San Diego Police Department

Training Bulletin

A PUBLICATION OF THE SAN DIEGO POLICE DEPARTMENT

JERRY SANDERS CHIEF OF POLICE

98-3

September 1998

DRUG FACILITATED SEXUAL ASSAULT INVESTIGATIONS

I. INTRODUCTION

Over the last several years, reports of drug-facilitated rapes and sexual assaults have been increasing. These cases present unique challenges to both police and prosecutors. This bulletin will help police officers meet those challenges.

In a drug-facilitated sexual assault, it may be difficult to detect the type of drug used. The drug is often surreptitiously given to the victim. Each time the victim urinates, more of the drug is eliminated from the body. By the time the victim realizes what happened, valuable time may have elapsed, making it difficult -- if not impossible -- to detect the drug in the victim's urine.

II. WHAT "FIRST RESPONDERS" SHOULD LOOK FOR

Drug-facilitated sexual assaults are classified in penal code sections 261(a)(3)or (4)P.C., Rape, 262(a)(2) or (3), Spousal Rape, 286(f) or (i), Sodomy, 289(d) or (e), Penetration with a Foreign Object, and 288a(f) or 288a(i), Oral Copulation.

The following scenario is an example of the type of incident to which you might respond:

The victim is surreptitiously given the drug by "spiking" her drink, or the victim willingly takes the drug, most commonly "roches" (Rohypnol) or "Somas" (Soma), believing she will get a quick high.

The victim may lose consciousness and be raped while she is unconscious. Or, the victim may remain conscious, but be so incapacitated by the drug, that she is unable to fend off the sexual assault. The victim may also experience amnesia similar to an alcohol black-out. The victim may have little or no recollection of the assault -- and may even be unsure that she was sexually assaulted.

As the preliminary reporting officer, you play a crucial role -- especially in the preservation and collection of critical, perishable evidence. If you believe you are investigating a drug-facilitated sexual assault, notify the on-call Sex Crimes sergeant **immediately.**

III. WHAT VICTIMS NEED TO KNOW

A. PRESERVATION OF EVIDENCE

If the sexual assault occurred within the last three days, advise the victim not to shower, bathe, douche, urinate or otherwise alter her/his physical self, or engage in any activity that may contaminate or destroy valuable evidence such as semen, saliva, hairs, etc. Thus, the victim should **not**;

eat, drink, brush teeth, chew gum, eat (food or candy), smoke or gargle --nor, as indicated above, shower, bathe, douche, or urinate.

B. CLOTHING

Advise the victim the hospital may need to collect her/his clothing if it was worn during and/or immediately after the assault. Recommend that she/he either bring a change of clothing with her/him to the hospital, or have someone bring clothing to her/him.

Note: If the victim has used a tampon or sanitary napkin since the assault, consult an evidence technician for appropriate evidence collection procedures.

C. VICTIM'S RIGHTS

California Penal Code gives sexual assault survivors the right to request their name and address not become public record. Sexual assault survivors also have the right to have a victim advocate and/or at least one other support person of their choice present at any follow-up interview with law enforcement authorities, deputy district attorneys and defense attorneys.

IV. INVESTIGATIVE PROCEDURES

A. THE VICTIM INTERVIEW

The victim may remember little, if any, about the sexual assault itself. The victim's account of the events may have many missing parts. You must maintain an open mind while listening to the events as the victim recalls them. Remember: for these victims, telling what they recall is difficult and their

uncertainty as to what occurred, may cause them extreme anxiety. Often, the perpetrator was a "trusted" acquaintance and the victim may feel the incident was somehow her fault. Keep in mind: a victim whose memory is impaired due to the pharmacological effect of a drug, may innocently and unconsciously seek facts to fill in the gaps in her memory. Avoid "suggestive" questions while conducting the interview. It is very important to have the victim articulate how they felt or what they had been doing prior to losing consciousness.

The victim may display any or all of the following symptoms: memory loss, dizziness, confusion, drowsiness, slurred speech, impaired motor skills, impaired judgment, reduced inhibition or a variety of other symptoms. The victim may also appear intoxicated or "hung-over".

B. WITNESS STATEMENTS

Although the victim statement is crucial to the investigation, persons who **saw** the victim, or **spoke** to the victim, **before**, **during** and **after** the assault are critical witnesses. Often, it is such witnesses who establish time frames, notice unusual behavior, provide critical facts and can identify potential sources of information.

C. EVIDENCE COLLECTION

In suspected drug-facilitated sexual assaults, follow the same steps outlined in Department Procedure 6.6 and 6.11. In addition, you should adhere to the following:

- 1. Immediately determine the time frame of the incident. If the assault may have occurred within 96 hours (4 days), immediately obtain a urine sample.
- 2. If the victim has to urinate prior to a collection sample being taken in a medical facility, the victim should be requested to urinate in a CLEAN jar or container with a top.
- 3. Because there could be a need for multiple toxicology tests, it is important to obtain as much urine as possible. (100 ml if possible.)
- 4. If the assault may have occurred within 72 hours of the report, a SART exam will be necessary and the specimen samples can be obtained at that time.
- 5. If the assault may have occurred within 24 hours of the report, obtain a 30 ml blood sample (in gray top tubes), as well as urine.

- 6. In cases where a victim is transported to a hospital because she/he needs medical attention, blood and urine samples may be obtained to assist in diagnosis and treatment. Ensure that a **urine** sample is obtained for **law enforcement**. Also, if the sexual assault may have occurred within the last 24 hours, obtain a 30 ml blood sample (in grey top tubes), <u>in</u> <u>addition to the urine</u>.
- 7. If the urine samples were obtained prior to your arrival, determine if any amount of specimen is available beyond that needed for hospital lab work. If so, seize the specimen and impound it at the Headquarter's Property Room following the standard procedures for impounding sexual assault evidence as outlined in Department Procedure, 6.11 and 3.02. If such specimens are not available, initiate steps to obtain additional samples from the victim.
- 8. Request a waiver for the release of all medical records and specimen samples. Attach the waiver to the preliminary investigation.
- 9. When completing the impound form, write in the word "Refrigerator", in the upper right hand corner, in the space marked "Bin location". Attach the yellow copy of the impound tag to the investigator's copy of the report.
- 10. Collect and impound all clothing worn **DURING** and **AFTER** the assault. Note in your report which clothing was worn during the assault and the clothing the victim might have put on after the assault.
- 11. If large quantities of these drugs or evidence indicating sales are found while investigating a sexual assault, in addition to Sex Crimes, notify the Narcotics Unit and handle per Department Policy 3.15.
- 12. Evidence that may be found in drug-facilitated rape cases -- such as drugs, ingredients used to make drugs, drug-related literature and recipes, Internet correspondence, drug packaging and bottles, photographs and video tapes of victims -- might be located in the suspect's residence, vehicle, place of employment, locker, etc. If written consent cannot be obtained to search the premises in question, consider seeking a search warrant.
- 13. To prevent potential evidence from being destroyed or lost, notify the Sex Crimes Unit BEFORE the suspect is taken from the scene or booked into jail.

V. DRUG TYPES MOST COMMONLY USED TO FACILITATE SEXUAL ASSAULT

The following drugs are listed and categorized to be easily recognized if seen. All of these drugs have hypnotic, sedative, CNS (central nervous system) depressive action. When mixed with alcohol, the drug's effects are greatly enhanced. These drugs may be packaged or concealed in prescription and/or vitamin bottles, bubble packs, or glass viles (liquids). Please refer to the attached Drug Table.

Local law enforcement officials have seen the majority of these drugs in the South Bay area or close to the Mexican Border. Rohypnol is illegal in the United States, however, it can be legally purchased in other countries, including Mexico.

Soma and Klonopin (Rivotril), are legal in the United States and also can be easily obtained in Mexico. These are most often found in pill form.

GHB is a street manufactured drug, often found at underground "Rave" parties and in the body building scene as a "steroid". It is usually found in either of two forms: clear liquid or white powder.

Ketamine is an anesthetic used primarily for veterinary purposes but has recently become popular as an illicit street drug. It can be found in it's veterinary pharmaceutical form (a liquid) \underline{or} in a powdered form (resembling cocaine).

These are not the only drugs that can be used to facilitate rape. However, we have found these to be the most prevalent and easily obtained in the San Diego area. Officers are also reminded that alcohol is the most common substance used to facilitate sexual assault and many of the investigative techniques noted in this training bulletin can be applied to assaults involving alcohol as well.

If there are any questions about handling an incident of the type described in this training bulletin, notify the Sex Crimes Unit for immediate assistance.

Drug Table					
Trade Name	Generic Name	Street Name	Description	Effect	Intended use
Soma (Wallace)	Carisoprodol (prescription only)	"Somas"	wht/round/350 mg (inscribed "Wallace")	drowsiness motor incoordination <u>In Extreme Doses:</u> nausea severe weakness sensation of paralysis	muscle relaxant sedative
Rohypnol (Roche)	Flunitrazepam (Schedule IV)	"Roches" "Roofies" "Rocha"	wht/round/1 or 2 mg (inscribed "Roche")	dizziness hypnotic sedative motor incoordination slurred speech impaired judgment behavior disinhibition amnesia induces unarousable sleep disorientation	surgical hypnotic sedative
Klonopin/Rivotril (Roche)	Clonazepam (Schedule IV)	Sold on the street in lieu of Rohypnol "Roches"	wht/round/2 mg (inscribed "Roche")	(effects similar to Rohypnol) amnesia sedation	anti-convulsant relieves anxiety muscle relaxant
Gamma Hydroxy Butyrate	GHB (Schedule II)	GHB, Ecstasy Liquid X Easy Lay	clear liquid or white powder (tastes salty)	sexual stimulator seizures loss of consciousness amnesia nausea/vomiting drowsiness/stupor induces unarousable sleep *excitation *resistance to restraint	intoxicant anabolic steroid
Ketamine Hydrochloride	Ketamine (Schedule III)	Special "K" Super Acid Special LA Coke	liquid or white powder	amnesia disassociation unconsciousness hallucinations P.C.P symptomology	veterinary anaesthetic human analgesic

*It is very uncommon, however, these objective symptoms have been seen in the beginning stages following the ingestion of the drug.