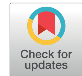
Addictive Behaviors 78 (2018) 178–186

Contents lists available at ScienceDirect

Addictive Behaviors

journal homepage: www.elsevier.com/locate/addictbeh

Understanding sexual assault risk perception in college: Associations among sexual assault history, drinking to cope, and alcohol use



Elizabeth C. Neilson[a,*], Elizabeth R. Bird[a], Isha W. Metzger[b], William H. George[a], Jeanette Norris[c], Amanda K. Gilmore[d]

[a] University of Washington, Department of Psychology, Seattle, WA 98195, United States
[b] University of Georgia, Department of Psychology, Athens, GA, 30602, United States
[c] University of Washington, Alcohol and Drug Abuse Institute, Seattle, WA, 98195, United States
[d] Medical University of South Carolina, Department of Psychiatry and Behavioral Science, National Crime Victims Research & Training Center, Charleston, SC, 29425, United States

HIGHLIGHTS

- Drinking to cope was associated with perceived sexual assault likelihood.
- Sexual assault history (SAH) was associated with perceived sexual assault risk.
- SAH was associated with intentions to leave a sexual assault scenario.
- SAH and drinking to cope are important to consider in risk perception.

ARTICLE INFO

Keywords:
Sexual assault
Risk perception
College women
Drinking to cope

ABSTRACT

Introduction: Sexual assault history and alcohol use are associated with higher likelihood of subsequent sexual assault. Alcohol use and drinking to cope are associated with re-assault, but it is unclear whether these factors are associated with malleable constructs like sexual assault risk perception. This study examined typical weekly drinking and drinking to cope motive as factors underlying the association between sexual assault history and risk perception.

Methods: Both perceived likelihood of experiencing incapacitated sexual assault and when to leaving a hypothetical sexual assault scenario were assessed as indicators of sexual assault risk perception. 660 female college students recruited from psychology courses completed questionnaires online.

Results: Results revealed that sexual assault history severity was positively associated with perceived incapacitated sexual assault likelihood and when to leave a risky scenario. Drinking to cope with anxiety was positively associated with perceived incapacitated sexual assault likelihood. Among women who reported regular drinking, typical weekly drinking was positively associated with when to leave a risky scenario, such that women who reported more weekly drinks stayed in a potentially risky scenario longer than women who reported fewer weekly drinks.

Conclusions: These findings suggest that alcohol use and drinking to cope with anxiety are associated with risk perception. Sexual assault history was associated with both perceived incapacitated sexual assault likelihood and when to leave a hypothetical scenario. Alcohol use and drinking to cope are two potential points of intervention for sexual assault risk reduction programs, but further examination is needed.

1. Introduction

Young adult women (ages 18 to 24) have the highest rate of sexual assault victimization compared to women of all other age groups (U.S. Department of Justice, 2014). Sexual assault, ranging from nonconsensual sexual touching to rape, occurs often on college campuses with 20 to 75% of women experiencing some form during college (Abbey, Parkhill, & Koss, 2005; Krebs, Lindquist, Warner, Fisher, & Martin, 2007). Most sexual assaults on campus are perpetrated by a man known to the victim (Fisher, Cullen, & Turner, 2000) and involve

* Corresponding author at: University of Washington, Department of Psychology, Box 351525, Seattle, WA 98195, United States.
E-mail address: ecneils@uw.edu (E.C. Neilson).

https://doi.org/10.1016/j.addbeh.2017.11.022
Received 9 June 2017; Received in revised form 12 October 2017; Accepted 13 November 2017
Available online 14 November 2017
0306-4603/ © 2017 Elsevier Ltd. All rights reserved.

alcohol use by the perpetrator, the victim, or both (Reed, Amaro, Matsumoto, & Kaysen, 2009). Sexual assault can have many negative emotional (e.g., trauma symptoms; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013), academic (e.g., poorer academic achievement; Jordan, Combs, & Smith, 2014) and physical consequences (e.g., pain and sexually transmitted diseases; Kuehn, 2011); therefore, it is imperative to understand factors that are associated with sexual assault to reduce this traumatic experience for college women. To reduce sexual assault, there is a need for intervention in reducing sexual assault perpetration (DeGue, 2014). As ongoing research develops and investigates intervention to reduce perpetration (Orchowski et al., 2016), parallel research investigates the processes through which women may reduce their risk of victimization (Gilmore, Lewis, & George, 2015; Senn et al., 2015). This study will examine several factors associated with adolescent/adult sexual assault (ASA) history and risk perception. The role of maladaptive coping strategies such as drinking to cope with negative emotions and weekly drinking associated with ASA severity will be discussed as associated with risk perception.

Offenders hold sole responsibility for perpetration, and understanding factors contributing to perpetration is of paramount importance in preventing sexual assault. However, there are factors that put women at risk for experiencing multiple assaults. Understanding the processes that increase risk for victimization may also benefit potential victims by reducing the risk that one is targeted for perpetration. One of the strongest factors associated with experiencing ASA is having a sexual assault history (Chu, 1992; Messman-Moore & Long, 2003). Further, anxiety and anxiety-related symptoms (e.g., posttraumatic stress symptoms) are the most commonly observed mental health outcomes of sexual assault (Rees et al., 2011). Trauma symptoms are thought to affect sexual re-assault by reducing a woman's ability to recognize cues that indicate a possible ASA (i.e., sexual assault risk perception; Cloitre & Rosenberg, 2006); however, these findings are mixed (for a review, see Gidycz, McNamara, & Edwards, 2006). It is imperative to examine other factors including maladaptive coping methods like alcohol use to explicate these mixed findings.

The use of multiple methods to examine sexual assault risk perception may also help further understanding of these associations due to their complicated nature. A review (Rinehart & Yeater, 2015) indicated that simply asking women when they may leave a situation may not adequately assess risk perception because although women may be sensitive to cues, they may not leave the situation. Behavioral intent indicating when there are enough risk cues present to leave a potentially risky situation or when one cue is risky enough to leave can be one type of sexual assault risk perception. However, behavioral intent alone may not translate into actual behavior in potentially sexually assaultive situations as suggested by Rinehart and Yeater (2015). Individuals can also differ on general risk perception such as how likely one believes they are to be assaulted. Examining women's estimated likelihood of experiencing an ASA and assessing behavioral intent to leave a potentially risky situation would allow for a comprehensive understanding of the construct and its associated factors.

2. ASA severity and sexual assault risk perception

The literature suggests that women with ASA histories are less able to perceive sexual assault risk than women without such histories; however, findings are mixed (for a review, see Gidycz et al., 2006). Listening to an audiotape of a hypothetical date rape, women with ASA histories took longer to signify that a man became sexually inappropriate compared to women without ASA histories (Soler-Baillo, Marx, & Sloan, 2005). Conversely, other research suggests that some women with ASA histories perceive risk but are not assertive in their behavioral responses (e.g., leaving the situation; Donat & Bondurant, 2003; Wilson, Calhoun, & Bernat, 1999; Messman-Moore & Brown, 2006; Nurius & Norris, 1996). Taken together, these findings suggest that women with ASA histories, compared to women without, may remain in risky situations longer (Franklin, 2013).

A concurrent vein of risk perception literature focuses on the perceived likelihood of experiencing ASA. Although women acknowledge ASA prevalence and risk in the general population, they often estimate their own risk to be lower than that of other women (Brown, Messman-Moore, Miller, & Stasser, 2005; Norris, Nurius, & Graham, 1999). It is possible that a failure to recognize one's own risk due to this optimistic bias occludes one's ability to perceive proximal risk (Nurius, 2000). However, women who have ASA histories report higher sexual assault risk likelihood compared to those without ASA histories (Brown et al., 2005; Norris et al., 1996). Prospective research shows that higher estimated assault likelihood is associated with future ASA (Orchowski, Creech, Reddy, Capezza, & Ratcliff, 2012). Therefore, including an assessment of both women's estimated assault likelihood and behavioral intent in a potentially risky scenario could be useful in understanding what proximal factors are associated with sexual assault risk perception.

3. Maladaptive coping strategies

Women with ASA histories employ a variety of behavioral and cognitive strategies to cope with negative emotions and thoughts related to their assault (Littleton, Horsley, John, & Nelson, 2007; Walsh, Fortier, & Dilillo, 2010). Women with ASA histories are more likely to engage in problem drinking and experience negative drinking-related consequences. Women with ASA histories drink more over time (Lindgren, Neighbors, Blayney, Mullins, & Kaysen, 2012) and are nearly five times more likely to report substance abuse than those without ASA histories (Gidycz et al., 2007; Grayson & Nolen-Hoeksema, 2005; Kilpatrick et al., 2000). Motivational theories of alcohol identify drinking to cope as a motivator for people who utilize alcohol as a means of reducing negative affect (Cooper, 1994). Women with ASA histories may engage in alcohol use as a means of coping with their experience (Cooper, 1994; Fossos, Kaysen, Neighbors, Lindgren, & Hove, 2011; Ullman & Najdowski, 2009). Indeed, women with ASA histories who engage in problem drinking are more likely to use drinking as a tension reduction strategy compared to women with ASA histories who do not engage in problem drinking (Smith, Smith, & Grekin, 2014). When used frequently, this form of coping may be associated with problem drinking and negative consequences of alcohol use (Holahan, Moos, Holahan, Cronkite, & Randall, 2001).

The association between trauma severity and problematic alcohol use may only be present for individuals who use alcohol to cope (Lindgren et al., 2012; Smith et al., 2014; Ullman et al., 2013). Mental health symptoms in this population are consistently associated with alcohol problems, but this relationship may be partially or fully mediated by the use of drinking as a coping strategy (Najdowski & Ullman, 2011; Ullman, Filipas, Townsend, & Starzynski, 2005; Yeater, Austin, Green, & Smith, 2010). The use of this coping strategy not only predicts negative consequences, but also inadvertently increases the risk of sexual re-assault (Littleton & Ullman, 2013) because perpetrators may target these women (Parks, Hequembourg, & Dearing, 2008). As stated above, the responsibility of the assault remains with the perpetrator, and prevention and intervention efforts addressing perpetration are needed.

It is not clear whether increased risk for ASA in problem drinkers is related to risk perception. Women who report heavy drinking perceive themselves to be at higher risk of future ASA than nondrinkers (Gidycz et al., 2007; McCauley & Calhoun, 2008; Untied, Orchowski, & Lazar, 2013). However, acute alcohol intoxication can dampen discomfort related to cues of sexual assault risk (Davis, Stoner, Norris, George, & Masters, 2009). Thus, while women may accurately endorse the belief that drinking places them at risk for ASA, situational risk perception and behavioral responding may be impaired with alcohol use. It is also unclear to what extent these associations exist for women who do not engage in more chronic problem drinking but do engage in heavy

Download English Version:

https://daneshyari.com/en/article/7259526

Download Persian Version:

https://daneshyari.com/article/7259526

Daneshyari.com