

Briefing for NHS staff: Organised Drug-Facilitated Sexual Assault

Background

National media have recently reported on what the police are referring to as Organised Drug-Facilitated Sexual Assault (ODFSA). This hidden but serious form of abuse is a growing issue, where victims are subjected to non-consensual sexual acts while incapacitated or unconscious due to alcohol and/or drugs. This includes instances of sustained domestic abuse within intimate partner relationships, sometimes involving multiple perpetrators, and in some cases reinforced or enabled through online communities. While this may appear novel, it sits within a broader and well-established context of sexual offending, controlling and coercive behaviour and domestic abuse, often perpetrated by individuals known to the victim.

Why is this relevant to the NHS?

NHS staff may see an increase in disclosures and presentations due to rising public awareness and ongoing investigations.

ODFSA has significant public health implications, particularly in relation to the administration of substances, repeated exposure to harm and long-term physical and psychological impacts.

Early recognition and trauma-informed support can improve outcomes for victims and help disrupt ongoing abuse.

How can NHS staff support patients?

Given the nature of this issue and associated health implications, we are asking NHS staff to:

- work within your organisations and networks to raise awareness of this issue and prepare for potential increased demand

- familiarise yourself, if not already, with sexual assault referral centres (SARCs), referral pathways and SARC campaign material to support awareness raising of these services (*see 'Useful resources' section below for more information*)
- ensure the appropriate safeguarding, clinical and forensic considerations, underpinned by a trauma informed approach, are followed when supporting individuals who may have experienced ODFSA.

Recognising possible signs of ODFSA

While some victims may have no idea they have been harmed, others may have a sense of something not feeling right in their relationship or they may be in a controlling and coercive relationship and recognise patterns.

Each case will be different, but there are some features that victims have been explaining, which include:

- experiencing unexplained memory gaps or confusion
- raising concerns about repeated illness, sedation or feeling 'unwell'
- questioning events that occurred in private or domestic settings
- unexplained injuries and health issues, including UTIs and STIs
- being accompanied to health appointments by their partner who dominates and steers the conversation with the health professional.

Responding appropriately

The NHS plays a vital role in early recognition, support and safeguarding for those affected. This includes:

- listening without judgment; patients may be unsure or lack clear memories
- responding with care, dignity, and trauma-informed approaches, using the appropriate safeguarding, clinical and forensic processes
- sharing, where appropriate, information about SARCs and how patients can access these services. SARCs are available across England for anyone who has been raped or sexually assaulted at any time in their life. Individuals can contact them 24/7 to book an appointment and it is their choice whether to involve or report to the police (*see 'Useful resources' section below for more information*).

Useful resources

- Information on [SARCs](#) and [finding a local SARC](#)
- [Animation](#) explaining what happens in a SARC
- [SARC campaign materials](#)
- [Health Education England: Identifying and Responding to Sexual Assault and Abuse Programme e-learning course](#)
- [NHS England » Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework](#)
- [NHS England » Supporting colleagues affected by sexual misconduct](#)

FAQs

What is Organised Drug-Facilitated Sexual Assault (ODFSA)?

Organised Drug-Facilitated Sexual Assault (ODFSA) refers to a form of serious sexual offending and domestic abuse in which victims are subjected to sexual acts while they are incapacitated or unconscious, due to the effects of alcohol and/or drugs, and are therefore unable to consent.

The 'organised' element means that this behaviour involves two or more individuals who are connected to one another, either directly or through online environments, and who are involved in or facilitate the abuse.

That facilitation can include:

- administering substances
- enabling access to victims
- coordinating offending
- encouraging or directing abuse
- recording or sharing material.

In most cases, this offending takes place in intimate partnerships or domestic settings, including within relationships. In some cases, this intimate partner offending is linked to online networks or communities, where individuals share material, exchange advice and, in some cases, coordinate abuse in real-world settings.

This is not a single type of incident — it can include sustained and repeated offending over time, and in some cases multiple perpetrators. This repeat offending could include other types of controlling and coercive behaviour or other sexual or domestic abuse.

Is this simply ‘spiking’?

No. While the use of substances can overlap with what is commonly described as spiking, this is a distinct and more complex pattern of offending.

In many ODFSA cases:

- the victim is known to the offender, often within an intimate partner relationship or social context
- the offending then escalates to involve additional perpetrators, including those unknown to the victim
- substances may be administered repeatedly over time – alcohol and sedative substances
- offending may involve planning, coordination or facilitation by others
- there may be an online element, including discussion, encouragement or sharing of material.

Therefore, while spiking may form part of the behaviour, ODFSA also involves exploitation of trust, control and access, and in some cases multiple connected individuals.

Why might victims not know this has happened to them?

A defining feature of this type of offending is that victims may be incapacitated or unconscious at the time, and therefore unable to understand what is happening or recall it afterwards.

Alcohol and a range of substances — including sedatives — can:

- cause memory loss or gaps
- affect awareness and perception
- impair a person’s ability to recognise harm.

In some cases, victims:

- remember nothing at all
- feel confused or unsure about what happened
- only become aware through police contact, third-party information or digital evidence.

Where offending occurs within an intimate partner relationship or familiar setting, this can make it even harder to recognise or question at the time.

A range of substances can be involved, including:

- alcohol
- prescription medications
- illicit drugs, including sedatives.

These substances may be used individually or in combination to:

- impair awareness
- prevent memory of the incident.