

Alcohol and Sexual Violence Perpetration

Antonia Abbey

With Contributions from Lydia Guy Ortiz

“Half of all sexual assault perpetrators are under the influence of alcohol at the time of the assault, with estimates ranging from 30% to 75%. There are three explanations for the frequent co-occurrence of alcohol and sexual violence perpetration and each is relevant for some perpetrators... None of these explanations reduce perpetrators’ responsibility for their actions. However, identifying the different ways alcohol relates to perpetration aids in the development of effective sexual violence prevention strategies.”

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

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Introduction

This paper summarizes the research literature that examines alcohol’s role in sexual violence perpetration. The first section provides estimates of the frequency with which alcohol consumption and sexual assault perpetration co-occur. After describing the criteria required to determine that one variable causes change in another, relevant experimental and survey research are critically reviewed. The final section includes suggestions for practitioners based on available scientific knowledge.

This paper follows common conventions by using the term rape to describe acts that involve penetrative sex committed through force, threat of force, or when the victim is unable to consent. The terms sexual assault and sexual violence are used interchangeably to refer to the full range of coercive strategies and types of forced sex. This paper focuses on male perpetrators and female victims because this describes the vast majority of sexual assaults that occur in adolescence and adulthood (Tjaden & Thoennes, 2006). The term victim is used because this review focuses on circumstances surrounding the victimizing experience, not the recovery process.

How Often is Alcohol Involved in Sexual Violence Perpetration?

Half of all sexual assault perpetrators are under the influence of alcohol at the time of the assault, although there is considerable variability around this average with estimates ranging from approximately 30% to 75% (see Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Seto & Barbaree, 1995; Testa, 2002 for reviews of this literature). Studies of various jurisdictions indicate that approximately 50% of convicted rapists were drinking alcohol at the time of the assault; this rate is comparable to what has been found for other violent crimes (Collins & Messerschmidt, 1993). There have been very few studies with community-based samples of sexual assault perpetrators and even fewer that also assessed their alcohol consumption at the time of the assault. Ageton

(1983) measured sexual assault perpetration at multiple points in time in a nationally representative sample of adolescent men. Approximately half of these adolescent perpetrators were drinking alcohol at the time of the assault; not surprisingly the rates of alcohol use increased with age. In a recent study with male college students, Gidycz and colleagues (2007) found that 52% of the men who reported committing a sexual assault since age 14 had been drinking alcohol at the time of the assault. Participants completed a follow-up survey three months later and 64% of the new sexual assaults committed while these men were at college occurred after they had been drinking alcohol. Victims' reports of perpetrators' alcohol consumption provide comparable estimates, although frequently alcohol and drug use are combined, making precise estimates impossible (Brecklin & Ullman, 2001; Tjaden & Thoennes, 2006). Alcohol is by far the most commonly used drug during sexual assaults, however, some perpetrators also report using marijuana, cocaine, and other drugs.

Researchers have also consistently found a positive relationship between sexual assault perpetration and heavy drinking. For example, in a large statewide survey, male high school students who reported forcing someone to engage in a sexual act were more likely than nonperpetrators to drink alcohol on a daily basis (Borowsky, Hogan, & Ireland, 1997). Neal and Fromme (2007) found that among first year college students, heavier drinkers were more likely to report that they perpetrated sexual assault. Abbey and colleagues (2006) found a positive relationship between a history of alcohol problems and sexual assault perpetration in a community sample of single adult men. Sexual assault severity is often positively correlated with a history of problematic drinking. For example, although severity can be operationalized in multiple ways, Ouimette (1997) labeled as most severe those acts that met a standard definition of rape or attempted rape through the use of force, threats of force, or alcohol or drugs. Perpetrators who committed rape were approximately twice as likely to abuse alcohol as those who committed verbally coerced sexual intercourse.

How Should This Strong Relationship Between Alcohol Consumption and Sexual Violence Perpetration Be Interpreted?

There are three explanations for the frequent cooccurrence of alcohol and sexual violence perpetration. The first, which is described in more detail in the next section, is that alcohol plays a causal role in some sexual assaults. The second explanation is that causality runs in the opposite direction, with the desire to commit sexual assault playing a causal role in the decision to consume alcohol. Intoxication often provides an excuse for engaging in socially disapproved behaviors, especially for men (George, Stoner, Norris, Lopez, & Lehman, 2000). Thus in some instances, perpetrators may drink alcohol because it makes it easier to commit the disinhibited and aggressive acts that they want to commit. The third explanation is that the relationship is due to other factors that are the cause of both the sexual violence and the alcohol consumption. For example, men with antisocial personality traits are more likely than other men to drink heavily and to commit a variety of aggressive and delinquent acts including sexual violence (Lansford, Rabiner, Miller-Johnson, Golonka, & Hendren, 2003; Moffitt, Caspi, Harrington, & Milne, 2002). Thus, in this instance, underlying personality traits are at least a partial cause of the co-occurrence of these behaviors.

These distinctions regarding causality are important because they have implications for the development of effective treatment and prevention programs. If intoxication is a partial cause of some perpetrators' sexually violent behavior, interventions that focus on curtailing their alcohol consumption should reduce their violence. However, if for some perpetrators alcohol consumption is merely a symptom of underlying causes such as their inability to control their impulses or their disregard for the impact of their behavior on others, then stopping their drinking is unlikely to reduce their violence. These perpetrators need interventions that focus on their underlying skill deficits. Many researchers who work in this area emphasize that sexual assault perpetration is determined by multiple factors and that there is no single explanation that describes the motives of all perpetrators on all occasions (Malamuth, Linz,

Heavey, Barnes, & Acker, 1995; Seto & Barbaree, 1995). These different causal factors work together so that the co-occurrence of several risk factors in the same person or in a specific situation can substantially increase the risk of sexual assault perpetration.

The multiple threshold theory of intimate partner violence (Fals-Stewart, Leonard, & Birchler, 2005) illustrates how alcohol can have differential effects on perpetrators with different risk profiles. Fals-Stewart and colleagues (2005) argue that everyone has a different threshold at which they are likely to act violently. For some people it takes very little to trigger a violent response, whereas for others it takes a great deal to trigger violence. Alcohol increases sexual violence only when perpetrators are near their violence threshold. Most men are expected to have a high threshold for using violence to obtain sex, thus even when intoxicated, they are unlikely to cross that line. Other men, including those with antisocial personality traits, may have such a low threshold for violence that alcohol is not needed for them to become sexually violent. And for a subgroup of men who are near their violence threshold, intoxication may push them over that line. This theory has been successfully used to explain on what days men perpetrate intimate partner violence, but it has not been applied to sexual assault perpetration. This theory's underlying premise is important to keep in mind while reading this review. Alcohol is one of many factors that increase the likelihood that a man will feel comfortable forcing sex on an unwilling woman. For some men, on some occasions, it can be the "final straw" that produces sexual violence, but its effects cannot be understood in isolation.

Mechanisms Through Which Alcohol Increases the Likelihood of Sexual Violence Perpetration

There are two primary causal mechanisms through which alcohol can increase the likelihood of sexual violence perpetration in a given situation: pharmacological effects of alcohol and psychological beliefs about alcohol. In this section, findings are presented that demonstrate how alcohol impairs basic cognitive processing. In the next section, evidence is provided from studies focused on sexual violence.

Pharmacological Effects

Alcohol produces cognitive and motor impairments that increase in severity as the quantity of alcohol in the bloodstream increases. A great deal of research has focused on alcohol's effects on higher order cognitive processing which occurs in the frontal lobe (Curtin & Fairchild, 2003; Peterson, Rothfleisch, Zelazo, & Pihl, 1990). Alcohol impairs the capacity to integrate multiple sources of information and to make complex decisions. When intoxicated, people narrow their attention and focus on whatever information is most salient, thereby failing to process important, but less obvious, information. Often this translates into a focus on short-term positive rewards and a failure to consider the long-term negative consequences of one's behavior.

Impulse control is also reduced by alcohol, making it harder for people to stop themselves once they have decided to engage in a behavior. Deterioration in cognitive processing has been found at blood alcohol concentrations (BACs) of .04 which would be reached by a 150 pound man consuming two drinks in one hour (Carey & Hustad, 2005; Fisher, Simpson, & Kapur, 1987). Women typically reach higher BACs than men do with the same dose due to differences in weight, fat to water ratio, and other metabolic factors. There are many other parameters that influence BAC, including the speed at which the drinks are consumed, the amount of food recently consumed, and individual differences in tolerance for alcohol. Significant cognitive impairment typically occurs with BACs in the range of .06 to .10, which for most men would occur with the consumption of three to five drinks within a few hours. Alcohol's effects on motor skills are well known, with slurred speech and increased clumsiness increasing as BAC rises. At extremely high BACs, individuals are likely to become comatose.

The Effects of Psychological Beliefs

People's beliefs strongly influence their behavior. A placebo effect occurs when an inert treatment (for example, a sugar pill) has a significant impact on how people feel. Before receiving approval from the Federal Drug Administration, new medications must demonstrate that they have a stronger effect than a placebo because research has consistently demonstrated

that just the belief that one is taking an effective medication can improve health. In a parallel manner, people's beliefs about alcohol influence how they think, feel, and behave after drinking alcohol. American culture glamorizes alcohol consumption and links it to sexual desire, sexual performance, aggression, and other types of disinhibited behavior. This affects people in two ways. First, as noted above, people may decide to drink when they want to be sexual, aggressive, and/or disinhibited. Alcohol provides them with the "liquid courage" to act in the way they wanted to act. Second, intoxicated individuals are likely to interpret other people's behavior in a manner that conforms to their expectations. Thus, a smile is more likely to be viewed as a sign of sexual attraction and a mildly negative comment is more likely to be interpreted as grounds for an aggressive response.

This paper focuses primarily on the perpetrator's alcohol consumption; however, it is important to remember that alcohol has comparable pharmacological and psychological effects on victims. Reduced cognitive capacity and impaired motor skills increase women's vulnerability to sexually violent men (see the VAWnet review paper by Norris (forthcoming) for a thorough discussion of alcohol as a risk factor for sexual victimization). Victims' alcohol consumption is relevant in a paper focused on perpetration for several reasons. Many men believe that alcohol makes women more interested in having sex. This belief then biases their interpretation of a drinking woman's actions, making them more likely to assume that any friendly action is a sign that she is interested in having sex with them (Abbey, 2002). Furthermore, some perpetrators target an intoxicated woman because they recognize that it will be easier to get what they want from her because of her cognitive and motor impairments. These perpetrators may encourage the woman to drink heavily or seek out women who are already intoxicated. Although date rape drugs like Rohypnol are occasionally used, alcohol is by far the drug of choice (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). The familiar refrain, "Candy is dandy, but liquor is quicker" (Nash, 2007, p. 282) has often been used to describe this form of coercion.

Review of Relevant Research

Two basic methodologies are used to examine hypotheses about alcohol's role in sexual assault perpetration: alcohol administration experiments and surveys of perpetrators and victims. The best way to isolate alcohol's effects on behavior is through experimental research in which people are randomly assigned to drink an alcoholic or a nonalcoholic beverage. If alcohol's effects are only examined among people who choose to drink, then causality cannot be established. As described above, people may choose to drink on a given occasion because they are looking for an excuse to be aggressive and believe alcohol provides them with such a justification. Because drinking is determined by the flip of a coin (or similar randomization procedure) in laboratory studies, researchers are confident that any differences that emerge between drinkers and nondrinkers must be due to their alcohol consumption. A placebo condition can be included in experimental research, allowing researchers to determine if the effects of alcohol are due to the belief that one consumed alcohol or due to the pharmacological effects of alcohol, or both. It is important to acknowledge that in naturally occurring drinking situations, psychological and pharmacological mechanisms tend to work together, with beliefs about alcohol setting the stage for alcohol's pharmacological effects. However, it is important to determine if they have separate influences. If alcohol's effects on sexual assault perpetration are primarily due to placebo effects, this suggests that if beliefs about alcohol are changed, then behavior while intoxicated will change. Alternatively, if alcohol's effects on sexual assault perpetration are primarily due to its pharmacological effects, then they can be eliminated only by stopping or reducing alcohol consumption.

An obvious limitation to alcohol administration research is the types of situations that can be examined. Participants can read stories or watch videos that depict a sexual assault and report how they would behave in that situation; however, sexually assaultive behavior cannot be directly examined. Surveys, in contrast, allow perpetrators and victims to describe the characteristics of sexual assaults and researchers can then compare those that did and did not involve alcohol. Findings from both of these types of research are described below.

Alcohol Administration Research

Before describing studies focused on sexual aggression, it is important to place them in context. There is a long history of alcohol administration research that examines men's willingness to behave aggressively on laboratory competition tasks, typically against a male opponent. Intoxicated male participants provide higher levels of shock to fictitious opponents than do placebo or control participants (for reviews see Chermack & Giancola, 1997; Giancola, 2000). These studies find consistent evidence that at a BAC of .08 to .10 (a BAC of .08 is currently the legal limit for driving under the influence in all states), alcohol increases aggression through its impairment of higher-order cognitive skills including decision-making, attention, and impulse control. Importantly, these studies also consistently demonstrate that alcohol's effects are particularly strong when men feel provoked by their opponent. Once provoked, levels of aggression by intoxicated participants remain high, even when the provocation ends. In contrast, sober participants quickly reduce their level of aggression once provocation ends. Additionally, these studies find that men who generally have high levels of anger and low levels of empathy are particularly aggressive when intoxicated. Thus, although these studies focus on men's instrumental aggression toward other men, they demonstrate the strong causal effect that alcohol consumption has on men's aggressive behavior.

Based on this general aggression research, Abbey (2002) argued that alcohol can contribute to the likelihood of acquaintance sexual assault occurring at two stages of the interaction. First, perpetrators' beliefs about alcohol and the effects of intoxication on their cognitions can cause them to misinterpret a woman's actions and believe she is interested in sex when she is not. Second, when the woman rejects their sexual advances, perpetrators feel "led on" and consequently justified in using force to demonstrate their power and obtain sex. These alcohol-fueled misperceptions do not morally or legally excuse the use of force or coercion to obtain sex; however, they are important to understand. Distorted cognitions about women are the basis of rape myths and have repeatedly been linked to sexual assault perpetration.

Compared to the large general aggression literature, only a handful of studies have examined the effects of alcohol consumption on men's responses to sexual aggression. Across these studies, intoxicated men are less likely to view what happened as violent, are more likely to believe the man's sexual aggression was appropriate, are more likely to believe the woman enjoyed it, and are more willing to report that they would be willing to use force if they were in a similar situation (Abbey, Buck, Zawacki, & Saenz, 2003; Gross, Bennett, Sloan, Marx, & Juergens, 2001; Johnson, Noel, & Sutter-Hernandez, 2000; Marx, Gross, & Adams, 1999; Norris, Davis, George, Martell, & Heiman, 2002). For example, Norris and colleagues (2002) asked male college students to read a story about a man who used verbal and physical force to obtain sex from a date. Men who consumed alcohol prior to reading the story were less likely than sober or placebo participants to perceive the sexual encounter as violent and were more likely to believe the woman enjoyed it. Johnson and colleagues (2000) asked male college students to watch a videotape of the beginning of a blind date. When the woman in the video acted interested in the man, intoxicated participants thought it was more acceptable for the man in the story to use force to obtain sex as compared to sober and placebo participants. Intoxicated men also expressed the most willingness to personally use force to obtain sex if they were in that situation.

There is evidence from one study that the effects of alcohol are stronger for men who have other risk factors for sexual assault perpetration. Norris and colleagues (1999) conducted an alcohol administration study in which men reacted to a story about a female sexual assault victim. The lowest levels of empathy in response to the victim's distress were exhibited by men who drank alcohol and were high in hypermasculinity (a measure that assesses callous attitudes toward women, seeing aggression as manly, and viewing danger as exciting). Although research that examines other personality characteristics and attitudes is needed, these findings suggest that alcohol's effects may be strongest for men who are already predisposed to sexual aggression.

As previously described, a placebo effect occurs when people who think they are drinking alcohol (but really

are not) act in the same way that drinkers do. Two studies described earlier in this section found evidence for pharmacological effects, but no evidence for placebo effects (Johnson et al., 2000; Norris et al., 2002). In contrast, Gross and colleagues (Gross et al., 2001; Marx et al., 1999) found placebo and pharmacological effects. Male college students listened to an audiotape of an acquaintance rape which occurred in the man's apartment at the end of a date. The victim's protests and the perpetrator's violence gradually escalated as the tape progressed, ending with a physically violent rape. Participants were asked at what point the man's behavior was inappropriate and when he should stop. As compared to sober men, both men who drank alcohol and men who believed they drank alcohol allowed more force to occur before they indicated the man should stop (see Testa et al., 2006 for a further discussion of the controversies associated with placebo studies).

Given the strong societal norms linking alcohol, sex, and aggression, it is surprising that the evidence for placebo effects is not stronger. A number of experiments have been conducted in which sober college students are asked to evaluate scenarios in which a man and woman are on a date. Half of the participants are randomly assigned to read a story in which the woman has a few drinks of an alcoholic beverage and half are randomly assigned to read a story about a woman who has a few drinks of a nonalcoholic beverage. When the woman drinks alcohol, she is consistently rated by male and female college students as behaving more sexually and being more interested in having sex that evening with her male companion (Abbey & Harnish, 1995; George, Cue, Lopez, Crowe, & Norris, 1995). These studies document how even modest alcohol consumption influences perceptions of a woman's sexual availability, thereby encouraging potential perpetrators to seek out intoxicated women and to presume that they will have sex with them.

Survey Research

This section summarizes findings from survey research that examines alcohol's role in sexual assault. One domain of inquiry focuses on differences between perpetrators who commit sexual assault when intoxicated as compared to those who commit it when

sober. A second domain of inquiry focuses on differences between the characteristics of sexual assaults committed by intoxicated as compared to sober perpetrators.

Are Intoxicated Perpetrators Unique?

One question that can be asked about alcohol's role in sexual assault perpetration is if perpetrators who commit sexual assault while under the influence of alcohol are different from those who commit sexual assault when sober. Identifying different types of perpetrators is appealing to researchers and practitioners because then targeted interventions can be developed to address specific sets of motives. A study by Zawacki and colleagues (2003) addressed this question with a sample of 356 male college students who completed a survey. Based on their responses to a modified version of the Sexual Experiences Survey (Koss, Gidycz, & Wisniewski, 1987; Koss et al., 2007), participants were divided into three mutually exclusive groups: no history of sexual assault perpetration (42.4% of sample), perpetration without alcohol (26.4% of sample), and perpetration with alcohol (31.2% of sample). In 84% of the alcohol-involved assaults both the perpetrator and the victim consumed alcohol, in 12% only the perpetrator consumed alcohol, and in 4% only the victim consumed alcohol. The three groups of men were then compared on a number of common predictors of sexual assault perpetration. There were no differences between perpetrators who committed a sexual assault that involved alcohol and perpetrators who committed a sexual assault that did not involve alcohol in their levels of aggression, delinquency, hostility toward women, sexual dominance, or their attitudes about casual sex; and for all these measures, perpetrators had higher scores than nonperpetrators. The two groups of perpetrators differed only in the alcohol domain. As compared to nonperpetrators and perpetrators who committed a sexual assault without alcohol, perpetrators who committed an alcohol-involved sexual assault strongly believed that women who drank alcohol were interested in having sex, believed that alcohol increased their own sex drive, consumed more alcohol in general, and consumed more alcohol in sexual situations. Perpetrators who committed alcohol-involved assaults were also more impulsive than either of the other groups of men, a personality trait which has been linked

to alcohol consumption in past research (see earlier section).

The Zawacki et al. (2003) study's findings are described in detail because there are surprisingly few studies that have examined the characteristics of perpetrators who commit alcohol-involved sexual assaults (see also Lisak & Miller, 2002). However, there are two important aspects of this study that limit its ability to directly answer the question that begins this section: are intoxicated perpetrators unique? The first limitation is that the authors combined sexual assaults in which either the perpetrator or the victim consumed alcohol because they almost always drank together. Thus in 4% of the alcohol-involved assaults, the perpetrator was not drinking. Also, quantity of alcohol consumed was not taken into account. As discussed in other sections of this review, the quantity of alcohol consumed is strongly related to the intensity of its effects. With these limitations in mind, this study's findings suggest that men who commit sexual assault when drinking alcohol are similar to men who commit sexual assault when sober in most aspects of their personality and attitudes. They do not differ from other perpetrators in their basic aggressiveness and hostility toward women; however, their beliefs about alcohol and frequent alcohol consumption appear to influence the circumstances in which they are most likely to commit sexual assault.

Are the Situations in which Intoxicated Sexual Assaults Occur Unique?

Several studies have compared characteristics of sexual assaults that involve alcohol consumption to those that do not. Although the findings from these studies are not completely consistent, there are some common themes. As compared to sexual assaults in which the perpetrator was sober, sexual assaults in which the perpetrator was drinking alcohol are more likely to occur with a victim that he reports not knowing well (Abbey, Clinton-Sherrod, McAuslan, Zawacki, & Buck, 2003; Ullman, Karabatsos, & Koss, 1999a). Relatedly, sexual assaults in which the perpetrator was drinking are more likely to occur in unplanned, spontaneous social interactions and to include time spent at a party or bar as compared to sexual assaults in which the perpetrator was sober (Abbey, Clinton-Sherrod, et al., 2003; Ullman et al.,

1999a). In these studies, perpetrators' and victims' alcohol consumption are highly correlated, so it is impossible to disentangle any potential differences in the effects of perpetrators' and victims' alcohol consumption. These studies were conducted with college students so it is important to replicate them with general population samples.

Are Intoxicated Perpetrators More Violent?

Many researchers have hypothesized that intoxicated perpetrators are more aggressive than sober perpetrators and commit more severe assaults. Some of these studies have used perpetrators' reports and others have used victims' reports. The results across studies are inconsistent, and studies that rely on victims' reports are no more consistent than those that rely on perpetrators' reports (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002; Abbey, Clinton-Sherrod, et al., 2003; Brecklin & Ullman, 2001; 2002; Martin & Bachman, 1998; Ullman et al., 1999a; 1999b).

Many of these studies simply assessed whether or not alcohol was consumed, not the quantity of alcohol consumed, thereby limiting the precision with which hypotheses about intoxication can be evaluated. In one survey, male college students who acknowledged committing a sexually violent act were asked how many drinks they consumed during the incident (Abbey, Clinton-Sherrod, et al., 2003). The more alcohol these perpetrators consumed, the more aggressively they behaved during the assault. This finding is similar to that found in the general aggression literature described above. There was a more complex relationship between alcohol consumption and outcome severity, which was operationalized using the categories in the Sexual Experiences Survey (Koss et al., 1987; Koss et al., 2007): forced sexual contact, verbally coerced penetrative sex, attempted rape, and completed rape. Severity increased gradually for perpetrators who consumed zero to four drinks. It then plateaued and remained constant until consumption reached nine or more drinks. At that level it began to decline. Thus, completed rapes were less likely when perpetrators consumed large quantities of alcohol, presumably due to severe motor impairment.

Testa and colleagues (2004) analyzed a community sample of sexual assault victims' reports of perpetrators' and their own level of intoxication during the sexual assault. Similar to the study described in the previous paragraph, they found that the likelihood of rape completion increased at low levels of intoxication, but then began to decline with high intoxication levels. Testa and colleagues (2004) also compared the outcomes of sexual assaults in which both the victim and perpetrator were intoxicated to those in which only the perpetrator was intoxicated (there were too few incidents in which only the victim was intoxicated to include in the analyses). When the victim was sober, the greater the perpetrator's intoxication, the more likely she was to be physically injured during the assault. However, when they both consumed alcohol, intoxication (victim's or perpetrator's) was unrelated to victim's injuries. These findings suggest that when the victim is sober and the perpetrator is intoxicated, her resistance strategies may anger him and lead him to use more force, thereby producing more injuries. Testa and colleagues (2004) provide a thoughtful explanation of how alcohol's role might differ in sexual assaults that occur among romantic partners or dates as compared to acquaintances or strangers. When the perpetrator is in an established or potential sexual relationship with the victim, it is natural for them to spend time together alone, whether sober or intoxicated. With less well known and trusted perpetrators, alcohol consumption, especially by the victim, may facilitate perpetrators' attempts to isolate them.

Critical Analysis

The existing literature addresses many important questions about alcohol's role in sexual assault. Although some limitations of these studies have already been described, this section highlights major gaps in current knowledge.

Alcohol administration studies are important because they allow causal conclusions to be made. Most researchers attempt to develop materials based on common characteristics of acquaintance rape; however, more effort could be made to enhance the realism of these studies. Researchers also need to critically consider

why findings are not more consistent regarding placebo effects. It is also important for researchers to include measures of other risk factors (e.g., hostile beliefs about women, low empathy, past history of delinquency) in order to determine how alcohol consumption interacts with personality, beliefs, cultural norms, and past experiences.

As mentioned above, many studies only assess whether or not alcohol was consumed, not the perpetrator's level of intoxication. The pharmacological effects of one, three, or twelve drinks are likely to be very different. Furthermore, in order to estimate someone's likely level of intoxication, information is also needed regarding the time frame in which the drinks were consumed (e.g., were four drinks consumed in one hour or six hours?), the individual's usual alcohol consumption (e.g., was this more or less than the individual was accustomed to drinking?), the individual's body type, and whether food was also consumed (alcohol absorption is slowed on a full stomach). At extremely high levels of alcohol consumption, memory loss is common. Thus, an extremely intoxicated perpetrator or victim may have a difficult time accurately describing the incident. As is true for many other aspects of sexual assault etiology, most of what we know about alcohol's role in sexual assault perpetration comes from studies of incarcerated offenders and college students. Rates of sexual assault and heavy drinking are high among college students, thus research with this population is valuable. Nonetheless, more research is needed with other populations to insure that these findings are relevant to adolescents, older adults, individuals not in college, and to ethnically and socio-economically diverse populations. Only a handful of sexual assault perpetration researchers have considered ethnicity and other cultural factors (Abbey et al., 2006; Hall, Teten, DeGarmo, Sue, & Stephens, 2005). Rates of alcohol consumption and beliefs about alcohol's effects vary considerably across ethnic groups; thus its role in sexual assault perpetration is also likely to vary. Although not unique to studies that examine alcohol's effects, this literature is also limited by its focus on single adults, rather than individuals in long-term relationships and on sexual assault in isolation, rather than also considering physical and emotional abuse. Studies that take a life

course approach are needed that follow a large group of men from early childhood into adulthood to examine the interaction of alcohol with other risk factors over time. Studies that examine characteristics of sexual assaults that involve alcohol have found intriguing results but have focused on a fairly limited set of characteristics, primarily the relationship between perpetrator and victim and locations at which they spent time. Detailed descriptions of similarities and differences between sexual assaults that occur when the perpetrator is intoxicated as compared to those that occur when the perpetrator is sober would foster the development of prevention materials that target the situations in which alcohol is most likely to contribute to sexual assault. Studies with large samples are needed to disentangle the effects of perpetrators' and victims' alcohol consumption. In depth interviews with perpetrators and survivors from different ethnic and cultural subgroups would allow researchers to determine what issues regarding sexual violence and alcohol are most important to consider when working with different populations.

Although the vast majority of sexual assaults are not reported, surprisingly few studies have systematically evaluated the effects of alcohol on the criminal justice system's response. There is a great deal of anecdotal evidence regarding the double standard by which victims are more likely to be held responsible if they had been drinking alcohol, whereas perpetrators are less likely to be held responsible when drinking. Studies with college students typically support this conclusion, although some studies have found complicated patterns of results based on how intoxicated the perpetrator was relative to the victim's level of intoxication during the assault (Klippenstine, Schuller, & Wall, 2007; Sims, Noel, & Maisto, 2007; Stormo, Lang & Stritzke, 1997). These studies, however, do not realistically simulate jury selection or decision-making. Research is needed with police officers, prosecutors, judges, and jury pools to better understand how alcohol influences decision-making at each stage of the criminal justice system.

Summary of Research Findings

- Perpetrators of sexual assault are under the influence of alcohol in approximately half of all violent crimes, including sexual assault.

- Although alcohol appears to increase the likelihood of sexual assault occurring in some circumstances, that does not reduce the perpetrator's responsibility.
- Alcohol contributes to sexual assault perpetration in multiple, complex ways.
- Beliefs about alcohol have strong effects. Some perpetrators have beliefs about alcohol's effects on their sexuality and aggression that make them more comfortable engaging in sexual aggression. Some perpetrators have beliefs about intoxicated women that make them more comfortable making those women targets for sexual aggression.
- Alcohol's pharmacological effects are also strong. Research demonstrates that intoxicated individuals don't make good decisions. They tend to focus on short-term positive rewards and ignore long-term negative consequences. Once they start a line of action they have a difficult time stopping. They also tend to respond more aggressively.
- Men who commit alcohol-involved sexual assaults have been compared to men who commit sexual assaults that do not involve alcohol. Overall, these two groups of perpetrators appear to have similar personality traits, attitudes, and experiences. However, the alcohol-involved perpetrators were heavier drinkers and had stronger beliefs about alcohol's effects on their behavior and on women's behavior.
- Although the findings are not completely consistent, intoxicated perpetrators tend to be more aggressive during the assault. Both cognitive and motor impairments increase as blood alcohol levels increase, thus at high doses perpetrators have a reduced ability to complete an assault.
- Information about how alcohol affects perpetrators can be used to develop targeted prevention and intervention strategies. However, there are limitations in the existing scientific literature, including how alcohol consumption is measured, the range of

populations studied, the age groups studied, and the scope of other risk factors included. Sustained collaborations between practitioners and researchers would improve the relevance of research.

How Can Findings from Existing Research Be Useful to Practitioners?

Surprisingly few rigorously evaluated sexual violence perpetration prevention programs exist, with or without an emphasis on alcohol. Furthermore, many of these programs have only been implemented with college students and the vast majority only measure short-term knowledge and attitude change (see Anderson & Whiston, 2005; Schewe, 2007; Townsend & Campbell, 2006 for reviews). One important exception is the “Safe Dates” curriculum designed to reduce adolescent dating violence (Foshee et al., 2004). This program addresses sexual violence that occurs within adolescent dating relationships and has produced significant reductions in sexual violence perpetration among program participants as compared to control group participants at a four year follow-up. A limitation of this program is that by focusing on sexual violence that occurs within dating relationships, it excludes a large proportion of sexual assaults. This intervention provides an excellent model for practitioners who want to develop programs that address other types of sexual violence and for practitioners that want to develop programs that focus on alcohol’s role in sexual violence.

The Centers for Disease Control and Prevention (CDC) has taken the lead in developing initiatives focused on the primary prevention of sexual violence perpetration which are designed to stop potential perpetrators from ever committing an assault. The CDC uses a social ecological model that emphasizes the importance of multi-pronged interventions simultaneously directed at multiple levels of change, rather than simply focusing on the individual. Within this framework, individual-level interventions could be developed to reduce men’s risk of committing sexual assault by challenging rape myths, providing empathy training, and teaching men about the effects alcohol has on their decision-making in potential sexual situations. Relationship-level interventions could be developed to work with the families of boys at high

risk of sexual aggression. They could also include bystander interventions that teach college students how to intervene when they see a friend start to take an intoxicated woman to his room. Community-level interventions could challenge social norms and establish a zero tolerance policy for sexual violence and alcohol misuse for a high school sports team, a college fraternity, or a community civic organization. Societal-level interventions could include media campaigns that target the portrayal of alcohol as a sexual aphrodisiac, enforcement of existing sexual assault laws, and holding the criminal justice system responsible for pursuing cases with intoxicated perpetrators and victims. The CDC has begun a social marketing campaign to address social norms regarding sexual violence (see the CDC 2004 document *Sexual Violence Prevention: Beginning the Dialogue* for more information about this multi-level approach to prevention, as well as the 2008 *Preventing Violence Against Women: Program Activities Guide* for information about CDC initiatives).

Sustained collaborations are needed between researchers and service providers to develop, implement, and evaluate prevention programs based on the best etiological research and service providers’ knowledge and experience. Interventions need to be based on input from a variety of stakeholders, including survivors, and rigorously evaluated to determine their effectiveness. Given the early age at which most perpetrators commit their first sexual assault and begin drinking alcohol, these programs need to begin in elementary school and continue throughout adolescence. Given the high rates of sexual assault in college populations and the general community, programs are also needed that target young adult men, either as primary prevention to stop them from committing a first sexual assault or as tertiary prevention to stop them from re-perpetration.

Some research provides ideas about how to integrate what has been learned about alcohol’s effects on cognitive processing into prevention programs. As described above, alcohol impairs cognitive processing, leading people to focus on the most salient cues in a situation and once focused on those cues, makes it hard to resist acting on them. Typically, the most salient cues

are short term and based on what would make one feel good now. Thus, intoxication usually encourages disinhibited, “live for the moment” behavior rather than cautious behavior that takes into account potential long-term negative consequences for oneself and others. Some researchers who have studied alcohol’s role in HIV/ AIDS sexual risk behavior have argued that it should be possible to make safety cues the most salient cues in a given situation, thereby eliminating alcohol’s usual disinhibitory effects. In one innovative field study, the hand stamp given to patrons as they entered a bar was systematically varied (MacDonald, Fong, Zanna, & Martineau, 2000). Later that evening, these patrons were asked to complete a brief survey and to have their BAC level tested. Intoxicated patrons whose hands were stamped with a smiley face or the message “SAFE SEX” reported greater willingness to engage in sex without a condom than sober participants with those hand stamps. However, intoxicated patrons whose hands were stamped with “AIDS KILLS” were actually somewhat less willing to engage in sex without a condom than sober patrons with that hand stamp. Thus, a strong cautionary message led intoxicated participants to focus on safety, not sexual release. Although this idea would need a great deal of development before it could be implemented, this pilot study suggests that it might be possible to highlight cues that discourage intoxicated sexual assault perpetration. Making the negative consequences of forced sex very salient at the time it might be attempted could discourage intoxicated men from using sexual violence. MacDonald and colleagues (2000) suggest that hand stamps and key chains might be better than posters for delivering cautionary messages because they leave the bar or party with individuals, thereby remaining salient. Messages such as “No means no” or “Sex with someone too intoxicated to consent is rape” could be pilot tested with members of the target audience and then used as part of a social marketing campaign integrated into a multi-level intervention as outlined above.

Beliefs about alcohol are learned and therefore can be modified. Some college-based prevention programs challenge students’ expectancies about the need to drink to have a good time and encourage a more balanced view of alcohol’s effects on behavior (Lau-Barraco &

Dunn, 2008). The goal of these programs is to motivate heavy drinkers to moderate their drinking by training them to think more about negative consequences such as getting sick, performing poorly the next day, being embarrassed, and getting into trouble with authorities. These programs do not focus on sexual assault prevention, but could be adapted for this purpose to emphasize the negative consequences associated with coercing someone into unwanted sex and having sex with someone unable to consent.

In contrast to the limited number of rigorously evaluated sexual violence prevention programs, there are several substance abuse prevention programs for adolescents that have produced long-term reductions in substance use among program as compared to control participants (see the description of Model Programs on the Substance Abuse and Mental Health Services website at <http://www.modelprograms.samhsa.gov/model.htm>). Thus, another potentially promising approach for developing interventions that address alcohol’s role in sexual violence is to add a sexual violence component to effective substance abuse prevention programs. For example, Botvin’s Life Skills program has consistently produced significant reductions in substance use among urban, suburban, and rural youth from a variety of different ethnic backgrounds. This program is designed for sixth graders and includes approximately 15 one hour sessions that teach youth a variety of personal and social competence skills including decision-making, resisting media influences, assertiveness, stress management, and communication, in addition to substance use information. One study added a delinquency component to the standard program and found reductions at follow-up in delinquent behaviors for program as compared to control participants (Botvin, Griffin, & Nichols, 2006). The fact that this program could be modified to successfully address one form of violence suggests that it might also be feasible to add effective sexual violence units. Adaptations would need to be evaluated, but if successful, this would simplify program development and highlight the connections between these two social problems.

Summary of Programmatic Suggestions

- We need more rigorously evaluated sexual violence prevention programs. It is important that practitioners collaborate with researchers to insure that the field is implementing programs that are effective, comprehensive, relevant, and responsive.
- Alcohol's role should be given a more prominent role in sexual violence prevention programs.
- Multi-level programs are needed that simultaneously address individual, relationship, community, and societal level causes of sexual assault.
- In contrast to the sexual violence domain, there are a number of empirically-validated substance abuse prevention programs. Integration of sexual violence prevention units into existing substance abuse prevention programs may provide a cost-effective method of addressing both problems.

Authors of this document:

Antonia Abbey, Ph.D.
Psychology Department
Wayne State University
5057 Woodward Detroit, MI 48202
aabbey@wayne.edu

Lydia Guy Ortiz
Consultant
Lydiaguy1@msn.com

References

- *Abbey, A. (2002). Alcohol-related sexual assault: A common problem among college students. *Journal of Studies on Alcohol, Supplement No. 14*, 118-128.
- Abbey, A., Buck, P.O., Zawacki, T., & Saenz, C. (2003). Alcohol's effects on perceptions of a potential date rape. *Journal of Studies on Alcohol, 64*, 669-677.
- Abbey, A., Clinton, A.M., McAuslan, P., Zawacki, T., & Buck, P.O. (2002). Alcohol-involved rapes: Are they more violent? *Psychology of Women Quarterly, 26*, 99-109.
- Abbey, A., Clinton-Sherrod, A.M., McAuslan, P., Zawacki, T., & Buck, P.O. (2003). The relationship between the quantity of alcohol consumed and the severity of sexual assaults committed by college men. *Journal of Interpersonal Violence, 18*, 813-833.
- Abbey, A., & Harnish, R.J. (1995). Perception of sexual intent: The role of gender, alcohol consumption, and rape supportive attitudes. *Sex Roles, 32*, 297-313.
- Abbey, A., Parkhill, M.R., BeShears, R., Clinton-Sherrod, A.M., & Zawacki, T. (2006). Cross-sectional predictors of sexual assault perpetration in a community sample of single African American and Caucasian men. *Aggressive Behavior, 32*, 54-67.
- Abbey, A., Zawacki, T., Buck, P.O., Clinton, A.M., & McAuslan, P. (2004). Sexual assault and alcohol consumption: What do we know about their relationship and what types of research are still needed? *Aggression and Violent Behavior, 9*, 271-303.
- Ageton, S.S. (1983). *Sexual assault among adolescents*. Lexington MA: Lexington Books.
- *Anderson, L.A., & Whiston, S.C. (2005). Sexual assault education programs: A meta-analytic examination of their effectiveness. *Psychology of Women Quarterly, 29*, 374-388.
- Borowsky, I.W., Hogan, M., & Ireland, M. (1997). Adolescent sexual aggression: Risk and protective factors. *Pediatrics, 100*, 1-8.
- Botvin, G.J., Griffin, K.W., & Nichols, T.D. (2006). Preventing youth violence and delinquency through a universal school-based prevention approach. *Prevention Science, 7*, 403-408.

Brecklin, L.R., & Ullman, S.E. (2001). The role of offender alcohol use in rape attacks: An analysis of national crime victimization survey data. *Journal of Interpersonal Violence, 16*, 3-21.

Brecklin, L.R., & Ullman, S.E. (2002). The role of victim and offender alcohol use in sexual assaults: Results from the National Violence Against Women Survey. *Journal of Studies on Alcohol, 63*, 57-63.

Carey, K.B., & Hustad, J.T.P. (2005). Methods for determining blood alcohol concentration: Current and retrospective. In V. Preedy & R. Watson, (Eds.), *Comprehensive handbook of alcohol related pathology*, (Vol. 3, pp. 1429-1444). New York: Elsevier.

*Centers for Disease Control and Prevention (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Centers for Disease Control and Prevention. Available at <http://www.cdc.gov/NCIPC/dvp/SVPrevention.pdf>

*Centers for Disease Control and Prevention (2008). *Preventing violence against women: Program Activities guide*. Available at <http://www.cdc.gov/ncipc/dvp/vaw.pdf>

Chermack, S.T., & Giancola, P. (1997). The relationship between alcohol and aggression: An integrative research review. *Clinical Psychology Review, 6*, 621-629.

Collins, J.J., & Messerschmidt, P.M. (1993). Epidemiology of alcohol-related violence. *Alcohol Health and Research World, 17*, 93-100.

Curtin, J.J., & Fairchild, B.A. (2003). Alcohol and cognitive control: Implications for regulation of behavior during response conflict. *Journal of Abnormal Psychology, 112*, 424-436.

*Fals-Stewart, W., Leonard, K.E., & Birchler, G.R. (2005). The occurrence of male-to-female intimate partner violence on days of men's drinking: The moderating effects of antisocial personality disorder. *Journal of Consulting and Clinical Psychology, 73*, 239-248.

Fisher, H.R., Simpson, R.I., & Kapur, B.M. (1987). Calculation of blood alcohol concentration (BAC) by sex, weight, number of drinks and time. *Canadian Journal of Public Health, 78*, 300-304.

Foshee, V.A., Bauman, K.E., Ennett, S.T., Linder, G.F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in preventing and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health, 94*, 619-624.

George, W.H., Cue, K.L., Lopez, P.A., Crowe, L.C., & Norris, J. (1995). Self-reported alcohol expectancies and postdrinking sexual inferences about women. *Journal of Applied Social Psychology, 25*, 164-186.

*George, W.H., Stoner, S.A., Norris, J., Lopez, P.A., & Lehman, G.L. (2000). Alcohol expectancies and sexuality: A self-fulfilling prophecy analysis of dyadic perceptions and behavior. *Journal of Studies on Alcohol, 61*, 168-176.

Giancola, P. (2000). Executive functioning: A conceptual framework for alcohol-related aggression. *Experimental and Clinical Psychopharmacology, 8*, 576-597.

Gidycz, C.A., Warkentin, J.B., Orchowski, L.M. (2007). Predictors of perpetration of verbal, physical, and sexual violence: A prospective analysis of college men. *Psychology of Men and Masculinity, 8*, 79-94.

Gross, A.M., Bennett, T., Sloan, L., Marx, B.P., & Juergens, J. (2001). The impact of alcohol and alcohol expectancies on male perception of female sexual arousal in a date rape analog. *Experimental and Clinical Psychopharmacology, 9*, 380-388.

Hall, G. C. N., Teten, A. L., DeGarmo, D. S., Sue, S., & Stephens, K. A. (2005). Ethnicity, culture, and sexual aggression: Risk and protective factors. *Journal of Consulting and Clinical Psychology, 73*, 830-840.

Johnson, J.D., Noel, N.E., & Sutter-Hernandez, J. (2000). Alcohol and male acceptance of sexual aggression: The role of perceptual ambiguity. *Journal of Applied Social Psychology*, 30, 1186-1200.

Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, L.M., & McCauley, J. (2007). Drug-facilitated, incapacitated, and forcible rape: A national study (NIJ 219181). Washington DC: U.S. Department of Justice.

Klippenstine, M.A., Schuller, R.A., Wall, A. (2007). Perceptions of sexual assault: The expression of gender differences and the impact of target alcohol consumption. *Journal of Applied Social Psychology*, 37, 2620-2641.

Koss, M.P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31, 357-370.

Koss, M.P., Gidycz, C.A., & Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55, 162-170.

Lansford, J.E., Rabiner, D.L., Miller-Johnson, S., Golonka, M.M., & Hendren, J. (2003). Developmental model of aggression. In E.F. Cocaro (Ed.). *Aggression: Psychiatric assessment and treatment* (pp. 41-59). New York: Marcel Dekker.

Lau-Barraco, C., & Dunn, M.E. (2008). Evaluation of a single-session expectancy challenge intervention to reduce alcohol use among college students. *Psychology of Addictive Behaviors*, 22, 168-175.

Lisak, D., Miller, P.M. (2002). Repeat rape and multiple offending among undetected rapists. *Violence and Victims*, 17, 73-84.

MacDonald, T.K., Fong, G.T., Zanna, M.P., & Mar-

tineau, A.M. (2000). Alcohol myopia and condom use: Can alcohol intoxication be associated with more prudent behavior? *Journal of Personality and Social Psychology*, 78, 605-619.

Malamuth, N.M., Linz, D., Heavey, C.L., Barnes, G., & Acker, M. (1995). Using the confluence model of sexual aggression to predict men's conflict with women: A 10-year follow-up study. *Journal of Personality and Social Psychology*, 59, 670-681.

Martin, S.E., & Bachman, R. (1998). The contribution of alcohol to the likelihood of completion and severity of injury in rape incidents. *Violence Against Women*, 4, 694-712.

Marx, B.P., Gross, A.M., & Adams, H.E. (1999). The effect of alcohol on the responses of sexually coercive and noncoercive men to an experimental rape analogue. *Sexual Abuse: Journal of Research and Treatment*, 11, 131-145.

Moffitt, T.E., Caspi, A., Harrington, H., & Milne, B.J. (2002). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review*, 100, 674-701.

Nash, O. (2007). Reflections on ice-breaking. In L. N. Smith (Ed.). *The best of Ogden Nash* (p. 282). Chicago: Ivan R. Dee Publisher.

Neal, D.J., & Fromme, K. (2007). Event-level covariation of alcohol intoxication and behavioral risks during the first year of college. *Journal of Consulting and Clinical Psychology*, 75, 294-306.

Norris, J. (forthcoming). The relationship between alcohol consumption and sexual victimization. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence.

Norris, J., Davis, K.C., George, W.H., Martell, J., & Heiman, J.R. (2002). Alcohol's direct and indirect effects on men's self-reported sexual aggression likelihood. *Journal of Studies on Alcohol*, 63, 688-695.

Norris, J., George, W.H., Davis, K.C., Martell, J., & Leonesio, R.J. (1999). Alcohol and hypermasculinity as determinants of men's empathic responses to violent pornography. *Journal of Interpersonal Violence*, 14, 683-700.

Ouimette, P.C. (1997). Psychopathology and sexual aggression in nonincarcerated men. *Violence and Victims*, 12, 389-395.

Peterson, J.B., Rothfleisch, J., Zelazo, P.D., & Pihl, P.O. (1990). Acute alcohol intoxication and cognitive functioning. *Journal of Studies on Alcohol*, 51, 114-122.

*Schewe, P.A. (2007). Interventions to prevent sexual violence. In L.S. Doll, S.E. Bonzo, J.A. Mercy, & D.A. Sleet (Eds.). *Handbook of injury and violence prevention* (pp. 223-240). NY: Springer.

Seto, M.C., & Barbaree, H.E. (1995). The role of alcohol in sexual aggression. *Clinical Psychology Review*, 15, 545-566.

Sims, C.M., Noel, N., & Maisto, S.A. (2007). Rape blame as a function of alcohol presence and resistance type. *Addictive Behaviors*, 32, 2766-2775.

Stormo, K.J., Lang, A.R., & Stritzke, W.G.K. (1997). Attributions about acquaintance rape: The role of alcohol and individual differences. *Journal of Applied Social Psychology*, 27, 279-305.

*Substance Abuse and Mental Health Services. (2008). Model programs. Information available at: Testa, M. (2002). The impact of men's alcohol consumption on perpetration of sexual aggression. *Clinical Psychology Review*, 22, 1239-1263.

Testa, M., Fillmore, M.T., Norris, J., Abbey, A., Curtin, J.J., Leonard, K.E., Mariano, K.A., Thomas, M.C., Nomensen, K.J., George, W.H., VanZile-Tamsen, C., Livingston, J.A., Saenz, C., Buck, P.O., Zawacki, T., Parkhill, M.R., Jacques, A.J., & Hayman, L.W. Jr. (2006). Understanding alcohol expectancy effects: Revisiting the placebo condition. *Alcohol-*

ism: Clinical and Experimental Research, 30, 339-348.

Testa, M., Vanzile-Tamsen, C., & Livingston, J.A. (2004). The role of victim and perpetrator intoxication on sexual assault outcomes. *Journal of Studies on Alcohol*, 65, 320-329.

Tjaden, P., & Thoennes, N. (2006). Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women survey. National Institute of Justice Report (NCJ 210346). Washington DC: Department of Justice

Townsend, S.M., & Campbell, R. (2006). School-based sexual violence prevention programs: Current evaluation findings and policy implications. In K. Freeark & W.S. Davidson (Eds.). *The crisis in youth mental health: Critical issues and effective programs*, Vol. 3 (pp. 177-196). Westport CT: Praeger Publishers.

Ullman, S.E., Karabatsos, G., & Koss, M.P. (1999a). Alcohol and sexual aggression in a national sample of college men. *Psychology of Women Quarterly*, 23, 673-689.

Ullman, S.E., Karabatsos, G., & Koss, M.P. (1999b). Alcohol and sexual assault in a national sample of college women. *Journal of Interpersonal Violence*, 14, 603-625.

Zawacki, T., Abbey, A., Buck, P.O., McAuslan, P., Clinton-Sherrod, A.M. (2003). Perpetrators of alcohol-involved sexual assaults: How do they differ from other sexual assault perpetrators and nonperpetrators? *Aggressive Behavior*, 29, 366-380.

* Recommended by author for additional reading: <http://www.modelprograms.samhsa.gov/model.htm>

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National Resource Center
on Domestic Violence

3605 Vartan Way • Harrisburg, PA 17110 • 800.537.2238 • TTY: 800.553.2508 • Fax 717.545.9456

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In Brief: Alcohol and Sexual Violence Perpetration

Antonia Abbey with Contributions from Lydia Guy Ortiz

Half of all sexual assault perpetrators are under the influence of alcohol at the time of the assault, with estimates ranging from 30% to 75%. There are three explanations for the frequent co-occurrence of alcohol and sexual violence perpetration and each is relevant for some perpetrators. The first explanation is that alcohol plays a causal role in some sexual assaults. Alcohol is one of many risk factors that increase the likelihood that a man will feel comfortable forcing sex on an unwilling woman. The second explanation is that the desire to commit sexual assault plays a causal role in the decision to consume alcohol. Some perpetrators may drink alcohol because it makes it easier to engage in disinhibited and aggressive acts. Finally, for some perpetrators there is another underlying factor that is the cause of both the sexual violence and the alcohol consumption. For example, men with antisocial personality traits are more likely than other men to drink heavily and to commit a variety of aggressive acts including sexual violence. None of these explanations reduce perpetrators' responsibility for their actions. However, identifying the different ways alcohol relates to perpetration aids in the development of effective sexual violence prevention strategies.

Alcohol increases the likelihood of sexual assault perpetration through pharmacological and psychological mechanisms. Alcohol is absorbed by the brain and reduces the ability to make complex decisions. Often this produces a focus on short-term positive rewards and a failure to consider the long-term negative consequences of behavior. Impulse control is also reduced by alcohol, making it harder for people to stop themselves once they have decided to engage in a behavior. Just a few drinks consumed in a short time period are usually enough to produce significant reductions in cognitive capacity. Studies which have compared intoxicated and sober men's behavior have demonstrated the link between intoxication and increased aggression.

People also have strong beliefs about how alcohol affects behavior. American culture glamorizes alcohol consumption and links it to sexual desire, sexual performance, aggression, and other types of disinhibited behavior. These beliefs about alcohol can provide the "liquid courage" required to commit sexual violence.

Survey researchers have addressed questions about the uniqueness of intoxicated perpetrators and situations. Intoxicated perpetrators do not appear to fundamentally differ from other perpetrators, except they consume more alcohol and have stronger beliefs about alcohol's effects on themselves and women. Perpetrators' use of aggressive strategies tend to increase with intoxication; however, at extremely high levels of intoxication they frequently lack the capacity to complete the rape. When alcohol is involved, perpetrators are less likely to know the victim well and are more likely to spontaneously spend time with the victim at a party or bar.

Although there are some promising practices, there are few rigorously evaluated sexual violence prevention programs and these do not focus on alcohol. Furthermore, many of these programs have been implemented with college students and only assess short-term knowledge and attitude change. Within the sexual violence prevention field, there is an awareness of the need to develop more multi-faceted, multi-level programs and to shift the focus from individuals to changing social norms. Sustained collaborations are needed between service providers, survivors, communities, and researchers to develop, implement and evaluate sexual violence prevention programs which are effective, relevant, and responsive.

See the full Applied research paper: Abbey, A. (2008, December). *Alcohol and Sexual Violence Perpetration*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Available at: <http://www.vawnet.org>

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