

SEXUAL COERCION'S IMPACT ON PARENT AND SCHOOL CONNECTEDNESS AMONG RURAL ADOLESCENTS

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Purpose: Rural youth have significant sexual health inequities, including unintended pregnancy. Healthy relationships, connectedness to parents and school, and communication are important protective factors. Sexual coercion is a risk factor for pregnancy. We examine the associations among sexual coercion, parent-child communication about sex, and connectedness with parents and school.

Methods: Students in health class in a rural Midwestern county high school completed baseline surveys (N = 247, 13–19 years). Control variables include age, gender, sexual orientation, race, ethnicity, and adverse childhood experiences (ACEs) (8-items, range: 0–8, $\alpha = .77$, all yes/no, example: “Have you ever witnessed violence in the home?”). Gender was recoded to male/female, sexual orientation to heterosexual/sexual minority, and race to white/racial minority because of small sample sizes. Sexual coercion was a single independent item, “Has anyone you were dating or going out with forced you to do sexual things you did not want to do?” (0 times/1 times/2 or 3 times/4 or 5 times/6 or more times; recoded as a dichotomous “no” (0 times) or “yes” (report of 1 time or higher). Outcome variables included: frequency of communication with a parent or guardian (10-items, range: 0–20, $\alpha = .88$, example: “How many times have a parent or guardian talked about how to handle sexual pressure?”), parental connectedness (5-items, range: 5–25, $\alpha = .93$, example: “How close do you feel to the person or people that raised you?”), and school connectedness (5-items, range: 5–20, $\alpha = .84$, example: “I feel close to people at my school”). Linear regression models estimates the impact of sexual coercion on communication, parent connectedness and school connectedness, controlling for age, gender, sexual orientation, race, ethnicity, and ACEs (Stata, v.15).

Results: Participants had a mean age of 15.6 (SD = .6, range 13–19), about half were female (50.4%) and half Latino (52%), and predominantly white (92.9%) and heterosexual (89.3%). 16.2% of participants reported experiencing sexual coercion with a dating partner. Participants reported, on average, 1.9 ± 2.0 adverse childhood experiences and low to moderate levels of communication with a parent or guardian (Mean \pm SD: 8.9 ± 5.1 , range 0–20), but relatively high

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levels of parental (Mean \pm SD: 21.8 \pm 4.3, range 5–25) and school (Mean \pm SD: 14.0 \pm 3.2, range 5–20) connectedness. In multivariate regression analysis, controlling for age, race, ethnicity sexual orientation and adverse childhood experiences, one or more experiences of sexual coercion was not associated with communication with a parent or guardian on sexual topics. Sexual coercion was associated with decreased parental (b[se] = -2.699 [1.188], $p < .05$) and school (b[se] = -1.646 [.802], $p < .05$) connectedness.

Conclusions: Sexual coercion was associated with significant decreases in connectedness. This could be due to an unwillingness or discomfort talking with parents or guardians about sexual health after experiencing sexual coercion. Public health efforts to reduce unintended pregnancies among rural youth should address healthy relationships and encourage school and parent connectedness as a protective factor for sexual coercion.

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