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Title

Intimate partner violence perpetration and gun possession prevalence and correlates among men in primary care

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Few studies describe intimate partner violence (IPV) perpetration and gun possession among men in primary care.

Objective: describe (1) prevalence of IPV perpetration among men who possess guns and (2) IPV perpetration and gun possession associations with demographics, child factors, gun storage, health care use, health conditions.

Study Design and Analysis: survey, descriptive statistics, bivariate logistic regression

Setting or Dataset: data collected 2015-2016 from two Midwestern family medicine clinic waiting rooms.

Population Studied: 230 men who spoke and read English and had partner in past year.

Intervention/Instrument: technology-delivered abuse (Seewald 2022), psychological and physical IPV perpetration (CTS), gun possession and storage (FYI), demographics (NHANES), alcohol use (AUDIT).

Outcome Measures: past year technology-delivered abuse (using cell phone/text to call partner names/send threats/access phone or online accounts without permission), psychological aggression (insulted/swore/yelled at partner), physical aggression (pushed/slapped/punched partner), and gun possession (owning firearm/carrying outside home).

Results: of 230 men (avg age 36.6 yr, 49% white), 63 (27%) disclosed technology-delivered abuse, 147 (64%) reported psychological aggression, 13 (6%) disclosed physical aggression, 53 (23%) possessed gun, and 22 (10%) unsafely stored gun. Of 53 men possessing gun, 18 (34%) perpetrated technology-delivered abuse, and 30 (57%) perpetrated psychological IPV. Bivariate associations of perpetrating technology-delivered abuse and possessing gun were living with children and unsafely storing gun (O.R.6.7,95%CI 1.5-29.5), being a patient (O.R.0.1,95%CI 0.04-0.4), and primary care visit (O.R.0.8,95%CI 0.6-0.9). Bivariate associations of perpetrating psychological IPV and possessing gun were income

(O.R.1.4,95%CI 1.0-1.9), living with children and unsafely storing gun (O.R.5.9,95%CI 1.5-23.2), being a patient (O.R.0.3,95%CI 0.1-0.6), and alcohol use (O.R.2.2,95%CI 1.0-4.9).

Conclusions: Men in primary care waiting rooms will disclose IPV perpetration and gun possession. Increased odds of IPV perpetration and gun possession include living with children and unsafe gun storage, which increases patient and family member risk. Primary care use decreased odds of IPV perpetration and gun possession, reflecting opportunities to identify and respond to IPV perpetration and gun possession. Limitations of this study include small sample size.