Drug-Facilitated Sexual Assault

Introduction
Alcohol/Drug-facilitated sexual assaults occur when a perpetrator uses alcohol or drugs to compromise an individual’s ability to consent to sexual activity. Perpetrators may do this by intentionally administering drugs or alcohol to the victim or by taking advantage of an individual that has voluntarily consumed drugs or alcohol. The substances used by perpetrators in these assaults inhibit an individual’s capacity to consent to, or resist, sexual activity, and may even disrupt or prevent the encoding of memory of the assault.

- Survivors of alcohol/drug facilitated sexual assaults are less likely to identify a sexual assault as rape and are less likely to report the incident to authorities if a substance was involved. This may be due to fear of negative judgments about their substance use.2
- Alcohol is the most detected substance in drug-facilitated sexual assaults, although the detection of more than one substance is common.3
  - Alcohol-induced amnesia, more commonly known as “blackouts”, are characterized by the inability to recall events that took place while the individual was intoxicated. During these “blackout” periods an individual’s ability to consent to sexual activity is compromised.4

Drugs Commonly Used in Sexual Assault
Perpetrators use drugs to sedate an individual, prevent resistance to assault, and impair memory. These drugs are usually central nervous system (“CNS”) depressants that slow down brain activity, decrease inhibitions, and induce drowsiness and relaxation.5 Sometimes perpetrators combine these drugs with alcohol, as alcohol increases these effects.6

Often the media highlights the frequent use of illicit or federally monitored prescription drugs as “date rape” drugs. However, some common prescription and over-the-counter medications are also CNS depressants capable of inducing similar effects, making them easily accessible to perpetrators and, therefore, are often used to facilitate sexual assault.5 These drugs include:

- Benzodiazepines (such as Valium and Xanax)
- Antidepressants (such as Zoloft or Elavil)
- Muscle relaxants (such as Soma or Flexeril)
- Antihistamines (such as Benadryl)
- Over-the-counter sleep aids (such as Unisom)
- Opioids (such as Vicodin or Oxytocin)

However, it’s still important to recognize the potential use of media highlighted “date rape” drugs. These drugs, which are typically illicit or heavily controlled, include the following:

- Gamma-Hydroxybutyric Acid (GHB) and Gamma-Butyrolactone (GBL) - two different chemicals that perpetrators can use interchangeably. These drugs suppress the central nervous system and induce a sense of euphoria and intoxication.6
- Ketamine - a short acting anesthetic. This drug causes individuals to feel detached from their bodies and surroundings; this often means a survivor is aware of what is happening during an attack but is unable to move or fight back.6

The following symptoms are typical in individuals who have been drugged, or otherwise influenced.5,6 In cases where survivors present with any of the following symptoms, DFSA protocols should be implemented, and a drug and alcohol toxicology screening should be completed.

- Loss of bowel or bladder control
- Dizziness
- Difficulty breathing
- Slurred Speech
- Memory loss or impairment
- Loss of consciousness
- Vomiting
- Sudden body temperature change
- Loss of muscle control or coordination

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