



Sexual Assault by Drug or Alcohol Facilitation, Incapacitation, Force, or Coercion: A Comparison of Victim Disclosures

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Introduction

Though disclosure of traumatic experiences is thought to facilitate posttraumatic recovery (Pennebaker, 2000), victims of sexual assault often receive negative reactions from others upon disclosure. Prior research has compared responses to disclosure by victims of alcohol-involved and non-alcohol-involved assaults. However, sexual assault researchers have recently taken these distinctions a step further, by differentiating between drug and alcohol facilitated rape (DAFR; i.e., the perpetrator gives the victim alcohol or drugs without her consent), incapacitated rape (IR; i.e., the victim voluntarily uses drugs or alcohol), forcible rape (FR; i.e., the perpetrator uses force or threat of force), and verbally coerced rape (VCR; i.e., the perpetrator uses verbal coercion).

Among sexual assault victims more generally, those who experience IR or VCR may be particularly hesitant to disclose their experiences to others. Empirical findings suggest that, compared to FR, victims of alcohol-involved and verbally coerced assaults are more likely to blame themselves (Abbey et al., 2004; Brown et al., 2009). Though these studies did not differentiate between IR and DAFR, it is likely that voluntarily (versus unknowingly) using drugs or alcohol could result in greater self-blame. This increased self-blame associated with IR and VCR may stifle disclosure of these types of assault.

Further, when victims of IR or VCR do disclose, they may receive more negative reactions from others. Prior studies suggest that, when responding to vignettes depicting different types of sexual assaults, participants attribute more blame to victims of alcohol-involved and verbally coerced assaults than to victims of FR (Katz et al., 2007; Schuller & Stewart, 2000). Though studies have not compared blame attributions for IR versus DAFR, it is plausible that victim blame would be more likely when the victim voluntarily (versus unknowingly) used drugs or alcohol. Due to the widespread tendency to blame victims of IR and VCR, victims of these types of assault may receive particularly negative responses from others upon disclosure.

In the present study, we compared disclosure rates as well as negative reactions to disclosure across victims of the four types of assault. We hypothesized the following:

- (1) Victims of IR and VCR would be less likely to disclose than would victims of DAFR and FR, respectively;
- (2) Victims of IR and VCR would receive more negative reactions upon disclosure than would victims of DAFR and FR, respectively.

Method

Participants

- Participants were 249 women ($M_{age} = 22.27$, $SD = 2.08$) recruited from four sites in the Midwestern and Southern United States. Participants were enrolled in a larger longitudinal study examining sexual revictimization among young adult women.
- All participants in the current study reported an unwanted sexual experience occurring since the age of 18.
- Participants identified as European American (70.1%), African American (28.7%), Hispanic/Latino (5.9%), Asian American (4.3%), American Indian (2.8%), and other (2.0%). Participants were permitted to identify more than one ethnicity; thus, the total percentage exceeds 100%.

Measures

Sexual assault. The Modified Sexual Experiences Survey (MSES; Messman-Moore et al., 2010) was used to assess whether participants had experienced various types of unwanted sexual activities since age 18. Those endorsing such experiences then responded to follow-up questions about their most upsetting experience. Participants used a Likert-type scale ranging from 1 (*not at all*) to 5 (*very much*) to rate the degree to which the perpetrator used various tactics to engage them in these unwanted activities (e.g., “You were given alcohol or drugs without your knowledge and became unable to consent,” “You became intoxicated voluntarily and then were unable to consent or resist”). Based on their responses to these items, participants were categorized into mutually exclusive groups: DAFR, IR, FR, and VCR. Some participants endorsed multiple perpetrator tactics and therefore could be classified in multiple categories of rape. Therefore, the following criteria were used to create mutually exclusive groups: 1) Individuals reporting that they were given any alcohol or drugs without their knowledge were classified as victims of DAFR (regardless of any other reported tactics); 2) those who reported that they were unable to consent due to voluntary intoxication were classified as victims of IR (regardless of reported FR or VCR); 3) those who reported any threatened or experienced physical violence were classified as victims of FR (regardless of reported VCR), and 4) those who reported only having experienced verbal coercion or pressure due to the perpetrator’s position of authority were classified as victims of VCR.

Sexual assault disclosure and negative reactions to disclosure. An item from the MSES was used to assess whether participants had previously disclosed their unwanted sexual experiences (“Did you tell anybody about the unwanted sexual activity?”). Those who had disclosed then responded to follow-up items by indicating whether they had received each of five common negative reactions to their *first* disclosure (e.g., “The person blamed you,” “The person said you weren’t careful”). Affirmative responses were summed to yield a total score (0 to 5), such that higher scores indicate that a participant received more negative reactions to her initial disclosure.

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Results

Descriptive Statistics

- Participants were categorized into one of four mutually exclusive groups: DAFR (n = 24), IR (n = 93), FR (n = 59), and VCR (n = 73).
- A total of 142 (57.0%) participants disclosed the assault.
- Of those who disclosed the assault, 84 (59.2%) participants reported receiving at least one type of negative reaction to disclosure. The number of negative social reactions ranged from 0 to 4 ($M = 0.86$, $SD = 0.93$).

Disclosure Across Sexual Assault Types

A multiple-groups chi-square test revealed disclosure rates differed significantly by sexual assault type, omnibus $\chi^2(3) = 15.07$, $p = .002$. Pairwise comparisons indicated that victims of IR and FR were significantly more likely to disclose than were victims of VCR, $\chi^2(1) = 12.99$, $p < .001$; $\chi^2(1) = 7.95$, $p = .005$, respectively. No other pairwise comparisons were significant.

Social Reactions to Disclosure Across Sexual Assault Types

For the 142 participants who disclosed the assault, a between-groups ANOVA also revealed significant mean differences across the four types of sexual assault in the degree to which victims received negative reactions from others upon initial disclosure, $F(3, 138) = 3.76$, $MSE = .81$, $p = .012$. Pairwise comparisons using LSD showed that victims of IR received significantly more negative social reactions to disclosure than did victims of FR ($p = .001$). No other group differences were significant.

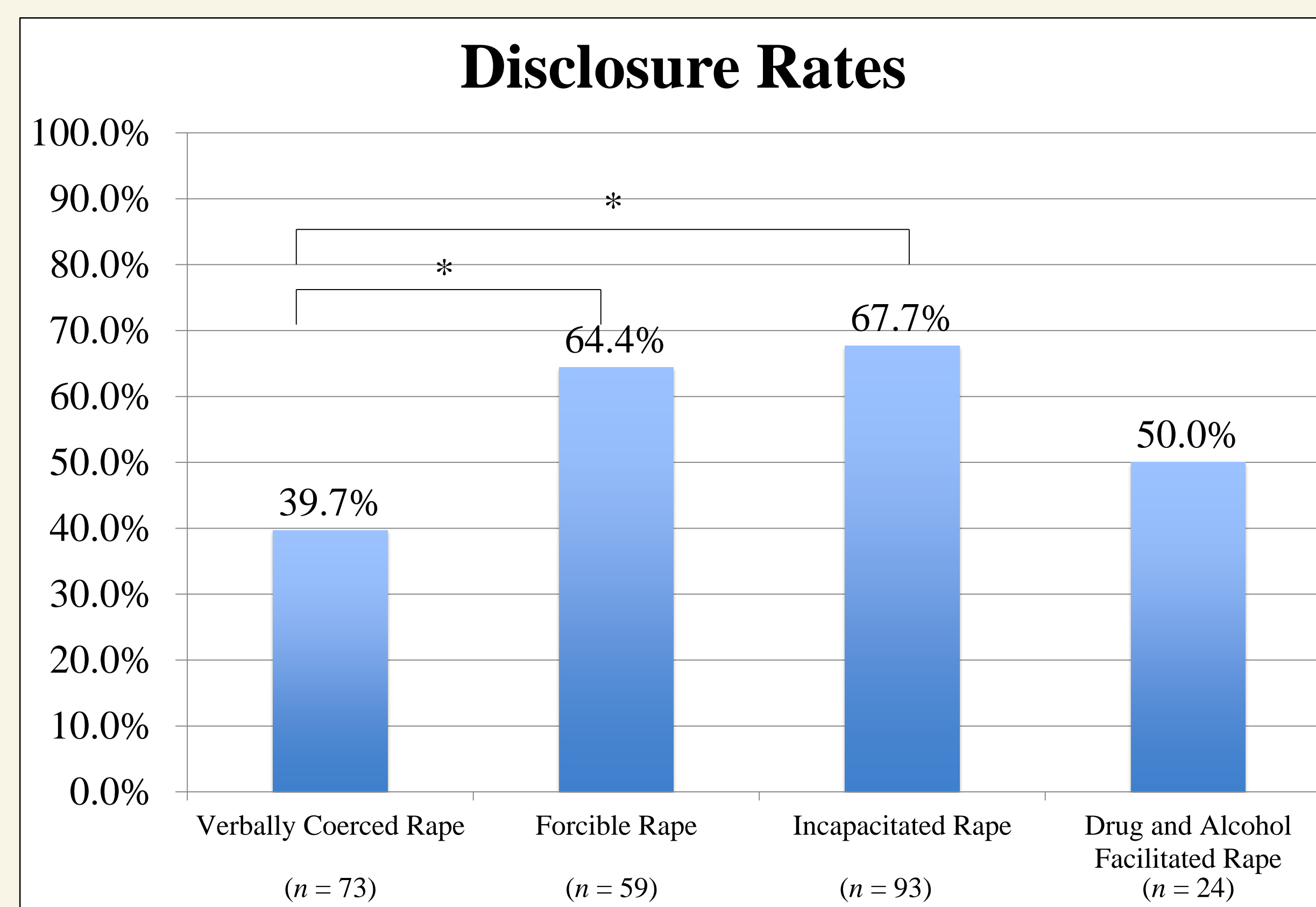


Figure 1. Disclosure rates across sexual assault types.
* $p < .05$

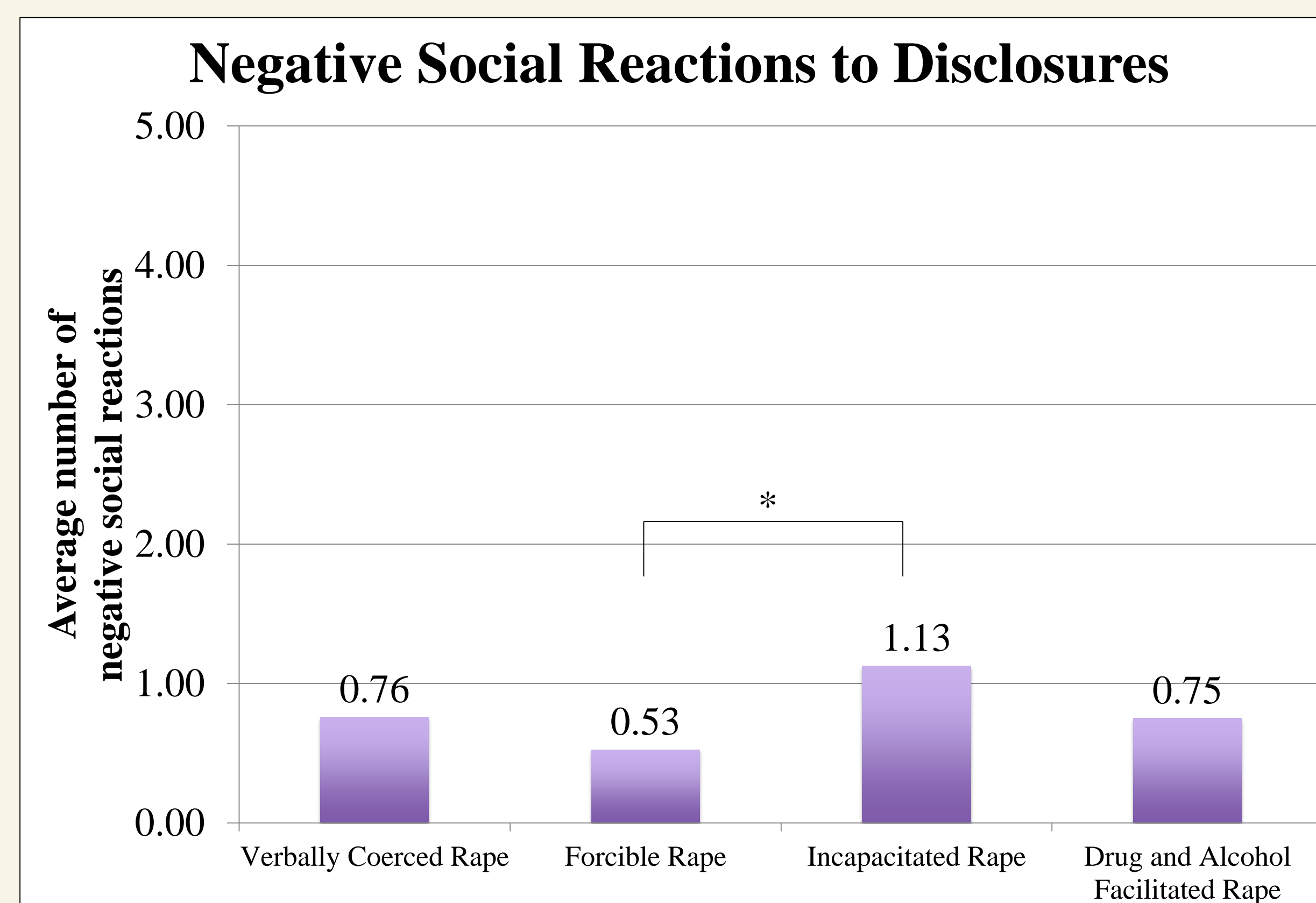


Figure 2. Negative social reactions to disclosures across sexual assault types.
* $p < .05$

Discussion

- Our findings suggest that the type of sexual assault may influence victims’ likelihood of disclosing. Victims of IR and FR were significantly more likely to disclose than were victims of VCR. Because common conceptualizations of sexual assault typically focus on situations involving the perpetrator’s use of physical force or a victim’s inability to provide consent due to intoxication, it is possible that a victim may not acknowledge her verbally coerced experience as sexual assault and, thus, might find it unnecessary to disclose. This notion is consistent with empirical findings showing that, compared to female victims of IR and FR, victims of VCR reported perceiving their assault as significantly less serious and were less likely to consider what happened to be rape (Abbey et al., 2004).
- The type of sexual assault also appears to influence others’ reactions to victims’ disclosures. Specifically, victims of IR reported receiving more negative reactions to their initial disclosure than did victims of FR. Negative perceptions of victims who were intoxicated, as well as beliefs regarding blame and consent within IR situations (Richardson & Campbell, 1982; Schuller & Stewart, 2000), may lead individuals to respond more negatively to disclosures of IR. The present findings provide some clarity to the inconsistencies in the existing literature by highlighting the importance of considering not only the involvement of alcohol but to examine the role of specific perpetrator tactics in predicting reactions to disclosure.

Limitations and Directions for Future Research

- For the purpose of data analysis, participants were categorized into mutually exclusive sexual assault types. However, in reality, sexual assault often involves the use of multiple tactics by the perpetrator. Future work should consider this possibility by examining the impact of various combined assault types on disclosure and reactions to disclosure.
- In the present study, we used the MSES (Messman-Moore et al., 2010) to assess the degree to which victims received negative reactions upon initial disclosure. In light of research suggesting that victims of alcohol-involved versus non-alcohol-involved assaults may also receive different types of negative reactions (e.g., blaming versus controlling), future studies should consider using a measure that assesses the various dimensions of social reactions (e.g., the Social Reactions Questionnaire; Ullman, 2000).

Clinical Implications

- Researchers have recently recommended that sexual assault prevention programs implement efforts to increase effective responding to disclosure (McMahon & Banyard, 2012). The present study suggests that victims of IR receive especially negative reactions upon disclosure. Negative perceptions of victims who were intoxicated at the time of assault as well as misconceptions about responsibility and consent within IR situations may fuel these negative reactions. Thus, in order to promote more supportive responding to disclosure, prevention programs may need to explicitly combat these commonly held beliefs.

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