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Victim and perpetrator characteristics in alcohol/drug-involved sexual violence victimization in the U.S

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Abstract

The authors examine the prevalence and characteristics of sexual violence victimization - rape and being made to penetrate [MTP] (men only) - involving substances (alcohol or other drugs). Although it has been well-documented that perpetrators commit sexual violence against individuals who are using alcohol or drugs, more research is needed to describe the problem at a national level. Data are from the 2010–2012 National Intimate Partner and Sexual Violence Survey, a nationally representative random-digit-dial telephone survey of English- and Spanish-speaking adults in the United States (n = 41,174). Findings reveal that among victims of physically forced rape, 26.2 % of female and 30.0 % of male victims reported substance use; 44.5 % of male MTP victims reported substance use. The majority of forced rape and MTP victims reported the perpetrator was using alcohol or drugs. Among victims of alcohol/drug-facilitated rape, 29.7 % of female and 32.4 % of male victims reported involuntary use of substances, mostly drugs; 84.0 % of female and 82.6 % of male victims reported voluntary use. Among male victims of alcohol/drug-facilitated MTP, 14.6 % reported involuntary and 85.4 % reported voluntary use of substances. Female and male victims reported that the majority of intimate partner, acquaintance,

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Contributors

Kathleen C. Basile led the conceptualization and design of the study, led the writing of the introduction and discussion/conclusion sections and contributed to all other sections of the manuscript, critically reviewed and finalized the entire manuscript for submission. **Sharon G. Smith** helped with conceptualization and design of the study, created data tables, led the writing of the methods and results sections, and critically reviewed the full manuscript draft.

Yang Liu provided input on data and analysis decisions, was the lead statistician running all analysis, contributed to the methods and findings sections, and critically reviewed the full manuscript draft.

Ashley Lowe provided input on data and analysis decisions, identified and compiled the literature and contributed to the introduction section, and critically reviewed the full manuscript draft.

Amanda K. Gilmore provided input on data and analysis decisions, contributed to the introduction and discussion sections, and critically reviewed the full manuscript draft.

Srijana Khatiwada provided input on case definitions, co-led the variable creation and data checking, and critically reviewed the full manuscript draft.

Marcie-jo Kresnow provided input on the analysis plan and data analytic decisions, co-led the variable creation and data checking, and critically reviewed the full manuscript draft.

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and stranger perpetrators were using substances during the victimization. These findings suggest the importance of prevention efforts at the individual and community levels to reduce substance-involved sexual violence perpetration and risk reduction programs to reduce the likelihood of voluntary substance-facilitated sexual violence victimization.

Keywords

Alcohol/drug-facilitated sexual violence; Rape; Rape Made to penetrate; Substance use; Alcohol; Prevalence

1. Introduction

Sexual violence (SV) is a pervasive problem impacting millions of women and men in the United States, often first occurring in adolescence and young adulthood (Smith et al., 2017). The Centers for Disease Control and Prevention defines SV as a sexual act that is committed or attempted by another person without freely given consent of the victim, or when the victim is unable to consent or refuse (Basile et al., 2014). Rape, a form of SV reported by 1 in 5 women and 1 in 38 men at some point in life, involves physically forced or alcohol/drug-facilitated attempted or completed vaginal, anal or oral penetration of a victim (Smith et al., 2018). Additionally, about 1 in 14 men report being made to sexually penetrate (MTP) others (vaginal, anal or oral) in their lifetime by physical force or alcohol/drug-facilitation (Smith et al., 2018).

Alcohol and drug use are common among youth, emerging and young adults (Kann et al., 2018; Substance Abuse and Mental Health Services Administration (SAMHSA), 2019) and are associated with many negative consequences including SV (Basile et al., 2020; Walsh et al., 2014). In fact, giving alcohol or drugs or taking advantage of someone who is under the influence of substances are two of the many tactics that perpetrators use to commit SV (Basile et al., 2014), as evidenced by substances being involved in approximately half of SV cases either by victim, perpetrator, or both (Abbey et al., 2001). Victim substance use can be voluntary or involuntary, with both resulting in a decreased ability to consent to or refuse sex and resist rape/MTP (Basile et al., 2014). A seminal national study on alcohol/drug-involved rape (involuntary or voluntary substance use) of women from 2007 found 2.3 % of women (2.6 million) reported alcohol/drug-facilitated rape after involuntary use and 2.8 % (3.1 million) reported alcohol/drug-facilitated rape after voluntary substance use at some point in life (Kilpatrick et al., 2007).

Research has examined the role of substances in SV, mostly among college samples focusing on alcohol consumption and penetrative forms of SV (e.g., rape) as the most severe outcomes in the context of alcohol use (Lawyer et al., 2010; McCauley et al., 2010; Brecklin and Ullman, 2002; Testa et al., 2003). Alcohol is the most common drug in SV cases, used by victims and perpetrators (Abbey et al., 2002; Abbey, 2002; Ullman et al., 1999a, b). It is well-documented that SV perpetrators are more likely to perpetrate against individuals who are using alcohol or other drugs (Kanin, 1985; Mosher and Anderson, 1986; Graham et al., 2014) regardless of their own consumption. SV perpetrators are also commonly under the influence of substances. Ullman and Brecklin (2000), in a sample of adult sexual

violence victims identified from a 1991 national sample, found that 100 % of incidents when the victim was drinking alcohol involved a perpetrator who was also drinking alcohol; however, in incidents in which the victim was not drinking, 42 % involved a perpetrator who was. A longitudinal examination of women's experiences found that alcohol use was prospectively associated with SV victimization (Bryan et al., 2016). However, a study with first year college women revealed that alcohol use was not associated prospectively with SV victimization (Norris et al., 2019). More nationally representative data is needed to describe the association between substance use and SV victimization, including research examining substance use and male victimization.

Although little SV research exists on the voluntary use of drugs other than alcohol, a 2007 national study showed that regarding rape, only 2% of cases in the general population and 4 % of cases in college samples involved the use of drugs only. There is research, however, focused on *involuntary* drug use. Swan et al. (2017), in their study of college SV across three universities, found that 7.8 % of students suspected/knew that someone put a drug in their drink without their knowledge, and over twice as many women reported being drugged compared with men. Among victims who were unknowingly given drugs, 14.5 % reported some form of SV victimization, including sexual touching (12.1 %) and rape (5.4 %) (Swan et al., 2017). In a systematic review of drug-facilitated SV (alcohol and/or other drugs), defined by the authors as covert drug administration, the authors found that only one study isolated the covert administration of drugs by perpetrators, and that study found that less than 2 % of incidents involved covert drug administration (Beynon et al., 2008). Although the tactic of giving substances without the victim's knowledge might be less common during SV perpetration, it is important to examine to understand the full extent of substance-involved SV.

Previous literature on the types of perpetrators involved in substance-involved SV suggests that compared to SV where no alcohol is involved, alcohol-involved SV is more commonly perpetrated by someone known, usually acquaintances and dates (Kilpatrick et al., 2007; Gilbert et al., 2019; Ullman et al., 1999b), but there is some variation around the specific type of perpetrator. In their national study, Kilpatrick et al. (2007) found that compared to forcible rapes, a significantly higher percentage of alcohol/drug-facilitated and incapacitated rapes were perpetrated by strangers, classmates, and friends in the general population and college samples. A recent study of undergraduate women in two colleges in New York City (Gilbert et al., 2019) found that, compared to non-alcohol/drug-involved incidents, incidents of alcohol/drug-involved SV were more likely when the perpetrator was an acquaintance or friend and less likely when the perpetrator was an intimate partner (IP) or met through an Internet app.

There are many conceptual explanations in the literature about how substance use by either victim, perpetrator, or both increases risk for SV that have been corroborated with experimental findings. Substance use makes a victim more vulnerable because it reduces one's ability to perceive risk and to resist SV (Abbey, 2002). For perpetrators, the interrelated pathways of attitudes (e.g., about gender roles), perceptions of peers' beliefs about sex and alcohol use, and individual traits like low empathy or impulse control operate with the effects of substance use to increase perpetration (Abbey, 2002). Further,

experimental research has found that intoxicated men misperceive women's sexual interest, increasing the likelihood of SV perpetration (Lindgren et al., 2008).

1.1. Research gaps and the current study

Most scholarship on this topic has used college samples or other non-nationally representative samples with limited generalizability. More research is needed to fully understand the scope of the problem at a national level, including descriptive information about victims and perpetrators. Further, little is known about alcohol- and/or drug-involved MTP victimization of men. To fill these gaps, this paper examines rape of women and men and MTP of men in the U.S. involving alcohol or drug use, describing victim and perpetrator substance use during the first physically forced rape or MTP by each perpetrator, the proportion of victims who voluntarily and involuntarily used substances at the time of the first victimization by each perpetrator in cases of alcohol/drug-facilitated rape and MTP, and the perpetrator (e.g., acquaintance) at the time of the first victimization by each perpetrator of alcohol/drug-facilitated rape or MTP. We examined experiences with each reported perpetrator given substance use can vary across perpetrators.

2. Materials and methods

2.1. Participants

Data are based on the 2010–2012 National Intimate Partner and Sexual Violence Survey (NISVS), an ongoing nationally representative random-digit-dial (RDD) telephone survey of non-institutionalized U.S. adults (18 and older). NISVS uses dual-frame sampling that includes landline and cell phone samples. The survey assesses lifetime and 12-month prevalence and characteristics of stalking, SV, and intimate partner violence among English- and Spanish-speaking U.S. adults. The Institutional Review Board at RTI International approved the survey protocol. During 2010–2012, 41,174 respondents (22,590 women, 18,584 men) completed the survey, 43.3 % through landline and 56.7 % through cell phone. The overall weighted response rate across 2010–2012 ranged from 27.5 to 33.6%, and the weighted cooperation rate (the proportion of eligible respondents who participated in the survey) was 80.3–83.5 %. Descriptive statistics for sample participants by sex are in Table 1.

2.2. Measures

Cognitive testing was completed on the survey instrument before the 2010 administration (Black et al., 2011). See Appendix C of Smith et al. (2017) for a list of the victimization questions administered in NISVS in 2010, 2011, and 2012. *Physically Forced Rape* is defined as any completed or attempted unwanted vaginal (women), oral, or anal penetration obtained through physical force or threats of physical harm. *Physically Forced MTP* is defined as times when the victim was made to (or an attempt was made to make them) sexually penetrate someone else without consent through the use of physical force or threats of physical harm (Smith et al., 2017). *Alcohol/Drug-Facilitated Rape* is defined as any completed unwanted vaginal (women), oral, or anal penetration that occurs when the victim was drunk, high, drugged, or passed out and unable to consent. *Alcohol/Drug-Facilitated MTP* is defined as times when the victim was made to sexually penetrate someone else when the victim was drunk, high, drugged, or passed out and unable to consent. For both

physically forced and alcohol/drug-facilitated SV, *Victim and perpetrator use of alcohol or drugs* was measured through follow-up questions asked of respondents who experienced rape or MTP. The follow-up questions were linked to the first incident of physically forced rape/MTP or alcohol/drug-facilitated rape/MTP with *each* perpetrator. Response options were Yes, No, Don't Know, and Refused.

2.2.1. Perpetrators—Individual behaviors of rape and MTP were linked to specific perpetrators with initials or another descriptor provided by the respondent during the interview (Black et al., 2011). Respondents also stated how they knew the perpetrator (if known); responses were categorized into current or former intimate partner, acquaintance, family member, person of authority, or stranger.

2.2.2. Voluntary use—Those who experienced physically forced rape or MTP were asked: “Were you using alcohol, drugs or both the first time [fill: initials] [fill: behavior]? Please remember that even if someone uses alcohol or drugs, what happens to them is not their fault.” Those who experienced alcohol/drug-facilitated rape or MTP were also asked: “Before [fill: initials] [fill: endorsed behavior of alcohol/drug-facilitated rape or MTP] had you voluntarily used alcohol or drugs? Please remember that even if someone uses alcohol or drugs, what happens to them is not their fault.” For both questions, response options were Yes, No, Don't Know, and Refused.

2.2.3. Involuntary use—Respondents who experienced alcohol/drug-facilitated rape or MTP were asked the following questions: (1) Before [fill: initials] [fill: endorsed behavior of alcohol/drug-facilitated rape or MTP] when you were drunk, high, drugged, or passed out and unable to consent, do you think you were given alcohol without your knowledge/drugs without your knowledge? Response options were Yes, No, Don't Know, and Refused.

2.2.4. Multiple perpetrators per victim—Note that no victim or perpetrator was counted more than once in the same alcohol and/or drug use category. We used a comprehensive approach in looking not only at the characteristics of the first victimization of sexual violence of a given type in one's lifetime, but also at all first victimizations of sexual violence of a given type by each perpetrator, because victims may have more than one perpetrator of a specific type of sexual violence victimization (For example, 1969 female victims of alcohol/drug-facilitated rape reported 3009 unique perpetrators of this type of violence for an average of 1.4 perpetrators per victim of alcohol/drug-facilitated rape). Because their alcohol and/or drug use and that of the perpetrator may differ with each first encounter, victims and/or perpetrators may be counted in more than one alcohol and/or drug use category (e.g., perpetrator “A” may have used drugs only and perpetrator “B” may have used both alcohol and drugs). In these instances, percentages of the different combinations of alcohol and/or drug use will add to more than 100 %.

2.3. Data analysis

Statistical inference for proportions and population estimates was made based on weighted analyses, taking into account complex sample design features such as dual sampling frames, stratified sampling, and unequal sample selection probabilities. Estimates based

on respondent counts with unweighted numerator <20 or with a relative standard error >30 % are not reported. Survey-weighted analysis was conducted with SAS (9.4; Cary, North Carolina)-callable SUDAAN (11.0.3; Triangle Park, North Carolina).

3. Results

3.1. Victim use of substances during physically forced rape/MTP

Among female victims of physically forced completed or attempted rape, approximately 26.2 % reported at least one first victimization encounter in which they used alcohol or drugs, 20.9 % used alcohol only, 3.5 % used drugs only, 3.6 % reported both alcohol and drug use, and 83.3 % had at least one encounter where they used neither (Table 2). Among male victims of physically forced completed or attempted rape, 30 % reported at least one first encounter where they used alcohol or drugs, and 19.8 % used alcohol only (Table 2). Among male MTP victims by physical force (completed or attempted), approximately 44.5 % reported using alcohol or drugs in at least one first victimization encounter, 30.4 % used alcohol only, and 11.4 % used both (Table 2).

3.2. Victim-reported perpetrator use of substances during rape/MTP

Among female victims of completed/attempted rape, about two thirds (66.5 %) reported at least one first victimization encounter in which the perpetrator used alcohol or drugs, 44.2 % reported perpetrator alcohol use only, 6.4 % reported perpetrator drug use only, and 25.6 % reported a perpetrator used both. Less commonly reported than perpetrator *use* of substances, an estimated 39.8 % of female victims reported at least one encounter in which the perpetrator *did not* use alcohol/drugs (Table 3). Among male victims of completed/attempted rape, 54.4 % reported at least one first encounter where the perpetrator used alcohol or drugs, 30.9 % reported the perpetrator used alcohol only, and 31.4 % reported the perpetrator's use of both. Approximately 38.9 % of male victims reported that in at least one first encounter the perpetrator used neither alcohol nor drugs (Table 3). Among male victims of completed/attempted MTP, 72.4 % reported that in at least one first encounter the perpetrator used alcohol or drugs, 50.8 % reported that the perpetrator used alcohol only, 4.8 % reported that the perpetrator used drugs only, and 25.5 % reported perpetrator used both. (Table 3).

3.3. Voluntary/involuntary substance use among victims of alcohol/drug-facilitated rape/MTP

Among female victims of alcohol/drug-facilitated rape, 29.7 % reported *involuntary* use of alcohol or drugs in at least one first encounter with a perpetrator, 5.3 % reported involuntary use of alcohol only, 21.8 % reported involuntary use of drugs only, and 6.5 % reported involuntary use of both (Table 4). Among male victims of alcohol/drug-facilitated rape, 32.4 % reported involuntary use of alcohol or drugs in at least one first encounter with a perpetrator and 22.9 % reported involuntary use of drugs only. Among male victims of alcohol/drug-facilitated MTP, 14.6 % reported involuntary use of alcohol or drugs in at least one first encounter with a perpetrator, 9.0 % reported involuntary use of drugs only, and 3.6 % reported involuntary use of both (Table 4). An estimated 84.0 % of female victims of alcohol/drug-facilitated rape reported *voluntarily* using alcohol or drugs during at least

one first encounter victimization (Table 4). An estimated 82.6 % of male victims of alcohol/drug-facilitated rape and 85.4 % of male victims of alcohol/drug-facilitated MTP reported voluntarily using alcohol or drugs in at least one first encounter victimization (Table 4).

3.4. Type of perpetrator and their substance use during alcohol/drug-facilitated rape/MTP

Among female victims of alcohol/drug-facilitated rape by an IP perpetrator, 80.6 % of victims reported that in at least one first victimization encounter the perpetrator used alcohol or drugs, 56.1 % reported the perpetrator used alcohol only, and about a quarter reported the perpetrator used both alcohol or drugs (26.8 %) and neither (25.4 %). About 7% reported that a partner perpetrator used drugs only (6.9 %) and 8.8 % did not know. (Table 5). Approximately two thirds of female victims (66.8 %) of alcohol/drug-facilitated rape by a family member reported that in at least one first encounter the perpetrator used alcohol or drugs, 35.2 % reported the family member used neither, and 28.1 % reported the perpetrator used alcohol only. Over two thirds of female victims (68.2 %) of alcohol/drug-facilitated rape by a person of authority reported that in at least one first encounter the perpetrator used alcohol or drugs. A majority of female victims (88.3 %) of alcohol/drug-facilitated rape by an acquaintance reported that in at least one first encounter the acquaintance perpetrator used alcohol or drugs, over half (57.5 %) reported perpetrator use of alcohol only, 32.8 % reported perpetrator use of both alcohol and drugs, 11.4 % reported the perpetrator used neither and 4.5 % reported perpetrator drug use only (6.2 % did not know). Over 80 % of female victims (81.4 %) of alcohol/drug-facilitated rape by a stranger reported that the stranger used alcohol or drugs, 44.9 % reported stranger's use of alcohol only, 37.7 % reported stranger use of both and 8.6 % reported the stranger used neither (15.9 % of victims did not know).

Among male victims of alcohol/drug-facilitated rape by an IP perpetrator, 86.9 % reported that in at least one first encounter the perpetrator used alcohol or drugs. All other categories of alcohol or drug use were statistically unstable. Among male victims of alcohol/drug-facilitated rape, 83.7 % reported that in at least one first encounter an acquaintance perpetrator used alcohol or drugs, and 50.3 % reported that the perpetrator used both. Other categories of alcohol or drug use were statistically unstable. Estimates were statistically unstable for the perpetrator categories of family member, person of authority, and stranger.

Among male victims of alcohol/drug-facilitated MTP by an IP perpetrator, 71.1 % reported that in at least one first encounter the perpetrator used alcohol or drugs. All other categories of alcohol or drug use were statistically unstable. Among male victims of alcohol/drug-facilitated MTP, 82.4 % reported that in at least one first encounter an acquaintance perpetrator used alcohol or drugs; 59.7 % reported that the perpetrator used alcohol only; 27.2 % reported perpetrator use of both; and 24.1 % reported the perpetrator used neither. The remaining categories were statistically unstable. Among male victims of alcohol/drug-facilitated MTP, 69.3 % reported that in at least one first encounter a stranger perpetrator used alcohol or drugs; 37.7 % reported the perpetrator used alcohol only; and 36.3 % reported the perpetrator used both. The remaining categories were statistically unstable as were estimates for family member and person of authority perpetrators.

4. Discussion

This study is one of few that uses nationally representative data to examine the characteristics of substance-involved SV victimization of women and men. Findings reveal that about a quarter of female and 30 % of male victims of forcible rape used alcohol or drugs at their first victimization with at least one of their perpetrators, and substance use was more common for male MTP victims. Consistent with previous research, alcohol was the most commonly used substance in cases of forcible rape by victims and perpetrators and victims more commonly reported perpetrator use of substances (mostly alcohol) during the first encounter victimizations than reporting no use (Abbey et al., 2002; Abbey, 2002; Ullman et al., 1999a, b). About 1 in 3 female and male rape victims and about 1 in 7 male MTP victims reported involuntary use of substances during at least one first encounter, most commonly drugs other than alcohol only. Large majorities of female victims of alcohol/drug-facilitated rape who reported IP, acquaintance or stranger perpetrators reported that the perpetrator used a substance during the victimization, and about two thirds of victims with family members or person of authority perpetrators reported the perpetrator was using substances. Patterns were similar for male victims of SV, although prevalence was lower, at about 70 %, for MTP victims reporting IP and stranger perpetrator use of substances. Findings suggest that substance-involved rape and MTP are common in the U.S., substances are used by victims and perpetrators, and a substantial number of female and male victims are unknowingly given drugs.

These findings extend the literature by documenting the size of the problem of substance-involved SV in the U.S. and providing additional information. Most scholarship in this area to date has used college or less representative samples. This study also provides more detail on male experiences of substance-involved SV, including separate information about MTP victimization. Understanding the prevalence of substance-involved rape and MTP among male victims is a needed step in tailoring SV prevention programs to reduce SV perpetration against men and SV risk reduction programs for men. Currently, most SV programs focus on men as perpetrators and women as victims. Findings suggest that, similar to female victims, male victims often have an intoxicated perpetrator. Perpetration prevention programs that integrate evidence-based alcohol use reduction strategies within SV perpetration prevention programming may be most useful, although more research is needed.

Although voluntary substance use was common among SV victims in this sample, these findings should not be construed to suggest that the victim had any choice in the SV victimization. The blame for the SV lies solely with the perpetrator. Perpetrators of SV often seek out intoxicated individuals potentially because such individuals are less able to identify risk and use active resistance strategies while intoxicated (Melkonian and Ham, 2018). These findings can inform SV perpetration prevention and SV risk reduction programs by highlighting the prevalence of voluntary and involuntary substance-involved SV of female and male victims.

Our findings suggest that involuntary use of substances may be more common than previously documented - 29.7 % of female victims and 32.4 % of male victims of alcohol/drug-facilitated rape reported involuntary use of substances in at least one first encounter

with a perpetrator. However, the consequences and experiences of involuntary substance use are more negative among female versus male victims (Swan et al., 2017). More research is needed to understand how to reduce the prevalence of involuntary substance use as a tactic for SV perpetration.

This study has a few limitations. First, the sample excluded women and men without phones. Secondly, the SV victimization prevalence estimates are likely underestimates. NISVS used strategies to build rapport and facilitate disclosure, but some respondents might not have been comfortable reporting victimization. Third, recall bias may have occurred particularly for respondents who experienced the victimization several years prior to the survey. Fourth, NISVS did not include measurement of details about substance use, such as the amount or types of substances used. Fifth, the age at which the first substance-involved SV occurred or the injury associated with it was not examined. Sixth, the assessment of perpetrator substance use was from the victim's perspective and may be an underreporting.

Given the prevalence of substance-involved SV, prevention approaches that seek to impact social norms and also create protective environments at the community level might prevent substance-involved SV perpetration (Basile et al., 2016). For example, bystander approaches (Coker et al., 2015) provide peer leadership about promoting social norms against violence and train bystanders to identify risky behavior and safely intervene to prevent SV, such as in the context of bars or parties where substances are used. Bystander approaches have been integrated with evidence-based alcohol use reduction programs among college men with preliminary success (Orchowski et al., 2016) and may also be an option to reduce substance-involved SV in community settings. Further, there are effective SV risk reduction programs for college women that teach strategies to increase risk perception and use of active resistance strategies (Senn et al., 2015). SV risk reduction programs for college women have been integrated with evidence-based alcohol use reduction programs among college women with initial success (Gilmore et al., 2015). More research is needed to identify the best strategy to reduce substance-involved SV against women and men and how to reduce it in non-college settings, particularly with youth. At the community level, changes to alcohol-related policies can reduce SV risk, such as increasing alcohol prices and reducing alcohol outlet density, which have been associated with SV (Lippy and DeGue, 2014). More research on the differences in substance-involved SV victimization by race/ethnicity and sexual orientation/gender identity is also needed to inform prevention.

5. Conclusions

Substance-involved SV victimization is a critical yet preventable problem. This study sheds light on the size of this problem using a large nationally representative sample of women and men and highlights characteristics of victimization to inform collective efforts to prevent substance-involved SV. Efforts at the individual and community levels that focus on preventing substance use and SV perpetration among youth, reducing risk of victimization, and addressing substance-related policies may be most useful to achieve prevention.

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Table 1

Demographic Characteristics of Study Participants, NISVS 2010-2012.

	Women N = 22,590 Weighted %	Men N = 18,584 Weighted %
Respondent Sex		
Female	48.62	
Male		51.38
Age at Interview		
18–24	14.50	13.24
25–44	36.62	34.55
45–64	34.60	34.40
65+	14.29	17.81
Race/Ethnicity		
Hispanic	11.14	12.19
Black, Non-Hispanic	14.62	13.23
White, Non-Hispanic	66.84	66.92
Other, Non-Hispanic	0.44	0.33
Education at Interview		
High school graduate or less	36.61	33.37
Some college or technical school	26.49	30.58
Bachelor's degree or higher	36.82	35.97
Marital Status at Interview		
Married	47.61	44.89
Separated/Divorced/Widowed	17.35	25.50
Never Married	32.26	26.00

Table 2

Victim Use of Alcohol or Drugs During First Physically Forced Rape and Made to Penetrate with Each Perpetrator, NISVS 2010–2012.

	Female Victimization				Male Victimization				Physically Forced Made to Penetrate			
	Physically Forced Rape				Physically Forced Rape				Weighted % [/] 95% CI			
	Weighted % [/]	95% CI	Estimated Number of Victims*		Weighted % [/]	95% CI	Estimated Number of Victims*		Weighted % [/]	95% CI	Estimated Number of Victims*	
Victim Used Alcohol or Drugs in first victimization by each perpetrator												
Alcohol only	26.2	(23.8, 28.7)	4,557,000		30.0	(22.1, 39.4)	334,000		44.5	(37.0, 52.2)	1,015,000	
Drugs only	20.9	(18.7, 23.3)	3,638,000		19.8	(13.4, 28.2)	220,000		30.4	(23.7, 38.1)	694,000	
Both Alcohol & Drugs	3.5	(2.5, 4.8)	610,000		–	–	–		–	–	–	
Neither	3.6	(2.9, 4.6)	635,000		–	–	–		11.4	(7.2, 17.8)	261,000	
	83.3	(81.2, 85.3)	14,498,000		76.0	(67.2, 83.1)	847,000		65.3	(57.7, 72.2)	1,490,000	

Abbreviation: CI = confidence interval.

– Estimate is not reported; relative standard error >30 % or cell size 20.

[/] Prevalence of victim alcohol or drug use at the time of the first victimization by each perpetrator of physically forced completed or attempted rape or made to penetrate. Because victims may have had more than one perpetrator of physically forced completed or attempted rape and may have reported different alcohol and/or drug usage for each, column percentages may add to more than 100 %.

* Rounded to the nearest thousand.

Table 3

Victim-Reported Perpetrator Use of Alcohol or Drugs During First Experience of Rape and Made to Penetrate of Victims with Each Perpetrator, NISVS 2010-2012.

	Female Victimization			Male Victimization		
	Completed or Attempted Rape			Completed or Attempted Rape		
	Weighted % [/]	95% CI	Estimated Number of Victims [*]	Weighted % [/]	95% CI	Estimated Number of Victims [*]
Perpetrator Used Alcohol or Drugs in first victimization of a victim						
Alcohol only	66.5	(64.3, 68.6)	15,280,000	54.4	(46.3, 62.2)	920,000
Drugs only	44.2	(42.0, 46.5)	10,172,000	30.9	(23.6, 39.3)	523,000
Both Alcohol & Drugs	6.4	(5.3, 7.6)	1,460,000	–	–	–
Neither	25.6	(23.6, 27.8)	5,897,000	31.4	(23.7, 40.3)	531,000
	39.8	(37.6, 42.1)	9,161,000	38.9	(31.4, 46.9)	658,000
				72.4	(68.2, 76.1)	4,895,000
				50.8	(46.2, 55.5)	3,439,000
				4.8	(3.4, 6.7)	322,000
				25.5	(21.7, 29.8)	1,727,000
				38.4	(33.9, 43.1)	2,600,000

Abbreviation: CI = confidence interval.

–Estimate is not reported; relative standard error >30 % or cell size 20.

[/] Prevalence of perpetrator alcohol or drug use at the time of the first victimization by each perpetrator of any completed or attempted rape or made to penetrate. Because victims may have had more than one perpetrator of rape or made to penetrate and may have reported different alcohol and/or drug usage for each, column percentages may add to more than 100 %.

^{*} Rounded to the nearest thousand.

Table 4

Voluntary and Involuntary Use of Substances During First Victimization Among Victims of Alcohol/Drug-Facilitated Rape and Made to Penetrate with Each Perpetrator, NISVS 2010-2012.

Alcohol and/or Drug Use	Female Victimization				Male Victimization				Alcohol/Drug-Facilitated Made to Penetrate			
	Alcohol/Drug-Facilitated Rape				Alcohol/Drug-Facilitated Rape							
	Weighted % [/]	95% CI	Estimated Number of Victims [*]		Weighted % [/]	95% CI	Estimated Number of Victims [*]		Weighted % [/]	95% CI	Estimated Number of Victims [*]	
Involuntary (any alcohol or drugs) in first victimization by each perpetrator	29.7	(26.6, 33.0)	3,232,000		32.4	(21.6, 45.5)	303,000		14.6	(11.4, 18.5)	795,000	
Alcohol only	5.3	(3.5, 8.0)	580,000		—	—	—		—	—	—	
Drugs only	21.8	(19.1, 24.8)	2,374,000		22.9	(13.7, 35.6)	214,000		9.0	(6.6, 12.1)	491,000	
Both Alcohol & Drugs	6.5	(4.9, 8.7)	711,000		—	—	—		3.6	(2.2, 5.9)	197,000	
Voluntary Use (any alcohol or drugs) in first victimization by each perpetrator	84.0	(81.5, 86.3)	9,145,000		82.6	(73.8, 86.3)	773,000		85.4	(81.5, 88.5)	4,644,000	

Abbreviation: CI = confidence interval.

—Estimate is not reported; relative standard error >30 % or cell size 20.

[/] Prevalence of victim voluntary and/or involuntary alcohol or drug use at the time of the first victimization by each perpetrator of any alcohol or drug-facilitated rape or made to penetrate. Because victims may have had more than one perpetrator of alcohol or drug facilitated rape or made to penetrate and may have reported different alcohol and/or drug usage for each, column percentages may add to more than 100 %.

^{*} Rounded to the nearest thousand.

Type of Perpetrator and Their Alcohol or Drug Use as Reported by Female Victims During First Experience of Alcohol/Drug-Facilitated Rape, NISVS 2010–2012.

Perpetrator Alcohol or Drug Use as Reported by Victim									
Type of Perpetrator	Perp Used Any Alcohol or Drugs			Alcohol		Drugs			Estimated Number of Victims
	Weighted %/I	95% CI	Estimated Number of Victims	Weighted %/I	95% CI	Estimated Number of Victims	Weighted %/I	95% CI	
Current or former intimate partner	80.6	(75.7, 84.7)	3,471,000	56.1	(50.7, 61.3)	2,415,000	6.9	(4.6, 10.2)	296,000
Family member	66.8	(52.1, 78.8)	462,000	28.1	(16.6, 43.4)	194,000	—	—	—
Person of authority	68.2	(48.9, 82.8)	111,000	—	—	—	—	—	—
Acquaintance	88.3	(85.1, 90.9)	5,427,000	57.5	(52.6, 62.3)	3,535,000	4.5	(2.6, 7.5)	274,000
Stranger	81.4	(73.4, 87.5)	938,000	44.9	(35.4, 54.8)	517,000	—	—	—
Perpetrator Alcohol or Drug Use as Reported by Victim									
Type of Perpetrator	Both Alcohol and Drugs			Neither		Victim Does Not Know			Estimated Number of Victims
	Weighted %/I	95% CI	Estimated Number of Victims	Weighted %/I	95% CI	Estimated Number of Victims	Weighted %/I	95% CI	
Current or former intimate partner	26.8	(22.6, 31.5)	1,154,000	25.4	(21.2, 30.2)	1,096,000	8.8	(5.7, 13.4)	379,000
Family member	—	—	—	35.2	(22.7, 50)	243,000	—	—	—
Person of authority	—	—	—	—	—	—	—	—	—
Acquaintance	32.8	(28.3, 37.5)	2,013,000	11.4	(8.9, 14.6)	703,000	6.2	(4.4, 8.7)	381,000
Stranger	37.7	(28.7, 47.6)	434,000	8.6	(4.9, 14.6)	99,000	15.9	(10.2, 23.9)	183,000

–Estimate is not reported; relative standard error >30 % or cell size 20.

/ Because victims may have more than one perpetrator of alcohol or drug facilitated rape of a given type, each with different alcohol and/or drug usage at the time of the first victimization of this type, row percentages may not sum to 100 %. In addition, because victims may have more than one type of perpetrator of alcohol/drug-facilitated rape, column percentages may not sum to 100 %.