#### KELLIE-ANN FFRENCH

The Relationship Between Alcohol Expectancies and Sexual Assault Experiences: Patterns of Alcohol-Related Beliefs for Victims and Perpetrators (Under the Direction of LILY D. MCNAIR)

Sexual assault is highly prevalent between acquaintances and within college populations. It has been proposed that sexual assault is a product of traditional gender roles and heterosexual dynamics. Alcohol consumption and sexual assault have been highly concurrent, particularly within dating contexts. The purpose of this study was to examine the relationship between alcohol expectancies and sexual assault experiences that involve alcohol consumption. Specifically, this study proposed to examine the predictive power of alcohol expectancies upon alcohol-related victimization experiences for women and perpetration experiences for men, any differences in alcohol expectancies across victimization and perpetration status, and the predictive power of male alcohol consumption upon alcohol-related sexual assault incidences. Results revealed that both victims and perpetrators of alcohol-related sexual assault engage in constellations of behavior that may place them at risk for these types of experiences. For women, it appears that engaging in traditionally masculine behavior may place them at greater risk; and, for men, it appears that also engaging in traditionally masculine behavior may place them at greater risk. Findings also suggested that both victims and perpetrators endorse greater alcohol-related beliefs than non-victims and non-perpetrators. Implications and recommendations are discussed.

INDEX WORDS: Sexual Assault, Alcohol Expectancies, Gender Roles

# THE RELATIONSHIP BETWEEN ALCOHOL EXPECTANCIES AND SEXUAL ASSAULT EXPERIENCES: PATTERNS OF ALCOHOL-RELATED BELIEFS FOR VICTIMS

# AND PERPETRATORS

by

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#### CHAPTER 1

#### INTRODUCTION

Sexual assault is a highly prevalent and destructive social phenomenon that occurs with a frequency of disturbing proportions. It has been reported to be an extremely prevalent crime, but also one of the most under-reported (Russell, 1984). Koss, Gidycz, and Wisniewski (1987) found that of the 3,187 college women surveyed, 53.7% reported that they had experienced some form of sexual victimization by the age of 14.

Specifically, it was found that 14.4% reported experiencing sexual contact, 11.9% reported experiencing sexual coercion, 12% experienced attempted rape, and actual rape was reported to be at a 15.4% prevalence among those surveyed. It has been found that up to 80% of women report the experience of some form of sexual coercion (Koss, 1988). Synovitz and Byrne (1998) found that 42% of female participants reported that they had been sexually assaulted. Parks and Miller (1997) found that one-third of the participants surveyed reported severe sexual aggression. Russell (1984) proposed that one in three women will be sexually assaulted in her lifetime, and that it is probable that less than 10% of all sexual assaults are reported to the police. Approximately one-third of the men surveyed reported to have been perpetrators of sexual assault (Finley & Corty, 1993).

Although stranger rape occurs at a high frequency, women are victimized at significantly higher rates within a dating or acquaintance context (Warshaw, 1988). It has been found that women are four times more likely to be assaulted by someone they know than by a stranger (Warshaw, 1988), yet are more likely to report a rape if committed by a stranger (Koss, Dinero, Seibel, & Cox, 1988). Abbey (1991) found that approximately 80% of rapes take place on college campuses, and 50% take place on dates. Although

female perpetrators and male victims of sexual assault are also a social problem, research shows the male perpetrator/ female victim dyad as the most common occurrence (Poppen & Segal, 1988; Warshaw, 1988).

#### **Social Context of Sexual Assault**

A myriad of social factors contributes to the perpetuation of sexual assault. However, it appears that the underlying factor revolves around the unequal distribution of social power between men and women. This imbalance of power serves to put women at a greater disadvantage in terms of safety, recourse, and prevention within the social, romantic, and even legal domains of society. The inequitable distribution of power is evident in traditional gender roles, and in how women and men are socialized to interact within the dating context (Snell & Godwin, 1993). It has been hypothesized that a "rape culture" exists, in which society supports sexual assault by its propagation of these gender roles (Davis & Lee, 1996; Herman, 1990; Quackenbush, 1989; Rappaport & Posey, 1991). Additionally, this imbalance of social power, or the status quo, will be maintained through whatever means necessary: "The rapist is the shock trooper for an overall system of unequal power" (Blood et al., 1992). Darke (1990) proposed that sexual assault is a result of a man's desire for power over women. According to Darke (1990), it appears that dating situations exaggerate traditional gender role behavior with manipulation and power as the key elements. Within the context of a date, particularly at the beginning stages of a relationship, typical male-female interactions are likely to occur, such as the man paying for the date and deciding the activities. "Rape is an extreme form of traditional male-female sexual interaction rather than a sign of pathological disturbance" (Bridges, 1991). The situation is further compounded by the importance placed upon women to remain nice and polite in the face of whatever may confront them. This unrealistic message that women receive impedes their ability and preparedness to fight back and attempt to harm the perpetrator in an effort to save themselves (Warshaw, 1988). The pervasiveness of this "rape culture" is highlighted in Herman's (1990)

assertion that "the unanswered question posed by feminists is not why some men rape, but why most men do not."

In traditional terms, women have been socialized to take a more passive role in romantic relationships (Amaro, 1995) within a setting of an imbalance of power. In general, women have been taught that desiring and pursuing sexual relationships are not feminine endeavors, and that a gatekeeper role is more appropriate. In other words: "good girls don't." As gatekeepers, women are taught to express sexual reluctance in a coy and demure fashion (Darke, 1990). Token resistance is a manifestation of this adherence to the status of gatekeeper, and actual experience with token resistance serves to further create the context for a sexually coercive interaction. Although a woman may want to engage in sexual behavior, she is told to initially refuse in order to conform to what is thought to be appropriate female behavior. Conversely, men are taught to be aggressive and goal-oriented in their approach to their environment, including sexual relationships (Amaro, 1995). Men are told to pursue sexual interaction and initiate advances within a dating context, and they have been found to perceive the world, and women, in more sexual terms than women do (Kowalski, 1993). Abbey (1991) found that male observers rated both men and women as more promiscuous and seductive than female observers. Ogletree (1993) found that 42% of women surveyed experienced sexual coercive incidents, and 70% of that percentage engaged in unwanted sexual intercourse in response to their date's "overwhelming arguments and pressure."

In sexual roles, we have trained men to prove their manhood and women to protect their womanhood. Men feel obligated to try to have sex whether they want to or not, women feel obligated to resist sexual advances whether they want to or not and neither feels free to talk to the other about what they want or what they fear. Honest sexual communication has little place in the role training we give women and men. Men are told that women say no when they mean yes, and

women are told about the strong urgent lusts of men and both are told not to talk about it to each other. All these things, the roles, the expectations and the lack of communication set the stage for misunderstanding and misinterpretation of behaviors. And misinterpretations of behavior are a primary cause of many rapes and attempted rapes committed by dates and friends. In forcing sex on a date a man is often just playing out the aggressive sex role that he has been taught is appropriate for him. (Campbell quoted. in Quackenbush, 1989, p. 320).

A social context for sexual assault exists in which traditional gender roles create a template for coercive sexual interactions between men and women. However, not all women are victimized, and not all men are perpetrators. There seem to be risk factors that, when in place, can result in a more coercive experience for both women and men.

#### **Risk Factors**

Muchlenhard and Linton (1987) proposed that five risk factors exist that may increase the likelihood of sexual assault in a heterosexual dating situation: the male taking the dominant and initiating role on the date; miscommunication regarding sex; going to a secluded area; the male's acceptance of traditional gender roles, rape myths, and interpersonal violence; and heavy alcohol or drug use. Abbey, McAuslan, and Ross (1998) also found similar risk factors, replacing the factor pertaining to going to a secluded place with acknowledged willingness to commit sexual assault (if assured of not getting caught). Alcohol use as a risk factor for sexual assault will be the focus of this study, as it has been found to be an important factor in increasing likelihood of sexual assault (among other factors such as previous victimization, levels of consensual sex, etc.) (Himelin, 1995).

Mandoki and Burkhart (1991) hypothesized that risk factors for sexual assault victimization and perpetration exist at various levels: from socially and culturally determined gender inequities, to situational variables, to individual characteristics. Certain

situational variables may place a woman at greater risk for sexual assault, such as going to a secluded place or drinking alcohol in a bar setting with members of the opposite sex. The individual characteristics of victims and perpetrators may differ. This is not to say that a victim of sexual assault is responsible for her own victimization; the responsibility remains the perpetrator's burden. However, certain traits or characteristics may lead a woman to find herself in a potentially harmful situation; and certain traits or characteristics may lead a man to engage in coercive behavior. Koss and Dinero (1989) found that previous victimization, levels of consensual sexual activity, and heavy alcohol use significantly predicted sexual assault victimization.

Perpetrators have been found to endorse greater levels of negative attitudes toward women, rape myth acceptance, traditional gender roles, and acceptance of violence and hostility (Abbey et al., 1998). Sexual aggressors have also been found to exhibit traits of positive attitudes toward sexual aggression, delinquence, hostile masculinity, and a high number of sexual partners (Malamuth, Sockloskie, Koss, & Tanaka, 1991).

# Rape Myth Acceptance

Rape myths are false beliefs that one may have about sexual assault that exist to undermine a sexual assault victim's rights, and also reduce the accountability of the perpetrator. Burt (1980, 1991) and Burt and Albin (1981) proposed that rape myths are a by-product of a patriarchal society which underlie the dynamics of male-female relationships. Rape myths serve to reduce an assaultive experience into an incidental event, one that the victim may have brought upon herself. These myths usually surround the questionability of a woman's behavior, which consequently focuses upon the victim's culpability in the situation. A woman who is scantily-clad or intoxicated, for instance, may show signs of sexual interest by virtue of a short skirt or alcohol consumption (Burt, 1980). Additionally, a woman who is "stuck-up" or unresponsive may have to be "taught a lesson." Rape myths aid in maintaining the imbalance of social power, as they ease the full burden of culpability from perpetrators (in the eyes of both society and the legal

system) and direct it toward the victim, to the point at which victims may blame themselves for the incident. This self-blame may further discourage women from seeking legal retribution for the crime, which reinforces the perception of blamelessness on the part of the perpetrator (Burt, 1991). Additionally, women who endorse these myths may minimize their perception of personal risk by viewing themselves as different from women who "ask for it."

Rape myths have been found to be intrinsically linked to sex-role attitudes (Bridges, 1991; Davis & Lee, 1996) in that those who indicated greater rape myth acceptance also endorsed greater traditional gender roles (Kopper, 1996; Truman, Tokar, & Fischer, 1996; Bridges, 1991; Margolin et al., 1989). Scully and Marolla (1984) found that five "mythical" themes emerged in the justifications of convicted rapists: women are seductresses; when women say "no" they really mean "yes"; most women will probably relax and eventually enjoy it; nice girls do not get raped; and rape is a minor offense. More than 50% of a sample of adults endorsed rape supportive attitudes (Burt, 1980). Additionally, it was found that males endorsed more of these beliefs than females. Subsequently, those who endorse greater rape myth acceptance also tend to view situations as more sexualized (Kowalski, 1993). Logically, sexual assault perpetrators tend to endorse greater levels of rape myth acceptance, adhere to traditional gender role beliefs, and accept interpersonal violence (Burt, 1980).

As mentioned above, rape supportive attitudes are often used to promote and justify sexual assault, which lead to blaming the victim (Abbey & Harnish, 1995). Men have been found to endorse greater levels of rape myth acceptance and greater assignment of blame to a victim of sexual assault (Jones, Russell, & Bryant, 1998; Szymanski et al., 1993). Furthermore, participants who reported higher rape myth acceptance assigned greater blame to a victim of sexual assault, and less blame to the perpetrator (Kopper, 1996; Stormo, Lang, & Stritzke, 1997). This has been found to be particularly true when

the perpetrator is an acquaintance or a date, rather than a stranger to the victim (Bridges, 1991).

#### **Alcohol-Related Sexual Assault**

Alcohol consumption has been found to profoundly increase the likelihood of sexual assault. It has been implicated in approximately 80% of all rapes (Norris et al., 1996). A majority of both female victims and male perpetrators report using alcohol at the time of the incident. Fifty-two percent of sexually active women reported consensual sexual encounters that involved alcohol (Parks & Miller, 1997), which increases the likelihood that a nonconsensual sexual experience will involve alcohol. It has been theorized that women drink alcohol in social or dating situations in order to ease the tension that they may feel between their need to appear friendly, fun, and social, and their need to avoid potential harm in these situations (Norris, Nurius, and Dimeff, 1996). Muchlenhard and Linton (1987) found that 55% of male perpetrators surveyed admitted to consuming alcohol at the time of the assault; and 53% female victims reported the same.

However, the relationship between alcohol use and sexual assault is not a clear-cut one. Rather, it seems that other variables exist that may strengthen the relationship. Testa and Parks (1996) identified several variables by which alcohol use leads to increased risk of assault: cognitive and motor impairment, setting, perceptions of the drinking woman, and alcohol expectancies. Perceptions of an intoxicated woman include the belief that social norms have been violated (only wild women drink) and the activation of alcohol-related beliefs. Additionally, perceptions of intoxicated women are linked to beliefs that are related to sexual assault, or rape myths. Interestingly, Cue and colleagues (1996) found that the women surveyed did not view alcohol as a risk factor for sexual assault. This perception of alcohol may place women at further risk for sexual assault, as they may underestimate the riskiness of alcohol consumption.

The effects of sexual assault are pervasive and detrimental, and can impact a number of domains in a victim's life, including social and psychological realms. It was found (Corbin et al., 2001) that women who had experienced severe levels of sexual victimization reported lower levels of sexual assertiveness, more consensual sexual partners, a higher number of sexual encounters that included alcohol, and greater levels of alcohol expectancies. These factors may subsequently increase the potential of revictimization by placing women in high-risk situations. It is difficult to determine if the factors discussed above are a *result* of a sexually assaultive experience or a *risk factor* for an experience of this nature.

Both the sequelae of and the predisposing factors for sexual assault are worthy of attention. In terms of possible predisposing factors: do these same characteristics result in a propensity toward victimization as well as perpetration? And, if so, what role would alcohol expectancies play, and are they different for victims and perpetrators? It may be that alcohol expectancies, among other factors, serve to increase the likelihood of the occurrence of sexual assault. Furthermore, it may be possible that factors such as alcohol expectancies may continue to place women at risk for victimization, and men at risk for further perpetration, after an initial assault experience.

# **Alcohol Expectancies**

Alcohol expectancies refer to the expected effects of alcohol as opposed to the pharmacologic effects of alcohol. Although pharmacologic effects of alcohol consumption do exist, expectancy effects have been consistently found to impact the behavior and attitudes of individuals above and beyond the actual physiological effects (Crowe & George, 1989). These expectancies include specific beliefs as well as global ideas about alcohol and those who consume it. The extent of an individual's beliefs about the effects of alcohol have been found to impact behavior. Placebo studies have found that participants will alter their behavior or expressed attitudes when they believe that they are

consuming alcohol, although they are consuming a placebo beverage (Zeichner et al., 1993). Brown, Christiansen, and Goldman (1987) report that six domains of alcohol expectancies exist: global positive change, tension reduction, personality transformation, physical and social pleasure, arousal and aggression, and sexual enhancement.

Some gender differences in alcohol expectancies have been found. Rohsenow (1983) found that men expected to receive more pleasure and relaxation after consuming alcohol, along with less of an expectation for cognitive and motor impairment, than women. It also appears as though women are more likely to view alcohol as having a greater effect on others than upon themselves, while the same does not necessarily hold true for men (George & McAfee, 1987; Rohsenow, 1983). This self-other discrepancy was also found by Cue, George, and Norris (1996), with women viewing alcohol-related effects as impacting other women more than themselves. Rohsenow (1983) posits that self-directed expectancies are based upon personal experiences whereas global, or other, expectancies are developed through socialization and transmission of these ideas through the media.

Women have been found to be less likely to behave in a manner that is congruent to their alcohol expectancies than are men (George, Cue, Lopez, Crowe, & Norris, 1995), but even occasional expectancy-congruent behavior may place women at risk. If alcohol expectancies hold less power over women's behavior while intoxicated, it still remains a problem for women if perpetrators hold strong views, since they choose to behave in a coercive and aggressive manner. It may be the case that a woman's risk for victimization is determined to a greater degree by a perpetrator's alcohol-related beliefs (and subsequent consumption) rather than her own.

If women do, in fact, engage in less expectancy-congruent behavior than men when intoxicated, it may be due to the negative social implications of being an intoxicated woman. Thus, expectancies related to women's alcohol consumption may be significant in heterosexual interactions. Women who consume alcohol tend to be viewed as less

ladylike and feminine (i.e., "wild women"), and in a more negative light (Lang et al., 1992). Research has found that men rated intoxicated women less positively than sober women, and indicated less interest in becoming romantically involved with a woman who drinks heavily (Testa & Parks, 1996). However, they also indicated a greater belief that they would be better able to convince an intoxicated woman to have sex with them. Goodchilds and Zellman (1991) also found that women who consume alcohol are viewed as more sexually available, because they are perceived as rejecting the traditional feminine role, thereby rejecting the idea that they are resistant to sexual activity. Additionally, Richardson and Campbell (1982) found that participants rated intoxicated victims of sexual assault as less moral, more aggressive, less likable, and less similar to themselves. Perpetrators may use their negative view of intoxicated women as an impetus and justification for sexual assault (Norris & Cubbins, 1992).

Additionally, those who designate responsibility and blame may do the same. Men also perceive intoxicated women as more aroused by erotica, more sexual, and more likely to initiate sexual intercourse, particularly if he buys her drinks (George, Cournic, & McAfee, 1988). Males who endorse higher levels of alcohol-related beliefs, specifically regarding the disinhibiting powers of alcohol, viewed a female date who consumed alcohol as more sexually responsive (George, Cue, Lopez, Crowe, & Norris, 1995). Likewise, men who believe that they had consumed alcohol, although they had not, reported a greater interest in viewing violent and erotic materials and more sexual arousal than those who did not have that belief (George & Marlatt, 1986); and those who falsely believed that they had consumed alcohol became more sexually aroused to videotaped depictions of rape and sadistic aggression (Briddell et al., 1978). Koss and Dinero (1989) suggest that a woman's alcohol use may serve as a cue, for perpetrators, of their willingness to have sex, thereby invalidating their verbal expressions of disinterest and other negative cues. Goodchilds and Zellman (1984) found that 39% of the males in their sample indicated that

they believed it was "OK for a guy to hold a girl down and force her to have sex if she is stoned or drunk."

The inequities along the lines of gender are evidenced in the differential perceptions and acceptance of an intoxicated woman versus an intoxicated man. Women may be held to more stringent guidelines of acceptable and appropriate behavior, which do not include intoxication, than men (Seto & Barbaree, 1995). Men experience a different response to their own intoxication. Alcohol consumption is viewed as a masculine activity, which compliments other traditionally male behavior. Derman and George (1988) found that a strong link existed between men's alcohol consumption and aggressive behavior, and men who drink heavily score higher on scales that measure masculine sex roles (Chomak & Collins, 1987). Research has found that men are reported to consume 30% to 100% more alcohol than women (Lemle & Mishkind, 1989). Therefore other behaviors and attitudes thought to be rightly masculine, such as aggressiveness, sexual disinhibition, and initiation of sexual activity, may be exacerbated by alcohol consumption. This possible intensification of traditionally masculine behavior may be a factor in the increase of sexually coercive acts, particularly when alcohol is involved.

It has been reported that alcohol expectancies were strongly linked to actual alcohol consumption (Rohsenow, 1983). Those with positive expectancies regarding sexual and/or social behavior, for example, reported greater alcohol consumption within these contexts. Likewise, those who endorsed negative expectancies in a particular domain reported less alcohol consumption in a given context (Derman and Cooper, 1994; Southwick et al., 1981). Individuals who have more positive sex-related alcohol expectancies (e.g., "alcohol makes me sexier or more convincing") are likely to consume more alcohol in situations in which sexual activity may be involved. Derman and Cooper (1994) specifically found that sex-related alcohol expectancies were more than adequate predictors of alcohol consumption in conjunction with sexual intercourse. It is suggested that individuals tend to drink more in social, or potentially sexual, situations if they hold

strong sex-related beliefs in order to "excuse" their otherwise questionable behavior.

Also, if they hold similar beliefs about a date or acquaintance, they may assume that that person endorses the same beliefs.

Alcohol expectancies have been shown to be linked to alcohol consumption in the context of sexual interactions. Do these alcohol expectancies also increase the likelihood of sexually assaultive incidents, both for victims and perpetrators? Moreover, are the perpetrator's expectancies more likely to determine an assaultive or coercive interaction? If so, this could have important implications for intervention purposes. Perhaps men have stronger alcohol-related expectancies because their behavior has been more reinforced in that manner. For example, it may be that some men, particularly perpetrators, behave in ways that are congruent to alcohol expectancies (e.g., more aggressive, more sexual, etc.) and subsequently feel the need to rationalize their coercive behavior. If so, their belief in the effects of alcohol may strengthen with each experience, increasing the likelihood of multiple perpetrations. This, compounded by the fact that so many perpetrators commit sexual assault with minimal negative consequences (Burt, 1991), could result in a consistent strengthening of alcohol-related beliefs. Perhaps the same could be said for victims of sexual assault, in that they may feel the need to view alcohol as the cause of their otherwise socially inappropriate behavior. This may explain why so many women who have been assaulted repeatedly find themselves in potentially harmful situations, particularly with alcohol involved. It may be possible that pre-existing alcohol expectancies set the stage for coercive situations, which, in turn, reinforce the belief in the "magical" effects of alcohol.

#### **Prior Research: Limitations and Implications**

As previously mentioned, Corbin, Bernat, Calhoun, McNair, and Seals (2001) found that women who had experienced severe (i.e., experiencing attempted or completed rape) levels of sexual assault reported greater alcohol expectancies along with greater occurrence of behavior that may place them at risk for revictimization. These factors

experiences that include alcohol. Specifically, these women reported higher levels of alcohol expectancies within the domains of global positive change, tension reduction, and sexual enhancement. The findings of this study help to illuminate the relationship between alcohol and sexual assault; and the present study aimed to expand on it in several ways. First, the present study proposes to specifically assess for alcohol use at the time of the assault incident. Second, the present study plans to also examine the experiences of college men, particularly sexually coercive individuals.

Abbey, McAuslan, and Ross (1998) examined factors that may increase the likelihood of sexual assault perpetration by men, including alcohol expectancies. The findings revealed that a link existed between alcohol expectancies and sexual assault perpetration, via such factors as alcohol consumption and misperception of sexual intent. However, it does not appear that the researcher specifically focused upon alcohol-related sexual assault incidences, which may have affected the outcome of the study. This previous research has not directly assessed the relationship of alcohol expectancies with sexual assault experiences in which alcohol is specifically involved. The examination of this relationship may have a profound impact upon the determination of risk factors for both sexual assault victimization and perpetration. The presence of alcohol consumption at or around the time of the assault may illuminate the relationship between alcohol-related beliefs and sexual assault with greater clarity. Additionally, the examination of who was consuming the alcohol (i.e., the victim, perpetrator, or both) will also serve to further clarify the relationship between alcohol use, alcohol expectancies, and sexual assault.

#### **Purpose and Hypotheses**

This study proposed to address the following research questions:

1. Are alcohol expectancies predictive of victimization experiences for women, in relation to alcohol-related sexual coercion?

- 2. Are alcohol expectancies predictive of perpetration experiences for men, in relation to alcohol-related sexual coercion?
- 3. Are there gender differences in the patterns of alcohol expectancies in relation to sexual coercive experiences?
- 4. What is the relationship between alcohol consumption and alcohol-related sexual coercion, particularly based upon gender?

With regards to the first research question, it was hypothesized that women who endorse greater levels of alcohol expectancies will be more likely to report alcohol-related sexual assault experiences. With regards to the second research question, it was hypothesized that men who endorse greater levels of alcohol expectancies will be more likely to report alcohol-related sexual assault perpetration. For the third research question, it was hypothesized that there will be a gender difference in the pattern of alcohol expectancies based upon the six domains: global positive change, tension reduction, personality transformation, physical and social pleasure, sexual enhancement, and arousal and aggression. Specifically, it was predicted that women, particularly victims of sexual coercion, will be more likely to endorse stronger expectancies in relation to the global, tension reduction, and sexual enhancement domains, consistent with the findings of Corbin and colleagues (2001). It was also predicted that men, particularly perpetrators of sexual coercion, will be more likely to endorse stronger expectancies in relation to the sexual enhancement, personality transformation, and arousal and aggression domains. This pattern for perpetrators was predicted based upon the notion that alcohol not only serves to enhance behavior that is considered to be a masculine prerogative, such as aggression and sexual prowess (Derman & George, 1988), it also provided an excuse for the perpetrator's behavior (Derman & Cooper, 1994). For the fourth research question, it was hypothesized that gender differences will exist in the relationship between alcohol consumption and sexual assault experiences. Specifically, it was predicted that men who

have been involved in a sexually coercive incident will report greater alcohol consumption at the time of the incident. Male alcohol consumption will be more likely to lead to an assaultive incident, based upon the findings of George, Cue, Lopez, Crowe, and Norris (1995) in which men were found to be more likely to behave in a manner that was congruent with their alcohol expectancies than were women.

#### **CHAPTER 2**

#### **METHOD**

# Design

This study had a non-experimental design, as no experimental manipulations were planned. This study used alcohol consumption, alcohol expectancies, and number of consensual sexual partners (along with other variables such as rape myth acceptance and social desirability) as predictors, and alcohol-related sexually coercive experience as the criterion. The data obtained in this study was based upon self-report of past and current experiences and beliefs; and it was collected in a single session.

# **Participants**

The sample included undergraduate college students, recruited from the University of Georgia Psychology Department Research Participant pool. Results of a power analysis using an effect size of .15 and an alpha level of .05 revealed a desirable sample size of 129 participants who meet criterion. This study planned to assess 130 participants, 65 males and 65 females. The criterion for an eligible participant was an individual who has been involved in a sexually coercive experience that involved alcohol, either as a victim or a perpetrator. For the purposes of this study, a female participant was eligible if they have experienced mild to severe sexual assault, ranging from undesired touching or kissing to attempted or completed rape (Corbin, Bernat, Calhoun, McNair, & Seals, 2001). According to Koss (1987) and Russell (1984), approximately 42-53% of college women report experiencing some form of sexual assault. Therefore, this study planned to recruit 130 female participants in order to have enough eligible female participants. A male participant was eligible if they have perpetrated mild to severe sexual assault. Additionally, Finley and Corty (1993) reported that approximately 33% of men report

perpetrating some form of sexual assault. This study planned to recruit 200 male participants in order to obtain an adequate number of eligible participants.

# **Materials**

<u>Demographic Questionnaire</u> Participants were asked to provide information about their age, gender, racial/ethnic background, sexual activity, sexual orientation, and number of sexual partners.

<u>Daily Drinking Questionnaire (DDQ)</u> (Collins, Marlatt, & Parks, 1985). The Daily Drinking Questionnaire (DDQ) is based upon the Drinking Practices Questionnaire (DPQ) (Cahalan, Cisin, & Crossley, 1969). The convergent validity of the DDQ with the DPQ is .50. Participants were asked to indicate their daily alcohol consumption based upon typical consumption over the course of a week. (See Appendix A).

Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). This scale focuses upon one's concern for how they may appear to others. There are 33 items and the participant is asked to respond on a true/false scale (See Appendix B). This scale has an internal consistency coefficient of .88, and a test-retest correlation of .89.

Alcohol Beliefs Questionnaire (ABQ) (Collins, Lapp, Emmons, & Isaac, 1990). This forty-item questionnaire assesses alcohol expectancies within six domains: global positive change, tension reduction, personality transformation, sexual enhancement, social and physical pleasure, and arousal and aggression. It also assesses the strength of specific beliefs. This scale has an internal consistency reliability ranging from .72 to .92, and a test-retest correlation of .64 (See Appendix C).

Alcohol Effects on Sexual Behavior (McNair, Corbin, & Carter, in press). This is a nine-item measure that assesses specific alcohol-related sexual beliefs, particularly with regards to disregard for risk and increased sexuality. For example, this scale assesses beliefs related to such items as "After I've had a few drinks, I'm more likely to feel sexy," and "When I drink, I can convince someone to have sex with me." This measure has an overall reliability of .87. (See Appendix D).

Sexual Assault Experiences Scale (Koss & Oros, 1982). This is a widely used 13-item scale assessing both men and women's experiences with sexually coercive behavior, as perpetrators and victims, respectively. This measure has an internal consistency reliability of .74, and test-retest correlation of .93. Supplemental questions regarding alcohol use were added for each item (See Appendix E).

Rape Myth Acceptance Scale (Burt, 1980). This is a nineteen-item questionnaire that assesses beliefs or myths, related to sexual assault, with regards to a woman's level of intoxication or clothing, among other things. Participants are asked to respond along a 7-point or 5-point Likert scale, depending upon the item. This measure has an internal consistency ranging from .82 to .88 (Schewe & O'Donohue, 1998; Burt, 1980) and a test-retest reliability of .88 (Schewe & O'Donahue, 1998) (See Appendix F).

# Procedure

The participants were gathered in groups of approximately 30 individuals, and each testing group consisted of individuals of the same gender. This was to help participants feel more comfortable when answering questions of a personal nature. At the beginning of the testing session, the participants were asked to read and sign an informed consent form. Any questions or concerns that could be addressed without revealing the purpose of the study were discussed. The participants were then asked to complete the questionnaire packet that will include the measures listed above. At the end of the session, participants were given a debriefing form that stated the purpose of the study. Any additional questions or concerns were then addressed on an individual basis.

#### CHAPTER 3

#### RESULTS

# Demographic Data

Overall, 419 undergraduate students participated with a mean age of 19.7 (SD = 1.64) years. Approximately 88% (n = 367) of all participants described themselves as Caucasian; 8% (n = 33) described themselves as African-American; .7% (n = 3) described themselves as Hispanic; 2% (n = 8) described themselves as Asian or Asian-American; .2% (n = 1) described themselves as Native American; and 1.7% (n = 7) of the participants did not endorse a particular category of race or ethnicity. A total of 261 female undergraduate students participated in this study, and approximately 8% of the data was discarded due to missing data, yielding a final total of 239 women. One hundred eighty-eight male undergraduate participants participated in this study, and approximately 4% of the data was discarded due to missing data, yielding a final total of 180 men. Demographic data are represented in Table 1.

# Sexually Coercive Experiences

Responses to the Sexual Experiences Survey (Koss & Oros, 1982), revealed that approximately 48% (n = 115) of the female participants endorsed some type of sexually coercive experience. For the purposes of this study, a participant who had experienced some form of verbal or physical pressure to engage in any sexual act (ranging from psychological manipulation to physical force resulting in penetration) was considered to have had a sexually coercive experience. Approximately 27% (n = 65) of all female participants reported experiencing some form of physical pressure that did not result in sexual intercourse or some form of psychological or verbal pressure that may or may not

have resulted in sexual intercourse; and 6% (n = 15) of the female participants reported an experience that involved physical violence resulting in forced sexual intercourse.

Overall, about 33% (n = 80) of all female participants endorsed some type of sexually coercive experience that involved alcohol consumption. Alcohol was implicated in 70% of the reported coercive experiences. It was reported that both partners consumed alcohol about 78% of the time, only the male drank 19% of the time, and only the female drank 2% of the time.

With regards to the male participants, approximately 44% (n = 80) reported perpetrating some type of coercive behavior; and 32% (n = 58) of the participants reported exerting some form of physical pressure that did not result in sexual intercourse or some form of psychological or verbal pressure that may or may not have resulted in sexual intercourse. Only two of the male participants reported an experience that involved physical violence resulting in forced sexual intercourse.

Overall, approximately 33% (n = 60) of all male participants endorsed some type of coercive experience that involved alcohol consumption; and alcohol consumption was implicated in about 75% of the reported coercive experiences.

#### Alcohol Consumption

Responses to the Daily Drinking Questionnaire (DDQ) revealed a wide range of average weekly alcohol consumption. Participants reported consuming an average of 13.18 (SD = 12.91) alcoholic beverages on a weekly basis, which indicated that the average participant falls within the range of moderate alcohol consumption (Corbin, McNair, & Carter, 1996). Female participants reported consuming between 0 and 43 alcoholic beverages weekly (M = 10.00, SD = 9.46). Male participants reported consuming between 0 and 70 alcoholic beverages (M = 17.75, SD = 15.27). These data are represented in Table 2. A t-test revealed significant gender differences in alcohol consumption,  $\underline{t} = 6.601$ ,  $\underline{p} = .000$ , with men consuming more alcohol on a weekly basis.

# **Alcohol Expectancies**

Responses to the Alcohol Beliefs Questionnaire (Collins, Lapp, Emmons, & Isaac, 1990) ranged from 0 to 40 (M = 23.99, SD = 7.32). Female participants' scores ranged from 0 to 40 (M = 23.28, SD = 7.79); and male participants' scores ranged from 0 to 37 (M = 24.92, SD = 6.56). Higher scores indicate a greater degree of alcohol-related beliefs. A t-test revealed significant gender differences,  $\underline{t} = 2.284$ ,  $\underline{p} < .05$ , in that men reported higher alcohol expectancies. With regards to the specific alcohol expectancy domains, t-tests revealed significant gender differences for all six domains: global positive,  $\underline{t} = 2.388$ ,  $\underline{p} < .05$ ; sexual enhancement,  $\underline{t} = -2.086$ ,  $\underline{p} < .05$ ; physical and social pleasure,  $\underline{t} = 3.795$ ,  $\underline{p} < .001$ ; personality transformation,  $\underline{t} = 2.302$ ,  $\underline{p} < .05$ ; tension reduction,  $\underline{t} = 3.896$ ,  $\underline{p} < .001$ ; arousal and aggression,  $\underline{t} = 2.044$ ,  $\underline{p} < .05$ . Men endorsed greater alcohol expectancies in all domains except sexual enhancement, in which women endorsed greater beliefs. These data are represented in Table 3.

#### Number of Sexual Partners

Rape Myth Acceptance

Participants reported an average of 3.23 (SD = 5.17) lifetime, consensual sexual partners. Female participants reported a range of 0 to 25 sexual partners (M = 2.62, SD = 3.03). Male participants reported a range of 0 to 60 sexual partners (M = 4.06, SD = 7.00). These data are represented in Table 2. A t-test revealed significant gender differences,  $\underline{t} = 2.847$ ,  $\underline{p} < .01$ , in that men reported a greater number of lifetime sexual partners.

Responses to the Rape Myth Acceptance Scale (Burt, 1980) ranged from 19 to 74 (M = 36.61, SD = 10.23). Specifically, female participants' scores ranged from 19 to 68 (M = 34.04, SD = 9.50). Male participants' scores ranged from 19 to 74 (M = 40.03, SD = 10.21). Higher scores indicate a greater degree of rape myth acceptance. These data are represented in Table 2. A t-test revealed that male participants reported greater rape myth acceptance than female participants, t = 6.193, p < .001.

Hypothesis 1: Women's alcohol expectancies will predict victimization experiences, in relation to alcohol-related sexual coercion.

In order to test this hypothesis, a hierarchical multiple regression was conducted with alcohol consumption, alcohol expectancies, number of sexual partners, and rape myth acceptance as the predictors; endorsement of an alcohol-related sexually coercive experience as the criterion. Results revealed that both number of sexual partners and alcohol expectancies made significant independent contributions ( = .265 and .235, respectively), accounting for approximately 15% of the variance on the measure of sexually coercive experiences involving alcohol (Multiple R = .382, R<sup>2</sup> = .146, F (2, 238) = 20.166, p < .001). These data are represented in Table 4. A correlation matrix for all predictor variables is presented in Table 6.

Hypothesis 2: Men's alcohol expectancies will predict perpetration experiences, in relation to alcohol-related sexual coercion.

A hierarchical multiple regression analysis was conducted with alcohol consumption, alcohol expectancies, number of consensual sexual partners, and rape myth acceptance as the predictors; endorsement of the perpetration of alcohol-related sexually coercive behavior as the criterion. Results revealed that both alcohol consumption and rape myth acceptance made significant independent contributions (=.316 and .168, respectively), accounting for approximately 14% of the variance on the measure of sexually coercive experiences involving alcohol (Multiple R = .372, R<sup>2</sup> = .138, F (2, 179) = 14.226, p < .001). These data are represented in Table 5. A correlation matrix for all predictor variables is presented in Table 6.

Hypothesis 3: Gender differences will exist in the pattern of alcohol expectancies, particularly the beliefs of victims and perpetrators of alcohol-related sexually coercive incidents.

Specifically, it was predicted that female victims of sexual coercion will endorse greater expectancies in relation to the global positive, tension reduction, and sexual enhancement

domains of alcohol expectancies than female non-victims. Additionally, it was predicted that male perpetrators of sexual coercion will be more likely to endorse greater expectancies with regards to the sexual enhancement, personality transformation, and arousal and aggression domains than non-perpetrators. A series of one-way ANOVA's were conducted in order to examine the relationship between alcohol-related sexual coercion experience and the overall scores and the specific domains of alcohol expectancies for both women and men. For the female participants, significant differences were found across victimization status for the overall score and all six alcohol expectancy domains: total score,  $\underline{F}(1, 238) = 20.018$ ,  $\underline{p} < .001$ ; global positive,  $\underline{F}(1, 238) = 5.618$ ,  $\underline{p} < .05$ ; sexual enhancement,  $\underline{F}(1, 238) = 12.259$ ,  $\underline{p} < .01$ ; physical and social pleasure  $\underline{F}(1, 238) = 11.279$ ,  $\underline{p} < .01$ ; personality transformation,  $\underline{F}(1, 238) = 12.586$ ,  $\underline{p} < .001$ ; tension reduction,  $\underline{F}(1, 238) = 8.818$ ,  $\underline{p} < .01$ ; and arousal and aggression,  $\underline{F}(1, 238) = 9.782$ ,  $\underline{p} < .01$ . A comparison of means revealed that victims of alcohol-related sexual coercion endorsed greater overall expectancies and within all domains than non-victims.

For the male participants, significant differences were revealed across perpetration status for the overall score and the following expectancy domains: total score,  $\underline{F}(1, 179) = 8.678$ ,  $\underline{p} < .01$ ; sexual enhancement,  $\underline{F}(1, 179) = 13.739$ ,  $\underline{p} < .001$ ; physical and social pleasure,  $\underline{F}(1, 179) = 8.623$ ,  $\underline{p} < .01$ ; personality transformation,  $\underline{F}(1, 179) = 6.009$ ,  $\underline{p} < .05$ ; and arousal and aggression,  $\underline{F}(1, 179) = 4.894$ ,  $\underline{p} < .05$ . A comparison of means revealed that perpetrators of alcohol-related sexual coercion endorsed greater levels of overall expectancies and within the four domains than non-perpetrators. These data are represented in Table 7.

Hypothesis 4: Alcohol consumption by the male will more strongly predict an alcohol-related sexually coercive incident than will female alcohol consumption. A hierarchical multiple regression analysis was conducted with male alcohol consumption and female alcohol consumption as the predictors; reported sexually coercive experiences as the criterion. Results revealed that both male alcohol consumption and female alcohol

consumption made significant independent contributions ( = .858 and .145, respectively), accounting for approximately 96% of the variance on the measure of sexually coercive experiences involving alcohol (Multiple R = .982, R<sup>2</sup> = .964, F (2, 417) = 5565.60, p < .001). These data are represented in Table 8. Approximately 78% of those participants who reported an alcohol-related sexually coercive incident (both victims and perpetrators) also reported that they and their partners consumed alcohol at the time. The incidence of male alcohol consumption and female alcohol consumption was highly correlated, ( r = .830, p < .001). Correlational information is represented in Table 9. About 19% of all participants surveyed reported that only the male consumed alcohol; and 2% reported that only the female consumed alcohol.

Table 1

<u>Demographic Data</u>

Measure	M or %	SD	N
Demographics			
Age	19.66	1.64	419
Females	19.32	1.72	239
Males	20.11	1.42	180
Race/Ethnicity			
Caucasian	88%	_	367
African American	8%	_	33
Hispanic	.7%	_	3
Asian-American	1.9%	_	8
Native American	.2%	_	1
Other	1.7%	_	7

Table 2

<u>Alcohol Consumption, Number of Sexual Partners, and Rape Myth Acceptance Data</u>

Variable	<u>M</u>	<u>SD</u>	<u>N</u>
Alcohol Consumption			
Total Drinks Per Week	13.18	12.91	419
Female	9.73	9.46	239
Male	17.75	15.27	180
Number of Lifetime Sexual Partne	ers		
Total	3.23	5.17	419
Female	2.62	3.03	239
Male	4.06	7.00	180
Rape Myth Acceptance <sup>a</sup>			
Total	36.61	10.23	419
Female	34.09	9.50	239
Male	40.03	10.21	180

<sup>&</sup>lt;sup>a</sup> Higher score denotes greater degree of belief. Total possible range of scores: 0 to 117.

Table 3

<u>Participant Responses to Alcohol Beliefs Questionnaire</u><sup>a</sup>

	M	SD	N
ctancies <sup>b</sup>			
	23.99	7.32	419
e	23.28	7.79	239
	24.92	6.56	180
l Positive <sup>b</sup>			
Total	1.17	.75	419
Female	1.10	.72	239
Male	1.27	.78	180
l Enhancement <sup>b</sup>			
Total	2.00	1.57	419
Female	2.13	1.57	239
Male	1.81	1.56	180
al and Social Pleasure			
Total	2.90	1.15	419
Female	2.72	1.19	239
Male	3.14	1.06	180
	Female Male I Enhancement <sup>b</sup> Total Female Male al and Social Pleasure Total Female	23.99   23.28   24.92   1 Positive   Total   1.17   Female   1.10   Male   1.27   1 Enhancement   2.00   Female   2.13   Male   1.81   eal and Social Pleasure   Total   2.90   Female   2.72	23.99   7.32

Table 3 contd.

Variable	M	SD	N
_Personality Transformation	$\mathbf{h}^{b}$		
Total	4.10	1.68	41
Female	3.94	1.74	23
Male	4.32	1.57	180
Tension Reduction <sup>b</sup>			
Total	4.00	1.65	41
Female	3.73	1.74	23
Male	4.36	1.50	18
Arousal and Aggression <sup>b</sup>			
Total	3.14	1.78	41
Female	2.99	1.83	23
Male	3.34	1.69	18

<sup>&</sup>lt;sup>a</sup> Higher score denotes greater degree of belief. Total possible range of scores: 0 to 40.

 $<sup>^{\</sup>text{b}}$  significant gender differences found:  $\underline{p} < .05$ 

 $<sup>^{\</sup>circ}$  significant gender differences found:  $\underline{p} < .001$ 

Variable	<u>B</u>	SE B	_
Step 1			
Number of consensual	4.72	.010	.303*
sexual partners			
Step 2			
Number of consensual	4.12	.009	.265*
sexual partners			
Alcohol Expectancies	1.43	.004	.235*

Note.  $R^2 = .092$  for Step 1; change  $R^2 = .054$  for Step 2 (ps < .001).

<sup>\*&</sup>lt;u>p</u> < .001.

	Variable	B	SE B	
Step 1	Alcohol Consumption	1.03	.002	.333*
Step 2	Alcohol Consumption	9.77	.002	.316*
	Rape Myth Acceptance	7.77	.003	.168*

Note.  $R^2 = .111$  for Step 1; change in  $R^2 = .027$  for Step 2 (ps < .001).

<sup>\*&</sup>lt;u>p</u> < .001

Table 6

<u>Pearson Correlation Matrix of Predictor and Criterion Variables for Hypotheses 1 and 2</u>

<u>by Gender</u>

Variable	SAE	ALC CON	ALC EXP	SEX PART	RMA				
Women (n = 239)									
SAE	_								
ALC CON	.224***	_							
ALC EXP	.279***	.445***	_						
SEX PART	.303***	.216**	.165*	_					
RMA	080	136*	044	093	_				
		Mer	n (n = 180)						
SAE	_								
ALC CON	.333***	_							
ALC EXP	.216**	.358***	_						
SEX PART	.151*	.092	014	_					
RMA	.200**	.101	.161*	.111	_				

Note. SAE = Sexual Assault Experience; ALC CON = Average Weekly Alcohol Consumption; ALC EXP = Alcohol Beliefs Questionnaire; SEX PART = Number of Lifetime Sexual Partners; RMA = Rape Myth Acceptance.

<sup>\* &</sup>lt;u>p</u> < .05

<sup>\*\*&</sup>lt;u>p</u> < .01

<sup>\*\*\*&</sup>lt;u>p</u> < .005

Table 7

Means and Standard Deviations for Alcohol Expectancy Domains in Relation to Gender and Sexual Assault Experience

Alcohol Expectancy Domain		Female			<u>Male</u>				
	Non-V	Victims	S Vict	<u>Victims</u>		n-Perp	etrators	Perpetrators	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Total Score	21.74	8.29	26.34	5.56°		23.93	7.05	26.92	4.91 <sup>b</sup>
Global Positive	1.02	.72	1.25	.70ª		1.24	.76	1.33	.84
Sexual Enhancement	1.89	1.60	2.63	1.41 <sup>b</sup>		1.52	1.46	2.40	1.61°
Physical and Social Pleasure	2.54	1.25	3.08	.96 <sup>b</sup>		2.98	1.15	3.47	.77 <sup>b</sup>
Personality Transformation	3.66	1.89	4.49	1.25°		4.12	1.70	4.72	1.19 <sup>a</sup>
Tension Reduction	3.50	1.79	4.19	1.45 <sup>b</sup>		4.25	1.61	4.57	1.23
Arousal and Aggression	2.73	1.81	3.50	1.78 <sup>b</sup>		3.15	1.74	3.73	1.52ª

 $<sup>^{</sup>a}\underline{p}$  < .05

 $<sup>10. &</sup>gt; \underline{q}^{d}$ 

 $<sup>^{</sup>c}\underline{p} < .001$ 

	Variable	<u>B</u>		SE B	_
Step 1	Male Alcohol Consumption		986	.010	.979*
Step 2	Male Alcohol Consumption		865	.017	.858*
	Female Alcohol Consumption		154	.018	.145*

Note.  $R^2 = .979$  for Step 1; change in  $R^2 = .007$  for Step 2 (ps < .001).

<sup>\* &</sup>lt;u>p</u> < .01

Variable	SAE	MAC	FAC
SAE	_		
MAC	.979*	_	
FAC	.858*	.830*	_

<u>Note</u>. SAE = Sexual Assault Experience; MAC = Male Alcohol Consumption; FAC = Female Alcohol Consumption.

<sup>\* &</sup>lt;u>p</u> < .001

#### **CHAPTER 4**

#### DISCUSSION

The purpose of this study was to examine the relationship between alcohol expectancies and alcohol-related sexually coercive experiences. Previous studies (Corbin, Bernat, Calhoun, McNair, & Seals, 2001) have found that alcohol expectancies, along with other factors (i.e., greater alcohol consumption, more consensual sexual partners, and more alcohol-related consensual sexual experiences), are a strong predictor of sexual assault revictimization. This was found to be particularly true for women who had experienced more severe levels of sexual assault. In other words, according to the Corbin et al. (2001) study, it appears as though a number of factors are linked to create a constellation of high-risk behavior. This high-risk behavior may, in turn, increase a woman's chance of encountering a sexually coercive situation. The present study aimed to assess sexual assault experiences that specifically involve alcohol, regardless of whether it was during an initial coercive experience or a reoccurrence. Abbey and colleagues (1998) found a relationship between alcohol expectancies and sexual assault perpetration, via alcohol consumption and misperception of sexual intent. However, alcohol use at the time of perpetration was not assessed, which may have clouded the relationship in question. The present study sought to clarify this relationship by examining only sexually coercive perpetration that involved alcohol consumption.

In general, the prevalence rates for alcohol-related sexual assault of this study were consistent with previous studies (Norris et al., 1996). For the first hypothesis, it was proposed that alcohol expectancies would predict the occurrence of alcohol-related sexually coercive incidents for women. This prediction was only partially supported, in that alcohol expectancies were found to be one of the significant predictors of alcohol-

related sexual assault victimization for women. However, expectancies were not found to be the primary predictor, as the number of consensual sexual partners accounted for the most variance. It may be that women who engage in a constellation of high-risk behavior (e.g., higher number of sexual partners) are at greater risk for a sexually coercive experience above and beyond their alcohol-related beliefs, as found in previous studies (Corbin et al., 2001; Koss & Dinero, 1989; Testa & Parks, 1996). This tendency would explain the high co-occurrence of these types of behaviors. This co-occurrence was also found in the present study, as indicated by the intercorrelation of a number of factors predicting alcohol-related victimization for women, such as higher number of sexual partners and greater alcohol consumption.

A number of studies also found that women are less likely to view themselves as significantly affected by alcohol consumption, and less likely to engage in behavior that is reflective of how they may believe alcohol to affect them (Cue, George, & Norris, 1996; George et al., 1995; George & McAfee, 1987; Rohsenow, 1983). Since women have been found to report less reliance upon alcohol and alcohol-related beliefs to determine their post-drinking behavior, their general sexual decision-making may place them in the path of potentially coercive experiences more so than how they may view the effects of alcohol upon their behavior. Additionally, it may be the case that women are not fully aware of the effect that alcohol consumption has on their behavior, which places them at further risk for inaccurate identification of potentially harmful situations. Nevertheless, the present study found that victims of alcohol-related sexual coercion endorse greater alcohol expectancies than non-victims, as addressed by the third hypothesis.

For the second hypothesis, it was proposed that alcohol expectancies would be predictive of alcohol-related sexually coercive incidents for men. This prediction was not supported, as general alcohol consumption and rape myth acceptance were found to be the significant predictors of alcohol-related sexual assault perpetration for men. This finding is consistent with Abbey and colleagues (1998), who found that perpetrators of sexual

assault tend to endorse negative attitudes toward women, rape myth acceptance, traditional gender roles, and acceptance of interpersonal violence (all factors that fall well within the domain of overly masculinized behavior and attitudes). Alcohol consumption can also be considered a behavior that is reflective of traditionally masculine activities, as previously discussed.

This finding, in comparison to the findings of the first hypothesis, is interesting as past studies have found that men are likely to view their behavior to be affected by alcohol consumption, and more likely to behave in an expectancy-congruent manner (George & McAfee, 1987; Rohsenow, 1983). However, the present study discovered that women's sexual experiences (that is, nonconsensual experiences) are more likely to be affected by their alcohol-related beliefs, while men's general alcohol consumption and beliefs about sexual assault increase the likelihood of a nonconsensual sexual experience. It may be that typically "masculine" behavior (i.e., high alcohol consumption, traditional and sometimes sexualized views of women, etc.) have a stronger influence upon the behavior of perpetrators than their beliefs about alcohol. Once again, it appears that a constellation of behavior exists that increases the likelihood of alcohol-related sexual assault experiences, rather than single behaviors or beliefs. The nature of these constellations appears to be different for women and men. For women, the constellation reflects a number of risky behaviors that are not in accordance with traditionally feminine endeavors. For men, the constellation reflects a belief and behavior system that are more consistent with traditionally masculine endeavors. Ironically, it seems as though women are at greater risk for victimization when they engage in more "masculine" behavior, such as a greater number of lifetime sexual partners and stronger alcohol expectancies. However, men are also at greater risk for perpetrating a sexual crime if they also engage in traditionally masculine behavior. Can riskier, more male-typed behavior lead to victimization and perpetration of the same crime?

Another possible explanation of this gender-based difference in predictors for alcohol-related sexual assault experiences may be that the present study did not differentiate between levels of sexual assault severity, unlike Corbin and colleague's 2001 study, nor did it assess for frequency of experiences. Thus collapsing across all groups of severity in the present study may have served to cloud the relationship between alcohol expectancies and alcohol-related sexual coercion.

The third hypothesis predicted that female victims of alcohol-related sexual coercion would endorse greater expectancies within the global positive, tension reduction, and sexual enhancement domains of alcohol expectancies than would non-victims. The results revealed that female victims of alcohol-related sexual coercion endorsed greater beliefs on all six expectancy domains, including the global positive, tension reduction, and sexual enhancement domains, along with the overall score. Moreover, it was predicted that male perpetrators would endorse greater levels of beliefs within the sexual enhancement, personality transformation, and arousal and aggression domains. Results revealed that perpetrators endorsed greater levels of beliefs within the sexual enhancement, physical and social pleasure, personality transformation, and arousal and aggression domains, along with the overall score. This finding is largely consistent with the hypothesis. Both victims and perpetrators of alcohol-related sexual assault endorsed greater alcohol expectancies than non-victims and non-perpetrators. Therefore, it seems that there is an important link between greater levels of alcohol expectancies and alcoholrelated sexual assault experiences for both women and men, regardless of the predictive power of alcohol expectancies for the male participants in this study. It may be that individuals who are more likely to experience non-consensual sexual experiences are also more likely to consume greater amounts of alcohol in the context of sexual and social situations due to their beliefs about alcohol expectancies regarding their own behavior. This is likely to be particularly true for individuals who believe that alcohol consumption

will help to ensure a more successful and comfortable social or sexual experience by enhancing their sexuality or transforming their personality.

The fourth hypothesis predicted that alcohol consumption by the male counterpart in the female victim/male perpetrator dyad would be more predictive of an alcohol-related sexually coercive incident. This hypothesis was not supported as both male and female alcohol consumption were found to be significant predictors of an incident of this nature occurring. A possible explanation for this finding is the high correlation between male and female alcohol consumption, which would make it more difficult to isolate the effects of individual alcohol consumption. Additionally, it may be that individuals tend to socially interact with others who have similar drinking patterns. For instance, a person who consumes large amounts of alcohol may be more likely to spend time with dating partners who also consume large quantities of alcohol, particularly if they are college-aged (a time when such social attributes are of significant relevance). Conversely, an individual who abstains from alcohol consumption may be more likely to seek out dating partners who also choose not to imbibe, in order to increase social compatibility.

It appears as though examining only those coercive incidences that involve alcohol consumption does not strengthen the relationship between alcohol expectancies and sexual assault to a remarkable degree, with the exception of female victims, for whom alcohol expectancies were a significant predictor of sexual assault victimization. Although this finding for women was consistent with previous research, it is surprising that alcohol expectancies were not a predictor for sexual assault perpetration for men; and it may be possible that isolating alcohol-related sexual coercion may shed more light upon the experiences and beliefs of victims more than perpetrators. Any inconsistent findings may be attributable to the lack of differentiation between levels of severity of assault experiences. Regardless, the present findings have revealed that a constellation of behaviors and beliefs may place both women and men at greater risk for sexual assault experiences than any single behavior or set of beliefs. With regards to women, it seems as

though high-risk behaviors relating to sexual decision-making place them at greater risk; and the engagement of hyper-masculine behavior and beliefs place men at a greater risk. These findings are highly consistent with previous findings that have examined the link between risk factors and general sexual assault experiences, regardless of situational alcohol use. It is probable that the constellation of risk factors described above will put an individual at risk for a number of negative experiences, including sexual coercion with, or without, alcohol.

Several limitations of this study may have affected the strength of these findings. First, there was some multicollinearity among the predictor variables (i.e., alcohol consumption, alcohol expectancies, number of sexual partners, and rape myth acceptance), and this is likely to have mildly affected the predictive power of the variables. According to Licht (1995), the most appropriate solution to this problem lies in the selection of the variables during the design phase of the study in order to create a theoretically sound model. Although the present variables were based in sound theoretical reasoning, it appears as though *clusters* of interrelated factors are vital in identifying individuals who are at greater risk for both sexual assault victimization and perpetration, thereby creating an intrinsic confound. A second limitation of this study is the lack of available male participants in the undergraduate research participation pool. A larger sample of male participants would yield a greater variance in coercive experiences, and an examination of frequency and severity could be conducted. A third limitation is that a causal model was imposed, although there was no indication of whether a sexually coercive incident occurred before or as a result of the constructs of interest. Since this study was not prospective, the true predictive power of alcohol expectancies and other variables upon sexual assault is not entirely clear. Finally, a fourth limitation may be that this study looked only at the experiences of college-age individuals who are primarily Caucasian, heterosexual, and college-aged, and may not be generalizable to other populations.

In order to address these limitations, several recommendations are suggested. Distinguishing levels of sexual assault severity and frequency of occurrences for both victims and perpetrators may aid in strengthening the predictive power of alcohol expectancies. Also, it is recommended that a longitudinal study be conducted to examine the predictive nature of beliefs, behaviors, and experiences, so that a more accurate causal model may be developed. It will be useful for future studies to examine the relationship between alcohol consumption and selection of dating partners to determine if individuals seek the company of those who have similar drinking patterns. Finally, it is recommended that further research be conducted with other populations, so that the relevance and generalizability of these finding and any population-based differences in predictors of sexual assault can be further determined.

Although several of the hypotheses gained partial support, some interesting implications exist. Given the relationship among sexual partners, alcohol beliefs, and alcohol-related sexual assault, prevention programs may be developed that focus upon recognizing general risk factors for sexual assault and the examination of alcohol beliefs. For example, women may benefit from learning to accurately identify the effects of alcohol upon their behavior, and about the link between certain types of risky behavior and negative sexual experiences. Additionally, men may benefit from examining their own beliefs and behaviors within their social context, and how to reduce the likelihood of perpetrating negative sexual interactions. With appropriate cross-cultural research, prevention programs can also address other populations at risk for negative sexual experiences, such as those who abuse drugs, are homeless, and those who live in areas that have a high concentration of crime. However, it is difficult to determine the most effective prevention programs for both victims and perpetrators as a majority of the perpetuating mechanisms of sexual assault are intrinsically linked to traditional gender roles and the imbalance of social power, which require change of overwhelming proportions. Nevertheless, any efforts to eradicate this issue are worthy of attention.

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# APPENDICES

#### APPENDIX A

## **CONSENT FORM**

I agree to participate in the research study titled, Attitudes About Alcohol and Dating, which is being conducted by Kellie Ffrench, Department of Psychology, (706) 542-1173. I understand that my participation is entirely voluntary; and I can withdraw my consent at any time without penalty and have the results of this participation, to the extent that it can be identified as mine, returned to me, removed from my research records, or destroyed. If I would like to learn about the results of this study, I may contact Kellie Ffrench by mailing a letter requesting the results of the study entitled Attitudes About Alcohol and Dating. I will include my name and permanent address in the letter. The researcher can be reached at the following address: Department of Psychology, Psychology Building, The University of Georgia, Athens, GA 30602. If I have concerns about this study, I can also contact the researcher's faculty advisor, Dr. Lily McNair, at the same phone number and address.

The following points have been explained to me:

- 1.) The reason for this study is to gain a better understanding of the relationship between alcohol use and dating. This is an important question in order to have a greater sense of the impact of social forces upon certain sexual experiences, and how this may affect potential intervention and prevention approaches.
- 2.) The procedure will be as follows: I will respond to a series of questionnaires and return them to the researcher when completed.
  - In order to make this study a valid one, some information about my participation and the purpose of this study will be withheld until after the study.
- 3.) The discomforts and stresses that I may face during this research are: I may be asked to provide some personal and possibly upsetting information in order to complete the questionnaires. Specifically, I will be asked about sexual contact, alcohol use, and risky behavior. Also, I may face some discomfort or stress as a result of some information about my participation being withheld until after the study.
- 4.) No risks are foreseen. If I do become uncomfortable or distressed, I will be able to withdraw from the study without losing RP Pool credit. If I would like to receive mental health services, I can contact the University of Georgia Psychology Clinic at (706) 542-1173 or ask the researcher for other referrals.
- 5.) My responses to this study will be anonymous, and will not be released in any individually identifiable form without my prior consent, unless otherwise required by law.
- 6.) The researcher will answer any further questions about the research, now or during the course of the study.

Signature of Researcher	Date	Signature of Participant	Date

PLEASE SIGN BOTH COPIES OF THIS FORM. KEEP ONE FOR YOUR RECORDS AND RETURN THE OTHER TO THE INVESTIGATOR. THANK YOU.

Research at the University of Georgia which involves human participation is overseen by the Institutional Review Board. Questions or problems regarding your rights as a participant should be addressed to Julia Alexander; Institutional Review Board; Office of V. P. for Research; 604A Graduate Studies Research Center; Athens, GA 30602-7411; telephone (706) 542-6514.

## APPENDIX B

# DAILY DRINKING QUESTIONNAIRE (Collins, Parks, & Marlatt, 1985)

1. Please fill in a number for each day of the week indicating the average number of drinks you consume on each day of the week. Use a typical week, averaging your consumption for each week over the past month.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1		1	l	I		

## APPENDIX C

# MARLOWE-CROWNE SOCIAL DESIRABILITY SCALE (Crowne & Marlowe, 1960)

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to you personally.

1. Before voting, I thoroughly investigate the qualifications of all the candidates.
2. I never hesitate to go out of my way to help someone in trouble.
3. It is sometimes hard for me to go on with my work if I am not encouraged.
4. I have never intensely disliked someone.
5. On occasion I have had doubts about my ability to success in life.
6. I sometimes feel resentful when I don't get my way.
 7. I am always careful about my manner of dress.
8. My table manners at home are as good as when I eat out in a restaurant.
9. If I could get into a movie without paying for it and be sure I was not seen, I
would probably do it.
10. On a few occasions, I have given up something because I thought too little of my
ability.
11. I like to gossip at times.
12. There have been times when I felt like rebelling against people in authority even
though I knew they were right.
 13. No matter who I'm talking to, I'm always a good listener.
 14. I can remember "playing sick" to get out of something.
 15. There have been occasions when I took advantage of someone.
 16. I'm always willing to admit it when I make a mistake.
 17. I always practice what I preach.
 18. I don't find it particularly difficult to get along with loud mouthed, obnoxious
people.
19. I sometimes try to get even, rather than forgive and forget.
20. When I don't know something I don't mind at all admitting it.
21. I am always courteous, even to people who are disagreeable.
 22. At times I have really insisted on having things my own way.
 23. There have been occasions when I felt like smashing things.
24. I would never think of letting someone else be punished for my wrongdoings.
25. I never resent being asked to return a favor.
26. I have never been irked when people expressed ideas very different from my own.
27. I never make a long trip without checking the safety of my car.
28. There have been times when I was quite jealous of the good fortune of others.
 29. I have almost never felt the urge to tell someone off.
30. I am sometimes irritated by people who ask favors of me.
31. I have never felt that I was punished without cause.
 32. I sometimes think when people have a misfortune they only got what they
deserved.

\_\_\_\_33. I have never deliberately said something that hurt someone's feelings.

### APPENDIX D

# ALCOHOL BELIEFS QUESTIONNAIRE (Collins, Lapp, & Emmons, 1993)

This questionnaire consists of a series of statements that describe possible effects following alcohol use. Please read each of the statements and respond according to your experiences with a <u>moderate</u> amount of alcohol. If you believe that alcohol sometimes or always has the stated effect on you, check <u>AGREE</u>. If you believe that alcohol never has the stated effect on you, check <u>DISAGREE</u>.

Then, in the column to your far right, fill in the number that best corresponds to the strength of your belief, according to the following scale:

	1 nildly elieve	2	3	4	5	6	7	8	Ç	)	10 strongly believe
Fo	or a <u>MO</u>	<u>DERATE</u>	amount	of alcol	nol:						
						Agree		Disagre	e	;	Strength of belief
1.	Drinkii	ng makes	me feel f	lushed.							
2.	Alcoho my boo	ol decreaso dy.	es muscu	lar tensi	on in						
3.	Drinkii	ng makes	me feel l	ess shy.							
4.	Alcoho more e	ol enables easily.	me to fal	ll asleep	much						
5.		owerful v nfluence o		-							
6.	I'm mo	ore clumsy	y after I c	lrink.							
7.	I'm mo	ore roman	tic when	I drink.							
8.	Drinking to me.	ng makes	the futur	e seem l	orighter						
	If I hav	ve alcohol ne off.	, it is eas	ier for n	ne to tell						

10. I can't act as quickly when I've been drinking.		
11. Alcohol can act as an anesthetic for me, that is, it can deaden pain.		
12. I often feel sexier after I've been drinking	g	 
13. Drinking makes me feel good.		 
14. Alcohol makes me careless about my actions.		
15. Alcohol has a pleasant, cleansing, tingly taste to me.		
16. Drinking increases my aggressiveness.		 
17. Alcohol seems like magic to me.		 
18. Alcohol makes it hard for me to concentrate.		
19. After drinking, I'm a better lover.		
20. When I'm drinking, it is easier to open up and express my feelings.	ρ	
21. Drinking adds a certain warmth to social occasions for me.		 
22. If I'm feeling restricted in any way, drinking makes me feel better.		 
23. I can't act as quickly after I drink.		
24. Having drinks is a nice way for me to celebrate special occasions.		
25. Alcohol makes me worry less.		
26. Drinking makes me inefficient.		

27. Drinking is pleasurable because it's enjoyable for me to join in with other peo who are enjoying themselves.	ople	
<ul><li>28. After drinking, I am more sexually responsive.</li><li>29. I feel more coordinated after I drink.</li></ul>		
30. I'm more likely to say embarrassing things after drinking.		
31. I enjoy having sex more if I've had alcohol.		
32. I'm more likely to get into an argument is I've had alcohol.	if	
33. Alcohol makes me less concerned about doing things well.		
34. Alcohol helps me sleep better.		 
35. Drinking gives me more confidence in myself.		 
36. Alcohol makes me more irresponsible.		 
37. After drinking, it is easier to pick a fight.	·	
38. Alcohol makes it easier for me to talk to people.		
39. If I have alcohol, it is easier to express my feelings.		
40. Alcohol makes me more interesting.		

### APPENDIX E

# ALCOHOL EFFECTS ON SEXUAL BEHAVIOR QUESTIONNAIRE (McNair, Carter, & Corbin, 1995)

This questionnaire consists of a series of statements that describe possible effects of alcohol on sexual behavior. We would like to find out about your present beliefs about alcohol.

Please read each of the statements and respond according to your experiences with a <u>moderate</u> amount of alcohol. If you believe alcohol never has the stated effect on you, check disagree. If you believe alcohol sometimes or always has the stated effect on you, check agree.

Next, in the column to the far right, fill in the numeral that best corresponds to the strength of your belief, according to the following scale:

5

6

7

8

9

10

strongly

believe

4

1

mildly

believe

2

to insist on safe sex practices.

Pl	ease answer every question without skippi	ng any.		
		Agree	Disagree	Strength of belief
1.	After I've had a few drinks, I'm more likely to feel sexy.			
2.	I'm more likely to take risks when I'm drinking.			
3.	I enjoy sex more when I'm drinking.			
4.	I'm more likely to have unprotected sex when I've been drinking.			
5.	Drinking makes me feel invulnerable, as if nothing could go wrong.			
6.	Drinking alcohol makes me less likely			

	I am less concerned about contracting STD's after I've had a few drinks.	 	
	Drinking alcohol makes me worry less about contracting HIV/AIDS.	 	
;	about safe sex practices when I'm aving sex after drinking.	 	
10.	I am more likely to ignore my partner's requests to engage in safe sex practices when I'm having sex after drinking.	 	
11.	Drinking alcohol makes me feel like nothing could go wrong, even if I'm not practicing safe sex.	 	
12.	Drinking alcohol makes it easier to talk about practicing safe sex.	 	
13.	I believe it's possible for me to engage in safe sex practices, even after I've had a few drinks.	 	
14.	Drinking alcohol makes me worry less about contracting STD's.	 	
15.	Drinking alcohol makes it more difficult to talk to my partner about safe sex.	 	
16.	When I drink, I can convince someone to have sex with me.	 	

### APPENDIX F

## SEXUAL EXPERIENCES SURVEY (Koss & Oros, 1982)

Please circle your response for each of the following questions.

- A. Yes
- B. No
- 1. Have you ever had sexual intercourse with a man (woman) when you both wanted to?
  - A. Yes
  - B. No
  - 1b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 1c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 1d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
- 2. Have you ever had a man (woman) misinterpret the level of sexual intimacy you desired?
  - A. Yes
  - B. No
  - 2b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking

- 2c. If alcohol was involved, how much did you drink?
  - A. I did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
  - 2d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
- 3. Have you ever been in a situation where a man (you) became so sexually aroused that you felt it was useless to stop him even though you did not want to have sexual intercourse (could not stop yourself even though the woman didn't want to)?
  - A. Yes
  - B. No
  - 3b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 3c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 3d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks

- 4. Have you ever had sexual intercourse with a man (woman) even though you (she) really didn't want to because he (you) threatened to end your relationship otherwise? A. Yes B. No 4b. Was alcohol involved?

  - A. No
  - B. Yes, I was drinking
  - C. Yes, he (she) was drinking
  - D. Yes, we were both drinking
  - 4c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 4d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
- 5. Have you ever had sexual intercourse with a (woman) man when you (she) really didn't want to because you (she) felt pressured by his (your) continual arguments?
  - A. Yes
  - B. No
  - 5b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 5c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks

- 5d. If alcohol was involved, how much did your partner drink?
  - A. My partner did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
- 6. Have you ever found out that a man had obtained sexual intercourse with you by saying things he didn't really mean? (Obtained sexual intercourse by saying things you didn't really mean?)
  - A. Yes
  - B. No
  - 6b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 6c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 6d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
- 7. Have you ever been in a situation where a man (you) used some degree of physical force (twisting your [her] arm, holding you [her] down, etc.) to try to make you (a woman) engage in kissing and petting when you (she) didn't want to?
  - A. Yes
  - B. No
  - 7b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking

- 7c. If alcohol was involved, how much did you drink?
  - A. I did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
- 7d. If alcohol was involved, how much did your partner drink?
  - A. My partner did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
- 8. Have you ever been in a situation where a man (you) tried to get sexual intercourse with you (a woman) when you (she) didn't want to by threatening to use physical force (twisting your [her] arm, holding you [her] down, etc.) if you didn't cooperate, but for various reasons sexual intercourse did not occur?
  - A. Yes
  - B. No
  - 8b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 8c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 8d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks

- 9. Have you ever been in a situation where a man (you) used some degree of physical force (twisting your [her] arm, holding you [her] down, etc.) to try to get you (a woman) to have sexual intercourse with him (you) when you (she) didn't want to, but for various reasons sexual intercourse did not occur?
  - A. Yes
  - B. No
  - 9b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 9c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 9d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
- 10. Have you ever had sexual intercourse with a man (woman) when you (she) didn't want to because he (you) threatened to use physical force (twisting your [her] arm, holding you [her] down, etc.) if you (she) didn't cooperate?
  - A. Yes
  - B. No
  - 10b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 10c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks

- 10d. If alcohol was involved, how much did your partner drink?
  - A. My partner did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
- 11. Have you ever had sexual intercourse with a man (woman) when you (she) didn't want to because he (you) used some degree of physical force (twisting your [her] arm, holding you [her] down, etc.)?
  - A. Yes
  - B. No
  - 11b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 11c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 11d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
- 12. Have you ever been in a situation where a man (you) obtained sexual acts with you (a woman) such as anal or oral intercourse when you (she) didn't want to by using threats or physical force (twisting your [her] arm, holding you [her] down, etc.)?
  - A. Yes
  - B. No
  - 12b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking

- 12c. If alcohol was involved, how much did you drink?
  - A. I did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
- 12d. If alcohol was involved, how much did your partner drink?
  - A. My partner did not drink any alcohol
  - B. 1-2 drinks
  - C. 3-4 drinks
  - D. More than 5 drinks
- 13. Have you ever been raped? (women only)
  - A. Yes
  - B. No
  - 13b. Was alcohol involved?
    - A. No
    - B. Yes, I was drinking
    - C. Yes, he (she) was drinking
    - D. Yes, we were both drinking
  - 13c. If alcohol was involved, how much did you drink?
    - A. I did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks
  - 13d. If alcohol was involved, how much did your partner drink?
    - A. My partner did not drink any alcohol
    - B. 1-2 drinks
    - C. 3-4 drinks
    - D. More than 5 drinks

### APPENDIX G

# RAPE MYTH ACCEPTANCE SCALE (Burt, 1980)

Please rate and answer each of the following items on a scale of 1 to 7, or 1 to 5, depending upon the question:

1. A woman who goes to the home or apartment of a man on their first date implies that she is willing to have sex.

strongly agree						strongly disagree
1	2	3	4	5	6	7

2. Any female can get raped.

strongly agree						strongly disagree
1	2	3	4	5	6	7

3. One reason that women falsely report a rape is that they frequently have a need to call attention to themselves.

strongly agree						strongly disagree
1	2	3	4	5	6	7

4. Any healthy woman can successfully resist a rapist if she really wants to.

strongly agree						strongly disagree
1	2	3	4	5	6	7

5. When women go around braless or wearing short skirts and tight tops, they are just asking for trouble.

strongly agree						strongly disagree
1	2	3	4	5	6	7

agre	gly ee						strongly disagre
1		2	3	4	5	6	7
7. If a girl e fault if her p				nd she lets t	hings get	out of ha	ınd, it i
stronş agre							strongl disagre
1		2	3	4	5	6	7
8. Women v	gly	aped while	hitchhikin	g get what t	they deser	ve.	strongl; disagre
1		2	3	4	5	6	7
9. A woman deserves to	be taught		nd thinks sh	ne is too go	od to talk	to guys (	on the
stron; agre	ee	2	3	4	5	6	strongly disagre
	ee	2	3	4	5	6	
agre	vomen ha	ive an unco	nscious wis	sh to be rap			disagre
agre 1 10. Many w	vomen ha	ive an unco	nscious wis	sh to be rap			disagre 7

11. If a woman gets drunk at a party and has intercourse with a man she's just met there, she should be considered "fair game" to other males at the party who want to have sex with her too, whether she wants to or not.

strongly agree						strongly disagree
1	2	3	4	5	6	7

12. What percentage of women who report a rape would you say are lying because they are angry and want to get back at a man they accuse?

almost	about	about	about	almost
all	3/4	half	1/4	none
1	2	3	4	5

13. What percentage of reported rapes would you guess were merely invented by women who discovered they were pregnant and wanted to protect their own reputation?

almost all	about 3/4	about half	about 1/4	almost none
1	2	3	4	5

A person comes to you and claims that they were raped. How likely would you be to believe their statement if the person were:

	always	frequently	sometimes	rarely	never
14. your best friend?	1	2	3	4	5
15. an Indian woman?	1	2	3	4	5
16. a neighborhood woman	? 1	2	3	4	5
17. a young boy?	1	2	3	4	5
18. a black woman?	1	2	3	4	5
19. a white woman?	1	2	3	4	5

#### APPENDIX H

#### DEBRIEFING FORM

Thank you for your participation in the study entitled <u>Attitudes About Alcohol and Dating</u>. It is very important that you do not share information about this study with your classmates because they may be participants in the future. Your cooperation with this policy is greatly appreciated.

The purpose of this study was to explore the interaction between alcohol use and dating and sexual experiences. Previous research suggests that beliefs about the effects of alcohol may increase the likelihood of experiencing some form of sexual assault, whether it is unwanted kissing or touching to unwanted sexual intercourse. This increased risk may apply to both victims and perpetrators of sexual assault. The aim of this study was to examine the relationship between alcohol-related beliefs, alcohol consumption, sexual experiences, and beliefs about rape and sexual assault experiences, particularly those involving alcohol. The questionnaires were used to assess these factors.

If you are concerned about any stress or discomfort that you have experienced while participating in this study, you are encouraged to seek services at the University of Georgia Psychology Clinic at (706) 542-1173.

If you would like to learn about the results of this study, please contact Kellie Ffrench by mailing a letter requesting the results of the study entitled <u>Attitudes About Alcohol and Dating</u>. Please include your name and permanent address in the letter. The researcher can be reached at the following address:

Department of Psychology Psychology Building University of Georgia Athens, GA 30602

If you have any additional questions regarding this study, please contact Kellie Ffrench at (706) 542-1173. Once again, thank you for your participation.