



Patient Surname and Given Names	Kit Reference Number Affix Kit Reference Number Here
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Healthcare Practitioner's Guide

For use with the RCMP Sexual Assault Evidence Kit (SAEK – Biology)

This guide contains all the necessary instructions for the healthcare personnel examining a patient following a recent sexual assault. It provides the instructions for obtaining the sexual assault history, recording the physical examination data, collecting forensic evidence and maintaining its continuity.

Healthcare Practitioner (Print Name and Title)	Signature	Initials
Telephone Number	Assisted by	Date (yyyy-mm-dd)

INTRODUCTION

- The Sexual Assault Evidence Kit (SAEK) is used to document the collection of physical evidence that may assist with the investigation of a sexual assault. If the collection of blood and urine for alcohol and/or drug testing are required, use the SAEK – Blood and Urine Specimen Collection Kit (SAEK–Toxicology). This collection should be done as soon as possible (preferably before voiding) to preserve the evidence.
- In general, there is a progressive loss of physical evidence with time. The patient should be examined as soon as possible by a Healthcare Practitioner in order to maximize the recovery of evidence for forensic analysis.
- The Healthcare Practitioner should use discretion as to which samples are collected for forensic evidence. Decisions should be based on the history of the assault, the time interval between the assault and the physical examination, whether or not the patient recalls the details of the assault and on the local guidelines for sample collection.
- For questions about the collection of forensic evidence, the appropriateness of specific samples related to the sexual assault and sample preservation, call the **Forensic Assessment Centre (FAC) at 1 866-NPS LABS (1-866-677-5227)**. You will be put in touch with a Subject Matter Expert.

PREPARING FOR THE PATIENT INTERVIEW AND PHYSICAL EXAMINATION

- When meeting with the patient, privacy and confidentiality are of key importance. The interview and physical examination should take place in a room with solid walls and a door (if possible).
- The actual interview and physical examination should be conducted with the Healthcare Practitioner, assistant (if applicable), patient and support person (as authorized by the patient) in the room.

The Police Officer should not be present while the interview and physical examination are conducted, unless exigent circumstances exist and/or unless authorized by the patient.

- There are federal, provincial and territorial legislation that mandate medical personnel to report sexual assault activity to police and/or child protection services. The following must be reported:
 - assault of a child < 12 years;
 - assault of a child 12 - 13 years old by someone > 2 years older (even if stated as consensual);
 - assault of a child 14 - 15 years old by someone > 5 years older (even if stated as consensual);
 - assault of a child under the age of majority by a family member or person in authority; and
 - assault of any person receiving care or support from service providers such as hospitals and nursing homes.

Review the legislation for your area related to assault of dependant adults or elderly.

- Personal information about the patient such as past medical history prior to the assault is not part of the Sexual Assault Evidence Kit requirements and should not be shared with the police (unless consent is given by the patient) or the forensic laboratory.

CONSENT FOR EVIDENCE COLLECTION AND INTERVIEW

- Before beginning the physical examination have the patient (or the person with the capacity to consent) sign a consent form. Use your Healthcare Facility's Consent form if one is available. If not available, a Consent form (**RCMP GRC 2369-1**) is provided in the kit. Ensure that the consent form is signed in all appropriate places and dated. The patient (or person giving consent) may consent to some or all the component of the examination, treatment and release of the kit to the police.
- The purpose of the form is to obtain consent to treat the patient for the effects of the sexual assault; to conduct a physical examination of the patient and collect forensic evidence; to provide the police with the evidence collected during the physical examination as well as information that might assist them with their investigation of the reported assault. If consent to release the kit to the police is not received at the time of the examination, it is recommended that the kit be stored in a secure area (in the event that consent is obtained at a later date) and in accordance with your local retention period guidelines.
- Obtain information related to the sexual assault concentrating on factors that are relevant to injuries or effects of the assault. This information is recorded on the Sexual Assault History form (**RCMP GRC 2369-2**) and the Sexual Assault Interview form (**RCMP GRC 2369-3**).

CHAIN OF CUSTODY

- The Sexual Assault Evidence Kit must have an intact seal before the Healthcare Practitioner (or the Police Officer) opens the kit. If the seal has been broken, the kit cannot be used.
- Once the seal is broken on the kit, the Healthcare Practitioner (or the Police Officer) must remain with the kit at all times to ensure continuity of the chain of custody or store the kit in a secure area. If the chain is broken, the evidence may not be accepted by the courts. For more information on how to store the kit, refer to the instructions provided in the storage section of this guide.
- The Police Officer may remain outside the examination room ready to receive the forensic evidence once the physical examination is completed. If the patient declines to report the sexual assault to the police and mandatory reporting is not required, it is recommended that the evidence collected be placed in secure storage at the Healthcare Facility along with all documentation. If the patient later chooses to report, the evidence kit will be transferred (with patient consent) to the police using the Forensic Evidence Record form (**RCMP GRC 2369-4**) to record the chain of custody.
- The Sexual Assault Evidence Kit box as well as each item collected and forms completed (including copies) during the physical examination and interview must be properly identified. To facilitate this process, two different types of self-adhesive numbered labels are provided with the kit: Item labels and Kit Reference Number labels.

Use only the sheets of labels provided in this kit, as the Kit Reference Number must be the same on all kit items and associated documentation.

- **Item labels – larger labels bearing the Item Number and Kit Reference Number.**
 - For each item collected, complete the associated Item label by entering the evidence type (when required), the date and your initials before affixing it to the corresponding container, envelope or bag.
 - Ensure that all Item labels are affixed securely to containers and do not wrap over entered information.
- **Kit Reference Number labels – Smaller labels bearing only the Kit Reference Number**
 - For each item collected and placed in an envelope, complete the envelope information by affixing a Kit Reference Number label to the envelope and initial.
 - Place a Kit Reference Number label on the kit box as well as on each form and its respective copies before transferring to the Police Officer or placing in storage.

SWABBING INSTRUCTIONS

During the examination there will be several instances where body areas must be swabbed to collect potential forensic evidence. Use the following instructions when swabbing areas of interest:



Never remove the breathable filter label from the swab tubes. The filter label allows the swab to dry inside the tube so that it is not necessary to dry the swab before packaging.

Never cover the breathable filter label with the Item label.

- **Wet Swab – to collect evidence from a dry area.** A single wet swab is used to collect evidence from the skin, fingernails and scalp / pubic hair whereas two wet swabs are used (together) to collect evidence from the external genitalia and anus.
 1. Remove the swab from the tube and moisten approximately half with sterile water.
 2. Swab the area according to the instructions provided in the relevant section of this guide, using the damp side. Turn the swab over and swab the same area with the dry side.
 3. Return the swab to the tube ensuring that it is properly closed. Complete the corresponding Item label and affix to the tube.
 4. Place the tube in the corresponding small envelope and seal. Affix a Kit Reference Number label to the small envelope and initial.
- **Dry Swabs – two swabs are used to collect evidence from a moist area such as the oral, vaginal or rectal cavities.**
 1. Remove the two swabs from the tubes and hold them with swab ends together.
 2. Swab the area according to the instructions provided in the relevant section of this guide.
 3. Return the swabs to the tubes ensuring that they are properly closed. Complete the corresponding Item labels and affix them to the tubes.
 4. Place the tubes in the corresponding small envelopes and seal. Affix a Kit Reference Number label to each small envelope and initial.

NOTE: Caps may be removed temporarily in order to better align the swabs for the double swab technique. Caps are to be replaced after swabbing is complete.

EVIDENCE COLLECTION

- **If possible, the patient should not eat or drink before Step 2 has been completed if the assault includes involvement with the oral cavity.**
- **If possible, the patient should not void or defecate before Steps 1 to 9 have been completed.** If the patient has to void or defecate prior to the examination or if alcohol and/or drug facilitating testing is required, this may result in potential loss of evidence. To limit this, have the patient collect the voided urine and refrain from wiping their anal/genital area. The urine should be retained for alcohol and/or drug testing, sexually transmitted infection testing and/or pregnancy testing. If alcohol and/or drug testing is required, refer to the instructions provided in the SAEK – Blood and Urine Specimen Collection Kit.
- **The patient should refrain from disrobing before the Healthcare Practitioner has an opportunity to examine the clothing on the patient.** The Healthcare Practitioner will note the location of stains and damage such as cuts, tears, missing buttons or zippers. Determine from the patient if someone can bring replacement clothing for them.
- A new pair of examination gloves should be used for each step to prevent contamination.
- For best forensic practice, collect the evidence in the order outlined below. The order of collection of external genitalia, anal, rectal and vaginal samples may vary depending on the history of the assault and/or examination protocol in use at your Healthcare Facility.

STEP 1: ARTICLES OF CLOTHING AND DROP SHEETS (ITEMS 1-A to 1-E)

Blood, semen, saliva or other foreign material may be deposited on articles of clothing during the assault. Only the articles of clothing that are relevant to the assault should be collected.

- **Underwear (always collect). If present, sanitary napkin can be left on underwear.**
- **Other relevant articles of clothing should be collected if worn during or immediately after the assault.**
- **To collect the articles of clothing:**
 1. Have the patient stand on the two drop sheets. One sheet is placed on the floor and the other sheet is placed on top of the first sheet.
 2. Ask the patient to remove each article of clothing (including shoes) separately.
 3. Place relevant articles of clothing in **separate** paper bags as they are removed by the patient. Bag articles over drop sheets to prevent loss of trace evidence and seal the bags with the evidence seals (or pieces of evidence tape) provided with the kit.
 4. Complete Item labels (**1-A, 1-B, 1-C or 1-D**) and affix to the bags. On each label, indicate the type of clothing collected and check the box if the article appears damp.
 5. Once articles of clothing have been collected, carefully fold the top drop sheet to enclose any debris, place in the Step 1 envelope and seal. Complete Item label **1-E** and affix to the envelope. Discard the bottom drop sheet.

STEP 2: ORAL SAMPLES (Items 2-A and 2-B)

Oral swabs should be collected if the sexual assault history indicates that the oral cavity was penetrated during the assault.

- **To collect the oral samples:**

1. Remove the swabs from the tubes and hold them with swab ends together.
2. Use the dry swabs to thoroughly rub along gum and teeth margins as well as behind molars and in the fold of the cheeks.
3. Return the swabs to the tubes ensuring that they are properly closed. Complete the corresponding Item labels and affix label **2-A** to one tube and **2-B** to the other.
4. Place the tubes in the corresponding small envelopes and seal. Affix a Kit Reference Number label to each small envelope and initial.

STEP 3: FULL BODY EXAMINATION (Items 3-A to 3-F)

It is important to inspect the full body for the presence of foreign material, body stains (e.g. saliva and/or semen) and injuries. Many patients are unaware of injuries that may have occurred during the assault.

A general inspection and palpation of the anterior and posterior body surface may be carried out at this time. Additionally, it is important to do a focused examination of specific areas of the body based on the sexual assault history provided by the patient. The focused examination will look for potential injuries and the presence of evidence that could corroborate the assault history.

- The Healthcare Practitioner will need to inspect the following areas in detail:
 - head and neck (with a history of attempted strangulation and/or head injury);
 - mouth (with a history of oral contact / penile penetration and/or attempted strangulation and/or punched on the chin / in the face);
 - genitals (with a history of oral contact and/or penile / digital penetration and/or penetration with a foreign object);
 - anus/rectum (with a history of penile / digital penetration and/or penetration with a foreign object); and
 - skin and limbs (with a history of restraint and/or physical contact).
- **Alternate light source (optional):**
 - An alternate light source can be used during the physical examination to facilitate the localization of areas of fluorescence and foreign material. Semen and saliva typically fluoresce between 300 nm and 480 nm wavelength.
 - In a darkened room, hold the light approximately 15 – 20 cm (6 to 8 inches) from the skin and examine the body (anterior and posterior surfaces) for the presence of stains and augmented patterned injuries such as bite marks which can fluoresce under an alternate light source.
 - Indicate the areas of fluorescence on the traumagrams (**RCMP GRC 2369-12**).
- **Injuries and trauma:**
 - A set of traumagrams (**RCMP GRC 2369-12**) is provided with the kit to document the type, size, shape, location and colour of all injuries identified during the physical examination.
 - For ease of documentation, use the traumagram key **BALD STEP**.

- **Injuries and trauma, continued:**

- For a female patient, areas to examine may include the labia majora and minora, posterior fourchette, fossa navicularis, introitus, hymen, cervix, anus and rectum.
- For a male patient, areas to examine may include the penis, scrotum, anus and rectum.
- Toluidine blue can be used to facilitate the visualization of abrasions, cuts and lacerations.

- **Foreign material – Envelope 3-A and 3-B:**

If foreign material is found on the body (e.g. hairs, fibres) or in any of the body cavities, collect the sample from the area.

1. Place the sample in a specimen container and ensure that it is properly closed.
2. Complete the Item label (**3-A or 3-B**) indicating the area of the body from which the sample was collected and affix to the container.
3. Place the container in the corresponding small envelope and seal. Affix a Kit Reference Number label to the small envelope and initial.
4. Repeat for other foreign material found on or in other body areas.

- **Body stains – Envelope 3-C to 3-F:**

If visible stains and/or fluorescent stains are visualized or if licking, kissing, or external ejaculation occurred or is suspected, collect a sample from the area using a wet swab.

1. Remove the swab from the tube and moisten approximately half of the swab with sterile water.
2. Swab the area thoroughly with the damp side. Turn the swab over and swab with the dry side.
3. Return the swab to the tube ensuring that it is properly closed. Complete the Item label (**3-C, 3-D, 3-E or 3-F**) indicating the area from which the sample was collected and affix to the tube.
4. Place the tube in the corresponding small envelope and seal. Affix a Kit Reference Number label to the small envelope and initial.
5. Repeat for additional stains.

- **Semen-like material on scalp or pubic hair:**

If semen-like material is found on scalp or pubic hair, the sample can be collected by either:

- using a wet swab to collect the material from the hair; or
- cutting the hairs and placing them in a specimen container allowing them to air dry before closing.

STEP 4: FINGERNAIL SWABS (Items 4-A and 4-B)

Material from under the fingernails should be collected if the patient indicates that she / he has scratched the assailant. Samples are collected from each hand separately.

- **To collect the material from under the fingernails:**

1. Remove the swab from the tube and moisten approximately half of the swab with sterile water.
2. Place the right hand over one of the pieces of paper and swab the area under each of the fingernails using the damp side. Turn the swab over and go over the same area with the dry side.
3. Return the swab to the tube ensuring that it is properly closed. Complete Item label **4-A (right hand)** and affix to the tube.
4. Carefully fold the piece of paper to enclose any debris.
5. Place the tube and folded piece of paper in the corresponding small envelope and seal. Affix a Kit Reference Number label to the small envelope and initial.
6. Repeat for the left hand using Item label **4-B** and the other piece of paper.

STEP 5: PUBIC HAIR COMBING (Item 5-A) AND OTHER ITEMS (Item 5-B)

If semen-like or foreign material is observed in the pubic area, it should be collected before proceeding with the pubic hair combing. For instructions on how to collect this material, refer to Step 3.

- **To collect the pubic hair combing - Envelope 5-A:**

1. Remove the comb from the plastic bag.
2. Without removing the cotton batting from the base of the comb, gently comb the entire pubic region **only once** to remove any loose hairs or debris.
3. Return the comb to the plastic bag ensuring that it is properly closed. Complete Item label **5-A** and affix to the plastic bag.
4. Place the plastic bag containing the comb in the corresponding small envelope and seal. Affix a Kit Reference Number label to the small envelope and initial.

- **Other items - Envelope 5-B:**

1. Wrap any other items such as tampons and any protective barriers or condoms in the piece of paper provided to prevent leakage.
2. Place the piece of paper containing the item in the breathable evidence bag and seal. Complete Item label **5-B** and affix to the bag.
3. Place the evidence bag containing the item in the corresponding small envelope and seal. Affix a Kit Reference Number label to the small envelope and initial.

STEP 6: EXTERNAL GENITALIA SAMPLES (Items 6-A and 6-B)

External genitalia samples should be collected if:

- **penile penetration of the vagina or rectum occurred or is suspected regardless of whether or not the patient showered or bathed prior to physical examination; and/or**
- **oro-genital contact has occurred or is suspected and only if patient did not shower or bathe prior to physical examination; and/or**
- **touching in the external genital area occurred or is suspected and only if patient did not shower or bathe prior to physical examination.**

- **To collect the external genitalia samples:**

1. Remove the swabs from the tubes and moisten approximately half of each swab with sterile water.
2. Hold the swabs with the swab ends together and swab the area with the damp side.
 - For a female patient, areas to swab include the vulva and labia.
 - For a male patient, areas to swab include the exterior of the penis and scrotum.
3. Turn the swabs over and swab with the dry side.
4. Return the swabs to the tubes ensuring that they are properly closed. Complete the corresponding Item labels and affix label **6-A** to one tube and **6-B** to the other.
5. Place the tubes in the corresponding small envelopes and seal. Affix a Kit Reference Number label to each small envelope and initial.

STEP 7: VAGINAL SAMPLES (Items 7-A and 7-B)

Samples from the vagina should be collected if:

- **penile penetration of the vagina occurred or is suspected regardless of possible condom use; and/or**
- **digital penetration of the vagina occurred or is suspected.**

- **Speculum**
 - If possible, use a speculum to collect the vaginal samples. In cases involving a pre-pubertal female patient the use of a speculum may not be required if there is no evidence of genital bleeding or trauma to the external genitalia.
 - When using a speculum to collect the vaginal samples, warm under tap water.
 - If possible, do not use a lubricant or lubricated speculum when collecting the vaginal samples. If the use of a lubricant is required, use only a small amount of a water-based lubricant.

- **To collect the vaginal samples:**
 1. Remove the swabs from the tubes and hold them with swab ends together.
 2. Use the dry swabs to swab the walls of the vagina, across the cervix and the posterior fornix region.
 3. Return the swabs to the tubes ensuring that they are properly closed. Complete the corresponding Item labels and affix label **7-A** to one tube and **7-B** to the other.
 4. Place the tubes in the corresponding small envelopes and seal. Affix a Kit Reference Number label to each small envelope and initial.

STEPS 8: ANAL SAMPLES (Items 8-A and 8-B)

Anal samples should be collected even if only penile penetration of the vagina occurred (due to potential drainage from the vaginal area to the anal area).

- **To collect the anal samples:**
 1. Remove the swabs from the tubes and moisten approximately half of each swab with sterile water.
 2. Hold the swabs with the swab ends together and swab the anus including the outer areas using the damp side. Turn the swabs over and swab with the dry side.
 3. Return the swabs to the tubes ensuring that they are properly closed. Complete the corresponding Item labels and affix label **8-A** to one tube and **8-B** to the other.
 4. Place the tubes in the corresponding small envelopes and seal. Affix a Kit Reference Number label to each small envelope and initial.

STEPS 9: RECTAL SAMPLES (Items 9-A and 9-B)

Rectal samples should be collected if:

- **penile penetration of the rectum occurred or is suspected regardless of possible condom use; and/or**
- **digital penetration of the rectum occurred or is suspected.**

- **To collect the rectal samples:**

1. Remove the swabs from the tubes and hold them with the swab ends together.
2. Have the patient lie in a comfortable position e.g. on their left side (male or female) or in the lithotomy position (female). Press gently on the sides of the anus and wait for anal dilation (1 – 3 minutes).
3. Without touching the sides of the anus during insertion, insert the dry swabs approximately 5 cm inside the anal opening (and past the dentate line) and swab the rectum.
4. Return the swabs to the tubes ensuring that they are properly closed. Complete the corresponding Item labels and affix label **9-A** to one tube and **9-B** to the other.
5. Place the tubes in the corresponding small envelopes and seal. Affix a Kit Reference Number label to each small envelope and initial.

STEP 10: DNA REFERENCE SAMPLE (Item 10-A)

A DNA reference sample should always be collected.

- **To collect the DNA reference sample:**

1. Have the patient thoroughly rinse her / his mouth with water twice before collecting the sample. Discard the rinse water.
2. Remove the swab from the tube.
3. Use the dry swab to thoroughly rub the inside of the cheeks, tongue and gums using an up and down motion with the swab. Alternatively, the patient may perform this step if he / she feels more comfortable.
4. Return the swab to the tube ensuring that it is properly closed. Complete Item label **10-A** and affix to the tube.
5. Place the tube in the small envelope **10-A** and seal. Affix a Kit Reference Number label to the small envelope and initial.

ADDITIONAL SAMPLES

Should there be a need to collect additional articles of clothing or samples, use supplies provided by your Healthcare Facility (or unused bags, small envelopes or swabs left over from other kits) or contact the investigating police agency for direction with respect to obtaining supplementary evidence collection supplies. There are extra Item and Kit Reference Number labels provided for this purpose and additional space is available on the Forensic Evidence Record form (**RCMP GRC 2369-4**) for documenting the chain of custody.

DOCUMENTATION

All forms should be completed by the Healthcare Practitioner. When completing multicopy forms, use ballpoint pen, print legibly and press hard to ensure that the information is legible on all copies.

- **Healthcare Facility to retain:**
 - Consent form (**RCMP GRC 2369-1**)
 - White copy of the Sexual Assault History form (**RCMP GRC 2369-2**)
 - White copy of the Sexual Assault Interview form (**RCMP GRC 2369-3**)
 - White copy of the Forensic Evidence Record form (**RCMP GRC 2369-4**)
 - Traumatograms (**RCMP GRC 2369-12**)

- **Police Officer to retain:**
 - Canary copy of the Sexual Assault History form (**RCMP GRC 2369-2**)
 - Canary copy of the Sexual Assault Interview form (**RCMP GRC 2369-3**)
 - Canary copy of the Forensic Evidence Record form (**RCMP GRC 2369-4**)

- **Police Officer to transfer to the laboratory:**
 - Pink copy of the Sexual Assault History form (**RCMP GRC 2369-2**)
 - Pink copy of Forensic Evidence Record form (**RCMP GRC 2369-4**)

RELEASE OF THE SEXUAL ASSAULT EVIDENCE KIT TO THE POLICE OFFICER

- **Before releasing the kit to the Police Officer, ensure that:**
 - Each step outlined in the guide that is pertinent to the physical examination has been carried out;
 - The Consent form (**RCMP GRC 2369-1**) has been completed, dated, signed and witnessed;
 - The Sexual Assault History form (**RCMP GRC 2369-2**) and the Sexual Assault Interview form (**RCMP GRC 2369-3**) have been completed, dated and signed;
 - The Patient name and date have been entered and a Kit Reference Number label has been affixed securely to the top of the kit box;
 - All Item labels have been completed, dated, initialed and affixed to the item container, envelopes or bags;
 - Kit Reference Number labels have been affixed to all small envelopes; and
 - All copies of the forms kept by the Healthcare Facility and being transferred to the Police Officer bear the same Kit Reference Number.

- **Transfer of the kit from the Healthcare Practitioner to the Police Officer:**
 - Only transfer the items that have been collected during the physical examination. Unused items such as bags, small envelopes or swabs can be discarded or recycled.
 - Each item is to be transferred individually to the Police Officer. Complete the Forensic Evidence Record form (**RCMP GRC 2369-4**) while the transfer is taking place.
 - Inform the Police Officer which articles of clothing are damp or wet.
 - Transfer copies of the associated documentation as outlined above.
 - Once the transfer has been completed, the Police Officer can seal the kit box using the Security Seal – Police Officer (**RCMP GRC 2369-8**) provided with the kit.

STORAGE:

- If the Police Officer is not involved immediately, the Sexual Assault Evidence Kit and any relevant articles of clothing should be sealed using the Security Seal – Healthcare Practitioner (**RCMP GRC 2369-8**) provided with the kit and stored in a secure area.
- The kit may be stored at room temperature with the exception of tampons, diapers and condoms which should be placed in a non-self-defrosting freezer.
- Removal of the kit from the secure area for transfer to the Police Officer must be documented on the Forensic Evidence Record Form (**RCMP GRC 2369-4**) to ensure continuity of the chain of custody.

RECOMMENDATIONS FOR TESTING, PROPHYLAXIS AND COUNSELLING FOLLOWING A SEXUAL ASSAULT

• Tests recommended and prophylaxis:

- Typically patients are treated preventatively for chlamydia and gonorrhoea, and sometimes HIV. In some instances treatment for hepatitis B is also provided as well as testing for some sexually transmitted infections.
- Refer to the most current *Canadian Guidelines on Sexually Transmitted Infections* edition (Sexual Abuse in Peripubertal and Prepubertal children and Sexual Assault in Post Pubertal Adolescents and Adults) at www.phac.aspc.gc.ca/std-mts/sti-its/index-eng.php or your provincial/territory guidelines on Sexually Transmitted Infections.
- Emergency contraception such as levonorgestrel should be considered in situations of unprotected/unknown penile penetration of the vagina. Refer to current guidelines and indications such as those of the World Health Organization.

• Counseling:

- Refer the patient to a local Sexual Assault Centre and/or Victims Services available through your Healthcare Facility or local police services.

