



Provision of advice and help to those who have been raped or sexually assaulted abroad

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The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

Introduction

This guidance is for any clinician, including those working in sexual offences medicine (SOM), who may need to provide advice to individuals who have experienced a rape or sexual assault whilst abroad, i.e. the alleged incident occurred outside the UK.

According to the Foreign and Commonwealth Office (FCO), in the year 2015/16, a total of 291 British nationals reported rape and/or sexual assault, whilst abroad i.e. about six requests for help per week¹ As with many statistics of formal reports of rape and sexual assault, it might be assumed that these figures are likely to reflect a minority of incidents. The legal definitions will depend on the jurisdiction, so the total number of requests (291) is the important figure. This reflects an increase of 4% on the previous year.¹

Complainants seeking advice

Complainants (complainers in Scotland) may seek advice in numerous settings and ways, directly or indirectly, through a 3rd party. The FCO has published [Get help if you're a victim of crime abroad](#) guidance for British citizens should they become victims of crime whilst abroad. Furthermore, there is specific guidance if the crime is a rape or sexual assault here: [Rape and sexual assault abroad: returning to the UK](#). The guidance does not specifically mention such crimes occurring on board a ship whilst at sea, but this too may be a crime abroad. This guidance was updated following a report by the parliamentary ombudsman in 2013.²

The advice includes support in seeking medical care, and also reporting the crime to the authorities in the country concerned, noting, in some instances, this must be before the individual returns to the UK. Clearly, this will not always occur for a number of reasons, including language issues, a mistrust of those in authority, (who may sometimes be the alleged perpetrator), a breakdown in law enforcement due to civil unrest, a fear of not being believed or fear of reprisals.

Advice sought from clinicians

Advice may be sought directly from a clinician in any setting, or a sexual assault referral centre (SARC). This might be from within the UK, by the complainant, their friends or family, or from the country in which the allegation occurred. A detailed record should be made of the allegation, its timing, the nature of the request and the advice given, as well as addressing issues around first disclosure and confidentiality.

In such situations the advice provided should include, but not be limited to:

- Immediate/acute medical care e.g. management of injury, provision of emergency contraception, post exposure prophylaxis (PEP) against HIV, vaccination (e.g. hepatitis B (HBV), tetanus). This care should be obtained as soon as possible, and the advice should include the time frame(s) within which it must be started. N.B. dates and times, and differences in time zones may need to be taken into account when offering advice. Useful clinical information is available on Page 3. It may be difficult to provide an accurate risk assessment in relation to blood borne virus (BBV) risk, but useful information is available e.g. UNAIDS, National Travel Health Network & Centre.
- Follow up care: when, where and how this can be provided, including psychological support. For more information see:
[NHS Choices page](#)
[BASHH UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault](#)
- Safety; both physical and psychological; specifically addressing any ongoing risk
- Safeguarding issues (child and/or adult)
- Confidentiality and information sharing
- Preservation of potential evidence and forensic medical examination (FME)



Reporting the allegation

As noted above, if the individual is still abroad, advice should include obtaining consular/embassy assistance and reporting the incident to police in the country where the incident occurred. In some jurisdictions it is necessary for the crime to be reported in that country for any investigation to take place. Notwithstanding this, an individual can report the allegation in the UK.

Clearly, not all those who have been trafficked or seeking asylum would wish to support or pursue a prosecution in another country, but referral to a SARC or other appropriate services should be offered, to address all their health care needs.

Forensic medical examination abroad

The FFLM cannot comment upon, or provide advice regarding FMEs conducted abroad, or the guidelines used in other jurisdictions.

Forensic medical examination in the UK

It is not always possible to be sure that evidence collected in one jurisdiction can be used or presented in another. It is important that where there is any uncertainty about whether evidence collected in the UK can be used in the jurisdiction where the alleged crime occurred, the complainant/complainant is advised of this uncertainty as part of the consent process, i.e. before any FME takes place.

The approach to the FME should be based on the history, the time elapsed since the incident and the nature of the allegation based on the law in the UK (i.e. the current sexual offences legislation in England & Wales, Northern Ireland & Scotland), as it is not always possible to know how the allegation would be prosecuted in the country in which it took place, as different jurisdictions are not consistent in how rape and sexual (or indecent) assault are defined. This must be made clear to the complainant/complainant, as part of the consent process, and, ultimately, what if any FME takes place depends upon that individual's consent.

Unfortunately, a complainant/complainant may be uncertain whether an examination conducted abroad was an FME or for therapeutic purposes, or both. If there is any doubt, consideration should be given to offering an FME in the UK.

Similarly, should intimate images be taken (e.g. with a colposcope), the clinician must make clear that the use of such images would not necessarily be managed in

the same way as in the UK. Nevertheless, such images should be made and stored using the current RCPCH/FFLM guidance.³

Should a complainant/complainant seek an FME when she/he returns to the UK, the clinician should do everything possible to facilitate this. Although the complainant may self-refer, any on-going liaison with the authorities in the country in which the incident took place will be by the police, and so it is not possible to guarantee the anonymity of the individual concerned. Clearly, if the crime is reported to police in the UK and it is they who are arranging the FME, they will advise the complainant/complainant about this.

A clinician may try to obtain advice from the relevant country's embassy or consulate in the UK, but this may not be practical or feasible within an appropriate time frame.

There are a number of agreements between the UK and other countries regarding cooperation in investigations, information sharing and the admissibility of evidence. This is termed 'Mutual Legal Assistance' and is the formal way in which countries request and provide assistance to each other, in obtaining evidence located in one country to assist in criminal investigations or proceedings in another.⁴ A clinician should still seek advice about this, and not rely on his/her own interpretation.

Other considerations

a) Sexual offences committed abroad

It is important to note that some crimes committed abroad by UK citizens, can be prosecuted in this country (e.g. under s72 of the Sexual Offences Act, 2003, or s76 of the Sexual Offences (Northern Ireland) Order, 2008, or s55 of the Sexual Offences (Scotland) Act, 2009) and clinicians may need to seek advice from their employer's safeguarding and/or legal department, or the police about this.

b) Safeguarding

Safeguarding concerns may become apparent in any setting and clinicians must remember their obligations to both children and adults.



Useful resources and organisations

UK government

www.gov.uk/victim-crime-abroad

Missing abroad

www.missingabroad.org

NHS

[Help after rape and sexual assault](#)

[Rape And Sexual Abuse Support Centre, RASASC](#)

Rape Crisis Scotland

[If you have been raped or sexually assaulted abroad](#)

Faculty of Sexual & Reproductive Healthcare (FSRH)

[CEU Guidance, Emergency Contraception 2017](#)

Bristish Association of Sexual health & HIV (BASHH)

Guidelines

[BASHH UK guideline for the use of post-exposure prophylaxis for HIV following sexual exposure \(PEPSE\) 2015](#)

UK Government

[Immunisation-against-infectious-disease-the-green-book](#)

UNAIDS

www.unaids.org/en/regionscountries

National Travel Health Network & Centre

www.nathnac.org

For follow up care: when, where and how this can be provided, including psychological support; see

[Help after rape and sexual assault](#)

[UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault](#)

References

1. The Foreign & Commonwealth Office (FCO).

[Helping British Nationals Abroad](#)

London: FCO; 2016

2. The Parliamentary & Health Ombudsman

[A report by the Parliamentary Ombudsman on an investigation into a complaint about the Foreign and Commonwealth Office](#)

London: The Stationery Office; 2013

3. FFLM, RCPCH and ACPO

[Guidance for best practice for the management of intimate images that may become evidence in court](#)

London: FFLM; 2014

4. The Home Office.

[Mutual Legal Assistance](#)