting our results. First, as this study used a cross-sectional research design, we cannot determine the directionality of these relations or make statements regarding causality. Future studies with a longitudinal design are needed to test the causal direction of these associations and investigate if they remain consistent across temporal conditions, particularly based on our finding that age was significantly positively associated with sexual assertiveness. Second, this study exclusively examined the potential moderating role of gendered racial identity centrality in the Sapphire stereotype endorsement–sexual assertiveness link, using the Centrality subscale of the Multidimensional Inventory of Black Identity (Sellers et al., 1998). We focused solely on gendered racial identity centrality as a moderator given prior research demonstrating its positive correlation with sexual satisfaction (Leath et al., 2022), and inconclusive research related to its moderating role within the gendered racism—psychological health link (Jones et al., 2021; Lewis et al., 2017; Nelson et al., 2022; Szymanski & Lewis, 2016). Thus, we recommend future studies examine whether and how other identity-specific variables, such as gendered racial regard, may influence the relations between Sapphire stereotype endorsement and sexual assertiveness. Such research would contribute to a more holistic understanding of how Black women's perceptions of their gendered racial identities influences their sexual well-being.

Third, our inquiry would have been enhanced by gathering additional information about participants' sexual experience (e.g., total number of sexual partners), relationship styles (e.g.,

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long-term vs. casual), and sexual preferences (e.g., dominant vs. submissive). Fourth, given that a majority of our sample identified as young, Black heterosexual cisgender women, our results are not generalizable to *all* Black women, particularly, Black women over the age of 30, Black sexual diverse women, and Black transgender women or non-binary people. We join the call for future studies to include more diverse samples of Black women to build a more inclusive understanding of the relations between Sapphire stereotype endorsement, gendered racial identity centrality, and sexual assertiveness among Black feminine-identified people (Szymanski & Carretta, 2020). Despite these limitations, our research on Black women's sexual assertiveness interrupts the overrepresentation of risk-focused research on unsafe, unprotected, and unwanted Black sex, which portrays Black women as having little to no sexual self-efficacy or sexual well-being (Jones, 2019).

Practice Implications

Our findings emphasize the importance of practitioners engaging in culturally responsive assessment of how gendered racial stereotypes may influence Black women's sexual health and sexual well-being. As scholars point to the importance of assuming a non-judgmental, affirming stance as practitioners working with historically oppressed groups, such as Black women (Ho, 2021; Szymanski, 2020), assessment around Black women's sexuality, sexual health, and sexual well-being should seek to center their perspectives (Heredia & Rider, 2020). We recommend practitioners also consider how gendered racial identity centrality might assume a role in how gendered racism impacts Black women's sexual health and well-being. Given our findings that the positive association between Sapphire stereotype endorsement and sexual assertiveness was stronger among participants with high versus low levels of gendered racial identity centrality, identity-based interventions may be applicable for increasing Black women's sexual assertiveness and, in turn, sexual health and well-being. Scholars suggest that Black women

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move through different stages of understanding what their Black womanhood means to them, which can influence how they express their femininities (Williams & Lewis, 2021). Thus, practitioners might seek to provide Black women with discursive opportunities and other interventions (e.g., viewing podcasts by other Black women, journaling, Black women's peer groups) to explore the subjective importance of their gendered racial identity and how their gendered racial identity shapes their perceived abilities to be sexually assertive.

Given the “prototypical image” of the sexually assertive woman as “young, White, affluent, attractive, and able-bodied” (Bay-Cheng, 2019, p. 5), we recommend that practitioners examine how biases may influence their beliefs, attitudes, and practices towards sexually assertive Black women. Medical, nursing, and psychological education should include curricula for students to understand how racist and gendered racist practices within medicine and psychology have created medical and therapeutic mistrust among Black Americans (Jaiswal & Halkitis, 2019). Further, practitioners should be required to engage in regular professional seminars to identify and address how socialization in White patriarchal institutions (i.e., healthcare, education) may inform their biases towards Black female clients (Grzanka et al., 2019).

Conclusion

The current study examined the associations between Black women's Sapphire stereotype endorsement, gendered racial identity centrality, and sexual assertiveness. Our results indicate that Black women's endorsement of the Sapphire stereotype was associated with greater sexual assertiveness, and that this association was strongest for women with high levels compared to low levels of gendered racial identity centrality. We recommend that practitioners working with Black female patients presenting with sexual health and well-being concerns consider the role of gendered racial stereotypes and gendered racial identity within their treatment process. Future

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research is needed to examine our findings within a larger structural model that examines Sapphire stereotype endorsement in relation to gendered racial identity, sexual assertiveness, additional sexual health and well-being outcomes, and mental health outcomes.

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Table 1*Descriptive Statistics for Main Study Variables*

	<i>M</i>	<i>SD</i>	Range
Age	23.44	3.40	18-30
SES	6.17	2.16	1-10
SAPPH	2.70	.88	1-5
GRIC	4.76	1.24	1-7
SA	2.95	.81	1-5

Note. $N = 1595$.

SES = subjective socioeconomic status. SAPPH = Sapphire stereotype endorsement. GRIC = gendered racial identity centrality. SA = sexual assertiveness

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Table 2*Bivariate Correlations Among Main Study Variables*

Variable	1	2	3	4
1. Age				
2. SES	.01			
3. SAPPH	.01	.14**		
4. GRIC	.10**	-.02	.11**	
5. SA	.10**	.08**	.22**	.22**

Note. $N = 1595$.

SES = subjective socioeconomic status. SAPPH = Sapphire stereotype endorsement. GRIC = gendered racial identity centrality.

** $p < .001$.

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Table 3

Hierarchical Regression Analysis with Demographic variables, Sapphire Stereotype Endorsement, and Gendered Racial Identity Centrality Predicting Sexual Assertiveness

	<i>B</i>	<i>SE B</i>	β	<i>t</i>
Step 1				
Age	.02***	.01	.10	3.93
SES	.03**	.01	.08	3.24
Adjusted R^2		.02		
ΔR^2		.02		
<i>F</i>		13.05***		
Step 2				
Age	.02**	.01	.08	3.20
SES	.02*	.01	.06	2.38
SAPPH	.18***	.02	.19	7.91
GRIC	.12***	.02	.19	7.81
Adjusted R^2		.09		
ΔR^2		.08		
<i>F</i>		42.17***		
Step 3				
Age	.02**	.01	.07	3.24
SES	.02*	.01	.05	2.05
SAPPH	.16***	.02	.18	7.02
GRIC	.13***	.02	.20	8.24
SAPPH X GRIC	.05**	.02	.08	3.07
Adjusted R^2		.10		
ΔR^2		.01		
<i>F</i>		26.55***		

Note. $N = 1595$.

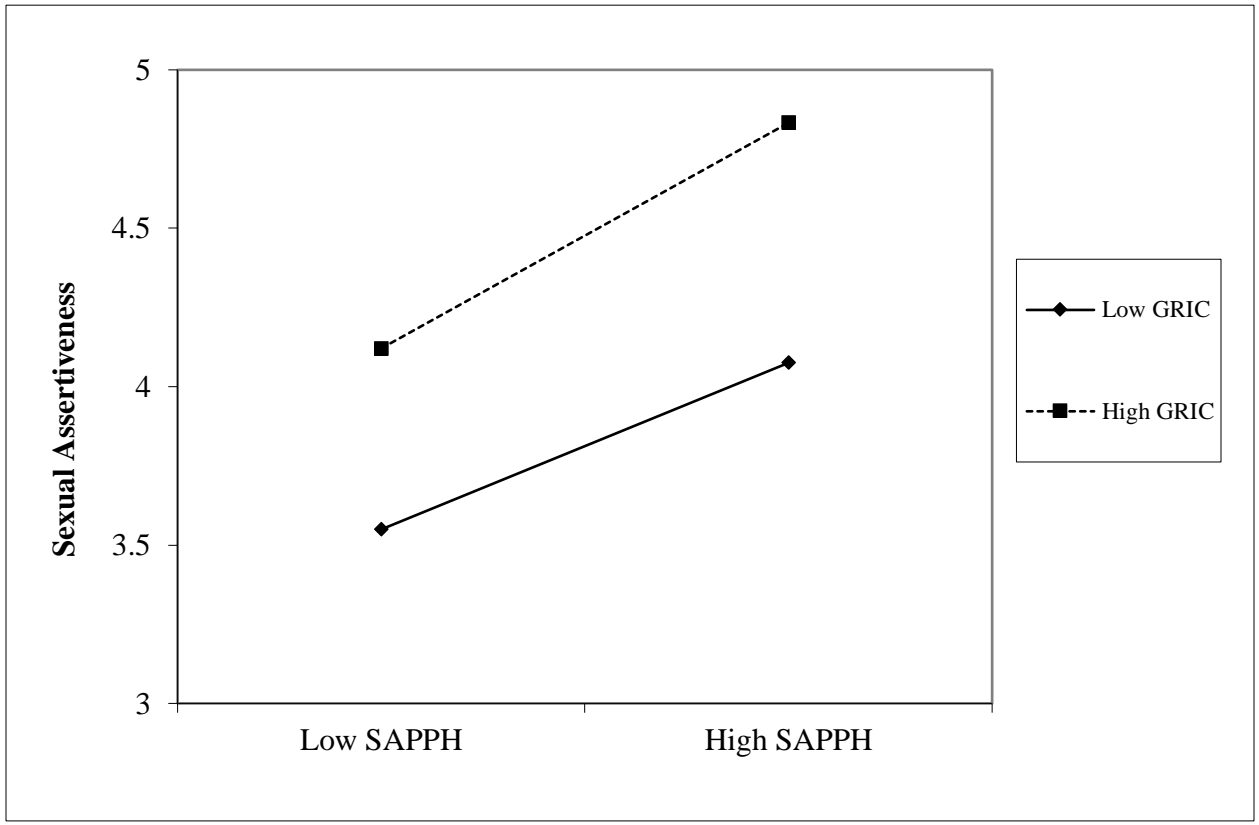
SES = subjective socioeconomic status. SAPPHIRE = Sapphire stereotype endorsement. GRIC = gendered racial identity centrality.

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

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Figure 1

Association between Sapphire Stereotype Endorsement and Sexual Assertiveness Two Levels of Gendered Racial Identity Centrality



Note. N = 1595.

GRIC = gendered racial identity centrality. SAPP = Sapphire stereotype endorsement.