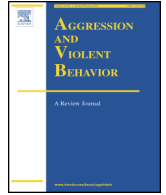




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# Aggression and Violent Behavior



## Alcohol and sexual assault victimization: Research findings and future directions

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### ABSTRACT

Alcohol use by victims and/or offenders is associated with at least half of all sexual assaults (Abbey, 2002). However, the bidirectional relationship between alcohol and sexual assault is convoluted. While there is a significant body of literature dedicated to examining this association, the relationship remains unclear, and comprehensive recent literature reviews are lacking. This review focuses on the relationship between alcohol consumption and adult sexual assault among individuals in the general and college student populations. Studies from 2000 to the present are included and focused on: (a) the prevalence of alcohol-related sexual assault, (b) the link (and directionality) between alcohol and sexual assault, (c) the role of situational and behavioral risk factors for alcohol-related sexual assault; (d) disclosure, social reactions, and recovery outcomes, specific to alcohol-involved assaults; (e) mediators and moderators of the link between alcohol and sexual assault; and (f) directions for future research.

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## 1. Introduction

About half of sexual assaults involve victims consuming alcohol before the assault (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Littleton & Breitkopf, 2006; Orchowski & Gidycz, 2012; Orchowski, Untied, & Gidycz, 2013). While the prevalence of alcohol-involved assaults varies by population subgroup, they tend to be most common among college-aged, White women (Gross, Winslett, Roberts, & Gohm, 2006; Jordan, Combs, & Smith, 2014; Krebs, Lindquist, Warner, Fisher, & Martin, 2007; Lawyer, Resnick, Bakanic, Burkett, & Kilpatrick, 2010). Although alcohol and other illicit substances can be administered without consent, the majority of pre-assault alcohol use is voluntary (Lawyer et al., 2010). However, alcohol is not necessarily a causal factor in sexual assaults and there are a number of other factors that play into the risk for and recovery from alcohol-involved assaults (Ullman, 2003). Though it must be stated up front that sexual violence is never the victim's fault, and therefore the responsibility for assault always lies with the perpetrator, under any circumstances. Extant research has consistently established a link between alcohol and sexual assault, though alcohol's exact role in assault remains unclear. Recent reviews have focused on alcohol's role in perpetration (see Abbey 2002; Abbey et al., 2004; Abbey, 2011), risk perception (see Gidycz, McNamara, & Edwards, 2006), intimate partner violence (see Devries et al., 2014), and alcohol use in general (see Han & Hope, 2002).

Ullman (2003) and Testa and Livingston (2009) reviewed the literature on women's risk of alcohol-involved sexual assault. Specifically, Testa and Livingston (2009) examined macro-level studies of alcohol and sexual assault and concluded that reducing heavy drinking may reduce sexual assault. We expand on that review by examining the link between sexual assault, drinking, and post assault outcomes at the micro-assault level. While Testa and Livingston's (2009) review aims to inform prevention programming, we review extant literature to identify new findings and identify gaps where future research is needed. We cover many studies published since these two reviews, and differentiate student and nonstudent populations.

## 2. Current review

This review focuses on recent field studies since 2000 of college and non-college samples to further our understanding of adult women's risk for and effects of alcohol-involved sexual assault. Peer-reviewed, non-experimental research studies between 2000 and the present pertaining to adult women's drinking and adult sexual assault were eligible for inclusion in this literature review. Criminological, psychology, sociological, medical/health and gender studies related data bases were used (i.e. Ebscohost, Proquest, Pubmed, Psycinfo, Medline) and searches contained key words "alcohol", "rape", "women", "sexual assault". Obtaining articles to be included in this review included a rigorous search for any studies that meet inclusion criteria, primarily studies with a focus on adult alcohol-involved sexual assault. We also looked at reference sections in identified articles for further relevant studies and the reference section from another more recent literature review in this topic area (e.g., Testa & Livingston, 2009). Additionally, we reviewed tables of contents of journals related to: gender and psychology, alcohol, violence, and criminology/criminal justice. We tried to focus on studies since 2000 not covered by earlier literature reviews on alcohol and sexual assault victimization (Abbey, 2002, 2011; Abbey et al., 2002; Abbey et al., 2004; Norris, 2008; Ullman, 2003) to identify what advances have occurred in the past 15 years. While not our primary focus, we allude to results of experimental studies designed to test theories of alcohol's effects relevant to the topics covered in this review. Specifically, this review (a) highlights the prevalence of alcohol-related sexual assault; (b) reviews studies on the link (and directionality) between alcohol and sexual assault; (c) examines the role of situational and behavioral risk factors; (d) reviews disclosure, social reactions, and recovery specific to alcohol-involved assaults; (e) discusses the

mediators and moderators of the link between alcohol and sexual assault; and (f) suggests directions for future research.

## 3. Prevalence of alcohol-related sexual assault

Risk factors for sexual assault differ for alcohol-involved sexual assault compared to force-only assault. Approximately half of all sexual assaults involve pre-assault alcohol use by the victim, perpetrator, or both (Abbey, 2002; Messman-Moore, Coates, Gaffey, & Johnson, 2008). Research by Kilpatrick et al. (2007) found 71% and 79% of assaults involved alcohol in the general population and college population, respectively. This suggests that the most common risk situation for adult women and college women is being taken advantage of after voluntarily becoming intoxicated (Kilpatrick et al. 2007). Among community-residing women, approximately one-third are assaulted after drinking alcohol (Ullman and Brecklin, 2000), and this proportion is higher among college women in some (Benson, Gohm, & Gross, 2007; Clum, Nishith, & Calhoun, 2002; Mohler-Kuo, Dowdall, Koss, & Wechsler, 2004) but not other studies (Buddie & Testa, 2005; Fisher, Daigle, Cullen, & Turner, 2003; Howard, Griffin, & Boekeloo, 2008; Krebs, Lindquist, Warner, Fisher, & Martin, 2007, 2009a, 2009b; Messman-Moore, Ward, & DeNardi, 2013). Victim alcohol use is associated more often with completed rape rather than attempted rape (Ullman & Brecklin, 2000), as well as subsequent alcohol use and risk for future assault. Overall, research shows a strong relationship between alcohol use and sexual assault risk in women (Abbey, 2002; Mohler-Kuo et al., 2004; Testa, VanZile-Tamsen, & Livingston, 2004).

## 4. The link between alcohol and sexual assault

Recent literature posits many ways in which alcohol and sexual assault may be related. Alcohol use may place women at increased vulnerability for assault due to the combination of physiological effects of alcohol and risky situations that involve motivated perpetrators. Additionally, sexual assault may lead to alcohol use and further elevated risk for subsequent assaults. Thus, a cyclical relationship may exist where alcohol use increases risk for assault, which then leads to drinking to cope with trauma symptoms, which then puts one at risk for subsequent assault. We propose three overarching factors to explain the link between alcohol and sexual assault: the effects of alcohol, risky situations and behaviors, and assault history.

### 4.1. The effects of alcohol

Alcohol may confer risk of assault through its physiological effects by disrupting higher-order cognitive processes. Alcohol alters perception, decreases reaction time, and impairs decision making (Monks, Tomako, Palacios, & Thompson, 2010). These physiological changes can lead to misinterpretation of cues, ineffective communication, inability to resist, and difficulty perceiving and responding to threat (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2001; Norris, 2008). Intoxicated persons have lowered ability to attend to multiple cues and instead focus on the most salient cues in a given situation, termed "alcohol myopia" (Steele and Southwick, 1985). The alcohol myopia model posits that drinking makes inhibiting cues (e.g. fear of assault) less striking, and compelling cues (e.g. interest in sexual activity or relationships) more dominant. Thus, the effects of alcohol can lead to increased: (a) likelihood of miscommunication about sexual interest; (b) aggressive behavior among drinking men; and (c) risk taking and decreased self-protection among women (Abbey, 2002). Alcohol myopia may lead an intoxicated man to interpret friendly cues from a woman as a sign of desire for sexual activity and simultaneously lead an intoxicated woman to discount fears of negative sexual consequences. Alcohol's contribution to risk for assault may also vary based on race, as African American women are generally less likely to report binge drinking prior to the assault. Thus, Asian American, White American, and Latina women are at

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