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Online alcohol interventions, sexual violence and intimate partner violence: A systematic review

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ABSTRACT

Background: Sexual and intimate partner violence (IPV) is a leading cause of disease burden, with alcohol use strongly related to these behaviors. Online interventions have been shown to be effective in reducing both alcohol use and some alcohol-related problems. These programs are widely available especially to university students, a particularly high-risk group for sexual or IPV.
Aim: We aimed to systematically review the evidence for the effectiveness of online alcohol interventions in reducing sexual violence or IPV.
Methods: We searched electronic databases (PsycInfo, Embase, Global Health, Medline, CINAHI, Pubmed, and ProQuest) and hand searched key reviews.
Results: From 569 titles, 23 were assessed in detail: five articles (four studies) fulfilled the inclusion criteria. All these studies were undertaken in the USA, with three recruiting college students (n = 17,332), and one using an emergency department (n = 262) sample of adolescents. We summarized the characteristics of the samples, the interventions and outcomes for alcohol use and sexual violence or IPV. Most interventions were unguided, with only one group receiving a guided intervention. Effect sizes, where they could be calculated, were small (Cohen's $d < 0.2$) or not significantly different to zero for alcohol, sexual violence or IPV outcomes.
Conclusions: Currently, there are insufficient data to evaluate the effectiveness of online alcohol interventions in reducing sexual or IPV. Given the prevalence of these behaviors and their association with alcohol use, this deficit requires urgent attention.
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1. Introduction

Violence against women is a global health problem and major human rights concern (World Health Organisation, 2013), with intimate partner violence (IPV)[1] and sexual violence being primary components (World Health Organisation, 2005). Definitions of IPV often include not only sexual violence, but also other physical violence and psychological abuse (Jewkes, 2002). In addition to immediate health problems and physical injuries, those who have been subjected to gender based violence are at greatly increased odds of mental health problems including depression, anxiety, post-traumatic stress disorder and substance use disorders, with impaired quality of life and increased levels of disability (Rees et al., 2011). An estimation of the global burden of disease associated with intimate partner violence is currently underway (World Health Organization, 2013), but in Victoria, Australia it was judged the single greatest cause of death, illness and disability in women aged 15–44 years (Victorian Mental Promotion Foundation, 2004). Although perpetrating IPV is common for both genders, assault resulting in injury and, in particular, serious injury is more often committed by men (Straus, 2004).

The nature of the relationship between alcohol consumption and sexual violence is complex and impacts on both perpetration and victimization (Testa and Livingston, 2009). In terms of vulnerability to victimization, heavy episodic drinking, defined as at least four drinks for women, greatly increases the likelihood of being the target of aggression (Wilsnack, 2012), but research suggests that moderate drinking does not increase the odds of experiencing aggression compared to not drinking (Parks et al., 2008). It has been noted that although alcohol use itself does not cause victimization, consumption tends to occur in public settings which leaves consumers more vulnerable to sexual violence (Testa and Livingston, 2009). Heavy episodic drinking by males (defined as at least five drinks) also increases the likelihood of perpetration (Fals-Stewart, 2003): increased levels of intoxication by either person are associated with more severe injuries to the victim (Testa et al., 2004) and with more severe violence occurring when the perpetrator is intoxicated (Testa et al., 2003).

In general, a higher level of education is a protective factor against experiencing sexual violence, although this may be confounded by other factors such as socioeconomic status (World Health Organisation, 2005). Nevertheless prevalence studies conducted in industrialized counties suggest that those undertaking tertiary education are a high-risk group. In the USA, about 5.2% of college women reported being raped in the previous year compared with less than 1% from an age-weighted, but not precisely comparable, national sample (Kilpatrick et al., 2007). Over 28% of college women report rape or sexual assault after the age of 14, with 20% of senior year women being raped or sexually assaulted during their time at college (Koss et al., 1987; Krebs et al., 2009). Similarly high levels of sexual violence are reported from the UK (National Union of Students, 2010). In many of these cases the perpetrators (National Union of Students, 2010) and the victim (Krebs et al., 2009) are under the influence of alcohol.

A 2004 systematic review of sexual assault prevention programs found that although numerous interventions had been trialed, the evidence supporting the effectiveness of programs was weak, with a range of methodological problems identified. These included, small samples, low-risk samples, short-follow-up, inconsistent/peripheral outcome measures and little evaluation of the role of gender on the success of programs (Morrison et al., 2004). Finally, most studies did not use a randomized design. Common risk reduction strategies identified by the review included examination of rape myths, rape deterrence, awareness and self-defense. In addition, elements addressing gender-roles, sexuality and sexual assault education have all yielded positive effects (Morrison et al., 2004; Vladutiu et al., 2011). However, most positive outcomes have been for measures of attitude or behavioral intentions, with few studies measuring behavioral change (Morrison et al., 2004; Vladutiu et al., 2011). For example, of 11 studies reporting on behavioral outcomes in terms of victimization, only one (9%) reported positive results with 45% reporting positive or mixed results. In contrast of 29 studies that measured knowledge or attitudes, seven (24%) reported positive outcomes and 100% positive or mixed outcomes (Morrison et al., 2004).

University/college students have been shown to drink more than their aged-matched non-student peers (Kypri et al., 2005). Online or computer delivered screening and brief intervention programs targeted at reducing problematic drinking and the associated alcohol-related problems are one means of potentially addressing these issues. These programs have been shown to be effective in general adult populations (Riper et al., 2011), in predominantly student samples (White et al., 2010) and among adolescents/young adults (Tait and Christensen, 2010). The effect size for these interventions is generally in the range $d = 0.2$–0.6 with variations attributed to different outcome measures, content, target group, intensity (dose) and venue (home/clinic) (Riper et al., 2011; White et al., 2010; Rooke et al., 2010). These interventions have been effective in improving outcomes relative to control groups for both direct measures (e.g. number of alcohol units consumed per week, blood alcohol concentration) and indirect measures (e.g. academic and social problems) of alcohol consumption (Tait and Christensen, 2010). However, this review combined data from studies that used no treatment controls and minimal treatment controls (e.g. printed leaflets): others have found a trend for larger effects from no treatment control studies than studies that employ a lower intensity intervention (Riper et al., 2014). Supported or guided interventions have been found to be more effective for mental health disorders than unguided programs, but to date, this is still open to question for substance use problems (Riper et al., 2014; Richards and Richardson, 2012).

While this literature supports the effectiveness of online or computer-based brief interventions in reducing alcohol consumption and related problems in general, evidence about the effectiveness of such interventions on violence in particular was the focus of the current systematic review. Thus, we wanted to determine the potential for online or computer-based brief interventions, either in the form of a typical alcohol focused brief intervention alone, or one that incorporates additional elements specifically relating to sexual violence, to reduce the prevalence of alcohol-related sexual violence or IPV. The primary objective of the review was therefore to identify all peer reviewed data on computer based or online interventions to reduce alcohol consumption that also reported outcomes for sexual assault or intimate partner violence. A secondary objective was to determine if any intervention had been assessed in relation to same sex perpetration or female on male IPV.

2. Method

2.1. Search strategy

The electronic databases Ovid (PsycInfo, Embase, Global Health, and Medline), CINAHI, Pubmed and ProQuest (Medicine and Health databases) were searched in August 2013 and updated in January 2015. The search strategy for sexual violence terms was developed from Morrison et al. (2004), and internet or computer related terms from Tait et al. (2013). In brief, the search strategy was (computer OR online OR CD-ROM) AND (alcohol OR alcohol intoxication OR alcohol abuse OR alcohol related problems) AND (rape OR sexual assault OR intimate partner violence OR date rape): Appendix A provides further details of the search terms. English and non-English publications were eligible for inclusion in the analysis. The search was not limited to randomized controlled trials given the potentially small number of studies on the topic.

[1] Non-standard abbreviation: IPV = intimate partner violence.

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