

## *Drug Facilitated Sexual Assault*

There has been an increase in the use of some drugs to render a person incapacitated and more susceptible to sexual assault. Some of these drugs are available over-the-counter. Ingestion of drugs can result in a loss of consciousness and an inability to resist. Some drugs cause memory loss and incapacitation. Many victims of drug-facilitated sexual assault (DFSA) may not remember the assault itself.

It is important during the interview that the examiner assesses the possibility of a DFSA. Memory loss, dizziness, drowsiness, confusion, impaired motor skills, impaired judgment or reduced inhibition during the interview or reported at the time of the assault may indicate the unintentional ingestion of Rohypnol, GHB, or other drugs. Some symptoms may still be present when the patient is speaking with you.

The health care provider must recognize the possibility of DFSA and act quickly to provide necessary care to the patient and preserve evidence. Collection must be done within 96 hours of the ingestion of the suspected drug. If the medical facility does not have a DFSA kit on site, use two gray top test tubes and a standard urine collection cup to obtain the samples. Permission must be obtained from the victim. The victim's urine is critical. Do not use the clean catch method of urine collection and collect as much urine as possible.

Securing urine for DFSA testing should only occur when there seems to be medical indications of their use or a statement of their use by the patient. When collected, specimens should be labeled, packaged and sealed according to the DFSA protocol. **Do not place these items in the evidence collection kit.**

*This template was developed for communities to use and adapt to their specific needs and integrate into current protocols on sexual assault response and evidence collection.*

## *Drug Facilitated Sexual Assault Protocol*

If a patient presents at the hospital emergency department or other medical facility with a complaint of sexual assault and displays the following indicators, it is strongly recommended that a urine specimen be taken to test for drug facilitated sexual assault:

- ✘ Dizziness
- ✘ Drowsiness
- ✘ Impaired judgment
- ✘ Severe intoxication, feeling more intoxicated than usual after consuming alcohol, or feeling intoxicated after consuming a non-alcoholic drink
- ✘ Confusion
- ✘ Impaired motor skills
- ✘ Slurred speech
- ✘ Reduced inhibition
- ✘ Memory loss, including “snapshots” or “cameo memories,” possibly after consuming an alcoholic beverage
- ✘ Absent, inside-out, disheveled, or unfamiliar clothing
- ✘ Temporary paralysis or lack of body control
- ✘ Waking up feeling “strange” or fuzzy, or in a strange or different location without knowing how she/he got there
- ✘ A “feeling” that someone had sex with her/him, but inability to recall the incident
- ✘ The patient or accompanying person believes the patient was drugged

Prior to testing, the patient must be informed that any drugs in her/his system are likely to appear on the drug panel. This includes drugs unrelated to the sexual assault such as prescribed medication and illegal drug use that may have occurred separate from the assault – even if used weeks or months previously. Additionally, the patient must be informed that if she/he has voluntarily used illegal drugs that would constitute felonious criminal activity, she/he may be ineligible for Crime Victims Compensation. After receiving this information, the patient has the right to decline providing a specimen.

Prior to testing, the patient should be instructed that a negative result does not mean she/he was not drugged. Due to a number of reasons, including the speed with which the drug leaves the body and ideal timeframes for testing, the drugs can be very difficult to detect. In many instances, there is a high probability that even if a drug was used the test will come back negative.

# Sample Authorization for Release of Drug Facilitated Sexual Assault Screening

I, \_\_\_\_\_ consent to the taking of urine specimens for the purpose of identifying the presence of drugs as part of this sexual assault exam. I understand that my specimens will be turned over to a law enforcement officer and that information regarding the results of the screening may be released to the defense, prosecution, and other law enforcement officials. I understand that the results of this screening will become part of my medical record, and may be admissible as evidence in court.

\_\_\_\_\_  
Signature (Parent/Guardian if applicable)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Medical Record #

## Receipt of Information

I certify that I have received one sealed Drug Facilitated Sexual Assault evidence specimen.

Name of the person receiving the kit \_\_\_\_\_

Signature of person receiving the kit: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

ID#Shield#/Star#/Title: \_\_\_\_\_ Precinct/Command/District \_\_\_\_\_

Person receiving the kit is representative of \_\_\_\_\_

Name of person releasing kit: \_\_\_\_\_

Printed Name

Signature

Distribute: Original to law enforcement  
Copy to medical record  
Copy to patient

**DO NOT PLACE THIS FORM INTO THE SEALED KIT**



## *Preparation for collection of urine sample*

1. Urine specimens for drug facilitated sexual assaults will be collected during the medico-legal examination whenever the patient history warrants (see indicators) and consent is given.
2. An accredited forensic laboratory with the capability to appropriately test urine specimens for a broad spectrum of DFSA substances must be utilized for processing. Hospital and crime labs lacking established drug facilitated sexual assault panels and protocols are not appropriate vendors.
3. The SANE or medical provider will collect the specimen and complete the laboratory documentation according to the toxicology lab specifications.
4. Local protocols between the medical facility and law enforcement will address the following:
  - ✘ Medical providers will notify law enforcement that a sexual assault forensic exam was conducted (adult patient may choose to remain anonymous) and a DFSA specimen was collected.
  - ✘ Whether the medical facility or law enforcement is responsible for overseeing the storage and processing as well as the disposal of DFSA urine specimens.

### **If medical facility stores the specimen**

- ✘ Medical providers will give law enforcement the specimen upon request.
- ✘ Medical providers will store the urine specimen (see specimen retention) until law enforcement approves for testing. It must then be shipped to a designated toxicology lab.
- ✘ Medical providers will provide the disposition of the specimen after testing.
- ✘ The protocol will designate who receives a copy of the report and who the information is shared with (e.g., prosecutor).
- ✘ The medical provider will document in the medical record that a urine specimen was collected, which officer approved the testing, and the test results.
- ✘ The protocol will establish a billing procedure with the jurisdictional law enforcement agency for payment to the toxicology lab.

## *Collecting the Sample*

### **Urine<sup>1</sup>**

1. If patient may have ingested a drug used for facilitating sexual assault within 96 hours prior to the exam, a urine specimen of at least 30 milliliters but preferably 100 milliliters (about 3 oz.) should be collected in a clean plastic or glass container (follow toxicology lab guidelines).
2. The urine specimen should be collected as a “voided” sample. The first “voided” specimen, status post-ingestion, is ideal. Do NOT have the patient collect the urine specimen as a “clean catch.” The use of an antiseptic towelette may destroy trace evidence.
3. If patient urinates before evidence specimen is collected, document the number of stated times patient urinated prior to collection.

### **Blood, if less than 48 hours<sup>1</sup>:**

1. Collect a 30 ml blood sample using gray top tubes.
2. Store in a refrigerated compartment (see Specimen Retention).

### **Emesis<sup>1\*\*\*</sup>**

1. If the patient vomits and drug-facilitated sexual assault is suspected, collect the specimen and preserve according to jurisdictional policy.
2. Toxicology lab guidelines should be followed for storage of emesis.

## *Specimen Retention*

1. All urine specimens will be refrigerated in a locked container throughout the storage period.
2. Refrigeration—specimen will be refrigerated at 2-8 degrees Centigrade in an appropriately temperature monitored unit.
3. DFSA urine specimen may be stored for at least 60 days.
4. If a specimen is stored longer than 60 days it must be frozen.
5. Unfrozen urine specimens may be discarded after 60 days.
6. Authorization by law enforcement for disposal of DFSA urine specimen will be documented within the medical record.

# *Processing*

## **(Based on medical facility storing specimen)**

### **Testing**

1. Once authorization for testing is received from law enforcement, the urine specimen will be packaged for shipping according to laboratory specifications. The specimen will be shipped by Federal Express in order to maintain chain of custody.
  - a. Consideration of the days of week to ship specimen to laboratory will be taken to minimize the possibility of delivery during times the laboratory is unable to accept shipments (i.e. Ship Monday through Thursday to avoid Sunday deliveries).
2. Proof of shipping will be attached to the (hospital name) medical record.
3. Test results will be attached to the patient's medical record.

### **Release to Law Enforcement**

1. The release/receipt of the urine specimen from (hospital name) to law enforcement will be documented within the (hospital name) medical record DFSA urine chain of custody.
2. Law enforcement immediately assumes responsibility for the refrigeration of the urine specimen.

### **Disposal**

1. Urine specimens that are not authorized for processing or released to law enforcement within the 60 day storage period may be discarded.
2. The designated medical provider/s will oversee the disposal of all such specimens.
3. Disposal of specimen will be documented within the (hospital name) medical record.

### **Evidence Preservation and Chain of Custody**

1. Be aware of the toxicology labs requirements on collection, packaging, labeling, storage, handling, transportation, and delivery of specimens.
2. Policies should be in place for storage of specimen when patients are undecided about reporting.
3. As with any forensic evidence, the chain of custody must be maintained.

## Suggested Toxicology Labs\*

### **AIT Laboratories\*\***

2265 Executive Drive  
Indianapolis, IN 46241  
Phone: 317-243-3894  
Toll-free: 800-875-3894  
Fax: 317-243-2789  
<http://aitlabs.com/>

### **NMS Labs**

3701 Welsh Road  
Willow Grove, PA 19090  
New Account Inquiries: 1.866.522.2206  
<http://www.nmslabs.com/services-forensic-DRE%20toxicology/>

\*These labs meet the drug panel screening for single dose ingestion. The Ohio Attorney General's Office does not endorse a specific toxicology lab for testing.

\*\*AIT, in partnership with the Ohio Attorney General's Office, has developed a DFSA drug panel at a reduced rate of \$140 per submitted specimen. If using this panel reference numbers 70245 for URINE and 70645 for BLOOD/SERUM.

\*\*\*Processing cost for emesis/vomit is not included in rate of \$140 for submitted specimen.

1. U.S. Dept. of Justice. (2008). *A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents)*. Washington, DC: Office on Violence Against Women.