

## Under the influence?

### Considering the role of alcohol and sexual assault in social contexts

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Alcohol has a culturally accepted place in social situations, particularly when young people congregate, however, it is also widely acknowledged that alcohol is often present in many sexual assaults that occur within these social contexts.

Although there is extensive research on the link between alcohol and sexual assault, there is still a lack of clarity about the exact role that alcohol plays in facilitating this type of sexual violence. Perpetrators are able to use alcohol to their advantage in a number of ways.

Clearly, alcohol is not a causative factor on its own, as many people drink without perpetrating violence. It seems most likely that alcohol acts in multiple ways and interacts with a range of social and individual factors to influence the perpetration of sexual assault.

#### KEY MESSAGES

- Alcohol is a feature in a high proportion of sexual assaults.
- It appears that alcohol has a multi-faceted role in facilitating sexual assault.
- There are social and gender issues around alcohol consumption that perpetrators are able to exploit to their advantage.
- Alcohol is used as a tool by perpetrators to increase victim vulnerability and enhance their own confidence.
- Alcohol is used as an excuse by perpetrators to reduce their culpability and accountability.
- Alcohol may be consumed voluntarily by victims or perpetrators may coerce consumption or covertly administer alcohol.
- Alcohol on its own is not a causative factor for sexual assault but it acts together with social and cultural factors that influence behaviour in relation to social scripts and sexual interactions.



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Alcohol is a common feature in many sexual assaults, particularly those committed in a social context. Although there is extensive research on the link between alcohol and sexual assault, there is a lack of clarity about the exact role that alcohol plays. In the ACSSA research report *Insights Into Sexual Assault Perpetration: Giving Voice to Victim/Survivors' Knowledge*, alcohol was seen as a tool, commonly used by perpetrators (Clark & Quadara, 2010). The report will be referred to throughout this paper as *Giving Voice*.

The findings from *Giving Voice* identified a variety of ways in which alcohol was used by perpetrators in social interactions and settings in order to perpetrate sexual assault. These included: taking advantage of the social use of alcohol to enable and facilitate the assaults; as a method of increasing perpetrator confidence; excusing their perpetrating behaviour after the assault; and enabling manipulation of the effects of alcohol for the purposes of reinterpreting the assault or women's memories of it—alcohol has the effect of creating a barrier to the reporting of sexual assault as women often see their own intoxication or drinking behaviour as contributing to the assault.

Alcohol has the effect of creating a barrier to the reporting of sexual assault as women often see their own intoxication or drinking behaviour as contributing to the assault

This Issues paper aims to review research around alcohol use in sexual assaults that are perpetrated in circumstances of socialising and sexual interactions. It will highlight key points from the literature that provide relevant information for prevention. This paper also discusses 14 transcripts from interviews with victims of sexual assault in which alcohol was present. These interviews were originally undertaken as part of the *Giving Voice* report (Clark & Quadara, 2010). The report was originally conceived as a step towards enhancing understanding about sexual assault perpetration. This Issues paper builds on one aspect of the findings from that report—

namely that alcohol is often present when sexual assault is perpetrated. The aim of drawing on the *Giving Voice* transcripts that highlighted the presence of alcohol was to gain some insight into alcohol's role in sexual assault facilitation and seeing whether this insight accords with the wider literature on alcohol.

## Methodology

The *Giving Voice* report used a qualitative research design and interviews with victim/survivors of sexual assault that were drawn through a purposive sampling method. The report includes a review of the national and international evidence base on sexual offending strategies, qualitative interviews with 33 victim/survivors about perpetrator tactics and consultations with those working in the sexual assault field.

A broad range of alcohol-related literature was reviewed, mainly from the United States, United Kingdom and Australia, with the majority published after the year 2000. The transcripts created by the *Giving Voice* report were then analysed for the presence of alcohol in the sexual assault. Fourteen of the 33 transcripts highlighted alcohol as playing a role. These were further analysed and coded according to alcohol use and the perceived role that alcohol played in the sexual assault experienced.

## What is the association between alcohol consumption and sexual assault?

The relationship between alcohol and sexual assault is multidimensional and diverse issues are taken up in research studies. Some key examples include:

- histories of drinking behaviour, particularly heavy drinking, among victim/survivors and perpetrators (prior to the incident) (Mann & Farmer, 2013; Ullman & Najdowski, 2010);
- the relationship between a history of child sexual abuse victimisation and alcohol consumption (Walsh et al., 2013);
- beliefs about alcohol and expectations about the effects of alcohol on confidence, sexual desire, and sexual availability (Benson, Gohm, & Gross, 2007);
- deliberate alcohol or drug facilitated sexual assault, (i.e. when there is the “covert or forcible administration to a victim” of drugs or alcohol by an assailant for the purposes of sexual assault) (Neame, 2003; Beynon, McVeigh, McVeigh, Leavey, & Bellis, 2008)
- opportunistic, drug-facilitated sexual assault (i.e. when an assailant engages in sexual activity with a victim who is profoundly intoxicated through voluntary consumption of alcohol) (Littleton, Grills-Taquechel, & Axsom, 2009);
- the role that alcohol plays in physical and cognitive impairment (e.g., increased aggression, physical impairment); (Giancola, 2013)and
- associated risk factors such as younger age, “risky settings” (e.g., parties, licensed premises) (Advisory Council on the Misuse of Drugs, 2007; Fileborn, 2012).

These represent quite specific dimensions of the relationship between alcohol and sexual assault. As such, there is variation in research populations (e.g., university students compared to incarcerated offenders), methodology, purpose of research and, therefore, findings. Further, across the research, there is no agreed standard on how the presence of alcohol should be measured. Studies variously explore simply whether alcohol was consumed, the number of drinks consumed, the frequency of alcohol consumption, or blood alcohol levels. In addition, studies often combine alcohol and other substances in

their analyses. In short, it is difficult to draw firm conclusions about what role alcohol has in sexual assault.

This Issues paper focuses on the consumption of alcohol in social settings such as private parties, after-work drinks, functions (e.g., weddings), licensed premises, and other social occasions, and its relationship to incidents of sexual assault. Relevant research literature published since 2000 that examines the relationship between alcohol consumption and sexual assault was reviewed. The most common sources of data drawn on in these sources were:

- community-based populations (generally through surveys); and
- forensic toxicology analysis of blood alcohol levels following an incident of sexual assault.

Other sources of information include police report data. The findings from these studies are described below.

## Findings from the research

### Forensic toxicological analyses

Benyon and colleagues undertook a systematic review of studies published between 1996 and 2005 to examine the evidence linking alcohol consumption and sexual assault (Benyon, et al., 2008). This review was done in the context of debates occurring both in Australia, et al., 2008). This review was done in the context of debates occurring both in Australia and internationally, about a perceived increase in the occurrence of the covert administration of alcohol or drugs to facilitate sexual offending (Neame, 2003). They identified seven articles that examined the use of alcohol and drugs in incidents of sexual assault.<sup>1</sup> Alcohol was detected in 35–47% of forensic samples. One study, which back-calculated blood alcohol levels, found that 60% of 1014 samples had blood alcohol concentrations (BAC) >150mg/100m (0.15) and 36% had BAC >200mg/100mls (0.2) (Scott-Ham & Burton, 2005).<sup>2</sup>

Another study reviewed toxicology reports from 1999–2005 extracted from the Forensic Science database in Northern Ireland (Hall, Goodall, & Moore, 2008). Alcohol or alcohol and other drugs were detected in 36–66% of samples, with an overall trend of an increase in samples detecting alcohol (although this increase was not statistically significant). Average blood alcohol concentrations ranged between 0.17 and 0.21, with 5 years showing the highest blood alcohol concentrations to be greater than 0.3.

### Community samples

Community-based samples can provide more information about the contexts in which alcohol was consumed and whether both the perpetrator and the victim/survivor were drinking. Overall, this research suggests that alcohol is most likely to be present in sexual assaults where the victim and perpetrator are casual acquaintances. A common estimate is that it is present in approximately 50% of incidents; research conducted with college students in the US suggests that at least 50% of sexual assaults are associated with alcohol use (Abbey, 2002; Abbey, Zawacki, Buck, Clinton, & McAuslan, 2001).

1 The search terms used in this review were drug\* with rape, sexual assault, drink spik\*. This means that the study was not specifically focused on the presence of alcohol in sexual assault presentations. They included only those studies that identified the proportion of individuals whose biological sample (blood or urine) showed the presence of drugs and/or alcohol. Of 389 identified articles only 11 met the inclusion criteria. Of these, seven focused on both alcohol and other drugs.

2 At 0.15, which is three times the Australian drink-driving limit, the types of physical and cognitive impairment can include: impaired reflexes, reaction time and gross motor control; staggering, slurred speech, temporary erectile dysfunction and the possibility of temporary alcohol poisoning. At 0.2–0.29 BAC impairments include: stupor; loss of understanding; impaired sensations; possibility of falling unconscious; severe motor impairment; loss of consciousness and memory blackout. See Understanding Blood Alcohol Content (BAC), <[www.rochester.edu/uhs/healthtopics/Alcohol/bac.html](http://www.rochester.edu/uhs/healthtopics/Alcohol/bac.html)>

Gunby, Carline, Bellis, and Beynon (2012) conducted an online survey with 1,110 university students in England and Wales, which asked about experiences of alcohol-related non-consensual sex. The survey used the sexual experiences survey to measure ‘non-consensual oral, anal or vaginal sex since the age of 14’ and the Alcohol Use Disorder Identification Test (AUDIT) to measure alcohol consumption. Of specific interest was whether there were gender differences in these experiences. Almost a third (30.7%, 329 women and 55 men) had experienced alcohol-related non-consensual sex. The study further found that 82.2% of women who had experienced alcohol-related non-consensual sex were “hazardous drinkers” compared to 62.9% who drank at lower levels.<sup>3</sup>

A New Zealand study of 2,548 university students across six university campuses also used a web-based survey to find out about “harmful sexual experiences” (Connor, Gray, & Kypri, 2010). Compared to men, women were more likely to report experiencing unwanted sexual advances (21% vs 12%) due to someone else’s drinking. However, according to this survey, men and women experienced similar levels of regretted sex (9.1% and 8.4%) and sexual assault or date rape (0.6% and 0.5%).

Brecklin and Ullman (2010) conducted research with 1,084 non-college female participants who had experienced sexual assault and who were recruited from Wave 1 of a longitudinal study on sexual assault recovery. Approximately 37% of respondents reported that their perpetrator had consumed alcohol either on its own or in conjunction with other substances prior to the assault (similar numbers of respondents did not know whether alcohol or drugs had been used). The study did not ask about the quantity of alcohol or other substances consumed. They found that victims and perpetrators have both consumed alcohol (and other substances) in incidents of sexual assault. This was particularly the case where victim/survivors were assaulted by an acquaintance (compared to a relative or husband/boyfriend). Additional injury was more likely when only the perpetrator had been consuming alcohol.

## Summary

While it is possible to locate published studies that report on the presence of alcohol in sexual assault incidents, it is difficult to know what to make of the findings. There are several reasons for this. First, the studies vary in terms of what is being assessed. Studies looking at “alcohol and drug-facilitated sexual assault” often do not distinguish between voluntary and involuntary or coercive alcohol consumption. For example, the systematic review by Beynon and colleagues found that 7 out of 8 studies did not distinguish between voluntary and involuntary consumption (Beynon et al., 2008; Bosman, Verschraagen, & Lusthof, 2011; McBrierty, Wilkinson, & Tormey, 2013).

Second, as noted earlier, the way in which alcohol consumption is defined and measured varies across the research. Some studies refer to “alcohol-related” or “alcohol-involved” sexual assault. These studies tend to be conducted with community or university student samples about their experiences of consensual and non-consensual sexual activity (Abbey, 2002; Abbey, Boyd, Grey, McCabe, & Young, 2008; Abbey, Zawacki, et al., 2001). Alcohol consumption can be one component of the survey, using measures such as a how many days in a typical month participants drink alcohol; how many standard drinks they usually have; and their largest amount of alcohol consumed on one occasion during the prior year (e.g., Zawacki, Abbey, Buck, McAuslan, & Clinton-Sherrod, 2003). This means that it is hard to know how alcohol is being used in these incidents or what meaning

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3 The AUDIT measures “hazardous” as a composite assessment of both amount alcohol drunk and impact on lifestyle, health and relationships.

is attributed to its consumption. Other research refers to “alcohol-” or “drug-facilitated” sexual assault (Beynon et al., 2008; Bosman et al., 2011; McBrierty et al., 2013). This terminology is more suggestive of circumstances in which individuals are significantly intoxicated and are highly vulnerable or incapacitated such that they are unable to freely consent to sexual interaction.

Third, the populations differ across the studies. As noted, some research involves university populations. Drinking practices and social contexts among these groups may be quite different compared to the broader population. On the other hand, toxicology reports are based on people who have reported a sexual assault. As well demonstrated in the research, only a small proportion of victims report sexual assaults to police or emergency services.

## How is the role of alcohol in sexual assault currently perceived in the research literature?

### Current discussions and research

In view of the statistics outlined in the above section, it is clear that alcohol is often present in the experience of sexual assault. An important point to be noted is that alcohol is not the sole cause of sexual assault. Alcohol should not be used as an excuse for sexual assault either (although these arguments may become a perpetrator’s tactic to justify aggressive behaviour), the responsibility for sexual assault remains with the perpetrators. The integration of alcohol into social lives in Western cultures, and the part it plays in our cultural fabric, means that alcohol is now entwined in the interactions that people share with each other, particularly in the context of young people and their entertainment, social expression and the potential for meeting intimate/sexual partners (Lindsay, 2006; Fileborn, 2012).

However, it is still not clear exactly what role alcohol plays in enabling perpetrators, in the context of those social interactions, to follow through on aggressive acts including sexual assault. It seems more likely that there are multiple and various ways in which alcohol facilitates or contributes to the occurrence of sexual assault, for example by:

- enabling male misperceptions about corresponding sexual interest from their victim;
- enhancing men’s willingness to behave aggressively; or
- by creating an excuse for diminishing men’s responsibility when they have perpetrated sexual violence.

### Drink “spiking” and drug-facilitated sexual assault

The media often focuses on one of the ways alcohol plays a role in enabling sexual assault. That is when alcohol is used as a vehicle for drink spiking or drug-facilitated sexual assault. Drink spiking or drug-facilitated sexual assault is a term used to describe the situation where a victim is incapacitated by intentionally administered substances such as alcohol or other drugs, usually covertly, to enable the sexual assault to take place (Neame, 2003). Drug-facilitated sexual assault can also include opportunistic sexual assault perpetrated on a victim who is heavily intoxicated or incapacitated by their own actions (Olszewski, 2009).

Although drink spiking must be acknowledged in the context of the link between alcohol and sexual assault, the research around this issue critiques the strong media focus on the idea that sedative drugs (such as Rohypnol) were being dropped into women’s drinks in order to incapacitate them so they could be assaulted. Alcohol is, in fact, the drug

of choice in most cases of intentionally rendering a victim helpless (Horvath & Brown, 2007). Therefore, “drink spiking” in its more overt, media-emphasised construct, is not the focus of this paper. The reality of the alcohol–sexual assault context is that more sexual assaults occur in situations of heavy alcohol consumption where the victim ingests voluntarily (Neame, 2003). In addition, the media focus on the problem of drink spiking has drawn attention away from the realities of sexual assault, namely that it occurs in the commonplace and culturally-endorsed environment of alcohol consumption in a social situation (Neame, 2003). A tendency of commentary around drink spiking was to consider victims whose sexual assault had occurred while they were heavily intoxicated, while still being victims of a drug-facilitated sexual assault, as somehow more blameworthy than victims of “spiking” (Horvath & Brown, 2007). Olszewski (2009) considered the notion of drug-facilitated sexual assault as including voluntary intoxication but noted that this could see a focus on the victim’s intoxication and capacity to consent being analysed and may create a barrier to reporting sexual assault.

## Gender and alcohol consumption patterns

Historically and cross-culturally, women and men have consumed alcohol differently with men drinking more than women (Wilsnack & Wilsnack, 2013; Lindsay, 2005; Lyons & Willot, 2008). In addition to different drinking behaviours, it is now understood that people are affected by drinking in different ways because of their gender. For example, alcohol can have different physiological effects on men and women, mainly in that women become intoxicated from fewer drinks (Wilsnack & Wilsnack, 2013) due to size and other physiological differences in male and female bodies.

But perhaps more importantly, there are social differences between genders in relation to drinking. There is a strong and historic link between social norms and masculinity in relation to drinking alcohol (Lindsay, 2005; Locke & Mahalik, 2005; Lyons & Willot, 2008; Wilsnack & Wilsnack, 2013). Theoretical explanations for gender differences in consumption patterns of alcohol include men’s motivation to assert power and alcohol’s symbolic link to masculinity leading them to drink more (Wilsnack & Wilsnack, 2013; World Health Organization [WHO], 2005). Other factors highlighted to explain gender differences in consumption include social stereotypes of the sexes, risk-taking and social responsibilities (Wilsnack & Wilsnack, 2013). These are discussed in more detail in the next sections.

An interesting aspect of gendered patterns in drinking is that female alcohol consumption in Western societies is increasing, and the gap is now closing between male and female consumption patterns (Wilsnack & Wilsnack, 2013). This is frequently attributed to women’s increasing workforce participation and wage earning (Guggisberg, 2010).

It seems that young women and men drink for many of the same reasons—to enhance social occasions, to relax, reduce inhibitions and to have fun (Parliament of Victoria—Drugs and Crime Prevention Committee, 2006). However, the increase in female drinking has attracted concern and negative commentary, despite the fact that men’s drinking remains more problematic in relation to violence (Guggisberg, 2010; Parliament of Victoria—Drugs and Crime Prevention Committee, 2006).

## Sex and alcohol

Expectations around alcohol’s role in increasing the likelihood and pleasure of sex are seen as a potential motivation to both sexes to drink. In a cross-sectional study of young people in nine European cities, alcohol was the substance most likely to be used to facilitate a

sexual encounter (Bellis et al., 2008). Much of the research around this aspect of alcohol use, also highlighted negative social attitudes to women's drinking, linked to the idea that a woman's gatekeeping role in sexual advances may be compromised. These expectancies are discussed in more detail later in this piece.

## Risk

A gender difference in the propensity to risk-taking is one theory to explain differences in gender consumption of alcohol. This approach hypothesises that men inherently enjoy risk more or equate it with masculinity and therefore drink more (Wilsnack, Wilsnack, & Obot, 2005). Alcohol may be used to facilitate risk-taking behaviour (such as aggression) by making it easier to take further risk. This conceptualises alcohol as a fuel for developing the confidence to undertake particular behaviour (Wilsnack et al., 2005).

## Social roles and responsibilities

Social stereotypes of women who get drunk as being more sexually available have persisted over time, potentially imposing a cultural restriction on women's drinking. The other key theory around gendered drinking patterns was based on the idea of different social responsibilities between the genders affecting drinking patterns, for example men have traditionally had less home-based responsibilities, while women's drinking is impacted by social roles such as child-care and social rules that impede women's social liberties (Wilsnack & Wilsnack, 2013; WHO, 2005).

Regardless of the theoretical approaches to explaining differences in gender and drinking, it is clear that alcohol consumption differentially affects males and females in many ways, including the physiological impacts and the social impacts of judgements made about women versus men who drink to excess. These differences all feed into the role that alcohol plays in sexual assault, where it intersects with power, gender and social roles to create a particular situation that enables perpetrators to offend.

## Alcohol and aggression

There are physical and cognitive impacts related to alcohol consumption. These include impaired motor skills, memory, the ability to process information, and learning and attention deficit issues (Schweizer & Vogel-Sprott, 2008). Some of these effects of alcohol have been the basis of theories about the link between alcohol and aggression. Most of these make the connection to aggression more broadly than specifically in relation to sexual assault. What must be kept in mind when considering the theories is that alcohol doesn't necessarily have the same effect on all people and not everyone who becomes intoxicated becomes aggressive.

## Disinhibition theory

Upon consumption of alcohol, the concentration of alcohol in the blood rises, and higher levels of blood alcohol concentration are associated with decreased ability to inhibit inappropriate behavioural responses (Schweizer & Vogel-Sprott, 2008). Theories around disinhibition incorporate the fact that alcohol acts pharmacologically on the brain to disarm the part associated with impulse control and inhibition (Giancola, 2013). However, this theory cannot be applied across the board as an explanation for aggression because it doesn't explain why only some people become aggressive when drinking (Giancola, 2002)

## Alcohol myopia theory

“Alcohol myopia” is a term coined to describe the effect of alcohol consumption that decreases the ability to detect certain outlying cues in the surrounding environment or multiple aspects of a situation, instead only focusing attention on the most immediate aspects or prominent cues (Benson et al., 2007; Giancola, 2002; Steele & Joseph, 1990). Labelling this effect “alcohol myopia”, Steele and Joseph described it as when “superficially understood, immediate aspects of experience have a disproportionate influence on behaviour and emotion” (Steele & Joseph, 1990, p. 923). Further to this, in a situation of conflict or provocation, the myopia will focus the inebriated person’s attention on the provocative aspects of the situation. The processing of information from the immediate environment is distorted, with less attention paid to more remote environmental cues while immediate interactions or experiences may be over-emphasised to influence actions or emotions (Steele & Joseph, 1990; Gunby et al., 2012).

The alcohol myopia may affect victims as well as perpetrators. It could function to make it more difficult for women to recognise signals of risk (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004).

## Alcohol expectancies theory

An “alcohol expectancy” is a belief held about the effects of alcohol on behaviour (Corbin, Bernat, Calhoun, McNair, & Seals, 2001). If a consumer of alcohol holds the belief that consuming alcohol is related to aggression, then this theory contends that they will then behave more aggressively. According to this theory, it is, therefore, the belief rather than the actual properties of alcohol that will cause the aggression (Giancola, 2002).

### Alcohol expectancies in relation to sex

Alcohol expectancies in relation to sex are the beliefs one holds in relation to how the consumption of alcohol will affect their sexual behaviour. These beliefs may be tied in with social scripts around gender roles in relation to alcohol and sexual behaviour. For example, a perpetrator may hold the belief that women who drink are more sexually available and that sexual activity is enhanced by alcohol. This can relate to the idea that alcohol will increase the sexual availability of women (Mann & Farmer, 2013).

Alcohol expectancy can be linked to patterns of an individual’s alcohol consumption in that holding certain expectancies could be a motivation to drink more. For example, expectancies around alcohol enhancing social experiences and social abilities could see an increase in consumption, particularly if these enhancements were more likely to lead to sex. This belief could also influence sexual behaviour following consumption (Corbin et al., 2001).

The past experiences of victims and perpetrators with alcohol and sexual assault can shape their future alcohol expectancies. Previous sexual experiences associated with alcohol can strengthen expectancies, particularly if they are repeated (Kalmakis, 2010). Women who reported a history of sexual victimisation reported that their alcohol consumption would make it more difficult for them to remove themselves from a sexually risky situation (Corbin et al., 2001).

A US study of 350 college students also found that increased alcohol consumption was associated with beliefs that alcohol enhances sex drive, and their own vulnerability to sexual aggression (Benson et al., 2007). Another recent US study of 218 students that looked at perceptions of risk and alcohol expectancies found that there appears to be a connection

between experiences of sexual victimisation and sexual perpetration and the expectancies regarding their vulnerability or likelihood of perpetrating (Untied, Orchowski, & Lazar, 2013). In addition, the more that females expected alcohol to increase their sexual vulnerability, the more they endorsed passive responses to sexual threat (Zawacki et al., 2005).

## Alcohol and sexual aggression

In addition to being linked to other types of interpersonal violence, alcohol seems to feature very strongly in sexual aggression and play a part in facilitating or enhancing opportunities for sexual assault to occur (Testa, 2002). Identifying the exact nature of the link between alcohol and sexual assault is difficult because alcohol is a socially sanctioned and legitimate part of the social interaction between genders including the courtship process. Alcohol as an accompaniment to social gatherings, dining, and other forms of relaxation is widely accepted. In some cases, alcohol can be a factor in the pathway to consensual sex, so it is important to understand the differences in interactions where sexual assault takes place.

One possibility is that alcohol consumption causes sexual aggression; another, that the desire to commit sexual aggression causes the alcohol consumption. This refers to the idea that drinking or being drunk offers an excuse for committing certain behaviours. The third possibility is that the relationship is not causal in either direction and that other characteristics link the two, such as impulsive personality traits (Abbey, 2011).

The intensity of alcohol consumption is also a factor in predicting sexual aggression, as is consideration of the fact that sexual aggression can constitute a broad range of behaviours, for example verbal or physical aggression. This means that pinning down the nature of the link to alcohol is difficult because some aspects may be more influenced by alcohol than others (Testa, 2002).

### The desire to sexually offend as the causal agent

This is the situation where the desire to sexually offend may encourage the perpetrator to drink in order to use intoxication as an excuse for their behaviour. The use of alcohol by perpetrators as an excuse for sexually aggressive behaviour was one particular strategy identified in ACSSA's *Giving Voice* report into sexual assault perpetration (Clark & Quadara, 2010). However, Abbey (2011) noted that sexual assault perpetrators are diverse and will have different motives and use different strategies for their sexual aggression. It may be that a variety of causal factors will be present in different contexts whether alcohol is present or not.

### Other correlates

In some cases, the fact that alcohol and sexual aggression occur simultaneously may be attributed to other factors, such as life experiences or more aggressive personalities. These may be behind the motivations to drink as well as to commit sexual assault so that neither of the two is the direct causal agent (Abbey et al., 2004).

Another way to consider alcohol's presence in sexual assault perpetration is to consider distal factors and proximal factors (Abbey, Zawacki, et al., 2001). Distal factors are those features that are not immediate but may relate to personality traits, general drinking habits and life experiences of the perpetrator and victim. The more specific proximal factors include specific features of a sexual assault, such as the relationship between the two parties, the setting where the assault takes place and the amount of alcohol consumed (Abbey, Zawacki, et al., 2001; Testa, 2002).

In her review of studies around sexual aggression (defined as male's attempts to coerce, threaten or force a woman to engage in sexual acts against her will) Testa (2002) examined the link between alcohol consumption and a history of sexual aggression perpetration. According to this review, sexual assault is diverse in its characteristics and the role of alcohol varies in how it impacts on sexual aggression. Specific personal characteristics and situational factors are also relevant in influencing the perpetration of sexual aggression.

The reality is that the relationship between alcohol and sexual assault is unlikely to be able to be definitively pinned down, due to the influence of a range of situational factors, perpetrator and victim characteristics and social experiences that interact when sexual assault happens. All of these factors contribute in a particular situation, and it may be that alcohol provides a catalyst or amplification for some of the behaviours that lead to sexual assault.

## Alcohol and perpetrators of sexual aggression

Perpetrators of sexual assault are responsible for their behaviour and it must be reiterated that the presence of alcohol in no way diminishes that responsibility. What is interesting is the way in which perpetrators have been able to use alcohol to their advantage. In various guises, alcohol becomes a tool used against the victim to disable the victim's ability to resist, challenge the victim's memory of events post-assault, and even contribute to victim blame for the victim being intoxicated. For the perpetrator, alcohol is also used to excuse or limit their own liability and enhance courage to fuel their perpetration.

## Physical and cognitive effects of alcohol on perpetrators

As noted earlier, alcohol impacts on a person's physical abilities, such as motor skills, as well as their cognitive skills, such as the ability to process information (Abbey et al., 2004; Schweizer & Vogel-Sprott, 2008; Giancola, 2002).

The adverse impact of alcohol on cognitive processes includes a negative effect on the ability to recognise inhibitory cues, consider consequences of behaviour, and correct errors in behaviour (Mann & Farmer, 2013). These effects seem to be more pronounced in people who already have some of the traits associated with sexual offending such as those with issues controlling impulsivity and anger and with being aware of and inhibiting their own behaviour (Mann & Farmer, 2013). Alcohol also seems to increase sexual risk taking (Davis, Stoner, Norris, George, & Masters, 2009; Mann & Farmer, 2013; Wilsnack & Wilsnack, 2013). As discussed earlier, risk-taking behaviour may be emphasised by alcohol consumption more obviously in males due to gender differences, possibly due to socialisation, that may see males inherently more likely to take risks regardless of the presence of alcohol or not (Wilsnack et al., 2005). It has also been observed that differences in risk-taking propensity impact on drinking behaviour and correspond with heavier drinking (Wilsnack et al., 2005).

## Personality traits and characteristics of the perpetrator

Regardless of alcohol's presence, perpetrators of sexual assault tend to have certain personality traits that are different to non-perpetrators in regards to impulsive behaviour, aggression, beliefs around sexual behaviour, social stereotypes and beliefs around alcohol (Zawacki et al., 2003).

These include personality traits, such as impulsivity, narcissistic personalities and a lessened ability to empathise (Abbey, 2011). It seems that alcohol may interact with these characteristics to increase the likelihood of them perpetrating a sexual assault. This is a

combination of having a particular predisposition to commit sexual assault and the right environment or scenario for the perpetrator to do so. The alcohol myopia theory is relevant here as cues that may normally inhibit their behaviour may become secondary to the more prominent feelings related to sexual behaviour and entitlement.

A US study of over 350 college males considered various characteristics of perpetrators that are linked to sexual assault, regardless of the presence of alcohol (Zawacki et al., 2003). The study looked at three groups, perpetrators who had committed sexual assault without alcohol, those who had committed sexual assault with alcohol and those who had not committed sexual assault. A self-administered questionnaire considered perpetration behaviour, personality traits, beliefs and behaviours. The study showed that there were similarities between the men who perpetrated sexual assault when sober and those that perpetrated sexual assault when drunk. The presence of alcohol appeared to relate to the circumstances in which the sexual assault was committed. Perpetrators of alcohol-involved sexual assault were shown to have held stronger beliefs about alcohol and sex, and reported greater alcohol consumption in sexual interactions.

### Attitudes and social norms

Men who reported perpetrating sexual assault have been found to be more likely to have beliefs that are tied to traditional stereotypes about men, women and gender roles. They were also more likely than other men to have stronger sex-related alcohol expectancies and hold beliefs about women's drinking as a sexual cue (Abbey, McAuslan, Zawacki, Clinton, & Buck, 2001). They were more likely to see intoxicated women as sexually available (Testa, 2002) and more willing to participate in sexual activity (Benson et al., 2007; Zawacki et al., 2003).

These types of attitudes about sex and alcohol may influence perpetrators to act by making them feel more comfortable in showing sexually aggressive behaviour. If an attitude is so prevalent that it is considered socially "normal" there is a sense of social acceptability in the behaviour. This is consistent with the idea of excusing responsibility for their behaviour in the belief that it was alcohol that made them do it (Abbey et al., 2004).

One study of 359 women from randomly selected households, looked at intoxication of perpetrators and victims and its impact on sexual assault. This survey found that although intoxication of both parties impacted on the outcome of the sexual assault, the single biggest factor was whether the two parties had previously had a consensual sexual encounter (Testa, Vanzile-Tamsen, & Livingston, 2004). This suggests that social attitudes and norms around male sexual entitlement and female obligation in regards to sexual interaction and relationships influence the perpetration of sexual assault.

### Alcohol and victims: Resistance to sexual aggression

Theories about the relationship between alcohol and victims of sexual aggression include that alcohol may diminish the ability of victims to resist sexual assault due to a combination of factors that alcohol impacts upon (Masters, Norris, Stoner, & George, 2006). Cognitive impairment due to intoxication can reduce a victim's ability to recognise risk of sexual aggression and respond to this information (Testa et al., 2004; Stoner et al., 2007). In addition to cognitive function, physical or motor skill impairment is linked to higher blood alcohol concentration (Schweizer & Vogel-Sprott, 2008). This could also contribute to a lessened ability to resist aggression and potentially, at very high levels of intoxication, leave the victim incapacitated, making them extremely vulnerable to sexual assault.

In addition to cognitive and physical impairments, victim responses to sexual aggression will be influenced by social factors such as gendered social scripts about appropriate behaviour and personal victimisation histories. Studies of US college students indicate that women who have been sexually or physically victimised by a dating partner were more likely to have experienced sexual assault (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). This was regardless of alcohol use. Expectancies about their ability to resist were also likely to be influenced by victimisation experience. Compared to women who had not previously been victimised, those who had, self-reported that embarrassment, fear of rejection and alcohol would impede an assertive response to resisting sexual aggression (Stoner et al., 2007).

Research findings indicate that rape completion is associated with victim alcohol consumption at the time of the assault (Benson et al., 2007; Testa et al., 2004). A study of 132 US college women found that the more alcohol a female had consumed, the less aggression was used by perpetrators. This may have been because alcohol diminished female resistance, and so less force was required to achieve their goal (Abbey, Clinton, McAuslan, Zawacki, & Buck, 2002).

The socialising environment in which alcohol is consumed may create a decreased perception of risk because of the common experiences of social interaction in a shared place and the normality of alcohol as a social facilitator. A recent Irish report of findings from focus groups and online surveys of students, describes a similar idea that:

- alcohol is seen as facilitating fun, adventure and excitement; and
- not taking part in the drinking culture would mean exclusion from friendship networks (MacNeela, Conway, Kavanagh, Kennedy, & McCaffrey, 2014).

As sexual assaults where alcohol is involved often occur after people have been socialising together and therefore have a degree of acquaintance, a victim's feeling of threat may decrease as intimacy between the two of them increases (Davis et al., 2009). In some instances, the venue may have been specifically selected as a place with the potential to meet sexual or intimate partners, with venues often identified on the basis of the type of socialising young women are looking for on that particular occasion (de Crespigny, 2001; Lindsay, 2006; Fileborn, 2012). Some venues more explicitly market themselves as providing an opportunity for sexualised interaction and as appealing to particular types of people (Lindsay, 2006). This could add to the lack of clarity around social or sexual intentions and lead to difficulties in interpreting what social signals mean.

In a study that considered the differences in perpetrator and victim drinking, findings indicated that there are different outcomes and features of sexual assaults depending on which parties are drinking. For example, compared to victims of sexual assaults where alcohol was not present, victims where the perpetrator only had been drinking were found to use more assertive resistance strategies (Ullman & Najdowski, 2010).

## Alcohol and social scripts: Assigned roles, ambiguity and miscommunication

Ambiguity of social cues adds to the potential for sexual assault in situations of socialising such as drinking venues or parties. There are many features of the male/female interaction that are ambiguous and that appear socially acceptable on the surface, including the presence of alcohol. The settings, gathering of groups for social interaction and the drinking of alcohol set the same scene for both consensual sex and sexual assault (Horvath & Brown, 2007). This makes targeting the alcohol link for prevention purposes difficult, as it is necessary to pinpoint the factors that lead to the different pathways.

The idea of social scripts evolves from the notion that sexual behaviour and social interaction is learned and ingrained through socialisation into gender roles, often with the male role being that of initiator and the female as being passive but holding the “yes” or “no” role with regards to sexual activity (Masters et al., 2006). If sexual conquest is perceived as part of masculine social behaviour, this could influence the perpetration of sexual aggression. However, it should be noted that additional levels of influence, such as the immediate social group that an individual associates with, may increase or decrease the strength of adherence to socially scripted behaviour.

Social interactions, particularly in situations where there is a possibility of progressing to sex, are often interlaced with ambiguous cues and non-verbal messages between the parties. One of the advantages of this ambiguity is that it can negate the potential for one party to be embarrassed by rejection, so there is less to lose than with a direct approach (Broach, 2004). However, it can also create confusion and a lack of clarity around the intentions of both parties. Combined with the effects discussed earlier of alcohol myopia, each party may be reacting to cues that have been incorrectly interpreted.

Intoxicated perpetrators may be more focused on the immediacy of their own sexual desires or their need for power and control, than on seeing and responding to negative cues or even a neutral response from the intended victim. The victims may miss cues about sexual intent and risk. Gendered beliefs and social roles also play into this type of social interaction. There are areas of overlap in the scripts of seduction and the scripts of rape or sexual assault that provide information as to the rules around the interaction and the roles played by each participant (Littleton & Axsom, 2003). This overlap allows ambiguity in how the scripts are followed or interpreted.

Women in their socially more passive role of sexual gatekeepers may be less likely to assert overtly sexual intent while men are seen as the pursuers and initiators of sexual interaction. Masculinity scripts that celebrate sexual conquest mean that social roles about sexual interaction play an important part in encouraging men to keep up the pursuit by casting them as the active player or hunter (Broach, 2004).

Horvath and Brown (2007) contended that women’s behavioural responses in the face of having to negotiate sex in a public social setting are shaped by social norms. The traditional scripts of male initiator and female gatekeeper limit women’s negotiating scope in this context, particularly when combined with the physical, cognitive and social effects of alcohol on both parties such as related expectancies and alcohol myopia.

Further constraining women is the idea that deviation from the script of what is acceptable female behaviour in a social situation will result in a punitive response from society. It has been shown, for example, that victims who are intoxicated are blamed more for the sexual assault (Grubb & Turner, 2012). This relates to constructs of social roles around alcohol itself, for example that alcohol consumption as a behaviour is more consistent with masculinity while women’s social scripts in relation to alcohol relate to limiting alcohol consumption. Criminal justice responses to women who have been sexually assaulted while drunk are notoriously harsh, with their believability being impaired at all stages of the process, from reporting to police to their reliability in the mind of prosecutors and juries (Heenan & Murray, 2006; Jordan, 2004; Kelly, Lovett, & Regan, 2005; Lievore, 2004).

## A snapshot of how alcohol is used by perpetrators

This section considers actual situations in which alcohol was a feature in the sexual assault scenario. Relevant interview transcripts were drawn from original qualitative interviews

undertaken with victim/survivors of sexual assaults for the *Giving Voice* report (Clark & Quadara, 2010).<sup>4</sup> The role of alcohol was reviewed. The aim was to glean a sense of the circumstances and themes around alcohol and how it was used in these scenarios. The scenarios and victim reports of the circumstances in which the assaults occurred reflected closely what the research has indicated about sexual assaults and alcohol. Quotes from the victim/survivors involved are used within to describe how alcohol impacted in their own, specific experience of sexual assault.

One common feature of the assaults that was identified in many of the scenarios was that the perpetrator used the alcohol in order to gain a power advantage over the female victim where previously social barriers, for example the perpetrator's lack of social skills, would have been a barrier to sexual access. The perpetrator therefore used intoxication of the victim/survivor (either by deliberately getting them drunk or taking advantage of their intoxication) as a strategy to obtain sexual gratification for them and, in doing so, removing a victim's choice in the matter.

... the perpetrator used the alcohol in order to gain a power advantage over the female victim where previously social barriers ... would have been a barrier to sexual access.

### Perpetrator use of alcohol to gain sexual access to victims in the face of social barriers

One persistent theme was that the victim considered the perpetrator to be a “loser” or at least someone with whom she would never be involved romantically or sexually. This idea sets up the notion that the perpetrator uses the alcohol as a tool to overcome the social obstacles that would otherwise be in place to limit their access to women. These men may lack the social currency that would enable them to access women sexually. Alcohol was used to disable the victim's resistance or to enhance their own courage and power to commit the offences.

The similarity in the comments of victim/survivors around this type of perpetration is interesting, as they variously describe the perpetrator as inadequate or with a social deficit of some kind—for instance, one was described as a “mouse” when sober, another as “trying to fit into a group he didn't belong to”. Other descriptions included “a person with no friends, with emotional problems”, as “bullied and was trying to make himself feel elevated by the abuse of others”, as “someone I would never go near”. One victim/survivor felt that the perpetrator was intimidated by her being educated; another described her attacker as simply “yucky and gross”. A perpetrator of a sexual assault against a work colleague was described as “quiet” and “not all that attractive” and not being very good in the professional sense. Another perpetrator was in the military and the observation was that they were not likely to be able to compete with men of a higher rank.

It is interesting that although there is much variation in the social deficits the men carry, all have a similar effect of presumably limiting their social access to women. Alcohol facilitates a means to break through these barriers. The ways in which this was achieved, do seem to accord with various theories in the literature, including enhanced expectancies around

<sup>4</sup> See *Giving Voice* for greater detail and more in-depth discussion on victim/survivor experiences and perceptions <[www.aifs.gov.au/institute/pubs/resreport18/index.html](http://www.aifs.gov.au/institute/pubs/resreport18/index.html)>.

alcohol and sex that link to men's perceived likelihood that sex will occur when alcohol is being consumed. Disinhibition or a greater willingness to take risks could also be a factor, but most evident is the socially scripted roles of the male as the sexual aggressor, and that alcohol creates further vulnerability for the victim by making resistance more difficult.

### Victim confusion, social ambiguity or silent acquiescence

Victim/survivors in the sexual assault transcripts described feeling confusion or simply not reacting to the perpetrator's actions, allowing him to carry on:

I just went limp. It was almost like I had divided into two people, the part of me that didn't want to do it was still there, but it was like a part of me just said you have got to do it. (Marion)

Although the sexual assault was clearly not wanted by the victim/survivor, in many cases, they appeared unable to respond to the unwanted acts either because of the shock of the assault or the effects of the alcohol or both. These effects seemed to create a sense of confusion: "I didn't know what to do, I just lay there."

Not wanting to offend the perpetrator was also a factor in limiting women's ability to resist sexual assault in social situations, particularly where the victim is a friend or acquaintance of the perpetrator: "I was trying to assert myself without offending him which sounds stupid" or "I just went limp."

Fear is another factor in negating the ability of intoxicated women to resist. In one acquaintance-perpetrated sexual assault, the victim acquiesced in order to be able to get out of the situation: "I remember feeling like a part of me stepped aside and the part that was left said 'alright' and I took my clothes off and lay down."

Perpetrators also used alcohol to "normalise" the situation and make out that the victim was somehow complicit in the behaviour: "He behaved the whole time like it was voluntary." This contributed to the confusion that victim/survivors sometimes described: "I think he was on to it in terms of trying to manipulate me into thinking it was totally normal." It seems in these cases that the cognitive impairment effect alcohol produces was being manipulated to the lack of consent. As noted before, often sexual assault and consensual sex may start out on the same pathway when they occur in the context of social settings such as parties, dating or other venues for socialising. However, the actions of the perpetrator in forcing, coercing or otherwise undertaking non-consensual sex, become the fork in the road where the two then diverge.

The passivity that some victims in the transcripts described in themselves has been linked to intoxication affecting decisions about how to respond and uncertainty and internal conflict about whether to comply or resist to the sexual pressure. This includes an appraisal of their own perceptions and choices about what action to take (Stoner et al., 2007). This conflict may cause the intoxicated victim to query their own behaviour, particularly in light of social scripts about whether they may have misled the man or given him the wrong impression, general uncertainty and possible shock (Stoner et al., 2007). The next section will consider the influence of such scripts on perpetrator and victim behaviour and beliefs.

### Social scripts

As discussed earlier, social scripts outlined in relation to gendered social roles, could be identified within the transcripts. Acknowledgement of the "facilitating" social role of alcohol is intertwined in the scenarios.

For example “Dana” met the perpetrator with a group of other students at a university event and so felt quite comfortable with him as a peer:

... was with a guy who I had met out that night. I liked him. We were drinking and getting along really well and flirting, we were with a group of friends.

The ambiguity, discussed earlier, in terms of social interactions can actually be an aspect of the scene that perpetrators take advantage of to justify their actions:

For a long time I actually tried to convince myself that it was just a communication breakdown and not an intended act.

Scripts included ingrained ideas about women as gatekeepers of social/moral standards around sexuality: “It sort of crossed my mind that you don’t invite a guy into your room, its just sending that little signal.” This was in the context of having a pre-dinner drink with a work colleague with whom she had a friendly, non-sexual work relationship with prior to the assault.

Another perpetrator utilised social attitudes around drinking to his advantage to carry out the assault. This behaviour was clear to the victim whose observation about perpetration included, “They know society’s bias and society’s views and they use those deliberately to ensure that they won’t be seen as a perpetrator”. The perpetrator that assaulted her had taken advantage of her being in a very intoxicated and incapacitated state. She knew that there would be social judgement about women who get very drunk: “she’s going out and getting drunk, why should we take any account of what she says.” These social scripts around women’s drinking are reflected in the observation that the perpetrator was well aware that she would be seen as untrustworthy because she was out getting drunk. This is not just speculation on the part of the victim, the reality is borne out in various studies that considered women’s believability in the context of the criminal justice system and sexual assault. Being intoxicated repeatedly arises as a negative for women’s credibility as a victim (Heenan & Murray, 2006; Jordan, 2004; Kelly et al., 2005; Lievore, 2004).

Similarly, the victim/survivors are aware of victim-blaming attitudes around the drinking, with the anticipation that a response from others would be “if they didn’t want that, why would they put themselves in to that vulnerable position?” These attitudes have also been reflected in research around increased victim blaming in contexts where alcohol is a feature of sexual assault (Littleton et al., 2009).

Social scripts and alcohol expectancies were observed in the link made between drinking and sexual availability, with one victim relaying that the perpetrator, a man she had dated a few times and was having dinner with on the night of the assault, seemed to think being drunk extended to consent in a sense, “so there’s kind of the idea that, oh well, she got drunk so therefore there’s some level of consent”. This man was pouring her wine that night. The equating of women’s drinking or intoxication as some kind of presumption of consent is clearly wrong and law reforms in some Australian states have attempted to address this by requiring a more positive model of consent and legislating to presume an intoxicated victim as not capable of consenting (Fileborn, 2011). However, it is more difficult to change negative social judgements around women’s drinking more generally. There is an implication here that prevention education and prevention campaigns around sexual assault could target attitudinal change.

In the stories described in these transcripts, the victim/survivor’s drinking appeared to create a sense of entitlement in the perpetrator, particularly where the perpetrator had supplied the alcohol, often at his own insistence or in the social role of a host: “he thought,

well he shouted me a few drinks so he's entitled". The idea of social entitlement and men as pursuers was acknowledged in a description of women "getting used" to being sexually harassed.

Its almost like young women are so used to being sexually harassed in the most minor ways, whether it's just guys wolf-whistling you in the street or whatever it is. You sort of almost get this tolerance for a certain level of that behaviour.

Another take on this was having to be able to justify their rejection of sexual advances in the role of gatekeeper.

I mean his tactic was to get me drunk and was to just keep on pushing and pushing and pushing and not take no for an answer basically and to use guilt. He used a lot of guilt around what I owed to him and that I needed to explain why I didn't want to have sex with him. (Gail)

#### Disabling victims, minimising resistance and taking advantage of victim vulnerability

There were very clear instances of perpetrators deliberately using alcohol as a tactic to render their victims vulnerable or taking advantage of their vulnerability due to intoxication. In the same scenario where the perpetrator and victim "Gail" had been friends and were out for dinner, Gail observed that his actions were aimed at weakening her resistance by getting her drunk:

I definitely think that was a deliberate tactic on his part. I think he was watching very carefully what he drank so that by the end of the couple of bottles of wine, I'd drunk most of them and I hadn't realised it because I wasn't pouring my own wine.

"Marina" was aware of the dulling impact alcohol had on her sense of risk and "Olivia" talks about the sense of being manipulated while she was intoxicated:

If I look back on it all, at every point it seems like I made decisions, but actually I wasn't making them at all. I think he was manipulating it all to get to where he sort of wanted to go.

For one perpetrator with whom the victim "Natasha" had been in a friendship group with for sometime, it was a common modus operandi in his sexual offending:

.... but in a way of operating that you get women drunk and you get them in a sort of state where they can't object.

#### Alcohol as an excuse for behaviour

Another feature of sexual assault perpetration that was identified by the analysis included the perpetrators' using alcohol as an excuse for their behaviour. This was most prevalent in sexual assaults where the perpetrator and victim knew each other and seemed to be, in most cases, a deliberate tactic that would enable the perpetrator to avoid responsibility for whatever had happened in regards to the assault.

I think his alcohol consumption was a way of maybe denying his own behaviour. You know that he could do these things and the he could say he was drunk ... That was almost as though that meant he was not responsible ... it was alcohol to blame, not him. (Natasha)

## Issues in prevention

The World Health Organization has observed that preventing violence associated with alcohol consumption requires cultural and societal environments that discourage hazardous drinking behaviour.<sup>5</sup> This is also noted to be a challenge in a cultural environment where young people may drink specifically to get drunk (MacNeela, Conway, Kavanagh, Kennedy, & McCaffrey, 2014; WHO, 2005) or further to that, an environment where expectancies around alcohol are that they will enhance social interactions with potential sexual partners.

What is clear from consideration of the research in this field is that there are multiple factors that play into a sexual assault in a social scenario where alcohol is present. It is not just the alcohol itself but social factors and influences, personal traits and characteristics and individual life experiences that affect the behaviour of perpetrators and the responses of victims, thereby leading to sexual assault.

Horvath and Brown noted that the implications for prevention with regards to alcohol and sexual assault require acknowledging that voluntary consumption of alcohol by the victim is the most common scenario in a sexual assault. This implies that prevention should include education around healthier drinking habits for both sexes (Horvath & Brown, 2007). Focusing behaviour change on women's increased drinking will not address the cultural attitudes around sexuality and social scripting that affect the traditional format of men as aggressors and women as gatekeepers in the negotiation of sexual interaction.

The alcohol expectancy theory draws attention to perpetrators' alcohol expectancies and these beliefs become a possible target for change (Abbey, 2011). This encompasses aiming for attitudinal changes in men towards intoxicated women as vulnerable targets or women's drinking as equating to sexually availability (Horvath & Brown, 2007; Krebs et al., 2009). Prevention messages to men could include drawing attention to the effects that alcohol has on their treatment of women (Abbey, Parkhill, Jacques-Tiura, & Saenz, 2009). More fundamentally, prevention efforts will require a reflection on ethics and a focus on increasing the capacity for ethical negotiation in intimate relationships whether sexual or not (Chung, O'Leary, & Hand, 2006; Carmody, 2009).

If it is the pharmacological effects of alcohol on perpetrators that is emphasised in the perpetration of the sexual assault, for example, the alcohol myopia effects, then this is a different issue. This would require a focus on reducing the alcohol consumption of perpetrators or making them recognise the effect that alcohol has on them in relation to women (Abbey, 2011).

Prevention efforts around reducing violence more generally include limiting access to and availability of outlets and pricing of alcohol (WHO, 2009). Simply limiting access to alcohol with increased regulation may have some impact on violence but it doesn't address the social and cultural factors that influence behaviour in relation to social scripts and sexual interactions.

## Conclusion

To date, there is no clear answer to the question of alcohol's role in sexual assault. Alcohol plays a number of roles that shift and interact with other social and individual factors to

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5 Hazardous use: A pattern of substance use that increases the risk of harmful consequences for the user. Some would limit the consequences to physical and mental health—some include social (WHO, Lexicon of alcohol and drug terms). Retrieved from <[www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)>

influence the perpetration of sexual assault. The research clarifies that it is, on its own, not a single causative factor, but that cognitive and pharmacological effects of alcohol intersect with other aspects of victim and perpetrator characteristics and personality traits, beliefs about sex and alcohol, and social and cultural norms or scripts around gender and alcohol. The additional contextual information around sexual assault perpetration is very important when considering ways to prevent sexual assault with reference to its association with alcohol and alcohol's role as a tool for perpetrators. However, central to any consideration or prevention of alcohol-related sexual assault must be the acknowledgement that gendered social scripts play a role in facilitating sexual assault. Enhancing skills for young people in negotiating consent and being ethical in their relationships are important factors to incorporate into prevention efforts.

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