DATING VIOLENCE AND HIV-ASSOCIATED OUTCOMES AMONG ADOLESCENT SEXUAL-MINORITY MALES

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Background

- Adolescent sexual-minority males (ASMM) in the United States are disproportionally affected by HIV. In 2015, 92% of HIV infections in adolescents between 13 and 19 years of age were attributed to male-male sexual contact.
- Interpersonal factors, including dating violence, are key determinants of HIV risk.
- Previous research suggests that type of dating violence experience (e.g. perpetration, victimization) may influence health behaviors differently.
- We assessed the association between dating violence and HIV-associated factors among ASMM in 3 cities

Methods

Data

- Three cities (Chicago, New York City, and Philadelphia) participated in the 2015 National HIV Behavioral Surveillance among Young Men who Have Sex with Men (NHBS-YMSM).
- Participants were recruited for interviews and HIV testing via venue-based sampling, respondent-driven sampling, and Facebook sampling.
- Eligibility criteria:
  - Age 13-18 years
  - Resident of the urban area where sampled
  - Male sex assigned at birth and current gender identity male
  - Ever had any sexual contact with another male, OR self-identify as gay or bisexual, OR report same-sex sexual attraction
  - Able to complete the interview in English.
- Outcome measures:
  - Participants were asked about condomless anal sex, sexually transmitted infection diagnosis, non-injection drug use, and HIV testing in the past 12 months.
- Dating violence experience in the past 12 months was separated into three profiles:
  - Dating violence perpetration and victimization (Mutual DV)
  - Dating violence victimization only (DV Victimization only)
  - Dating violence perpetration only (DV Perpetration only)

Analysis

- We used log-linked Poisson regression to calculate adjusted prevalence ratios (aPR) and 95% confidence intervals (CI) for associations between dating violence profiles and four past-year HIV-associated factors.
- Models were adjusted for city and race/ethnicity

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Table 1. Characteristics of ASMM (n=548)

	n	%
Age		
13-15	76	15
16-17	318	58
18	154	27
Race/Ethnicity*		
Black	216	39
Hispanic/Latino	178	33
White	92	17
Other**	61	11
Visited healthcare provider, past 12 months	491	90

*Hispanic/Latino participants could be of any race
**Includes 'American Indian/Alaska Native', 'Asian', 'Native Hawaiian/Pacific Islander', 'multiple races' and 'some other race'

Table 2. DV prevalence and HIV-associated factors, past 12 months (n=548)

	n	%
Any DV	101	19
Mutual DV	38	7
DV victimization only	37	7
DV perpetration only	26	5
Condomless anal sex	214	39
STI diagnosis	159	29
Non-injection drug use	263	48
HIV testing	252	46

Results

Figure 1. Association between dating violence profile and condomless anal sex, past 12 months (n=548)

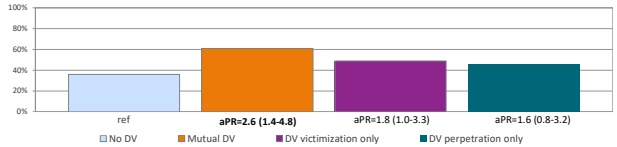


Figure 2. Association between dating violence profile and STI diagnosis, past 12 months (n=548)

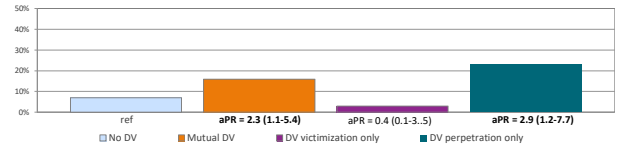


Figure 3. Association between dating violence profile and non-injection drug use, past 12 months (n=548)

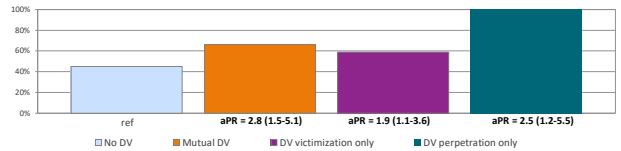
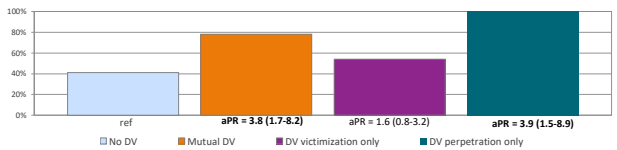


Figure 4. Association between dating violence profile and HIV testing, past 12 months (n=548)



Acronym: aPR, adjusted prevalence ratio; All models adjusted for city and race/ethnicity. **Bold** indicates significant association.

Summary of Results

- Overall, 18% of ASSM reported experiencing any type of dating violence in the past 12 months. Broken down into DV profiles, 7% reported mutual DV, 7% DV victimization, and 5% DV perpetration.
- The majority (90%) of ASMM had visited a healthcare provider in the previous 12 months.
- In terms of HIV-associated outcomes, 39% of ASMM reported condomless anal sex, 29% a STI diagnosis, 48% non-injection drug use, and 46% an HIV test.
- Compared with those reporting no DV in the past 12 months, ASMM reporting mutual DV were more likely to report condomless anal sex.
- ASSM reporting mutual DV or DV perpetration were more likely to report STI diagnosis and getting an HIV test.
- ASSM reporting Mutual DV, DV victimization, and DV perpetration were all more likely to report non-injection drug use compared to ASMM reporting no DV.

Limitations

- Data are from three U.S. cities and are not representative of all ASMM.
- All data are based on self-report and may be subject to social desirability bias or recall error.
- Data are cross-sectional and therefore temporality between variables cannot be established.
- Violence measures only capture past-year dating violence; lifetime experiences of violence are likely more prevalent.
- STI diagnosis may be confounded by differences in STI testing rates among DV profiles.
- Analyses did not explore complex casual pathways or include all potential confounders.

Conclusions and Implications

- Among ASMM, dating violence was prevalent and associated with risk factors for HIV infection as well as HIV testing.
- Healthcare settings may provide an opportunity for interventions to identify and treat violence among this population by connecting ASMM with social services due to the large percentage reporting visiting a healthcare provider in the previous 12 months.
- Broader violence prevention efforts aimed at those who perpetrate violence and those in mutually violent relationships are needed among ASMM.
- Additional research is needed to inform violence prevention interventions specifically tailored to this vulnerable population.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
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