Drug-Facilitated Sexual Assault Bulletin

The Toxicology Unit of the Oklahoma State Bureau of Investigation is often charged with the request to examine specimens for the presence of drugs and intoxicating substances associated with sexual assaults. These types of requests are known as drug-facilitated sexual assault investigations. This bulletin provides general information on drug-facilitated sexual assault for law enforcement, prosecutors, clinicians and nurses.

This bulletin will tell you how to submit evidence associated with drug-facilitated sexual assault to the Toxicology Unit, evidence collection tips, and indicators.

INTRODUCTION

Drug-facilitated sexual assault occurs when a victim is subjected to nonconsensual sexual acts while they are incapacitated or unconscious due to the effects of a chemical agent and prevented from resisting or unable to consent. Oklahoma State Statute defines it as followed:

> *"Where the victim is intoxicated by a narcotic or anesthetic agent, administered by or with the privity of the accused as a means of forcing the victim to submit"* Title 21 O.S. §1111.4.

Alcohol is the most common finding in forensic investigation of drug-facilitated sexual assaults because it is so prevalent. However, with the sophistication of the offender, benzodiazepines are also found present in a significant number of drug-facilitated sexual assault cases (El Shohly, 1998; LeBeau, 1999).

Often the drugs used for this type of offense have low-dose preparations and have synergistic effects when mixed with ethanol. Because such small amounts of the drug are required to cause sedation in an individual, it becomes difficult to detect the presence of the drug without the appropriate type and amount of sample.

SAMPLE COLLECTION

Given the fact that there is usually a substantial delay between the drugging and reporting of the crime, the urine allows for a longer window of detection of drugs commonly used in these crimes and should be collected within 96 hours of drugging. For an extensive analysis to be performed it is recommended that a

minimum of 30 mL of urine be collected; however, 100 mL is preferred (LeBeau, 1999). The presence of drugs in urine just indicates prior exposure to the drug and is less useful from an interpretive standpoint.

Because drugs are usually detectable in blood specimens in a much shorter period than urine, blood specimens are usually useful when collection has occurred within 24 hours of drugging. The blood should be collected in a container with sodium fluoride and potassium oxalate and refrigerated immediately and the date and time of specimen collection documented (LeBeau, 1999).

EFFECTS

Victims of drug-facilitated sexual assault may experience confusion, dizziness, psychomotor impairment, drowsiness, impaired judgment, reduced inhibitions or slurred speech. Additionally, they may provide unreliable or confused recall surrounding the events. Drugs that temporarily disable the brain's ability to store information into memory may cause the victim to be uncertain about the facts surrounding the sexual assault. This uncertainty may result in an unwillingness to report the rape or provide biological samples for forensic analysis.

INDICATORS

- If the victim reports being under the influence of a drug during the sexual assault (either a legal or illegal drug).
- If the victim experiences vaginal soreness or other signs of sexual activities and cannot remember any part of the incident or the entire incident.
- If the victim reports becoming heavily intoxicated very rapidly (5 to 15 minutes).
- If the victim reports symptoms of amnesia.

EVIDENCE SUBMISSION

Some information that should be obtained, if possible, prior to beginning analysis may include:

- What symptoms did the victim describe?
- How long was the victim unconscious?
- How much time passed between the alleged drugging and the collection of the specimen or specimens?
- How much ethanol did the victim consume?
- Did the victim take any drugs (recreational, prescription, or over-the-counter)

- How many times (approximately) did the victim urinate prior to the collection of the urine specimen?
- What drugs do the suspect or suspects have available to use?
- Any other appropriate questions based on the case history.

(LeBeau, 1999)

A successful investigation of drug-facilitated sexual assault cases is dependent upon many factors outside the control of the forensic chemist performing the analysis. The investigating officer must be diligent in properly documenting what drugs-voluntarily or involuntarily were ingested that might have incapacitated or contributed to the incapacitation or vulnerability of the victim.

For More Information On Drug-Facilitated Sexual Assault Contact:

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