

Drug Facilitated Sexual Assault (DFSA)

Basic Facts

- DFSA is a particularly cruel form of rape, subjecting victims to extreme powerlessness, and using drugs (including alcohol) to incapacitate victims.
 - Victim may be unconscious or semi-conscious during assault
 - Victim may seem intoxicated and may go unnoticed, with assailant(s) as “helpers”.
 - DFSA impairs memories, often permanently. The amnesia resembles post- surgery amnesia, not repressed memories.
 - DFSA inhibits victims from self-defense (cognitively and physically).
 - Perpetrators don’t have to overpower, silence, or otherwise “get compliance” from victim, as the drugs immobilize and silence them.
 - Victim often does not see any warning signs and feels safe prior to the DFSA.
 - DFSA has been referred to as “mind rape” due to victims’ memories being stolen from them and experiencing feelings of horror, humiliation, and powerlessness of not knowing what was done to them.
- DFSA seems to be significantly on the rise, but is difficult to adequately track.
- DFSA is even more underreported than non-DFSA
 - Current data-tracking is insufficient and conclusive evidence less common
 - Plays on rape myths to keep victims silent and seem more “blame-worthy”
 - More likelihood of inadequate systems response
 - More common that alcohol or recreational drug use was involved. Assailants commonly make sure (whether by choice or force) that alcohol or other drugs are in the survivor’s system, leading survivors to blame themselves or avoid exams and prosecution.
 - DFSA causes great distress and confusion, often delaying help-seeking, which gives some drugs time to leave her system. Assailants know this and use to their advantage.
- There are many drugs, most of which are legal, easily accessible, and easily used in DFSA.
- Drugs can be tasteless and extremely easy to administer, particularly into beverages.
- Drug combinations are common in DFSA, particularly perpetrators mixing alcohol or other recreational drugs with another assault-facilitating drug.
- DFSA does occur when the victim has had no alcohol or recreational drugs.
- DFSA occurs most often in scenarios generally people would think are safe. Assailants hide in plain sight.
- DFSA is planned by one or more assailants, usually someone the victim knows.
- DFSA isn’t about repressed memories. It causes drug induced memory loss.

Survivor Experiences/Responses

- Survivors may not have actual memories but may “sense” the assault, or have brief partial memories, without a timeline or context.
- Survivors’ distress can be equal or greater than if they remembered the assault.

- Survivors commonly worry they “invited” the assault, or acted as though they wanted to be sexual, despite the fact that this crime was intentionally committed while the survivor was drugged and could not consent.
- Trauma triggers or surges of emotion are common, despite memory loss.
- Some survivors may remember partial details of the assault, with partial or no timeline or reference points. Memory details strongly related to DFSA can include:
 - Remembering, or “seeing themselves” doing things they would otherwise never do.
 - Seeming to be relaxed, disinterested, involved, mildly emotional, or enjoying any aspects of the assault.
 - Being unable to control body movement and/or body function.
 - Acting unlike themselves, including being more sexual, or sexual with someone they would not otherwise have been sexual with, due to the effect of the drugs.
- Survivors often never fully recover the memories, just like amnesia after a surgery.
- Survivors may become pre-occupied with recovering memories for multiple reasons:
 - They may feel horrified at what may have happened and want to make sense of it.
 - They internalized rape myths and need to know they tried to stop it.
 - They worry the memories will come flooding back later, and want to be in control of when and how they remember.
 - They may feel the memories can help with a criminal or civil case.
 - They may not understand that they can heal without recovering memories.
 - They may hope recovering the memories will help them or others not blame them.
 - They worry others saw them in a compromised, embarrassing, or worse state.
 - The memories help them believe it happened.
- DFSA can shake the core of the survivor’s sense of safety, self-judgement and who she can trust.
- Survivors may experience even more confusion or mental defeat than non-DFSA survivors, and both are shown to be predictors of PTSD.
- Survivors may or may not have signs of physical trauma due to the assault. This may cause feelings of confusion, self-blame, and anxiety/worry. DFSA is assault, regardless of the presence of physical damage or not.

Important Responses

- Believe survivors!
- Help combat self-blame and understand that DFSA perpetrators intentionally use the self and system “blame” as a weapon.
- Help survivors understand that the drugs were used to render her incapable of making her own decision about saying no or stop, or fighting, or fleeing.
- Help survivors understand that DFSA is a cruel crime, with drugs as a weapon, and never consensual.
- Safety planning becomes more complex, if assailant is not remembered, and possibly close to the survivor or will continue to have access to them.
- Never say it’s a blessing not to remember!
- Give them facts – empower with information

- DFSA drugs are used to incapacitate, make the survivor confused, unable to move, and/or comply, blame themselves, and not remember
- Survivors can heal without remembering
- Advocate within systems. Understanding DFSA is likely less understood, and more judged.
- Help them identify internalized rape myths (deeper, underlying victim-blaming assumptions and “othering” of survivors, i.e., “I would never let that happen to me”, “how could she put herself in that position”, “what did she expect”, etc. Dispelling these myths, and negative opinions of themselves can reduce long-term post-traumatic stress responses and help them heal.
- Trauma triggers and experiencing emotional surges can be valuable therapeutic points of intervention.
 - They can teach us where to focus our coping, grieving, and healing efforts.
 - Even without remembering details, survivors can work to recognize triggers and gradually decrease emotional response to them.
 - Healthy coping strategies in the moment can reduce impact of traumatic triggers.
- Ensure counseling processes are not derailed with ongoing attempts to recall memories that may never be recalled, and may delay survivor’s attention on coping with existing triggers and internalized negative beliefs.
- Offer survivors information and additional support and resources for significant others, to help foster healing and resilience.

DFSA Prevention

- Share this information and more, in as many settings as you can.
- Increase bystander intervention through education.
- When in doubt, do not let someone who seems intoxicated go off with another person.
 - Insist on accompanying the intoxicated person safely home. This can be hard if you do not know the person, and is best done with another person to witness and assist.
 - Alert law enforcement to your doubts and request they question the people involved and tend to potential victim’s safety.
- Trust your instincts. Better safe than sorry, when intervening.
- If you begin to feel sick or weak, or in any way not normal, and can seek help, do so.
- Look out for friends and strangers.
- Talk with friends and partners about DFSA, and how to help protect each other.
- Be cautious with your surroundings and what you ingest, also knowing that the only way to truly prevent DFSA is for perpetrators to stop perpetrating!

Gauntlett-Gilbert, J., Keegan, A., & Petrak, J. (2004). Drug-facilitated sexual assault: Cognitive Approaches to treating the trauma. *Behavioural and Cognitive Psychotherapy*, 32, 215–223

Fitzgerald, N., & Riley, K. J. (2000). Drug-facilitated rape: Looking for the missing pieces. *National Institute of Justice Journal*, April, 9–15.