



Rape Crisis Network Ireland submission to
**The Joint Oireachtas committee on Justice,
Defence and Equality,**
on the issue of
**Gratuitous Violence arising from Alcohol and
substance abuse**

Part I: Introduction

1.1 Rape Crisis Network Ireland **is the national representative body for the rape crisis sector**. It is a specialist information and resource centre on rape and all forms of sexual violence. The RCNI role includes the development and coordination of national projects including expert data collection, supporting Rape Crisis Centres to reach best practice standards, and using our expertise to influence national policy and social change. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual abuse in Ireland, including a growing number between the ages of 14 and 18.

Rape Crisis Network Ireland (RCNI) welcomes the opportunity to make submissions on the issue of Gratuitous Violence arising from Alcohol and substance abuse and to provide information on anti-social and criminal behaviour (in particular, rape and sexual violence) arising from such abuse and the effects to society and people generally as a consequence of this behaviour. Since publishing the research *Rape and Justice in Ireland: a national study survivor, prosecutor and court responses to rape*, in 2009 (RAJI 2009) which established evidence of the role of alcohol in sexual violence for the first time, the RCNI have been engaging with this issue. The RCNI have established a blog where we release regular fact sheets on the issue to be found at <https://rcni.wordpress.com/> .

It is our view that reducing sexual violence in Ireland requires redressing attitudes and behaviours to alcohol, and patterns of consumption of alcohol.

Please note this submission deals solely with issues of alcohol harm and sexual violence which is our area of expertise. While the RCNI acknowledge other forms of alcohol and substance abuse related harm this is outside the scope of our expertise.

Part II: factual information

In the following sections, we outline the ways in which alcohol consumption relates to the commission of rape in Ireland.

Section 2.1 provides

- **a brief description of current thinking on alcohol-involved rape internationally, and**
- **factual information on alcohol-involved rape in Ireland including**
- **patterns of consumption and relationship to sexual violence**
 - **alcohol involvement in acquaintance rape,**
 - **alcohol as a ‘date-rape drug’,**
 - **attitudes towards alcohol and sex that facilitate rape.**

- **In section 2.2 we outline knowledge on the impact of alcohol-involved rape on individuals, on Irish society and on statutory capacities to respond to crimes of sexual violence.**

2.1.2 Alcohol and Sexual Violence:

Sexual violence is one of the most pervasive public health issues globally.ⁱ Since the 1990s the role of alcohol, and particularly binge drinking, in sexual violence has gained greater recognition. RAJI 2009 published details of the very high involvement of alcohol in rape cases in Ireland.ⁱⁱ

2.1.3 Alcohol and Sexual Violence in Global Context:

The contribution of alcohol to disease and injury has been well documented.ⁱⁱⁱ Notably, many of these characteristics, such as risky behaviour, aggression, and violence, have also been shown to put individuals at higher risk of sexual assault.^{iv}

2.1.3.a. In common with other violent crimes it has been found that approximately 50% of sexual assaults in the U.S., Canada and the UK involved the use of alcohol.^v Studies conducted in numerous national settings document perpetrator alcohol consumption at the time of committing a sexual assault ranging from 34% to 74% depending on the study, while victim alcohol consumption at the time of assault ranged from 30-79%. The studies furthermore suggest that in the majority of cases where the perpetrator had been drinking, so too had the victim.^{vi}

2.1.4. Prevalence of alcohol involvement in Rape in Ireland:

2.1.4.a. In terms of the relationship between Alcohol and the prevalence and nature of sexual violence in Ireland, patterns of consumption are relevant. Alcohol consumption in Ireland reveals striking patterns: binge drinking in Ireland is common with 26% of those who had consumed alcohol in a 30 day period reporting that they had consumed five or more drinks on the occasion. This compares to an EU average of 10%.^{vii} In addition, the frequency of binge drinking in Ireland is the highest in Europe, with 44% of Irish respondents who had consumed alcohol in the past 12 months indicating that they had been binge drinking at least once a week.^{viii} Patterns for youth alcohol consumption in Ireland similarly echo adult patterns with 42% of boys and 44% of girls in the 15-16 year age group reporting binge-drinking during the previous month.^{ix}

2.1.4.b. The high rates of alcohol consumption and binge drinking in Ireland are evident within statistics in relation to alcohol involved rape. RAJI 2009 identified a high level of alcohol involvement in reported and/or prosecuted adult rape.^x While the fact of alcohol

involvement in rape is not unique to Ireland, the levels of binge drinking¹ on the occasion of the rape are extraordinarily high compared to European and North American states.^{xi} For instance:

- **45% of complainants and 40% of suspects of reported rape between 2000 and 2005 in Ireland had been binge drinking on the occasion of the rape.**
- **Of those on trial for rape whose alcohol consumption was known, nearly 90% of defendants had been binge drinking.**
- **As many as 10% of all reported rape cases in Ireland involved a complainant who was incapable of offering consent due to alcohol consumption.**^{xii}

Young people appear to be especially affected by alcohol-involved rape:

- **Half of all reported rapes in Ireland, 2000-2005, involved a victim under the age of 25.**
- **33% of those accused of rape were under the age of 25.**^{xiii}

2.1.5. Alcohol consumption contributes to acquaintance rape

2.1.5.a. The vast majority of rapes reported in Ireland are committed by an acquaintance of the victim. RAJI 2009 found that in 74% of complaints involving a complainant who was unable to consent to sex due to alcohol consumption the defendant was an acquaintance. A further 12% of defendants in such cases were strangers.^{xiv} These findings are in-line with studies from outside Ireland that confirm that the majority of incapacitated victims were not romantically involved with assailants.^{xv}

2.1.6. Alcohol is the most common 'date-rape drug'

Studies indicate that inducing an intended victim to drink in order to facilitate rape is a common strategy of perpetrators.^{xvi} Convicted rapists have admitted to researchers that they will 'get a woman drunk' in order to facilitate intercourse.^{xvii} The social acceptance of alcohol to 'loosen up' and facilitate social encounters creates specific problems in recognising that alcohol is being used as a date-rape drug. Whereas there is little evidence to indicate that better recognised drugs, such as Rohypnol and GHB are used with regularity to facilitate rape, the high involvement of alcohol in Irish rape cases, including rape involving victims who were too intoxicated to consent, suggests that alcohol is a very common drug used to facilitate rape.

2.1.6.b. Societal acceptance of alcohol consumption diminishes recognition of alcohol as a potential date-rape drug.

¹ The definition of binge drinking used by the European Commission and DHS is currently: as 5 or more units of alcohol consumed on a single occasion (DHS, 2008:3).

In addition, the expectation that alcohol consumption will increase sexual interest and diminish inhibitions, may lead to under-recognition of the potential of alcohol to be used to victimize. Finch and Munro's 2007^{xviii} study found that mock jurors normalized the use of alcohol in socio-sexual interaction, even where alcohol was surreptitiously administered. Participants in the study distinguished between 'taking advantage' of an intoxicated woman and 'rape proper', with the former seen as less serious. One participant even commented that if a man who surreptitiously administered alcohol to a woman in order to have sex with her was guilty of rape, 'so must hundreds of thousands of others, probably tonight'. However, the same behaviour elicited a strong recognition of rape from participants in the study when alcohol was replaced with a more commonly recognised date-rape drug, such as GHB or Rohypnol.^{xix} This evidence suggests that the social acceptability of alcohol as a facilitator of socio-sexual interaction results in a tolerance for the use of alcohol to facilitate sexual interaction, diminishing the seriousness of experiences of sexual violence facilitated by alcohol and the culpability of perpetrators of sexual assaults and rapes against intoxicated victims.

2.1.7. Attitudes towards sex and alcohol consumption facilitate sexual violence and rape

The expectation of alcohol's effects on sexual desire appears to influence sexual attitudes among men. Studies using placebos indicate that men who thought they were consuming alcohol took longer to recognise a women's refusal than those who knew they were not consuming alcohol. Further, when assessing the responses of men who exhibit coercive sexual attitudes when sober and those that do not exhibit coercive sexual attitudes when sober in relation to alcohol expectancies, it was found that attitudinal differences between these groups of men decreased when non-coercive men consumed alcohol or believed they had consumed alcohol.^{xx} This suggests that tolerance for coercive sexual behaviour increases with the expectation of alcohol's effects.

2.2. Effect on Individuals and Society of alcohol involved sexual violence:

2.2.8. Jury Reactions to Alcohol Involved Rape Cases

Studies outside of Ireland have found that juries are more likely to assign blame to intoxicated victims of rape. Although such evidence is inconclusive in Ireland, due to the absence of jury deliberation studies in rape cases, it is possible that victim alcohol consumption is a contributing factor in the low rate of rape conviction.^{xxi} That is, as elsewhere, Irish juries may be disinclined to convict for rape where rape complainants have been drinking due to a perception that their behaviour caused or facilitated the rape.

2.2.9. Effect on Victims of Alcohol Involved Rape

2.2.9.a. *Feelings of Shame*: RAJI 2009 found that victims of rape who consumed alcohol at the time of the rape were likely to self-blame.

2.2.9.b. *Reduced Rates of Reporting*: Victims of rape who were intoxicated on the occasion of the rape were likely to decline reporting their rape or withdraw their complaint, due to expected negative reactions from services. One victim explains, '*I was drunk at the time when it happened and wasn't sure how they [Gardaí] would respond...*', while another stated, '*no point. His word against mine and I had been drinking*'. A third victim describes how she '*felt very ashamed as [she] was drinking and left the disco with him*'. The majority of intoxicate rape victims were raped by a person who was also intoxicated.^{xxii}

2.2.9.c. *Reduction in admission of guilt*: Men accused of rape who had been drinking on the occasion of the alleged rape were more likely to claim that sex had been consensual than men who had not been drinking alcohol.

III. Specific recommendations:

3.1. *Control and Limit Alcohol Marketing*: Alcohol marketing, including sponsorship, in so far as it propagates potentially harmful associations between sex and alcohol must be curtailed and limited.

- a. Legislation should be introduced that strictly controls and limits alcohol marketing, in particular where it is targeted at young people and/or presents alcohol consumption as linked to sexual success.
- b. Such legislation should be supported by an independent and proactive enforcement mechanism.

3.2. *Education*: Rape supportive attitudes and inaccurate expectations related to sex and alcohol are common, indicating the need for both broad educational campaigns and the development of second level educational curricula designed to dispel such myths.

- a. The incorporation of mandatory and proven programmes on sexual violence and alcohol in the school curriculum should be developed and rolled out at second level to target individuals at this influential stage.
- b. Broad educational campaigns should target and dispel inaccurate alcohol expectancies in order to; reduce aggressive sexual behaviour while intoxicated for some men, facilitate better recognition of sexual disinterest and refusal, and

remove the ungrounded belief that people who have been drinking have diminished responsibility for their sexually aggressive behaviour.

- c. Education on alcohol consumption should increase recognition that intoxicated behaviour is not outside of individual control. As such, alcohol consumption is never a justification for coercing or forcing sex on an unwilling partner

3.3 *Increase funding for Research on alcohol involvement in sexual violence in Ireland:*

Despite the high involvement of alcohol in social situations in Ireland and more recent evidence coming from RAJI in relation to the involvement of alcohol in rape, there is little research about the relationship between alcohol and sexual violence in Ireland.

- a. Research should examine the specific alcohol expectancies at play in Ireland. Such information is vital to redress alcohol expectancies that may increase the likelihood of sexual violence perpetration.
- b. There is a need for mock-jury studies in Ireland to establish the extent to which victim-blaming attitudes influence jury decision making. Where such attitudes are prevalent, shield laws, such as are used in reference to sexual history, could be effectively extended to include alcohol consumption, as this variable has been shown to lead to juries inferring a woman's sexual intent.^{xxiii}

3.4 Given young people's high risk of perpetration or victimisation in alcohol related sexual violence it is appropriate to target underage and young people's relationship to alcohol both in relation to attitudes and consumption of alcohol.

3.4.1 Reduce supply of alcohol to underage drinkers: A number of strategies have proven effective in limiting the supply of alcohol to young people. We strongly endorse the recommendations of the National Substance Misuse Strategy^{xxiv} including the following:

- Reducing the supply of alcohol to young people through increasing the retail cost of alcohol,
- Establishing a minimum pricing for alcohol,
- Strict enforcement of minimum age for the sale of alcohol,
- Eliminating the sale of alcohol to intoxicated people through stricter enforcement,
- Reducing and controlling hours of sale for alcohol
- Limit and control volume, content and placement of all alcohol advertisements and marketing

3.4.2. Develop strategies to delay initiation of alcohol use by young people: the following strategies are recommended:

- The Minister for Children to ensure the provision of alternative social activities that do not involve alcohol, as recommended by young people during consultation with the Office of the Minister for Children.^{xxv}
- A cross-departmental, funded strategy to improve knowledge and awareness of the risks of alcohol use and particularly of binge drinking for young people, to include the risk of sexual violence.

Summary:

It is the view of the RCNI that to have a significant impact on the prevalence of alcohol-involved sexual violence in Ireland the following are required:

1. Taking measures to limit and control the marketing of alcohol, particularly where directed toward young people;
2. Improving awareness of the impact of alcohol and people's beliefs about the impact of alcohol on sexual violence through the second level curriculum and broad educational campaigns;
3. Funding research to develop knowledge on this subject specifically as it relates to Ireland; and
4. Introducing measures to reduce alcohol consumption particularly among young people and challenge inaccurate beliefs about the effects of alcohol.

ⁱ WHO. 2011. *Global Status Report on Alcohol and Health*. Geneva: World Health Organization.

ⁱⁱ Hanly, C., Healy, D., and Scriver, S. 2009. *Rape and Justice in Ireland: A National Study of Survivor, Prosecutor and Court Responses to Rape*. Dublin: Liffey

ⁱⁱⁱ see, for instance, WHO/LSHTM. 2010. *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. World Health Organization/London School of Hygiene and Tropical Medicine. Geneva, World Health Organization.

^{iv} King, G., Flisher, A.J., Noubary, F., Reece, R. Marais, A. and Lombard, C. 2004. Substance abuse and behavioral correlates of sexual assault among South African Adolescents. *Child Abuse & Neglect* 28: 683–696

^v Abbey, A., Zawacki, T., Buck, P.O., Clinton, M. and McAuslan, P. 2001. Alcohol and Sexual Assault National Institute on Alcohol Abuse and Alcoholism (NIAAA) *Alcohol Health and Research World*, 25(1).

^{vi} Abbey, A.; McAuslan, P.; and Ross, L.T. 1998. Sexual assault perpetration by college men: The role of alcohol, misperception of sexual intent, and sexual beliefs and experiences. *Journal of Social and Clinical Psychology* 17:167-195.; Crowell, N.A., and Burgess, A.W. 1996. *Understanding Violence Against Women*. Washington, D.C.: National Academy Press.

^{vii} Eurobarometer 331. 2010. EU Citizens Attitudes Towards Alcohol. Special Eurobarometer 331/wave 72.3. Available at: www.eu.citizens28099-attitudes-towards-alcohol-eurobarometer-2010.pdf (accessed February 3, 2012).

^{viii} *ibid.* p. 27.

^{ix} Morgan, M. and Brand, K. 2009. *ESPAD 2007: Results for Ireland*. Department of Health and Children. Available at: espad-2009-results-for-Ireland-dept-of-healthchildren-2009.pdf (accessed February 3, 2012): 5

^x Hanly et. al. 2009.

^{xi} Finney, A. 2004. *Alcohol and Sexual Violence; Key Findings from the Research*. London: Home Office:2; Eurobarometer 331, 2010.

^{xii} Hanly et.al. 2009.

^{xiii} Hanly, C., Healy, D., and Scriver, S. 2009. *Rape and Justice in Ireland: A National Study of Survivor, Prosecutor and Court Responses to Rape*. Dublin: Liffey:224-227.

^{xiv} Hanly et. al. *ibid.*

^{xv} Littleton, H., Grills-Taquechel, A. And Axsom, D. 2009. Impaired and Incapacitated Rape Victims: Assault Characteristics and Post-Assault Experiences. *Violence and Victims, Volume 24, Number 4*: 452

^{xvi} Mosher, D. and R. Anderson (1986) 'Macho Personality, Sexual Aggression and Reactions to Guided Imagery of Realistic Rape', *Journal of Research in Personality* 20: 77–94.; Abbey et.al. 2001, *ibid.*; Finch and Munro, 2007, *ibid.*

^{xvii} Abbey, A., T. Zawacki, P. Buck, A. Clinton and P. McAuslan (2001) 'Alcohol and Sexual Assault', *Alcohol Research and Health* 25(1): 43–51.

^{xviii} Finch, E. And Munro, V. 2007. The Demon Drink and the Demonized Woman: Socio-Sexual Stereotypes and Responsibility Attribution in Rape Trials Involving Intoxicants. *Social & Legal Studies* 2007 16: 603-604

^{xix} Finch, E. And Munro, V. 2007. The Demon Drink and the Demonized Woman: Socio-Sexual Stereotypes and Responsibility Attribution in Rape Trials Involving Intoxicants. *Social & Legal Studies* 2007 16: 603-604.

^{xx} Gross A.M., Bennet T., Sloan, L. Marx, B.P. Juergens, J. 2001. The impact of alcohol and alcohol expectancies on male perception of female sexual arousal in a date rape analog. *Exp Clin Psychopharmacol*; 9: 380-88

^{xxi} Hanly et.al. 2009.

^{xxii} Hanly et.al. 2009.

^{xxiii} Maurer and Robinson, 2008: 432

^{xxiv} Department of Health. 2012. Steering Group Report on a National Substance Misuse Strategy. Department of Health: 43-46.

^{xxv} McEvoy, O. 2008. Teenagers Views on Solutions to Alcohol Misuse: report on a national consultation. Office of the Minister for Children