Chapter 3
Drug/Alcohol Facilitated Sexual Assault

“No drug, not even alcohol, causes the fundamental ills of society. If we’re looking for the source of our troubles, we shouldn’t test people for drugs, we should test them for stupidity, ignorance, greed and love of power.” ~ P.J. O’Rourke (1947-) American humorist & journalist

OBJECTIVES FOR THIS CHAPTER

- Increase awareness and knowledge about alcohol, drugs and sexual assault
- Understand the link between alcohol and sexual assault
- Know the appropriate actions to take if a drugging is suspected

ALCOHOL, DRUGS AND SEXUAL ASSAULT: AN INTRODUCTION¹,²

“I woke up and I wasn’t in my bed. I had no idea how I had got there, or if I have been with someone. I wondered what had happened to me, and I wondered why I couldn’t remember…”

Alcohol and drugs are often weapons used by perpetrators to facilitate sexual assault. With all the news about predatory drugs, we sometimes forget that alcohol is the most common drug associated with sexual assault. Since alcohol is cheap, readily and legally available, and common among adolescents and young adults, it is important to understand the connection between alcohol and sexual assault.

Note: Alcohol does not cause sexual violence nor does it give an offender an excuse to commit a sex crime.

¹ Quinn, Kathleen M. “Drugs and Sexual Assault: A Dangerous Mix.” Illinois Coalition Against Sexual Assault Fall 2002 Coalition Commentary (Fall 2002.) Web. 23 September 2010.

Drugs
Alcohol, marijuana and other substances are more likely to be involved than GHB and Rohypnol. A published article in the *Journal of Analytical Toxicology* reports that urine tests on victims of drug-related sexual assault between 1996 and 1999 identified more than 20 different substances. Rohypnol was found in less than 1% of the samples, and GHB was found in 3%. More than 35% of the positive samples contained more than one substance.

In 1996, Congress passed the Drug-Induced Rape Prevention and Punishment Act. Under federal law, as of March 1999, simple possession of Rohypnol is punishable by up to three years in prison and a fine. The distribution or administration of Rohypnol to another person without that person’s knowledge, and with the intent to commit a crime of violence (including rape and sexual assault) is punishable by up to 20 years in prison and a fine. In 2000, President Clinton signed similar legislation related to GHB.

What to Do as an Advocate
If the victim was drinking, the victim may be especially self-blaming. However, nothing the victim did or said can be construed as asking to be raped.

More information about the sexual assault evidentiary exam can be found in Chapter 6, “Advocating in the Medical Setting.” A urine sample may be collected, but unless the victim is making a report to law enforcement, the sample will most likely not be tested for the presence of drugs.

ALCOHOL AND SEXUAL ASSAULT

At least one-half of all violent crimes involve alcohol consumption by the perpetrator, the victim, or both. Sexual assault fits this pattern. Researchers consistently have found that approximately one-half of all sexual assaults are committed by men who have been drinking alcohol. Depending on the sample studied and the measures used, the estimates for alcohol use among perpetrators have ranged from 34% to 74%. Similarly, approximately one-half of all sexual assault victims report that they were drinking alcohol at the time of the assault, with estimates ranging from 30% to 79%. It is important to emphasize, however, that although a victim’s alcohol consumption may

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place her/him at increased risk of sexual assault, only the perpetrators are legally and morally responsible for their behavior.

**Ways Alcohol Contributes To Sexual Assault**

Alcohol is commonly viewed as an aphrodisiac that increases sexual desire and capacity. Many perpetrators expect to feel more powerful, uninhibited, and aggressive after drinking alcohol. Perpetrators may feel more comfortable forcing sex when they are drinking because they can justify to themselves that alcohol made them act accordingly.

Despite the liberalization of gender roles during the past few decades, women who drink alcohol are frequently perceived as more sexually available and promiscuous compared with women who do not drink. Sexually assultive men often describe women who drink in bars as “loose,” immoral women who are appropriate targets for sexual aggression. In fact, date rapists frequently report intentionally getting the woman drunk in order to have sexual intercourse with her.

**Situational Factors**

Sexual assault involves both sexual behavior and aggression; accordingly, researchers must consider situational influences (i.e., cues) relevant to both behaviors, such as location or the social situation in which the assault occurs.

In the case of sexual assaults that occur among strangers or people who have just met, perpetrators who drink heavily may frequent settings, such as bars and parties, where others also tend to drink heavily and where they can easily find an intoxicated person to target for a possible sexual assault.

**Male-Female Dynamics**

As described earlier, at least 80% of all sexual assaults occur during social interactions, typically on a date. The fact that sexual assault often happens in situations in which consensual sex is a possible outcome means that a perpetrator’s interpretation of the situation can influence their responses.

Traditional female gender roles emphasize the importance of being nice and “letting men down easy.” The man, in turn, may not take the indirect approach to expressing sexual disinterest seriously. Research on the power of stereotypes, expectancies, and self-fulfilling prophecies demonstrate that when people have an expectation about a situation or another person, they tend to observe and recall primarily the cues that fit their hypothesis and to minimize or ignore the cues that contradict their hypothesis. Studies with both perpetrators and victims have confirmed that the man’s
misperception of the woman’s degree of sexual interest is a significant predictor of sexual assault.

## DRUG FACILITATED SEXUAL ASSAULT\(^4\)

### What is it?
- Sexual assault facilitated by the use of an anesthesia-type drug
- Renders victim physically incapacitated or helpless, and interferes with memory and perception
- Victim is incapable of giving consent

### Effects on the Victim
- Sensations of drunkenness that do not match with the amount of alcohol consumed
- May be unconscious during all or parts of the sexual assault
- Experiences amnesia [or partial amnesia] of the events after drug was ingested
- May have an awareness or sense that a violation occurred

### Does it really happen?
- Numbers of such assaults appear to be increasing locally and nationally
- Many drug-facilitated rapes are not reported to law enforcement. Victims are reluctant to report because of fear of not being believed, embarrassment, guilt, shame, perceived responsibility, and lacking specific recall of the assault

The following chart lists drugs commonly used to facilitate a sexual assault. It is provided for your information. It is not required of you to memorize this information.

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### DATE RAPE DRUG QUICK REFERENCE GUIDE

<table>
<thead>
<tr>
<th>Known As</th>
<th>Rohypnol</th>
<th>GHB</th>
<th>Ketamine</th>
<th>Ecstasy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical Name</td>
<td>Flunitrazepam</td>
<td>Gamma-Hydroxybutyrate</td>
<td>Ketamine Hydrochloride</td>
<td>MDMA</td>
</tr>
<tr>
<td>Street Name</td>
<td>Forget-me-pill, Rib, Roofies, Roches, R-2, Stupefi, Roofinol, Whities, etc.</td>
<td>Easy Lay, G, GH Buddy, Grievous Bodily Harm, Liquid G, Liquid Ecstasy, Salty Water, X, Zonked, etc.</td>
<td>Breakfast Cereal, Bump, Cat Valium, K, KitKat, Purple, Special K, etc.</td>
<td>Adam, E, Essence, Euros, Hug Drug, Love Drug, XTC, X (other names may refer to the imprint on the pill or its shape)</td>
</tr>
<tr>
<td>Appearance</td>
<td>Usually a white pill packaged in bubble packs, also may be a white powder, and may emit a blue or green dye as it dissolves in liquid.</td>
<td>Typically a clear or light-colored liquid. May also be found in a white powder or putty form.</td>
<td>A colorless, odorless, tasteless liquid; may also be a white powder.</td>
<td>Typically, a small pill with some type of character printed on it. The pill can be any color. May also be crushed into a powder.</td>
</tr>
<tr>
<td>Medical Use</td>
<td>Prescribed in approx. 80 countries as a sedative - ten times as strong as Valium.</td>
<td>The FDA has not approved this drug for any use.</td>
<td>Used by veterinarians to sedate animals for surgery. Also used to sedate young children.</td>
<td>None. In the 1970's it was used to facilitate psychotherapy.</td>
</tr>
<tr>
<td>Recreational Use</td>
<td>As a 'parachute' to come down from other drugs. Effect: to get a high or intoxicated feeling, and as a date rape drug.</td>
<td>Reduces body fat. Effect: to get a high or intoxicated feeling, and as a date rape drug.</td>
<td>Causes hallucinations similar to PCP or LSD. Effect: to get a high or intoxicated feeling, and as a date rape drug.</td>
<td>Causes euphoric rush (increases sense of touch). Effect: to get a high or intoxicated feeling, and as a date rape drug.</td>
</tr>
<tr>
<td>Production</td>
<td>Hoffman-LaRoche, a pharmaceutical company</td>
<td>‘Homegrown’ or produced in street labs</td>
<td>By various pharmaceutical companies</td>
<td>‘Homegrown’ or produced in street labs</td>
</tr>
<tr>
<td>Onset</td>
<td>Usually 15-30 minutes</td>
<td>Usually within 30 minutes</td>
<td>Usually 15-20 minutes</td>
<td>Usually within 30 minutes</td>
</tr>
<tr>
<td>Duration</td>
<td>Most often 4-6 hours, however, lingering effects may last for 2-3 days</td>
<td>Usually lasts 4-6 hours</td>
<td>May last from 2-8 hours</td>
<td>Usually lasts 1-8 hours</td>
</tr>
<tr>
<td>Effects</td>
<td>Intoxication; dizziness; decreased blood pressure and pulse rate; muscle relaxation; anterograde amnesia; drowsiness; confusion; blackout, nausea.</td>
<td>Dizziness; confusion; vomiting; deep coma-like sleep; head snap; amnesia; seizures; decreased respiration; ‘out of body experience’, no sense of touch.</td>
<td>Hallucinations; memory loss; flighty feeling; vomiting; dizziness; flashbacks; numbness/no sense of touch; increased heart rate, low blood pressure.</td>
<td>Increases sense of touch; euphoric rush; dehydration; teeth grinding; increased body temp., pulse, and blood pressure; nausea, blurred vision.</td>
</tr>
</tbody>
</table>
WHAT WE HAVE LEARNED

How Rape Drugs Facilitate Sexual Assaults
Rape drugs make it relatively easy for rapists to gain control of their victims. Perpetrators do not have to overcome any form of resistance. They do not have to use physical force. They do not have to threaten to harm the victim to get compliance. Nor do they have to be concerned about a victim’s screams attracting attention. The drugs they administer immobilize and silence the victim.

How Victims Are Prevented From Detecting Threats to Their Safety
Victims of these crimes do not sense any threat to their safety when the assailant is incapacitating them. The “weapon” used to overpower and disable them is invisible. It is hidden in a drink.

How Victims Are Inhibited From Exercising Self-Defense
When faced with the threat of being raped, most people employ one or more protective measures, such as verbally negotiating with the assailant, cognitively assessing their options, screaming, stalling, attempting to escape, and/or physically resisting. If these efforts fail to prevent the rape, victims may “fight back” in other ways. They may use their sensory and cognitive abilities to memorize details about the assailant’s physical characteristics, the location of the crime, and other factors that can later be used to aid authorities in apprehending and prosecuting the offender. The incapacitating effects of rape drugs rob victims of their ability to use these coping strategies.

How Rapists Can Appear to Be Rescuers
When victims are drugged in places where other people are present, such as restaurants, clubs, bars, and parties, the rapist may appear to bystanders and witnesses to be a rescuer. The behavioral effects of rape drugs look very much like the effects of voluntary alcohol consumption. To onlookers, the victim may seem drunk.

How Rape Drugs Affect Reporting Patterns
In drug facilitated rapes, additional factors may account for low and delayed reporting including the immediate and residual effects of the drugs (the victim may be unconscious for several hours after the assault and may have hangover effects after regaining consciousness); feelings of guilt or self-blame because of prior voluntary ingestion of alcohol and/or drugs; confusion and uncertainty about what happened, and

reluctance to make an accusation without personal knowledge or memory of the assault circumstances.

**How Victims’ Inability to Recall What Happened Affects the System’s Response**

Many aspects of a rape investigation are facilitated by a victim’s ability to describe what happened. The victim’s narrative helps guide the medical/evidentiary examination and the police investigation.

In addition, it may be an important consideration in prosecutors filing decisions and making judgments about credibility. When victims of drug-facilitated rapes cannot give a complete narrative, they often encounter suspicion, disbelief, and/or frustration. Their inability to supply information that could assist with the investigation and/or prosecution compounds the victims’ sense of helplessness.

**How People Misjudge and Minimize Victims’ Trauma**

Because most victims of drug facilitated rapes have no memory of the sexual assault, people may mistakenly minimize the trauma they suffered. For all rape victims, the loss of control experienced during an assault is profoundly traumatic. In drug-facilitated rapes, the additional deprivation of cognition during the assault, combined with amnesia afterwards, subjects the victim to an extreme form of powerlessness and vulnerability.

**How Drugging Is a Unique Form of Trauma**

Many of the difficulties victims face in the aftermath of these assaults are due to the effects of the drugs given by offenders. The surreptitious drugging of a victim is, in and of itself, a cruel and criminal violation of the person. The drugging should be recognized as a separate and distinct act of victimization in addition to any other acts of abuse and degradation to which the victim was subjected.

**How Being Unable to Forget Compares With Being Unable to Remember**

In the aftermath of rape, most victims suffer acute stress disorder and post-traumatic stress disorder symptoms. One of the most disturbing symptoms is their inability to forget what happened. The trauma is re-experienced repeatedly. Victims commonly have recurrent, intrusive recollections of the rape, including thoughts, flashbacks, and nightmares. For victims of drug-facilitated rapes, this aspect of the aftermath may be experienced differently. Because they cannot recall what happened during a significant time period, they have to cope with a gap in their memory. They experience the horror, powerlessness, and humiliation of not knowing what was done to them. They can only imagine what happened.
WHAT YOU NEED TO KNOW

- Alcohol is the #1 date rape drug
- Understand the impact on a victim who has been drugged: she/he may not remember part or all of the rape; or even if she/he was in fact, raped
- Understand the general effects of date rape drugs
- A person who is drunk (or drugged) by legal definition cannot give consent for sex
- Many survivors who had been drinking prior to their assault feel responsible for what happened; use the information learned from this chapter about alcohol and perpetrators to help reduce self-blame

FOR FURTHER READING


OBJECTIVES FOR THIS CHAPTER

ALCOHOL, DRUGS AND SEXUAL ASSAULT: AN INTRODUCTION

ALCOHOL AND SEXUAL ASSAULT

DRUG FACILITATED SEXUAL ASSAULT

RISK REDUCTION TECHNIQUES FOR DRUG FACILITATED SEXUAL ASSAULT (PREDATORY DRUGS)

DATE RAPE DRUG QUICK REFERENCE GUIDE

WHAT VICTIMS HAVE TAUGHT US

THE PERFECT CRIME

WHAT YOU NEED TO KNOW

FOR FURTHER READING