

# Electronic sexual coercion: Prevalence and association with substance use, STI, and poor mental health outcomes among adolescent girls in the US



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# Background

- Adolescent girls experience the highest rates of sexual victimization
- Electronic Sexual Coercion (ESC)
  - Also known as: digital gender-based violence, gender-based cyber violence
  - Is a form of sexual violence
  - Includes receiving unwanted sexual texts, being pressured or coerced to send sexual texts or photos, having sexual photos shared without permission, experiencing sexually solicitation online
  - May be a similar public health threat as in-person sexual violence, particularly among young populations.
- Few studies have included a comprehensive set of ESC questions to assess overall prevalence, perpetrators, and associations with poor health outcomes among adolescent girls.

# Objectives



- This study aims to assess:
  - Prevalence of ESC
  - Perpetrators of ESC
  - ESC in relation to poor health outcomes and risk behaviors
- Population: Adolescent girls residing within neighborhoods at the US-Mexico border region

## *Investigation of social, environmental, and economic factors in relation to STI and unintended pregnancy*



- Population: Girls aged 15-19, sexually active in the past 6 months, recruited from an adolescent health clinic across from a high school in Southeastern San Diego, CA
- Quantitative surveys (n=159): violence, violence and harassment experienced over social media, sexual risk behaviors, STI, family planning, economic vulnerability, social networks, mapping of physical environments, etc.

# Measures

- ESC (ever): a) being pressured to send sexual photos/videos, b) having sexual photos shared without permission, c) threatening to share sexual photos without permission, d) receiving unwanted sexual photos/messages and e) being pressured online or via text to do something sexual in-person.
- Perpetrators of ESC: described various relationships (e.g. dating, hooking up with, did not know)
- Alcohol use (past 30 days): any alcohol use, binge use (5 or more in one occasion)
- Drug use (ever) and marijuana use (past 30 days)
- Mental health: feeling anxious or depressed (past 30 days); considered attempting suicide (past year)
- STI diagnosis (ever): have you ever been told by a doctor that you have an STI, including Chlamydia, gonorrhea, herpes, warts, HPV, crabs, trichomoniasis, other

# Analyses

- We assessed overall prevalence of ESC, perpetrators of ESC, and association with poor health outcomes and risk behaviors among adolescent girls ( $N=159$ ).
- Using crude and adjusted logistic regression models, we assessed ESC and association with substance use, STI, as well as poor mental health outcomes.
- We adjusted for variables significantly associated with outcomes at  $p<0.05$

# Sample Characteristics



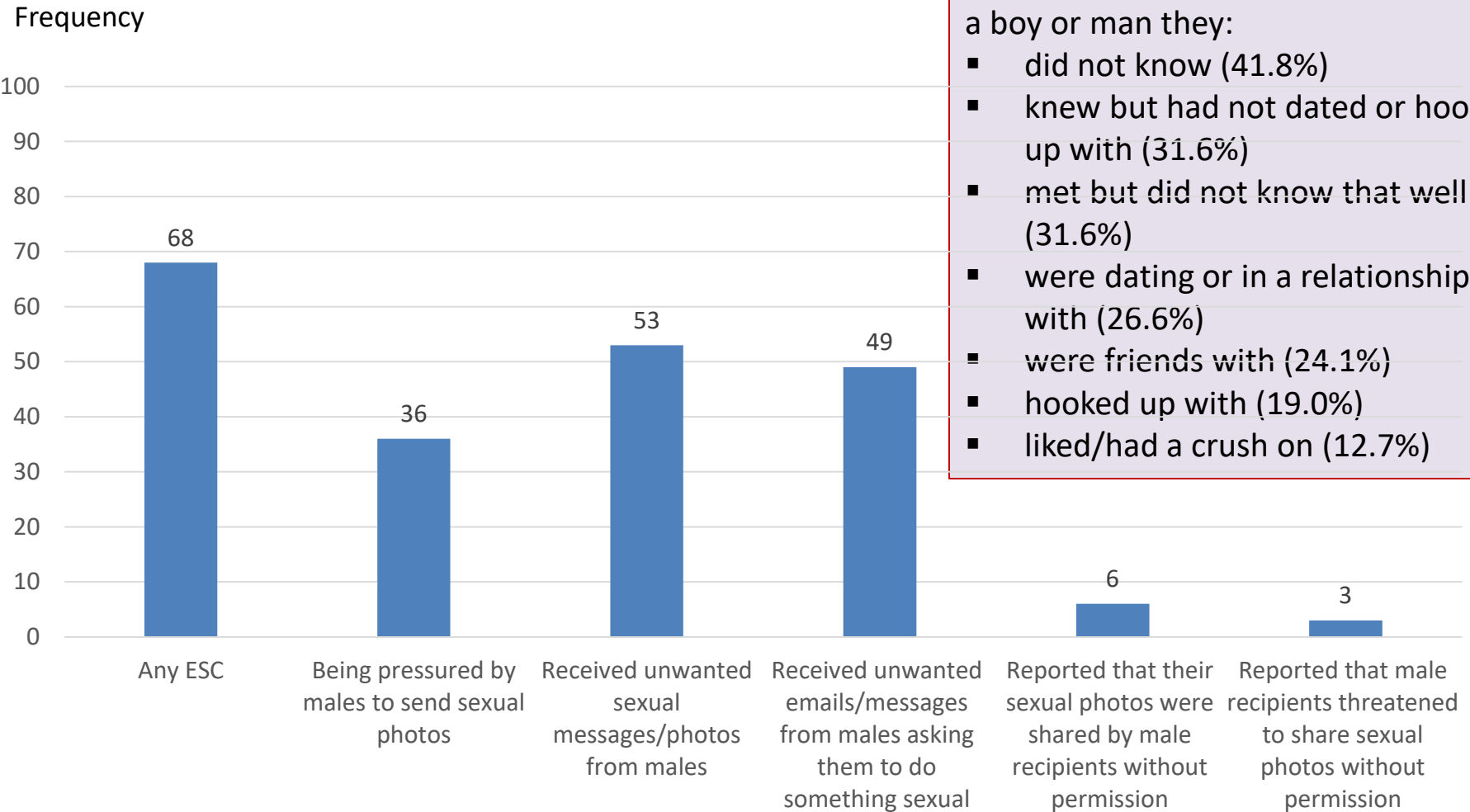
## Sample Demographics

- Average age = 17
- 76% identified as Latina/Hispanic
- 77% were born in the US
- 84% lived with parents
- Half were currently in a relationship.

## Demographics by Experiences of ESC

Sample demographics did not vary significantly by ESC

# Results: Ever experiencing ESC and perpetrators of ESC (n=159)



**Perpetrators of ESC were identified as a boy or man they:**

- did not know (41.8%)
- knew but had not dated or hooked up with (31.6%)
- met but did not know that well (31.6%)
- were dating or in a relationship with (26.6%)
- were friends with (24.1%)
- hooked up with (19.0%)
- liked/had a crush on (12.7%)



# Results: ESC in Relation to Health and Behavioral Outcomes

Experiencing any ESC was significantly associated with:

-Past 30-day alcohol use  
OR=4.4, 95%CI: 1.7-11.3

-Drug use ever  
OR=3.4; 95%CI: 1.1-14.6

-Ever diagnosed with an STI  
OR=6.8; 95%CI: 1.4 - ∞

-Feeling depressed, past 30 days  
OR=2.9; 95%CI: 1.3-6.5

-Feeling anxious, past 30 days  
OR=5.3; 95%CI: 2.1-13.0

-Thoughts of suicide, past 12 months  
OR=7.5; 95%CI: 1.1-336.6

\*All models were adjusted for race/ethnicity

# Limitations

- Self report, particularly STI outcomes
  - However, we found strong associations, despite likely under-reported outcomes.
- Temporality of associations cannot be determined
- Findings most generalizable to similar urban populations of adolescent girls

# Conclusions



- Our findings suggest that ESC affects most adolescent girls from this population.
- ESC is perpetrated by those known and unknown to girls.
- ESC and is associated with poor health outcomes.
- Future longitudinal study with larger sample sizes is needed to understand unique consequences of various forms of ESC on health outcomes.

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