

Special Considerations to the Best Practices for Supporting Young Adults Impacted by Alcohol-Involved Sexual Violence among a College/University Population

by

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A capstone Research Project submitted in partial fulfillment
of the requirements for the degree of

Master of Counselling (MC)

City University in Canada

Vancouver BC, Canada site

December 3rd, 2022

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Abstract

This capstone explores the contributing factors to the prevalence of alcohol-involved sexual violence among a college age demographic, as well as special considerations and best practices relevant for therapeutic practitioners in supporting roles to these young adults. This capstone addresses the following five topics to help guide the research that was conducted: the specific characteristics associated with both problematic drinking behaviours and forms of sexual violence; the relationship between binge drinking culture and sexual violence; what “rape culture” is and how sexual violence is normalized and reinforced by the societal ideologies that influence college-age populations; the adverse mental health consequences commonly faced by survivors of alcohol-involved sexual assault; and the best practices and special considerations when addressing these common mental health concerns among college-age survivors of alcohol-involved sexual assault. The knowledge gained from the research on the above topics highlight several contributing factors, special considerations, best practices, as well as preventative measures that can be taken to help reduce the prevalence of sexual violence among this population; these findings ultimately conclude that there is no one single factor that creates this issue, which subsequently suggests that there is no one single solution to this issue, but rather a multitude of topics to explore with clients impacted by forms of alcohol-involved sexual violence.

Key words: college age young adults, college culture, drinking culture, alcohol-involved sexual violence, rape culture

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Chapter One: Introduction

This Capstone explores the contributing factors, the special considerations, and the best practices for supporting young adults impacted by sexual violence, specific to a university/college-age demographic, and with the involvement of alcohol by either the offender or the survivor of the sexual assault. These special considerations may be any details relevant to this specific issue, which therapeutic practitioners should be privy to when considering how to best support individuals struggling with topics of alcohol-involved sexual violence. This capstone explores the current literature on this topic to better understand college/university culture, drinking culture, rape culture, and how these three phenomena overlap to create somewhat of an epidemic of sexual violence among young adults/students. Following the review of the current literature relating to this topic, the limitations and gaps within the existing body of research are discussed in order to highlight the areas of this topic that should be further researched in the future. A better understanding of the limitations and gaps in the existing research may indicate potential opportunities for ways in which positive change can be made to work toward mitigating the prevalence of this issue.

The prevalence of sexual assault is staggeringly high among college students (Samberg, 2021), which is an issue that is magnified and complicated by the congruent drinking culture that often exists on college campuses (Lindo et al., 2018). There are also common characteristics of college-age young adults which may render this specific population more vulnerable to behaviours that are associated with sexual violence. The United States of America's Department of Justice reports "20%–25% of women and 4%–6% of men are victims of SA [sexual assault] while they are enrolled in college" making sexual violence the most prevalent form of violence among college/university demographics (Conley et al., 2017, p. 41). In comparison to the general

population of women across all ages, women specifically ages 18-24, also referred to as college-age women, are 3-4 times more likely to experience sexual violence (RAINN, n.d.). Men of the same age who attend college/university have a 78% increased likelihood of experiencing sexual violence than their non-student counterparts (RAINN, n.d.). Although these recorded statistics of sexual violence among college/university demographics are astounding, these crimes are rarely reported making it difficult to comprehend the exact percentage of students impacted by sexual violence during their college/university years (Conley et al., 2017). Among the remarkably high percentage of college students who are sexually assaulted, about “90% of survivors do not report the assault” (Conley et al., 2017, p. 41). It has been shown that only “11.5% reported their assault, and of those involving alcohol or other drugs, an even smaller percentage (2.7%) were reported” (Conley et al., 2017, p. 41). This indicates an extremely low rate of students who report their experience with sexual violence as cases of sexual assault often happen while under the influence of alcohol with “over half of SA [sexual assault] incidents involving drinking by the victim and/or perpetrator” (Jaffe et al., 2019, p. 2). There are many valid individualistic and systemic reasons why survivors of sexual violence feel as though they cannot or do not want to report their experience; however, the absence of reports for these crimes can also excuse the assailants of accountability and punitive consequences to their actions.

Purpose Statement

My intention in exploring this subject area in this capstone is to draw attention to an issue, which disproportionately impacts college-age students and non-students alike, in an attempt to better understand the factors that are contributing to and perpetuating this prevalent problem. A better understanding of the contributing factors helps to outline potential measures that could help to reduce the overall prevalence of sexual violence instances among college-age

young adults. The purpose of this capstone is also to provide those in positions of support with information that better equips and prepares them to aid these young adults. The following statements were carefully considered and used to guide the intentions of the research portion of this capstone:

- To consider whether certain characteristics render this college-age population more susceptible to engage in both problematic drinking behaviours, as well as forms of sexual violence.
- To consider whether taking steps toward mitigating binge drinking culture would help to reduce rates of sexual assault among college-age young adults.
- To explore what “rape culture” is and how sexual violence is normalized and reinforced by the societal ideologies that influence college-age populations.
- To explore the adverse mental health consequences commonly faced by survivors of alcohol-involved sexual assault.
- To consider both best practices and special considerations when addressing these common mental health concerns among college-age survivors of alcohol-involved sexual assault.

The literature reviewed in this capstone has been chosen and focused on as it pertains to the culture surrounding either college-age young adults, drinking and substance use, or sexual violence. The research outlines how the above elements overlap and influence one another, which ultimately sustains these issues. This research may be particularly relevant to the community of people who work alongside college-age young adults, such as counsellors and/or staff of college/university institutions. This research may even be helpful to the parents and caregivers of these young adults as to help better prepare and educate them. Increased awareness regarding this issue from people such as counsellors, teachers, and parents/caregivers could help

to promote stronger supports, education, and resources available to help these young adults navigate these difficult topics. More resources available to college-age young adults regarding topics of sexual violence, and the factors that contribute to this issue, may be helpful to both those who have experienced sexual violence, as well as those who have enacted sexual violence against another person.

Theoretical/Conceptual Framework

When considering the nature of the topic of this capstone, as well as my own theoretical orientations that I tend to gravitate toward in my practice, the following research was guided by feminist theory, family systems theory, and trauma-informed theory. The combination of these three theories is used to examine this issue from different levels; trauma-focused theory accounts for the unique impact of sexual violence across everyone's different experiences, while feminist and family systems theories takes into account the larger systemic ideologies that influence and perpetuate social inequalities.

Feminist Theory "focuses on gender and the particular challenges and stressors that women face as a result of bias, stereotyping, oppression, discrimination, and other factors that threaten their mental health" (Psychology Today, n.d., para. 1). Although both men and women experience the negative consequences from sexual violence, women have a significantly higher likelihood of being victimized by men (Conley et al., 2017). The difference in victimization rates between men and women, when it comes to sexual violence, illustrates a significant inequality and power imbalance. This calls for examination of gender inequality at large, but also within institutions that tend to attract young adults, such as a college/university campus, because these institutions have an inevitable impact on the behaviour of the students who attend such institutions. Achieving greater understandings of these systemic and structural inequalities can

ultimately help to identify areas that could be changed and strengthened to empower women and other marginalized populations (Pemberton & Loeb, 2020).

Family Systems Theory acknowledges the interconnected relationship that an individual has with the broader social systems that surround them (Saladino et al., 2021). The impact that the climate of one's family/home environment has on a youth has been widely studied (Saladino et al., 2021, p. 5). Although college-age young adults are at a unique age where they are reaching the level of independence that accompanies moving out and attending school, their development is still often strongly influenced by their family system. A family systems lens is applied to this research when considering if there are individual traits, characteristics, or experiences that can be observed across survivors of sexual violence alike, or across those who enact sexual violence alike. Although these interconnected relationships often refer to a family system, this theory is also concerned with the "broader social and cultural forces" that influence individuals, and therefore the family system (Psychology Today, n.d., para. 3).

Trauma-Informed Theory acknowledges that the topics of focus are traumatic in nature, and intentionally avoids "inadvertently triggering or re-traumatizing" the client or audience in the process of addressing the topic (Marschall, 2021, para. 1). A trauma-informed lens plays a particularly important role in this capstone when exploring the additional supports and resources that could potentially be offered to college-age young adults in an effort to minimize the prevalence and consequences of sexual violence. Any supports or resources recommended for counsellors and/or staff at college/university institutions, to offer these young adults impacted by forms of sexual violence, are thoughtfully considered from a trauma-informed lens as to avoid causing any additional harm.

Contribution to the Field

The following body of research is relevant and useful to the therapeutic community particularly because of the high likelihood that clients of college-age could be impacted by sexual violence in some form. The bulk of the existing research on college-age populations, and this population's relationship to sexual violence, considers best practices for supporting survivors of sexual violence after an assault has occurred. Although this knowledge and research is invaluable, as it provides therapeutic practitioners with a widely applicable case conceptualization for treating sexual trauma, this existing body of research is still largely offering ways for practitioners to react to this issue rather than encouraging solutions to help prevent this issue before it occurs. This highlights a significant void in the existing research and efforts toward solving this prevalent issue from a place of prevention rather than responding to the problem after it has already occurred. Due to the fact that sexual violence is often a gendered issue, with men primarily enacting forms of sexual violence against women, the lack of preventative efforts in this field may be a mere symptom of greater systemic inequality that exists within society (Pemberton & Loeb, 2020). If the narrative about sexual violence were to shift from supporting the victim, to preventing the assailants from inflicting harm onto others, it would inevitably require those who are creating and perpetuating this problem to be held accountable for their actions, and for those who have been victimized to experience justice for what has happened.

Additionally, in this capstone I highlight certain complications that can exist when substance use is involved in sexual violence. Although the correlation between intoxication and acts of sexual violence has been well established in existing research, there seems to be limited research on the special considerations that therapeutic practitioners must be cautious of when approaching topics of alcohol-involved sexual violence. There exist additional layers of

considerations when factors such as memory are compromised due to substance use during the time of the assault. It may become difficult for both clients and practitioners to make the distinction between memory loss, due to alcohol consumptions, and memory loss due to trauma symptomology. Knowledge on how to navigate these memory lapses would be valuable because there are different beliefs in the therapeutic community regarding how the recalling of memory may impact the client. There is also a need for research done on the impact that intoxication can have on the recovery process of the individual, and how this may differ from the recovery process of those who were sober during their assault.

Reflectivity and Positionality Statement

Although this capstone is rooted in evidence-based and scholarly research, I would like to acknowledge my social location, my personal connection to this topic, and the subsequent lens in which I am interpreting the research. My best efforts have been made to ensure that I remain as objective as possible; however, it is inevitable that worldviews and life experiences can influence one's understanding of any given topic. Firstly, I am a 26-year-old, cisgender, heterosexual, white female. I am middle class, able bodied, and have lived in British Columbia, Canada my entire life. I have never identified as being someone who is religious, but I would consider myself somewhat spiritual. I had the privilege of attending the University of British Columbia in the Okanagan (UBCO) for my undergrad and I am currently enrolled at City University of Seattle in Canada for my master's in counselling.

This topic of research is important to me personally because my own undergrad university experience was overwhelmed by the adverse state of my mental health impacted by multiple sexual assaults. I had been sexually assaulted in my 1st, 2nd, and 3rd year of my undergrad. Each time I was assaulted I was highly intoxicated, which had allowed me to

convince myself that this was somewhat my fault. After one of the assaults, I went to see the school counsellor who said to me “you were drunk, are you sure this happened?” This comment had a significant impact on me and influenced me to keep these assaults a secret for many years. The more that I learned about sexual assault the more I understood that I likely wasn’t alone in this experience, and that many of my peers likely experienced something similar to me, yet nobody was talking about it when it occurred. My current understanding of my university counselling experience is that my therapist simply may not have been trained specifically in handling sexual assault cases as it relates to college-age demographics and the complexities that can occur when intoxication is involved. I believe that university therapists and staff should be specifically trained to support survivors of sexual assault because while colleges seem to be an epicenter for sexual assaults, many survivors don’t even feel comfortable enough with the topic to give what happened to them a label.

Perceptions of the Influence of Sociocultural Aspects on this Area

Although people across different social locations and cultural contexts can undoubtedly be impacted by sexual violence, there are individual differences across populations that are correlated with higher levels of binge drinking and the related negative consequences, such as sexual violence (Warner et al., 2018). Warner et al. (2018) suggests that behaviours on college campuses, such as binge drinking, partying, and sexual violence, are associated more with White student demographics. It is suggested that White student demographics do not experience the “racialized hyperlevel of behavioral visibility and accountability” that their Black peers experience (Warner et al., 2018, p. 27). This correlation between racial privilege and increased risky behavior presents a discrepancy among students’ feelings of comfort, safety, and entitlement to engage in dangerous and risky behaviours with a lower likelihood of being held

accountable for such behaviors (Warner et al., 2018). One of the repercussions of feeling able to partake in these riskier behaviours with lower levels of visibility and accountability for one's actions seems to be a higher chance of experiencing the negative consequences of these risky behaviours, such as the increased likelihood of being impacted by forms of alcohol-involved sexual violence (Warner et al., 2018). These suggested correlations may be reflective of my own comfort in taking part in risky behaviours, such as binge drinking, as a result of my social location and privilege.

Outcomes of the Research

Throughout this capstone I shine a light on a prevalent problem that disproportionately effects the physical, psychological, and spiritual health/well-being of college-age young adults. Areas of research that are currently lacking in knowledge base are identified. This awareness provides me, as well as other practitioners and researchers who are interested in this topic, with some possible direction of what to focus on in the future. On a more personal note, I continue to transform my own difficult history with this topic into something intentional and constructive, which can help change the reality for prospective college-age young adults in the future. Active reflexivity was held as a primary standard throughout this capstone as this topic holds relevance to my own personal history. Conscious engagement with this material ensures a consistent evaluation of how my personal values, assumptions, and motivations are impacting how the following research is being interpreted.

Definition of Terms

The specific terms consistently used throughout this capstone are defined in this section. As there are various definitions for different terms, this section provides clarity and consistency by identifying which version of the definition is being referenced throughout this body of

research. The terms being defined are binge drinking, college-age, sexual assault, and sexual violence.

- The term “binge drinking” is referring to how one’s consumption of “5/4+ drinks in a 2-hour time period would result in a BAC of at least .08% for most individuals” (Krieger et al., 2018, p. 23).
 - The imprecision in the distinction of “5/4+ drinks” is to account for the variabilities that exist across different people’s weight and tolerance levels for consuming alcohol, as this can impact the quantity of alcohol that one is able to consume in 2 hours before reaching a blood alcohol concentration of .08% (Krieger et al., 2018, p. 23). This definition is drawn from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which was revised in 2004 to add the specification of the timeframe that these drinks must be consumed in to reach a certain blood alcohol concentration (Krieger et al., 2018).
- The term “college-age” refers to the years “approximately ages 18 to 24” (Krieger et al., 2018, p. 24), which “correspond with the developmental stage widely referred to as ‘emerging adulthood’” (Krieger et al., 2018, p. 24).
- The terms “sexual assault” and “sexual violence” are both used throughout this capstone to describe unconsensual sexual acts between young adults. The majority of existing research on this topic uses the terms sexual assault and sexual violence interchangeably, so to exclude one for the other would limit the quantity of relevant research. The following definitions for both sexual assault and sexual violence are drawn from The University of California’s Sexual Violence Prevention & Response article. These definitions are being used because the key components of the definitions are in alignment with that of the Canadian Criminal Code;

however, the Sexual Violence Prevention & Response article explicitly details how intoxication impacts one's ability to consent (n.d.).

- The term sexual assault refers to situations where “physical, sexual activity is engaged in without the consent of the other person, or when the other person is unable to consent to the activity” (Sexual Violence Prevention & Response, n.d., para. 1). The Sexual Violence Prevention & Response article elaborates that sexual activity can consist of “physical force, violence, threat, intimidation, ignoring the objections of the other person, causing the other person's intoxication or incapacitation (through the use of drugs or alcohol) or taking advantage of the other person's intoxication (including voluntary intoxication)” (n.d., para. 1).
- The term sexual violence is referring to “physical sexual acts without the consent of the other person or when the other person is unable to give consent” (Sexual Violence Prevention & Response, n.d., para. 1). Sexual violence is a comprehensive term which includes “sexual assault, rape, domestic violence, dating violence and stalking” (Sexual Violence Prevention & Response, n.d.). Cases of sexual assaults and sexual violence are being focused on rather than cases of rape specifically because the term sexual violence includes rape, amongst other acts, and because “many survivors do not report being raped despite reporting experiences that meet the legal definition of rape”; however, it is more common for a victim to identify with terms such as sexual assault or sexual violence (Conley et al., 2017, p. 46).

Outline of the Capstone Chapters

In the next two chapters of this capstone, the current literature on this topic is reviewed to identify areas that are lacking adequate existing research, and to propose steps that could be taken in the future to help strengthen the existing knowledge on this pervasive issue. Chapter two of this capstone, the literature review chapter, outlines the current literature on this topic as it

pertains to the therapeutic community, and highlights four different sections of research within the larger topic of this capstone. The first section of research is on the culture that exists among college-age young adults, particularly the culture that exists on college/university campuses. Common characteristics and traits of this population's developmental stage are examined. The second section of research is on the drinking culture that often exists among young adults and on college/university campuses. The negative consequences and possible risks of binge drinking are evaluated in this section. The third section of research is on sexual violence and the factors that contribute to making this the most prevalent form of violence among college-age young adults (Conley et al., 2017). The systemic factors that maintain and contribute to this issue are explored. The final section of research is focused on the adverse mental health issues that often accompany college-age young adults' experiences with sexual violence. These adverse mental health consequences are specific to this young adult demographic, and therefore, take into consideration the particular developmental stage of this population.

In chapter three of this capstone, I offer a summary of the research findings reviewed in chapter two, a discussion on what was learned, the limitations and gaps that exist within the existing body of research, as well as possible directions for future research on this topic. This final chapter takes into consideration both reactive and proactive perspectives of this issue when addressing the limitations and gaps in the existing research. The section on reactive perspectives explores the limitations and gaps in the existing research as it pertains primarily to supporting survivors of sexual violence. Further knowledge in this area helps to ensure that those who have been assaulted can continue to receive quality care with respect to the complexities that can accompany alcohol-involved sexual violence. Proper care following a traumatic event can make a significant difference to the client's recovery and sense of resilience post-assault. The section

on proactive perspectives explores the limitations and gaps in the existing research as it pertains primarily to mitigating the occurrence of sexual violence in the future. Further knowledge in this area helps the understanding of the possible steps that can be taken to intervene in the patterns and/or cycles of behaviour of the individuals who have enacted, or are more at risk to enact, forms of sexual violence toward another person. As previously stated, this final chapter may be particularly relevant to an audience of people who are in supporting roles to college-age young adults as they may have the highest likelihood of being able to intervene on this prevalent issue. Particularly, this final chapter is written for the counsellors supporting young adults, parents and/or caregivers, staff/employees of institutions such as colleges and universities, as well as those who intend to further the research relating to this topic.

Chapter 2: Literature Review

Chapter two of this capstone, the literature review chapter, reviews current literature in order to achieve an in-depth understanding of the research that already exists on this topic, as well as to recognize any limits that may exist within the body of research. The main themes addressed in this chapter relate to college-age young adults, drinking culture, sexual assault, and adverse mental health consequences of alcohol-involved sexual assault. More specifically, this body of literature discusses the culture that surrounds the college-age demographic of students and non-students alike, the prevalence of drinking culture among this demographic, the relationship between drinking culture and sexual assault within the college-age demographic, and the affects that sexual assaults have on an individual's mental health state. The following statements, which were previously outlined in chapter one, were used to help guide each section of research within this chapter:

- To consider whether certain characteristics render this college-age population more susceptible to engage in both problematic drinking behaviours, as well as forms of sexual violence.
- To consider whether taking steps toward mitigating binge drinking culture would help to reduce rates of sexual assault among college-age young adults.
- To explore what “rape culture” is and how sexual violence is normalized and reinforced by the societal ideologies that influence college-age populations.
- To explore the adverse mental health consequences commonly faced by survivors of alcohol-involved sexual assault.
- To consider both best practices and special considerations when addressing these common mental health concerns among college-age survivors of alcohol-involved sexual assault.

By exploring the above research statements, a better understanding can be achieved of the factors that contribute to this prevalent issue. Gaining insight into the ways in which this issue is perpetuated may provide the clarity needed to address possible solutions. Illuminating the limitations to the existing body of research also provides possible direction for future researchers to focus relating to this topic.

College Culture

Examining research regarding the culture that surrounds college-age young adults provides some insight into the reasons why sexual assault rates are so high among this population. One of the intentions of this section of research is to attempt to better understand what specifically renders this college-age population susceptible to engage in both problematic drinking behaviours, as well as forms of sexual violence. This research question provided scope to examine characteristics of this population as a whole, including descriptions of the developmental stage that this population of young adults, ages 18-24, are collectively experiencing (Krieger et al., 2018). More specifically, traits of both offenders and survivors of sexual assault are explored to help analyse whether common personalities, behaviours, and/or life experiences may indicate a higher likelihood of being involved in instances of sexual assault. These individualistic traits reference the “five major personality traits (i.e. Big Five; extraversion, emotional stability, agreeableness, conscientiousness, and openness)”, amongst other major personality markers (Hakulinen & Jokela, 2019, p. 224). These five specific personality traits are widely referenced to account for “individual differences in stable patterns of feelings, thoughts, and behaviors” (Hakulinen & Jokela, 2019, p. 224). Lastly, this section of research considers the systemic ideologies that are embedded into college/university institutions

that may contribute to the perpetuation of both drinking culture and sexual violence amongst young adults.

Population Characteristics

This next subsection of research focuses on the population characteristics of college-age young adults, which is primarily referring to the developmental progression through emerging adulthood that this population is collectively experiencing. In order to understand the collective characteristics that emerging adults experience, the history and evolution of this developmental stage is addressed. As previously stated, emerging adulthood is a relatively new term used to encapsulate the development that occurs during “approximately ages 18 to 24” (Krieger et al., 2018, p. 24). More specifically, emerging adulthood represents “changes in person-context cognitive, emotional, physical, and social domains, and the ultimate pathway achieved by the emerging adults during this stage is determined by the ongoing, dynamic, and reciprocal interactions between the individual and their environment” (Wood et al., 2018, p. 124). Due to the fact that each individual’s context and environment is drastically different, each individual takes a unique trajectory through the formative years of emerging adulthood (Wood et al., 2018). Historically, an individual would emerge from the adolescent developmental stage straight into adulthood (Wood et al., 2018); this transition used to be more attainable because the marker for entering adulthood used to be defined by one’s success in entering a committed relationship, such as a marriage (Wood et al., 2018). Nowadays, and in predominantly western civilization, adulthood is characterized by “(1) accepting responsibility for oneself, (2) making independent decisions, and (3) assuming financial independence – all of which emphasize an individual’s ability to be self-sufficient” (Wood et al., 2018, p. 127). Because the defining features of adulthood have changed, it often takes individuals longer to reach adult status, thus requiring the

addition of the emerging adulthood developmental stage to buffer between adolescents and adulthood (Wood et al., 2018).

Although emerging adults begin exhibiting instances of responsibility, independence, and maturity, emerging adults still have not reached full brain development (Wood et al., 2018). Emerging adults' brains are still developing in various areas, such as the prefrontal cortex, which masters the "integration and coordination of cognitions, emotion and action, and strategic executive control" (Wood et al., 2018, p. 128). When the prefrontal cortex is still maturing, skills such as "planning complex cognitive behavior, personality expression, decision making, and moderating social behaviour" are still being mastered (SoP, 2021, para. 1). One of the prefrontal cortex's most important functions is to manage one's executive functioning, which works to "differentiate among conflicting thoughts, determine good and bad, better and best, same and different, future consequences of current activities, working toward a defined goal, prediction of outcomes, expectation based on actions, and social 'control' (the ability to suppress urges that, if not suppressed, could lead to socially unacceptable outcomes)" (SoP, 2021, para. 1). In the O'Leary et al. (2019) article, the authors hypothesize that there exists a "developmental asynchrony between: (a) an easily aroused ventral forebrain reward system, which results in heightened sensation seeking and (b) an incompletely mature prefrontal self-regulatory system", which results in an increase in risky and poorly thought-out behaviours (p. 401). The progressing development of these crucial areas of the brain may in fact be a contributing factor to the higher occurrences of risky behaviours such as binge drinking and sexual violence among this demographic. The progressive mastering of these skills during emerging adulthood is with the assumption that the individual's neurological development is functioning optimally and without significant interference (Wood et al., 2018).

Although this trajectory of cognitive development is widely applicable to emerging adults alike, there can be individual barriers to these typical developmental milestones (Wood et al., 2018). It has been shown that both chronic stress and adverse childhood experiences (ACEs) can impact one's brain development in several different ways (Wood et al., 2018). Some of the experiences that could interfere with one's typical brain development are "child maltreatment, neglect, parental divorce, parental substance abuse" or stressors such as poverty or marginalization (Wood et al., 2018, p. 129). Emerging adults who have had similar experiences may have atypical development in the "amygdala, hippocampus, and prefrontal cortex", which can impact "learning, memory, and aspects of executive functioning" (Wood et al., 2018, p. 129). The combination of these young adults having underdeveloped prefrontal cortexes, which can be associated with poor impulse control (Wood et al., 2018), with the potential for an underdeveloped amygdala, which is largely responsible for registering frightening stimuli (Guy-Evans, 2021), may partially account for the staggeringly high number of sexual assaults that occur within this particular developmental period of emerging adults.

Individual Traits

This next subsection of research explores the individual characteristics of both offenders and survivors of sexual assault. Any behavioural or personality patterns observed across either offenders or survivors of sexual assault may indicate effective interventions that could help mitigate this issue. For clarity, any of the behavioural or personality patterns found in this next subsection of research does not suggest that all individuals who are associated with that given pattern are either a survivor or an assailant of sexual violence, but rather these findings may suggest certain phenomena that could potentially render an individual more vulnerable to being impacted by forms of sexual violence in one way or another. These individual traits include both

the five major personality traits, which are “extraversion, emotional stability, agreeableness, conscientiousness, and openness”, as well as other individualistic personality markers (Hakulinen & Jokela, 2019, p. 224).

Firstly, it is considered whether those who enact sexual violence against another person tend to collectively present with higher levels of certain personality traits. Individualistic traits can offer valuable information about who could be more vulnerable to engage in aggressive and inappropriate sexual behaviour, which could in turn suggest possible opportunities for intervention. In relation to the five major personality traits, male college students who were “rape perpetrators (i.e., male college students who attempted or committed vaginal or anal intercourse, oral-genital contact, or object penetration by the use of force or drugs) endorsed lower levels of agreeableness, extroversion, and conscientiousness” in comparison to their non-perpetrator counterparts (Carvalho & Nobre, 2019, p. 802). Another study on college males found that more frequent impersonal sexual acts, lower levels of empathy, and hostile masculinity suggested a higher likelihood of being sexually coercive (Carvalho & Nobre, 2019). Carvalho and Nobre (2019) characterized hostile masculinity by one’s exhibition of control, domination, and defensiveness toward women. It was also shown that male college students’ “hostile masculinity predicted men’s frequency of misperception of women’s sexual intentions” (Carvalho & Nobre, 2019, p. 800). The Carvalho and Nobre (2019) article also stated that male college students who reported acts of sexual violence toward women had higher “impulsiveness traits (motor/planning and cognitive impulsiveness)” (p. 800), which supports the research found in the Wood et al. (2018) article on the impact that a partially developed prefrontal cortex can have on one’s executive functioning. Although the reasoning is somewhat unknown, it is a widely held belief that it is less common for females to act in sexually aggressive and/or violent ways toward others

(Ménard et al., 2021). It could be possible that men sexually offend more than women, or perhaps this imbalance results in part from the survivors feeling less inclined to report due to either social stigma or because women's "actions are less injurious" than if a man had committed them (Ménard et al., 2021, p. 4096). Although very limited available research for traits of female perpetrators within a college-age demographic, there exists a steady correlation between females who sexually offend and who have been abused during childhood (Ménard et al., 2021). There still exists gaps in existing research regarding what factors mediate between childhood abuse and later sexual offenses as not all who experienced abuse as a child go on to commit violent offences later in life (Ménard et al., 2021).

The second area considered is whether survivors of sexual violence tend to collectively present with higher levels of certain personality traits and/or behavioural characteristics. It should be made clear that this subsection of research is "challenging the victim-blaming connotations of 'target suitability'" by focusing away from how a survivor of sexual assault has made themselves suitable for being sexually assaulted, but rather focusing on how these individualistic traits can be more "'congruent' with the needs, motives, or reactivities of potential offenders, increasing their 'target vulnerability'" (Warner et al., 2018, pp. 25-26). The personality traits that were shown to be more congruent with the motives of possible offenders were openness, neuroticism and extroversion, while higher levels of conscientiousness suggested a lower risk of victimization (Conley et al., 2017). Additionally, the Warner et al. (2018) article highlights that male students' view first-year women as being more vulnerable and attractive due to their assumed lack of sexual experience. In alignments with previously stated statistics on the relationship between intoxication and sexual violence, women who are intoxicated are also seen as more "sexually receptive" due to their assumed impaired ability to protect and defend

themselves against sexual offenders (Warner et al., 2018, p. 26). It has also been found that women who are members of sororities are more vulnerable to sexual violence due to increased contact with their male peers in fraternities (Warner et al., 2018). Warner et al. (2018) also suggest that many college-age women relate their self-esteem to the level of sexual interest their male peers pay them, which may lead those women to seek attention from their peers in fraternities. Fraternity parties are notorious for their “themes that require women to conform to subordinate and/or sexually available stereotypes to gain admission” (Warner et al., 2018, p. 26). These themed parties create opportune environments for sexual victimization “by restricting access to only those women who adhere to objectifying dress codes” (Warner et al., 2018, p. 26). This ensures that the women who attend the objectifying fraternity parties are more likely to partake in the offender’s preferred dynamic (Warner et al., 2018). It has also been found that many minority populations are at higher risk for experiencing sexual assault (Coulter et al., 2017). Women, people of colour, bisexual, and transgender folk are shown to be at a greater risk for sexual assault (Coulter et al., 2017). The authors discuss power and anger to be possible motives for perpetrators targeting minority populations (Coulter et al., 2017).

Institutional Structure

This subsection of research focuses on the systemic ideologies that are built into the campus structure itself that may in part account for why college campuses make such an opportune environment for sexual violence to occur. The Warner et al. (2018) article acknowledges “college campuses as settings of gendered processes operating at individual (e.g., age, gender, and attitudes/expectations), interactional (e.g., heterosexual interpersonal interaction), and organizational (e.g., college-sponsored housing, Greek system) levels that intersect (and mutually reinforce each other) to create opportunities for female students’

victimization” (p. 26). The institutional structure of colleges and universities should be examined because college-age students’ drinking and binge drinking rates are higher than that of their non-student peers, which not only suggests that students will likely experience higher rates of alcohol-related consequences when compared to their non-student peers, but also that there are institutional elements to college campuses that increase the likelihood of these behaviours occurring (Cooper et al., 2018).

The Mancini and Budd (2020) article discusses collective characteristics of college-age culture that may contribute to the high likelihood of sexual violence among these young adults. These contributing factors are important to study because they are the aspects of college-age culture that likely require intervention in order to mitigate the prevalence of this issue (Mancini & Budd, 2020). Mancini and Budd (2020) firstly identify the “hookup culture” that commonly exists on college campuses, and among young adults, as a contributing factor to the common occurrence of sexual assaults. “Hookup culture” refers to the “socially structured rules on casual sexual encounters”, which is commonly viewed as the norm among young adults (Mancini & Budd, 2020, p. 266). Although not to insinuate that all forms of casual sex are dangerous, it can allow forms of aggressive, coercive, and/or violent sex more possible all the while attributing this sort of behaviour to the mere nature of “hookup culture” (Mancini & Budd, 2020). The “hookup culture” and “drinking culture” that exists on college campuses are closely related as a study revealed that 84% of the sample of students regretted a sexual encounter that they had and attributed it to being “a negative consequence of their alcohol consumption” (Mancini & Budd, 2020, p. 266). Fraternities are a prominent example of how “drinking culture” is not only tolerated within college culture, but rather it is encouraged through drinking-centred events and parties (Mancini & Budd, 2020). Fraternities also exemplify an environment in which forms of

hostile masculinity are normalized and encouraged (Mancini & Budd, 2020). This can be considered problematic because “hypermasculinity and hostile masculinity are predictors of sexual aggression toward women” (Mancini & Budd, 2020, p. 267). These party environments, which are primarily hosted and controlled by male students, can increase the risk of many dangerous behaviours including instances of drugging (Warner et al., 2018).

Lastly, when addressing topics of sexual assault within college institutions, as well as within society as a whole, the focus is often directed toward those who survive sexual assault and what they could have done differently to avoid negative or unwanted attention, rather than reprehending the perpetrator. An example of how this is carried out by college institutions is through regulated dress codes, which often restricts women’s clothing particularly in an effort to promote more modest attire (Mancini & Budd, 2020). Some schools have further explained that the clothes in which the dress codes prohibit have the “tendency to entice and ‘distract’ boys and men” (Mancini & Budd, 2020, p. 267). This tendency to highlight qualities or behaviors of the survivor blames them for the trauma inflicted on them, while simultaneously promoting the narrative that it is someone else’s responsibility to prevent sexual offenders from offending. These above institutional phenomena suggest several valid focal points in which positive change could be initiated in order to reduce the occurrences of sexual violence among college-age young adults.

Drinking Culture

This next section of research explores what drinking culture is, college-age young adults’ susceptibility to engage in problematic drinking behaviours, and what some of the negative consequences of drinking culture are for the college-age population of young adults. One of the leading questions held at the forefront of this section of research considers whether taking steps

to mitigate drinking culture among this population would likely help to reduce the rates of sexual assaults that occur. The term “drinking culture” is referring to attitudes that normalize, reinforce, and encourage drinking and partying behaviour. Although drinking culture is often associated with positivity, socialization, and fun, there can also be certain negative consequences that can result from environments that endorse these behaviours. Firstly, this section explores why drinking culture is particularly prominent among this specific demographic. More specifically, markers of susceptibility to partake in drinking culture are considered. Secondly, correlations are drawn between drinking culture and the prevalence of sexual violence as one of the negative consequences.

College-Age Young Adults’ Susceptibility to Drinking Culture

Some of the contributing factors to why drinking culture is so prominent among college-age young adults is explored in this section. To put into perspective the commonality of drinking culture among this population, studies have found that roughly “two thirds of American college students have consumed alcohol in the last 30 days and one third reported binge drinking in the last 2 weeks” (Cooper et al., 2018, p. 387). In reference to younger students, “36% of underage college students binge drank” (Cooper et al., 2018, p. 387), which is a number that has decreased significantly in comparison to a similar study conducted in 1980 (Krieger et al., 2018). As discussed previously, regarding the developmental stage of college-age young adults commonly referred to as emerging adulthood, the increase in the number of college/university attendees “has resulted in the delay of traditional adult responsibilities” (Krieger et al., 2018, p. 24). Rather than a focus on more traditional adult responsibilities, “this developmental period has become a time when individuals explore new freedoms and experiment with behaviors that were previously less accessible, including alcohol consumption” (Krieger et al., 2018, pp. 24-25). This

period of freedom and exploration partly explains why drinking culture, and the related behaviours that accompany drinking culture, has a much higher prevalence among young adults when compared to older adults with more responsibilities (Mange et al., 2021). As discussed by Wood et al. (2018), emerging adults also tend to be more impulsive than adults due to their developing prefrontal cortex; these increased levels of impulsivity among emerging adults are associated with a higher likelihood of engaging in binge drinking as momentary desires are pursued with less extensive thought of the possible negative repercussions (O'Leary et al., 2019). An individual's peer influence has also been shown to impact drinking habits with "the higher the perceived approval and/or adoption of alcohol use by significant people such as peers, the higher the compliance to BD" (Mange et al., 2021, p. 2). Peer influence can also effect the age in which the individual begins drinking, which can impact later drinking behaviours as "individuals who began drinking before age 16 were found to be more likely to binge drink in college" (Krieger et al., 2018, p. 25). This relationship between peer influence and individual attitudes toward drinking supports the notion that there is indeed a culture among these young adults which condones partying behaviours, and the extent to which an individual feels apart of this culture can impact their drinking behaviours (Mange et al., 2021).

There are several different aspects of one's identity and personality that have been correlated with an increased likelihood of being emersed in drinking culture and engaging in associated risky behaviours. In terms of personality markers, there are several factors that have been associated with increased drinking behaviours, which have been referenced across multiple studies. In general, it has been found that "low emotional stability, low agreeableness and low conscientiousness have been associated with current and future high alcohol consumption" (Hakulinen & Jokela, 2019, p. 228). It has also been found that "impulsivity and sensation

seeking” were characteristics associated with more regular binge drinking behaviour (O’Leary et al., 2019, p. 400). Another study separated the men and women in their sample of college-age binge drinkers and found that women “tended to score higher on neuroticism-anxiety”, while men “were more likely to score highly on impulsivity and sensation-seeking”, which suggests that characteristics associated with drinking behaviours may differ between men and women (Krieger et al., 2018, p. 26). Although not necessarily a personality marker, drinking behaviours can also be influenced by the individual’s sense of self identity in relationship to drinking culture; if the individual identifies as a drinker it “constitutes another positive correlate of frequency consumption, alcohol quantity or BD [binge drinking]” (Mange et al., 2021, p. 2).

In addition to aspects of personality and identity, an individual’s motivation for drinking can also be correlated to their likelihood of engaging in more problematic drinking behaviours. It has been found that reasons to drink such as “drinking to cope with negative affect and drinking to fit in with peers have both been associated with binge drinking” (Krieger et al., 2018, p. 26). To further specify, there have been identified two internal motives for drinking as well as two external motives for drinking (Mange et al., 2021). The internal self-regulatory motives for drinking are referred to as “enhancement” and “coping” drinking; enhancement drinking has the purpose of improving mood, while coping drinking has the purpose of decreasing difficult emotions (Mange et al., 2021, p. 2). Drinking behaviours motivated by either enhancement or coping drinking have been “associated with higher drinking frequency and quantity” (Mange et al., 2021, p. 2). The two external motives for drinking are referred to as “social” and “conformity” drinking; social drinking has the purpose of increasing positive socialization, while conformity drinking has the purpose of decreasing negative social judgement (Mange et al., 2021). Drinking behaviours influenced by social motives are “associated with a higher drinking

frequency and quantity”, while drinking behaviours influenced by conformity motives are “related to lower drinking levels” (Mange et al., 2021, p. 2). These internal and external motives highlight both individualistic and social factors that can contribute to one’s participation in drinking culture and related drinking behaviours.

Negative Consequences of Drinking Culture

The college-age population’s involvement with drinking culture is being examined due to the “physiological, social, sexual, and academic consequences and higher rates of post-college alcohol dependence” that are associated with such behaviours (Cooper et al., 2018, pp. 387-388). One of the major negative consequences of drinking and party culture is the normalization of “binge drinking” and/or “extreme bingeing” behaviours. To reiterate, the explanation of binge drinking is the understanding that “consuming 5/4+ drinks in a 2-hour time period would result in a BAC [blood alcohol concentration] of at least .08% for most individuals” (Krieger et al., 2018, p. 23). Binge drinking is “associated with major personal, cognitive, academic and social negative consequences” (Mange et al., 2021, p. 1). Extreme bingeing on the other hand occurs when one consumes much higher quantities of alcohol, usually “8+ (females) or 10+ drinks (males) on one occasion” (O’Leary et al., 2019, p. 400). When comparing the impact of extreme bingeing to that of binge drinking, extreme bingeing “is associated with more negative consequences such as higher rates of dependence and blackouts” (O’Leary et al., 2019, p. 400). Assessing both bingeing and extreme bingeing behaviours are relevant because there are “associations between greater quantity and frequency of alcohol consumption and alcohol-related consequences”, which puts this population of young adults at a particularly high risk of experiencing such consequences (Krieger et al., 2018, p. 23). Both drinking behaviours and binge drinking behaviours “increase during the first year of college; freshmen are

overrepresented in alcohol-related consequences” (Cooper et al., 2018, p. 388). Although these behaviours are most prevalent among first-year college students, “underage drinkers in general are more likely to binge drink” (Cooper et al., 2018, p. 388). The different motivations for drinking behaviours, as previously reviewed, are also associated with varying degrees of drinking-related risk and consequence (Cooper et al., 2018). The Cooper et al. (2018) article suggested that those who’s motives for drinking were primarily to decrease negative emotions “exhibited higher risk drinking behaviors and consequences in comparison to their lower risk peers who drank primarily to experiment or for social reasons” (p. 394).

In a study on the prevalence of drinking -related negative consequences, it was found that “half of the college students who drank in the previous year report experiencing at least one negative consequence, most commonly doing something he or she regretted (25%), forgetting where he or she was or what he or she did (21%), and having unprotected sex” (Cooper et al., 2018, p. 387). Statistics depicting alcohol-related negative consequences, particularly one’s relating to sex, are alarming because it has been found that more than half of sexual assaults involve intoxication by either the victim, the assailant, or both (Jaffe et al., 2019), which suggests that emerging adults’ increased likelihood to engage in drinking behaviours may also contribute to the higher number of assaults experienced within this demographic. One of the reasons why there is an observable correlation between alcohol use and sexual assault instances is because alcohol use “has direct pharmacological effects on aggression and cognitive functioning” (Lindo et al., 2018, p. 236). In addition to the impact of problematic drinking on the behaviour of potential offenders of sexual assault, it has also been shown that “those with monthly or more frequent blackouts were more likely to report being a victim of forced sexual assault than those without blackouts, or with less frequent blackouts” (Voloshyna et al., 2018, p. 7). It is proposed

that “partying may also increase the incidence of rape by increasing social contact and by altering the context in which social contact takes place” because “over a half of incapacitated rapes and a quarter of forcible rapes take place at parties” (Lindo et al., 2018, p.236). Although there are countless negative consequences associated with drinking culture and associated drinking behaviours, the following section of research focuses primarily on that of alcohol-involved sexual assault.

Sexual Assault Culture

This next section of research focuses primarily on alcohol-involved sexual assault and its prevalence among college-age young adults. One of the primary research questions at the forefront of this next section is regarding how sexual violence is normalized and reinforced by the societal ideologies that influence college-age populations. First, the meaning of the term “rape culture” is defined in the context of the term’s origin and evolution. Next, a comprehensive definition of alcohol-involved sexual assault is provided to unify the previous themes of college and drinking culture with that of rape culture. This is followed by the societal ideologies that contribute to these patterns of sexual violence. Statistics on reporting these incidents, as well as what impacts one’s decision to report or not are also reviewed.

What is Rape Culture?

When the term “rape culture” is used, it is referring to “an environment in which rape is ubiquitous and accepted” (Adams, 2021, p. 3). Furthermore, rape culture depicts a pattern of thought where “rape is viewed as common and normal and that societal misogyny and sexism encouraged male sexual aggression and supported violence against women” (Adams, 2021, p. 3). This term was initially coined during the second-wave feminist movement and was specifically referencing the power disparity in the binary male-female dynamic that could often be observed

in instances of sexual violence (Adams, 2021). This term description has since been broadened to include discourses from “subsequent waves of feminist, poststructuralist, postcolonial, and cultural studies as well as those based on gender theory and critical race theory” (Adams, 2021, p. 3). The theme that remains commonly observed throughout the evolution of how “rape culture” is referenced is the dynamic in which minority populations are disproportionately victimized by those with more power (Adams, 2021). To exemplify the disproportionate targeting of minority groups beyond the binary dynamic of male-female gender relations, it has been shown that “transgender students face a victimization rate that is four to six times higher than that of male students and two to three times higher than that of female students” (Klein et al., 2021, p. 422). In reference to race/ethnicity and victimization rates, it has been shown the Black folk are more frequently targeted by acts of sexual violence than any other racial identity (Coulter et al., 2017). As explored in the subsection of research on the institutional structure of college campuses, there are several different institutional elements that uphold the perpetuation and normalization of both drinking and rape culture among college-age young adults.

The existence of “rape myths” is one of the primary mechanisms in which rape culture has been created and sustained across time (Whiting et al., 2021). Rape myths are understood to be “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women” (Whiting et al., 2021, p. 751). Some of the most common rape myths that have existed throughout time include, but are not limited to, “husbands cannot rape their wives, men cannot be raped, women enjoy or ask to be raped (by dressing in certain ways or acting provocatively), and women lie about being raped” (Whiting et al., 2021, p. 751). Due to the fact that rape myths represent systemic beliefs, as opposed to individual beliefs, these ideologies are embedded in the majority of societal resources

including the justice system (Whiting et al., 2021). Rape myths aid in distorting public opinion on topics of sexual violence by blaming survivors and disempowering them to seek justice, while relinquishing offenders of responsibility and the consequential repercussions of their actions (Whiting et al., 2021). This is seen over and over again in popular culture and media (e.g., Hollywood) when a male of status is accused of sexually assaulting someone, yet they face benign or no consequences because of the role he serves or the title he holds in the public eye.

Alcohol-Involved Sexual Assault

College-age young adults are vulnerable to perpetuate a problematic and cyclical pattern of re-victimization due to this demographic's high rates of engagement with both drinking culture and rape culture. As previously reviewed in the prior section, drinking culture is a pervasive issue for many college-age young adults for several different developmental, social, and individual reasons. Additionally, sexual violence has been found to be the most common form of violence that occurs among a college-age demographic (Conley et al., 2017); a study has shown that about 20% of college-age students reported experiencing a sexual assault since beginning college, and about 40% of the sample who experienced a sexual assault before college also experienced a sexual assault during college (Conley et al., 2017). Considering the high prevalence of both sexual violence and problematic drinking behaviours among this college-age population, it is somewhat unsurprising that "incapacitation was the method of perpetration reported most frequently (> 50%) in both men and women" (Mellins et al., 2017, p. 10). In general, "alcohol use is implicated in 50 to 70% of campus sexual assaults" (Klein et al., 2021, p. 422). In reference specifically to the survivors of campus sexual violence, it has been found that "two-thirds of student rape victims are intoxicated or impaired by drugs at the time of the incident" (Lindo et al., 2018, p. 236). More specifically, and "for both women and men,

approximately two-thirds of all penetrative assaults and about half of sexualized touching and attempted penetrative assaults involved incapacitation” (Mellins et al., 2017, pp. 10-11). It has also been shown that individuals who have previously been sexually assaulted have “a 2–3-fold increased risk of being re-victimized compared with those without a history of abuse” (Conley et al., 2017, p. 41). Survivors of alcohol-involved sexual assault also tend to experience increased alcohol usage following the assault, which consequently puts them at further risk because both alcohol use and a history of being sexually victimized have been identified as serious risk factors for re-victimization (Jaffe et al., 2019).

Systemic Ideologies

This next subsection explores the systemic ideologies that contribute to the normalization and perpetuation of rape culture among college-age young adults. When studying a demographic that experiences such high rates of sexual violence, it must be considered what deep-rooted, societal factors are contributing to the existence and maintenance of rape culture. This subsection differs from the subsection addressing the institutional perpetuates on college campuses because it focuses on influences that expand beyond just that of college institutions and addresses the broader societal rhetoric that can contribute to pervasive sexual assault issues. An integral component to the well-established existence of rape culture is the perpetuation of the “victim blaming” response to topics of sexual violence. To specify, victim blaming responses to sexual violence are attitudes that attribute the occurrence of the assault to the fault of the victim rather than the offender (Adams, 2021). Victim blaming attitudes commonly exist in response to sexual assault in general; however, the belief that the victim is at fault tends to be amplified when the victim was intoxicated at the time of the incident (Peter-Hagene & Ullman, 2018). Victim-blaming responses to alcohol-involved instances of sexual assault often “encourage notions such

as victim promiscuity, perpetuate the notions that that ‘no’ really means ‘yes,’ and that women frequently make false rape accusations out of anger or embarrassment” (Adams, 2021, p. 3). These attitudes toward victims of alcohol-involved sexual assault not only teach the victims of these crimes that they are to blame, but “potential perpetrators may believe that the probability of being punished (and the degree of punishment) will be lower if they and/or their victims are inebriated” (Lindo et al., 2018, p. 236). Victim blaming responses are perpetuated in part because the general societal “discourse around sexual assault and gendered violence views incidents as episodic rather than systemic” (Adams, 2021, p. 3). This means that when addressing topics of sexual assault, each incident tends to be viewed as an isolated event, and there is a general hesitancy to acknowledge the systemic patterns of inequality and oppression that are threaded through the overwhelming majority of examples (Adams, 2021). As previously stated, forms of sexual violence are often enacted by members of majority groups and often target members of minority groups (Coulter et al., 2017); this oppressive dynamic may be one of the reasons why offenders, who tend to hold more social power and privilege, are often excused from their actions while victims, who tend to hold less power and privilege, are often blamed/dismissed.

One of the major repercussions of this systemic victim-blaming attitude is the consequential lack of reporting of these incidents resulting in an absence of justice for the victims and accountability for the offenders. It is estimated that “only 10-30% of sexual assaults are reported to the police (making sexual assault one of the most underreported crimes” (Whiting et al., 2021, p. 751). When reporting, many women have had the experience of being asked if they were drunk, what they were wearing, if they screamed or fought back, as well as being repeatedly reminded what the consequences are of falsely accusing someone of such crimes

(Whiting et al., 2021); such questions following disclosures of sexual assaults are accusatory in nature and suggest perceived wrongdoing by the victim from trusted others. Reporting experiences such as these not only impact that individual's personal views about reporting, but it also teaches others, whether they are considering reporting or may need to report at some point in the future, that they will likely be further harmed in the process with little to no punitive justice for the offender. Aside from victim-blaming, there is a variety of complex considerations which may inform one's decision not to report. These reasons may include the victim's perception of the severity of the assault, the victim's relationship to the offender, coercion, re-victimization, and/or the cultural context surrounding the assault, all of which reflect a consideration of the power differential that exists between the victim and the abuser (Coulter et al., 2017; Pemberton & Loeb, 2020; Whiting et al., 2021).

Mental Health

This final section of research focuses primarily on mental health consequences, as well as variables that can have impact on a victim's recovery process. One of the primary research questions being focused on in this section is regarding the adverse mental health consequences faced by survivors of alcohol-involved sexual assault. Although everyone's experience with sexual assault is unique, there are common mental health consequences that are experienced by the majority of victims alike. A secondary research question informing this section is the review of both best practices and special considerations when addressing these common mental health concerns among survivors of alcohol-involved sexual assault. This secondary research question is geared toward practitioners' course of treatment and recovery when working with post-assault clients.

Mental Health Consequences

The experiencing of a sexual assault has been associated with several different mental health conditions, some of which are psychiatric disorders or symptoms of psychiatric disorders, such as substance use disorders, depression, mood disorders, chronic health conditions, anxiety, sexual dysfunction, and/or posttraumatic stress disorder (Carey et al., 2018; Dworkin & Schumacher, 2018; Whiting et al., 2021). Some of the emotional and psychological experiences that accompany such conditions and/or disorders include “feelings of shock, disbelief, confusion, shame, guilt, self-blame, withdrawal, flashbacks of the assault, and insomnia” (Pemberton & Loeb, 2020, p. 116). Additionally, survivors often report experiencing significant anxiety about the possibility of encountering their abuser, “emotional numbness, hypervigilance and avoidance of reminders of the event, as well as disruptions to daily routines” (Pemberton & Loeb, 2020, p. 116). While many of the above symptoms and conditions can be experience for a variety of different reasons, “trauma and stressor-related disorders like PTSD are unique in that they are the only disorders for which the occurrence of such an event is a necessary precursor to the onset of symptoms” (Dworkin & Schumacher, 2018, p. 459). A traumatic event is subjective and one’s response to potentially traumatic situations will vary from person to person (Marschall, 2021). Although situations are subject to differing responses depending on the individual and their life experiences, for an event to be considered a traumatic one, there must be “exposure to actual or threatened events involving death, serious injury, or sexual violation in one (or more) of the following ways:

1. Directly experiencing the events.
2. Witnessing the events in person as they occur to others.
3. Learning that the events occurred to a close family member or friend.

4. Experiencing repeated or extreme exposure to adverse details of the events." (Marschall, 2021, para. 3).

It has been shown that “the odds of lifetime diagnoses of PTSD and depression increased by two- to four-fold based on having experienced rape” (Carey et al., 2018, p. 480). Survivors of alcohol-involved sexual assault often report less severe immediate PTSD symptoms in comparison to sexual assault in the absence of intoxication, which is likely due to the lower chance of the assault being overtly violent in nature (Peter-Hagene & Ullman, 2018); however, survivors of alcohol-involved sexual assault often report more persistent PTSD symptoms over time (Jaffe et al., 2019). Although PTSD and related trauma symptoms were reported less frequently immediately following alcohol-involved sexual assault, it was found that those who were intoxicated during the time of the assault experienced much higher levels of self-blame (Peter-Hagene & Ullman, 2018). Peter-Hagene and Ullman (2018) distinguish characterological self-blame, which is the belief that one is a bad person, from behavioural self-blame, which is the belief that one’s behaviours were wrong. Cases of alcohol-involved sexual assault are associated more with behavioural self-blame than with characterological self-blame, which indicates promising treatment and recovery for survivors of alcohol-involved sexual assault as behavioural self-blame is associated with much lower levels of PTSD and is often easier to combat compared to characterological self-blame (Peter-Hagene & Ullman, 2018). It has also been found that survivors of alcohol-involved sexual assault report lower perceived levels of social support following the assault when compared to those who were assaulted without being intoxicated (Aakvaag et al., 2018).

Special Considerations

One of the most prominent special considerations, which encompasses the complexity of working with survivors of alcohol-involved sexual assault specifically, is the possible loss of memory that can occur, and the understanding of whether memory loss is a result from intoxication or a trauma response. Depending on the nature of the fragmented or lost memory, as well as the individual's beliefs on this somewhat controversial topic, therapeutic practitioners may decide to discuss and approach this topic differently with clients. Experiencing fragmented or lost memory is a widely recognized symptom experienced by those who have undergone a traumatic event; however, another widely recognized symptom reported by those who have experienced trauma is the "intrusive re-experiencing of the trauma event" through memory (May et al., 2022, p. 2). Although it seems that fragmented/lost memory as well as intrusive memories are both recognized as common and normal responses to extreme situations, practitioners can understandably feel confused about how to approach this topic due to conflicting messaging regarding how to navigate these different outcomes with trauma and memory (May et al., 2022). The National Institute for Health and Care Excellence states "interventions targeting PTSD should involve 'elaboration and processing of the trauma memories'" (May et al., 2022, p. 2). This statement can be interpreted by some as though there is a need to recover and process fragmented and lost memory in order to heal; however, others believe that the fragmentation and loss of memory is "an active process known as repression", which has its own innate protective function and should be honoured (Otgaar et al., 2019, p. 1072). When it comes to topics of possible memory loss and trauma, the contrasting beliefs represent a broad and complex topic in which practitioners will have differing opinions on how it should be navigated. The contrasting beliefs on this topic that exist within the therapeutic community can act as a reminder for

practitioners to thoroughly research this topic to help ensure that they can build their own informed opinions.

In reference to fragmented or lost memory due to intoxication at the time of a traumatic event, “alcohol intoxication has been supported as an internal cue that can facilitate explicit memory retrieval” (Jaffe et al., 2019, pp. 2-3). This indicates that memories formed while intoxicated may not be easily recalled until the individual is intoxicated again because “after intoxicated encoding, recollection is enhanced by intoxication at retrieval” (Jaffe et al., 2019, p. 2). Although “subsequent intoxication could serve as an internal cue to trigger involuntary recollections of the trauma”, this is not to say that memories cannot be recalled when the individual is sober (Jaffe et al., 2019, p. 3); it has been found that other forms of “sensory-based cues like being touched or a particular posture, or internal sensations like physiological arousal or a feeling of being trapped, can contribute to intrusive reexperiencing of the trauma memory” (Jaffe et al., 2019, p. 3). These findings suggest that when memory has been fragmented or lost due to alcohol intoxication at the time of the traumatic event, it may be incredibly difficult to access intentionally within the context of therapy. Although these findings would likely align with the philosophy of practitioners who believe repressed memories should not be intentionally recalled by means of therapeutic interventions, these findings may contrast to the philosophy of practitioners who believe repressed memories should be retrieved in therapy.

Treatment and Recovery

This subsection of research focuses on best practices for supporting the recovery of college-age survivors of alcohol-involved sexual assault. It has been found that “less than one in four students with any 12-month mental disorder or suicidal thoughts and behaviors (STB) receives any kind of treatment” (Ebert et al., 2019, p. 2). The primary reasons why treatment

rates are so low among these young adults when mental health struggles are so high, particularly those relating to sexual violence, include the desire to manage problems alone or with a friend's help instead, as well as embarrassment about needing support (Ebert et al., 2019). Although there are both social and institutional factors that act as barriers to more people accessing professional mental health support, the most reported reasons why young adults were not seeking help was due to social reasons (Ebert et al., 2019). Social barriers to accessing professional mental health support, as opposed to institutional barriers, are those that account for societal stigma and attitudes toward topics of mental health (Ebert et al., 2019). These findings indicate the need for further positive social change toward societal attitudes and beliefs about mental health and mental health support.

As reviewed in chapter one, the nature of topics of sexual violence encourages many therapeutic practitioners to take a trauma informed approach when working with survivors of sexual assault. Trauma-informed care emphasizes “patient safety and control by building patient-provider collaboration, with the long-term goal of supporting trauma recovery” (Nathan & Ferrara, 2020, p. 337). The importance of promoting “safety and control” has a particularly important role in the support of sexual assault survivors as incidents of sexual violence strips both safety and control from the individual being targeted (Nathan & Ferrara, 2020). To feel a significant power imbalance in the client-therapist dynamic may inhibit significant progress or cause further trauma to the client (Nathan & Ferrara, 2020). Another effective modality to use, specifically when interacting with topics that depict systemic inequality, is a feminist and culturally sensitive approach. A feminist and culturally sensitive approach promotes the “importance of incorporating an inclusive environment that respects, honors, and embraces diversity” (Pemberton & Loeb, 2020, p. 124). This approach prioritizes knowledge of the

systems of power and oppression that can often be observed in instances of sexual violence (Pemberton & Loeb, 2020). One of the many effective elements to the above therapeutic approaches is the careful attention paid to language, which is an effort to make the language chosen as respectful and empowering as possible (Setia et al., 2020). One of the variations in language that has been shown to have a significant impact on treatment is the use of “survivor” as opposed to “victim” when referencing an individual who has been sexually assaulted (Setia et al., 2020). The label victim when referencing someone who has been sexually assaulted “is associated with perceptions of passivity and vulnerability, whereas a survivor is associated with those of strength and recovery” (Setia et al., 2020, p. 1563). The word survivor has been associated with the words “optimistic, confident, extroverted, healthy, forward-looking, good, strong, active, brave, and successful”, which are words that can impact one’s sense of self-identity (Setia et al., 2020, p. 1569). Although a seemingly small detail, improvements to one’s overall sense of self and identity can have significant impacts on the recovery trajectory for survivors of sexual violence (Setia et al., 2020).

Aside from a therapeutic practitioner’s ability to offer support to survivors of sexual assault, there are additional impactful ways for other sources of support to engage with someone post-assault, which has been proven to help prevent and reduce post-traumatic stress symptoms (Dworkin & Schumacher, 2018). It has been found that the quality of an individual’s interactions with various first responder systems immediately following an assault can have a significant impact on the development and severity of PTS symptoms (Dworkin & Schumacher, 2018). Additionally, it has been shown that negative social reactions in response to one’s disclosure of a sexual assault was correlated with higher symptomology associated with PTSD, depression, and substance abuse in college-age young adults (Hakimi et al., 2018). These negative social

reactions from others have been shown to impact the individual's perception of social support as well as their feelings of self-worth, which are two factors that can have a significant impact on recovery (Hakimi et al., 2018). These findings ultimately highlight ways in which a survivor's treatment and recovery can be impacted by sources of social support, outside that of professional mental health practitioners, such as friends, family, and first responders.

Conclusion

The body of research covered in this literature review chapter has highlighted several different factors that likely contribute to the high prevalence of alcohol-involved sexual assaults that occur among the college-age population of young adults. College-age young adults are impacted by physiological/developmental, social, systemic, and institutional factors that are contributing to the normalization and perpetuation of a culture where risky behaviours are overlooked, and sexual violence is consequentially common. Although it is widely recognized that college-age young adults are at high risk for being impacted by problematic drinking behaviors and sexual violence, there seems to be little known about how exactly this issue should be addressed as this problem shines a spotlight on much larger-scale issues within the structure of colleges, as well as the systems of power and oppression that exist in greater society. The findings from this chapter highlight some important limitations and gaps in the existing body of research, which are addressed in the next chapter. Although these gaps in the existing research limit the depth of knowledge currently possible, they also highlight areas in which further research would aid therapeutic practitioners and other sources of support to help mitigate this prevalent issue impacting the college-age population of young adults.

Chapter Three: Discussion and Conclusion

Chapter three of this capstone, the discussion and conclusion chapter, consolidates the findings from chapter two and engages with the material through a more critical and analytical lens. By doing so, the primary findings are highlighted, major reoccurring themes in the body of literature are identified, the gaps in existing research are addressed, and the areas of research that likely require additional attention in the future are considered. This chapter relates the findings from chapter two directly to the original topic of this capstone, which is what the special considerations and best practices are for supporting survivors of alcohol-involved sexual assault. This chapter contains four different sections: a discussion section, a conclusion section, a limitations section, and a future research section. As chapter three is the final chapter, efforts are made to conclude all the research conducted in this capstone and offer general closing thoughts.

Discussion

This next section, the discussion section, re-visits the information collected in chapter two in order to consolidate, simplify, and highlight the primary research findings. This section also offers interpretations of these primary research findings as it pertains to both contributing factors and solutions to the issue of sexual violence among young adults. This discussion revisits each of the four sections of research covered in chapter two, which were relating to college culture, drinking culture, rape culture, as well as the therapeutic considerations for addressing the mental health consequences of alcohol-involved sexual violence. This chapter also addresses the research statements originally posed in chapter one, which ultimately relates the research conducted back to the original purpose of this capstone.

Section One

The first section of research in chapter two explored the population characteristics of college-age young adults, common individual traits of both survivors and offenders of sexual violence, as well as the institutional structure of college campuses. In reference to the population characteristics of college-age young adults, the neurological development of this particular age range was explored to determine whether there were possible physiological factors contributing to this population's increased involvement with both risky drinking behaviours and forms of sexual violence. The primary neurological correlate with such behaviours was the partially developed prefrontal cortex common within this particular developmental stage (Wood et al., 2018). These findings suggest that a partially developed prefrontal cortex may be one of the contributing factors to this demographic's increased involvement in risky drinking behaviours, as well as forms of sexual violence, because the prefrontal cortex is responsible for making well thought-out decisions and controlling impulses (SoP, 2021, para. 1; Wood et al., 2018). This confirms that there are certain neurological/physiological components that likely contribute in part to the high prevalence of sexual violence among the college-age population.

In reference to individual characteristics, it was found that there were common traits observable in survivors of sexual violence, and common traits observable in offenders of sexual violence. Offenders of campus sexual violence were more likely to exhibit impulsivity, hostile masculinity, as well as low levels of agreeableness, empathy, conscientiousness, and extroversion when compared to their peers who are not sexually violent/abusive (Carvalho & Nobre, 2019). These findings suggest that there are some developmental, systemic, and personality factors that are correlated with dangerous and harmful sexual behaviours. This suggests that there are multiple possible avenues to explore when considering how to mitigate sexual assault rates within this population, one of which may be to strengthen

college/university's stance against students' displays of hostile masculinity. There are also characteristics that can be commonly observed among survivors of sexual assault alike; however, the primary take-away from these findings were that these characteristics represent qualities that are considered more desirable for abusers/offenders and are not indicative of individual flaws or shortcomings of the survivor (Warner et al., 2018).

In reference to the institutional structure of a college campus, there were found to be several possible elements to a campus environment that could be related to the increases in sexual assault seen among college-age young adults (RAINN, n.d.). Although neurological development seems to partially contribute to the increase in instances of sexual violence among these college-age young adults when compared to demographics of different ages, this doesn't account for the additional increase in rates of sexual violence among college-age students compared to their non-student counterparts (Samberg, 2021). It has been found that "men in fraternities are 300% more likely to commit rape, and women in sororities are 74% more likely to be raped than other college women" (Samberg, 2021, para. 6). Although a binary representation of the victim-assailant dynamic, this statistic effectively conveys that there are additional factors within the environment or institutional structure of college/university campuses that contribute to the high sexual assault rates of this population. These findings ultimately suggest that certain elements of post-secondary institutions may require abolition or re-structuring in order to help reduce these rates, such as the oppressive aspects of fraternities and sororities discussed in chapter two (Samberg, 2021). Awareness around the existence of this issue offers opportunity for those in positions of power to encourage change to the aspects of the institutional structure that are perpetuating inequality and harm.

Section Two

The second section of research in chapter two considered the college-age population's susceptibility to engage in problematic drinking behaviours, as well as the negative consequences of drinking culture. There were found to be both social and neurological contributors toward the college-age population's increased involvement with drinking culture in comparison to other demographics. As previously established, the primary neurological constituent was found to be the partially developed pre-frontal cortex (Wood et al., 2018). This has impact on impulsivity and sensation seeking, which can impair one's ability to negotiate between short-term desires and long-term well-being, making drinking much more desirable to this demographic (O'Leary et al., 2019). The social constituents that have been shown to contribute to increased drinking behaviours among the college-age population are factors such as a student's peer influence and the degree of social pressure one feels to drink (Mange et al., 2021; Krieger et al., 2018). Peer groups are a particularly important influence during the college-age years as young adults will often reference their social circle to model drinking behaviours, which means that one's likelihood of engaging in impulsive and sensation seeking behaviours will increase if their peers exhibit such behaviour (Mange et al., 2021). These contributing factors indicate areas that could be explored with college-age clients to help assess their own personal relationship with drinking and to support desired positive change in this area.

Although there are several negative consequences of engaging in problematic drinking behaviours, the primary consequence addressed in chapter two was sexual assault because the majority of sexual assaults occur when at least one of the involved individuals is intoxicated (Jaffe et al., 2019). This correlation between sexual violence and alcohol intoxication exists because alcohol can impact general cognitive performance as well as offenders' aggression levels (Lindo et al., 2018). This data suggests that taking steps toward a reduction in the

influence of drinking culture among college-age young adults may help to reduce the cases of sexual violence on college campuses. This same belief is reflected among the attitudes of many college-age young adults, as it has been found that “77 percent of students agree that reducing drinking would be very effective, or somewhat effective, in preventing sexual assault on their campus” (Lindo et al., 2018, p. 236).

Section Three

The third section of research in chapter two explored what rape culture is, what alcohol-involved sexual assault is, as well as the systemic ideologies that contribute to the occurrences of sexual violence among this demographic. Rape culture was identified as an environment in which rape is normalized, overlooked, and even encouraged (Adams, 2021). Oppressive social dynamics are an observable corollate with rape culture as minority groups are often the victims of sexual violence (Adams, 2021). Due to the fact that sexual assault rates are particularly high among the college-age population, it would suggest that rape culture is upheld and embedded in many of the institutions or environments that these young adults frequent, such as college campuses (RAINN, n.d.).

In reference to the research conducted on alcohol-involved sexual assault, it was found that alcohol-involved sexual assault was the most common form of sexual violence reported on college campuses (Klein et al., 2021). Drinking was found to be a common, yet maladaptive post-assault coping strategy exhibited by those who were incapacitated when assaulted (Aakvaag et al., 2018). This is problematic because it has been found that both previous assaults and increased drinking pose as risk factors for re-victimization (Jaffe et al., 2019). These findings further indicate opportunity for reducing campus sexual assault rates by taking steps toward educating college-age young adults on the potential negative consequences of engaging in more

extreme and dangerous drinking behaviours. For individuals, these findings also highlight a way to intervene on a cycle of behaviour that has the potential for increasing the likelihood of revictimization.

In reference to the systemic ideologies that contribute to the prevalence and pervasiveness of forms of sexual violence, victim-blaming attitudes were identified as a common way in which harmful and oppressive narratives are upheld (Adams, 2021). The victim of sexual assault is often faulted by society, and this is magnified when it comes to alcohol-involved sexual assault because the victim often willingly consumes an intoxicant (Peter-Hagene & Ullman, 2018); however, a victim's intoxication does not cause an assault, the perpetrator's actions do. Although no quick or easy task, the research on this topic indicates a need for systemic change toward a more just and equitable response to instances of sexual violence of all forms. Changing victim-blaming narratives may even help to reduce rates of sexual violence because it would set the example that this behaviour is not tolerated, and it would hold those who enact sexual violence accountable for their actions while giving more opportunity for victims to experience justice.

Section Four

The fourth section of research in chapter two explored the common mental health consequences following alcohol-involved sexual assault, special considerations for offering therapeutic best practices to survivors of alcohol-involved sexual assault, as well as other factors that can impact one's treatment and recovery. In reference to the common mental health consequences following alcohol-involved sexual assault, it was found that substance use disorder, depression, anxiety, sexual dysfunction, self-blame, and/or posttraumatic stress disorder were common experiences (Carey et al., 2018; Dworkin & Schumacher, 2018; Peter-Hagene &

Ullman, 2018; Whiting et al., 2021). Given the likelihood of a survivor of sexual assault experiencing at least one of the above mental health conditions, some of the recommended therapeutic best practices are a trauma-informed approach, as well as a feminist and culturally sensitive approach (Nathan & Ferrara, 2020; Pemberton & Loeb, 2020). These approaches are compatible with the topic of sexual assault due to the focus on empowerment and attention to the client's unique variables and experiences.

The special considerations to the best practices with survivors of sexual violence, explored in chapter two, primarily focused on the complexities and nuances of potential memory loss when both trauma and alcohol intoxication are involved. Although fragmented memory, memory recall, and its intersections with trauma is a topic with contrasting opinions in the therapeutic community, there were important research findings as it pertains to alcohol's role memory loss that would be relevant to practitioners regardless of their stance on the topic. The research on the topic suggests that memories formed while intoxicated are most effectively recalled while intoxicated (Jaffe et al., 2019). This means that while one's memories of an alcohol-involved sexual assault may be fragmented or lost when sober, it is not unlikely for the individual to experience intrusive memory recall of the event when later intoxicated again (Jaffe et al., 2019). This information is notable as being intoxicated is not always the most resourced and resilient state to cope with the difficulty of memory recall of a trauma. These findings ultimately indicate another reason why survivors of alcohol-involved sexual assault, who are experiencing lost or fragmented memories, may benefit from psychoeducation regarding the possible negative consequences of post-assault intoxication. This approach demonstrates collaboration and transparency, which aligns with the principals of the previously discussed best practices.

Conclusions

This next section, the conclusion section, highlights common themes that reoccur throughout the reviewed body of research and address the relevance of these themes to the topic of this capstone. There were several reoccurring themes threaded through much of the research on the topic of alcohol-involved sexual assault as it pertains to the college-age demographic of young adults. Perhaps one of the most prominent themes identified throughout the body of existing research was the cyclical pattern of re-victimization that can occur following alcohol-involved sexual violence. It has been established that of the total number of assaults seen on college campuses, between 50-70% involve alcohol use (Klein et al., 2021). Survivors of alcohol-involved sexual assault also tend to display more problematic drinking behaviours following the assault than did those who were not intoxicated at the time of their assault (Aakvaag et al., 2018). This can contribute to the increased risk of re-victimization that those who have been previously assaulted while intoxicated face because of the high correlation between sexual violence and alcohol use (Conley et al., 2017). The research depicts a larger issue of sexual violence, which is reinforced and perpetuated by multiple overlapping issues such as drinking habits and maladaptive coping patterns. The complex and cyclical nature of this pervasive issue of alcohol-involved sexual violence among college-age young adults suggests that these issues likely cannot be solved in isolation from one another, but rather should be viewed as a set of interconnected issues that impact one another.

A secondary theme identified throughout the body of existing research was the acknowledgement that the prevalence of sexual violence occurring among this college-age population is representative of a greater systemic issue of inequity and injustice, which exists far beyond just that of university/college institutions. Sexual violence is representative of a systemic

issue because folks across minority races, genders, and sexualities are disproportionately targeted and victimized, and those who enact sexual violence tend to hold greater social power and privilege than their victims (Adams, 2021). Although sexual violence depicts a pattern of prominent and predictable social injustice, there are also systemic mechanisms in place (such as victim blaming) that avoid addressing this topic as one that represents social dynamics of power and oppression, and instead further reinforce the oppressive dynamic by treating each case as an unfortunate yet isolated incident (Adams, 2021). These findings indicate the need for change from a proactive perspective rather than a reactive perspective solely. Systemic change is necessary in order for this pervasive issue to subside; this would require addressing the reasons why individuals act sexually abusive/violent toward others rather than continuing to avoid the magnitude of this issue by deflecting attention to the survivors of sexual violence. These findings are not to say that sexual violence cannot exist outside the predictable dynamic of power and oppression, but rather the number of cases that do conform to this social dynamic suggests that a larger systemic issue is contributing to the pervasiveness of the problem.

Limitation to the Research

Although sexual violence among college-age populations is a widely recognized issue, and is therefore well documented in research, there are several related subtopics that lack thorough attention and may consequently impact the validity of the available data. The first limitation within the existing body of research is both the quality and the quantity of studies conducted where men are recognized as victims of sexual violence and women are recognized as perpetrators of sexual violence. Although the majority of victims of sexual violence are minorities, and the majority of documented perpetrators tend to be men, the cases that do not conform to this predictable social dynamic are often overlooked. Inattention to the portion of the

population who do not align with the majority of cases runs the risk of reinforcing the gendered stereotypes that women are always the victims and men are always the perpetrators.

Another limitation within the existing body of research is regarding how the occurrence of first-time experiences with sexual violence during college-age years affects the mental health and well-being of the young adult. There is plentiful data collected on how childhood sexual abuse impacts the child's well-being, how this later impacts the mental health of the adult, as well as the mediators between children who have been sexually abused and those who enact forms of sexual violence later in life. More specific research done on the impact of sexual violence first experienced in young adulthood would better help those in helping positions to support these survivors. This specification would also allow the mental health outcomes of the assaults in adulthood to be measured without the interaction of previous cases of past abuse. Although it is known that sexual violence can commonly be accompanied by the survivors' experiences with substance use disorders, depression, mood disorders, chronic health conditions, anxiety, sexual dysfunction, and/or posttraumatic stress disorder (Carey et al., 2018; Dworkin & Schumacher, 2018; Whiting et al., 2021), there is little data on how these experiences impact a young adult and their identity development. These college-age years are crucial for the development of an individual's identity, independence, sexuality, and relationship with self, all of which can be greatly impacted by a sexual trauma (Wood et al., 2018).

Lastly, there exists limitations within the existing body of research in reference to the rates of sexual violence within college-age populations across cultures in the world that have differing trajectories for young adulthood than does western civilization. More knowledge on the differences that exist among college-age populations across different cultures would aid in the understanding of how much of the sexual assaults that occur among young adults are likely

attributed to the environment/culture of institutions such as college and university campuses. Further knowledge regarding the western structure of college/universities, as well as its impact on the health and well-being of those who engage with such institutions, could help indicate whether or not these institutions require reform for change to occur. Furthermore, cross-cultural referencing of the occurrences of sexual violence among college-age populations could model specific solutions to help mitigate the prevalence of this issue in western society.

Future Research Directions

Highlighting the limitations that exist within the body of research on alcohol-involved sexual violence among college-age young adults aids in the understanding of the research that is required in the future to achieve a fuller understanding of the topic. The goal in achieving more knowledge on this topic would primarily be to find various ways of reducing rates of sexual violence. To do so, it is my belief that both proactive and reactive solutions and responses to the issue must be explored. The reactive side of sexual violence (the ways of supporting survivors of sexual assault) has historically been given much more time and attention than the proactive side (ways of attempting to prevent sexual assault). Although not to minimize the importance of quality support to the survivors of sexual violence, the lack of attention paid to preventative measures is problematic because it seems unlikely for anything to change if the focus is solely on how to address the consequences after the damage has already occurred. One of the most important focuses for future research seems to regard preventative measures that can be taken to help reduce rates of sexual violence among this college-age population.

When considering proactive ways to reduce overall rates of sexual violence among the college-age population, it seems most beneficial to attempt to reduce young adults' overall engagement with risky behaviours, as many of these behaviours have been recognized as

potential contributing factors toward the high prevalence of sexual violence within this demographic (Klein et al., 2021); some of the risky behaviours commonly observed within this demographic are engagement with “alcohol, tobacco and other drug use, dangerous driving, unprotected sex, and unhealthy dietary choices” (Sofija et al., 2020, p. 1). Sofija et al. (2020) depicts a strong negative correlation between an individual’s engagement with the above risky behaviours, and their sense of “hedonia (positive feelings) and eudaimonia (positive functioning)” (p. 2). This can also be understood as an individual’s wellbeing, which is “a positive subjective experience” that “encourages self-care and may steer individuals away from risky lifestyle behaviours” (Sofija et al., 2020, p. 1). These findings suggest that more focus on enhancing young adults’ abilities to practice self-care and make decisions that support their overall sense of well-being will likely help to reduce their engagement in risky behaviours, and subsequently avoid suffering the negative consequences of those risky behaviours (Sofija et al., 2020). Similarly, the young adult’s progressively developing brain, and the known limitations that this poses to their ability to make complex plans and control impulses, suggests that this population may benefit from more targeted teaching of adaptive coping skills and resources to mediate between desires and well-being (Wood et al., 2018). This concept requires further research in order to evaluate the most effective way to implement this approach in a way that resonates and reaches more college-age young adults.

In Closing

The research on this topic highlights the complexity of this issue and rules out any one single factor as being solely responsible for the high number of incapacitated sexual assaults that occur among the college-age population. This subsequently suggests that there is no one way to singlehandedly resolve the problem of sexual violence that is impacting college-age young

adults, but rather multiple considerations, avenues, and approaches for practitioners and other supporting roles to deliberate. Although this issue of sexual violence among young adults has been acknowledged as one largely influenced by systemic inequality, which therefore calls for greater systemic social change, there remains a lot of action that can be done individually by counselors, university staff, as well as anyone else in supporting positions to this demographic of young adults. Quality care for those who have been impacted by sexual violence must account for the complexity of this topic and acknowledge the common co-occurrences of additional related issues such as substance use, mental health concerns, and risks for re-victimization. By acknowledging the factors in an individual's life that are both impacting and being impacted by their experience with sexual violence, it allows for practitioners to support the client's overall sense of well-being in the unique context of each individual.

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