

# **Drug Related Sexual Abuse**

## **A Report from The Roofie Foundation.**

Registered Office; 1 Prime Parkway, Prime Enterprise Park, Derby DE1 3QB  
Press & Admin 35a Esplanade Road Scarborough North Yorkshire YO11 2AT  
Help Line 0800 783 2980 Press & admin 01723 367251  
email [trf@roofie.org.uk](mailto:trf@roofie.org.uk) Web site <http://www.roofie.com>

### **1.0 What is Drug Related Sexual Assault?**

Media attention has recently highlighted the use of drugs to incapacitate victims who are then raped or sexually assaulted. Dramatic programmes such as Brookside, Coronation Street and Holtby City, in addition to many documentary programmes, have highlighted the dangers but unfortunately have also created and fed some myths that are already commonly believed about this offence.

In the experience of the Roofie Foundation many police officers and investigators as well as rape crisis counsellors and other care related workers are often unaware of the facts involved concerning drug related sexual abuse. Unfortunately this lack of knowledge often has a negative effect on the investigation of reported incidents of this crime and the subsequent treatment and counselling of the victim. It also leads to victims being disbelieved by friends, workmates, employers, family members and other parties.

The term date rape has been used to describe this crime, however date rape and drug rape are two very different crimes as highlighted in David Blunketts paper 'Protecting the People'. The Roofie Foundation exists to work within the area of drug rape and sexual abuse.

In law, sexual intercourse becomes rape when one of the parties concerned does not consent to the sexual act. Hence the term drug rape describes a situation where a person's ability to consent or refuse to any sex act is impaired as a result of the said drug or drugs. The scenario most commonly associated with 'drug rape' is one where a drug is slipped into the victim's drink. The full definition goes much further than this, and has very far -reaching implications

Drugs (including alcohol) obviate voluntary consent, which must be intelligent, knowing & voluntary. It must be upon the evidence of the complainant, supported by medical and scientific evidence, to determine whether consent was intelligent, knowing and voluntary.

It has to be remembered in the majority of drug rape cases, as the drug takes effect the victim will loose their inhibitions. This will lead to them becoming flirtatious, gregarious and increase their sexual libido. In short the effect of the drug mixed with alcohol will not only make the victim agreeable to sex, but extreme sex, in many cases instigating sexual practices that in the normal un-drugged state they would find distasteful of abhorrent.

Sometimes the drugs can render a person 'mentally incapacitated' & physically helpless. There are accounts from victims of being aware of what was happening to them but being unable to resist. There are also accounts from complainants that they 'consented' to acts they normally consider abhorrent, of being sexually aroused and actually 'enjoying' what was happening. When these things occur, under the influence of drugs / alcohol, it must be remembered that the drugs / alcohol were responsible, not the complainant. This is a matter of the utmost importance to all involved in the legislative process. It is a matter of much greater importance to the complainant.

### **1.1 The Definition of the Crime**

It is felt that, in order for the crime and its detection to be properly addressed and acted upon that there must be a comprehensive definition. The only official definition is that defined by the Sturman Report that states –

Drug Assisted Rape and Drug Assisted Sexual Assault is:

Where a person has sexual intercourse (as defined under the Sexual Offences Act 1956 [as amended], with a person:

- After administering, being a party to the administration or being aware of the administration of a drug or noxious substance, (including alcohol), to that person, thereby interfering with that person's ability to consent.

OR

- Knowing or believing that person has ingested a drug and / or alcohol, whereby their ability to consent is impaired and being reckless as to whether that person consented, i.e. raping after the victim has been given a drug, or raping by taking advantage of an incapacitated victim.

There are two preparatory offences applicable to drug assisted sexual assault:

Administering drugs to obtain or facilitate intercourse, contrary to Section 4 Sexual Offences Act 1956.

It is an offence (a) for a person to apply or administer to, or cause to be taken by, a woman (b) any drug, matter or thing (c) with intent to stupefy or overpower her so as thereby to enable any man to have unlawful (d) sexual intercourse with her.

This offence carries a maximum two years imprisonment, on first conviction.

Using chloroform etc to commit an indictable offence, contrary to Section 22 Offences Against the Persons Act 1861 [as amended].

Whosoever shall unlawfully apply or administer to or cause to be taken by, or attempt to apply or administer to, attempt to cause to be administered to or taken by, any person, any chloroform, laudanum or other stupefying or overpowering drug, matter, or thing, with intent in any of such cases thereby to enable himself or any other person to commit, or with intent in any of such cases thereby to assist any other person in committing any indictable offence shall be guilty of an offence.

This offence carries life imprisonment, on first conviction.

The offence under S4, Sexual Offences Act 1956, is more concise with a definition that specifies unlawful sexual intercourse as the motive. It is also an offence that will allow entry of a convicted person on to the Sexual Offences Register. It only carries two years maximum imprisonment, on first conviction.

The offence under S22 Offences Against the Person Act 1861 has a more laborious definition that only specifies indictable offence as the motive. It is an offence that will not allow entry of a convicted person on to the Sexual Offences register. It does, however, carry life imprisonment, on first conviction.

The preferred option is the offence under the Sexual Offences act, with a prison sentence that more accurately reflects the major offence; ten years would appear to be more sensible. The Offences Against The Person Act offence would still be viable as a preparatory offence for drug assisted sexual assaults that do not amount to rape.

It is interesting to note that 139 years ago there was a need to legislate against powerful drugs. Whilst this may have been in relation to robbery, or conscription into the Navy or Army, it was more than likely due to sexual assault. Drug Rape is not a new offence!

### **1.2 Possession with intent**

Despite possession of Rohypnol being an offence under drugs legislation, no offence exists in the United Kingdom (UK) for possession of drugs with intent to commit sexual assault. The introduction of such an offence would allow the apprehension of a person prior to the administration of any drug. Sadly this offence would be very difficult to prove and does not appear to be viable.

### **1.3 Consent**

Any person who takes drugs and / or alcohol & then is raped as a result of being incapacitated, does not and cannot give their consent. If any person renders themselves incapable of giving reasoned consent and is then attacked, the offence is complete. The only factor in issue is that the complainant was not capable of giving reasoned consent, it is quite immaterial how they reached this point. It must be informed consent, not obtained through drugs

Drugs (including alcohol) obviate voluntary consent, which must be intelligent, knowing & voluntary. It must be upon the evidence of the survivor, supported by all available medical and scientific evidence, to determine whether consent was intelligent, knowing and voluntary.

Drugs can render a person 'mentally incapacitated' & physically helpless. There are accounts from survivors of being aware of what was happening to them but being unable to resist. There are also accounts that survivors 'consented' to acts they normally consider abhorrent, of being sexually aroused and actually 'enjoying' what was happening. When these things

occur, under the influence of drugs / alcohol, it must be remembered the drugs / alcohol were responsible, not the survivor.

#### **1.4 Associated Offences - Pornography**

(Any sexual assault or taking of indecent photographs etc. facilitated by either of the above methods).

A drug-assisted rape can often be accompanied by other sexual assaults. Whilst these assaults will vary in nature, their effect, accompanied by the trauma associated with the memory loss and confusion suffered by many victims will be of a similar magnitude to the offence of rape.

Many victims have reported photographs and videos being taken of them. Some criminals take this material for their own edification, as a "trophy" others with the intent to blackmail the victim.

The Roofie Foundation also have reason to believe that there exists a number of professional gangs or loose organisations that exist to create drug induced pornography.

We have discovered web sites that state "We drug them then rape them" and other drug induced pornographic material, including reports of "live" web cams that feature images of drugged victims being raped whilst others watch via the internet.

#### **1.5 Other Crimes.**

The same drugs are used in other crimes - e.g. prostitutes have been known to drug their clients and then rob them. Reports have come to light in America of the drug being used in white-collar crime and in this country some drug rapists have robbed their victims, by getting their pin numbers and taking their cash and credit cards. Following this American trend we fear that this element of the crime will escalate in Britain. However this report will concentrate on the cases where there is a sexual factor only.

#### **1.6 Latest Government Action**

A review of sex offences has now been carried out following the publication of the Governments consultation document "Setting the Boundaries" in July 2000. The Government published it's statement of intent for sex offence reform in the form of a command paper "Protecting the Public" on the 19<sup>th</sup> November 2002. This outlined the proposals for legislative reform of sexual offences. The document can be found at [www.protectingthepublic.homeoffice.gov.uk](http://www.protectingthepublic.homeoffice.gov.uk)

Following on from this, the Sexual Offences Bill was introduced into the House of Lords on 28<sup>th</sup> January 2003, and had its second reading on 13<sup>th</sup> February 2003. This Bill introduces a comprehensive overhaul to the criminal law on sexual offending, plus a review and overhaul of the provisions of the Sex Offenders Act 1997.

A copy of the Bill, and details of its progress through parliament can be found at [www.sexualoffencesbill.homeoffice.gov.uk](http://www.sexualoffencesbill.homeoffice.gov.uk).

### **Sexual Offences Bill**

This newly published Sexual Offences Bill is aimed at protecting children and the most vulnerable. It is the biggest overhaul of sex offences legislation for 50 years and aims to provide a clear, coherent and effective set of laws that will increase protection, enable the appropriate punishment of abusers and ensure the law is fair and non-discriminatory.

The Bill aims to bring sexual offences legislation into the 21<sup>st</sup> century, so that it reflects today's society and attitudes and provides effective protection against modern crimes. It contains new measures to strengthen the monitoring of offenders on the sex offenders register and a range of new offences and harsher sentences for sexual offences against children and vulnerable people.

The proposals on sex offences in the Bill have been developed from the Sex Offences Review set up by the Government in 1999. The Review was conducted independently of Ministers and with the following terms of reference:

to provide coherent and clear offences which protect individuals, especially children and the more vulnerable, from abuse and exploitation

to enable abusers to be properly punished

to be fair and non-discriminatory.

The recommendations of the independent Review were published for public consultation in '[Setting the Boundaries](#)' in July 2000. The consultation period closed in March 2001.

In addition the Government carried out a Review of the Sex Offenders Act and [proposals were published for public consultation by the Home Office in July 2001](#).

### **Proposals in brief**

The Bill details proposals to:

#### **Strengthen protection for children:**

Children under 13 will not be capable in law of giving consent to any form of sexual activity. Any sexual intercourse with a child under 13 will be charged as rape.

A range of new offences designed to tackle all inappropriate sexual activity with children, including a new offence of causing a child to engage in sexual activity – which will capture behaviour such as inappropriately persuading children to undress.

A new grooming offence based on meeting a child with the intention of committing a sex offence, and civil order to apply both to the Internet and off-line grooming, which will enable restrictions to be placed on people displaying inappropriate sexual behaviour before an offence is committed.

New offences with severe penalties against those who sexually exploit children for their own gain. The new offences relating to sexual exploitation of a child will protect children up to the age of 18. The Bill will cover a range of activity including: buying the sexual services of a child, causing or encouraging children into sexual exploitation, facilitating the sexual exploitation of a child and controlling the activities of a child involved in prostitution or pornography.

Maximum penalties for sexual offences against children and vulnerable people have been raised to reflect the severity of these crimes. Any offence involving penetration against a child under 13 or a person who lacks the capacity to consent, will attract a life sentence.

**Strengthen protection for vulnerable people:**

Three new categories of offences to give extra protection to those with a learning disability or mental disorder from sexual abuse. Including 'breach of a relationship of care', to protect those who have the capacity to consent, but are vulnerable to exploitative behaviour.

**Strengthen protection for the public:**

A new order to make those known to have been convicted of sex offences overseas register as sex offenders when they come to the UK, whether or not they have committed a crime here.

All those on the sex offenders' register to confirm their details in person annually.

Offenders on the register to provide National Insurance details as a further safeguard against evasion.

The period within which a sex offender must notify the police of a change of name or address to be reduced from 14 days to three.

Sex Offender Orders and Sex Offender Restraining Orders to be amalgamated into a Sexual Offences Prevention Order (SOPO) and made available for anyone convicted of a violent offence where there is evidence they present a risk of causing serious sexual harm.

A new offence to protect the public from unacceptable sexual acts in public, complementing existing public order offences.

A new offence to strengthen the law on indecent exposure

A new offence of voyeurism capturing those who observe others without their knowledge for sexual gratification.

#### **Strengthen offences for sexual violence:**

Clarifying the law on consent in regard to rape.

A new offence of sexual assault by penetration.

A new offence of causing sexual acts without consent

Strengthening drug rape offences.

Rape extended to include oral penetration.

#### **Strengthen offences to deal with sexual exploitation:**

In addition to the new offences relating to sexual exploitation of children, there will be new offences relating to the sexual exploitation of adults.

A new offence of trafficking people for sexual exploitation.

#### **Since this report was originated the Sexual Offences Act 2003 has come into power -**

Here is an excerpt from the Home Office leaflet

#### **Adults: Safer from Sexual Crime. The Sexual Offences Act 2003.**

##### **New laws to protect you**

A great deal of consultation took place when the Sexual Offences Act was being drafted. The views of many organisations working to support victims of sexual crime, as well as victims themselves, were taken into account in shaping the new laws.

##### **Rape**

Rape is now classified as penetration by the penis of somebody's vagina, anus or mouth, without their consent. Rape can be committed against men or women, but since it involves penile penetration it is only committed by men.

##### **Assault by penetration**

Under this new law, it is an offence to penetrate the anus or vagina of someone else with any part of the body or with an object, if the penetration is sexual and if the person does not consent.

##### **Sexual assault**

This law covers any kind of intentional sexual touching of somebody else without their consent. It includes touching any part of their body, clothed or unclothed, either with your body or with an object.

### **Causing a person to engage in a sexual activity without consent**

This law covers any kind of sexual activity without consent. For instance it would apply to a woman who forces a man to penetrate her, or an abuser who makes their victim engage in masturbation.

### **Administering a substance with intent**

This new law makes it a separate offence to give someone any substance – for instance spiking their drink – without their consent, and with the intention of stupefying them so that sexual activity can take place. In this instance, sexual activity could include stripping someone or taking pornographic photos of them. Someone can be charged with this offence on top of any separate charge for rape or sexual assault. They can also be charged when the intended sexual activity did not take place, for instance when someone sees what is going on and intervenes to stop it.

### **Other ‘intent’ offences**

Two new laws – ‘committing an offence with intent’ and ‘trespass with intent’ – cover situations where abusers commit one offence (such as violence, trespass, or detaining someone against their will) with the intention of then committing a sexual offence.

### **Other offences**

Other offences under the Act include exposure (or ‘flashing’), voyeurism, sex in public toilets, and sex with animals or with corpses. Voyeurism is a new offence which applies to watching people without their consent when they are involved in private acts. It includes setting up, viewing or recording people through electronic equipment such as webcams or cameras.

There are also important sections of the Act which deal with prostitution and trafficking, and with sexual offences against people with mental disorders, including learning disabilities.

For further information, visit the following web address

**<http://www.homeoffice.gov.uk/crime/sexualoffences/legislation/act.html>**

## **2.0 What are the drugs?**

The most commonly used drugs in this type of crime come from a class of drugs called Benzodiazepines. Each drug differs in medical use, potency, legal status etc. but all of them have a sedative effect. They are often referred to as ‘Hypnotics’.

### **2.1 Rohypnol**

The most notorious of these which has actually been given the incorrect nickname of the “date rape drug” is Flunitrazepam. This is more commonly known as Rohypnol although it has many street names including roofies, roaches, ribs, RZs, roofenol and Mexican Valium and many more. It is produced by Hoffman La Roche as a treatment for sleeping disorders, back pain, alcoholism and in some countries as a pre-surgery anaesthetic but street users have found different purposes for it.

Originally Rohypnol was produced in the form of purple diamond shaped pills, but in 1998 the manufacturers Hoffman La Roche added a blue dye to the formula to enable people to see it, if slipped into their drink. These tablets are oval in shape and are green grey in colour.

However, this dye is not always effective as it does not show up in dark coloured drinks (i.e. red wine, or a cola based drink), or be seen through coloured glass (i.e. a green bottle of Beck's beer), or under the lighting effects inside many pubs and clubs. Also in clear drinks inside clear glass it can take some time for the dye to become visible.

In addition to the above there are illegal versions of Rohypnol available. These tablets appear to be white in colour and seem to be manufactured in the Middle East from where they are distributed around the Mediterranean.

Many youngsters in the US use Rohypnol for a cheap drunk effect and potential rapists have been using the drug to incapacitate their victims in a number of countries.

The drug Rohypnol is currently illegal in the US due to its high abuse potential but is available in Britain on private prescriptions.

Flunitrazepam has recently attracted a great deal of attention for its use in drug rape. This has led to The Roofie Foundation being established to help support the victims of this type of rape. Due to the recent publicity, it has come to notice that Rohypnol victims report a severe and sometimes total memory loss of the events surrounding the assault.

There is very little research into the effect of Flunitrazepam on memory, in particular what type of memory loss is experienced and whether retrieval strategies prove to be of any benefit in recovering the memories - therefore showing whether the amnesia is due to loss of memory traces, lack of initial coding or problems with its retrieval.

However a research programme investigating such issues began in the year 2000. The UCL Sexual Assault and Drug-Rape Research Project is led by Professor Valerie Curran, a Clinical Psychologist and Professor of Psychopharmacology at UCL who also has expert knowledge about the psychological effects of drug rape survivors

Flunitrazepam has physiological effects similar to that of diazepam (Valium) but is ten times more potent. It is part of a group of drugs known as Benzodiazepines. Abuse of this drug can lead to physical and psychological dependence but a lethal overdose is unlikely. Withdrawal symptoms include headache, muscular pain, confusion, hallucinations, convulsions and

seizures which can occur over a week after use is discontinued. Therefore, a medically supervised detoxification programme using diminishing other Benzodiazepines is essential.

Side effects include decreased blood pressure, drowsiness, visual disturbances, gastrointestinal disturbances, urinary retention, muscle relaxation, slowing of psychomotor performance and memory impairment amongst others.

The drug is often sold illegally in its original bubble packaging which leads buyers to believe that it is 'safe'. Other misconceptions which leads to its popularity as a social drug are that it cannot be tested for in urine samples, that it is a safe cure for hangovers and that it helps ease the comedown of other drugs such as heroin. However, the reality is that it can be lethal when mixed with other drugs and is addictive.

Due to the increasing abuse of this drug as a "party" or "club" drug, its growing popularity with young persons for a 'cheap drink' (due to the low cost, \$2 - \$3 per pill in the US) and its use in drug rapes, from 1st May 1998 possession without authority (a medical prescription) became an offence carrying a maximum penalty of two years imprisonment, an unlimited fine or both. It is a Class C drug in the Misuse of Drugs Act 1971 and Schedule 3 drug of the Misuse of Drugs Regulations 1985.

Also import and export licences are required and pharmacies and warehouses are required to store it more securely.

Another major concern about its use in drug rapes is that it was odourless, colourless and tasteless so would not be noticed when dissolved in a drink. As of 20th January 1998, the Medicines Control Agency (Department of Health) approved a re-formulation of Rohypnol which releases a blue dye and particles that float on top of the liquid when dissolved.

In theory this should make it easier to see but, as already stated, due to the fact that many people now drink out of bottles made from coloured glass the dye is impossible to see. This dye cannot be seen in coloured or dark drinks, such as red wine, or drinks mixed with cola.

Although Rohypnol (also known as Roofies, Roaches, La Rocha, Ribs, Ruffies, Mexican Valium, R2s and other combinations of these names) is not the only drug used in rape and sexual assaults, it does seem to have effects that the others do not. Almost all the drugs used and alcohol reduce a user's inhibitions but Rohypnol may, as a result, also increase their libido (for example, Sharon Kurn 1998 and Paul Henry Danylewich, 1997).

These two facts combined obviously cause a number of problems when trying to prove an allegation of rape (the consent issue is affected). Additionally, many victims may not be

reporting the rape as they do not think that they will be believed or are unsure themselves as to what actually happened due to their amnesia and their willing participation in the intercourse at the time.

The addition of Flunitrazepam to alcohol, which is quite common, also enhances its effects. Sedation occurs approximately 20 - 30 minutes after ingestion of a 2 mg tablet and according to victims' reports, memory loss would appear to occur just prior to this or at around the same time. The effects are said to last 8 - 10 hours. However these times vary as to the amount of drug and alcohol consumed by the victim.

## **2.2 GHB**

Another, more disturbing drug is GHB (Gamma Hydroxy Butyrate) which is also known as GBH, liquid ecstasy, salt water, Georgia Home Boy and others. GHB is usually in a clear liquid form which sometimes has a salty taste. It can also be found in powder form which is usually white. It is very rarely seen in tablet or capsule form. When sold, it is often in unlabelled containers.

GHB is ingested quicker than Rohypnol – usually within 5/10 minutes, it can be a strong concentrated solution, and small molecules go to the brain more quickly. This also accounts for the body expelling it quickly, together with the fact that the body is used to dealing with it as the body naturally manufactures GHB. Hence if a survivor vomits, clothes etc. should be tested as such a test could be the best means of detecting GHB, or some other drug.

GHB has been known to cause respiratory arrest in a number of cases and there have been deaths from recreational and involuntary use of this drug in the United States

GHB is now a very common drug and is very popular as a leisure drug of choice in the gay community as it has a muscle relaxant effect. It can be bought from sex shops or from street dealers. GHB is not recognised as a drug as such as it is not made by pharmaceutical companies. Instead it is made in the dealer's own garages and houses. Therefore, there are no controls on the makers and dealers of the drug.

There is no scientific information available on GHB & alcohol combined or the effect of such a combination on the individual. A lot of the information regarding GHB is anecdotal. There is a real need for clinical research into the effects of GHB and the effects of GHB, when combined with alcohol. If the information regarding the use of GHB in drug assisted sexual assault is correct, the authorities must be in a position to clinically prove this in court. Any research should include studies into the levels of GHB occurring naturally in the body.

Based upon evidence given from survivors via their help-line, The Roofie Foundation believe that currently GHB is becoming the “rape drug of choice” for abusers, and that there could be as many attacks using this drug as there are attacks using Rohypnol. This belief is based on a number of different factors.

- a) Possession of Rohypnol is an offence, up to July 03 possession of GHB wasn't. Therefore the rapist preferred using a illegal drug.
- b) The physical nature (liquid) of GHB tends to make spiking easier, and it does not need to dissolve.
- c) GHB is absorbed and passes through the body much quicker than Rohypnol (12 hours has been suggested), therefore making detection via forensic tests more difficult, and the speed of forensic testing essential.

In July 2003 GHB became controlled under the Misuse of Drugs Act 1971, after the Advisory Council on the Misuse of Drugs (ACMD) recognised that it was being widely misused and has harmful effects.

GHB is a now a class C drug. The maximum penalty for possession is 2 years in prison. The maximum penalty for possession with intent to supply is 5 years in prison.

Drugs Minister, Caroline Flint, said:

*“GHB has been used in numerous drug assisted rapes and sexual assaults. By introducing jail terms for its possession and increasing them for supply we hope to help prevent the most despicable of crimes. It's very important that we get the message across to club goers that this is a dangerous drug. People can pass out after just a few drops in an alcoholic drink, and an overdose could result in a coma. The strength of the liquid varies, so a user is often unaware how much they are taking. It's known as liquid ecstasy because it has similar effects to the class A version - and also similar dangers”*

### **2.3 Other Drugs**

The other Benzodiazepines that may be used in drug related sexual abuse include:

Clonazepam (Rivotril)

Bromazepam (Lectopam)

Nitrazepam (Mogadon)

Flurazepam (Dalmane)

Diphenhydramine (Gravol, Nytol, Benadryl and others)

Temazepam (Restoril)

Chlordiazepoxide (Librium)  
Alprazolam (Xanax)  
Lorazepam (Ativan)  
Diazepam (Valium)  
Triazolam (Halcion)

Some of these substances are available over the counter at pharmacies e.g. Nytol, which leads to easy access for potential abusers.

A veterinary drug called Ketamine is also abused in the same way.

Although these are the drugs that we are currently aware of there are many more that are being discovered by abusers every day and this fact should be constantly kept in mind. Somehow, the abusers on the streets always seem to become aware of the abuse potential of pharmaceutical drugs before the law enforcement or medical personnel!

Another potentially lethal aspect of this crime is that the drugs are often mixed with alcohol or put in a cocktail of other drugs. Ecstasy or cocaine may be mixed with a Benzodiazepine to reduce the victims inhibitions whilst preventing them from sleeping so that they are an active participant in the sexual activity or pornography. Therefore, the discovery of other drugs in a persons system does not necessarily mean that they were recreationally used or that the Benzodiazepine was not present originally

## **2.4 Drink Spiking**

In the past year the Roofie Foundation have, via their help line, received many telephone calls from people whose drink has been spiked but no attack or sexual assault has taken place. In many cases the symptoms they describe are dissimilar to ones reported by survivors of GHB or Rohypnol, but similar to reported effects caused by other drugs such as Ecstasy or LSD.

Drink spiking without a sexual motive is done for a number of different reasons –

To incapacitate someone to enable or commit robbery, usually mobile phones, cash, credit cards, jewellery, watches, lap tops computers, or anything else that is valuable and easily removed.

To incapacitate someone to show them up, as an act of malevolence or revenge.

As a misguided joke, for the drink spiker's amusement.

Such evidence points to the fact that drink spiking, with or without a sexual motive is on the increase and that public awareness of the issue and dangers should be heightened.

There are available a number of different anti drink-spiking devices such as The Spikey <http://www.spikey.co.uk/orange.html> a plastic bottle stopper and straw, and the Safelfo bottle cap <http://www.safelfo.co.uk>. These prove effective for the prevention of drink spiking bottled drinks – but not effective in stopping the spiking of drinks in glasses.

### **3.0 Reporting**

The number of people reporting this crime to the Roofie Foundation help-line shows that this crime is still on the increase. However it has to be noted that many survivors phone the Roofie Foundation to report events that happened to them months or years ago. Either they have just come to realise what really happened or have just found the telephone number of the organisation.

A study of the statistical breakdown of these Help-line calls shows that the numbers of attacks per year is increasing yet very few of these case are ever reported to the police. Out of the total number of people who have reported this crime to the Roofie Foundation Help-line it is estimated that less than 12% have officially reported this crime to the police.

Recently it has been noted that GU clinics are also picking up numbers of people who ask for tests for sexually transmitted diseases due to being drugged and raped.

Other agencies such as rape crisis centers and drugs help-lines are also noting referrals from people claiming to be drugged and raped.

Recently it has been acknowledged that rape is the most under reported crime in Britain, we believe that drug rape is even reported even less. If we accept that only one in five rapes are ever reported and add this factor to the numbers reported on our help line the true figure could well be in excess of 13,000. We can only speculate how many victims there are that haven't reported the crime to the Foundation, the police or any other agency.

Due to the difficulty in gathering evidence, very few of those cases that are reported to the police ever reach court.

#### **4.0 How to tell if someone has been a victim of this crime?**

Due to the nature of the crime itself, it is very difficult to determine whether someone has been drugged and sexually assaulted. Due to the memory loss that can occur, the victims themselves are often unsure. It is also thought that this can cause serious under-reporting of this crime as victims may assume that they just had too much to drink and therefore believe themselves responsible.

Investigators should also be aware about false allegations of this crime by people wishing to excuse mistakes for actions they may have done when intoxicated with alcohol. This is not easy to overcome and is, to a great degree, down to the discretion of the investigator and the credibility of the victim. Increased knowledge of the crime and the effects of these drugs can, however, help make the investigators decision more informed.

#### **5.0 Symptoms**

Common symptoms reported by victims that may indicate the use of Benzodiazepines include:

Having been asleep for an abnormal length of time after the drug was ingested. This is due to the sedative effect of the drugs. If a victim reports no sleep, or being asleep for only a short length of time after the incident, it is unlikely that a Benzodiazepine was used. It is worth noting, however, that the drugs are frequently mixed into cocktails which can cause differing effects on the victims sleeping patterns afterwards.

The victim having a drink and then within a short time (about 20 minutes) experiencing memory loss.

The victim feeling more intoxicated than is usual for the amount of alcohol they consumed,

Waking up feeling fuzzy / hungover or with a headache and muscular aches (not a symptom of all of the drugs)

The victim thinks that they may have had sex e.g. bruising on the body, soreness around the genitalia, stickiness, removed or damaged clothing etc. but cannot recall the event,

Victims often experience mental 'flashbacks' of the incident. These may occur anytime from between days to years after the event. The longest period of time reported to the Roofie Foundation is 10 years.

A victim may report seeing 'bright lights'. (Victims sometimes refer to bright lights which trigger their recall / flashbacks. This may be due to the memory aspect or due to photography or video lights being used in the making of pornography.)

The victims themselves may believe that their drink was 'spiked',

They may have experienced severe loss of inhibitions. This symptom can be one of the most difficult for the victims to come to terms with and can cause some of the investigative problems. There may be a number of witnesses who say that the victim was dancing erotically / appeared promiscuous etc. which leads people to believe that they were willing participants or drunk.

It should always be remembered that each person will react to the drugs in a different way, depending on what drugs are used, in what dosages, whether the drug was mixed with alcohol or other drugs, and also due to individual differences. Therefore, the above list is not exhaustive and should only be taken as some common indicating factors that may occur either alone or in combination with other symptoms.

The blood alcohol levels should also be checked to see if they tally with what the person has said that they drank. Alcohol increases the drugs' effects and makes them sleep even more.

In many cases people who have been drugged may have drunk a lot more than they remember drinking as they may have continued drinking after they ingested the drug and, due to the memory loss, do not know how much they drank. They will also be unaware if any other drugs have been given or offered to them. However if someone is drunk to the point where they are unable to give consent for sexual activity, it could still be considered rape or assault.

Other explanations for why a person may believe that they have been spiked with Rohypnol include -

Other drugs used to spike drinks (there are a great many that are used in this way and achieve the desired effect),

The victim's own voluntary use of drugs and / or alcohol which would lower their inhibitions and may lead to intercourse with someone they would not otherwise wish to have intercourse with

The likelihood of false allegations for a number of complex reasons; cannot be ruled out.

Due to these many forensic and investigative problems, it is hard to determine the cases where Rohypnol has actually been used.

## **6.0 Testing for Drugs**

Even if the rape is reported, there are problems with testing for the drug. Blood and urine samples are needed and tests must be undertaken as soon as possible as they will only show the traces of the drug for a very short time. Medium to high doses (2 mg or more) will only remain in the urine for up to 48 hours after ingestion, depending on dose and individual metabolisms. There is in existence a 72 hour test for urine, however it is unclear if this test is currently used for police forensic tests so the 48 hour period is recommended. Rohypnol can be found in blood test for up to 18 hours, after ingestion. These are subject to inter-subject variability but are fairly accurate.

It is also recommended that, where possible, all tablets, containers, cups, utensils etc. found at the crime scene are also tested for traces of the drug.

### **6.1 Hair Samples**

Current information on the validity of hair sampling is conflicting. One view holds that hair will only indicate a heavy usage as hair only shows up common drug abuse usually over a period of months and in much higher quantities (100 mg +) than Rohypnol dosage (0.5 to 1 mg) involved in one time exposure. However in cases where long-term abuse over a period of time is suspected a hair test may prove to be of value.

Another opinion claims that specific drugs can be detected and isolated to determine exactly when the drug was ingested, rather like the rings off a tree. There will need to be an indication of what drugs to look for beforehand (as with toxicology samples). It is not certain how accurate or reliable it is at present.

Hair analysis is also contentious as a negative result does not mean that they have not taken that drug whereas in urine and blood tests undertaken within the specified time spans, a negative result can be confidently said to mean that they have not had that drug within that time.

## **6.2 Availability of tests.**

Another common misunderstanding of these substances is that they cannot be tested for in drug test. This is not the case, although it is important to ensure that the correct tests are done as quickly as possible. It is estimated that Rohypnol can be picked up by these tests 48 hours after ingestion. GHB however may pass through the system in only 12 hours. The London and Chorley FSS labs are able to conduct the tests required but it is important to state that you require a test that is sensitive enough to detect single dose levels of the Benzodiazepines that are used to facilitate rape.

Where GHB may be involved, state that you want the sample tested for this drug as well. Do NOT assume that a lab that is capable of testing blood and urine for most drugs can conduct the tests necessary. Other labs may be able to conduct the tests required but it is important to check before sending the samples.

## **6.3 How soon do the tests need to be conducted?**

As a general rule, it is worth testing for these drugs if they claim to have ingested it within the past 96 hours although each drug stays in the system for differing lengths of time. GHB can only be tested by a small number of laboratories and is passed through the system very quickly. Even tests within eight hours can often still show no trace of the drug.

## **6.4 Further Information**

A recognised forensic scientist is currently investigating Rohypnol as there is a growing believe that the drug, once inside a victims blood system may, over a period of time, actually break down and thus be undetectable after a short period of time. It is also possible that this period of time coincides with the period of waiting currently required for a police forensic test (anything between 10-12 weeks). If this proves to be the case it would explain the lack of forensic discovery of Rohypnol in victims blood tests. Later this year this scientist proposes undergoing a series of tests to prove this theory.

## **7.0 THE OFFENDER**

In order to further understand the crime of drug assisted sexual assault it is important to consider the offender and why they commit the crime. Such a study will help to stop or guard against potential offences and assist in apprehending them, and bringing them to court.

### **7.1 Profile of offenders**

It would be wrong to stereotype offenders; the offence is a broadly based one and to form a view of a 'typical' offender would tend to exclude those opportunists who prey on victims who are incapacitated by means of voluntary ingestion of alcohol / drugs etc. In their work the Roofie Foundation have identified a number of different offender types.

### **7.2 The pre-planned offence**

This type of offender sets out with a plan of action, often armed with the means of incapacitating their victim, and quite often will not be acting alone.

All of these factors are important when considering prevention and detection of this means of committing the offence. This offender will often use alcohol, drug(s), or a combination to achieve their objective.

In constructing a picture of this type of offender, the following issues, whilst not being exhaustive, must be considered:

The means of committing this offence will result in the victim being incapacitated: this will result in a degree of control over the victim. There are documented cases where the victim is party to a relationship with the offender and a willing partner to sexual activity, however alcohol / drugs are still used to facilitate sexual activity.

### **7.3 Heightened Sexuality**

The fact that the effect of the drugs used in drug rape cause the victim to lose their inhibitions and to go sexually further than they would normally go is considered reason enough for many offenders to be tempted to use them.

### **7.4 Similarities to necrophilia**

Many victims have been assaulted while being completely sedated. There are documented cases where the offender has been convicted mainly on photographic or video evidence, the photographs and videos taken by the offender.

It is quite clear the victim is unable to respond, in any way, to the assault. They are often completely unaware anything has occurred until the investigating officer shows them the evidence.

### **7.5 Photographs and videos**

There are two major reasons for offenders taking photographs / videos of victims. They will either be to produce pornographic literature or as a trophy or record. If obscene photographs or videos are not produced for pornographic means, they may be as a record for personal gratification. There are also cases of non-obscene photographs being taken (of the victim's face for example). Again, the offender will retain these; in one case he carried the photograph with him in his wallet, showing it to his friends.

### **7.6 The Pornographic / obscene element.**

The Roofie Foundation have already identified the existence of pornographic uses of drug rape. This has increased with the advent of modern communication technology that makes it easy to record edit and produce 'home videos' to a high, professional standard.

Polaroid type instant photographs and digital cameras have also been used to produce images.

The Roofie Foundation has documented cases of digitally created photographs and videos being stored on a computer with the intention of distributing them over the Internet.

### **7.7 Trophies**

In addition to photographs and videos offenders often collect other trophies or trinkets in the form of some small, relatively insignificant item stolen from the victim.

Finally, the offender will sometimes take further advantage of their incapacitation by stealing cash, jewellery, credit cards etc.

### **7.8 Offences within a relationship**

There are documented cases of drug-assisted attacks within a relationship. These offences can occur within relationships where normal sexual contact still takes place. As a result of the drugging, the victim may be unaware the assault has taken place; alternatively they may consent to being assaulted providing they cannot remember what has happened. Elements of control and domination, plus the fact that victims may go sexually further than they would normally go, appear to be prevalent in these circumstances.

### **7.9 The opportunist**

The opportunist will either be the person who takes advantage of an incapacitated victim they encounter, or the person who takes advantage of, and possibly assist in a developing situation, then assaulting the victim when she / he becomes incapable of forming reasoned consent. Where such a victim is incapacitated to an extent that they lapse into unconsciousness, some of the elements outlined above may apply.

It has been the case where a drugged victim has been lost by their potential rapist and has been left to wander in a pub, a club, or even in the streets alone and have been picked up and subsequently had sex with, someone unaware of their drugged state.

## **8.0 THE MODUS OPERANDI (MO)**

Whether planned or opportunist there are certain aspects of the offence that frequently re-occur. There are others that appear peculiar to this type of offence. It is important to consider both, particularly when investigating or prosecuting such offences.

### **8.1 Administering the drug.**

Whether the drugs are tablet based or liquid they equally may be administered to alcohol, coffee, tea, hot chocolate, soft drinks, or food, either as a dissolving tablet or by pre-crushing a tablet to administer the drug as a powder. In the case of liquid based drugs eye droppers have been used as well as being poured from an actual small bottle or phial.

In some extreme cases it has been known to be forced down a victim's throat or injected.

## **8.2 Number of Offenders**

Many survivors report that their attack was co-ordinated by more than one offender. One offender may engage their victim in conversation and administer the drug in a drink, then leave. The second offender will then join either as the drug is taking effect, or after it has taken hold, subsequently being able to argue they could not possibly have administered the drug.

There have been occasions when boy friends / girl friends, or indeed husbands and wives, have drugged and assaulted / raped victims. Some survivors claimed they felt safe with a woman is present and trusted the couple.

There may be multiple offenders, one of whom will be the leader. They will subject the victim to multiple rape and sexual assault, possibly photographing / videoing each other. The complainant can have all or some of her pubic hair shaved. Offences of sodomy are often committed on the complainant, together with oral copulation and indecent assault.

## **8.3 A Typical Offender?**

Whilst it is very dangerous to make assumptions and generalisations about offenders very often they prove to be very manipulative and persuasive people who have a very active sex life and may be into pornography etc. The drug-facilitated attack is almost like another sexual experiment to them; they may also be a previous sex offender. Many offenders are often described as good-looking, presentable men.

There is often a natural progression as the offender becomes more practised. They will graduate from attacks on acquaintances to seeking-out 'suitable' strangers. There are cases where offenders have actually drugged some of the men who were with a particular woman, in order to get to the woman. Offenders can be predators using the appropriate bait to get the victim, be it drugs, a lift, a drink or a dinner. Some offenders will seek-out victims with drug problems.

There have been many reports of extreme sexual behaviour and when dealing with survivors an investigator or counsellor should keep an open mind and accept that survivors story as potential evidence of abuse and not discounted as exaggeration.

The offender may give the complainant alcohol, cocaine and / or ecstasy (for example), after administering drug rape drug. Sometimes this is an attempt to 'mask' the drug rape drug, sometimes it is used to devalue a survivors evidence/forensic

tests when samples are examined.

During an attack a victim may not remember being plied with alcohol or drugs, so may appear to be lying about their personal intake.

There is evidence that some offenders may play the rule of averages. When an approach to a particular victim does not prove successful, they may move-on to another potential victim.

If more than one person is present (i.e. if the victim is in the company of friends) the offender will attempt to separate them.

The Spitzer twins, who were arrested in 1996 and convicted of multiple drug rapes in 1998 in Los Angeles, posed as Italian 'film producers'. They were very intuitive when 'chatting-up' their victims.

There is strong evidence of a group of rich men in the Los Angeles area who employ very similar methods to entrap their victims, even using 'runners' to drug victims and bring them to their houses.

## **9.0 The Roofie Foundations Statistical Update: January 2004**

The figure below represent the number of people up to December 31<sup>st</sup> 2003 who have telephoned the Roofie Foundation help line or contacted us via the Roofie Foundation web site, claiming that they have been the victims of drug related rape and sexual abuse through having their drinks spiked. They do not include telephone calls from members of the public who have rung to inform us of drink spiking incidents that do not concern rape or sexual abuse.

### **Reports of Drug Rape & Sexual Abuse Total Figures = 6,650**

#### **Statistical Breakdown**

Survivors Gender - Male 772 Female- 5,878 = Total 6,650

**Year of Reported Attack** - 1940's-3; 1960's-19; 1970's-37;1980's-56; 1990-39; 1991-53; 1992- 89; 1993 -144; 1994-169; 1995-231; 1996-344; 1997-393; 1998-537; 1999-778; 2000 - 882; 2001- 927; 2002-949; 2003 - 998

Please note - In 2003 we had 42 reports of drug rape attacks happening in previous years. These figures are added to the appropriate yearly breakdown above.

#### **Regional Breakdown**

North East 578; North West 504; Midlands 519; East Anglia 203; London (inc Greater London area) 861; South East (ex Greater London) 697; South West 484; Wales 411; Scotland 707; N Ireland \*488; Eire 191; Unknown (victim preferred not to give location) 248

Total UK \*& Eire 5,891

### **British People Attacked Abroad**

Greece 222; Turkey 43; Canary Isles 8; Czechoslovakia 3; Spain 287; Saudi 5; Australia 55; USA 91; Germany 6; Hong Kong 8; Thailand 11; Burundi 1; Brazil 1; France 9; Crete 4; Cyprus 3; Finland 1; Russia 1

Total 759

Total UK \*& Eire 5,891 + 759 abroad = 6,650

*\*Please note these figures do not include of drug rape reported to the Northern Irish branch of the Roofie Foundation organised by The Rape Crisis & Sexual Abuse Centre, Belfast.*

### **\*Where Drug Was Administered**

Pub 2036; Club 1368; Business Premises 696; Private House 694; Bistro/Wine bar 726; Private Party 787; Ship 14; Aircraft 16; Unknown 313;

Total - 6,650

\*Please note - These figures include the incidents that occurred abroad.

### **Age of Victim**

14 - 18 706; 18 - 25 1258; 25 - 30 1411; 30 - 35 1388; 35 - 40 1071; 40+ 816

**Total 6,650**

## **9.1 Statistical Analysis**

The crime rate is increasing year by year.

Public houses are the most common places where drugging and spiking takes place.

Only 10-50% of those attacked have reported the offence to the police, from which no convictions have been obtained. Over half of those who did report their attack to the police, felt their treatment was poor.

The crime crosses all age and social groups.

As British holidaymakers are being attacked abroad we conclude that drug rape is also widespread on the continent, especially around the Mediterranean holiday resorts.

There are no trained drug-rape specialist counsellors for these survivors

Very few cases ever come to court.

The workplace, and work related events are also great danger areas.

## 10.0 Past literature

Obviously, any research into Flunitrazepam is made more difficult due to the loss of memory of the user. There would appear to be little research conducted, at present, into the type and extent of memory loss in cases where Rohypnol had been abused. However, there are studies where the drug has been tested for memory impairment and other cognitive changes on controlled subjects. In these cases, the subjects have not mixed the drug with alcohol or other drugs which frequently happens in real life. Therefore, it is worthwhile to keep in mind that the effects displayed by subjects in controlled experiments may be enhanced or even completely different in a voluntary pleasure user or someone who has been spiked with the drug to those effects displayed in controlled experiments.

Memory research with Flunitrazepam has looked at a number of types of memory and extents of memory impairment. Bareggi et al have tested two types of memory, working and episodic. They found that only the highest dose (4 mg) affected working memory and prose immediate recall but doses of 2 and 4 mg Flunitrazepam significantly reduced the mean scores of memories for explicit events (i.e. episodic memory). Smirne et al made further distinctions in memory types and broke it down into immediate memory, short term memory, learning, non-consolidated and consolidated long term memory. It was found that 1 mg Flunitrazepam did not significantly impair any of the functions tested at night whilst 4 mg impaired short term verbal memory and learning. The lowest dose (1 mg) reduced long term memory in half of the subjects. It was concluded that Flunitrazepam caused dose related impairment of long term memory, both consolidated and not. Due to the fact that there were no differences between consolidated and non-consolidated memory, the amnesic effects of Flunitrazepam were stated to be due to a "decrease in the storage of memory traces".

Ingum, Beylich and Morland observed a decrease in the number of freely recalled words by about 85 % ( $P < 0.05$ ) no tolerance developed for the effect on free recall ( $P > 0.3$ ).

Another study by Pompeia, Gorenstein and Curran assessed the effects of Flunitrazepam on direct (free recall of words and prose, stem-cued recall) and indirect (stem and fragment completion) memory tasks. 50 healthy volunteers were tested in a double blind, independent groups design where each participant was randomly allocated to one of five treatment groups: Flunitrazepam 0.5mg (F1), Flunitrazepam 1mg (F2), nitrazepam 5mg (N1) or nitrazepam

10mg (N2) or placebo (P). The participants were then given different tasks to test the effect of the drugs on memory, sedation, motor performance etc. The tasks were classified as follows;

**1) Prose recall -**

Oral recall of a story with '14 idea items' (controlled for content, structure etc.). This was done both immediate and delayed (15mins).

**2) Direct Vs Indirect task with matched retrieval cues -**

Pool of 40 words with unique three letter beginnings (stems) which could be completed to form at least 10 common Portuguese words listed in a pocket dictionary. They were divided randomly into lists of 20 words. To reduce primacy and recency effects, two filler words were added at each end of the list (start and finish). These were not considered when marking response.

**a) Word appreciation task**

Reading aloud 20 words from one of the lists at the rate of one every five seconds and rating how much they liked each word on a five point scale. A distractor task was then given (DSST). The participants were not told that these words would be tested for later.

**b) Indirect Task**

Completion of 20 letter word stems as fast as possible with the 'first word that comes to mind'. Ten of these could be completed with words from the set that the participants had seen during the study episode and ten with words from the other list. Scores were the number of stems completed with familiar and new words.

**c) Direct Task**

This time the participants were asked to complete the words as fast as possible "preferably with words seen in the word appreciation task". Half of the stems related to 10 words rated for liking and half to the alternative set.

**3) Direct and Indirect Tasks with different resource demands -**

Pool of 48 common seven letter words which had different stems from the words used for stem completion. These were randomly divided into four sets and two extra words were added at the start and finish for primacy and recency effects.

**a) Image**

12 words were presented at a rate of one every five seconds. The participants were asked to read each word aloud and rate on a 3 point scale, how easy it was to imagine a scene involving that word. They were then given a distractor task.

**b) Free recall of words (direct task)**

free recall of as many words as possible from the “image” task with no time limit.

**c) Fragment completion (Indirect task),**

presented with 24 word fragments in which three letters had been replaced by dashes corresponding to 12 words seen in the image task and 12 to the other set. The participants were asked to complete the words with the ‘first word that came to mind’ in a maximum of 35 seconds. The number of completions with familiar and new words was scored.

**4) Sedative Effects -**

**a) Motor Sedation**

Evaluated by tapping rate in 32 seconds.

**b) Visual analogue scale**

Single analogue scale (alert-drowsy) used to evaluate subjective sedation.

They found that the amnesic effects were not totally secondary to the sedative effects as they revealed a different pattern to the affects on alertness. The higher dose (1 mg) of Flunitrazepam impaired free recall of words and prose but not cued recall, whilst it did not affect the two indirect tasks. They concluded that “whether Benzodiazepines impair performance on memory tasks depends more on the cues given at retrieval than the retrieval instructions (direct / indirect). The implications for this in terms of amnesic effects are drawn out for contextual encoding deficits” induced by Flunitrazepam.

2 mg doses of Flunitrazepam were given to subjects in a study on the effects of Hypnotics on memory conducted by Fossen et al. They found that it induced some impairment of memory especially after the first day of administration. There was no report of an anterograde amnesic episode after Flunitrazepam.

Rohloff et al investigated memory impairments after single oral doses of 2 mg Flunitrazepam. The tests consisted of word lists, picture tests and syllable pairs. The target variables were immediate recall, delayed recall and recognition. It was found that the greatest anterograde memory impairments were observed after Flunitrazepam and that it did not have negative retrograde amnesic effects but rather “promnesic” effects (i.e. performance was better with the drug than under placebo as regards material learned before drug ingestion). Therefore, they concluded that the “extent of the (drugs) amnesic effects - both negative (anterograde) and positive (retrograde) - depends on the dosage.

**Analysis:**

The above studies agree universally that Flunitrazepam has an amnesic effect. Each study also highlights types of memory that may be affected and in which ways it can be affected. This has some important implications for studies on drug rape and the memory loss that occurs there. The first point is that the dosage is a major factor in both the type and extent of memory loss. As most pills sold for abuse are sold in 1 or 2 mg doses, it would be fair to assume that this is how much is used to spike the victim. Therefore, most studies agree that a 2 mg dose is easily enough to have a significant effect on at least some forms of both short and long term memory (working free-recall, explicit, immediate, short term and long term). It is also suggested that this memory impairment is not due entirely to the sedative effects of the drug and that the encoding and retrieval cues have an effect. The studies show that cued recall is less likely to be affected than free recall which has some major implications for the police service. Namely, that it may be possible to recover memories of an incident lost through this drug by other means of interviewing such as the Cognitive Interview or Hypnosis. This is contradicted to some extent by Bareggi et al who suggest that the amnesia is due to a decrease in the storage of memory traces.

**Conclusion:**

It would appear that Rohypnol does have an effect on memory that is not due to the sedative effects of the drug alone. This effect may be true of other Benzodiazepines but was not shown to any great degree in those tested by the above research. This would mean that Rohypnol would be a choice drug of rapists incapacitating their victims as they feel they will be 'safe' if the victim has no memory of the incident. This unfortunately has been the case in previous allegations.

However, research does seem to suggest that the amnesic effects of the drug are effected by encoding and retrieval cues. If this is the case, then memories of an incident could perhaps be recovered by the use of techniques such as the cognitive interview or hypnosis. Hypnosis is not recommended in police investigations due to a number of problems with the evidence should it get to court and also with the trauma that this technique may cause a victim.

However, the use of a cognitive interview could be valuable if the police in question feel that the victim is able to cope with being mentally returned to the incident. If they do not, however, it may be worth using other psychological principles, such as memory cues, in the interviews with the victim. In this case, it is important that the interviewer avoids leading questions in an over eager attempt at producing retrieval cues.

In conclusion, the drug Flunitrazepam, is becoming more and more widely available and more widely abused. The physical effects of the drug on the body and Central Nervous System are still not known completely especially when mixed with alcohol or other drugs, as is often the case in drug related sexual assault. More research is needed into this drug at present. Early reports of the amnesic effect Flunitrazepam causes would appear to show that the memory is effected although researchers are still conflicting into whether the amnesia is anterograde or retrograde and what types of memory are effected. The reports illustrated above would seem to suggest that retrieval and encoding have an effect and therefore techniques such as the cognitive interview may be of use to a police investigator.

## **11.0 Further Research**

### **The Sturman Report**

The crime of drug rape and sexual abuse was researched in the year 2000 by Chris Brightmore and Peter Sturman of the Metropolitan Police. The resultant report known as The Sturman Report can be found at the following web site -

<http://www.met.police.uk/mps/whatsnew/2106.htm>

This research examines the nature and extent of drug assisted sexual assault in the United Kingdom (UK), it makes recommendations based on the facts established. One hundred and twenty three female and male victims were surveyed in the UK and over 500 individuals or groups and have been interviewed in the UK, Europe, Australia and America. Many people with differing and diverse viewpoints contributed to this work with the research conducted by literature review, questionnaire, structured and semi-structured interview and thorough examination of all documentary evidence.

The summary of this report is quoted below –

### **Sturman Report Extract**

*“Drug assisted sexual assault is happening in the United Kingdom. Whilst it is not of epidemic proportions it should be a real cause for concern. Offences committed in this way are particularly awful; every one is one too many.*

*The very low numbers of people reporting such attacks, coupled with high attrition rate in respect of convictions (less than half of one offender per 100*

*rapes committed, is convicted), suggests there is a need to completely re-assess the situation.*

*There is a need to shift the emphasis on reporting and dealing with such allegations away from the police; we must adopt a truly complainant driven approach. We must establish a network of treatment centres that deal with the complainant's needs. There should also be Complainants Advocates to support, represent and advise those who have been attacked.*

*The police should appoint dedicated investigators to deal with these matters; all other involved agencies should follow suit.*

*There is a need for better education with regard to the drugs that may be used and the consideration of all corroborating evidence.*

*There is a need to provide equality for the complainant, throughout the legal process and to educate our society as to what is and what is not acceptable.*

*There is also a need to recognise this is a problem we can all play a part in solving. This research will make comprehensive recommendations to deal with the problem, followed by a means of turning the information into action.*

In the opinion of the Roofie Foundation the report is both fair and accurate and represents a balanced view of the problem and detection of the crime of drug related rape and sexual abuse. The only criticism that can be levelled at it is that it drew its experience from very few victims in a tight geographical spread. It was a sadness that the report never received a press conference or announcement of its publication thus hardly reaching the audience it deserved.

### **11.1 Detective Chief Inspector Sturman and The Drug Rape Trust .**

It was with great sadness that we watched the BBC Wales television documentary "Week in Week Out" broadcast on 22 October 2002 and subsequently read the article titled "Rape charity in row over sex drugs money" written by Jonathan Thompson and published by the Independent on Sunday (dated 4<sup>th</sup> November 2002) that both cited the case of Detective Chief Inspector Sturman, the founder of the Drug Rape Trust organisation and author of the Home Office funded "Sturman Report" who admitted taking money from Hoffman La Roche the manufacturers of Rohypnol - especially when the Drug Rape Trust has been the organisation downplaying the use of Rohypnol in cases of drug rape. The newspaper article further went on to say that his organisation is now being investigated by the Charities Commission. It was also noted that the Drug Rape Trust web site was offering copies of the

Sturman Report for sale to members of the public for £30, when the author has already received payment (as part of his police duties), and when the ownership and copyright of the document is clearly in the hands of the Home Office and HM Government. It has also been noted that, in their only reported figures, the Drug Rape Trust received £18,000 in donated funding whilst directors remuneration accounted for £12,000.

This revelation has had a number of repercussions - firstly the confusing information being given to the Home Office and general public concerning the use of Rohypnol in drug rape, and secondly the degrading of the work of other organisations and workers in this area of study. Obviously this news must undermine everything the Drug Rape Trust has ever said on the subject, which is sad because despite their (now explainable) fixed attitude towards the use of Rohypnol, they did have a lot of useful information to impart.

Thirdly it means that the unfunded Roofie Foundation is now Britain's only specialist agency operating in the area of drug related rape and sexual abuse, and the only help-line operating on a 24 hour basis that offers help guidance and information to survivors of drug rape and sexual abuse through drink spiking. Despite being unfunded we will still endeavour to cope with the extra work that has come our way.

## **12.0 The Roofie Foundation.**

The Roofie Foundation was founded in November 1997 by solicitor Lynda Greenwood and Graham Rhodes. In the intervening time their help-line has helped and provided advice to over 6,500 victims of drug related rape and sexual abuse.

Today the Roofie Foundation advises such organisations as The Home Office, The Scottish National Executive, various police forces and provides the following services -

- Legal assistance from a qualified solicitor
- Training on all drug rape issues from a qualified trainer
- The establishment of Roofie Scotland
- To actively campaign for the recognition of drug rape as a major crime with increased sentencing, and increased police investigation into alleged victim reports.

- To actively campaign for the police to be funded in the provision of medical and forensic testing units in the majority of police stations.
- For the law and judiciary to treat drug rape victims of both sexes fairer and without prejudice.
- To change the mind of the CPS in their treatment of drug rape victims and their need for statements from the witnesses themselves. Thus eliminating their rejection of cases on the grounds of unreliable witness.
- To increase public awareness of the dangers of drink spiking and sexual abuse
- The continued provision of a 24-hour help line to assist victims of drug related sexual abuse.
- To campaign for a major research into the drugs used and their memory loss effect.

### **THE ROOFIE FOUNDATION – EXPERIENCE, EXPERTISE AND INTERESTS**

Experience and expertise of the Roofie Foundation include the following -

The establishment of the time-line procedure in enabling a drug rape victim to trace their time/memory loss, and to provide valuable investigative pointers.

The establishment and management of a telephone help-line

The development of telephone counselling techniques for victims of drug related rape and sexual abuse.

The establishment in the eyes of both members of the public and professional organisations of the Roofie Foundation as leading experts in the area of drug related sexual abuse.

The provision of a one-stop-shop emergency service to victims of drug related sexual abuse.

Pressure on the Government led by The Roofie Foundation in conjunction with various members of the media led to the Government applying the advice of the United Nations Commission on Narcotics that suggested making the possession of Rohypnol a criminal offence.

Pressure from the media and the Roofie Foundation led to Hoffman La Roche, the manufacturers of Rohypnol, putting a blue dye into their product. However we at the Foundation consider this a knee jerk, ill thought out move. Especially as the blue dye cannot be seen in a cola based drink, in red wine, or if put into a bottle made of coloured glass, or even a canned drink.

Pressure on the Government led by The Roofie Foundation in conjunction with various members of the media led to the Government adding the drug GHB to the list of classified substances and making its possession a criminal offence

Pressure on the Government led by The Roofie Foundation in conjunction with various members of the media led to the Government helped focus the mind of the Home Secretary on the issue and mention drug rape in his "Protecting the Public" paper of 2000, a paper that eventually led to the Sexual Offences Act 2003 .

### **The Founder**

**- Mr Graham Rhodes**

*CURRICULUM VITAE*

EMPLOYMENT

1985 - 1988 Video Producer/Director/Scriptwriter, The Saville Group York  
1988 - 1990 Video Producer/Director/Scriptwriter, Particular Ltd York  
1990 - 1995 Senior Producer /Director/Scriptwriter Chameleon Productions  
1995 - 2004 Freelance scriptwriter & artist  
1997 - 2001 (Voluntary) Chief Executive of The Roofie Foundation.

CURRENT POSITIONS

Freelance scriptwriter& artist  
Part Time Lecturer, Yorkshire Coast College.  
Chief Executive, The Roofie Foundation.

Graham Rhodes began to research the subject of drug related sexual abuse during the summer of 1997 when he researched two separate incidents of drug related sexual abuse.

One woman was drugged during a business appointment at someone's house, taken into the countryside, gang raped in front of a live audience, and the event recorded on video. The second victim was her female solicitor who went on a date with a man, and woke up the following morning in her own bed realising that she had experienced sex the previous night, but couldn't remember anything about it.

During the course of this 3 months research, which involved speaking to many paid and voluntary workers in areas of both drug abuse and sexual violence. Graham realised that he was the only person gathering these facts and that the research he was undertaking was, at that time, unique in Great Britain.

This research showed up the fact that drug rape was occurring in Great Britain in greater numbers than anyone first supposed.

In the Christmas of 1997 the telephone help line was established and the Roofie Foundation began its work.

Since the formation of the Roofie Foundation Graham Rhodes has been a guest speaker at the following conferences -

The National Crime Facility (Bramshill Police Training College). Chief Constables Conference  
22 Nov '88  
Burton on Trent Rape Crisis Centre 1998  
Leeds Junior Chamber of Commerce - 1998  
Belfast Rape Crisis and Sexual Abuse Centre 1999  
Network Rape Crisis Centres Ireland. (NRCCI) June 2000  
Reading Police - November 2000  
The Association of University Chief Security Officers (AUCSO) 4/5 April 2001.  
The Society of Health Advisers in Sexually Transmitted Diseases. (SHASTD) 10<sup>th</sup> April 2001  
Crimestoppers Conference – University of Birmingham Nov 01.  
Drug Rape Conference - Belfast Dec 01  
Spike the Hedgehog Drink Spiking Conference & Launch, Essex Police - Colchester  
City safe Conference Humberside Police Hull  
West Yorkshire Police Training College Wakefield  
Home Office Crime Prevention - Student Safety Conference Hull  
Home Office Crime Prevention - Student Safety Conference  
Surrey Police - Guildford

**LIST OF PUBLICATIONS INCLUDING AND TELEVISION AND RADIO**

*(Publications and reports that Graham Rhodes and the Roofie Foundation have been involved with)*

**Television**

Drug Rape-BBC Television Inside Story - Broadcast August 1998 - Script Consultant.

Kilroy Programme

Channel 5 - Drug Rape Report

Channel 4 news

Channel 5 news

BBC 6 o'clock news

BBC 24 hours

BBC North Regional 6.30 news

BBC East Regional 6.30 news

BBC North East Regional 6.30 news

BBC Breakfast time

RTN 6 o'clock news

Crimewatch - Anglia TV

German Television

ITV Lunchtime Programme

ITV Good Morning Programme

The Kelly Programme Ulster TV

BBC Scotland

Scotland Today

**Radio**

Spanish Radio

BBC Radio 5 Live

BBC Radio 4 - Today

BBC Radio York

BBC Radio Hallam

BBC World Service

BBC Radio Humberside

Capitol Radio

Radio BRBM

Metro Radio

BBC Radio 1 Newsbeat

Midlands Radio

**Written Reports**

The Sturman Report - A joint Home Office/Metropolitan Police Report on Drug Rape.

Published June 2000 - Consultant

**Press Articles**

The press articles that Graham Rhodes and the Roofie Foundation have been involved in and contributed to are many and include the following -

Daily Mirror

Daily Express

Times

Guardian

Independent

The Sun

The Observer

The Sunday Times

The Yorkshire Post

Cosmopolitan

Company Magazine

The Big Issue

The Southampton Daily Echo

Belfast Telegraph

Newcastle Journal

The People

## **Personal Information**

Due to certain rumours been circulated to both media representatives and other parties in an attempt to destabilise and discredit the work of the Roofie Foundation Graham Rhodes with the permission of the Essex Police has chosen to make the following information public.

### **The following is an e-mail from Police Sergeant Nigel Dermott of the Essex Police**

*Hi Graham!*

*What a nasty business I'm involved in sometimes!*

*Many thanks for providing me with your personal details and your permission to use those details in order to check the Police National Computer to establish once and for all whether or not you have any previous convictions. Of course, you are the only person who ever knew the answer for sure and I am very grateful that you have not taken offence at my asking.*

*I don't know the source of the information that causes the 'third party' to feel that they have the right to slander your character but I can confirm that there is no record of you having a criminal conviction against the details that you gave me.*

*At least I can now be sure in my own mind that there is no likelihood of the Essex Police being placed in an embarrassing position and any further action that you decide to take is entirely yours. I hope that we can now move forward to pursue our joint objective of assisting victims of drug assisted sexual assaults without further interruption, and am more than happy to continue working in liaison with the Roofie Foundation.*

*Kind regards*

*Nigel Dermott  
Police Sergeant 1378  
Substance Misuse and Youth Co-ordinator  
Essex Police HQ  
c/o Community Safety Department  
PO Box 2  
Springfield  
Chelmsford  
Essex CM2 6DA*

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