



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

Aug 2022 Review date Aug 2025 - check www.fflm.ac.uk for latest update

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 UK.

In 2020, the Foreign, Commonwealth and Development Office (FCDO) aided in 122 cases of rape and/or sexual assault which were reported by British Nationals, whilst abroad. As with many statistics of formal reports of rape and sexual assault, it might be assumed these figures are likely to reflect a minority of incidents. The legal definitions will depend on the jurisdiction, so the total number of requests (122) is the important figure. This reflects a decrease of 10% on the previous year. The other relevant factor to consider in these figures is the effects of the COVID-19 pandemic, in terms of limiting travel abroad.

The FCDO also provide consular data, which can be checked for up-to-date information:

- [Foreign, Commonwealth & Development Office consular data 2020 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Monthly reports [Foreign, Commonwealth & Development Office consular data 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Complainants seeking advice

Complainants (complainers in Scotland) may seek advice in numerous settings and ways, directly or indirectly, through a 3rd 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 a crime abroad.

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 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). 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 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:

[Help after rape and sexual assault - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[BASHH UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault \(2012\)](#)

- 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.

The FCDO have produced several helpful resources:

- Guidance on consular support

[Support for British nationals abroad: a guide - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Get Help if you're a victim of Crime Abroad - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

- Country-specific guidance
- General guides: covering travel advice to over 220 countries: [Foreign travel advice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Specific guides: [Rape and sexual assault abroad - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Returning to the UK: [Victim of rape and sexual assault abroad - GOV.UK \(www.gov.uk\)](http://www.gov.uk)



In 2020, the College of Policing published guidance *RASSO Actions for offences committed abroad* (college.police.uk), 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 International Crime Co-ordination Centre, (ICCC) at the NPCC, and so is not publicly available. *International Crime Coordination Centre* (npcc.police.uk) and *Welcome - Knowledge Hub*.

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

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 essential 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/complainer 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/complainer, as part of the consent process, and, ultimately, what if any FME takes place depends upon that individual's consent.

Unfortunately, a complainant/complainer 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 (photo documentation), 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.¹

Should a complainant/complainer seek an FME when they return to the UK, the clinician should do everything possible to facilitate this, whether 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, and so it is not possible to guarantee the anonymity of the individual concerned. If the crime is reported to police in the UK and it is they who are arranging 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) 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

Support for British nationals abroad: a guide - GOV.UK
(www.gov.uk)

Get Help if you're a victim of Crime Abroad – GOV.UK
(www.gov.uk)

Missing abroad

LBT Global

NHS

Help after rape and sexual assault - NHS (www.nhs.uk)

Rape Crisis South London - Rape & Sexual Abuse Support Centre (rasasc.org.uk)

Rape Crisis Scotland

If you have been raped or sexually assaulted abroad
(rapecrisisscotland.org.uk)

Faculty of Sexual & Reproductive Healthcare (FSRH)

FSRH Clinical Guideline: Emergency Contraception
(March 2017, amended December 2020)

British Association of Sexual health & HIV (BASHH) Guidelines

BASHH UK guideline for the use of post-exposure prophylaxis against HIV (2021)

UK Government

Immunisation against infectious disease - GOV.UK
(www.gov.uk)

INTERNATIONAL INFORMATION

UNAIDS

www.unaids.org/en/regionscountries

World Health Organization

www.who.int/countries

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 - NHS (www.nhs.uk)

UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault

References

1. FFLM and RCPCH

Guidance for best practice for the management of intimate images that may become evidence in court

June 2020

2. UK Government Mutual Legal Assistance

Request for Mutual Legal Assistance in Criminal Matters - Guidelines for Authorities outside of the United Kingdom

March 2022