

UMHS III – Sexual Trauma and HIV Risk Behavior of Gay Men

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Project Description: In the United States, HIV prevalence (18-22%) and incidence (1-2%) among men who have sex with men (MSM) are at levels currently observed only among a few sub-Saharan African nations. This study's goal is to gain insight into the risk behavior of a specific subgroup of MSMs at particular risk for HIV infection, i.e., MSM who have experienced childhood sexual abuse. The research examined models of HIV risk appraisal and risk behavior for MSM with histories of child/adolescent sexual abuse (CSA) versus those without CSA. The study, which re-interviewed approximately 350 MSM from the Urban Men's Health Study and interviewed approximately 800 other MSM in San Francisco, has three specific aims.

1. Based on a social learning theory conceptualization of the effects of CSA on adult outcomes, we examined a motivation-coping model of personal and partner risk appraisals. This model hypothesizes that CSA (relative to non-CSA) is positively correlated with sexual motivation (e.g., high sexual preoccupation), interpersonal motivation (e.g., high interpersonal anger), affective motivation (depression, anxiety), and coping strategies (escape-avoidance) that, in turn, are associated with lower personal and partner HIV-risk appraisals.
2. Based on social learning theory, we examined models for unprotected anal intercourse. CSA is hypothesized to be associated with poor interpersonal regulatory abilities (e.g., sexual assertiveness), lower risk appraisals (personal or partner), and sexual scripts that facilitate unprotected insertive anal intercourse (i.e., sexual aggression) or unprotected receptive anal intercourse (i.e., sexual submission). Risk appraisals are hypothesized to mediate the effects of interpersonal motivation, affective motivation, sexual motivation, and escape-avoidance coping effects on unprotected insertive or receptive anal intercourse.
3. We identified locations (health and social venues frequented by such men) that might be useful for recruiting MSM with CSA histories for future studies, and for delivering HIV prevention programs.

Significance: The study extended social learning theory perspectives to the relationship between CSA and risky sexual behavior among MSM. Whereas prior studies have focused on issues of power and interpersonal regulatory skills for women with CSA histories, this model tested additional pathways concerning interpersonal and sexual motivations, coping strategies, and sexual scripts. The constructs tested in the proposed model are amenable to intervention (e.g., coping strategies, interpersonal skills, motivational conflicts). In addition, by describing health and social venues attended by MSM with CSA histories, we can identify potential contact points for delivering HIV prevention programs.

Project Ending Date: Late 2003