



NTCSA
Supporting Our Circle

Drug and Alcohol Facilitated Sexual Assault: Tribal Context

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Women's Sexual Assault Coalition

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Defining the Issue

Sexual violence continues to be a pervasive issue. It has been estimated that 56% or 1 in 2 Native women experience sexual violence during their lifetimes (Rosay, 2016). This critical piece of information highlights the disproportionately high rates of sexual assault that impacts Native communities. Substance use is often intertwined with these experiences, whether it's the perpetrator and/or the victim-survivor who is under the influence of alcohol or drugs. In some scenarios, substances may be used to cope with past trauma, increasing a victim-survivors vulnerability or risk for future victimization.¹

Alcohol-facilitated sexual assault (AFSA) or drug-facilitated sexual assault (DFSA) refers to sexual assault that occurs when a victim-survivor's cognitive or physical abilities are impaired due to intoxication from drugs or alcohol. The use of alcohol or drugs deliberately impedes a victim-survivor's capacity to make informed decisions and provide consent. Substantial research has been done to show that substances affect judgement, making it difficult for a victim-survivor to practice situational awareness. While in an impaired state, the victim-survivor is unable to accurately perceive risk or recognize danger signs, communicate (verbally or nonverbally) an unwillingness to engage in sexual activity, or resist unwanted sexual advances.²

Findings from the 2015 National Intimate Partner and Sexual Violence Survey (NISVS) indicated that 11% of women have experienced alcohol or drug facilitated forced penetration at some point in their lives.³ Although

[1] Tagliareni, S, (2025, Feb 28). Domestic Abuse, Sexual Violence and Substance Use. Orlando Recovery. <https://www.orlandorecovery.com/resources/domestic-violence-and-addiction/>

[2] National Sexual Violence Resource Center. (2018). Sexual Assault Response Team (SART) Toolkit. <https://www.nsvrc.org/sarts/toolkit>.

[3] Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M., & Chen, J. (2018). National Intimate Partner and Sexual Violence Survey: 2015 data brief – updated release. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

research varies, it has been estimated that perpetrators use substances in up to 65% of sexual assault incidents. Substances can make it easier for a perpetrator to commit sexual assault because they lower inhibitions, reduce the victim-survivors ability to resist, and can prevent victim-survivors from remembering details of the assault. In addition, offenders may seek out victims who are already consuming substances because they view them as easy targets.⁴

More importantly, substance use does not cause sexual violence, perpetrators do. Alcohol-involved sexual assaults often reflect patterns of male entitlement, impulsivity, and rape myth acceptance. Native survivors are frequently dismissed or blamed, especially when they are under the influence, which diverts attention away from the assault, enabling perpetrators to avoid taking accountability for their actions.

What is Consent?

Drug-facilitated sexual assault can happen to anyone, by anyone, anywhere. The perpetrator could be an intimate partner, an unknown stranger, or an acquaintance. Drug-facilitated sexual assault (DFSA) serves as a means to impair a victim-survivors ability to consent to sexual activity. So what is consent? Consent is about communication and respect. Consent is agreement or permission expressed through affirmative, voluntary words or actions, that are mutually understandable to all parties involved.

Consent...

- Cannot be coerced or compelled by force, threat, deception or intimidation.
- Cannot be given by someone who is incapacitated.

[4] Brecklin, L.R., & Ullman, S.E. (2010). The Roles of Victim and Offender Substance Use in Sexual Assault Outcomes. *Journal of Interpersonal Violence*, 25(8), 1-14.

- Cannot be assumed based on silence, the absence of “no” or “stop,” the existence of a prior or current relationship, or prior sexual activity.
- Is specific to the activity - - consent to one type of sexual activity does not imply consent to another.
- Can be withdrawn at any time.

Consent and Incapacitation

Consent does not exist when the individual initiating sexual activity knew or should have known about the other person’s incapacitation. If the perpetrator has also consumed alcohol or other substances, they are still accountable for their behaviors. The individual who initiates the sexual act is the one who is responsible for obtaining consent. When a person is incapacitated, they are incapable of providing consent. This is largely due to the fact that incapacitation alters their ability to understand the facts, nature, extent, or implications of their situation.⁵

Signs of Incapacitation can include:

- A person stumbling or falling down
- A person not being able to stand or walk unassisted
- A person’s speech being slurred or an inability to communicate clearly
- A person becomes confused or disoriented
- A person has urinated, defecated, or vomited on themselves
- A person is sleeping or unconscious

[5] Indiana University. (2025). Stop Sexual Assault. <https://stopsexualviolence.iu.edu/policies-terms/consent.html>)

Drug and Alcohol Facilitated Sexual Assault Perpetrator Subtypes

A recent article about Drug Facilitated Sexual Assault established the need to better understand and categorize Drug Facilitated Sexual Assault cases. Rasmussen et al. (2025), identified two subtypes of drug facilitated sexual assault: Predatory and Opportunistic. A predatory DFSA situation involves a victim-survivor being forcibly or covertly administered drugs or alcohol by the perpetrator. In an opportunistic DFSA scenario, the victim has already voluntarily consumed alcohol or drugs and the perpetrator intentionally exploits this knowledge to take advantage of the victim-survivors impairment.⁶

This context is crucial because the substance use and addiction rates in Native communities are staggering. Nearly 25.3 million American Indian/Alaska Natives reported a past year substance use disorder.⁷

[6] Rasmussen, M., Busch, J.R., Henningsen, M.J., & Banner, J. (2025). Risk factors associated with drug-facilitated sexual assault (DFSA) compared with non-DFSA – a systematic review. *Forensic Science, Medicine and Pathology*.

[7] SAMHSA. (2024). 2023 National Survey on Drug Use and Health: Among the American Indian or Alaska Native (AI/AN) Population Aged 12 or Older [PowerPoint Slides]. <https://www.samhsa.gov/data/sites/default/files/reports/rpt53159/2023-nsduh-pop-slides-aian.pdf>

Drug Facilitated Sexual Assault: Tribal Specific Case Scenarios

PLAY FIRST: Alcohol-Facilitated Sexual Assault in Indian Country: Case Study - Navajo Nation

Over 50% of rapes occur during “dates.”⁸ Date rape could be considered an example of predatory DFSA, because it involves the intentional administration of alcohol or drugs in a setting where the perpetrator and victim are known to each other. Although most people are familiar with the term “date rape drugs”, in reality, alcohol is the most common substance used to perpetrate DFSA (as cited in Brecklin & Ullman, 2010).

Let’s take a look at three different case scenarios to better understand Drug and Alcohol Facilitated Sexual Assault.

Case Scenario 1: Two 17-year-old high school students, who have been dating for six months, are alone at the boy's house for the night. They raid their parents' liquor cabinet and start to consume alcoholic drinks. They begin kissing, and the boy asks for permission to go further, but the girl becomes uncomfortable and asks him to stop, stating she is not ready and withdraws her consent. He ignores her request, and instead offers her another drink. After she becomes incapacitated, he sexually assaults her.

Case Scenario 2: A woman is out with friends at a bar when she encounters a former high school acquaintance who works as the bartender. He buys her and her friends a few rounds of drinks, and at some point during the evening slips some kind of substance into her

[8] Nelson, E.M. (2024). Date Rape. EBSCO. <https://www.ebsco.com/research-starters/social-sciences-and-humanities/date-rape>.

drink. While she's under the influence of these substances, she attributes his attentiveness to affection for her. She becomes lightheaded and dizzy, and unknowingly accepts a ride home in his truck. He pulls over on a secluded road and sexually assaults her before bringing her home. When she wakes up the next morning, she cannot recall all of the events from the night before, but she notices signs of assault (bruises, swelling, vaginal soreness, torn clothes, etc.).

Case Scenario 3: In our final case example, both individuals are voluntarily consuming substances. A woman went to a bar with friends, seeking a fun night out. She encountered an old boyfriend, and they began drinking and enjoying themselves. He invited her to a party at his house, where the drinking continued and she became intoxicated. Once there, they went to the living room to talk, but he then forced her to lie down. Too intoxicated to resist, she was sexually assaulted. Afterwards, she dressed and fled the party, returning home. The next day, he called, reminiscing about the "wonderful" night. She was left questioning what had happened, a feeling of unease in her stomach, unsure if she had consented.

How We Respond

Drug and Alcohol Facilitated Sexual Assault is a unique type of sexual assault with unique challenges like guilt and stigma related to the ingestion of alcohol and/or drugs. To address the complexities of this issue, interventions should prioritize responses that are focused on the survivors healing and well-being, not merely sobriety. Advocates and Providers should operate from a trauma informed lens, centering the assault, not the condition of the survivor. Sexual assault cases where alcohol or substances are present should not be viewed as misunderstandings involving mutual intoxication. Furthermore, an

increase in community awareness and education can dispel myths surrounding DFSA while helping to support and empower victim-survivors to report this crime and seek out services.

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