

Rape myths like 'stranger danger' challenged by global drug survey

May 16 2019, by Alex Aldridge And Adam Winstock



Credit: Edward Jenner from Pexels

Many of the beliefs people hold about rape are downright wrong. For example, women are often told they can avoid sexual assault by monitoring how much alcohol they drink on a night out. "Don't leave

your drink unattended" and "drink from bottles instead of cups" are [common pieces of advice](#). There's even [a wristband](#) that's marketed as a "simple, wearable test to see if your drink may have been spiked".

This is because [alcohol](#) and other drugs are widely thought to increase women's vulnerability to [sexual violence](#). At the same time, such substances [are often said to be](#) the cause of—or an excuse for—[sexual aggression](#) in men. This can even lead to double standards in people's perceptions of sexual [assault](#): [one study](#) found that intoxicated perpetrators tend to be held less responsible for their actions, while intoxicated victims tend to be held more responsible.

Such stereotypical or false beliefs about sexual assault are called "rape myths", and they have a big impact on the way the victims and perpetrators of sexual assault are treated by society, the police and the legal system. Believing in rape myths often leads people to place responsibility on victims for what happened to them, rather than condemning perpetrators – so-called victim blaming.

A global phenomenon

To better understand people's experiences of sexual assault while intoxicated, we asked the 123,800 people who completed the [Global Drug Survey](#) 2019 if they had been taken advantage of sexually while under the influence of alcohol or other drugs – 74,634 chose to answer the question.

[Research has found](#) that some people have trouble using terms such as "sexual assault", "rape", "victim" and "perpetrator" to describe their experiences – in part because common rape myths lead people to imagine such scenarios in a certain way. This means that experiences which differ from common rape myths are less likely to be reported, or even labelled as such.

To get around this problem, we asked participants in the Global Drug Survey if they had been taken advantage of sexually while under the influence of alcohol or other drugs. We used this phrase – instead of "sexually assaulted—to capture a wider range of experiences. We also collected further contextual information including where people were taken advantage of, who they were with and the type of [drug](#) they were using.

When we analysed the results, we found that 19% (14,174 respondents) reported that they had been taken advantage of sexually while intoxicated in their lifetime; 4% (3,252) said that this had happened within the last 12 months. It wasn't just women who reported being taken advantage of: 8% of male respondents said they had experienced such an incident, and 2% had in the last 12 months.



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Figures were higher for people identifying as women, non-binary or as a different gender identity: just over a third of participants from these groups reported being taken advantage of in their lifetime, and around 10% in the last 12 months.

Our findings challenged other dominant assumptions about sexual assault, including the idea that a woman is most likely to be assaulted by a stranger while walking alone outside at night. We found that 67% of incidents occurred in private homes, 70% of victims knew the perpetrator personally and 74% had friends or acquaintances nearby at the time of the incident.

Context and consent

Negotiating consent can be complex, especially when drugs or alcohol are involved, and our research found that 26% of respondents who reported being taken advantage of also said they gave their consent to initiate sexual activity. This suggests, too, that consent is best thought of as a process, rather than a one-off "yes" or "no" response. People must be able to withdraw their consent at any point during a [sexual encounter](#).

Also, just because sex is "consensual" does not necessarily mean that it is wanted. It's worth questioning whether people having sex always feel comfortable or safe saying "no" or withdrawing consent.

The next step is to consider how to best to prevent sexual assault from taking place. Clearly, advising women to monitor their alcohol or other drug consumption or avoid walking alone at night can only go so far,

especially since incidents were more likely to occur in private houses, and involve a perpetrator known to the victim.

We must also recognise how categories such as gender, sexuality, race, ability and social class can affect the way intoxication and sexual assault are talked about and understood. For example, those who do not fit the bill of an "[ideal victim](#)" may have their experiences of [sexual assault](#) discredited by others. Context is also important – the setting, the type of drug and the nature of the relationship between the people involved in sexual activity can also help to explain why people feel some experiences are consensual, and others not.

Above all, people should reflect on the effects that alcohol or other drugs might have on their own feelings, and those of others, during sexual activity. Governments and other authorities such as police and schools should promote ethical sexual behaviour, supporting people to negotiate sex and intimacy, even while intoxicated.

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