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Violence, Discrimination, Psychological Distress, and HIV Vulnerability Among Men Who Have Sex with Men in Memphis, TN



Introduction: Gay, bisexual, and other men who have sex with men (MSM), a priority population for HIV prevention services, are disproportionately impacted by HIV. Discrimination, violence, and psychological distress (PD) may influence engagement with services and amplify HIV vulnerability. These dynamics are understudied in the Southeastern US. Understanding how these relationships interact is critical to designing effective programs. We examined associations between MSM-related discrimination, MSM-related violence, and severe PD with HIV status among 2017 National HIV Behavioral Surveillance study participants in Memphis, TN.

Methods: Eligible participants were aged ≥ 18 years, born and identified as male, and reported having sex with another man in their lifetime. Participants completed a CDC-designed anonymous survey and self-reported MSM-related discrimination (verbal, poor service, work/school, health care) and violence across their lifetime, and severe PD symptoms (depression, hopelessness, restlessness) within the past month. PD symptoms were measured based on the Kessler-6 Scale, with scores ≥ 13 indicating severe PD. Optional HIV tests were performed on site. Logistic regressions were used to examine the associations between exposure variables and positive HIV test results.

Results: Among 356 respondents, 66.9% were aged < 35 years, and 79.5% identified as non-Hispanic (NH) Black. MSM-related violence was reported by 13.2% of participants, MSM-related discrimination was reported by 47.8%, and 10.7% experienced severe PD. Of the 297 participants who tested on-site for HIV, 27.8% had a positive result. MSM-related discrimination, MSM-related violence, and severe PD were significantly associated with each other ($p < 0.0001$). Positive HIV test results were associated with MSM-related assault [adjusted odds ratio = 3.6 (95% confidence interval: 1.5, 8.8)].

Conclusions: Memphis-based MSM face a complex array of social-structural experiences that may increase vulnerability to HIV. The utility of on-site testing among MSM may be an opportunity to screen for these harmful encounters and incorporate strategies for comprehensive care when developing HIV programs.