

# INFORMATION PERTAINING TO ASSAULT & KIT TRACKING FORM FORM 2A PROVIDER SEXUAL CRIME REPORT

FAX FORM 2A ONLY

Per MGL C. 112, S. 12A 1/2

K

<b>A. PATIENT/VICTIM INFORMATION:</b> <i>Name, address and other identifying information should not be written on this anonymous form.</i>					
1. Age: _____	2. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male				
3. Race: <input type="checkbox"/> White (non-Hisp.) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (non-Hisp.) <input type="checkbox"/> Asian/Pac. Isl. <input type="checkbox"/> Other: _____					
4. Date of Assault (e.g., 01/01/2000): _____	5. Approx. Time of Assault: _____		<input type="checkbox"/> AM <input type="checkbox"/> PM		
6. City/Town of Assault: _____	State: _____	Neighborhood: _____			
7. Specific surroundings at time of Assault:					
<input type="checkbox"/> House/Apartment <input type="checkbox"/> Outdoors <input type="checkbox"/> Dormitory <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____ <input type="checkbox"/> Unsure					
Correctional Facility (Check One): <input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> DYS					
8. Date of hospital exam (e.g., 01/01/2000): _____	9. Time of hospital exam: _____		<input type="checkbox"/> AM <input type="checkbox"/> PM		
10. Hospital providing service: _____					
11. Exam completed by a Sexual Assault Nurse Examiner (SANE)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Affix kit number label here on both white and yellow copies.</b>					
<b>B. ASSAILANT(S) INFORMATION:</b> <i>Complete this section if victim voluntarily reports any of the following incidents with the assailant(s).</i>					
12. Total number of assailants: _____ Unsure: <input type="checkbox"/>					
13. Assailant(s) relationship to patient/victim and gender of assailant (m/f) <i>(If &gt;1 assailant, designate relationship of each).</i>					
		# Male	# Female		
<input type="checkbox"/> Parent/ Step-parent	_____	_____		<input type="checkbox"/> Boy/ girlfriend	_____
<input type="checkbox"/> Spouse/ live-in partner	_____	_____		<input type="checkbox"/> Ex-boy/ girlfriend	_____
<input type="checkbox"/> Ex-Spouse/ live-in partner	_____	_____		<input type="checkbox"/> Date	_____
<input type="checkbox"/> Parent's live-in partner	_____	_____		<input type="checkbox"/> Acquaintance	_____
<input type="checkbox"/> Other relative	_____	_____		<input type="checkbox"/> Friend	_____
<input type="checkbox"/> Stranger	_____	_____		<input type="checkbox"/> Unknown	_____
<input type="checkbox"/> Other (specify): _____					
<b>C. WEAPONS/ FORCE USED:</b> <i>(Check all that apply, per patient report and/or physical findings)</i>					
14. <input type="checkbox"/> Unknown	<input type="checkbox"/> Hitting	<input type="checkbox"/> Blunt Object	<input type="checkbox"/> Other weapons	Describe: _____	
<input type="checkbox"/> Verbal threats	<input type="checkbox"/> Burns	<input type="checkbox"/> Restraints	<input type="checkbox"/> Other physical force	Describe: _____	
<input type="checkbox"/> Choking	<input type="checkbox"/> Gun	<input type="checkbox"/> Chemical(s)			
<input type="checkbox"/> Bites	<input type="checkbox"/> Knife	<input type="checkbox"/> Hold Down/Body Weight			
<b>D. ACTS DESCRIBED BY THE PATIENT/VICTIM:</b>					
<i>Was there penetration, however slight, of:</i>					
15. Vagina <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt <input type="checkbox"/> Yes	BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger	<input type="checkbox"/> Tongue	<input type="checkbox"/> Object/Other: _____		
16. Anus <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt <input type="checkbox"/> Yes	BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger	<input type="checkbox"/> Tongue	<input type="checkbox"/> Object/Other: _____		
17. Mouth <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt <input type="checkbox"/> Yes	BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger	<input type="checkbox"/> Tongue	<input type="checkbox"/> Object/Other: _____		
18. During the assault, were acts performed by the patient/victim upon the assailant(s)?					
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE					
<i>If yes, specify:</i> _____					
19. Did ejaculation occur? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE					
20. Did assailant(s) use a condom? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE					
21. Any injuries to patient/victim resulting in bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE					
<i>If yes, specify:</i> _____					
22. Any injuries to assailant(s) resulting in bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE					
<i>If yes, specify:</i> _____					
<b>E. CASE STATUS AT TIME OF THE EXAM</b>					
23a. Evidence Collection Kit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
23b. Toxicology Kit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify police dept.: _____</i>					
25. DCF involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe status: _____</i>					
26. Restraining order in place before assault? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, date and court location: _____</i>					
27. Restraining order filed after assault? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, date and court location: _____</i>					
<b>F. MANDATORY REPORTING</b>					
28. 19A Elder Abuse Report <input type="checkbox"/> Yes <input type="checkbox"/> No					
29. 51A Child Abuse Report <input type="checkbox"/> Yes <input type="checkbox"/> No					
30. 19C Disabled Persons Report <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. 70E Emerg. Contraception Administered <input type="checkbox"/> Yes <input type="checkbox"/> Not offered <input type="checkbox"/> Declined <input type="checkbox"/> Not indicated					
32. 12A Weapon Report <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>G. KIT TRACKING INFORMATION</b>					
33. Name of Police Department notified for pick up and transport of Evidence: _____					
34. Date notified: _____ Time notified: _____					

FAX this report to:

Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit  
FAX: 617-725-0260 AND: Local public safety authority

REMA WSPSCR 2 9/98

## EXHIBIT 1 - Provider Sexual Crime Report

## PROVIDER SEXUAL CRIME REPORT

### Overview

The Provider Sexual Crime Report (PSCR) was created as a mechanism for determining the volume and characteristics of rape and sexual assault crimes occurring in Massachusetts. These crimes are often not reported to police and are, as a result, not recorded or tracked. Medical providers can be of great assistance to law enforcement by reporting their cases to the State Police and local police department via the Provider Sexual Crime Report, thus enabling these crimes to be counted and cases of serial offending to be identified. Massachusetts General Law requires the Provider Sexual Crime Report to be completed by medical providers for every victim of rape or sexual assault. Specifically, Chapter 112, Section 12J requires:

**"Every physician attending, treating, or examining a victim of rape or sexual assault, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim's name, address, or any other identifying information. The report shall describe the general area where the attack occurred. Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars." M.G.L.C. 112J 12J**

### Instructions and Definitions

- **DO NOT** write a patient's name, address, or any other identifying information on the PSCR. To ensure patient safety, the Report is anonymous.
- **Question 20:** Check "YES" only if all assailants used a condom. If one or more assailants did not use a condom, check "NO."
- **Question 26 & 27:** These questions pertain to restraining orders in place or filed for assailant(s) involved in this attack only.

**Rape:** "Whoever has sexual intercourse or unnatural sexual intercourse with a person, and compels such person to submit by force and against his will, or compels such person to submit by threat of bodily injury and if either such sexual intercourse or unnatural sexual intercourse results in or is committed with acts resulting in serious bodily injury, or is committed by a joint enterprise, or is committed during the commission or attempted commission of an offense..."

M.G.L.C. 265 § 22.

**Unnatural sexual intercourse:** "Any penetration of the mouth, vagina, or anus by any foreign object or extremity; or, any penetration not understood to be what is collectively referred to as "sexual intercourse." M.G.L.C. 265 § 22.

**19A Elder Abuse Report:** M.G.L. Chapter 19A, Section 15 requires certain professionals (including physicians, physician assistants, medical interns, and nurses) to report suspected occurrences of elder abuse, neglect and financial exploitation.

**51A Child Abuse Report:** M.G.L. Chapter 119, Section 51A requires certain professionals (including physicians, physician assistants, hospital personnel engaged in the examination, care or treatment of persons, medical interns, and nurses), who, in their professional capacity shall have reasonable cause to believe that a child under the age of eighteen years is suffering physical or emotional injury resulting from abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare including sexual abuse, or from neglect, including malnutrition, or who is determined to be physically dependent upon an addictive drug at birth, shall immediately report such condition.

**19C Disabled Persons Report:** M.G.L. Chapter 19C, Section 10 requires certain professionals (including physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, nurses) to report a serious physical or emotional injury resulting from the abuse of a disabled person including nonconsensual sexual activity.

**12A Weapon Report:** M.G.L. Chapter 112, Section 12A requires every physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm, or examining or treating a person with a burn injury affecting five percent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the colonel of the state police and to the police of the town where such physician, hospital sanatorium or institution is located or, in the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred.

**70E Emergency Contraception Report:** M.G.L. Chapter 111 Section 70E requires hospitals to report the dispensing of emergency contraception to a victim of rape.

### Submission Requirements:

- Upon completion, please FAX the PSCR to:  
**Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit**  
**FAX: 617-725-0280**
- In addition, please mail a copy of the PSCR to the local public safety authority where the rape or sexual assault occurred.

**Additional Information:** Should you have any questions regarding the PSCR, please call the Massachusetts Research and Policy Analysis Unit at (617) 725-3301.