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Early Sexual Experiences, Mental Health, and Risk Behavior among Black non-Hispanic and Hispanic / Latino Men Who Have Sex with Men (MSM)

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Abstract

Black and Latino men who have sex with men (MSM) are disproportionately affected by childhood sexual abuse (CSA). Investigating these histories is often confounded by underreporting and varied definitions of abuse. Unrecognized abuse may manifest in unhealthy ways, specifically psychological distress, substance use, and high-risk sexual behaviors. Black and Hispanic / Latino MSM in New York City discussed formative sexual experiences in in-person interviews. Eligible

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men reported a sexual experience occurring before age 16 with a man or woman 18 or older at the time. Among interviewees ($n = 61$), men living with HIV were significantly younger at the time of their first sexual experience with a male partner compared to HIV-negative men. Approximately half of interviewees (47.5%) scored at or above the diagnostic cutoff for post-traumatic stress disorder (PTSD). Hispanic / Latino men had increased odds of scoring at or above the diagnostic cutoff for PTSD compared to Black non-Hispanic men. Further, nearly half of interviewees (46%) scored at or above the diagnostic cutoff for harmful drug use or possible drug dependence. Study findings have implications for future research using an indirect approach to uncovering potential sexual abuse during childhood, and associations with adult health outcomes.

Keywords

childhood sexual abuse; gay; bisexual; racial / ethnic minority men; PTSD; substance use

Childhood sexual abuse (CSA) is nearly five times greater among men who have sex with men (MSM) than in the general male population (Friedman, Marshal & Guadamuz, 2011). In a recent meta-analysis of 65 studies across nine countries, researchers noted a prevalence of 23.6% and 21.4% among gay and bisexual men, respectively (Xu & Zheng, 2015). CSA prevalence was highest for studies conducted in the United States and Canada. Research findings suggest that MSM with CSA history are more likely to be Black or Latino (Arreola, Neilands, Pollack, Paul & Catania, 2005; Phillips II et al., 2014; Welles et al., 2009) or less likely to be White (Paul, Catania, Pollack & Stall, 2001).

CSA is associated with numerous adverse consequences among MSM and MSMW (men who have sex with men and women), including substance use, poor mental health, high-risk sexual behavior, and revictimization (e.g., Lloyd & Operario, 2012; Phillips II et al., 2014). Thus, understanding abusive histories is crucial to delivering effective health and mental health care services. Nevertheless, investigating these histories is often confounded by underreporting (Alaggia, 2005; Tang, Freyd, & Wang, 2007) and by varied definitions of abuse (Arreola et al. 2008; Dolezal & Carballo-Diéguez, 2002; Lloyd & Operario, 2012; Xu & Zheng, 2015). Moreover, assessment tools that confront participants with questions about coercion and unwanted encounters during childhood are not likely to account for experiences perceived as consensual or normative that would otherwise meet criteria for abuse – i.e., unrecognized by the victim (Benoit & Downing, 2013; Valentine & Pantalone, 2013). We argue that an indirect approach that recognizes men's own interpretations of their childhood sexual experiences may lead to a better understanding and assessment of abuse and its consequences (Arreola et al. 2008; Benoit & Downing, 2013; Williams, Kisler, Glover, & Sciolla, 2011).

Although there is a substantial body of literature examining CSA and its consequences among Black, White, and Latino MSM, relatively few studies have investigated racial or ethnic differences in outcomes. In an analysis of CSA complexities in a demographically diverse sample of MSM, Boroughs et al. (2015) found that CSA with penetration, physical injury or intense fear predicted PTSD but they did not examine racial or ethnic differences in either CSA experiences or PTSD prevalence. In a study of multiple intertwining or

overlapping epidemic (syndemic) factors and HIV risk, Black and Latino MSM (including MSMW) were more likely than White MSM/W to report CSA, a syndemic factor; but recent HIV risk was associated with being Latino and with other factors (Parsons et al., 2017). In a diverse sample in Washington, D.C., Black MSM had significantly higher odds than White MSM of reporting CSA history, and CSA was associated with HIV infection (Phillips II et al., 2014). However, race did not modify the effect of CSA on HIV status in that study.

Some research has focused on racially and/or ethnically homogeneous samples, presumably in order to understand within-group disparities in CSA experiences and long-term consequences. Among Latino MSM, CSA has been linked to depression (Levine et al., 2018; Mattera et al., 2018; Saucedo, Wiebe, & Simoni, 2016), stress (Mattera et al., 2018), heavy drinking or problematic alcohol use (Levine et al., 2018; Wang et al., 2017), and sexual risk behavior (Levine, et al., 2018; Martinez et al., 2016; Mattera et al., 2018). In a cross-sectional study of Latino MSM living with HIV (Saucedo et al., 2016), those with a history of CSA reported more depression and worse HIV medication adherence than men without CSA history. However, the mediating effect of depression on adherence was moderated by resilience (Saucedo et al., 2016). In samples of MSM in Argentina and Brazil, childhood sexual experiences with older partners were not significantly associated with sexual risk behavior as adults (Carballo-Diequez, Balan, Dolezal, & Mello, 2012; Dolezal et al., 2014).

Similarly, among studies with Black MSM in the U.S., CSA is associated with depression (Ports et al., 2017) and PTSD (Glover, Williams, & Kisler, 2013). Experiences of racial and HIV discrimination mediated that relationship in at least one study (Allen, Myers, & Williams, 2014). In a large multisite study of Black MSM, experiencing CSA before age 12 was associated with having more than three male partners in the past six months, as was CSA between ages 12 and 16 for men living with HIV (Williams et al., 2015). However, CSA between ages 12 and 16 was also associated with reduced odds of having condomless anal sex (Williams et al., 2015). Some qualitative research has revealed CSA histories among substance-using behaviorally bisexual Black men (Benoit & Downing, 2013; Washington & Brocato, 2011). In a sample of 1,002 Black MSM, CSA was significantly associated with binge drinking, a greater number of male partners in the past 90 days, condomless anal sex, illicit drug use, and intimate partner violence (Wu, 2018).

Limited research has attempted to measure and understand what factors tend to protect men from later harmful outcomes associated with CSA. Resilience has been identified as an important resource to consider when designing interventions for sexual minority men (Buttram, 2015; Herrick et al., 2011). In a review of studies examining resilience among survivors of CSA, Domhardt, Münzer, Fegert, and Goldbeck (2015) point to a lack of data on male survivors; moreover, their review makes no mention of sexual orientation. Two studies with HIV-positive samples did report significant associations of resilience and CSA. Tarakeshwar, Hansen, Kochman, Fox, and Sikkema (2006) observed an association between resilience and positive feelings toward addressing past trauma among a sample of men (mostly gay and bisexual) and women living with HIV who have a history of CSA. Further, in a cohort study of 225 MSM and heterosexual women living with HIV who have a history of CSA, Willie et al. (2016) reported that higher posttraumatic growth predicted fewer

symptoms of depression among both groups. Additional research is needed that more broadly considers resilience relative to the circumstances of formative sexual experiences, particularly those that meet criteria for abuse, among racial and ethnic minority MSM.

The current study reports on mental health, resilience, substance use, and sexual risk among New York City Black and Hispanic / Latino MSM and MSMW with histories of childhood sexual experiences that met criteria for abuse. Circumstances of first experiences with male and female partners (i.e., participant and partner ages) are described based on two sources of data – an online eligibility survey and in-person qualitative interviews. We explore variations in participant descriptions of first sexual experiences, from the eligibility survey to the in-person interview, and implications for further research. We also examine potential differences between Black non-Hispanic and Hispanic / Latino men to address gaps identified in the literature.

Method

Inclusion Criteria

For in-person interviews, eligible participants had to: (a) be biologically male and identify as male; (b) be 18 – 59 years of age; (c) be black non-Hispanic or Hispanic/Latino; (d) have had sex with a man within the past 12 months; (e) have had at least one sexual experience before age 16 with a man or woman who was at least 18 years of age at the time; (f) be fluent in English; and, (g) live in the New York City area.

Recruitment and Enrollment

Giving Men a Voice (GMaV) employed multiple recruitment methods based on our previous experience working with stigmatized populations. This approach included: (1) research solicitations on social and sexual networking websites and GPS-based smartphone applications, (2) in-service presentations, in-person screening, and passive recruitment at community-based organizations in New York City, and (3) distribution of study flyers and information cards in local venues frequented by the target population. Because our study aim was to solicit subjective interpretations of men's experiences, recruitment solicitations did not include abuse language.

There were 1,193 attempts to participate in an eligibility survey hosted online. Ten individuals did not consent to participate, and two additional surveys were missing consent information and thus were declared ineligible. Among the 1,181 individuals who consented to participate, 236 (20.0%) provided only partial data. We excluded 49 completed surveys for providing duplicate data. Thus, the analytic sample included 896 completed eligibility surveys. A total of 114 men met our inclusion criteria; however, 2 men declined an interview, 18 men completed the eligibility survey but were excluded from our sample prior to our raising the upper age limit from 50 to 59 (to increase enrollment), and 1 man was declared ineligible due to a survey logic error. As a result, 93 men met our inclusion criteria and agreed to participate in an in-person interview. Study staff were not able to reach some of these men to schedule interviews. Other men informed study staff that they were no longer interested in participating or did not show up for their interview. The final interview

sample included 61 eligible men. Two additional men completed an in-person interview following an error in the survey logic that declared them eligible. Data collected during the interview meetings confirmed their ineligibility. Men received \$50 and a two-trip New York City subway card for their participation in the in-person interview.

Procedure

The institutional review board at National Development and Research Institutes, Inc. approved all study procedures. Interested individuals accessed the eligibility survey via an online study advertisement, a targeted e-mail blast, the GMaV informational website, or in-person screening. The study team implemented several protections aimed at reducing the likelihood of participant fraud: (1) forward-only survey responding; (2) collecting of Internet provider (IP) addresses to detect duplicate cases; and, (3) phone (during interview scheduling) and in-person (during interview meeting) re-screening of eligible participants to verify inclusion criteria. With some exceptions (e.g., in-person recruitment and screening), survey entries with matching IP addresses were reviewed for possible duplicate cases. We subsequently excluded duplicate cases.

Eligible men were invited to participate in an in-person interview. Individuals who agreed to participate provided their contact information (i.e., first or preferred name, e-mail address, phone number) for the purpose of scheduling the interview meeting. During the in-person meeting (~2 hours), study staff re-screened participants to confirm their eligibility and reviewed the consent form with all eligible men. After providing informed consent, participants completed a short series of survey measures via a computer-assisted questionnaire. The remainder of the meeting was used to conduct the audio-recorded, semi-structured qualitative interview (Downing, Brown, Steen, & Benoit, 2018). At the conclusion of the meeting, the interviewer provided participants with a list of local mental health, substance use, and LGBTQ resources.

Measures: Eligibility Survey

The eligibility survey included a set of sociodemographic questions to assess age, race, Hispanic or non-Hispanic ethnicity, gender identity, sex at birth, highest level of education attained, living situation (e.g., apartment, house, room in someone else's home or apartment), annual income, and New York City residence. Potential participants were also asked to report the gender(s) of partners with whom they had oral, vaginal, or anal sex during the past 12 months. The survey also included an item to assess current relationship status: heterosexual legal marriage, same-sex legal marriage, domestic partnership with a woman or man, steady relationship with a woman or man (or both), single and not currently in a relationship, or other.

For our indirect approach to detecting potential CSA, participants were asked to report their age the first time they had a sexual experience with a female using a dropdown list: younger than 10 years, 10 – 21 years (each year included on the list), older than 21 years, I have not had a sexual experience with a female, and prefer not to answer. Anyone who endorsed a first sexual experience with a female received a follow-up item to assess the female partner's age: younger than 10 years, 10 – 21 years (each year included on the list), older than 21

years, and I don't know. Next, the survey included similar questions to assess first sexual experiences with another male. Questions pertaining to first sexual experiences were introduced with the following text: "Now we are going to ask you about your earliest sexual experiences. By sexual experience, we mean intentional exposing of genitals (yours or someone else's), fondling (groping, caressing, feeling up), touching or masturbating of genitals, or any oral, vaginal, or anal sex. Sexual experiences also include watching pornography with another person." Qualifying experiences included those where the participant was younger than age 16 and the partner was 18 or older.

Measures: Computer-Assisted Questionnaire

Psychological distress and wellbeing—Participants completed the 18-item Mental Health Inventory (MHI) to assess symptoms of psychological distress and wellbeing during the past four weeks (Veit & Ware, 1983). The 18-item version comprises four subscales: anxiety, depression, behavior control, and positive affect. For each subscale, we calculated a total score ranging from 0 – 100. Higher scores indicate greater wellbeing. The MHI had a Cronbach α of 0.93.

PTSD symptoms—Participants completed the 6-item PTSD Checklist-Civilian version (PCL-C) to assess symptoms of PTSD during the past month (Lang & Stein, 2005). Response options ranged from 1 (not at all) to 5 (extremely). Total scores were calculated across the six items, with a diagnostic cutoff score of 14 (≥ 14). For the current study, the PCL-C had a Cronbach α of 0.83.

Suicidality—We included a single item to assess if participants had ever seriously considered or attempted suicide (O'Leary, Purcell, Remien, & Gomez, 2003).

Resilience—The computer-assisted questionnaire included a modified version (Dong, Nelson, Shah-Haque, Khan, & Ablah, 2013) of the Connor-Davidson Resilience Scale (CD-RISC2), a 2-item measure of self-rated resilience during the past month with demonstrated reliability and validity in diverse patient populations (Vaishnavi, Connor, & Davidson, 2007). Response options ranged from 0 (not true at all) to 4 (true nearly all of the time). The modified version of the CD-RISC2 had a Cronbach α of 0.62. Responses were totaled across both items, with a higher score indicating greater perceived resilience.

Substance use—Participants completed the 10-item Alcohol Use Disorders Identification Test (AUDIT; Allen, Litten, Fertig, & Babor, 1997; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) and 11-item Drug Use Disorders Identification Test (DUDIT; Voluse et al., 2012) to assess at-risk drinking and drug use. Both measures have demonstrated reliability and validity as screening instruments for alcohol (Allen et al., 1997) and drug abuse (Voluse et al., 2012). Total scores were calculated, with a diagnostic cutoff score of 8 (≥ 8) on the AUDIT indicating harmful alcohol use and possible dependence (Babor et al., 2001) and a diagnostic cutoff score of 6 (≥ 6) on the DUDIT indicating harmful drug use or possible drug dependence (Hildebrand, 2015). For the current study, AUDIT and DUDIT Cronbach alphas were 0.81 and 0.84, respectively. We also included two items from the Addiction

Severity Index Lite version (Cacciola, Alterman, McLellan, Lin, & Lynch, 2007) to assess substance use treatment history.

Sexual behavior—For the computer-assisted questionnaire, participants were asked to report the gender(s) of partners with whom they had oral, vaginal, or anal sex during the past six months. Follow-up questions assessed the following: number of partners by gender, number of female vaginal sex partners, number of female condomless vaginal sex partners (CVS), number of male anal sex partners, and number of male condomless anal sex partners (CAS).

Qualitative Interview

As part of the audio-recorded semi-structured interview, participants were asked to discuss circumstances surrounding the first time they had sex with another male (e.g., age at the time, partner age, sexual activities, appraisal). Interviewers also asked men to describe their first sexual encounter with a female (e.g., age at the time, partner age, sexual activities, appraisal). When a participant recalled their age at the time of their first sexual experience as approximate (e.g., 10 or 11), we used the lower age for analysis. In some instances, partner age was not recalled by the participant. The first two authors used participant descriptions of their partner to determine if he or she was an adult (e.g., someone in a position of power or authority, 30-something) or a peer / not an adult (e.g., in high school, around the same age, older teenager). For analyses reported in this paper, partner ages are coded as numeric (< 18 or 18+) or qualitative (adult or authority figure; younger, not described as an adult).

Additional questions during the interview assessed subsequent sexual experiences with male and female partners that occurred during childhood and adolescence. Note that the interview narrative data will be analyzed and reported in subsequent papers. For the purpose of this paper, we use the qualitative interviews to examine circumstances of first sexual experiences and to compare with those reported as part of the eligibility survey (Creswell & Plano Clark, 2018). All participants received a comprehensive resource and referral sheet at the conclusion of the interview meeting.

Data Analysis

Data cleaning and analyses were performed with IBM SPSS version 24. Descriptive statistics were computed for all variables. Comparisons between eligibility groups (i.e., ineligible men 18 – 59 years old, eligible men who agreed to participate but did not complete an in-person interview, eligible men who completed an in-person interview) were conducted using one-way analysis of variance tests for normally distributed continuous variables (e.g., current age) and Chi-square tests for dichotomous and categorical variables (e.g., education, relationship status). Comparisons between Black non-Hispanic and Hispanic / Latino interviewees were conducted using independent samples *t* tests for normally distributed continuous variables (e.g., PTSD symptoms, psychological wellbeing), Mann-Whitney *U* tests for ordinal variables and continuous variables that were not normally distributed (e.g., age at first sexual experience, substance use, sexual behavior), and Chi square tests. We report group medians (*Mdn*), interquartile ranges (*IQR*), and *z* scores for Mann-Whitney *U* tests. Odds ratios (*OR*) and 95% confidence intervals (*CI*) are reported for significant 2 × 2 Chi square tests. Two-tailed Pearson (*r*) and Spearman rho (*r_s*) correlations

were computed to examine the relationship between two continuous variables. Statistically significant associations were defined as $p < .05$.

Results

Table 1 presents sociodemographic data for men who participated in the interview ($n = 61$ out of 93 eligible men). Eligible men who completed an in-person interview had a mean age of 36.7 years ($SD = 11.1$) and did not significantly differ in age from eligible men who agreed to participate but did not complete an in-person interview or ineligible men (comparison group data not shown). Consistent with our inclusion criteria, most interview participants reported their race as Black or African American (75%); over 40% of men identified as Hispanic or Latino. More than two thirds of men indicated having at least some college, though there were no differences in education between ineligible men 18 – 59 years old, eligible men who agreed to participate but did not complete the interview, and men in the interview sample (high school graduate, GED vs. some college, $p > .05$). Most men reported annual income of less than \$40,000 (> 40% of interviewees reported below \$10,000), selected one of the five boroughs of New York City as their place of residence, and reported living in an apartment. A greater proportion of men in the interview sample reported annual income of less than \$10,000 compared to ineligible men 18 – 59 ($p < .05$).

Among men 18 – 59 with a complete eligibility survey ($N = 809$), 12.6% had a qualifying childhood sexual experience with an older male partner. Fewer men reported a qualifying experience with an older female partner (5.2%). As shown in Table 2, the median age of their first same-sex experience was 16, occurring with an older partner (Mdn age = 18). The median age of their first sexual experience with a female was 14, also occurring with an older partner (Mdn age = 16). Among men who were eligible and agreed to participate in the interview ($n = 93$), the median age for their first sexual experience with another male was 14. Their male partners were considerably older (Mdn age = 22). Eligible men reported a median age of 14 for their first sexual experience with a female (see Table 2). Their female partners had a median age of 17.5 at the time. Within the interview sample ($n = 61$), the median age of participants' first sexual experience with another male was 14, occurring with an older partner (Mdn age = 22). The median age of their first sexual experience with a female was 13 (partner Mdn age = 16).

Among participants who discussed a sexual experience with an older male partner as part of their interviews ($n = 48$ out of 61), 27.1% were 10 years old or younger at the time of the encounter (39.6% were < 13 at the time; Mdn age = 14). Fewer interviewees reported a sexual experience with an older female partner ($n = 15$). Of those, 26.7% were 10 or younger at the time of their encounter (46.7% were < 13 at the time; Mdn age = 13). During the qualitative interview, it was common for men to discuss multiple sexual experiences with male and female partners that met our inclusion criteria. Many of these experiences were not reported as part of the eligibility survey. As shown in Table 2, 62.3% of first sexual experiences with another male and 14.8% of first sexual experiences with a female met our inclusion criteria. Importantly, all men reported a qualifying experience even if it was not their first sexual encounter.

HIV Status and Age of First Sexual Experience with Male and Female Partners

Based on experiences discussed during the interview, men living with HIV were significantly younger at the time of their first sexual experience with another male ($Mdn = 9$, $IQR = 5 - 13$) compared to HIV-negative men ($Mdn = 14$, $IQR = 10 - 15$), $z = -3.1$, $p < .01$. There was no significant difference in age at the time of first sexual experience with a female between HIV-negative men ($Mdn = 13$, $IQR = 8.25 - 14.75$) and those living with HIV ($Mdn = 15$, $IQR = 12 - 16$). Further, there were no significant differences in the proportion of participants reporting adult (18+ or qualitatively described as an adult or authority figure) male (66.7% vs. 74.2%, $p > .05$) and female (38.1% vs. 29.4%, $p > .05$) partners by HIV status.

Racial and Ethnic Comparisons of Interviewees—Table 3 presents sociodemographic comparisons for men who completed an in-person interview by race and ethnicity. Slightly more than half of the interview sample identified as Black non-Hispanic (59.0%). The mean age for the sample was 36.7 years ($SD = 11.1$). There was no significant difference in age between Hispanic / Latino men ($M = 37.0$, $SD = 10.9$) and Black non-Hispanic men ($M = 36.5$, $SD = 11.4$). More than two-thirds (68.9%) had at least some college (63.9% of Black non-Hispanic men, 76.0% of Hispanic / Latino men), though 44.3% reported an annual income of less than \$10,000 (41.7% of Black non-Hispanic men, 48.0% of Hispanic / Latino men). Importantly, there were no significant racial / ethnic differences in education, annual income, living situation, or relationship status. Further, approximately half of interviewees self-reported their HIV status as positive (50.8%). A non-significantly greater proportion of Black non-Hispanic men indicated their HIV status as positive (55.6%) compared to Hispanic / Latino men (44.0%). Lastly, there were no significant racial / ethnic differences in age at first sexual experience with male or female.

Nearly half (47.5%) of interviewees scored at or above the diagnostic cutoff for PTSD. As shown in Table 3, Hispanic / Latino men had a significantly greater score on the PCL-C ($M = 15.3$, $SD = 6.1$) than Black non-Hispanic men ($M = 11.7$, $SD = 4.6$), $t = -2.6$, $p < .05$. Further, Hispanic / Latino men had increased odds of scoring at or above the diagnostic cutoff for PTSD compared to Black non-Hispanic men ($OR = 4.2$, 95% $CI = 1.4 - 12.6$). Black non-Hispanic men had somewhat higher scores on the MHI than Hispanic / Latino men, suggesting greater psychological wellbeing, though these differences were not statistically significant. Further, there were no racial / ethnic differences on suicidality or perceived resilience (Table 3).

Nearly half (46%) of interviewees reported harmful drug use or possible drug dependence based on DUDIT scores. Alcohol problems were less prevalent, with only 13% indicating hazardous or harmful use based on AUDIT scores. As shown in Table 3, Black non-Hispanic men had a higher total score on the DUDIT than Hispanic / Latino men, though this difference was not statistically significant. Hispanic / Latino men had a higher total score on the AUDIT than Black non-Hispanic men. However, the difference did not reach statistical significance. Furthermore, a non-significantly greater proportion of Black non-Hispanic men reported ever receiving treatment for drug abuse compared to Hispanic / Latino men (22.2% vs. 16.0%, $p > .05$). Among Black non-Hispanic participants, 16.7% reported ever receiving

treatment for alcohol abuse; no Hispanic / Latino men reported ever receiving treatment for alcohol abuse.

As part of the computer-assisted questionnaire, participants were asked about their sexual partners during the past six months. Most interviewees (96.7%) reported a same-sex partner in the past six months. Fewer interviewees reported a female sex partner in the past six months (19.7%). As shown in Table 3, Black non-Hispanic men did not significantly differ from Hispanic / Latino men regarding the number of male partners, female partners, male anal sex partners, female vaginal sex partners, or condomless partners during the past six months.

Correlations Among Substance Use, Mental Health, Sexual Risk, and Age of First Sexual Experience Discussed During the Qualitative Interview—

We examined correlations among measures of substance use, mental health, perceived resilience, sexual behavior, and age of first sexual experience as discussed during the qualitative interview. As shown in Table 4, there was a significant positive correlation between the number of male CAS partners during the past six months and harmful or dependent drug use based on the DUDIT score ($r_s = 0.32, p < .05$). Moreover, there was a significant negative correlation between psychological wellbeing and symptoms of PTSD (Depression: $r = -0.53, p < .01$; Anxiety: $r = -0.69, p < .01$; Positive affect: $r = -0.51, p < .01$; Behavior control: $r = -0.57, p < .01$). Similarly, there was a significant negative correlation between resilience and symptoms of PTSD ($r = -0.27, p < .05$). Finally, there was a significant positive correlation between participant age of first sexual experience with another male and AUDIT scores ($r = 0.28, p < .05$).

Discussion

The current paper presented mental health, substance use, and sexual risk findings among a sample of Black and Hispanic / Latino MSM who report a history of sexual experiences occurring before the age of 16 with an adult male or female. Median age of first sexual experience with another male was 14 on the eligibility survey. However, when prompted to discuss their first sexual experiences, men often recalled an earlier experience during their qualitative interviews. Based on these qualitative discussions, the median age of first sexual experience with another male was 12; approximately 70% of those experiences occurred with an adult who was at least 18 years of age at the time. This supports the argument for having discussions with men about the circumstances of their first sexual experiences, but also suggests the value of not imposing CSA criteria for the purpose of identifying cases of abuse as most of the previous quantitative studies have done. This study also demonstrates a critical pathway to having men discuss childhood sexual experiences that potentially meet criteria for abuse without prompting them with trauma-laden questions.

Findings from the current study revealed a median difference of approximately five years for age of first sexual experience with another male by HIV status. Specifically, men living with HIV were significantly younger at the time of their first sexual experience with a male partner, as discussed during the qualitative interview, compared to HIV-negative men. Prior studies have reported an increased likelihood of CSA among men living with HIV (Lloyd &

Operario, 2012; Reisner, Falb, & Mimiaga, 2011), but to our knowledge, this is one of the first to document a difference in age of first sexual experience or victimization by HIV status. This finding warrants further study in other MSM samples and is particularly important for considering the role of CSA histories in HIV prevention programs that target adolescent and young adult populations.

Almost half of the interview sample indicated current symptoms of PTSD at or above the diagnostic cutoff. This is consistent with prior research that has found significant mental health burden among survivors of CSA (Batchelder et al., 2018; Boroughs et al., 2015), particularly MSM of color (Glover et al., 2013; Levine et al., 2018). Importantly, we found significantly greater PTSD symptoms in Hispanic / Latino MSM compared to Black non-Hispanic MSM. This extends the literature on formative sexual experiences among gay and bisexual men, particularly those experiences that likely meet criteria for CSA, which has thus far not examined differences in PTSD between racial and ethnic minority groups. Because no other differences were observed between Black non-Hispanic and Hispanic / Latino participants in the current study, we can speculate that differences in PTSD may be explained by other cultural factors (e.g., childhood socialization) as well as by how men appraise their earliest sexual experiences.

Harmful drug use or possible drug dependence is a particular concern with this sample as nearly half of interviewees scored at or above the diagnostic cutoff on the DUDIT. This finding provides support for prior studies that observed significant associations between CSA history and subsequent drug use or abuse (Boroughs et al., 2015; Levine et al., 2018; Marshall et al., 2015). Moreover, Black non-Hispanic men in the current study had a higher median DUDIT score than Hispanic / Latino men, though this finding was not statistically significant. Some recent research has shown that Black sexual minority men who report an abusive sexual experience during childhood may be at increased risk for developing a drug use problem (Wu, 2018). The current study also observed a significant correlation between DUDIT scores and the number of recent male CAS partners. Thus, research is needed to counter potentially maladaptive coping responses among racial and ethnic minority MSM with a history of CSA.

Overall, GMaV interviewees perceived a high degree of resilience in themselves. Both Black non-Hispanic and Hispanic / Latino men reported a median score of 7 out of a possible 8 on the modified CD-RISC2. Correlational analysis revealed significant associations of psychological symptoms and resilience in expected directions. Further, and of particular importance to study implications, we observed a small, but significant negative correlation between perceived resilience and PTSD symptoms. This suggests a need to increase resilience in racial and ethnic minority men with a potentially traumatic sexual experience in childhood. Future research should consider adding a resilience component to culturally relevant interventions designed to address PTSD in men with CSA history (e.g., Williams et al., 2013).

Research Implications

Our indirect approach combined screening for potentially abusive sexual experiences occurring before the age of 16, asking only for participant and partner ages at first sexual experience with a male and with a female, with in-depth qualitative exploration of those and other formative sexual experiences. This matters for at least two reasons that we can suggest. First, prior research demonstrates that not all abusive sexual experiences are appraised as such by individuals who would be labeled a victim based on situational circumstances (Benoit & Downing, 2013; Carballo-Diéguez & Dolezal, 1995; Dolezal & Carballo-Diéguez, 2002). Screening for age at earliest sexual encounter(s), including partner age, and not asking if someone experienced a potentially unwanted, coercive, or abusive encounter provide a means to interviewing more men about their sexual histories and uncovering cases of abuse that likely would have been missed. Second, as shown in Table 2, this approach demonstrates the importance of trauma-informed qualitative interviewing that afforded participants an opportunity to disclose and discuss earlier sexual experiences than were initially reported on the eligibility survey. Thus, an indirect approach as described in this paper and elsewhere (Downing et al., 2018), broadens the scope of CSA research to allow for more exploration of men's sexual histories and to investigate associations with resilience, mental health, substance use and abuse, and sexual behaviors that increase risk for HIV and other sexually transmitted infections.

Several study limitations should be acknowledged. First, findings are reported for a small convenience sample of Black and Hispanic / Latino MSM with a history of childhood sexual experiences. As such, these results may not generalize to heterosexual men with similar histories. Moreover, these findings may not be consistent in MSM of other racial or ethnic backgrounds. Second, participants presented for one-time retrospective interviews, precluding any causal conclusions. Further, recall bias is a potential concern with retrospective interviews (Xu & Zheng, 2015), and the men in our study did have some difficulty remembering how old they were, or how old their partners were, at the time of their experiences. In some cases, participants may not have known the age of their partner (or perpetrator) but were able to characterize the relationship (i.e., describing someone who was in a position of authority over the participant).

The findings reported in this study revealed a complex trend of PTSD, drug use, and high-risk sexual behavior among racial and ethnic minority MSM with a history of sexual experiences occurring before the age of 16 with an adult male or female. These results support prior research demonstrating potential adverse consequences of CSA in diverse populations. Furthermore, this study has implications for future research using an indirect approach to uncovering potential sexual abuse during childhood, particularly with gay and bisexual men living with HIV and symptoms of PTSD. We are having a public conversation about many of these issues. The #MeToo movement is lifting the veil of silence surrounding sexual violence. GMaV seeks to contribute to this narrative by increasing awareness of abuse histories and advancing trauma-informed care in order to improve the health of minority populations.

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Table 1.

Sociodemographic Characteristics of the Interview Sample

| Variable | n (%) |
|---------------------------------|-----------|
| Hispanic or Latino | 25 (41.0) |
| Race | |
| Black or African American | 46 (75.4) |
| White or Caucasian | 3 (4.9) |
| Asian, Pacific Islander | 0 |
| Native American, Alaska Native | 0 |
| Other | 11 (18.0) |
| Missing | 1 (1.6) |
| Education | |
| Less than High School Degree | 3 (4.9) |
| High School Graduate, GED | 15 (24.6) |
| Some College, Associate Degree | 29 (47.5) |
| College Graduate (4 years) | 11 (18.0) |
| Professional or Graduate Degree | 2 (3.3) |
| Missing | 1 (1.6) |
| Annual Income | |
| Less than \$10,000 | 27 (44.3) |
| \$10,000 – \$39,999 | 22 (36.1) |
| \$40,000 – \$79,999 | 9 (14.8) |
| \$80,000 – \$119,999 | 3 (4.9) |
| \$120,000 or more | 0 |
| Missing | 0 |
| Living Situation | |
| House | 5 (8.2) |
| Apartment | 39 (63.9) |
| Room | 9 (14.8) |
| Shelter or Drop-in Center | 7 (11.5) |
| Other or Missing | 1 (1.6) |
| Reside | |
| Manhattan | 15 (24.6) |
| Queens | 4 (6.6) |
| Brooklyn | 16 (26.2) |
| Bronx | 20 (32.8) |
| Staten Island | 0 |
| Long Island | 0 |
| Westchester | 2 (3.3) |
| Northern New Jersey | 4 (6.6) |

| Variable | n (%) |
|---|-----------|
| Outside of New York City or Northern New Jersey | 0 |
| Relationship Status | |
| Single | 40 (65.6) |
| Heterosexual Legal Marriage | 1 (1.6) |
| Same-sex Legal Marriage | 1 (1.6) |
| Domestic Partnership (Woman) | 2 (3.3) |
| Domestic Partnership (Man) | 3 (4.9) |
| Steady Relationship (Woman) | 0 |
| Steady Relationship (Man) | 6 (9.8) |
| Steady Relationship (Both) | 3 (4.9) |
| Other or Missing | 5 (8.2) |

Note: 61 men completed an in-person interview.

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Table 2.

Participant and Partner Ages of First Sexual Experiences

| Eligibility Survey | | | |
|--|-----------------------------|---------------------------------|----------------------------|
| | Men, 18 – 59 | Eligible, Agreed to Participate | Interview Sample |
| | <i>N</i> = 809 ^a | <i>n</i> = 93 ^b | <i>n</i> = 61 ^c |
| Age at first sexual experience with male | 16 (12 – 18) | 14 (11.5 – 15) | 14 (10 – 15) |
| Age of first male partner ^d | 18 (15 – 22) | 22 (19 – 22) | 22 (19 – 22) |
| Age at first sexual experience with female | 14 (12 – 17) | 14 (12 – 15) | 13 (11.5 – 15) |
| Age of first female partner | 16 (13 – 18) | 17.5 (15 – 19) | 16 (15 – 18) |
| Qualitative Interview | | | |
| Age at first sexual experience with male | | | 12 (7 – 15) |
| Age at first sexual experience with female | | | 13 (12 – 15) |
| | | | <i>n</i> (%) |
| First male partner (18+, adult or authority figure) | | | 43 (70.5) |
| First female partner (18+, adult or authority figure) | | | 13 (31.0) |
| First sexual experience with male met inclusion criteria | | | 38 (62.3) |
| First sexual experience with female met inclusion criteria | | | 9 (14.8) |

Notes: Median (*Mdn*) and Interquartile Range (*IQR*) presented unless otherwise noted.

^aAll men 18–59 with a complete eligibility survey; 772 men reported a first sexual experience with another male; 565 men reported a first sexual experience with a female.

^b67 men reported a first sexual experience with a female.

^c41 men reported a first sexual experience with a female.

^d“Older than 21 years” was the maximum age assessed for male partners; recoded as 22+ years.

Table 3.

Comparisons Among Giving Men a Voice Interviewees by Ethnicity

| | Black non-Hispanic N = 36 | Hispanic / Latino N = 25 |
|---|--------------------------------------|-------------------------------------|
| <i>M (SD)</i> | | |
| Age (in years) | 36.5 (11.4) | 37.0 (10.9) |
| Mental Health Inventory (MHI) | 69.8 (19.1) | 64.1 (19.3) |
| Depression | 70.6 (24.0) | 66.0 (26.0) |
| Anxiety | 69.0 (22.6) | 58.9 (20.4) |
| Positive Affect | 64.0 (23.8) | 62.0 (23.8) |
| Behavior Control | 76.9 (18.5) | 72.1 (21.9) |
| PTSD Symptoms (PCL-C total score) | 11.7 (4.6) | 15.3* (6.1) |
| <i>Mdn (IQR)</i> | | |
| Age at first sexual experience with male ^a | 13 (6.25 – 15) | 10 (8 – 13.5) |
| Age at first sexual experience with female ^a | 13 (12 – 15.5) | 13 (8.75 – 15) |
| Drug Use (DUDIT total score) | 5.5 (0 – 9.75) | 2.0 (0 – 6.5) |
| Alcohol Use (AUDIT total score) | 1.5 (0 – 4) | 4 (1 – 5.5) |
| Perceived Resilience | 7 (6.25 – 8) | 7 (4.5 – 8) |
| Sexual Behavior (Past six months) | | |
| Number of Male Partners | 3.5 (2 – 9) | 4 (2 – 6) |
| Number of Male Anal Sex Partners | 3 (1.75 – 6) | 3 (1.75 – 6) |
| Number of Male CAS Partners | 2 (0 – 4) | 2 (0.75 – 4.5) |
| Number of Female Partners ^b | 3.5 (1 – 10.25) | 3 (1 – 4) |
| Number of Female Vaginal Sex Partners | 3.5 (2.5 – 8) | 1 (1 – 4) |
| Number of Female CVS Partners | 1 (0 – 2.25) | 1 (0.5 – 2.5) |
| <i>n (%)</i> | | |
| Education | | |
| High School Graduate, GED | 12 (33.3) | 6 (24.0) |
| Some College | 23 (63.9) | 19 (76.0) |
| Annual Income | | |
| Less than \$10,000 | 15 (41.7) | 12 (48.0) |
| \$10,000 | 21 (58.3) | 13 (52.0) |
| Living Situation | | |
| Apartment | 22 (61.1) | 17 (68.0) |
| Other | 14 (38.9) | 8 (32.0) |
| Relationship Status | | |
| Single | 25 (69.4) | 15 (60.0) |
| In a Relationship or Other | 10 (27.8) | 10 (40.0) |
| HIV Status ^c | | |

| | Black non-Hispanic N = 36 | Hispanic / Latino N = 25 |
|---------------------------------|--------------------------------------|-------------------------------------|
| Negative | 16 (44.4) | 12 (48.0) |
| Positive | 20 (55.6) | 11 (44.0) |
| Considered or Attempted Suicide | 5 (13.9) | 6 (24.0) |

Notes:

* $p < .05$. Mean (*M*), Standard deviation (*SD*), Median (*Mdn*), and Interquartile range (*IQR*). Condomless anal sex (*CAS*). Condomless vaginal sex (*CVS*).

^a Discussed during the qualitative interview.

^b A total of 11 participants (6 Black non-Hispanic, 5 Hispanic / Latino) reported any female partners in the past six months.

^c Two Hispanic / Latino men did not have an HIV status to report (1 = never tested, 1 = never got the test results).

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Correlations Between Substance Use, Psychological Symptoms, Resilience, Sexual Behavior, and Age of First Sexual Experience

Table 4.

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|--------------------------|------|------|------|------|--------|-------|-------|-------|-------|-----|-----|
| 1. Age with first male | --- | | | | | | | | | | |
| 2. Age with first female | -.13 | --- | | | | | | | | | |
| 3. Drug use | .04 | -.16 | --- | | | | | | | | |
| 4. Alcohol use | .28* | -.09 | .14 | --- | | | | | | | |
| 5. PTSD symptoms | -.17 | -.11 | .20 | .13 | --- | | | | | | |
| 6. Depression | .19 | .08 | -.20 | -.04 | -.53** | --- | | | | | |
| 7. Anxiety | .24 | .09 | -.19 | -.02 | -.69** | .75** | --- | | | | |
| 8. Positive affect | .05 | .03 | -.19 | -.10 | -.51** | .57** | .55** | --- | | | |
| 9. Behavior control | .18 | -.02 | -.14 | .02 | -.57** | .72** | .66** | .69** | --- | | |
| 10. Resilience | -.07 | -.25 | .02 | .22 | -.27* | .32* | .32* | .39** | .36** | --- | |
| 11. Male CAS partners | .04 | -.26 | .32* | .09 | -.03 | .00 | -.03 | -.12 | -.02 | .05 | --- |

Notes:

* $p < .05$

** $p < .01$.

Age of first male and female sexual experiences based on qualitative interview. Pearson and Spearman rho correlations presented. Number of male condomless anal sex (CAS) partners.