
A Systematic Review of the Frequency and Correlates of Partner Abuse in HIV-Infected Women and Men Who Partner With Men

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Partner abuse (PA) is a highly prevalent and devastating social phenomenon, extracting an economic toll of more than \$8 billion annually in the United States due to lost productivity alone. Many of the risk factors for PA increase vulnerability to acquiring HIV as well, yet little research has explored these overlapping epidemics. In this systematic review, we examine the frequency of PA victimization from male partners among persons living with HIV—both men who have sex with men (MSM) and women. We located 31 manuscripts reporting data from 24 unique samples, indicating a high lifetime frequency (but large range) of estimates for women/MSM, respectively, for physical (26–62%/15–39%), sexual (22–44%/8–33%), and psychological abuse (55%/22–73%). Data indicate strong and consistent associations of PA with poor mental health, engagement in health risk behaviors, and nonadherence to HIV medication for both groups. We discuss implications for clinical practice as well as future research directions.

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Interpersonal violence in the United States each year leads to more than \$8 billion in direct and indirect costs to society due to lost productivity alone (Centers for

Disease Control and Prevention [CDC], 2003). It is an ongoing social epidemic with a devastating impact that, as a society, we have tended to deny (Nieves-Rosa, Carballo-Diéguez, & Dolezal, 2000). Partner abuse (PA), which can occur in any recurrent or steady romantic or sexual partnership (Campbell, 2002), is one common form of interpersonal violence. A large representative study (Tjaden & Thoennes, 2000) estimated that one fourth of all women in the United States will experience physical or sexual abuse at the hands of a romantic partner during their lifetimes. Historically, PA has been studied under the rubric of “violence against women” (Kilpatrick, 2004), employing terminology that assumed a heterosexual sexual orientation and male-female romantic and sexual partnerships. More recently, however, PA research has expanded in scope to include broader definitions of partnerships, such as same-sex relationships and unmarried and/or cohabitating couples (Brownridge, 2010; Burke &

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Follingstad, 1999; Logan, Shannon, & Cole, 2007; Murray & Mobley, 2009).

People living with HIV (PLWH), based on their membership in at least this one stigmatized group, may be at particularly high risk for experiencing PA. Empirically, there are many overlapping risk factors for HIV and PA. These include poverty, unemployment, inadequate social support, substance abuse, homophobia, and mental health problems such as depression and anxiety (Axelrod, Myers, Durvasula, Wyatt, & Cheng, 1999; Brady, Gallagher, Berger, & Vega, 2002; Greenwood et al., 2002; Sareen, Pagura, & Grant, 2009; Zierler et al., 2000). Shared risk factors may result in increased co-occurrence of these phenomena. A sizeable and growing body of research has examined the ways PA may facilitate HIV infection in women through coerced needle sharing, forced sexual intercourse, or by limiting their abilities to negotiate HIV-preventive behaviors such as the use of barrier protection during sex (El-Bassel et al., 1998; Maman et al., 2002; Rosenthal & Levy, 2010). Also, in this group, it is possible that HIV disclosure may precipitate PA (e.g., Rothenberg & Paskey, 1995). Because of the chronic nature of HIV disease, PLWH may have a higher need for physical care-taking and emotional support from romantic partners, potentially leading to more conflictual relationships. Also, PLWH who have experienced PA may have fears of abandonment that are intensified through a negative self-image and hopelessness about the potential to obtain a nonabusive relationship later. Further, PA that occurs in the lives of HIV-infected individuals may potentially be more devastating in terms of physical health consequences (e.g., Campbell et al., 2008), based on an increased susceptibility to mental and physical health problems. Few studies have examined the physical and mental health correlates of PA in PLWH (El-Bassel, Gilbert, Wu, Go, & Hill, 2005; Gielen, McDonnell, O'Campo, & Burke, 2005; Li, Baker, Korostyshevskiy, Slack, & Plankey, 2012).

In the United States, HIV has historically been a disease concentrated mostly among men who have sex with men (MSM), many of whom additionally identify their sexual orientation as gay, bisexual, or queer (Young & Meyer, 2005). The CDC recently estimated that 61% of incident HIV infections are due

to male-to-male sex, 27% to heterosexual sex, and the remaining 12% to injection drug use (CDC, 2009). Cumulatively, however, 25% of HIV-infected individuals are women and 49% are MSM (CDC, 2012). Therefore, heterosexual women and gay/bisexual men (i.e., anyone who partners with a man) represent the populations with the highest burden of HIV, and also are the demographic groups at highest risk for experiencing PA (Galvan et al., 2004). Thus, a syndemics approach to these intersecting public health problems is essential, through which the additive effect of multiple health problems is explored (Stall et al., 2003). *Syndemics* is a term, borrowed from medical anthropology (Singer, 1994), which is used to highlight the phenomenon that multiple, co-occurring psychosocial epidemics cluster together. Evidence has shown that, in combination, the presence of more syndemic indicators dramatically increases the likelihood of physical illness. In a seminal paper, Stall et al. (2003) identified substance use, depression, childhood sexual abuse, and PA as HIV-related syndemic indicators in MSM. Taking a syndemics approach to these and other psychosocial problems facing MSM, as well as other PLWH, may be necessary to ascertain potential intervention targets. In this paper, we review the literature on PA, one of the syndemic indicators related to HIV. Here we aim to identify the published frequency of different types of PA among samples of HIV-infected women and MSM, as well as the physical and mental health associations. We conclude with implications and recommendations for research and clinical practice.

Review Methodology

Overall, most published PA research focuses on putatively HIV-uninfected women in the United States or in Africa, although there is a small body of work on PA and women with or at risk of acquiring HIV (Campbell et al., 2008). Little empirical work exists on MSM in general, let alone on HIV-infected MSM, with respect to PA. Because of contextual differences related to PA across countries and continents, both societal and research-related—including shifting research definitions and varied cultural mores about what constitutes PA—we have

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