

Drug and Alcohol Involvement in Sexual Assault of Children aged between 11 and 15 years

AWCH 2005

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Background

- Sexual Assault with Alcohol or other drug involvement represented a sub group of presentations to CPU about which little was known
- No Australian Data reflecting CPU age group
- Overseas data relates mainly to adults or older adolescents (>15 yrs) or combines < and > 16 yr age groups
- Concerns about:
 - incidence/prevalence
 - management
 - drink spiking

Background (cont)

- American Academy of Pediatrics: 40% all rapes involved recent drug and alcohol use by victim and/or assailant (15 – 25yr group)

(AAP: Care for adolescent sexual assault victim Pediatrics 2001 Vol 107 (6) 1476-1479)

- Independent of its involvement in sexual assault drug & alcohol use in adolescents is a risk in itself which is often overlooked in Paediatrics

(AAP: Alcohol Use and Abuse, A Paediatric Concern: Pediatrics 1995;95: 439 – 440)

(more references on alcohol misuse/abuse as a marker for psycho-social pathology included in handout)

Literature Review

- D&AASA adults (Aust. & OS)
- Drink spiking (Aust. data & OS adults
– no Paediatric data Aust. or OS)



Literature on Drug +/- Alcohol Related Sexual Assaults in Adults

Australia & NZ

- Patek ACT approximately 59% of cases were associated with alcohol intoxication.

(Patek,V The Australian Experience. DASA. DSAC)

- Sorrenson & Foley 68% sexual assaults in adults toxicology positive for alcohol

(Sorrenson A, Foley K. Drug and Alcohol Assisted Sexual Assault (DASA).

- Both studies showed binge drinking in itself was sufficient to induce amnesia and that amnesia was not necessarily indicative that a drink had been "spiked".

Sexual Assault Satellite Symposium, Christchurch NZ April, 2003)

DAASA: Adults

Overseas

- **McGregor MJ Canada** (Women & Health 37 (3) 2003 (71-80))
 - 12% cases drug & alcohol related
- **Seifert (1999) USA** (Substance Use and Misuse, 1999;34(6):935-945)
 - 234 SA victims >12 years
 - 44% perpetrators used pre-assault
 - 51% victims used substances use
 - adolescents had higher rate of acquaintance assault and non-genital injury

(More references in handouts)

Drink Spiking: Commonly used drugs

(Source: National Drug Strategy 2004 Table 2 p 51)

Drug	Legal Status	Form	Time to effect	Time in body	Effects
Alcohol	Legal	Liquid	Variable	Variable	Disinhibition Impaired motor coord
Flunitrazipam Rohypnol	Prescription	Tablet	30 mins Peak 2hrs Lasts up to 8 hrs	48-96 hrs urine 12 hrs blood	Drowsiness impaired motor skills amnesia, disinhibition
GHB	Illegal	Powder Or Liquid	10-30 mins	Short	Drowsiness Disinhibition Reduced heart rate/Euphoria
Ketamine	Vet	Powder/Liquid Tablet	1 – 5 hours	24-48 hrs in urine	Amnesia Analgesia Hallucinations
MDMA (ecstasy)	Illegal	Tablet	20-60 mins	Up to 72 hrs	Euphoria nausea
Amphetamines	Illegal	Powder/crystal	20 mins	Up to 48-92hrs	Increased energy alertness
Benzos	Prescription	Tablet	Variable	12 hrs – 7 days	Drowsiness Slow reflexes

Drink Spiking: Adults Australia

Estimated number of drink spiking incidents reported to police between 1 July 2002 and 30 June 2003. Source National Project on Drink Spiking: National Drug Strategy 2004

<i>Jurisdiction</i>	<i>Number reported to police</i>
New South Wales	89 (6 months) x 2 = 178
Victoria	51
Queensland	30
Western Australia	210
Northern Territory	31
South Australia	82
Australian Capital Territory	70
Tasmania	8
Australia	660

Source: AIC drink spiking police data

** Between 15 and 19 suspected drink spiking incidents are estimated to have occurred per 100,000 persons in Australia during 2003/03.

Drink Spiking – adults (cont)

Queensland Health Forensic Toxicology Unit Data Jan 2003-Dec 2003

Gender		
Female Victim	32	82
Male Victim	5	13
Specimen Type		
Blood Only	7	18
Urine only	15	38
Blood & Urine	13	34
Other	4	10
Drugs Detected		
None	14	36
Benzodiazepine	5	
Cannabis	6	
Methylamphetamine	4	
Ecstasy (MDMA)	1	
Other	6	
Total	39	100

(a) Gender of victims was unknown for two specimens.

(b) Ten specimens had not had analysis completed at the time the AIC received the data. Numbers do not total 39 because some specimens contained more than one drug. Note that no samples contained flunitrazepam, GHB or ketamine.

Drink Spiking - adults

WA Chemistry Centre June 2002-2003

- 44 cases alleged
- No CNS depressants identified
- 75% alcohol positive
 - 31% of these BAL > 0.15
 - Higher BAL than self reported ETOH intake
 - ? Underestimate when intoxicates
 - ? Spiked with ETOH (e.g. triple shots)

(AIFS "Beyond Drink Spiking – Drug & Alcohol Facilitated Sexual Assault No 2 Nov 2003)

Drink Spiking – adults USA

EISohly 1179 victims

- 38% alcohol
- 18% cannabinoids
- 8% flunitrazepam
- 4% GHB

(J. Analytical Toxicology 1999; 23 (3): 141-146)

Slaughter 2000 victims

- urine drug tests of sexual assault victims
- alcohol 63%
- Marijuana 30%
- GHB and Rohypnol was present in about 3%

(Slaughter, L. Involvement of Drugs in Sexual Assaults. Journal of Reproductive Medicine. Vol. 45. 2000.)

Amnesia and Alcohol

- Determinants
 - Body weight
 - Sex
 - Speed of consumption (rapid rise in BAL)
 - Chronicity of alcohol use (tolerance)
 - Blood Alcohol Level
 - SCH 2002 (Stephens, O'Meara)
 - showed average BAL in young persons presenting to A&E under influence of Alcohol was 40-59mmol/l = 0.2 – 0.29 BAL
 - BAL 0.9 and over sufficient to cause amnesia

CASE STUDY



CASE STUDY: 12 YR OLD GIRL

- 12 yr old living in youth refuge
- "absconds" with 2 friends for 3 days
- sees "nice" boys with alcohol outside shopping mall
- (eventually) encourages friends to go with boys
- go to flat
- drinks 3 tumblers of vodka

CASE STUDY (CONT)

- Taken to bedroom
- "passes out"
- found by friends (naked)
- amnestic to event
- brought to CHW, still too drunk to be interviewed (no BAL taken)
- next day refuses examination
- refuses follow up

CPU Study

■ Objectives:

- Description of clinical characteristics of patients
- Description of assessment and management practices
- Critical assessment of implications of both.

■ Method:

- Retrospective chart review of young people aged 11-15 presenting to the Children's Hospital Westmead Child Protection Unit for sexual assault examination between 1998 and mid-2003

CPU Study

Overview of findings



Cases

330 charts reviewed of 11 – 16 year olds who had allegedly been sexually assaulted between Jan 1 1998 – June 30 2003

- 75 cases - 72 girls + 3 boys (excluded) i.e. ~ 22% of total alleged sexual assaults
- 41 cases alcohol alone was allegedly involved (~12%)
- In 31 cases alcohol and/or drugs may have been involved (~10%)
- ~78% neither alcohol nor AOD related

SOURCES OF REFERRAL

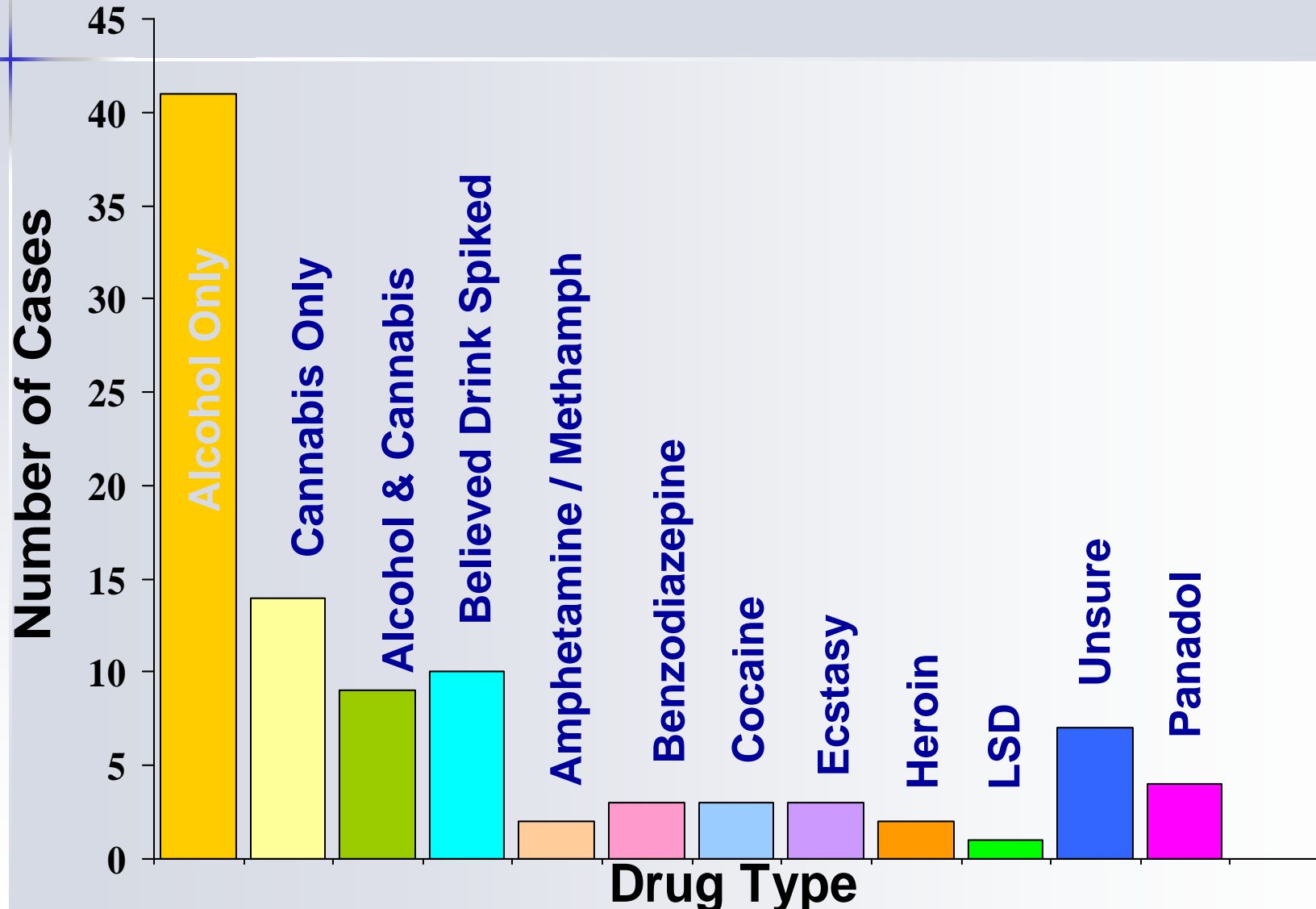
■ Police	23
■ JIRT	14
■ A&E (CHW)	12
■ Counselling Service	12
■ DoCS	5
■ Psych Medicine	2
■ Adolescent Medicine	2
■ Other hospital	1
■ School	1

TIME OF PRESENTATION

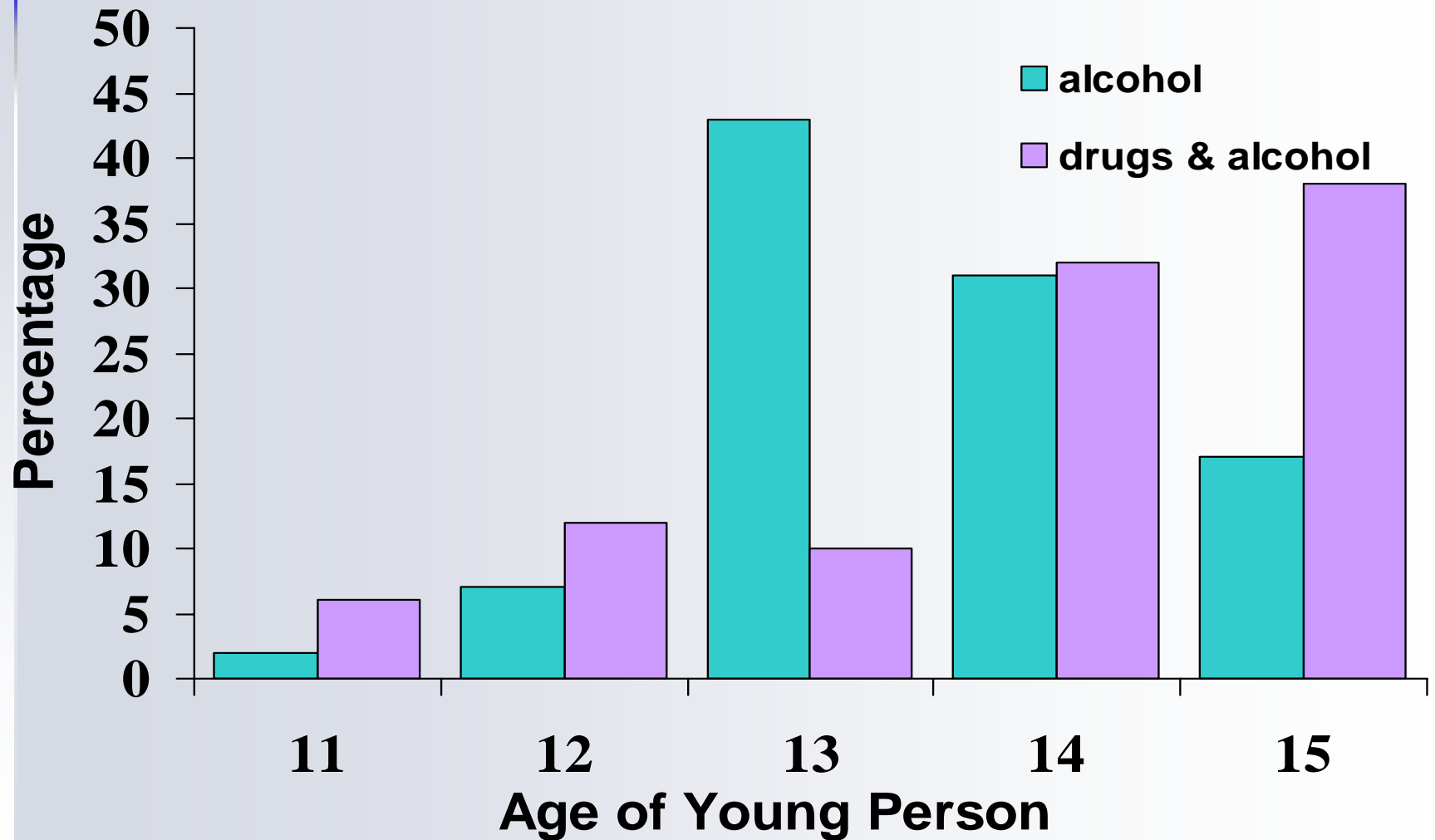
- Out of hours 60%
- In hours 40%
- 70% weekends/nights



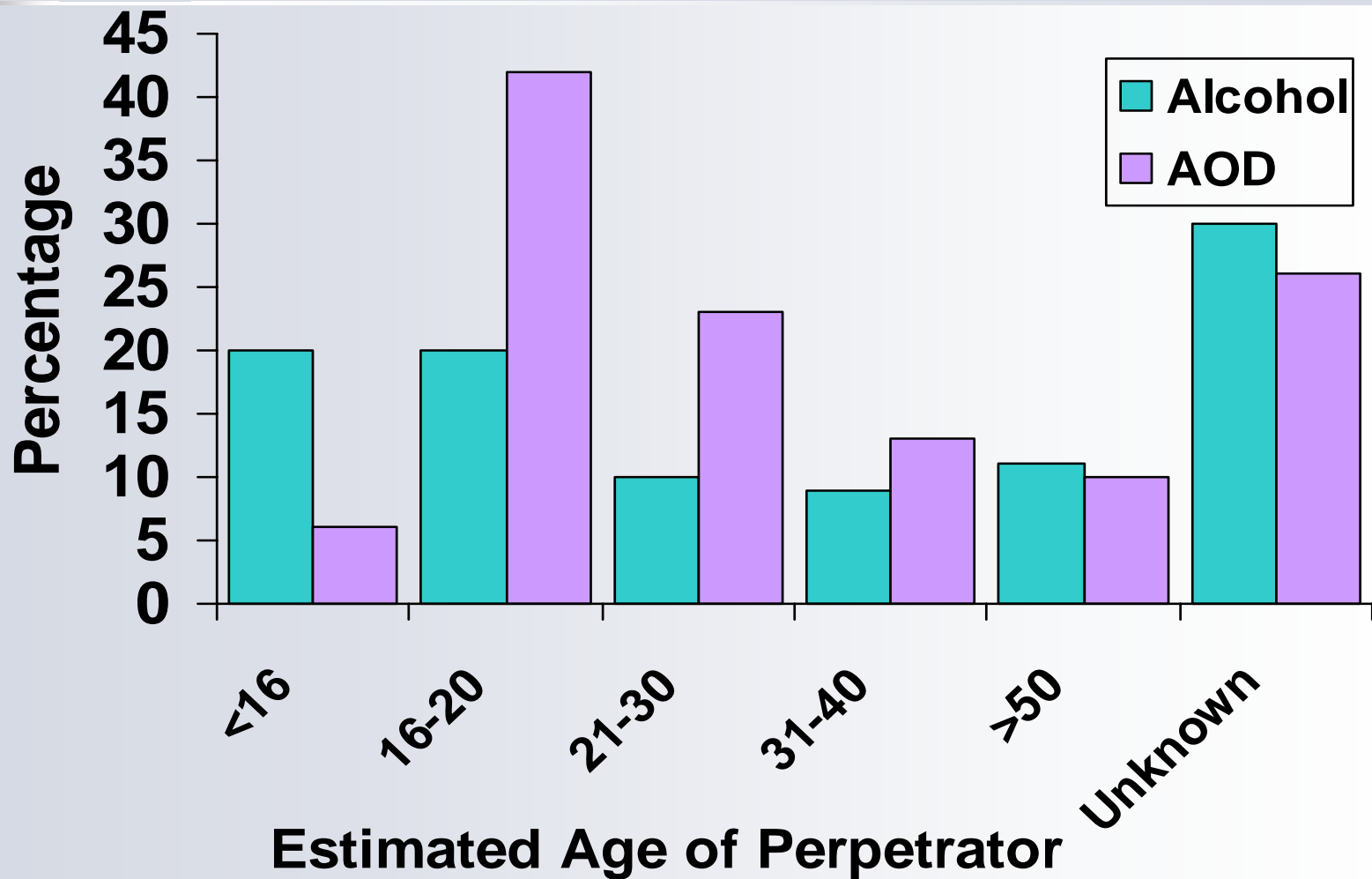
TYPE OF DRUG (alleged)



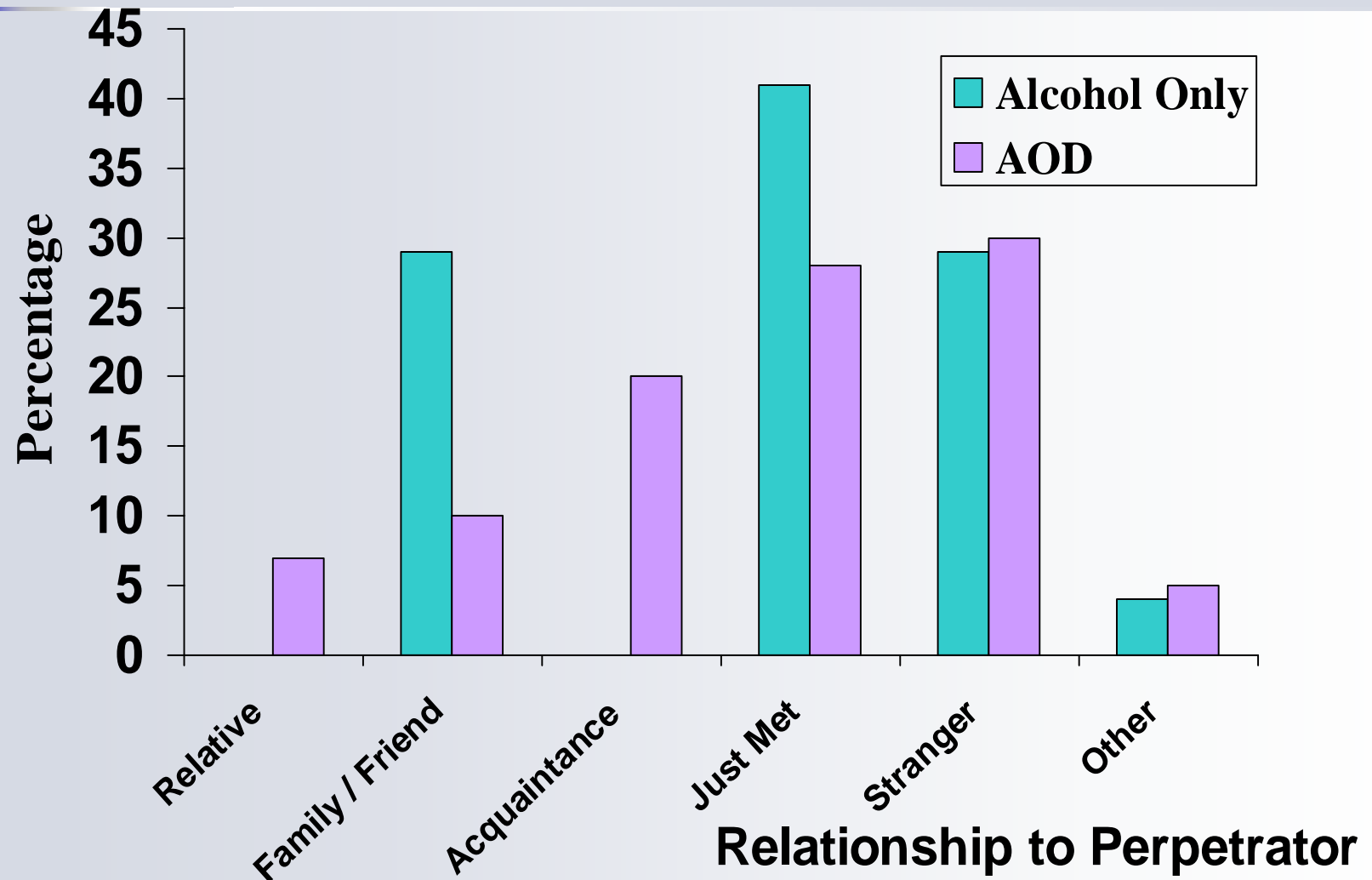
AGES OF VICTIMS



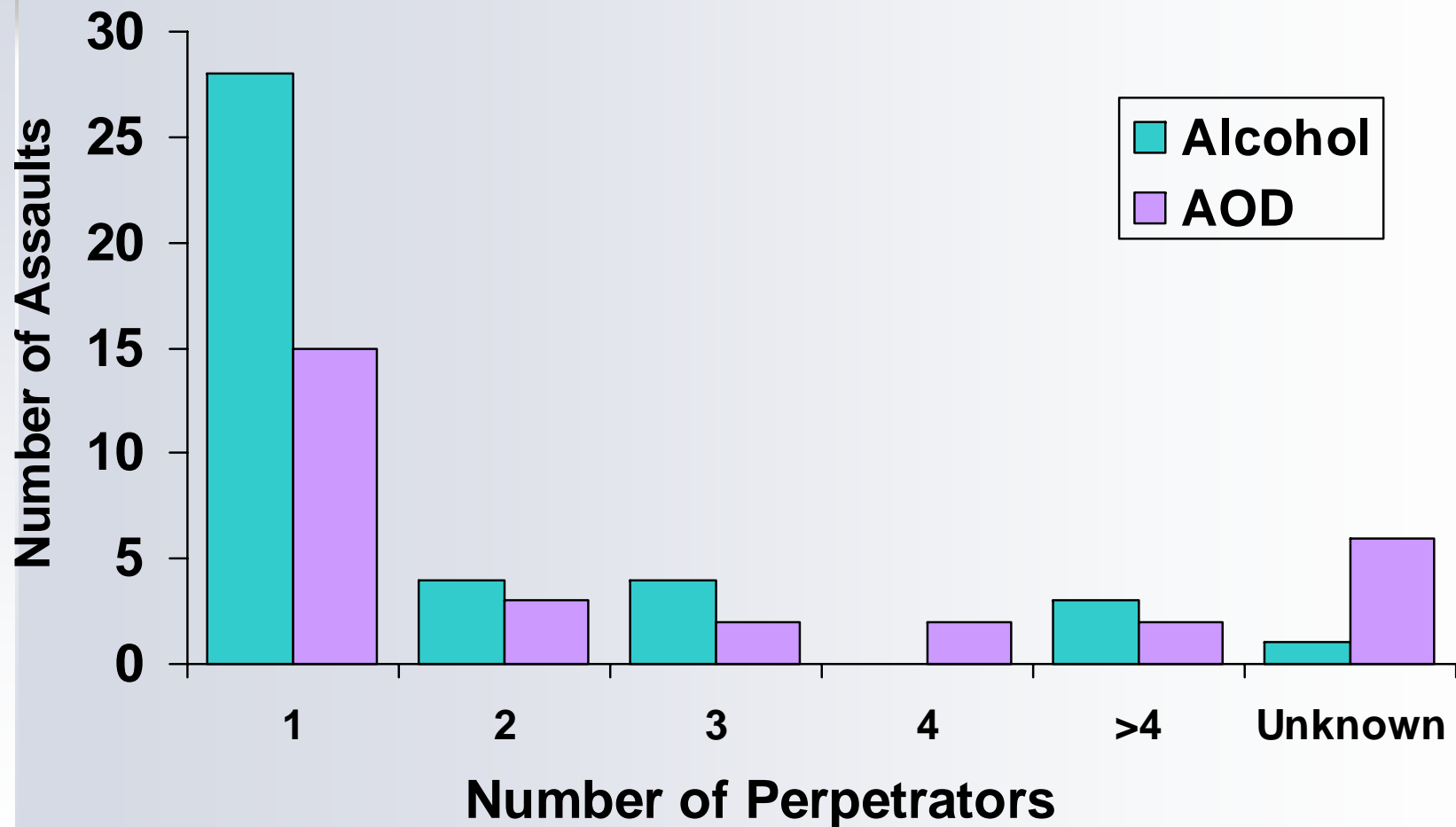
AGE OF PERPETRATOR (100% MALE)



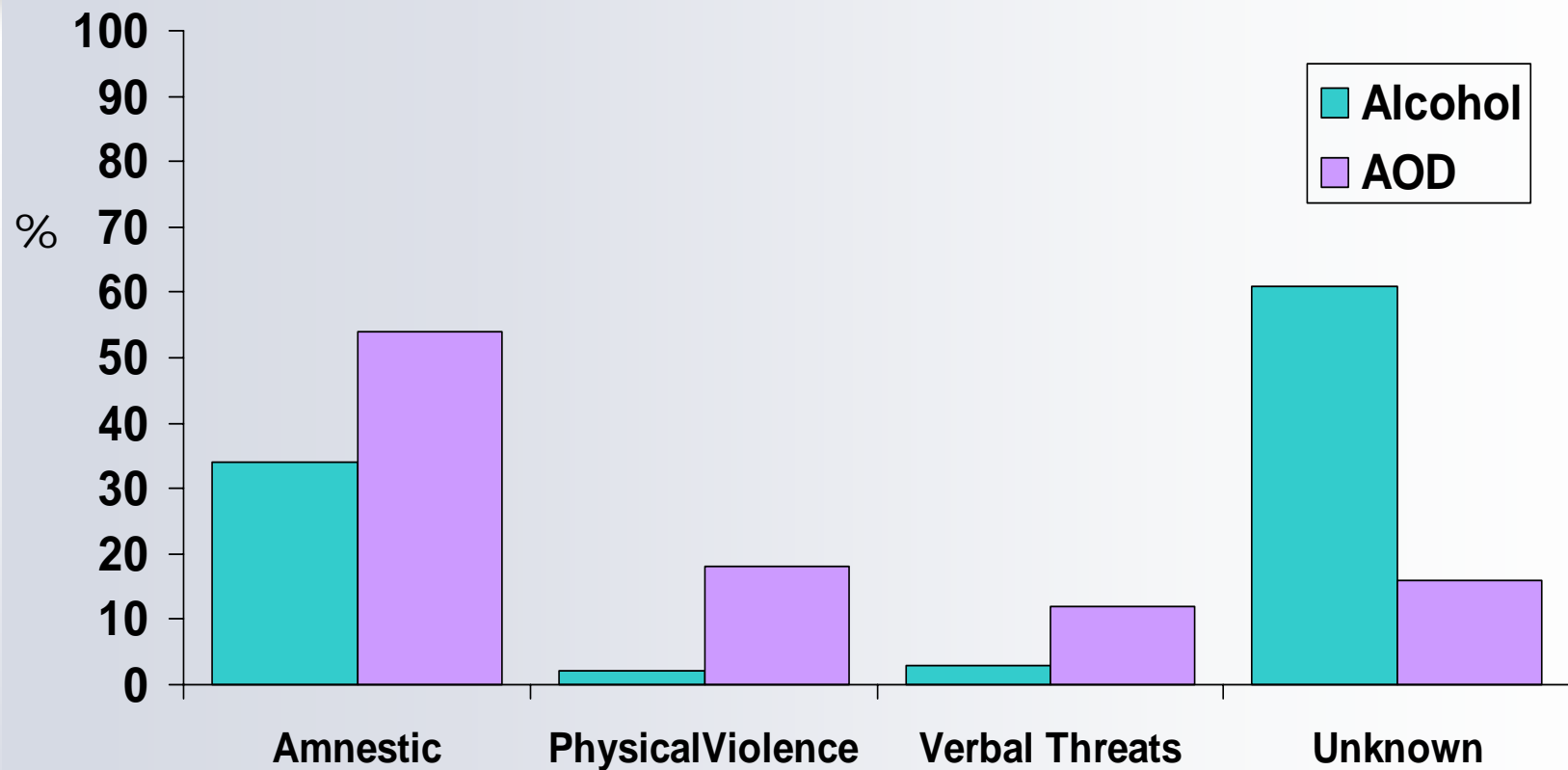
RELATIONSHIP TO PERPETRATOR



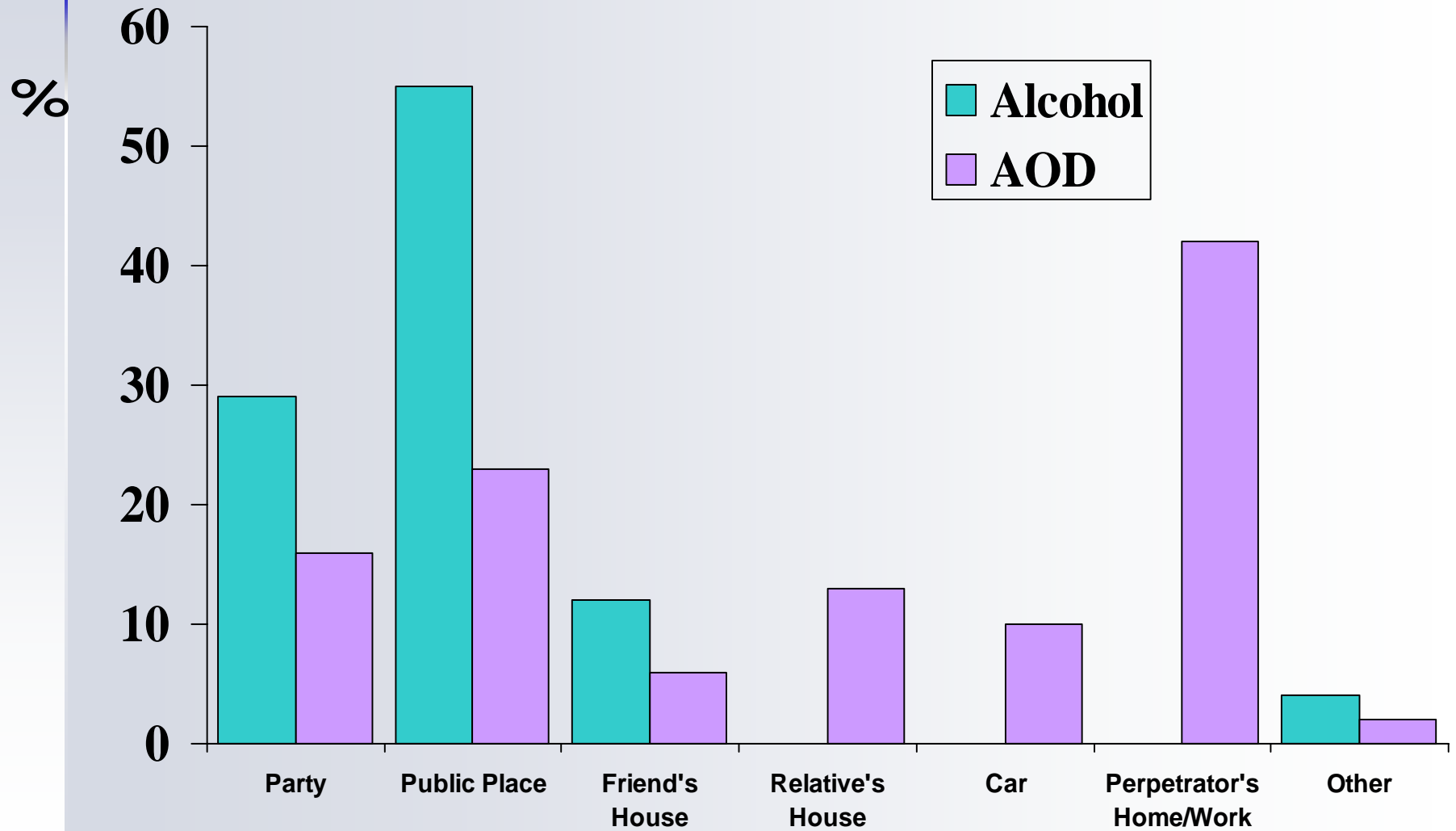
NUMBER OF PERPETRATORS



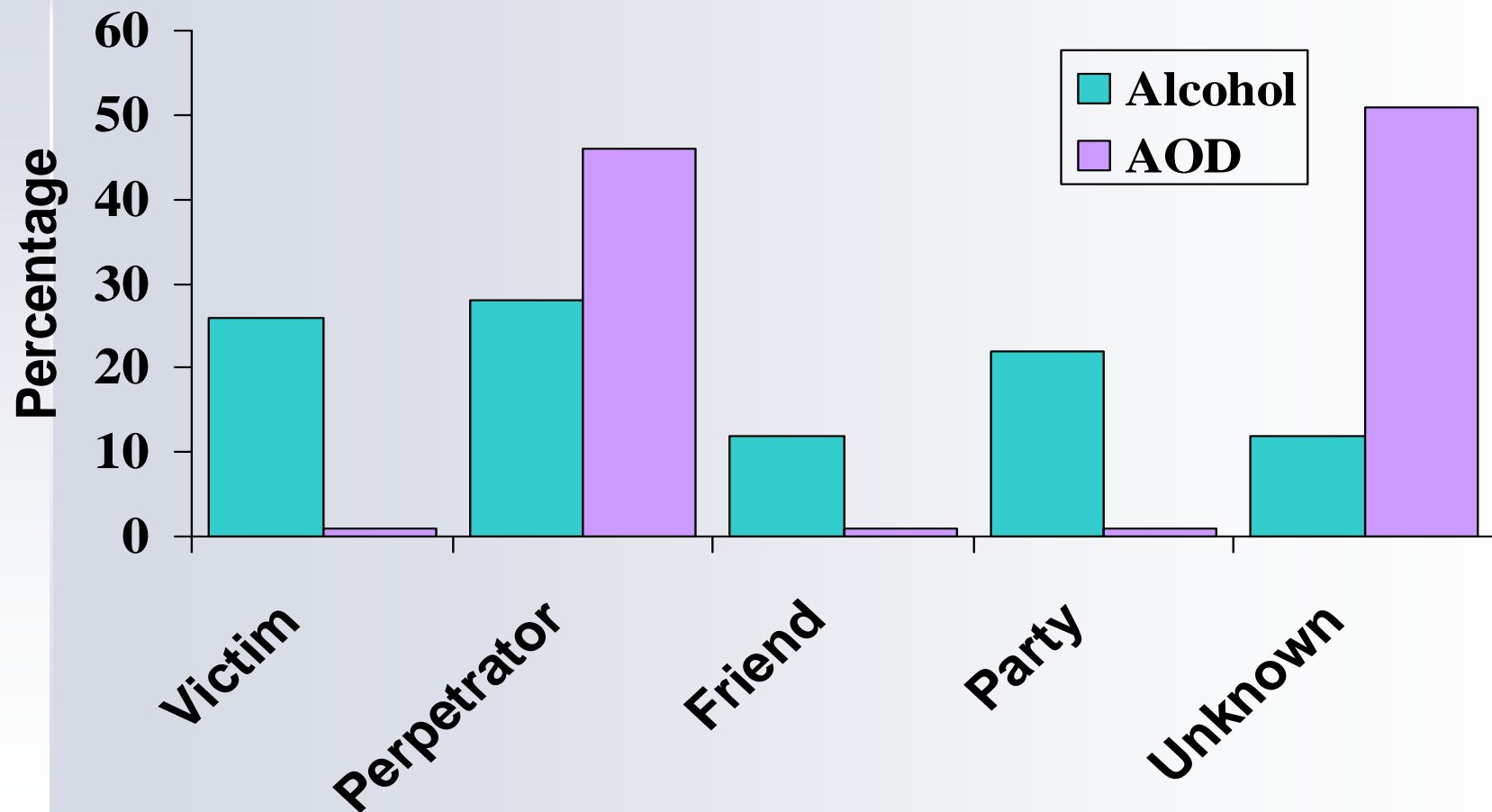
USE OF VIOLENCE/THREATS



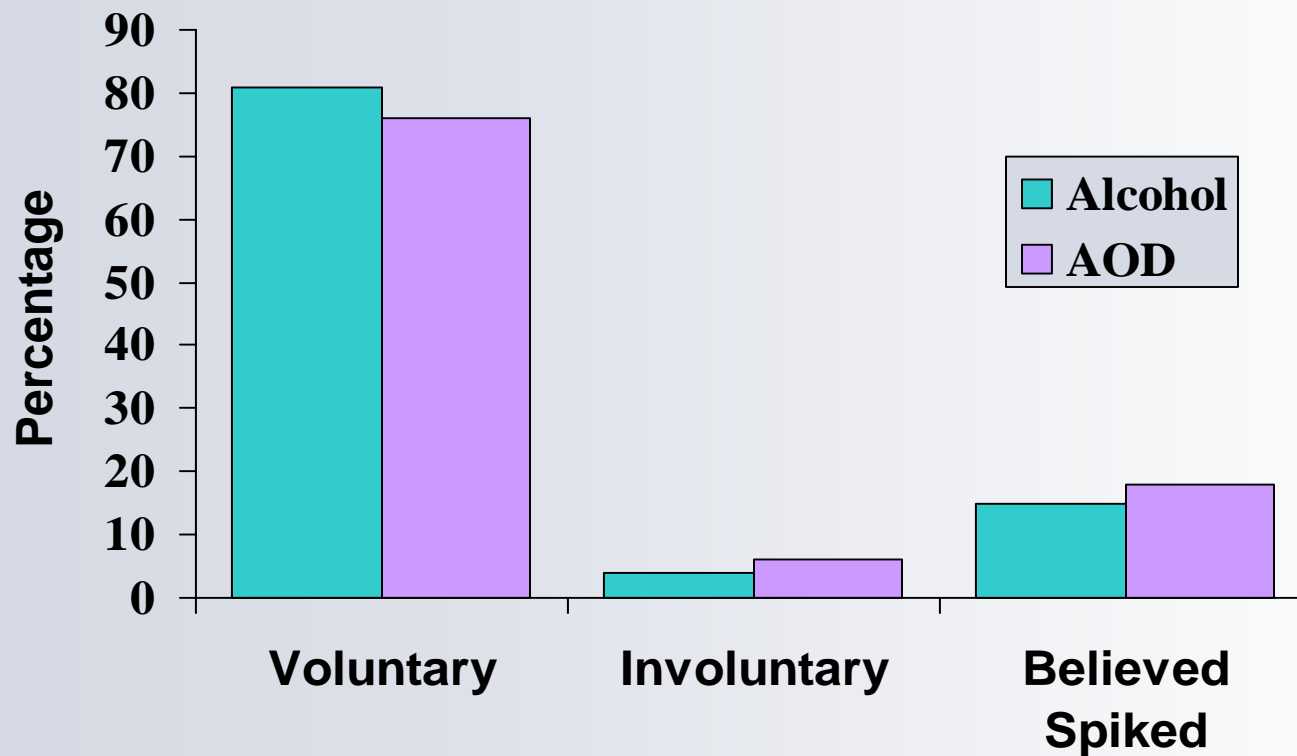
CONTEXT OF ASSAULT



ACQUISITION OF ALCOHOL OR OTHER DRUGS



CONSUMPTION OF ALCOHOL AND OTHER DRUGS – Voluntary/Involuntary/ ?Spiked



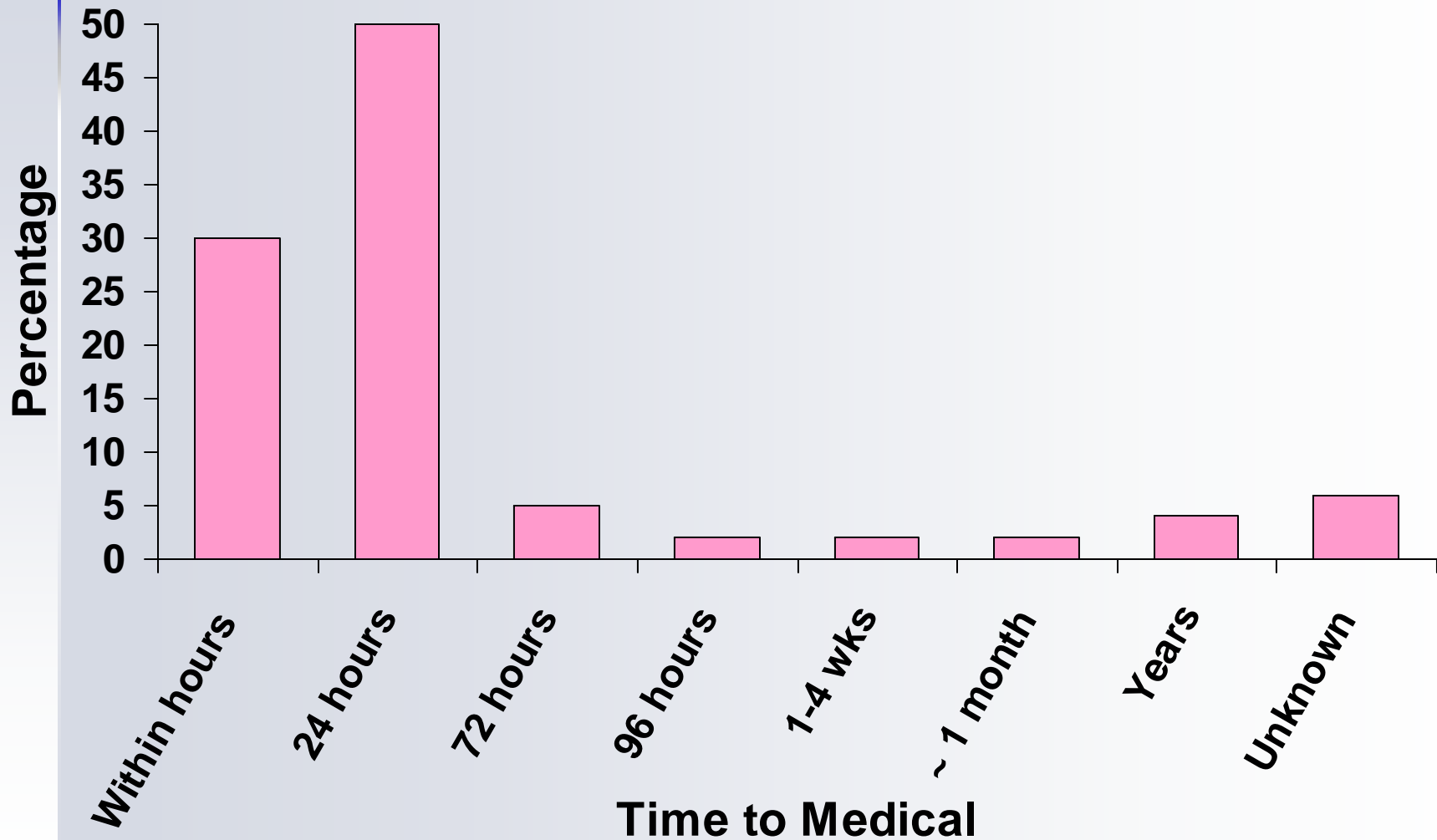
Quantity Consumed*

(not recorded in all cases)

- > 4 standard drinks (where recorded)
- Poor recording +/- memory in cases of other drug use

*Binge = > 4 drinks in a 2 hour session girls
> 5 drinks in a 2 hour session boys

TIME FROM ABUSE TO MEDICAL EXAMINATION



Amnesia & Toxicology Findings

Amnesia Reported

- Alcohol group 34%
- Alcohol and/or Other drugs 64%

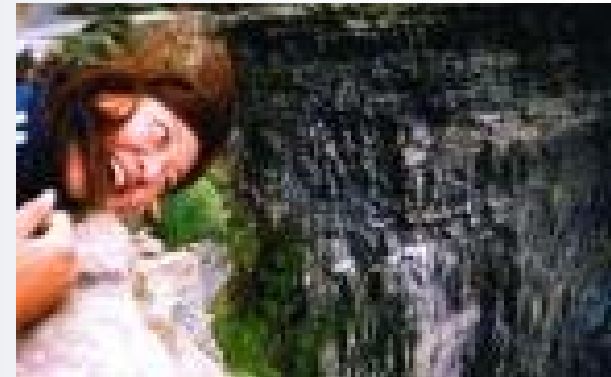
Toxicology Findings

- BAL's taken in 2 cases presenting to ED (0.14 & 0.2)
- Not notified of any positive toxicology findings otherwise (i.e. from forensic kits)
- In cases seen 24 hrs post assault wd not expect many positive findings

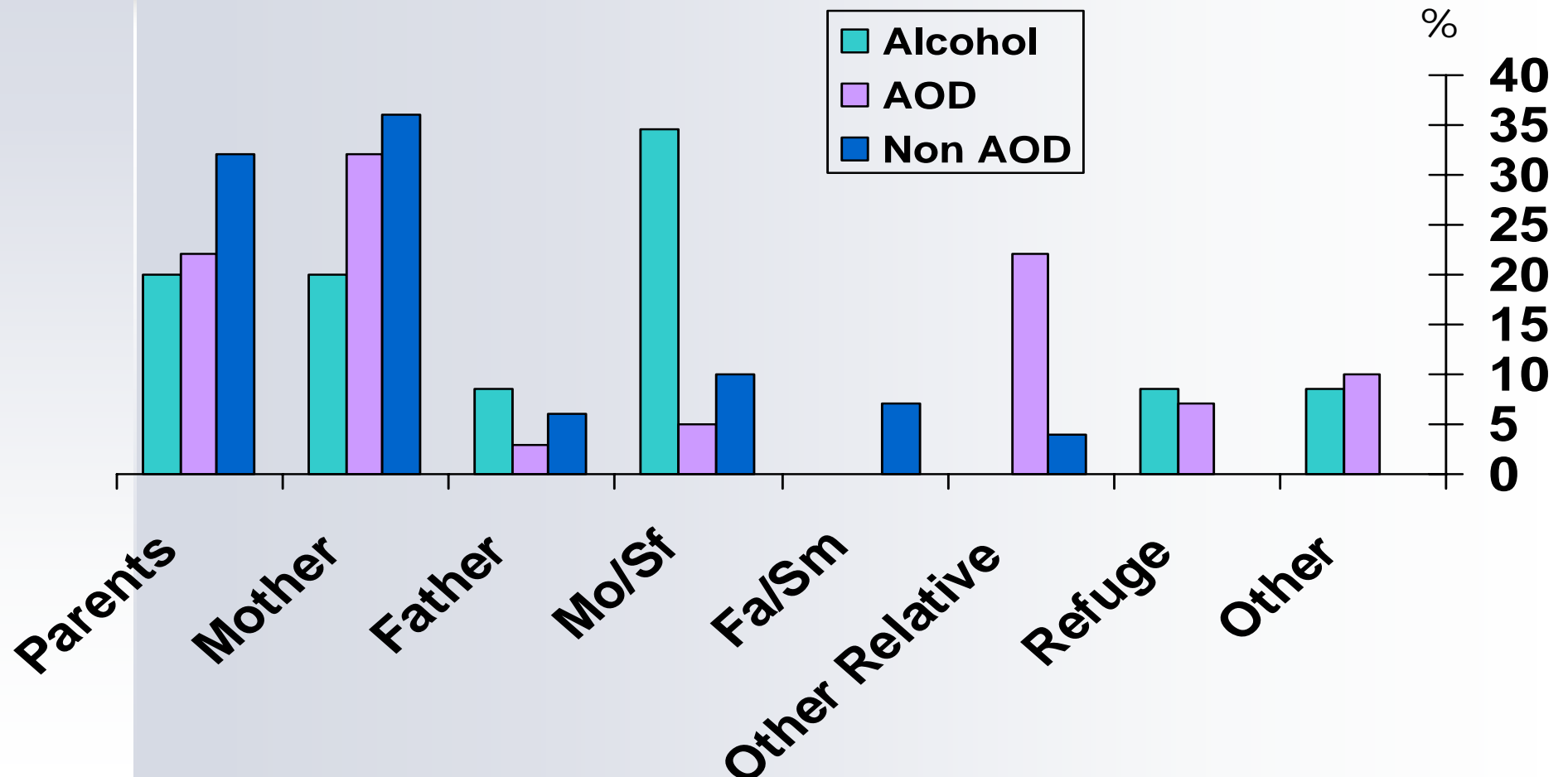
NON ALCOHOL/DRUG RELATED SEXUAL ASSAULTS DURING SAME PERIOD

- Number in the same period = 278
- Median age boys 12
- Median age girls 12
- vs alcohol related median = 13
- vs AOD related median 14.7
- perpetrator more likely to be relative or family friend (70%)
- 8% (27) = boys ((c/f no boys in alcohol related group; (but 3 in AOD group were excluded))
- Failure to follow-up 12% (c/f 45%)

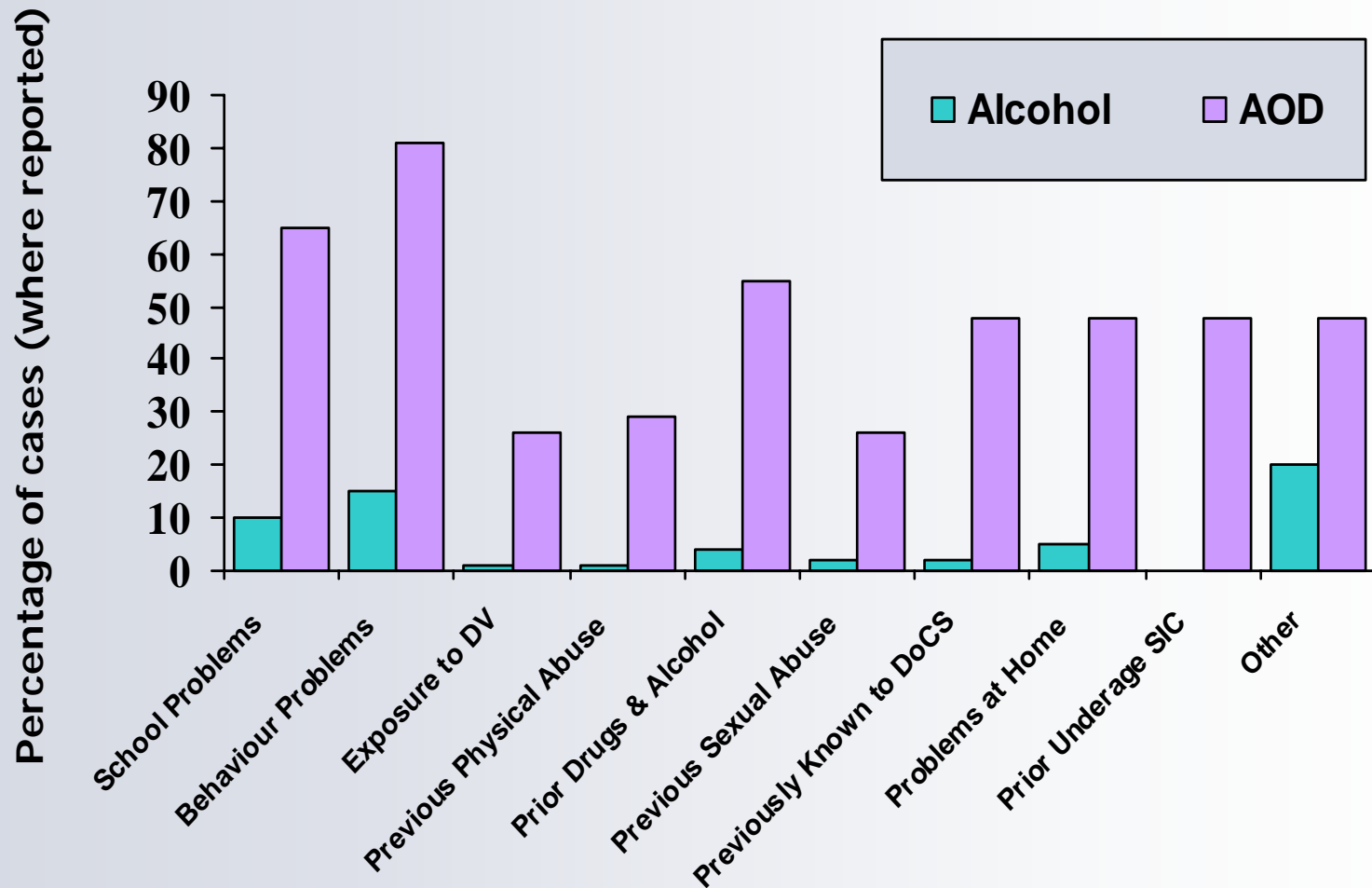
Psychosocial risks



Living Situations



PRE-EXISTING RISK FACTORS



Problems noted in data collection/documentation

- No HEADDs* assessment
- Drug & Alcohol History taking rare
- Overall risk assessment poor
(compared with that pertaining to the sexual assault)

*Goldenring & Cohen Getting into Adolescent's Heads
Contemp. Paediatrics 1988 July 75-80)

MEDICAL ISSUES



PERPETRATOR IN RISK GROUP?

- **Generally the girls did not know - however 3 were alleged to have been in jail at some stage.**

USE OF CONDOMS

Alcohol only Group

- 2 cases only
- 39 cases unknown (not sure, not remembered, not asked)

Drug +/- Alcohol Group

- 1 case only reported
- 13 sure no condom
- 15 not sure/not asked
- 2 not relevant (oral)

ADVERSE MEDICAL OUTCOMES ALCOHOL GROUP

- **Abnormal physical findings 6 cases**
- **Infections acquired post assault
- 1 x genital warts/ 2 x chlamydia**
- **Genital injuries - 3 cases**
- **Declined medical examination - 18 cases**
- **Normal examination 17 cases**

ADVERSE MEDICAL OUTCOMES AOD GROUP

Examination

■ Forensic	19
Declined	7

Injuries

■ Blunt trauma/ bruises/minor lacerations	26
■ Genital Injuries	
Hymen Tx	16
■ Anal findings	3

Infections:

Candida	7
HPV (warts)	2
Chlamydia	1
Gardnerella	1
BHSB	4
Staph	1
Hep B pos	1
Hep C pos (IVDU)	1

Other

Pregnancy	1
Sperm on swab	2

MEDICAL FOLLOW UP

- 16 DNFU in alcohol group (45%)
- 12 DNFU AOD group (38%)
- Planned to follow - up elsewhere
eg LMO (no further contact) 7

WEAKNESSES

- **Retrospective/Descriptive:** relying on documentation of variable quality
- **Associations:** no direct causal link
- **Assessment of actual level of intoxication:** inadequate (history reliant) rarely are BAL's taken, toxicology screens lost to forensic lab unless dual samples taken

Weaknesses (cont)

- **Difficult to interpret amnesia**
 - Due to substance? (but no results)
 - Due to fear of consequences of disclosure?
 - Due to psychological mechanisms (e.g. denial)

SUMMARY

- 22% of alleged cases of sexual assault in girls 11-15 from 1998-2003 reported to involve alcohol and/or other drugs (cf AAP 40% but younger gp)
- Young (Median age alcohol group 13 years, median age AOD group 14.7 years)
- Perpetrators all Male
- Voluntary consumption/binge drinking usually on weekends at night
- Amnesia reported in 34% alcohol group & 64% of AOD group

SUMMARY CONTINUED

- Drink “spiking” was suspected infrequently
- Mostly assaulted by strangers or people they had “just met” suggests immature risk assessment by young person
- Away from parental supervision
- Single parent families over represented – artefact/actual/significance?*

* (Ellis, B Effect of step-fathers, absent biological father effect *Child Devt* 2003 June)

Summary Continued

- "Unsafe sex"
- Significant medical consequences
- A&OD gp older & assaults appear to involve more violence and more adverse medical outcomes
- Toxicology data deficient
- Medical Follow up inadequate
- Pre-existing risk factors poorly assessed

Changes to practice

Healthy Solutions for Children

- Are we getting the balance right?
- Making the right choices

Changes to Practice

1. **The balance – needs to change:**

- Need to change risk assessment practices (implementing HEADDS & D&A history taking proformas)
- More emphasis on broader “at risk” issues
- Failure to follow up suggests crisis appointment may be only opportunity
- Toxicology collection system needs to be improved (dual samples or better feedback from forensic lab)

Changes to Practice

2. Making Healthy Choices

- Adolescent Approach for an “adolescent” problem
- Education regarding awareness of D&AASA and binge drinking targeting (doctors, parents, schools, young people)
- Education around other drug & alcohol issues – not all binge drinking is skylarking- can indicate pre-existing problems (in individual & family) and needs to be part of risk assessment
- Addressing the issue amongst target age group
 - ?Running Groups for Adolescent Girls (protective behaviours)
 - ? Groups for parents

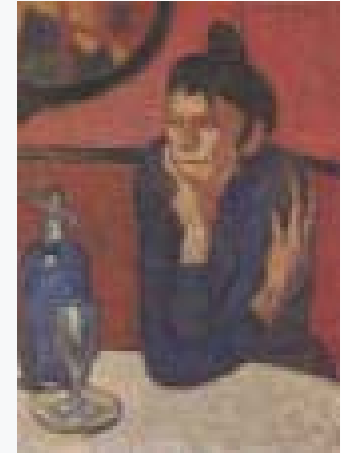
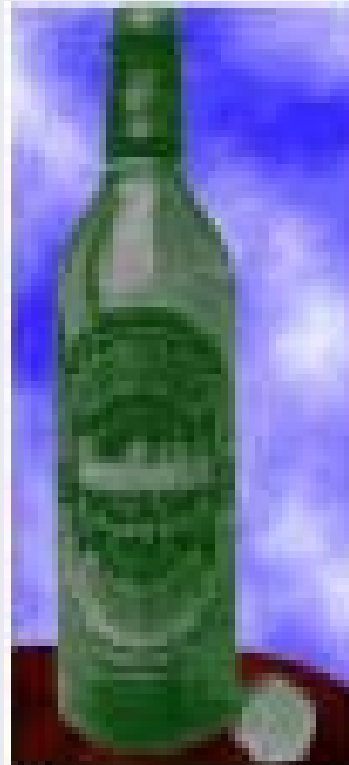


Illustration of a Well



Blood Alcohol Levels in young people presenting to A&E SCH 1999-2002

(10mmol/L = (.05 breathalyser))

