

Sexual terrorism in the post-pandemic nightlife? A feminist critical discourse analysis of the needle spiking media coverage

Abstract

In October 2021, a growing number of women denounced needle spiking occurrences in the United Kingdom. The scientific evidence demonstrates the reduced prevalence of spiking and the difficulties in proving its incidence. However, when communicating spiking stories, the media tends to reproduce harmful rape myths. By using English-written online media as sources, this study aimed to analyse and describe needle spiking stories as gendered discourses that act as sexual terrorism in post-pandemic nightlife. The author performed a web-based search through Google News to collect the data and used the feminist critical discourse framework to analyse the 213 sources and to identify the main themes. The timeline of the sources unveils the impact of the Anglocentric character of global communication in amplifying this new wave of spiking. The data revealed needle spiking as a discourse of sexual terrorism, triggering gendered anxieties by framing all women as potential victims of the ubiquitous male violence in nightlife environments. The stories of spiking analysed uncovered the concrete social and psychological impacts of needle spiking, demonstrating that the embodiment of the fear generates and is generated by cautionary tales. These emerge as gendered discourses disciplining women to adopt anti-spiking etiquettes and reclaim contextual surveillance procedures in nightlife environments.

This paper provides a comprehensive conceptualization of the phenomenological experiences and psychological impacts of needle spiking among women who participate in nightlife environments.

Key-words: Needle spiking, Sexual terrorism, Nightlife environments, Cautionary tales, Rape myths

Introduction

On October 13, 2021, a Scottish national tabloid newspaper published a news article titling the terror experienced by women who reported having been spiked by injection in Edinburgh clubs. This was one of the first media references to a set of “terrifying” incidents emerging in nightlife environments in the United Kingdom. The journalist used as a source an Instagram warning published on October 12, 2021, by a social media account self-identifying as a community dedicated to raising awareness and empowering those who experienced sexualized violence. The “viral” Instagram post claimed having received reports from students who experienced symptoms such as nausea, drowsiness, and drunkenness and identified small red bumps in their skin after the incident. The first news created the tone of the subsequent media coverage and social media warnings, first in the United Kingdom and later in English-speaking and other European countries. After six months of wide media coverage, on April 26, 2022, needle spiking was formally defined in a report published by the House of Commons Committee of the United Kingdom (2022, p.4). "Needle spiking (sometimes referred to as injection spiking) is where someone surreptitiously injects, with a hypodermic needle, (or other forms of administration, e.g., combi-pen) a victim with a substance".

Having as a reference the work of Donovan (2016), needle spiking must be addressed as a new wave of spiking alarms instead of a novel and exceptional threat. According to the author, the modern history of spiking began with the reports of the use of *knockout drops* (chloroform and chloral hydrate) in Victorian England (mid-1800s) to rob, rape, or abduct young women for sexual exploitation. More recently, in the 1990s, extensive media coverage alerted about the surreptitious use of depressants such as Rohypnol and GHB for drug-facilitated sexual assault in nightlife environments (Brooks, 2014; Donovan, 2016). Also, through the '90s and early 2000s, the widespread stories of serial AIDS-needle attacks terrified young people, particularly women, in nightlife environments while vilifying people living with HIV (Correll, 2008).

In this paper, I use a feminist critical discourse framework to analyse the English-written media coverage of needle spiking. Above all, this paper aims to provide insights and contribute to a comprehensive understanding of how the media represented and discursively created needle spiking and its gendered impacts in the post-pandemic nightlife environments.

Defining spiking – making sense of the conceptual chaos

Spiking, or predatory drugging (Donovan, 2016), is a complex, multidimensional, and hard-to-define concept. The difficulties in conceptualizing spiking are related to the dichotomic epistemological perspectives and consequent paradoxical and polarized conclusions that tend to frame the phenomenon as an epidemic or an urban myth (Brooks, 2014; Colyer and Weiss, 2018; Sheard, 2011). This results in an ambiguous and conflicting theorization and communication of risk that cannot conciliate spiking as an actual practice and a socially shared fear (Donovan, 2016). It also tends to conflate incidence and perception (Colyer and Weiss, 2018). There are country-level differences in the criminological conceptualization of spiking. French and Spanish scholars, practitioners, and journalists use the concept of *soumission chimique* (chemical submission), proposed by Poyen et al. (1982) to define the use of drugs to submit physically and psychologically to another person and facilitate criminal activity. Scholars in English-speaking countries tend to frame spiking as drug-facilitated sexual assault - DFSA (Cruz-Landeira et al., 2008) to identify situations of sexualized violence where the drugs are used to induce vulnerability. Chemical submission and DFSA identify two types of situations. Premeditated DFSA describes the situations where the surreptitious administration of drugs was previously planned, and the victim used psychoactive substances unintentionally. Opportunistic, when the perpetrator takes criminal advantage of the chemical vulnerability resulting from voluntary use of alcohol and/or other drugs (Burgess et al., 2009; Panyella-Carbó et al., 2019; Prego-Meleiro et al., 2020). This conceptualization is aligned with a relevant corpus of evidence highlighting that most DFSA is opportunistic and can happen after the voluntary consumption of alcohol or other psychoactive substances (Beynon et al., 2008; Brooks, 2014; Colyer and Weiss, 2018; Donovan, 2016; Hughes et al., 2007; Sheard, 2011). Moreover, a growing number of evidence reports that the use of specific depressants such as Rohypnol (flunitrazepam), GHB (Gamma-Hydroxybutyric acid), and burundanga (scopolamine) for spiking may be overemphasized by media and public perception. Several studies based on toxicological analysis of people presenting at emergency departments due to suspects of spiking tested negative or have anecdotal positive results for these drugs (Fernández-Alonso et al., 2022; Djezzar et al., 2009; Dufayet et al., 2022; Hughes et al., 2007; Németh, Kun and Demetrovics, 2010; Nogué-

Xarau, 2010; Saint-Martin et al., 2006). Instead, a wide variety of psychoactive substances were detected (e.g., ethanol, cocaine, MDMA, opioids, amphetamines, benzodiazepines), and it is hard to determine if this resulted from voluntary or involuntary drug uses (Colyer and Weiss, 2018; Nogué-Xarau, 2010). In addition, spiking can also be performed by adding extra alcohol to the drink of the other person, and this may be disregarded when the criminal focus is on the detection of specific drugs (Sheard, 2010; Swan et al., 2017). In this sense, the hypercentralization on "rape drugs" to explain DFSA reinforces drug prohibitionism and exacerbates the perception of the dangerousness of certain drugs over others (Donovan, 2016; Moore and Measham, 2012; Németh et al., 2010). It also contributes to crystalizing problematic rape myths and perpetuates double standards in the attribution of responsibility in cases of sexualized violence where drugs were involved. The role of the perpetrator tends to be minimized when the drug used for DFSA is alcohol (Burgess et al., 2009; Brooks, 2014; Finch and Munro, 2007; Girard and Senn, 2008; Sheard, 2010). Moreover, the worthiness of women who were sexually assaulted after voluntary drinking or the use of other drugs tends to be decreased by using victim-blaming arguments (Beynon et al., 2008; Girard and Senn, 2008). It may also increase the sense of responsibility of women for their protection and give them a false sense of safety since, in a sexist social context, protective strategies to avoid DFSA may be insufficient to prevent sexualized predation (Bows et al., 2022; Burgess et al., 2009; Donovan, 2016; Sheard, 2011; Warner et al., 2018). Moreover, it is worth noting that in nightlife environments, the amount and effects of alcohol may be underestimated and even be misperceived as a potential sign of spiking with other drugs (Burgess et al., 2009; Sheard, 2010; Weiss and Colyer, 2010). The centralization of specific drugs (e.g., GHB, Rohypnol) to explain DFSA serves as camouflage for the effects of drunkenness, after voluntary drinking, and disregards the role of the opportunistic perpetrator and overall rape culture that persist in nightlife environments. According to Burgess et al. (2009, p. 860), "if DFSA provides an outlet for anxiety while shifting focus away from alcohol, it also distorts the central elements of sexual assault: the intention of an assailant to exert power over and violate the victim, and the loss of autonomy that the victim experiences as a result."

Due to the spiking threat, nightlife and festival environments are perceived and experienced by women as risky contexts for sexualized violence (Bows et al., 2022; Prego-Meleiro et al., 2020; Sheard, 2011). However, as pointed out by Burgess et al.

(2009, p. 849), it is challenging to imagine DFSA as a widespread threat since "it involves a stranger extracting an individual from a group unnoticed, administering a substance undetected, precisely controlling effects, and reliably erasing the memory of the experience." In addition, some shreds of evidence demonstrated that the premeditated use of drugs could have different motivations (Bismuth et al., 1997; Cruz-Landeira et al., 2008; Donovan, 2016), including "spiking for fun" among groups of friends (Swan et al., 2017; Pires et al., 2024).

Spiking became "a tacit reality that "everyone knows", even though relatively few people acknowledge that it has happened to them" (Colyer and Weiss, 2018, p. 11). In this sense, spiking alarms can be considered "cautionary tales" since "they are not merely stories that warn and instruct, they also clarify, frame, and consolidate our fears and social identities." (Moore, 2009, p. 319).

Conceptualizing the needle-spiking media discourses as sexual terrorism

"Although I was not victimized in a direct, physical way or by objective or measurable standards, I felt victimized. It was, for me, a terrifying experience. I felt controlled by an invisible force" (Sheffield, 2020, p. 191).

I begin this section by clarifying that in this paper, I am not interested in investigating whether the allegations of needle spiking are based on a real threat or in speculation. Instead, my analysis is focused on the concrete and phenomenological consequences of needle spiking for women, specifically the experience of fear of sexual violence and the way it constrains them in nightlife environments (Brooks, 2014). I propose a conceptualization of needle spiking as sexual terrorism, an analytical and descriptive concept defined by Carole J. Sheffield in 1987. According to the author, male dominance and control over women are based on actual and implied sexualized violence or, in other words, the experience and the fear of this form of gender-based violence. In this context, sexual terrorism defines the adaptable and systematic process of frightening, and constraining women with an invisible and omnipresent threat, making all of them feel vulnerable and potential victims of sexualized violence (Sheffield, 1987a; 2020b). Under sexual terrorism, women are socialized to adopt protective behaviours, while men are instructed to be "terrorists in the name of masculinity"

(Sheffield, 2020, p. 200). The gender-specific fear of rape is also (re)created by the everyday experiences of sexual harassment and other forms of sexual intimidation experienced by women in public spaces (Kissling, 1991). In addition, the oral, visual, and aural "propaganda of sexual terrorism" serves to remind women that "the world is a dangerous place" (Kissling, 1991, p. 196). Judith R. Walkowitz (1982) analysed how the mass media's exploitation of Jack the Ripper's story intensified women's feelings of terror, anxiety, and sense of personal vulnerability in public spaces across generations. According to the author, the pervasive totemic imagery of the Ripper murders emerges as a cultural nightmare, remaining as a "ghost from women's consciousness" (Walkowitz, 1982, p. 544). However, this generalized personification of the myth of male violence is simplistic, vague, and problematic. "In the "real" world, neither male violence nor female victimization has single-root causes or effects. Only our cultural nightmares and media fantasies construct life this way" (Walkowitz, 1982, p. 570). The myth of male violence ignores the social conditions that generate sexual antagonism and gender-based violence and confines women to passivity and fear in public spaces, making them feel powerless by denying them any possibility of resistance.

In her research, the Spanish feminist scholar Nerea Barjola (2018) explored how the representations, meanings, and discourses around episodes of sexualized violence contribute to the production of media stories that generate sexual terror. According to the author, these are not neutral or exceptional narratives of actual cases. Instead, they are a precise communication system expressing the social structure behind the violence cases under discussion. Specifically, the widespread narratives of sexual threat contribute to the embodiment of fear and, consequently, the naturalization and perpetuation of sexualized violence. For this reason, this learned and "embodied violence" (Barjola, 2018, p. 46) is disciplinary and promotes the internalization of self-control, precaution, and victim blaming in women's everyday practices and behaviors in public spaces. "Representations about sexual threat are not only the structure that supports the existence of sexual violence but are, themselves, sexual violence" (Barjola, 2018, p. 29).

Considering this framework, I argue that the recent stories of needle spiking (re)produce discourses of sexual terrorism that trigger women's anxieties regarding their sexual safety in public spaces. Considering that the embodiment of the fear of sexualized

violence by women in nightlife environments remains overlooked (Sheard, 2011), this paper contributes to feminist scholarship in this field.

Methods

This reflexive qualitative research aims to create a comprehensive and humanized analysis of needle spiking. The "feminist critical discourse analysis" proposed by Michelle M. Lazar (2007) is the analytical framework used to centralize women's experiences, the gendered social construction of the needle spiking, and the discursive constitution of the consequent social practices to deal with it. This approach is aimed "to show up the complex, subtle, and sometimes not so subtle, ways in which frequently taken-for-granted gendered assumptions and hegemonic power relations are discursively produced, sustained, negotiated, and challenged in different contexts and communities" (Lazar, 2007, p. 142).

I choose as sources web-based news articles mainly because mainstream media are one of the primary sources of information in Western-based societies. In this sense, the media representation of contemporary issues may create universal and hegemonic "thrusts" and, consequently, shape the public understanding regarding specific events or topics.

In terms of method, a web search for media pieces and news focused on needle spiking was performed using the news aggregator service promoted by Google – Google News. As inclusion criteria, I searched for all articles written in English which referred to the keyword "needle spiking". I eliminated duplicates in the advanced search tools and ordered the pieces by date (from the older to the more recent). The search was restricted to text articles published from the first occurrence of needle spiking in media pieces to the day the web search was performed, specifically between 18/10/2021 and 03/03/2023.

The search strategy yielded 23 pages of news (a total of 225 media pieces), and after the first analysis, 210 articles composed the corpus data of this research. I performed a thematic analysis (Braun and Clarke, 2006; Castleberry and Nolen, 2018) of the articles to establish the basis of themes and discourses using an inductive coding strategy with the support of the software for qualitative data analysis MAXQDA Analysis Pro 2022

(Release 22.8.0). Considering the feminist approach used in this study, the analysis included reflexive elements deriving from feminist theoretical contributions regarding spiking and sexual terrorism.

Ethical considerations

The research ethics committee I consulted considered the research ethics approval unnecessary since the study was based on the textual analysis of publicly available online data from secondary and public sources and did not involve human participants.

Nevertheless, I followed the European Union's General Data Protection Regulation 2016/679 (GDPR), particularly the Art. 89 GDPR, to define ethical procedures safeguarding the rights and freedoms of the data sources.

In this study, I will quote people with lived experiences of needle spiking, politicians, police representatives, experts, and other stakeholders invited to comment on it in media pieces. Most of the sources used in this study included personal stories and biographic information from primary sources or informants who experienced needle spiking. Based on the principle that consenting to be quoted in a media piece does not mean giving consent to be mentioned in later research, I implemented some measures to protect the privacy of the primary sources. The names of the newspapers and magazines – used as sources in this paper - were pseudonymized. The findings are reported following the principle of minimization, using aggregated data and small quotations (words or fragments of text) of the media discourses. The study sources were anonymized by using a pseudonym to identify the primary source (informant n° x) and a code for the news piece “source n° x” (the “x” will follow the chronological order, beginning with the older source). I don't share sensible personal data of the informants (names, location). I avoided using verbatim quotations due to the risk of retrievability/traceability of the contents and their identity. I believe these to be “do no harm” measures to respect the dignity, privacy, and freedom of the primary sources, mainly considering the sensitive character of their shared experiences. Moreover, with this clarification, I'm aligning with Stommel and Rijk (2021, p. 289) in their claim that "researchers need to collectively make an effort to report ethical considerations paving the way for those who follow".

Results

1) Media timeline of the reported needle spiking incidents

The sample of this study is composed of 213 news pieces (sources) written in English. In terms of the distribution of the media pieces reporting alleged needle spiking incidents, I found sources in 10 countries: United Kingdom (N=146), Ireland (N=17), United States (N= 11), Australia (N=10), Spain (N=9), Belgium (N=5), France (N=4), Germany (N=3), The Netherlands (N=3), Canada (N=2). Most media coverage analysed (around 70%) was published in the UK, being the rest published in other English-speaking countries and central and southern European countries.

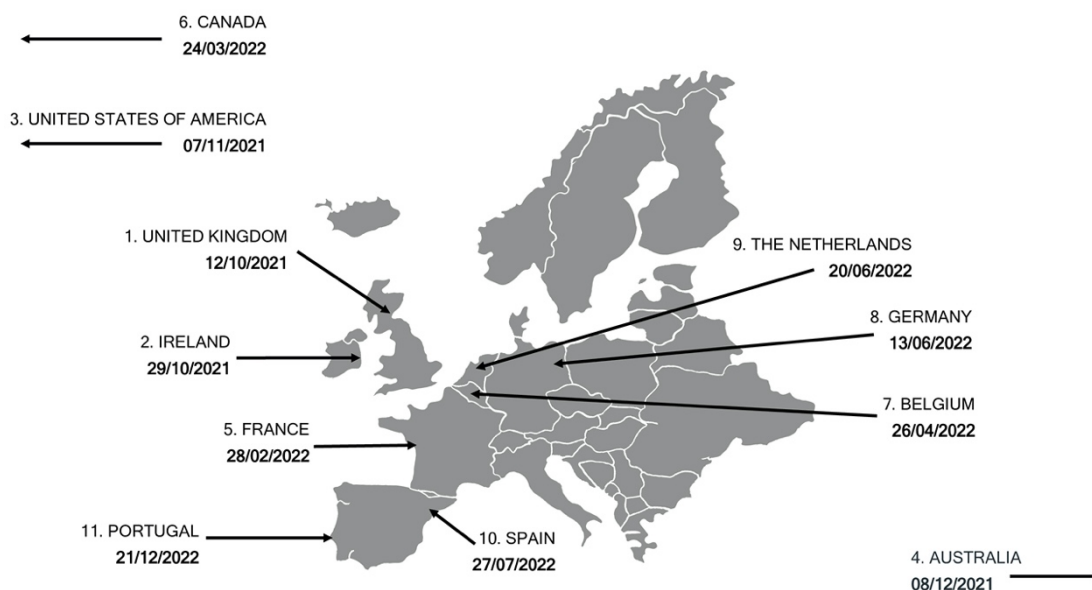


Image 1 – Media timeline of the needle spiking incidents¹

The distribution and timeline of the needle spiking incidents (image 1) demonstrates a pattern in the geographic spread and media contents used to communicate these

¹ In this map, I added the first news piece reporting an alleged incident of needle spiking in Portugal (21/12/2022). Even though this piece was written in Portuguese and consequently excluded from the data analysis, it was relevant for me as the author of this paper and as a Portuguese-speaking researcher to add this reference to the map.

occurrences. From the UK, needle spiking was quickly reported in other English-speaking countries (Ireland, United States, Australia), followed by reports in neighbouring countries in central Europe (France, Belgium, Holland, Germany) and later in southern Europe (Spain, Portugal). The alleged incidents occurred in nightlife environments in all countries, particularly in huge and cosmopolitan cities (e.g., Edinburg, London, Dublin, Berlin, Barcelona, Brussels, New York, Sidney) and festivals. At this point, it is possible to hypothesize that the distribution, spread, and international discussion of alleged cases of needle spiking can be related to the Anglocentric character of global communication. Local events in an English-speaking country can quickly be globally communicated, triggering occurrences and urban anxieties in other countries.

2) Media discourses on needle spiking

The feminist critical discourse analysis of the media sources allowed the identification of the main interlocutors and themes discussed. Most of the pieces were based on the experiences of people who experienced needle spiking and were mainly focused on the effects, experiences, and consequences of needle spiking. Other interlocutors were politicians, experts (researchers and practitioners in the fields of harm reduction in the drug field, emergency services, and rape crisis centres), representatives of local police, club owners and bartenders, and, in some cases, social media profiles and influencers (mainly on Instagram, TikTok, and Twitter). Considering that this paper aims to discuss theories of needle spiking as gendered discourses that generate sexual terrorism, the results were organized into three main themes: “needle spiking as terrorism,” “cautionary tales,” and “policies to respond to needle spiking.” In each theme, I present the different stories described in the media, highlighting their impacts and the phenomenological experiences of women.

- Needle spiking as terrorism - “Everyone is terrified” (Informant 1-source 46)

In the content analysis, I found recurrent topics and styles of communication and an overall tendency to conceptualize needle spiking as terrorism. In the sources analysed, needle spiking was described as a “spiking epidemic” (source 1), “terrifying new method of spiking” (source 21); “new spike scare” (source 61); “sinister trend” (source 62); “terrifying rise in cases” (source 30); “absolutely terrifying” (source 53);

"horrifying new take on drink spiking" (source 65); "'terrifying` incidents" (source 77); "sadistic nightclub spiking" (source 102); "the British Needle-Spiking Panic " (source 117); "an injection of fear" (source 118); "terrifying trend" (source 148). Some sources conceptualized it as a new wave of needle spiking remembering similar "horrifying spate of attacks" (source 10) during the 80s, with needles allegedly containing HIV, and needle spiking in 2001 and 2013 in several cities in the UK (sources 10, 12, 73). In a parliamentary debate, Matt Western, Labour Member of Parliament (MP) for Warnick and Leamington, stated that needle spiking should be addressed with "as much urgency as terrorism" (source 66, 176).

Notwithstanding the few reports on young men (sources 31, 78, 113), the media coverage was gendered, identifying young women in nightlife environments as the main targets of needle spiking. Of the 213 news pieces analysed, 50 included interviews with people who reported having been needle spiked or their friends and relatives (particularly sisters and mothers). Most pieces included pictures of the wounds and bruises attributed to needle spiking, describing as effects "acting more drunk than normally" (Informant 1_source 2); memory loss (sources 1, 2, 47, 90); "going dizzy and collapsing" (informant 1_source 9); loss of consciousness (sources 56, 65), feeling unwell (sources 21, 95, 143, 168). Some pieces included face pictures of the women interviewed, and, in some cases, they even shared photos of them enjoying nightlife and wearing "sexy" outfits.

While the signs and symptoms of spiking were systematically presented and discussed in the sources analysed, the experiences of fear and the social and psychological impacts of that specific threat were vaguely considered. References to DFSA and thefts as secondary crimes and the risk of HIV and other bloodborne infections due to the injection method were only discussed in a few pieces (sources 3, 18, 40, 108, 147). The content of the needle was also a topic of strong ambiguity and uncertainty and reproduced alarming old drug myths related with spiking. Several media pieces used the concepts "'date-rape` drugs" (sources 3, 119, 141), "rape drugs" (sources 5, 18), "some sort of roofie drug" (source 93) to identify depressant substances commonly associated to DFSA, in specific, Gamma Hydroxybutyrate (GHB) and Rohypnol (or Roofie). Fentanyl was the substance related to the alleged needle spiking incidents in the United States, which could be related to the opioid crisis that has haunted the country in the last decade.

Regarding the psychological impacts of needle spiking, in most pieces involving women who experienced it or heard about it, needle spiking was referred to as terrifying (sources 2, 4, 29, 30, 46, 53, 90, 112); scary (sources 42, 46, 55, 56, 103, 125, 197) and frightening (sources 2, 174, 203). Moreover, people who believe having experienced needle spiking report they felt vulnerable (sources 2, 4, 56, 66, 103, 132), violated (sources 4, 91), traumatized (sources 56, 77, 90), and anxious (sources 67, 76) after the incident. In some cases, it was also said that people may feel embarrassed for having been a target of needle spiking (sources 85, 102, 188) or experiencing victim blaming when drug tests were negative (source 139). Moreover, some of the women reporting experiences of needle spiking declared they felt lucky for being safe after the incident since something more serious could have happened to them. “These girls are extremely lucky nothing worse came from it other than blacking out” (Informant 2_92). In general, the women considered their groups of friends as the protective factor after the incident. “If it wasn’t for my friends, my scenario could’ve been a lot worse (...)” (Informant 1_source 47). “It scares me what would have happened if I was alone (...)” (Informant 1_source 55). “(...) It was only because of the vigilance of my friends that I was so lucky.” (Informant 1_112). Even without secondary crimes to report, some declared it is hard to cope with the idea that something worse could have happened, revealing the persisting impacts of these traumatic occurrences on their psychological well-being. A first-year college student who experienced needle spiking reported that “(...) although she was 'lucky' to have escaped any of the typical spiking effects, the incident left her struggling mentally” (source 127). Another woman said, “I didn’t like the thoughts in my head about what could have happened...” (Informant 1_source 142). “I was very very lucky that I had passed out because had I not, I would have went outside to get some air and that itself is a scary thought” (Informant 1_178).

A few cases of young men and older women also reported needle spiking, but their subjective experiences and thoughts differed from those described by young women. “I was petrified, I thought 'this doesn't happen to men' (...)” (Informant 2_source 56). An 18-year-old man said, “I felt embarrassed” (...), “People didn’t believe me” (Informant 1_source 190). A mother of another young man stated that “men feel embarrassed to come forward” declaring that she was receiving messages in her social media of other men who experienced needle spiking but didn’t want to report it to the police (Informant 1_source 188). An older woman who reported having been spiked was

systematically described in the media as a “mother-of-two” (source 50) while a 51-year-old woman reported that she “(...) had believed she was 'far too old' for it to happen to her” (Informant 1_source 108).

Despite the significant number of complaints, the coverage focused on the perpetrator was limited. In some pieces, it was suggested that needle spiking could be performed “for humour, for comedic effects” and “for fun” (Informant 1_102); performed by “idiots” “to make women more anxious on nights out” (Informant 1_116). “(...) unlike drink spiking, may be done to cause alarm rather than with the intention of taking advantage of the victim afterwards” (Source 176).

- Cautionary tales - “Girls, be careful when you’re going out (...)” (Informant 1_source 92)

The critical analysis of the discourses of women regarding their perception and experiences of needle spiking is consonant with the theorization of spiking as a cautionary tale proposed by Sarah Moore (2009). In the present analysis, I identified different expressions of cautionary messages in women's discourses when communicating their experiences to the media. Namely: i) needle spiking as a ubiquitous threat; ii) the social construction of nightlife environments as risky contexts for women; iii) the needle spiking prevention as a disciplinary discourse for women who go out at night.

Firstly, needle spiking was systematically described and communicated by the informants as a ubiquitous threat that could happen to all women regardless of their efforts to prevent it. “It can still happen no matter what precautions you take. You don't think it will happen to you until it does.” (Informant 1_source 90). “I thought I was safe because I was with guys and wasn't on my own (...)”. Several women pointed out that needle spiking was even scarier than drink spiking because, despite the involuntary drug use, there was also the risk of infection for HIV or other bloodborne infections, and it was perceived as a threat even harder to prevent. “I don't know how you're meant to prevent it.” (Informant 3_source 2). “You can cover your drinks but how are you going to stop someone stabbing you?” (Informant 1_source 4). This increased the perception of vulnerability, and lack of control since “it can happen to anybody, we are all vulnerable” (Informant 1_source 56).

Secondly, amidst the social alarm around needle spiking, nightlife was presented as a risky environment, generating fear and constraining the participation of women in these contexts. Some of them declared that they were going out in general or in that specific context for the first time. “She [an 18-year-old woman] had been celebrating her first night out at a popular nightclub (...) before she suddenly felt severely unwell” (source 95). “I’m new to [name of the city], I was quite excited to try somewhere new but, obviously, I’m terrified of going back out there” (Informant 1_source 90). After the incident, several women reported on media that, after experiencing needle spiking or hearing about it, they were afraid or unable to go out again. “I don’t think you should go out anymore this is scary.” (informant 1_source 42). “It almost makes me not want to go out anymore.” (Informant 2_source 46). “The thought of going out makes me feel sick and nauseous and petrifies me.” (Informant 1_source 98). “You just want to go out and have a fun time but you can’t really do that” (Informant 1_source 142). “I’ve given up going to concerts since it happened” (Informant 1_source 147). A young woman shared that she was afraid of going out even during the day, “I feel like I’m losing out on living my 20s and having fun” (Informant 1_source 194).

Thirdly, considering the potential risks, some women decided to talk to the media to warn their peers about needle spiking, suggesting an anti-spiking etiquette for their self-protection to be adopted by their peers when going out at night. A woman who claimed being spiked by injection reported “(...) Please please just be so vigilant when out.” (Informant 1_source 3). Another woman decided to share her story in the media “to warn other women of the dangers” (source 57) mainly because she only decided to go to the hospital after a friend shared with her a social media post on needle spiking. “I just thought it was a cut and kept saying I would be fine” (informant 1_source 57).” Another woman advised “Girls, please be really careful when out drinking” stating that she “just want all girls to be aware” (Informant 1_source 77) and that “It traumatized me; I don’t wanna go out anymore.” A mother of a young woman who experienced needle spiking also stated, “We just want to make people aware” (Informant 1_source 125), mainly considering the psychological distress of her daughter after the incident, adding that “in my head, I can't stop going over the what-ifs, it's making me sick”.

These needle spiking awareness messages reproduce the structural gendered socialization processes by triggering the fear of being raped and, to prevent it, educating women on the etiquette of moderation, self-control, and self-protection when

participating in nightlife environments. "Being a girl, we get taught to take all the precautions from a young age (...) the last thing you want is for it to happen to you." (Informant 1_source 103). Several women described strategies to reinforce their self-protection etiquette, like wearing denim jackets or other thick clothing in nightclubs to prevent needle spiking (source 3, 98, 155). Moreover, while some pieces suggested clubgoers reinforce their anti-spiking etiquette (source 82, 190), others provided information about specific procedures for people who may be spiked (source 36, 200, 201).

In addition, collectives of women self-organized and began advocating for clubs to implement anti-spiking procedures to prevent spiking. On 20th October 2021, a few days after the first news reporting needle spiking incidents, "Groups from more than 30 universities around the UK have joined an online campaign calling for the boycott of nightclubs" (source 3). They demanded specific changes to increase their safety, such as the availability of covers to protect their drinks from spiking, trained bar staff and bouncers, increased surveillance, and rigorous searches at the door (sources 3, 7, 10, 15, 113). "(...) I would like all clubs to do bag checks (...)" (Informant 1_source 53). A petition demanding searches at the entrance as legal requirements at nightclubs was launched online, gaining more than 130.000 signatures in the first week.

- Policies to respond to needle spiking

The analysis of media discourses also revealed the content of discussions to inform policies and the procedures being implemented to prevent, detect, and respond to needle speaking.

Firstly, the ambiguous character of needle spiking raised different perspectives on the priorities of responding to the potential threat and its increasing denounces. The experts' opinions varied according to their expertise and topic awareness. Experts in the drug field considered that the route of administration (injection) and the type and amount of substance needed to induce chemical vulnerability make needle spiking on a wider scale improbable, particularly in nightlife environments (chaotic, poor lighted, overcrowded) (sources 3, 7, 22, 44). In some news pieces, the new wave of spiking was discussed as post-lockdown anxiety, particularly among young people. "Reports of spiking incidents have increased following the recent opening up of pubs and clubs

which were closed due to the Covid-19 pandemic” (source 82). In this respect, some experts suggested that the needle spiking anxiety could be related to the lack of experience of a younger generation of partygoers after two years of confinement (sources 8, 20, 141). “They used to ask us for our Covid-19 vaccinations to enter nightclubs, but now we are more scared about getting spiked with one of these needles than of catching Covid” (Informant 1_source 170). In the scope of the increase in the number of reports of needle spiking, a consultant in emergency medicine declared that despite the scenario of “frenzy and hysteria” it could probably be “somebody now pranking you” (source 46). However, the interpretation of needle spiking as “hysteria” is simplistic and problematic since it tends to disregard the subjective experiences of women. At this respect, a representative from the National Police Chiefs’ Council lead for Violence Against Women and Girls) at UK stated, “Behind each of these reports is a frightened victim whose night out has turned into a nightmare. I know from talking to victims of spiking how utterly terrifying it can be” (Informant 1_source 203).

Regarding the policies implemented to prevent, detect, and respond to needle spiking, there were city-level procedures, club-level approaches, and there were also some measures implemented by collectives of women and universities.

The increasing number of denounces led several cities to reinforce their policing and surveillance in nightlife districts, to increase safety, and to accelerate the reporting process and consequent procedures for detecting needle spiking. Other protocols were created, particularly in Spain, to accelerate the contact with emergency services and ensure a timely collection of samples for toxicological analysis (source 79, 169, 172). However, despite the initial concerns after the first denounces, the negative toxicological tests made it difficult to prove the occurrence of needle spiking. “We don’t have any identified cases of any spiking by injection in Scotland at this time. We’re not seeing any drugs within people’s systems that we would class as being a drug that would be used in spiking. There is clearly alcohol involved. There is clearly recreational drug use involved” (Informant from Police, source 105). Moreover, very few pieces referred to suspects of needle spiking; in all the cases, young men were later released for lack of proof (sources 23, 31). Dutch news reported that “a man was arrested with one or two needles” adding that “he could be a drug addict at a festival (...) He was arrested for having needles.” (Informant 1_source 155, 157). In another piece regarding this case, the nationality of the alleged perpetrator was disclosed (Eastern European) adding

that the suspect alleged that the syringe was for his personal use (source 156). Considering this, carrying paraphernalia for personal drug use could be read as proof of the intention to perpetrate needle spiking, contributing to an increase in the stigma that impacts people who use drugs. In addition, the identification of the potential perpetrator as a foreign person tends to reproduce the myth of stranger danger and can contribute to reinforcing discourses of anti-immigration.

In response to women's requests, several clubs have implemented anti-spiking procedures by increasing their surveillance policies and offering anti-spiking and spiking-detection paraphernalia. A manager of a nightclub stated that they made available “drink caps” and reinforced their security, “as you enter you are now searched, we check pockets, wallets and handbags before you are allowed in the building” (Informant 2_source 35). Moreover, while in some venues, clients were asked to sign in at the entrance (source 112), others made available drink testing strips and introduced metal detectors to reinforce the searches of clubbers (source 54). However, some criticism emerged regarding these measures, with feminist groups defending that increasing the power of door security could harm racialized communities attending nightclubs (source 10). There were also critics of clubs that were selling drink covers for making them uniquely available to women, “I wasn’t offered a cover myself (...)” and for being an unsustainable practice “who wants to pay that each time they get a drink?” (Informant 1_source 76).

The media analysis also revealed community-based measures implemented by collectives of women and universities. For example, Nottingham Trent University created a safe taxi scheme, a safe space, and a helpline available 24/7 (source 133).

Finally, the media alarm and the heterogeneity of perspectives on needle spiking possibly made it harder to design and implement consistent and integrated policies to respond to the complexities related to this potential threat. The procedures adopted by cities, nightlife venues, and other organizations varied but were mainly focused on increasing the surveillance, prevention, and timely detection of needle spiking. However, the increase in surveillance can disproportionately affect people impacted by intersectional inequalities and people who use drugs, reinforcing drug prohibitionism approaches and, consequently, increasing the risks of drug taking.

Discussion

This feminist critical discourse analysis revealed that needle spiking is a gendered narrative constructed as terrorism, an omnipresent and invisible threat targeting all women in nightlife environments. Needle spiking was discursively created on media by systematically identifying as targets young women (the victim's profile) who were partying and drinking alcohol or other drugs (the victim's behaviour) in nightlife environments (the context). They recurrently highlighted the perpetrator's ubiquity by presenting the material proof of the unnoticed attack (symptoms and signs). These elements integrated the media stories of sexual terrorism, reinforcing gendered cautionary narratives and the implementation of individual and contextual strategies to prevent, detect, and respond to needle spiking.

The needle spiking awareness narratives in the media were led by the victims, their relatives (particularly mothers) and friends, influencers, and other social media profiles or other women triggered by needle spiking. These cautionary tales (Moore, 2009) resulted in a standard consequential narrative where needle spiking was systematically described as a strategy for sexual predation in nightclubs, which led to the development of “constraining behaviors” (Sheard 2011, p. 622) or a “new socializing etiquette” oriented toward hypervigilance and precaution (Burgess et al., 2001, p. 849). However, according to the feminist theorization of rape proposed by Carine M. Mardorossian (2002, p. 755-756), “making women’s behavior and identity the site of rape prevention only mirrors the dominant culture’s proclivity to see rape as women’s problem, both in the sense of a problem women should solve and one that they caused”.

The speculation around sexualized violence as a possible negative consequence of these attacks was the basis of the generalized terror and gendered fear felt not only by the women who felt a pinch or who identified a skin puncture during or after the night but by all women who participate in nightlife environments. The terror activated by spiking can be seen as an extension of the gendered fear of sexual assault (Brooks, 2014) that, in this context, seems to be activated and transferred to the needle. “(...) The evil bogeyman does not appear in the guise of a supernatural creature but rather is incarnated in the form of a horrific needle-wielding stranger or group of strangers” (Correll, 2008, p. 85). This invisible threatening presence reinforces urban anxieties, fear, and the sense of vulnerability of women in nightlife environments. The data of this

study is consonant with other evidence, revealing that women who reported needle spiking expressed a sense of luck due to their shared belief that “anything could have happened” (Sheard, 2011). Recent evidence revealed that needle spiking may be overestimated since despite the existence of puncture wounds, the toxicological analyses were negative for the common drugs associated with DFSA (Bendau et al., 2023; Burillo-Putze et al., 2022). According to the authors, the effects reported by the victims may be attributed to the subjective experiences of panic and anxiety, where the perception of having been spiked activates their deepest fears of being raped. According to Burgess et al. (2009, p. 850) “the heightened perception of risk may be usefully understood as the projection of the experience of uncertainty; such a process may be functional in fixing, confining and embodying otherwise nebulous worries.” This uncertainty tends to be reinforced by the lack of confirmation of the reported incidents and the difficulty of distinguishing voluntary from involuntary use of alcohol and other drugs (Brooks, 2014; Colyer and Weiss, 2018). In addition, it contributes to the minimization of the relevance of these incidents and the reproduction of the historical discredit of the allegations and anxieties of women in public spaces (Beynon et al., 2008; Brooks, 2014; Sheffield, 2020; Ventura, 2018). Similarly to what happens in the denounces of sexual assault (Ventura, 2018), the investigation of needle spiking incidents tends to be focused on the physical evidence, such as the detection of illicit drugs, the perceived psychoactive effects, and the existence of punctures and wounds. However, the psychological impact tends to be disregarded in the absence of proof of the predatory use of illicit drugs.

The hypercentralization of the surreptitious use of illicit drugs to explain DFSA and the focus on the incidence of secondary crimes make the discussion partial and simplistic and tend to reinforce pre-existing rape myths while disregarding the subjective experiences of women. In the case of needle spiking, this resulted in the externalization of protective strategies led by women who claimed compulsory searches, the reinforcement of surveillance, and the availability of anti-spiking technologies in nightlife environments. Similarly to previous spiking waves (Donovan, 2016), needle spiking reinforced drug prohibitionism narratives and social pressure, overemphasizing the role of drugs instead of the role of the patriarchal social system in the perpetuation of gender victimization. Moreover, “while these technologies [anti-spiking paraphernalia] shape our internal and external material existences, they only

offer a false promise of safety because they are rarely brought to market, and they misdirect public discourse to women's movements rather than perpetrators' actions" (Wilson-Barnao et al., 2021, p. 45).

According to Donovan (2016, p. 3), the "fear of drugging is not a constant – there are distinct times in the modern era where the fear "flares up" – often apropos of not very much, concretely speaking. Instead of genuinely increased incidents and risk, we often find at those times a host of existing cultural tensions that excess focus on drugging attempts to solve". Even though I don't intend to investigate whether needle spiking is a real threat or not, following the author's line of thought, it is possible to speculate that COVID-19-related anxieties favored the emergence of a new spiking wave in the post-pandemic nightlife. The risk of transmission of SARS-CoV-2 reinforced traditional moral visions that socially construct nightlife as a high-risk context (Nofre et al., 2021). Some sources integrated into the analysis also pointed out that the fear of needle spiking could be related to the experience of two years' of social confinement to prevent the COVID-19 pandemic. Furthermore, the reduced alcohol intake during the pandemic (Merlo et al., 2023) could lead to a decrease in alcohol tolerance in the post-pandemic nightlife. At this point, it is reasonable to hypothesize that the amplified alcohol effects could be perceived as a symptom of spiking. This possibility would not be surprising in a context where women are socialized to perform anti-spiking etiquettes when going out at night instead of being educated on safer drinking and harm reduction strategies (Burgess et al., 2009; Sheard, 2010; Weiss and Colyer, 2010; Pires et al., 2024). However, even if this is the case, it is relevant to highlight that in this context of ambiguity and uncertainty, the experiences of terror, fear, and anxiety are concrete and reveal the gendered embodiment of the fear of being raped. As a narrative of sexual terrorism, needle spiking reinforces the conventional scripts of femininity, orienting women to moderation, self-protection, and anti-rape strategies in drinking environments (Burgess et al., 2009). For this reason, the subjective experiences of women when exposed to stories of sexual terrorism and the impact of these cautionary tales on their participation in public spaces and sense of well-being must be centralized when analysing spiking. "We need a feminist politics that addresses the psychological and individual effects of victimization without, however, locating the solution to victimization in individual or psychological narratives" (Mardossorian, 2002, p. 766).

Conclusion

Traditionally, spiking tends to be discussed and conceptualized by using the lenses of toxicology and criminology, disregarding the spiking-related social and psychological harms and constraints and the way they compromise the well-being and full participation of women in the public sphere. This study revealed how spiking-related stories of sexual terrorism (re)create a disciplinarian ethos where women must affirm their defensive agency by performing self-precaution and advocating for external protective strategies such as anti-spiking technologies and increased contextual surveillance.

Spiking-related sexual terrorism and cautionary tales impact the gender socialization processes of people participating in nightlife environments, determining the embodiment of the fear by women and the men's right to have fun (including by performing spiking as a prank) (Pires et al., 2024). In this sense, it is crucial to address pervasive rape myths, gender stereotypes, and gender double standards related to drug use when implementing outreach responses targeting nightlife-goers. At this point, it is relevant to problematize identifying anti-spiking paraphernalia (e.g., cup covers) as preventive resources for women in nightlife environments. Firstly, by uniquely targeting women while disregarding the structural role of the patriarchal oppression systems in perpetuating sexualized violence, they reproduce rape myths and harmful gender stereotypes. Secondly, the exclusive focus on the surreptitious administration of drugs contributes to the invisibilization of the sexualized violence opportunistically perpetrated against someone experiencing chemical vulnerability due to voluntary drug use. Thirdly, they perpetuate the myth of "rape drugs" and, consequently, contribute to the vilification of specific substances (e.g., GHB), increase the stigma against the people who use them, and reinforce drug prohibitionism along with harmful punitive approaches.

Harm reduction has relevant cultural competence and long-term experience in designing and implementing models of care (e.g., awareness, psycare) in nightlife and festival environments. For this reason, I consider it a strategic field of intervention to implement gender-responsive awareness and care, implementing physical and emotional safe spaces for people who have experienced sexist harassment, hostility, or violence,

and who feels unsafe or emotionally triggered during the event (e.g., a suspect of spiking)

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