Intimate Partner Violence, Social Support, and Substance Use Among Black Men Who Have Sex With Men (BMSM) in the United States: HPTN 061

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Background/Rationale

- Intimate partner violence (IPV) is highly prevalent among men who have sex with men (MSM)
- MSM experiencing IPV have higher odds of reporting psychosocial health problems, substance use, and sexual risk
- Social support might reduce the effect of experiencing IPV on psychosocial health outcomes
- However, a vast majority of studies investigating IPV were cross-sectional and conducted among women and White MSM
Project Objectives/Aims

• **Aim 1**: Assesses whether experiences of IPV predict substance use among BMSM

• **Aim 2**: Examine the role of social support (low, moderate high) as a moderator of the association between IPV and substance use among BMSM

**N=1505**
Recruited from 07/2009-10/2010

**Assessments at baseline, 6-, and 12- months**

**Los Angeles and San Francisco, CA; Atlanta, GA; Boston, MA; New York, NY; Washington, DC.**
• GEE models assessed the association between experiencing IPV at baseline (emotional, physical, sexual or, any) and substance (marijuana, crack cocaine, powder cocaine, and methamphetamine)/ alcohol use at baseline, 6-month, and 12-month follow-up
• GEE models assessed the possible moderating effect of social support (high, medium, or low) on the association between IPV and substance/alcohol use at baseline, 6-month, and 12-month follow-up
Results

**Aim #1**: Experiences of IPV at baseline was **positively significantly associated** with substance and alcohol use during follow-up.

**Aim #2**: Social support did not statistically significantly moderate the association between IPV and substance/alcohol use.

- **IPV**:
  - OR=1.35; p<.001
  - OR=1.53; p<.001

- **Substance Use**:

- **Alcohol Use**:

- **Social Support**:
  - β=.20
  - β=.11
  - β=.09

- **IPV**:
  - β=.35; p=.03
• Our findings highlight IPV as a problem impacting BMSM, with more than half of the sample (52%) reporting a history of IPV.

• We found that IPV was significantly associated with both stimulant and alcohol use, suggesting that substance use as possible coping mechanism for individuals experiencing IPV.

• Our finding that social support was not a significant moderator between IP and substance use suggests there might be other more important pathways through which IPV impacts substance use behavior among BMSM.
Our findings reinforce the need for intervention programs that aim to relieve the overall burden of IPV among BMSM.

Intervention programs should utilize a holistic approach to devising sustainable solutions for BMSM experiencing IPV to ensure their safety and well-being is top priority.

Future studies should explore the role of both perpetuating and experiencing IPV on psychosocial health and substance use.
Thank you

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/HIVptn
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