



Gender-Based Violence

An Examination of Victim, Assailant, and Assault Characteristics among Cases Classified as Predatory Drug-Facilitated Sexual Assault



Janice Du Mont, EdD^{a,b,*}, Sheila Macdonald, MN^c, Daisy Kosa, MSc^{a,c}

^a Women's College Research Institute, Women's College Hospital, Toronto, Ontario, Canada

^b Dalla Lana School of Public Health Sciences, University of Toronto, Toronto, Ontario, Canada

^c Ontario Network of Sexual Assault/Domestic Violence Treatments Centres, Toronto, Ontario, Canada

Article history: Received 28 July 2015; Received in revised form 16 May 2016; Accepted 26 May 2016

A B S T R A C T

Introduction: Drug-facilitated sexual assault (DFSA) can be characterized as predatory, where the survivor is covertly or forcibly administered an incapacitating or disinhibiting drug. The purpose of our study was to determine what factors, if any, are associated with cases classified as predatory DFSA.

Methods: Cases were classified on toxicological testing as predatory where there was an unexpected drug(s) found and non-predatory where a drug(s) found had been voluntarily consumed or no drugs at all were found in collected urine samples.

Results: One hundred eighty-four suspected intentional drugging cases were seen at one of seven participating hospital-based sexual assault treatment centers. Urine specimens were analyzed from 178 of these cases, of which 48.9% were classified as predatory. In a logistic regression model, the odds of having experienced a predatory DFSA were lower if the survivor was a student or assaulted by a single assailant, but higher if the survivor self-reported mental health problems in the previous 6 months or that the mode of suspected drugging was a recreational drug or non-alcoholic drink (versus an alcoholic drink).

Conclusions: These differences in survivor, assailant, and assault characteristics between cases classified as predatory and non-predatory DFSAs may have important implications for intervention and prevention.

© 2016 Jacobs Institute of Women's Health. Published by Elsevier Inc.

The use of substances as a tool to perpetrate sexual assault is a phenomenon that has been noted as a problem across the industrialized and developing worlds, with survivors being overwhelmingly women (Gee, Owen, & McLean, 2006). The substance most frequently involved in the perpetration of sexual assault has been alcohol, with approximately 50% of sexual assaults involving alcohol consumption by the survivor at the time of the assault (Abbey, Zawacki, Buck, Clinton, & McAuslan, 2004).

Recent decades have seen increased attention paid to cases described as involving the covert and intentional drugging of women, often characterized as predatory drug-facilitated sexual assault (DFSA)s and involving the surreptitious spiking of drinks with drugs. According to Horvath and Brown (2005, p. 206), in such cases:

[T]he person(s) causing [the sexual assault] to happen ha[s] incapacitated the other's ability to consent to the sexual act by intentionally introducing a substance or substances which ... [has] (or [are] likely to render) the victim physically and/or mentally incapable of resisting the ... sexual assault.

Little is still known about the extent of the problem of predatory DFSA. Early studies conducted in France, the United States, and Canada were retrospective and able only to ascertain proportions of "suspected" intentional drugging cases which were 6% of 409, 7% of 209, and 12% of 1,421 cases of sexual assault, respectively, seen at sexual assault/rape crises centers

Conflicts of Interest: The authors have no conflicts of interest to declare.

Authors' Contributions: JDM designed the study, supervised the analysis, interpreted the findings, and drafted the manuscript. SM conceived of and designed the study, interpreted the findings, and reviewed drafts of the manuscript. SDK aided in the interpretation of the findings and helped to draft the final manuscript. All authors read and approved the final manuscript.

* Correspondence to: Dr. Janice Du Mont, EdD, Women's College Research Institute, Women's College Hospital, 76 Grenville Street, Toronto, Ontario M5S 1B2, Canada. Phone: 416-351-3732x2705; fax: (416) 351-3746.

E-mail address: janice.dumont@wchospital.ca (J. Du Mont).

(Ledray & Kraft, 2001; Marc et al., 2000; McGregor, Lipowska, Shah, Du Mont, & De Siato, 2003).

More recently, several studies have sought to confirm cases of sexual assault of suspected intentional drugging as predatory by comparing toxicology results with survivor reports of voluntary drug and/or alcohol consumption. Cases classified as predatory have been those in which there are findings of substances that impact central nervous system (CNS) functioning that cannot be accounted for by self-reported voluntary consumption (Dinis-Oliveira & Magalhães, 2013; Gee et al., 2006). Across these small and mostly retrospective studies, reported proportions of predatory DFSA were 20% of 76 suspected DFSA cases examined in Australia (Hurley, Parker, & Wells, 2006), 8% of 120 suspected DFSA cases examined in England and Wales (Gee et al., 2006), 20% of 20 suspected DFSA cases examined in Denmark (Birkler et al., 2012), and 12% of 57 suspected DFSA cases examined in Norway (Hagemann et al., 2013). Drugs commonly identified in these studies in the commission of predatory DFSA included cannabis, cocaine, opioids, amphetamines, and benzodiazepines (Birkler et al., 2012; Gee et al., 2006; Hagemann et al., 2013; Hurley et al., 2006).

In the first prospective and province-wide study of DFSA in Canada, we collected data from sexual assault survivors seen consecutively at seven sexual assault treatment centers between June 2005 and March 2007 (Du Mont et al., 2009). Of the 882 cases screened for suspected intentional drugging, 184 (21%) met predefined inclusion criteria. In a subsequent study, 178 urine samples from these 184 cases of suspected DFSA were analyzed to determine whether the assault was predatory in nature (Du Mont et al., 2010). Eighty-seven of the 178 suspected DFSA cases were classified as predatory with at least one drug detected on toxicology testing that the survivor had not reported voluntarily consuming within the previous 72 hours. The unexpected drugs detected were alcohol ($n = 1$); benzodiazepines including lorazepam ($n = 6$), diazepam ($n = 1$), nitrazepam ($n = 1$), and benzodiazepine metabolites ($n = 5$); analgesics including codeine ($n = 6$), morphine ($n = 7$), oxycodone ($n = 5$), methadone ($n = 1$), hydromorphone ($n = 1$); antidepressants including citalopram ($n = 6$), venlafaxine ($n = 1$), desipramine ($n = 1$), and amitriptyline ($n = 1$); antipsychotics including quetiapine ($n = 1$); street drugs including cannabinoids ($n = 35$), cocaine ($n = 28$), 3,4-methylenedioxymethamphetamine (MDMA [ecstasy]; $n = 8$), amphetamines ($n = 12$), ketamine ($n = 2$), and gamma hydroxybutyrate (GHB; $n = 1$); and other drugs including diphenhydramine ($n = 7$), pseudoephedrine ($n = 6$), dimenhydrinate ($n = 4$), chlorpheniramine ($n = 5$), phenytoin ($n = 2$), doxylamine ($n = 1$), pheniramine ($n = 1$), gabapentin ($n = 1$), and phenobarbital ($n = 1$).

Addressing a significant gap in the DFSA literature, in the current study we build on our earlier work to determine whether there are specific factors (e.g., survivor characteristics, survivor activities, assailant characteristics, assault characteristics, including suspected mode of drugging) associated with cases classified as predatory DFSA (Du Mont et al., 2010). Certain demographic and situational characteristics have been found to be associated consistently with sexual assault in multiple epidemiological and hospital-based studies, including gender (female), age (young adults), mental health disorders such as anxiety, depression, and alcohol and drug use (Abbey et al., 2004; Acierno, Resnick, & Kilpatrick, 1997; Avegno, Mills, & Mills, 2009; Du Mont & McGregor, 2004; Elwood et al., 2011; Ingemann-Hansen, Sabroe, Brink, Knudsen, & Charles, 2009). Moreover, some factors such as time delay in presenting for care, lower

rates of physical injuries, employment, and consumption of alcohol, over-the-counter, and/or street drugs have been associated specifically with cases of suspected DFSA (Du Mont et al., 2009; McGregor et al., 2003). However, the factors associated with predatory DFSA are unclear. Potential differences in the characteristics between predatory and non-predatory DFSA cases, as well as the circumstances surrounding the means of incapacitation or disinhibition, could have important implications for intervention and prevention.

Methods

This study is part of a larger DFSA Project for which the methods have been described elsewhere (Du Mont et al., 2009; Du Mont et al., 2010). Ethics approval for the DFSA Project was granted by the institutional ethics review boards of each of participating hospital.

Setting

There are 35 sexual assault treatment centers across Ontario, Canada's largest province. These hospital-based programs provide emergency medical and follow-up care, crisis counseling, forensic evidence collection, and referral to community agencies for additional supports to women, children, and men who present within 72 hours of a sexual assault or physical assault by an intimate partner. These centers are staffed most commonly by specialized nurses who have undergone Sexual Assault Nurse Examiner (SANE) training and are available 24 hours a day, 7 days a week (Du Mont et al., 2014). Seven sexual assault treatment centers representative of the sociodemographic, cultural, and geographic diversity of the province participated in the DFSA Project. An accredited laboratory, London Laboratory Services Group, tested urine specimens for CNS active drugs from anonymized project specimens. This laboratory provides a comprehensive range of routine and specialized laboratory testing and clinical consultation locally, nationally, and internationally.

Measures

A Screening Form was constructed to determine which sexual assault survivors presenting to participating sexual assault treatment centers met the criteria for inclusion in the DFSA Project. The criteria for selecting participants was defined based on the results of a Delphi consensus survey of experts (Du Mont et al., 2009): all included clients had to recall being sexually assaulted or report one valid reason for suspecting sexual assault, defined as any unwanted sexual activity (i.e., vague sensation that something is wrong/something sexual has happened, woke to find clothing in disarray/unclothed, unexplained body fluids [e.g., semen] and/or foreign materials [e.g., used condom] found on body or nearby, unexplained genital/anal/oral bleeding/bruising, unexplained bodily injuries [e.g., scratches, bruising], woke to find uninvited person in bed/woke in a strange place, and/or witness reported seeing individual in compromised circumstances that client does not remember) and having been drugged (i.e., total amnesia, partial amnesia, conscious paralysis, disinhibition, loss of consciousness/blacked out, delirium/hallucinatory state, slurred speech, impaired judgment, impaired vision, dizziness/light-headedness, drowsiness, impaired motor skills, confusion, nausea/vomiting, hangover/symptoms inconsistent with amount of alcohol/drugs used, and/or witness

Download English Version:

<https://daneshyari.com/en/article/1092838>

Download Persian Version:

<https://daneshyari.com/article/1092838>

[Daneshyari.com](https://daneshyari.com)