

Gender-based differences in perceptions about sexual violence, equality and drug-facilitated sexual assaults in nightlife contexts

Diferencias de género en percepciones sobre violencia sexual, igualdad y agresiones sexuales facilitadas por drogas en ocio nocturno

PABLO PREGO-MELEIRO^{*,**}, GEMMA MONTALVO^{*,**}, CARMEN GARCÍA-RUIZ^{*,**},
FERNANDO ORTEGA-OJEDA^{*,**}, ISABEL RUIZ-PÉREZ^{***,****}, LUIS SORDO^{****,*****}.

* Department of Analytical Chemistry, Physical Chemistry and Chemical Engineering. University of Alcalá, Alcalá de Henares, Spain.

** University Institute of Research in Police Sciences (IUICP). University of Alcalá, Alcalá de Henares, Spain.

*** Andalusian School of Public Health (EASP), Granada, Spain.

**** CIBER en Epidemiología y Salud Pública (CIBERESP), Madrid, Spain.

***** Department of Public Health and Maternal-child health. Complutense University of Madrid, Spain.

Abstract

Sexual violence, including drug-facilitated sexual assaults, is a serious issue that is becoming increasingly common in leisure nightlife contexts. This study provides information about the attitudes and perceptions of Spanish youths towards sexual violence within that setting. The participants were recruited by a snowball sampling scheme. A bivariate analysis was performed to identify possible sociodemographic and nightlife recreational habit factors related to gender. The statistical significance of the differences between the studied variables was assessed using the chi-squared and Fisher's exact tests. Women perceived a low level of personal security, as well as the existence of social perceptions penalizing female more than male drug use, and blaming women for the sexual violence they suffer. Women also recognised less explicit violent behaviours as violence significantly more than men did. Men were more willing to have sexual intercourse with someone unable to express consent because of drugs. In addition, they believed more strongly that sexual assaults take place because of the victim's use of alcohol or other drugs. In a leisure nightlife context, women are prone to perceive a lack of social support for themselves and the feeling of impunity for the perpetrators. Furthermore, numerous misconceptions surround drug-facilitated sexual assaults, with the majority of respondents believing that assaults happen after the surreptitious administration of substances to the victim by an unknown assailant. Moreover, the involvement of alcohol was underestimated. Our findings are useful for designing prevention efforts, demystifying the drug-facilitated sexual assaults and enhancing social support for victims.

Keywords: Drug-facilitated sexual assault; sexual violence; youth prevention; rape myths; cultural violence.

Resumen

La violencia sexual, incluyendo las agresiones sexuales facilitadas por drogas, es un serio problema cada vez más común en los contextos de ocio nocturno. Este trabajo estudia las actitudes y percepciones de la juventud española en torno a la violencia sexual en dicho ámbito. Los participantes se reclutaron mediante muestreo en bola de nieve. Se realizó un análisis bivariado para identificar posibles factores sociodemográficos y de ocio nocturno relacionados con género. La significación estadística de las diferencias entre estas variables se evaluó mediante las pruebas de chi-cuadrado y exacta de Fisher. Las mujeres percibieron un menor nivel de seguridad personal, así como la existencia de percepciones sociales que penalizan en mayor medida el consumo de drogas femenino que el masculino, y que culpabilizan a las mujeres por la violencia que sufren. Además, ellos mostraron mayor disposición a mantener relaciones sexuales con personas incapaces de otorgar su consentimiento debido a los efectos de las drogas. Los hombres creen en mayor medida que las agresiones sexuales ocurren debido al uso de alcohol u otras drogas por parte de las víctimas. En el contexto de ocio nocturno, las mujeres son propensas a percibir la existencia de una falta de apoyo social hacia ellas, así como un sentimiento de impunidad social hacia los agresores. Además, existen numerosas concepciones erróneas en torno a las agresiones sexuales facilitadas por drogas. La mayoría cree que las agresiones ocurren tras la administración encubierta de sustancias a la víctima por parte de un agresor desconocido. Además, se subestimó la participación del alcohol. Nuestros hallazgos son útiles para diseñar esfuerzos preventivos bien dirigidos, desmitificar el fenómeno de las agresiones sexuales facilitadas por drogas y mejorar el apoyo social a las víctimas.

Palabras clave: Agresión sexual facilitada por drogas; violencia sexual; prevención juvenil; mitos de la violación; violencia cultural.

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Send correspondence to:

Pablo Prego Meleiro. Universidad de Alcalá, Alcalá de Henares, España.
Email: pregomeleiro.research.uah@gmail.com

Sexual violence is a form of interpersonal violence, typically directed towards women, that includes any sexual act, comments or unwanted sexual advances. As such, sexual violence represents one of the most serious public health and human rights problems-worldwide (World Health Organization, 2013, 2014). Around 11% of European women aged 18 to 74 years have suffered sexual violence at some point in their life, with 5% being subjected to non-consensual sexual intercourse by restraining them or hurting them in some way (European Union Agency for Fundamental Rights, 2014). By age group, young and college-aged women are particularly affected (Bird, Gilmore, George & Lewis, 2015; Carey, Durney, Shepardson & Carey, 2015; Krebs, Lindquist, Warner, Fisher & Martin, 2007). In Spain, according to recent research into violence against women in a university population (Valls, Puigvert, Melgar & Garcia-Yeste, 2016), only 56% of women and 42% of men considered all the presented violent situations as violence. Likewise, in this country, the highest prevalence of sexual violence during the last year affected women aged 16-29 years (Government Delegation against Gender Violence, 2015). However, most of the incidents of sexual violence are not reported, therefore epidemiological studies are of particular importance to gain some idea of the burden of this problem in different populations (Hellmann, Kinninger & Kliem, 2018).

Perceptions, attitudes and social norms have been repetitively suggested as being contributors to sexual violence. This means to a marked extent that culture defines the boundaries between acceptable and abusive behaviours (Government Delegation for National Plan on Drugs, 2018; World Health Organization, 2002). Thus, cultural violence refers to culture aspects justifying direct or structural violence and repressing the victims' response (Galtung, 1990). In this sense, a society that does not perceive all kinds of sexual violence, not only will not repress and persecute it but, more importantly, will not be able to implement policies to prevent it, especially among young people (Sasson & Paul, 2014). There is a gap in the perception of definitions and causes of sexual violence, and also regarding the ideas about victims and offenders, between the general population and people actively involved in the field of sexual violence (O'Neil & Morgan, 2010). Indeed, studies concerning sexual violence show that the general population seem to identify specific acts, such as rape, as sexual violence but not the subtler forms, such as sexually degrading language (about women) or harassment (McMahon & Farmer, 2011). These differences may be due, in part, to differing views of the causes of sexual violence (McMahon, 2010). In Spain, the only survey studying the social perception of sexual violence observed the invisibility of violent behaviours different from unwanted sexual intercourse. This study stated that

most youths fall midway between rejection and tolerance to sexism, and also found significant differences in the perception of sexual violence between sexes (Government Delegation against Gender Violence, 2018). However, this study paid little attention to the relationship between sexual violence and drugs use. There is currently a marked convergence in gender relations in leisure nightlife contexts that can increase the negative consequences for women (Calafat et al., 2003; Calafat, Juan, Becona, Mantecon & Ramon, 2009; Gilbert & Pearson, 2003; Hughes et al., 2011). Thus, young women have begun to impinge on traditionally male spaces in the absence of a true gender equality (Prego-Meleiro, Montalvo, Quintela-Jorge & García-Ruiz, 2020a). As an example, the prevalence of binge drinking has increased steadily in women since the second half of the 1990s, approaching the levels typically found for males (Government Delegation for National Plan on Drugs, 2018).

Sexual violence also occurs when someone is unable to consent or to refuse a sexual approach due to the effects of psychoactive substances (World Health Organization, 2002). That is the case in drug-facilitated sexual assaults (DFSA) (Advisory Council of the Misuse of Drugs, 2007). This is an intersectional form of sexual violence (Prego-Meleiro, Montalvo, Quintela-Jorge & García-Ruiz, 2020b) particularly common in recreational contexts (Folgar, Rivera, Sierra & Vallejo-Medina, 2015; Lawyer, Resnick, Bakanic, Burkett & Kilpatrick, 2010; Resnick, Walsh, Schumacher, Kilpatrick & Acierno, 2012) as these situations entail the convergence of potential victims, motivated offenders and lack of capable guardians (Mustaine & Tewksbury, 2002). In Spain, parties and festivals are considered as the main contexts in which sexual aggression against women occurs (Government Delegation against Gender Violence, 2018). Nevertheless, little is known about either people's usual perception concerning DFSA or any gender-based differences in this perception. Cultural violence implies negative social reactions, including the victim's blaming, which makes self-acknowledgment of unwanted sexual experiences more difficult (Bondurant, 2001; Fisher, Daigle, Cullen & Turner, 2003), triggers psychological health problems in the victims (Ullman & Filipas, 2001; Ullman & Najdowski, 2010), and increases the risk of revictimization (Lorenz & Ullman, 2016). In that framework, this study suggests the following hypotheses: (i) the perceptions of equality, safety, and the risk of suffering sexual violence in leisure nightlife contexts vary significantly between genders; (ii) there is a social gap between genders in the identification of some specific acts as sexual violence; (iii) the willingness to conduct sexual intercourse with someone unable to express consent because of drugs is greater among men than women; (iii) there are several widespread myths or misconceptions about the DFSA phenomenon, which significantly affect the social conception of this form of sexual violence; and (v) women

experience a lack of social support in leisure nightlife contexts, resulting from the different social perceptions about the drug use based on gender.

In the context of equality, the modification of incorrect assumptions and cultural expectations about sexual violence is a key step to reducing this problem. For that purpose, the university is a special interest context because it shows the cultural environment of younger generations. Therefore, this work aimed to determine gender-based perceptions about different aspects of sexual violence in the leisure nightlife context, especially the normalization and justification of violence, paying particular attention to the role played by drug use. This aim aligns with the need to increase social awareness about the DFSA phenomenon as a form of sexual violence severely affecting women in the leisure nightlife context.

Materials and methods

Subjects

The participants were recruited by a snowball sampling scheme using a closed two-phases online questionnaire. First, 229 students from the University of Alcalá (Spain) participating in the educational Project UAH/EV951 completed the questionnaire. These students were then instructed to send the same questionnaire to a minimum of ten contacts belonging to their immediate circle, using the instant messaging services available within social networks. The students involved in this phase were adequately instructed about the inclusion criteria of the study, *i.e.*, being aged between 16 and 35 years and residing in Spain at the time of the study. Their participation was completely anonymous via electronic devices, such as mobile phones or computers. This process was carried out between October and December 2017. After the initial sampling, any participant which did not meet the requirements were excluded, reaching a final sample size of 2,355 young people.

During the development of the study, before accessing the online questionnaire, all participants faced a previous page informing them in detail about the reason and purposes of the research, as well as the inclusion criteria of the study. Likewise, the topics addressed by the questionnaire were presented on that previous page before the participants could access the survey, and an estimate of the time needed to complete the questionnaire (15 minutes). Hence, the previous page requested the participants a consent for their voluntary and anonymous participation before accessing the questionnaire, which constituted the positive consent for their participation. The access to the survey was provided only through a link available after the presentation of that aforementioned information. Special attention was given to the questions' design to avoid obtaining any identifying data from the participants. For instance, people were

asked to report their age in years rather than their date of birth, and no questions about the place of residence or the geographical origin of the participants were included. In addition, neither Internet protocol addresses nor cookies were collected. The evaluation commission of the "Call for Projects for the Promotion of Teaching Innovation in the Teaching-Learning Process" of the University of Alcalá (course 2017-18) approved the implementation of the project within which this study was framed (reference number UAH/EV951). The project approval within this institutional frame requires complying with specific ethical requirements.

Data Collection and Measures

The variables studied were collected into four groups: sociodemographic; nightlife recreational habits, including drug use; perceptions about sexual violence and equality in a nightlife context; and perceptions about DFSA also in the nightlife context.

Sociodemographic. Age was measured as a stratified variable following the most frequent ranges used in similar studies: under 18 (pre-university age), 18-24 (university) and > 24. Other variables were: educational level and parents educational level (university/upper cycle; bachelor/medium or basic/no studies) and self-perceived family income. Sociodemographic questions were limited to avoid collecting information that could identify the students since the first phase, *i.e.*, anonymity was guaranteed.

Nightlife recreational habits. The questionnaire included six items, structured as follows: frequency of going out during the last year; frequency of consuming alcohol, cannabis, cocaine, amphetamines or benzodiazepines in leisure time, and level of importance regarding the use of alcohol and other drugs in leisure time. Regarding the frequency of going out, the response options included five categories ranging from "more than once a week" to "never". Other five response categories were used for questions about the frequency of using psychoactive substances, grouped as "always or often", "sometime or a few times" and "never". In turn, the optional response of the questions focussed on the level of importance of the substance use included other five categories ranging from "indispensable" to "indifferent".

Perceptions about sexual violence and equality in nightlife context. In order to ensure the comparability of our findings, questions were adapted from previous studies. Those concerning equality, security and impunity were based on Spanish (Government Delegation against Gender Violence, 2015; Observatorio Noctámbul@S, 2017, 2018) and European (European Union Agency for Fundamental Rights, 2014) survey-based studies. The questions focused on perceptions about equality between women and men

in the nightlife, including the level of security, worries about the risk of suffering from sexual violence, and the legal consequences for assailants. Five items were included, which required a dichotomous response (*yes* or *no*). Here some sample items: “*Are you worried due to the risk of sexual violence when you go out?*”, “*Do you think that nightlife spaces are egalitarian for women and men?*” Questions regarding several behaviours as forms of sexual violence included rape, unwanted physical contact, corraling, invasive sexual comments and insistence against negatives. These items were selected from the Sexual Experiences Survey (Koss et al., 2006), previous Spanish studies (Observatorio Noctámbul@S, 2017, 2018), as well as definitions from the World Health Organization. The Sexual Experiences Survey Long Form Victimization (SES-LFV) is one version of the Sexual Experiences Survey (SES) that assesses victimization by unwanted sexual encounters including rape. Respondents were asked to place a checkmark showing the experiences they think are forms of sexual violence, among the following: “*rape*”, “*unwanted physical contact*”, “*corraling*”, “*invasive sexual comments*”, and “*insistence against negatives*”. Other questions about the normalization of sexual violence and justification for forced sexual intercourse were also based on approaches used in official surveys (European Union Agency for Fundamental Rights, 2014; Government Delegation against Gender Violence, 2015). Seven items requiring dichotomous responses (*yes* or *no*) were included regarding the questions about the normalization and justification of the sexual violence. The Acceptance of Modern Myths about Sexual Aggression (AMMSA) scale (Megías, Romero-Sánchez, Durán, Moya & Bohner, 2011) was used for designing these items. Concretely, those related to the intersectionality between sexual violence and drug use. As such, four items encompassed the normalization study. Two of those items are: “*Do you think that women who have fun in nightlife environments must assume the risks of being sexually assaulted?*”, “*Do you think that sexual assaults happen due to the greater use of drugs by women?*” Other three items approached the justification for forced sexual intercourse, for example: “*Do you think forced sexual intercourse is justified if a woman is under the influence of drugs?*”

Perceptions about DFSA. The authors developed several questions concerning DFSA due to the lack of questionnaires regarding this phenomenon at the time of the study. Previous reviews of the issue allowed relevant items to be identified (Anderson, Flynn & Pilgrim, 2017; Lorenz & Ullman, 2016). These questions included eight items encompassing the willingness to conduct DFSA; risky practices for DFSA victimization (sharing the own drink and accepting drinks with unknown content); the type of consumption and the type of drugs, and the relationship between victim and assailant in most DFSA cases. Besides, four other items were included concerning the social perception of using drugs

based on gender. Concretely, the existence of an equal consideration regarding male and female drug use, the greater normalization of images of drunken men and social tolerance towards men and women under the influence of drugs; and, finally, the social support in risky situations, especially the social men penalization for trying to take advantage of a woman who has motor difficulties due to the effects of psychoactive substances.

Data analysis

All variables were described for the whole sample and stratified by gender. A bivariate analysis was performed to identify possible sociodemographic and nightlife recreational habit factors related to gender. The statistical significance of the differences between these variables was assessed using the Chi-square and Fisher’s exact tests. The significance was set at two-tailed $p < 0.05$.

Gender-based differences in the perceptions about sexual violence, equality and DFSA in a nightlife context were calculated using the crude (OR) and adjusted odds ratio (ORa). The ORa was determined using logistic regression models. These models were fitted to assess that no other sociodemographic or nightlife recreational habits affected the gender-relations differences in the perceptions. The models included all variables with $p < 0.10$ in the bivariate analysis. Possible interactions amongst the related factors were also evaluated. OR, ORa, and their corresponding 95% confidence intervals (95% CI), were obtained as measures of the relation strength.

Results

From the 2,355 respondents, 66.0% were women, 74.0% were aged between 18 and 24 years (mean age 20.6 years, $SD=4.2$), 73.4% had an educational level above basic studies, 40.3% came from families in which at least one parent had university or higher studies and 66.7% came from families with a middle, low or very low income. With respect to nightlife recreational habits in the last 12 months, 64.3% had gone out at least once a month, using alcohol or cannabis always or often 72.8% and 7.5%, respectively. Around 33.3 % thought that the use of alcohol and/or other drugs was very important in their leisure time. The women were younger ($p < 0.001$), had a higher maternal educational level ($p = 0.016$) and used less cannabis and cocaine in their leisure time ($p < 0.001$). The sociodemographic characteristics can be found in Table 1.

The perceptions of equality, security and impunity in the nightlife contexts are shown in Table 2 and are clearly different for men and women. Of all respondents, 86.0% perceived leisure nightlife spaces as not egalitarian (88.6% women and 81% men, $p > 0.001$), 80.7% considered them as being less safe (84.1% vs. 74.1%, $p < 0.001$) and 61.5% were worried about the risk of sexual violence

in the leisure nightlife, with this concern being fifteen times more frequent amongst women (81.7%) than men (21.1%) ($p < 0.001$). With regard to the perception about what is sexual violence, rape and unwanted physical contact were considered to be sexual violence for 98% of the respondents, with no significant differences between genders. Some differences were found for corralling, which was considered to be sexual violence for 91.0% of the respondents (92.5% women and 88.0% men ($p < 0.001$)), and invasive sexual comments (90.6%; 92.1% women and 87.8% men ($p < 0.001$)). The difference regarding the

perception about insistence against negatives (81.1%; 84.4% women and 74.5% men; ($p < 0.001$)) should be highlighted: the consideration of this behavior as a form of violence is two times more frequent among women. With respect to the normalization of the sexual violence in the leisure nightlife, 9.5% thought that women must assume the risk of being sexually assaulted (12.7% men and 7.9% women, $p < 0.001$) and 19.4% linked sexual violence against women in nightlife with greater female drug use, with no differences between genders. Around 91.2% of the respondents thought that the drug use acts as a trigger

Table 1. Demographic results.

| | Total | Women | Men | |
|---|-------------|-------------|------------|--------|
| Age*** | N (%) | N (%) | N (%) | p |
| 16 – 17 | 353 (15.0) | 272 (17.5) | 81 (10.1) | |
| 18 – 24 | 1742 (74.0) | 1129 (72.6) | 613 (76.6) | < .001 |
| > 24 | 260 (11.0) | 154 (9.9) | 106 (13.3) | |
| Formative level | | | | |
| University and/or higher education | 854 (36.5) | 557 (35.8) | 297 (37.5) | |
| Secondary/Upper secondary | 863 (36.9) | 592 (38.3) | 21 (34.2) | .131 |
| Basic or with no studies | 623 (26.6) | 398 (25.7) | 225 (28.4) | |
| Maternal educational level** | | | | |
| University and/or higher education | 942 (40.3) | 644 (41.7) | 298 (37.4) | |
| Secondary/Upper secondary | 331 (21.4) | 156 (19.6) | 487 (20.8) | .016 |
| Basic studies or without studies | 911 (38.9) | 569 (36.9) | 342 (42.8) | |
| Father formative level | | | | |
| University and/or higher education | 894 (38.8) | 604 (39.7) | 290 (36.8) | |
| Secondary/Upper secondary | 466 (20.2) | 310 (20.4) | 156 (19.8) | .258 |
| Basic studies or without studies | 947 (38.9) | 606 (39.9) | 341 (43.3) | |
| Family income | | | | |
| Very high, high, medium-high | 780 (33.3) | 510 (32.8) | 270 (33.8) | .677 |
| Medium, low, very low | 1559 (66.7) | 1034 (66.5) | 525 (65.6) | |
| Frequency going out in last year | | | | |
| Several times/week-once/month | 1515 (64.3) | 989 (63.6) | 526 (65.8) | |
| Once/month/three months | 648 (27.5) | 435 (28.0) | 213 (26.6) | .565 |
| Three times/year-never | 132 (8.2) | 131 (8.4) | 61 (7.6) | |
| Frequency of alcohol use in leisure time (ILT) | | | | |
| Always or often | 1708 (72.8) | 1127 (72.6) | 581 (73.1) | |
| Sometimes or a few times | 522 (22.2) | 345 (22.2) | 177 (23.3) | .868 |
| Never | 117 (5.0) | 80 (5.2) | 37 (4.7) | |
| Importance of alcohol and other drug use ILT | | | | |
| Indispensable, very important | 784 (33.3) | 521 (33.5) | 263 (32.9) | |
| Not very important | 780 (33.1) | 516 (33.2) | 264 (33.0) | .924 |
| Indifferent | 789 (33.5) | 517 (33.3) | 272 (34.0) | |
| Frequency of cannabis use ILT*** | | | | |
| Always or often | 173 (7.5) | 99 (6.5) | 74 (9.5) | |
| Sometimes or a few times | 725 (31.5) | 451 (29.7) | 174 (35.2) | < .001 |
| Never | 1400 (60.9) | 969 (63.8) | 431 (55.3) | |
| Frequency of cocaine or amphetamine use ILT** | | | | |
| Sometimes or a few times | 137 (5.8) | 73 (4.8) | 64 (8.3) | .001 |
| Never | 2145 (94.0) | 1442 (95.2) | 703 (91.7) | |
| Frequency of benzodiazepine use ILT | | | | |
| Always or often | 14 (0.6) | 9 (0.6) | 5 (0.7) | |
| Sometimes or a few times | 38 (1.7) | 26 (1.7) | 12 (1.6) | .952 |
| Never | 2223 (97.7) | 1476 (97.7) | 747 (97.8) | |

Note. ILT: in leisure time. * $p < 0.10$; ** $p < 0.05$; *** $p < 0.001$.

Table 2. *Perceptions about sexual violence and equality in a nightlife context.*

| | Total | Women | Men | | |
|--|-------------|-------------|------------|---------------------|--------------------------|
| | N (%) | N (%) | N (%) | Crude OR | Adjusted ^a OR |
| Perceptions about equality, safety and impunity in nightlife contexts. | | | | | |
| "Nightlife contexts/spaces..." | | | | | |
| Are not egalitarian for women and men**** | 2024 (86.0) | 1376 (88.6) | 648 (81.0) | 1.82 (2.32-1.45) | 1.75 (2.27-1.39) |
| imply a lower level of safety**** | 1897 (80.7) | 1305 (84.1) | 592 (74.1) | 1.85 (1.5-2.28) | 1.80 (1.45-2.23) |
| worry me due to the risk of sexual violence*** | 1446 (61.5) | 1270 (81.7) | 176 (22.1) | 15.78 (12.78-19.49) | 15.03 (12.08-18.69) |
| imply fewer legal consequences for assailants**** | 1417 (61.4) | 979 (64.7) | 438 (55.1) | 1.49 (1.25-1.78) | 1.62 (1.35-1.94) |
| Perceptions about behaviours that constitute forms of sexual violence. This behaviour is sexual violence: | | | | | |
| Rape | 2322 (98.6) | 1534 (98.6) | 788 (98.5) | 1.11 (0.54-2.27) | 0.92 (0.43-1.97) |
| Unwanted physical contact | 2308 (98.0) | 1529 (98.3) | 779 (97.4) | 1.58 (0.89-2.84) | 1.61 (0.86-3.01) |
| Corralling*** | 2143 (91.0) | 1439 (92.5) | 704 (88.0) | 1.69 (1.27-2.25) | 1.655 (1.23-2.23) |
| Invasive sexual comments*** | 2134 (90.6) | 1432 (92.1) | 702 (87.8) | 1.62 (1.23-2.15) | 1.60 (1.2-2.15) |
| Insistence against negatives*** | 1909 (81.1) | 1313 (84.4) | 596 (74.5) | 1.86 (1.5-2.29) | 2.01 (1.62-2.51) |
| Normalization of sexual violence in leisure nightlife contexts (ILNC) | | | | | |
| "women must assume the risks of being sexually assaulted ILNC**** | 223 (9.5) | 122 (7.9) | 101 (12.7) | 0.59 (0.44-0.78) | 0.53 (0.4-0.71) |
| "sexual assaults happen due to the greater use of drugs by women" | 454 (19.4) | 278 (17.9) | 176 (22.1) | 0.77 (0.63-0.96) | 0.70 (0.56-0.88) |
| "drug use acts as a trigger facilitating violent sexual behavior"*** | 2140 (91.2) | 1431 (92.3) | 709 (88.6) | 1.49 (1.12-1.99) | 1.44 (1.06-1.96) |
| "preventing drug use would end sexual violence INLC" | 170 (7.2) | 108 (6.9) | 62 (7.8) | 0.89 (0.64-1.23) | 0.85 (0.6-1.19) |
| Justification of sexual violence. "Forced sexual intercourse is justified if..." | | | | | |
| a woman dresses provocatively" | 44 (1.9) | 27 (1.7) | 17 (2.1) | 0.81 (0.44-1.5) | 0.97 (0.5-1.88) |
| a woman is under the influence of drugs** | 62 (2.6) | 34 (2.2) | 27 (3.5) | 0.62 (0.37-1.02) | 0.58 (0.34-0.99) |
| a woman agrees to leave a nightlife space with the assailant** | 151 (6.5) | 83 (5.4) | 68 (8.6) | 0.61 (0.44-0.85) | 0.57 (0.4-0.8) |

Note. ILNC: ILNC: in leisure nightlife contexts. *p < 0.10; **p < 0.05; ***p < 0.001a adjusted by age, maternal educational level, cannabis use and cocaine/amphetamines use.

facilitating sexually violent conducts (92.3% vs. 89.0%; $p < 0.05$), but only 7.2% thought that cessation of the drug use would end the sexual violence in the nightlife, with no significant differences between sexes. Similarly, forced sexual intercourse against women in nightlife was justified by 1.9% of the respondents if a woman dresses provocatively (no differences between genders), 2.6% (3.5% men and 2.2% women, $p < 0.10$) if a woman is drugged and 6.5% (8.6% men and 5.4% women, $p < 0.05$) if a woman agrees to leave with her assailant.

Perceptions about the DFSA phenomena are shown in Table 3. Around 1.7% of the respondents would be willing to conduct sexual intercourse with someone unable to express consent because of the drug use. This willingness was five times higher in men (3.6%) than in women (0.8%; $p < 0.001$). Regarding the risk practices related to DFSA: 67.7% share their drinks (73.5% men and 64.7% women, $p < 0.001$); 27.7% accepted drinks with unknown content (35.2% vs. 24.2%, $p < 0.001$) and 14.4% thought they may have ingested a substance involuntarily (17.1% vs. 12.9%, $p < 0.001$). As for their DFSA substance knowledge, 48.4% thought that *burundanga* (scopolamine) was present in most DFSA cases (44.7% men and 55.3% women, $p <$

0.001) and 34.0% thought that alcohol was present (39.2% vs. 31.3%, $p < 0.001$). Around 36.9% of the respondents thought that DFSA usually happens after a voluntary use of some substance by the victim (42.0% men, 34.3% women, $p < 0.001$) and 35.4% believed that most crimes are committed by someone the victim knows personally (no differences by gender). Concerning the social perception of drug use, 37.5% of men and 23.7% of women ($p < 0.001$) thought that the social consideration of drug use is equal for men and women. Likewise, 22.8% vs. 8.9% ($p < 0.001$) thought that men and women under the effect of drugs face the same social judgment. As such, the perception that drugged women and men are equally tolerated is three times more frequent amongst men. Around 81.3% thought that the image of a drunk man is more normalized than the image of a drunk woman, with the frequency being more than twice as high among women (85.3%) than among men (74.3%) ($p < 0.001$). Moreover, 28.7% believed that the social opinion about male's drug use is the same as the social opinion about the female's drug use (37.5% men and 23.7% women, $p < 0.001$). Finally, 48.9% believe that the society penalizes a man trying to take advantage of a woman who has motor difficulties due to

Table 3. *Perceptions about DFSA.*

| | Total | Women | Men | | |
|--|-------------|-------------|------------|------------------|--------------------------|
| | N (%) | N (%) | N (%) | Crude OR | Adjusted ^a OR |
| To be willing to conduct DFSA | | | | | |
| "I would be willing to have sexual intercourse with someone unable to express consent because of drugs use" ^{***} | 41 (1.7) | 12 (0.8) | 29 (3.6) | 0.21 (0.10-0.41) | 0.19 (0.09-0.39) |
| Risky practices for DFSA victimization in leisure nightlife contexts (ILNC) | | | | | |
| "I share my own drink ILNC" ^{***} | 1579 (67.7) | 998 (64.7) | 581 (73.5) | 0.66 (0.55-0.8) | 0.635 (0.52-0.79) |
| "I accept drinks with unknown content ILNC" ^{***} | 653 (27.9) | 374 (24.2) | 279 (35.2) | 0.59 (0.49-0.71) | 0.59 (0.49-0.73) |
| "I think I have ingested a substance involuntarily ILNC" ^{***} | 338 (14.4) | 201 (12.9) | 137 (17.1) | 0.71 (0.57-0.91) | 0.81 (0.63-1.05) |
| Type of consumption/substances involved in most DFSA cases. "In most DFSA cases..." | | | | | |
| ...the victim uses drugs voluntarily" ^{***} | 857 (36.9) | 526 (34.3) | 331 (42.0) | 1.38 (1.16-1.65) | 1.36 (1.13-1.63) |
| ...alcohol consumption is involved" ^{***} | 787 (33.4) | 479 (31.3) | 308 (39.2) | 0.71 (0.59-0.85) | 0.76 (0.63-0.91) |
| ...scopolamine (Burundanga) consumption is involved" ^{***} | 1119 (48.4) | 768 (50.3) | 351 (44.7) | 0.71 (0.59-0.85) | 0.76 (0.63-0.91) |
| Relationship between victim and assailant in most DFSA cases | | | | | |
| "the assailant is someone known by the victim in most DFSA cases" | 826 (35.4) | 557 (36.1) | 269 (34.1) | 1.09 (0.90-1.30) | 1.16 (0.96-1.40) |
| Social perception of drug use based on gender | | | | | |
| "social consideration of drug use is equal for men and women" ^{***} | 666 (28.4) | 367 (23.7) | 299 (37.5) | 0.51 (0.43-0.62) | 0.52 (0.43-0.64) |
| "an image of a drunken man is socially more normalized than that of a drunken woman" ^{***} | 1912 (81.3) | 1326 (85.3) | 586 (74.3) | 2.1 (1.70-2.60) | 2.21 (1.77-2.76) |
| "social tolerance is equal for men and women under the effects of drugs" ^{***} | 320 (13.6) | 138 (8.9) | 182 (22.8) | 0.33 (0.26-0.42) | 0.32 (0.25-0.42) |
| Social support in situations with possible DFSA risk | | | | | |
| "society penalizes a man trying to take advantage of a woman who has motor difficulties due to the effects of psychoactive substances ILNC" ^{***} | 1146 (48.9) | 720 (46.5) | 426 (53.6) | 0.75 (0.63-0.89) | 0.7 (0.59-0.84) |

Note. ILNT: ILNT: in leisure nightlife contexts. *p < 0.10; **p < 0.05; ***p < 0.001a adjusted by age, maternal educational level, cannabis use and cocaine/amphetamines use.

the effects of psychoactive substances in a leisure nightlife context; 53.6% men and 46.5% women (p < 0.001).

Discussion

A worrying proportion of youths still hold incorrect basic beliefs about sexual violence, with marked differences between the two genders. Many of them internalize nightlife as a predominantly male environment, where women, simply because of who they are, must assume the risk of suffering sexual violence, as well as a certain degree of social condemnation if this violence occurs. In addition, there is little knowledge or, even worse, misconceptions, about DFSA among young people.

This research was carried out in a context of young university students, which we consider to be representative of the young, middle and medium-to-high social group in the Spanish population. In this regard, the gender-based differences were more remarkable at a socio-demographic than a leisure nightlife level. However, despite the context being representative, the sample is not probabilistic, a limitation resulting from the difficulties of researching this topic. Women were slightly younger than men, their parents had a slightly higher educational level, and they presented a leisure nightlife pattern rather close to the

male pattern than for previous generations. These data show that a convergence between men and women regarding consumption patterns (Calafat et al., 2009) was reached in a short period of time (Cortés Tomás, Espejo Tort, Martín del Río & Gómez Iníguez, 2010). However, although an increasing number of women are entering nightlife, severe gender inequalities remain. (Calafat et al., 2009). As previously hypothesized, in our study, perceptions of equality, safety and impunity in leisure nightlife contexts differ between women and men, with only 11.4% and 19.0%, respectively, thinking that nightlife spaces are egalitarian, which is in line with other Spanish studies (European Union Agency for Fundamental Rights, 2014; Government Delegation against Gender Violence, 2018). Similarly, our results show an important female perception of nightlife as a context characterized by a low personal safety level. More than 80% of women are concerned about the risk of sexual violence in leisure nightlife (fifteen times more than men). This perception limits the female freedom of action and movement. Indeed, in a related study, up to half of the European women were found to avoid some situations or places for fear of suffering a sexual assault (European Union Agency for Fundamental Rights, 2014). Consequently, women could be suffering more negative consequences in this process of convergence that is occurring in leisure nightlife contexts (Calafat et al., 2009).

Almost everyone in our sample perceived certain behaviour, such as rape and unwanted physical contact, as sexual violence. Nevertheless, the opinion varies as to whether other, less explicit behaviours, such as corraling or invasive sexual comments, are forms of sexual violence, as already indicated in previous studies (Government Delegation against Gender Violence, 2018; McMahon & Farmer, 2011). As initially hypothesized, there is a social gap between genders regarding identifying some specific acts as sexual violence. These differences are more marked regarding the consideration of insistence against a negative as a form of violence, which is two times more frequent among women. This misperception has two consequences. On the one hand, with regard to the possible victims, the perceptions about what constitutes violence conditions the ability of a victim to self-acknowledged as such (Prego-Meleiro et al., 2020a). Many people do not identify their unwanted sexual experiences as a crime and conceptualize them as miscommunication, bad sex or they simply do not know how to identify them (Bondurant, 2001; Fisher et al., 2003; Littleton, Axsom, Breikopf & Berenson, 2006). This difficulty is more common among victims of sexual assault who had consumed alcohol around the attack time (Bondurant, 2001; Littleton, Axsom & Grills-Taquechel, 2009). These victims feel that their experiences do not represent a “real rape” (Littleton & Axsom, 2003). Similarly, with regard to the culture of protecting the offenders, the normalization of attitudes, beliefs and distorted socialization experiences results in aggressive sexual behaviors by the assailants (Benson, Charlton & Goodhart, 1992; Margolin, Miller & Moran, 1989).

Drug use plays an important role in sexual violence from two different perspectives. First, drugs, especially alcohol, are highly linked and integrated into the recreational activity of the nightlife context (Calafat et al., 2009; Hughes et al., 2011; Olszewski, 2008; Romo-Avilés, García-Carpintero & Pavón-Benítez, 2019). Indeed, alcohol consumption was found to be an indispensable or very important activity for a third of the respondents during their leisure nightlife activities, which is higher than for previous studies in the same context (Calafat et al., 1999). Second, drug use appears to be one of the main causes of sexual violence for many young people. Around 20% attribute sexual violence against women in a nightlife context to the greater use of drugs by women nowadays. This perception involves blaming women for the violence they suffer and can be explained by social adherence to gender stereotypes, which penalize more the female consumption because of the transgression of roles traditionally assigned to women. According to this belief, drinking alcohol before the assault causes the victim to be perceived as promiscuous responsible for the attack (Grubb & Turner, 2012). These observations are consistent with one of our original hypotheses: women experience a lack of social support in leisure nightlife contexts, resulting

from the different social perceptions about the drug use based on gender. Finally, drugs use is also largely considered as a factor triggering the manifestation of violent sexual behaviours. At this point, we focus only on male consumption since sexually violent behaviour is mainly realized by men against women (World Health Organization, 2002). However, sexual violence in the leisure nightlife context should not be considered only based on drug use. Thus, although up of 90% of the respondents think that drug use facilitates sexual violence, only 7.2% believe that stopping the consumption would end the violence. Cultural violence against women is an essential component of sexual violence, thereby configuring a socio-structural reality that supports and justifies violent behaviours. In Spain, around 50% of men and 45% of women think that alcohol is often the reason why a man rapes a woman (Government Delegation against Gender Violence, 2018). However, this statement can be interpreted as if the population were somehow “exempting” the offenders from their actions. Indeed, a person may share perceptions for justifying the violence subtly and never blaming the victim directly. For instance, when thinking that the assaults happen because of how a woman dresses or because the victims consume alcohol or other drugs (Lorenz & Ullman, 2016), which this study found for a large number of men. Similarly, it is striking the differences between genders regarding the willingness to conduct sexual intercourse with someone unable to express consent because of drugs. In this sense, the observations support our previous hypothesis that men show greater willingness than women to conduct sexual intercourse with someone unable to express consent because of drugs. As such, male willingness reaches 3.6%, with this figure being almost five times higher than in females, although similar to estimates from other countries (Victorian Health Promotion Foundation, 2015). In this sense, previous studies suggested that the use of alcohol by victims of alcohol-involved sexual assault is frequently encouraged by another person, often the assailant (Lynch, Wasarhaley, Golding & Simcic, 2013). It should be noted that in situations of dating and hooking up, sexual goals are more often the primary motivation among men than among women (Bradshaw, Kahn & Saville, 2010). Consistent with this observation, significant proportions of male college students admit to encouraging their female counterparts to consume alcohol in an attempt to engage them in sexual intercourse (Lynch et al., 2013; Romero-Sánchez & Megías, 2010; Sipsma, Carrobes, Montorio & Everaerd, 2000). Similarly, undergraduate women report sexual assaults after someone else got them drunk twice as frequently as after being held down (Tyler, Hoyt & Whitbeck, 1998).

In this study, three myths were related to the DFSA phenomenon, which fits another of our original hypotheses: there are several widespread myths or misconceptions about the DFSA phenomenon, which significantly affect

the social conception of this form of sexual violence. Firstly, most young people believe that assaults happen after the surreptitious administration of some type of substance to the victim by the assailant. However, it is much more frequent that victims voluntarily intake the drugs before the assault (García-Caballero, Quintela-Jorge & Cruz-Landeira, 2017; Hagemann, Helland, Spigset, Espnes, Ormstad & Schei, 2013; Scott-Ham & Burton, 2005). In addition, 48.4% believe that the *burundanga* (scopolamine) is the substance involved in most DFSA cases, with this figure decreasing to 34% for alcohol. However, confirmed DFSA cases involving the use of scopolamine in Spain are anecdotal (Gomila, Puiguriquer & Quesada, 2016), whereas at both a national (García-Caballero et al., 2017; Navarro & Vega, 2013; Xifró-Collsamata et al., 2015) and international level (Hagemann et al., 2013; Scott-Ham & Burton, 2005), there is significant evidence for the involvement of alcohol in DFSA cases. Both myths are related, since the media have helped to spread the idea about the covert administration of “rape drugs” such as flunitrazepam, gamma-hydroxybutyrate (GHB) (Hagemann et al., 2013) and scopolamine (Gomila et al., 2016). The greater extent of these myths among women is remarkable, probably resulting from their greater concern about suffering sexual violence. This may lead them to further consider these scare stories concerning the surreptitious administration of certain substances (Prego-Meleiro et al., 2020a). Finally, another misconception identified in this work sustains that, in most cases, assailants are unknown people to the victim, an idea not fitting the reality. (Panyella-Carbó, Agustina & Martin-Fumadó, 2019; Prego-Meleiro et al., 2020a).

It is essential to bear in mind that these myths and incorrect perceptions difficult that people suffering DFSA to acknowledge themselves as victims, which is crucial for reporting the assault and seeking proper help. (Lorenz & Ullman, 2016; Prego-Meleiro et al., 2020a). However, even if they identify themselves as such, the decision to report an incident is influenced by the negative social reactions expected by the victims (Burt, 1980; Heider, 1958; Lerner, 1980). When a sexual assault involved drug use by the victim, social reactions to the incident depend on cultural perceptions about drug use, which vary based on the consumer’s gender (Prego-Meleiro et al., 2020a). Young women tend to believe that females’ drug use is socially more penalized than drug use by males. The perception that drugged women and men are equally tolerated by society is three-time more frequent among men. Similarly, women believe twice as frequently as men that the image of a drunk man is socially more normalized than that of a drunk woman. In this way, as we previously suggested, women experience a lack of social support in leisure nightlife contexts, resulting from the different social perceptions about drug use based on gender. Social negative reactions towards victims negatively affect

their recovery (Relyea & Ullman, 2015), thus implying a higher risk of re-victimization (Lorenz & Ullman, 2016). The absence of a suitable social support may also lead the victims to not recognize the need to take precautions against future aggressions (Littleton et al., 2009) or to take refuge in alcohol as a coping strategy (Lorenz & Ullman, 2016). This situation can lock victims in spirals of cyclical re-victimization (Prego-Meleiro et al., 2020a). In this sense, when we asked about expected social support in a risky DFSA situation, only 48.9% believe that the society would penalize a man trying to take advantage of a woman who has motor difficulties due to the effects of psychoactive substances in a leisure nightlife context. This perception of a lack of social support is more extended among women and is associated with the greater female perception of impunity for the perpetrators in a nightlife context. Finally, the performance of statistical adjustments must be taken into consideration. The balance between women and men was not altered when the analyses were carried out adjusting the data by proxy variables for education level and frequency of going out. Consequently, the differences observed are not attributable to factors other than gender.

Limitations

This study presents several limitations. Although a non-probabilistic sampling method was used, the representativeness of the sample is valid as the composition is consistent with the sociodemographic profile of any other Spanish university. Likewise, results come from a population group with a medium-to-high social level, so that the misconception could be considerably greater in other population groups. In addition, this study did not use validated questions giving the pioneering nature of this work in Spain, where limited research into sexual violence and DFSA has been conducted despite the relevance of this phenomenon. Consequently, the studied parameters have not yet been included in psychometric scales.

Conclusions

A significant segment of university students does not perceive certain forms of sexual violence and shares several attitudes and perceptions justifying it. The use of drugs, especially alcohol, is widely viewed as a factor originating and justifying the sexual violence against women, with this idea being particularly prevalent among men. This tolerance to sexual violence leads women to suffer disadvantageous situations, particularly in leisure nightlife contexts, where drug use is widespread. In this sense, this study’s findings may prove useful when designing prevention efforts targeted to increasing the social awareness of teenagers and young adults against sexual violence in leisure nightlife contexts. These efforts must demystify the DFSA phenomenon, enhance the social support before, during

and after the assault, and avoid blaming the victims. Identifying misconceptions regarding sexual violence should encourage the development of preventive and informative intervention programs, particularly targeted to men, to promote the generation of equitable and secure spaces. All forms of sexual violence must be well defined and understood by the possible offenders, victims and society as a whole. A mindset change is necessary to get a more supportive and active society against sexual violence, concretely against the DFSA phenomenon.

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Conflict of interests

The authors declare that they have no competing interests.

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