



The use of alcohol mixed with energy drinks and experiences of sexual victimization among male and female college students



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HIGHLIGHTS

- Alcohol Mixed with Energy Drink (AmED) consumption is common among college students.
- AmED consumption is associated with sexual victimization for men, but not women.
- Women report greater levels of certain categories of sexual victimization than men.

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ABSTRACT

Much research has documented negative associations with the consumption of alcohol mixed with energy drinks (AmED). To date, few research studies have examined the relation between AmED and sexual victimization. Furthermore, research on sexual victimization among men is less studied. The present study employed a sample of 253 men and 545 women to examine the differential associations between AmED consumption and sexual victimization as a function of gender. Results from this study suggest that AmED consumption is robustly associated with being sexually victimized among men, but not women. These results were robust while controlling for demographic factors and other substance use. Results add to the literature on sexual victimization by potentially identifying a new high-risk drinking behavior among males who have been sexually victimized.

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1. Introduction

1.1. College students and sexual victimization

While definitions vary, sexual victimization has often been described as sexual acts that include forced penetration, threats of force, verbal coercion, or incapacitation (Testa, VanZile-Tamsen, Livingston, & Koss, 2004; Koss, 1993). The prevalence of sexual victimization among female college students has been a widely researched subject. Prevalence rates of sexual victimization for female college students have been shown to be around 54% (Ullman, Karabatsos, & Koss, 1999). Other research has shown that up to 31% of female college students will be sexually victimized during their first year at college (Humphrey & White, 2000) with up to 69% experiencing sexual victimization at some point between the age of 14 and the end of their college career. While less widely known, many male college students also have experienced sexual victimization in their lifetime. In a sample of male college students, Turchik (2011) found that 51.2% of her sample had experienced sexual victimization after the age of 16. Other researchers have found that 18.5% to 31% of

male college students had experienced at least one instance of sexual victimization, ranging from unwanted touching to penetrative acts, during a period of about a year (O'Sullivan, Byers, & Finkelman, 1998; Larimer, Lydum, Anderson, & Turner, 1999; Palmer, McMahon, Rounsaville, & Ball, 2010).

Despite less of a focus on male victimization in the literature (Aosved, Long, & Voller, 2011), many researchers have shown that men experience similar consequences of sexual victimization as women. These include depression, anxiety, PTSD, negative self-evaluation, alcohol abuse, high-risk sexual and health behaviors, and increased risk of future sexual victimization (Brenner, McMahon, Warren, & Douglas, 1999; Kendall-Tackett, Williams, & Finkelhor, 1993; Larimer et al., 1999; Palmer, McMahon, Rounsaville, & Ball, 2010; Tewksbury & Mustaine, 2006; Ullman & Filipas, 2005). One high-risk behavior that has not been examined in detail however among people who have experienced sexual victimization is the consumption of alcohol mixed with energy drinks (AmED).

1.2. College students and AmED use

AmED consumption is concerning for several reasons. While the public has access to widely disseminated knowledge about the negative consequences of drug and alcohol abuse, the specific consequences of the combination of alcohol and energy drinks are not commonly

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addressed in the media or on college campuses (Miller, 2008). AmED consumption has been on the rise in recent years (Malinauskas, Aeby, Overton, Carpenter-Aeby, & Barber-Heidal, 2007; Miller, 2008a; Miller, 2008b; O'Brien, McCoy, Rhodes, Wagoner, & Wolfson, 2008), with 24%–40% of college students who consumed alcohol reporting imbibing at least one AmED beverage over the past 30 days (Miller, 2008a; O'Brien et al., 2008; Oteri, Salvo, Caputi, & Calapai, 2007). College students who engage in AmED consumption may be at risk for negative alcohol-related experiences compared to their non-AmED consuming peers. O'Brien et al. (2008) found that, when compared to students who drank alcohol-only beverages, AmED drinkers were more likely to drive with someone who was intoxicated, be physically assaulted or injured, or be sexually victimized or sexually victimize others. Similarly, Snipes and Benetsch (2013) found that regular AmED consumers, as compared to students who did not report AmED consumption, were more likely to engage in a variety of high-risk sexual practices.

AmED consumption may be related to adverse outcomes because AmED consumers tend to misjudge their subjective feeling of intoxication and perceive themselves as less inebriated than they actually are (Marczinski & Fillmore, 2003, 2006). This misperception may lead to the consumption of larger quantities of alcohol over a longer period of time (Marczinski, Fillmore, Bardgett, & Howard, 2011). Some international perspectives on AmED consumption have yielded divergent results from the American studies cited here. For example, Alford, Hamilton-Morris, and Verster (2011) did not find that AmED masked the subjective effects of alcohol consumption. Moreover, Peacock, Bruno, Martin, and Carr (2013) did not find AmED beverages to experimentally increase risk-taking behavior. Cross-sectional, within-subjects research with a Dutch student sample actually found that AmED consumption was associated with fewer drinking days in the past month, fewer frequent binge drinking episodes, and shorter duration of drinking sessions (de Haan, de Haan, van der Palen, Oliver, & Verster, 2012). However, this study by de Haan and colleagues (2012) shows similar results to American samples when employing between-subjects comparisons of AmED vs. alcohol-only consumers.

Past research has highlighted alcohol misuse (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Resnick et al., 2012) and abuse (Abbey, 2002) as a potential risk factor for, or outcome of, sexual victimization. For example, Resnick et al. (2012) who found that the majority of their sample of females over the age of 15 had used alcohol (51.1%) or marijuana (29.1%) in the 6 weeks preceding their sexual assault. Nonetheless it is important to note that while the research is compelling, there is a need to take into account other potential causal, or mediating factors, such as situational variables or other third variables, when examining the association between alcohol use and sexual victimization.

1.3. Energy drinks

While the link between AmED use and sexual victimization has been supported (O'Brien et al., 2008) a literature review revealed no studies directly linking energy drink use to sexual victimization. Nonetheless, similar to survivors of sexual assault, users of energy drinks (a component of AmED) are more likely to engage in alcohol use and are at greater risk for problematic alcohol consumption (Arria et al., 2011). Past research has shown that men consume energy drinks more often than women (Berger, Fendrich, Chen, Arria, & Cisler, 2011; O'Brien et al., 2008), but both genders have been shown to be regular consumers of energy drinks (Malinauskas et al., 2007). Other research has linked the use of energy drinks to other high-risk health behaviors, such as drug misuse, fighting, and the use of tobacco products (Miller, 2008a; Price, Hilchey, Darredeau, Fulton, & Barrett, 2010; Thombs et al., 2010). Similar high-risk behaviors have been associated with reports of sexual victimization (Dowdall, Crawford, & Wechsler, 1998; Kilpatrick et al., 1997; Koss & Dinero, 1989; Sarkar, 2010; Sturza & Campbell, 2005).

1.4. Present study

The present study seeks to examine the association between AmED consumption and sexual victimization, and compare correlates between men and women. This focus on men as well as women will begin to address the dearth of research on male victimization (Aosved et al., 2011) and the fact that many studies examining sexual victimization among men tend only to employ males samples (e.g., Turchik, 2011). Based on literature highlighting the differential societal demands that may be placed on men in situations involving sexual victimization (Lisak, 1993; Walker, Archer, & Davies, 2005) and the literature linking AmED use to increased prevalence of being the target and enactor of sexual victimization in both women and men (O'Brien et al., 2008), the central hypothesis of this study is that men and women will exhibit differential patterns of relations in the context of victimization and AmED consumption.

2. Method

2.1. Procedure

Students ($n = 798$) in introductory psychology courses at a university in the Mid-Atlantic region were asked to fill out a survey on sexual experiences and alcohol use, and other substance use. This study was approved by the university's Institutional Review Board.

2.2. Materials

2.2.1. Demographics

Participants were asked to report their gender, year in school, sexual orientation, and relationship status.

2.2.2. Drug use

Participants reported their use of marijuana, ecstasy, methamphetamine, cocaine, ketamine, and poppers (a nickname for amyl or butyl nitrate) in the past 3 months on a scale from 1 (never) to 4 (at least once a week). Similar measures of drug use have been used in past research (Benetsch, Koester, Luckman, Martin, & Cejka, 2011).

2.2.3. Alcohol and AmED consumption

Participants reported the number of alcoholic beverages they had consumed in the past month (e.g., "In the past month, how many alcoholic drinks did you consume?"). Immediately after reporting their alcohol consumption in the past month, participants were asked "Of those drinks, how many of them were alcohol mixed with energy drinks? (e.g., Red Bull, Monster, Rockstar, AMP.)." Participants were provided with information as to what constituted a "drink" (e.g., "1.5 oz of hard liquor is one standard drink"). Past research suggests accuracy of this type of recall over time periods of up to one year (Greenfield, Nayak, Bond, Ye, & Midanik, 2006; National Council on Alcohol Abuse & Alcoholism, 2003). A score was computed to estimate the number of non-AmED alcoholic drinks consumed in the past month by subtracting the number of alcoholic drinks consumed in the past month from the number of AmED drinks consumed in the past month. For example, if a participant reported drinking 6 alcoholic drinks in the past month, and also reported that 4 of those drinks were AmED beverages, then that person would have consumed 2 alcoholic beverages that were not AmED. Similar methods of measuring non-AmED alcohol consumption have been used in past research (Snipes & Benetsch, 2013).

2.2.4. Sexual victimization

Sexual victimization was measured using Testa, Hoffman, & Livingston (2010) revised version of the Sexual Experiences Survey (RSES; Testa, VanZile-Tamsen, Livingston, & Koss, 2004; Koss, Gidycz, & Wisniewski, 1987), which measures 5 outcomes of sexual victimization (unwanted touching, attempted sexual assault, and penetrative

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