



Adult Sexual Assault Law Enforcement Guidelines 2009

**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security**

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COMMONWEALTH OF MASSACHUSETTS

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1.0 PURPOSE

Although each case will undoubtedly present with different circumstances and challenges, these guidelines are intended to assist and provide responding professionals with suggested practices when investigating adult sexual assault cases, corresponding violations of law and the apprehension of sex offenders. These guidelines also strive to provide insight to the investigator regarding victim and witness dynamics which will ultimately enhance the investigations and result in more successful outcomes.

A timely, pragmatic, and sensitive law enforcement response increases reporting sexual assaults, enhances a community's confidence in the police, and strengthens investigations thereby facilitating successful prosecutions. Responding to the victim with dignity, respect, and sensitivity will facilitate a victim's participation in the criminal justice system, increase offender accountability, and reduce secondary victimization.

There are three core practices that should be embraced when investigating sexual assault cases:

1. Thorough and sound investigations;
2. Trauma informed responses; and
3. Interagency cooperation.

The above principals are the foundation for the following guidelines.

2.0 DEFINITION OF SEXUAL ASSAULT

In Massachusetts, there are two major categories of sexual assault: rape and indecent assault and battery.

Rape is the penetration of any bodily orifice by any part of the body, or by an object, performed against the victim's will, without consent, and with the threat of or actual use of force. Under Massachusetts law, both men and women may be the victims of rape, and both may be the perpetrators of a rape. It is possible for rape to occur when the victim is unable to give consent (as is the case when he or she is drunk or unconscious), may occur between people who know each other, and/or between people who have previously had consensual sexual relations.

Indecent assault and battery is a crime that occurs when the offender, without the victim's consent, intentionally has physical contact of a sexual nature with the victim.

3.0 GUIDELINES OVERVIEW

Crimes of sexual assault, like other crimes against the person, are often private in nature. The details of the assault are usually a recounting of events from differing perspectives of the perpetrator and the victim, absent any witnesses. Therefore, a global approach to the investigation must be adopted and statements, although labor intensive,

should be obtained from all persons present or who may have secondary knowledge about the assault. Sexual Assaults should be investigated in a similar manner as other crimes against the person using common sense, sensitivity, and practicality.

Reports of sexual assaults can come from numerous sources and through multiple channels. Regardless of who is filing the report or how it comes to the attention of law enforcement, the officer, dispatcher, or person receiving the initial report should respond with compassion and in a professional manner. Each and every report should be taken seriously and must be thoroughly investigated until it reaches its natural conclusion.

3.1 INITIAL LAW ENFORCEMENT CONTACT OVERVIEW

In situations where the assault is reported in a timely manner, or if it has just occurred, the individual taking the report should react calmly and with purpose. Remember that you represent your police department and the law enforcement profession. The first interaction the reporting party has with the “system” will set the tone and potentially impact the victim’s willingness to participate in the remainder of the investigation.

If the reported case is determined to be an “active” scene or the assault just occurred and requires an immediate response, the initial considerations should include first and foremost:

- The safety of the victim and the public;
- The safety of the responding police and emergency personnel; and
- The preservation of the scene(s) and any physical evidence that may exist.

3.2 DISPATCHER RESPONSE

Communications personnel play a critical role in obtaining important information from the reporting party. The information obtained is pivotal in determining the initial police response and ensuring the appropriate personnel are dispatched. The dispatcher should respond in a calm and supportive manner while simultaneously obtaining the following information:

- Name, address, and telephone number of the reporting party;
- If reporting party is not the victim, obtain the name, address and phone number of the victim, his/her current location, and status (safe, injured, alone, etc);
 - Identify caller’s relationship to victim and the caller’s basis of knowledge;
- Dispatch immediate medical assistance if needed;
- If it’s determined to be an “active” scene, promptly dispatch patrol officers to the victim’s location and to the crime scene (if different);
- If, in the dispatcher’s assessment, the victim is in imminent danger, advise the victim to move to a safe location (e.g. to the home of a neighbor or family friend, a police station, a church) as long as re-locating can be accomplished with minimal risk;

- Determine if a weapon was used during assault. If yes, what type;
- Determine the suspect's current location and status (safety issues, aware of police involvement, etc);
- Obtain detailed information regarding the identity and/or description of the suspect (e.g. name, gender, physical description, clothing, vehicle description);
- If the assailant has fled the scene, broadcast as much identifying information as quickly as possible;
- Determine the relationship between suspect and victim (if any);
- Furnish the responding officers with any available information with special consideration given to:
 - dangerousness of the offender;
 - specifics about the incident;
 - past domestic violence events and/or assaultive behaviors (prior criminal history, other relevant sources); and
 - possession of a firearms license.
- If possible, remain on the line with the victim until patrol officers arrive on scene;
- If for some reason communications cannot be maintained, the victim should also be tactfully advised against bathing, douching, eating, drinking, changing clothes, or touching anything at the scene. The victim of the assault is now analogous with a crime scene;
- If the victim has changed clothes, advise him/her not to wash the clothes and to leave them as they are;
- Do **NOT** cancel a law enforcement response to a complaint of sexual assault, regardless of a request to cancel;
- If a request to cancel is made during the initial response, advise the responding officers of this request; and
- Record and preserve the victim's "excited utterances" and 911 tapes for evidentiary purposes.

3.3 FIRST RESPONDER RESPONSE

What occurs during the initial stages of an investigation is critical to the success of the investigation and cannot be overstated. These considerations include victim and witness interviews, the manner in which the victim is treated, the identification and preservation of the crime scene(s), and the collection of evidence. All of which can directly impact the likelihood of an arrest and conviction. The initial responder's primary areas of responsibilities are:

- Victim/witness safety;
- Crime scene preservation;
- Initial interview;

- Identifying and locating witnesses and suspects;
- Documentation of initial response and observations; and
- Support service notification.

The medical treatment and well-being of the victim should be the first priority. The lapse of time between the sexual assault and the report of the sexual assault will potentially impact the likelihood, type and quality of evidence recovery from the body of the victim and/or perpetrator. If the assault occurred within five days (120 hours) of the report, then an evidence collection kit should be conducted. See Section 4.4, Crime Scene Management and Evidence Collection. However, depending on the facts of the assault, there may be additional evidence which can be obtained.

When interacting with the victim, be professional and empathetic. Remember that sexual assaults, whether by a stranger or a known assailant, are the most personal type of violation a victim can suffer. Be patient with the victim and aware that all victims exhibit or react differently so do not judge or dismiss the victim's credibility based on the external behaviors and emotions exhibited by the victim. See Section 3.5, Dynamics of Sexual Assault.

If the victim is alone at the police station, inquire if there is family, friends, or a rape crisis counselor/advocate they want contacted. See Section 6.0(A), Victim Support Services. If the victim's clothing needs to be seized as evidence, attempt to arrange for a fresh set of the victim's own clothes to be made available.

A. Victim/Witness Safety

As part of the emergency response, officers shall:

- If there is observable injury to the victim or if the victim is complaining of injury, request an ambulance for transport to a hospital. Strongly encourage a sexual assault exam and advise the victim of his/her rights under M.G.L. c. 209A if appropriate (see Domestic Violence Law Enforcement Guidelines 2009);
- Show understanding, patience and respect for the victim's dignity and attempt to establish trust and rapport;
- Evaluate the scene for suspects, vehicles, or objects involved, as well as for possible threats;
- Initiate a search for the suspect when appropriate;
- Be cognizant of the victim's concerns for safety/threats and be reassuring and comforting; and
- Communicate all vital information to the Patrol Supervisor and other responding officers, including any possible communication barriers or special circumstances.

B. Crime Scene Preservation

First responding officers should assume the existence of multiple crime scenes. It is the responsibility of the responding officer to elicit information from the victim as to the location of the primary, secondary, and possible tertiary crime scenes. Once identified, this information should be communicated to a supervisor to ensure that the other scenes are secured and steps are taken to prevent evidence from being lost, altered, destroyed, or contaminated.

Also of significant importance is identifying the first person (“first complainant”) the victim told about the sexual assault. This person will eventually need to be contacted and interviewed by the officer in charge of the investigation. See section 4.3(C), First Complaint Witnesses.

C. Initial Interview

Sexual Assault investigations involving adult victims will typically include, at the minimum a preliminary interview and a subsequent, in-depth, follow-up interview.

The primary purpose of the preliminary interview is to establish whether a crime has occurred. The interviewing officer should obtain basic information similar to investigating any other offense (e.g. who, what, where, when, how).

During the initial interview with adult victims, the first responding officers should:

- Ensure victim’s safety and provide appropriate referrals (e.g. rape crisis/medical services);
- Establish the elements of the crime(s);
- Identify any and all witnesses and suspect(s);
- Identify possible locations of evidence and crime scene(s);
- Identify additional interviews to be conducted; and
- Advise a supervisor of additional resources and/or personnel needed (e.g. crime scene services, crime lab, etc).

A victim of a sexual assault may bond with the responding officer. If the responding officer intends to request assistance from a sexual assault investigator (as directed by departmental protocol) the officer should explain his/her role to the victim. It is important for the initial officer to explain what the victim may expect from the responding investigative team and to help with that transition.

D. Identifying and Locating Witnesses and Suspects

Questioning the victim about the assault, the description of the suspect(s), and the details regarding the assault should be limited. First responding officers should only question the victim enough to obtain a complete description of the suspect, whether or not a weapon was used, vehicles used, direction of flight, and names, addresses and telephone numbers of other potential victims/ witnesses.

E. Language/Communication Barriers

If the family does not speak English, when possible, DO NOT use the children as interpreters. This could prove dangerous to the child and adult victim. Officers can call QWEST, a multilingual communications network for use by police departments at **888-892-2850** for interpretive language services 24 hours a day.

F. Documentation of Initial Response

Proper documentation of the initial police response, the information communicated by witnesses, who processed the scene(s), and who seized evidence are all critical to a successful prosecution.

During the initial documentation of witness statements, specifically the victim's statements, if the details of the assault are communicated, it is strongly recommended that you capture the exact words used by the victim to describe the assault. Also, specify the sexual acts which occurred and with which body parts or objects. This is extremely important because it provides a roadmap for potential evidence and/or crime scenes, and is critical in establishing what crimes were committed. It may also help provide insight into the dynamics of the assault itself. When there is no opportunity to interview witnesses, contact information should be obtained so the witness can be contacted and interviewed at a later date.

Be sure to consider and preserve all forms of evidence that you may not directly elicit from a statement such as 911 calls, public video surveillance systems, spontaneous utterances, etc.

Be cognizant of your own department's and your local District Attorney's Office procedures in documenting investigations. See Section 4.7, Investigation Documentation.

G. Support Services Notification

Once the responding officer has assessed the victim's safety, preserved the scene(s), transmitted any relevant information for immediate broadcast, conducted a preliminary interview, established that a crime has been committed, identified other victim/witness or possible suspects, and identified the potential crime scenes, the responding officer must then ensure that the proper personnel are requested to process any potential crime scenes.

It is recommended that your own department's crime scene personnel or the State Police Crime Scene Services Section be contacted to assist in processing any potential crime scene. See Section 4.4, Crime Scene Management and Evidence Collection.

H. Additional Responsibilities and Considerations of First Responding Officers

As the first responding officer you must consider and weigh the exigency of the situation based on the specific circumstance of the case such as safety issues or flight of

the perpetrator. Solidifying the investigation prior to making the arrest often increases the likelihood of obtaining a statement from the suspect and a successful prosecution.

In making the decision to arrest, the level of exigency and the probable cause to arrest should be assessed by the responding officer and supervising officer on scene. Whenever possible, all officers are encouraged to consult with a representative of the District Attorney's office prior to making felony arrests. Additionally, the officer should:

- Ensure that mandated reporters adhere to required protocol and file reports of suspected abuse when applicable. See Section 4.8 (J), Mandated Reporting.
- Remember your obligations surrounding domestic violence and be sure to advise a victim of their rights under M.G.L. c. 209A. If necessary activate the Emergency Judicial Response System (EJRS); and
- If called to an emergency room, first consult with hospital staff to determine the victim's status, how the report came in, and other relevant information. If the victim traveled to the hospital by ambulance, obtain the names of the ambulance and staff in case future interviews are needed.

3.4 GENERAL REPORTING CHALLENGES

As with many crimes, the detection, investigation, and successful prosecution of the reported crime is often predicated on the victim's willingness to first report the crime and secondly, to provide enough detailed information for the case to be fully investigated. This detailed information about the offense establishes the foundation and framework for the investigation.

One important obstacle to overcome is the ability to get detailed information while minimizing trauma to the victim. Often times, subjecting victims to duplicative detailed interviews may be necessary for an investigation. However, this must be balanced with the knowledge that multiple interviews may exacerbate a victim's insecurities about being believed, potentially re-traumatize her/him, and may result in conflicting or inconsistent multiple statements which could potentially undermine the victim's credibility in the ensuing prosecution.

Even with a relatively straightforward allegation of sexual assault, investigators face many complexities including:

- Anonymous reporting;
- False reports;
- Recanting; and
- Jurisdictional Issues.

A. Anonymous Reporting

The decision by a victim **not** to report a sexual assault or to file an anonymous report with law enforcement may occur for a variety of reasons.

Pursuant to M.G.L. c. 112, § 12A½, regardless of the victim's decision to report the assault to law enforcement, when a victim seeks medical treatment the hospital is required to report the assault to the law enforcement entity of jurisdiction.

B. False Reporting

One of the most harmful misconceptions that can taint an investigator's interactions with a victim is the belief that victims frequently make false allegations. The majority of reported sexual assaults are based in truth.

Recantation by the victim or the lack of corroborating evidence **does not** equate to a false report. For law enforcement to conclude that a reported case is a false allegation rather than a recantation, **evidence other than only the victim's recantation should exist**. Reported sexual assaults are true with very few exceptions. This statistic is comparable to other major crime reports.

In most instances, false allegations will become readily apparent to the investigator. This is often evidenced by the victim's inability to provide specificity regarding the sexual assault itself. Investigators must differentiate between victims whose inability to recall detail is due to cognitive challenges as opposed to victims who are knowingly making false statements. Additional clues to false reporting can be found in inconsistent positioning and physical evidence which fails to match the described assault.

The final determination that a complaint is false should only be made when all the facts are known and the highest degree of corroboration has failed to establish the events as described by the victim. Corroborating the facts and victim's statement serves two primary purposes. First, the weight of the case doesn't fall solely on the victim's testimony. Second, an increased level of corroboration decreases the probability that the report is fabricated. If a situation does arise where all parties involved-- police, prosecutor, victim witness advocate-- agree that the allegations are likely to be false, the reporting party should be informed of the outcome of the investigation in a manner consistent with department protocol.

C. Recantation

As stated above, if the only indication that the victim may not have been truthful is that her/his story has been recanted, the investigator should not automatically conclude that the initial report was false. Recantation does not mean that the allegations made in the initial disclosure never took place. There may be numerous reasons a victim recants their original statement.

Even in situations where the decision is made not to pursue a criminal complaint, victim referrals for medical and emotional services should be made and/or recommended and may be necessary. In most instances, an officer with insight, awareness and sensitivity can uncover the catalyst for the victim's recantation and assist the victim in deciding whether or not to go forward with the case.

D. Jurisdictional Issues/Courtesy Reports

As with any reported crime or sexual assault, one of the first facts an investigator must determine is if the reporting party is in the correct jurisdiction. If it becomes apparent to the investigator that the sexual assault occurred outside their jurisdiction, the receiving department should take the initial report and, at minimum, assess the victim's safety. The officer should also offer the victim all support services and referrals afforded to any victim that would be reporting an assault in their own respective jurisdiction.

After taking the initial report, the investigating officer should notify the department of jurisdiction and help coordinate the investigation and services as requested by the responsible police department.

3.5 DYNAMICS OF SEXUAL ASSAULT

When investigating sexual assaults, investigators can encounter complicated victim dynamics. Investigators must be cognizant of the dynamics that surround sexual assaults and how they may effect the victim's decision to report the offense, delay their report, retract their report, or not report the offense at all.

Regardless of the nature of report or how the potential crime comes to the attention of the police, investigators must take all reports seriously and investigate them thoroughly by working to corroborate the victim's statements, collecting any forensic evidence, and preparing the best case possible for prosecution.

The role of the first responder is critical and can dramatically impact the psychological well-being of the victim. Knowledge of crisis and trauma reactions will help ensure that a victim's credibility is not erroneously undermined. By understanding possible emotions and responses experienced by victims of sexual assault, law enforcement professionals will be better prepared to respond to victims.

A. Dispelling Common Myths

Common societal misconceptions that include "real" sexual assaults:

- Are most often perpetrated by a stranger;
- Involve a weapon; and
- Produce visible physical injury to the victim.

In fact, the vast majority of adult sexual assaults are committed by someone known to the victim. Over 75% of completed rapes of adult women occur between a victim and an assailant known to each other. Therefore, the existence of a sexual relationship between the assailant and the victim should be viewed as the norm, rather than grounds for suspicion.

B. Mental health effects of sexual assault

There is no "typical" reaction to being sexually assaulted. First responders should expect virtually any type of emotional reaction by the victim. The demonstrated

behaviors by the victim may even appear counter-intuitive but should not influence law enforcement's treatment of the victim. Responding professionals should not make assumptions about a victim's credibility simply because his/her reaction differs from another victim's reaction or from what one perceives as an "appropriate" response.

All victims experience an emotional reaction to being assaulted. These reactions are normal responses to abnormal events. Individual emotional responses will vary from person to person depending upon such factors as:

- Age;
- Coping skills;
- Previous exposure to crime or violence;
- Severity of the crime;
- The crime's significance to the victim;
- The extent of the availability and effectiveness of the victim's support system;
- Previous experience with traumatic events and loss; and
- Previous experience/exposure (good or bad) to the criminal justice system.

A victim's past experience and current circumstances will also contribute to potential barriers in reporting the offense. First responders can help ease a victim's concern about disclosure by expressing sympathy and genuine interest in the victim's well-being. Acknowledge the difficulty of reporting such a personally invasive crime and reassure the victim that the complaint will be taken seriously.

C. Victimology - Common Reactions to Trauma

The following list, while not exhaustive, includes some of the more common responses to victimization and trauma.

- Denial: *"I'm OK." "It wasn't anything, really." "I overreacted."* This is also sometimes expressed as a desire to *"put this behind me," "move on" or "get over this."* Questioning of the assault, *"I don't know if I was really sexually assaulted."*
- Shock: Immobilized, stunned, disbelief, unable to remember what happened during the crime, unaware of events that occurred during the crime, or of others involved.
- Overwhelmed/disorganized: Unable to remember information or understand explanations, a need to have things repeated, being forgetful of appointments, losing papers, etc. This disruption in memory function can be indicative of trauma and may explain why a victim's story appears inconsistent at times.
- Frightened: This may be expressed verbally or through actions such as not reporting the crime, delayed reporting, refusing to testify, or not responding to calls and letters.

- Fearful of seeing defendant and of retaliation: Afraid the perpetrator will cause further harm to self or others, afraid to report or give name and address, being startled when seeing someone who resembles the perpetrator.
- Feeling vulnerable: Having trouble concentrating on their job or going about daily routines because of constant fear for safety. A sense of needing to constantly needing to look over one's shoulder or hide changing their phone number or moving.
- Guilt/Shame: *"I shouldn't have...", "If only...", "I should have known better," and "It must be my fault."*
- Why me?: Although we all know crime exists, we are likely to believe it will be someone else who is victimized and that we can take care of and protect ourselves.
- Embarrassment: *"I was stupid to have...", or "I should have fought harder"* (especially for male victims). Withholding of some information that is perceived to be embarrassing or humiliating or pertaining to something personal/private is common.
- Sense of loss and subsequent grieving: Loss of belongings, money, or property. Loss of physical mobility and dexterity due to injury, loss of sense of security and trust, loss of person to death, loss of relationships because of an inability to relate to others in the same way as before the crime. If the criminal justice system does not meet expectations, there is a loss of a sense of justice, loss of a belief in the fairness and "justness" of the world.
- Altered perception of safety and control: Difficulty trusting others, anxiety about safety of self and others -- *"if it happened once, it will happen again" or "it happened to me, it could happen to others I love."* A need for additional security in home, car, etc. Hyper-vigilance and extreme or minor, modifications in daily routine intended to assure safety.
- Anger: Anger directed towards the perpetrator, anger or frustration towards the "system" -- want immediate action, want wrong to be righted. Anger about the adaptations in lifestyle made because of the crime. Self-directed anger -- *"Why did I do this?" "Why didn't I do that?" "Why am I reacting this way?" "I don't want to feel like this."* Anger is sometimes closely related to feelings of fear and vulnerability.
- Conflict over dependence /independence: Should I *"give in"* and alter my lifestyle and give up some of my independence and (thereby suffer another loss) so that I feel safer? Or should I refuse to let the crime and criminal *"get to me"* and continue to feel anxious and unsafe?
- Protective of family and friends: *"I can't tell them everything that happened if they know everything, they will get too upset or they will never let me go anywhere alone" or "I can't tell them about my nightmares, they are already so worried about me"*.

- Fear of victim blaming: *"Why did you walk home that way?" "Why were you carrying so much money?" "Why did you go out with him?"* Sometimes victims blame themselves or perceive that others blame them and become defensive or more sensitive to this.
- Fear of Criminal Justice system: Fear and/or perceptions about the police and courts based on media portrayals and stereotypes. Fear of harassment by defense attorney. Belief that *"nothing will be done anyway" or "the defendant will just get a slap on the hand."*

In addition to the above, victims may experience sleeping and/or eating disturbances and somatic complaints such as headaches, stomach problems, nausea, insomnia, self injury, and/or suicidal tendencies. Behavioral changes may include withdrawal, isolation or, paradoxically, engaging in risk-taking behavior. There may be a change in a victim's use of alcohol or drugs as they seek some relief from the disruption and the pain they are experiencing. Relationships may change resulting in increased difficulty in maintaining social or intimate relationships. They may feel as though they are going "crazy" which is frightening on its own.

D. Secondary Victims

"Secondary victims" may have similar reactions to the events as the primary victim. Secondary victims can include witnesses to the crime, friends and family of the victim, those who respond to the crime scene or assist the victim (including law enforcement), and others who feel connected in some way to the crime. This is particularly true if the crime occurs within their neighborhood, community, workplace, or school, or if the victim is someone well-known or prominent, or someone they identify with, for any reason.

Although concerned for the victim, the secondary victim's own emotional reaction may make it difficult for them to respond to the victim in ways they would expect of themselves. Specific challenges may include:

- Separating fear or anger towards the victim;
- Assume that the victim will react in certain ways and then be judgmental if they do not;
- Become overly protective or accusatory towards the victim in an attempt to gain control over the situation;
- Preventing future victimization or explain away a past one; and
- Feeling helpless and unsure of what to do.

Friends and family of a victim may need support and an opportunity to talk about their experience, just as victims and witnesses do. Friends and family of the victim can access free confidential services through rape crisis centers.

4.0 INVESTIGATIONS OVERVIEW

As previously stated, each case is markedly different and presents its own circumstances and challenges. Remember, as an investigator your resourcefulness and ability to identify, locate, and retrieve witness statements and evidence is only as limited as your imagination, so follow up every possible lead and suspicion. You never know what evidence you may recover unless you try.

A. Categorization of Investigations

Most sexual assault investigations can be classified into two categories, questions of consent and identity cases. Of additional importance is whether the assault was facilitated by some type of intoxicating substance.

1. Consent Cases

In the majority of sexual assault cases, the victim knows the identity of the assailant. That prior existing relationship often becomes a major factor in the case. In such cases, investigating officers should take particular note of:

- Any physical or verbal resistance on the part of the victim;
- Any victim injury, no matter the location on the body (remember to keep in mind obligations under M.G.L. c. 209A);
- The victim's thoughts just prior to and during the assault with an emphasis regarding any fear that the victim may have had surrounding the assailant, environment, or situation;
- Alcohol or drug use by the victim; and
- If the victim was unconscious or incapacitated at the time of the assault.

2. Substance Facilitated Sexual Assault (Consent)

Research indicates that non-stranger rapists specifically target intoxicated victims and that a high percentage of victims are intoxicated when they are assaulted. The use of drugs/alcohol does not mitigate criminal culpability, nor should it be used as a reason to disbelieve the victim's report of the sexual assault. Additionally, a victim's alcohol/drug use should not be used to discredit and discourage the victim from reporting the assault. The priority is to conduct a thorough investigation of the sexual assault rather than focusing on any misdemeanor, substance abuse violations by the victim.

Many of the drugs used to lower victim's inhibitions are mixed with alcohol or other beverages without the intended victim's knowledge, ultimately resulting in their incapacitation. Often, the substances used to subdue the victim are odorless, colorless, and tasteless making it difficult for the victim to detect the presence of the drug when covertly slipped into a drink.

Although the drugs may be fairly short acting, they can provide a skilled perpetrator with more than sufficient time to persuade an intoxicated victim to leave a

public area for a more private location. Once at a private location, the unsuspecting and incapacitated target can easily fall victim to a sexual assault.

In addition to the alcohol and/or narcotics impacting the victim's ability to consent to the sexual act, often the effects of the drugs can induce what is known as retrograde amnesia. This condition often makes it difficult for a victim to recall the assault specifics, how or when she/he was drugged, or even that an assault occurred at all.

These cases tend to be difficult to investigate and prosecute because of:

- The victim's apparent lack of physical resistance to the assault;
- Sometimes inconsistent statements by the victim;
- Memory blackouts; and
- Possible delays in reporting.

3. Identity cases

The primary issue in identity cases is to correctly and positively identify the assailant. The assailant may have been previously arrested or may have committed similar crimes in the same fashion (Modus Operandi or M.O.) in the past. Investigators should focus on obtaining as much information about the assailant as possible. Officers should:

- Obtain a detailed physical description of the offender including identifying marks such as tattoos, clothing, and any other distinctive characteristics (e.g. odors tattoos, accents, teeth);
- Document the exact words used by assailant and assess the crime scene to determine if this particular assault is consistent with M.O. of a suspect previously arrested for a similar crime or an on-going series of assaults;
- Identify and collect any forensic evidence; and
- Utilize available DNA samples to identify suspects.

4.1 THE ROLE OF THE SEXUAL ASSAULT INVESTIGATOR

Whether you are the detective responding to the scene after an initial report of a sexual assault or you are assigned to investigate a sexual assault after a delayed disclosure, the following section is designed to provide direction and guidance during your investigation.

As the lead investigator, you will have primary control over the case and will be responsible for ensuring that a complete and comprehensive investigation is conducted. Upon being assigned a sexual assault investigation, the lead investigator has initial considerations and responsibilities which include, but are not limited to:

- Speaking with the first responding officer(s) to obtain a baseline story and to determine what has been completed;

- If the victim has not yet received medical treatment, make appropriate arrangements as needed and assure appropriate support referrals have been made;
- Ensure steps have been taken to preserve any crime scenes and/or evidence;
- If there are potential crime scenes, determine if a search warrant is needed prior to processing any crime scene;
- Coordinate the dispatch of support services such as crime scene services; and
- Obtain the names and contact information of any possible witnesses.

4.2 VICTIM INTERVIEW

Police officers are often confronted with less than ideal circumstances and often have to make due with the conditions presented. However, it is recommended that the following practices be adopted. Deliberate consideration and decisions about the practical aspects of the interview can not be overstated. It is strongly discouraged that friends, family, or rape crisis advocates be present during the victim interview.

A. Location of the Interview

Ideally the interview should be conducted in a comfortable interview room where there will be minimal interruptions or distractions. If the ideal is not possible, you should attempt, at a minimum, to ensure the victim's comfort. This can be accomplished by the simplest means, such as providing reassurance, even in the worst physical surroundings.

B. Conducting the Interview

The ideal number of police officers to conduct the interview is two. One is less than preferable for a variety of reasons, the least of which is officer protection. More than two is strongly discouraged. Asking the victim to recount details of an assault is difficult enough but to ask him/her to do so in front of numerous people will only act as an inhibitor and detract from the interview.

The tone of the interview should be reassuring and poised. Be aware of your body language and how it can impact the comfort level of a victim (e.g. an exposed weapon may create discomfort for the victim).

Officers conducting the interview should take an inventory of any personal bias, nervousness, or barriers they may have which might inhibit their ability to conduct the interview. If a bias is recognized, discuss the issue or concerns with a supervisor for resolution.

When conducting an interview of a victim, you should be sure to include, as a baseline, questions regarding the following:

- Name, date, time of interview;
- Description offense (details);

- When the offense occurred (establish time line-- details of dates, months or significant events);
- Details of the sexual assault and acts (use quotations, if applicable);
- Physical description of offender including identifying body marks, freckles, tattoos, scars, birth marks;
- Smells such as cigarettes, cologne, body odor, something else;
- Did the victim describe the “feelings” they experienced during the sexual assault (pain, worry, sadness, scared, nothing or something else);
- Manner used to complete the crime (hand, fingers, penis, mouth, object, something else);
- Information about how the assault ended and what caused it to end;
- Any conversation or communication which occurred between the victim and the perpetrator either before, after or during the assault;
- The degree of force, threat, coercion if any used to effect the assault;
- Weapons used (describe weapon, brought to scene or picked up there);
- Manner which weapon was used during the sexual assault;
- What the victim and offender did afterwards and why;
- Relationship between the victim and suspect if any (nature in detail; may explain a delay in disclosure);
- Identify any and all witnesses and suspect(s);
- Identify additional interviews to be conducted as the investigation develops; and
- Other relevant information that might assist in bolstering the victim’s veracity.

C. Gender of Interviewer

Take your cues from the victim. If the victim expresses reluctance to speak with an interviewer of the opposite gender, make every effort to accommodate the victim and provide a same gender interviewer. Do not assume a police officer who is the same gender as the victim is automatically the best person to conduct the interview.

D. Documenting the Victim Interview

There is no “best” method of documenting the victim interview, however, there are certain considerations which should guide your decision. Factors influencing your decision include:

- The District Attorney’s Office of jurisdiction and your police department’s policy;
- The setting of the interview- what is logistically possible given the location/situation;

- The victim's preference (i.e.: the victim may be uncomfortable with the statement being recorded); and
- Physical/linguistic/cultural limitations of victim.

It is recommended that the statement be documented by either the officer actively asking questions or the second officer in the room. You are strongly encouraged **not** to have the victim manually write out their own statement, as it leads to statements which are generally insufficiently detailed and/or incomplete. If the victim does choose to write out their own statement, the interviewing officer should review the statement with the victim to assure accuracy of detail and resolve any inconsistencies or unanswered questions.

E. Safety, Legal and Other Considerations

During the interview process, be aware of safety considerations for the victim, any children, or potential secondary victims/witnesses.

In addition to safety considerations there are circumstances which may legally require law enforcement officers to act. These may include:

- Advising the victim of his/her rights pursuant to (M.G.L. c. 209A); and
- Mandatory referrals. See Section 4.8(J), Mandated Reporting.

It is important to make the victim aware of the community based services, rape crisis centers, and court services which may be available to the victim. See appendix for listing of area Rape Crisis Centers).

F. Concluding the Interview

Once the victim's safety is assured, the interview is concluded, and support services have been recommended and/or obtained, your final interaction with the victim is extremely important. Explain to the victim what they can expect next from the criminal justice system. Be honest about the court process, potential police action, and what the victim's needed participation may be in the future.

Explain to the victim that if, after the interview, they remember something it is perfectly normal and okay. Provide the victim with a mechanism to contact you with future information or questions. You should also ensure that the victim has immediate support or someone available for support. If you are comfortable with the information, explain to the victim about the role of the victim/witness advocate and how they can assist the victim, as well as potential victim compensation resources available through the Attorney General's Office. See Section 6.0, Victim Support Services.

G. Special Victims

Sexual assault is prevalent in all communities but is a crime that often goes unreported. In addition to the shame and stigma that can prevent many victims from reporting, some victims face extraordinary barriers that officers should be aware of. Individual factors and circumstance such as age, gender, culture/ethnicity, disability,

sexual orientation, immigration status and prior criminal involvement are only some potential unique obstacles. Special sensitivity to victims who need to overcome additional barriers when reporting sexual assaults will set a positive foundation for all subsequent law enforcement interactions. See appendix for a list of resources for victims with unique needs.

4.3 IDENTIFYING AND INTERVIEWING WITNESSES

A. Witness Interview Overview

Upon arriving on scene it is important to obtain the names and contact information of potential witnesses. Although this is a sexual assault case, you can rely on your training and experience from other types of investigations which may also apply in sexual assault cases. Take detailed, concise statements which capture basic information. If at all possible, the statement should be in either a written report or audio/video recorded. This decision should be guided by your own department's protocols or those of the District Attorney's Office of jurisdiction.

As with victim statements, it is recommended that the witness NOT be left to write out their own statement. If the witness does write out their own statement, the officer conducting the interview should review the statement with the witness to assure accuracy of detail, resolve any inconsistencies, or unanswered questions. Any witness statements should be signed and dated by the witness providing the statement.

In concluding your interview with the witness, explain to them that, if after the interview they remember something, it is perfectly normal and okay. Provide the witness with a mechanism to contact you with future information or questions.

B. Child Witness

Sexual assaults are very personal and can often involve other family members as direct or indirect witnesses. Do not dismiss or overlook the child witness when investigating sexual assaults. Not only can the child witness be an important source of information but there may be other safety and well-being needs that should be considered:

- Document names and ages of children in your report;
- Document any interviews which occur;
- Prior to interviewing the child witness it is strongly recommended you consult with your District Attorney's Office of jurisdiction;
- When possible, avoid using a child as an interpreter. See Section 3.3(E), Language/Communication Barriers;
- Provide referrals for appropriate services. See appendix; and
- Make all necessary referrals pursuant to M.G.L. c.119, § 51A, to the Department of Children and Families (DCF), formerly know as the Department of Social Services (DSS).

C. First Complaint Witness

One unique element in dealing with witnesses in sexual assault cases is the ability to use the testimony of “first complaint” witnesses. In *Commonwealth v. King*, 445 Mass 217 (2005), the Massachusetts Supreme Judicial Court revamped and renamed “fresh complaint” to the doctrine of “first complaint.” This decision has resulted in a profound change in the way sexual assaults are investigated. Under the new “first complaint” doctrine, a witness to a sexual assault victim’s “first complaint” of the crime may testify about:

- The facts of the first complaint;
- The details of the crime; and
- The circumstances surrounding the disclosure of the first complaint.

First complaint testimony may only be used for a limited purpose to assist the jury in assessing and determining the victim’s credibility about the alleged sexual assault. The testimony may not be used to prove the truth of the allegations.

Law enforcement officials, investigators, medical personnel, social workers, dispatchers and civilians may all qualify as “first complaint” witnesses if they are the first person the victim told about the assault.

An officer should not discount other witness statements which fail to meet the legal definition of a “first complaint” witness. Their information may be equally relevant and useful during the investigation and/or at trial in another capacity.

There are a number of exceptions which may permit someone other than the “first complaint” witness to testify including:

- Original first complaint witness is unavailable;
- First person told is incompetent;
- First person told is too young to testify meaningfully;
- First encounter that the victim has with the first person does not amount to a complaint; and
- There is a complaint, but the listener has an obvious bias or motive to minimize or distort the victim’s remarks.

When conducting an interview of a first complaint witness, you should be sure to include questions regarding the following:

- Name, date, time of interview;
- Circumstances under which the complainant first reported the sexual offense;
- Events/conversations that culminated into disclosure;
- Other potential witnesses or persons present during the offense (details);

- Description of where offense occurred (details);
- When the offense occurred (establish time line-- details of dates, months or significant events);
- Details of the sexual assault and acts (use quotations, if applicable);
- Describe the demeanor of the victim during their disclosure/recounting of the event (tone, emotions etc);
- Did the victim describe the “feelings” they experienced during the sexual assault (pain, worry, sadness, scared, nothing or something else);
- Manner used to complete the crime (hand, fingers, penis, mouth, object, something else);
- Information about how the assault ended and what caused it to end;
- What the victim and offender did afterwards and why;
- Any conversation or communication which occurred between the victim and the perpetrator either before, after or during the assault;
- Weapons used (describe weapon, brought to scene or picked up there);
- Manner which weapon was used during the sexual assault;
- The degree of force, threat, coercion if any used to effect the assault;
- Relationship between the victim and suspect if any (nature in detail; may explain a delay in disclosure);
- Circumstances in which the first complaint was made;
- Other relevant information that might assist in bolstering the victim’s veracity; and
- Information on why the victim decided to tell the person, at that time and place.

Documenting the exact words spoken by the victim to the first complaint witness to communicate the assault is critical. Remember, what may seem to be inconsequential information at the time of the interview may prove to be crucial information at a later time and help portray a full and complete picture.

4.4 CRIME SCENE MANAGEMENT AND EVIDENCE COLLECTION

In many violent crimes, obtaining statements from the victim and witnesses is a critical first step in learning what occurred. An equally critical link that can provide irrefutable and corroborative evidence as to what occurred is the physical evidence obtained from the crime scenes.

When the identity of the assailant is unknown to the victim, the physical evidence becomes even more critical because it may provide investigators with both the identity of the offender and support the allegation that a sexual assault occurred.

_____ Additionally, whether or not the victim knew the assailant, prosecutors often look to the forensic evidence to bolster their case by using it to not only help convince the jury that the victim did not give consent, but also to refute the defendant's version of events. Small corroborations often equal victim credibility.

Given the critical role physical evidence can play in any criminal investigation, especially sexual assault investigations, proper documentation, collection and preservation of physical evidence is essential. Police Departments are strongly encouraged to use a crime scene services unit or law enforcement officers who are specifically trained in evidence documentation and collection.

Two of the most critical steps in any criminal investigation are the management of the crime scene and the collection and preservation of physical evidence. To identify a starting point, investigators must rely on their own observations in conjunction with victim and witness statements. These sources serve as a road map to navigating the crime scene(s).

A. Crime Scene Management

In reported sexual assaults, investigators must immediately consider the existence of, at a minimum, three crime scenes:

- The victim;
- The locations where the assault occurred; and
- The offender.

In addition, investigators must consider other possible locations where other types of evidence or “transfer evidence,” may be found. This often results in additional locations being processed as crime scenes.

Although many of the reported sexual assaults are delayed disclosures, investigators should never discount the possibility of recovering physical evidence. Sexual assault evidence, by its nature, has a higher likelihood of remaining in tact for extended periods of time (e.g. fluids, DNA, etc).

In addition to locating evidence, the crime scene, as found at the time of the disclosure, should be photographed. Pictures bring an image and corroborative elements to the case which can never be as effectively communicated by words alone.

Once the crime scene(s) have been identified, they must be secured. This is an obvious but critical step. Not only does it preserve the integrity of the evidence, but it allows time for appropriate personnel to arrive on scene for processing.

B. Considerations before Processing the Scene

There are a number of considerations which must be taken into account when it comes time to process the crime scene(s). Some of these considerations are:

- Is a search warrant/consent needed?
- Is there an external exigency such as weather or rapid deterioration which requires immediate documentation/collection?
- Should crime scene and crime lab services be accessed?

Additionally, while processing the scene, protective gear should be worn to preserve the integrity of the evidence (e.g. booties, gloves). A single officer should be assigned to identify and record in a crime scene log anyone who enters an active scene.

C. Fundamentals of Crime Scene Processing

The manner in which evidence is collected, transferred and stored is critical to how well the forensic scientist can utilize the evidence to help reconstruct the crime.

1. Documentation of the Crime Scene

When possible, always document the evidence where it lies by photographing it and, if appropriate, diagramming it. When photographing evidence be sure to include established points of reference, and some mechanism of measure, to give context to the observer of the photograph at a future date.

In addition to visual documentation of the evidence, it is critical to document the chain of custody. This can be easily accomplished by noting in a report "who" collects the evidence, "who" removes it from the scene, and "where" it is housed. For multiple scenes and/or several items of evidence, using an evidence recovery log can be very beneficial.

2. Types of Evidence – Considerations

As stated earlier, the decision to seize items as evidence should be guided by the investigation, investigator's observations, legal authority and the victim/witness statements.

Because of the nuances and individualized facts of each case, it is impossible to provide a complete list of all possible evidentiary items. Though physical evidence, especially from sexual assault crime scenes can take many forms, the following list is provided to elicit thinking and expand the scope of items investigators might consider during the course of their investigations:

- Bedding/bath;
- Clothing/Material;
- Swabbings/fluids (vaginal, rectal, fingers, etc.);
- Hairs/fibers;
- Fingerprints;

- Impressions (tire/footwear);
- Computers/Electronic communications;
- Writings/recordings;
- Cell phones/communication devices;
- DNA reciprocals (drinking glasses, toilet, sinks, tissues, toothbrushes etc);
- Restraints/Inserted objects; and
- Condoms/Tampons.

3. Clothing/Material as Evidence

The victim's and assailant's clothing and any bedding or items where the assault occurred can frequently contain important physical evidence since garments/materials are absorbent surfaces, or surfaces which traces of foreign matter may be deposited or cling. Items such as blood, semen, saliva, hairs, or textile fibers may be transferred to the victim during physical contact. While foreign matter can be washed or worn off the body of the victim, the same substances may be found intact on clothing or material for a considerable length of time following the assault.

Damage in the form of rips, tears, or other destructive characteristics to clothing/material may also be significant. Those items may be evidence of the use of force or resistance.

Finally, collected materials can also serve as a standard for comparing trace evidence retrieved from other evidentiary items, thereby connecting the suspect, victim and crime scenes.

4. Condom Trace Evidence

Today's high-level awareness of the spread of various sexually transmitted diseases coupled with the media attention to the ever-improving use of DNA in identifying perpetrators of unsolved crimes has increased the use of condoms by sexual assault offenders. Just as a burglar often wears gloves to avoid leaving fingerprints at a crime scene, the sexual perpetrator may use a condom to avoid leaving DNA from semen on the body or clothing of the victim.

Although the use of condoms may significantly reduce the chance of retrieving seminal fluid, there are other types of equally important trace evidence that may be recovered. Condoms are made from a variety of synthetic and natural materials. Latex rubber is the most popular. Condom manufacturers add particulates (powders), lubricants, and spermicides to their products. Residues of those substances are referred to as condom trace evidence. Condom trace evidence can be recovered from sexual assault victims during the medical examination process.

The identification of condom trace evidence may assist investigators and prosecutors in proving penetration, even in the absence of seminal fluids. To assist the

forensic laboratory in the analysis of condom trace evidence, investigators should make every effort to collect all condom-related evidence including, but not limited to:

- Used condoms;
- Unused condoms;
- Condom wrappers;
- Partial or empty boxes of condoms;
- Tissues from the trash;
- Lubricants; and
- Evidence inside/outside of condom.

5. Packaging

The manner in which evidence is packaged is critical because it can directly effect the degradation or preservation of the evidence. If the evidence is not properly packaged and protected from contamination, it can be rendered virtually useless even if the best identification and collection practices have been adopted.

The following are some simple concepts to keep in mind when collecting evidence:

- Each item should be packaged separately;
- Hairs, fibers, or other trace evidence, should be placed in a paper envelope and sealed (without licking the seal); and
- Clothing and other evidence specimens must be sealed in paper or cardboard containers as the use of plastic could result in the destruction of evidence.

If the clothing/material/tampons/condoms are wet, the items should be air dried before being packaged. When transporting such evidence to a secure, drying location, placing it temporarily in plastic bags is acceptable practice. The container or bag used to transport the wet evidence to the drying location, as well as the drop cloth placed under the wet evidence, should also be submitted for processing.

Careless packaging can result in one garment/item accidentally contaminating another potentially making it impossible for the examiner to accurately interpret the findings. For example, if semen in the female victim's underpants is inadvertently transferred to her shirt after collection, the detection of semen on the shirt may mistakenly appear to contradict the victim's account of what occurred. To prevent cross-contamination, each garment must be placed in a separate paper bag.

6. Massachusetts Sexual Assaults Evidence Collection Kits and the Sexual Assault Nurse Examiner (SANE)

It is important to consider that the victim's body may have both seen and unseen evidence. This critical evidence is best collected in a hospital emergency department

utilizing the Massachusetts Sexual Assault Evidence Collection Kit (MSAECK). See Section 6.0(C), Victims of Violent Crime Compensation for information on how victim's can get reimbursement for the medical costs associated with their assault.

MSAECK's are available in hospital emergency departments across the Commonwealth. Although the training background of medical providers differs across the state, the evidence collection steps outlined in the MSAECK can systematically guide any practitioner in the gathering of vital forensic evidence, corroborating the victim's account of the assault, and resulting in the identification of the perpetrator.

Time is of the essence in sexual assault evidence collection. Evidence on a patient age 12 years and older can be collected up to 5 days (120 hours) after the assault. Evidence can be collected even if the victim has bathed and or showered since the assault.

In addition to the Sexual Evidence Collection kit, toxicology samples are packaged in the Massachusetts Comprehensive Toxicology Kit and turned over to law enforcement with the MSAECK for transport to the Massachusetts State Police Crime Lab. It is imperative that kit pickup and transport occur as soon as possible to maintain evidence integrity.

If there is suspicion that a drug was used to facilitate the commission of a sexual assault, specific toxicology testing is available to victims, with their consent, within 72 hours of the assault. The collection of urine and/or blood through the use of a Comprehensive Toxicology Kit, as a part of the Massachusetts Sexual Assault Evidence Collection Kit (MSAECK), is available at most hospital emergency departments.

Victims can have toxicology testing even if they do not report the assault to the police. In these circumstances, toxicology results will be made available through a phone system which the victim is given access to at discharge. The victim can call to obtain the results approximately six weeks after collection. After receiving the results, the victim may then decide to initiate a police report.

Massachusetts has certified nurses specifically trained to provide care to sexual assault victims and conduct evidence collection. Massachusetts Sexual Assault Nurse Examiner's (SANE) undergo specialized training, providing them with advanced skills in sexual assault patient care, forensic exam assessment, and evidence collection. While these specialized nurse examiners are not in every Massachusetts hospital emergency department, SANE's are positioned widely throughout the Commonwealth and usually work in high volume hospitals/medical centers. (See appendix for listing of SANE sites). All hospitals across the Commonwealth are given SANE Protocols to follow when collecting evidence in the event a SANE is not available.

SANE's are available 24 hours a day, seven days a week to designated SANE sites and will respond when a sexual assault patient presents at an emergency department within five days (120 hours) of the assault. Police officers should refer sexual assault

victims to SANE sites to access specialized services whenever possible. If the victim seeks care at a SANE site before contacting the police, the SANE will ask the patient if they wish to make a police report. In these instances, the SANE may initiate police contact to facilitate the patient's report of the crime. SANE's specialized and unique training make them a valuable resource to the investigator and can often facilitate the victim's reporting of the assault within the emergency department.

The average SANE exam will take approximately three to four hours which cannot be interrupted once the evidence collection is started. SANE's obtain written consent from victims for every step of the evidence collection process using six detailed MSAECK forms. As of April 2008, there are 18 MSAECK steps to the evidence collection process. (See appendix for a complete list of MSAECK steps and documentation forms). Comprehensive toxicology testing may take place if appropriate based on the case facts and circumstances. Also completed is a physical assessment (including a pelvic exam), evidence collection, forensic photography, medication education and administration, and the coordination of discharge and follow-up care.

In addition to the collection of valuable forensic evidence, victims may also be concerned about potential medical risks. Prompt attention provided in the emergency department is critical to the victim's health and well being. Medications can be prescribed to prevent pregnancy, HIV, and other sexually transmitted illnesses from occurring. It is in the victim's best interest to obtain prompt medical assessment and care.

a. Interviewing Medical Personnel

Investigators should interview medical personal who conducted the sexual assault exam to obtain information about the assault and the medical assessment of the victim. Because of the legal restrictions placed on medical personnel by Health Insurance Portability and Accountability Act (HIPPA) regulations, attending medical personnel are restricted from disclosing any specific information relating to the medical findings absent express consent by the victim. However, HIPPA does not preclude medical staff from disclosing non-medical information about the assault learned from the victim.

Most forensic evidence often cannot be seen with the naked eye. Medical providers collecting evidence do not conduct forensic testing or analysis, therefore it is unlikely that, at the conclusion of the exam, the SANE or medical personnel will be able to provide the investigating officer with any conclusive medical evidence even with a valid waiver.

In assaults where physical trauma occurred, the physical trauma may not be immediately visible to the medical practitioner or police officer. The absence of observable trauma is often not indicative that the assault did not occur.

b. Evidence Identification

All collected evidence from the MSAECK and Massachusetts Comprehensive Toxicology Kit is identified with one specific kit number whether the case is reported by the victim to the police or not. This kit number identifies the victim's evidence

collection encounter and is how the evidence kit(s) are tracked. If the victim chooses to directly report the incident to the police, his/her name is noted on the kit. In cases when evidence is collected, but **not reported to the police**, a kit number will be the only identifier. In this circumstance, there should be no victim name on the kit. The victim is provided the kit number upon discharge and is instructed that the kit number identifies the kit and the evidence collected.

**c. Disposition of the Massachusetts Sexual Assault
Evidence Collection Kit**

Following the collection of medical evidence, the sealed MSAECK(s) are refrigerated and any clothing or other evidence is bagged and stored separately at the medical facility. The hospital will contact the police department of jurisdiction to facilitate the transfer of the kit and other evidence from the medical facility to the crime lab.

It is the responsibility of the investigator to deliver the kit and other evidence to the appropriate crime laboratory as soon as possible to avoid the destruction of vital evidence. In the case of an examination done when the alleged assault has occurred in Boston, the MSACK will be transferred to the Boston Police Crime Laboratory. All other MSACKs are taken to the nearest Massachusetts State Police Crime Laboratory. It is important to note that this differs from the protocol for toxicology kits, all of which are transferred to the Massachusetts State Police Crime Laboratory, regardless of the location of the alleged assault. The investigator must ensure that the kit is refrigerated and that the chain of custody is maintained. See appendix for Crime Lab information.

Both in Massachusetts and by Federal requirement nationally, evidence is collected even if the patient decides not to report the sexual assault to the police. In Massachusetts **it is the responsibility of the police department of jurisdiction where the assault occurred, to pick up and transport the evidence to the crime lab, in a timely fashion, whether or not the case is reported at the time of the exam.** In addition, if there are extenuating circumstances associated with the investigation or legitimate reasons the local police of jurisdiction cannot transport the sexual assault kit and/or evidence, the Massachusetts State Police should be contacted for the transport of evidence. Remember, even unreported cases may be reported at a later date. Victims, who have not made a direct report to police at the time exam, are given up to six months to decide whether they want to report the assault to the police and have the evidence analyzed.

In some circumstances, victims have submitted requests to the crime lab to hold the evidence for longer periods of time while they consider reporting to the police.

In the event the alleged sexual assault occurs out of state but the forensic exam is preformed in Massachusetts, the closest Massachusetts State Police barracks should be contacted for the transportation of the kit and any associated evidence to the crime lab.

7. Suspect Evidence Collection

Through arrest, consent, or search warrant, investigators may have an opportunity to collect evidence and/or biological specimens from the suspect's body or clothing. If performed before the degradation of biological material, the examination may link the suspect to the crime. Through accurate documentation and collection of blood, hair, nails, wounds, body fluids or other evidence, examination of the suspect may corroborate the victim's account of the assault.

If the suspect voluntarily consents to a forensic examination, the appropriate consent forms should be signed. If the suspect does not voluntarily consent to such an examination, a search warrant/court order may be necessary and should specify all the evidence to be collected. A copy of the search warrant/court order needs to be present and submitted to the technician prior to the collection of evidence. A copy of the order/search warrant must be shown to the suspect at the time the search is conducted and the suspect should be given an opportunity to read it. It is recommended you consult with a supervisor and/or the district attorney's office of jurisdiction to ensure proper legal requirements have been met.

Genetic material from the victim detected on the suspect's body or clothing may also corroborate allegations that a sexual assault occurred. Additionally, a swabbing of the suspect's penis may retrieve secretions from the mouth, vagina or rectum of the victim. In cases involving digital penetration, swabbing of the suspect's fingers or scrapings/clippings of the suspect's fingernails may retrieve secretions originating from the various body cavities of the victim.

Photograph the suspect, naked if necessary. If seizing the suspect's clothing, be sure to first photograph him/her fully clothed then photograph each item of evidence separately once removed. Be respectful and provide the suspect with appropriate clothing or cover once done. The facts and circumstance of the case will impact which evidentiary items are relevant for seizure. Be sure to consider any legal restrictions and/or requirements prior to seizure of evidence to minimize the chance of suppression at trial. Ensure proper packaging and chain of custody procedures are followed.

Regardless of what facility is used for evidence collection, the suspect and victim should never encounter one another. The security and safety of the victim and potential medical technician/examiner should also be taken seriously. Law enforcement should be present during the suspect's entire examination and processing for evidence collection.

The officer should expect that only the evidence listed on the search warrant will be collected. In the event that additional evidence is identified during the course of the forensic evaluation, an additional search warrant may be required and then served prior to the collection of that evidence (e.g. not in plain view). In the event this occurs, you should contact the District Attorney's Office of jurisdiction for consultation; however, it may be permissible to detain the suspect while the second search warrant is obtained.

A Sexual Assault Evidence Collection Kit should never be used when collecting evidence from sexual assault suspects. The kits are for the collection of evidence from victims **ONLY** and do not provide for the collection of all the necessary specimens from sexual assault suspects.

It is the responsibility of the investigating law enforcement agency to ensure that the evidence is collected in a proper manner and that it's delivered to the crime laboratory in a timely fashion.

8. Chain of Custody

To prevent the loss, or misplacement of evidence at the time of kit pick-up, you should expect hospital emergency staff to ask for identification for documentation purposes. Police officers picking up evidence should be prepared to provide hospital staff with their name and identification/badge number. This practice is to protect the integrity of the chain of custody and is to comply with evidence transport guidelines.

9. Combined DNA Index System (CODIS)

The nationwide standardization of forensic DNA analysis provides the ideal platform for crime labs to share DNA information derived from evidence and sexual offenders. Using the Federal Bureau of Investigation's Combined DNA Index System (CODIS), DNA profiles are obtained from body fluids, stains or other evidentiary sources of DNA. This has allowed crime labs to scientifically document known sex offenders. That practice has increased the likelihood of matching unknown offenders with known offenders.

Crime labs now routinely derive DNA profiles of sexual offenders. DNA analysis of physical evidence has provided forensic scientists with the ability to derive DNA profiles for analysis from samples that were previously too small or degraded.

A DNA profile derived from evidence may lead investigators to the identity a single assailant, multiple offenders, or link multiple cases. The information obtained from a CODIS report serves as an invaluable investigative tool lead helping direct investigator to potential offenders.

4.5 SUSPECT INTERACTION

A. Preliminary Decision Whether or Not to Arrest

The safety of the victim or other potential victims should be paramount in any decision to arrest. Additionally, officers should take into consideration the risk of flight by the suspect and the safety of officer(s), as well as any mandatory obligations required under the domestic violence guidelines and M.G.L. c.209A.

As in other types of criminal investigations, uncorroborated statements by a victim can constitute probable cause that a crime occurred. The decision to arrest must be based on whether probable cause exists that the crime occurred, not on whether the victim wishes to seek complaints or wishes to testify at a future date.

If the above issues are not present or manageable, do not feel obligated to rush or make an immediate arrest just because you have probable cause to do so. Look at the specific circumstances of the case and consider conducting a non-custodial interview of the suspect prior to any warrant or arrest.

B. Interviewing the Suspect

Always attempt to interview a suspect even if you believe the suspect will not speak with you or will deny the allegations. Small corroborations of surrounding events can make a big difference.

When conducting any suspect interview, it is strongly recommended that two officers are present and that the interview is conducted in a setting where they will not be disturbed. The best practice and preferred method is to audio and/or video record the interview. See Section 4.7(A)(2), Audio Recordings. The goal of the interview should be to get at least a base line statement from the suspect. Officers should let the suspect relate his entire statement before shifting to an interrogation style, if the shift occurs at all.

Prior to starting an interview the first question the investigators should ask themselves is which, if any, legal requirements are mandated. This will help to ensure that statements made by the defendant are admissible in future legal proceedings. The most common legal requirements at this stage are correlated to whether there is a “custodial interrogation.” There are many circumstances which may not initially appear to be custodial but, in fact meet the legal definition and requirements of a “custodial interrogation.” In general, the following are examples of places which would qualify as custodial:

- Police station;
- Jail/Prison; and
- Suspects home if the suspect is under arrest, or if police are there to execute a search warrant.

It is important that the suspect’s statement about the sexual assault and the circumstances surrounding the entire occurrence and relationship be obtained and documented carefully. Very often the criminal prosecution of a sexual assault hinges on the victim’s word against the suspect’s word. The tipping point in successful prosecutions can often be the corroboration of the more benign details of the victim’s statement which brings credibility and credence to his/her entire statement. Small corroborations often end in big results.

Each of the following legal requirements requires their own separate and distinct waivers:

1. Miranda Warnings

It is vital that law enforcement know how to determine when Miranda warnings are required. The consequences of failure to advise a suspect of these warnings can result in the suppression of any statements made by the suspect. See *Miranda v. Arizona*, 384 U.S. 436 (1966). There are two controlling factors as to whether Miranda warnings must be given. If one or the other is absent then Miranda is not legally required. They are as follows:

- The person is in formal “custody,” or deprived of freedom of action in any significant way; or
- The police, or an agent of the police, are communicating with the suspect whether through direct questioning or its functional equivalent, to elicit testimonial evidence or information.

If the suspect invokes his right to remain silent and/or requests the presence of counsel at any time, the request must be honored and all questioning must immediately cease.

2. Six Hour Rule

Under *Commonwealth v. Rosario*, 422 Mass 48 (1969), an otherwise admissible statement is not to be excluded as evidence on the ground of unreasonable delay in the defendant's arraignment, if the statement is made within six hours of the arrest (day or night), or if, at any time, the defendant makes an informed and voluntary written or recorded waiver of his right to be arraigned without unreasonable delay.

3. Electronic Recordings of Interviews/Interrogations

In *Commonwealth v. DiGiambattista*, 422 Mass 423 (2004), the Supreme Judicial Court held that a statement or confession obtained by police during a custodial interrogation at a place of detention, whenever practical, should be electronically recorded. Failure to do so will not result in the suppression of the statement, however, will most likely result in a strong jury instruction advising jurors to view the statement with “great care.” See Section 4.7(A)(2), Audio Recordings.

Regardless of the suspect's decision to be recorded or not, a waiver to record or not record should be provided to the suspect and his/her decision documented. This advisement and waiver is separate and distinct from the Miranda and Six-hour rule waivers.

In general, it is good practice to:

- Tape as early as possible, including any Miranda consent/refusal;
- Try to record unobtrusively;
- Record the complete interrogation; and
- Preserve the tape.

It is advisable to avoid starting and stopping the interview tape. If it is not feasible to leave the recording running, officers should make a record on the recording that explains interruptions, and, if possible, have the suspect confirm the nature of the interruption on the recording.

4. Other Procedural Requirements

As with any arrest, all individuals taken into custody should be afforded all rights according to standard booking procedures.

4.6 INVESTIGATION DOCUMENTATION

No one portion of any investigation can stand on its own. Investigations are dynamic, interactive, compilations of actions and hard work. However, without proper documentation your hard work will never take shape to achieve a desired outcome. Your ability to communicate the facts, circumstances, and events of the investigation can be the difference between a successful or failed prosecution.

The importance of documenting your investigation cannot be overstated. The documentation produced will serve several purposes including:

- Create a record of the facts and circumstances while they are fresh in victim/witnesses mind;
- Serve as a mechanism in the future to refresh the police officer's and witnesses recollection of events;
- Potentially serve as the foundation for criminal complaints and legal action (e.g. search warrants); and
- Become adopted as testimonial evidence at trial should a witness become incapacitated or legally unavailable to testify at a future date.

A. Methods of Documentation

Although the written report is often the primary format used in most investigations, officers need to consider other forms of documenting the investigation, especially in cases where you may need to document crime scenes, evidence, and victim injuries.

1. Written Reports

Reports should be written to communicate the facts to the reader in a clear and concise manner. A detailed, chronological accounting of events is, very often, the most effective way to write a report and lends itself to enhance the reader's ability to follow what occurred and what investigative steps were taken.

When documenting any and all statements, the details of the assault, surrounding events, and statements made by the offender should be as close to verbatim as possible. This practice accomplishes two objectives. First, by documenting the actual words used,

a pattern of behavior by the offender may be revealed or it may link an offender to multiple cases. Second, using the exact words rather than paraphrasing better communicates what the victim and/or offender was thinking or feeling at the time of the assault.

Of significant importance is documenting a detailed and precise description of the victim's condition and state of mind. For example, if the victim is "visibly shaking and crying hysterically" then document it as such versus stating the victim was "upset." It may be months or years from the date of report to trial, and details are important. Do not rely on memory alone.

Another important and effective tool of documentation is reporting the atmosphere of the suspect interview. For example, document the environment, the number of officers present, the tone of the interview, how officers were dressed, who was positioned where, any breaks/refreshments afforded the suspect (e.g. drink, bathroom).

By creating a separate and distinct report which communicates the tone and environment in which the suspect is interviewed, several potential foundations for motions to suppress the defendant's statement can be avoided and again demonstrate a complete and comprehensive investigation.

You should always follow your departmental protocol; however, it is recommended that police jargon and slang be kept to a minimum. This will assist readers who are non-law enforcement professionals to better understand the contents of the report.

Written reports should not contain any speculation, medial diagnosis, opinion, or officer thought processes. Reports should be free from spelling, punctuation and grammatical errors. All reports should be proof read prior to submission. Presentation is very important in how the case appears to the court and defense counsel and can directly impact the perception of the officer's thoroughness and competency.

2. Audio Recordings

As a police officer you should familiarize yourself with the expected practices and legal requirements by consulting your supervisor and/or the district attorney's office of jurisdiction. As stated above, a statement or confession obtained by police during a custodial interrogation at a place of detention, whenever practical, should be electronically recorded. See Section 4.6(B)(3), Electronic Recordings of Interviews/Interrogations.

The use of audio recordings allows the interviewer to keep an even and consistent flow to the interview without asking the witness to repeat themselves or slow down. In addition, by recording the interview, you ensure that all the information provided by the suspect/witness is captured. This protects officers against allegations of omitting details and conversely documents details which, at the time of the interview, may not have seemed important.

If a suspect refuses to make a recorded statement, the officer should record the refusal (if it is practical) and document it on a refusal form. If the suspect refuses to be recorded before the recording device is turned on, the officer should, if it is practical, turn on the recording device and attempt to record the refusal.

Once being recorded, the officer should:

- Identify himself and the suspect, state the date, time and location, inform the suspect of any applicable rights (such as *Miranda*), and inform the suspect that there are potential benefits to recording the interrogation, including the fact that a recording will create a clear and complete record of what was said to the suspect, and what the suspect said during the interrogation;
- Ask the suspect on the record if he is willing to make an electronically recorded statement;
- Advise the suspect that if at any time he changes his mind and decides that he does want the interview to be recorded, he should let the officer know and the officer will turn on the recording device; and
- If the suspect still refuses, the officer should execute a signed refusal form, turn off the device, and proceed with the interview.

When audio recording statements, there are a few important points to remember. If the subject physically demonstrates information, the interviewer needs to verbally explain what is being demonstrated. For example, if a witness was to demonstrate the length of the knife using his/her hands, be sure to put on record that “the witness showed a distance of approximately six inches”.

Additional considerations include making sure that you have good, working equipment, having enough privacy so that the recording will not be constantly interrupted, and ensuring you make a copy of the original and then secure the original into evidence.

3. Photographic Documentation

Photographically documenting a crime scene, evidence, or injury is critical in criminal investigations, especially sexual assault cases. Photos bring the scene to life for jurors. The corroborative element which photographs bring to sexual assault cases is very important since sexual assault cases are often one person’s word against another. In addition, photographing the scene and evidence prior to recovery demonstrates thoroughness by the police and helps eliminate challenges to the integrity of the investigation.

It is recommended that if you have access to a crime scene unit, it should be utilized. This will ensure items are photographed according to scale and captured in a manner which provides context to the entire scene. In addition, if photographing injuries, there may be certain lighting and technology which capture different conditions better.

Time aged photos may also be relevant. When documenting evidence through photographs, be sure to take an overall photo, a mid-range photo, and a close up photo. This provides a contextual basis for the evidence being displayed. In addition, include a ruler or some mechanism of measure to provide a basis of size of the item being displayed.

If the victim needs to be photographed, be sure to explain to the victim why photographing him/her is important. Conduct yourself in a professional manner at all times affording the victim the utmost privacy and dignity.

4. Video Recordings

Video recordings are much like photographic documentation but can be more effective at capturing the big picture. This is especially true when trying to capture special relationships and paths of entry or egress.

5. Sketches/Diagrams

Sketching a scene is helpful when there is no access to photographic equipment or when documenting outside scenes. Using sketches and triangulation will assist in pinpointing the exact location of a recovery site at a later date.

4.7 OTHER INVESTIGATIVE CONSIDERATIONS AND RESOURCES

Listed below are some additional recommended resources and considerations which may assist in corroborating the statements and facts you gather throughout the course of your investigation.

A. Digital Evidence

The usage of the internet, PDA's, ATM's and a multitude of other electronic devices in everyday life has swelled to unprecedented levels. The increase in the usage of such technological devices in pursuing and completing criminal acts has also surged. This includes the ability to communicate, store, and transmit data, text and images, all of which if obtained and recovered properly, can become powerful evidence.

In any investigation, investigators must consider all electronic media and storage devices as potential sources of evidence and insight into the circumstance of the case. In doing so, the investigator should consider the following:

- Is digital evidence potentially involved in the crime?
 - Survey the scene for digital evidence, including removable media and portable devices.
 - Interview victim/witnesses as to the use of these devices.
- Identify all locations of potential digital evidence:
 - On-scene (e.g. surveillance video equipment)
 - On-line (e.g. Internet Service Providers)

- Other locations (e.g. victim, suspect, devices)
- Determine search authority:
 - Consent, plain view, search warrant, exigency, etc.
 - Electronic Communication Privacy Act (E.C.P.A)
- The digital crime scene may include information stored by service provider and may require a Preservation Order.

There can often be technological nuances and search warrant requirements associated with electronic storage devices and evidence recovery. Therefore, it is strongly recommended that prior to handling or seizing such evidence, you consult with a computer forensic unit and/or the District Attorney's Office of jurisdiction.

B. Court Orders/ Grand Jury Subpoenas

In certain circumstances such as obtaining financials, phone records, medical records, or other documentation, court orders and/or grand jury subpoenas may be necessary. These requests must be coordinated with the District Attorney's Office of jurisdiction.

C. Photo Arrays

If you have an identification case, be sure to conduct identifications either through photo arrays, line-ups, or show-ups. All three methods have strict legal requirements which should be adhered to in order to ensure admissibility in court. If you are unsure of the proper identification protocols, consult with a supervisor or with the District Attorney's Office of jurisdiction for specific department guidelines for photo array protocol.

D. Polygraph Examinations

The use of polygraph examinations can be an effective and reliable tool to include or exclude an individual as a suspect in criminal investigations. The use of polygraph examinations for victims is strongly discouraged except in cases where there is a reasonable basis to believe the victim is making a false claim or report. In addition, the use of or the suggested use of a polygraph examination should not be used as a condition of proceeding with an investigation, charge, or prosecution of an offense.

In Massachusetts, the results of polygraph exams are inadmissible in criminal trials and may not be used for any purpose or in any capacity for criminal prosecution.¹ In addition, the submission to, or failure to submit to, a polygraph examination is inadmissible in court.

E. Sex Offender Registry Board (SORB)

The Sex Offender Registry Board is the state agency responsible for compiling and maintaining a database of convicted sex offenders and classifying each offender. The SORB is an excellent resource for law enforcement offering investigative support. They

¹ *Commonwealth v. Mendes*, 547 N.E.2d 35 (Mass. 1989).

have access to records and information regarding offender histories which may not be available through traditional data base searches (e.g. Triple III, BOP etc.) The SORB is also an important partner with local law enforcement to ensure sex offender registration and compliance enforcement.

F. Outside Documentation

The use of outside agency documents and reports can be powerful circumstantial evidence to corroborate your investigation. Consider checking the following sources for information regarding your suspect or possible suspects:

- Board of Probation record (BOP);
- Interstate Identification Index (III) (federal Criminal History Record Information);
- Incident reports from other arrests and/or law enforcement involvements;
- Field interrogations reports (FIO reports);
- Employment records;
- Military records;
- Educational documents;
- Passports and travel documents;
- Probation/Parole records;
- Financial records;
- 911/Turret tapes;
- Outside video;
- Professional boards (e.g. medicine, education);
- Department of Transitional Assistance;
- Department of Children and Families;
- Rental information; and
- GPS, and Electronic Monitoring transponders.

The above is not an exhaustive list. The limits and constraints of investigative tool and resources are only as limited as your imagination, so utilize all available resources. Assemble as comprehensive and professional investigative package as possible. If you are unsure of the proper protocols to obtain any of the above information, you should consult with a supervisor or with the District Attorney's Office of jurisdiction.

G. High Profile Investigations

Sexual assault investigations cross all social, economic, and professional boundaries. Because of these intersections, you may encounter or be placed in delicate or difficult situations. Examples include investigating police officers, public officials, or individuals who hold positions of power.

Your job is to investigate and report the facts as you find them. Your ability to be impartial and ensure the victim is treated fairly and with dignity is paramount. If an investigation creates a real or perceived conflict, the best practice may be to have the case handled by an independent and detached party. Consult departmental policy, your supervisor, and/or the District Attorney's Office of jurisdiction when such situations arise.

H. Media Relations and Interaction

When addressing the media regarding any criminal investigation or pending criminal case, it is recommended that you consult your department guidelines and ensure that the information contained in the log is appropriate for public dissemination. Coordinate any press releases with your District Attorney's Office of jurisdiction where warranted or as prescribed by departmental policy.

Aside from the legal restrictions that prohibit the release of information regarding victims of sexual assault, there are often a myriad of other issues and concerns which may be present for the victim. These include the ongoing threat of and/or risk of continued domestic and sexual violence or retaliation. Safety risks may require additional layers of protection and precaution by law enforcement to protect the identity and location of the victim.

There are several Massachusetts General Laws which impact public dissemination and media disclosure. The primary statute which affects law enforcement is M.G.L. c. 265, § 24C. This statute states that the portion of records of any court or **any police department** in the Commonwealth or any or their political subdivisions which contain the name of a victim in an arrest, investigation, or complaint for rape or assault with intent to rape, shall be withheld from public inspection, except with consent of a justice of such court where the complaint or indictment would be prosecuted. **Said portion of the court record or police record shall not be deemed to be a public record.**

In addition to the above, it is also important to be cognizant of the added legal restrictions surrounding the release of information regarding juveniles.

I. Mandated Reporting

Mandated reporters are individuals who, when acting in their professional capacity, learn about abuse and/or neglect **or** suspect abuse/neglect and are by law, required to report their suspicions to the appropriate protection agency. Oral reports should be immediately filed and a written report should follow within 48 hours. Police officers are mandated reporters.

There are four agencies charged with the protection of certain vulnerable groups of individuals under Massachusetts law. These agencies are:

- Department of Children and Families (DCF), which acts to protect children under the age of 18;
- Disabled Persons Protection Commission (DPPC) which acts to protect persons with disabilities between the ages of 18 to 59 years old who as a result of the disability is wholly or partially dependent on others to meet his/her daily living needs;
- Executive Office of Elder Affairs (EOEA) which acts to protect elders age 60 and older; and
- Department of Public Health (DPH) which acts to protect individuals of all ages residing in hospitals and long term care facilities.

Mandated reporters play an important role in preventing continued abuse of existing victims and in preventing abuse of potential victims. The law provides mandated reporters with immunity from civil or criminal liability as long as the report was made in good faith. See appendix for a detailed list of mandatory reporting requirements.

J. Sexual Assaults at Colleges and Universities

Under M.G.L. c. 22C, § 63, the Colonel of the State Police is the authority which recognizes trainings for college and university police departments and appoints campus police as “special” officers. M.G.L. c. 41, § 97B compels all police officers who investigate sexual assault cases to be certified in sexual assault investigations by attending a training course.

In general, the size and resources of the college or university will determine their ability to train and equip their own police department with certified sexual assault investigators. It is recommended that in communities with colleges or universities, the local police and college/university police departments’ work collaboratively to facilitate a professional and complete investigation.

K. Military Personnel

If during the course of your investigation it becomes apparent that either the victim or suspect is enlisted in any branch of the military, it is recommended that the involved person’s specific branch commanding officer and/or investigative section be contacted. There may be historical or additional information regarding the involved parties and/or other mechanisms to hold offenders accountable.

5.0 COURTROOM PREPARATION AND TESTIMONY

As a lead investigator, it is incumbent upon you to facilitate and ensure that the prosecuting District Attorney’s Office has a complete investigative packet of all reports and relevant documentation of your investigation. Those documents are the tools the

prosecutor needs to do their job. Be cognizant that the conclusion of the investigation is the beginning of the prosecution and the District Attorney's Office and courts will continue to need your cooperation.

Part of your responsibilities include court preparation and testimony. The following are several important considerations in court preparation and testimony:

- Be prepared:
 - Review your reports prior to testifying;
 - By recounting and reciting the facts of your case (while minimizing the need for your memory to be refreshed) you will demonstrate competency and professionalism; and
 - Being prepared will help reduce any natural anxiety and tension associated with testifying.
- Court room testimony/demeanor:
 - Knowing your case will bring natural confidence to your court room presence and testimony;
 - Do not be flip or coy;
 - Refrain from attempting to outsmart or out think the questioning attorney(s);
 - Answer the questions directly, honestly, and to the best of your abilities;
 - If you do not know or can not remember the answer to a question, communicate that in a direct, non-defensive manner; and
 - When testifying, relax and be yourself.

6.0 VICTIM SUPPORT SERVICES

A. Role of the Massachusetts Rape Crisis Counselor

Rape crisis centers offer assistance to victims of sexual assault, their significant others, professionals, and community members. Although rape crisis centers in Massachusetts may vary in the services available, all rape crisis centers offer crisis intervention services. Services may include a 24 hour hotline, medical services, legal advocacy, clinical services, and community outreach and education. All services are free and confidential.

Hospital personnel may directly contact community-based rape crisis counselors in addition to contacting a Sexual Assault Nurse Examiner (SANE). A rape crisis counselor may also be specifically requested by the victim. Although law enforcement can also directly contact a rape crisis counselor to respond to an emergency department, this is not a recommended procedure because of victim privacy concerns.

In the immediate aftermath of an assault, victims face a host of emotional, medical, and legal decisions. An advocate can provide information to assist the victim (and her/his family) in making the best possible choices.

Counselors, sometime referred to as “counselor” or “advocate,” provide compassionate and knowledgeable support to victims and their families in hospital emergency departments. Counselors can accompany the victim throughout the entire forensic exam if the victim chooses. Counselors can also be helpful with safety planning, arranging transportation, and with service referrals.

Rape crisis counselors are part of the system of support that helps victims get through the medical/evidence collection process and understand future options. They are not there to hinder law enforcement’s efforts and ability to obtain information and/or evidence.

Under M.G.L. c. 233, § 20J, **information transmitted in confidence by and between a victim of sexual assault and a certified rape counselor (no third parties present) is considered a confidential communication and is legally protected.** Even though a victim may have shared relevant information with the rape crisis counselor about the assault, unless the victim gives the counselor express permission to share that communication with law enforcement, the advocate is under a legal obligation not to disclose any privileged information.

B. The Victim Witness Advocate (Office of the District Attorney)

Pursuant to M.G.L. c.258B all District Attorney’s Offices must have a victim witness assistance program. Victim witness advocates (VWA) provide immediate crisis assessment and intervention with victims, witnesses, and their families. Advocates make initial contact with victims on behalf of the District Attorney’s Office and help them to assess their most immediate needs—for safety, counseling, medical care, and emergency financial assistance.

Additionally, VWAs make appropriate referrals to services in the community that can help meet these needs and to help victims cope with the experience of victimization. The primary goals are to assist victims in their healing and recovery and to enable them to participate in the prosecution of their case by providing them with the support and information they need, and to ensure that they have a voice in the process.

The advocates educate victims about the court process and their expected role and help them anticipate both the difficult and rewarding aspects of the process. Advocates keep victims and witnesses apprised of the status of their case, provide information and notification regarding bail status, provide notice about upcoming court dates and postponements, assist in obtaining victim impact statements for sentencing, and elicit victims’ input about various decisions in the case, including pleas and sentence recommendations.

The VWAs work together with prosecutors as a team to prepare victims for testifying, to answer their questions, and to provide in-court support and are responsible for assisting victims with filing Victim of Violent Crime Compensation claims.

C. Victims of Violent Crime Compensation

Since law enforcement is often a victim's entry point into the criminal justice system, police should be familiar with Victims of Violent Crime Compensation, a state program created by statute and administered through the Attorney General's Office Victim Compensation and Assistance Division. Police officers should adopt a routine practice of advising victims of violence about this potential and critical financial remedy and of other important available resources.

Victim's eligible for Victim Compensation include:

- Victims of violent crime in Massachusetts;
- Dependents and family members of homicide victims; and
- Any person responsible for the funeral expenses of a homicide victim.

To the extent insurance or other funds do not cover your expenses, you may be reimbursed for:

- Medical and dental expenses (including equipment, supplies and medications);
- Counseling expenses (for victims, for family members of homicide victims, and for children who witness violence against a family member);
- Funeral/burial costs up to \$4,000;
- Lost wages (for victims only);
- Loss of financial support (for dependents of homicide victims).
- Homemaker expenses.

Generally, in order to qualify for victim compensation, victims must have reported the crime to police within five days unless there is good cause for delay. They must cooperate with law enforcement officials in the investigation and prosecution of the crime unless there is a reasonable excuse not to cooperate and they must apply for compensation within three years of the crime. Victims under the age of 18 at the time of the crime may apply until age 21, or later in certain limited circumstances.

However, in the case of sexual assault, the fund is available to help assist victims in paying for medical expenses incurred as a result of a Forensic Sexual Assault Exam performed by a SANE nurse or other medical provider regardless of whether the exam is not covered by insurance, or if it is a case in which the victim does not wish to process the claim through their personal health insurance. Additionally, the mandatory requirement that the victim cooperate with the prosecution is waived.

D. Massachusetts Office for Victim Assistance (MOVA)/Victim Witness Assistance Board

The Massachusetts Office for Victim Assistance (MOVA) is an independent state agency which devoted to upholding and advancing the rights of crime victims. MOVA not only serves as a resource and a point of entry for many victims and their

families and an agency of last resort when victims are having trouble navigating systems or accessing services, but also administers the (SANE) Program services in collaboration with the Massachusetts Department of Public Health. MOVA's website www.mass.gov/mova outlines all of the various services, trainings, projects, and agencies it funds, and its policy and legislative initiatives to advance victim rights.

Appendix 1

Rape Crisis Centers

NETWORK OF SEXUAL ASSAULT & DOMESTIC VIOLENCE SERVICE PROVIDERS IN MASSACHUSETTS

WEST

- Domestic Violence Program
- Sexual Assault Program
- 24 hour hotline

If you are not sure where to call for assistance, call 411.

NEW ENGLAND SERVICE PROVIDERS

ADVISE Program (Child & Family)
Boston 617-325-6369

CPASA - Roxbury Multi-Service Center
Dorchester 617-427-4410

Community Advocacy Program
Boston 617-325-5778

Domestic Violence Services of Central Massachusetts, Inc.
Concord 688-8626/616

MAEN at MPH
Boston 617-724-0054

International Institute of Boston
Boston 617-632-6949

Kul DeVos Jewish Family & Children's Services
Wellesley 781-647-5327

MA Alliance of Professional Speakers
Cambridge 617-864-7800

Marriage in Violence Prevention
Boston 617-375-1025

Network for Women's Health
Concord 978-287-1056

Palmer "We Can Talk About It" Children's Center
Waltham 781-894-4007

RHSP - Scalamed Sales
Lowell 978-465-0549

Safe Haven - Domestic Violence Support
Boston 617-441-8500

NORTHEAST REGION

- Marquette House Lowell 800-328-6226
- MAVC - Help for Abused Women and Children Salem 978-744-6941
- North Shore Rape Crisis Center Beverly 800-622-8772
- Rape Crisis Services of Greater Lowell Lowell 800-542-5292
- Supportive Care, Inc. Boston 878-888-1300
- James O'Leary Child Care Center (Northport) Andover 978-885-1888
- Women's Resource Center Lawrence 978-685-7440
- WVCA of Greater Lawrence Lawrence 977-530-9222

CENTRAL BOSTON REGION

- Asian Task Force Against Domestic Violence Boston 617-338-2325
- Boston Area Rape Crisis Center (BARCC) Cambridge 603-641-8973
- Casa Byline Institute, Inc. Boston 617-492-7170
- Case Boston 617-785-2000
- Center for Violence Prevention and Recovery of Suffolk/Dorchester Medical Center Boston 617-497-5441
- Cambusson Women's Division Boston 617-497-7203
- DDVE Inc. Quincy 866-394-6280
- The Elizabeth Stone House (Boston Park) Boston 617-522-5177
- FINEX House Jamaica Plain Boston 617-265-1054
- Harbortown Chelsea 617-894-9300
- Recovery at Brigham & Women's Hospital Boston 617-783-6763
- Payal to Hope Southbury 781-314-7976
- REACH Beyond Domestic Violence Waltham 800-890-8000
- Riverside House Roxbury Boston 617-591-0881
- RESPOND Inc. Somerville 617-623-8000
- The Second Step Roxbury 617-687-3889
- Transition House Cambridge 617-497-7000

SOUTHEASTERN REGION

- Asah Place Falmouth 508-226-7111
- Brockton Family & Community Resources Brockton 800-387-4168
- Cape Cod Center for Women N. Falmouth 603-749-0001
- Independence House Inc. Hyannis 603-438-6507
- New Hope Inc. Aldenboro 800-322-4673
- Our Sister's Place Fall River 508-877-0224
- South Shore Women's Center Plymouth 781-522-0078
- STAR (Stanley Street Women's Center) Fall River 508-675-0768
- Womansphere Child Center Bourne 508-868-8255
- The Women's Center New Bedford 689-2544-6561
- CONNECT Weymouth 508-698-7283

SOUTHERN REGION

- Dorset Women's Resource Center Leicester 978-537-8001
- Daybreak Resources of the WPA Central Massachusetts Worcester 508-755-6020
- New Hope Inc. So. Worcester 800-323-4673
- Rape Crisis Center of Central Massachusetts / Fitchburg Worcester 800-870-5005
- Spanish American Center Leominster 978-554-2146
- Valley Against Violence Framingham 800-683-1100
- Wayside Valley State Crisis Program Milford 800-671-3070

MIDDLE REGION

- Elizabeth Freeman Center Pittsfield 866-471-2423
- Everywoman's Center Northfield 888-337-0800
- WELIGHT Concord 415-724-0800
- Safe Passage Northampton 603-345-0267
- Womansphere/Companionship Holyoke 977-532-1026
- WVCA Western Massachusetts (not an online member) Springfield 800-765-8711

STATISTICAL PROGRAMS

- SaferLink
- TellMe Stories
- Domestic Violence Hotline 617-742-4871
- Urbanscape 617-251-2601
- Urbanscape 617-251-2601
- TellMe Stories Sexual Assault Helpline 603-223-3000
- 603-223-3000
- 603-862-7600

STATEWIDE PROGRAMS

- The Network for End Rape in Our Communities 617-742-4871
- 603-862-7600
- Gay Men's Domestic Violence Project 800-632-8311

WOMEN'S CHOICE

Jane Doe Inc.

The Massachusetts Rape Relief Fund
140 Beacon Street, Suite 507, Boston, MA 02116
TEL: 617-264-6900 FAX: 617-264-8009
TTY: 617-264-6900
E-MAIL: info@jane-doe.org

8th April 2009

MASSACHUSETTS RAPE CRISIS CENTERS (RCCS)

Greater Boston Area

| AGENCY | PRIMARY LOCATION | 24- HOUR HOTLINE | OFFICE |
|---|-------------------------|---|-----------------------------------|
| Boston Area Rape Crisis Center | Boston & Cambridge | 800-841-8371 | 617-492-8306 TTY: 617-492-6434 |
| Center for Violence Prevention and Recovery (at Beth Israel Deaconess Medical Center) | Boston | 617-632-7243 page ID number 31389 Page available M-F 8:30am-5:00pm | 617-667-8141 |

Northeastern Massachusetts

| AGENCY | PRIMARY LOCATION | HOTLINE | OFFICE |
|--|------------------------------------|---|---------------|
| North Shore Rape Crisis Center | Lynn (satellite office in Beverly) | 800-922-8772 781-477-2315 TTY | 781-477-2313 |
| Rape Crisis Services of Greater Lowell | Lowell | 800-542-5212 978-452-8723 TTY | 978-452-7721 |
| YWCA of Greater Lawrence | Lawrence | 1-877-509-9922 Hotline 978-686-8840 TTY | 978-687-0331 |

Central Massachusetts

| AGENCY | PRIMARY LOCATION | HOTLINE | OFFICE & TTY |
|-------------------------------------|-------------------------|----------------------------------|---------------------------|
| Rape Crisis Center of Central Mass. | Fitchburg & Worcester | 800-870-5905 888.887.7130 TTY | 508-852-7600 TTY: same |
| Voices Against Violence | Framingham | 800-593-1125 508-626-8686 TTY | 508-820-0834 |
| Wayside Valley Rape Crisis Program | Milford | 800-511-5070 508-478-4205 TTY | 508-478-6888 |

Southeastern Massachusetts

| AGENCY | PRIMARY LOCATION | HOTLINE | OFFICE & TTY |
|--|--|----------------------------------|---------------------------|
| A Safe Place | Nantucket | 508-228-2111 508-228-7095 TTY | 508-228-0561 TTY: Same |
| Independence House | Hyannis | 800-439-6507 508-771-6782 TTY | 508-771-6507 |
| New Hope, Inc. | Attleboro | 800-323-4673 Same for TTY | 508-226-4015 |
| The Women's Center | New Bedford (satellite office in Fall River) | 888-839-6636 508-996-1177 TTY | 508-996-3343 |
| Womansplace Crisis Center | Brockton | 508-588-8255 508-894-2869 TTY | 508-588-2045 |
| CONNECT (formerly Women's Support Services) | Vineyard Haven | 508-696-7233 508-693-3843 TTY | 508-693-7900 TTY: same |

Western Massachusetts

| AGENCY | PRIMARY LOCATION | HOTLINE | OFFICE & TTY |
|--------------------------|--------------------------|------------------------------------|---------------------------|
| Elizabeth Freeman Center | Pittsfield | 866-401-2425 413-499-2425 TTY | 413-499-2425 TTY: same |
| Everywoman's Center | Amherst | 413-545-0800 413-577-0940 TTY | 413-545-0883 |
| N.E.L.C.W.I.T. | Greenfield | 413-772-0806 Same for TTY | 413-772-0871 |
| YWCA | Holyoke & Springfield | 1-800-796-8711 413-733-7100 TTY | |

Appendix 2

Resources for Victims with Unique Needs

Resources for Victims

Gay, Lesbian, Bisexual, and Transgender Resources:

Gay Mens's Domestic Violence Project

Hotline: 800-832-1901

Office: 617-654-6056

www.gmdvp.org

Fenway Community Health Center

617-972-6562

www.fenwayhealth.org

Violence Recovery Program

617-927-6250

www.fenwayhealth.org

The Trauma Center

617-232-1303

www.traumacenter.org

The Network/La Red

Hotline/ Línea de Crisis: 617-742-4911

TTY: 617-227-4911

See also: Safe Spaces for Gay, Lesbian, Bisexual and Transgender (GBLT) Youth

Spanish Speaking Resources:

Victim Rights Law Center

Tremont Street, Suite 220

Boston, MA 02108

Phone: (617) 399-6720

Fax: (617) 399-6722

www.victimrights.org

Llámanos y Háblemos

c/o The Rape Crisis Center of Central Massachusetts

799 West Boylston Street

Worcester, MA 01606

Office: 508-852-7600

Fax: 508-852-7870

TTY: 888-889-7130

The Network/La Red

Hotline/Línea de Crisis: 617-742-4911 (bilingual Hotline)

TTY: 617-227-4911

Interpreters for Deaf and Hard of Hearing

Massachusetts Commission for the Deaf and Hard of Hearing

Interpreter/CART Referral Service
150 Mount Vernon Street, 5th Floor
Boston, MA 02125
Voice: 617-740-1600
TTY: 617-740-1700
Fax: 617-740-1880
Toll Free TTY: 800-530-7570
Toll Free Voice: 800-882-1155

For medical, mental health and legal emergencies only: 800-249-9949

Substance Abuse Resources:

Substance Abuse Information and Education Helpline

800-327-5050
617-292-5065
TTY: 617-536-5872
Refugee And Immigrant Safety And Empowerment Programs

Refugee and Immigrant Safety and Empowerment (RISE)

The Department of Public Health funds 19 community-based programs across the state to provide education and outreach to particular ethnic communities on violence against women. Additionally, these programs provide direct services to victims, from cultural and linguistic minority backgrounds, who have experienced domestic violence and/or sexual assault.

Refugee and Immigrant Safety Empowerment Programs:

Asian Task Force Against Domestic Violence

PO Box 120108
Boston, MA 02112
T: 617-338-2350
F: 617-338-2354
Serving Cambodian and South Asian Community

Association of Haitian Women

330 Fuller St
Dorchester, MA 02124
T: 617-287-0096
F: 617-287-0170
Serving Haitian Community

Boston Area Rape Crisis Center

99 Bishop Allen Drive
Cambridge, MA 02139
T: 617-492-8306
F: 617-492-3291
Serving Haitian Community

Close to Home

42 Charles St, Suite E
Dorchester, MA 02122
T: 617-929-5151
F: 617-822-3718
Serving the Vietnamese Community

Elizabeth Freeman Center

43 Francis Ave
Pittsfield, MA 01201
T: (413) 499-2425
F: 413-443-3016
Serving the Latino Community

Greater Boston Legal Services, Inc.

Nancy Kelly
197 Friend Street
Boston, MA 02114
T: (617) 371-1270, x 1667
F: 617-371-1222
Immigration representation and counsel

HarborCOV

P.O. Box 505754
Chelsea, MA 02150
T: 617-884-9799
F: 617-884-9929
Serving the Latino Community

Health Care of Southeastern MA: Woman's Place Crisis Center

T: 508-583-3005
942 West Chestnut St
Brockton, MA 02301
F: 508-583-9809
Serving the Latino and Portuguese Speaking Communities

International Institute of Boston

1 Milk Street
Boston, MA 02109
T: 617-695-9990
F: 617-695-9191
Serving Somali, Afghani, and North African refugees

Jewish Family and Children's Service

1430 Main St
Waltham, MA 02451
T: 781-647-5327
F: 781-693-5581

Serving the Russian community

Jewish Family Services of Western MA

15 Lenox St
Springfield, MA 01108
Robert T: 413-737-2601 F: 413-737-0323
Rosalind T: 413-582-6790 F: 413-582-6758

Serving the Vietnamese, African, refugees communities

Lowell Community Health Center

585-597 Merrimack St
Lowell, MA 01854-3908
T: 978-746-7870
F: 978-275-9890

Serving the Cambodian community

Massachusetts Alliance of Portuguese Speakers

1046 Cambridge Street
Cambridge, MA 02139
T: 617-864-7600
F: 617-864-7621

Serving the Brazilian, Cape Verdean and Portuguese community

Refugee and Immigrant Assistance Center

31 Heath St.
Jamaica Plain, MA 02130
T: 617-522-8882

F: 617-522-8345 Serving Somali community

South Middlesex Opportunity Council: Voices Against Violence

300 Howard St
Framingham, MA 01702
T: 508-620-2300
F: 508-620-2310

Serving Latino and Portuguese speaking communities

Third Sector New England: Trafficking Victims Outreach and Services

89 South St, Suite 700
Boston, MA 02111
T: 617-448-0993
Serving victims of trafficking

Woman Shelter/Companeras

P.O. Box 1099
Holyoke, MA 01041-1099
T: 413-538-9717
F: 413-538-9411
Serving the Russian community

YWCA of Central MA

One Salem Street
Worcester, MA 01608
T: 508-791-3181, x3014
F: 508-754-0496
Serving the Vietnamese community

YWCA of Greater Lawrence

38 Lawrence Street
Lawrence, MA 01840
T: 978-687-0331, (978) 687-7184 x 2434/ 688-2645 x 1055
F: 978-691-5286
Serving the Latina community

Safe Spaces for Gay, Lesbian, Bisexual and Transgender (GLBT) Youth

Safe Spaces for GLBT Youth is committed to providing opportunities for gay, lesbian, bisexual and transgender youth to develop their full potential in a safe and supportive environment.

Paula Tessier, Director, Email: Paula.Tessier@state.ma.us

| Safe Spaces for GLBT Youth Funded Programs | | |
|--|--|--|
| Vendor Name/Address | Program/Project Name/Telephone | Region/Population |
| BAGLY, Inc. 14 Beacon Street, Suite 620 Boston , MA 02108 | BAGLY Trans Advocacy and Education Project 617-227-4313 http://www.bagly.org/ | Boston Region Transgender Youth |
| BAGLY, Inc. 14 Beacon Street, Suite 620 Boston , MA 02108 | Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth 617-227-4313 http://www.bagly.org/ | Boston Region GLBT Youth |
| The Bridge of Central Massachusetts, Inc. 4 Mann Street Worcester , MA 01602 | Safe Homes 508-366-4305 www.safehomesma.org | Central Region Worcester GLBT Youth |
| Cambridge Cares About AIDS (CCA) 18 Sellers Street Cambridge , MA 02139 | Youth on Fire Includes a collaboration of other CCA programs including PUMP, and TransCEND 617-599-0231 http://www.ccaa.org/youth_on_fire.html | Metro West Region Cambridge Homeless GLBT youth |
| Community Action of the Franklin, Hampshire and North Quabbin Regions 393 Main Street Greenfield , MA 01301 | Generation Q TREE (Transgender Educated and Empowered) 413-582-7861 | Western Region Franklin , Hampshire and North Quabbin Regions Transgender Youth |
| Health Care of Southeastern MA, Inc. 942 West Chestnut Street Brockton , MA 02301 | GLBT Youth Support Project 508-583-2250 www.hcsm.org/glys.htm | South East Region Brockton Statewide capacity building |

| Safe Spaces for GLBT Youth Funded Programs | | |
|---|---|--|
| Justice Resource Institute 545 Boylston Street, Suite 700 Boston , MA 02116 | Boston GLASS SOLO (Stepping Out to Love Ourselves) 617-266-3349 www. bostonglass.org/ | Boston Region African American GLBT Youth |
| Justice Resource Institute 545 Boylston Street, Suite 700 Boston , MA 02116 | Boston GLASS HELP (Housing and Employment Linkage Program) 617-266-3349 www. bostonglass.org/ | Boston Region Homeless GLBTY |
| Massachusetts Asian and Pacific Islanders AIDS Prevention Project (MAP for Health) 59 Temple Place, Suite 406 Boston, MA 02111 | API GLBT Program Asian Pride 617-426-6755 http://www.mapforhealth.org/ | Boston Region Asian GLBT Youth |
| Out Now 1695 Main Street-2F Springfield , MA 01103 | Latino GLBT Youth Project 413-736-4610 www. outnowy outh.org | Western Region Springfield Latino GLBT Youth |

WHAT IS A CHILDREN'S ADVOCACY CENTER (CAC)?

Children's Advocacy Centers (CACs) are child-friendly centers where a multidisciplinary team (MDT) consisting of Department of Social Service workers, police, medical and mental health professionals, prosecutors, and victim advocates meets to coordinate a response to allegations of child sexual and severe physical abuse.

CACs are designed to reduce the stress experienced by child victims of abuse and their non-offending family members throughout the investigation and intervention process. By focusing first on the needs of children and their families, CACs ensure that many important services are provided, while improving the quality of investigations. CACs reduce the need for children to "tell their story" repeatedly by coordinating a single forensic (fact-finding) interview to gather the information needed by each member of the MDT to successfully investigate allegations of abuse.

Through the CAC, children and families are linked to medical, mental health, victim advocacy and other services as determined on a case by case basis. Medical professionals with the specialized skills to conduct therapeutically and forensically sound medical evaluations, including the services of Pediatric Sexual Assault Nurse Examiners (Pedi SANE), are made available to children and families through partnerships with the CACs.

WHAT IS THE MASSACHUSETTS CHILDREN'S ALLIANCE?

The Massachusetts Children's Alliance (MACA) is a proud state chapter of the National Children's Alliance (NCA). The members of MACA include the 11 CACs serving each of the Massachusetts judicial districts. MACA promotes an integrated, multidisciplinary team response to child abuse and is committed to strengthening collaboration and fostering systemic and societal change to protect children. With the collaboration of the member CACs, the chapter ensures that children and their families have access to the high quality, comprehensive, specialized and culturally competent services offered by a CAC.

The vision of MACA is to promote an environment where children are free from sexual, physical, and emotional abuse and neglect, and where all children are treated with dignity and respect.



MASSACHUSETTS CHILDREN'S ALLIANCE

14 BEACON STREET, SUITE 505

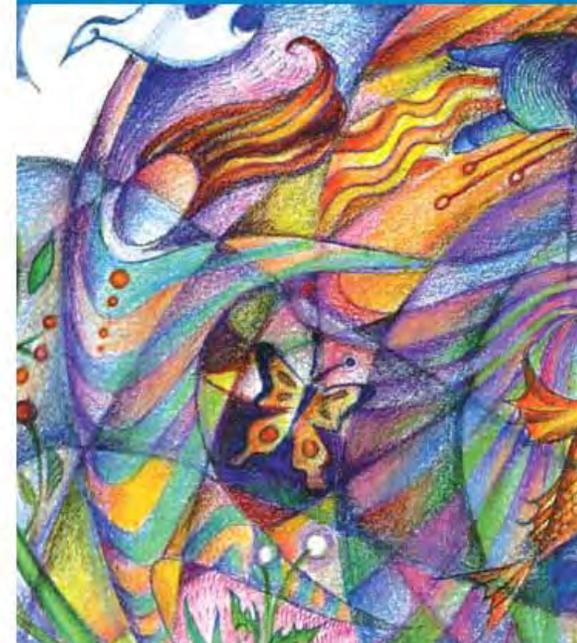
BOSTON, MA 02108

P: 617-573-9800 | E: maca@machildrensalliance.org

www.machildrensalliance.org

Children's Advocacy Centers

IN MASSACHUSETTS



WHAT CAN YOU EXPECT FROM A CHILDREN'S ADVOCACY CENTER?

Multidisciplinary Team (MDT) Investigations: these investigations allow for a prompt, sensitive, interagency response to reports of child sexual abuse and serious physical abuse.

Forensic Interviews: the MDT coordinates a single interview of the child, conducted by a specifically trained interviewer in a sensitive and legally sound manner.

Medical Services: appropriate medical assessment and treatment is provided by medical professionals specializing in services for child victims of abuse.

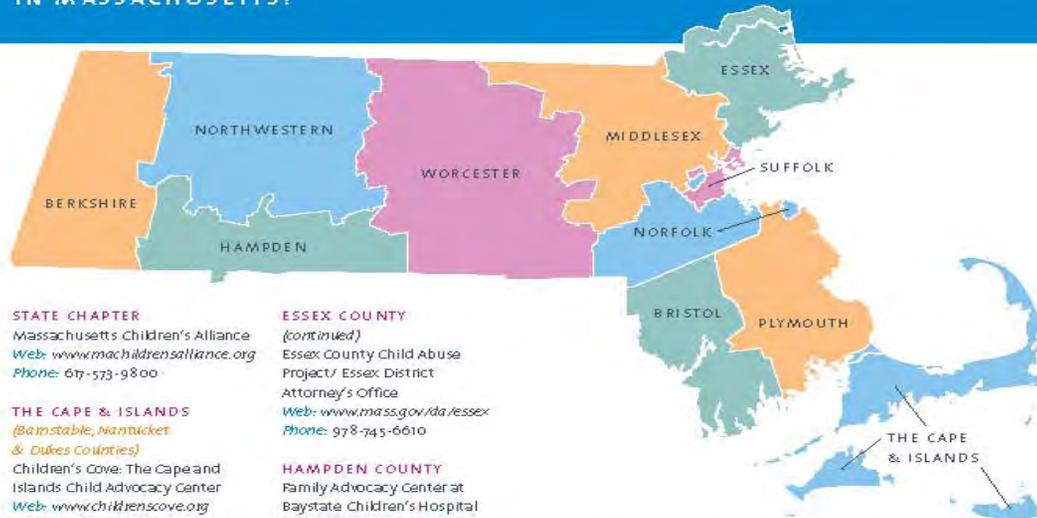
Mental Health Services: CACs provide access to specialized mental health services for child victims and non-offending family members, either on site or through linkages with providers in the community.

Victim Advocacy: advocates provide information about victim rights, safety concerns, and referral information, and help children and families through the court process.

Domestic Violence Services: professionals assess the risk of violence, and provide support services, safety planning, information, and referrals.

Brochure made possible by the Massachusetts Department of Public Health and the National Children's Alliance

WHERE ARE THE CAC'S LOCATED IN MASSACHUSETTS?



STATE CHAPTER
Massachusetts Children's Alliance
Web: www.machildrensalliance.org
Phone: 617-573-9800

THE CAPE & ISLANDS
(Barnstable, Nantucket & Dukes Counties)
Children's Cove: The Cape and Islands Child Advocacy Center
Web: www.childrencove.org
Phone: 508-375-0410

BERKSHIRE COUNTY
Berkshire County Kids' Place
Web: www.kidspkceonline.org
Phone: 413-499-2800

BRISTOL COUNTY
Children's Advocacy Center of Bristol County
Web: www.cacofbc.org
Phone: 508-694-6111

ESSEX COUNTY
Essex Children's Advocacy Center
North Shore Children's Hospital
Web: www.essexcac.com
Phone: 978-354-2819

ESSEX COUNTY
(continued)
Essex County Child Abuse Project/ Essex District Attorney's Office
Web: www.mass.gov/da/essex
Phone: 978-745-6610

HAMPDEN COUNTY
Family Advocacy Center at Baystate Children's Hospital
Web: <http://baystatehealth.com/fac>
Phone: 413-794-9816

MIDDLESEX COUNTY
Middlesex Children's Advocacy Center
Web: www.middlesexda.com
Phone: 781-897-8400

NORFOLK COUNTY
Children's Advocacy Center of Norfolk County
Web: www.mass.gov/da/norfolk/CAC/index.html
Phone: 781-830-4800 x310

NORTH WESTERN DISTRICT
(Franklin & Hampshire Counties)
Northwestern District Attorney's Children's Advocacy Center
Phone: 413-586-9225

PLYMOUTH COUNTY
Conway Children's Advocacy Center of Plymouth County
Web: <http://www.mass.gov/da/plymouth/CAC/cac.html>
Phone: 508-580-3383

SUFFOLK COUNTY
Children's Advocacy Center of Suffolk County
Web: www.mass.gov/da/suffolk/cac.html
Phone: 617-779-2146

WORCESTER COUNTY
Children's Justice Center at UMASS Children's Medical Center Child Protection Program
Web: <http://www.umassmemorial.org/medicenter/p.cfm?id=2223>
Phone: 508-856-6629

Worcester County District Attorney, SAIN Team and Child Abuse Unit
Web: www.worcesterda.com
Phone: 508-792-0214

Appendix 3

Sexual Assault Nurse Examiners

Sexual Assault Nurse Examiner Program Massachusetts Department of Public Health Fact Sheet

The Sexual Assault Nurse Examiner (SANE) Program provides direct patient care to victims of sexual assault who present to SANE designated emergency departments and urgent care centers. The SANEs deliver coordinated, expert forensic and medical care necessary to increase successful prosecution of sex offenders and to assure essential medical intervention to victims of assault age 12 and over. By the end of FY 07, the SANE Program will have cared for over 5,480 victims of sexual assault in the 25 designated SANE sites. *Currently the program is undergoing Statewide certification for Pediatric SANE's to care for victims of assault under the age of 12.*

SANE FACTS

SANE's in Action

- Sexual Assault Nurse Examiners (SANEs) are specially trained and certified professionals skilled in performing quality forensic medical-legal exams. Should a case go to trial, the SANEs are then available to testify
- SANEs are available by beeper and respond within 40-60 minutes to the designated SANE site ready to care for the victim of sexual assault
- SANEs will document the account of the assault, perform necessary medical exams, testing and treatment, then collect crucial, time sensitive evidence using the Massachusetts Sexual Assault Evidence Collection Kit distributed by the Executive Office of Public Safety
- A forensic exam performed by a SANE can take up to 4 hours from beginning to discharge of the patient.
- SANEs provide medical care to survivors without interruption, therefore maintaining the chain of evidence from the exam
- SANEs perform exams with state of the art forensic equipment and supplies and are kept up to date with the latest in forensic science developments
- SANEs receive expert training, supervision, and quality assurance monitoring
- SANEs provide preventative treatment for HIV, STDs, and pregnancy

SANE Enhances Public Safety through Increased Prosecution of Rapists

- SANEs have testified and provided quality forensic evidence in 54 sexual assault trials of which, 51 have resulted in conviction. Evidence collection along with SANE testimony were important elements in achieving convictions in all of the cases.
- In FY'02 through FY'04 evidence submitted to the Boston and State Police Crime Lab revealed that overall, SANEs are collecting better evidence than non-SANE providers
- Massachusetts DA's anecdotally report alleged perpetrators are more likely to plead guilty before trial when the prosecution presents evidence collected by SANEs, saving enormous prosecution costs.
- Ongoing developments in the science of evidence collection, e.g. DNA testing, require a higher level of expertise and consistency in the collection of evidence for sexual assault cases.
- Standardizing the preservation of the chain of evidence by:
 - Providing expertise by quickly and uniformly incorporating improvements in forensic evidence collection techniques
 - Ensuring that SANE evidence is transported properly to the proper crime lab
 - Monitoring the quality of evidence submitted to the crime lab

SANE has Broad Criminal Justice and Health Care Community Endorsement and Support

- The *Emergency Nurses Association* has endorsed the MA SANE Program as a national model
- Members of the Massachusetts SANE Board include:

| | |
|------------------------------------|--|
| Boston Police Sexual Assault Unit | Jane Doe Inc, the Massachusetts Coalition Against Sexual Assault and Domestic Violence |
| Department of Social Services | Disabled Persons Protection Commission |
| MA District Attorney's Association | Massachusetts College of Emergency Physicians |
| MA Office for Victim Assistance | Massachusetts Nurses Association |
| Emergency Nurses Association | Executive Office of Public Safety, Programs Division |
| Boston Police and State Crime Labs | |

Sexual Assault Nurse Examiner Program Staff Contact List

SANE PROGRAM STAFF

Lucia Zuniga, RN, SANE

Director

Mass. Office for Victim Assistance
One Ashburton Place, suite 1101
Boston , MA 02108
Phone: (617) 586-1366
Fax: (617) 727-0574
Email: Lucia.Zuniga@state.ma.us
Blackberry: (781) 718-7272

Ginhee Sohn, Program Coordinator

Mass. Office for Victim Assistance
One Ashburton Place, suite 1101
Boston , MA 02108
Phone: (617) 586-1365
Fax: (617) 727-0574
Email: Ginhee.Sohn@state.ma.us

Kathy Jolin, BSN, RN, SANE

Associate Director, Adult and Adolescent SANE Program

Mass. Sexual Assault Nurse Examiner Program
Mass. Office for Victim Assistance
One Ashburton Place, Suite 1101
Boston, MA 02108
Phone: (413) 265-8559
Email: Kathryn.Jolin@state.ma.us, Kathryn.Jolin@vzw.blackberry.net

Joan Sham, MS, RN

SANE Pediatric Associate Director

Mass. Office for Victim Assistance
One Ashburton Place, suite 1101
Boston, MA 02108
Fax: (617) 727-0574
Email: Joan.Sham@state.ma.us
Cell: (617) 968-5819
Blackberry: (781) 718-9107

Laura Maguire, BSN, RN, CEN, SANE

Adult and Pediatric Outreach and Training Coordinator

Mass. Sexual Assault Nurse Examiner Program
Mass. Office for Victim Assistance
One Ashburton Place, Suite 1101
Boston, MA 02108
Phone: (617) 306-5490
Email: Laura.Maguire@state.ma.us

Sexual Assault Nurse Examiner Program Staff Contact List

REGIONAL COORDINATORS

REGION #1 - WESTERN REGION

Mary Walz-Watson, RN, SANE

Email: Mary.Walz-Watson@state.ma.us

Blackberry: (857) 207-0789

REGION #2 - CENTRAL REGION

Karen Hazard, RN, SANE

Email: Karen.Hazard@state.ma.us

Blackberry: (339) 440-1476

REGION #3 - NORTHEAST REGION

Linda Molchan, RN, MS, SANE

Lawrence General Hospital

Trauma Coordinator

Work: (978) 683-4000 ext. 2627

Fax: (978) 946-8020

Email: Linda.Molchan@state.ma.us or lmolchan@lawrencegeneral.org

Blackberry: (978) 478-8138

REGION #4 - BOSTON

Claire Shastany, RN, SANE

Mass. Office for Victim Assistance

One Ashburton Place, suite 1101

Fax: (617) 727-6552

Email: Claire.Shastany@state.ma.us

Blackberry: (781) 718-9164

Laurie A. Ferguson, RN

Boston Operations Coordinator

Sexual Assault Nurse Examiner Program

Mass. Office for Victim Assistance

1 Ashburton Place, Suite 1101

Boston, MA 02108

Phone: (781) 718-6731

Fax: (617) 727-6552

Email: Laurie.Ferguson@state.ma.us

REGION #5 - SOUTHEAST REGION

Lori Banning, RN, SANE

Email: Lori.Banning@state.ma.us

Blackberry: (774) 274-0757

REGION #6 - CAPE AND THE ISLANDS

Kathleen Ecker, RN, SANE

Phone: (508) 237-1202

Email: Kathleen.Ecker@state.ma.us

Beeper: (508) 327-8347

Blackberry: (774) 274-0944

Appendix 4

Mass Sexual Assault Evidence Collection Kit

| | |
|--|--|
| FORM 1 Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit | PATIENT'S CONSENT FOR SEXUAL ASSAULT EXAM |
| Affix kit number label here | |

Patient's Name: _____ Phone Number: _____

Patient's Address: _____

Patient's Date of Birth: ____/____/____

I consent and authorize _____ (medical provider or S.A.N.E.) of _____ Hospital to perform the following:

| PROCEDURE | CONSENT | DO NOT CONSENT | PATIENT'S INITIALS |
|---|--------------------------|--------------------------|--------------------|
| • Obtain history | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Perform Physical Exam | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Collect evidence including: hair, blood samples, body fluid samples, fingernail scrapings and clothing | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Administer appropriate medical treatment | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Administer medications for STD prophylaxis | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Screen for pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Provide Massachusetts Department of Public Health information on emergency contraception for pregnancy prevention | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Offer emergency contraception for pregnancy prevention | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Administer emergency contraception for pregnancy prevention | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Photograph physical injuries | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Follow-up telephone call | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Number to call: _____ | | | |
| • Other (please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

I understand the medical information contained in this record is confidential and private and protected under state law. In most circumstances, the medical record will be released only with my written permission. However, I understand the medical information must be released if subpoenaed by the court.

| | |
|---|---|
| Signature of patient (or guardian) | Printed name of medical provider or S.A.N.E. |
| If guardian, print name and relationship to patient | Signature of medical provider or S.A.N.E. |
| Date | Date |
| | If applicable, certified number of the S.A.N.E. |

RETAIN THIS FORM FOR HOSPITAL RECORDS

RE2MA: FORM 1.2.3/06

Adult Sexual Assault Law Enforcement Guidelines
2009



Commonwealth of Massachusetts
Executive Office of Public Safety

Form 2A/2B Instructions

Please read these instructions before proceeding with this form.

Step 1. Complete Form 2A/2B *Information Pertaining to Assault, Provider Sexual Crime Report* as indicated. Once completed, Form 2A, white copy only should be torn at perforated line and faxed to the Executive Office of Public Safety – Research and Policy Analysis Unit at the fax number listed at the bottom of Form 2A. Additionally, the white copy of Form 2A should be faxed to the local public safety authority of the city/town in which the assault took place.

Please be sure that Form 2A does not contain identifying information pertaining to the victim.

Step 2. Retain white copy of Form 2A (once faxed) and 2B for hospital records.

Step 3. Return yellow copy of Form 2A/2B to Step 1 envelope as indicated at the bottom of the attached forms.

PEZMA FORM 2A/2B-1.3.08

Adult Sexual Assault Law Enforcement Guidelines
2009

INFORMATION PERTAINING TO ASSAULT & KIT TRACKING FORM
FORM 2A
FAX FORM 2A ONLY
PER MGL c. 112, § 12A 1(2)

A. PATIENT/VICTIM INFORMATION: *Name, address and other identifying information should not be written on this anonymous form.*

1. Age: _____ 2. Gender: Female Male
 3. Race: White (non-Hisp) Hispanic Black (non-Hisp) Asian/Pac. Isl. Other: _____
 4. Date of Assault (e.g., 01/01/2009): _____ 5. Approx. Time of Assault: _____ AM PM
 6. City/Town of Assault: _____ State: _____ Neighborhood: _____
 7. Specific surroundings at time of Assault: _____
 House/Apartment Outdoors Dormitory Hotel/Motel Other: _____
 8. Date of hospital exam (e.g., 01/01/2009): _____ 9. Time of hospital exam: _____ AM PM
 10. Hospital providing services: _____
 11. Exam completed by a Sexual Assault Nurse Examiner (SANE)? Yes No
Affix kit number label here on both white and yellow copies.

B. ASSAULT INFORMATION: *Only the patient/victim voluntarily report any of the following relationships with the assailant(s).*

12. Total number of assailant(s): _____
 13. Assailant(s) relationship to patient/victim and gender of assailant (if > 1 assailant, designate relationship of each):

| | # Male | # Female | # Boy/Girlfriend | # Male | # Female |
|--|--------|----------|---|--------|----------|
| <input type="checkbox"/> Personal Step-parent | _____ | _____ | <input type="checkbox"/> Boy/Girlfriend | _____ | _____ |
| <input type="checkbox"/> Spouse/life-in partner | _____ | _____ | <input type="checkbox"/> Ex-boy/girlfriend | _____ | _____ |
| <input type="checkbox"/> Ex-Spouse/life-in partner | _____ | _____ | <input type="checkbox"/> Date | _____ | _____ |
| <input type="checkbox"/> Present 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): _____ | | |

C. WEAPONS/FORCE USED: *Check all that apply as per patient report and/or physical findings.*

14. Unknown Blunt Gun Restraints
 Verbal threats Hitting Knife Chemical(s)
 Choking Burns Blunt Object Other weapons Describe: _____
 Other physical force Describe: _____

D. ACTS DESCRIBED BY THE PATIENT/VICTIM: *Check all that apply as per patient report and/or physical findings.*

15. Was there penetration, however slight, etc.
 Vaginal: No Unsure Attempt Yes BY Penis Finger Tongue Object/Other: _____
 Anal: No Unsure Attempt Yes BY Penis Finger Tongue Object/Other: _____
 16. Mouth: No Unsure Attempt Yes BY Penis Finger Tongue Object/Other: _____
 17. During the assault, were acts performed by the patient/victim upon the assailant(s)? YES NO UNSURE
 if yes, specify: _____
 18. Did ejaculation occur? YES NO UNSURE
 19. Did assailant(s) use a condom? YES NO UNSURE
 20. Any injuries to patient/victim resulting in bleeding? YES NO UNSURE
 if yes, specify: _____
 21. Any injuries to assailant(s) resulting in bleeding? YES NO UNSURE
 if yes, specify: _____

E. CASE STATUS AT TIME OF THE EXAM:

22a. Evidence Collection Kit completed? Yes No
 22b. Forensic Kit completed? Yes No
 23. Reported to police? Yes No if yes, specify police dept.: _____
 24. OES Impromptu? Yes No if yes, describe status: _____
 25. Forensicly order in place before assault? Yes No if yes, date and court location: _____
 26. Remaining order filed after assault? Yes No if yes, date and court location: _____

F. MANDATORY REPORTING (Check all that apply):

27. 19A Elder Abuse Report Yes No 31. 12A Weapon Report Yes No
 28. 51A Child Abuse Report Yes No 32. 70E Emergency Contraception Administrator Yes No
 29. 50C Disabled Persons Report Yes No

G. KIT TRACKING INFORMATION:

30. Name of Police Department notified for pick up and transport of Evidence: _____
 31. Date notified: _____ Time notified: _____
 32. Name and rank of police department personnel contacted (if known): _____

FAX this report to: Massachusetts Executive Office of Public Safety-Research and Policy Analysis Unit
 FAX: 617-727-0255 AND Local public safety authority
 RETURN WHITE COPY OF FORM 2A AND 2B TO LOCAL POLICE RECORDS RETURN YELLOW COPY OF FORM 2A AND 2B TO STEP 1 ENVELOPE

FORM 2B
DO NOT FAX THIS PAGE **INFORMATION PERTAINING TO ASSAULT**
 Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

Affix kit number label here on both white and yellow copies.

A. PERTINENT/RECENT HEALTH HISTORY:

Has the patient undergone recent medical or gynecological procedures or treatments which may affect physical findings of evidence collection? Yes No
 if yes, describe: _____
 Patient menstruating at the time of assault? Yes No Contracept? Yes No
 Patient's tampon or sanitary napkin to be included in kit? Yes No
 Has the patient had consensual sexual intercourse in the past 120 hours/5 days? Yes No
 if yes, specify the number of times since consensual intercourse ended: _____
 Has the patient used any type of contraception in the past 24 hours? Yes No
 if yes, specify type: _____

B. SINCE THE TIME OF THE ASSAULT HAS THE PATIENT:

a. Changed clothes? Yes No b. Bathed / showered? Yes No c. Washed off? Yes No
 d. Brushed teeth? Yes No e. Used mouthwash? Yes No f. Taken in bath? Yes No
 g. Vomited? Yes No h. Smoked cigarettes? Yes No l. Urinated? Yes No
 j. Deceased? Yes No k. Defecated? Yes No m. Used enema? Yes No
 n. Brushed/ washed hair? Yes No

C. WEAPONS/FORCE USED: *Check all that apply as per patient report and/or physical findings, describe the incident and/or body part involved.*

Verbal threats Describe: _____ Choking Describe: _____
 Blows Describe: _____ Hitting Describe: _____
 Burns Describe: _____ Gun Describe: _____
 Knife Describe: _____ Blunt object Describe: _____
 Restraints Describe: _____ Chemical(s) Describe: _____
 Other weapons Describe: _____ Other physical force Describe: _____

D. ACTS DESCRIBED BY THE PATIENT/VICTIM:

Did ejaculation occur? Yes No Unsure if externally, where?
 Vaginally? Yes No Unsure On the patient's body (where)?
 Anally? Yes No Unsure On an object. What object? Where?
 Orally? Yes No Unsure Other:
 Externally? Yes No Unsure Unsure

Did assailant(s) use any substance as lubrication (saliva is considered lubrication)? YES NO UNSURE
 if yes, specify: _____
 Did assailant(s) kiss, lick, spit or make other oral contact with the patient/victim? YES NO UNSURE
 if yes, describe location: _____
 Did assailant(s) touch the patient/victim with bare hands or fingers? YES NO UNSURE
 if yes, describe location: _____

Type of emergency contraception given: _____ dosage: _____

Were there any children present during the assault? Yes No Unsure
 if yes, describe the relationship to the patient: _____

Interpreter used? Yes No Language: _____ Name of interpreter: _____

Printed name of medical provider or S.A.N.E. _____
 Signature of medical provider or S.A.N.E. _____
 If applicable, certified number of the S.A.N.E. _____ Date ____/____/____
Form 20090412.1

FORM 4
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

PHYSICAL APPEARANCE/WOUND DOCUMENTATION

Record the patient's general physical appearance and demeanor:

Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, burns and stains or foreign materials on the body. Record size and appearance of injuries. Note areas of swelling and patient's indications of tenderness.

Attach kit number label here on both white and yellow copies

PHOTOGRAPHS COMPLETED & ENCLOSED IN HOSPITAL RECORD
Do not include in Sexual Assault Evidence Collection Kit

Total # of pictures taken during evidence collection _____

| # of Photos Taken | Numbered Area | Body Part | Instrument <small>(Please circle one)</small> | close | | medium | long-range |
|-------------------|---------------|-----------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | W/Ruler | W/O Ruler | | |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Mediscope/ Polaroid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Printed name of medical provider or S.A.N.E. _____
Signature of medical provider or S.A.N.E. _____
Date _____

RETAIN WHITE COPY FOR HOSPITAL RECORDS
RETURN YELLOW COPY TO STEP 1 ENVELOPE

FDMA FORM 3.1.02

| FORM 5 Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit | | | | | | | | PHYSICAL EXAMINATION | | | | | | | | | | | |
|---|--|--|--|--|----------|---------|-------------------|---|-------------------------------|-----------------------------|--|---------------------|--|--|----------|---------------------|----------|---------|----------|
| Affix kit number label here | | | | | | | | | | | | | | | | | | | |
| FEMALE | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | MALE | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Labia majora | | | | | | | | | | Penis | | | | | | | | | |
| Perineum | | | | | | | | | | Circumcised | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Clitoris | | | | | | | | | | Urethral meatus | | | | | | | | | |
| Female Circumcision: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | Perineum | | | | | | | | | | |
| Labia minora | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | Scrotum | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Periurethral tissue/ urethral meatus | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | Testes | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Periurethral tissue (vestibule) | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | FEMALE/MALE ANUS | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Hymen | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | | | | | Buttocks | | | | WNL | Swelling |
| Posterior fourchette | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | Perianal skin | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Fossa navicularis | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | Anal verge/ folds/rugae | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Vagina | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other | Tone | | | | WNL | Swelling | Redness | Abrasion | Tearing | Other |
| Cervix | | | | | | | | | | Anal spasm | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Other | | | | | | | | | | Anal laxity | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| EXAM POSITION USED | | | | <input type="checkbox"/> Lithotomy <input type="checkbox"/> Other (specify): _____ | | | | | Method of exam for anal tone: | | | | <input type="checkbox"/> Observation <input type="checkbox"/> Digital Exam | | | | | | |
| Is the patient pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | No. Weeks: _____ | | | | | EXAM POSITION USED | | | | <input type="checkbox"/> Lithotomy <input type="checkbox"/> Other (specify): _____ | | | | | | |
| Date of last menstrual period: ____/____/____ | | | | Further Description of other injuries, if necessary: | | | | | | | | | | | | | | | |
| GENITAL EXAM DONE WITH | | | | YES | NO | N/A | Provider Initials | | | | | | | | | | | | |
| Direct visualization | | | | | | | | | | | | | | | | | | | |
| Speculum Exam | | | | | | | | | | | | | | | | | | | |
| Medscope Exam | | | | | | | | | | | | | | | | | | | |
| Anoscopic Exam | | | | | | | | | | | | | | | | | | | |
| Printed Name of medical provider or S.A. N. E. | | | | | | | | Signature of medical provider or S.A. N. E. | | | | | | | | Date ____/____/____ | | | |
| If applicable, print additional medical Provider name/title | | | | Signature | | | | Portion of exam done | | | | Date ____/____/____ | | | | | | | |

RETAIN THIS FORM FOR HOSPITAL RECORDS

RE2MA: FORM 5.2 1/02

Adult Sexual Assault Law Enforcement Guidelines
2009

FORM 6
Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

TREATMENT AND DISCHARGE

Affix kit number label here on both white and yellow copies

RECEIVED _____

Pregnancy:
 STAT urine for HCG
 Beta Subunit
 Other: _____
 Results: _____

Hepatitis B:
 HBsAg
 Anti-HBcAg

Only if indicated by signs and symptoms of disease:
 Gonorrhea Culture: _____ Site: _____
 Chlamydia Culture: _____ Site: _____

Allergies to medications or food? Yes No If yes, specify: _____

Presently taking any medications? Yes No If yes, specify: _____

Antibiotics given or prescribed? Yes No
 a. Drug and dosage: _____
 b. Drug and dosage: _____
 c. Drug and dosage: _____

Antiemetic given? Yes No Drug and dosage: _____

Emergency Contraception offered? (Must be offered if woman is of child bearing age) Yes No

Emergency Contraception given? Yes No Drug and dosage: _____

Tecum Taxoid given? Yes No

Hepatitis B prevention given? Yes No
 Hepatitis B Vaccine (1st dose):
 Brand name and dosage given: _____

Additional medications given or prescribed? Yes No
 a. Drug and dosage: _____
 b. Drug and dosage: _____
 c. Drug and dosage: _____

Comments/Suggestions: _____

RETAİN WHITE COPY OF FORM FOR HOSPITAL RECORDS GIVE YELLOW COPY OF FORM TO PATIENT

FORM 6: Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

KEEP THESE INSTRUCTIONS WITH YOU

1. Hospital aftercare packet given? Yes No

2. Instructions for follow-up exam and testing given? Yes No

Within two days after this visit _____

Repe Crisis/Hospital Counseling
Talk with rape crisis center counselor or hospital counselor.

Within five days after the assault _____

Victim Compensation Funds
If you wish to apply for Victim Compensation funds, you must file a police report within five days of the assault.
Emergency Contraception (EC)
If you did not take emergency contraception (EC) today, you have up to 5 days (120 hours) from the assault to take EC to prevent pregnancy. Contact your primary care provider or call 1-888-NOT-2-LATE (1-888-668-2529).

Ten days after this visit _____

Pregnancy Testing (if you did not take Emergency Contraception)
Have a repeat pregnancy test if you did not take emergency contraception for pregnancy prevention.

Three weeks after this visit _____

HSV Antibody Testing
If you plan to have an HSV antibody test, contact your primary care provider or the HSV Counseling and Testing Hotline 1-800-750-2016. When you are tested at three weeks, ask your primary care provider or HSV Counselor whether or not you should be retested at six weeks after the ED visit.

Four weeks after this visit _____

Pregnancy Testing (if you took Emergency Contraception)
Have a repeat pregnancy test if you took emergency contraception for pregnancy prevention.

Sexually Transmitted Diseases (STD) Testing
Have initial or repeat cultures for sexually transmitted diseases (STDs). This may be done at a state-funded clinic or by your primary care provider.
Hepatitis B Vaccine (Second Dose)
If you plan to have the full Hepatitis B vaccine, the second dose should be administered at least 4 weeks after the ED visit. The first dose should be administered as soon as after the ED visit. Contact your primary care provider or a state-funded clinic to obtain a Hepatitis B vaccine.

Six weeks after this visit _____

Toxicology Testing Results
If I had toxicology testing done and reported the assault to the police, I can contact the victim-witness advocate at the district attorney's office for my test results. Counseling is available from my local rape crisis center hotline. If I have concerns about the results, if I had toxicology testing done and did not report the assault to the police, I can contact 1-888-289-4260 and provide my kit number to receive my test results.

If you choose to not take STD medications, you should go for testing in 2 weeks, 4 weeks, and 12 weeks after this visit. State-funded STD clinics provide confidential and/or anonymous testing for STDs and HIV at no cost to you. The STD and HIV Hotline number is 1-800-750-2016. No appointment is necessary and walk-in visits are accepted. If you do not want to go to an STD clinic, you should see your regular doctor or practitioner for follow-up care.

3. Safety Planning offered? Yes

Signature of Patient _____ Date _____

Printed name of medical provider or S.A.N.E. _____ Signature of medical provider or S.A.N.E. _____

Appendix 5

Provider Sexual Crime Report

PROVIDER SEXUAL CRIME REPORT

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

NK

A. PATIENT/VICTIM INFORMATION *Name, address and other identifying information should not be written on this anonymous form.*

1. Age: _____ 2. Gender: Female Male
 3. Race: White (non-Hisp.) Hispanic Black (non-Hisp.) Asian/Pac. Isl. Other: _____
 4. Date of Assault (e.g., 01/01/2000): _____ 5. Approx. Time of Assault: _____ AM PM
 6. City/Town of Assault: _____ State: _____ Neighborhood: _____
 7. Specific surroundings at time of Assault:
 House/Apartment Outdoors Dormitory Hotel/Motel Other _____ Unsure
 8. Date of hospital exam (e.g., 01/01/2000): _____ 9. Time of hospital exam: _____ AM PM
 10. Hospital providing service: _____
 11. Exam completed by a Sexual Assault Nurse Examiner (SANE)?
 Yes No

AFFIX KIT NUMBER LABEL HERE.

B. ASSAILANT(S) INFORMATION *Did the patient/victim voluntarily report any of the following relationships with the assailant(s)?*

12. Total number of assailants: _____ Unsure:

13. Assailant(s) relationship to patient/victim and gender of assailant (m/f) (If >1 assailant, designate relationship of each).

| | # Male | # Female | | # 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): _____ | | |

C. WEAPONS/ FORCE USED *(Check all that apply as per patient report and/or physical findings)*

14. Unknown Bites Gun Restraints
 Verbal threats Hitting Knife Chemical(s)
 Choking Burns Blunt Object Other weapons Describe: _____
 Other physical force Describe: _____

D. ACTS DESCRIBED BY THE PATIENT/VICTIM:

Was there penetration, however slight, of:

15. Vagina No Unsure Attempt Yes BY Penis Finger Tongue Object/Other: _____
 16. Anus No Unsure Attempt Yes BY Penis Finger Tongue Object/Other: _____
 17. Mouth No Unsure Attempt Yes BY Penis Finger Tongue Object/Other: _____
 18. During the assault, were acts performed by the patient/victim upon the assailant(s)
 YES NO UNSURE

If yes, specify: _____

19. Did ejaculation occur? YES NO UNSURE
 20. Did assailant(s) use a condom? YES NO UNSURE
 21. Any injuries to patient/victim resulting in bleeding? YES NO UNSURE
If yes, specify: _____
 22. Any injuries to assailant(s) resulting in bleeding? YES NO UNSURE
If yes, specify: _____

E. CASE STATUS AT TIME OF THE EXAM

23a. Evidence Collection Kit completed? Yes No
 23b. Toxicology Kit completed? Yes No
 24. Reported to police? Yes No *If yes, specify police dept.: _____*
 25. DSS involved? Yes No *If yes, describe status: _____*
 26. Restraining order in place before assault? Yes No *If yes, date and court location: _____*
 27. Restraining order filed after assault? Yes No *If yes, date and court location: _____*

F. MANDATORY REPORTING (Check all that apply):

28. 19A Elder Abuse Report Yes No 31. 12A Weapon Report Yes No
 29. 51A Child Abuse Report Yes No 32. 70E Emergency Contraception Administered Yes No
 30. 19C Disabled Persons Report Yes No

G. KIT TRACKING INFORMATION

33. Name of Police Department notified for pick up and transport of Evidence: _____

REMA:WEBPSCR.1 1/08

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

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 12½* 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. 112§ 12½

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: 617-725-0260
- 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.

Appendix 6

Crime Lab Information

Crime Laboratory Information and Protocol

The Boston Police Department delivers kits to the Boston Police Crime Laboratory. All other Police Departments deliver kits to the State Police Crime Laboratory. Delivery to the lab should be done in a timely fashion whether the sexual assault is reported or unreported.

Boston Crime Laboratory Location

Boston Police Department Crime Laboratory
One Schroeder Plaza
Boston, MA
Phone: 617-343-4690

State Police Crime Laboratory Locations

State Police Crime Laboratory-*Sudbury*
59 Horse Pond Road
Sudbury, MA
Drop-Offs scheduled on
Monday, Wednesday and Friday
Phone: 508-358-3155

State Police Satellite Laboratory-*Danvers*
485 Maple Street
Danvers, MA
Drop-offs scheduled on
Monday and Tuesday
Phone: 978-538-6111

State Police Satellite Laboratory-*Springfield*
190 Corando Street
Springfield, MA
Drop-offs scheduled on
Monday, Wednesday and Thursday
Phone: 413-205-1837

State Police Satellite Laboratory-*Lakeville*
30 Riverside Drive
Lakeville, MA
Drop-offs scheduled on
Monday, Wednesday and Thursday
508-946-1314

Appendix 7

Victims of Violent Crimes Compensation Information

RESOURCES

If you are a crime victim, you have certain rights under Massachusetts Law, and you are eligible for certain services.

For further information about victim rights and victim services, contact the victim witness program in your local district attorney's office or one of the statewide agencies listed below.

DISTRICT ATTORNEY VICTIM WITNESS PROGRAMS

| | |
|-----------------------|----------------|
| Berkshire County | (413) 443-3500 |
| Bristol County | (508) 997-0711 |
| Cape and Islands | (508) 362-8103 |
| Essex County | (978) 745-6610 |
| Hampden County | (413) 747-1000 |
| Middlesex County | (781) 897-8490 |
| Norfolk County | (781) 830-4800 |
| Northwestern District | (413) 586-5780 |
| Plymouth County | (508) 894-6309 |
| Suffolk County | (617) 619-4000 |
| Worcester County | (508) 792-0214 |

STATEWIDE VICTIM ASSISTANCE PROGRAMS

Massachusetts Office for Victim Assistance
(617) 727-5200 • www.mass.gov/mova

Massachusetts Parole Board
(508) 650-4500 • www.mass.gov/parole

Criminal History Systems Board
(617) 660-4690 • www.mass.gov/chsb

United States Attorney's Office
(617) 748-3100 • www.usdoj.gov/usao/ma

Department of Youth Services
(617) 960-3290 • www.mass.gov/dys

Department of Corrections
(866) 684-2846 • www.mass.gov/doc

 274C

VICTIM COMPENSATION

FINANCIAL ASSISTANCE
FOR VICTIMS OF CRIME IN
THE COMMONWEALTH OF
MASSACHUSETTS



OFFICE OF ATTORNEY GENERAL
MARTHA COAKLEY
VICTIM COMPENSATION & ASSISTANCE DIVISION

One Ashburton Place
Boston, MA 02108
(617) 727-2200
(617) 727-4765 TTY
(617) 742-6262 Fax
www.mass.gov/ago

A MESSAGE FROM ATTORNEY GENERAL MARTHA COAKLEY

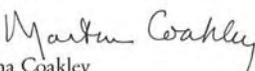
Violent crime impacts every aspect of a person's life. The resulting physical and psychological injuries can affect a person's ability to work, go to

school, and meet their own individual goals and aspirations. Often victims may require treatment to address the injuries caused by the violent acts of another. The monetary expenses incurred – after losing a loved one, for medical and dental care, for psychological assistance, and by injuries resulting in an inability to work – should not serve to further victimize those who are affected by violent crime.

As Attorney General, I am committed to empowering crime victims and providing them with the tools and support they need to begin the healing process. Our Victim Compensation Division is one resource that works diligently to make this happen. We are able to provide financial assistance to eligible victims of violent crime for uninsured medical and dental care, mental health counseling, funeral and burial costs, and income lost due to the inability to work. Our division uses funds obtained from perpetrators, and can assist with expenses up to a maximum of \$25,000 per crime. My experienced staff will assist you in understanding your rights as a crime victim, determining what expenses may be eligible for compensation, and assessing what other resources are available to assist you.

If you or a loved one has been the victim of violent crime, please take some time to read this brochure and contact our Victim Compensation staff for further assistance.

Cordially,


Martha Coakley
Massachusetts Attorney General



WHO IS ELIGIBLE?

- Victims of violent crime occurring in Massachusetts
- Dependents and family members of homicide victims
- Any person responsible for the funeral expenses of a homicide victim

WHAT ARE THE REQUIREMENTS?

- The crime must have been reported to police within five days unless there is good cause for delay.
- You must cooperate with law enforcement officials in the investigation and prosecution of the crime unless there is a reasonable excuse not to cooperate.
- You must apply for compensation within three years of the crime. Victims under the age of 18 at the time of the crime may apply until age 21, or later in certain limited circumstances.

WHICH EXPENSES ARE COVERED?

To the extent insurance or other funds do not cover your crime-related expenses, you may be reimbursed for:

- Medical and dental expenses (including equipment, supplies and medications)
- Counseling expenses (for victims, for family members of homicide victims, and for children who witness violence against a family member)
- Funeral/burial costs up to \$4,000
- Lost wages (for victims only)
- Loss of financial support (for dependents of homicide victims)
- Homemaker expenses

Expenses not covered: property losses, compensation for pain and suffering, and all other losses.

HOW DO I APPLY?

- Complete the application and return it to the Victim Compensation and Assistance Division for verification. In general, you will receive a decision four to six months later.
- Your claim can be reopened for future expenses.

For AGO use only:
VC#

APPLICATION FOR CRIME VICTIM COMPENSATION
Please print legibly and fill out both sides.

Page 1

I. VICTIM INFORMATION

Victim's name: _____ Female: _____ Male: _____
First Middle Initial Last

Mailing address: _____ Home phone: () _____

City/State: _____ Zip: _____ Cell phone: () _____

Email address: _____

Date of birth: ____/____/____ Age at time of incident: _____ SSN: _____-_____-_____
Month Day Year

II. APPLICANT INFORMATION *If victim is applicant, write "same." If under 18, application must be completed by parent/guardian.*

Applicant's name: _____ Female: _____ Male: _____
First Middle Initial Last

Mailing address: _____ Home phone: () _____

City/State: _____ Zip: _____ Cell phone: () _____

Email address: _____

Date of birth: ____/____/____ Relationship to victim: _____ SSN: _____-_____-_____
Month Day Year

If filing on behalf of minor dependant(s) of homicide victim, relationship to minor dependant(s): _____

III. CRIME INFORMATION *Type of crime:*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Armed robbery | <input type="checkbox"/> Arson | <input type="checkbox"/> Assault | <input type="checkbox"/> Child physical or sexual assault |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Drunk driving | <input type="checkbox"/> Other vehicular crimes | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Stalking | <input type="checkbox"/> Other: _____ |

Exact location of crime: _____ City/State: _____

Date of crime: ____/____/____ Date crime was reported: ____/____/____
Month Day Year Month Day Year

If not reported within 5 days, please explain why in an attached statement.

Name of police department: _____ Investigating officer: _____

Name(s) of person(s) who committed crime (if known): _____

If you have been assisted by a victim advocate in the court/district attorney's office, provide the name and telephone number of advocate: _____

Briefly describe the crime and any injuries which resulted: _____

IV. EXPENSES *Check types of expenses for which you seek compensation.*

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical services* | <input type="checkbox"/> Lost wages (<i>for victim only</i>) | <input type="checkbox"/> Counseling for victim* |
| <input type="checkbox"/> Medical supplies/pharmacy* | <input type="checkbox"/> Loss of financial support (<i>for dependants of homicide victims</i>) | <input type="checkbox"/> Counseling for family members of homicide victim* |
| <input type="checkbox"/> Dental services* | <input type="checkbox"/> Funeral/burial* [†] | <input type="checkbox"/> Counseling for children who witness violence against a family member* |
| <input type="checkbox"/> Replacement homemaker services* | | |

*Attach copies of bills and/or receipts.

[†]Name of funeral home: _____

Address: _____ Phone: () _____

V. LOST INCOME *Complete if seeking lost wages or loss of support.*

Victim's employer: _____ Contact person: _____

Mailing address: _____ Phone: (____) _____

City/State: _____ Zip: _____

If victim has or will return to work, estimated period of disability: _____

If requesting financial support for dependant(s) of a homicide victim, provide the following information:

| Name(s) of dependant(s) | Date of birth | SSN | Relationship to victim |
|-------------------------|----------------|----------------|------------------------|
| _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | ____/____/____ | ____-____-____ | _____ |
| _____ | ____/____/____ | ____-____-____ | _____ |

VI. OTHER SOURCES OF FINANCIAL ASSISTANCE *Check all potential sources of full or partial payment of expenses.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Hospital-based "free care" | <input type="checkbox"/> Workers' compensation |
| <input type="checkbox"/> Life/accident insurance | <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Automobile insurance | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Public benefits (welfare, Medicare, Medicaid, SSDI) |
| <input type="checkbox"/> Other (specify): _____ | | |

Name of applicable insurance companies: _____

Address: _____ Phone: (____) _____ Policy No.: _____

Have you file or do you intend to file a civil lawsuit? Yes: _____ No: _____ Not sure: _____

If yes, attorney's name: _____ Phone: (____) _____

Address: _____ City/State: _____ Zip: _____

VII. OPTIONAL INFORMATION *For statistical purposes only.*

- Race/ethnicity of victim: White/Caucasian Hispanic Native American I decline to answer this question
 Black/African-American Asian/Pacific-Islander Other

Who referred you to Victim Compensation? _____

ACKNOWLEDGEMENT AND INFORMATION RELEASE

I understand that the Victim Compensation Fund is a fund of last resort. I agree to inform the Division of any funds I receive from any source for losses for which I have requested compensation, and agree to promptly reimburse the Commonwealth for any such funds awarded to me or on my behalf.

I give permission to any hospital, medical facility, doctor, mental health provider, insurance company, employer, person or agency, including state and federal agencies, to give information to the Victim Compensation and Assistance Division. I understand that the information will be used to determine my claim for victim compensation benefits. I do not authorize the use or release of this information to any person or entity for any other purpose whatsoever. A photocopy of this signed release is as valid as the original. This authorization shall expire upon final determination of all requirements under M.G.L. c. 258C and 940 CMR 14.00.

I certify, under the pains and penalties of perjury, that all information and supporting documentation contained in this application is true and accurate to the best of my knowledge and belief.

Applicant signature: _____ Date: _____
Parent or guardian if victim is a minor.

Return completed application to: Office of Attorney General Martha Coakley, Victim Compensation & Assistance Division
 One Ashburton Place, Boston, MA 02108
 Phone: (617) 727-2200 Fax: (617) 742-6262 TTY: (617) 727-4765





MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL

VICTIM COMPENSATION & ASSISTANCE DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 742-6262 FAX
WWW.MASS.GOV/AGO

Massachusetts Forensic Sexual Assault Exam Expense Application

The Victim of Violent Crime Compensation Assistance fund is available to assist you by paying for medical expenses incurred as a result of a Forensic Sexual Assault Exam performed by a SANE nurse or other medical provider. If you do not wish to use your health insurance or portions of the exam are not covered by insurance, this fund can pay for expenses relating to the performance of the exam itself, and medications prescribed at the time of the exam.

Please complete this application and mail it to the address above, or send by fax to the Victim Compensation & Assistance Division of the Office of Attorney General Martha Coakley at (617) 742-6262. **Please be sure to attach a copy of the Treatment and Discharge form and copies of any bills and/or receipts.** Our staff is also available to assist you in understanding your rights as a crime victim and provide support and referrals to other appropriate services. For additional information see reverse side of this application or call the Victim Compensation & Assistance Division at (617) 727-2200.

Applicant Information

First name _____ Middle Initial _____ Last name _____
Parent/Guardian Name _____ Date of birth _____ Gender: M ___ F ___
(If applicant is under the age of 18) (month/day/year)
Current mailing address _____
City _____ State _____ Zip _____ Email _____
Home phone _____ Cell phone _____
Massachusetts Sexual Assault Evidence Collection Kit Number*: _____

**The kit number is located on the Treatment and Discharge form that you received from the hospital or medical provider. Please attach a copy of that form to this application.*

Date of incident _____ City/Town where incident occurred _____

Medical facility _____

Date of treatment _____

CERTIFICATION:

I give permission to any hospital, medical facility, doctor, person or agency, including state and federal agencies, to give information to the Victim Compensation and Assistance Division. I understand that the information will be used to determine my claim for victim compensation benefits. I do not authorize the use or release of this information to any person or entity for any other purpose whatsoever. A photocopy of this signed release is as valid as the original. This authorization shall expire upon final determination of all requirements under M.G.L. c. 258C and 940 CMR 14.00.

I certify, under the pains and penalties of perjury, that all information and supporting documentation contained in this application is true and accurate to the best of my knowledge and belief.

Signature PRINT your name Date signed

SANE Application
Office of the Attorney General : WHITE COPY

Page 1 of 1

Rev. 08/2007
Applicant: YELLOW COPY

Compensation for Forensic Sexual Assault Exams

Important Information

The Attorney General's Victim Compensation and Assistance Division is authorized to oversee the Commonwealth's Victim Compensation Fund and administer the provisions of Massachusetts General Law chapter 258C. The fund is available to assist you by paying for **medical expenses** incurred as a result of a Forensic Sexual Assault Exam performed by a SANE nurse or other medical provider. If you do not wish to use your health insurance, or portions of the exam are not covered by insurance, this fund can pay for expenses related to the performance of the exam itself, and medications prescribed at the time of the exam, including necessary follow-up medical care.

What are the requirements?

- ◆ The crime must take place in Massachusetts
- ◆ The claim for compensation must be filed with the Division within three (3) years of the date of the crime, for exams conducted 1/1/08 and after

Who is eligible to apply?

- ◆ Any victim of sexual assault who obtains a Forensic Sexual Assault exam performed by a SANE nurse or other medical provider in a hospital in Massachusetts
- ◆ The parent or guardian of a minor victim who obtains a Forensic Sexual Assault Exam

What costs are covered?

- ◆ Physician and hospital expenses related to conducting the Forensic Sexual Assault Exam
- ◆ Medications prescribed or administered by medical personnel at the time of the exam
- ◆ Aftercare (medical treatment or medications)deemed medically necessary at the time of the exam and related to the sexual assault

How do I apply?

- ◆ Thoroughly complete and sign the one-page application found on the reverse side and submit it to: *The Victim Compensation and Assistance Division, Office of Attorney General Martha Coakley, One Ashburton Place, Boston, MA 02108.*
- ◆ Include a copy of the Treatment and Discharge form (**FORM #6**), with the sexual assault evidence collection kit number, which you received from the hospital at the time of the exam. Also include copies of any medical bills or receipts, including prescriptions, related to the exam.
- ◆ Victim Compensation staff will contact you to confirm the status of your claim, and to provide additional information regarding referrals to other services and assistance, including how to make a formal complaint to law enforcement if you wish further assistance.

Victim Compensation and Assistance Division
617-727-2200
Office of the Attorney General
One Ashburton Place, Boston, MA 02108

Appendix 8

Mandatory Reporting Requirements

The following charts provide more detailed information about mandated reporting requirements in Massachusetts:

Mandated Reporting Regarding Children
M.G.L.A. 119 §51A

| | |
|-------------------------------|---|
| <i>Who must report?</i> | <p>Any of the following who in their professional capacity learn of suspected abuse:</p> <ul style="list-style-type: none"> • Medical personnel • Public or private schoolteachers; educational administrators; guidance or family counselors; • Day care and child care workers, including any person paid to care for, or work with, a child in any public or private facility, or home or program funded or licensed by the Commonwealth of Massachusetts, which provides day care or residential services (including child care resource and referral agencies, as well as voucher management agencies, family day care and child care food programs); • Social workers; foster parents; • Firefighters; police officers; probation officers; clerks/magistrates of the district courts; parole officers; • School attendance officers; allied mental health and licensed human services professionals (marriage and family therapists, rehabilitation counselors, mental health counselors and educational psychologists); • Psychiatrists; clinical social workers; drug and alcoholism counselors; psychologists • Priests; rabbis; clergy members; ordained or licensed ministers; leaders of any church or religious body; accredited Christian Science practitioners; or any persons employed by a church or religious body to supervise, educate, teach, train or counsel a child on a regular basis |
| <i>Standard of knowledge:</i> | <p>Reasonable cause to believe a child under 18 is suffering physical or emotional injury resulting from abuse, including sexual abuse; or any indication of neglect, including malnutrition by a caretaker; or any instance in which a child is determined to be physically</p> |

| | |
|----------------------------------|---|
| | dependent upon an addictive drug at birth |
| <i>Reports made to:</i> | Oral reports should be made immediately to the Area DSS office or DSS Child-At-Risk Hotline (1-800-792-5200). A written report must be mailed or faxed to DSS within 48 hours after making the oral report. The form for filing this report can be obtained from your local DSS Area Office. |
| <i>Contents of report:</i> | <ul style="list-style-type: none"> • If known, the name, address, sex, date of birth or approximate age, present whereabouts of the reported child or children, and any other children in the household • If known, the names, addresses and telephone numbers of the child's parents or other persons responsible for the child's care • The nature and extent of the suspected abuse or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect; • The circumstances under which you first became aware of the child's injuries, abuse, maltreatment or neglect; • What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child; • Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible. <p><i>In addition, as a mandated reporter, you are required to provide your name, address, and telephone number to DSS.</i></p> |
| <i>Penalty of not reporting:</i> | Fine of up to \$1,000 |

What happens after DSS receives a report of suspected child abuse or neglect?

There are several possibilities, depending on the allegations reported and other case-specific circumstances:

If the Department determines there is reasonable cause to believe that a child has been abused or neglected, a social worker is assigned to investigate the report. The investigation, called a 51B, includes a home visit during which the social worker meets and talks with the child and the care-taker. If DSS determines that the situation is an emergency, the investigation is completed within 24 hours after the report is designated as an emergency. Investigations of all other reports are completed within 10 days. If the Department determines that there is reasonable cause to believe that an incident of abuse or neglect by a caretaker did occur, the report is **supported** and the Department provides the family with services to reduce the risk

of harm to the child. If the report is **unsupported** but the family appears to be in need of services, the Department may offer the family services on a voluntary basis. DSS will notify the mandated reporter, in writing, of its decision.

(http://www.mass.gov/Ecoohhs2/docs/dss/can_mandatedrptrguide_english.pdf)

Mandatory Reporting Requirements Regarding Persons with Disabilities
M.G.L. c. 19C §§1,10, and 11

| | |
|---|--|
| <i>Who must report?</i> | Any of the following who in their professional capacity learn of suspected abuse: <ul style="list-style-type: none"> • Medical personnel; medical examiners; dentists • Public or private schoolteachers; educational administrators; guidance or family counselors; • Day care workers; employees of private agencies providing services to people with disability • Foster parents • Firefighters; police officers; probation officers • Psychologists; social workers; guidance or family counselors • Educational Administrators • Employees of state agencies within the Executive Office of Health and Human Services |
| <i>Definition of applicable victim:</i> | A person between the age of 18-59 with a physical or mental disability who as a result of the disability is wholly or partially dependent on another for daily living needs (ex. dressing hygiene, medication administration, eating etc.) DPPC's jurisdiction covers individuals in private homes and those under the care of Department of Mental Retardation, Department of Mental Health, MA Rehabilitation Commission, Department of Corrections, and private agencies. |
| <i>Standard of knowledge</i> | Reasonable cause to believe a person with a disability is suffering from abuse, neglect, or mistreatment, including financial exploitation by their caregiver. |
| <i>Reports made to:</i> | Oral reports should be made immediately to the DPPC 24 Hour Hotline (1-800-426-9009). A written report should follow within 48 hours |

Adult Sexual Assault Law Enforcement Guidelines
2009

| | |
|----------------------------------|--|
| <i>Contents of report:</i> | <ul style="list-style-type: none"> • If known, the name, address, sex, date of birth or approximate age, present whereabouts of the victim • If known, the persons type of disability • The nature and extent of the suspected abuse or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect; • The circumstances under which you first became aware of the victim's injuries, abuse, maltreatment or neglect • What action, if any, has been taken thus far to treat, shelter, or otherwise assist the victim; • Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible. |
| <i>Penalty of not reporting:</i> | Fine of up to \$1,000 |

Mandatory Reporting Requirements Regarding Elderly
M.G.L. c. 19A §§14 and 15

| | |
|-------------------------------|---|
| <i>Who must report?</i> | <p>With respect to the elderly, any of the following who <i>in their professional capacity</i> learn of suspected abuse:</p> <ul style="list-style-type: none"> • Physicians; physician assistant; medical interns; dentists; nurses; osteopaths; podiatrists; emergency medical technicians; coroners • Family counselors; social workers; licensed psychologists • Probation officers • Policemen; firemen • Registered physical therapist; registered occupational therapist • Directors of counsel on aging; outreach workers employed by a council on aging |
| <i>Standard of knowledge:</i> | Reasonable cause to believe a person over age 60 is suffering from abuse or neglect, including financial exploitation by a caretaker |
| <i>Reports made to:</i> | Oral reports should be made immediately to the appropriate Elder Affairs Protective Services office or the Elder Abuse Hotline (1-800-922-2275). A written report should follow within 48 hours (see attached form). |

Adult Sexual Assault Law Enforcement Guidelines
2009

| | |
|----------------------------------|--|
| <i>Contents of report:</i> | <ul style="list-style-type: none"> • The name, address, and approximate age of the elderly person • Nature and extent of the abuse • Name of elderly person's caretaker, if known • Any medical treatment being received or immediately required, if known • Any additional information you believe to be relevant to the investigation |
| <i>Penalty of not reporting:</i> | Fine of up to \$1,000 |

Mandated Reporting Regarding Patients and Residents
M.G.L. c. 111 §§72F and 72G

| | |
|---|---|
| <i>Who must report?</i> | <p>Any of the following who <i>in their professional capacity</i> learn of suspected abuse:</p> <ul style="list-style-type: none"> • Physicians; medical interns; nurses; nurse's aide; orderly; dentist; optometrist; podiatrists; coroners; speech pathologists; pharmacists • social workers • Policemen • Registered physical therapist; registered occupational therapist • Health officer paid for caring for a patient or resident of a facility |
| <i>Definition of Applicable victim:</i> | <p>Patient: an individual who received health, homemaker or hospice services at his or her residence from an individual employed by a home health agency, homemaker agency, or a hospice program.</p> <p>Resident: an individual who resides in a long term care facility licensed by DPH</p> |
| <i>Standard of knowledge:</i> | Reasonable cause to believe a patient or resident of a facility has been abused, mistreated (use of medications, isolation, or use of physical or chemical restraints which harms or is likely to harm the patient or resident), or neglected |
| <i>Reports made to:</i> | Oral reports should be made immediately to DPH (1-800-922-2275). A written report should follow within 48 hours. |

Adult Sexual Assault Law Enforcement Guidelines
2009

| | |
|----------------------------|--|
| <i>Contents of report:</i> | <ul style="list-style-type: none"> • The name, address, and approximate age of the elderly person • Nature and extent of the abuse • Name of elderly person's caretaker, if known • Any medical treatment being received or immediately required, if known • Any additional information you believe to be relevant to the investigation |
| <i>Reports made to:</i> | Oral reports should be made immediately to DPH at 1-800-462-5540. Written reports should be made within 48 hours of an oral report. |

| | |
|----------------------------|--|
| <i>Contents of report:</i> | <ul style="list-style-type: none"> ⊙ The name, age, gender, and home address of the patient or resident ⊙ The name and address of the facility in which the resident resides ⊙ The name, address, and telephone number of the home health agency, homemaker agency, or hospice program involved; ⊙ The name, address and telephone number of the reporter and where such reporter may be contacted; ⊙ If known to the reporter, the name and position of the accused, and also, if known, any other documented allegations of patient or resident abuse, neglect or mistreatment or misappropriation of patient or resident property by the accused. ⊙ Any information relative to the nature and extent of the alleged abuse, neglect, mistreatment or misappropriation of the patient's or resident's property ⊙ If known, any documented information relative to prior abuse, neglect, or mistreatment or misappropriation of such patient or resident's property ⊙ The circumstances under which the |
|----------------------------|--|

| | |
|---|---|
| | <p>reporter became aware of the alleged abuse, neglect, mistreatment or misappropriation of property</p> <p>Ⓢ If known, whatever action, if any, was taken to treat or otherwise assist the patient or resident</p> <p>Ⓢ Any other information which the reporter believes might be helpful in establishing the cause of the alleged abuse, neglect, mistreatment or misappropriation of property and the person or persons responsible</p> |
| <p><i>Penalty of not reporting:</i></p> | <p>Fine of up to \$1,000</p> |

Appendix 9

Executive Order 491



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE • BOSTON 02133
(617) 725-4000

2007 OCT 31 PM 3:43

By His Excellency

DEVAL L. PATRICK
GOVERNOR

EXECUTIVE ORDER NO. 491

**Establishing a Policy of Zero Tolerance
for Sexual Assault and Domestic Violence**

(Revoking and Superseding Executive Order No. 398)

WHEREAS, sexual assault and domestic violence affects people of all ages in every racial, socioeconomic, educational, and religious segment of society;

WHEREAS, sexual assault and domestic violence is a societal problem with consequences extending beyond the individual and family and into all areas of society, including the workplace;

WHEREAS, according to the National Coalition Against Domestic Violence, it is estimated that between 6 and 10 million women are abused by a current or former partner each year;

WHEREAS, according to the U.S. Department of Labor, domestic homicide is the leading cause of death for women in the workplace;

WHEREAS, more than 1 million women are stalked each year in the United States, and over a quarter of them report missing work as a result of the stalking;

PRINTED ON RECYCLED PAPER

WHEREAS, according to the Massachusetts Department of Public Health, 2,691 unduplicated incidents of sexual assault were reported to rape crisis centers and Llámamos y hablemos, the statewide Spanish language helpline, in FY 2005;

WHEREAS, the Massachusetts domestic violence statewide hotline, SAFELINK, reported receiving 21,637 calls from victims in FY 2006;

WHEREAS, Massachusetts courts issued 28,076 restraining orders involving domestic relationships in 2006;

WHEREAS, 57 percent of gay, lesbian, bisexual, and transgender victims of domestic violence become homeless due to abuse, 18 percent of whom report total financial and emotional loss;

WHEREAS, people with disabilities are raped and abused at a rate at least twice that of the general population of women;

WHEREAS, the U.S. Department of Labor estimates that domestic violence costs businesses an average of \$5 billion annually as a result of absenteeism, reduced productivity, medical expenses, increased health care costs, and litigation;

WHEREAS, the Centers for Disease Control and Prevention estimates that the total health care cost of intimate partner violence each year, including medical and mental health care costs, is nearly \$4.1 billion;

WHEREAS, victims of sexual assault and domestic violence attempting to end the abusive relationship are especially vulnerable in the workplace due to accessibility;

WHEREAS, the executive department of the Commonwealth is the largest employer in the state and has a responsibility to set an example for other employers; and

WHEREAS, the executive department of the Commonwealth should be a sexual assault-free and domestic violence-free workplace for all of its employees;

NOW, THEREFORE, I, Deval L. Patrick, Governor of the Commonwealth of Massachusetts, by virtue of the authority vested in me by the Constitution of Massachusetts, Part 2, c.2, § 1, Art. I, do hereby revoke Executive Order No. 398 and order as follows:

Section 1. For purposes of this executive order, the following terms shall have the following meanings:

“Domestic violence”, any action involving abuse as defined in section 1 of chapter 209A of the General Laws, or any action in violation of a restraining order issued pursuant to chapter 209A of the General Laws or any other applicable law of the Commonwealth;

“Sexual Assault”, any action involving causing another to engage in sexual relations by force, threat, or duress in violation of chapter 209A or chapter 265 of the General Laws, or any other applicable law of the Commonwealth;

“Stalking”, any pattern or series of acts, conduct, or threats causing or intended to cause alarm or fear in violation of chapter 209 A or chapter 265 of the General Laws, or any other applicable law of the Commonwealth;

“Employee”, any person employed full-time or part-time by an employer;

“Employer”, the Office of the Governor or any state agency as defined in section 1 of chapter 6A of the General Laws;

“Abuser”, a person who commits sexual assault, domestic violence and/or stalking;

“Restraining order”, any restraining order, injunction, or other legally enforceable requirement, whether issued pursuant to chapter 209A of the General Laws or other authority, providing that an abuser must avoid contact with and/or stay away from an alleged victim of sexual assault, domestic violence and/or stalking;

“Victim”, a person who is a victim of sexual assault, domestic violence, and/or stalking.

Section 2. It is the policy of the Commonwealth to have zero tolerance for sexual assault, domestic violence and stalking in any form at any place, whether at home, at the workplace, or elsewhere.

Section 3. All employers are directed to establish a policy of zero tolerance for sexual assault, domestic violence and stalking within their workplaces. Such policies shall be in writing and shall include the following elements: (i) a definition, description, and examples of sexual assault, domestic violence and stalking; (ii) a statement that any use of work time or workplace facilities to commit or threaten to commit acts of sexual assault, domestic violence or stalking is cause for discipline up to and including dismissal; (iii) a statement that all acts of sexual assault, domestic violence or stalking, regardless of whether they occur in or near the workplace, may be cause for discipline up to and including dismissal, and may be considered as part of the employee’s work history; and (iv) information indicating where victims and abusers can go for assistance, including but not limited to victim assistance hotlines and programs, sexual assault or domestic violence programs and shelters, and state certified batterer intervention programs. All department policies should be disseminated and readily accessible to all employees. Employers are directed to exercise their best efforts to include principles of zero tolerance for sexual assault, domestic violence and stalking in future collective bargaining agreements. Employers shall forward a copy of their department policy to the Director of Domestic and Workplace Violence Prevention within the Human Resources Division.

Section 4. Employers are directed to review their existing personnel policies and procedures and to revise them as necessary to ensure that they are responsive to the needs of victims.

Section 5. Employers are directed to create a climate that encourages victims to disclose abuse by posting local resource and reporting information in private and accessible locations within the workplace.

Section 6. Employers are directed to implement the Domestic Violence and Sexual Assault in the Workplace Prevention Training curriculum and delivery program developed by the Human Resources Division in coordination with the Executive Office of Public Safety and Security. This training shall focus on domestic violence and sexual assault awareness, workplace security and safety planning, the need for confidentiality and record keeping, conducting appropriate investigations, and appropriate referrals. Employers are directed to make this training available upon the hiring of new personnel and agency-wide every 2 years. The Director of Workplace and Domestic Violence Prevention for the Commonwealth shall work with agency personnel to provide and/or approve the workplace prevention training curriculum and delivery program to ensure training components are consistent with the Commonwealth's policy directives set forth herein.

Section 7. Employers are directed to respect the privacy of victims and to preserve confidentiality at all times, to the extent possible, in dealing with situations involving sexual assault, domestic violence or stalking.

Section 8. Employees shall be entitled to be absent from work for up to 15 days per year for purposes of victim counseling, obtaining medical treatment, attending legal proceedings, or carrying out other necessary activities, where such activities result from domestic violence or stalking and the employee is not the abuser, or where such activities result from sexual assault inflicted upon the employee or upon the employee's children where the employee is not the abuser. Such absences shall be paid, and shall be in addition to any other vacation time, personal time, or other paid leave time to which the employee is entitled.

Section 9. Employers are authorized and encouraged to grant up to 6 months of unpaid leave to an employee who is a victim, or whose children are victims where the employee is not the abuser, where the employee requests such leave as a result of sexual assault, domestic violence or stalking. Employers shall offer the same or a similar position to such employee upon the employee's return from leave.

Section 10. An employee who so chooses may notify his or her employer of the existence of a 209A restraining order protecting the employee. Upon receipt of such notice, the employer shall make all reasonable efforts to monitor and enforce the restraining order in the workplace. Such efforts shall include notifying security personnel of the identity of the person against whom the restraining order is issued, and, where possible, providing such personnel with a photograph of such person. Employers shall make all reasonable efforts to provide a written workplace safety plan in response to an employee's specific safety concerns.

Section 11. If an employer becomes aware that a restraining order applicable to 1 or more of its employees is in effect, the employer may offer a victim reassignment to a different geographical location, and may require an employee who is an abuser to accept reassignment to a different geographical location, if the employer determines that such reassignment will help better ensure the safety of the victim or others in the workplace. Where a victim has requested reassignment, the employer shall give the request top priority.

Section 12. Employees who are abusers are on notice that the Commonwealth has zero tolerance for sexual assault, domestic violence and stalking. Employers are directed to report acts of sexual assault, domestic violence or stalking and violations of restraining orders that occur in the workplace to the appropriate law enforcement authorities.

Section 13. Where a judicial determination of probable cause has been made that an employee has committed an act of sexual assault, domestic violence or stalking, the employee may be disciplined up to and including termination by the employer regardless of whether such an act occurred in or near the workplace. Employers may also require such employees to attend a certified batterer intervention program, and may consider acts of sexual assault, domestic violence or stalking, along with the employee's success or failure in completing a certified batterer intervention program, as part of the employee's work history.

Section 14. This Executive Order shall remain in effect until amended, superseded, or revoked by subsequent Executive Order.



Given at the Executive Chamber in Boston this 31st day of *October* in the year of our Lord two thousand and seven and of the Independence of the United States, two hundred and thirty-one.

A handwritten signature in black ink, appearing to read "Deval L. Patrick".

DEVAL L. PATRICK
GOVERNOR
Commonwealth of Massachusetts

A handwritten signature in black ink, appearing to read "William Francis Galvin".

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

GOD SAVE THE COMMONWEALTH OF MASSACHUSETTS