DRUG-FACILITATED SEXUAL ASSAULT

West Virginia Foundation for Rape Information and Services www.fris.org

Objectives

- Overview
- Commonly used substances:
 - Alcohol
 - GHB
 - GLB
 - Benzodiazepines/Rohypnol
 - Ketamine
 - Ecstasy
- Responding to assaults
- Prevention tips

Note on Pronoun Use

- The majority of victims are female and the majority of offenders are male
- For conversational purposes, victims will be referred to as female and offenders as male
- This does not imply that males are not victims or that females are not offenders



Part One

An Overview of Drug-Facilitated Sexual Assault

Drug-Facilitated Sexual Assault

- "Date rape" vs. "acquaintance rape"
- Not all drug-facilitated sexual assaults occur in dating contexts
- Sexual assaults in which the offender:
 - Intentionally administers drugs to a victim to facilitate a sexual assault, or
 - Takes advantage of a victim's intoxicated state to force sex

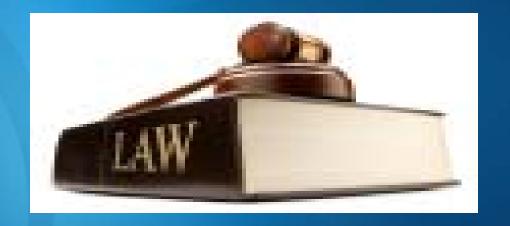
Drug-Facilitated Sexual Assault Is Illegal!

- Possession alone is punishable by up to 3 years
- Intentionally drugging with intent to commit a crime is punishable by up to 20 years
- An incapacitated person is unable to give consent



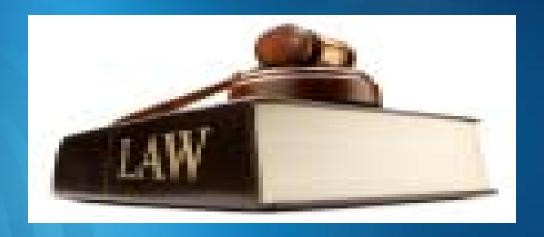
WV§61-8B-5. Sexual assault in the third degree

- In WV, 3rd degree sexual assault occurs when:
 - "The person engages in sexual intercourse or sexual intrusion with another person who is mentally defective or mentally incapacitated"



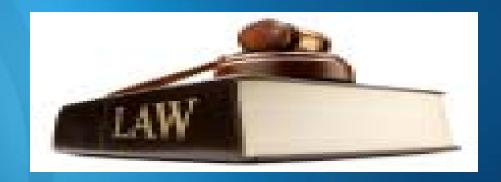
WV§61-8B-1. Definition of Terms

"Mentally defective" means that a person suffers from a mental disease or defect which renders that person incapable of appraising the nature of his or her conduct.



WV§61-8B-1. Definition of Terms

"Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling his or her conduct as a result of the influence of a controlled or intoxicating substance administered to that person without his or her consent or as a result of any other act committed upon that person without his or her consent.



Diminished Capacity

Exists when an individual does not have the capacity to consent

Examples: drugged, passed out, unconscious, mentally incapacitated, etc.

Under no circumstance could someone in such a state consent to sexual activity

From: "Drug Facilitated Sexual Assault" by Rape, Abuse & Incest National Network (RAINN)

Diminished Capacity

Victims of sexual assault in these situations may blame themselves because they drank, used drugs, and may have limited memory of what happened to them.

It is not the victim's fault!

The offender is the one who took advantage of her diminished capacity.

From: "Drug Facilitated Sexual Assault" by Rape, Abuse & Incest National Network (RAINN)

Prevalence of Drug-Facilitated Sexual Assault

Difficult to Statistically Document Because Many Don't Report

- Shame and possible fear of being blamed for what happened
- Concern about criminal charges for underage drinking or illegal drug use
- Drugs metabolize quickly; hard to detect



Rates of Drug-Facilitated Sexual Assault



Studies show rates of drug-facilitated sexual assaults are rising!

Drug-Facilitated Sexual Assault Fast Facts. U.S. Department of Justice. Available at: http://www.justice.gov/ndic/pubs8/8872/index.htm

Part Two

Drugs Commonly Used to Facilitate Sexual Assaults

Drugs Frequently Used in Sexual Assaults

- Alcohol
- Marijuana
- Benzodiazepines
- GHB

- Ecstasy
- Amphetamines
- Rohypnol
- Ketamine



From: PACT Program: Promoting Awareness of the College Transition

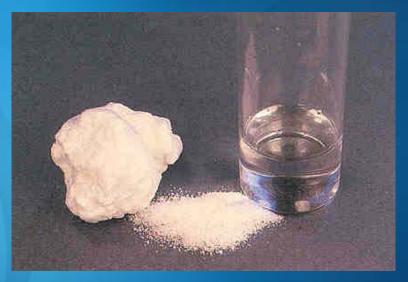
Alcohol

- Most common "drug" of sexual assault
- Not thought of as a drug of sexual assault
- Widespread social use; college environs
- Reduces judgment, reasoning, physical ability to resist assaults



Gamma-Hydroxybutyric Acid (GHB)

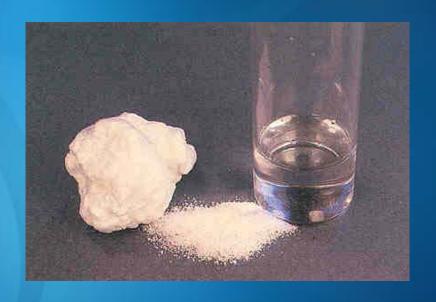
- Illegal in U.S.
- Clear, odorless liquid or white powder
- Unpleasant salty or bitter taste; masked in strong tasting drinks
- Effective in about 15 minutes; lasts 3 4 hours



Gamma-Hydroxybutyric Acid (GHB)

Also called:

Grievous Bodily Harm (GBH), Liquid X, Liquid E, G, Georgia Home Boy, Easy Lay, Cherry Meth, etc.



Gamma-Hydroxybutyric Acid (GHB)



Effects can include:

- Sedation
- Intense drowsiness
- Hampered mobility
- Verbal incoherence
- Slowed heart rate
- Nausea
- Headache
- Respiratory failure
- Unconsciousness/coma
- Seizures

Gamma-Butyrolactone (GBL)

- Like GHB; sold as a dietary supplement or industrial cleaner
- Twice as potent as GHB when metabolized
- Strong bitter taste that can be masked
- 30-45 minutes to take effect



Gamma-Butyrolactone (GBL)

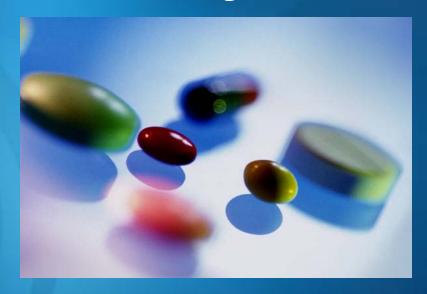


Effects can include:

- Amnesia
- Nausea
- Lethargy
- Confusion
- Hypothermia
- Respiratory arrest
- Seizures
- Agitation
- Loss of bowel control
- Coma/death
- Some people may act normally but will have no memory of the event.

Benzodiazepines

- Rx drugs for anxiety and insomnia
- Pills that can be crushed into drinks
- Brand names include: Valium, Xanax, Rohypnol, ProSom, Ativan, etc.
- Cause relaxation, fatigue, and memory loss



Rohypnol

- Benzodiazepine common in DFSA
- Also called:

 Roofies, Roach, The
 Forget Pill, Mexican
 Valium, Rip, and
 others...
- Small white tablet
- Color changes when dissolved in liquids



GHB, GBL, Rohypnol, and Benzodiazepines

- Commonly used in DFSA
- Alcohol increases effects
- Sedative effects + memory impairment
- Traces leave the body very quickly:
 - Rohypnol: 36-72 hours
 - GHB in urinary system: 12 hours; in blood: 4 hours
 - GLB in urinary system: 6 hours; in blood: 24 hours

Ketamine

- General anesthetic
- Stimulant, hallucinogenic, and hypnotic properties
- White powder or clear liquid
- Dangerous when mixed with alcohol or other drugs

Ketamine



Also called:

- Special K
- K, K-Hole
- Vitamin K
- Purple
- Kit Kat
- Psychedelic Heroine
- Jet
- Bump

Ketamine



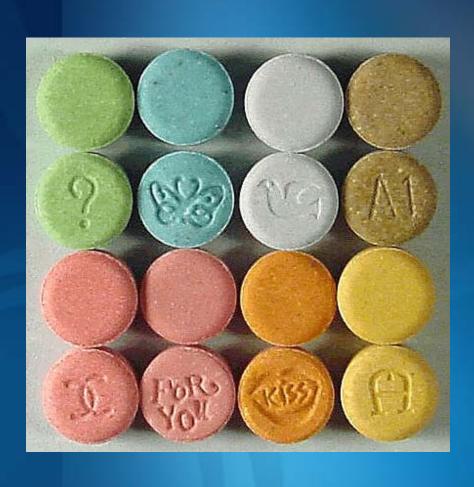
Effects can include:

- Euphoria
- Dissociation
- Amnesia
- Dizziness
- Confusion
- Hallucinations
- Agitation
- Disorientation
- Impaired motor skills
- High blood pressure
- Unconsciousness
- Respiratory failure

Ecstasy (MDMA)

- Illegal psychedelic stimulant and hallucinogen
- Member of the amphetamine class of drugs
- Pills, powder, or liquid forms
- Extreme relaxation, positivity towards others, and sexual disinhibition
- Reduces ability to recognize danger and to protect oneself from an attack

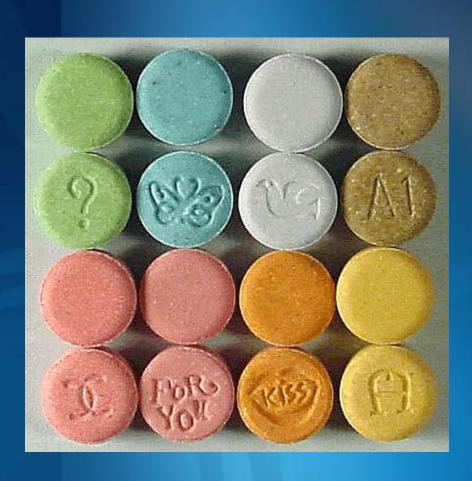
Ecstasy (MDMA)



Also called:

- MDMA
- E
- X
- M&Ms
- Adam
- CK
- Hug Drug
- Lover's Speed
- Clarity

Ecstasy (MDMA)



Other effects are:

- Increased blood pressure/pulse
- Nausea
- Blurred vision
- Unconsciousness
- Hallucinations
- Chills
- Sweating
- Tremors
- Strokes
- Seizures
- Hypothermia
- Heat stroke
- Heart failure

Part Three

Responding to Drug-Facilitated Sexual Assaults

A DFSA Scenario

Todd meets Amy at a party around 11:00p.m. Todd brings Amy at least 4 drinks over the course of the next hour. You see Todd encouraging Amy to drink up. You know Amy well enough to know that she rarely drinks enough to get drunk.

A DFSA Scenario

Todd makes some excuse to you that Amy is not feeling well and he plans to take her back to her dorm. You watch as Amy and Todd leave the party; Amy is definitely out of it. Todd practically carries her to the car; she can't stand on her own two feet.

A DFSA Scenario

When Todd gets Amy back to the dorm, he invites himself in. Todd has sex with Amy while she's passed out on her bed.

Investigators Should Consider

- 1. How drunk was the victim?
 - Was she conscious or unconscious?
 - Does she have any memory of the rape?
 - Did she vomit?
 - Could she speak coherently?
 - Was she able to walk?
 - Was she able to perform physical tasks?
 - Did she urinate or defecate on herself?
 - Did she do anything else to indicate that she was not capable of consenting?
 - Are facts consistent with a consensual encounter?

Investigators Should Consider

- 2. What are the time and circumstances of the report?
 - Did the victim report as soon as she was physically able or did she wait?
 - Did something prompt her to report?
 - Did she tell anyone about the incident prior to reporting?
 - 3. Where did the incident happen?
 - Who else was at the party?
 - What transportation did the victim use?
 - Who observed her leaving?

Investigators Should Consider

- 4. Was there prior interaction between the victim and the alleged offender?
 - Did they know each other before the incident? In what capacity?
- 5. Did the alleged offender use force or threaten the victim?
 - This is not consistent with consensual sex!
- 6. Did the victim say "no?"
 - If so, why did the alleged offender disregard her "no?"

Investigators Should Consider

- 7. What about the alleged offender's level of intoxication?
 - What was his capacity to do other things? Could he walk, talk, drive a car, etc.?
- 8. Did the alleged offender prey upon the victim's vulnerabilities?
 - Did he do anything to wear down her resistance?
 - Is there any evidence that the alleged offender selected the victim because he knew that she would be an easy target?

Investigators Should Consider

- 9. Were there any witnesses to any part of the chain of events?
 - When looking for corroboration, investigators should ask the victim whether anyone else was present during any part of the incident.
 - Are there any witnesses to the ingestion of the alcohol or to the incident?
 - What did they see or hear?

Research on Offenders

- Interviews with convicted rapists in prison
- General pattern for rape:
 - Targeted women
 - Watched them over time
 - Waited for opportunity when woman was vulnerable

The Undetected Rapist



Research on Undetected Rapists

The Typical Rapist:

- Premeditates & plans his attack
- Uses multiple strategies to make victim vulnerable
- Uses alcohol deliberately
- Increases violence as needed

Similarities between nonstranger and stranger rapists:

- Many rapists are serial rapists
- Rape is usually planned in advance
- Victim's accessibility was primary factor in rapist's decision
- Victim's appearance had little or nothing to do with the rapist's decision

Who are Rapists?



5%

Who are these men?

Ski Mask Knife Blitz Attack Brutal Injuries Strangers

Issues for Law Enforcement to Consider



- Possibility that the offender is a serial rapist; make effort to identify/interview other possible victims
- Identify and interview persons with whom victim first discussed the incident
- Remember "drug submission" may give the appearance of consent

Issues for Law Enforcement to Consider



Consider including the following items when drafting search warrants:

- Squeezable water bottles
- Eye-drop containers
- Cooking utensils (for GHB)
- Video camera equipment
- Videotapes
- Photographs/CD
 ROMS of the victim
- Cell phones

Useful Questions for Law Enforcement to Ask

- What does the victim remember about other individuals present?
- Does the victim remember any symptoms before passing out?
- Did the victim wake up during the incident? For how long?
- Does the victim have any memory of the sexual assault?
- What did the victim have to drink that night? Did she/he ingest any other prescription or recreational drug?



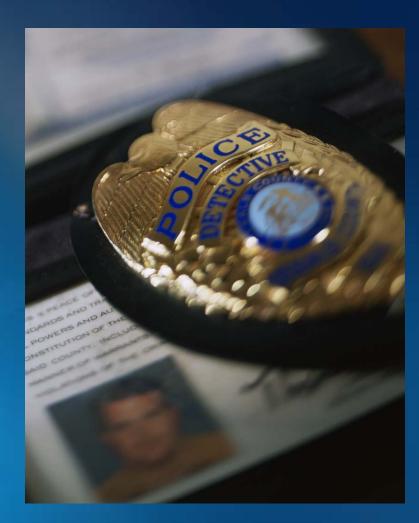
Useful Questions for Law Enforcement to Ask

- What does the victim remember before receiving the drink or drugs?
- Who gave the victim the drink? Who mixed it? Who handed the drink to her/him? If it was the bartender, is she/he friends with the suspect?
- Was there a special effort made to see that the victim got that particular drink?
- Was the drink left unattended?
- Did the victim experience any unusual side effects after consuming the drink or drugs?



Useful Questions for Law Enforcement to Ask

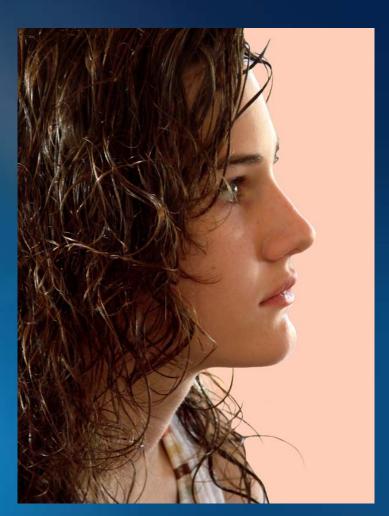
- Were any of the victim's belongings stolen?
- How did the victim get home? Was there anyone home when the victim arrived?
- Who was the first person the victim told about the incident?
- Did the victim speak to anyone who was present at the scene/party/bar?



Physical Effects of Drug-Facilitated Sexual Assault

Signs of DFSA:

- Blackout
- Soreness/injuries
- Woke up in different place
- Intoxication does not match consumption
- Remembers assault but unable to move or speak through it
- Hangover does not match consumption



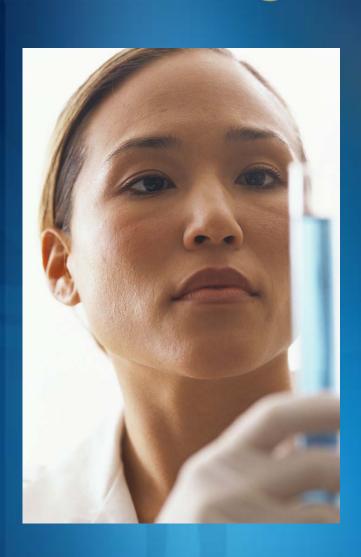
Responding to Drug-Facilitated Sexual Assault

- The victim is never to be blamed for an assault regardless of alcohol or drug use
- Consenting to use alcohol is not consenting to sexual activity
- Be aware of unintended consequences of reporting: possibility exists for criminal charges if illegal behavior (underage drinking, consensual illegal drug use, etc.) preceded the assault
- The National Sexual Assault Hotline (1-800-656-HOPE) can provide access to advocates to assist victims in considering their options

Responding to Drug-Facilitated Sexual Assault

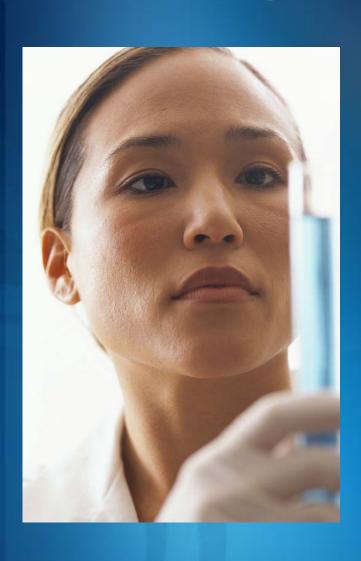
- If a victim believes she was drugged, she should consider:
 - Going to a safe and secure place
 - Seeking medical care and/or having a forensic medical exam. Be as detailed and specific, as possible, in providing information for any first responders (paramedics, nurses, and doctors) so that evidence will be preserved and the proper tests conducted.
 - Calling the National Sexual Assault Hotline (1-800-656-HOPE), who can connect the caller with the nearest rape crisis center for information and support.

Preserving Forensic Evidence



- Forensic evidence (hair, saliva, semen, DNA) may be present on the body
- Will be useful to law enforcement if crime is prosecuted
- Forensic medical exams can obtain this evidence

Preserving Forensic Evidence



- In WV, a sexual assault forensic medical exam can be performed without reporting the assault to law enforcement
- Evidence stored for at least 18 months
- A sexual assault advocate can assist with reviewing reporting options

Preserving Forensic Evidence

To ensure evidence is not lost/contaminated:

- Don't change clothes
 - ➤ If you must change, put clothes in a paper (not plastic) bag
- Don't shower, urinate, defecate, wash hands, or smoke
 - ➤ If you must urinate before the exam, collect the first urine in a clean container and take to the hospital
- Save any other material(s) that might provide evidence, such as the glass that held your drink

Contact 1-800-656-HOPE or visit www.fris.org for

additional information





The following information is adapted from "Prosecuting Alcohol-Facilitated Sexual **Assault**" by the National District Attorneys Association and is available at:

http://www.ndaa.org/pdf/pub_prosecuting_alcohol_facilitated_sexual_assault.pdf

Step 1: Making the Charging Decision

- Assume victim's account of events is true and accurate.
- Determine which type of sexual assault to allege:
 - 1. Alleged offender had intercourse with victim by using force; or
 - 2. Victim was unconscious at time of rape could not consent; or
 - 3. Victim was not unconscious but was too intoxicated to consent.



- Negative perceptions of a victim's credibility can be a significant barrier to successful prosecutions.
- Do not be discouraged when presented with cases where the primary evidence is a victim's testimony.



Step 3: Trying the Case

Offender-focused approach



Five Components of Victim Credibility

- 1. Actual Credibility
- 2. Victim's ability to perceive at the time of the assault
- 3. Victim's ability to remember what happened
- 4. Existence of corroborative evidence
- 5. Victim's likeability

Part Four

Reducing the Risk of Victimization

Protect Yourself!

- 1) Don't leave your drink unattended.
- 2) Don't drink from punch bowls or large, common open containers.



Protect Yourself!

- 3) Watch while your drinks are poured and carry them yourself.
- 4) Watch out for your friends, and vice versa.



Protect Yourself!

- 5) Always leave a party with your friends.
- 6) If a friend is very intoxicated or is acting out of character, get her to a safe place immediately!



Reduce the Risk

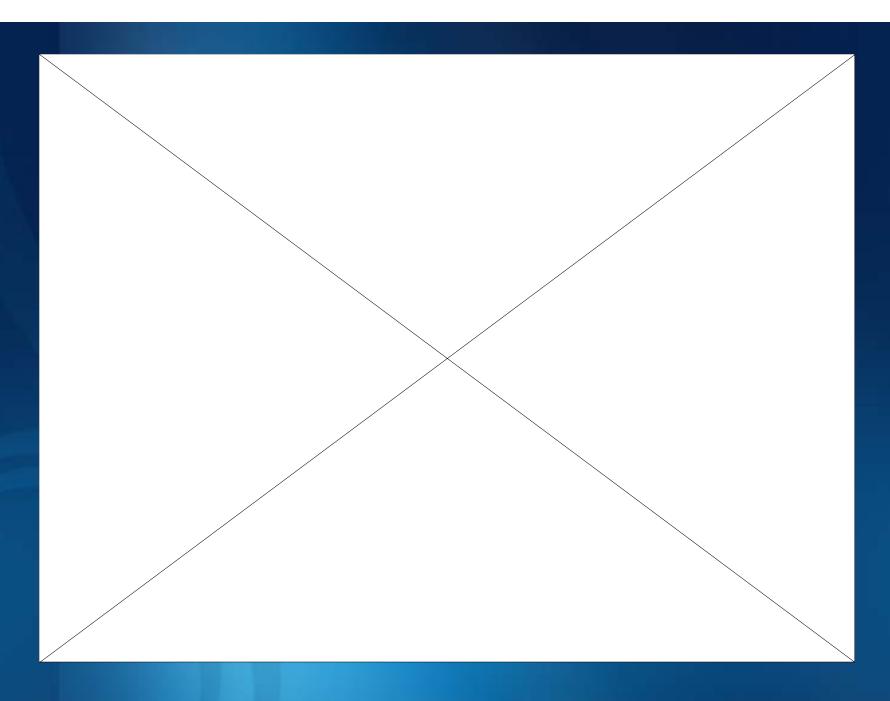
- Listen and hear what others tell you about their needs and limits. Don't just hear what you want to—if someone is uncertain or hesitant about what they want, in a relationship, don't decide for them.
- Remember that most people who have been victims of violence intuitively sensed danger and safety concerns.

Reduce the Risk

- If someone is making you uncomfortable, especially in a situation where there could be the risk of harm, trust your instinct and take the necessary steps to ensure your safety.
- Be explicit about what you will and won't do, whether it involves your limits in what you want to drink or how far you want to go in a sexual relationship.

Reduce the Risk

- Be clear about whether or not you are CONSENTING to sex.
- Be clear about whether your partner is CONSENTING to sex. REMEMBER that someone who is incapacitated through alcohol or drugs is not capable of giving consent.





References

- Drug-Facilitated Sexual Assault. Rape, Abuse & Incest National Network (RAINN). Available at: http://www.rainn.org/get-information/types-of-sexual-assault/drug-facilitated-assault
- Drug-Facilitated Sexual Assault Fast Facts. U.S. Department of Justice. Available at: http://www.justice.gov/ndic/pubs8/8872/index.htm
- PACT Program: Promoting Awareness of the College Transition. West Virginia Foundation for Rape Information and Services, adapted with permission. Available at: http://www.fris.org/Resources/PrintedResources.html
- Sexual Assault in West Virginia: An Informational Handbook. Available at: http://www.fris.org/Resources/PDFs/Books/SexAssaultHandbook.pdf
- www.fris.org