

Rape, Consent Issues, Rape Trauma & Assault by Penetration



**** Health Warning to students before we start the lesson****

We are going to be discussing some of the most serious sexual offences.

'Sexual offences' is the term used for a variety of crimes, including sexual touching, exposure, sexual comments or any other form of unwanted sexual behaviour. Sexual offences are largely under-reported.

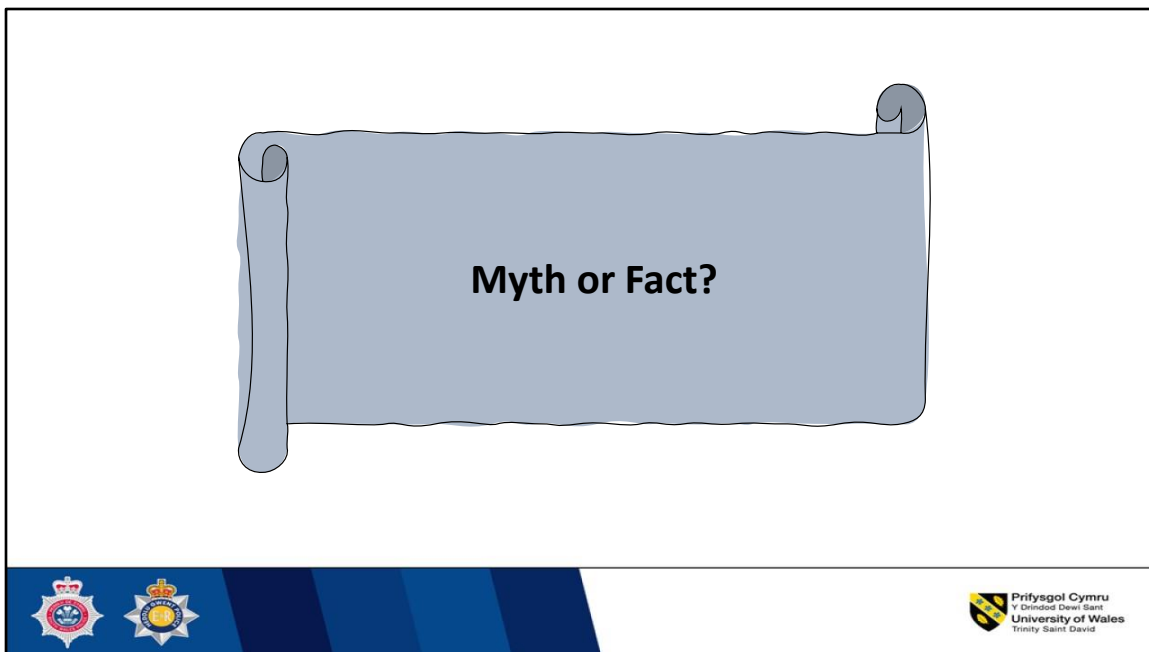
Identifying what constitutes a sexual offence is important in order to help identify and support victims, and to bring perpetrators to justice.

On successful completion of this module, learners will be able to:

1. **Summarise** the myths and facts around the offence of rape.
2. **Identify** the offence of Rape (S1, SOA 2003).
3. **Describe**, 'consent' as defined by S74, 75 and 76 of the SOA 2003.
4. **Identify** the offence of Assault by Penetration including what constitutes, "sexual" (S2, SOA 2003).
5. **Identify** the offence of Sexual Assault (S3, SOA 2003)
6. **Identify** the offence of engaging in Sexual Activity without Consent (S4,

SOA 2003)

7. **State** the offence of, “Administering a substance without consent” (S61 SOA 2003)
8. **Discuss** how a victim of sexual crime may react.
9. **Summarise** Rape Trauma Syndrome.
10. **Identify** initial actions to be taken at the scene of sexual crime including the needs of the victim.
11. **State** how complaints of sexual offences are protected by legislation.



Trainer to separate the class into small groups.

Trainer to show each slide, allow discussion within the group, and answers to be shared with the rest of the class.

Trainer to provide information following each slide.

Myths or facts have been taken from the CPS Website. <https://www.cps.gov.uk/legal-guidance/rape-and-sexual-offences-annex-tackling-rape-myths-and-stereotypes>

What is a Myth?

A "Myth" a commonly held belief, idea or explanation that is not true. Myths arise from people's need to make sense of acts that are senseless, violent or disturbing. They attempt to explain events, like rape and abuse, in ways that fit with our preconceived ideas about the world - they arise from and reinforce our prejudices and stereotypes.

It is an unfortunate fact that myths about rape and sexual violence are brought into the jury room, and form an obstacle to obtaining convictions. It is therefore imperative that we recognise these myths and challenge them at every opportunity.

In recent years, linked to technological advancements (for example online dating, use of social media and sending of sexual imagery and messages), there have been dramatic and rapid changes in sexual behaviours and encounters. Reflecting these changes, RASSO prosecutions are increasing in complexity.

Given technological advances and changes in sexual behaviours, there is an increased risk that myths and stereotypes may arise in rape cases in relation to the complainant, the offender, consent issues and/or the circumstances of the alleged offending.

Myth or Fact?

Rape is always violent, or involves physical force



False

Implications:

Ignores the reality of rape

Disbelieves and invalidates the experience of the victim

Disregards elements of power, control and humiliation in rape

Considerations to address Myth

Rape doesn't always leave visible signs on the body or genitals

The victim may be legitimately afraid of being killed or seriously injured and so co-operate with the rapist to save their lives;

Rapists may use manipulative techniques to intimidate and coerce their victims;

Victims may become physically paralysed with terror or shock and are unable to move or fight. Self-protection/defence can be through disassociation or freezing

Myth or Fact?

Rape most commonly occurs between strangers in dark alleys



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False

Implications:

Assumes that home is always a safe place and that rape cannot happen between parties that know each other implies that home is safe.

Implies that rape can be prevented by avoiding certain places and therefore blames the victim

Considerations to address myth

Most rapes are committed by persons known to the victim

date or acquaintance rape is common

Most victims are raped in their homes by their intimate partners

The offence of rape was extended in 1992 so that a husband could be convicted of raping his wife [**R v R [1992] 1 AC 599**].

A significant proportion of rape occurs within an intimate relationship against a background of domestic abuse involving power and control. Under the law everyone irrespective of their relationship status has a right to choose. A person who has freely

chosen to have sexual activity with another person in the past does not, as a result, give general consent to sexual intercourse with that person on any other occasion

Myth or Fact?

Prostitutes/ sex workers cannot get raped



False

Implications:

Provides an excuse for sexual abuse

Disempowers prostitutes/sex workers

Assumes that prostitutes/sex workers consent to any and all sex under any circumstances with anyone

Considerations to address Myth

Rape can have a lasting and devastating impact on any victim

Prostitutes/sex workers have the same right under law as anyone else, the transactions they negotiate with clients are for consensual activities not rape.

Perpetrators often deliberately target individuals on the basis that they are less likely to be believed which can include prostitutes/sex workers

Myth or Fact?

Rape is only a crime of passion



False

Implications:

Romanticises rape and implies that rape is the same as sex

Assumes that rape is impulsive, unplanned and about uncontrollable 'passion'

Assumes men to be incapable of delaying gratification or controlling sexual urges.

Considerations to address myth

Some rapes are premeditated and planned.

Men are capable of controlling sexual urges and refraining from raping women and other men. An assertion contrary to this is sexist.

Some rapists may reframe events, even to themselves, to claim they were spontaneous and consensual and others may complain the complainant 'knew the rules', 'they were equal' (despite any inequalities) or they 'both got carried away'

Myth or Fact?

Only gay men rape other men/only gay men get raped



False

Implications:

Reinforces homophobic fears and prejudices.
Creates the illusion of the safety for straight men.
Results in under-reporting of rapes on men

Considerations to address Myth

People of all sexual orientations get raped.
Men who rape other men might be heterosexual - they may have a relationship with a woman.
Rapists rape as part of their violence and need for power, dominance and control.

Myth or Fact?

The victim provoked rape and implied consent simply by their dress/flirtatious behaviour



False

Implications:

Stigmatises and blames the victim.

Assumes that if someone draws attention to themselves, they are seeking sex, consenting to sex or 'deserve to be raped'.

Asserts that women cannot dress/behave how they want – that it's for others rather than their own preferences.

Attempts to remove responsibility from the rapist by taking away their agency – that they are so provoked by clothing or behaviour that they cannot help themselves

Considerations to address Myth

Consent cannot be implied from flirtatious behaviour or from the way a person dresses.

Women can be raped regardless of what they are wearing – this is just an excuse
It would not be reasonable to believe that a person would consent to sex simply because of the way they are dressed

Myth or Fact?

If you drink alcohol or use drugs then you have made yourself vulnerable to being raped and you bear the responsibility



False

Implications:

Disregards the law on consent, including capacity to consent and reasonable belief that someone was consenting.

Assumes that being under the influence of alcohol/drugs means that someone is looking for, or willing to have sex.

Assumes that if someone is looking for sex, they therefore consent to anything that happens or are deserving of anything that happens.

Considerations to address Myth

Victims of rape are never responsible, wholly or in part, for their rape or sexual assault, regardless of whether they have drunk alcohol, taken drugs, are asleep or otherwise incapacitated.

Some people drink alcohol and some people take drugs. This does not provide a justification or reason for someone to rape or be raped.

Just because a person is drunk or has taken drugs does not mean that they must be looking for, or willing to have sex.

It would also be wrong to leap to the conclusion that someone else who sees and interacts with that person could reasonably believe that person would consent to sex.

If someone is unable to give consent because they are drunk, drugged or unconscious, it is rape.

Myth or Fact?

You can tell if someone has 'really' been raped by how they act afterwards



False

Implications:

Disbelieves and re-traumatises the victim.

Invalidates the victims experience and individuality.

Assumes all victims behave in the same way/in a pre-determined way, during or following a rape

Discourages the victim from seeking help

Considerations to address Myth

Reactions to rape are highly varied and individual.

Victims in rape situations often become physically paralysed with terror or shock and are unable to move, resist or fight

Many victims experience a form of shock after a rape that leaves them emotionally numb or flat – and apparently calm

Rape doesn't always leave visible signs on the body or genitals.

Myth or Fact?

If the victim didn't complain to the police immediately, it can't have been rape



False

Implications:

- Disbelieves and re-traumatises the victim.
- Discourages him or her from seeking help.
- Assumes all victims behave in a uniform, pre-determined way.
- Ignores known trauma responses

Considerations to address Myth

Most victims of rape do not report the attack to the police. Some may tell a friend, GP or other individual. Many others will not tell anyone perhaps owing to feelings of shame, guilt and fear of the perpetrator and/or fear of being disbelieved.

The time taken to make an allegation is not indicative of the level of upset.

The trauma of rape can cause feelings of shame and guilt which might inhibit a victim from making a complaint. This fact was recognised by the Court of Appeal in *R v D (JA)* October 24 2008, where it was held that judges are entitled to direct juries that due to shame and shock, victims of rape might not complain for some time.

A delayed allegation is not equivalent to a false allegation.

The process of reporting rape can be traumatic, as well as the prosecution process, and can deter victims from reporting the rape.

When under threat, the brain will implement instinctual survival response that the victim will not necessarily have any control over. The response may not appear logical to others, or even the victim, but in the moment that brain would choose on basic instincts: not just fight or flight, but flop, freeze or friend

Myth or Fact?

False allegations are common and women always cry rape when they regret having sex or want to seek revenge



Implications:

- Reinforces stereotypes of the 'vindictive woman'.
- Reinforces stereotypes of women as untruthful.
- Re-victimises and stigmatises the victim
- Undermines her support for seeking justice.

Considerations to address Myth

A decision to stop a case on evidential grounds does not mean that an allegation is false. It means that the case does not meet the evidential standard required to put an allegation before a jury under the Code for Crown Prosecutors.

When a jury returns a not guilty verdict it means that they were not satisfied 'beyond reasonable doubt' that the offence was committed.

Research has shown that false allegations of rape are rare. A [CPS report published in 2013](#) showed that over a 17-month period, there were 5,651 prosecutions for rape and, during the same period, there were 35 prosecutions for making false allegations of rape.

Sexual Offences



Sexual Offences do not discriminate against people with disabilities, colour of skin, men, women or children or religious beliefs



This act of sexual violence to males goes unreported in most cases due to fear of intimidation, low self-esteem and possible breach of confidentiality. Males also suffer both physically, psychologically after the gruesome ordeal. Rape can happen as a result of force either by a bigger assailant or attack by two or more people, threat of use of force either on the victim or also on another person, or the victim's inability to give appropriate consent like in a drunken state after a night of binge drinking

Some Statistics of Male Rape in The UK

So how big is this problem? According to The Guardian.com, between 2009/2010 and 2011/2012 in England and Wales, an estimate of 9000 males were victims of rape. The survey data further shows that in the year 2011, three out of a hundred males aged between 16 and 59 years had been a victim of rape or attempted rape.

Also, in 2011, approximately 12000 men are raped every year in England and Wales. Most perpetrators are usually acquaintances of the victim, romantic partners of the victim and even family in some cases. Most of the victims do not report the incident to the authorities hence the exact incidence and prevalence remain unknown. The

males who are at the most risk are the very young, the elderly and the mentally/physically impaired.

Some more stats.....

Sexual Offences

Section 1 - 4 Sexual Offences Act 2003



Rape is a devastating crime which can have a lasting impact on victims, their families and the wider community. It is committed primarily, although not exclusively, by men against women. It occurs in all communities regardless of background and socio-economic factors.

Rape - Section 1 SOA 2003

A person (A) commits rape if he intentionally penetrates the vagina, anus or mouth of another person (B) with his penis and



'B' does not consent to the penetration and 'A' does not reasonably believe that 'B' consents



Some up to date stats...

England & Wales, year ending March 2020

Estimated Rape – **139,000**

Police recorded rape – **58, 845**

Rape prosecutions – **2102**

Rape convictions – **1,439**

Why don't people report the crimes?

Almost a third of women tell no-one if they are victims of rape, or attempted rape, according to the Crime Survey for England and Wales.
Fewer than one in six report it to the police. This falls to one in 10 women under 25.

Reasons why women say they don't report rape to police England & Wales, year ending March 2020

Embarrassment – **39.6%**

Didn't think they'd help – **38/7%**

Would be humiliating – **33.6%**
Didn't think they'd believe – **25.2%**
Too trivial - **21.2%**
Didn't want to go to court – **20.2%**
Wouldn't be sympathetic – **14.9%**
Feared more violence – **13.6%**
Private matter – **7.4%**
Dislike the police – **1.4%**

QTS – what constitutes the offence of rape?

This offence can only be committed by a male, because it relates to penile penetration.

This section redefines the physical act of rape by including penile penetration of the mouth. The offence also covers surgically reconstructed genitalia, for example as a result of gender reassignment surgery. Likewise a victim can be raped via penetration of their surgically constructed vagina.

For RAPE - Penetration is defined as a continuing act from entry to withdrawal.

Whether a belief is '**reasonable**' is to be determined having regard to all the circumstances, including any steps A has taken to ascertain whether B consents. Think about what steps the perpetrator has taken to ascertain if the victim consents or not.

It is worth noting that a woman who encourages or assists a man to penetrate another person with his penis, not reasonably believing the other person is consenting, may be convicted of aiding and abetting rape.

The issue of consent will be looked at later.

Vagina - includes vulva

Penetration - is a continuing act from entry to withdrawal

Power of arrest without warrant

Indictment: imprisonment for life

Consent – S74 SOA 2003

“...a person consents if he/she agrees by choice, and has the freedom and capacity to make that choice”



Trainer to write 'consent' on the whiteboard. Students to contribute to what they think it means to consent and the factors that may affect that ability to consent.

Presence or absence to consent in relation to a sexual activity is pivotal in determining guilt in relation to sexual offences.

Rules have evolved to assist in determining this tricky issue.

Did the complainant consent? There are two important issues to establish.

Consent – A person consents if they agree by choice, or have the freedom and capacity to make that choice.

Secondly, did the complainant **make the choice freely**.

Where the complainant has both the capacity (**understanding and age**) and the freedom (**not constrained in any way**) the critical question is whether the complainant agrees to the activity by choice.

A child under the age of 13 years lacks the capacity to consent and so the defendant's belief in consent in respect of offences committed with young people under this age is irrelevant. Sexual assault of a child under 13 is a separate offence.

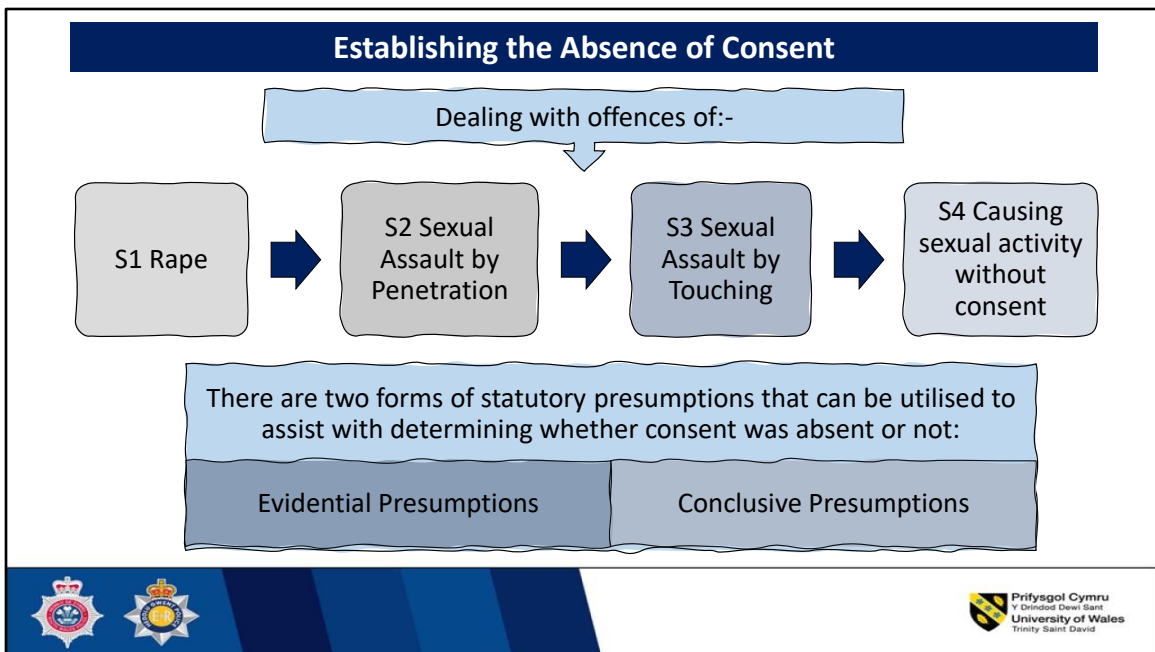
The definition of consent is designed to help courts to decide whether the complainant was able to, and did in fact, give his or her consent on the occasion in question.

Means that the choice is **not made under duress** or through being put in **fear of violence**.

Capacity to agree means the ability to decide either way, and to be able to **communicate the decision**.

If a person is 'unable to refuse' through **mental disorder** or **intoxication** for example, he/she does not have the capacity to make the choice

It is left undefined as to what "freedom" means so it must be a matter of fact in any case whether **pressures or threats** rule out an agreement.



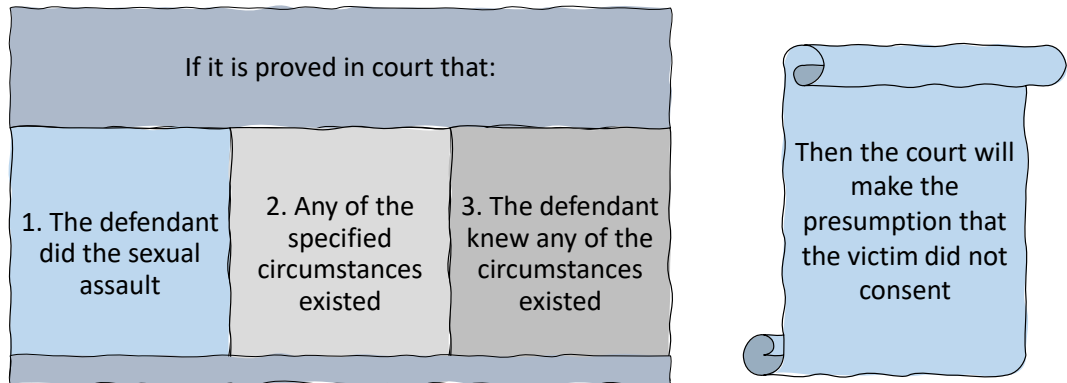
Statutory Presumption – A presumption of a particular fact can be made without the aid of proof in some situations. The burden of proof can shift from one party to the opposing party in court trial.

Two statutory presumptions exist:

Evidential – can be argued by the defence

Conclusive – Conclusive fact

Evidential Presumptions about Consent S75(a) SOA 2003



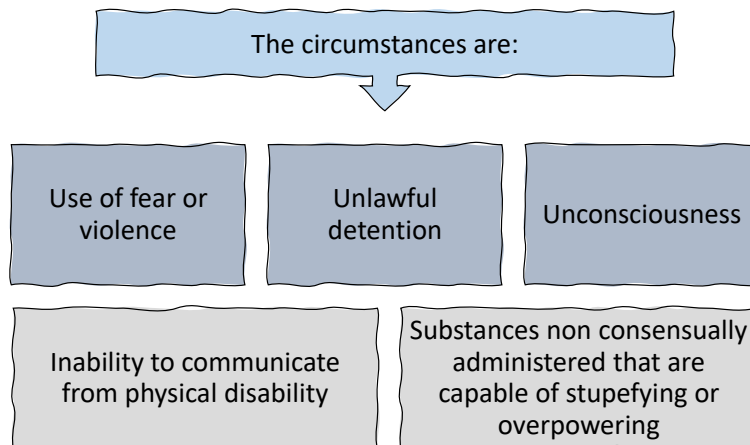
Evidential Presumption

If in proceedings it is proved –

- (1) that the defendant did the relevant act,
- (2) that any of the circumstances specified existed, (see next slide) and
- (3) that the defendant knew that those circumstances existed,

the complainant is to be taken **not to have consented** to the relevant act.

Evidential Presumptions about Consent (circumstances) S75 (b) SOA 2003



Immediately before, or at the time any person was **using violence** or caused them to **fear violence**.

E.g. consenting sado-masochists (sexual activity where a person likes to inflict physical or mental harm on another, pleasure from experiencing pain) may be able to rebut the presumption which otherwise arises.

- Immediately before, or at the time any person was **using violence** or caused him to **fear violence against another person**
- The complainant was unlawfully detained, **asleep** or **unconscious**
- The complainant was unable to communicate because of a **physical disability**
- The person gave something to the complainant causing them to be **stupefied** or **overpowered**

This includes alcohol and any drugs such as Rohypnol and GBH.

However if the victim's consumption is purely voluntary and fully informed the presumption does not apply. In cases of complainants who have become voluntarily



intoxicated through drink or drugs, the question of their consent will fall to be decided under the general provisions of capacity and free choice.

These **can be rebutted by the defence**. In order for the defence to rebut this presumption, the defendant will need first of all to satisfy the judge from evidence that there is a definite issue about consent that he/she wants to put to the jury. If the judge is persuaded that there is an accountable issue, then it is for the defence to produce that evidence from the defendant, witness or the victim under cross examination.

If the judge does not conclude that there is sufficient evidence from the defence, then the jury will be directed to find that the victim did not consent and that the defendant could not have reasonably believed otherwise.

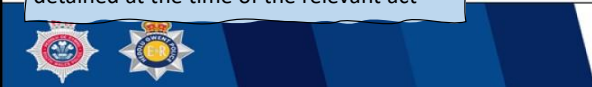
If any of the following situations apply it will be presumed that the victim did not consent to the act.
The burden will shift to the defendant to produce evidence to displace the presumption that consent was not present

Immediately before or at the time of the act anybody was either:

1. Using violence against the complainant or was causing the complainant to fear the use of violence against them
2. Using violence against another person or causing the complainant to fear that violence would be used against another person

Both:

3. The complainant was unlawfully detained & the defendant was not detained at the time of the relevant act
4. At the time of the act the complainant was either:
Asleep or unconscious
5. Due to physical disabilities the complainant was not able to communicate their consent
6. Any person administered or caused to be administered without the complainant's consent a substance that would have stupefied or caused the complainant to be overpowered.



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Consolidation of previous slides

If any of the following situations apply:

It will be **presumed** that the **victim did not consent** to the act.
...and the **burden will shift to the defendant** to produce evidence to **displace the presumption that consent was not present**.

Situation 1

Immediately before or **at the time** of the act **anybody** was **either**:

Using violence against the **complainant** or

Was **causing** the **complainant** to **fear** the use of **violence against them**.

*This relates to any person, therefore a second person within the room could be either:
Using violence against the complainant or causing the complainant to fear the use of violence against them.*

A victim who has been held at knife point.

Situation 2

Immediately before or **at the time** of the act **anybody** was **either**:

Using violence against another person or

Was **causing** the **complainant** to **fear** that **violence** would be used **against another person**.

This relates to Violence either being used or causing the victim of the sexual assault to fear that violence will be used against somebody other than the victim of sexual act. It must be immediately before or at the time.

Eg. Victim's child is being subjected to an assault unless the mother has sex with the defendant.

Situation 3

Both:

The **complainant** was **unlawfully detained** and

The **defendant** was **not detained** at the time of the relevant act.

This will not apply if BOTH the complainant and the defendant are unlawfully detained.

If Victim has been kidnapped and then raped – It would be presumed that she did not consent and the burden will be shifted to the defendant to produce evidence to displace the presumption that consent was not present.

Situation 4

At the time of the act the complainant was either:

Asleep or

Unconscious

If a person consented to intercourse prior to falling asleep and intercourse takes place after they have fallen asleep...consent will be presumed to be absent.

Situation 5

Due to physical disabilities the complainant was not able to communicate their consent

Consent does not have to be oral. Written notes; physical gestures, sign language etc. will all suffice.

Eg. A resident in sheltered home who has difficulties in communicating due to a stroke. They may not be able to communicate their consent to the defendant.

Situation 6

Any person administered or caused to be administered without the complainant's consent a substance that would have stupefied or caused the complaint to be overpowered.

*Administration of alcohol or drugs relates to **any person**, it need not be the person who penetrates the victim.*

The administration of the substance must be without the victim's consent.

So what about the victim who drinks copious amounts of alcohol– are they stupefied?
YES

But have they consented? YES – they have consumed the alcohol on their own volition

Therefore this situation is one where the evidential presumption would not be made out.

However – what Important Investigative Questions do we need to be asking the victim?

What was being drunk? Did anyone buy you drinks? Did they consent to double vodkas being added to their pint? Etc.

Conclusive Presumptions about Consent S76 SOA 2003

S76 (1) If it is proved that:

The defendant did the relevant act & that any of the specified circumstances existed, it is to be conclusively presumed



(a) That the complainant did not consent to the relevant act &



(b) The defendant did not believe that the complainant consented to the relevant act



Conclusive Presumption

Section 76 of the Sexual Offences Act 2003 creates 'conclusive presumptions' (which means they **cannot be rebutted by the defendant**) about lack of consent and the absence of belief in consent in situations where the defendant deceived the complainant into sexual activity

Conclusive Presumptions about Consent (circumstances) S76 SOA 2003

S76 (2) the circumstances are that:-	
(a) The defendant intentionally deceived the complainant as to the nature or purpose of the relevant act	(b) The defendant intentionally induced the complainant to consent to the relevant act by impersonating a person known personally to the complainant



Complainant did not consent where it can be proved that the defendant did the act and the defendant intentionally:

- **Deceived** the complainant as to the nature of the act

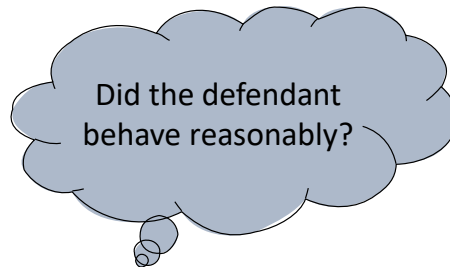
Example: the defendant intentionally tells the complainant that digital penetration of her vagina is necessary for medical reasons when in fact it is for his sexual gratification

Karl Lang, 49yrs, of Newport was convicted of 12 counts of causing women to engage in sexual activity without consent over a period of 4yrs from Nov 2005 – Sept 2009. A fraud psychic, he duped young women into stripping naked and performing sex acts in front of him claiming it would improve their chances of contacting dead relatives. He was found guilty in Newport Crown Court June 2010 & sentenced to 2 yrs.

- Or **impersonated** someone known to the complainant (*But it must be of an individual known to the victim, not a film star etc*)

Example: a man could impersonate his twin brother in order to engage in sexual activity with a woman whom he knows would be willing to engage in sexual activity with his brother.

Sexual Offences



Pose Question to students:

What do you think reasonable belief means?

Definition of 'Reasonable Belief'

In order to convict someone for the offence of rape or assault by penetration (see below) it must be proved that the defendant did not reasonably believe that the other person consented. In other words, did the defendant behave reasonably? This is a subjective test, but a test to which one applies the question of whether something is reasonable.

Whether the defendant's belief in consent is reasonable is to be determined having regard to all the circumstances at the time the alleged offence took place, including any steps the defendant took to ascertain whether the other person consented to penile penetration.

It will be for the jury to decide whether any of the particular attributes of the defendant, such as extreme youth or disability, are relevant to their decisions.

It is not the intention that all personal characteristics of the defendant should be taken

into account. If they were, it might absolve the defendant from guilt, for example, the fact that he had a quick temper or that the sight of a girl in a miniskirt will always turn him on and make him unable to resist her. Here you have a vital role to play in the investigation. Establishing what steps the defendant took to establish whether or not consent had been granted will be essential.

Imposing a duty on a man to behave reasonably, and to check his and the other party's state of mind even though he believed consent had been given, ought to focus the court's attention much more.

Consent



CONSENT
IT'S SIMPLE AS TEA

<https://www.youtube.com/watch?v=pZwrxVavnQ>



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<https://www.youtube.com/watch?v=pZwrxVavnQ>

A simple video to explain consent written by Thames Valley Police 2mins 49secs

Domestic Abuse Act 2021

In addition - Section 71 – This Section restates in statute law that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death. It is not a defence that another person consented to the infliction of the serious harm for the purposes of obtaining sexual gratification.

Assault by Penetration – S2 SOA 2003

A person (A) commits an offence if he or she intentionally penetrates the vagina or anus of another person (B) with a part of his body or anything else & the penetration is sexual,



'B' does not consent to the penetration &



'A' does not reasonably believe that 'B' consents



QTS – what constitutes the offence of assault by penetration?

Section 2 of the Sexual Offences Act 2003 covers the situation where a person intentionally (and not just recklessly) penetrates the vagina or anus of another person

This offence can be committed by a male or female against a male or female. A victim can be raped via penetration of their surgically constructed vagina.

The offence is committed where the penetration is by part of the body (for example, a finger) or anything else, (for example, a bottle or vibrator); where the penetration is sexual, so that it excludes, for example, intimate searches and medical procedures; where the other person does not consent to the penetration; and where the offender does not reasonably believe that the other person consents.

It is not necessary for the victim to know, or explain what they were penetrated with. This means that the offence can be used in cases where, for example the victim is a child, or a person with a learning disability or a person was blindfolded at the time of the alleged incident, and there is insufficient evidence to justify a rape charge.

Intentionally – Mens Rea (motivated solely to provide sexual pleasure and not injury)

Penetration - is a continuing act from entry to withdrawal.

Part of the body - References to a part of the body include references to a part surgically constructed (in particular, through gender reassignment surgery).

Vagina - includes vulva .

Sexual is covered on next slide

Reasonable belief, and consent are the same as Section 1 Rape.

Statutory presumptions apply, Evidential and conclusive

Arrest without warrant

Indictment: imprisonment for life

Definition of 'sexual'

Penetration, touching or any other activity is sexual if a reasonable person would consider that:

(a) Whatever its circumstances or any person's purpose in relation to it, it is because of its nature sexual, or

(b) Because of its nature it may be sexual depending on the circumstances or the intention of any person in relation to it (or both) it is sexual




There are two alternative limbs to the definition of "sexual".

Paragraph (a) covers activity that the reasonable person would always consider to be sexual because of its nature, such as sexual intercourse, oral sex, masturbation.

Paragraph (b) covers activity that the reasonable person would consider, because of its nature, may or may not be sexual depending on the circumstances or the intentions of the person carrying it out, or both: for example, digital penetration of the vagina may be sexual or may be carried out for a medical reason.

The reasonable person (Court) would need to consider the nature of the activity (it may or may not be sexual), the circumstances in which it is carried out (e.g. a doctor's surgery) and the purpose of any of the participants (if the doctor's purpose is medical, the activity will not be sexual; if the doctor's purpose is sexual, the activity also is likely to be sexual).

If, from looking at the nature of the activity, it would not appear to the reasonable person that the activity might be sexual, the activity does not meet the test in either paragraph (a) or (b), even if a particular individual may obtain sexual gratification from carrying out the activity. The effect of this is that obscure fetishes which do not seem

sexually relevant to a reasonable person (e.g removing a woman's shoe) do not fall within the definition of sexual activity.

Sexual Assault – S3 SOA 2003

A person (A) commits an offence if they intentionally touch another person (B),

The touching is sexual,

(B) Does not consent to the touching &

(A) Does not reasonably believe that (B) consents



QTS – what constitutes the offence of sexual assault?

Section 3 of the Sexual Offences Act 2003 makes it an offence for a person intentionally to touch sexually another person without that person's consent, if they do not reasonably believe the other person consents

This offence can be committed by a male or female against a male or female.

Touching

includes touching -

(a) with any part of the body,

(b) with anything else,

(c) through anything,

and in particular includes touching amounting to penetration

This could for example, where a person rubs up against someone's private parts through the person's clothes for sexual gratification.

It can also include the touching of an individual's clothing in circumstances where the purpose had been sexual [R v H 2005].

'Touching' also includes penetration. However, where there is sufficient evidence, forced penile penetration of the vagina, anus or mouth would normally be charged as 'rape' and forced penetration of the vagina or anus with any other part of a person's body or another object would normally be charged as 'assault by penetration'.

Words alone cannot be "touching" (but could be an assault). It is also unlikely that throwing water over a girl's (clothed) bosom or even ejaculating sperm over her is "touching".

Intentionally

Accidental penetration or touching will not constitute an offence.

Without Consent

As we will discuss shortly.

Sexually Touch / Penetrate

Gynaecologist conducting a medical examination involving an act of penetration with a digit would be conducting the procedure for a medical purpose rather than to obtain a sexual thrill from the act.

Whether something is 'sexual' is a question of fact for the jury to decide.

For the offence of sexual touching the body part touched does not have to be either: a sexual organ or an orifice.

R v H 2005 A man asked a woman "DO YOU FANCY A SHAG?" As she walked away he grabbed her by the pocket of her tracksuit bottoms. The court deemed this act of touching to be of a sexual nature.

Reasonable Belief in Consent

In determining of the reasonableness of the defendant's belief in consent to the penetration or sexual touching, the court will have regard to all the circumstances.

The question is one of FACT.

Including any steps the defendant took to ascertain whether the other person consented to penetration or sexual touching.

It will be for the jury to decide whether any of the particular attributes of the defendant, such as extreme youth or disability, are relevant to their decisions.

Withdrawals of Consent (sexual intercourse as a continuing act)

In the event of a withdrawal of consent an offence will be committed if both:
The person intentionally continues to penetrate or touch the victim and due to their

awareness of the withdrawal of consent they no longer have reasonable grounds to believe that they had the victim's consent.

Statutory presumptions - Evidential and conclusive

Reasonable belief, and consent are the same as Section 1 Rape.

Arrest without warrant

Either way

Summary: maximum 6 months imprisonment and/or a fine

Indictment: maximum 10 years imprisonment

Causing a Person to Engage in Sexual Activity without Consent – S4 SOA 2003

It is an offence for (A) to intentionally cause another person (B) to engage in sexual activity &



(B) does not consent, &



(A) does not reasonably believe that (B) consents)



QTS – what constitutes the offence of causing a person to engage in sexual activity without consent?

Examples of Causing a Person to Engage in Sexual Activity Without Consent

- An individual may cause another person to engage in sexual activity with them, for example, a woman compels a man who does not consent to penetrate her.
- An individual could force another person to carry out a sexual act on themselves, for example, where an abuser forces their victim to masturbate.
- An individual forces another person to engage in sexual activity with a third party, whether that third party is a willing participant or another victim, for example, a man forces a woman to give oral sex to a fellow abuser.

The penalties for this offence are staggered to allow for a wide variety of circumstances.

Is liable, on conviction, on indictment, to imprisonment for life. Unless subsection 4 applies, a person guilty of an offence under this section is liable

- (a) On summary conviction to imprisonment for a term not exceeding 6 months or to a fine not exceeding the statutory minimum or both;
- (b) On conviction on indictment, to imprisonment for a term not exceeding 10 years.

Administering a Substance with Intent – S61 SOA 2003



A person commits an offence if he:

Intentionally administers a substance to, or cause a substance to be taken by another person

(a) Knowing that the person does not consent

(b) With the intention of stupefying or overpowering that person, so as to enable any person to engage in a sexual activity that involves that person



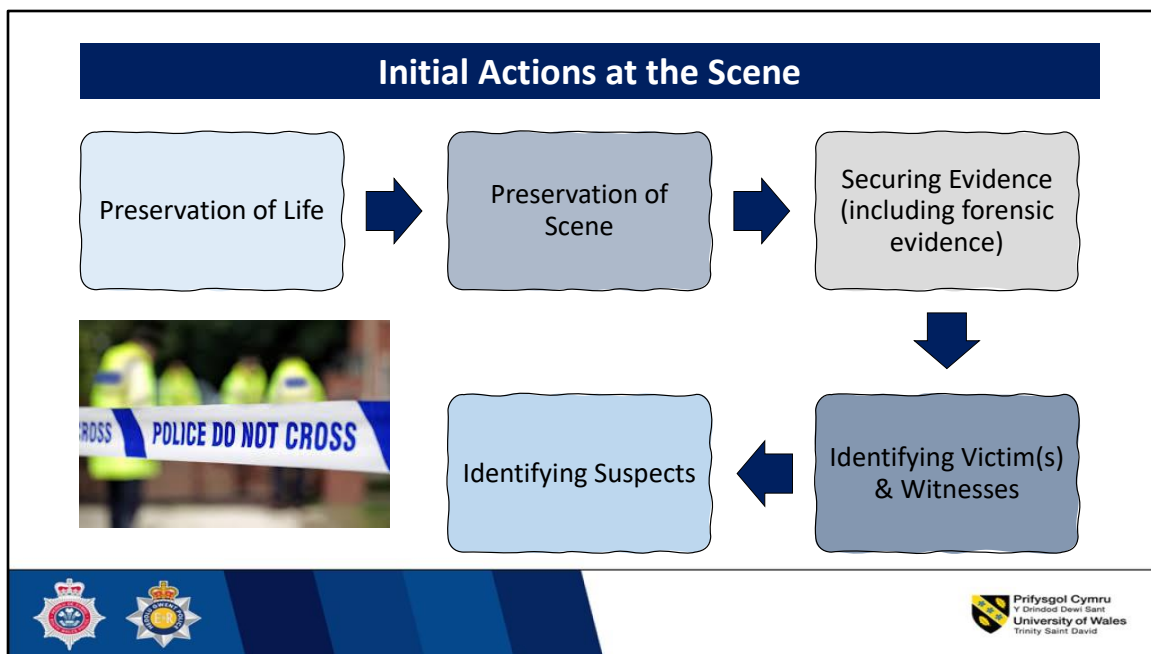
Trainer to ask students in relation to any experience in relation to ‘spiked drinks’ (that they are happy to share)

This was brought into combat Date Rape Drugs.

The drug does not have to GHB or Rohypnol.

If a non-harmful substance is used with the mistaken belief to stupefy – offence complete.

There is no need for the person to be overpowered or stupefied provided the perpetrator intended the substance administered or taken to have such an effect.



Trainer to split class into 4 groups with flipchart to consider the initial actions and priorities as a police officer attending the scene and dealing with a victim of sexual crime

So what are your initial actions when arriving at the scene or speaking with a victim of sexual crime??

Contact Supervisor immediately

Preservation of Life

Victims welfare and medical Needs

The victim will probably be in shock

Does the Victim need Medical attention?

Think Forensics – clothing / DNA transfer /

The victim may need the toilet / wash / eat / drink /

cigarette – Think FORENSICS!!!!

First Account

Must be recorded verbatim – PNB – or Sexual Offences

investigation Booklet

Record the demeanour of the victim

Preservation of Scene

- Identify scene
- Cordon
- Assessing the scenes
- Weather conditions – cover areas

Securing Evidence (incl. forensic evidence)

- EEK – look at these later
- Preserving forensic evidence

Identifying Victim(s) and witnesses

- Evidence of First Complaint – Has Victim spoken to A. Nother?
- Record demeanour / verbatim (corroborates victim's account)
- Identifying any witnesses – record contact details – brief account

Identifying suspects

- Obtain details / description from victim – Extremely important – PACE CODES OF PRACTICE CODE D para 3.1 FIRST DESCRIPTION

A record shall be made of the suspect description as first given by a potential witness. This record must be made and kept in a form which enables details of that description to be accurately produced from it, in a visible and legible form.

This will be disclosed to the defence!!!!

- Circulate details via radio
- Arrest if possible – Cross contamination issues!! Different Officers/ Cars to deal with each party

Early Complaint

If a victim of a sexual offence makes a voluntary complaint after an offence the person to whom they made the complaint can give evidence to this fact and what was said



Evidence of early complaint may be given by a person who has been told about a sexual offence by the victim. This could be a police officer, member of police staff, friend or trusted associate of the victim, member of the public or whoever the victim has made the complaint to. If the person to whom an early complaint was made is not a police officer or member of police staff, they should be traced as soon as possible so that their account can be recorded – hearsay evidence

Recording Evidence of Early Complaint

Officers should obtain and record the following information from a witness early complaint:

- The circumstances in which the disclosure took place (location / method)
- Victim's disclosure (verbatim);
- Any witnesses to the early complaint
- The victim's demeanour (this may include the state of dress, a full description of any physical injuries or observable conditions such as crying, hysteria or trembling);
- If the report was made to a police control room, 999 tape should be secured. How can officers retrieve a copy of the call? **Each force to insert their own**

downloading/ call retrieval methods. The officer or member of staff receiving the call could give evidence as a witness to early complaint and a statement should be taken from them as soon as possible.

Initial account

Each force to show a copy of their own Sexual Offences Investigation Booklet
(Although there will be a separate lesson to discuss these)

Victim's Needs

Encouragement to report supported by a belief that they will be believed/ heard/ understood

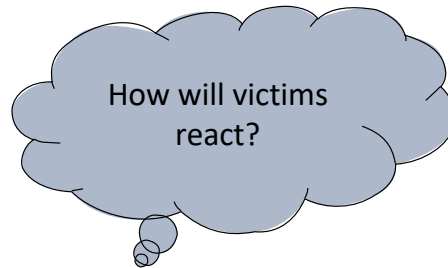
Support that they did the right thing – to overcome feelings of powerlessness/ vulnerability/ low self esteem

Support with regard to help available to assist victim to regain control. E.g, counselling/ medical care/ agencies

Consider appropriate time to deliver information as it may not be absorbed or retained



Sexual Offences



Group Discussion:

QTS – what potential ways do you think victims may react when the assault is actually happening? (next PPT slide for potential reactions)

Possible answers may be stereotypical :

- Fight
- Scream
- Lash out
- Lie still
- Punch
- Gouge offender

Victims may submit to assault but this should not be interpreted as consent

How would you react if someone attacked you??

Any phobias? Spider fear – can't walk into room without spider being killed!!

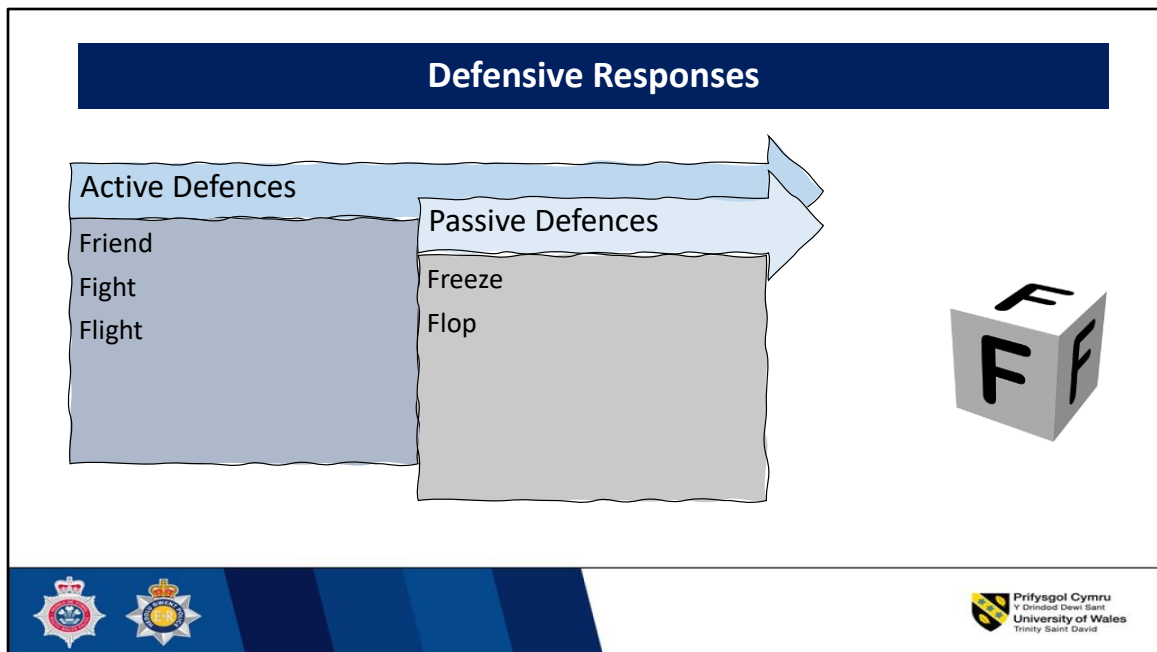
The immediate responses to sudden and unexpected violence are normally shock

and disbelief. The vast majority of victims then experience fright which can border on panic. This response is especially true when victims feel that their lives have been in imminent danger. In some crimes, particularly where there is prolonged contact with the criminal, the feeling of impending peril is often deliberately encouraged by the criminal. The reaction may be that all victims can think about is relief at having survived the assault.

Many police officers expect the average person to resist physically. However, a major study revealed that only a quarter of rape victims struggle with their attackers. When victims realise they cannot escape even those who initially struggle cease to do so.

This response can confuse everyone, even victims. This reaction is based on profound primal terror resulting in a frozen fright response.

Five responses to Fear: next slide



Defensive Responses to Fear / Threat – The Five F's:

Active Responses:

- Friend
- Fight
- Flight

Passive Defences:

- Freeze
- Flop

The human system broadly responds in one (or more) of five predictable ways when threatened. 'Fight, flight and freeze' are well documented responses to threat (Levine, 1997); to these can be added 'friend' and 'flop' (Ogden and Minton, 2000; Porges, 1995 & 2004). The five Fs, are instigated by the amygdala upon detection of threat. The amygdala responds to the threat in the way it perceives will most likely lead to survival.

1. Friend is the earliest defensive strategy available to us. At birth the human infant's

amygdala is operational (Cozolino, 2002), and they utilize their cry in order to bring a caregiver to them. The non-mobile baby has to rely upon calling a protector to its aid, in the same way that the terrified adult screams in the hope that rescue will come.

2 .Fight, as a survival strategy, is fairly self explanatory. The threatened individual may respond with overt aggression or more subtle 'fight behaviours', for example saying "no".

3. Flight is any means the individual uses to put space between themselves and the threat. It may involve sprinting away from the perceived danger, but is more likely exhibited as backing away or, particularly in children, as hiding.

4. Freeze: When the amygdala deems that fight, fight or flight are not likely to be successful it will elicit a freeze response. Levine points out that immobility has several advantages to mammals when threatened by a predator, namely: that the predator has less chance of detecting immobile prey; that many predatory animals will not eat meat that they consider to be dead; and that if the predator does kill, the freeze mechanism provides a natural analgesic (Levine, 1997).

Between mammals of the same species the freeze response indicates submission, with the victorious animal recognising their dominance and leaving the subordinate animal alone. In the majority of inter-personal threats between humans however, the advent of one party freezing is often either ignored or taken as consent to the assault (whether verbal, physical or sexual).

Flop occurs if, and when, the freeze mechanism fails. The moment the threat increases, despite freeze having intended to put an end to the situation, the amygdala will trigger the ANS to swing from predominantly sympathetic activation to parasympathetic activation (Rothschild, 2000). The body will shift from a position of catatonic musculature tension (as is observed in 'freeze') to a 'floppy' state, whereby muscle tension is lost and both body and mind become malleable (hippocampal and cortical functioning will very likely be severely impaired at this point).

- The survival purpose of the flop state is evident: if 'impact' is going to occur the likelihood of surviving it will be increased if the body yields, and psychologically, in the short-term at least, the situation will be more bearable if the higher brain functions are 'offline'. People who have elicited flop as a survival mechanism are very submissive and will make little or no outward protest concerning what is happening to them. They will bend to the will of the person perceived as threatening in an attempt to stay alive.
- Different survival strategies are ideally suited to certain threatening situations; for example, flight would be well employed upon hearing a fire alarm, yet to flee from a hungry tiger is inadvisable. The reflexive response of the amygdala is informed by the genetically encoded information, shared by all humans, regarding the nature of

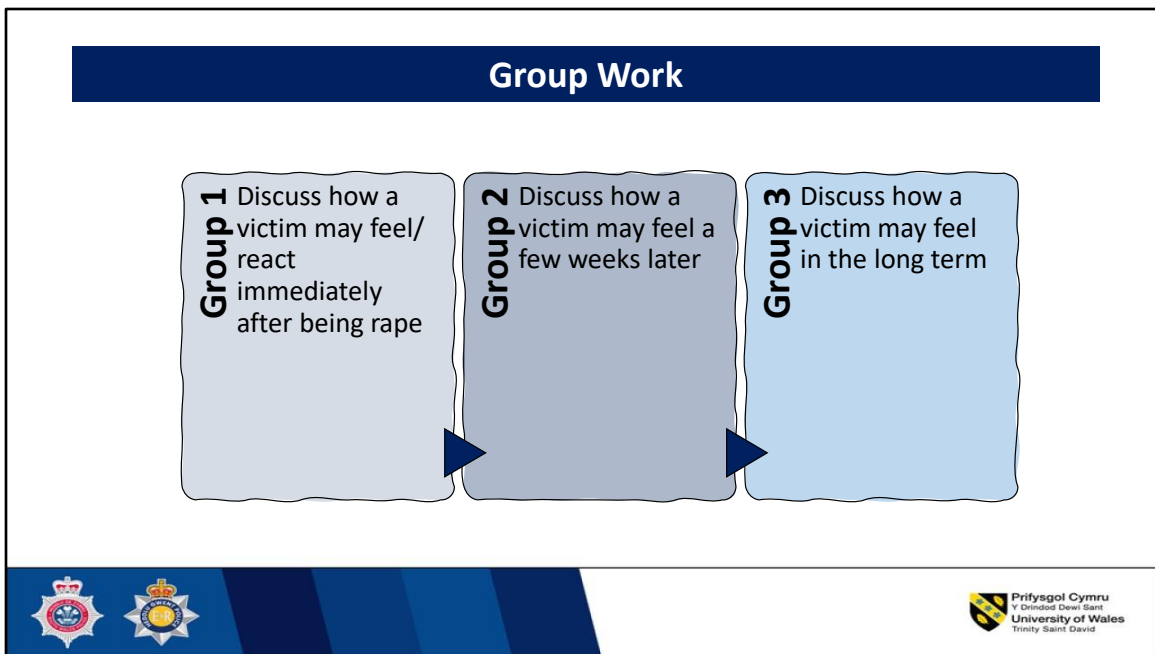
certain threats (Levine, 1997), and the individual's subjective experience that has resulted in the pairing of a fear response with certain stimuli (Cozolino, 2002).

- Because the purpose of the five Fs is survival, success will be gauged in survival terms; "success doesn't mean winning, it means surviving, and it doesn't really matter how you get there. The object is to stay alive until the danger is past." (Levine, 1997:96). Successfully used strategies will be reinforced and strategies employed but unsuccessful, will be less likely to be used in future.
- A person who is successful in actively defending against a threat (i.e. utilizes friend, fight or flight) is less likely to become traumatized than someone who uses passive defences (freeze or flop) (Herman, 1992; van der Kolk 1996). If active defences are weakened, by lack of success, and/or passive defences strengthened through successful utilization, the likelihood of a person becoming traumatized and/or a repeat victim of trauma are increased.....full article click below

**** Group Work****

- **Group 1 Describe how a victim may feel / react immediately after the rape**
- **Group 2 Describe how a victim may feel a few weeks later**
- **Group 3 Describe how a victim may feel long-term**

STAGES OF RAPE TRAUMA SLIDE TO FOLLOW – Use WHITEBOARD TO FACILITATE DISCUSSION before showing slide



**** Group Work****

- **Group 1** Discuss how a victim may feel / react immediately after the assault
- **Group 2** Discuss how a victim may feel a few weeks later
- **Group 3** Discuss how a victim may feel long-term

Defensive Responses to follow STAGES OF RAPE TRAUMA SLIDE TO FOLLOW – Use WHITEBOARD TO FACILITATE DISCUSSION before showing slide

Rape trauma syndrome was

Identified in the 1970s after research into the feelings & reactions of 92 female victims of rape



The understanding of RTS can help us as police officers to give the best possible service to victims of rape



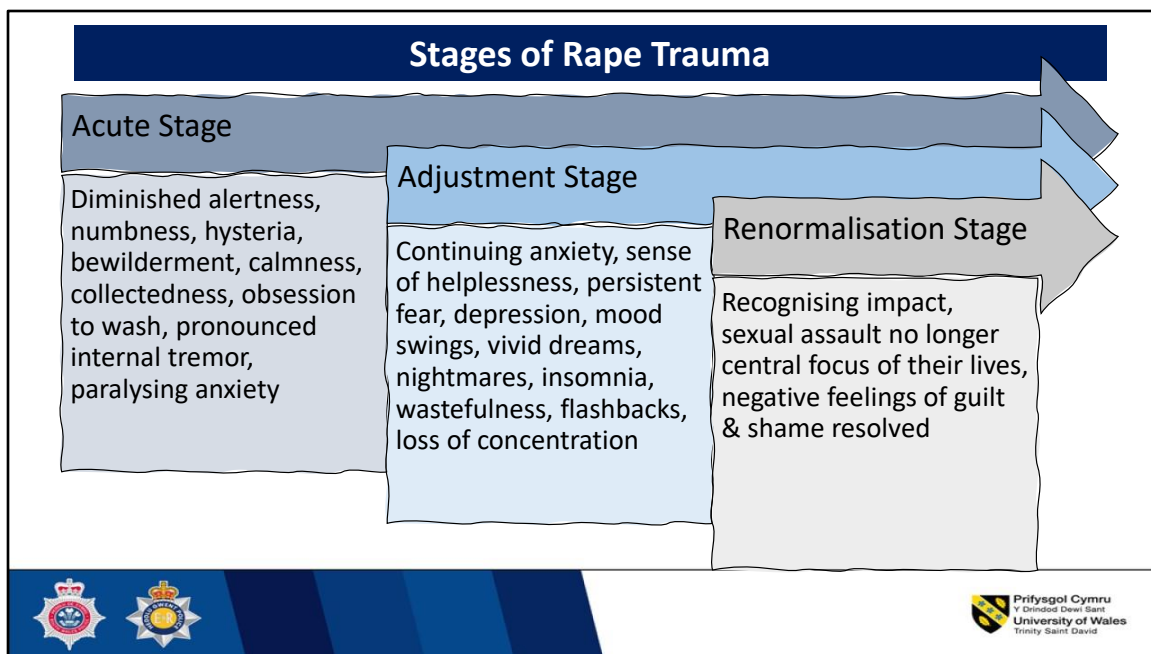
Understanding of this may be of benefit to victims in ensuring they are dealt with in a way which will not increase trauma and which may assist recovery, help to gain victims confidence in the police and encourage a willingness to participate as witnesses during investigations and subsequent court cases.

The immediate responses to sudden and unexpected violence are normally shock and disbelief. The vast majority of victims then experience fright which can border on panic. This response is especially true when victims feel that their lives have been in imminent danger. In some crimes, particularly where there is prolonged contact with the criminal, the feeling of impending peril is often deliberately encouraged by the criminal. The reaction may be that all victims can think about is relief at having survived the assault.

Many police officers expect the average person to resist physically. However, a major study revealed that only a quarter of rape victims struggle with their attackers. When victims realise they cannot escape even those who initially struggle cease to do so.

This response can confuse everyone, even victims. This reaction is based on profound primal terror resulting in a frozen fright response. Victims submit in order to avoid being killed, but this can be wrongly interpreted as consent.

Victims may subsequently suffer from feelings which are related to the fear of death, ranging from humiliation to guilt, self-blame, anger or a desire for revenge.



While the Rape Trauma Syndrome deals specifically with the effects of rape, it is important to remember that all types of sexual assault cause trauma

RTS identifies three stages of psychological trauma a rape survivor goes through: the acute stage, the outer adjustment stage, and the renormalization stage.

Acute stage

The acute stage occurs in the days or weeks after a rape. Durations vary as to the amount of time the victim may remain in the acute stage. The immediate symptoms may last a few days to a few weeks and may overlap with the outward adjustment stage.

There is no "typical" response amongst rape victims. However, in many cases, a rape victim's acute stage can be classified as one of three responses: expressed ("He or she may appear agitated or hysterical, [and] may suffer from crying spells or anxiety attacks"); controlled ("the survivor appears to be without emotion and acts as if 'nothing happened' and 'everything is fine'"); or shock/disbelief ("the survivor reacts with a strong sense of disorientation. They may have difficulty concentrating, making decisions, or doing everyday tasks. They may also have poor recall of the assault").

Not all rape survivors show their emotions outwardly. Some may appear calm and unaffected by the assault.[2]

Behaviours present in the acute stage can include:

Diminished alertness, numbness, dulled sensory, affective and memory functions, disorganised thought content, vomiting, nausea, paralysing anxiety, pronounced internal tremor, obsession to wash or clean themselves. Hysteria, confusion and crying. Bewilderment.

Acute sensitivity to the reaction of other people.

The outward adjustment stage

Survivors in this stage seem to have resumed their normal lifestyle. However, they simultaneously suffer profound internal turmoil, which may manifest in a variety of ways as the survivor copes with the long-term trauma of a rape. In a 1976 paper, Burgess and Holmstrom note that all but 1 of their 92 subjects exhibited maladaptive coping mechanisms after a rape. The outward adjustment stage may last from several months to many years after a rape.

Potential coping strategies during the outward adjustment phase:

minimization (pretending 'everything is fine'), dramatisation (cannot stop talking about the assault), suppression (refuses to discuss the rape), explanation (analyses what happened), flight (moves to a new home or city, alters appearance)

Other coping mechanisms that may appear during the outward adjustment phase include:

Poor health in general, continuing anxiety, sense of helplessness, hypervigilance, inability to maintain previously close relationships, experiencing a general response of nervousness known as the "startle response," persistent fear and or depression at much higher rates than the general population, mood swings from relatively happy to depression or anger, extreme anger and hostility (more typical of male victims). Some survivors may even say "I HATE PEOPLE" or "I HATE THE WORLD". Sleep disturbances such as vivid dreams and recurring nightmares, insomnia, wakefulness, night terrors, flashbacks, dissociation (feeling like one is not attached to one's body), panic attacks, reliance on coping mechanisms, some of which may be beneficial (e.g., philosophy and family support), and others that may ultimately be counterproductive (e.g., self harm, drug, or alcohol abuse), lifestyle.

Survivors in this stage can have their lifestyle affected in some of the following ways:

Their sense of personal security or safety is damaged. They feel hesitant to enter new relationships. Questioning their sexual identity or sexual orientation (more typical of men raped by other men or women raped by other women). Sexual relationships

become disturbed.[18] Many survivors have reported that they were unable to re-establish normal sexual relations and often shied away from sexual contact for some time after the rape. Some report inhibited sexual response and flashbacks to the rape during intercourse. Conversely, some rape survivors become hyper-sexual or promiscuous following sexual attacks, sometimes as a way to reassert a measure of control over their sexual relations. Some rape survivors may see the world as a more threatening place to live in, so they will place restrictions on their lives, interrupting their normal activity. For example, they may discontinue previously active involvements in societies, groups or clubs, or a parent who was a survivor of rape may place restrictions on the freedom of their children.

Physiological responses

Whether or not they were injured during a sexual assault, survivors exhibit higher rates of poor health in the months and years after an assault, including acute somatoform disorders (physical symptoms with no identifiable cause). Physiological reactions such as tension headaches, fatigue, general feelings of soreness or localized pain in the chest, throat, arms or legs. Specific symptoms may occur that relate to the area of the body assaulted. Survivors of oral rape may have a variety of mouth and throat complaints, while survivors of vaginal or anal rape have physical reactions related to these areas.

Nature of the assault

The nature of the act, the relationship with the offender, the type and amount of force used, and the circumstances of the assault all influence the impact of an assault on the victim. When the assault is committed by a stranger, fear seems to be the most difficult emotion to manage for many people. (Feelings of vulnerability arise). More commonly, assaults are committed by someone the victim knows and trusts there may be heightened feelings of self-blame and guilt.

Underground stage

Victims attempt to return to their lives as if nothing happened. May block thoughts of the assault from their minds and may not want to talk about the incident or any of the related issues. (They don't want to think about it). Victims may have difficulty in concentrating and some depression. Dissociation and trying to get back to their lives before the assault.

The underground stage may last for years and the victim seems as though they are "over it", despite the fact the emotional issues are not resolved.

Reorganization stage

May return to emotional turmoil. The return of emotional pain can frighten people in this stage. Fears and phobias may develop. They may be related specifically to the assailant or the circumstances or the attack or they may be much more generalized.

Appetite disturbances such as nausea and vomiting. Rape survivors are also prone to developing anorexia nervosa and/or bulimia. Nightmares, night terrors feel like they plague the victim. Violent fantasies of revenge may also arise.

Phobias

A common psychological defence that is seen in rape survivors is the development of fears and phobias specific to the circumstances of the rape, for example:

A fear of being in crowds. A fear of being left alone anywhere. A fear of men or women. (androphobia or gynophobia). A fear of going out at all, agoraphobia. A fear of being touched, hapnophobia.

Specific fears related to certain characteristics of the assailant, e.g. side-burns, straight hair, the smell of alcohol or cigarettes, type of clothing or car. Some survivors develop very suspicious, paranoid feelings about strangers. Some feel a pervasive fear of most or all other people.

The renormalisation stage

In this stage, the survivor begins to recognise his or her adjustment phase. Recognising the impact of the rape for survivors who were in denial, and recognising the secondary damage of any counterproductive coping tactics (e.g., recognising that one's drug abuse began to help cope with the aftermath of a rape) is particularly important. Male victims typically do not seek psychotherapy for a long time after the sexual assault—according to Lacey and Roberts,[19] less than half of male victims sought therapy within six months and the average interval between assault and therapy was 2.5 years; King and Woollett's[20] study of over 100 male rape victims found that the mean interval between assault and therapy was 16.4 years.

During renormalisation, survivors integrate the sexual assault into their lives so that the rape is no longer the central focus of their lives; negative feelings such as guilt and shame become resolved, and survivors no longer blame themselves for the attack.

The effects of rape are varied and how a victim reacts to the attack depends upon their circumstances.

Each victim has their own way of coping, and there is no right way or wrong way to react to sexual violence.

How a victim copes may be complicated by the reactions of their family and friends, what their preconceptions about rape were, and the treatment they receives, for example, at the police station, and later, in court.

38% of victims of serious sexual crime disengage with the police after initial contact with Police – Why do you think that is????

Possible responses:

- Not being believed
- Not taken seriously
- Not being listened to
- Wanted to be kept informed
- Not treated well through process
- Officers dealing with victim not professional

Discuss the skills that the First officer has to have when dealing with a victim of sexual crime.

Possible Responses:

- Empathy not sympathy
- Understanding
- Tactfulness
- Patience
- Professionalism
- Informed of Process

Rape Trauma Syndrome

There is no prevention for Rape Trauma syndrome although immediate professional assistance, counselling, medical care may reduce the affects.

Rape Crisis Centres are advised in order for the victim to receive immediate support & information



SWP – SARCs (Sexual Assault Referral Centres) – Cardiff, Swansea, Merthyr
Gwent SARC – Risca

Trainers to handout/ email relevant SARC details for each force.

Anonymity of Complainants

Section 1 of the Sexual Offences Amendment Act 1992

Section 2 of the Sexual Offences Amendment Act 1992

Section 3 of the Sexual Offences Amendment Act 1992

Section 5 of the Sexual Offences Amendment Act 1992



QTS – how are victims who make complaints of sexual assault protected from the publicity?

The anonymity of complainants of sexual offences is protected by S1 of the Sexual Offences (Amendment Act) 1992, when an allegation has been made that a relevant offence has been committed.

Section 2 of the Sexual Offences (Amendment) Act 1992 lists the relevant offences. This list is exhaustive and includes all of the sexual offences you will cover as a student officer under the Sexual Offences Act. It ensure compliance at all times, protect the anonymity of a complainant, witness and a victim at all times – regarding **any** sexual offence

SUMMARY OFFENCE – Fine not exceeding level 5

Power of arrest without warrant/constables / other persons

******* Circumstances when anonymity may be lifted*******

Under Section 3 of the act anonymity may be lifted under certain circumstances by either a Justice of the Peace (Summary) or a Judge (Triable Either Way or Indicatable). These are:

1. Before the start of a trial to induce people who are likely to be needed to come forward as witnesses and where the conduct of the defense at the trial is likely to be substantially prejudiced otherwise.
2. At a trial if a judge believes that if the victim or complainants anonymity were protected it would place a substantial and unreasonable restriction on the reporting of proceedings at the trial and that it is in the public interest to remove or relax the restriction.

Breaching the anonymity of a victim of a sexual offence

Section 5 sets out various restrictions on breaching the anonymity of a victim by creating offences, but also establishing defenses.

Key Points

This relates to materials published or included in a relevant Programme (Broadcasting Act 1990).

The following would all be guilty

A proprietor, editor and publisher of a newspaper or periodical

The Publisher in any other form of publication

A corporate body and the person having functions equivalent to a newspaper editor

So long as no one interfered unreasonably with the peace or comfort of the victim then there is a defence that a victim consented in writing to the publication of the information. The act qualifies how the consent may be obtained.

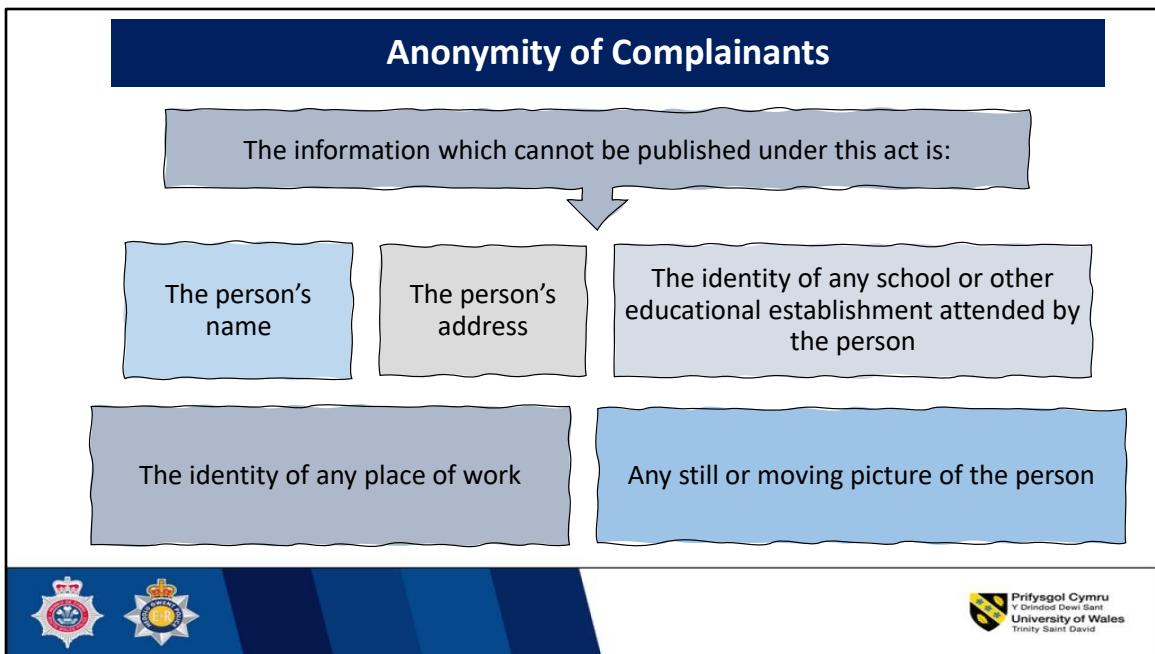
There is also a defence of not being aware and having no reason to suspect that the content of the programme or publication was about or included the matter in question.

Domestic Abuse Act 2021

Section 72 - Extends the circumstances in which certain sexual and violent offences committed abroad may be prosecuted in England and Wales, where the offence is committed by a UK national or a person habitually resident in England and Wales. The act must amount to an offence listed and must also amount to an offence in the country where it was committed.

Offences include; an offence under section 4 or 4A of the Protection From

Harassment Act 1997, an offence under any of sections 1 to 4 of the Sexual Offences Act 2003 where the victim of the offence was aged 18 or over at the time of the offence, only if an offence in the host country, engaging in controlling and coercive behaviour or Ss47, 20 & 18 offences against the person, only if an offence in the host country.



How long does anonymity last?

The protection applies as soon as the offence has been committed irrespective of whether or not criminal proceedings follow.

Reporting of criminal proceedings is not forbidden but the inclusion of any information which would lead to the identification of a complainant is prohibited.

Under this section, anonymity lasts for a lifetime.

Summary Offence – Fine not exceeding level five.

Power of arrest without warrant – constables/ other persons

Trainer to distribute handouts relating to Ched Evans Case or substitute these for similar stories in local areas.

