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Domestic Abuse and HIV-Risk Behavior in Latin American Men Who Have Sex with Men in New York City

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ABSTRACT. This study was conducted with 273 Latin American men who have sex with men living in the New York metropolitan area. The results show that 51% of the men reported having experienced domestic abuse at least once in their relationships. Up to 12% of these men had been forced to have receptive anal sex without condoms by one of their partners since 1981. Thirty-three percent of the respondents reported having experienced verbal and psychological abuse, and 35% reported physical abuse (but not sexual) perpetrated by one of their partners. Statistical analysis found strong correlation between being a victim of physical and sexual abuse, and practicing receptive anal sex without condoms. Additional tests showed strong relationships between having experienced sexual abuse

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during childhood, using recreational drugs, having low self-esteem and self-worth, and experiencing domestic abuse in intimate adult relationships. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworthpressinc.com <Website: <http://www.haworthpressinc.com>>]

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INTRODUCTION

Domestic violence can be defined as any act of either psychological or physical aggression conducted by one individual to intimidate or harm another in an intimate relationship out of real or perceived frustration with any given situation (Farley, 1996). Renfrew (1997) reports that the incidence of domestic violence in the United States is high, accounting for up to one-eighth of violent crimes. He points out that recent studies with a national sample of 6,000 heterosexual families show that up to 16% of spouses reported having experienced violence, defined as an act directed to hurt someone, during the previous year, and that the relative incidence of serious spouse beating (kicking, biting, hitting with fist or weapon, beating up, using or threatening with weapon) was 6%. Donna Shalala, Secretary of Health and Human Services, stated during her presentation to the AMA's 1994 National Conference in Washington, D.C., that one out of four women will be assaulted by a household partner in her lifetime, and 20% to 30% of the injuries that send women to hospital emergency rooms result from physical abuse inflicted by husbands and boyfriends (Schornstein, 1997).

Hamberger (1996) argues that violence between intimate partners is a social epidemic whose proportions we continue to deny. He states that most of what is known about domestic violence in heterosexual couples may be extended to gay male partners or others, but he cautions us against making such assumptions. He strongly recommends additional research on this problem with gay male populations, keeping in mind that U.S. society has high tolerance for all forms of violence. Women, lesbians, gays, and other ethnic minorities are

groups that often are targeted for violence that has no legal or social consequences. Island and Letellier (1991), who were among the first to call the attention of the gay male community to male-to-male domestic violence, estimate that domestic violence in gay male couples occurs at the same rate as in heterosexual couples, approximately 20-25%. These authors classify domestic violence into three types: physical, psychological, and material. They define physical abuse as any assault and battery, as well as any unwanted physical force including sexual abuse forced on one partner by the other. Psychological violence is defined as mental harassment or other acts that seek to leave the victim in a state of intimidation, worry, anxiety, or fear. Finally, the authors define material violence as the destruction, discard or mutilation of objects, materials, property, or possessions of the victim.

Sexual coercion and domestic violence should be taken into consideration when HIV/AIDS prevention programs for gay and bisexual men are developed. Waterman, Dawson, and Bologna (1989) found that "men who were victims of forced sex were significantly more likely than men who were not victims of forced sex to be victims of violence as well as perpetrators of violence" (p. 121). Another study conducted in England (Hickson et al., 1994) found that 27.6% of the gay men participants studied said "that they had been sexually assaulted or had sex against their will at some point in their lives; one third of them had been forced into sexual activity (usually anal intercourse) by men with whom they previously had, or were having, consensual sexual activity" (p. 46). Merrill (1996) found that "13% of the gay men [participants in his research project with victims of domestic abuse in San Francisco] reported that their partners "sometimes" or "frequently" tried to infect them with HIV and 6% reported seroconverting to HIV-positive status as a result" (p. 42).

The research conducted to date about domestic violence in male-to-male relationships (Cruz, 1996; Farley, 1996; Merrill, 1996), as well as in male-to-male sexual coercion (Hickson et al., 1994; Kalichman and Rompa, 1995; Struckman-Johnson et al., 1994; Waldner-Hugrud et al., 1997) often have lacked sufficient ethnic minority representation. We are aware of only one study besides the present one that explores domestic violence among Latino men. Dr. Toro-Alfonso, in a recent study of gay men in Puerto Rico (manuscript in press), found

that 15% of the male respondents reported being penetrated without condoms under pressure from their partners.

Although HIV does not cause domestic violence, it must be understood as a factor that complicates the lives of the battered gay and bisexual men (Letellier, 1996). Perpetrators can use their HIV-positive status or their partner's serostatus as a weapon in their efforts to control their partners (Letellier, 1996; Merrill, 1996). HIV as well as immigration status become serious and life-threatening weapons against Latino gay and bisexual men who experience domestic abuse (Méndez, 1996).

In New York City, AIDS statistics show a decrease in the number of new AIDS cases among White/Anglo-Saxon men who have sex with men (MSM) from 33% in 1990 to 18% in 1997. In that same period, AIDS cases among Latino MSM increased from 30% to 34% (New York City AIDS Surveillance Update, 1998).

We sought to contribute to this body of literature by analyzing the behavior of Latin American MSM living in New York City who report having been in a committed relationship at least once in their lives. This study is exploratory in nature. Its purpose is to understand the severity of domestic violence as well as sexual coercion within the Latino gay male population and its implications for HIV risk behavior. Our hypothesis is that men with a history of domestic abuse will be more likely to engage in sexual risk behaviors than men without a history of domestic abuse.

METHOD

Sample

Participants in this study were adult men of Latin American ancestry who have sex with other men. We considered as adults any male 18 years of age or older. We operationalized Latin American ancestry to mean anyone born in Colombia, Dominican Republic, Mexico or Puerto Rico, or anybody born in the U.S. and self-identified as "Latino or Hispanic" with at least one parent or two grandparents born in any of those countries. The eligibility criterion was limited to four Latin American countries because we were interested in analyzing possible differences by country of origin. We chose Puerto Ricans and Dominicans because they constitute the two largest Latin American groups in New York City. Colombians and Mexicans are among the

five national groups that follow in decreasing order of population size (Cultureline Corporation, 1991), with the advantage of living in clearly identifiable neighborhoods. In cases where national background was ambiguous (e.g., if the study candidate had been born in the U.S., the mother in Puerto Rico, and the father in the Dominican Republic), we asked the participant to choose the nationality that he felt had influenced his development most. We operationalized "who have sex with men" to mean at least ten sexual occasions in the respondent's lifetime and one occasion in the last twelve months prior to the interview. The frequency of sex criterion was established to rule out individuals who only had occasional homosexual contact (e.g., while in prison) and to restrict the sample to those who were sexually active.

Recruitment

The study was advertised by distributing flyers and condoms wrapped in promotional material. The text indicated that we were conducting a study of Colombian, Dominican, Mexican and Puerto Rican men who have sex with men, or with men and women. The words gay or bisexual were not used because we wanted to include straight-identified men who have sex with other men. The advertisement advised that we would compensate participants at the rate of \$10 per hour, and that confidentiality was guaranteed. Those interested were encouraged to call to learn more about the study. To increase the representativeness of our sample, the promotional material was distributed at a wide variety of gay and non-gay venues, such as bars and discos, AIDS services organizations, The Lesbian and Gay Community Services Center, public parks, cruising areas, annual parades, etc. We also encouraged referrals from study participants.

Recruitment took place between November, 1996, and October, 1997. All study candidates were screened for eligibility, either by phone or in person. Those who qualified were invited to attend an assessment session. They signed consent forms either in English or Spanish, according to the participants' language dominance. The consent form outlined the characteristics of the study, its confidentiality, and the participants' rights. Participants were asked for authorization to be audiotaped. The consent forms also stated that the study had been authorized by the Institutional Review Board (IRB), and the phone numbers of the Principal Investigator and an IRB representative were provided for further information.

Assessment

The assessment consisted of two questionnaires, the first one administered by an interviewer and the second one self-administered. All interviewers were bilingual and bi-cultural, and had been trained in general interviewing techniques as well as specific sexual assessment procedures. All interviews were audiotaped and regularly monitored for quality control purposes.

Dependent Variables

Primarily, we looked at domestic abuse. Domestic abuse was defined as any psychological, physical, or sexual abuse perpetrated by one partner of a couple on the other with the intention of intimidating or harming him. To assess psychological abuse, the participants were asked if they were ever intimidated or humiliated by any of their partners. To assess physical abuse, they were asked if they were ever harmed by physical aggression inflicted on them by any of their partners. Sexual abuse was assessed by asking respondents if they had been forced by any of their partners to have receptive anal sex without condoms after 1981 (this time frame was based on our intention to assess the implications of domestic sexual abuse and HIV transmission). Each of the three types of abuse was assessed with a single item-question and collapsed into a dichotomous variable (those reporting domestic violence versus those who did not) for analysis involving the independent variables. Also, the participants were asked if they considered themselves to have been victims of partner abuse in any of their relationships.

We also asked whether the participants' partners were under the influence of alcohol or drugs when they intimidated, humiliated, physically harmed, or sexually coerced the respondents, if the participants themselves responded with violence, and if they ever sought help from a family member, a peer, a counselor, clergy, or the police.

Independent Variables

The independent variables considered for this study were: sexual behavior, alcohol and recreational drug use, childhood sexual abuse, acculturation, self-esteem, and self-worth.

Sexual behavior was measured using the Sexual Practices Assessment Schedule [SPAS] (Carballo-Diéguez, Dolezal, Nieves-Rosa, &

Díaz, 1995). This inventory explores the frequency of different sexual practices (insertive/receptive; protected/unprotected) with three different types of male and female partners (lover/one-night-stand/other) over the year prior to the interview. A dichotomous variable was constructed to contrast those who had unprotected receptive or insertive anal sex and those who did not. The reliability of the SPAS had been previously established through test-retest of participants and comparison of main partners' responses (Carballo-Diéguez, Remien, Dolezal, & Wagner, *in press*). Although its validity is subject to all the limitations applicable to self reports, the partner ratification of the respondent's report boosts the validity of the assessment.

Alcohol and drug use was assessed by providing participants with a list that included up to fifteen recreational drugs. First, participants were asked whether they had ever used alcohol or any of various recreational drugs. If they answered yes, they were then asked about the frequency of use during the past twelve months, using a Likert-type scale (0 = none; 6 = more than once a day). Finally, using the same Likert-type scale, they reported their substance use while having sex.

Childhood sexual abuse was operationalized as any sexual contact before the participant was 13 years old with anyone four or more years older. Those having such experience were asked if they felt emotionally or physically hurt by the activity. Then, they were divided into three groups: no experience, willing/not hurt, and not willing/hurt.

Acculturation was measured using a scale developed by Marin, Sabogal, Marin, Otero-Sabogal, and Perez-Stable (1987). We also used the self-esteem scale (Rosenberg, 1965) and a self-worth scale (sub-scale of the World Assumption Scale, Janoff-Bulman, 1989).

Finally, besides basic demographic information, we asked the respondents' HIV-status. Those participants who had not been tested were asked what they assumed their HIV-status to be.

RESULTS

A total of 307 men participated in this study: 80 Colombians, 80 Dominicans, 67 Mexicans and 80 Puerto Ricans. Of those, 273 (89%) reported having at least one committed relationship with another man during their lifetime. This report will focus on the 273 men who had had a committed relationship. Their demographic characteristics appear in Table 1.

TABLE 1. Demographic Characteristics and HIV Status of a Sample of Latino Men Who Had Committed Relationships with Other Men (N = 273)

	Mean	Range
Age (years)	31	18-55
Education (years)	14	3-20
Yearly income	\$16,590	0-95,000
	N	%
National background:		
- Colombian	74	27
- Dominican	68	25
- Mexican	59	22
- Puerto Rican	72	26
HIV test (N = 255)		
- Negative	170	67
- Positive	84	33
- Do not know	1	.4

About half the Puerto Ricans had been born in the U.S., in contrast with the men in other ethnic groups (11% Colombians, 19% Dominicans, and 17% Mexicans). Excluding Puerto Ricans who are U.S. citizens by birth, only 33% of the rest of the sample were citizens; 53% held other kinds of legal status, and 14% were undocumented. Two hundred and sixty men lived in New York City and 13 just out of the city (New Jersey) at the time of the interview.

Ninety-three percent of the participants had been tested for HIV. (One of them did not have the test results at the time of the interview.) Among those untested, fear of finding out the results was their most frequent reason for not getting tested. When asked what they assumed their results could be, 16 men assumed they were HIV-negative and 2 HIV-positive. The aggregate numbers are reported in Table 1.

Domestic Abuse

About half of the men in the sample had experienced some form of domestic abuse (see Table 2). Ninety (33%) of the respondents experienced psychological abuse, ninety-six (35%) physical abuse (excluding sexual abuse), and thirty-four (12%) sexual abuse—the latter considered only between 1981 and the date of the interview. Of the men who were sexually abused, seven (20%) respondents stated that they had been forced to have receptive anal sex without condoms in their current relationship, and the remaining 80% had experienced it in

TABLE 2. Type of Domestic Abuse by National Background Among Latino Men Who Had Committed Relationships with Other Men (N = 273)

National Background	N	Type of Domestic Abuse			Total experiencing abuse %	Total who considered themselves abused %
		Psychological %	Physical* %	Sexual %		
Colombian	74	34	30	11	46	22
Dominican	68	32	31	12	43	19
Mexican	59	29	32	10	53	20
Puerto Rican	72	36	47	15	61	44
Totals	273	33	35	12	51	26

*Does not include sexual abuse

previous relationships. Of those sexually abused, 50% stated that they were (sometimes or always) under the influence of alcohol and/or recreational drugs when the abuse took place; 74% of their partners were (sometimes or always) also under the influence of alcohol and/or drugs when the event happened. Overall, 51% of the respondents experienced domestic abuse but only 26% considered themselves to have been victims of domestic abuse.

T-test analysis did not find significant differences in age, education, or income between those who reported experiencing domestic abuse and those who did not. However, independent t-tests showed that the men who experienced domestic abuse were likely to have lower self-esteem ($t = 3.05$, $df = 271$, $p < .003$) and lower self-worth ($t = 2.13$, $df = 271$, $p < .03$), than those who had not.

A t-test showed a significant relationship ($t = 2.45$, $df = 265.8$, $p < .016$) between having experienced domestic abuse and engaging in unprotected receptive and/or insertive anal sex. Chi-square tests did not reveal any relationship between place of birth, national background, or HIV-serostatus and having experienced domestic abuse. Our analysis showed that, at the time of the domestic abuse, 135 men (98% of those abused) had used alcohol, 106 (77%) marijuana, and 84 (61%) cocaine and/or crack. Chi-square tests did not show any relationship between alcohol consumption and domestic abuse. However, there was a strong association between the use of marijuana ($\chi^2 = 10.55$, $p < .002$) and cocaine/crack ($\chi^2 = 10.33$, $p < .002$), and being a

victim of domestic abuse. Also, having ever used other drugs like heroin, downers, uppers or poppers was significantly associated ($\chi^2 = 6.26$, $p < .014$) with having experienced domestic abuse. Chi-square tests showed a significant relationship ($\chi^2 = 19.17$, $p < .001$) between having experienced sexual abuse during childhood and feeling hurt by it, and experiencing physical and sexual abuse in adulthood.

In addition, logistic regression analyses were conducted in order to determine which variables showed the strongest unique association with unprotected anal sex. In each regression model the dependent variable was a dichotomous indicator contrasting those who had engaged in unprotected anal sex with those who had not. Analyses were done separately by practice (receptive vs. insertive) and partner type (lover, one-night-stand, other) resulting in six regression models. Independent variables included nationality, age, acculturation, childhood sexual abuse, frequency of substance use (alcohol, marijuana, cocaine, and other drugs as four separate variables), self-esteem, self-worth, and the three indicators of domestic violence (psychological, physical, and sexual). All independent variables were entered in the regression model simultaneously as a block. Only one analysis showed that certain independent variables had a significant independent association with unprotected anal sex (i.e., significance maintained when adjusting for all other variables in the model). Those who engaged in unprotected receptive anal sex with a lover were more likely to have reported physical abuse (odds ratio: 0.25; 95% confidence interval: 0.08-0.77; $p = .02$) and sexual abuse (odds ratio: 0.25; 95% confidence interval: 0.03-0.65; $p = .01$). Respondents who engaged in this behavior were somewhat less likely to have reported psychological abuse, but this association was only marginally significant ($p = .06$).

DISCUSSION

The results of this study reveal that while half (51%) of the respondents in this sample of Latino MSM who had been in committed relationships had experienced some form of domestic abuse, only 26% of them considered themselves to be victims of domestic abuse. This finding supports Steinmetz and Lucca's (1988) argument that gay men have a harder time recognizing they have been victims of domestic abuse. Díaz (1998) explains that "gay identified men who grow up in

Latino cultures are more vulnerable to the machismo message and, therefore, would be more concerned and compelled to prove their masculinity than their heterosexual partners” (p. 65). In other words these men may not consider themselves victims of domestic abuse because they have internalized the “machismo” message that they have to endure as a man (“como un hombre”) the violence and abuses from other men. Of the men who experienced sexual abuse, 20% endured it in their current relationships. These findings (see Table 2) are somewhat higher than those in studies with heterosexuals, as well as with non-minority lesbians and gays in the U.S. We found a significant relationship between having experienced physical and sexual abuse, and practicing unprotected receptive anal sex. This suggest that domestic abuse places an additional risk for HIV transmission among Latino MSM. Although having been a victim of childhood sexual abuse was only marginally associated with domestic abuse, this result is consistent with previous findings by Cruz (1996), Farley (1996), and Merrill (1996) who found that victims of childhood sexual abuse were more likely to experience physical and sexual abuse as adults. The relationship between childhood sexual abuse and domestic abuse should be more closely studied.

The results from this study also reveal a greater likelihood for the men in our sample who use marihuana (77%) and cocaine or crack (61%) to be in relationships where they are victims of domestic abuse than men who do not use drugs. Previous research by Cruz (1996) and Farley (1996) examined the relationship of alcohol and drug use with the abuser’s behavior and not with the victim’s behavior. The role that alcohol and drugs plays in domestic abuse should be explored from both the abuser’s and the victim’s perspectives, as suggested by Renzetti (1998).

The findings of this study show a need to pay attention to domestic abuse as a factor associated with unprotected receptive anal sex when HIV/AIDS prevention programs targeting Latino MSM are developed and evaluated. In addition, more research should be conducted to explore how the use of recreational drugs, HIV-positive serostatus, low self-esteem and self-worth, as well as childhood sexual abuse are associated with domestic abuse among MSM.

In summary, domestic abuse is associated with receptive anal sex without condoms, one of the behaviors that put these men at risk of HIV infection. This supports our hypothesis that men with a history of domes-

tic abuse will be more likely to engage in high-risk sexual behaviors than men without a history of domestic abuse. In addition, in this population of Latino MSM we found a cluster of factors (the use of recreational drugs as well as low self-esteem and self-worth) related to domestic abuse that are consistent with those found among non-minority lesbian and gay men (Cruz, 1996; Farley, 1996; Merrill, 1996; Renzetti, 1992, and Waldner-Haugrud, Vaden-Gratch, & Magruder, 1997).

We postulate that HIV/AIDS prevention programs for all MSM must be developed taking into consideration the specific needs of these men who have experienced domestic abuse. To effectively change the behaviors that put them at risk for HIV infection, these programs must foster a process that will enable gay men to explore and examine the meaning of the experiences that make them feel disempowered, as well as victimized in violent relationships. We believe that programs developed for MSM should incorporate victims' input regarding their own stigma. This will help victims to develop critical consciousness about the circumstances that oppress them and foster a sense of individuality as well as collective responsibility and empowerment. As we approach the new millennium, and after almost twenty years since the onset of the AIDS epidemic, the incidence of HIV-infection among Latino MSM is greater than the incidence among Euro-American MSM.

Although the results of this study are limited because the participants were not randomly recruited and the data were collected through self-report, they show the need to develop and evaluate HIV/AIDS prevention programs tailored to Latino MSM, incorporating the recommendations mentioned earlier. Future research should focus on the dynamics of power, control, and abuse within male couples to better understand issues like intimacy, substance use, and risk taking behavior.

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