

# Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Lovett, Jo and Horvath, Miranda A. H. ORCID: <https://orcid.org/0000-0003-4363-4575> (2009)  
Alcohol and drugs in rape and sexual assault. In: Rape: challenging contemporary thinking.  
Horvath, Miranda A. H. ORCID: <https://orcid.org/0000-0003-4363-4575> and Brown, Jennifer M.,  
eds. Willan Publishing, Cullompton, pp. 125-160. ISBN 9781843925200. [Book Section]

This version is available at: <https://eprints.mdx.ac.uk/6991/>

## Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

[eprints@mdx.ac.uk](mailto:eprints@mdx.ac.uk)

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

## **Chapter 6**

### **Alcohol and drugs in rape and sexual assault**

**Jo Lovett and Miranda A.H. Horvath**

#### **Introduction**

*What do we know?*

The links between alcohol and sexual assault are now well established and have been documented in both United Kingdom (UK) and international research (Abbey et al, 2001; Horvath & Brown, 2006a, 2007; Kelly, Lovett & Regan, 2005; Ullman, Karabastsos & Koss, 1999; Walby & Allen, 2004). Although research has identified that administration of alcohol and drugs as means of obtaining illicit sex is not a new phenomenon, it has been argued that the techniques for using alcohol and drugs to facilitate rape have changed and this issue is therefore worthy of renewed interest (Foote, Wangmann & Braff, 2004). This chapter brings together and compares findings from two large independent studies which collected data on the involvement of alcohol and drugs in cases of rape and sexual assault reported to the police and/or sexual assault referral centres. We seek to explore the complexities of alcohol-related sexual assault by outlining a common methodological approach which generates findings that take greater account of the role of the perpetrator, the broader assault context (e.g. the location and relationship between the parties) and other situational characteristics, (e.g. the type of intoxicants consumed and the nature of consumption).

The aims of our chapter are to:

- promote a broader and more nuanced understanding of the realities of alcohol-related rape, which, we argue, are commonly over-simplified in both academic and popular representations of this crime;
- advance the view, based on research evidence, that alcohol is the drug most commonly associated with rape;
- and to move beyond the tendency to focus solely on the role and characteristics of victims of alcohol-related sexual assault and incorporate perpetrator characteristics.

Our purpose is to dispel some persistent myths about alcohol and drugs in rape in relation to types of substances consumed and the nature of consumption, context, victims and perpetrators. We will present findings from two datasets side by side which is not commonly done and will allow for direct comparison and the generation of new hypotheses.

#### *Myths about alcohol and drugs in rape*

Several reviews and meta-analyses (Abbey et al, 2004; Finney, 2004; Ullman, 2003) reveal that few studies address the involvement of both alcohol and drugs<sup>i</sup> in sexual assault, either concurrently or comparatively, and almost all draw on North American data (exceptions include Scott-Hamm & Burton, 2005). Despite strong associations, a causal relationship between alcohol and sexual assault has not been demonstrated (Abbey et al, 2004). Existing findings suggest that, in contrast with rape and sexual assault generally, alcohol is more commonly involved when parties do not know each other well and in the context of bars and parties (Ullman, 2003).

While the term 'drug rape' has become common parlance particularly in the media, and has prompted high profile anti-spiking campaigns and products, it appears that alcohol is most likely to be a perpetrator's substance of choice. Research conducted by toxicologists on the incidence of alcohol and drugs in alleged drug-assisted rape cases in the USA, Canada and the UK has consistently found that sedative drugs that could not be attributed to voluntary use by the complainant were detected in only very few cases (Hindmarch & Brinkmann, 1999; Seifert, 1999; Slaughter, 2000). In the recent Scott-Ham and Burton (2005) research in the UK, which analysed samples of (n=1,014) suspected cases of drug-assisted rape, alcohol was found to be the most common substance, being detected in 46% of cases. Illicit drugs were detected in 34% of cases, but in only 2% was a sedative or disinhibiting drug detected which could be deemed the result of deliberate drugging by the offender ('spiking'). This low level of 'spiking' in rape cases confirms findings from the USA and Canada that alcohol is the most common substance associated with sexual assault and thus challenges the media representation of this offence (Hindmarch, ElSohly, Gambles & Salamone, 2001; Seifert, 1999; Slaughter, 2000). Moreover, a recent study in America found that only 12.6% of 406 college students surveyed were aware that alcohol is the most common substance associated with sexual assault (Crawford, O'Dougherty Wright & Birchmeier, 2008).

*Has there been a rise in binge drinking?*

We contest the claim made frequently in the media – that 'binge drinking' by young women has increased notably (see Measham & Brain, 2005 for an account of the rise and fall and rise again of political, press and public concerns about excessive drinking

in the UK). Figures from the 2007 General Household Survey reveal that while alcohol is a common feature in the lives of British adults, gender differences persist. Over half of women (57%) and three quarters of men (72%) surveyed had drunk alcohol at least once in the previous week, but men were more likely to have drunk frequently (22% of men compared with 12% of women drank on at least five days) and a higher proportion of men reported heavy drinking than women (24% of men compared with 15% of women). Further, men were much more likely to have drunk alcohol every day during the previous week than women (13% vs.7%) (Office for National Statistics, 2008). Contrary to popular perception, drinking levels among adults and young people have remained relatively stable over the past five years (Office for National Statistics, 2008; Department of Health, 2008), and men who have been drinking are far more likely to be both victims and perpetrators of physical assault and mugging (Budd, 2003). While these figures suggest that alcohol consumption presents a relatively constant risk factor for negative experiences in both men and women, the predominant focus on women appears unwarranted, since their consumption is lower and less frequent than men's on all measures.

#### *Alcohol and behaviour: influences and impacts*

Alcohol is known to have a variety of effects on individuals. It impairs cognitive and motor skills and people's ability to engage in higher order cognitive processes such as abstraction and problem solving (Hindmarch, Kerr & Sherwood, 1991; Peterson, Rothfleisch, Selazo & Pihl, 1990). Based on limited research conducted in the USA, it has been suggested that alcohol is also thought, especially in men, to enhance sexual behaviour and aggressiveness (Abbey et al, 1999), although it should be noted that

many drinking occasions do not result in violence (Zimmerman et al, 2007). It has been also found that when intoxicated, people tend to focus on the most salient cues in a situation and ignore more peripheral information (Steele & Josephs, 1990; Taylor & Leonard, 1983). As a result, it is possible that women may pay less attention to cues which would normally alert them to a dangerous situation, while men may focus on their immediate feelings of sexual arousal and entitlement rather than a woman's discomfort or the potential for later punishment (Abbey et al, 2001; Nurius & Norris, 1996; Parks & Miller, 1997).

The inhibiting response caused by alcohol to unpleasant stimuli in intoxicated women may lead them to give only a mild response to an aggressive act. The intoxication may reduce the likelihood of resistance and diminish ability to try and alter the situation (Strizke, Patrick & Lang, 1995; Testa & Parks, 1996). This noted, it is important to acknowledge that whilst a woman's ability to spot the warning signs or indeed resist an assault may be impaired when she is intoxicated, this does not imply that if women were to remain sober they would necessarily avoid the risk of sexual assault. The responsibility for the act remains with the perpetrator (Testa & Parks, 1996). Indeed, it has been argued that consumption of alcohol may be employed as a justification for committing violent behaviour, especially if it is seen as decreasing the chance of facing penalties (Markowitz, Kaestner & Grossman, 2005). All of these factors are likely to be of relevance in context of sexual assaults.

*Stereotypes, rape myth acceptance and responses of public and criminal justice system*

Studies suggest that stereotypical notions about female sexuality, including those in relation to drinking, are factors not only in the behaviour of perpetrators but also in the responses of criminal justice agencies and the general public to sexual offences (Cameron & Strizke, 2003; Finch & Munro, 2005; Lees, 2002). This was demonstrated in an opinion poll in which around one third of respondents agreed that women who act flirtatiously or are drunk should be held partly or fully responsible if they sexually assaulted (ICM, 2005). The public view has also been reflected in the courts. For example, in *R v Dougal* (2005, Swansea Crown Court) an alleged rapist was cleared despite the fact that the woman could not remember if she had consented to sex because of the amount of alcohol she had consumed. The judge, Mr Justice Roderick Evans, directed the jury to reach a not guilty verdict after the prosecution claimed it was unable to prove that the complainant had not given consent because of her level of intoxication. The prosecuting counsel's statement included the remark that 'drunken consent is still consent' (The Times, 2005). The emphasis throughout the case and the subsequent media reportage focused on the fact that the victim was heavily intoxicated and could not remember giving consent, rather than on whether the suspect's belief in consent was reasonable and whether he had taken the appropriate steps to ensure the victim had consented (Gibb, De Bruxelles & Coates, 2005), as specified by the law in England and Wales<sup>ii</sup>. Whether the victim's degree of intoxication, and subsequent lack of consciousness at various points during the course of events, could be seen to have impinged on her ability to give true or meaningful consent was also not seriously addressed.

We postulate that these perceived norms about women and drinking, coupled with limited public and criminal justice system understanding about the potential

effects of alcohol, can lead to unrealistic expectations about the steps women should take to protect themselves from rape and, in turn, how responsible they are for male behaviour (as highlighted by the ICM poll). Perversely, men's illegal and coercive behaviour often seems, conversely, to be perceived as understandable and excusable. In a study involving focus groups and trial simulations with mock jurors, men accused of rape while drunk tended to be seen as less blameworthy, while the victims' responsibility remained paramount even in scenarios where men had deliberately taken advantage of the victim's intoxication or deliberately targeted them through spiking (Finch & Munro, 2005).

#### *Concepts and terminology*

Debate continues in both the academic literature and popular press between the terms 'date rape' and 'drug-assisted (or facilitated) rape'. Whilst a date rape can also be a drug-assisted rape and vice versa, the two are often mistakenly conflated and used interchangeably. Date rape was originally defined by Koss and Cook (1993) as "a specific type of acquaintance rape that involves a victim and a perpetrator who have some level of romantic relationship between them" (p.105). Indeed, we would propose that the term should only be used to refer to rapes that occur between people at the initial stages of forging a romantic or sexual relationship. It is not a prerequisite of a date rape that the victim and/or perpetrator has consumed alcohol and equally for a drug-assisted rape to occur the victim and perpetrator do not have to be on a date. Further misunderstanding arises from the conflation of date and intimate/acquaintance rape, which means that 'date rape' is often used to refer to assaults that do not occur on dates. In short 'date rape' is a frequently misused and,



arguably, a misleading term (Temkin, 2002), which can be employed in ways that trivialise and downplay the impacts of rapes occurring in these circumstances.

## **Methods**

Much research to date on the relationship between alcohol/drugs and sexual assault has concentrated on the correlation of certain victim attributes with the presence or absence of one or other substance, and has been restricted to examining consumption by the victim (e.g. Operation Matisse, 2006 and Scott-Ham & Burton, 2005).<sup>iii</sup> Although this provides useful information about the prevalence of sexual assaults where alcohol/drugs are involved and who is more likely to be victimised in this specific type of assault, it suggests that the determining factors in why such assaults occur are related primarily to the victim and/or the alcohol. In such an analysis, the perpetrator – the actual agent of the assault – remains a hidden and unexplored quantity. This can feed into a culture of victim blame, and lead to personal safety and prevention approaches that prioritise avoidance strategies aimed at women as potential victims. There is also a failure to investigate whether certain contexts are conducive to the targeting of intoxicated victims by men or are seen as situations in which consent to sex will be forthcoming.

To move beyond the prevailing ‘victim focus’ in the literature on alcohol and sexual assault we also look in this chapter at perpetrator characteristics, though we note the inherent difficulties in obtaining as detailed information on perpetrators as on victims. For example, a proportion of rape suspects are never caught or apprehended, so information on their alcohol/drug consumption and socio-demographic status is limited to what the victim has been able to tell police and may be vague or inaccurate.

In some of these cases, the perpetrator will have been a stranger so many of these details will not be known. We also address the overall sexual assault context, including the assault location and the relationship between perpetrator and victim, in order to understand the dynamics of alcohol-related sexual assault holistically, and seek to locate both the victim and perpetrator(s) within it.

The two studies reported on here originated from separate research projects and were conducted independently. However, since they recorded whether alcohol/drugs had been consumed by both the victim and the perpetrator, they offered potential to explore the involvement of alcohol and drugs in relation to two large samples of rape and sexual assault cases. If similar results were found to arise in not one but two studies, this would also strengthen the validity of findings. Because of the differing original aims and methodologies employed, for the analysis reported in this chapter a decision was made to use the two datasets comparatively rather than in combination so that any differences clearly deriving from these would remain apparent. Although both studies had coded data for the involvement of alcohol and drugs, a more detailed shared methodology, including new variables, was developed jointly across the two projects for this specific aspect. The original methods used to collect each dataset will be described separately first and then the shared methodology and process used to develop this will be outlined before the findings are presented.

### *The Lovett Project*

The first project, conducted under the Crime Reduction Programme Violence Against Women Initiative (CRP VAWI), involved victims reporting rape or sexual assault to Sexual Assault Referral Centres (SARCs) and police in six areas in England & Wales,

and resulted in a dataset of 3,527 cases. The original aim was to assess the role of SARCs and the issue of attrition (see Kelly et al, 2005; Lovett, Regan & Kelly., 2004; Regan et al, 2004). The sample included female and male victims, single and multiple perpetrator assaults, reported and unreported cases and adult victims (two of the six sites saw victims under the age of 16 as well<sup>iv</sup>). Information was gathered on the victim, the perpetrator, the assault, the forensic examination, take up of support services, and legal proceedings and outcomes. Data were gathered through a combination of agency records and police pro formas, where officers recorded a series of relevant details relating to the legal case. No direct access to police records was agreed, so the quality and extent of the information provided both within and between research sites is variable.

#### *The Horvath Project*

The second project involved rape cases reported to two police forces in the South of England. One force was medium sized and covered a mix of urban and rural areas, and the other was a large urban force. The project had three broad aims: firstly to clarify the definition of drug-assisted rape; secondly to extend and refine the phenomenology of drug-assisted rape; and finally to propose and explore some explanatory theoretical concepts (Horvath & Brown, 2005, 2006a, 2006b, 2007). This project initially focused on collecting a comparable sample from the medium sized police force over a five year period of sexual assaults where the victim had and had not consumed alcohol and/or drugs before being assaulted. In the second phase of the project, data was collected from a large police force for cases where the victim had consumed alcohol and/or drugs. The combination of data from the two forces resulted

in a dataset of 483 cases. The parameters of this project limited data collection (apart from a very small number of exceptions) to cases involving a single male perpetrator and single female victim. The limitation was a result of time constraints but is also justified from the work of Greenfield (1997), who identified that more than 91% of rape victims are female and nearly 99% of perpetrators are male.

*Retrospective application of a shared methodology to the two datasets*

In view of convergence between the two studies in terms of a higher than anticipated level of alcohol and a lower than anticipated level of drugs we decided to collaborate on and pilot a shared methodology, which was to be applied retrospectively to each dataset. The datasets were kept separate partly because of the differences in the initial aims and methodologies used but also to allow us to identify the similarities that nonetheless emerged. The shared methodology involved subjecting primarily qualitative data held within the existing datasets to new coding and analysis, with a specific focus on alcohol/drugs and context. New fields were added on: whether alcohol/drug consumption was consensual or non-consensual; if consensual, whether consumption was chosen by the victim independently, or in conjunction with the perpetrator; drug type; how intoxicated the victim was at the time of the assault; and whether the victim was asleep. In relation to the sexual assault context two further fields were also developed. Firstly, detailed analysis was undertaken of the context of the initial approach or contact between the victim and perpetrator. This was undertaken for all cases, whether involving alcohol/drugs or not, and revealed a wide variety of situations, from meeting in a bar or club to being accosted in a public place to more closed settings such as schools or residential homes. Secondly, particular

contexts were grouped under six analytic 'arenas', broader areas corresponding to routine spheres of daily life (personal, social, public space, residential, institutional and contacts with authority). A key aim of analysis here was to ascertain whether alcohol was more commonly a feature of certain sexual assault contexts compared to others.

The lack of a common project design from the outset presents issues in that some data are not available across both projects or are more limited in one compared to the other. This is due to differences in the original research aims and questions. However, there is sufficient comparable data to present a robust array of findings.

## **Findings**

### *Prevalence of alcohol and drugs*

Across both datasets alcohol was the most frequently consumed substance for both victims and perpetrators, while rates of drug consumption and combined alcohol and drug consumption were similarly low (see Table 1). The differences between the datasets in the numbers of victims consuming either just alcohol or neither substance can be explained because a significant proportion of the Horvath data was collected selecting only cases where victims had consumed alcohol and/or drugs.

Both studies also found that, while perpetrators had consumed alcohol/drugs in a substantial number of cases, these rates were consistently lower than among victims, with the difference especially marked in the Horvath sample in relation to alcohol.

**Table 1: Prevalence of alcohol/drug-related rape and sexual assault**

	Victim				Perpetrator			
	Lovett		Horvath		Lovett		Horvath	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Alcohol only	768	36.3	301	62.8	189	35.1	202	48
Drugs only	129	6.1	31	6.5	18	3.3	23	5.5
Both	262	12.4	59	12.3	49	9.1	31	7.4
Neither	956	45.2	88	18.4	282	52.4	165	39.2
<b>Total</b>	<b>2115</b>	<b>100</b>	<b>479</b>	<b>100</b>	<b>538</b>	<b>100</b>	<b>421</b>	<b>100</b>

NB: Across both datasets there were a number of cases where victim and/or perpetrator consumption was unknown. This is particularly a problem in the Lovett data, where it was not possible to look directly at police records: In the Lovett dataset victim consumption of alcohol and/or drugs was unknown in 1,412 cases and for perpetrators in 2,989 cases. In the Horvath dataset victim consumption was unknown in 4 cases and perpetrator in 62 cases.

In order to explore the nature of victims' consumption of alcohol/drugs a series of drinking modes were developed. These were designed to test how common scenarios involving victims' consensual consumption were compared with those involving surreptitious or overt encouragement of intoxication by perpetrators (coded as 'pressured' and 'non-consensual' in Table 2 and non-consensual and mixed in Table 3). Consensual consumption was graded according to whether it was purely initiated by the victim, by both the victim and the perpetrator or purely the perpetrator. Tables 2 and 3 show the mode of alcohol and drug consumption in the cases where either or both substances were consumed by the victim.

**Table 2: Method and type of victim's alcohol consumption**

	Alcohol	
	Lovett <u>%</u>	Horvath <u>%</u>
Consensual – victim only	90.3	48.6
Consensual – victim and perpetrator	8.5	39.4
Consensual – perpetrator only	0	8.9
Pressured	0.2	2.8
Non-consensual – victim drink spiked with alcohol	0	0
Unknown	1	0.3
<b>Total</b>	<b>100 (n=1,030)</b>	<b>100 (n= 360)</b>

**Table 3: Method and type of victim’s drug consumption**

	Drugs	
	Lovett %	Horvath %
Consensual – victim only	33.8	32.2
Consensual – victim and perpetrator	5.4	25.6
Consensual – perpetrator only	1.3	20
Non-consensual – victim drink spiked with drugs	28.4	4.4
Non-consensual – victim forced to take drugs	2.3	5.6
Mixed – drugs voluntarily and drink spiked with drugs	2.6	1.1
Unknown	26.3	4.4
Other	0	6.7
<b>Total</b>	<b>100 (n=391)</b>	<b>100 (n=90)</b>

Across both datasets almost all victims’ alcohol and drug consumption was consensual, although there were some differences between the two in terms of who initiated the consensual consumption. Table 3 shows that victims who were made to take drugs, either by being forced to or as a result of having their drink spiked, represent less than a third of the cases. This is in direct contradiction to media portrayal of a large number of victims having their drinks spiked with drugs like Rohypnol and then being sexually assaulted. The proportion of cases where the victim believed s/he had been spiked was considerably higher in Lovett sample, although still lower than the 40 per cent rate of consensual consumption.

Where details were known, across both datasets the most frequently consumed drug was cannabis (Horvath n=29, Lovett n=40). In the Horvath dataset cocaine was the next most frequently consumed drug (n=16) whereas in the Lovett dataset it was heroin/methadone (n=23). The third most frequently consumed in both datasets were prescription drugs (Horvath n=13, Lovett n=20). These findings directly contradict the media portrayal of the dynamics and types of drugs involved in ‘drug rape’.

*Victim’s state of intoxication when assaulted*

Figure 1 shows the state of intoxication when assaulted across both datasets of those victims who had consumed alcohol, drugs or both. In view of the absence of consistent toxicological data on alcohol/drug consumption, or other reliable objective measures, victims' level of intoxication is based on a combination of descriptions provided in accounts from victims, police and forensic examiners consulted during the original the data collection. Although these measures are by nature subjective, they represent the only means available to quantify the victim's state of intoxication when assaulted. This is important, as mere consumption of alcohol/drugs should not be assumed to equate to extreme, or even moderate, intoxication. Contrary to media representation, in fewer than a quarter of cases in both datasets was the victim unconscious or had no memory of being assaulted. In fact, the victim was very intoxicated in less than a fifth of cases across both the datasets. Although in the Lovett sample the lowest proportion of cases fell into the category of slightly/quite intoxicated, the high proportion where information was missing suggests that where the level and/or effects of substance consumption was minimal, no reference may have been made.

**Figure 1: Victim's state when assaulted across both datasets**





In just over one quarter (Lovett = 27.8%, n=322; Horvath = 27.2%, n=106) of cases in both of the data sets victims who had consumed alcohol, drugs or a combination of the two were asleep at the time of the assault.

*Comparative profile of cases involving alcohol/drugs and neither*

In order to explore the interaction of alcohol with a range of variables such as age, gender and assault characteristics both samples were divided into cases where the victim had consumed just alcohol, just drugs, a combination of the two or neither. Table 4 summarises the socio-demographic profiles of the victims and the perpetrators across these four sub-sets and the two datasets.

**Table 4: Socio-demographic profiles of victims and perpetrators according to victim consumption**

	Victim consumption								Total <sup>v</sup>	
	Alcohol		Drugs		Both		Neither		Lovett n	Horvath n
	Lovett %	Horvath %	Lovett %	Horvath %	Lovett %	Horvath %	Lovett %	Horvath %		
<b>Victim sex</b>										
Female	36.8	63	6.1	6.6	12.4	12	44.7	18.4	1,970	468
Male	29.7	54.5	5.5	0	12.4	27.3	52.4	18.2	145	11
<b>Perpetrator sex</b>										
Male	36.3	63	5.9	6.3	12.4	12.3	45.3	18.4	2,105	478
Female	20	0	60	100	0	0	20	0	5	1
Male and female (if multiple perps)	20	n/a	20	n/a	40	n/a	20	n/a	5	n/a
<b>Victim age</b>										
Under-16	36.7	20	3.3	40	5.8	40	54.2	0	240	5
16-20	39.3	68.3	6.3	4.9	15.5	7.7	39	19	575	142
21-30	34.7	64.7	8.2	5.9	15.7	15.3	41.4	14.1	648	170
31-40	37.4	55.2	4.3	7.6	10.6	12.4	47.7	24.8	398	105
41-50	32.1	62.5	6.1	10	9.1	12.5	52.7	15	165	40
51 and over	32.4	62.5	1.5	0	0	12.5	66.2	25	68	16

Unknown	23.8	0	19	0	0	0	57.1	100	21	1
<b>Perpetrator age</b>										
Under-16	25	75	0	0	0	0	75	25	40	4
16-20	30.9	68.8	5.3	4.2	10.5	10.4	53.3	16.7	152	48
21-30	38.9	66.7	4	5.4	9.9	10.7	47.2	17.3	324	168
31-40	34.9	68.4	5.3	7.9	8.5	12.5	51.2	11.2	281	152
41-50	34.4	54	5.6	7.9	8	11.1	52	27	125	63
31-50 (multiple perps) <sup>vi</sup>	38.5	n/a	15.4	n/a	15.4	n/a	30.8	n/a	13	n/a
51 and over	24.1	30.3	2.4	3	10.8	24.2	62.7	42.4	83	33
Mixed ages (multiple perps)	35.3	n/a	0	n/a	11.8	n/a	52.9	n/a	17	n/a
Unknown	38.2	45.5	7.6	18.2	15.5	18.2	38.7	18.2	1,080	11
<b>Victim ethnicity</b>										
White	39.5	61.2	5.7	6	12.9	12.9	41.9	19.9	1,709	402
Black	13.7	76	6.8	12	7.7	8	71.8	4	117	50
Asian	12.9	55.6	4.8	5.6	3.2	5.6	79	33.3	62	18
Other	3.8	100	7.7	0	0	0	88.5	0	26	4
Unknown	33.8	60	9	0	15.4	40	41.8	0	201	5
<b>Perpetrator ethnicity</b>										
White	38.8	61.2	5.1	3.3	12.7	12.1	43.4	23.5	670	307
Black	36.8	61.9	4.4	13.6	10.3	16.1	48.5	8.5	68	118
Asian	50	87	4.2	0	10.8	0	35	13	120	23
Other	37.3	80	9.8	13.3	5.9	6.7	47	0	51	15
Unknown	33.5	50	6.8	18.8	12.8	12.5	46.9	18.8	1,206	16
<b>Assault location</b>										
Victim's home	38.1	54.1	4.1	4.5	7.3	15.3	50	26.1	341	111
Perpetrator's home	38	68.1	7.7	8.7	18.2	15.2	36.1	8	379	138
Shared home	21.5	50	3.2	0	1.1	0	74.1	50	93	44
Other home <sup>vii</sup>	44.9	75.6	6.3	11.1	22.2	11.1	26.6	2.2	158	45
Pub/club/disco	64.6	100	4.6	0	20	0	10.8	0	65	12
Public place	39.2	65.2	4.3	3	7	12.1	49.5	19.7	558	66
Vehicle	50.5	85.7	3.2	0	7.5	7.1	38.7	7.1	93	28
Hotel	55.6	23.1	3.7	7.7	29.6	23.1	11.1	46.2	27	13
Education/care/medical facility	14.2	0	3.6	50	3.6	0	78.6	50	28	2
Abroad	6.1	0	12.1	0	21.2	0	60.6	0	33	0
Workplace	5.6	33.3	11.1	33.3	0	0	83.3	33.3	18	6
Other	31	40	13.8	40	3.4	0	51.7	20	29	5
Unknown	21.8	55.6	10.6	11.1	19.1	33.3	48.5	0	293	9
<b>Number of perpetrators</b>										
1	36.5	62.8	6	6.5	11.5	12.3	46.1	18.4	1,901	479
2 or more	35	n/a	7	n/a	20.6	n/a	37.4	n/a	214	n/a
<b>Perpetrator-victim relationship (single perps)</b>										
Current/ex-partner	27.1	47.4	4.6	5.3	4.6	4.2	63.6	43.2	280	95
Family member	20.6	43.8	3.1	0	3.1	12.5	73.2	43.8	97	16
Friend	36.9	63.4	7.0	3.4	15	18.6	41.2	14.5	187	145
Acquaintance	35.3	61.9	8.4	19	13.2	14.3	43.1	4.8	371	42
Professional	11.6	62.5	9.3	18.8	0	0	79.1	18.8	43	16
Recent acquaintance	54.5	78	4.1	4.6	19.4	14.7	21.9	2.8	242	109
Stranger	26.5	66.7	5.3	6.7	6.7	4.4	51.6	22.2	510	45
Unknown	43.3	54.5	7.6	18.2	25.7	18.2	23.4	9.1	171	11
<b>Perpetrator-victim relationship (multi perps)<sup>viii</sup></b>										
At least one known	27.8		11.1		16.7		44.4		18	
At least one acquaintance	34.5		8.6		29.3		27.6		58	

All recent acquaintance	40	6.7	33.3	20	15					
All stranger	38.4	6.1	12.1	43.4	99					
Unknown	25	4.2	29.2	41.7	24					
<b>Victim vulnerabilities</b>										
Substance misuse	30.8	40	46.2	32	17.9	28	5.1	0	39	25
Insecure housing	29.5	0	11.6	0	8.4	100	50.5	0	95	1
Asylum seeker/refugee	100	80	0	0	0	20	0	0	22	5
Previous victimisation	20.3	56.3	4.7	6.3	7.8	0	67.2	37.5	64	16
Disability	30.2	34.8	4.8	17.4	7.1	8.7	57.9	39.1	126	23
Prostitution	5.4	0	40.5	0	13.5	0	40.5	0	37	0

The most common profile for victims consuming alcohol within both samples was females aged 16-20, although there was a fairly similar prevalence across all age groups, with the second most common age group in the Lovett sample being 31-40. It should also be noted that, although lower than for female, not insignificant proportions of male victims also consumed alcohol. This suggests that alcohol-related rape is not a phenomenon affecting young women exclusively. Findings in relation to ethnicity were less clear, with white victims by far the most affected in the Lovett sample, compared with a black victims in the Horvath sample and a high prevalence among all other ethnic groups. This may relate to local trends in the areas where the two study samples were drawn from.

The profile of perpetrators assaulting victims who had been drinking indicated a broad age range, with the highest prevalence found in men older than the majority age of affected victims – 21-50 in the Lovett sample and 16-40 in the Horvath sample<sup>ix</sup>. Interestingly, in both samples the highest rates of rapes where victims had consumed alcohol were registered among Asian perpetrators, while those among white and black perpetrators were lower and of identical proportions. Recent acquaintances were by far the most common perpetrators of these rapes, including among multiple perpetrators in the Lovett sample. In very few instances were these recent acquaintances in the capacity of ‘dates’; being more commonly men who

victims had come into contact in the hours immediately preceding the assault. This was followed by friends and acquaintances in the Lovett sample and strangers and friends in the Horvath sample. This indicates that there are also a substantial proportion of assaults involving alcohol/drugs where both parties know each other relatively well and where there is a degree of trust between them. This departs further from the concepts of 'date rape' and binge drinking women laying themselves open to attacks by predatory strangers.

Pubs/clubs/discos, vehicles and other homes<sup>x</sup> were among the most common assault locations where victims had consumed alcohol. Although the high representation of friends and acquaintances points to slightly different dynamics in some cases, on the whole this profile suggests older men befriending victims they have little or no prior knowledge of in the context commonly frequented social environments where alcohol is readily available and consumed.

No significant trends were highlighted among cases where the victim had consumed drugs and both drugs and alcohol, although findings were strikingly similar across both samples for the majority of categories, despite the wider variations between the two in relation to the 'alcohol' and 'neither' groups.

Table 5 shows the number of vulnerabilities victims had according to what they had consumed. Vulnerabilities are characteristics of the victim that may make them more likely to be targeted for sexual assault, such as mental health problems, previous victimisation and young age (under sixteen) (see Campbell, Keegan, Cybulska & Forster, 2007; Cybulska, 2007; Stanko, Norman & Wunsch, 2007). Across both datasets the majority of victims had none or one vulnerability. For those who have consumed alcohol, the rates of consumption decrease as the number of

vulnerabilities increases whereas for drugs the opposite trend can be observed, with drugs consumed by around a third of those who had multiple vulnerabilities. At the same time, it is noteworthy that between one quarter and half of those with one disability and between one fifth and one third of those with multiple disabilities consumed alcohol before being assaulted, as it suggests that these original vulnerabilities may be compounded by its consumption.

**Table 5: Number of victim vulnerabilities according to their consumption of alcohol/drugs**

	Victim Consumption								Total <sup>xi</sup>	
	Alcohol		Drugs		Both		Neither		Lovett n	Horvath n
	Lovett %	Horvath %	Lovett %	Horvath %	Lovett %	Horvath %	Lovett %	Horvath %		
No vulnerabilities	38.3	65.5	5.3	5	13.1	12	43.3	17.5	1,788	417
One vulnerability	26.5	46.3	6.9	13	8	13	58.5	27.8	275	54
Multiple vulnerabilities	19.2	37.5	28.8	37.5	11.5	25	40.4	0	52	8

As can be seen in Table 6 the profile of victims assaulted when the perpetrator has consumed alcohol/drugs differs from the profile where victims have in that, while notable proportions of female victims are affected, male victims appear more likely to be victimised. This is particularly evident in the Horvath sample in relation to perpetrator alcohol consumption and in the Lovett sample in relation to consumption of both alcohol and drugs. Perpetrator consumption also relates to most closely to younger victims (aged sixteen-thirty in the Horvath sample and twenty or under in the Lovett sample) and to older victims (aged 51 and over) in the Horvath sample. It also appears more prevalent among very young (sixteen-twenty) and slightly older (31-40) perpetrators.



Workplace	0	16.7	0	0	0	0	100	83.3	7	6
Other	28.6	20	0	20	0	20	71.4	40	7	5
Unknown	26.5	50	2	16.7	16.3	16.7	55.1	16.7	49	6
<b>Number of perpetrators</b>										
1	36.4	n/a	3.1	n/a	8.4	n/a	52.1	n/a	489	n/a
2 or more	22.4	n/a	6.1	n/a	16.3	n/a	55.1	n/a	49	n/a
<b>Perpetrator-victim relationship (single perps)</b>										
Current/ex-partner	36.3	40.5	2.2	3.6	13.2	3.6	48.4	52.4	91	84
Family member	36.8	40	0	0	5.3	0	57.9	60	19	15
Friend	46	58	6.3	2.3	7.9	13.7	39.7	26	63	131
Acquaintance	41.1	50	4.2	19.4	5.3	8.3	49.5	22.2	95	36
Professional	15.4	53.3	15.4	0	0	0	69.2	46.7	13	15
Recent acquaintance	61.8	53.3	3.6	5.4	16.4	6.5	18.2	34.8	55	92
Stranger	20.5	20.5	0.8	10.3	2.5	2.6	76.2	66.7	122	39
Unknown	29	33.3	0	11.1	19.4	0	51.6	55.6	31	9
<b>Perpetrator-victim relationship (multi perps)<sup>xv</sup></b>										
At least one known	20	n/a	0	n/a	0	n/a	80	n/a	5	n/a
At least one acquaintance	15.4	n/a	7.7	n/a	23.1	n/a	46.2	n/a	13	n/a
All recent acquaintance	0	n/a	100	n/a	0	n/a	0	n/a	1	n/a
All stranger	30.4	n/a	4.3	n/a	17.4	n/a	47.8	n/a	23	n/a
Unknown	14.3	n/a	0	n/a	0	n/a	85.7	n/a	7	n/a
<b>Victim vulnerabilities</b>										
Substance misuse	27.3	23.8	18.2	23.8	9.1	14.3	45.5	38.1	11	21
Insecure housing	33.3	0	4.2	0	16.7	0	45.8	0	24	0
Asylum seeker/refugee	0	60	0	0	0	20	100	20	1	5
Previous victimisation	43.8	26.7	0	6.7	6.3	0	50	66.7	16	15
Disability	20	15	0	15	6.7	5	73.3	65	30	20
Prostitution	33.3	0	16.7	0	0	0	50	0	12	0

In both samples, the assault locations most correlated with perpetrator consumption tended to be casual meeting places in a social context, such as ‘other homes’<sup>xvi</sup> and pubs or clubs. Rates of perpetrator consumption were particularly low where the assault occurred in a vehicle. This is understandable from the perpetrator perspective, as consumption here would constitute a drink-driving issue. However, vehicles were particularly high-risk for victims who had been drinking. This suggests that they represent assault locations in which there is a high disparity between levels of victim and perpetrator intoxication. Where perpetrators had consumed alcohol, the victim was most likely to be a recent acquaintance or friend in the Lovett sample and a friend, recent acquaintance or professional in the Horvath sample. The inclusion of

professionals is slightly anomalous and only relates to a small number of cases. However, this profile is otherwise aligned with that relating to victim consumption, in that a combination of relationships involving recent acquaintances and friends is apparent. This fits with the finding alcohol-related assaults are more prevalent in circumstances of casual acquaintanceship and lesser degrees of intimacy than in a partnership or familial relationship, although the presence of friends points to slightly different dynamics. It is also notable that it was very unlikely for assaults perpetrated by strangers and in public places to occur following perpetrator consumption of either alcohol or drugs. This may indicate a greater need to be sober in order to commit 'blitz' attacks.

#### *Contexts and arenas*

In order to assess, not only whether either victim or perpetrator had consumed alcohol/drugs, but whether this occurred in particular settings, a further line of analysis was conducted focusing on the relationship between victim and perpetrator consumption and the assault context. The aim was to conduct a more holistic examination of the inter-relationship between substance consumption and the circumstances surrounding the assault.

As described previously, each case was assigned to one of a series of 'contexts' based on the available qualitative material describing the assault. These contexts combined the aspects of assault location, perpetrator-victim relationship and the circumstances in which the assault occurred. The full list of contexts was generated from the two datasets themselves through close analysis of the individual case material. Due to the large number of contexts which resulted, assaults occurring



in similar circumstances, but with slightly varying locations or actors, were grouped together within broader ‘arenas’, each denoting a fundamental aspect of daily life. Table 7 demonstrates how the contexts were combined in order to create the arenas.

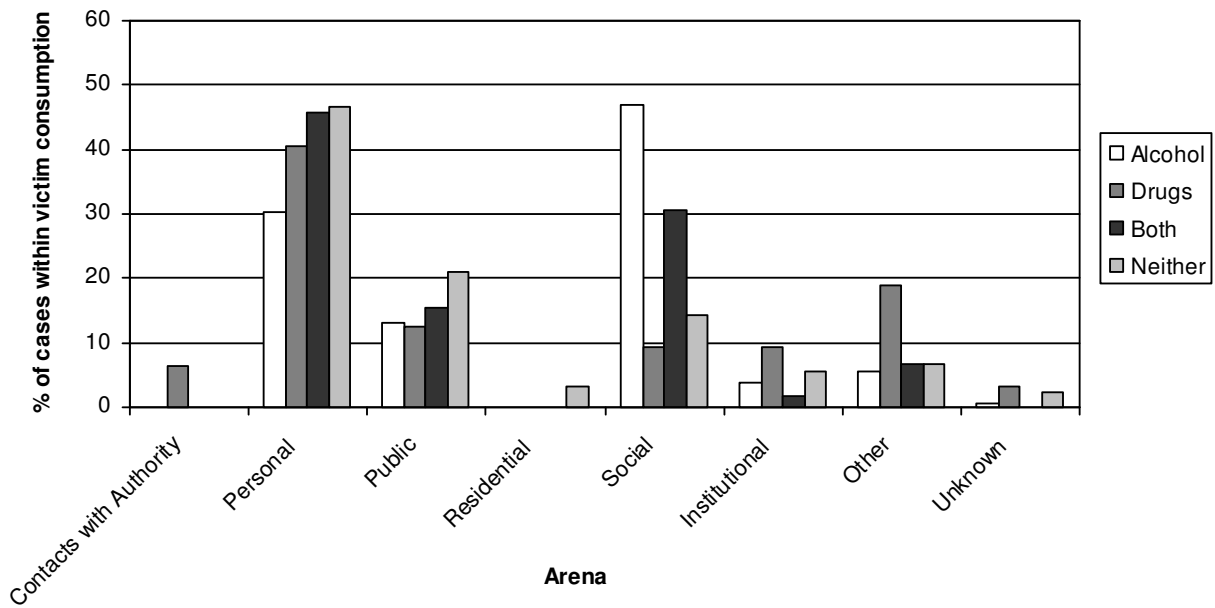
**Table 7: Contexts and arenas**

<b>Context</b>	<b>Arena</b>
Family event	Personal
Friends hanging out	
Relationship – current	
Relationship former	
Family member	
Friend/relative/partner of known other	
On a date	Social
Bar/pub	
Club	
Party/social gathering	
Asleep at/after social event	
Journey home	Public
Followed/jumped/accosted	
Offered lift/walk home	
Taxi	
Break-in	Residential
Flatmate/guest	
Neighbour	
Work/school	Institutional
Institution	
Contacts with authority	Authority
Other	Other

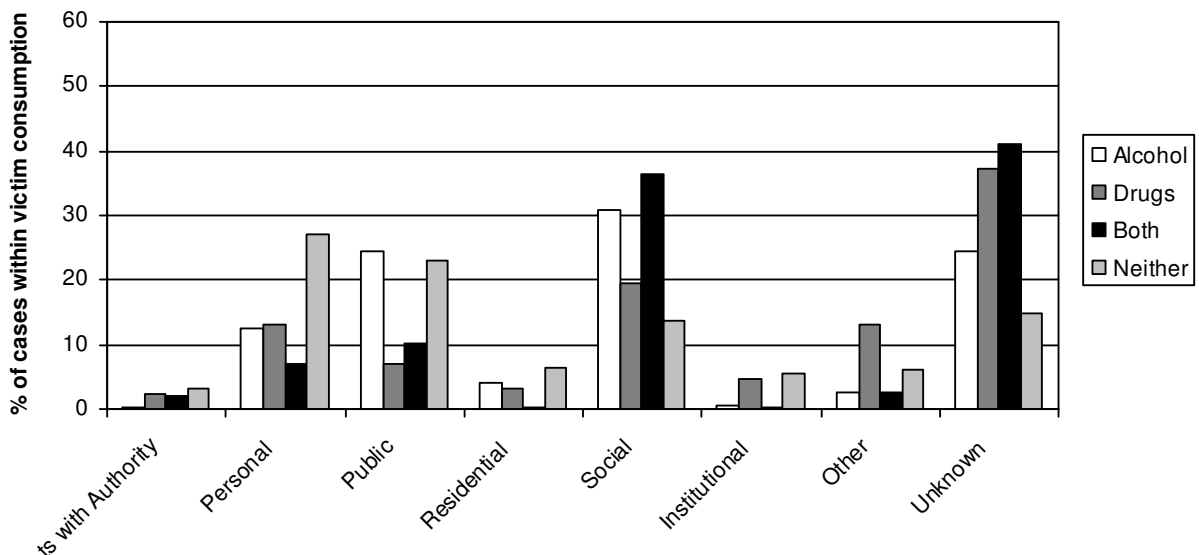
This schema provides a useful template for understanding and illustrating the range of situations in which all forms of sexual assault occur; covering, in fact, most social and physical environments an individual is likely to come into contact with. In addition, cross-tabulation with the presence or absence of alcohol and/or drugs indicates whether or not certain contexts and arenas were associated with sexual assault following their consumption.

Within both samples overall, the arenas comprising the most cases were personal (Horvath n=174; Lovett n=733), social (Horvath n=177; Lovett n=749), and public (Horvath n=71; Lovett n=600). Figures 2a and 2b show the distribution of cases amongst the different arenas according to the victims' consumption of alcohol/drugs.

**Figure 2a: Horvath distribution of cases in arenas according to victim consumption**

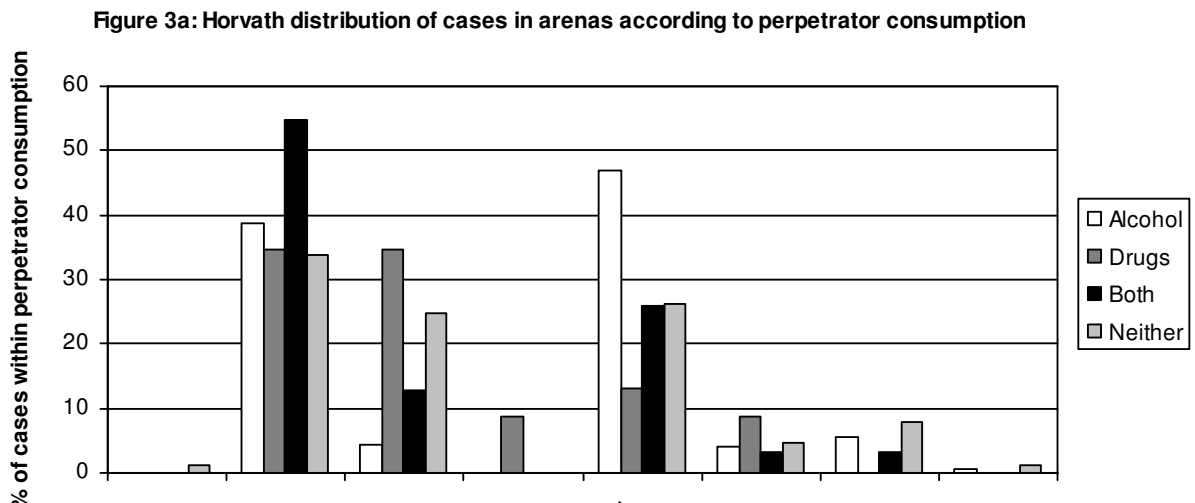


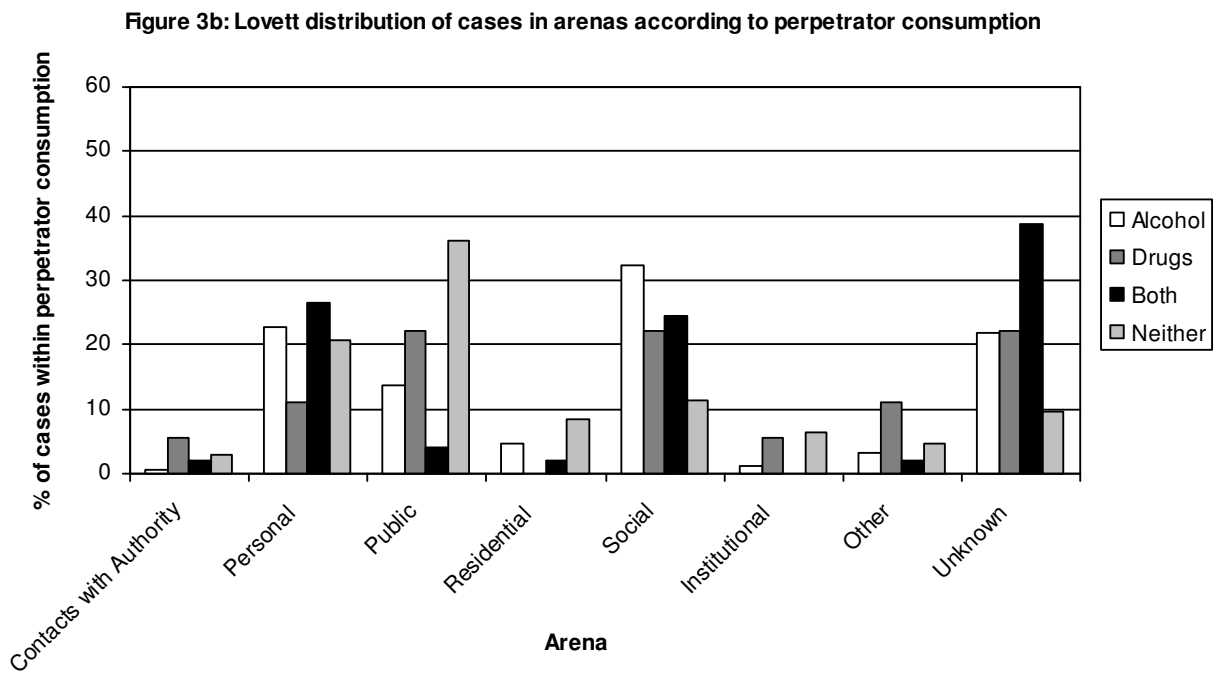
**Figure 2b: Lovett distribution of cases in arenas according to victim consumption**



In arenas where there is likely to be less prior contact/acquaintance between the victim and perpetrator (public, social) a greater proportion of victims consumed alcohol than drugs or neither, which suggests that alcohol may act as a facilitator in these environments. In arenas where there is a greater degree of acquaintance (personal, authority) equal or smaller proportions of victims consumed alcohol than drugs or neither, indicating that other facilitating elements, such as trust, access, intimacy, authority and so on may come into play here. Harrington Cleveland et al, (1999) have described factors such as these as 'rape tactics', which the perpetrator employs both to increase the chances of achieving rape and to decrease the chances that the victim will report it. They define alcohol and drugs as specific tactics within this model.

Figures 3a and 3b show the distribution of cases amongst the different arenas according to the perpetrators' consumption of alcohol/drugs.





Figures 3a and 3b show that in 'contacts with authority', 'residential', 'institutional' and 'other' arenas perpetrator substance consumption is low. This may be because there are other tactics available that perpetrators can use to gain access to these victims and facilitate the assault so that substance consumption by neither is unnecessary. Also these are not arenas where substance consumption is socially acceptable whereas high levels are identifiable in the social arena for both victims and perpetrators, where it is widely acceptable. Comparison of figures 2a-3b shows that in

the public arena victims are more likely to have consumed substances while perpetrators appear more sober (apart from a small number in both samples who have consumed drugs Lovett n= 4, Horvath n=8). It is possible that in this arena, in addition to being isolated or exposed, the perpetrator also needs the victim to be identifiably vulnerable as a result of intoxication in order to gain access to her. The reverse is the case in the personal arena, where victims consumed relatively low amounts of substances and perpetrators somewhat higher amounts. This suggests that in the personal arena the perpetrator does not require the victim to be intoxicated as he already has access to her or a relationship of trust, but that his own intoxication may act to facilitate or excuse the assault.

## **Discussion**

The findings that have emerged in this chapter from combining the Lovett and Horvath datasets have demonstrated that many of the popular myths surrounding the role of alcohol and drugs in rape are unsupported. In this discussion section we aim to use our data to challenge and discuss the four areas where myths are prevalent: types of substances and the nature of consumption; context; perpetrators; and victims.

### *Myths about types of substances and nature of consumption*

Despite considerable research evidence to the contrary (see, for example, Hindmarch & Brinkmann, 1999; Seifert, 1999), the myth still remains that drugs such as Rohypnol are being widely used by men seeking to incapacitate women and sexually assault them. Whilst we do not seek to deny that a small proportion of men are drugging women and sexually assaulting them, independent and voluntary alcohol

consumption by the victim was associated with a substantially higher proportion of sexual assaults, while drugs were present in a consistent minority, and consensual consumption of drugs by victims accounted for a large degree of cases where drugs were involved. This strong association with alcohol reflects findings from other studies (e.g. Hindmarch et al, 2001; Scott-Ham & Burton, 2005; Slaughter, 2000) but, equally importantly, it does not demonstrate a causal relationship between consuming alcohol and subsequent victimisation. Rather, it indicates that victim intoxication is one of a number of vulnerabilities that can be identified and exploited to facilitate sexual assault by predatory men, particularly where there is little or no prior acquaintance or relationship.

Where alcohol consumption and rape have been linked, a common assertion has tended to be that this is a result of increased prevalence of alcohol consumption among women, and particularly due to the rise in the phenomenon of 'binge drinking'. An analysis of drinking levels among the general population has shown that this assertion is contestable. In addition, although neither the Horvath nor the Lovett study had access to consistent clinical data on the precise amounts of alcohol consumed and the levels of intoxication among victims, available qualitative data indicated a range of physiological states among victims who had consumed either alcohol or drugs, and a degree of intoxication that led to unconsciousness in only one fifth of cases overall.

It should also be noted that an alternative explanation exists for the high proportions of alcohol and low proportions of drugs in both samples, which is that it may simply be a reflection of the greater acceptability and more widespread consumption of alcohol compared to drugs within society generally. As mentioned in the introduction, over half of those people surveyed (irrelevant of gender) have

consumed alcohol in the previous week (Office for National Statistics, 2008), while the figures for drug consumption are much lower – just 5% of people had used drugs in the past month and across all age groups levels among women were even lower than for men<sup>xvii</sup> (Hoare & Flatley, 2008). These figures are not highly dissimilar from the proportions consuming alcohol and drugs in both the Horvath and Lovett samples of rape and sexual assault victims. Equally, this widespread acceptability and public awareness that a victim is less likely to be believed if they have been sexually assaulted after having consumed alcohol (Jordan, 2004; Lopez, 1992) means a situation exists which provides perpetrators with relatively low-risk opportunities to assault intoxicated victims.

#### *Myths about context*

One of the most prevalent myths about the context of alcohol-related sexual assault is that it occurs when people are on dates, and is hence often labelled as ‘date rape’. Across the two datasets there were very few cases which involved two people on a date<sup>xviii</sup>, so the overall proportion of ‘date rapes’ was very low. This supports findings from the British Crime Survey that only four per cent of rapes and six per cent of serious sexual assaults occurred in the context of ‘dates’ (Walby & Allen, 2004). In fact, our analysis reveals that sexual assaults occur in many different contexts whether alcohol is involved or not.

We argue that in certain environments consumption of alcohol/drugs can act as a facilitator of sexual assault. The pattern that emerged was that alcohol seems to be more prevalent in social and public arenas where there is minimal prior contact between the victim and perpetrator. So alcohol is most likely used to initially facilitate

interaction between them and then provide opportunity for the perpetrator to commit the assault. Alcohol is commonly and legitimately consumed in these contexts, which were typically the customary sites of social interaction and recreation – pubs and clubs, friends' homes – or public spaces occupied between social events or whilst travelling home, including in taxis and other vehicles. This may be because such environments provide easy access to potential victims who are drinking voluntarily and independently, where social interactions commonly involve shared drinking and/or drug taking and where there may be expectations that sexual encounters can be initiated. In the case of taxis and vehicles, it was notable that while victims assaulted in these locations had commonly consumed alcohol, perpetrators were unlikely to have.

#### *Myths about perpetrators*

A common myth about why men commit rape, originating from evolutionary psychology, is that they are driven by physiological impulses and are simply responding to/misreading women's cues (see Frith, this volume and for an overview of this literature see Buss & Malamuth, 1996; George et al, 1995 and Holloway, 1984). Where alcohol is involved, this means that they are mistakenly assuming that women who are drinking in public locations are available for sex. The findings above do show a correlation between cases where victims and perpetrators have consumed alcohol and sexual assault occurring in locations such as pubs, clubs, bars and parties. However, it is also evident that there are situations in which there is a clear disparity between the victim and perpetrator's level of consciousness, which negates the possibility for consent to be negotiated or given. For example, where victims were



asleep, unconscious or highly intoxicated there is little or no possibility for any interaction between victim and perpetrator that would enable consent to be conveyed. The commission of sexual assaults in these circumstances suggests a clear disregard for the victim as an equal party to sexual activity and a sense of entitlement on the part of the perpetrator to achieve sexual gratification at any cost. It also provides evidence that there are situations in which men knowingly take advantage of women who have been drinking, and may even see them as legitimate targets for assault.

#### *Myths about victims*

Three main myths in relation to rape victims and alcohol exist: firstly, that women are always capable of saying no, no matter how drunk they are; secondly, that by drinking women are asking to be raped; and, finally, that women who say they were raped when drunk are lying/regret what's happened/just had bad sex. With regards to the first, if a victim is asleep or unconscious they cannot say no or resist, and where they are very drunk it is questionable whether can give meaningful consent. Further, media portrayal of victims of sexual assault when alcohol or drugs are involved frequently focuses on women who cannot remember anything (see for example O'Kane, 2004; Weathers, 2005). As the data in this chapter have shown these cases represent a small but significant minority (less than a quarter) of the cases in both datasets. We propose that more awareness is needed about the degrees of intoxication that victims can experience. In everyday conversation distinctions are made between being 'tipsy', 'merry', 'blind drunk' and 'wasted' in relation to alcohol and drug consumption and yet this is not applied to victims of sexual assault. Further, regardless of where on a

continuum from sober to unconscious a victim may fall the widely held belief that women who are drinking are asking to be raped needs to be challenged.

Challenging the myths that surround victims could be achieved in a number of ways. Initially, in response to the claim that women indulging in excessive drinking are contributing to sexual assault, we draw attention to the evidence presented in this chapter which shows that male victims are also affected. The fundamental issue remains, however, that it is the perpetrator who decides to commit a sexual assault regardless of the victim's behaviours and the responsibility must remain with them. It must be remembered that all victims are deserving of protection from the law.

## **Conclusions**

In this chapter we have challenged persistent myths about the prevalence of drug-assisted rape, showing that alcohol is far more prevalent than drugs in sexual assault. We have also shown that rape and sexual assault occur in a variety of contexts and arenas, spanning those in the daily lives of individuals, and that those in which alcohol/drug consumption and sexual assault co-occur are particularly linked to a variety of locations and situations within social, public and personal arenas. This analysis has especially exposed the misleading nature of the notion of 'date rape' and its common conflation with drug-assisted rape, since very few cases in either sample occurred in such circumstances. In addition, the data presented have clearly demonstrated that the vulnerability created by consumption of alcohol is being exploited by perpetrators to facilitate sexual assaults, findings which are supported by Stanko and Williams in chapter nine of this volume. Thus it appears that women (and

some men) who are drinking and/or consuming drugs are seen as legitimate targets for sexual exploitation and victimisation.

The exploration of both victim and perpetrator consumption has highlighted the need to re-frame approaches to researching and understanding this offence. We have shown that the prevalence of consumption among victims and perpetrators and correlations with certain assault contexts shifts depending on whose perspective is taken and there is not necessarily a match between contexts involving both victim and perpetrator consumption. Whilst broadening the range of circumstances with which we perceive alcohol and drug-related sexual assault to be associated, this also calls for a move away from an exclusive focus on the drinking and personal safety behaviours of women as the most likely potential victims of sexual assault and greater emphasis on both the drinking and targeting behaviours of potential perpetrators. More research is needed that takes a more holistic approach to understanding offending, considering all of the actors and situational factors and their interconnections. Ultimately, public education needs to focus, not only on the risks of alcohol/drug consumption in relation to long-term health and the possibilities of victimisation for women and men, but also on men's attitudes towards women who are drinking and the limits of consent in situations where one or both parties are intoxicated.

### **Acknowledgements**

Miranda would like to thank Darren Hollett and Jess Fielding for their assistance with coding the data and Jennifer Brown for her collaboration on the initial project. Jo would like to thank Liz Kelly and Linda Regan for their collaboration on the initial project and ongoing dialogue and advice about the dataset. Miranda and Jo would also

*To cite: Horvath, M.A.H. & Brown, J.M. (eds) (2009) Rape: Challenging Contemporary Thinking.  
Collompton: Willan Publishing*

like to thank Maddy Coy for her very helpful comments on an earlier version of this chapter.

## References

Abbey, A., Zawacki, T., Buck, P.O., Clinton, A.M. and McAuslan, P. (2004) 'Sexual assault and alcohol consumption: what do we know about their relationship and what types of research are still needed?' *Aggression and Violent Behaviour*, 9, pp. 271-303.

Abbey, A., Zawacki, T., Buck, P.O., Clinton, A.M. and McAuslan, P. (2001) 'Alcohol and sexual assault', *Alcohol Research and Health*, 25:1, pp. 43-51.

Abbey, A., McAuslan, P., Ross, L.T. and Zawacki, T. (1999) 'Alcohol expectancies regarding sex, aggression, and sexual vulnerability: Reliability and validity assessment', *Psychology of Addictive Behaviour*, 13, pp. 174-182.

Brecklin, L. and Ullman, S. (2001) 'The Role of Offender Alcohol Use in Rape Attacks', *Journal of Interpersonal Violence*, 16:1, pp. 3-21.

Budd, T. (2003) *Alcohol-related assault: Findings from the British Crime Survey* (Home Office Online Report 35/03). Available at <http://www.homeoffice.gov.uk/rds/pdfs2/rdsolr3503.pdf> [accessed 12.03.09].

Buss, D.M. and Malamuth, N. (Eds) (1996) *Sex, Power, Conflict: Evolutionary and Feminist Perspectives* (New York: Oxford University Press).

Campbell, L., Keegan, A., Cybulska, B. and Forster, G. (2007) 'Prevalence of mental health problems and deliberate self-harm in complainants of sexual violence', *Journal of Clinical Forensic Medicine*, 14, pp. 75-78.

Cameron, C.A. and Strizke, W.G.K. (2003) 'Alcohol and acquaintance rape in Australia: testing the presupposition model of attributions about responsibility and blame', *Journal of Applied Social Psychology*, 33:5, pp. 983-1008.

Crawford, E., O'Dougherty Wright, M. and Birchmeier, Z. (2008) 'Drug-facilitated sexual assault: College women's risk perception and behavioural choices', *Journal of American College Health*, 57:3, pp. 261-272.

Cybulska, B. (2007) 'Sexual assault: Key issues', *Journal of the Royal Society of Medicine*, 100, pp. 321-324.

Department of Health (2008) *Smoking, Drinking and Drug Use among Young People in England in 2007* (Leeds: The Information Centre).

Finch, E. and Munro, V. (2005) 'Juror stereotypes and blame attribution in rape cases involving intoxicants', *British Journal of Criminology*, 45, pp. 25-38.

Finney, A. (2004) *Alcohol and sexual violence: Key findings from the research* (Findings 215, London: Home Office).

Foote, W., Wangmann, J. and Braaf, R. (2004) *Old crime, new modus operandi: Preventing drug and alcohol assisted sexual assaults* Available at [http://www.lawlink.nsw.gov.au/lawlink/vaw/ll\\_vaw.nsf/pages/vaw\\_resources\\_vawreports](http://www.lawlink.nsw.gov.au/lawlink/vaw/ll_vaw.nsf/pages/vaw_resources_vawreports) [accessed 12.01.09].

George, W.H., Cue, K.L., Lopez, P.A., Crowe, L.C. and Norris, J. (1995) 'Self-reported alcohol expectancies and postdrinking sexual inferences about women', *Journal of Applied Social Psychology*, 25, pp. 164-186.

Gibb, F., De Bruxelles, S. and Coates, S. (2005) 'Binge drinking women may lose right to rape claim', *The Times*, November 24.

Greenfield, L.A. (1997) 'Sex offences and offenders: An analysis of data on rape and sexual assault' in E.F. Avakame (1999) 'Females' labour force participation and rape: An empirical test of the Backlash Hypothesis', *Violence Against Women*, 5, pp. 926-949.

Harrington Cleveland, H., Koss, M. and Lyons, J. (1999) 'Rape tactics from the survivor's perspective: Contextual dependent and within-event independence', *Journal of Interpersonal Violence*, 14:5, pp. 532-47.

Hindmarch, I., ElSohly, M., Gambles, J. and Salamone, S. (2001) 'Forensic urinalysis of drug use in cases of alleged sexual assault', *Journal of Clinical Forensic Medicine*, 8, pp. 197-205.

Hindmarch, I. and Brinkmann, R. (1999) 'Trends in the use of alcohol and other drugs in cases of sexual assault', *Human Psychopharmacology: Clinical and Experimental*, 14, pp. 225-231.

Hindmarch, I., Kerr, J. and Sherwood, N. (1991) 'The effects of alcohol and other drugs on psychomotor performance and cognitive function', *Alcohol*, 26, pp. 71-79.

Hoare, J. and Flatley, K. (2008) *Drug Misuse Declared: Findings from the 2007/08 British Crime Survey England and Wales*. (Home Office Statistical Bulletin 13/08, London: Home Office).

Holloway, W. (1984) 'Women's power in heterosexual sex', *Women's Studies International Forum*, 7:1, pp.63-68.

Horvath, M.A.H. and Brown, J. (2007) 'Alcohol as drug of choice: Is drug-assisted rape a misnomer?', *Psychology, Crime and Law*, 13:5, pp. 417-429.

Horvath, M.A.H. and Brown, J. (2006a) 'The role of alcohol and drugs in rape', *Medicine, Science and the Law*, 46:3, pp. 219-228.

Horvath, M.A.H. (2006b) *Drug-assisted rape: An investigation* (Unpublished PhD, University of Surrey, UK).



Horvath, M.A.H. and Brown, J. (2005) 'Drug-assisted rape and sexual assault: definitional, conceptual and methodological developments', *Journal of Investigative Psychology and Offender Profiling*, 2:3, pp. 203-210.

ICM (2005) *Sexual assault research summary report* (Prepared for Amnesty International UK).

Jordan, J. (2004) 'Beyond belief? Police, rape and women's credibility', *Criminal Justice*, 4, pp. 29-59.

Kelly, L., Lovett, J. and Regan, L. (2005) *A gap or a chasm? Attrition in reported rape cases* (Home Office Research Study 293, London, Home Office).

Koss, M.P. and Cook, S.L. (1993) 'Facing the facts: Date and acquaintance rape are significant problems for women', in R.J. Gelles and D.R. Loseke (Eds) *Current controversies on Family Violence*, (Newbury Park, California: Sage).

Lees, S. (2002) *Carnal knowledge: Rape on trial* (London: Women's Press).

Lopez, P. (1992) 'He said...she said...an overview of date rape from commission through prosecution through verdict', *Criminal Justice*, 13, pp. 275-302.

Lovett, J., Regan, L. and Kelly, L. (2004) *Sexual assault referral centres: developing good practice and maximising potentials* (Home Office Research Study 285, London: Home Office).

Markowitz, S. (2005) 'Alcohol, drugs and violence', *International Review of Law and Economics*, 25, pp. 20–44.

Measham, F. and Brain, K. (2005) '“Binge” drinking, British alcohol policy and the new culture of intoxication', *Crime Media Culture*, 1:3, pp. 262-283.

Nurius, P.S. and Norris, T. (1996) 'A cognitive ecological model of women's response to male sexual coercion in dating', *Journal of Psychology and Human Sexuality*, 8, pp. 117-139.

Office for National Statistics (2008). General Household Survey 2007. Available at <http://www.statistics.gov.uk/Statbase/Product.asp?vlnk=5756> [accessed 04.02.09].

Operation Matisse (2006) *Investigating drug facilitated sexual assault* (London: Association of Chief Police Officers).

O’Kane (2004) 'I got the feeling from his words that they'd done it before', *The Guardian*, Thursday September 9th.

Parks, K.A. and Miller, B.A. (1997) 'Bar victimisation of women', *Psychology of Women Quarterly*, 21, pp. 509-25.

Peterson, J.B., Rothfleisch, J., Zelazo, P.D. and Pihl, R.O. (1990) 'Acute alcohol intoxication and cognitive functioning', *Journal of Studies in Alcohol*, 51, pp. 114-22.

Regan, L., Lovett, J. and Kelly, L. (2004) *Forensic Nursing: An option for improving responses to reported rape and sexual assault*, Home Office On-line Research Report 28/04. Available at <http://www.homeoffice.gov.uk/rds/pdfs04/rdsolr2804.pdf> [accessed 04.02.09].

Scott-Hamm, M. and Burton, F.C. (2005) 'Toxicological findings in cases of alleged drug-facilitated sexual assault in the United Kingdom over a 3-year period', *Journal of Clinical Forensic Medicine*, 12, pp. 175-186.

Seifert, S.A. (1999) 'Substance use and Sexual assault', *Substance Use and Misuse*, 34, pp. 935-945.

Sexual Offences Act (2003). Available at <http://www.legislation.hmso.gov.uk/acts2003/30042--b.htm> [accessed 04.02.09].

Slaughter, L. (2000) 'Involvement of drugs in sexual assault', *Journal of Reproductive Medicine*, 45, pp. 425-430.

Stanko, B., Norman, J. and Wunsch, D. (2007) *The attrition of rape allegations in London: A review* (London: Metropolitan Police Service).

Steele, C.M. and Josephs, R.A. (1990) 'Alcohol Myopia: Its prized and dangerous effects', *American Psychologist*, 45, pp. 921-33.

Strizke, W.G.K., Patrick, C.J. and Lang, A.R. (1995) 'Alcohol and human emotion: A multidimensional analysis incorporating startle-probe methodology', *Journal of Abnormal Psychology*, 104, pp. 114-122.

Taylor, S.E. and Leonard, K.E. (1983) 'Alcohol, drugs, and human physical aggression', *Journal of Studies in Alcohol*, 11, pp. 78-88.

Temkin, J. (2002) 'Digging the Dirt: Disclosure of Records in Sexual Assault Cases', *Cambridge Law Journal*, 61, pp. 126-145.

Testa, M. and Parks, K.A. (1996) 'The role of women's alcohol consumption in sexual victimisation', *Aggressive and Violent Behaviour*, 1, pp. 217-34.

The Times (2005, 24<sup>th</sup> November). *Binge-drink women may lose right to rape claim*. Available at [www.timesonline.co.uk/article/0,,2-1888035,00.html](http://www.timesonline.co.uk/article/0,,2-1888035,00.html) [accessed 04.02.09]

Ullman, S.E. (2003) 'A critical review of field studies on the link of alcohol and adult sexual assault in women', *Aggression and Violent Behaviour*, 8, pp. 471-486.

Ullman, S.E., Karabastosos, G. and Koss, M. (1999) 'Alcohol and sexual assault in a national sample of college women', *Journal of Interpersonal Violence*, 14:6, pp. 603-625.

Weathers, H. (2005) 'Drug-rape – The disturbing facts', *The Daily Mail*, 8<sup>th</sup> August.

Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: findings from the British Crime Survey* (Home Office Research Study 276, London: Home Office).

## Endnotes

---

<sup>i</sup> Drugs include those that are illegal and over-the-counter and prescription medicine.

<sup>ii</sup> Sexual Offences Act 2003, sections 1(1) and 1(2).

<sup>iii</sup> Some research has been conducted into perpetrator consumption in the US (see Brecklin & Ullman, 2001), although this is rarely presented in conjunction with data on victim consumption.

<sup>iv</sup> These are included in the data presented here.

<sup>v</sup> All percentages equal 100

<sup>vi</sup> The ages of multiple perpetrators were only coded as 31-50 not the two categories 31-40 and 41-50 hence another category has been created.

<sup>vii</sup> A sub-category of 'other home' is 'social gathering' – parties and collective events involving friends/other groups. This was coded separately in the Lovett but not the Horvath data, so the two categories have been combined here for reasons of comparability. When treated as a separate category, however, assaults occurring at social gatherings saw far higher rates of involvement of alcohol (63.4%, n=18), which is, in fact, the second highest among all assault locations in the Lovett data set. The elevated presence of alcohol is not surprising here, although the small numbers in this group may affect the results.

<sup>viii</sup> Horvath data does not include and multiple perpetrator cases, only Lovett data is presented.

<sup>ix</sup> In the Horvath sample, the highest prevalence was found in perpetrators aged under 16, but the fact that this group only comprised three out of a total of four individuals means it does not constitute a robust finding.

<sup>x</sup> Note that this includes parties and other social gatherings in both samples.

<sup>xi</sup> All percentages equal 100

<sup>xii</sup> This data was not available for the Lovett sample

<sup>xiii</sup> The ages of multiple perpetrators were only coded as 31-50, not the two categories 31-40 and 41-50, hence another category has been created.

<sup>xiv</sup> A sub-category of 'other home' is 'social gathering' – parties and collective events involving friends/other groups. This was coded separately in the Lovett but not the Horvath data, so the two categories have been combined here for reasons of comparability. When treated as a separate category, however, assaults occurring at social gatherings saw far higher rates of involvement of alcohol (63.4%, n=18), which is, in fact, the second highest among all assault locations in the Lovett data set. The elevated presence of alcohol is not surprising here, although the small numbers in this group may affect the results.

<sup>xv</sup> Horvath data does not include and multiple perpetrator cases, only Lovett data is presented.

<sup>xvi</sup> This category included social gatherings.

<sup>xvii</sup> Among 16-59 year olds surveyed for the 2007/08 British Crime Survey.

<sup>xviii</sup> For example in the Lovett data there were 12 in the whole sample of 3,527 and in 10 of the 2,115 cases where details of victim consumption were known were the victim and perpetrator on a date.