



Original article

Intimate Partner Violence and Sex Among Young Men Who Have Sex With Men

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A B S T R A C T

Purpose: Among young men who have sex with men (YMSM) few studies have examined the relationship between intimate partner violence (IPV) perpetration versus victimization and sexual behaviors.**Methods:** Using data from $n = 528$ urban YMSM, multinomial logistic regression models were built to examine the distinct relationships between any IPV, victimization, and perpetration with condomless sex in the previous 30 days, controlling for key sociodemographic characteristics.**Results:** In this sample of YMSM, lifetime experience of any IPV was associated with increased odds of recent condomless oral (adjusted odds ratio [AOR] = 1.81, 95% confidence interval [CI] = 1.21–2.72) and anal receptive sex (AOR = 2.29, 95% CI = 1.22–4.31). IPV victimization was associated with a greater likelihood of condomless receptive anal sex (AOR = 2.12, 95% CI = 1.15–3.93) whereas IPV perpetration was associated with increased odds of condomless receptive (AOR = 2.11, 95% CI = 1.14–3.91) and insertive (AOR = 2.21, 95% CI = 1.06–4.59) anal sex.**Conclusions:** Among YMSM, reports of both IPV perpetration and victimization were associated with increased odds of recent condomless sex. These findings indicate that the need for IPV prevention and intervention programs for this new generation of YMSM is highly warranted.

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IMPLICATIONS AND
CONTRIBUTION

These findings extend previous research by demonstrating that young men who have sex with men who have experienced intimate partner violence are at increased risk for recent condomless anal receptive, anal insertive, and oral sex. Thus, young men who have sex with men experiencing intimate partner violence may be at increased risk for HIV infection.

Intimate partner violence (IPV) may be a common experience among young gay, bisexual, and other young men who have sex with men (YMSM), with prior research indicating that lifetime prevalence of psychological/emotional victimization ranges from 41% to 59%, physical victimization from 23% to 66%, and sexual victimization from 18% to 50% [1–4]. With regard to perpetration of different forms of IPV, these same studies suggest that more than one third of YMSM have lifetime experience of at least one

type of IPV perpetration [1–4]. These prevalence estimates likely vary because of differences in study methodology, but all point to a significant public health issue that merits additional investigation for its impact on the mental, psychosocial, and physical well being of YMSM who are affected by IPV.

Despite these descriptive findings on the prevalence of IPV, few studies examine the association of IPV and mental and physical health problems specifically in YMSM. The extant information that is available on these relationships come from studies of adult men who have sex with men (MSM) and indicate that IPV is associated with substance abuse, HIV infection, depression, and other mental and physical health problems [5–9]. Additionally, IPV is associated with condomless anal and

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oral sex among adult MSM [5–9]. To our knowledge only one study examines this relationship among YMSM, and indicates that physical and sexual IPV are strongly related to condomless anal sex, the behavior conferring the greatest risk for HIV transmission [10]. Although this study contributes valuable information about this association among YMSM, it has a relatively small sample ($n = 100$) and low prevalence of IPV likely due to the fact that more than half of individuals in this sample were not in a relationship. Thus, further research with larger and more diverse samples that are more generalizable to the YMSM community are warranted.

An understanding of the relationship between IPV and condomless sex among YMSM is important for two reasons. First, YMSM are at disproportionate risk for HIV infection, as compared with their heterosexual same aged peers, and are one of the few groups whose HIV infection rates have been rising in recent years [11]. Thus, understanding factors that contribute to increased frequency of condomless anal sex is crucial to understanding the spread of HIV among YMSM. Second, understanding IPV during emerging adulthood is particularly important, as this period of development is a notably vulnerable period of physical, emotional, and sexual growth [12]. During this stage of development, YMSM are often in the process of coming out and negotiating a sexual identity that has historically been stigmatized.

Given this background, the present study seeks to add to the growing literature of IPV among YMSM, by examining the relationship between IPV and condomless anal and oral sex. Using cross-sectional data from a prospective cohort study of racially/ethnically and socioeconomically diverse YMSM in New York City, this study examines experiences of IPV in relation to condomless sex behaviors. Specifically, we examine the relationship between (1) overall IPV, (2) IPV victimization, and (3) IPV perpetration with three distinct sexual behaviors: recent acts of receptive oral, receptive anal, and insertive anal sex without a condom.

Methods

Study design and sample

Data were drawn from the baseline visit of an ongoing prospective cohort study of a diverse sample of young gay, bisexual, and other YMSM living in the New York City metropolitan area. Although full study details have been described in detail in prior reports [13,14], a brief summary is presented here. Participants were recruited from July 2009 to May 2011 with a total of 2,068 people screened for eligibility; of this sample, 600 were eligible for participation and completed baseline assessments. To be eligible for the study, participants had to be biologically male, be 18 or 19 years old at the time of screening, report an HIV negative or unknown status, and report at least one same-sex sexual encounter in the previous 6 months. $n = 6$ participants tested positive for HIV at baseline and were retained in the study. Seventy participants who reported never having a male romantic partner were excluded from this analysis, as were two participants with missing or incomplete data, resulting in a final analytic sample of $n = 528$. Written informed consent was obtained from all participants. A federal certificate of confidentiality was granted and the New York University Institutional Review Board approved the study protocol.

At the baseline visit, participants completed an audio computer-assisted survey instrument module that ascertained

information on sociodemographic, mental health, and psychosocial measures. To obtain data on sexual behaviors during the previous 30 days, a trained staff member administered a Timeline Followback (TLFB) survey, which is a calendar-based recall instrument [15].

Measures

Participants were asked to report their race(s) and whether they identified as Hispanic/Latino. Information on race/ethnicity was examined here as: white non-Hispanic, black non-Hispanic, Hispanic/Latino, and mixed/other race. Given the age of participants at baseline (ages 18–19 years), perceived familial socioeconomic status (pSES) was used in this study, rather than total personal income as participants were most likely to be in school full-time at this point and, therefore, less likely to have their own personal income or accurately recall their familial income. Perceived SES was measured using a five-point Likert scale (lower, lower middle, middle, upper middle, and upper), which was later categorized to create three categories (lower, middle, and upper).

Frequency of condomless oral receptive, anal receptive, and anal insertive sexual behavior during the 30 days before assessment was obtained using the TLFB instrument [15]. Given the non-normal distribution of these three variables, including a large proportion of zero responses, each sexual activity item was categorized into the following three groups for analytic purposes: no instances in the last 30 days, one instance in the last 30 days, and two or more instances in the last 30 days. This method minimizes skew while maintaining variability and has been used in prior studies [16].

IPV was measured using a modified version of the conflict tactics scale [17]. This measure includes six yes/no items regarding experiences with verbal/emotional, physical, and sexual victimization and perpetration ["Have you ever been insulted or verbally abused by a lover or boyfriend?" "Have you ever been hit, kicked, or slapped by a lover or boyfriend?" "Have you ever been sexually abused or raped by a lover or boyfriend?" "Have you ever insulted or verbally abused a lover or boyfriend?" "Have you ever hit, kicked, or slapped a lover or boyfriend?" "Have you ever sexually abused or raped a lover or boyfriend?"]. The three items regarding victimization and the three items regarding perpetration were collapsed to create two distinct dichotomous variables ("IPV victimization" and "IPV perpetration"), which indicate at least one type of lifetime victimization or perpetration experience. This approach of grouping type of IPV experience has been used in previous research [4,18,19]. Given the strong association between experiences of victimization and perpetration in this sample ($\Phi = .60, p < .01$), a third variable was created to capture any type of lifetime IPV experience ("any IPV"). This categorization is justified as both experiences (i.e., victimization or perpetration) can be psychologically burdensome, and research suggests that these two experiences co-occur within couples and covary highly within individuals [20].

Analytic plan

First, descriptive analyses were conducted to provide estimates of condomless oral and anal sex behaviors in this analytic sample. Bivariate analyses were used to determine independent associations between IPV (any IPV, IPV victimization, and IPV

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