



# A randomized controlled trial targeting alcohol use and sexual assault risk among college women at high risk for victimization



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## ABSTRACT

Sexual assault risk reduction programs do not target alcohol use despite the widespread knowledge that alcohol use is a risk factor for being victimized. The current study assessed the effectiveness of a web-based combined sexual assault risk and alcohol use reduction program using a randomized control trial. A total of 207 college women between the ages of 18 and 20 who engaged in heavy episodic drinking were randomized to one of five conditions: full assessment only control condition, sexual assault risk reduction condition, alcohol use reduction condition, combined sexual assault risk and alcohol use reduction condition, and a minimal assessment only condition. Participants completed a 3-month follow-up survey on alcohol-related sexual assault outcomes, sexual assault outcomes, and alcohol use outcomes. Significant interactions revealed that women with higher severity of sexual assault at baseline experienced less incapacitated attempted or completed rapes, less severity of sexual assaults, and engaged in less heavy episodic drinking compared to the control condition at the 3-month follow-up. Web-based risk reduction programs targeting both sexual assault and alcohol use may be the most effective way to target the highest risk sample of college students for sexual assault: those with a sexual assault history and those who engage in heavy episodic drinking.

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Sexual assault and alcohol use are common experiences for college women, with approximately 20% of women experiencing sexual assault while in college (Krebs, Lindquist, Warner, Fisher, & Martin, 2007) and approximately 40% of college students engaging in heavy episodic drinking (HED; Mitka, 2009). Sexual assault is nonconsensual sexual contact ranging from sexual touching to penetration and HED is 4 drinks or more over a 2-h period for women (NIAAA, 2004). Sexual assault and alcohol use often co-occur, with 50–70% of sexual assaults involving alcohol use (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Reed, Amaro, Matsumoto, & Kaysen, 2009). Further, sexual assault victimization risk occurs when engaging in HED (Parks, Hsieh, Bradizza, & Romosz, 2008). Sexual assault and HED are particularly common for college women under the age of 21. In regards to sexual assault, high risk times include between the ages of 16 and 19 (Bureau of Justice Statistics, 2006) and within the first year of college (Humphrey & White, 2000). Rates of HED have continued to

increase for women under the age of 21 (Grucza, Norberg, & Bierut, 2009).

Sexual assault and alcohol use co-occurrence are prevalent and women who are intoxicated are more likely to be victimized (for a review, see Testa & Livingston, 2009) perhaps because they are targeted. Men's perceptions of intoxicated women may increase a woman's vulnerability to sexual assault because men may perceive intoxicated women to be more sexual (e.g., Abbey, Zawacki, & McAuslan, 2000; George, Lehman, Cue, & Martinez, 1997). When men are intoxicated they are more likely to perceive ambiguous interactions with women to be more sexual than when sober (Farris, Treat, & Viken, 2010). Finally, some men use intoxication as a tactic for sexual assault, referred to as incapacitated rape. Additionally, alcohol use may increase a woman's risk of sexual assault in part due to the cognitive impairments that can occur (e.g., alcohol myopia, Steele & Josephs, 1990) that can lead to less effective risk perception and lower likelihood of using effective resistance strategies (Norris et al., 2006; Stoner et al., 2007; Testa, Livingston, & Collins, 2000). Further, the environmental contextual risk of where drinking typically occurs (e.g., bars or college parties) can in itself put women at risk for sexual victimization (e.g.,

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Fillmore, 1985; Parks & Miller, 1997).

Because of the high rates and co-occurrence of HED and sexual assault in college women under the age of 21, targeting this high-risk group of college women under the age of 21 who engage in HED to reduce sexual assault risk is warranted (Testa & Livingston, 2009). Two studies targeted alcohol use only in college women and reduced incapacitated sexual assault experiences (Clinton-Sherrod, Morgan-Lopez, Brown, McMillen, & Cowells, 2011; Testa, Hoffman, Livingston, & Turrisi, 2010). However, targeting both alcohol and sexual assault risk perception and resistance strategies may be a more effective way to reduce all forms of sexual assault.

### 1. Sexual assault risk reduction (SARR) programs for college women

Existing SARR programs have two important limitations. First, there has been insufficient tailoring and targeting. SARR programs typically include general sexual assault education but do not target those at highest risk like women with a sexual assault history (Anderson & Whiston, 2005; Breitenbecher, 2000; Vladutiu, Martin, & Macy, 2011). Further, women who engage in HED are not targeted in SARR programs and SARR programs are not tailored to individuals who engaged in HED to reduce alcohol use with evidence-based methodology. SARR programs also do not sufficiently target and tailor to the high-risk group of women who consume alcohol and have a sexual assault history.

Second, college SARR programs targeting female audiences are effective in changing sexual assault-related constructs (e.g., sexual assault knowledge, behavioral intent, and attitudes; Anderson & Whiston, 2005; Breitenbecher, 2000; Vladutiu et al., 2011), but are generally ineffective at decreasing sexual assault incidence or increasing use of SARR strategies. Moreover, women with a sexual assault history have had differential outcomes for SARR programs compared to women with no sexual assault history. Some studies have found that women with a sexual assault history do not benefit from the SARR programs (e.g., Hanson & Gidycz, 1993) and others have found that they do benefit (e.g., Gidycz et al., 2001; Mouilso, Calhoun, & Gidycz, 2011). When assessing the effectiveness of a SARR program, it is essential to consider the potential effects of sexual assault history. It is also essential to focus on theoretically-based components including sexual assault risk perception, resistance strategies, and barriers to resistance (Nurius & Norris, 1996). The two most prominent theories regarding sexual assault victimization are the Cognitive Mediation Model (CMM; Nurius & Norris, 1996) and assess, acknowledge, and act (AAA; Rozee & Koss, 2001). Both of these theories posit that sexual assault risk perception (for a review, see Rich, Combs-Lane, Resnick, & Kilpatrick, 2004) and resistance (for a review, see Ullman, 2007) are important factors in sexual assault victimization and that although the perpetrator is at fault for the assault women can learn skills to increase their risk perception and use of effective resistance strategies. Nonetheless, because sexual assault is not the fault of the victim, sexual assault risk perception skills are not always associated with actual changes in victimization (for a review, see Gidycz, McNamara, & Edwards, 2006). According to these theories, there are several steps involved in effectively responding to a sexual assault. The first is the ability to perceive risk, or sexual assault risk perception. After perceiving risk, resistance strategies can be used if barriers to resistance do not get in the way (e.g., social pressure or alcohol use). The current SARR addresses risk perception, resistance strategies, and barriers to resistance.

### 2. Brief alcohol interventions for college students

It is imperative to target alcohol in SARR programs. Brief

personalized feedback interventions are efficacious in reducing college student drinking and related harms (Cronce & Larimer, 2011; Dimeff, Baer, Kivlahan, & Marlatt, 1999; Miller et al., 2013; Scott-Sheldon, Carey, Elliot, Garey, & Carey, 2014). Feedback in these interventions includes a personalized summary of drinking and related consequences, moderation education, alcohol expectancies, and other didactic information using the spirit of motivational interviewing (e.g., Dimeff et al., 1999). Social norms are addressed in personalized feedback interventions where individuals are presented with a comparison of the individual's drinking behavior, perceived drinking norms, and actual drinking norms. Given that previous research targeting alcohol use has effectively reduced incapacitated sexual assault experiences in college women (Clinton-Sherrod et al., 2011; Testa et al., 2010), brief alcohol interventions should be included as a component of sexual assault risk reduction programming.

### 3. Web-based interventions

Web-based personalized feedback interventions can be particularly useful for college students. Web-based interventions are easier to disseminate than in person interventions due to cheaper costs and less participant demands. Many universities require incoming students to participate in education programs and currently there are no regulations on what must be presented. There is evidence that web-based formats are useful in reducing alcohol use (for a review, see Larimer & Cronce, 2007) and in reducing sexual-risk behaviors (e.g. Lewis et al., 2014) in college students. Thus, a web-based SARR program for college women may be useful. Survey research suggests that participants are likely to report private information, like sexual experiences, in a computer-based format (Turner, Fu, Rogers, Lindberg, & Pleck, 1998). Therefore, web-based SARR programs may facilitate honest responding and active participation which may help facilitate learning, especially for women with a sexual assault history.

### 4. Combined interventions

Targeting both alcohol use and sexual assault risk may be the most effective way to reduce sexual assault on college campuses. Interventions that target two health outcomes (e.g., alcohol use and sexual-risk behaviors) suggest that combined interventions can be effective in reducing targeted behaviors (e.g. Lewis et al., 2014). Furthermore, excluding alcohol use from SARR provides an incomplete picture regarding how to reduce risk of being targeted for sexual assault in college. Combining personalized feedback for alcohol use with a SARR program may be an effective approach for decreasing sexual assault.

### 5. Current study

The current study was a randomized control trial targeting both sexual assault risk and alcohol use in college women who engage HED using web-based personalized feedback. Three personalized feedback conditions (alcohol only, SARR only, and combined alcohol and SARR) and a minimal assessment only condition were compared to control condition (assessment only) on drinking related and sexual assault risk factors.

It was hypothesized (Hypothesis 1) that participants in the combined condition would have greater changes in alcohol-related sexual assault outcomes than the full assessment only control condition and that the effects would be stronger for women with higher sexual assault severity at baseline.

It was hypothesized (Hypothesis 2) that participants in the conditions with SARR components (SARR condition and combined

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