

**Submission Id: 2881**

**Title**

*Physical intimate partner violence prevalence and associations among a nationally-representative sample of young men*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: Primary care providers can ask men about intimate partner violence (IPV) perpetration or victimization using validated questions, yet physicians feel unprepared to screen men for IPV. Few studies examine men's physical IPV categories of perpetration-only, both perpetration and victimization, and victimization-only, or their associations with technology-facilitated abuse (TFA). Objective: assess (1) prevalence of men's physical IPV and (2) associations of physical IPV with demographics, children, health services use, self-reported physical or mental health diagnoses, substance use problems, and TFA. Study Design and Analysis: survey with survey-weighted descriptive statistics and multinomial logistic regression. Setting: community-based nationally representative sample of U.S. men using IPSOS KnowledgePanel August-September 2014. Population studied: 2,889 men age 18-35 with response rate 47% (1346/2889). Inclusion criteria "ever in a romantic relationship" yielded analysis sample 1074 men. Outcome measure: physical IPV categories: perpetration-only, both perpetration and victimization, and victimization-only. Results: Among young U.S. men, physical IPV was reported by 2.5% perpetration only, 16.7% both perpetration and victimization, and 10.0% victimization only. Multivariate analyses showed physical IPV perpetration-only associated with primary care use (AOR 0.25, 95%CI 0.09-0.70), chronic pain (AOR 6.92, 95%CI 1.74-27.55), and prescription opioid misuse (AOR 2.31, 95%CI 1.53-3.47); IPV both perpetration and victimization associated with belief that children who do not witness parental IPV are still harmed (AOR 0.59, 95%CI 0.43-0.82), primary care use (AOR 0.54, 95%CI 0.31-0.94), alcohol misuse (AOR 1.08, 95%CI 1.01-1.15), prescription opioid misuse (AOR 1.58, 95%CI 1.09-2.29), TFA delivered only (AOR 3.64, 95%CI 1.23-10.80), TFA both delivered and received (AOR 6.08, 95%CI 3.32-11.13), TFA received only (AOR 4.95, 95%CI 1.54-15.91); IPV victimization-only associated with mental healthcare visits (AOR 2.34, 95%CI 1.19-4.64), TFA both delivered and received (AOR 2.31, 95%CI 1.16-4.58), and TFA received only (AOR 5.26, 95%CI 2.24-12.38). Conclusions: Among young U.S. men, physical IPV was reported by 1 in 40 for perpetration only, 1 in 6 for both perpetration and victimization, and 1 in 10 for victimization only. Primary care physicians can consider assessing physical IPV among male patients. Limitations include self-report and no context for IPV.