

Minority Stress, Intimate Partner Violence, and Sexual Risk-Taking among Gay and Bisexual Men

Background

Gay, bisexual, and other men who have sex with men (MSM) have borne and continue to bear a disproportionate burden of the HIV/AIDS epidemic worldwide. In the United States, MSM are the only classically defined risk group with increasing HIV incidence, with new diagnoses of HIV/AIDS increasing by 17% between 2005 and 2009. In 2010, MSM represented 78% of all new HIV infections among men in the U.S. Two major theoretical constructs have been developed in an attempt to help explain these persistent disparities: syndemic theory and minority stress theory. Syndemic theory states that there are multiple concurrent epidemics of poor health among MSM (e.g., substance/alcohol abuse, high rates of sexually transmitted infections, depression), all of which interact with each other and work to compound and multiply risk for HIV. Minority Stress theory, as put forth by Meyer, argues that there are additional, unique domains of stress (e.g., internalized homophobia, experiences of heterosexist discrimination) experienced by sexual minority persons that create a hostile environment in which such syndemics are produced. Taken together, these two theories now have empirical support in a vast array of subjects, strongly suggesting that the continuing HIV epidemic among MSM is perpetuated by multiple, co-occurring epidemics of ill health which are in turn fueled by a heteronormative society. Intimate partner violence (IPV) has emerged as one other possible area of syndemic ill health that may contribute to high rates of HIV among MSM. A recent systematic review of the literature regarding IPV among MSM demonstrated that despite a wide variety of IPV definitions and recall periods, approximately 25-50% of U.S. gay and bisexual men report ever experiencing physical IPV and 12-30% report ever experiencing sexual IPV. While evidence suggests that experience of IPV is among the largest risk factors for HIV seroconversion, little data is available that suggests theoretical pathways between experience of IPV and HIV. In this study, we use what is among the largest studies of IPV among MSM to examine the associations between experiences of minority stress, receipt and perpetration of IPV, and sexual risk-taking.

Methods

Data were drawn from a large, venue-recruited sample of gay and bisexual men (n=1,050) in Atlanta, GA. Using the IPV-GBM scale, a novel, empirically derived measure of IPV for MSM, both perpetration and receipt of five forms of IPV (physical/sexual, monitoring, controlling, emotional, and HIV-related) were measured within the past year. Additionally, two summed index scales were created which measured (1) increasing lifetime experiences of racist discrimination (e.g., experiencing job discrimination or police harassment based on race) and (2) increasing lifetime experiences of homophobic discrimination (e.g., having to move away from family due to one's homosexuality, hearing as a child that gays were "not normal"). A third index scale was created using responses to the Gay Identity Scale, in which increasing index score was correlated to increased internalized homophobia (e.g., "I may be homosexual/bisexual but I am upset about the thought of it"). Sexual risk-taking was measured by assessing condom use at last anal sex with a male partner (unprotected anal intercourse [UAI]). Men who reported no anal sex in the previous six months were excluded from this analysis. Among men with anal

sex in the preceding six months, condom use with the most recent male anal sex partner was assessed. Men who reported that a condom was not used or was used for part of the time during either receptive or penetrative anal sex were classified as having UAI at last sex.

Data analysis comprised two phases. In Phase I, two sets of logistic regression models were fitted to reporting any or all IPV domains: six models for receipt of IPV and six models for perpetration of IPV. In all models, the outcome was reporting a given domain of IPV (receipt or perpetration thereof), and the key covariates were the three minority stress indices. In Phase II, IPV was treated as the *exposure*, with reported unprotected anal intercourse (UAI) at last anal sex as the outcome of interest. All models controlled for age group based on quartile distribution (18-24, 25-34, 35-44, 44+), race/ethnicity (white non-Hispanic, black/African-American non-Hispanic, or Latino/Hispanic/Other), education (High School or less, some college/2-year degree, or college or greater), employment status (unemployed or employed part- or full-time), HIV status (negative, positive, or never been tested/prefer not to answer), and sexual orientation (gay/homosexual or bisexual).

Results

The sample was young (approximately 50% under 35 years-old), diverse (45.9% non-white), gay/homosexual-identified (8.6% bisexual-identified), employed (78.4%), and educated (51.1% college or greater). Approximately one-third of the sample (32.2%) reported positive or unknown HIV status. Overall, nearly half the sample (48.2%) indicated that they had experienced at least one form of IPV in the past year from a male partner. For receipt of IPV, the most commonly reported domain of IPV was emotional IPV (28.3%), followed by physical/sexual IPV (23.6%) and monitoring IPV (21.6%). Controlling IPV (10.7%) and HIV-related IPV (8.9%) were comparatively less reported. Similarly, perpetration of emotional IPV was the most commonly reported form of IPV perpetration (18.4%), followed by monitoring IPV (17.5%) and physical/sexual IPV (13.3%). Approximately one in three respondents indicated that they had perpetrated IPV against one of their male partners in the past 12 months (33.6%). Over half the sample (55.1%) reported UAI at last sex.

Tables 1a and **1b** show excerpted results from the regression modeling. Overall, experiences of all three measured forms of minority stress were strongly associated with reporting both receipt and perpetration of all forms of IPV.

Table 1a. Excerpted logistic regression modeling results of reporting receipt of multiple forms of IPV, including Odds Ratios and 95% Confidence Intervals. Significant differences at $\alpha=0.05$ are denoted in *bold italics*.

	Outcome: Receipt of IPV					
	<u>Any IPV</u>	<u>Physical/Sexual IPV</u>	<u>Controlling IPV</u>	<u>Monitoring IPV</u>	<u>Emotional IPV</u>	<u>HIV-related IPV</u>
Homophobic Discrimination	<i>1.11</i> (1.05, 1.17)	<i>1.12</i> (1.05, 1.19)	<i>1.11</i> (1.02, 1.20)	<i>1.09</i> (1.02, 1.17)	<i>1.11</i> (1.05, 1.18)	1.08 (0.99, 1.18)
Racist Discrimination	<i>1.10</i> (1.04, 1.17)	<i>1.11</i> (1.04, 1.19)	<i>1.17</i> (1.07, 1.27)	1.03 (0.96, 1.10)	<i>1.11</i> (1.05, 1.19)	<i>1.13</i> (1.03, 1.23)
Internalized Homophobia	<i>1.02</i> (1.01, 1.03)	<i>1.01</i> (1.00, 1.03)	<i>1.03</i> (1.01, 1.04)	1.01 (0.99, 1.02)	<i>1.02</i> (1.00, 1.03)	<i>1.02</i> (1.00, 1.03)

Table 1b. Excerpted logistic regression modeling results of reporting perpetration of multiple forms of IPV, including Odds Ratios and 95% Confidence Intervals. Significant differences at $\alpha=0.05$ are denoted in *bold italics*.

	Outcome: Perpetration of IPV					
	<u>Any IPV</u>	<u>Physical/Sexual IPV</u>	<u>Controlling IPV</u>	<u>Monitoring IPV</u>	<u>Emotional IPV</u>	<u>HIV-related IPV</u>
Homophobic Discrimination	<i>1.08</i> (1.02, 1.15)	<i>1.13</i> (1.05, 1.22)	1.09 (0.97, 1.22)	<i>1.10</i> (1.02, 1.18)	1.07 (0.99, 1.14)	<i>1.12</i> (1.00, 1.26)
Racist Discrimination	1.02 (0.96, 1.08)	1.01 (0.94, 1.10)	<i>1.13</i> (1.01, 1.27)	1.00 (0.93, 1.08)	1.03 (0.96, 1.11)	1.10 (0.99, 1.23)
Internalized Homophobia	<i>1.01</i> (1.00, 1.02)	<i>1.02</i> (1.00, 1.03)	<i>1.05</i> (1.03, 1.07)	1.00 (0.98, 1.01)	<i>1.03</i> (1.02, 1.05)	<i>1.03</i> (1.01, 1.05)

Table 2 summarizes excerpted results from the modeling of UAI as the outcome of interest. Although not all forms of IPV receipt or perpetration were significantly correlated with increased reporting of UAI at last sex, reporting either receipt or perpetration of both physical/sexual IPV and monitoring IPV were associated with 63-93% increased odds of reporting UAI at last sex. Additionally, men who reported perpetrating emotional IPV against their partners within the past year had odds of non-condom use at last anal sex that were 1.61 (95% CI: 1.03, 2.53) times those of men who did not report perpetrating emotional IPV against their partners in the past year.

Table 2. Excerpted logistic regression modeling results of reporting UAI at last sex, including Odds Ratios and 95% Confidence Intervals. Significant differences at $\alpha=0.05$ are denoted in *bold italics*.

	<u>Unprotected Anal Intercourse</u>	<u>Unprotected Anal Intercourse</u>
Receipt of Recent IPV		
Physical/Sexual	<i>1.58 (1.01, 2.46)</i>	--
Monitoring	<i>1.93 (1.24, 3.00)</i>	--
Controlling	0.98 (0.55, 1.73)	--
HIV-Related	0.67 (0.37, 1.22)	--
Emotional	0.95 (0.64, 1.40)	--
Perpetration of Recent IPV		
Physical/Sexual	--	<i>1.73 (1.01, 2.96)</i>
Monitoring	--	<i>1.66 (1.05, 2.64)</i>
Controlling	--	0.79 (0.31, 2.03)
HIV-Related	--	0.93 (0.42, 2.06)
Emotional	--	<i>1.61 (1.03, 2.53)</i>

Discussion

The gay/bisexual male survivor of IPV is described by Kaschak (2001) as being in a “double closet” – that is, he faces discrimination borne from both homophobia (internal and external) and from the stigma of being a victim of partner violence. As more evidence that gay, bisexual, and other men who have sex with men are at a uniquely high risk for experiencing IPV over their lifetimes emerges, both the direct and indirect sequela of IPV warrant attention and research. The results of this study provide a possible mechanism by which experience of IPV may be linked to sexual risk-taking, unprotected anal intercourse, and risk for HIV among MSM.

This study presents two major and novel findings. First, the findings presented here suggest that experiences of multiple and varied minority stressors, including racism and homophobia, are associated with increased odds of reporting both receipt and perpetration of multiple forms of IPV among gay and bisexual men. Second, these results further indicate that both receipt and perpetration of IPV among gay and bisexual men may be linked to increased sexual risk-taking, and therefore risk for HIV and STI transmission and acquisition. Taken together, these results provide empirical support for the inclusion of IPV in the syndemic model of HIV transmission among gay, bisexual, and other men who have sex with men.

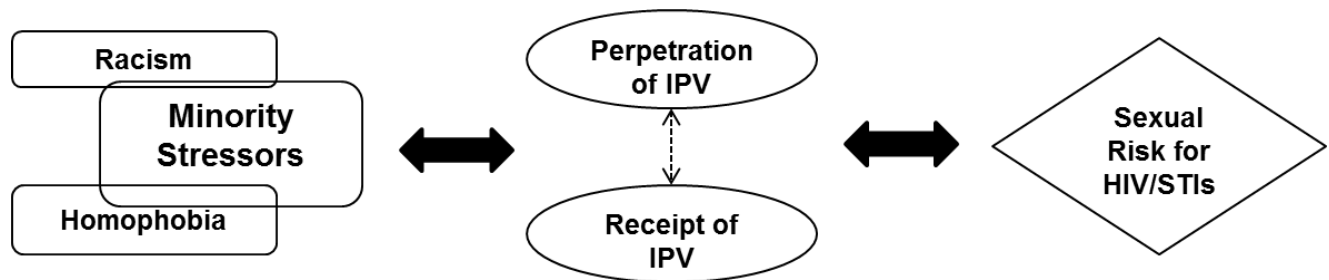


Figure 1. Conceptual Framework for associations between minority stressors, such as racism and homophobia, intimate partner violence, and sexual risk for HIV/STIs among gay and bisexual men.

Essentially, these results strongly suggest that the three processes studied here are syndemically linked (**Figure 1**). In addition, the high reported prevalences of all phenomena studied here suggest a great need for research and intervention addressing intimate partner violence among gay and bisexual men. From research conducted among women, experience of intimate partner violence is known to have multiple wide-ranging adverse health effects, such as depression, trauma/injury, increased risk for STIs, and suicidal ideation. These findings further suggest that, among gay and bisexual men, increased risk for HIV transmission or acquisition may be another effect of both receipt *and* perpetration of IPV. The finding that perpetration of IPV may be linked to sexual risk-taking among MSM is novel, although a few studies have previously demonstrated links between perpetration of IPV and non-condom use among heterosexual men.

This study presents evidence that IPV may be a significant, yet often overlooked, cofactor in the high incidence and prevalence of HIV among gay and bisexual men. As research continues and interventions are developed to mitigate both perpetration of IPV and experience of IPV, researchers and interventionists should take into account the unique position of gay/bisexual male survivor of intimate partner violence, considering both the heteronormative environment in which he lives and the sexual health consequences of IPV survivorship.

