Title: The Risk of Sexual Assault and Rape during International Travel: Implications for the Practice of Travel Medicine

Running Title: Sexual Violence and International Travel

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International travel presents a risk of sexual violence. In recent years several high profile incidents, including the gang-rape of an Indian woman aboard a bus in New Delhi in 2012, have heightened awareness of this risk. The British Foreign and Commonwealth Office currently advises female travelers to India to “exercise caution when traveling there, even if they are traveling in a group”, on the basis that British women have been the victims of sexual assaults in Goa, Delhi, Bangalore and Rajasthan. [1] The international travel advice provided by the British Foreign and Commonwealth Office also highlights recent serious sexual attacks involving female Polish, German and Danish travelers in 2014, and the kidnapping and sexual assault of a Japanese woman in January, 2015.[1] In the latter incident, a 22 year old Japanese tourist was allegedly captured in Kolkata, India, by a tour guide using the pretence of bringing the traveler to visit a Buddhist shrine.[2] It is reported that she was then locked in a secluded basement and repeatedly raped for one month before she managed to escape.[3] In addition to these high profile media reports, there is also increasing research evidence demonstrating that sexual violence is frequently experienced during international travel. The European Institute of Studies on Prevention conducted a cross-sectional airport survey of over 6000 young people (aged 16-35 years) who were returning home from holidays in Southern European tourist resorts including Greece, Cyprus, Italy, Portugal and Spain.[4] A total of 1.5% of participants reported having had sex against their will during their holidays with a mean holiday duration of only 8.9 days. Given that many millions of young people will visit these tourist resorts each year, it is reasonable to assume that significant numbers of people may be experiencing sexual violence. A retrospective review of all attendances over one calendar year at dedicated forensic medical services for adult victims of sexual violence in the Republic of Ireland revealed that 4% (27 out of 677) of all patients had experienced sexual violence while traveling overseas.[5]
Victims of sexual violence have specific health needs which must be addressed as soon as possible after such incidents. These include prophylaxis, screening and diagnosis of sexually transmitted infections including human immune-deficiency virus and viral hepatitis, the provision of appropriate emergency contraception and diagnosis, and treatment of acute injury. The potential negative health consequences of sexual violence include infertility, pelvic inflammatory disease, depression, post-traumatic stress disorder and unintended pregnancy. We suggest that the travel health professional should have an important role to play in the prevention and response to sexual violence during international travel. Travel health professionals provide focused pre-travel advice that is appropriately tailored to the individual patient’s itinerary. We recommend that consideration be afforded to discussion of sexual violence with those patients deemed to be most at risk. While patients of any age, gender or sexual orientation may experience sexual violence, we believe that sexual violence during international travel may be more likely to occur in certain circumstances. Firstly, young female travelers who are traveling alone may be particularly vulnerable, particularly when traveling in countries of especially high prevalence (i.e. Central and Southern Sub-Saharan Africa, Australasia and Andean Latin America). Secondly, given the role that alcohol frequently plays in increasing vulnerability to sexual violence, young males and females who visit popular nightlife-centred tourist resorts should be considered to be at risk. Young gay and bisexual males must also be considered as at high risk as they have reported significantly higher levels of sexual violence during international travel than females or heterosexual males. While limited research evidence exists on sexual violence during international travel, it is evident that the risk of sexual violence extends beyond recreational travel to include other forms of international travel, including humanitarian aid work. Pre-travel advice should address strategies to minimise the risk of sexual violence and a discussion of the options available to travelers should an incident occur.
Intending travelers may be best advised to consider traveling with a companion or in a group rather than alone. If traveling alone, taking meals with other travelers will help avoid being readily identified as a potentially vulnerable lone traveler. Travelers should be advised to exercise caution when consuming alcohol and socialising with new acquaintances. While sexual violence is never the fault of the victim, alcohol and recreational drugs can increase traveler vulnerability, particularly when combined with jet lag. When socialising, travelers should never leave their drink unattended in order to avoid drink “spiking” or drug-facilitated sexual assault. If outdoors alone after dark, one should have a low threshold for taking a taxi. When using a taxi, it is safer to arrange one using the hotel reception or a recognised taxi company rather than flagging one on the street. Travelers could be advised to research the area to which they are traveling with a view to identifying any unsafe areas which they should avoid. Some hotels offer “women-only floors”, which some travelers may find reassuring. Travelers should always lock their bedroom door when not in the room and, when in the room, should always keep the door and windows locked. Some travelers may choose to carry a rubber door stop for added security. When choosing a room, rooms close to lifts and stairs should be avoided and travelers should exercise caution when sharing communal sleeping quarters. Adventure travelers staying in campsites or camping in remote areas should be cognisant of their safety; consideration could be given to carrying a rape alarm. Finally, travelers should pay attention to their choice of clothing when traveling in countries where modesty of dress is culturally appropriate.

When an adult experiences sexual violence, he/she may decide whether or not to inform the police and/or seek healthcare. It is important to respect each individual’s decision in this
regard but also to ensure that such patients are making fully informed choices. Thus, counselling patients as to the health risks of sexual violence and the treatment options available to them is essential. Patients should be made aware that seeking immediate healthcare is important if long term health consequences are to be avoided (e.g. unintended pregnancy, infertility, HIV). DNA and other trace forensic evidence decays rapidly over time. Thus, forensic examination should take place as soon as possible after an incident occurs.[6, 10] Patients should know that deciding not to undergo early forensic examination may reduce the likelihood of later criminal prosecution.

Previous research has demonstrated that incidents of sexual violence are grossly underreported to healthcare providers and other authorities. In one large-scale prevalence study, for example, it was found that more than one in every four men and women experienced a form of sexual violence during their lifetime; however, one third of all victims had never disclosed the abuse to any party other than the confidential surveyor, and less than 10% of victims had informed the police.[11] While the prevalence of sexual violence during international travel is very significant, the likelihood of disclosure to healthcare providers is low. For this reason, we suggest that the travel health professional should consider the possibility of sexual violence when consulting with returned travelers with sexually transmitted infections. An appropriate screening question might be: “Did you ever feel pressured to have sex against your will during travel?” Finally, we recommend that original research aimed at identifying the educational needs of travel health professionals in the area of sexual violence may inform the development of targeted educational strategies on this neglected topic.


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Kennedy KM, White C. What can GPs do for adult patients disclosing recent sexual violence? Br J Gen Pract 2015; 65(630)42-44.