

CALLING TIME ON SEXUAL VIOLENCE AND ALCOHOL: THE FACTS

ICS^oR



FACTSHEET

7 Findings from ICS^oR: Assessing and Measuring the Impact of Drugs and Alcohol in Sexual Violence



Over the 9th and 10th of November, 2012, the third International Conference on Survivors of Rape (ICS^oR) was held at NUI Galway, hosted by the RCNI. This conference drew together experts, service-workers and survivors of rape and sexual violence to examine issues and responses to rape and sexual violence. In this briefing the presentations of the panel on Assessing and Measuring the Impact of Drugs and Alcohol are considered.¹

Findings relating to alcohol consumption:

- 84% of patients in a Danish study had consumed alcohol on the occasion of the assault.²
- 74% of patients in a Norway study had consumed alcohol on the occasion of the assault.³
- 60% of patients at the Rotunda SATU, Dublin, Ireland were deemed to have problematic or potentially problematic alcohol consumption.
 - > The majority of these, approximately 50%, fell into the potentially hazardous or possibly harmful alcohol use.
 - > Approximately 10% of patients demonstrated alcohol consumption that may require specialist treatment for alcohol dependency.⁴

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Findings relating to voluntary drug-use:

- Approximately 18% of patients in the Danish study had voluntarily consumed drugs other than alcohol on the occasion of the assault.⁵
- Of 57 women who suspected drug-facilitated sexual assault in the Norwegian study, 13 tested positive for drugs; however, in 6 of these cases the drugs detected were voluntarily consumed while the other 7 cases involved patients with histories of drug-abuse and/or anxiety which may explain the presence of drugs in the system.⁶

Findings relating to involuntary drug use:

- 2.4% of cases in the Danish Study meet the criteria for a drug-facilitated sexual assault.⁷
- 0 cases could be established as drug-facilitated sexual assaults in the Norwegian study.⁸
- Those who suspected they had been the victim of a drug-facilitated sexual assault were more likely to have been drinking and to have higher blood alcohol concentrations in both the Danish and Norwegian study.⁹

Recommendations:

- Eoghan's study recommends :
 - > Use of an alcohol-misuse screening tool at the follow-up visit for SATU patients.
 - > Delivery of a brief intervention, e.g. short alcohol counselling session, by non-experts for those who fall into the categories of 'potentially hazardous' (zone 2) and 'possibly harmful' alcohol consumption (zone 3)
 - > Referral to specialised alcohol treatment programmes for those in Zone 4 (possible alcohol dependency)¹⁰

The studies presented in this panel suggest that drug facilitated sexual assault (DFSA) involving forced or surreptitious drugging are rare, while voluntary consumption of drugs, particularly alcohol, increases the risk of being targeted by perpetrators of sexual violence. While we cannot, and should not, exclude the realities of proactive drug facilitated sexual assault, voluntary alcohol consumption appears to present the greatest risk of sexual violence, followed by voluntary consumption of other drugs.

The opportunistic rape of intoxicated and/or incapacitated individuals presents a major area of focus in the attempt to reduce the rate of sexual violence. Developing measures, such as recommended by Eoghan, to intervene in harmful alcohol consumption by victims of sexual violence to improve recovery, prevent re-victimisation and limit additional health problem is an important step. This must, however, occur within a supportive environment that explicitly recognises that sexual violence is never caused by, or the fault of, the victim. In providing for the victim, one cannot lose sight of the perpetrator; knowledge regarding the conditions and contexts in which perpetrators target intoxicated and incapacitated individuals needs to be deepened in order to address and reduce the perpetration of rape and sexual violence in Ireland, and as identified by the studies presented here, across Europe.

References:

- ¹ Notes from presentations are available at: www.icsor.org
- ² Ingemann-Hansen, O. , Birkler, R.D., Charles, A.V. and Johannsen, M. 2012. Drug-facilitated sexual assault – spiking or voluntarily consumed. Presented at ICSOR, 9 November. Galway, Ireland.
- ³ Hagemann, C. Spigset, O., Helland, A., snes, K.A., Schei, . and Orstad,K. 2012. Alcohol and drugs detected in urine/blood, background and assault characteristics and clinical findings in case of drug facilitated sexual assault in Trondheim. Presented at ICSOR, 9 November. Galway, Ireland.
- ⁴ Eoghan, M., Walsh, A., Richardson, D., Halahan, C. And Sheehan, J. 2012. Assessment of alcohol Use using a Standardied Tool in Patients Attending Sexual Assault Treatment Unit. Presented at ICSOR, 9 November. Galway, Ireland.
- ⁵ Ingemann-Hansen et.al. *ibid.*
- ⁶ Hagemann et.al. *ibid.*
- ⁷ Ingemann-Hansen et.al. *ibid.*
- ⁸ Hagemann et.al. *ibid.*
- ⁹ Ingemann-Hansen et.al. *ibid*; Hagemann et.al. *ibid.*
- ¹⁰ Eoghan, et.al. *ibid.*

About Rape Crisis Ireland:

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting Rape Crisis Centres (RCCs) to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multiagency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.

The national coordination role delivered by RCNI across management, governance, data collection, data reporting, the design and delivery of a range of training courses and administration, facilities frontline services to direct resources at meeting survivor needs, service delivery and local multi-agency partnerships.