

**‘Flipping the Sexual Script’: A Systematic Review of Black Girls’ and Women’s  
Responses to and Experiences with Sexual Stereotypes**

## Abstract

The prevalence of gender and race-based sexual stereotypes contributes to the sexual health disparities that young Black girls and women in the US experience. This systematic review examined young Black girls' and women's experiences of sexual stereotypes and its impact on their sexual behaviors. A qualitative evidence synthesis of 26 studies using a meta-ethnographic synthesis approach was utilized. Black Feminist Thought (BFT) was applied as a conceptual framework to center Black girls' and women's experiences. The review generated several constructs that highlighted the impact of stereotypes on sexual decision making and behaviors: *reclaiming versus rejecting stereotypes*; *loss of control*; *confront and challenge*; *health professional distrust and intergenerational trauma*; and *internalized misogyny*. A line of argument synthesis was also generated, which highlighted how this demographic sought sexual autonomy away from race-based sexual stereotypes: this was coined *flipping the sexual script*. The findings highlight the need for policy changes concerning sexual health and education in the US, to include policies specifically tailored to Black girls and women.

*Keywords: Sexual stereotypes; Black Feminist Thought; Black girls and women; systematic review*

## **‘Flipping the Sexual Script’: A Systematic Review of Black Girls’ and Women’s Responses with and Experiences to Sexual Stereotypes**

Black girls and women in the US face disproportionate sexual and reproductive health disparities (CDC, 2020, 2023). Indeed, the CDC (2023) note racial and ethnic differences in HIV diagnoses continue to persist with racism, discrimination, and barriers to healthcare being factors that continue to drive these disparities. For example, in 2021, although Black African American females aged 13 and over make up 13% of the female population, HIV infection accounted for 54% of diagnoses among the population (CDC, 2023). This is a stark disparity compared to White peers who made up more of the female population (16%) but account for fewer than three times of new HIV diagnoses for females (18%) (CDC, 2023). These statistics highlight a pressing need to better understand and address such disparities.

Such statistics underscore that “health does not exist outside its social context” (Chinn et al., 2021, p. 216). To understand these health inequities, it is therefore crucial we explore the unique sociocultural challenges, faced by Black girls and women. Specifically, sexual stereotypes play a key role in the shaping various aspects of Black women’s lives including body image, mental health, and sexual health decisions (Abrams et al., 2019; Dunn, Hood et al., 2023; Dunn, Patev et al., 2023; Perkins et al., 2023). Examining these stereotypes is essential for a comprehensive understanding of the factors contributing to the sexual and reproductive health disparities observed in this population.

### **Sexual Stereotypes and Intersectionality**

Black girls and women navigate society with intersecting racial and gender identities. Intersectionality, Intersectionality provides a framework for understanding how the dynamic and complex interactions of social identities such as race and gender interact with societal power structures to produce compounded forms of gendered racism that exceed the experiences of racial or gender bias alone (Crenshaw, 1991; Essed, 1991). These intersecting

identities impact both external experiences of discrimination, such as facing sexual stereotypes, and the psychological impact of such discrimination including negative impacts on sexual health, identity formation, self-perception, and body image (Dickens & Stephens, 2023). According to [P.H. Collins \(2015\)](#), intersectionality interrogates how these identities position individuals within systems of power; thus, exposing deeper layers of privilege and marginalization. Intersectionality seeks to produce knowledge, offer new perspectives on social phenomena and serve as a form of critical praxis aimed at remedying complex social inequalities ([P.H. Collins, 2015](#)).

~~Applying An~~ intersectional ~~perspective provides insight into how understanding to~~ sexual stereotypes ~~reinforce racial and gender biases that affect Black women. For instance,~~ Wilson ~~et al.~~ (2009) ~~investigated and sought to define the~~ term race-based sexual stereotypes: ~~identifying them~~ as implicit beliefs and expectations of sexual encounters dependent on the sexual partner's race ~~or~~ ethnicity. ~~(Wilson, 2009)~~. There are three race-based historical stereotypes of Black women, namely Mammy (an asexual, highly maternal and self-sacrificing woman); Jezebel (a hypersexual and promiscuous woman) and Sapphire (an aggressive and emasculating woman). The hypersexual jezebel stereotype can be dated back to American slavery where it was used to justify the colonial exploitation, commodification, and mass rape of enslaved Black women alongside promoting the idea of undesirability and inhumanness (Prather et al., 2018; West, 1995). A range of more contemporary stereotypes have also emerged, namely: Matriarch; Angry Black woman; Welfare queen; Superwoman/Strong Black Woman (SBW); and T.H.O.T (Bond et al., 2021). Therefore, as noted by [P.H. Collins \(2004\)](#), Black women's sexualities have historically been characterized and defined by sexual stereotypes.

While all three historical stereotypes have long been discussed in the literature, the Jezebel stereotype is arguably the most pervasive (Hargons et al., 2021). However, it is

unclear if this is a “chicken and egg” situation. Has more research been conducted on hypersexuality because it is the most deeply ingrained in society, or is this the result of research being focused on one particular stereotype, thus making it appear more widespread than others? Nonetheless, research focused on others’ perception of Black women’s hypersexuality - by exploring the Jezebel stereotype - as opposed to lived experiences and behaviors, often fails to give a voice to Black girls and women. All of these sexual stereotypes may play a significant role in the sexual experiences of young Black girls and women, reflecting broader sociocultural dynamics and contributing to disparities in sexual and reproductive health.

### **Black Female Sexual Socialization**

As Black girlsThe transition into early and emerging adulthood, they enter-is a crucial phase of identity development, characterized by evolving role status, experiences, and values (Arnett, 2000). For emerging adult Black women this phase is further complicated by gendered racism and sexual stereotypes. Stereotypical messages from family and broader societal influences, including media, often sexualize and misrepresent Black womanhood (Capodilupo, 2015; Dunn, Hood et al., 2023). For Black women, these stereotypes negatively influence sexual behaviors and attitudes including a depreciation of their bodies, reduced sexual assertiveness, and reduced sexual health behaviors such as condom use (Dunn, Hood et al., 2023; Dunn, Patev et al., 2023; Perkins et al., 2023). Indeed, Family communication from both male and female parental figures, including risk-averse messages, can inadvertently reinforce damaging hypersexual, stereotypes and frame sex in a restrictive manner, hindering positive sexual development (Frederick et al., 2023; Leath et al., 2020; Frederick et al., 2023; Stewart et al., 2022).

Furthermore, Black feminist theory; highlights how sexual silence - avoiding conversations about sexuality to shield daughters from harmful stereotypes - ~~avoided to shield daughters from the harmful stereotypes imposed on them~~ - can further limit Black women's ability to explore their sexual desires (P.H. Collins, ~~1990~~2000; Perkins et al., 2023). Thus, these sexual stereotypes are embedded in the sociocultural environment and limit Black women's ability for healthy sexual development.

### **Sexual Stereotypes and Sexual and Reproductive Health Disparities**

One area of Black women's sexual development that has been particularly restricted is sexual and reproductive health. Researchers have found that the prevalence of sexual stereotypes negatively impact sexual and reproductive health. On one hand, stereotypes have been shown to be internalized by Black women and shape their sexual behaviors and identity (Davis & Tucker-Brown, 2013). This internalization of sexual stereotypes can be ~~understand~~understood through the lens of misogynoir: a term created by Bailey and Trudy (2018) to show the intersecting sexism and racism within Black women's lives that is presented as contempt for Black women (Bailey, 2021; Bailey & Trudy, 2018). Misogynoir reflects how stereotypes that hypersexualize Black women deeply influence the ways in which Black women's bodies are perceived, reinforcing harmful narratives that influence their sexual identities and behaviors. For example, sexual stereotypes have been found to threaten sexual health decision-making, challenge fostering healthy relationships, and may increase engagement in risky sexual behaviors (Davis & Tucker-Brown, 2013; ~~Fritz et al., 2020~~; Prather et al., 2016). Therefore, exploring these stereotypes plays a key part in understanding the unique challenges faced by this demographic, and addressing stark sexual health disparities. Perkins et al. (2023) found that the superwoman schema – originally intended to emphasize strength - may shape sexual beliefs in a way that is detrimental to sexual health such as self-silencing and decreasing the ability to have sexually assertive

behaviors. Such self-silencing has further been shown to reduce the efficacy of condom use for Black women (Stokes & Brody, 2019).

On the other hand, sexual stereotypes are not only internalized by Black women but also endorsed by clinician professionals. Research shows clinical professional are more likely to hold negative racial stereotypes such as believing Black women have higher pain tolerance are more likely to use drugs, or are single mothers (Boakye et al., 2024; Thompson et al., 2022; van Ryn et al., 2011). This medical racism, coupled with historical coercive practices, results in oversexualization and subpar care for Black women compared to their White counterparts (Wade et al., 2023). Consequently, this leads to clinical distrust, where young Black women are uncomfortable discussing their sexual health and clinicians avoid these conversations (Cohn & Harrison, 2022; Wade et al., 2023). Such stereotypes contribute to dismissive or delayed healthcare, highlighting health disparities are in part driven by gendered racism and misogynoir. Addressing both internalized and externally imposed stereotypes is crucial for improving clinical care for Black girls and women. However, despite some prior work examining racism and sexual health behaviors, significant gaps remain in the literature regarding the specific role of sexual stereotypes.

### **The Current Study**

Two previous reviews have been conducted that consider racism and the sociocultural environment and sexual behaviors. Prather et al. (2018) conducted a historical literature review of racism and sexual health behaviors. This therefore lacks the systematic and comprehensive approach to fully explore the complex interplay between racism, sexual stereotypes, and sexual behaviors. Cohn and Harrison (2022) conducted a systematic review of racial disparities, STIs and social determinants of health; however, this review did not specifically consider sexual stereotypes. Rosenthal and Lobel (2011, 2016) argue exploring

sexual stereotypes is crucial for understanding racial disparities in women's sexual and reproductive health, highlighting a significant gap for a comprehensive review.

Additionally, existing research shows mixed findings on the impact of sexual stereotypes, particularly the jezebel stereotype, with some studies indicating ~~reduced~~ sexual oppression and others showing increased sexual empowerment (Halliday, 2017; Leath et al., 2021; ~~Monahan et al., 2005~~). This inconsistency further highlights the need for a comprehensive review to explore such differences and better understand the influence of stereotypes to enable Black women to subvert the harmful messages they receive.

The current study addresses the gap in the literature by systematically exploring the intersections between sexual stereotypes and the sexual health experiences and behaviors of Black girls and women. By investigating the implications of sexual stereotypes on behaviors and attitudes, we hope to offer culturally relevant insight that can inform and improve sexual health intervention efforts for this population. Additionally, understanding how Black women navigate and resist sexual stereotypes is crucial for advancing psychological theory and developing effective interventions. This research advances the field by providing deeper insights into these dynamics, thereby informing more nuanced and supportive approaches to enhancing Black women's sexual autonomy and well-being. Furthermore, recognizing that conversations in qualitative research and analysis circles are dominated by the "White, educated elite" (Evans- Winters, 2019, p.2) our Black feminist qualitative approach incorporates our lived and human experiences as Black woman scholars alongside the experiences of Black girls and women. This perspective adds further nuance and depth to enriches the interpretation of women's narratives surrounding sexual stereotypes and advance scholarship in the area to empower Black women.



## Method

### Conceptual Framework

Black Feminist Thought (BFT; [P.H. Collins, 1990](#)) was applied as a conceptual framework to inform all aspects of the review (see Table 1). BFT has been effectively utilized in various Black psychology and sexuality studies, offering valuable insights into the nuanced experiences of Black women (see e.g., Dickens & Stephens, 2023). There are three key themes central to BFT: first, knowledge and ideas generated by Black women offer critical insights into their unique experiences ([P.H. Collins, 1986](#)). Second, Black women possess a unique standpoint due to their lived experiences alongside commonalities shared by Black women as a group ([P.H. Collins, 1986](#)). Third, these experiences often reveal dimensions of oppression and resilience with the contours of which may not be clear to Black women themselves ([P.H. Collins, 1986](#)).

BFT was central to this review, guiding both our focus and methodology. We prioritized the voices and lived experiences of Black girls and women, countering the dominant narratives that have historically hypersexualized and controlled Black women's bodies ([P.H. Collins, 1990, 2000](#)). BFT emphasizes that research is not neutral but shaped by the researcher's identity and experiences. To align with this, we maintained detailed researcher notes, acknowledging our position as Black women scholars. This ongoing reflection ensured that our analysis moved beyond objectification, aiming for a more nuanced understanding.

### Inclusion Criteria

The inclusion criteria for this systematic review ~~were~~ therefore developed in line with BFT, and structured according to ~~applies~~ the SPIDER tool ~~, which is a suitable search strategy for qualitative research~~ (Sample, Phenomenon of Interest, Design, Evaluation, and

Research Type). The SPIDER tool organizes the inclusion criteria into these five components to facilitate rigor within qualitative systematic reviews (Cooke et al., 2012; see Table 1).

Participants in primary studies needed to be aged 10-25 years to capture adolescence through to young adulthood. Studies including participants outside this demographic must have allowed for independent data extraction of the proposed demographic. Additionally, primary studies required a qualitative component that could be independently extracted.

[Insert Table 1 here]

### **Systematic Search and Selection Process**

A two-stage search process using a maximum variation purposive sampling approach was conducted in May – August 2023. We identified areas of variation across the results of the first search stage to guide the second search stage (Suri, 2011). Electronic databases were searched using free text and controlled terms: ProQuest (ProQuest central, IBSS, ASSIA) PubMed, and PsycINFO. The search terms defined the target population as Black, girls or young adults, sexual stereotypes, and sexual behaviors as target topics of the studies. The initial terms were generated using a thesaurus of the databases to identify controlled terms related to the topic alongside terms used in the literature. Terms to capture ‘Black’ included those related to race and ethnicity, as they are often used interchangeably within the literature. The key search terms were used in each database along with Boolean operators (See Supplementary Table here:

[https://osf.io/eukyf/?view\\_only=818729cd6e974c288c30b91bc09eb3a1](https://osf.io/eukyf/?view_only=818729cd6e974c288c30b91bc09eb3a1)).

We identified areas of heterogeneity within the first search by considering the date of study, type of method, and sample demographic. Using this information, with the aim of increasing heterogeneity, for the second search stage we identified papers for citation searching and also utilized Google scholar.

The selection process followed the PRISMA reporting guidelines, documenting each phase -identification, screening, eligibility, and inclusion -in a structured flow to ensure transparent reporting (see Figure 1). All reports were exported to EPPI-Reviewer 4.0 (Thomas et al., 2010) with duplicates removed. The first author screened all titles and abstracts, and the second author independently screened 10%. At the full text stage, the first author screened all papers, and the second author independently screened 15%. Any disagreements were reconciled to 100% agreement.

[Insert Figure 1 here]

### Critical Appraisal

After the search and selection phase, the JBI Critical Appraisal Checklist for Qualitative Research (Lockwood et al., 2020a) was applied to all studies to assess the methodological quality of selected studies. It is comprised of 10 questions to evaluate the extent to which a study has addressed the possibility of bias in its design, conduct, and analysis (Lockwood et al., 2015). Appraisal checklists have been argued to limit the conceptual potential of a meta-ethnography by excluding innovative and insightful studies that may not adhere to conventional methods (Barbour, 2001; Brookfield et al., 2019; Sattar et al., 2021). Such concerns are particularly relevant in the context of Black feminist research, which often necessitates a broader approach of seeking research from various disciplines to uncover the intricacies of Black girls lives (Lindsay-Dennis, 2015). To uncover such insights, studies may use unconventional and less traditional methods. Therefore, to prevent excluding any innovative studies, the JBI tool was modified from *include, exclude, requires further information* to *high, medium, or low quality*. Data synthesis and translation was conducted in order of quality to mitigate the impact of lower quality studies on the findings

## Data Extraction and Synthesis

After this critical appraisal, we We followed the seven phases of meta-ethnography outlined by Noblit and Hare (1988) to extract and synthesis the results. Data were extracted to Excel using the following subheadings from the JBI Qualitative Data Extraction Tool (Lockwood et al., 2020b): *Methodology; Method; Phenomena of Interest; Setting; Geographical; Cultural; Participants; Data analysis; Authors' Conclusions; and Comments.* QSR NVivo 14 was used to extract the further information required for a meta-ethnographic synthesis approach: first order constructs (i.e., participant quotations) and second order constructs (i.e., concepts developed by the study authors).

We followed an iterative extraction process in which we continually referred to the study characteristics and constructs to determine how they relate reciprocally and/or refutationally. Studies were also grouped by their initial phenomena of interest to identify confirming and disconfirming themes across and within groups. Through the translation process we generated third order constructs (i.e., the systematic reviewer's interpretation of the studies), and a line of argument synthesis (i.e., an overarching metaphor or storyline that could only be created through synthesizing and translating all the primary studies).

## Positionality

The authors recognize that any research is inherently subjective, and researchers' cultural, sociopolitical and experiential selves influence and inform our research choices (Holmes, 2020). Both authors identify as having insider-outsider status. The first author is a young Black woman from the UK with first-hand experience of gendered and racial sexual stereotypes but within a UK social environment as opposed to the US. Her theoretical perspective aligns with intersectionality (Crenshaw, 1991), as the oppressions I have faced are a product of the combination of my race and gender. In contrast to her preliminary readings of the literature, she does not believe these experiences increased her sexual risk

taking. Instead, she more readily resonated with resisting and rejecting such stereotypes. This therefore influenced the research process as we had wide search criteria that considered a range of sexual behaviors (e.g., abstinence and sex). The second author is a Black mixed-African and European heritage woman who was adopted into a White family in the UK. Her experiences of inequities within the education system and working environment inspired her to support and encourage young Black women to pursue academic careers to help change the narrative and disproportionate White voice on Black experiences. Her eleven years of academic experience focus on equity, stakeholder participation in research and public health. She acts as a mentor and coach to Black women and men and is a proud mother of two daughters.

## Results

### Search Results and Study Characteristics

The final review included 26 studies. -The first search stage generated 17 studies, with a further nine studies included after the second search stage. In the first search stage, over half of the papers (n = 11) used focus group methods; there were no papers dated between the years 1990-2001 and only three papers prior to 2012. -Many papers were exclusively comprised of young women aged 18-25 (n = 8). Only one paper (Stephens & Few, 2007) exclusively considered adolescents aged 10-14; therefore, this paper was utilized for citation searching with the aim of increasing the demographic variation of the review.

A full summary of the data extracted from all 26 studies is reported in the supplementary table: [https://osf.io/eukyf/?view\\_only=818729cd6e974c288c30b91bc09eb3a1](https://osf.io/eukyf/?view_only=818729cd6e974c288c30b91bc09eb3a1). All but three studies solely sampled Black girls and/or women: one also included Puerto Rican men and women; one included Latinx men and women; and one included Latina women. Quotations and author conclusions regarding demographics other than Black girls and women aged between 10-25 were excluded from this review. This decision aligns with

BFT which emphasizes centering Black women's voices. By excluding data from non-Black or male participants, we ensured that the focus remained solely on Black women's perspectives. Including papers with broader demographics but excluding their non-relevant data allowed us to incorporate a wider range of studies while still prioritizing Black women's experiences. This approach prevented the further marginalization of Black women's voices and ensured their experiences were fully represented. Several papers drew from the same sample but were not derived from the same data; thus, were treated as separate studies.

### Critical Appraisal

Table 2 shows the critical appraisal categories for all 26 studies. All studies were of a high or medium quality. Most studies neither located the researcher culturally or theoretically nor considered how they influenced the research. In alphabetical order, studies of ~~a~~ high quality were analyzed first, with those of a medium quality analyzed second.

[Insert Table 2 here]

### Translation and Synthesis

The first and second order constructs of individual studies were collated and assigned into themes. These themes were then amalgamated into new categories where necessary. Through the translation and synthesis process we developed third order constructs, namely: *loss of control; health professional distrust and intergenerational trauma; internalized misogyny; relationships and dating; and reclaiming versus rejecting stereotypes*.

#### ***A Loss of Control and Sexual Autonomy: All or Nothing***

This third order construct highlights an overall loss of control due to sexual stereotypes in which many girls and women either felt they had to be sexual, or not at all due to sexual stereotypes. Indeed, girls and women noted they conformed to sexual expectations, which were often about engaging in sexual behaviors, avoiding other sexual stereotypes, and

being accepted by peers. These expectations were reinforced by family, friends, and other authority figures including teachers and churchgoers. For some participants this led to a ‘responsibility’ to withhold sex as a sign of moral purity with others noting confusion as to how they should behave (Leath et al., 2021). For example, “If they (girls) have sex they will be popular or something like that, I guess. Or the boys won't talk about them if they have sex. Because some boys talk about girls if they're virgins they talk about them” (Crandall, 2013, p. 62).

An example from a photovoice study further highlights this expectation of sexual behavior: “One participant photographed a classmate sitting on her boyfriend’s lap, and described the peer pressure to be submissive in exchange for male companionship or acceptance” (M.L. Collins et al., 2015, p. 1450).

Comparatively, some women felt they had to not be sexual so as to resist the often-oversexualized stereotypes of Black women: “Just the whole avoiding sex period is the way a lot of girls cope with it [sexual stereotypes]” (Rosenthal & Lobel, 2020, p. 937). Indeed, in the example below, her rejection of ‘hook-up culture’ was due to how she, and other Black women, would be perceived for engaging with it.

I don’t think it [hook-up culture] is okay, but the world and society believes it is okay. Like hey—she’s in college. She’s just trying to get her wild self out and she’s fine. But White girls can go to a party and kiss five different guys in one night. Let a White girl have a threesome—she’s just being adventurous. But let a Black girl do it and she’s a hoe. That’s also a reason why I don’t really like it [hook-up culture]. (Leath et al., 2021, p. 259)

This loss of control not only had external behavioral outcomes, such as engaging or abstaining from sex, but also prompted internal battles for many girls and women between societal stereotypes and expectations and their own sexual wants and needs. For example: “No matter which decision they make regarding sex, they felt they will be labeled negatively such as promiscuous or prude or have their sexual orientation questioned”. (Opara et al., 2022, p. 10).

### ***Health Professional Distrust and Intergenerational Trauma***

Although more readily noted in clinical studies related to sexual health, health professional distrust emerged within the studies. Women were stereotyped and assumed to be sexual, reporting patronizing or surprising comments when this was revealed to not be the case. This further impacted how and when women engaged with medical professionals:

“Same thing happened to me, I had to go to the emergency room. And there was this doctor ...he went “Okay! What’s wrong, you pregnant?” I’m like “No! I have a sore throat.” He goes “So you’re not pregnant? Wasn’t you here pregnant?” “No.” It really makes me very upset. (Overstreet et al., 2023, p. 6)

Although not explicitly discussed in many studies, intergenerational and vicarious trauma may also have played a role in sexual behaviors: the previous experiences of family members, friends, or stories through social media increased reluctance of engaging with health professionals. For example,

My mother’s gynecologist is a White man. He dismisses her at times. She doesn’t feel like she’s being heard. This has been going on for years. She’s had some issues and her doctor brushed it off....I didn’t really want to go through any of that. Especially since this is my first time discussing sexual health with the doctor. – #37, age 20.



(Pratt et al., 2022, p. 6)

### ***Misogynoir***

Misogynoir emerged as a third order construct whereby girls and women endorsed stereotypes of their peers and names associated with these stereotypes. Indeed, for some girls and women they noted they did not want to be friends with girls who behaved in a hypersexual, Jezebel, manner. Notably, only women who engaged with sexual behaviors were criticized, with those who were abstinent not the subject of criticism:

Being sexually abstinent set the participants apart from other girls and they were proud of that. They were motivated to remain abstinent to continue to be different from other girls and to act in a way that was better than other girls. (Haglund, 2002, p. 125)

Some men are just looking for certain types of females that have no morals for themselves like going out with them and doing things on the first night. (Bond et al., 2021, p. 301)

### ***Relationships and Dating***

The role of dating was difficult for many girls and women due to the sexual stereotypes they experienced. This theme is largely intertwined with two other constructs, *Loss of Control*, and *Internalized Misogynoir*, which combined shed further light on how stereotypes impacted how sexual partners and relationships were navigated. Therefore, several of the examples can be applied across these constructs.

For example, linked with *Loss of Control*, a number of girls and women did not want to date at all, were more hesitant with dating, pursuing, and being pursued by sexual partners. Furthermore, interracial dating was notably mentioned as being harder due to stereotypes of Black women in particular. Nonetheless, Black men were also culpable in negatively endorsing stereotypes.

It affects how I move when I'm out. I can't be negligent because I know for a fact that the way I look could be used as an excuse for something. So, I have to be cautious if I'm not in a sweatshirt and sweatpants. Black women are so hypersexualized that it's very annoying, and I don't even like going out and having White men talk to me because I know they're only talking to me because of my shape and the way that I look. And even Black men, too, and it makes me uncomfortable. (Leath et al., 2020, p. 456)

She said (voicing this stereotype), "Oh, you're going to be a great lay because you're aggressive in bed or is like, I've always wanted to sleep with a Black woman because I heard they're really fun in bed." Her response implies that a Black woman's supposed "sexual aggression" equates to some as a woman who is not only sexually available but also seeking to fulfil her animal-like desires. (Lewis, 2023, p. 125)

Within a small number of studies, *internalized misogynoir* played a role in how they approached dating and sexual partners. For example:

Participants reported that women were not viewed as attractive or given the same amount of attention as women who lived up to the stereotypes of women who were characterized as being ostentatious or promiscuous. This arrangement of social paradoxes created a theme of internalized misogyny/ sexism among the participants where they expressed that women who had multiple sex partners made it difficult for other women to express their sexual agency to potential sex partners. Women were even labeled as being "immoral" for having casual sex and multiple partners. (Bond et al., 2021, p. 301)

### ***Reclaiming Versus Rejecting Stereotypes***

This third order construct emphasizes the differing extent to which girls and women endorsed sexual stereotypes. Some participants positively embraced stereotypes such as Jezebel or THOT and reclaimed them as sexually liberating terms. For example, “the women indicated that the labels were not necessarily a terrible thing for them and that these labels could be empowering and an opportunity to declare their sexual freedom” (Wade et al., 2022, p. 33). Often awareness of the historical and cultural background/narrative of terms helped to reclaim them.

However, for others sexual stereotypes were not viewed as sexually liberating, but rather that they constrained and disempowered themselves and other Black girls and women. Therefore, to reject the use of stereotypes, girls and women would directly confront and challenge those who ascribed stereotypical terms to their looks and behavior.

...every time it happens to me, before I never called it out, but this year I made like a promise to myself, like I’m gonna call it out every time. And, every time I have, I get either the two reactions. They curse, or there’s so many people around them that they get called out, they get too embarrassed to say anything. So, it’s making me feel so more better and it feels like I’m taking the reins back from them because I felt like I lost something in that trade-off because I wasn’t doing anything. I was just kind of used to it, and that’s what just was expected, and I don’t believe that that should be okay cause it shouldn’t be expected to be harassed in the street everyday just because, you know. (Rosenthal & Lobel, 2020, p. 936)

In one respect, this construct is refutational in the endorsement of sexual stereotypes, yet it highlights an overall want and need of sexual liberation and freedom. As such, despite different cognitive reasoning, both reclaiming and rejecting stereotypes were viewed as a way of achieving sexual autonomy and freedom.

## Line of Argument Synthesis

Translating and synthesizing the studies generated an overarching line of argument synthesis. Girls and women sought sexual autonomy and freedom; however, a number noted sexual stereotypes to disempower and prevent this in numerous ways. However, for many girls and women sexual stereotypes could be used to empower, often through reclaiming sexual stereotypes and associated terms. The synthesis illuminates the context in which some girls and women were able to reclaim or reject such terms, to empower themselves and others, and is expressed in this study by the metaphor “*Flipping the sexual script*” (see Figure 2). *Flipping the sexual script* refers to rewriting and reclaiming the expected discriminatory and stereotyped behaviors to achieve sexual autonomy. The figure shows both external and internal influences which assisted with this sexual autonomy and empowerment. External influences include the media and role models, such as Black women rappers were noted to be important in depicting Black women saying their sexual wants and needs, and importantly, highlighting that it is socially acceptable. Challenge and confront and historical and cultural awareness were both influences of this empowerment as well as products of it. Those who were historically and culturally aware of stereotypes in Black women’s history noted they were more able to challenge stereotypes they heard. Additionally, a product of *flipping the sexual script* was challenging and confronting stereotypes they encountered. This dyadic relationship is also present for the internal influence of prioritizing own wants and needs. Age is a factor that appears to contribute to the transition of reclaiming sexual stereotypes, as Black girls and women got older this appeared to be easier. While family can play a negative role in internalizing stereotypes, criticizing, and counteracting stereotypes played a protective role in preventing this internalization. Notable omissions from this figure include the role of peers, partners, and medical settings. These factors were only found to disempower and

reinforce stereotypes, as opposed to playing a role in reclaiming such terms and striving towards sexual autonomy.

[Insert Figure 2 here]

## Discussion

This systematic review synthesized 26 studies to explore sexual stereotypes and sexual behaviors of young Black girls and women. Five themes were generated through the translation and synthesis process which highlighted both disempowerment and empowerment through sexual stereotypes: *relationships and dating; misogynoir; loss of control; sexual health professional distrust and intergenerational trauma autonomy; and reclaiming versus rejecting stereotypes*. The metaphor “*flipping the sexual script*” emerged to highlight the influences in reclaiming and rejecting stereotypes as women attempted to have sexual autonomy and authority.

*Relationships and dating* emerged as a theme, highlighting how Black girls and women navigated the dating scene amid hypersexualization and objectification, often being disregarded and deemed less desirable than White women. Such findings are largely mirrored in the wider literature such as Curington et al. (2021) who also found Black women in the dating scene were both objectified and ignored. Indeed, Black female daters have historically been found to “sit at the bottom of the dating pool” while having to “downplay their sexuality” due to unwanted stereotypes of hypersexuality (Johnson, 2017, p.66, p.114). In line with objectification theory, stereotypes, such as the superwoman image, create a pressure for woman to navigate hardships while maintaining a certain image (Calogero & Tylka, 2014). Such pressures to be ‘strong’, for example, can manifest in interpersonal and romantic relationships as being less likely to seek support, as they must maintain an image of strength, an increased risk for sexual violence and ignoring sexual pain (Hodges & Cabanilla, 2011;

Malone et al., 2022<sup>4</sup>). Our research adds to such findings to highlight how clinicians and counsellors in cases of violence should explore how to counteract the harm of stereotypes.

A further construct emerging from this research was *internalized misogynoir*. Our systematic review found Black girls and women endorsed several stereotypes about their peers, and further viewed themselves as morally superior if their sexual behaviors differed. These results are similar to other primary studies such as Cook (2020), who created an internalized misogynoir measure and noted that sexual objectification and stereotypes, such as the Angry Black Women and Sapphire, conveyed a narrow message of how Black women should behave. Our research qualitatively supports such findings, highlighting the negative psychosocial impact of stereotypes on Black girls' and women's well-being and sexual autonomy. Furthermore, these internalized stereotypes are often projected onto other Black girls and women, creating a cycle of disempowerment. Our research emphasizes the need for further qualitative research to understand how perceptions of 'strength' in particular impact not only individual self-concept but also sexual socialization and family messaging. Understanding family communication is crucial for a deeper insight into the role of SBW in shaping family interpersonal relationships.

*A loss of control and sexual autonomy* was also a prevalent topic for many girls and women, which led to vastly opposing behaviors of abstinence or sex. Messages shared by parents and authority figures, such as teachers and church leaders, often promoted abstinence; leading women to feel responsible for withholding sex as a sign of moral purity (Leath et al., 2021). Our findings align with previous research, such as Inniss-Thompson et al. (2024), which also found girls constrained their behaviors to appear more 'respectful' and prevent avoid negative, gendered stereotypes. Additionally, as advocated by Soundy and Heneghan (2022), the chronology and temporality of the papers may shed light on these different behaviors. For example, older studies (< 2013) were less likely to generate themes that

aligned with sex positivity or *flipping the sexual script* (e.g., Haglund, 2002; [Secor-Turner, 2008](#); Stephens ~~et al~~ & Few, 2007; ~~Secor-Turner, 2008~~; Tyson, 2011). This may be due to changes in the sociocultural environment, including a rise in sex-positive research, as well as the prominence of the Black Lives Matter and the MeToo movement. The global prominence of such movements may have influenced Black girls' and women's understanding and experience of sexual behaviors, as well as author positionality. For example, [Levy-Levy & Mattsson \(2023\)](#) found that in the first six months of the MeToo movement receiving viral recognition (i.e., October 2017 – March 2018), the reporting of sex crimes increased by 10%. Additionally, they found public opinions about the importance of sexual harassment, and perceived likelihood of experiencing sexual assault, also increased (Ley & Mattsson, 2023). Therefore, as these social movements emphasize empowerment and challenge systemic inequalities, they also affect personal and societal attitudes towards sexual behavior, autonomy, and control: factors which may contribute to a shifting sociocultural landscape for participants and researchers.

*Reclaiming vs Rejecting Stereotypes* highlighted how some girls and women were able to challenge and confront the sexual stereotypes they encountered. Those who successfully challenge these stereotypes often ~~do~~ so by prioritizing their own wants and needs. Conversely, due to peer and societal pressure, others felt unable to resist these stereotypes. Such disempowerment is aligned with theories of self-objectification where self-worth has been tied to meeting others' expectations (~~Ward et al., 2020~~; Perkins et al., 2023; [Ward et al., 2020](#)). Indeed, the internalization of stereotypes pressures Black women to prioritize other's demands and expectations over their own psychological and sexual needs (Fredrickson & Roberts, 1997; Perkins et al., 2023). This helps explain why high levels of stereotype endorsement, such as SBW, are correlated with increased stress and depressive symptoms (Donovan & West, 2015). Therefore, *'flipping the sexual script'* and understanding

how Black women navigate and resist sexual stereotypes is crucial for advancing psychological theory and developing interventions aimed at supporting sexual autonomy and well-being.

### **Policy and Clinical Implications**

This review of the literature suggests Black girls and women experience several sexual stereotypes throughout their socialization. Age plays a significant role in shaping how and which sexual stereotypes influence sexual behaviors: emerging adults are more likely to *reclaim and reject* them, while Black girls may be more vulnerable to their negative effects. Therefore, to mitigate the negative influences of the sociocultural environment and sexual stereotypes that Black girls experience, changes to the school sexual education curriculum are necessary (Brinkman et al., n.d.; Flowers, 2018). The current curriculum focuses on risk-reduction and, arguably, neglects the complexity of Black girls' and women's experiences (Flowers, 2016). Contrastingly, Black women sex educators' approach sexual education from a perspective of cultural competence, a shame-free lens, and encourage critical thinking about sexual stereotypes and power (Flowers, 2016). Therefore, sexual education should be designed by and for Black girls and women (Brinkman et al., n.d.; Flowers, 2018). The findings from this review therefore support the wider literature and emphasize the need for Black girls to receive sexual education that considers sexual stereotypes.

Furthermore, this review has clinical implications such as the necessity of cultural competency training for health professionals due to the stereotyped messaging they may reinforce. Such training would aim to tackle stereotypes and increase trust between Black patients and medical professionals. The use of training for tackling stereotypes has been previously evidenced by Khanna et al. (2009), who found cultural competency training enabled health professionals to distinguish between cultural generalizations and stereotypes. The comparison between before and after training also revealed improved knowledge about



the systematic discrimination that racial and ethnic groups experience (Khanna et al., 2009). Additionally, in consideration of medical racism and discrimination Black women face in clinical settings (Wade et al., 2023), our research highlights the importance of counsellors taking a stance aligned with cultural humility. By doing so, counsellors remain open to ongoing learning and self-reflection which may foster trust and allow Black women to voice their experiences, explore their sexuality, and create more effective and respectful care.

This review highlights the critical need for tailored intervention development to address sexual health disparities among Black girls and women. As highlighted in Williams-Butler et al. (2024) review, few existing interventions adequately center the well-being of Black adolescent girls by considering the specific challenges they experience. By examining a full range of sexual stereotypes, that effect Black girls and women on an individual and collective level, our review further supports the necessity for interventions to integrate personalized care strategies that truly center this demographics well-being. Additionally, interventions should address the role of family messaging in shaping sexual attitudes and behaviors (Frederick et al., 2023), to counter hypersexuality and ‘strength’ messaging. Incorporating these considerations will enable the development of targeted interventions to improve the sexual health and psychological well-being of Black girls and women.

### **Strengths and Limitations**

Strengths of this review include a clear conceptual framework (i.e., BFT) adhering to methodological reporting guidance in line with eMERGe (France et al., 2019); and following a reflective and transparent process throughout (Suri, 2020). This enabled us to conduct a review with methodological rigor while continually being reflective to centralize Black girls’ and women’s experiences. Indeed, as noted by Rousseau (2013), any meaningful analysis of Black women in the US must consider the intersecting systems of oppression, as is central to BFT. Nonetheless, there are several limitations to this research. First, few studies explored

sexual stereotypes for women from LGBTQ backgrounds. This may be due to the focus being on Black girls and emerging adults who may have been navigating heteronormativity and discovering (or yet to discover) queerness. Second, this review was limited to qualitative literature. An increasing number of quantitative studies have employed Black feminist theories and taken a sex-positivist stance (see e.g., Dickens & Stephens, 2023) which could add valuable context in examining group-level differences in how sexual stereotypes are internalized and resisted. This integration of quantitative research would further allow for an exploration of how sexual stereotypes impact factors such as body image, the use of pregnancy and STI prevention measures, as well as mental health for this population to address a fuller spectrum of the challenges faced.

### **Future Research**

As this systematic review was limited to Black girls and women aged 25 and under, further research with an older demographic is required for a complete understanding of the field. Although the evidence base is small, initial qualitative research by Salisu and Dacus (2021), suggests older Black women may have internalized undesirable and asexual stereotypes (e.g., Mammy) as opposed to hypersexual stereotypes (e.g., Jezebel). Future research should take a longitudinal design to explore how these perspectives evolve over time including how older Black women may shift from focusing on their embodiment of hypersexuality to controlling that of younger black women as hypothesized by Leath et al. (2021). Expanding research beyond hypersexuality to include a broader range of stereotypes and examining their impact across the lifespan will provide deeper insights into their effects on older Black women's sexual behaviors.

A key area of investigation is how further elements of intersectionality, such as socioeconomic status, impact the internalization of stereotypes and likelihood of their reclamation or rejection. Investigating these factors could reveal individual and group-level

variations, providing a discussion on how Black girls and women can be supported in their sexual socialization. Previous work indicates those who are more comfortable with their sexual desires and experience more agency and may be more likely to reject harmful narratives (Chmielewski et al., 2020). Given that sexual stereotypes can increase risks of, and justification of violence in interpersonal and romantic interactions (Cheeseborough et al., 2020; Hodges & Cabanilla, 2011), understanding who is most vulnerable is crucial. Understanding these dynamics is essential for developing targeted interventions aimed at improving sexual and relational health and psychological well-being within this population.

### **Conclusion**

This systematic review explored experiences of sexual stereotypes and how this impacts the sexual behaviors of young Black girls and women in the US. By centering the voices of Black girls and women, the review highlights the psychological and behavioral impact of stereotypes within the context of sexual and racial identity development. This research acknowledges sexual health disparities and illustrates how Black girls and women ‘flip the sexual script’, reflecting culturally specific strategies for empowerment, strength, and sexual autonomy. The implications include the need to integrate these understandings into counseling, interventions, and sexual health education, ensuring approaches are grounded in the unique experiences and strengths of Black girls and women. Sexual education must be more culturally sensitive and consider the historical and contemporary context of sexual socialization to support psychological well-being and sexual autonomy.

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**Table 1**

## Conceptual Framework and Inclusion Criteria

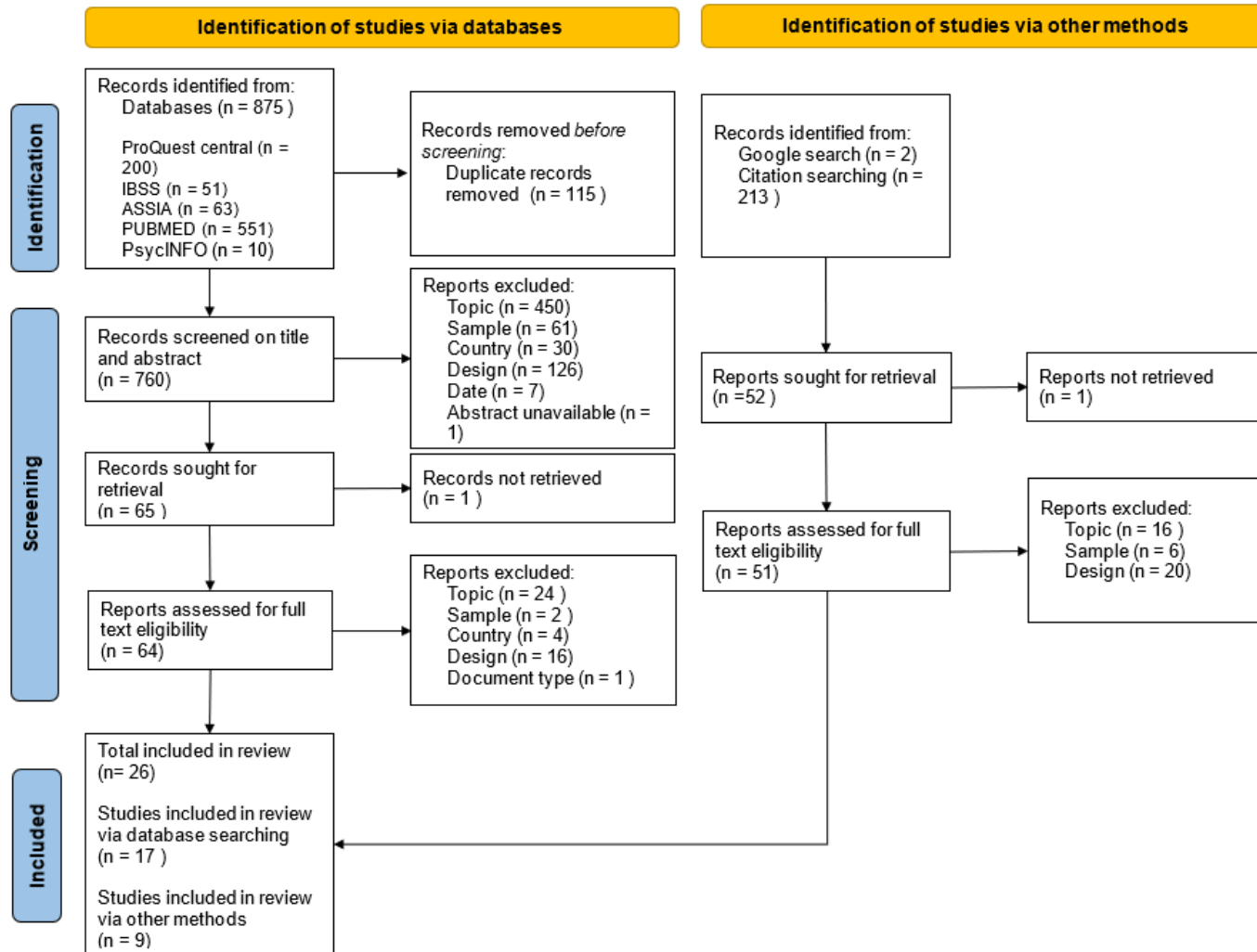
SPIDER tool	BFT Constructs	Inclusion Criteria
Sample	Black girls and women in the US experience unique disparities	<p>Young Black Girls and women aged 10-25 living in the US</p> <p><u>Inclusion Criteria</u></p> <p>Participants must include Black girls and/or women. Participants that are aged 10-25</p> <p>Participants living in the US</p>
Phenomenon of Interest	Sexual politics of Black womanhood	<p>Exploration of sexual stereotypes and sexual behaviors</p> <p><u>Inclusion Criteria</u></p> <p>Study includes a discussion of the experience of sexual stereotypes and how this influenced their sexual behaviors.</p>
Design and Research Type	<p>Lived experience is a criterion of meaning</p> <p>BFT Published in 1990</p>	<p>Published or grey literature with a qualitative element. Published after 1990 in English</p>
Evaluation	Lived experience is a criterion of meaning	Views and experiences directly from Black girl's and/or women

**Table 2**

Study	High Quality	Medium Quality
Bond et al., 2021	X	
Bond et al., 2022	X	
Cobham, 2016		X
Coleman et al., 2016		X
<u>M.L.</u> Collins et al., 2015	X	
Crandall, 2013	X	
Crooks et al., 2020	X	
Crooks et al., 2019		X
Davis & Tucker-Brown, 2013	X	
Erickson et al., 2013	X	
Haglund, 2002	X	
Hall, 2017	X	
Leath et al., 2020	X	
Leath et al., 2021	X	
Lewis, 2023	X	
Marshall et al., 2022		X
Opara et al., 2022	X	
Overstreet et al., 2023	X	
Pratt et al., 2022		X
Richardson, 2013		X
Rosenthal & Lobel, 2020	X	
Secor-Turner, 2008	X	
Stephens & Few, 2007		X
Stevens et al., 2014	X	
Tyson, 2011	X	
Wade et al., 2022	X	

Figure 1

PRISMA Flow Diagram



**Figure 2**

*The Line of Argument Synthesis: “Flipping the Sexual Script”*

