CUMULATIVE LIFETIME VIOLENCE, GENDER ROLE CONFLICT, AND CARDIOVASCULAR DISEASE RISK IN EASTERN CANADIAN MEN

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BACKGROUND

Cumulative lifetime violence (CLV) as target and perpetrator negatively affects health through allostatic overload and potentially harmful coping behavior but its association with cardiovascular disease (CVD) in men, including the role of gender, has not been studied.

PURPOSE

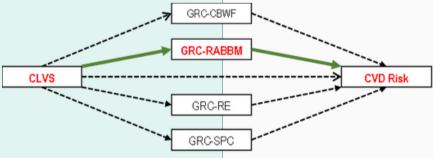
Develop a profile of CVD risk among men with CLV by Framingham 30-year lipid hard CVD (30-year CVD) risk scores and test the hypothesis that CLV severity (CLVS) has direct and indirect effects through gender role conflict (GRC) on 30-year CVD risk scores.

METHODS

A convenience sample of 197 eastern Canadian men, aged 20-60 years who had experienced CLV completed an online health survey including the CLVS-44 scale, and the GRC scale. The men also completed a in-person "health check" that included biophysical measures such as height, weight, blood pressure, and blood collection for total cholesterol and high-density lipoprotein testing. 20 men were ineligible for calculation of 30-year CVD scores due to pre-existing heart disease, leaving a sample of 177.

RESULTS

- Overall (n = 177), 30-year CVD risk scores were 1.5 times higher than Framingham normal scores. When classified into Framingham low CVD risk (n = 100) and elevated CVD risk (n = 77) groups, 30year CVD risk scores were not significantly different from normal in the low risk group (mean age 28 years) but were 1.7 times higher than normal in the elevated group (mean age 46 years).
- No significant differences were found between the low and elevated CVD risk groups for CLVS scores.
- The low CVD risk group had higher scores on the Conflict Between Work, Leisure and Family (GRC-CBWF) as well as the Success, Power and Competition (GRC-SPC) subscales whereas the elevated CVD risk group had higher scores on the Restrictive Affectionate Behavior Between Men (GRC-RABBM) subscale. There were no differences between groups on the Restrictive Emotionality (GRC-RE) subscale.
- CLVS did not directly influence 30-year CVD risk but did indirectly through GRC-RABBM. Men with higher scores of CLVS reported higher GRC in physical contact and expression of feelings towards men, and in turn, this was associated with increased 30-year CVD risk. CLVS did not have significant effects on CLVS through any other GRC subscales.



KEY MESSAGES/IMPLICATIONS

- First findings that, among men with histories of CLVS, Framingham CVD risk scores are higher than reference normal scores for men in general of the same age.
- New evidence that GRC associated with physical contact or sharing feelings with other men may be a mechanism through which CLVS affects CVD risk.
- These results reinforce the critical role of toxic stress from not only chronic and recurring violence early in life and into adulthood but also from gender role conflict related to close physical or emotional contact with other men as a violation of dominant norms.
- Highlight the importance of trauma- and violence-informed social and public policy that addresses not only dominant masculine norms, but also modifiable CVD risk factors for men with CLV.