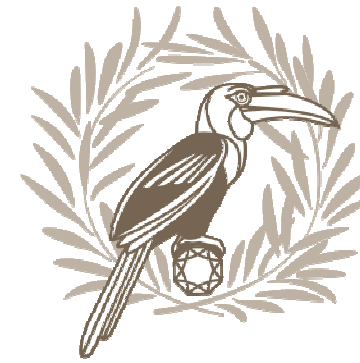


ON SYNDEMICS AND STRENGTHS AMONG GAY MEN

Dr. Johan Hugo

13/06/2015



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USAID
FROM THE AMERICAN PEOPLE

Goals of Talk

- To show that there are inter-connected epidemics (syndemic) operating among gay men that together drive the AIDS epidemic
- To show that the experience of homophobic attacks, particularly at a young age, may be contributing to syndemic production
- To suggest approaches based on syndemic theory to raise health levels among gay men
- To raise interest in the study of resilience among gay men



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The Urban Men's Health Study

- Population-based, RDD accessed sample of 2,881 MSM in SF, LA, Chicago and NYC
- 92 zip code areas, where 1 in 7 US MSM are estimated to reside, sampled
- First general health survey of MSM
- Interviews conducted 1996/7; average length, 75 minutes



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Health Profile of Urban Gay Men

Very High Rates of Distress and Depression

Mills, T., et al., Distress and Depression among Urban MSM, Am J Psychiatry, 2004; 161(4):776

Very High Rates of Attempted Suicide

Paul, J., et al., Suicide attempts among gay and bisexual men: lifetime prevalence and antecedents. AJPH 2002 92:1338-45

High Rates of Childhood Sexual Abuse

Paul, J., et al., Understanding childhood sexual coercion as a predictor of sexual risk-taking among MSM. Child Abuse and Neglect 1002 25:557-584.



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Health Profile of Urban Gay Men

Very High Rates of HIV Infection

Catania, J., et al., The continuing HIV epidemic among MSM. AJPH 2001 91:907-914.

Very High Rates of Substance Use and Abuse

Stall, R., et al., Alcohol use, drug use and alcohol-related problems among MSM. Addiction 2001 96:1589-1601.

Very High Rates of Partner Violence

Greenwood, G., et al., Battering victimization among a probability-based sample of MSM. AJPH 2002 92:1964-1969.



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Intertwining Epidemics among Urban MSM

(Significant OR estimates, controlling for age, education, race, income, HIV status and sexual risk)

	Childhood Sex Abuse	Partner Violence	Depression	Substance Abuse
Childhood Sex Abuse	-----	1.9	1.9	
Partner Violence	1.9	-----	1.6	2.2
Depression	1.9	1.6	-----	1.4
Substance Abuse		2.2	1.4	-----

Intertwining Epidemics Predict HIV Prevalence and High Risk Sexual Behavior

	No. of Psychosocial Health Problems			
	0 (<i>n</i> = 1,392)	1 (<i>n</i> = 812)	2 (<i>n</i> = 341)	3 or 4 (<i>n</i> = 129)
Recent high risk sex	7%	11%	16%	23%
HIV prevalence	13%	21%	27%	22%

All associations have p 's < 0.001. All p values are two-tailed.

Syndemic:

- (n.) *a cluster of epidemics that act additively to predict other epidemics*
- (adj.) *of or pertaining to such a cluster**
- www.cdc.gov/syndemics



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Syndemics in a Life Course Perspective

- Most explanations of gay men's health disparities rely on hypothesized connections between homophobia and health among adult gay men.
- A large literature shows that most of the syndemic phenomena are in place among very young gay men/adolescents
- This suggests that a life course perspective on syndemic theory is necessary.



Socio-Cultural Stance Toward Sexuality & Gender

Possibility of Failed Masculinity
Masculinity Panic

National Report

The New York Times

MONDAY, MARCH 24, 2008



ANGEL FRANCO/THE NEW YORK TIMES

Billy Wolfe, a target of bullies for years, at the school bus stop near his home in Fayetteville, Ark.

A Boy the Bullies Love to Beat Up, Repeatedly

FAYETTEVILLE, Ark.

All lank and bone, the boy stands at the corner with his younger sister, waiting for the yellow bus that takes them to their respective schools. He is

Billy Wolfe, high school sophomore, struggling.

**DAN
BARRY**

**THIS
LAND**

Moments earlier he left the sanctuary that is his home, passing those framed photographs of himself as a carefree child, back when he was 5. And now he is at the bus stop, wearing a baseball cap, vulnerable at 15.

A car the color of a school bus pulls up with a boy who tells his brother beside him that he's go-

ing to beat up Billy Wolfe. While one records the assault with a cellphone camera, the other walks up to the oblivious Billy and punches him hard enough to leave a fist-size welt on his forehead.

The video shows Billy staggering, then dropping his book bag to fight back, lanky arms flailing. But the screams of his sister stop things cold.

The aggressor heads to school, to show friends the video of his Billy moment, while Billy heads home, again. It's not yet 8 in the morning.

Bullying is everywhere, including here in Fayetteville, a city of 60,000 with one of the country's

better school systems. A decade ago a Fayetteville student was mercilessly harassed and beaten for being gay. After a complaint was filed with the Office of Civil Rights, the district adopted procedures to promote tolerance and respect — none of which seems to have been of much comfort to Billy Wolfe.

It remains unclear why Billy became a target at age 12; schoolyard anthropology can be so nuanced. Maybe because he was so tall, or wore glasses then, or has a learning disability that affects his reading comprehension. Or maybe some kids were just bored. Or

Continued on Page A14

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Socio-Cultural Stance Toward Sexuality & Gender

Masculine Socialization Stress

Sexual Silence

Shaming of sexual minorities

Violence toward sexual minorities

Increased chance of violence as part of sexual initiation

Socio-Cultural Stance Toward Sexuality & Gender

Masculine Socialization Stress

Formation of
Minority
Identity

Socio-Cultural Structure Toward Sexuality & Gender

Masculine Socialization Stress

Gay Male Culture

Gay liberation as cultural resistance
Urban ghettos as a haven for refugees
Sexual pleasure as a valued goal

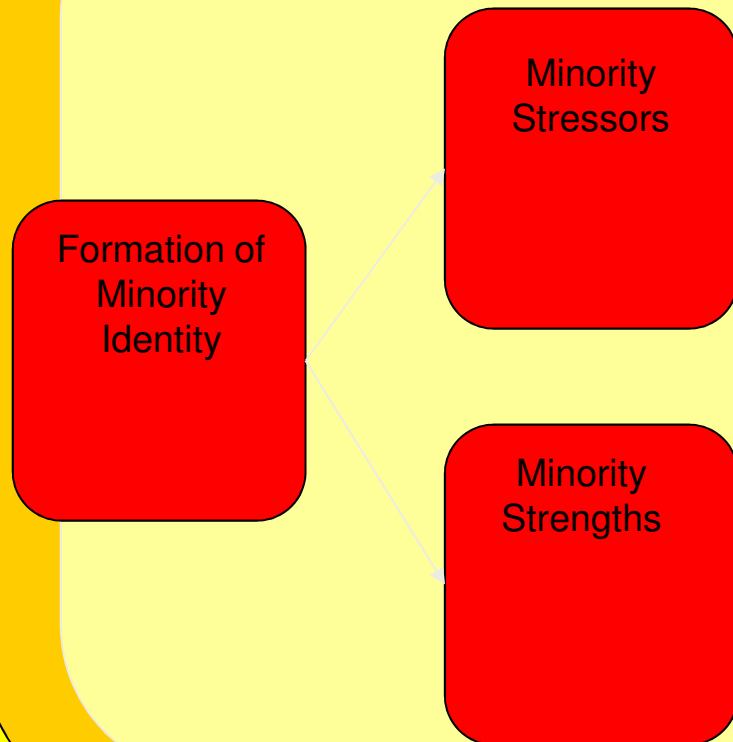
Formation of
Minority
Identity

Difficulty of establishing family
Individualism as a core value

Socio-Cultural Stance Toward Sexuality & Gender

Masculine Socialization Stress

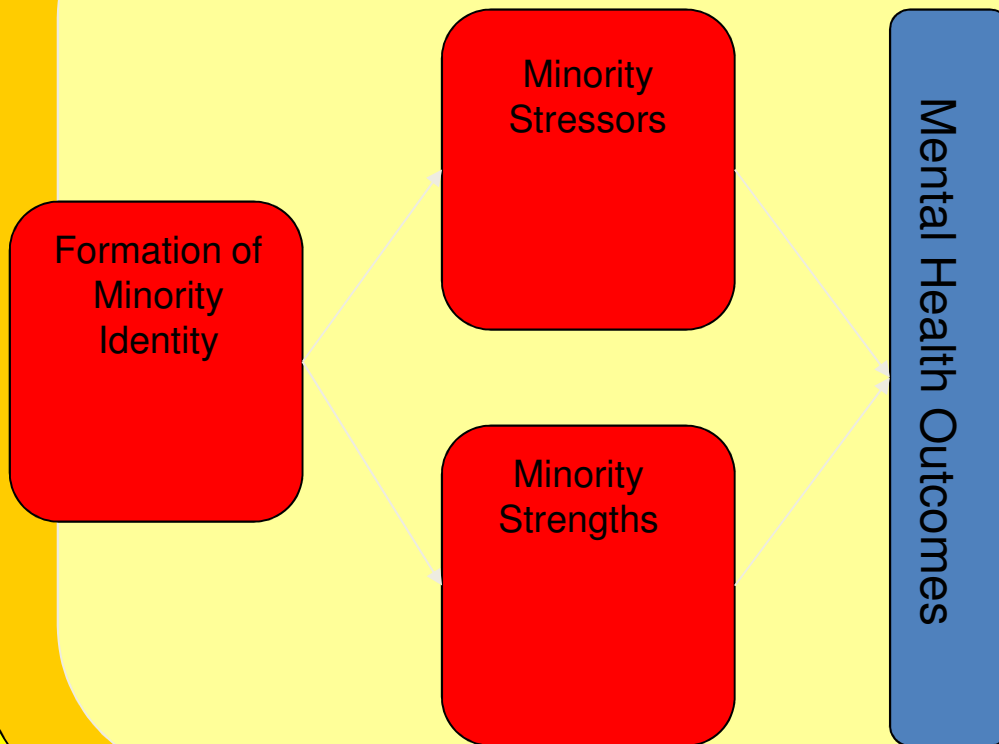
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Socio-Cultural Stance Toward Sexuality & Gender

Masculine Socialization Stress

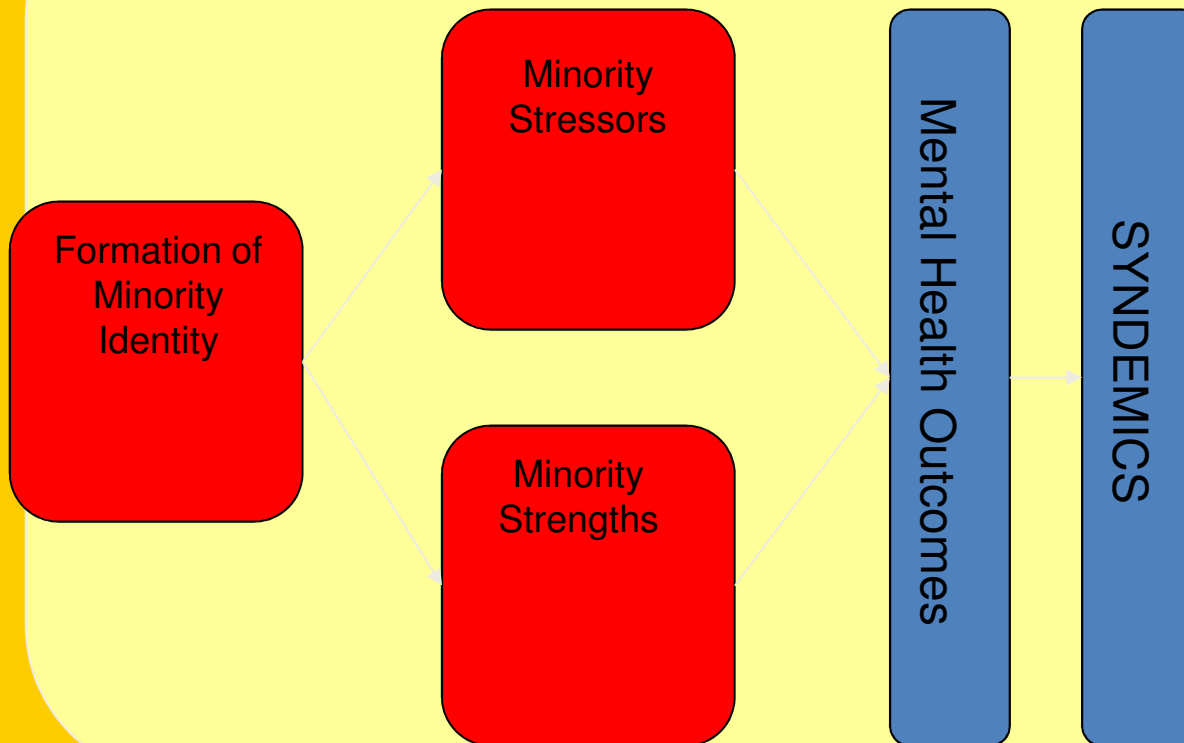
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Socio-Cultural Stance Towards Sexuality & Gender

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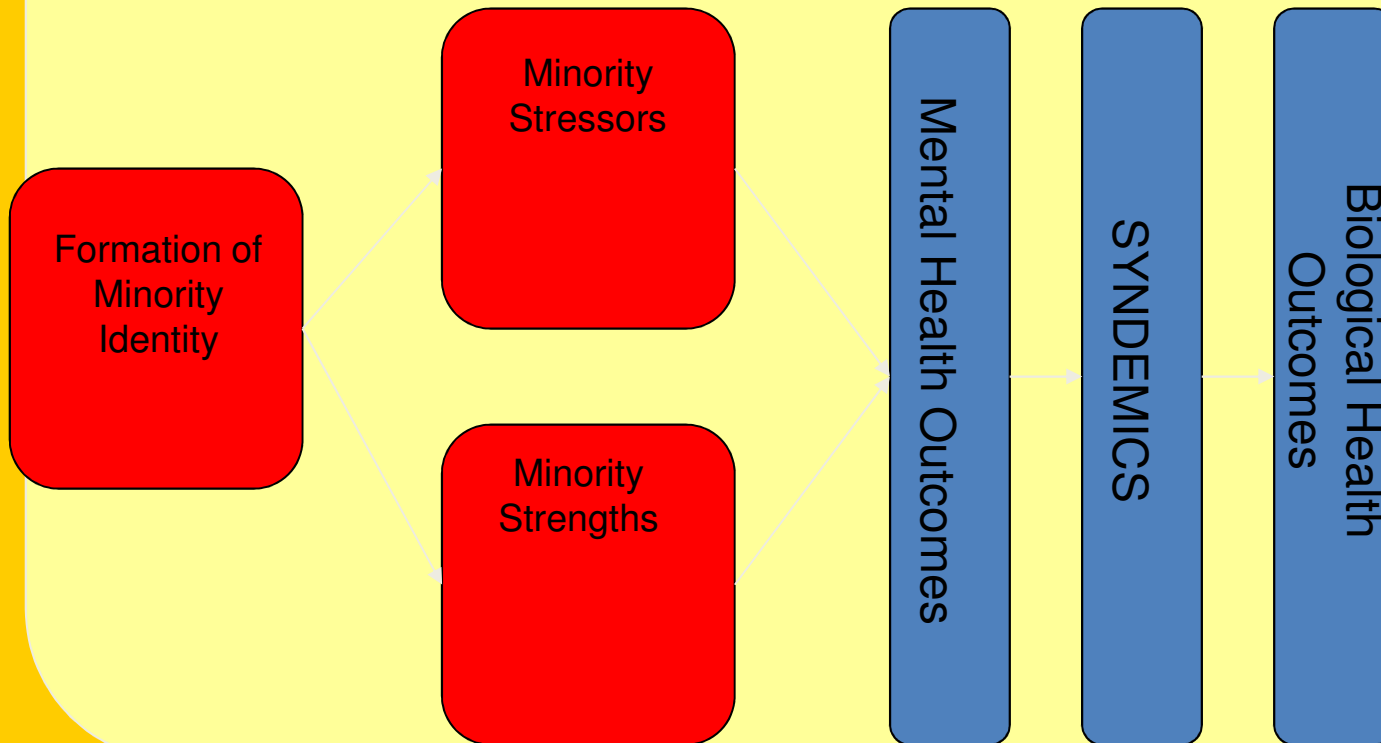
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Socio-Cultural Stance Toward Sexuality and Gender

Masculine Socialization Stress

Gay Male Culture



Contextual Stressors: Socioeconomic, Racial/Ethnic Family of Origin (Abuse, Parental Psychopathology/Substance Abuse)
General Stressors of Urban Life: Higher Costs of Living, Relative Anonymity

Gay Identity Development
 First Awareness of Same Sex Sexual Attraction-
 Wonder if I'm Gay-First Same Gender Sexual
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Development of Internalized Homophobia

- Devalue Other Gay Males Hide Self /Monitor Behaviors
- Withdrawal from Active Social Life
- Assume Marginalized Group Identity
- Overachieve
- Disassociate (e.g. During Sex Play)

Protogay Social Skills

- Ambivalent Attachment to Mainstream Social Cliques
- Possible Delayed Identity Attachment to Any Social Clique
- Possible Attachment to Non-Mainstream Social Cliques
- Possible Development of Ability to Thrive in Adversity
- Possible Development of Vulnerability to Psychosocial Health Problems

Access to Minority Weaknesses

- Continued Sexual Shaming/Silence
- Stress of Being Openly Gay in a Heterosexual Context
- Social Disconnect
- Increased Target for Abuse
- High Background Prevalence Rates of Substance Abuse, Violence, MH Problems, STDs, and HIV

Access to Minority Strengths

Increased Opportunity for:

- Social Bonding
- Sense of Community
- Romantic Partners
- Healthy Sense of Being Male
- Healthy Sense of Being Gay
- Economic

Development of a Psycho-Social Health Problem

Substance Abuse

Depression

Violence Victimization

HIV Sexual Risk Behavior

SYNDEMIC

HIV VULNERABILITY

Masculine Socialization Stress: Shaming and Other Punishment of Gay Males for Failing to Achieve Masculine Ideals
Cultural Homophobia: Cultural Norms and Institutional Policies that Discriminate Against Gay Men (e.g. Marriage, Adoption, Tax Laws, Military Service, "Glass Ceiling" in Professional Settings)

Syndemics Theory Yields Novel and Testable Hypotheses

- It's not just HIV.
- Addressing multiple epidemics should lower HIV risk among MSM.
- Health disparities should arise early in life among MSM
- Violence victimization in youth should help explain MSM health disparities
- Resilience should be a prominent feature among MSM.



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Meta-analysis: Substance Use among LGB Adolescents

Marshal, et al., "Sexual orientation and adolescent substance use: A meta-analysis and methodological review", *Addiction*, 2007, 103:546-556 .

Drug	Recent Use	Lifetime Use
Cigarettes	2.8	4.2
Alcohol	2.6	2.2
Heavy Alcohol	1.3	--
Marijuana	1.6	2.6
Cocaine	3.3	3.1
IDU	2.9	7.2
Any drug	4.4	3.1



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Meta-analysis: Depression and Suicidality Disparities between LGBT and Heterosexual Adolescents

- Suicidal ideation and depression symptoms are higher (OR=2.9) among sexual minority youth than heterosexual youth
- Disparities increased as the severity of the suicidality increased (ideation, intent/plan, suicide attempts, suicide attempts requiring medical attention)

Marshal, et al., *J Adolescent Health*, 2011; 49:115-123.



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Meta-analysis: Sexual Orientation, Child Abuse, and Health Outcomes among LGB Youth

Friedman, M., et al., (2011) *AJPH*, 101(8): 1481-94

- Compared to heterosexual youth, sexual minority youth are:
 - **3.8** times more likely to experience sexual abuse
 - **1.2** times more likely to experience parental abuse
 - **1.7** times more likely to experience assault at school
 - **2.4** times more likely to miss school due to fear



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Relationship between early abuse and adult health outcomes

Friedman, M., et al., "Gay-related development, early abuse and adult health outcomes among gay males", *AIDS and Behavior*, 2008
12:891-902.

Forced sex	<u>Yes</u>	<u>No</u>
Partner Abuse**	56.1	32.9
Depression**	25.9	13.9
Unprotected Anal (1 yr.)**	30.9	21.5
HIV +**	24.0	17.6
Suicide Attempt **	10.4	5.8
GR Victimization**	22.0	15.3

** = $p < .01$

Note: Regression analyses controlled for age, race, income, HIV status, same- versus
bisexually-sexually attracted



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Friedman, M., et al., "Gay-related development, early abuse and adult health outcomes among gay males", *AIDS and Behavior*, 2008 12:891-902.

Harassment	<u>Yes</u>	<u>No</u>
Partner Abuse *	41.6	34.8
Depression (p=.11)	17.7	14.7
GR Victimization **	21.1	9.5
Physical abuse	<u>Yes</u>	<u>No</u>
Partner Abuse *	47.2	37.3
Depression **	25.6	14.3
Suicide Attempt *	10.1	5.8
HIV+ (p<.10)	23.1	18.9

* = p < .05 ** = p < .01

Note: Regression analyses controlled for age, race, income, HIV status, same- versus bisexually-sexually attracted



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Meta-analysis: Sex While Intoxicated among LGB youth

Herrick, et al., *J Adolescent Health*, 2011 48 (3): 306-309

- Compared to heterosexual youth, sexual minority youth are **nearly twice as likely** (OR = 1.91, $p < .001$) to have sex while intoxicated.



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- Depression
- Violence Victimization
- HIV Sexual Risk Behavior

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Syndemic Production among MSM

- Multicenter AIDS Cohort Study (MACS)
- Ongoing consistent measurement of HIV risk-taking behaviors since 1984
- Ongoing biological measures of HIV infection and disease progression
- Roughly equal numbers of HIV+ (n~1200) and HIV- (n~ 1325) men
- Addition of a sub-study questionnaire that asked men about their early life events and experiences of homophobic violence



Adversity and Syndemic Production among Men Participating in the MACS

Herrick, et al., *AJPH*, 2013 103(1):79-85

	Sexual Compulsivity	Stress	Substance Abuse	Partner Violence	Depression	Syndemic
Early life events (< age 18)						
Childhood Satisfaction	1.7**	1.8**	--	1.3*	2.2**	1.7**
Parental Substance Abuse	--	--	--	--	--	--
Parental Domestic Violence	--	--	--	1.6**	--	--
Physical Abuse	1.4*	1.7**	--	1.5**	1.3*	1.6**
Sexual Assault	1.8**	--	--	1.4*	1.4*	1.5*
Childhood Victimization	1.5**	1.9**	--	1.4*	2.0**	1.9**
Gay Related Victimization	1.3*	1.5*	--	--	1.4*	1.4*
Aggressive Environment	--	1.7**	--	1.5**	--	1.4**
Homophobic Environment	1.4*	1.6*	--	1.4*	--	1.5*
Masculinity Attainment	3.0**	2.2**	--	1.6**	2.0**	2.4**
Social Connectedness	2.1**	2.0**	--	--	2.3**	2.1**
Period of Coming Out						
Internalized Homophobia	2.3**	1.7**	--	1.6**	1.5*	2.0**
Adulthood(≥ age 18)						
Sexual Assault	1.7*	2.2**	--	1.6*	1.6*	1.8**
Event Discrimination	1.6**	2.5**	--	1.8**	2.0**	2.1**
Last 5 Years						
Current Marginalization	2.4**	4.2**	1.4*	2.5**	2.1**	4.3**
Internalized Homophobia	1.7**	1.6**	--	1.3*	1.6**	1.6**
Life Satisfaction	2.5**	4.9**	--	1.4*	6.1**	4.6**
Total N (%) w/ Condition	497 (32.0)	512 (33.0)	236 (15.2)	496 (32.0)	387 (25.0)	623 (40.2)

*p<.05, **p<.001. All bivariate associations conducted controlling for significant demographic variables.



Early Violence Victimization and Syndemic Production among Gay Men

Herrick, et al., *AJPH*, 2013 103(1):79-85

	Sexual Compulsivity	Stress	Substance Abuse	Partner Violence	Depression	Syndemic
Physical Abuse	1.4	1.7		1.5	1.3	1.6
Sexual Assault	1.8			1.4	1.4	1.5
Childhood Victimization	1.5	1.9		1.4	2.0	1.9
Homophobic environment	1.4	1.6		1.4		1.5



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Early Violence Victimization and Syndemic Production among Gay Men

Herrick, et al., *AJPH*, 2013 103(1):79-85

	Sexual Compulsivity	Stress	Substance Abuse	Partner Violence	Depression	Syndemic
Masculinity Attainment	3.0	2.2		1.6	2.0	2.4
Social Connectedness	2.1	2.0			2.3	2.1
Internalized Homophobia (early)	2.3	1.7		1.6	1.5	2.0



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What about resilience?



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Where is the evidence for resilience in this table?

	No. of Psychosocial Health Problems			
	0 (<i>n</i> = 1,392)	1 (<i>n</i> = 812)	2 (<i>n</i> = 341)	3 or 4 (<i>n</i> = 129)
Recent high risk sex	7%	11%	16%	23%
HIV prevalence	13%	21%	27%	22%

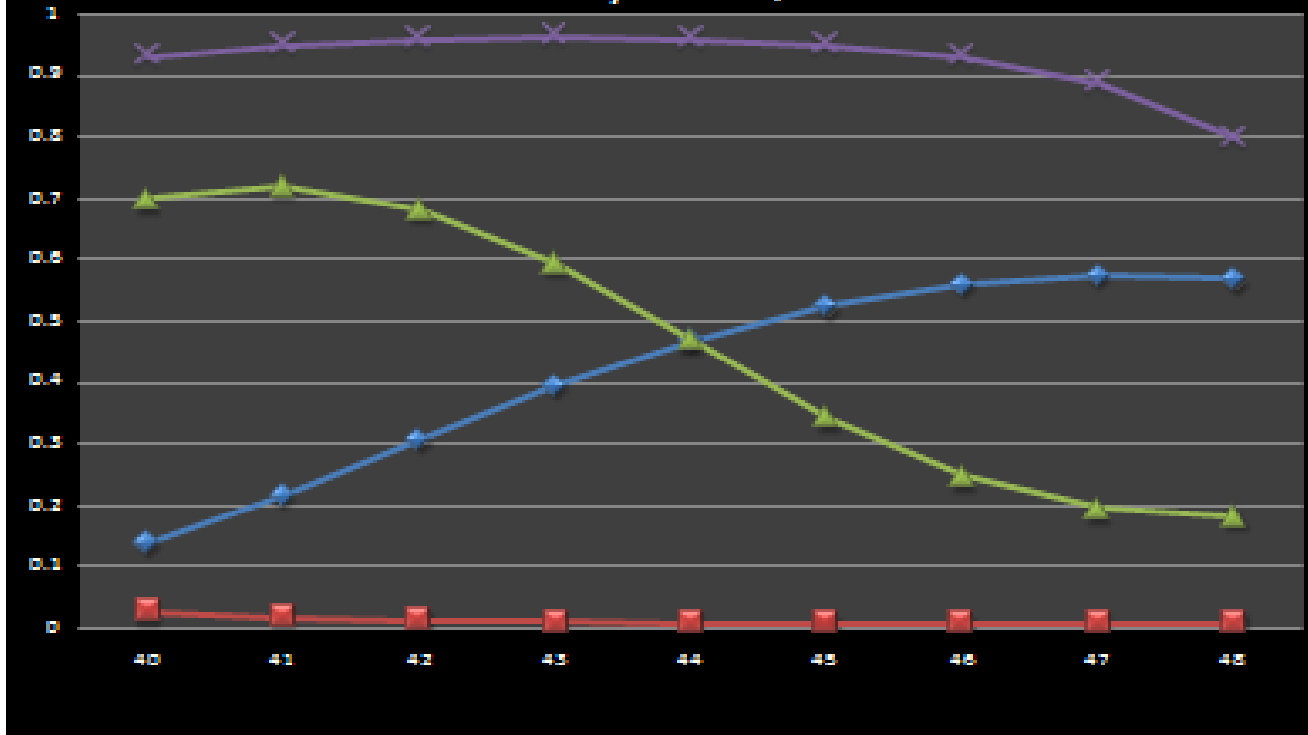
All associations have p 's < 0.001. All p values are two-tailed.

From Stall et al., 2003



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Trajectories of stimulant drug use from visit 40-48 (Oct 2003-
March 2008) in MACS, N=2457



“No use” 68.8%, “Some use” 7.2%, “Increasing” 5.8%,
“Decreasing” 8.5% “Consistently high” 10.5%



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Gay Men Tend to Resolve Internalized Homophobia Over Time: MACS

- Internalized homophobia is related to multiple psychosocial health conditions.
- In the MACS men reported far higher levels of internalized homophobia (68%) when they were coming out than during the past year (23%).
- Is resolution of internalized homophobia a strength that works to support health?



Resolution of Internalized Homophobia and Health: MACS

Men in the MACS who resolved internalized homophobia were:

- Less likely to be depressed (OR= 2.1)
- Less like to be stressed (OR= 1.7)
- Less likely to have IPV (OR=1.4)
- Less likely to be sex compulsive (OR= 1.8)
- Less likely to be in a syndemic (OR=2.0)
- Herrick, A., Stall, R., “It Gets Better: Natural resilience among men who have sex with men (MSM)”, *AIDS & Behavior*, (in press).



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Knowledge Base How Resilience Promotes Health Among MSM



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Hypothesized Resiliencies that May Promote Health among MSM

- Individual level

- Internal homophobia/ shame management
- Self monitoring and goal setting
- Adaptability and coping

- Dyadic level

- Relationship building
- Dyadic support



Hypothesized Resiliencies that May Promote Health among MSM

- **Family Level**
 - Biological family resolution
 - Social Bonding
- **Community Building**
 - Connection to Community
 - Institutional Support
 - Community Building
 - Homophobia management
 - External Monitoring



Concluding Thoughts:

- Multiple psychosocial epidemics afflict urban gay male communities; each of them important and each interacting with the other.
- These epidemics interact to drive HIV risk and HIV infection among gay men.
- Progress on fighting any one of these epidemics is likely to be limited by lack of progress in fighting other interactive epidemics in tandem.



Maybe it's not the homosexuality;

maybe it's the *homophobia*

- Violence victimization of young gay men is commonplace
- Violence victimization in adolescence predicts poor health outcomes among the general population as well as gay men
- The experience of homophobic attacks at a very early age may be a root cause of syndemics within gay male communities



On Intervention Design and Gay Men

- Typical approaches to intervention design among gay men seek to identify weaknesses and address them with interventions
- This approach has yielded significant intervention effects with HIV risk reduction
- Would effect sizes be improved if we attempted strength-based interventions?



Thinking upstream...

- Protect our youth
- Broaden the targets of interventions: should it be gay youth or their teachers and parents? Gay men or people who exhibit masculinity panic/ homophobia?
- Adopt a life-course perspective on gay men's health



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Thinking upstream...

- Improve public health practice for gay men
- Address minority/low SES health issues for gay men
- Fight stigma by gay community development for men in their cities of origin and in large urban gay ghettos
- Understand resiliencies among gay men



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THANK YOU

Dr. Ron Stall, University of Pittsburgh
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