Faculty of Forensic & Legal Medicine

Provision of advice and help to those who have been raped or sexually assaulted whilst 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 offence medicine (SOM), who may need to provide advice for or to individuals who have experienced a rape or sexual assault whilst abroad, i.e. the alleged incident occurred outside the United Kingdom, (UK). Although some comments on legislation are included, complainants/complainers should seek specialist advice on the jurisdiction and the responsibility for investigation.

The Foreign, Commonwealth and Development Office, (FCDO), (formerly the Foreign and Commonwealth Office), provide consular data on their website, on the requests they receive for advice. For example, in 2020, there were 122 requests for advice, in relation to sexual assault and rape, a decrease of 10% compared with 2019, due to fewer people travelling, as a result of the Covid-19 pandemic. More recently, the FCDO has changed the format of the data, such that reports of sexual assault or rape were not separated from details of all crime, as they had been before. The FCDO now publish monthly reports, and consolidated annual figures, in which 'Victim of Crime' is reported, without the details of the crime, itself. See: *Foreign, Commonwealth & Development Office consular data*.

As with many sources of formal reports of rape and sexual assault, it is expected these numbers are likely to reflect a minority of incidents. The legal definitions of the incident will depend on the jurisdiction, but it is important to note, (see below), some offences committed by British nationals abroad, can be prosecuted in the UK.

Complainants seeking advice

Complainants (complainers in Scotland) may seek advice in numerous settings and ways, directly or indirectly, including through a third party.

The FCDO has published guides, described below, in 'reporting the allegation'. The guidance does not specifically mention such crimes occurring on board a ship whilst at sea, but this too may be deemed a crime abroad. If the ship is in international waters, responsibility for the investigation will be based on the law of the country where the vessel is registered. If it is in territorial waters, the responsibility for the investigation will be based on the law of the country in whose territorial waters the ship was at the time of the offence. It appears the same approach may be adopted if a crime occurs on an aircraft, on the basis of the Convention on offences and certain other acts committed on board aircraft, (Tokyo 1963), *Convention on Offences and Certain Other Acts Committed on Board Aircraft (Tokyo Convention)* and the *Tokyo Convention Act 1967*.

The advice includes support in seeking medical care, and reporting the crime to the authorities in the country concerned, noting, in some instances, this must be done, before the individual returns to the UK. Clearly, this will not always occur for several 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) or the sexual assault referral coordination service (SARCS). This might be from within the UK, by the complainant/complainer, 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 against HIV (HIV-PEP), 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 considered when offering advice. Useful clinical information is available on Page 3. It may be difficult to provide an accurate risk assessment in relation to the risk of blood borne viruses (BBVs), but 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 Resources across the UK

  - England: *Help after rape and sexual assault*
  - Northern Ireland: *The Rowan - Sexual Assault Referral Centre (SARC)*
  - Scotland: *Turn to SARCS*
  - Wales: *Access a SARC - NHS Wales Performance and Improvement*
  - British Association of Sexual Health and HIV: *Sexual Violence 2022*

- 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.

Nevertheless, an individual can report the allegation in the UK.

The FCDO have produced several helpful resources:

- Guidance on consular support
  - *Support for British nationals abroad*
  - *Reporting a crime abroad and getting help*
- Country-specific guidance
  - General guides: covering travel advice to over 220 countries: *Foreign travel advice*
  - Specific guides: *Support after rape or sexual assault abroad: advice by country*
  - Returning to the UK: *Victim of rape and sexual assault abroad*

The FCDO have made specific arrangements with Rape Crisis Glasgow and Clyde to provide advice and information to people who have been sexually assaulted whilst abroad: *Sexual Assault Abroad*. This is available to any UK resident, not only to those living in Scotland.

In 2025, the College of Policing updated its guidance *RASSO actions for offences committed abroad,* which makes reference to the National Police Chiefs' Council, (NPCC) publication: *International Crime Reporting – Operational Guidance*, the aim of which is to support police when a victim of crime, which occurred overseas, decides to report it in the UK. Although sometimes described as 'transfer of crime', this is not a correct description, and 'transmission of crime complaint' or 'transmission of victim complaint' is more accurate. The publication is held by the Joint International Crime Centre and is therefore not publicly available. *Transfer of Crime - Wiki - Joint International Crime Centre (JICC) - Knowledge Hub*; (access to which requires joining the Knowledge Hub group).

The police in the UK are described as 'a competent authority' for taking complaints of and investigating crime. It is UK Government policy that they are also a competent authority for transmitting allegations of crime overseas.

The police also have a duty to provide victim care and preserve evidence, which may include arranging a forensic medical examination, (FME); see below.

Clearly, for some individuals, for example, those who have been trafficked or seeking asylum may not 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, (FME)

Undertaken Abroad

The FFLM cannot comment upon, or provide advice regarding FMEs conducted abroad, or the guidelines used in other jurisdictions. However, complainants/complainers should be encouraged to obtain a summary if they have any sort of examination, assessment, or treatment to assist on-going care once back in the UK.

Undertaken 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 essential, if there is uncertainty about whether evidence collected in the UK can be used in the jurisdiction where the alleged crime occurred, the complainant/complainer is advised of this, 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, that is, the current sexual offences legislation in England & Wales, Northern Ireland & Scotland. This is because 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/complainer, as part of the consent process, and, ultimately, if an FME takes place, will depend upon that individual's consent.

Unfortunately, a complainant/complainer may be uncertain if 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, if intimate images are taken (photo documentation), the clinician must make clear the use of such images would not necessarily be managed in the same way as in the UK, when obtaining consent. Nevertheless, such images should be made and stored following current guidance.[1]

Should a complainant/complainer seek an FME when they return to the UK, the clinician should do everything possible to facilitate this. Initially, this may be with or without the involvement of the local police in the UK. Although the complainant/complainer may self-refer, any on-going liaison with the authorities in the country in which the incident took place will be by the police. Therefore, it is not possible to guarantee the anonymity of the individual concerned. If the crime is reported to police in the UK and they arrange the FME, they will advise the complainant/complainer 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.

The UK Government provides guidance on Mutual Legal Assistance, (MLA) which is a method of co-operation between states for obtaining assistance in the investigation or prosecution of criminal offences.[2] This is not something which a clinician would initiate, but they, the clinic or the SARC might be contacted to provide information or a report.

Other considerations

a) Prosecuting 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,[3] or s76 of the Sexual Offences (Northern Ireland) Order, 2008,[4] or s55 of the Sexual Offences (Scotland) Act, 2009).[5] The Domestic Abuse Act, 2021, s72,[6] included an amendment to s72 of the Sexual Offences Act, 2003, which has extended the ability of Courts in England & Wales to prosecute offences which occurred outside the UK. This applies where the

complainant was aged 18 years, or older, at the time of the offence. This decision to do so is that of the Crown Prosecution Service, (CPS), whilst complying with their obligations and following guidance from the Attorney General. As noted in the Introduction, above, complainants/complainers should seek advice about jurisdiction from the appropriate authority.

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

British Association of Sexual Health & HIV (BASHH) Guidelines

Post-Exposure Prophylaxis

College of Sexual & Reproductive Healthcare (CoSRH, formerly the Faculty, FSRH)

Emergency Contraception

Rape Crisis

Rape Crisis England & Wales

Rape Crisis Northern Ireland

Rape Crisis Scotland

Glasgow and Clyde Rape Crisis | Our Survivors Abroad Service

UK Government, Foreign Commonwealth and Development Office, (FCDO)

Getting help if someone goes missing abroad

UK Health Security Agency, (UKHSA)

Immunisation against infectious disease

Hepatitis B: the green book, chapter 18

INTERNATIONAL INFORMATION

UNAIDS

www.unaids.org/en/regionscountries

World Health Organization

www.who.int/countries

National Travel Health Network and Centre (NaTHNaC)

www.nathnac.net

www.travelhealthpro.org.uk

References

1. FFLM and RCPCH
Guidance for best practice for the management of intimate images which may become evidence in court
September 2023

2. UK Government Guidance on Mutual Legal Assistance
Mutual legal assistance
March 2025

3. UK Government Legislation
Sexual Offences Act 2003

4. Uk Government Legislation
The Sexual Offences (Northern Ireland) Order 2008

5. UK Government Legislation
Sexual Offences (Scotland) Act 2009

6. UK Government Legislation
Domestic Abuse Act 2021

Please ensure you have the latest version of this document by scanning the QR code below to visit our website

Prepared by Dr Bernadette Butler
on behalf of the Faculty of Forensic & Legal Medicine
The FFLM is very grateful for the assistance and advice provided by a specialist police officer and a specialist prosecuting lawyer.

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