

Partner Violence: A Significant Part of a Syndemic Among Black Men Who Have Sex With Men

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Introduction

HIV, substance misuse, and partner violence (PV) have long been characterized as a syndemic—interacting and reinforcing epidemics—among key populations such as drug-involved women and female sex workers.^{1,2} There is a nascent recognition of PV as part of the syndemic among MSM.³⁻⁸ However, despite Black MSM in the U.S. being disproportionately affected by HIV/AIDS,^{9,10} there is very limited research specifically addressing PV as a syndemic component specifically among Black men who have sex with men (MSM) beyond one study with a small sample of Black MSM.¹¹

Therefore, this study explores the following research questions:

- What is the prevalence of PV among a large sample of black MSM?
- Is PV associated with other syndemic outcomes—HIV risk indicators, substance use—among this sample of black MSM?
- What significant associations to syndemic outcomes can be observed if different aspects of PV—experiencing vs. perpetrating, type of PV—are examined separately?

Methods

Overview

This study utilized data obtained during the screening portion of a randomized clinical trial testing a couple-based, behavioral sexual and drug risk reduction preventive intervention for black MSM couples where at least one partner is currently engaged in illicit use of drugs. The parent study sought to enroll a sample of black MSM in same sex relationships where one or both partners engaged in illicit use of drugs and was at elevated risk for sexual transmission of HIV/STIs. The Institutional Review Board from the investigative team's institution approved all protocols, materials, and information used in this study, including the process for obtaining and documenting verbal consent before screening.

Recruitment, Eligibility Criteria, and Sample Size

Recruitment was conducted from November 2009 to November 2015 at local service agencies, bars, clubs, and community events frequented by MSM in the New York City area; the study also recruited using the internet (e.g., study website, Facebook) and social media apps (e.g., Grindr). Potential participants screened for inclusion in the parent study were informed that the intervention consisted of an orientation session followed by 4 weekly sessions in which both partners conjointly worked with a facilitator to address threats (e.g., HIV, substance use) to the well-being, physical health, and sexual health of black men in same-sex relationships.

For this secondary analysis of screening data, we use all cases from the screening database for which the respondent met the following criteria to be considered a black MSM for the purposes of the study/analyses reported herein:

1. Identify as male currently;
2. Assigned male gender at birth;
3. Identify as Black and/or African American;
4. Had non-coerced sex with another man during the prior 3 months; and
5. Was ≥18 years old.

These procedures yielded a sample ($N = 1,043$) of individuals herein referred to as "Black MSM."

Data Collection, Measures, & Analyses

The screening questionnaire included items to prompt participants to self-report very basic sociodemographic information necessary to establish eligibility for the parent study (i.e., including age, race/ethnicity).

PV was assessed using the Revised Conflict Tactics Scale (CTS2) excluding items related to minor psychological violence. We also added items related to threatening or actually outing an individual as gay/MSM/etc. as indicators of "gay-related PV" and threatening or actually outing an individuals as HIV-positive [regardless of his actual status] as indicators of "HIV-related PV."

Syndemic factors included **HIV risk indicators**—self-reported HIV status, number of male sexual partners, condomless anal intercourse (CAI)—and substance misuse—self-reported HIV status, number of male sexual partners, condomless anal intercourse (CAI)—and **substance misuse** in the prior 90 days.

We tested hypotheses that PV would be significantly associated with more adverse levels of each outcome variable using multivariate linear and logistic regression that controlled for age as well as HIV status for all outcomes other than HIV status.

Results

Characteristics of the Sample

The average age of this sample of 1,043 Black MSM in the New York City area was 35.7 years ($SD = 11.5$ years). Table 1 presents characteristics of the sample with respect to HIV risk indicators and substance misuse.

Prevalence of PV

With respect to experiencing PV, over one-third ($n = 379$, 36.3%) experienced some form of PV in their lifetime and more than one-fifth ($n = 236$, 22.6%) of the sample experienced some form of PV in the past 30 days using CTS2 criteria; if these items are supplemented with gay-related and HIV-related forms of PV, prevalence increases to 38.3% ($n = 399$) for lifetime and 23.2% ($n = 242$) for past 30 days experiencing PV. With respect to perpetrating PV, over one-third ($n = 394$, 37.8%) experienced some form of PV in their lifetime and more than one-fifth ($n = 233$, 22.3%) of the sample perpetrated some form of PV in the past 30 days using CTS2 criteria; if these items are supplemented with gay-related and HIV-related forms of PV, prevalence increases to 39.2% ($n = 409$) for lifetime and 23.5% ($n = 245$) for past 30 days perpetration of PV. Table 2 presents prevalence of IP by type, experiencing vs. perpetrating, and timeframe.

Table 1: Syndemic indicators among a sample of Black MSM in the New York City area ($N = 1,043$)

HIV Status	n (%)
HIV-negative	$n = 381$ (36.6%)
HIV-positive	$n = 612$ (58.8%)
Unknown	$n = 50$ (4.8%)
# of acts of CAI (past 90 days)	$\bar{x} = 14.7$ ($SD = 22.9$)
# of male sexual partners (past 90 days)	$\bar{x} = 4.7$ ($SD = 6.9$)
Substance Misuse	
Binge drinking	$n = 418$ (40.1%)
Marijuana	$n = 674$ (64.6%)
Powdered cocaine	$n = 335$ (32.1%)
Rock/crack cocaine	$n = 174$ (16.7%)
Methamphetamine	$n = 142$ (13.6%)
Heroin	$n = 34$ (3.3%)
Party drug(s)	$n = 249$ (23.9%)
Any illicit substance use	$n = 781$ (74.9%)

Table 2: Prevalence of partner violence (PV) among a sample of Black MSM in the New York City area ($N = 1,043$)

Form of PV	Experienced		Perpetrated	
	Ever n (%)	Past 30 days n (%)	Ever n (%)	Past 30 days n (%)
Psychological	278 (26.7%)	191 (16.4%)	297 (28.5%)	187 (17.9%)
Physical	229 (22.0%)	106 (10.2%)	229 (22.0%)	104 (10.0%)
Sexual	102 (9.8%)	62 (5.9%)	84 (8.1%)	55 (5.3%)
Injurious	140 (13.4%)	50 (4.8%)	134 (12.8%)	52 (5.0%)
Gay-related	93 (8.9%)	53 (5.1%)	82 (7.9%)	14 (4.5%)
HIV-related	53 (5.1%)	19 (1.8%)	40 (3.8%)	17 (1.6%)

Association of PV with HIV Risk Indicators & Substance Misuse

Hypotheses regarding the association of PV with other syndemic outcomes were tested specifically using current (i.e., past 30 days) experiences and perpetration of IPV. Table 3 presents the results by specific type of PV. Overall, hypotheses for **currently experiencing PV** were validated as follows: not knowing one's HIV status ($AOR = 5.1$, $95\%CI = 2.1-11.7$); greater number of male sexual partners ($b = 3.6$, $95\%CI = 2.6-4.6$); greater number of CAI ($b = 6.4$, $95\%CI = 2.9-9.8$); binge drinking ($AOR = 2.1$, $95\%CI = 1.6-2.9$); and illicit substance use ($AOR = 2.5$, $95\%CI = 1.6-4.1$). Hypotheses were validated for **currently perpetrating PV** as follows: not knowing one's HIV status ($AOR = 3.2$, $95\%CI = 1.4-7.3$); greater number of male sexual partners ($b = 3.1$, $95\%CI = 2.1-4.1$); greater number of CAI ($b = 3.7$, $95\%CI = 0.3-7.2$); binge drinking ($AOR = 2.1$, $95\%CI = 1.5-2.8$); and illicit substance use ($AOR = 3.4$, $95\%CI = 2.1-5.6$).

Table 3: Associations between currently experiencing IPV and outcomes related syndemic factors among a sample of Black MSM in New York City ($N = 1,043$)

Form of IPV	HIV-positive vs. HIV-negative	HIV-unknown vs. HIV-negative	# of acts of UAI (past 90 days)	# of male sexual partners (past 90 days)	Binge drinking (past 90 days)	Illicit substance use (past 90 days)	
Experienced	Psychological	$AOR = 0.8$ (0.6, 1.2)	$AOR = 3.5^{**}$ (1.5, 8.1)	$b = 6.4^{**}$ (2.5, 10.3)	$b = 3.5^{***}$ (2.3, 4.6)	$AOR = 2.1^{***}$ (1.5, 3.1)	$AOR = 3.4^{***}$ (1.9, 6.3)
	Physical	$AOR = 0.7$ (0.5, 1.1)	$AOR = 5.0^{***}$ (2.1, 12.0)	$b = 9.8^{***}$ (5.1, 14.5)	$b = 6.7^{***}$ (5.3, 8.0)	$AOR = 2.6^{***}$ (1.7, 4.1)	$AOR = 4.3^{**}$ (1.8, 10.2)
	Sexual	$AOR = 0.9$ (0.5, 1.7)	$AOR = 6.9^{***}$ (2.7, 17.5)	$b = 8.8^{**}$ (2.7, 14.8)	$b = 6.4^{***}$ (4.6, 8.1)	$AOR = 2.0^*$ (1.1, 3.5)	$AOR = 1.8$ (0.8, 4.2)
	Injurious	$AOR = 0.4^{**}$ (0.2, 0.8)	$AOR = 3.7^*$ (1.4, 10.6)	$b = 19.9^{***}$ (13.2, 26.5)	$b = 10.6^{***}$ (8.7, 12.5)	$AOR = 2.4^{**}$ (1.3, 4.7)	$AOR = 11.6^*$ (1.6, 85.8)
	Gay-related	$AOR = 0.6^*$ (0.3, 1.0)	$AOR = 1.9$ (0.6, 5.9)	$b = 20.6^{***}$ (14.3, 26.9)	$b = 5.9^{***}$ (4.1, 7.8)	$AOR = 2.3^{**}$ (1.2, 4.2)	$AOR = 4.1^*$ (1.2, 13.4)
	HIV-related	$AOR = 1.3$ (0.4, 3.6)	$AOR = 1.8$ (0.2, 15.8)	$b = 21.2^{***}$ (10.8, 31.5)	$b = 7.5^{***}$ (4.4, 10.6)	$AOR = 2.1$ (0.7, 5.7)	$AOR = 6.5^*$ (0.9, 49.1)
Perpetrated	Psychological	$AOR = 0.8$ (0.5, 1.1)	$AOR = 3.6^{**}$ (1.6, 8.2)	$b = 2.9$ (-0.9, 6.8)	$b = 3.0^{***}$ (1.9, 4.1)	$AOR = 1.9^{***}$ (1.4, 2.8)	$AOR = 4.3^{***}$ (2.3, 8.1)
	Physical	$AOR = 0.7$ (0.5, 1.2)	$AOR = 4.4^{**}$ (1.8, 10.6)	$b = 12.6^{***}$ (7.8, 17.4)	$b = 5.9^{***}$ (4.5, 7.3)	$AOR = 2.7^{***}$ (1.7, 4.3)	$AOR = 5.0^{**}$ (2.0, 12.8)
	Sexual	$AOR = 0.9$ (0.5, 1.6)	$AOR = 5.1^{**}$ (1.9, 14.0)	$b = 11.3^{**}$ (4.8, 17.8)	$b = 6.6^{***}$ (4.7, 8.4)	$AOR = 3.0^{**}$ (1.6, 5.7)	$AOR = 1.9$ (0.7, 5.1)
	Injurious	$AOR = 0.5^*$ (0.3, 0.9)	$AOR = 5.0^{**}$ (1.9, 13.2)	$b = 17.7^{***}$ (11.2, 24.2)	$b = 8.9^{***}$ (7.0, 10.8)	$AOR = 1.8^*$ (1.0, 3.3)	$AOR = 6.3^*$ (1.5, 26.6)
Gay-related	$AOR = 0.5^*$ (0.3, 1.0)	$AOR = 2.8^*$ (0.9, 8.4)	$b = 13.3^{***}$ (6.4, 20.1)	$b = 5.6^{***}$ (3.6, 7.6)	$AOR = 4.3^{***}$ (2.1, 9.1)	$AOR = 3.0^*$ (0.9, 9.9)	

[†] $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$



Conclusions

The prevalence rates of PV among this large sample of Black MSM indicate that the need to address relationship health and violence deserve as much attention and vigor as other populations that experience PV. Furthermore, PV and its multiple associations with HIV risks and substance misuse found in this study underscore the urgent need to address PV as a central factor in the syndemic that underlies Black MSM being and remaining a key, HIV-affected population. Behavioral aspects of combination prevention need to address in order to reduce the HIV and health disparities experienced by Black MSM in the U.S. Conversely, addressing PV among Black MSM may confer benefits with respect to prevention of HIV transmission among this key population. Finally, all of these efforts to address PV among Black MSM are likely to benefit and may require attention to forms of PV that are specific or more unique to MSM and other sexual minority populations.

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