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## Sexual Violence and Substance Use

The connection between substance abuse and sexual violence is complex. Perpetrators often use alcohol and drugs to incapacitate and discredit victims. Victims and survivors often turn to alcohol and drugs as a way to cope with the trauma of sexual violence, the stress of poverty, and other social struggles. Substance use and abuse is a risk factor for further victimization; it often compounds the stigma and isolation of sexual violence in the lives of victims and survivors.

- A high percentage of adult victims were intoxicated at the time of the assault and therefore unable to give consent. Perpetrators often use substances such as alcohol or drugs to incapacitate their victims in order to facilitate a sexual assault.<sup>1</sup>
- There is overwhelming evidence that victims of sexual assault are likely to use alcohol and drugs to cope with trauma.<sup>2</sup> Coping strategies are tools someone uses to deal with stressful, traumatic and/or painful experiences.
- According to one study, when compared with non-victims, rape victims are:<sup>3</sup>
  - 3.4 times more likely to use marijuana
  - 5.3 times more likely than non-survivors to use prescription drugs for non-medical purposes
  - 6.4 times more likely to use cocaine
  - 10 times more likely to use hard drugs other than cocaine
- Seventy nine percent (79%) of survivors who drink alcohol became intoxicated for the first time after the assault and 89% of survivors who use cocaine used it for the first time after the assault.<sup>4</sup>
- Those who use illegal substances are more likely to be around others who do the same, increasing their vulnerability to violence.<sup>5</sup>
- Studies have associated alcohol and other drugs with both physical and sexual assault<sup>6</sup> including childhood sexual abuse.<sup>7</sup>
- Because victims of sexual assault, including childhood sexual abuse, may use alcohol or drugs to numb or escape from painful memories or PTSD symptoms, when they attempt to stop using the drug symptoms reappear and the likelihood of relapse increases. Studies indicate that those working with people experiencing PTSD and drug addictions treat these conditions concurrently. Untreated PTSD increases risks of relapse and will result in poorer outcomes if treated for substance abuse alone.<sup>8</sup>

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1 Lisak & Miller, 2002.

2 WCSAP, 2005.

3 Kilpatrick, Edmunds & Seymour, 1992.

4 Kilpatrick et al., 1992.

5 Kushel et al., 2003.

6 Kushel et al., 2003.

7 WCSAP, 2005.

8 WCSAP 2005.

- Women with histories of childhood sexual molestation and diagnoses of PTSD are far more likely to abuse drugs.<sup>9</sup>
- Intimate partner violence was predictive of subsequent drug, but not alcohol, use in poor women.<sup>10</sup>
- Economic deprivation, health and mental health risks, loss of child custody, mounting stigma—all have been identified as long- and short-term consequences of drug abuse for women.<sup>11</sup>
- Of women with histories of child sexual abuse a disproportionate number also manifest high risk behaviors that have adverse medical consequences such as substance abuse, smoking, and alcohol use.<sup>12</sup>
- One study found that approximately one third of abused women had lifetime alcohol problems, compared to approximately 20% of women in the general population.<sup>13</sup>
- One study found that girls who were raped are about three times more likely to suffer from psychiatric disorders and over four times more likely to suffer from drug and alcohol abuse in adulthood.<sup>14</sup>
- Substance use and abuse is linked to poverty and violence in thousands of women’s lives.<sup>15</sup>
- There is a strong correlation between physical/sexual abuse and alcohol or drug dependency among people who experience homelessness.<sup>16</sup>

For more information or to find a rape crisis center near you, contact the Pennsylvania Coalition Against Rape, [www.pcar.org](http://www.pcar.org) or 1-800-692-7445.

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9 Browne et al., 2004.

10 Browne et al., 1999.

11 Browne et al., 2004.

12 Kushel et al., 2003.

13 Kushel et al., 2003.

14 Kendler, 2000.

15 Bloom, 2002.

16 Breslau, 1999.