Women's Physical Aggression in Bars: An Event-based Examination of Precipitants and Predictors of Severity

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Previous research about aggression and drinking in bars has focused primarily on men's experiences of aggression in bars. This study investigated the occurrence of, contributors to, and severity of women's experience of specific incidents of aggression in bars. The results add to existing research on women's aggression in bars and expand understanding of women as both perpetrators and victims of such aggression.

Findings

• Most aggression in bars involving women was precipitated by rowdy behavior (e.g., verbal insults) and involved female opponents who were strangers.
• Women who initiated aggression reported experiencing fewer negative consequences of that aggression; the greater severity of their actions had the potential to inflict more harm to their opponent.
• The gender of the opponent was significantly and negatively related to the severity of the opponent's acts, suggesting that women received more severe aggression from other women.

Background

This study builds on studies by Leonard et al. (2003a, b) and focuses on women's retrospective reports of experiences of physical aggression in a bar. Data were collected from questionnaires and face-to-face interviews about the most recent incident of aggression that women had experienced in a bar during the previous 24 months. On average, the incident reported by the participant had occurred seven months before the interview; the length of time since the incident did not influence study findings. The women also were assessed for substance use and alcohol problems, anger and impulsiveness. They also reported on aspects of the bar environment.

Prosp ective Prediction of Women's Sexual Victimization by Intimate and Non-intimate Male Perpetrators

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In order to effectively prevent women from being sexually victimized, it is necessary to understand what factors increase vulnerability. However, identifying consistent vulnerability factors has proven difficult. For example, although roughly half of sexual victimization incidents involve alcohol or drug use, victim alcohol and drug use have not always emerged as risk factors in prior research. One reason for the difficulty in identifying risk factors is that sexual victimization is a heterogeneous phenomenon, and different types of victimization may have different predictors.

In this prospective investigation, researchers considered the role of substance use, sexual activity, and sexual assertiveness in predicting sexual victimization. A unique aspect of this study was the examination of two types of sexual victimization: 1) victimization from intimate partners and 2) from non-intimate perpetrators. It was hypothesized that substance use and consensual sexual activity would be associated with victimization from non-intimate perpetrators, whereas low sexual assertiveness would be associated with victimization from intimate partners, the most common type of sexual victimization.

Findings

• Eighteen percent of the women in the study reported sexual victimization during a two-year period.
• Low sexual refusal assertiveness, drug use, and prior intimate partner victimization predicted intimate partner sexual victimization.
Women’s Physical Aggression (cont’d)

Ninety-two women (averaging 22 years of age) were in the study. Most of the participants were employed at least part time (74 percent), unmarried (95 percent), and self-identified as European American (80 percent). Information for 92 incidents described in the participants’ interviews was included in the study.

Results

• Participants reported that when they typically visited a bar, they would have one alcoholic drink; however, on the day of the bar aggression they reported consuming four drinks in the bar prior to the incident. Participants reported initiating the physical aggression 33 percent of the time. They also reported consuming more drinks at the bar (five) when they had initiated the aggression. Participants reported consuming fewer drinks at the bar (three) when the opponent was the initiator.

• Of the 92 incidents, 55 were between the participant and another female, whereas 37 involved a male. Opponents were rated as being about the same height, or slightly taller, and being about the same build, or slightly larger, than participants. Further, if the opponent was female, she and the participant were typically strangers. When the opponent was female, the most common precipitants were rowdy or obnoxious behavior by the other person (29 percent of all incidents) and conflict over or with a romantic partner (17 percent of all incidents). When the opponent was male, the most common precipitants were conflict over or with a romantic partner (15 percent of all incidents), sexual harassment (e.g., inappropriate touching; 12 percent of all incidents), and rowdy or obnoxious behavior (10 percent of all incidents).

• Aggressive behaviors by either party (e.g., hitting with something, blocking a punch) were more severe when the participant was the initiator and her opponent was female. The opponents’ acts of aggression were more severe when the opponent initiated the incident. Finally, bars that were darker, warmer, dirtier, and more crowded were associated with less severe physical aggression by the participant.

• Among the individual-difference variables, impulsiveness predicted the overall aggressiveness of the respondent’s actions, but was not related to the severity of aggression by and/or to the participant. Expression of anger also was not related to the severity or overall aggressiveness of the incidents of aggression in bars. Thus, women’s aggression in bars was not just an outlet for traits that generally are associated with aggression in men.

Discussion of Findings

This study is unique in that 60 percent of the reported incidents of aggression in bars involved a female initiator and opponent. This is in contrast to some studies of aggression in bars in which female-only incidents were so rare that they were not analyzed (e.g., Graham et al, 2000). Furthermore, the initiation of the incident may be related to the gender, physical match, and lack of social connection between the two women.

One third of the participants reported that they initiated the incident of aggression and that the overall aggressiveness was more severe. In these cases, the initiator reported fewer negative consequences for herself and more harm to her opponent.

Women reported relatively high alcohol intake just prior to the incident of aggression and the number of drinks consumed was related to initiating the incident. Although the alcohol seemed to facilitate initiation of the incident, the number of drinks the participant consumed was not related to the severity of aggression or the overall aggressiveness of her behavior.

The fact that most incidents involving a female opponent were precipitated by rowdy/obnoxious behavior is consistent with a generally permissive bar atmosphere as was found in previous studies conducted with men. Contrary to previous research, the social atmosphere of the bar (i.e., whether others encouraged or discouraged the aggression) was not found to be a contributor to severity or overall aggressiveness of any incident. Fewer than five percent of the incidents involved bar staff, perhaps indicating that bar staff and women perceive each other differently than do bar staff and men.

These findings should be viewed with caution because they are based on retrospective data from a relatively small sample of women. These results generalize only to heterosexual, young, single women who are predominantly European American. The study did not look at the tendency of women to aggress in bars, but rather focused on the severity and total aggressiveness of specific acts of physical aggression that had already occurred. The data did not address the likelihood either that women will act aggressively in bars or the range of aggressive behaviors that they might enact.

Future Research

Future research should examine gender and other characteristics for links to aggression in different types of bars as well as in other drinking settings. The use of a wider range of predictors and larger and more diverse samples also would add to knowledge in this area. For now, this study suggests the need for more research on women’s roles as perpetrators and victims of bar aggression.

References

Heavy episodic drinking and number of sexual partners predicted victimization from non-intimate perpetrators.

**Background**
- A total of 1,014 women between the ages of 18-30 (average 24 years of age at entry into the study) participated in the Women 2000 Study during 2000-2004.
- The sample was a good representation of Buffalo and nearby suburban communities in that it was 75 percent European American, 17 percent African American, with small percentages of Hispanic, Asian, Native American, and mixed or other backgrounds.
- The participants' average annual household income was $35,000; 40 percent were enrolled in higher education; most were unmarried (79 percent); and most were employed full time (35 percent) or part time (44 percent).
- Participants were initially interviewed in person at UB’s Research Institute on the downtown medical campus and received $50. Follow-up questionnaires were sent to participants’ homes 12 months and again 24 months after the initial interview. Women were sent a check for $50 on receipt of those completed questionnaires.
- At the initial interview, participants were asked about risk factors for sexual victimization. Risk factors included the amount and frequency of substance use including heavy episodic or binge drinking; the number of consensual sexual partners in the previous 12 months; and sexual refusal assertiveness (e.g. “I refuse to have sex if I don’t want to, even if my partner insists”). Also assessed were demographic information about age, ethnicity, and marital or cohabiting status and the occurrence of prior experiences of adolescent or adult sexual victimization from intimate (e.g., husband or boyfriend) and non-intimate perpetrators (e.g., friend, acquaintance, stranger).
- The occurrence of sexual victimization was assessed at 12 and 24 months after the initial interview. Types of victimization included unwanted sexual contact; verbally coerced intercourse; attempted rape; rape; completed or attempted intercourse where the man gave alcohol or drugs or substances without knowledge or consent; unwanted sexual intercourse when the woman was passed out or incapacitated by alcohol and/or drugs. Intimate partner victimization included any of the above experiences perpetrated by an intimate partner (e.g., husband or boyfriend) and non-intimate victimization included any of those experiences perpetrated by a non-intimate (e.g., friend, acquaintance or stranger).

**Discussion of Results**
The results from this study help to explain inconsistencies in previous studies that did not consider sexual victimization from intimates and victimization from non-intimates as two separate phenomena.

**Victimization from non-intimate perpetrators:** Findings point to a relationship between alcohol and sexual victimization that is specific to victimization from non-intimate perpetrators. Consistent with prior research, perpetrators who are less well acquainted with the victim are more likely to use intoxication tactics than are intimate perpetrators (Cleveland et al., 1999).

The association between alcohol and victimization by non-intimates may reflect the fact that heavy episodic drinking typically occurs outside the home, in the presence of others who are also drinking, and hence results in exposure to potential perpetrators in these settings.

Similarly, the number of consensual sexual partners was positively associated with subsequent sexual victimization from non-intimates, but not from intimates also suggesting a risk due to greater exposure to potential partners.

**Victimization from intimate perpetrators:** Number of partners may be less important in intimate partner victimization, but a woman in a monogamous relationship is at high risk of sexual victimization if her partner is sexually aggressive. Also, intimate partner victimization was associated with low sexual refusal assertiveness. The relationship may be a direct one, reflecting difficulty in refusing a partner’s requests for sex. It might also be that less assertive women may be more likely to remain in coercive relationships.

Whereas prior victimization has generally been assumed to be an important predictor of later victimization (e.g., Breitenbecher, 2001), the current study suggests a potentially important limitation to this relationship. Specifically, the tendency for sexual victimization history to increase the risk of later victimization was limited to intimate partner victimization, perhaps reflecting repeated victimization occurring within ongoing intimate relationships.

**Limitations**
Despite the many strengths of this study, limitations do exist. Although the community sample was large and diverse, it was drawn from a single geographic location, potentially limiting generalizability. The response rate was high but the extent to which non-response may have biased findings is not known. Attrition was low but women of color were more likely to be lost during follow-up. Different definitions of intimate partner may have yielded somewhat different results and self-reports of sexual behavior, sexual victimization, and substance use may be subject to error or bias. These novel results require replication, preferably with an even larger sample.

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Prevention

The finding that sexual victimization from intimate partners has different predictors than victimization by non-intimates has important implications for prevention.

- Prevention strategies designed to reduce heavy episodic drinking and number of sexual partnerships may prove fruitful in reducing sexual victimization from non-intimates.
- Interventions designed to increase sexual assertiveness within intimate relationships or to discourage women from entering or remaining in coercive relationships may help to prevent sexual victimization.
- Ultimately, should women and treatment providers begin to consider different types of sexual victimization as separate phenomenon, both understanding and prevention of sexual victimization may be improved.

References


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