HIV-Infected Men Who Have Sex With Men and Histories of Childhood Sexual Abuse: Implications for Health and Prevention

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A personal history of childhood sexual abuse (CSA) is prevalent and deleterious to health for people living with HIV (PLWH), and current statistics likely underrepresent the frequency of these experiences. In the general population, the prevalence of CSA appears to be higher in men who have sex with men (MSM) than heterosexual men, but there are limited data available for HIV-infected MSM. CSA is associated with poor mental and physical health and may contribute to high rates of HIV risk behaviors, including unprotected sex and substance abuse. CSA exposure is also associated with low engagement in care for PLWH. More information is needed regarding CSA experiences of HIV-infected MSM to optimize health and wellbeing for this population and to prevent HIV transmission. This article reviews the epidemiology, implications, and interventions for MSM who have a history of CSA.

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Childhood sexual abuse (CSA) is a prevalent and far-reaching event that impacts the lives of many people. With population-based prevalence estimates ranging from 1 to 32%, it is an issue that needs to be addressed and understood across demographic groups by health and social disciplines (Arnow, 2004; Briere & Elliott, 2003; Finkelhor, Turner, Ormrod, & Hamby, 2010). In 2009, the Centers for Disease Control and Prevention (CDC) determined from interviews with 262,229 men and women interviewed from five different states that 12.2% of adults in the United States had experienced CSA (CDC, 2010). Although these numbers are startling in their magnitude, they are thought to be underestimates of the true prevalence.

Of the available literature describing the implications and effects of CSA, a relatively small but growing body focuses on the HIV-infected population. The HIV-infected population faces unique challenges in fostering and maintaining physical and psychological well-being, including high rates of CSA exposure, which will be discussed below. Within the population of people living with HIV (PLWH), 75% of men identify as men who have sex with men (MSM), but little is known about their CSA histories except for what is informally disclosed in patient/client–provider relationships (CDC, 2011). A description of the epidemiology and possible

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impacts of CSA on HIV-infected MSM is important because it may add to our understanding of the need for routine screening and new interventions to address CSA for a large proportion of PLWH.

In this review, we seek to summarize the existing literature on HIV-infected MSM with a history of CSA. Specifically, this article builds on previous reviews and reports by providing an up-to-date summary of the epidemiology of CSA and HIV-infected MSM as well as the known interactions between HIV and a history of CSA in terms of health, risk behaviors, potential impact on disease transmission, and engagement in HIV care (Relf, 2001). We also review the available evidence on interventions that could have a role in HIV treatment as well as transmission prevention. This summary was completed to improve awareness of the characteristics and needs of this particularly vulnerable population in the context of childhood experiences characterized by stigma and nondisclosure.

Methods

A search of the English language literature was performed using the PubMed, Ovid, Web of Science, and PsycInfo databases. The following MeSH terms were used*: childhood sexual abuse, men who have sex with men, HIV seropositivity, male, health status*, and *health knowledge, attitudes, and practice*. Twenty-seven years (1984–2011) of published research on the topic of CSA in the developed world was reviewed. Older literature was included because the earliest studies form the foundation on which subsequent CSA research was based. Eighty-one abstracts were reviewed by two of the authors (KS and SG), and 53 articles were included in the final review conducted by all three authors. The United States and Canada were the most common study sites in this body of literature, but individual articles also used data from Australia, South Korea, Great Britain, Greenland, and Switzerland. Excluded articles included studies that only involved children as well as studies with exclusively female samples with findings that could not be applied to male populations. Selected articles with exclusively female samples were included for discussion of possible evidence-based interventions that could be extrapolated to men.

CSA Definitions

CSA is generally defined as any activity involving a child below the age of legal consent in which the purpose was sexual gratification of an adult or older child (Johnson, 2004). Traditionally, sexual abuse has been stereotyped as involving a female victim and a male perpetrator. Recent definitions include abuse occurring outside of the family and involving nongenital contact. These newer definitions also provide specific details about the victim's age and the role of the parent and/or caregiver (Mimiaga et al., 2009).

Doll and colleagues (1992) were one of the first research groups to consider CSA specifically among patients who self-identified as MSM. The investigators asked participants if they had ever been encouraged or forced to have sexual contact before the age of 19 with someone they perceived as older or more powerful. Participants provided data on the nature of the sexual contact, the age at which they first experienced abuse, the age of the partner/perpetrator, the relationship to the perpetrator, the length of time over which the contacts occurred, and whether verbal or physical force occurred. Participants were divided into six mutually exclusive categories based on the level of sexual contact and then assigned a single score based on the most invasive level of contact. Doll and colleagues' (1992) scale has since been used by researchers to characterize the nature of CSA among MSM in other populations (Bartholow et al., 1994).

Other studies have defined CSA among MSM patients more generally as a sexual experience with a person at least 5 years older if the child is under the age of 13, with or without physical contact, and regardless of whether sex was wanted by the child (Lenderking et al., 1997). Some researchers simply asked participants whether or not they had ever been forced into unwanted sexual activity with adults and, if so, to describe the frequency of abuse (Brennan, Hellerstedt, Ross, & Welles, 2007; Welles et al., 2009; Zierler et al., 1991). O'Leary, Purcell, Remien, and Gomez (2003) judged the prevalence of CSA in a sample of MSM from New York and San Francisco by asking participants, *Have you ever been pressured, forced, or intimidated into doing something sexually that you did not want to do?*

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