

SUBSTANCE USE AND ASSOCIATED INTIMATE PARTNER VIOLENCE RISK AMONG MSM IN LOS ANGELES, CALIFORNIA

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**Presenter*



Background and objective

- Substance use (SU) is a risk factor for intimate partner violence (IPV);
- SU and IPV → poor HIV care outcomes
- SU and IPV → onward HIV transmission.
- Most IPV research focus on violence in male-female dyads; One in three MSM have experienced IPV.
- Characterizing violence among MSM could provide critical insight for development of targeted IPV screening integrated into HIV service delivery.

The present study explores associations between SU and IPV in a large cohort of MSM in Los Angeles.

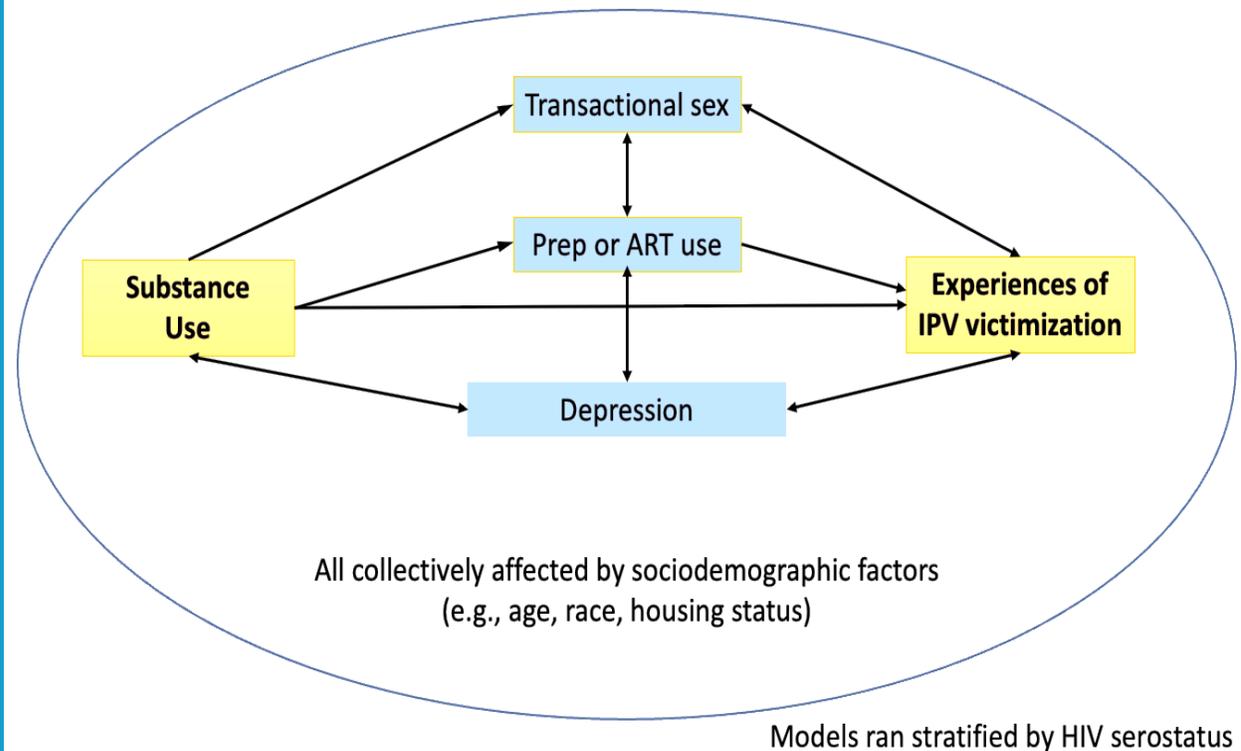
Methods

- A NIDA funded cohort of mostly minority men who have sex with men (MSM) started in 2014 that enrolled:
 - Half of participants are SU
 - Half are persons living with HIV (PLWH)
- Analytic sample was restricted to prior to the COVID-19 pandemic (2014-March 2020)

Methods

- Primary exposure of interest = recent (past 6 months) drug use
 - Stimulant use
 - THC use only
 - All other drug use (no stimulants)
 - No drug use
- Covariates: age, race (categorized as Black, Hispanic, White or other) treatment as prevention (reporting any PrEP use in past 6 months or having an undetectable viral load using a cutoff of <20, depression (measured using CES-D), being unstably housed (at least one night without housing in past 6 months) and transactional sex (receipt of money, sex or goods in exchange for anal sex in past 3 months).

Conceptual Model of Factors Affecting IPV among MSM



Methods

- Outcome of interest = physical and sexual IPV in past 6 months.
- Physical IPV: Have you been hit, kicked or slapped by a lover, boyfriend or girlfriend in the last 6 months? We only mean times when that person meant to hurt you physically
- Sexual IPV: Have you been forced to have sex by a lover, boyfriend or girlfriend in the last 6 months
- HIV stratified multivariable models (GEE) were estimated to test associations between SU and IPV outcomes across visits, adjusting for repeated measurement and confounders.

Results

Participants (MSM)=557

Median baseline age = 30 yrs.

Across 2,962 study visits...

50% Depressed

48% On TasP

43% Not virally suppressed

14% Transactional sex in past 3 months

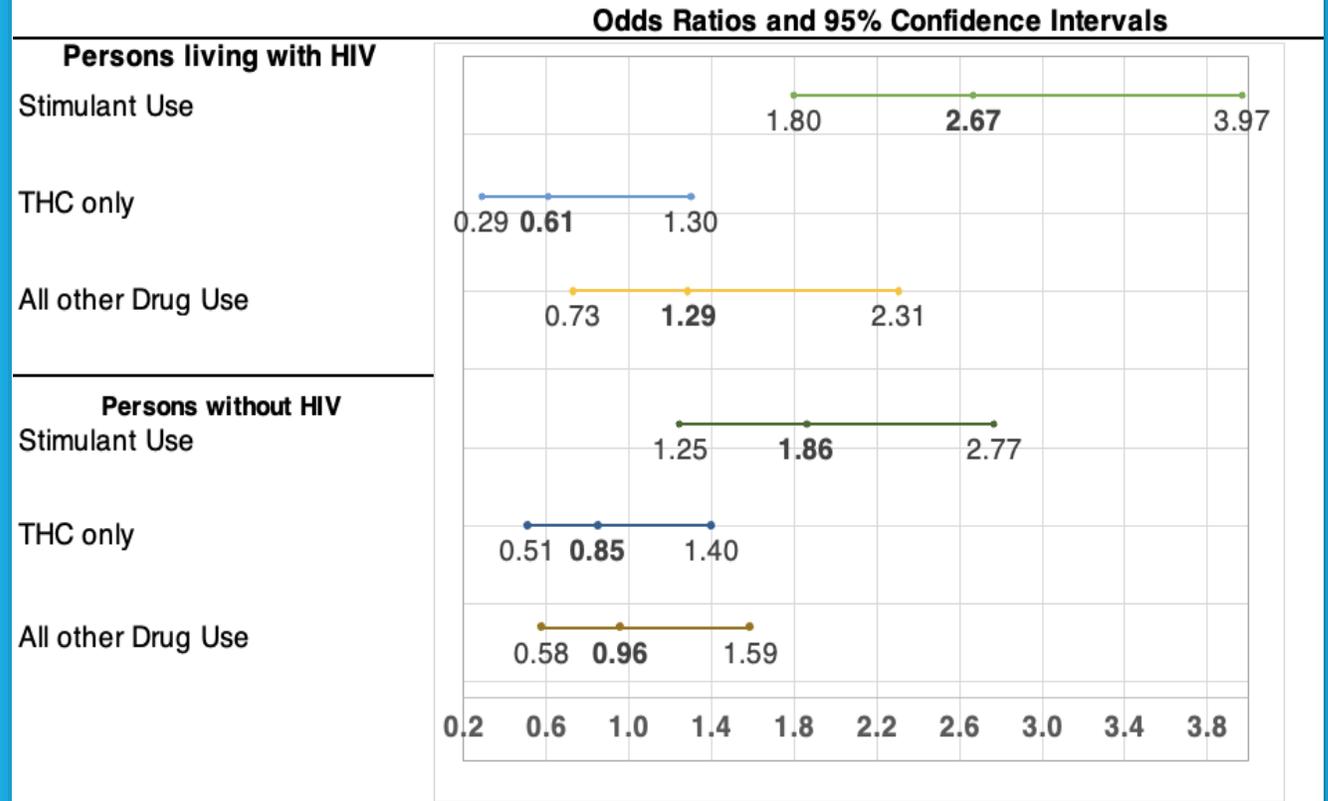
54% Unstably housed

47% HIV Positive

Results

- Recent stimulant, THC and heroin use were reported by 46%, 50% and 3%.
- 14% reported physical IPV
- 7.5% reported sexual IPV.
- Across visits, stimulant use associated with greater odds of physical, but not sexual IPV.
- Depression, age and engaging in transactional sex also associated with IPV.

Figure 1. Multivariable regression analysis of association between substance use and experience of any IPV among mSTUDY participants, by HIV status (8/2014 to 03/2020).



Reference group=no substance use)

**adjusted for for age, race/ethnicity, transactional sex, depression, treatment as prevention (PrEP or ART use) and homelessness.

Discussion

- We identified a high prevalence of IPV victimization among MSM in Los Angeles, with estimates consistent with a recent meta-analysis.
- Persons who use stimulants, Younger persons, persons with depression and persons engaging in transactional sex were at increased risk of IPV, which is consistent with the broader literature.
- In order to effectively intervene on IPV among MSM greater insight into the context of violence within couples is needed (e.g., consensual vs unwanted violence, aggression as sexual dominance, extent of gendered power dynamics in same sex couples).

Future Directions and Limitations

- IPV programming may have the greatest impact among MSM if integrated into HIV care services.
- We identified several factors associated with increased experience of IPV.
 - Qualitative work is needed to understand how and why IPV occurs in couples to develop effective intervention programming.
 - Exploring IPV in MSM dyads could provide further insight.