

Clinical Care Protocols Guideline

Objective

This document details the clinical treatment approach to be followed by Petroleum Deepwater (Woodside Energy Limited) health care providers when responding to the presentation of a person who has experienced sexual violence (actual or suspected).

Audience

All PET DW Healthcare Professionals – Medics, Houston Health Services, Medical Case Managers and PET/Local Medical Directors.

Owner

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Document Signatures

Role	Position Title	Name	Signature
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Disclaimer:

This document has been updated to meet post-merger requirements. Updates have been restricted to rebranding of logo, company name and revision number and date. Updates have not impacted the design or functionality, or taken away from original intent, of the document.

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Introduction

Sexual violence is common, and while young women are at greatest risk, it can affect individuals of any age or gender.

The **World Health Organisation (WHO)** defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic or otherwise, directed at a person’s sexuality using coercion, by any person, regardless of their relationship to the victim and in any setting including but not limited to home and work.”

In simple terms, sexual violence can be characterised by any sexual contact or behaviour that occurs without explicit consent. Health care providers play a particularly significant role in the evaluation, management and advocacy of people who have experienced sexual violence.

Terminology

Sexual violence is an umbrella term that incorporates all unwanted sexual acts including assault, harassment, coercion, trafficking, and rape.

Rape is defined as the penetration of the vagina, anus, or mouth without explicit consent. In Australia this includes penetration by any body part or object.

Sexual assault is defined as illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant (such as a doctor) in a position of trust or authority.

Sexual contact without consent is against the law.

Severe Injury

Preserving life always takes priority.

Persons who present with severe injury are treated by PET DW Health Professionals (Medics, Medical Director, etc.) following the principles of trauma management and other associated medical protocols as outlined by the PET Medical Director, Local Medical Director or Topside Medical:

1. Conduct a Primary Survey to identify and initiate treatment for immediate life-threatening conditions; and
2. Conduct a Secondary Survey once initial life-threatening conditions have been addressed.

Note – a Secondary Survey may not eventuate in a pre-hospital care environment as the management of ongoing life-threatening conditions may be required through to arrival at a hospital facility. The priority is to stabilize the person and get them to a definitive care facility in as timely a manner as possible. It is unlikely significant detail regarding the sexual violence itself will be obtainable.

3. PET Health Professionals will provide initial treatment/stabilization for severe injury and will not perform sexual assault/harassment consults, examinations, or investigations.
4. PET Health Professionals will document the assessment/treatment and all information provided to them by the person.
5. Persons will be transferred to a facility that has specialized resources that are trained to support and treat sexual assault/harassment events.

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Clinical Evaluation Flowchart

Person's Name		
Date of Birth		
Person's Location		
Assessor Name		
Assessor Status	RN	Medic
Have you identified yourself to the person?	Yes	No
Have you explained the purpose of the consultation?	Yes	No
Have you obtained verbal informed consent from the person?	Yes	No
Do not proceed until the above has been completed.		

Consult Process

Sexual violence can be an extremely traumatic experience which has physical, psychological, biological, and social impacts on the person.

Some people may experience very distressing emotional responses that may lead to considerations of self-harm.

- Throughout the clinical encounter remain vigilant to the person's mental health status.
- Ensure familiarity with the principles of suicide risk assessment
- Remember that regarding suicide risk assessment **"if in doubt carry it out"**.

Insensitive or well-intended but clumsy evaluation by a health care provider can lead to re-traumatization of the person. It is **particularly important** to respond to a disclosure of sexual violence in a useful way as it can impact:

- How the person deals with the trauma in the short-term.
- The likelihood of the person seeking further assistance; and

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- The likelihood of the person reporting the crime to the Police.

It is essential that the responder(s) maintains safety, trustworthiness, choice, collaboration, and empowerment for the person.

<p>Safety</p>	<ul style="list-style-type: none"> ▪ Ensure privacy. Explain confidentiality and any limits of confidentiality. ▪ Reassure them that details will not be discussed with others without their explicit consent unless there is a mandatory requirement by law to report e.g., sexual assault in a person under 18 years of age must be reported to the Police; or where Pet DW (WEL) consider the disclosed conduct gives rise to a fundamental safety issue for our workforce or the broader community. ▪ Check if the person wants anyone specifically as a support person. Consider that the person may specifically want to be medically treated by or speak to person of a particular gender and facilitate this wherever possible. ▪ Ask about safety needs and comfort and provide anything that the person requires to achieve this. ▪ Always show respect. Listen more than speak. Do not pressure the person for answers. Maintain a warm, empathic, and compassionate manner; and ▪ Stay out of judgement or from giving unsolicited advice.
<p>Trustworthiness</p>	<ul style="list-style-type: none"> ▪ Speak to the person in a manner they can understand. Avoid jargon. Build rapport by giving information about who you are and how you can help. ▪ Explain the support options available (refer to Options Table in Appendix 1) and respond to their questions without giving your opinion. ▪ Ensure that they have consented at every step. Explain each step or actions taken as it proceeds.
<p>Choice</p>	<ul style="list-style-type: none"> ▪ If assistance is needed from others, support the person to access and/or obtain consent before contacting them, unless there is further risk of harm. Obtain consent for any action you want to undertake. ▪ Ensure that the person knows that they can say NO to any aspect at any time. This includes changing their minds after giving initial consent; and ▪ Never touch the person without their consent (except in life threatening circumstances requiring immediate resuscitation). ▪ Respect the person’s boundaries and not push them if they are initially reluctant to talk. The person has the right to choose how much detail they want to give you – and in some cases this may be very little.
<p>Collaboration</p>	<ul style="list-style-type: none"> ▪ Involve the person in all decisions regarding their options. Remind the person that they can change their mind regarding what they want at any time. ▪ Provide feedback to the person at every step of action taken with their consent. Share any updates with the person.

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Empowerment	<ul style="list-style-type: none"> ▪ Listen and allow the person the time they need to talk or respond to questions. ▪ Encourage the person to feel safe to seek specialist support. Reassure that it is okay and in fact common to not recall all elements of the event. ▪ As much as possible use open ended questions and encourage the person to speak freely. Never ask “Why...?” questions as it tends imply that the person was somewhat at fault. Avoid judgmental questions e.g., ask “Tell me about what you experienced” as opposed to “What is wrong with you?” ▪ Monitor nonverbal cues – if the person looks uncomfortable then they inevitably are uncomfortable.
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First Steps

For Petroleum SEXUAL ASSAULT SEXUAL HARRASSMENT Trained Specialists:

Does the person want the authorities notified?	<ul style="list-style-type: none"> • If yes obtain consent to do so. Contact PIC/OIM to initiate notifications. • If no explain they can change their mind anytime in the future. <p><i>If offshore platform or vessel, Coast Guard may need to be notified. In some cases, they will remove the individual and transport to facility.</i></p>
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For Petroleum SEXUAL ASSAULT SEXUAL HARRASSMENT Trained Specialists:	
<p>Does the person want a forensic examination?</p> <p><i>For consent to be valid the person cannot be intoxicated.</i></p>	<ul style="list-style-type: none"> • Ensure the person is aware that they can choose to have a forensic examination even if they believe that they will not choose to contact authorities at a later stage. • Ensure the person is aware of the ideal timelines for a forensic examination. <ul style="list-style-type: none"> ○ < 7 days for penile-vaginal penetrations. ○ < 2 days for penile-anal penetrations. ○ < 1 day for penile-oral penetrations or digital-vaginal penetrations. ○ ASAP for penetration by an object. ○ STD and blood-borne infection screening can be undertaken at any time but ideally should occur within 72 hours (about 3 days) of the sexual assault. ○ Emergency contraception is required within 72 hours (about 3 days) of sexual assault but can be given up to 5 days later (although this is less reliable); and ○ HIV prophylaxis, where indicated, should be started as early as possible. • If yes, ensure the person is aware that a forensic examination cannot occur on site and can be facilitated via several options including: <ul style="list-style-type: none"> ○ Through Sexual Assault Resource (if the person changes their mind about its involvement). See Section 3.1 Contacting Sexual Assault Resource below for next steps. ○ At a hospital facility that is equipped to provide forensic examination; and ○ Where the person attends for ongoing care will depend on the person's wishes and the coordination of getting them to an appropriate location within an appropriate period.
<p>Does the person consent to you contacting the Pet DW (WEL) sexual assault/harassment Support Help Line for additional assistance?</p>	<ul style="list-style-type: none"> • Explain that the Pet DW (WEL) sexual assault/harassment Support Help Line provides support and referrals to services for people affected by sexual violence. • Ensure that the person knows that if the Sexual Assault Center are contacted, they will be required to speak directly to a counsellor for triage purposes; and • Explain that the Pet DW (WEL) sexual assault/harassment Support Help Line can advise on follow up options outside of its State.
<p>Does the person consent to you contacting the relevant Pet DW (WEL) Employee Assistance Program on their behalf (EAP)?</p>	<ul style="list-style-type: none"> • Explain that the EAP provider will facilitate access to suitably qualified and experienced counselling and/or support services for personal recovery. • Ensure that the person knows that if the Pet DW (WEL) EAP provider is contacted, they will be required to speak directly to them for triage purposes. • Explain that the care services and support options are not time bound and can be accessed by the person when they choose. •
<p>Does the person have a personal support person they would like you to contact?</p>	<ul style="list-style-type: none"> • If yes obtain consent to contact the support person; and • Determine if they wish to wait for this person to arrive before undertaking the next steps.

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For Petroleum SEXUAL ASSAULT SEXUAL HARRASSMENT Trained Specialists:

If YES to any of the above, you should consider obtaining consent to discuss with the Pet DW (WEL) sexual assault/harassment Support Help Line and/or Local Medical Director/Topside Medical Support to determine what medical review will be required.

Contacting Appropriate Sexual Assault & Harassment Support

The sexual assault/harassment Support Helpline (+1 713 297 7274) have staff on call 24/7 to provide telehealth advice to health professionals who are seeing persons alleging a recent (within the previous 2 weeks) sexual assault.

Initially the Pet DW (WEL) sexual assault/harassment Support Help Line will want to know:

- What type of sexual violence has been alleged?
- Has the person received any examination or treatment to date?
- Has the person consented to a forensic examination?
- Has the person requested Police involvement; and
- Where the person would ideally like to have follow up.

If the person has requested a forensic examination liaise with the Pet DW (WEL) sexual assault/harassment Support Help Line as to where/when this should occur and how to avoid delays in completing the examination. The Pet DW (WEL) sexual assault/harassment Support Help Line will also be able to advise you as to any specific actions the person and the health practitioner need to take to preserve forensic evidence until the forensic examination can occur.

Depending on the nature of the sexual assault the person may require emergency contraception, screening for STD's and STD prophylaxis. This will require them to see a medical practitioner ideally within 72 hours of the assault. Liaise with the person as to where they would wish this to occur. Options may include:

- A local hospital facility.
- A local GP
- A regional state hospital facility or sexual assault service; and/or

Where the person attends for ongoing care will depend on the person's wishes and the logistics of getting them to an appropriate location within an appropriate time frame.

XtremeMD Case Management Service (24/7) can also be contacted for follow up case management services and support if consent has been obtained from the person to do so.

All such calls are to go directly to the on-call RN Case Manager who has direct link to the on-call MD to maintain maximal privacy and minimize the number of consultations regarding the person.

Pet DW (WEL) Medical Direction and Support Contacts

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The sexual assault/harassment Support Helpline (+1 713 297 7274) have staff on call 24/7 to provide telehealth advice to health professionals who are seeing persons alleging a recent (within the previous 2 weeks) sexual assault.

Joseph Pearson, MD PET Medical Director and US/CA Medical Director	+ 1 337 962 7900 (24/7 XMD on call back up + 1 337 704 0915)	jpearson@xstrememd.com
Dulce Maria Ruiz, MD Medical Director and SEXUAL ASSAULT SEXUAL HARRASSMENT Case Manager for MX	+ 52 1 833 150 5002	druiz@xstrememd.com
Ryan Abraham, MD Medical Director and SEXUAL ASSAULT SEXUAL HARRASSMENT Case Manager for T & T	+ 1 868 622 7340 + 1 868 682 5965 (after hours)	ryan.abraham@serpentinemedical.com
Catherine Nixon, MD Medical Director and SEXUAL ASSAULT SEXUAL HARRASSMENT Case Manager for AU PET AU follows MinAU protocols (Landlord model)	+08 9321 9332	catherine.nixon@sonichealthplus.com.au
Kim Phillips, RN/COHN (SEXUAL ASSAULT SEXUAL HARRASSMENT TIC/Clinical Guidance Program Coordinator)	+1 281 220 7552	kim.phillips@woodside.com

Pet DW (WEL) Employee Assistance Program Providers and Support Resources

EAPs provide free, confidential counselling and support service, and can be contacted 24-hours-a-day by impacted persons including leaders, support persons, immediate family members. This option allows for those who choose to preserve anonymity to access care.

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EAP Providers

Australia

Benestar
1800 30 30 90

Trinidad & Tobago

Dolly and Associates Limited
1 868 625-7107 or
1 868 627-1845

United States

Optum
www.liveandworkwell.com
1 866 248 4096
Access code: WE

Canada

Optum
www.livewell.optum.com
1-888-307-0539
Access code: weglobal

Mexico

Optum
www.livewell.optum.com
1-800-702-6701
Access code: weglobal

When possible, If the alleged assailant/s is brought to the clinic in need of medical attention they must be seen and evaluated by a health practitioner separate to the one who has been managing this person to avoid potential cross contamination of forensic evidence. Locations with one healthcare practitioner (Off-shore or on-shore) will ensure separation of both to the best of their ability and will triage based on severity of injury.

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History Taking

History taking is especially important in this context as it is the health practitioner will be the first person they have seen. This comes with the opportunity to obtain the person's earliest recollection of the incident.

As comprehensive a history as possible needs to be obtained – but you also need to respect the person's boundaries and not push them if they are initially reluctant to talk. The person has the right to choose how much detail they want to give you – and in some cases this may be little.

- Respect the person's boundaries.
- Avoid "Why" questions.
- Avoid judgmental questions; and
- Document the person's own words.

The key elements of a good history typically include:

- A detailed description of the person's signs and symptoms and the timelines associated with these.
- The events that led to their illness or injury.
- The person's past medical history.
- The person's current medication history including whether they use any recreational drugs and whether they have any allergies; and
- Establishing time of last oral intake can also be useful if sedating drugs or surgery are likely to be required as part of their subsequent management.

In evaluating the person who has experienced sexual violence, such detailed questioning may be upsetting to the person, so be vigilant to their needs and the nature of their presentation and be prepared to modify the history taking process.

When obtaining a history related to sexual violence consider the following:

- Ensure that the person understands why you need to ask these questions and obtain consent to document their responses.
- Use open ended questions and encourage the person to speak freely.
- Allow the person as much time as they need to tell their story or respond to questions.
- Never ask questions that start with "Why...?" as they tend to imply that the person was at fault; and
- Avoid judgmental questions – e.g., ask "What happened to you?" as opposed to "What is wrong with you?" The latter implies a fault within the person whilst the former recognizes that the situation was outside of their control.

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General Opening Questions

Question	Person's Response
What are you most worried about?	
What happened to you?	
What would you like to happen now?	
What can I do to help you right now?	
<p>If YES to any of the above, consider obtaining consent to discuss with Telehealth to help determine what medical review will be required. <u>DO NOT</u> continue with history taking after section 4.2 if the individual does not give consent.</p>	

Follow Up Questions

Following opening questions, ask the following questions to confirm there are no injuries requiring medical review:

Question	Person's Response
Have you sustained any injuries?	
Are you in pain?	
Did you suffer a blow to the head or lose consciousness at any stage?	
Was any pressure applied to your neck by any means?	
Do you have any vaginal or anal bleeding?	
<p>If YES to any of the above, consider obtaining consent to discuss with Pet DW (WEL) HELP Line or Medical Director/Topside Medical Support to help determine what medical review will be required.</p>	

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History of Incident (with Consent)

Specifics	Person's Response
Time, date, and place of incident	
Was force, weapons, threats, drugs, or other coercion used?	
Type and means of assault	
Number of assailants	
Did assailant use a form of contraception / wear a condom?	
Did ejaculation occur?	
Has the person urinated, defecated, vomited, showered, or washed any part of their body, brushed teeth, smoked, eaten, changed clothes, or taken any medication after the incident?	
<p>Remember that the above involves obtaining a lot of information. The person may not want to have such an in-depth history taken on site and may prefer to wait until they have reached definitive care before going into such detail. Respect the person's wishes in this regard. In some cases, the person may wish to have as much detail documented as early as possible but in other cases, they may present simply for facilitation of an early referral to a more definitive health care service.</p>	

Physical Examination

If a physical examination is requested and there is access to a sexual assault/harassment trained/certified healthcare practitioner, the [US National Protocol for Sexual Assault Medical Forensics Examinations](#) (or equivalent) will be used.

The physical examination will be limited to the evaluation and treatment of injuries that require immediate attention.

- If gloves are required, wear non-powdered gloves, and change gloves any time cross-contamination is a potential risk; and
- Any clothing that requires to be removed should be placed in a separate paper bag until the requirement for forensic care has been determined.

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Ensure that the person consents to any form of examination before you undertake it.	
Does the person have any injuries or symptoms/signs that they would like to be examined and documented?	<ul style="list-style-type: none"> The person may prefer to talk about symptoms and signs they have and request that they be documented without allowing physical examination. Respect the person's request and document that the relevant physical examination did not occur.
For wounds document the anatomical location, size, shape, depth, and nature of the wound (e.g., bite, abrasion, laceration, etc.).	
For bruises document the anatomical location, size, and shape. <i>Do not attempt to date the age of the bruising by its color.</i>	

Specimen Collection (Medical Director, Sexual Assault/Harassment Certified RM's or equivalent only)

Pet DW (WEL) Medics and Houston Health Services healthcare professionals **will not perform specimen collection**. They will have the ability to package the individual's clothing and take pictures of injured areas with the consent of the individual.

There is always a risk that forensic samples may be lost as-a-result of delays in obtaining a formal forensic examination. This may be due to person factors e.g., the need to urinate – or geographical factors e.g., the remoteness of the location.

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Required Notifications

<p>All standard off-site transfer notifications must be made as per current notification requirements while ensuring the persons' privacy as best possible.</p>	<ul style="list-style-type: none"> • Ensure the person understands the rationale for these notifications and that they consent to them being made. • Due to the extremely sensitive nature of sexual assault cases, inform notifiable persons that there is an off-site transfer without detailed information regarding what has occurred to the person; and • Exercise appropriate discretion where the person indicates they do not want one or more of the above mandatory reports notified e.g., the alleged assailant may be one of these individuals.
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Useful State/Territory Resources

Advice and resources are accessible in each State/Territory:

Pet DW (WEL) SEXUAL ASSAULT SEXUAL HARRASSMENT Resources			
Country	Pet DW (WEL) Location	Resource Information	Additional Information
US	Arizona	<p>Northern Arizona Center Against Sexual Assault 2920 N 4th Street Flagstaff, AZ 86004 877-634-2723 (free)</p> <p>Page Hospital 501 N Navajo Page, AZ 86040 928-645-2424</p> <p>Phoenix Family Advocacy Center 2120 North Central Ave Suite 250 Phoenix, AZ 85004 602-534-2120</p> <p>Scottsdale Health Forensic Nurse Examiners (shc.org) 7400 East Osborn Road Scottsdale, AZ 85251 Office - 480-312-6341</p>	RAINN - +1-800-656-HOPE (4673)

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Pet DW (WEL) SEXUAL ASSAULT SEXUAL HARRASSMENT Resources			
	California	<p>Anaheim Memorial Medical Center 1111 W LaPalma Ave Anaheim, CA 92801 562-430-6220</p> <p>Antelope Valley Hospital SART 1600 West Avenue J Lancaster, CA 93534 661-949-5570</p> <p>Bakersfield Memorial Hospital 420 34th Street Bakersfield, CA 93301 681-809-8826</p> <p>Community Regional Medical Center (communitymedical.org) Emergency Department SAFE Program P.O. Box 1232 Fresno, CA 93715-1232 Office - 559-459-5114</p> <p>Contra Costa County SART Contra Costa Regional Medical Center 2500 Alhambra Avenue Martinez, CA 94553 Office - 925-370-5200 X4466</p> <p>Dominican Hospital SART/SANE Program 1555 Soquel Drive Santa Cruz, CA 95065 Office - 408-462-7744</p> <p>Eisenhower Medical Center Sexual Assault Response Team (emc.org) 39000 Bob Hope Dr Rancho Mirage, CA 92260 760-837-8937</p>	RAINN - +1-800-656-HOPE (4673)

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Pet DW (WEL) SEXUAL ASSAULT SEXUAL HARRASSMENT Resources			
	Louisiana	<p>Hearts of Hope SANE (theheartsofhope.org) PO Box 53967 Lafayette, LA 70505 337-269-1557</p> <p>Ouachita Parish SANE Program 309 Jackson Street Monroe, LA 71207 318-327-5262</p>	
	New Mexico	<p>Albuquerque SANE Collaborative 625 Silver Avenue SW Albuquerque, NM 87102 508-883-8720</p> <p>Carlsbad Medical Center SANE Unit 2430 W Piera Carlsbad, NM 88220 505-887-4314</p> <p>Family Harmony Project P.O. Box 912 Crownport, NM 87313 Office - 505-786-5622</p> <p>Gerald Champion Regional Medical Center (gcrmc.org or sexhealthnews.org) 2669 North Scenic Drive Alamogordo, NM 88310 Office - 575-439-6100 On Call Cell Phone - 575-430-9485 Hotline - 575-437-7404</p> <p>New Meixco Coalition of Sexual Assault Program 3909 Juan Tabo Blvd. NE, Suite 6 Albuquerque, NM 87111 Office - 505-883-8020</p>	

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Pet DW (WEL) SEXUAL ASSAULT SEXUAL HARRASSMENT Resources			
	Texas	<p>Collin County SANE Program (turningpoint.org) PO Box 866754 Plano, TX 75806 972-985-0951</p> <p>Sexual Assault Prevention & Crisis Services Division P.O. Box 12548 Austin, TX 78711-2548 Office - 512-936-1233 Toll Free - 1-800-9933 X61233</p> <p>Texas Health Resources (texashealth.org) 612 E. Lamer Blvd Arlington, TX 76011 1-877-THR-WELL</p> <p>Memorial Hermann-Texas Medical Center 6411 Fannin Street, Houston, TX 77030 (713) 704-4000</p> <p>Children's Memorial Hermann Hospital 6411 Fannin Street, Houston, TX 77030 (713) 704-5437</p> <p>Memorial Hermann Southwest Hospital 7600 Beechnut Street, Houston, TX 77074 (713) 456-5000</p>	RAINN - +1-800-656-HOPE (4673)

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Pet DW (WEL) SEXUAL ASSAULT SEXUAL HARRASSMENT Resources			
	Utah	<p>Salt Lake SANE (sisane.org) 2035 South 1300 East Salt Lake City, UT 84105 801-910-3690</p> <p>South West SANE 1379 E 1710 S Saint George, UT 84790-2295 435-229-6779</p> <p>Utah Coalition Against Sexual Assault (ucasa.org) 284 West 400 North Salt Lake City, UT 84103 Office - 801-376-6962</p>	RAINN - +1-800-656-HOPE (4673)
Canada		<p>Canadian Resource Centre for Victims of Crime 1 877 232 2610</p> <p>Ending Violence Association of Canada Action Canada Access Line 1 888 642 2726</p>	Use the Department of Justice Canada's online Victim Services Directory to search for victim services in every province and territory. Contact information is also available for specialized services for children, Aboriginal people, survivors of domestic violence, and other victims of crime.

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Pet DW (WEL) SEXUAL ASSAULT SEXUAL HARRASSMENT Resources			
Mexico		<p>Centro de Mujeres (CIDHAL)</p> <p>http:// www.cidhal.org (Spanish only) cidhal@prodigy.net.mx Calle Las Flores No 11, Col. Acapantzingo 62440</p> <p>Helpline: (52-777) 318-2058</p> <p>Sexual Crimes Investigation Office (Fiscalía de Investigación de Delitos Sexuales) Phone: 55 5346 8205 55 5346 8206 Crime Victim Hotline (Mexico City) 5533 5533</p>	
Trinidad & Tobago		Rape Crisis Society of Trinidad and Tobago - +1-868-6277273	
Additional Resources		<p>RAINN: 800-656-HOPE (4673)</p> <p>https://www.rainn.org/international-sexual-assault-resources</p> <p>Harvard University Office of Sexual Assault Prevention & Response (includes international support):</p> <p>https://osapr.harvard.edu/pages/resources</p>	

References

- Asset Mental Health CTG
- Asset Primary & Secondary Survey CTG
- Asset Offsite notification procedure
- Pet DW (WEL) Reporting Sexual Assault and/or Sexual Harassment to Authorities Guidance Note