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The Use of Alcohol and Condoms during Sexual Assault

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Abstract

Sexual assault remains an important public health issue, due to the violence involved as well as the potential for health risks such as STI transmission. Alcohol has been associated with both violent and risky sexual behavior. This study assessed the frequency of sexual assault perpetration, alcohol use, and condom use during sexual assault in a community sample of young heterosexual male social drinkers. Participants (N=115) completed measures of their sexual assault perpetration. Slightly over 50% reported sexual assault perpetration; 60% of these reported repeat perpetration. Almost one-half of perpetrators reported alcohol consumption prior to every sexual assault incident. Never having used a condom during penetrative sexually aggressive acts was reported by 41.2% of perpetrators. Alcohol use and condom non-use were positively correlated for acts of forcible rape. Findings provide novel information about the infrequent use of condoms during sexual assault incidents and support prior evidence of the association between alcohol and sexual assault.

Keywords

sexual assault; alcohol; condoms; repeat perpetration; social drinkers

Sexual assault remains a significant public health problem in the US. Results from the National Violence Against Women Survey estimate that over 300,000 women are raped in the United States each year, typically by a man known to them (Tjaden & Thoennes, 2006). Although men do experience sexual assault, women comprise at least three-fourths of rape and sexual assault victims, and the overwhelming majority of sexual violence perpetrators - against both females and males - are men (Tjaden & Thoennes, 2006). Compared to the number of studies examining women's victimization rates, the number of studies focusing on men's self-reported rates of sexual assault perpetration, particularly those not involving college samples, are few. Rates of self-reported sexual assault perpetration vary, with studies indicating that 25% to 64% of men report perpetration of some form of sexual assault (Abbey, Parkhill, Beshears, Clinton-Sherrod, & Zawacki, 2006; Koss, Gidycz, Wisniewski, 1987).

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Sexual Assault and Risky Sexual Behavior

A growing research literature has developed within the past fifteen years examining the connections between sexual violence and risky sexual behavior. For example, women who have experienced sexual violence may have diminished ability to negotiate for and insist upon consistent condom usage during sexual encounters due to fears of a negative, and possibly violent, reaction from their male partners (Amaro, 1995; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002; Worth, 1989). Concomitantly, men who have perpetrated sexual violence may be less receptive to condom requests and negotiations from their female partners (Neighbors, O'Leary, & Labouvie, 1999; Neighbors & O'Leary, 2003). A survey of young men recruited from an urban community health center identified that men who had committed intimate partner violence during the past year were significantly more likely than men who had not to report inconsistent or no condom use during vaginal and anal sexual intercourse and to having forced sexual intercourse without a condom within the past year (Raj, Livramento, Santana, Gupta, & Silverman, 2006). Another survey study of unmarried Latino men reported that men with more traditional gender role attitudes reported higher levels of sexual coercion and lower condom self-efficacy, which in turn predicted decreased condom use with their female sexual partners (Marin, Gomez, Tschann, & Gregorich, 1997). Kalichman et al. (2005) reported that South African men with a self-reported history of sexual assault perpetration, higher rape myth acceptance scores, and multiple substance use had significantly higher scores on a composite index of risky sexual behavior than did men without these risk factors.

Despite such evidence for a relationship between sexual assault perpetration and risky sexual behavior, there has been minimal examination of this relationship at an event-level. Surprisingly, no published research was identified that compares the use and non-use of condoms during sexual assault incidents. The non-use of condoms during sexual assault incidents has important implications for STI transmission, in that sexually aggressive incidents may be more likely to involve vaginal tissue injury, and thus be more likely to result in STI transmission, than consensual sexual activity (Briere, 2004). Although some have noted that sexual assault perpetrators may be motivated to use condoms due to concerns about contracting an STI from the victim and leaving biological evidence of the assault (Conti, Dezzi, & Bianco, 1995), one study of adolescent male dating violence perpetrators' social norms and beliefs indicates that males in this group believe that condom use during sexual assault simply does not happen because it would give the female victim an opportunity to escape (Silverman et al., 2006). Moreover, the participants indicated that if a man is raping a woman, he would likely not feel obligated to use a condom due to a lack of responsibility regarding the consequences of unprotected sex. These young men noted that condom non-use often occurs in another sexual context that may involve a lack of consent from female partners: those that involve alcohol intoxication.

Alcohol, Sexual Assault, and Risky Sexual Behavior

Event-level survey research has consistently identified that a majority (55-74%) of acquaintance sexual assault incidents involves alcohol use by male perpetrators, female victims, or both (Muehlenhard & Linton, 1987; Testa & Livingston, 1999; Ullman &

Brecklin, 2000). In a study comparing sexually aggressive dates to “worst” dates, Abbey, McAuslan, Zawacki, Clinton, and Buck (2001) reported that alcohol consumption during the date had a stronger relationship with dates that ended in assault than with dates that were merely “bad”. Moreover, Muehlenhard and Linton (1987) identified that dates during which a sexual assault occurred were significantly more likely than typical dates to involve heavy alcohol use by the perpetrator. When interviewed, sexually aggressive men often cite alcohol consumption as a causal factor in the occurrence of rape (Scully & Marolla, 1984). In Kanin's (1984) study of 71 self-disclosed date rapists, approximately two-thirds of the perpetrators viewed high levels of alcohol intoxication as a causal factor in the assaults, with 41% commenting that alcohol intoxication increased their perceptions of their partner's sexual willingness. Although these studies point to an association between alcohol and sexual assault, most of these studies do not provide alcohol consumption rates for different types of assaults, nor do they provide estimates of the amount of alcohol consumed during these different types of sexual assaults. The current research addresses these questions by providing specific information on the frequency and amount of alcohol consumed during a variety of sexual assault incidents.

Alcohol intoxication during sexual situations is not only related to the occurrence of sexual assault, but is related to the occurrence of risky sexual behavior, such as not using a condom with a partner of unknown sexual risk (George & Stoner, 2000). Survey studies have consistently identified a global positive association between alcohol use and risky sexual behavior (see reviews by Cooper, 1992, 2002; Cook & Clark, 2005). Experimental investigations of the alcohol-risky sex link indicate that acute alcohol intoxication increases men's risky sex likelihood (Gordon, Carey, & Carey, 1997; MacDonald, Fong, Zanna, & Martineau, 2000; MacDonald, MacDonald, Zanna, & Fong, 2000; MacDonald, Zanna, & Fong, 1996). Interestingly however, event-level and critical-incident studies often find little to no association between alcohol consumption and condom use (Leigh & Stall, 1993). For example, Morrison et al. (2003) identified that of the participants who reported sexual activity with and without prior drinking, 37% used condoms similarly whether drinking or not, 29% used condoms less frequently when drinking, and 34% used condoms more frequently when drinking.

Despite the extensive evidence linking alcohol intoxication with both sexual assault and risky sex, no published study to date has investigated the association between these three behaviors. Moreover, the frequency of condom use during penetrative sexual assaults has received little empirical attention. The current project seeks to extend previous work by examining the intersection of sexual assault and condom non-use in a sample of young heterosexual men. Because alcohol intoxication is often associated with both sexual assault and risky sexual behavior, the co-occurrence of alcohol consumption during incidents of sexual assault was also assessed.

Method

To assess the frequency of alcohol consumption and condom use during self-reported sexual assault perpetration, questionnaires were administered to young heterosexual men as part of their participation in a larger study.

Study Design

The present study is a cross-sectional investigation of background questionnaires which were administered as part of an experimental study investigating alcohol, history of sexual aggression, and sexual risk-taking behaviors among heterosexual men. The measures under investigation were administered to all subjects, regardless of experimental assignment. All study materials and procedures were approved by the Institutional Review Board at the University of Washington.

Participants

Single men ($N = 115$) were recruited through advertisements in a local free weekly newspaper, a University of Washington campus newspaper, online bulletin boards (e.g. Craig's List), and flyers posted throughout the community. Recruitment materials stated that the study was recruiting single male "social drinkers" and that it would investigate "decision-making." Inclusion requirements consisted of being (a) between the ages of 21 and 30; (b) interested in a sexual relationship with a member of the opposite sex; (c) a moderate social drinker; and (d) having at least one episode of binge drinking during the last six months (defined as consuming 4 or more drinks on one occasion). Exclusion criteria consisted of (a) being in a steady, committed relationship with a member of the opposite sex; (b) current problem drinking; (c) having a history of problem drinking; and/or (d) having a health condition or taking a medication for which alcohol consumption is contraindicated. Demographic characteristics of the sample are presented in Table 1.

Measures

Modified Sexual Experiences Survey (MSES)—This 61-item questionnaire is a modified version of Koss and Oros' (1982) original Sexual Experiences Survey (SES). The SES is used, among men, to assess prior perpetration of sexual aggression and/or coercion that occurred since the age of 15. In the present study, modifications were made to the original measure in order to clarify wording, expand the domain of inquiry, obtain the number of times the events occurred, and to determine if alcohol use and condom use were involved. Fifteen items from the MSES assessed the occurrence of a variety of sexually aggressive acts; the full text of these sexual aggression perpetration questions is provided in Table 2. Of these 15 items, four questions assessed forced sexual contact (items 1-4), one question assessed the use of verbal sexual coercion (item 8), one question assessed incapacitated rape (item 9), two questions assessed attempted rape (items 6, 10) and seven questions assessed forcible rape (items 5, 7, 11, 12, 13, 14, and 15). If a participant indicated that he had perpetrated a particular act, he was then asked to indicate whether he had consumed alcohol, and if so how much, during these events with the following items: "Of the times you (*insert specific act here*), on how many occasions did you consume alcohol prior to or during it?" and "Of those times, about how many drinks did you usually consume?" For acts involving penetration, participants were asked to indicate whether or not a condom was used during these incidents through the following question: "Of the times you (*insert specific act here*), on how many occasions did you NOT use a condom?" Both the SES and the MSES have demonstrated acceptable reliability ($\alpha = 0.89$ and $\alpha = 0.81$, respectively).

Procedure

Potential participants called the laboratory, at which time they were given additional information about the nature of the study and were screened for eligibility. If they were eligible, callers were scheduled for an appointment. Upon their arrival at the laboratory, a male researcher obtained informed consent and participants were escorted to a private office. After being oriented to the computer, participants were told to notify the researcher when they had finished, and were left alone to complete all questionnaires.

Debriefing

At the conclusion of their visit, participants were debriefed and paid by the hour for their time. Because of lagging participant recruitment, hourly participant compensation was increased from \$10 to \$15 per hour partway through the study. During debriefing, all participants were encouraged to ask questions and to express any discomfort they experienced as a part of the study protocol. No participant reported significant discomfort.

Data Analytic Method

Frequencies were generated for sexual assault perpetration, alcohol use during assaults, and condom non-use during assaults. For sexual assault perpetration, 4 items were combined to create a frequency for "Forced Sexual Contact": unwanted French kissing, unwanted body touching, unwanted genital touching of other, and forced unwanted genital touching of self. "Sexual Coercion" was measured through 1 item: using arguments or continual verbal pressure to coerce unwanted sexual intercourse. Two items were combined to examine the frequencies of "Attempted Rape": unsuccessfully forcing oral sex and unsuccessfully forcing sexual intercourse. "Incapacitated Rape" was examined through 1 item: having sexual intercourse with someone incapacitated by drugs or alcohol. (Incapacitated rape was examined apart from other rape items to consider the possibility that perpetrator alcohol consumption during these events is different from that in other forms of forcible rape.) Seven items were combined to examine "Forcible Rape" frequencies: forced oral sex on other, forced oral sex on self, forced vaginal intercourse, forced anal intercourse, using a weapon to force sexual intercourse, forced anal or vaginal penetration with an object, and "raping" someone. Percentages were computed for the number of times alcohol was consumed by the perpetrator before each of these events. Percentages were computed for the number of times condoms were not used during the events in which penetration occurred (i.e. items involving forced sexual contact and attempted rape did not inquire about condom use). These numbers were then averaged for each of the above types of sexual assault incidents.

Results

Descriptive analyses were conducted to determine sexual assault perpetration rates, repeat sexual assault perpetration rates, alcohol consumption prior to sexual assault perpetration, and condom use during penetrative sexual assault perpetration. Bivariate correlations were conducted to assess the relationship between alcohol consumption and condom use during sexual assault perpetration.

Sexual Assault Perpetration

Overall, sexual assault perpetration of any form was reported by slightly over half of the participants ($N = 60$; 52.2%). More specifically, forced sexual contact was reported by 40% ($N = 40$) of the sample; sexual coercion was reported by 16.5 % ($N = 19$) of the sample; attempted rape was reported by 11.3% ($N = 13$) of the sample; incapacitated rape was reported by 21.7% ($N = 25$) of the sample; and forcible rape was reported by 7.8% ($N = 9$) of the sample. (Participants could endorse having engaged in more than one form of sexual assault.) In examining the most severe type of incident perpetrated, 27.8% ($N = 32$) of participants reported perpetration of attempted rape or incapacitated/forcible rape, 6.1% ($N = 7$) of participants reported perpetration of sexual coercion (but not rape or attempted rape), 18.3% ($N = 21$) of participants reported perpetration of forced sexual contact (but not rape, attempted rape, or coercion), and 47.8% ($N = 55$) of participants reported no incidents of perpetration.

Repeat perpetration of any sexually aggressive act was reported by 60.0% ($N = 36$) of perpetrators. More specifically, repeat perpetration of forced sexual contact was reported by 56.5% ($N = 26$) of those who had committed forced sexual contact. Repeated sexual coercion was reported by 36.8% ($N = 7$) of coercers. Repeated incapacitated rape was reported by 48.0% ($N = 12$) of those who had perpetrated that act, while repeated attempted rape was reported by 46.2% ($N = 6$) of admitted attempted rapists. The repeat perpetration of a completed, forcible rape was reported by 55.6% ($N = 5$) of rapists. (See Table 2 for a breakdown of repeat perpetration by specific act.) Finally, the number of sexual assault incidents reported across the entire sample was summed; the perpetrators in this sample (60 participants) reported committing a total of 321 sexually assaultive behaviors. (It should be noted that some of these behaviors may have occurred during the same incident; that is, a participant who reported both forced sexual contact and forcible rape perpetration may have committed them both during one assault against the same victim.)

Alcohol Consumption during Sexual Assault Incidents

Across all episodes of sexual aggression, 48.3% ($N = 29$) of perpetrators reported having always consumed alcohol prior to the sexually aggressive event. Conversely, 20.0% ($N = 12$) of perpetrators reported never having consumed alcohol prior to sexual aggression perpetration. Inconsistent alcohol consumption (e.g. having consumed alcohol on some occasions, but not others) was reported by 28.4% ($N = 17$) of perpetrators, with their estimates of alcohol use ranging from having consumed alcohol 25.0%-96.0% of the time before sexually aggressive incidents. Two perpetrators did not provide data regarding their alcohol use during sexual aggression perpetration.

As detailed in Table 3, during episodes of forced sexual contact, 27.3% ($N = 12$) of forced contact perpetrators reported never having consumed alcohol prior to the event, while 50.0% ($N = 22$) reported having always consumed alcohol prior to the event. The remainder (22.7%; $N = 10$) reported inconsistent alcohol consumption prior to the event, ranging from having consumed alcohol 25% of the time during these events to 92% of the time during these events. Of those who consumed alcohol prior to perpetrating forced sexual contact, the average number of drinks consumed was 7.25 ($SD = 4.15$).

During episodes of sexual coercion, 23.5% (N = 4) of perpetrators reported never having consumed alcohol; 64.7% (N = 11) reported having always consumed alcohol during these types of events. The remainder, 11.8% (N = 2), reported inconsistent alcohol consumption prior to engaging in sexual coercion, having consumed alcohol 20.0-25.0% of the time. Of those who consumed alcohol prior to perpetrating sexual coercion, the mean number of drinks consumed was 6.17 (*SD* = 2.08).

Interestingly, in incidents of incapacitated rape, 100.0% (N = 23) of the incapacitated rape perpetrators reported having always consumed alcohol before the event. None of the perpetrators of incapacitated rape reported no or inconsistent alcohol consumption prior to these events. These events involved a mean consumption of 6.74 drinks (*SD* = 3.09).

Of the men who reported having committed attempted rape, 30.0% (N = 3) reported never having consumed alcohol beforehand, while 50.0% (N = 5) reported having always consumed alcohol prior to the event. The remaining 20.0% (N = 2) reported inconsistent alcohol consumption before attempted rape perpetration, ranging in amounts from 40% of the time to 63% of the time. The mean number of drinks consumed prior to attempted rape episodes was 7.57 (*SD* = 4.58).

Of men who reported having perpetrated a forcible rape, 25.0% (N = 2) reported never having consumed alcohol before the rapes they committed, while 25.0% (N = 2) reported having always consumed alcohol before committing rape. The remaining 50% (N = 4) of self-reported rapists reported inconsistent alcohol consumption prior to the events, ranging in amounts from 50% of the time to 90% of the time. The mean number of drinks consumed during forcible rape events was 6.28 (*SD* = 1.64).

Condom Use during Sexual Assault Incidents

One or more acts of sexual aggression involving penetration (e.g. sexual coercion, incapacitated rape, and forcible oral, vaginal, or anal rape) was reported by 29.6% (N = 34) of participants. Across all incidents of sexual aggression involving penetration, 41.2% (N = 14) of perpetrators reported that they never used a condom during these sexually aggressive acts. Conversely, 29.4% (N = 10) of perpetrators reported that they always used a condom during sexual aggression involving penetration. The remaining 29.4% (N = 10) of perpetrators involved in acts of penetration reported inconsistent condom use during these events, with condom use ranging from 10% of the time to 67% of the time.

As presented in Table 3, during incidents of verbal sexual coercion, participants reported having always used a condom 41.2% (N = 7) of the time. Conversely, 47.1% (N = 8) of men who committed sexual coercion reported having never used a condom during these events. The remaining 11.8% (N = 2) of participants reported inconsistent condom use, having used a condom between 25.0-50.0% of the time.

In terms of incapacitated rape, 34.8% (N = 8) of perpetrators reported having always used condoms during these rapes; 56.5% (N = 13) reported never having used a condom during incapacitated rape. The remaining 8.6% (N = 2) of incapacitated rape perpetrators reported

inconsistent condom use during incapacitated rape incidents, with the use of condoms during these incidents ranging from 25-50% of the time.

Of the men who reported having perpetrated a forcible rape, 25.0% (N = 2) reported that they always used a condom during these events, and 50.0% (N = 4) reported that they never used condoms during incidents of forcible rape. The remaining 25.0% (N = 2) reported inconsistent condom use during forcible rapes, with the use of condoms during these incidents ranging from 33.0-50.0% of the time.

Bivariate correlations assessed the relationship between the frequencies of alcohol consumption and condom use during sexual coercion and forcible rape. (Correlations could not be performed for incapacitated rape because of the lack of variability in alcohol consumption.) For incidents involving sexual coercion, the frequency of alcohol use was not correlated with the frequency of condom non-use ($r = -.15$, ns). For forcible rape incidents, frequency of alcohol consumption was significantly correlated with the frequency of not using condoms ($r = .92$, $p = .001$). The more frequently men drank during episodes of forcible rape perpetration, the greater their frequency of inconsistent or no condom use during the perpetration of rape.

Discussion

Findings from this study revealed that, in a community sample of young heterosexual male social drinkers, slightly over one-half reported the perpetration of at least one incident of sexual assault. Just over one-fourth of participants indicated that their most severe type of perpetration was attempted rape or incapacitated/forcible rape. These alarming rates of perpetration among young heterosexual men are commensurate with those from previous studies (e.g. Abbey et al., 2006). Additionally, the majority of perpetrators in this sample were repeat perpetrators, and the men in our sample reported committing a total of over 300 sexually aggressive acts. These perpetration rates reveal that despite the proliferation of sexual assault prevention programs over the past two decades, there remains a critical need for continued education and prevention efforts that target young men's sexually aggressive behavior.

Alcohol consumption may provide an excellent target for prevention efforts attempting to reduce sexually aggressive behavior. Almost one-half of perpetrators reported having consumed alcohol before every single act of perpetration, while another 29% reported alcohol consumption prior to some sexual assault incidents. Although the cross-sectional nature of this data does not allow us to make causal statements about the role of alcohol in sexual assault, it is clear that alcohol intoxication is involved in the majority of assaults. Moreover, the average reported consumption levels were fairly high, with 6 to 7 drinks typically consumed by the perpetrator prior to the assault. That noted, approximately 20% of perpetrators had never consumed alcohol before committing sexual aggression. Although other studies have reported that alcohol-involved vs. non-alcohol-involved perpetrators exhibit few differences (e.g. Zawacki, Abbey, Buck, McAuslan, & Clinton-Sherrod, 2004), further research is needed to distinguish between perpetrators who always, never, or inconsistently consume alcohol before sexual assault.

Results revealed that frequency of alcohol consumption may vary by the type of sexual assault. For example, all of the men who had committed incapacitated rapes reported having consumed alcohol prior to every incident, while only 25% of men who reported a forcible rape reported alcohol consumption prior to every single event. This not only suggests variability in the use of alcohol prior to different forms of assault, but also highlights the role of perpetrator intoxication during incidents of incapacitated rape. Although many studies have examined the role of alcohol intoxication in sexual assault generally, few have specifically focused on incapacitated rape in which the victim is unable to provide consent due to mental incapacitation from alcohol or drugs. Our findings suggest that incapacitated rape may differ from forcible rapes in important ways, particularly regarding rates of perpetrator alcohol consumption. Research focusing specifically on the characteristics of assault involving victim incapacitation is clearly warranted.

Findings from this study provide novel information about the use of condoms during incidents of sexual assault. A recent literature search yielded no published studies regarding the frequency rates of condom use during sexual assault. The frequency of condom use during reported incidents in this study varied across participants, with approximately 40% reporting never using condoms; approximately 30% reporting always using condoms; and approximately 30% reporting inconsistent condom use during penetrative sexually aggressive acts. In sum, the majority of perpetrators reported sexual assaults that involved no or inconsistent condom use. The implications of these findings are clear: Sexual assault is not only a violent behavior, but is typically a sexually risky one as well. The non-use of condoms coupled with increased likelihood of vaginal tissue injury during an assault further increases the chances of STI transmission for both the victim and the perpetrator (Briere, 2004), ultimately endangering the sexual health of both parties. These findings extend previous work regarding the global relationships between sexual violence and risky sexual behavior in that they provide evidence of a relationship between these two phenomena at the event-level. Further, because men who engage in sexual violence are also more likely to engage in risky sexual behaviors during consensual sexual episodes (Marin et al., 1997), they may be more likely to have an STI and thus present a high level of risk during unprotected sexual assaults.

Despite the inability to pinpoint the rates of condom use during incidents involving alcohol, bivariate correlations indicated that frequency of alcohol consumption was positively correlated with condom non-use during forcible rapes, but not during sexual coercion. This finding provides preliminary evidence that alcohol consumption and condom non-use may be related, at least during some types of sexual assault incidents. This issue warrants further investigation, particularly through prospective and experimental studies that can potentially establish causal linkages in the risk nexus of alcohol intoxication, condom non-use, and sexual assault.

Limitations

Limitations of this study include generalizability issues and study design limitations. Because our study was limited to men who typically drink moderate amounts of alcohol but have also had at least one binge drinking episode within the past six months, one limitation

of this study is the generalizability of these findings to groups of men with different drinking habits, such as abstainers, heavy drinkers, and non-bingers. However, although the generalizability of these findings may be reduced, men with drinking habits that include binge drinking may be most at risk for both sexual assault perpetration and risky sexual behavior (Howard & Wang, 2004). Results should be interpreted with caution with respect to men in committed relationships and non-European-American men due to the fact that we excluded men in steady relationships and obtained a sample that was largely European-American. Second, the cross-sectional nature of this survey data precludes causal inference about the role of alcohol in sexual assault generally and unprotected sexual assault specifically. This data is also based on self-report, and is thus subject to recall biases, particularly where alcohol intoxication may have impaired accurate recollections. Future studies should utilize prospective and experimental methodologies that more readily allow causal inferences as well as reduce concerns about recall biases.

Conclusions

Despite prevention efforts, young men's self-reported rates of sexual assault perpetration are alarmingly high, with the majority of perpetrators having committed more than one offense. In support of previous findings, alcohol consumption in relatively high amounts was typically involved in these assaults. Novel information about condom use during sexual assault incidents indicates that the majority of perpetrators report no or inconsistent condom use during sexually aggressive penetrative acts. These findings extend previous work by revealing a relationship between sexual violence and sexual risk at the event-level, which implies an increased probability of STI transmission during penetrative sexual assaults.

The high rates of sexual assault, coupled with alcohol intoxication and condom non-use, indicate a critical need for continued sexual assault prevention efforts. In particular, prevention programs that address alcohol intoxication and sexual health risks are clearly warranted. However, to ensure that these programs can provide accurate information and target specific issues effectively, further research into the intersection of sexual assault, alcohol, and condom use is necessary. Empirical investigations that advance our current knowledge of the exacerbating and mitigating factors regarding men's likelihood of sexual assault perpetration are vital to the continued development of effective sexual assault prevention efforts.

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Table 1

Participant Characteristics (N = 115)

	<i>M</i>	<i>SD</i>
Age (years)	24.5	2.7
Drinking Level (# per week)	17.3	10.3
	Number	% of sample
Ethnicity ^a		
African-American	5	4.4
Latino	1	0.9
European-American	83	73.5
Asian-American	8	7.1
Native American/Alaska Native	1	0.9
Native Hawaiian/Pacific Islander	1	0.9
Multi-racial/Other	14	12.4
Student Status ^a		
Yes	47	41.2
No	67	58.8
Annual Income (household) ^a		
\$10,999	25	22.7
\$11,000 - \$20,999	33	30.0
\$21,000 - \$30,999	16	14.5
\$31,000 - \$40,999	7	6.4
\$41,000 - \$50,999	6	5.5
\$51,000 - \$60,999	3	2.7
\$61,000	20	18.2

Note. The category sums do not equal 115 because some participants selected “No Answer”.

Table 2

Items and Response Rates on the Modified Sexual Experiences Survey (MSES)

Item	Number of Times the Event Occurred		
	0 N (%)	1 N (%)	2 N (%)
How many times have you:			
1. Kissed someone with tongue contact (French kissing) even though they indicated they did not want you to? (N = 114)	82 (71.9)	11 (9.6)	21 (18.4)
2. Reached under someone's clothes and touched some part of their body, even though they indicated they did not want you to? (N = 113)	94 (83.2)	10 (8.8)	9 (8.0)
3. Touched someone's genitals, even though they indicated they did not want you? (N = 113)	102 (90.3)	5 (4.4)	6 (5.4)
4. Forced someone to touch your genitals even though they indicated they did not want to? (N = 114)	105 (92.1)	5 (4.4)	4 (3.5)
5. Performed oral sex on someone even though they indicated they did not want you to? (N = 114)	108 (94.7)	3 (2.6)	3 (2.6)
6. Tried unsuccessfully to force someone to perform oral sex on you (mouth/tongue to penis) even though they indicated they did not want to? (N = 113)	104 (92.0)	3 (2.7)	6 (5.4)
7. Forced someone to perform oral sex on you (mouth/tongue to penis), even though they indicated they did not want to? (N = 113)	109(96.5)	1 (0.9)	3 (2.7)
8. Coerced someone into having sexual intercourse when they didn't really want to by overwhelming them with arguments about sex or applying continual pressure for sex? (N = 113)	96 (85.0)	10 (8.8)	7 (6.2)
9. Had sexual intercourse with someone who was incapacitated by drugs and/or alcohol? (N = 113)	90 (79.6)	11 (9.7)	12 (10.6)
10. Used physical force like holding someone down or twisting their arm to try to get someone to have sexual intercourse, even though they indicated they did not want to -- but sexual intercourse did NOT occur? (N = 112)	110 (98.2)	1 (0.9)	1 (0.9)
11. Had sexual intercourse with someone because you used some degree of physical force or threat of force, even though they indicated they did not want to have sexual intercourse? (N = 113)	111 (98.2)	1 (0.9)	1 (0.9)
12. Used some degree of physical force like holding someone down or twisting their arm in order to have anal intercourse with that person, even though they indicated they did not want to have anal intercourse? (N = 113)	112 (99.1)	0 (0.0)	1 (0.9)
13. Used a weapon or threatened to use a weapon to force someone to have sexual intercourse with you? (N = 113)	111 (98.2)	1 (0.9)	1 (0.9)
14. Penetrated someone anally or vaginally with an object, even though they indicated they did not want you to, by using some degree of physical force like holding them down or twisting their arm? (N = 113)	111 (98.2)	1 (0.9)	1 (0.9)
15. Raped someone? (N = 113)	112 (99.1)	1 (0.9)	0 (0.0)

Note. Participants whom elected to omit a question are not reflected in this table.

Table 3

Alcohol Consumption and Condom Use by Sexual Assault Type

Type of Sexual Assault	<u>Alcohol Consumption</u>		<u>Condom Use</u>	
	N	(%)	N	(%)
Forced Sexual Contact				
Never	12	(27.3)	n/a	
Inconsistent	10	(22.7)	n/a	
Always	22	(50.0)	n/a	
Verbal Sexual Coercion				
Never	4	(23.5)	8	(47.1)
Inconsistent	2	(11.8)	2	(11.8)
Always	11	(64.7)	7	(41.2)
Incapacitated Rape				
Never	0	(0.0)	13	(56.5)
Inconsistent	0	(0.0)	2	(8.6)
Always	23	(100.0)	8	(34.8)
Attempted Rape				
Never	3	(30.0)	n/a	
Inconsistent	2	(20.0)	n/a	
Always	5	(50.0)	n/a	
Forcible Rape				
Never	2	(25.0)	4	(50.0)
Inconsistent	4	(50.0)	2	(25.0)
Always	2	(25.0)	2	(25.0)

Note. Participants could report perpetration of more than one type of sexual aggression.