The Role of the New “Date Rape Drugs” in Attributions About Date Rape

April L. Girard
Charlene Y. Senn
University of Windsor

This study investigates the effect of voluntary and involuntary drug use on attributions about sexual assault. The sample was composed of 280 randomly selected male and female undergraduate students. The type of drug used (GHB, alcohol, or none) and the voluntariness of the administration were varied in an unambiguous date rape scenario. Participants viewed sexual assault facilitated by alcohol or drugs similarly to sexual assault without drug or alcohol involvement, assigning the highest levels of responsibility and blame to the perpetrator and the lowest levels of both to the victim in these situations. In contrast, women’s voluntary consumption of drugs prior to a sexual assault reduced perpetrator responsibility and blame and increased blame to the victim compared to other situations (except in some cases, voluntary drunkeness). These findings extend the limited research on date rape drugs and previous work on the influence of alcohol on date rape attributions.

Keywords: sexual assault; rape; drugs; attributions

Sexual assault, including date and acquaintance rape, has been discussed quite thoroughly since the 1980s. As adapted from the Criminal Code of Canada, sexual assault can be defined as any sexual contact without voluntary consent (Criminal Code, 1985, s. 271). This definition of sexual assault has been broadened by case law to include forced kissing, fondling, anal intercourse, and oral sex. Under the U.S. Federal Criminal Code, sexual abuse (including rape) is similarly defined (Sexual Abuse Act, 1986). Although there are many ways to define sexual assault, it is ultimately society’s attitudes and attributions that determine how it is labeled (Burt, 1980).

Authors’ Note: This study was conducted as BA thesis research by the first author under the supervision of the second author.
Studies have determined that the rate of sexual assault in North America is very high, especially among college-age women. In the United States, 15% of college women report an experience that fits the legal definition of rape (Brener, McMahon, Warren, & Douglas, 1999; Koss, Gidycz, & Wisniewski, 1987). Dekeseredy, Schwartz, and Tait (1993) discovered that 32.8% of Canadian female undergraduates surveyed had been victims of some form of sexual assault.

On college campuses, many sexual assaults involve the use of drugs or alcohol, often within the context of a dating relationship. A total of 13% of Canadian female students studied said that when they were drunk or high, a man attempted unwanted sexual intercourse (Dekeseredy et al., 1993). If more general questions are asked about whether alcohol was consumed by either perpetrator or victim preceding sexual coercion or assault, even higher rates are reported in the United States (Abbey, Ross, McDuffie, & McAuslan, 1996), although intoxication or belief that consent has been given are not defenses to sexual assault under section 273.2 of the Canadian Criminal Code (1992) and deliberate intoxication is an aggravating factor under U.S. law since 1986 (aggravated sexual abuse), men may be more likely to misinterpret friendly cues as sexual invitations, and women are more at risk of having diminished coping responses and being unable to ward off a potential attack when under the influence of alcohol (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004; Adams-Curtis & Forbes, 2004; Dudley, 2005; Rickert & Weinmann, 1998). This may begin to explain why the problem of alcohol- and drug-involved rapes is so rampant.

Alcohol is the most common drug associated with allegations of drug-facilitated sexual assaults, and many studies contribute to our knowledge about the relationship between date rape and alcohol. The Canadian Federation of Students (2001) reported that 90% of the sexual assaults reportedly experienced by Canadian female students involved alcohol. Yet, the relationship between sexual assault and other drugs is virtually unknown, despite the growing concern about the use of other drugs, such as Rohypnol, GHB, and Ketamine, in sexual assaults since the late 1990s (Hensley, 2002; Weir, 2001). Any substance that is administered to lower sexual inhibition and enhance the possibility of unwanted sexual intercourse is potentially a date rape drug (Weir, 2001). However, the term date rape drugs has been coined by the media to label a few specific drugs (i.e., Rohypnol, GHB, and Ketamine) because of the frequency with which they are used by men to facilitate rape (Hindmarch & Brinkmann, 1999). The use of these drugs for the purpose of inducing amnesia and rapid sedation of the victim is becoming more common (Pope & Shouldice, 2001; Hensley, 2002).
The majority of research conducted on date rape drugs focuses on their effects on individuals. Rohypnol, GHB, and Ketamine have many depressant effects that resemble the effects of alcohol. Therefore, neither the victim nor others around them are likely to be aware of the drugging. The victim may experience confusion, dizziness, nausea, visual disturbances, physical and/or motor impairment, reduced inhibition, drowsiness, impaired judgment, slurred speech, amnesia, and an inability to stop the offender because they are incapable of resisting. The amnesia is a particularly troubling symptom as this makes it much more difficult for the victim to accurately report the crime (Canadian Federation of Students, 2001).

The symptoms associated with the administration of these drugs compound the problem for rape victims because they affect many of the domains on which society makes its judgments of rape and rape victims. A common belief in North American society is that women are responsible for the regulation of sexual interactions between men and women (Burt, 1980). This belief is held widely despite the reality that factors such as who drove, the location, and the activities on the date, all contribute to the increased risk of date rape, but are all traditionally controlled by men (Rickert & Weinmann, 1998). The belief in women’s responsibility could explain why people are less likely to perceive a forced sexual encounter as rape if the man invested time and money into the situation (Jenkins & Dambrot, 1987). People in North America also tend to perceive date rape as more permissible than stranger rape (Rickert & Weinmann, 1998). In fact, the greater the acquaintanceship between a man and woman, the less likely people are to judge an instance of forced sexual contact as sexual assault (Bridges, 1991).

Women, compared to men, are however, significantly less rape supportive and sex role stereotypical in their attributions. Women are more likely to consider a rape a rape regardless of the sexual intercourse history or status of the relationship than men (Monson, Langhinrichsen-Rohling, & Binderup, 2000). Men, in comparison to women, have a higher acceptance of rape myths, are less likely to interpret a situation of forced sexual intercourse as rape, blame the victim more, view the assailant as less violent, and are more likely to perceive the victim as desiring sexual intercourse (Bridges, 1991; Carr & VanDeusen, 2004; Jenkins & Dambrot, 1987).

Research has demonstrated that attributions vary widely when alcohol is involved in sexual assaults (Adams-Curtis & Forbes, 2004; Cameron & Stritzke, 2003; Dudley, 2005; Finch & Munro, 2005; Rickert & Weinmann, 1998; Schuller & Wall, 1998; Stormo, Lang, & Stritzke, 1997). More blame and responsibility may be attributed to the perpetrator for taking advantage of the victim. However, sometimes more blame and responsibility are attributed
to the victim for “putting themselves in that situation” by getting drunk. Yet, because alcohol is legal and has been observed quite frequently in sexual assaults, it may be viewed differently than drug-related sexual assaults. Alcohol use is almost uniformly socially acceptable whereas drug use is not. Furthermore, the individuals involved may be perceived differently. If a female voluntarily drinks alcohol and is sexually assaulted, she may be viewed differently than a female who voluntarily takes drugs and is sexually assaulted.

There is a lack of research on attitudes and attributions toward victims and perpetrators in drug-related date rapes. Therefore, the goal of this study was to explore people’s attributions when date rape drugs are involved in a rape. This study was designed to extend the work of Stormo et al. (1997) on attributions toward perpetrators and victims related to alcohol use. Their scenarios describing a clear date rape situation between a male and female (John and Cathy) were used as the control (both individuals sober) and the alcohol (both individuals drunk) scenarios respectively. The scenario was modified in the first study to include a third and fourth condition. These represent a voluntary drug situation (both individuals take drugs), and an involuntary drug situation (Cathy is drugged without her knowledge). GHB is a date rape drug that is also sometimes taken recreationally; therefore, it was an appropriate drug for these scenarios. Our second study was identical to the first except we added a fifth condition (involuntary drunk) to provide a better comparison for our involuntary drugging scenario. In this scenario, John purposely mixes much stronger drinks for Cathy than for himself, without her knowledge.

Based on the literature that contributes to our understanding of the features of rape situations that change attributions about victims and perpetrators, it was expected that purposeful drugging of women would be seen as more serious than the usual acquaintance rape scenario with no drug or alcohol involvement. Therefore, it was hypothesized that the perpetrator would be held more responsible and blameworthy when he purposefully drugged the victim than in all other situations presented. Similarly, it was hypothesized that people would attribute less blame to the involuntarily drugged victim than they would to the drunk or sober victim. Furthermore, it was expected that more blame would be attributed to a victim that willingly ingested a drug or drank alcohol than a victim who had no control over the situation or one who remained sober. It was also hypothesized that those who were more accepting of rape myths would blame the victim more and the perpetrator less across all situations than those who have lower rape-myth acceptance. A gender difference was expected to emerge with women blaming the victim less than men, regardless of her behavior.
Method

Participants

The participants were 280 undergraduates (143 men and 137 women), 160 participants in Study 1 (80 men and 80 women) and 120 in Study 2 (63 men and 57 women). Participants were chosen at random with gender-balance criteria from the participant pool in the Department of Psychology. All participants were given one bonus point toward their grade in a psychology course for participating. For the two studies combined, the age of the participants ranged from 17 to 53, with a mean age of 21.75 ($SD = 4.90$). The majority of the participants were heterosexual (94%) and White (75%). The remaining 25% of non-White students were Latin American (1%), Middle Eastern (5%), African (2%), and Far Eastern (17%).

Materials

Background questionnaire. Participants provided information about their age, sex, living arrangements, year of study, sexual identity, and ethnicity. Additional questions requested information about the participants’ drug and alcohol consumption. Participants also completed a modified version of Koss and Oros’ (1982) Sexual Experiences Survey.

Date rape scenarios (DRS). The scenarios used in this study were adapted from the two rape scenarios in Stormo et al.’s (1997) study, one in which both individuals were drinking the same thing, and the other in which both individuals were sober. A third and fourth scenario were added in Study 1 to include the use of date rape drugs, one in which both John and Cathy take the drug voluntarily while also drinking and one in which John makes a regular drink for himself but slips a drug into Cathy’s drink without her knowledge. Study 2 added a fifth scenario where John purposely mixes Cathy’s drinks much stronger (triple strength) than his without her knowledge.

Attribution measures. The scenarios were followed by questions designed to discover the attributions participants make about the rapist and victim. Specifically, four questions determined how much responsibility and blame was attributed to the victim and the perpetrator (Stormo et al., 1997). The two primary questions read: “Regardless of whether they could anticipate the consequences, out of a total of 100%, how much was each person’s actions RESPONSIBLE [TO BLAME] for the outcome of this incident?”
A definition of responsibility and blame followed each question prior to providing the two answer stems where participants indicated how much John and Cathy were each responsible or to blame out of a total of 100%. A final question asked how likely it was that this situation could occur on a 5-point scale from 1 not at all likely, to 5 very likely.

Illinois Rape Myth Acceptance Scale - Short Form (IRMAS-SF). This scale was created by Payne, Lonsway, and Fitzgerald (1999) to examine people’s beliefs in rape myths. A sample question from the short form is, “many women secretly desire to be raped.” The original scale consisted of 45 items on a 7-point Likert-type agreement scale ranging from 1, not at all agree, to 7, very much agree. The short form (20 questions) was used for this study. The internal consistency of the scale is excellent with a Cronbach’s alpha of .87.

Sexual Experiences Scale (SES). This questionnaire was created by Koss and Oros (1982) to examine the coercive sexual experiences, specifically the victimization of women and the perpetration of men. The original version asked 12 questions related to their experiences and was in a yes/no format. Once a participant said that they had an experience, or engaged in the behavior, they were asked to report the frequency of this occurrence, how often this had happened in the last year, and since the age of 14. This scale is extremely reliable and has been used since its creation to test thousands of male and female university students (Koss et al., 1987). Our adaptation for the current study asked the participant to provide more detail about coercion that involved alcohol and drugs. One additional question was added to the male version, which asked whether they had ever given a date rape drug to a woman. Six additional questions were added to the female version to determine participants’ sexual experiences involving the suspected use of drugs. In the situation of suspected drugging, an open-ended question asked participants to briefly describe what happened.

Procedure

The participants for this research were selected from the psychology participant pool in the fall/winter (Study 1) and spring/summer (Study 2) semesters with gender-balance criteria and were contacted by phone or e-mail. They were run in gender-segregated groups of between four to seven individuals. When participants arrived for their scheduled appointment, they completed a consent form and were then provided with a survey package. Participants first read their randomly assigned scenario, answered
the attribution questions, and then completed the attitude and experiences measures. The experience questions were placed last to ensure that they did not prime responses to the scenarios. The questionnaires took approximately 35 minutes to complete. No personal information was attached to any of the questionnaires, and they were placed in an envelope separate from the consent form. The participant was then provided with a concise written debriefing, a coaster that provided information about date rape drugs, and a list of community resources.

Results

Tests to Ensure Appropriateness of Collapsing Data from Study 1 and Study 2

Prior to combining the samples for further analyses, Chi-square tests were conducted to test for group differences on categorical variables and t tests for continuous variables on background and experience measures. There were only two relatively minor differences. There were more students in their first year in Study 1 (49% vs. an equal distribution across all 4 years in Study 2) and fewer Far Eastern students in Study 1 (10% vs. 23%) compared to study two (ps < .05). There were also no group differences on sexual experience, coercion, or drug or alcohol consumption. Furthermore, t tests were performed comparing the two samples on the dependent variables (John and Cathy’s responsibility and blame) and the attitude measure, rape-myth beliefs. No differences were found between the samples on any dependent measure (all ps = ns). However, a significant group difference was identified on the attitude measure, t(278) = −2.25, p < .05. Participants in the second sample recruited during the spring/summer semester had significantly higher rape-myth acceptance ($M = 39.80$, $SD = 17.16$) than the participants recruited in the winter semester ($M = 35.64$, $SD = 13.78$). With no differences present on the critical dependent variables, collapsing the two studies was justified. Differences in rape-myth beliefs, however, required that we include the attitude measure as a covariate in the analyses. Further analyses were run to ensure that rape-myth beliefs did not interact with the scenario manipulation in either sample, which would have violated the assumptions for a covariate. No such interaction existed ($p = ns$).

Coercive Sexual Experiences

A total of 75% of the participants had engaged in consensual sexual activity that included intercourse. Koss and Gidycz (1985) coded sexual
victimization and/or perpetration into four different levels. Categorizing participants at the highest level of coercion they reported experiencing or perpetrating, 56% of female participants had never been victimized, 27% had been sexually coerced, 6% had been sexually abused, and 11% sexually assaulted (i.e., completed rape). Of the males in the sample, 83% reported never having engaged in coercion of any type, 13% admitted to being sexually coercive, 1% to being sexually abusive, and 3% to being sexually assaultive. Chi-Square analysis revealed a significant relationship between gender and coercion, $\chi^2(1, 279) = 24.75, p < .001$. Men were less likely to report perpetration (16.8%) than were women to report victimization (44.1%). Due to space limitations, we are limiting our presentation of data beyond this point to types of sexual coercion specific to the alcohol- or drug-related incidents. Qualitative data from open-ended descriptions are used only for illustration of findings in the discussion and are also not reported here.

**Victimization.** Nine women (6.6%) reported that sexual activity against their wishes was attempted or completed by a man who gave them alcohol or drugs. Eight of these women had experienced attempted sexual assault involving drugs or alcohol with two thirds ($n = 5$) having more than one such incident. The majority of these experiences (75%, $n = 6$) involved alcohol rather than drugs (25%, $n = 2$). Seven women reported completed sexual assault involving drugs or alcohol, with 43% of those women ($n = 3$) reporting more than one such incident. The majority of these completed sexual assault experiences (71%, $n = 5$) involved alcohol. However, there were two drug-related experiences (29%, $n = 2$).

Beyond the experiences participants were sure of, a number had symptoms on at least one occasion that made them believe that they had been drugged. A total of 20% of the women in the sample ($n = 17$) suspected that they had been drugged due to their feelings of intoxication after having consumed only minimal amounts of alcohol. A small percentage of women (8%, $n = 11$) reported having woken up at least once not remembering the night before, and a majority of these ($n = 7, 5\%$ of total sample) believed that their memory loss was drug related rather than due to the quantity of alcohol consumed.

**Perpetration.** A total of 3% of men ($n = 4$) admitted to attempting or completing intercourse with a woman against her will by giving her alcohol or drugs. Of the men who admitted using drugs and alcohol to induce coercion, all had done so more than once and with more than one woman. Half of these men (1.4% of total sample, $n = 2$) admitted to rape using drugs. One man reported surreptitious drugging of a woman. Attempted sexual assault was evenly divided between the use of alcohol and drugs.
Dating-Related Alcohol and Drug Use

When asked how often they consumed alcohol on a date, a sizeable proportion reported that if they do drink alcohol on a date it does not occur that often (83.8%). A minority of participants reported drinking fairly often or always (11.2%), and 5% did not date. Participants were asked how much alcohol they consume on an average date. Their responses ranged from 0 to 8 with the average being 2 drinks ($M = 1.64, SD = 1.49$).

Most participants did not report voluntary drug use under any circumstances (95%). Almost 5% reported some drug use combined with dating. Furthermore, 8.1% have thought that on one occasion, someone had given them a drug without their knowledge.

Assessment of Realism of Scenarios and Levels of Perpetrator and Victim Blame and Responsibility

Participants indicated how likely they believed the story in the scenario was on a scale from 1 to 5 where 5 was very likely. A one-way ANOVA with likelihood as the dependent variable and scenario as the independent variable demonstrated that all scenarios were viewed by the participants as equally realistic or likely, $F(4, 273) = .47, p = .76$. Participants believed that the situation depicted in the scenario was quite likely to occur in the world outside the laboratory ($M = 4.04; SD = .88$).

As would be expected in this unambiguous date-rape situation, the perpetrator was held more responsible ($M = 86.41; SD = 16.18; range = 20-100\%) and blameworthy ($M = 89.41; SD = 16.52; range = 5-100\%) than the victim ($Ms = 14.96 and 11.16; SDs = 17.82 and 16.75; ranges = 0-100\% and 0-95\%, respectively). However, as can be seen from the ranges and standard deviations, there was a fair amount of variability on these judgments.

Effect of Scenario Content (and Rape Myths) on Attributions

The attitude measure was completed following the scenarios, so before proceeding with other analyses, we ensured that attitudinal responses were not related to assignment to conditions of the independent variable. A one-way ANOVA was conducted with rape-myth attitudes as the dependent variable and scenario as the independent variable. No relationship exists between attitudes and scenario ($p = ns$).

Correlations were conducted between the four attribution variables (responsibility and blame for each of John and Cathy) to ascertain whether
individual ANOVAs or MANOVAs should be run. Responsibility and blame scores are based on a score out of 100%. However, participants do not always ensure that these scores (John and Cathy) add up to 100%. The two responsibility scores (John’s and Cathy’s) and the two blame scores were not surprisingly very strongly correlated ($r_s = -.82$ and $-.88$, respectively). Responsibility and blame scores were significantly correlated but at a more moderate level ($r_s$ ranging from $=.56$, $.57$; [across individuals] $-.54$, $-.55$, all $p < .001$). Therefore MANOVAs were conducted including attributions for both John and Cathy but separately for blame and responsibility.

Two 5 (scenario: control/sober, voluntary drunk, involuntary drunk, voluntary drug, involuntary drug) $\times$ 2 (gender) MANOVAs were conducted with rape-myth beliefs as a covariate on attributions of responsibility (for John and Cathy) and blame (for John and Cathy). Unequal $n$s in the involuntary drunk condition compared to all other conditions are potentially an issue for these analyses (although the smallest cell size was greater than the $n < 20$ cut off normally seen as causing problems). We therefore paid particular attention to any violations of homogeneity of variance. The Levene’s test ($F(4, 275) = 2.45$, $p = .05$) was significant, suggesting that the assumption was violated. However, on further examination, the maximum sample ratio was 2.67 ($F_{max} = 1.64$), indicating that the violation was not serious.

**Responsibility.** Significant multivariate effects (using Wilks’ Lambda criterion) for the covariate, rape-myth beliefs, $F(2,268) = 36.82$, $p < .001$, and scenario were found, $F(8, 536) = 2.83$, $p < .05$. There was no main effect of gender nor did gender interact with scenario ($p s = n s$). Univariate tests showed that rape-myth beliefs predicted attributions of responsibility for both John ($F(1,269) = 63.84$, $p < .001, \eta^2 = .19$) and Cathy ($F(1,269) = 66.79$, $p < .001, \eta^2 = .20$), with individuals with higher rape-myth belief scores attributing more responsibility to Cathy and less to John than people with lower rape-myth belief scores across all scenarios. With rape-myth beliefs controlled, the main effect of scenario was significant for both John and Cathy, $F$s $(4, 269) = 4.73$ and 4.32 respectively, $\eta^2$s = .07 and .06, $p s < .01$. Post-hoc pairwise comparisons (see Table 1 for means) demonstrated that participants assigned less responsibility to John and more to Cathy in the voluntary drug condition than in the control (sober) condition. Furthermore, less responsibility was assigned to John in the voluntary drug than in the involuntary drug and the involuntary drunk conditions. All other mean differences were not significant. In other words, attributions of responsibility for the perpetrator were unique (with a single exception) in the situation where the victim took GHB recreationally, with lower levels of
responsibility attributed to him than in any other circumstances (except when she drank enough to get drunk). Attributions of responsibility for the victim followed the same trends across the board (all ps < .10), but the victim who used GHB voluntarily received significantly higher attributions of responsibility from participants than the situation where the victim was sober.

**Blame.** Significant multivariate effects for the covariate, rape-myth beliefs, $F(2,268) = 35.55$, $p < .001$, and scenario were found, $F(8, 536) = 2.90$, $p < .05$. There was no main effect of gender and no interaction of gender with scenario ($ps = ns$). Univariate tests showed that rape-myth beliefs predicted attributions of blame for both John ($F(1,269) = 61.00$, $p < .001, \eta^2 = .19$) and Cathy ($F(1,269) = 69.36$, $p < .001, \eta^2 = .21$), with individuals with higher rape-myth belief scores attributing more blame to Cathy and less to John than people with lower rape-myth belief scores across all scenarios. With rape-myth beliefs controlled, the main effect of scenario was significant for both John and Cathy, $Fs (4, 269) = 5.52$ and 3.34, respectively, $\eta^2 s = .08$ and .05, $ps < .01$. Post-hoc simple contrasts (see Table 1 for means) showed that less blame was assigned to John and more to Cathy in the voluntary drug than in the control (sober) and the involuntary drug conditions. Furthermore, less blame was assigned to John in the voluntary drug than in the drunk and the involuntary drunk conditions. All other mean differences were not significant. In other words, the amount of blame attributed to the perpetrator in an acquaintance rape situation was significantly lower when the victim had engaged in recreational GHB use than in any other circumstance. For blame assigned to the victim, again the amount of blame was the highest in the situation of voluntary drug use but was only significantly higher than the blame attributed to sober or drugged victims.

### Table 1

**Means (standard errors) for Responsibility and Blame for Perpetrator (John) and Victim (Cathy)**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control/Sober (n = 64)</th>
<th>Voluntary Alcohol (n = 64)</th>
<th>Voluntary Drug (n = 64)</th>
<th>Involuntary Drug (n = 64)</th>
<th>Involuntary Drunk (n = 24)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibility</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>John</td>
<td>88.84a (1.81)</td>
<td>86.69ab (1.81)</td>
<td>79.95b (1.80)</td>
<td>91.34a (2.94)</td>
<td>88.32a (1.80)</td>
</tr>
<tr>
<td>Cathy</td>
<td>11.01a (1.99)</td>
<td>14.16b (1.99)</td>
<td>21.68b (1.98)</td>
<td>11.48ab (3.24)</td>
<td>14.32ab (1.98)</td>
</tr>
<tr>
<td><strong>Blame</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John</td>
<td>91.40a (1.84)</td>
<td>89.95a (1.84)</td>
<td>82.21b (1.83)</td>
<td>94.52a (2.99)</td>
<td>92.17a (1.83)</td>
</tr>
<tr>
<td>Cathy</td>
<td>9.13a (1.85)</td>
<td>10.30ab (1.86)</td>
<td>16.95b (1.85)</td>
<td>8.75a (3.03)</td>
<td>9.15ab (1.85)</td>
</tr>
</tbody>
</table>

Note: Superscripts that differ within rows indicate significant differences $p < .05$.
Post-Hoc Analysis of Relationship Between Gender and Rape-Myth Beliefs

Due to the unusual finding of no gender differences in attributions of blame and responsibility, a post-hoc analysis was conducted to assess whether covarying rape-myth acceptance was responsible for the lack of gender effects. A one-way ANOVA with gender as the independent variable and rape-myth beliefs as the dependent variable demonstrated that this was the case, $F(1,278) = 28.34, p < .001$. Males had considerably higher rape-myth beliefs than women ($M_s = 42.01$ and $32.64$; $SD_s = 17.49$ and $11.14$, respectively).

Discussion

In this study, five unambiguous date rape scenarios were used to evaluate participants’ attributions for the sexual assault to the perpetrator and victim under varying types of drug and alcohol involvement. University students’ judgments of responsibility and blame for the sexual assault showed that when women are drugged or deliberately provided with large amounts of alcohol without their knowledge, perpetrators are held more responsible and blameworthy as when no alcohol or drugs are involved in the situation. Similarly, the victim of the sexual assault is judged to have very low levels of responsibility and blame for what was done to her. The surreptitiously drugged or drunk victim seemed to fit participants’ view of a “real rape” with the lowest victim blame and highest perpetrator responsibility. Furthermore, individual differences in rape-myth acceptance did not play a role in these judgments as they were statistically controlled here. This finding suggests that individuals may be more punitive to offenders and blame victims less in sexual assaults where drugging, whether with alcohol or other drugs, is used as a weapon, than in the more usual university acquaintance rape situation where both the victim and the perpetrator have been drinking.

Previous studies have varied alcohol use in rape scenarios but none that we are aware of have investigated reactions to these other drugs. As shown by participants’ responses, use of date rape drugs (in this case GHB) by a man to facilitate a sexual assault also appears to place him clearly in the position of other perpetrators who use force or threats with no alcohol or drug involvement. This finding could mean that the victims of these types of crimes would receive more positive treatment by the justice system to their reports of sexual assault (Finch & Munro, 2005). Yet, in the case of GHB and other similar drugs, there would still be problems with victims’ memory, which may hinder prosecutions. The implications of this finding
are further complicated by the reality that most victims are unlikely to know “for sure” that they have been drugged or mixed stronger drinks. It would be important for future research to examine whether the claim of surreptitious drugging alone would modify attributions or whether, as in our scenario, direct knowledge or proof of this fact is necessary.

In contrast, women who engage in recreational drug use are harshly judged by university students and the perpetrators of sexual assault against them are marginally excused. As we hypothesized, the female victim was held most responsible and blameworthy when she took GHB recreationally and significantly more so than when she was sober or was slipped GHB. There were no significant differences found between the situations where Cathy took GHB or drank alcohol and got drunk, although there was a trend toward drug use being responsible for higher blame and responsibility attributions for the victim \( (p < .10) \). Similarly, the perpetrator of an unambiguous sexual assault was viewed as least blameworthy (although still above 80%) when the woman had taken GHB voluntarily that evening. He was also viewed as less responsible in this situation than in situations where no alcohol or drugs were present or where he used alcohol or drugs to facilitate sexual assault. His responsibility was marginally lower when the woman took GHB than when she got drunk \( (p < .10) \).

Drugs, perhaps even to a greater extent than alcohol, seem to be seen as a separate class of circumstances in which “voluntary” use by a woman decreases their worthiness as a “victim.” This finding extends the work of Norris and Cubbins (1992), who demonstrated that victim and assailant drinking diminished the view that a rape had occurred to the domain of drug use. This could have serious ramifications for victims (see also Schuller & Wall, 1998). Norris and Cubbins (1992) have suggested that if a woman reports that she has been raped after drinking with her date, her report may not be taken as seriously as in other circumstances, and the impact of the psychological trauma may be underestimated. This would have even worse consequences in a “date rape” drug situation because many drug-induced rapes leave the victim without a memory of the incident (K. McIntosh, personal communication, November 12, 2003). When a woman cannot remember, or adequately report the incident (Canadian Federation of Students, 2001), this can have a negative impact on how others view the assault. The amnesia is a characteristic of the drugs and is not dependent on whether the person is aware that they have consumed it. Although it seems unusual that people would take “date rape” drugs voluntarily, there is evidence that GHB and other drugs are quite routinely taken recreationally (Jones, 2001; Weir, 2001).
The Role of Rape-Myth Beliefs and Gender in Attributions

There was a significant difference between our two samples on the attitudinal variable, rape-myth beliefs, with students recruited during the spring/summer semester holding significantly higher rape-myth beliefs than those students who participated in the winter semester. As a result, we were compelled to control rape-myth acceptance in all analyses. However, rape-myth beliefs were associated with higher levels of victim blame and responsibility and lower levels of perpetrator blame and responsibility across all date-rape situations. Furthermore, although there were no gender differences in attributions when rape-myth beliefs were controlled, men had higher levels of these erroneous beliefs than did the women in the sample. It is therefore likely that without statistical control of attitudes, the gender difference shown in attributions in other studies would have been present (e.g., Jenkins & Dambrot, 1987). These are therefore still important factors in explaining attributions and should continue to be included in future research.

Burt (1980) and others have theorized that socialization fosters the acquisition of false beliefs about rape. It would also follow that socialization would be responsible for the acquisition of beliefs about drug use. This study found that the man who sexually assaulted a woman was perceived to be less blameworthy when she had taken GHB recreationally than in any other circumstance we measured. In North American society, drinking is something that is socially acceptable, although drunkenness by women is not (Clark & Lewis, 1977). The findings of the current study, along with other research done previously (Finch & Munro, 2005; Norris & Cubbins, 1992; Stormo et al., 1997), have shown that when a woman was drinking and was raped, she was blamed more for what was done to her than if she had been sober. Drug use appears to have marginally stronger effects on people’s judgments than alcohol, with voluntary drug use being used to excuse the perpetrator and blame the victim even more. This could be in part because drugs are currently illegal or that there are greater social taboos for women who use drugs. Future research using qualitative methods could explore people’s reasoning further to assess the underlying causes of these problematic judgments.

Research conducted on factors contributing to rape point out that circumstances such as who pays for the date, who drove, and who drank, all account for increased risks of rape and higher levels of blame and/or responsibility attributed to the victim (Burt, 1980; Dekeseredy et al., 1993; Jenkins & Dambrot, 1987; Rickert & Weinmann, 1998; Schuller & Wall, 1998; Stormo et al., 1997). The current study revealed another factor that is related to increased responsibility and blame attributed to the victim. This factor is whether the victim voluntarily or involuntarily took a drug or drank alcohol.
Given that our scenarios (adapted from those originally written by Stormo et al., 1997) clearly and unambiguously described a deliberate, forceful, sexual assault, these effects could be expected to be even stronger where the situation is less clear in people’s minds. Education efforts to counter these victim-blaming tendencies when voluntary alcohol or drug use is involved may be helpful to improve the social conditions for victims, disclosing sexual assault under these fairly common circumstances.

Are Alcohol- and Drug-Related Sexual Coercion Really a Problem on Campus?

The findings regarding sexual coercion and assault involving alcohol or drugs, suggest that it is a problem among undergraduate students on this campus. Although the absolute numbers of victims and perpetrators are relatively small in this sample, across an entire university campus this would translate into a significant minority of students who have had these experiences. A total of 7% of women reported having men attempting to engage in or engaging in sexual intercourse against their will by giving them drugs or alcohol. A total of 3% of men admit to using these tactics to induce women to have sex against their will. Most of the women had more than one of these experiences and all of the men who claimed these tactics used them on more than one woman. Alcohol was used more commonly than drugs in these coercive episodes, but at least one quarter or more were drug-related incidents. These rates are conservative because they do not include all sexual assaults where alcohol or drugs were involved but rather only those where the coercive tactic was the drug or alcohol. Furthermore, if suspected rather than known drugging is included in these figures, the rates of date-rape-drug-involved coercion may be much higher. Although not all of these suspected drugging situations reported here by women (5-20%) were known to include sexual assaults, they do indicate that rates of date rape drugging of women on campus may be higher than it at first appears. One woman wrote, “I felt dizzy and numb, I remembered flashbacks, and I was overly tired to the point that I couldn’t get out of bed” (043). Another woman commented that “I was very dizzy and ended up in different clothes” (068). For the minority of students (12%) who often or always drink or take drugs on dates, the risk may be even higher.

Limitations and Strengths of the Current Study

A limitation of this study was the undergraduate student sample. This sample creates restrictions on such things as education, socioeconomic status, and
age. This limitation is moderated somewhat by the random selection of participants for the research. This procedure eliminates any systematic subject selection biases related to interests or attitudes that are common in research on sensitive topics (Gaither, Sellbom, & Meier, 2003; Saunders, Fisher, Hewitt, & Clayton, 1985). Clearly though, research is necessary to ensure that the findings replicate in community samples with greater variability in demographic characteristics.

Another limitation of the study was the unequal ns across the experimental cells, resulting from our neglect of the “involuntarily drunk” cell from Study 1. Although an n of 24 is sufficient to detect moderate differences and is not normally a statistical problem (being larger than the n > 20 size commonly referenced), the assumption of homogeneity of variance for the analyses was violated. After considerable exploration of the data, we are confident that the conclusions we have made are conservative and that the effect of this heterogeneity has been the suppression of potentially significant effects rather than overestimate of the differences.

The current study contributes to our understanding of a fairly new social phenomenon, drug-facilitated sexual assault. The study utilized and adapted scenarios from those used previously by researchers (Stormo et al., 1997) to explore attributions related to sexual assault, which strengthens the generalizations that can be made across these studies. Attributions about date rape are affected by the involvement of date rape drugs. These attributions are not simply a replication of the attributions about alcohol use as a coercive tactic but rather appear to be exaggerated perhaps by the illegal status of GHB. If a man surreptitiously drugs a woman with GHB, he is held almost completely responsible whereas she is seen as blameless. On the other hand, if a woman voluntarily takes GHB prior to being attacked, the male perpetrator of an unambiguous sexual assault is assigned less blame than in any other situation tested. Victim blaming is an obstacle to effective treatment for victims, legal action against perpetrators, and the search for justice. Although only 5% of students in this Canadian sample report voluntary drug use during dating, the social climate for reporting sexual assaults that do happen under these circumstances are bleak. More research on this issue is desperately needed.

Notes

1. A total of 78% (7/9) of women had both attempted and completed sexual assaults committed against them.
2. Identified by participant number.
References


Criminal Code, R.S.C., 1985, c. C-46, s. 271.


**April L. Girard** completed her MA in sociology at the University of Windsor, Ontario, Canada. She is now a PhD student at Queen’s University in Kingston, Ontario. Her research interests focus on violence against women including domestic violence policy initiatives and sexual assault.

**Charlene Y. Senn** is a professor of psychology and Women’s Studies at the University of Windsor, Ontario, Canada. Her research focuses on varied aspects of sexuality and violence against women including pornography, sexual coercion and assault, and women’s resistance to sexual assault.