dangerous drink spiking archetypes

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This article is abridged from a paper presented by Sheri Lawson to the annual Manchester Drugs and Alcohol in Sexual Assault Campaign, September 2004, Manchester, England.

This paper aims to promote fresh perspectives on prevention strategies through an exploration of Australian responses to drug and alcohol facilitated sexual assault (hereafter DAFSA), and by examining the conceptual limitations of situating voluntary drug and alcohol use outside a DAFSA paradigm. There are inherent contradictions in prevention campaigns aimed at minimising women’s ‘risk behaviour’: they fail to uphold the rights of victim/survivors and to hold perpetrators accountable. Australian approaches to drink spiking thus far have been inadequate in addressing the issue of DAFSA, and have offered little in the way of prevention approaches. We explore here Australian campaigns to date and ways forward in effective prevention.

the evolution of drink spiking campaigns: creating archetypal meaning

The process of responding to DAFSA in Australia has evolved with numerous changes in focus and direction. To date campaigns alert the public to the occurrence of ‘drink spiking’, describe common indicators of drink spiking, and propose modifications of ‘risk behaviour’, generally directed at women, to prevent drink spiking. Little attention has been paid to the behaviour of perpetrators; less attention has been given to the use of alcohol as a spiking agent, and less still where alcohol and other drugs are voluntarily consumed.

In 1996 a Queensland drink spiking awareness campaign demanded ‘Spiked Drinks: Do You Know What You’re Drinking?’, thus beginning the process of alerting people to the incidence of this
'hidden crime' (Russo, 2000:1) in licensed venues. Other campaigns around Australia followed suit with similar alert messages: Spiking Happens, Spike Alarm and Warning: Drink Spiking. A strong component of these initial campaigns was intended to provide the public with information about this 'new' phenomenon. For instance, drink spiking was usually portrayed as 'a drug unknowingly being added to your drink'. Some campaigns included alcohol in this definition, but popular imagery showed (usually illicit) pharmacological drugs being dropped into a glass. Two important concepts established during this phase of campaigning were that DAFSA occurred firstly through the use of incapacitating drugs or alcohol, and secondly by covert means. A third development from these earlier campaigns was the reification of the spiked drink from an inanimate object into an active subject or agent. The human agent, the perpetrator, is entirely erased from the picture. Spiked drinks are referred to as if they are perpetrators, for example: 'Nightclub Battlegrounds: Women Hit by Spiked Drinks' (Royall, 2001:17).

Campaigns build on this awareness oriented paradigm. They include references to ways of reducing 'risk behaviours' which could make (usually) women vulnerable. For example, campaigns in Victoria and the Australian Capital Territory respectively cautioned the public: Keep an Eye Open, Reduce Your Risk, and Drug Rape: Watch Yourself Watch Your Mates. The central message of these harm reduction campaigns implores women to prevent themselves from becoming a victim of drink spiking and related harms by modifying their behaviour and adopting hyper-vigilant strategies. Australian media endorse this model of prevention with countless news items offering tips on how to prevent drink spiking and quoting authorities who promote behaviour modification strategies. For example, one newspaper advocates Buddy System the Golden Rule after interviewing two young women about their experience. 'Ms James ... has had first hand experience ... [and] learned from her mistake (emphasis added)' writes the reporter. 'She's now extra careful whenever she is drinking alcohol in a crowded bar or pub.' Emphasising the need for women to modify their behaviour, the reporter then quotes the other young woman:

[Accepting drinks from strangers was dangerous and women should exercise more caution. I think you have to be pretty irresponsible to put yourself in that position ... I know that sounds harsh but the fact is you should be looking out for yourself or make sure you're with friends who are looking out for you (Yamine, 2003:3).]

Earlier models of awareness-raising tended to focus on pharmacological drugs such as benzodiazepines; central nervous system depressants which are hypnotic, anxiolytic and muscle relaxant, causing confusion, drowsiness and muscle weakness and may interfere with memory. Amongst the best known benzodiazepines is Rohypnol ('rohies' or 'roofies'). Campaigns have also highlighted Gamma-hydroxybutyrate: GHB or 'liquid ecstasy', which is, the vast majority of the time, made illegally and is easily synthesised from common ingredients. Later campaigns, responding to contemporary research and data regarding the prevalence of alcohol detected or described in victim/survivors' accounts, have included alcohol in the list of drugs used to spike drinks. Where alcohol is included however, it is still largely limited to drink spiking parameters whereby it is covertly added to a drink, rather than voluntarily consumed. Alcohol is infrequently referred to in broader terms which encompass voluntary consumption, such as plying someone with alcohol, or encouraging a person to drink heavily (Griffiths, 2000:7).

The central tenets of this style of campaign build upon the earlier established notions of DAFSA which identified the problem in terms of powerful drugs being covertly administered and involuntarily consumed by the victim. News reports talk about 'dangerous and intoxicating substances being added to drinks' (The Bendigo Advertiser, 2003) while some campaigns continue to promote vigilance as the best defence. A recent study concluded that women were 'at risk of drink spiking' due to behaviours such as leaving drinks unattended and accepting drinks from strangers (Moreton, 2003:2). But perhaps the simplest way of summing up this model of understanding and therefore the direction of prevention comes from this Victorian newspaper article:
At its most sinister, drink spiking is a calculated act performed in secret in order to render the drinker insensible. This premeditated and cowardly crime is often associated with sexual attack... (The Sunday Age, 2004:14).

A few prevention campaigns have included information targeting potential perpetrators and bar staff. This addition to prevention strategies hasn’t supplanted the Be Aware, Take Care approach, but rather tends to sit alongside it. For instance, a number of campaigns have included a three pronged approach with posters for potential victims, potential perpetrators, and bar staff. An example is the Western Australia Police Service Drink Spiking Education Project, and Crime Prevention Victoria Drink Spiking Keep An Eye Out campaign where one poster specifically targeting perpetrators states: It is a crime to spike someone’s drink. Silence does not equal consent. Sex without consent is rape. The penalty is a prison term and a criminal conviction, and with that put perpetrators in the picture for perhaps the first time. Consistent with this, Victoria Police and CASA House (Centre Against Sexual Assault) also produced a brochure encouraging victims of drink spiking to anonymously provide information about perpetrators of DAFSA to law enforcement agencies. However, the media remain reluctant to discuss perpetrators and prefer the spiked-drink-as-offender paradigm.

Possibly the greatest shift in current prevention focus is the subject of ‘prank spiking’. Forget the image of the stranger dropping pills in drinks’ writes one reporter, ‘The greatest threat may be in the friendly prank’ (Nguyen, 2001a:1). Likewise, the tagline to another drink spiking prevention campaigns asks Is he really your mate? suggesting that adding drugs or extra alcohol to someone’s drink, even as a prank, is a crime (Crime Prevention Victoria Drink Spiking Campaign). There are major flaws in these campaign perspectives that hinder the prevention of DAFSA.

flaws in the archetype

We can’t understand or respond to something unless we have an archetype of it to begin with. Unfortunately, where DAFSA is concerned, the evolving archetype relies on the inadequate and fraught drink spiking framework discussed above. It looks something like this: drink spikers or pranksters premeditate to covertly add overpowering drugs to the drinks of unsuspecting women exhibiting risk behaviours, who involuntarily consume them, becoming incapacitated by their toxicity, making them incapable of resisting rape and vulnerable to other harms related to drink spiking.

This archetype prevents us from working towards a broad and comprehensive prevention approach because it is essentially flawed. The following are some of the conceptual limitations which emerge when we subscribe to this archetype.

involuntary versus voluntary consumption

There is a skeptical view held by some sections of the club and pub industry, the police force and our health system that the emerging problem has more to do with drug taking than genuine victims of crime... (emphasis added) (Illawarra Mercury, 2003a:20).

A primary aspect of the archetype is covert administration of a drug to an unsuspecting person’s drink. This is reiterated in prevention campaigns that direct women to monitor their behaviour and drinks, and reinforced in news items focusing on the drink as opposed to the sexual assault; ‘Date Rape: The Sex phials’ or ‘Chemical Cocktail’ (Kennedy, 2002:6).

This dichotomy between involuntary and voluntary drug/alcohol use is internalised by victim/survivors. In contrast to the popular perception that women use drugs as an excuse for behaviour they later regret (Lennon & Reid, 2003), most women contacting CASA House in relation to recent sexual assaults do not say their drink was spiked, but rather that they were out drinking and don’t know what happened to them. They are often reluctant to talk to anyone or report to police because they feel stupid and responsible for what happened, because they were voluntarily drinking. Few women talk about their right to drink alcohol without fear of being sexually assaulted. Instead they talk about ‘not wanting to point the finger’ or ‘wrongly accuse someone’ (ie the rapist) because they were drinking alcohol (CASA House unpublished statistics, 2002-2004). These women have made a
distinction between real victim and not-real victim and they do not see themselves as genuine victims of crime.

Neame (2003) critiques this reliance on the covert administration of a drug or additional alcohol archetype as the primary way of understanding DAFSA. She suggests the ‘metaphor of drugs or alcohol as “weapons” re-situates sexual assault as a crime involving force and resistance or, more specifically, women’s capacity (and indeed their obligation) to resist’ (2003:8-9). Neame draws attention to the ways in which the weapon metaphor necessarily excludes voluntary drug or alcohol use and in doing so dismisses DAFSAs that occur in the absence of spiking. She argues that we need to move beyond drink spiking in order to respond effectively to DAFSA.

drugs versus alcohol

Many spiking victims appear the same as they would do if heavily intoxicated, so we are watching closely the women who may have instead been targeted with another agent … (emphasis added) (Duff, 2002).

Cynics would claim she was drunk … She was certain her drink had been spiked (Dean, 2004:9).

In 2004 Western Australia’s police alcohol and drug unit released information about forensic analyses they conducted in relation to 83 cases of reported drink spiking with no secondary offences such as sexual assault or robbery. They found high levels of alcohol in 78 per cent of these cases and in 43 per cent up to three times the legal limit but very little in the way of other drugs (Newell & Gill, 2004). The media reported these results with gusto: ‘Sex attacks after drink spiking are nowhere near as common as the community is lead to believe, according to research … Almost 80 per cent of supposed drink-spiking victims tested were drunk, not drugged’ stated one (Moore, 2004:11). Another quoted a medical association president remarking ‘it is a difficult thing when you have some people camouflaging their own drug-taking activities and blaming somebody else’ (The Age, 2003). There is now media commentary about an apparent ‘raging’ debate around whether drink spiking with illicit drugs is an urban myth or a reality (Dean, 2004:9).

Here the media reinforces the archetype of DAFSA as something that only happens when there are ‘real’ drugs involved, not alcohol. In this instance they are doing so even in the absence of reports of sexual assault in any of the 83 cases used in the Western Australian study.

The power of this archetype and its internalisation by victim/survivors is evident when they themselves request toxicology examinations. Many women attending CASA House want verification that they were ‘involuntarily’ drugged as confirmation they could not have consented to sex. This is despite the law which specifically identifies a person’s inability to form free agreement when sufficiently (voluntarily or involuntarily) affected by drugs and/or alcohol. For example the Crimes Act 1958 (Vic) at s36, Meaning of consent states (in part):

consent means free agreement. Circumstances in which a person does not freely agree to an act include … (d) the person is asleep, unconscious, or so affected by alcohol or another drug as to be incapable of freely agreeing.

The problem with using a narrow drink spiking archetype to understand DAFSA is that we fail to identify sexual assaults perpetrated against someone who has been voluntarily drinking alcohol, encouraged to drink heavily, or had alcohol added to their drinks. A recent item in The Age reported that a man was charged with raping an intoxicated woman outside a nightclub. The article notes the prosecution’s argument that the victim was ‘as good as helpless’ at the time of the sexual assault while the defence counsel is reported as stating ‘it was a consensual sexual act without any violence’. An important omission in the article is whether the defence in fact disputes the victim’s intoxication or whether they are simply dismissing the charges of sexual assault on the basis that it was consensual sex because there was apparently an absence of physical violence (The Age, 2004:8). It would appear The Age newspaper may not be aware of the significance of the victim’s intoxication in relation to providing consent in this instance.
risk behaviour versus rights

The Be Aware Take Care theme places all the responsibility for prevention on potential victims because the focus is restricted to modifying their behaviour. The phrase Watch Your Drink is a contemporary euphemism for Don’t Wear a Short Skirt (Lawson, 2003). The archetype of drink spiking holds that if individuals ‘take simple precautions, the potential for disaster is greatly reduced’ (Illawarra Mercury, 2003c:24); certain behaviours are ‘risky’ or ‘make people vulnerable to attacks’. Risk behaviours are articulated as: taking people on face value and placing too much trust in total strangers and the general public, meeting strangers, not having safety in the forefront of one’s mind, and letting one’s guard down in comfortable settings (Moreton, 2003). The list goes on. As a colleague ironically remarked, we could remind women that taking their vaginas out to venues with them is ‘risky’.

There are three major problems with the notion of ‘risk behaviours’. Firstly, it is an inaccurate model. The idea that DAFSA ‘happens’ to women who exhibit risk behaviours can be maintained only if we ignore all the evidence indicating perpetrators are most often known to the victims (CASA House unpublished statistics, 2002-2004; Taylor, Prichard & Charlton, 2004), and if we continue to imagine that women are individually empowered to control or prevent sexual assault. Many women report employing strategies they perceive will keep them safe (see for example Meyers-Brittain, 2003:6; 15; Watson, 1999:25-26) and yet sexual assault continues. Research shows that victims who are most psychologically distressed following rape have been following their personal rules of safety at the time (Salt, 2003:169 quoting Scheppele & Bart, 1985). Secondly, this notion of ‘risk behaviour’ implies that some people have not been sexually assaulted because they exercise ‘protective behaviours’. This sets up an us-and-them dichotomy and represents a failure to understand the reality of sexual assault; that it can be and is perpetrated against anyone.

The third problem with gendered notions of risk behaviour is that they conveniently filter out perpetrators while denying women a right to be safe whether affected by drugs or alcohol or sober. If we think that women can reduce DAFSA by offering resistance, by taking precautions or minimising risk behaviour, then what of the perpetrator? Focussing on victims’ ‘risk behaviours’ upholds the myth that men are not able to stop or help themselves when women are being sexually provocative. Even if we accepted the idea that certain behaviours could be categorised as ‘risky’, does this mean we must also accept that women (or men) who behave in such ways ‘get what they deserve’ (Pineau, 1996:11). As Pineau asks in her feminist analysis of date rape, ‘why shouldn’t women be sexually provocative? Why should this behaviour warrant any kind of aggressive response whatsoever?’ (Pineau, 1996:11). When campaigns focus on victims’ ‘risk behaviours’ they reinforce the belief that women should not behave sexually without rightfully being punished by a man’s inability to restrain his sexual urges or drive for power and control. Focusing on ‘risk behaviour’ detracts from the law. DAFSA is not about what the victim/survivor was or was not doing, it’s about someone else violating their right to be safe. This is not just one (feminist) perspective among others; it is the law.

opportunistic versus premeditated

One aspect to the archetype of drink spiking which we hear less about is the notion of premeditation. ‘Sex is often the Motive: Victims need to realise drink spiking is a pre-mediated offence often carried out by sexual offenders. Victims are not to blame’ says one surprising article (Illawarra Mercury, 2003b:7). Yet despite the commendable intention to remove blame from victims we see another powerful dichotomy upheld by the archetype of drink spiking: distinguishing those victims who have fallen prey to ‘real rape’, which is planned and premeditated, from those who have fallen prey to opportunism. Stumman distinguishes between the pre-planned offender who is ‘armed with the means of incapacitating their victim’ and ‘the opportunist’ who takes advantage of an incapacitated victim they encounter (2000:18-19, 21-22). The distinction between premeditative and opportunistic perpetrators being made by some media is erroneous. It minimises and discredits
many victim/survivors whose experiences don't fit the archetypal mould. Describing perpetrators as opportunistic gives sway to benign terms like 'being taken advantage of' which trivialises rape or any form of sexual violence. It does not challenge perpetrators' views that they haven't really done anything wrong. Fyfe and Newell (2004) argue similarly. Meyers-Brittain found that a number of predominantly male respondents perceived drink spiking was not a serious type of assault (2003:6). The distinction drawn between premeditated and opportunistic assaults meshes with both popular ('taking advantage of') and legal (manslaughter versus murder) discourses which ascribe greater seriousness to premeditated acts. This in turn meshes with the discourse of male spontaneous irrepressible sexual 'need' critiqued by Fineau (1996) – men acting on sudden impulse are less culpable for sexual assault (Neame, 2005: private correspondence with the authors). Planned ahead, or perpetrated in the moment, DAFSA is sexual assault.

coopercion and toxicology versus free agreement

Perhaps the most appealing aspect of a drink spiking archetype for police, crime prevention bodies, and anyone working within an investigatory framework is the idea that drink spiking is scientific or provides objective empirical evidence. This is demonstrated in an article appearing in a rural newspaper:

…Two females … alleged their drinks had dangerous and intoxicating substances added to them while the women were at a popular Bendigo nightspot … Tests are presently being conducted to establish the veracity of both claims and police are continuing their investigations (emphasis added) (The Bendigo Advertiser, 2003).

Victim/survivors also internalise this archetype of drink spiking. As outlined above, women and men who have recently been sexually assaulted and attend CASA House frequently request tests to 'prove' they were drugged and raped. These women and men, in the absence of a toxicology report detecting pharmacological drugs, assume they must have been overreacting or imagined the sexual assault upon them. This is despite the fact that a high blood alcohol reading would generally constitute evidence that free agreement was not given, or could not be formed, rather than the converse. The concept of a test to ascertain the veracity of sexual assault claims has a seductive charm; it means we do not have to believe victims or grapple with the difficult issue of consent. The toxicology aspect of the drink spiking paradigm does not offer us a way forward in prevention. In fact it sets us back because it ignores the law around sexual assault. The frequency of public discourses corresponding to the archetype prevents the dissemination of the legal reality – how many people would realise, based on the media reporting that extreme intoxication (whether by voluntary or involuntary consumption) is regarded as a presumption against consent?

fresh concepts for prevention strategies – rejecting the archetype of drink spiking

People often ask CASA House to come up with lists to pass onto their daughters (never their sons!) or female students, about how drink spiking can be prevented. It is in this question that the possibility arises to move from the gendered approach to prevention, which focuses on women's 'risky behaviours' to the potential for offender directed strategies. Suggestions about alternative methods for prevention centreing on perpetrators and the culture in which they operate include: subverting and rejecting the drink spiking archetype and replacing it with a DAFSA paradigm which emphasises perpetrator behaviour, free agreement, voluntary drug and alcohol use, and the right to be safe. These alternative prevention approaches are frequently dismissed as not credible, realistic or palatable: In essence they are not victim directed (see Carmody & Carrington, 2000 and Neame, 2003b for discussions of different theories of 'prevention').

The primary focus for DAFSA prevention must be consent, or free agreement. It is significant that very little is known by the public about free agreement in the context of legal rights. The Right to Party Safely project found that many young women do not understand what consent means.
particularly where drugs and alcohol are involved. Instead, they appeared more inclined to argue women should not get drunk in the first place (Watson, 1999:20-21. 33). Similarly, of 191 male and female secondary students who were asked to respond true or false to the statement *If a woman has sex when she is drunk then it cannot be sexual assault*, 46 per cent agreed there could be no sexual assault. In male only groups of 80 secondary students 40 per cent thought it was true that it could not be sexual assault if the woman was drunk (Hayes, 2002:50-52).

In DAFSA we need to move away from the drug-and-alcohol-as-weapons metaphor which validates the force-and-resistance stereotype of rape, and instead focus on the ability to form free agreement and men’s ability to understand such free agreement (Neame, 2003:9-10). Flood explains that young men with whom he runs workshops don’t really know how to assess if they are pressuring a young woman into having sex or ‘simply do not care whether or not the girl is consenting.’ Flood states young men need to be taught how and why ‘to do consent’ (Flood, 2002:03:29). This is a useful starting point to explore the concept of free agreement and could be applied as intervention within venues. Images and posters can ask questions about obtaining free agreement:

- How would I know if I was pressuring someone into having sex?
- How would I know if the person I was with wanted to have sex with me?
- Do I use alcohol to loosen women up?
- Have I ever had sex with someone who was overly affected by alcohol or drugs?
- Have I ever ignored someone’s response or reaction to my sexual advances?

Other questions or poster themes could revolve around providing free agreement, for example:

- Do I want to have sex with this person?
- I have a right to be safe, even if I’m too drunk to know and understand what I’m doing.

Another alternative approach for prevention programs is to dispel the distinction which separates drugs from alcohol. Restricting our representations to the drink spiking paradigm where a drug is administered or added to a drink dismisses the majority of DAFSAs. Bar staff and venue owners need to be targeted in terms of prevention. Licencees have a duty of care to protect patrons; though we need to acknowledge DAFSA is a community issue not just one that occurs in bars. An example is the high incidence of DAFSAs occurring in private homes and parties (CASA House unpublished statistics, 2002-2004; Taylor, Prichard & Charlton, 2004; Nguyen, 2004b). They can do this by asking the person buying the drink if it’s for them or someone else, refusing to serve double shots, and generally monitoring the levels of intoxication as they are already required to do. The ‘drug rape’ discourse needs to be abandoned in prevention messages and replaced with images which dispel the dichotomy between drugs and alcohol and also puts the offenders back in the picture, for example: *Is she drugged, or too drunk? Either way she can’t give free agreement!*

Campaigns directed solely at victim/survivors where involuntary drug/alcohol consumption has been involved set up a worthy and unworthy victim schema. In place of these campaigns we could educate everyone about the inability to give free agreement where significant amounts of alcohol or drugs are involved. Young women have indicated they want more information about how drugs and/or alcohol affect a person’s ability to give free agreement and for men to know ‘it is illegal, like it is rape, it is not consenting sex, that sort of thing’ (Moreton, 2003:29). Awareness campaigns need to challenge the myths regarding women and voluntary use of alcohol. As Sturman says, ‘we can choose to drink, we can choose to take drugs, we can choose to have sex; these are all separate choices’, not an inevitable chain of events (2000:105). Posters could educate: *Did you know that having sex with someone who is too drunk to form consent is against the law?* Secondary and tertiary interventions could highlight this point and improve the present rates of reporting and prosecuting DAFSAs (see for example low rates of reporting in Taylor, Prichard & Charlton, 2004; CASA House unpublished statistics, 2002-2004). Bryant and Williams (2000) stated 70 per cent of victims of alcohol-related assault did not report the incident to police (cited in Meyers-Brittain, 2003:3).

One criticism Western Australian police have offered about the present approach to drink spiking prevention is that it does nothing to shift
community and cultural attitudes about DAFSA particularly amongst perpetrators and male jurors, ‘who perceive there is nothing wrong with this behaviour’ (Fyfe & Newell, 2004:2). Yet there remains a resistance in prevention campaigns to articulate anything about perpetrators of sexual assault and hold them accountable. In fact the spiked-drink-as-offender-archetype implicitly leaves perpetrators out of the picture. We know that the majority of offenders are male, even where the victims are male (CASA House unpublished statistics, 2002-2004, Sturman, 2000, Flood, 2002-03). Research also shows that the majority of DAFSAs are perpetrated by people known to the victim/survivor (CASA House unpublished statistics, 2002-2004, Sturman, 2000, Flood, 2002-03). Statistically speaking, males we know or are acquainted with are the greatest risk to us. Most sexual assaults do not involve physical coercion, but rather a form of ‘grooming’ and trust building on the part of offenders (Taylor, 2004). Ways of identifying perpetrators and debunking the mythical rapist could include campaigns which alert the audience to the behaviour of ‘ordinary’, ‘everyday’ men, instead of focusing on strangers. For example, campaigns could ask, When your friend is too drunk to get home what do you do a) call her a cab, b) make sure she gets home safely, or c) try to have sex with her? - Having sex with someone who’s too drunk is called rape. Or: What sort of mate are you? A rapist, or a good bloke?

Consider the following scenario:

A woman is drinking at a bar with her friends. She sits there voluntarily drinking and having a good time. She leaves her glass on the bar, goes to the toilet when she needs to, and dances with her friends without a care for her unwatched drink. She has a great time and leaves later and goes safely home.

Which of these behaviours is ‘risky’? She may be at risk of passive smoking, or liver damage, or a hangover, of having her purse stolen, or even falling over and hurting herself. But none of her behaviour conceivably puts her at ‘risk’ of sexual assault until we add a perpetrator of sexual violence to the scenario. Only in the presence of a potential perpetrator can behavior be described as risky. Otherwise, it is simply behaviour.

In focusing on ‘risk behaviours’ when designing prevention strategies we need to abandon the artificial constructs presently in use and be accurate about the targets. When we dismiss the myth of an uncontrollable male sexuality we are able to identify the behaviour that places women at risk as that displayed by perpetrators. In this way campaigns could redefine certain ‘risk behaviours’ as those that are inappropriate, anti-social and against the law. Tips to prevent DAFSA could read:

- Just don’t: It’s against the law to rape someone
- This venue will prosecute anyone found endangering other patrons
- Don’t add anything to a person’s drink without their knowledge or consent
- It’s not OK to have sex with someone who’s too drunk to consent, or
- Make sure you ask if she’s into it.

Venues also need to make evaluations of the risks their establishment represents for potential victims. A campaign developed on the border between New South Wales and Victoria demonstrates a community approach to women’s safety whereby licensed venues are invited to participate in regular safety audits in order to secure the patronage of local women (White, 2002). This is another way of broadening our concept of ‘risk behaviour’ and improving the physical environment where DAFSA could occur rather than placing the responsibility on women.

An essential element to any prevention campaign focused on DAFSA must be the focus on men as perpetrators and the culture in which male violence is fostered, otherwise we are merely restricting what women can and can’t do without in fact reducing the incidence of sexual assault. Michael Flood, who works with men around prevention, asserts that violence against women will not be eliminated unless we focus on men’s behaviour and attitudes (Flood, 2003). Some of the key prevention strategies he points to include repositioning violence and masculinity as contradictory, or redefining violence as unmanly, and manliness as non-violence (Flood, 2003). He suggests this can be done by showing men speaking out against violence, and gaining acceptance from each other through being non-violent, or modelling an alternative masculinity (Flood, 2002-03). In terms of DAFSA prevention campaigns these key
strategies are easily applied. Messages that promote
men defining what acceptable male behaviour is
could include:

- No mate of mine would have sex with someone
  who’s totally wasted – it’s just not on, or
- I get sick and tired of men talking about taking
  advantage of women sexually: In my book that’s
  sexual assault.

People often protest that men are also victims
of sexual violence, as though anti-sexual assault
campaigns highlight the prevalence of women
victim/survivors at the expense of men. Indeed
Flood also warns us to pre-empt men rejecting
violence prevention messages where their own
experience of violence is not recognised (Flood,
2002-03). We know that when men are the victims
of DAFSA (CASA House unpublished statistics,
2002-2004; Meyers-Brittain, 2003) men are also
the perpetrators of these assaults, even where the
victim (or offender) may define the behaviour as
‘a prank’ but where a sexual assault has taken
place. In this instance campaigns can target male
violence against men as well as define sexual
assault:

Is it really a prank? – It’s no laughing matter to
got your friends drunk or spike their drinks and
then pull ‘party tricks’ on them. Some of these
‘tricks’ could be sexual assault and you could
be charged with rape.

conclusion

This paper highlights the need for a drink spiking
prevention paradigm to be located within a broader
DAFSA framework which includes both voluntary
and involuntary use of drugs or alcohol. A critical
examination of the concept of ‘risk behaviours’
reveals a continued adherence to stereotypes
which hold victim/survivors of sexual assault
responsible for male sexual violence and relieve
the perpetrators of blame. A broader context of DAFSA
necessarily draws the issue back to free agreement
and in doing so resituates accountability with
perpetrators while upholding the rights of victim/
survivors. Current archetypes promulgated in drink
spiking campaigns are essentially flawed and need
to be rejected if we wish to adequately respond to,
or prevent, this crime.

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