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Alcohol and Drug Use Amongst College Students in Relation to Sexual Abuse

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ALCOHOL AND DRUG USE AMONGST COLLEGE STUDENTS IN RELATION TO
SEXUAL ABUSE

By

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Honors Thesis submitted in partial fulfillment

for the designation of Department Honors

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Abstract

The impact of child sexual abuse (CSA) and traumatic sexual experiences has been the subject of multiple studies in which harm was found. Among these harms are emotional distress, psychological issues, and substance abuse. This research analyzed and compared the responses to questions pertaining to substance use and attitudes regarding sexual interactions between college aged students with and without a history of sexual abuse. The participant's answers were run through an ANOVA to determine statistical variance. Based on prior research, it was expected that victims consume alcohol and use drugs more frequently than non-victims in significant amounts. The findings in this research were not as expected in regards to substance use due to the fact that only drug use showed any statistical significance between the victims and non-victims and only between the two female groups and not the males. The difference between the groups in regards to their attitudes regarding sexual interaction was also unexpected, showing that female victims have more casual attitudes about sex than do their non-abused counterparts.

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Chapter 1

Introduction

It has been documented that sexual abuse can lead to multiple issues for the person being abused. This research looked at how childhood sexual abuse, and traumatic sexual experiences shape college age victims' behaviors regarding alcohol and drug abuse, as well as how it changes their perceptions of future sexual interactions.

Childhood sexual abuse (CSA) is the inappropriate sexual conduct between an adult and a minor, while traumatic sexual experiences include any sexual contact that the victim felt was inappropriate as well as any type of nonconsensual sexual contact. This research evaluated survey answers of college students and compared the behaviors and attitudes of abuse victims to a non-abused sample.

CSA and traumatic sexual experiences are a tragedy because they not only affect the person at the time that the abuse is occurring but continue to affect that person for the rest of their life. Adult survivors of CSA face a number of challenges in their social, psychological and sexual functioning (Zafar & Ross, 2013). CSA has been associated with several risk behaviors among women, including an earlier age of first intercourse, a greater number of sexual partners, and trading sex for money or drugs (Senn, Carey, & Coury-Doniger, 2012). Sexual abuse involving males has only recently begun to receive increased public attention so there is a lack of research on male victimization when compared to research on female victims (Romano & De Luca, 2001).

According to Koenig, O'Leary, & Pequegnat, CSA increases reliance on avoidant strategies, as the victim tries to avoid the painful memories, anxiety, stress, or

feelings of low self-esteem that result from their victimization through the use of drugs and alcohol (2004). Another study reports that there are significant long-term and short-term health consequences for those who have experienced any type of sexual violence, including post-traumatic stress disorder, depression, and substance abuse (Vivolo-Kantor, DeGue, DiLillo & Cuadra, 2013). This research examined data to determine if any differences exist between an abused and un-abused sample, to provide more knowledge about the impacts sexual abuse has upon its victims.

Chapter 2 Relevant Literature Review

Substance Abuse

CSA and sexual violence is associated with the development of drug and alcohol abuse and dependence. Victims of CSA have shown to have a consistent association with substance abuse later in their life. This consistent substance abuse is remarkable due to the vast amount of studies done across different diversity groups, and the multiple ways substance abuse has been measured (Koenig et al., 2004). Women who have experienced CSA are more likely to drink than to not drink, and drinking at an earlier age increases the likelihood that they will continue to drink into adulthood, amplifying their risks (Koenig et al., 2004). As a result, the earlier they are abused, the more likely they are to use alcohol or drugs at an earlier age to try and cope with the after effects of the abuse (Sigurdargottir, Halldorsdottir, & Bender, 2012), and the more likely it is for those who were abused to suffer further negative consequences.

The increased rates of substance abuse lead to three major issues. The first issue is based upon health concerns. More than 60 causes of death have been linked to alcohol consumption, including various cancers, hypertension, liver disease, accidents and violence that are a direct result of its use (Taylor, Rehm, Patra, Popova, & Baliunas, 2007). The second issue is the effects of alcohol use upon people in college. Alcohol problems typically develop during the late teens to early twenties, so people in college are likely to be affected (Skinner, 1987). Excessive drinking is associated with damaged property, poor class attendance, hangovers, and trouble with authority (LaBrie, Hummer, & Pedersen, 2007). The amount of alcohol consumed can directly predict a student's

grades; the more alcohol consumed, the lower grades were on average (Singleton, 2007). The third issue is increased likelihood of risky sexual behaviors later in life. Research has consistently found that people who frequently use alcohol and other substances are more likely to engage in risky sexual activities (Koenig et al., 2004).

Risky Sexual Behaviors

CSA and sexual assault lead to risky sexual behaviors later in life. These risky behaviors include multiple sexual partners, alcohol consumption in relation to sexual experiences, and age of first voluntary sexual encounter (Senn et al., 2012). In college women, a history of CSA has been demonstrated to correlate with more frequent and more varied sexual behavior, including age at first encounter, intercourse frequency, and number of sexual partners (Koenig et al., 2004). In a study done by Senn and Carey, CSA was shown to be a determining factor associated with adult sexual risk behavior, while other types of abuse were not (2010). Those who reported sexual abuse in adolescence also reported higher instances of risky sexual behaviors (Senn et al., 2012). Sexual intercourse at an early age has been shown to predict alcohol consumption, and thereby even more risky sexual behaviors (Koenig et al., 2004). Another study by Goldstein, Barnett, Pedlow and Murphy showed that alcohol consumption directly correlated with a new sexual partner and the reduced likelihood of contraceptive use, including the use of condoms (2007).

Attitudes

CSA and traumatic sexual experiences also carry additional risks to the attitudes that the victim has regarding themselves and future sexual encounters. CSA teaches the

child that he/she is powerless to refuse another's sexual advances, and if they try then the result is worse than just compliance (Koenig et al., 2004). This powerlessness can lead to feeling unable to control sexual situations, in which the victim is unable to refuse sex, including risky sex (Senn et al., 2012). Individuals who were victims of abuse as children are at an elevated risk for further abuse as an adult (Wall, Wekerle, & Bissonnette, 2000). Women who experienced CSA think of themselves as promiscuous, while those who have not experienced it do not, even when the number of sexual partners is the same for both groups, showing one area in which attitudes are affected by CSA (Koenig et al., 2004). In a study of women who had all been sexually abused as children, they all reported feelings of shame, which in turn they said affected their relationships with others and their attitudes about themselves (Ram, Renck, & Ringsberg, 2006).

Las Vegas

Las Vegas is a city that has made its name synonymous to sex, alcohol and gambling to those from all over the world. It relies on selling sex appeal to promote its appeal to the public and to gain tourism to the city. The availability of alcohol, gambling and sexually provocative shows and entertainment has made Las Vegas the number one adult entertainment destination in the United States (McGinley, 2012). It is a city that capitalizes on dreams and fantasies, on sex and leisure, and on abundance and wealth. Aside from being a city that caters to between 30 and 40 million tourists per year, Las Vegas is a fully functional city with approximately 2 million people living in it and its suburbs. One of the side effects for those who live in Las Vegas is the barrage of perpetual advertising that is designed to reinforce the ideological view of Las Vegas aimed at bring in tourism. These advertisements use strong sexual imagery that utilizes

women's bodies as their focal point and highlights on sex appeal while objectifying women (Aikin, 2012). The result of these advertising campaigns is that Las Vegas garnered a national reputation that the city was "full of beautiful women and sex" (Aikin, 2012). In the study done by Michelle Aikin, it was shown that while across the rest of the country use of gender stereotyping and use of sexual imagery has decreased, this does not hold true of Las Vegas (2012). The increased levels of overt sexuality and the objectification of women in Las Vegas advertising has given people a skewed perception of reality where the city is concerned. This type of advertising, especially at these levels, may lead to violence against women and sexual harassment, and may be psychologically and physiologically damaging. The highly sexualized environment of Las Vegas portrays sex as being free from consequence but Las Vegas has one of the highest rates of forcible rape in the nation (Kennedy, Dooley & Taylor, 2011). A study done by Kennedy, Dooley and Taylor looks at whether the overtly sexual culture of Las Vegas creates a high-risk environment for sexual victimization and whether the everyday routines of the city place individuals in situations where victimization is likely to occur. This study found that Las Vegas has the second highest rate of forcible rape for a city with over 700,000 inhabitants and it has higher rates of forcible rape than comparable tourist destinations (Kennedy, Dooley & Taylor, 2011). This study shows that living in Las Vegas may actually place people at a higher than average risk for sexual victimization than would living in other cities.

This study

This research compared attitudes and behaviors among college students. The study first identified those individuals who have experienced childhood sexual abuse or a

traumatic sexual experience. These participants were grouped together and labeled “victims,” while the remaining participants were labeled “non-victims.” Next, each groups’ responses related to the questions regarding drug and alcohol use, as well as to two questions that identified their attitudes toward current sexual encounters, were analyzed. The results from the two groups were then compared with each other to see if they differed in any manner. Based upon previous research, it was reasonable to predict that there would be a significant difference in alcohol and drug use between the victim and non-victim samples.

Chapter 3 Methodology

Procedures

The subject pool for this research was a nonrandom pool of students at the University of Nevada, Las Vegas (UNLV). Students in Criminal Justice introductory classes (CRJ 104) were given the option to take a survey, or write a paper in order to fulfill a requirement in the class. Students were informed that participation was completely voluntary and that by choosing not to participate they would not have any deductions to their grades. Those students who did choose to participate in the study were able to take it online in private settings in a research lab at UNLV. The survey began with an informed consent indicating the type of questions that would be asked, and informed the reader of their rights' as they pertained to the survey. Students who participated were given course credit and lab assistants did not know their responses to the survey. Students also had the option to skip questions that they did not want to answer. This survey was conducted anonymously; no identifying information was collected with the responses. Demographic information was surveyed, including gender, age, and ethnicity of the students.

The procedure and the survey questions were all reviewed and approved by the University of Nevada, Las Vegas' Institutional Review Board (protocol #1001-3335M), designed to oversee the integrity of all research programs involving human subjects.

Measures

This research used the participant responses to the survey. These responses allowed the creation of two comparison groups comprised of participants who had experienced sexual abuse and those that had not. These groups were compared on their consumption of alcohol and drugs, and their attitudes regarding sexual interactions. The questions used to identify sexual abuse come from two existing scales: the Child Abuse and Trauma Scale, and the Sexual Experiences Survey. The questions used to determine consumption of drugs and alcohol, as well as the participants attitudes regarding sexual interactions were all specifically created for the survey the participants took part in. To identify their substance use, the questions used were “I regularly consume alcohol” and “I have tried drugs while partying.” To identify attitudes about sexual intercourse, the questions used were “It is okay for sex to be just a good physical release,” and “sex without love is meaningless.” First victim and non-victim samples’ attitudes were compared regarding their current sexual encounters as well as their behaviors as they pertain to drug and alcohol use. Then ANOVA was used to determine if a history of sexual abuse was significantly related to trying drugs or frequency of alcohol consumption and attitudes regarding sexual interactions. Responses were compared based upon victim and non-victim classifications, as well as by gender.

Child Abuse and Trauma Scale

The Child Abuse and Trauma Scale, known as CATS, is a 38-question self-report survey that is designed to measure a range of specific childhood experiences (Sanders & Becker-Lausen, 1995). The responses to this survey measure different childhood traumas, including sexual abuse, physical abuse, neglect and emotional abuse. The CATS survey was included in its entirety in

the survey the students responded too, however the questions that were used in this research from the CATS survey were limited to only those pertaining to sexual abuse. These questions were “when either of your parents were intoxicated, were you ever afraid of being sexually mistreated,” “did you have traumatic sexual experiences as a child or teenager,” “did your relationship with your parents involve a sexual experience,” “did you ever witness the sexual mistreatment of another family member,” and “before you were 14, did you ever engage in any sexual activity with an adult”. The scale is a 5-point Likert scale with responses including never, rarely, sometimes, very often and always. Participants who chose any abuse frequency were placed in the victimized category. These questions were used to identify childhood sexual abuse amongst the participants.

Sexual Experiences Scale

The original Sexual Experiences Survey was created by Mary Koss and Cheryl Oros in 1982. The original survey consisted of 12 yes or no questions that were designed to measure sexual abuse without using potentially stigmatizing and result changing words like rape and sexual assault. The survey also serves to categorize the type of victimization into four categories: sexual contact, verbal coercion, attempted rape, and rape. Due to the nature of the wording, the Sexual Experiences Survey serves as a more accurate indicator of sexual abuse because it identifies the “hidden rape victims” who do not self-report as being raped (Koss, 1985). In a survey done in 1985 by Mary Koss, women answered questions on the sexual experiences survey and their responses demonstrated that there are unidentified victims of rape given that some women stated that they had been physically forced to engage in sexual intercourse or in oral or anal intercourse but did not identify that they had been raped. On the other hand, some women marked that they had been raped, while also selecting that they had been forced into sexual

intercourse, oral intercourse or anal intercourse, making the first group of women the unacknowledged victims of rape, and the second group the acknowledged victims (Koss, 1985).

The Sexual Experiences Survey was also included in its entirety in the survey that this research is based upon. However, this research only used the students' responses to three questions from this survey. In this research, the questions used to identify acknowledged sexual assault victims were "have you ever been sexually assaulted," as well as "have you ever had sexual intercourse with someone because they used some degree of force," and "have you ever been in a situation where another person engaged in sexual acts with you such as anal or oral intercourse, when you didn't want to by using threats or physical force" was used to identify those victims who are otherwise unacknowledged as victims of sexual assault. The group who answered to the question "have you ever been sexually assaulted" is herein referred to simply as sexual assault victims and the questions pertaining to the unacknowledged victims is herein referred to as unacknowledged assault victims to facilitate ease in reading the tables. The scale for the Sexual Experience Survey questions is also a 5-point Likert scale with responses including never, rarely, sometimes, very often and always. Those who selected any abuse frequency were placed into the victimized category as well.

Statistical Analyses

The dependent variables were drug use, alcohol use and attitudes toward sexual activity. The main independent variable was a history of sexual victimization. Dichotomous dependent variables were analyzed using chi-squared tests. Chi-squared tests are a commonly used statistical test that determines if two or more variables are dependent upon one another across samples. This test was used in determining if victimization predicted increased drug or alcohol

use amongst the population. Non-dichotomous variables were analyzed by using ANOVAs to look for differences between groups. ANOVA stands for analysis of variance, and is a statistical test that measures and analyzes the differences between multiple groups. ANOVA makes it possible to test 3 or more variables at once, while keeping data free from increased margins of error that would be present if the data was measured using other statistical tests, like multiple two-sample t-tests.

Participants

The sample includes responses from 862 college students from the University of Nevada, Las Vegas. The sample was 56.5% females, and 43.5% of the sample was male. The ethnicity of the sample was very diverse, with just under half of the sample being Caucasian and the rest being represented by Hispanics, African Americans, Asians, Native Americans, and those who identified as “other.” The respondents’ self-reported ethnicities are presented in Table 1 and in more detail in Table 3.

Table 1

Ethnicity of the Sample Participants

Ethnicity	Percentage
Caucasian	46.4 %
Hispanic	20.8 %
Asian	15 %
African American	14.4 %
Native American	1.4 %
Other	.3 %
Total	100%

The participants ranged from 18 to 53 years old. The average age of the sample was 20.9 years old, with the majority of the participants ranging from age 18 to 20. The amount of time that participants had lived in Las Vegas was fairly varied. Just over 30% of the sample was born

in Las Vegas, while another 45% had lived in Las Vegas for over 5 years. Only 25% of participants had lived in Las Vegas 5 years or less.

Chapter 4 Findings

Identifying Sexual Abuse Victims

Out of the 862 respondents, 619 answered the survey questions in such a way as to indicate they had no history of sexual abuse (71.8%). There were 243 participants who indicated they had been sexually abused. Of these, 188 reported they had been sexually abused during childhood (77.4%) but not since, 31 indicated that they had been sexually assaulted (12.8%) but did not report childhood sexual abuse, 12 said that they had both been sexually assaulted and sexually abused during childhood (4.9%), and another 12 (4.9%) did not indicate that they had been sexually assaulted yet they said yes to having been forced to have sex according to the unacknowledged victim questions.

Table 2

Answers to Sexual Assault Indicators by Whole Sample

Participants Responses	Frequency	Percentage
No Abuse History Selected	619	71.8%
Child Sexual Abuse and Trauma	188	21.8%
Sexual Assault Victims	31	3.6%
Both CAT & Sexual Assault	12	1.4%
Unacknowledged Sexual Assault Victims	12	1.4%
Total Participants Surveyed	862	100%

Table 3

Participants Responses to Sexual Abuse Indicators by Gender

Participants	Females		Males		No Selected Gender	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No Abuse History Selected	316	66.2%	289	78.7%	14	77.8%
Child Abuse and Trauma	114	23.9%	70	19.1%	4	22.2%
Sexual Assault Victims	29	6.1%	2	.5%	0	0%
Both CAT & Sexual Assault	10	2.1%	2	.5%	0	0%
Unacknowledged Assault Victims	8	1.7%	4	1.1%	0	0%
Total Participants Surveyed	477	100%	367	100%	18	100%

We coded the responses so that should a participant have selected that they had experienced both childhood sexual abuses and been sexually assaulted, they would be placed into a separate category to avoid double counting participants, referred to in Tables 2 and 3 as “Both CAT and Sexual Assault.”

Comparing Demographics

The whole sample had a mean age of 20.87 years. The non-victim and victim comparison groups varied significantly in their mean age ($F = 11.357, p < .002$). The average age for the non-victim sample was 20.55 years, and the average age of the victim sample was 21.76 years.

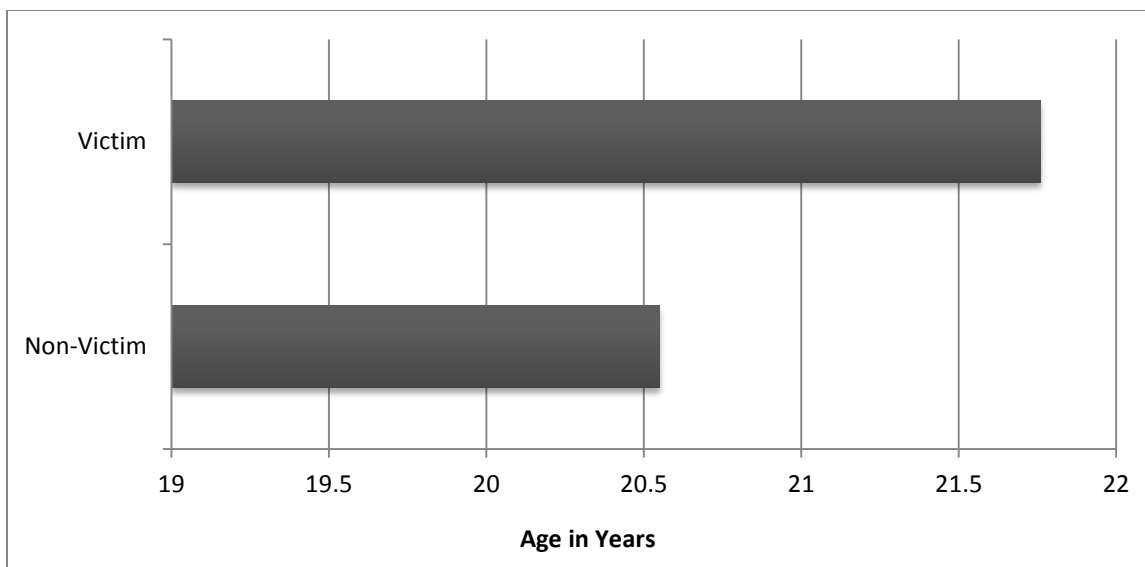


Figure 1. Bar graph showing average age of groups. This figure shows the difference in the average ages of the victims and non-victims.

Although these groups varied significantly, further analyses were not split by age because both groups contained the majority of their participants in the 18-20 year range (63%-71%).

The gender of the whole sample was approximately 56.5% female and 43.5% male. Female non-victims made up 66.2% and victims accounted for 33.8% of the female participants.

Male non-victims made up 78.7% of male participants, and male victims accounted for the remaining 21.3% of male participants.

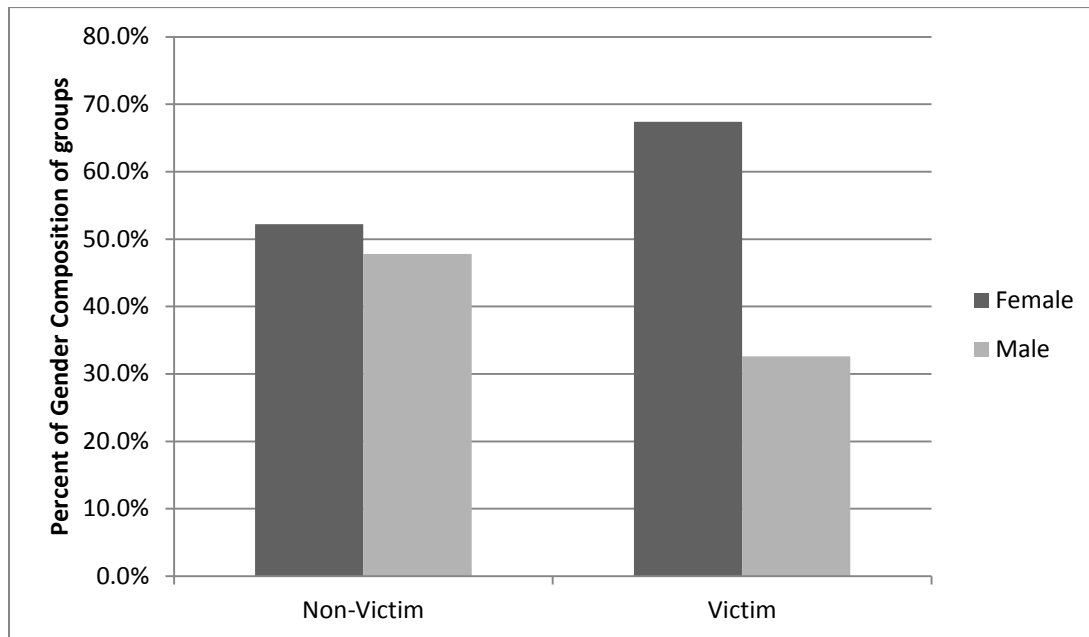


Figure 2. Gender of the participants by victimization group. This figure illustrates the different percentage of males and females between the two groups.

Statistical analysis showed that women were victims at a higher rate than men. The gender composition of the two groups varied significantly ($F= 16.233, p <.001$) so all future analyses were split by gender to adequately represent this variance.

Ethnicity of the sample was split by gender, and compared between victim and non-victim participants.

Table 4

Ethnicity Split by Victimization and Gender

Ethnicity	Victims		Non-Victims	
	Female	Male	Female	Male
Caucasian	42.%	46.2%	46.2%	51.4%
Hispanic	24.4%	17.9%	21.8%	19.4%
African American	15.6%	17.9%	15.8%	11.8%
Asian	15.6%	16.7%	13.9%	16%
Native American	1.9%	1.3%	1.6%	1%
Other	--	--	.6%	.3%
Total	160	78	316	288

A one way ANOVA confirmed that there was no significant variance between the ethnicity of the two groups, and consequently no further analyses were split by ethnicity.

Differences in length of time in Las Vegas were analyzed to see if victim and non-victim groups differed.

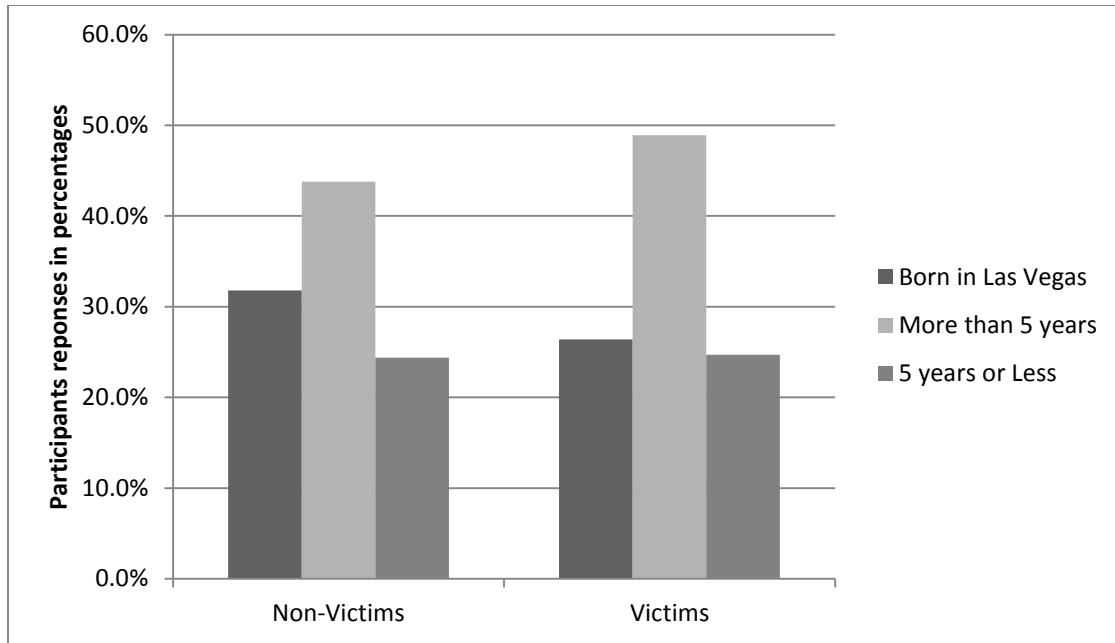


Figure 3. Length of time in Las Vegas by victimization. This figure illustrates the differences in the length of time lived in Las Vegas by the two groups.

ANOVA analyses did not reveal significant differences between rates of victimization by length of time in Las Vegas. Alcohol and drug use did not differ by length of time in Las Vegas nor did the attitudes towards sex so this variable was not used in future analyses.

Results

Amongst the participants, the males and females had very similar patterns of responses by victimization group. When the non-victim female category had a higher mean than the victim category, the male category also had a higher mean for the non-victims than the victims. When the female victim category had a higher mean than the non-victims, the male victim category also had a higher mean than the non-victims. This shows that males and females respond similarly to their gender counterparts of the same victimization group. Even though the patterns of responses were similar between the males and females, the amount of variance between the non-victim and victim groups differed.

Female non-victims were least likely to agree with the statement that sex as a physical release was okay. Female and male victims both were more likely to agree than their victim counterparts that sex as a physical release was okay. Females varied significantly between the victim and non-victim group based on the question “is it okay for sex to be just good physical release” ($F=11.590$ ($df=1, 470$), $p < .002$), and males approached significance (.069).

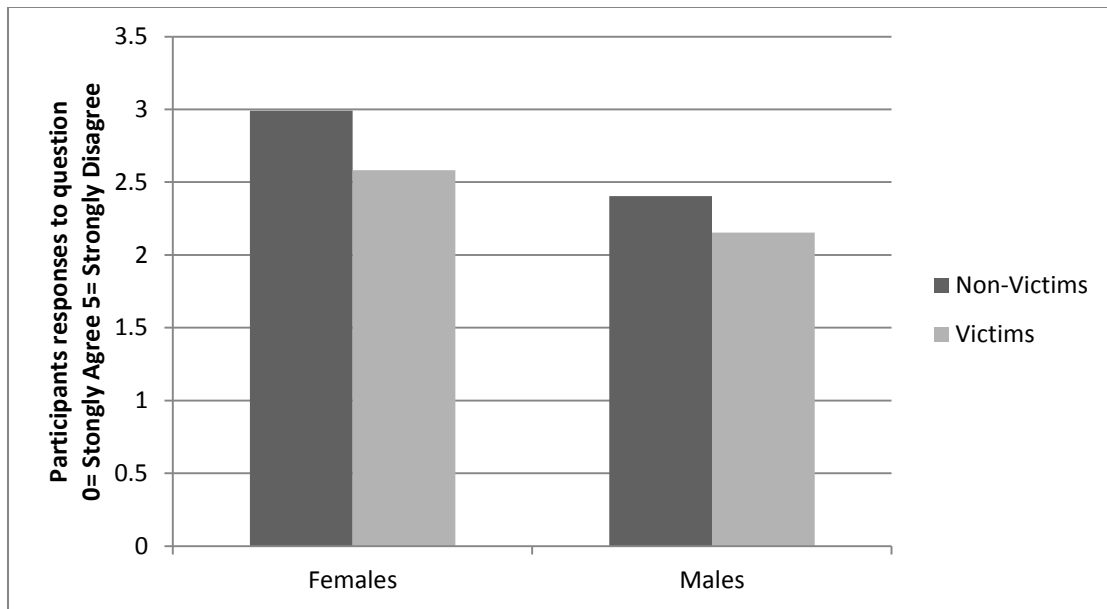


Figure 4. Comparison of responses to sex as a physical release by gender and victimization. Figure 4 illustrates the difference by gender and victimization with victims being more likely to consider sex as simply a physical act.

In response to the statement “sex without love is meaningless”, there were no statistically significant differences between groups based on victimization. All groups fell on the agreement end of the range that sex is meaningless without love but male averages were approaching neutral for that statement.

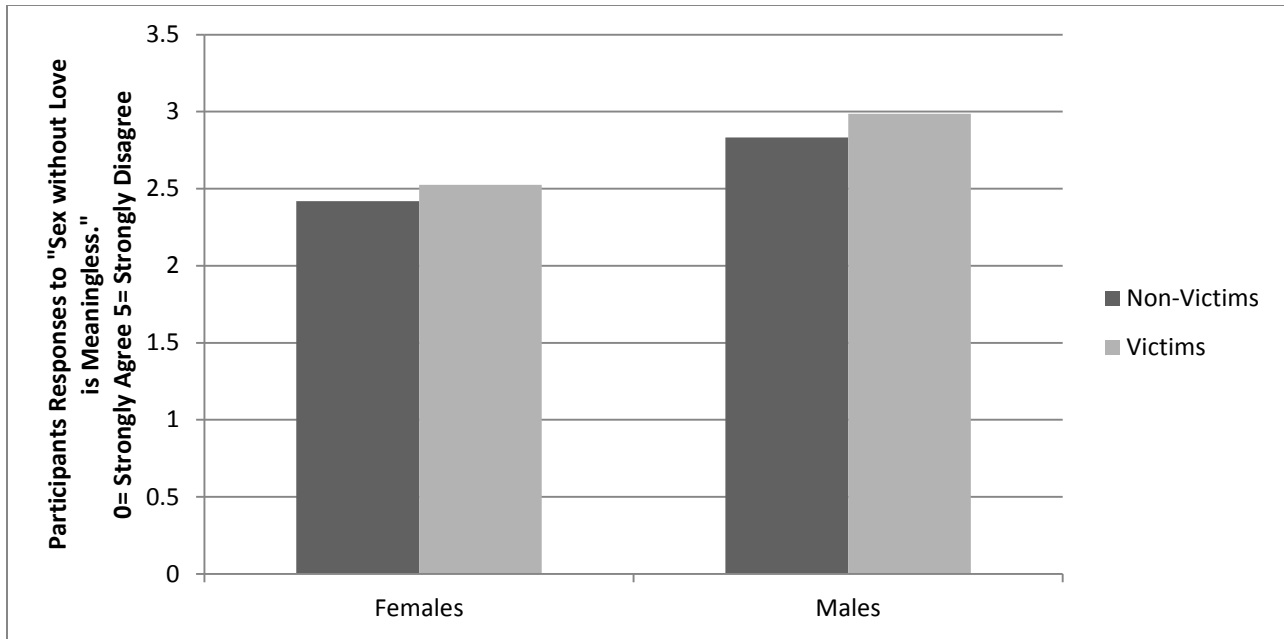


Figure 5. Comparison of responses to “sex without love is meaningless.” This figure shows the difference in responses between the groups and their respective genders.

Males overall answered that they had used drugs more than females, with male victims showing the most agreement on using drugs. Male victims endorsed more drug use, while female non-victims reported the least. Put more simply, the percentage of participants reporting strongly agree or agreed to trying drugs was: 35.9% male victims; 28% male non-victims; 34.2% female victims; and, 19% female non-victims.

Females also showed a significant variance between the victim and non-victim status in response to having tried drugs while partying ($F = 13.256$ ($df=1, 474$), $p < .001$). Males once again approached significance (.057).

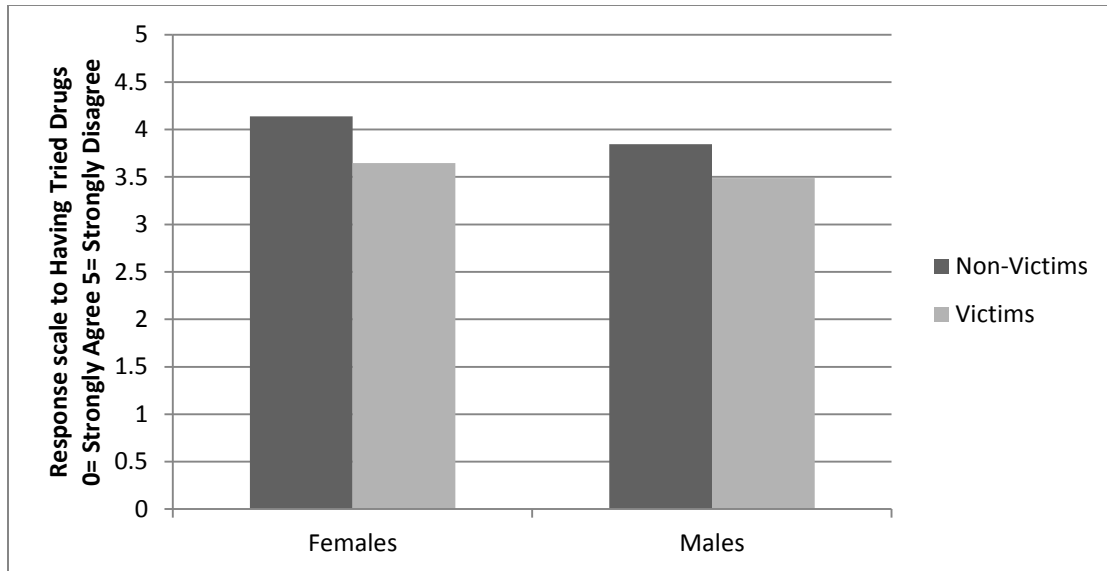


Figure 6. Comparison of drug use by victimization and gender. This figure illustrates the difference in drug use between the victims and non-victims split by gender.

In response to the frequency of consumption of alcohol, there were again no statistically significant differences between the groups. All groups fell on the disagree side of the scale for the item, “I regularly consume alcohol.” Male victims were at 30.8%, male non-victims were at 25.1%, female victims were at 24.8% and female non-victims were at 23.8%. This question may have been less sensitive than asking if they had ever tried alcohol because it is asking about frequency and the vast majority of participants were under age 21 so disclosing regular alcohol is admitting to ongoing under aged drinking.

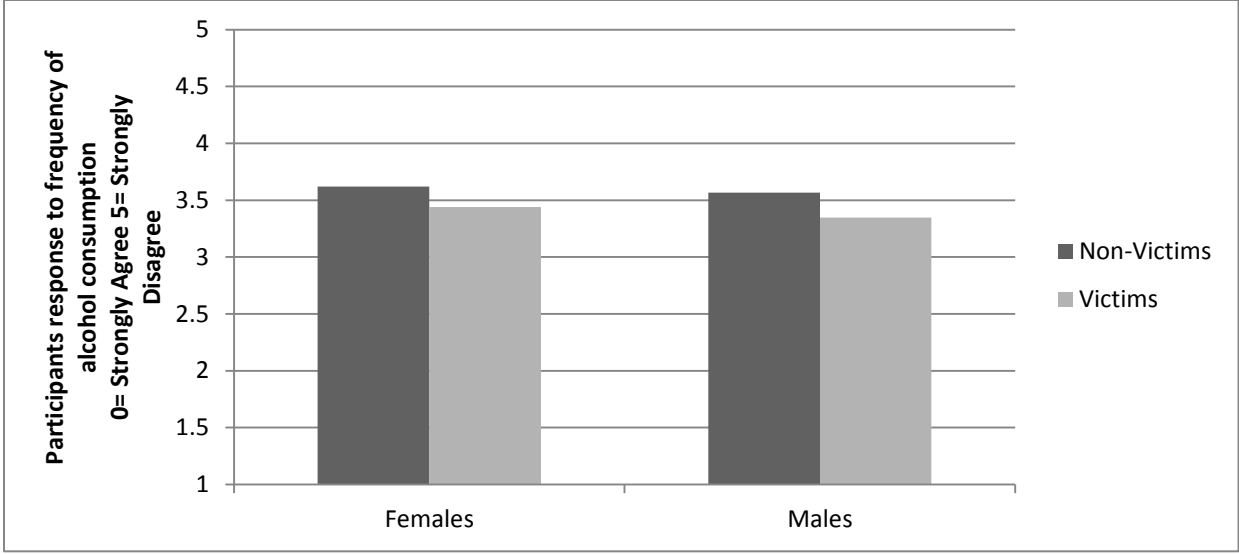


Figure 7. Frequency of alcohol consumption by gender and victimization. This figure illustrates the difference among the non-victims and victims, as well as the difference by gender.

Chapter 5 Discussion

Interpretation of Results

This research study had a relatively high percentage of victims. Non-victims made up 71.8% of the sample, and victims made up the remaining 28.2%. In the United States, 1 in 5 people have reported to be victims of sexual abuse, which is approximately 20% of the population (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). The percentage of victims in this study is almost 30%, which is higher than the reported norm. The higher rate of reported victimization in this study may be because college students are more willing to admit that they have experienced victimization to an anonymous survey, than they are to an institution such as the police or a victim center. Victims of sexual abuse tend to feel shameful and have feelings of deep personal guilt in relation to their abuse, making them reluctant to disclose their abuse to anyone in a position of authority, or when they might feel like their confession will be judged or dismissed (Mezey, G. C. & King, M. B., 1992). The rates of higher sexual abuse that were found in this study could also be because Las Vegas has some of the highest rates of forcible rape in the nation (Kennedy, Dooley & Taylor, 2011).

The percentage of male victims in this study was also found to be higher than expected. Several national studies have found that males make up between 2 and 16 percent of a victim sample. In this study, males made up approximately 22% of the victimized sample. It might be likely that the percentage of male victims in this study is higher than expected due to the fact that males face higher stigmatization than women in reporting sexual assault. One of the stigmas attached to males in our society is that males are expected to be strong and are perceived as being responsible for everything that happens to them (Hunter, 1990). This makes males who have

been victims of sexual abuse face either the real or perceived notion that they are viewed as less than men by other members of their society. They either let the assault happen to them, or they are not real men in the opinion of some societal norms. Another stigma attached by society to sexual abuse of males is that females that commit sexual assault against male victims are rare (Mezey & King, 1992). The majority of sexual abuse against males is perpetuated by male offenders. Males who are sexually abused are placed into a catch 22 situation. “Men find rape difficult to believe or accept- if you let it happen, then you must be queer, if you’re not queer, it can’t have happened” (Mezey & King, 1992, p.5). Either they let the abuse happen because they wanted it to, and are therefore regarded as homosexuals by society and their assault has now been dismissed as something they wanted, or it could not have happened because men who are not homosexuals would not have let it happen (Mezey & King, 1992). Negative stereotypes either categorize men as either failing to protect themselves or secretly wanting to be sexually victimized. In a society that denigrates vulnerability and homosexuality, it is easy to understand why male sexual assault would be highly underreported (Mezey & King, 1992). This makes it less likely that males are willing to report their sexual abuse to anyone in a position to judge them because they feel humiliated and embarrassed by their assault. A possible reason that this study found a higher percentage of males in its victim group could be anonymity of the participants. Students could chose to skip questions they did not want to answer, leaving them in control of how much they revealed. Additionally, no identifying information was collected, making it impossible to trace the responses back to the individual. This could have alleviated the fear that the participants would be judged or looked down upon based on their answers. An alternative explanation for the higher rate of male victims that were present in this study could

again be due to the fact that Las Vegas has some of the highest rates of forcible rape across the country (Kennedy, Dooley & Taylor, 2011).

The age of the victims and non-victims varied significantly, with the victims being one year older on average than the non-victims. A possible explanation for this could be that the older you are, the more likely you are to have been victimized. Length of time lived in Las Vegas also revealed no significant difference between the victims or non-victims, something that was unexpected based upon previous research. Previous research has indicated that living in Las Vegas may put people at a higher risk for victimization, but in this study, the length of time lived in Las Vegas did not vary significantly between either the genders or the victim groups.

Sexual Victimization Affecting Attitudes and Behaviors

In the females, the difference between victims and non-victims was statistically significant in response to “It is okay for sex to be just good physical release,” while in the males, this difference only approached significance. When comparing the sexual attitudes of the participants, female victims agreed more with the statement “It is okay for sex to be just good physical release,” while the non-victims agreed with the statement less. Overall, the female victims appeared to view sex as more of a physical release than a deeper emotional bond based upon their responses. The female non-victims appeared to place a higher regard on sex as more than just a physical release because they disagreed more with the statement “it is okay for sex to be just a physical release.” Previous research indicated that women who had been sexually abused showed feelings of shame in regards to their number of sexual partners when compared to a non-victimized sample (Ram, Renck, & Ringsberg, 2006). One reason that the female

victims in this study might view sex as a more casual activity than non-victims is because it can be a method used to cope with the abuse. By taking the meaning and emotion out of sex, these victims may have been better able to deal with their abuse. By separating the physical act of sex from the emotional bond of love, it is possible that the female victims were also better able to cope with their feelings of shame and guilt that was due to their abuse. Keeping this barrier in place throughout their lives would serve to further protect them, and possibly explain why the female non-victims viewed sex as a less casual affair than did the victims.

When comparing the frequency of alcohol and drug consumption, the results were both unexpected on one hand, yet unsurprising on the other. Previous research indicates that victims of sexual abuse are more likely to consume drugs and alcohol but only the drug use between the two female groups had a statistically significant difference. There was no significance between the victims and non-victims in regards to the frequency of their alcohol use, regardless of their gender. One reason why there may not be a significant difference is because the participants in this study were college students. Some of the students who were drinking may not have been willing to admit to it due to the fact that some of them are likely underage given the typical age range of college students, and college students as a whole tend to consume alcohol more frequently than their non-college peers. Between 70-80% of college students indicated in the survey that they had consumed alcohol within the past month (Pedrell, Bentley, Vitali, Clain, Nyer, Favo & Farabaugh, 2013). College students are also heavier and more frequent drinkers than their same age peers who are not in college (DeSoto, Tajalli, Smith & Pino, 2014). Because of these factors, the frequency of alcohol consumption among the non-victims in this study may likely have been lower than it was if the participants surveyed were not college students. When comparing drug use amongst the participants, the female victims indicated that they had tried

drugs while partying significantly more than their non-victim counterparts. While there was a significant statistical difference between the responses of the female victims and non-victims, males did not show a statistically significant difference between the victims and non-victims of their group. One reason that could explain this is that males in college are more likely to use illicit drugs than females in college, as well as being more likely to use drugs than males who are not in college (Pedrell et al., 2013). If the participants had not been college students, then it is possible that there would have been a statistical difference in the amount of drugs tried by the male victims and non-victims.

Interestingly, when we compared the length of time lived in Las Vegas, to the responses of participants in regards to the alcohol and drug consumption, as well as to their attitudes about sex, ANOVA showed that there was no significant difference between them. Previous literature indicated that the highly sexualized advertising used by Las Vegas to promote itself affects the locals who live there, as well as the tourists the advertising is targeted for (Aikin, 2012). In a city that has made its fame and fortune on capitalizing upon fantasies and sex appeal, it would have been expected to have seen differences in participants' responses that correlated with the amount of time they had lived in Las Vegas, simply by the way that Las Vegas bills itself (McGinley, 2012). While the possibility existed that living in Las Vegas could have affected the frequency of alcohol consumption and having tried drugs, as well as the participants' attitudes about sex, the results indicated that simply living in Las Vegas, for any length of time, did not yield any differences between our victims and non-victims from either gender group. Therefore, the significant differences found in this study that relate to having tried drugs and to the sexual attitudes of participants cannot be attributed simply to living in Las Vegas.

Implications

The first implication of this study is that we may have seen more of a significant difference in the groups' responses to the alcohol, drugs, and sexual attitudes questions if the survey participants had not been college students. Had the participants not been college students, then it is likely, based upon previous research, that the frequency of alcohol consumption and trying drugs would have been radically different between the victims and non-victims than was present in this study. Another implication is that even though the participants lived in a city that is known for its sinful reputation, the frequency of trying drugs among the victimized female group was still higher than that of the non-abused females. This shows that even in situations where drugs and alcohol are fairly common, the females who have been victimized still utilize them more frequently than their non-abused counterparts. The female victims also viewed sex as more of a physical activity than did the non-victims, rather than as an emotional bond.

Limitations

A limitation of this study is that all participants involved were college students, and the findings may not be applicable to the general public. The majority of participants in this study fall within a narrow age range that is not representative of the country as a whole. A second limitation of the study is that Las Vegas itself is a city that draws revenue and tourists with its self-billed reputation for drinking, gambling and sex, so the results may not even be applicable to other colleges across the nation. While length of time lived in Las Vegas did not show any effect on the participants' responses to the questions, without further research, it is impossible to know whether or not the results would have been the same if another college had been surveyed.

Despite the limitations of this study, it is important in that it shows that sexual abuse does appear to cause some behavioral differences amongst its victims that need to be researched further.

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