

# **APPENDIX INDEX**

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# **Appendix 1**

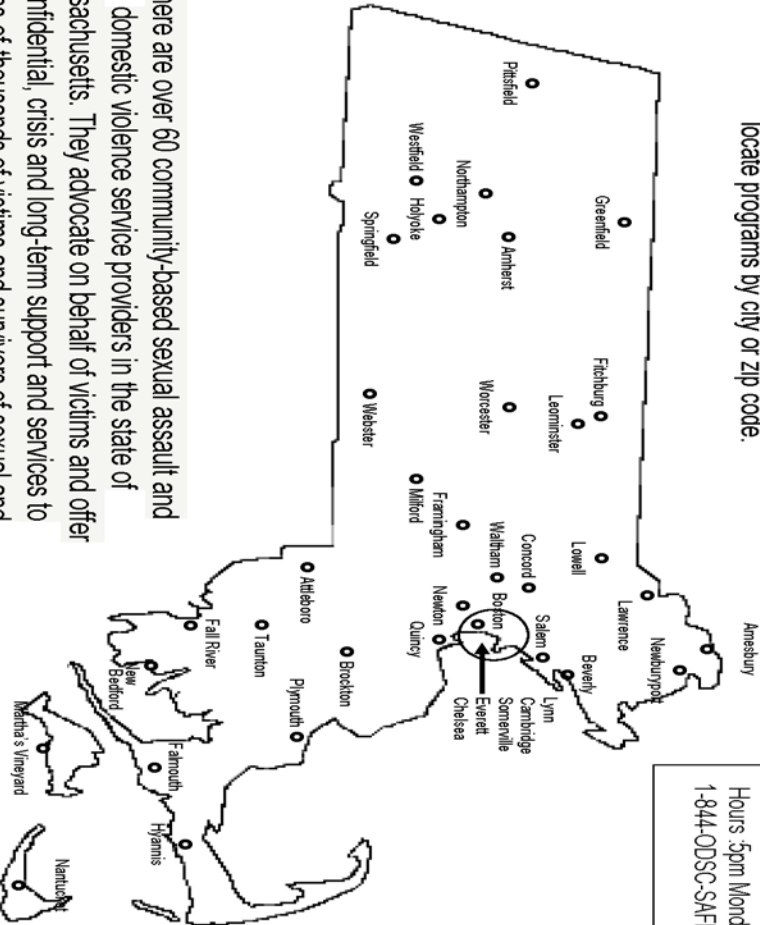
## **Rape Crisis Centers**

<http://www.mass.gov/eohhs/docs/dph/com-health/violence/rape-crisis-center-list.pdf>

NETWORK OF SEXUAL ASSAULT & DOMESTIC VIOLENCE SERVICE PROVIDERS IN MASSACHUSETTS

Use this map to find free and confidential support and services at a sexual or domestic violence program near you.

You can also find programs by visiting [www.janedoe.org/find\\_help/search](http://www.janedoe.org/find_help/search) for an interactive search engine which allows you to locate programs by city or zip code.



There are over 60 community-based sexual assault and domestic violence service providers in the state of Massachusetts. They advocate on behalf of victims and offer confidential, crisis and long-term support and services to tens-of-thousands of victims and survivors of sexual and domestic violence and their families each year.

STATEWIDE PROGRAMS

If you are not sure where to call for help, call 411.		SafeLink	
Toll-free statewide Domestic Violence Hotline PH: 877-765-2020 ① TTY: 877-521-2601 ①			
① Asian Task Force Against Domestic Violence (ATASK) 24-Hour Multilingual Helpline 617-338-2365 ① ES	★ Llámanos y hablemos Toll-free Spanish Sexual Assault Helpline 800-223-5001	① MA Alliance of Portuguese Speakers 617-864-7600	
① Our Deaf Survivors Center Hours: 5pm Monday – 9am Saturday 1-844-ODSC-SAFE (1-844-637-2723)	① The Network/La Red Ending partner abuse in LGBTQ+, SM and Poly communities PH: 617-742-4911 ① ES TTY: 617-338-SAFE (7833)	① SAHEL: Friendship for South Asian Women 866-472-4354	

SYMBOL KEY			
①	Domestic Violence Program	①	24 Hour Free & Confidential Hotline
★	Sexual Assault / Rape Crisis Program	ES	Emergency Domestic Violence Shelter
JDI members in bold			

VISIT OUR WEBSITE:  
[www.janedoe.org](http://www.janedoe.org)

Jane Doe Inc.

Voices for Change

The Massachusetts Coalition Against Sexual Assault and Domestic Violence

14 Beacon Street, Suite 507, Boston, MA 02108  
TEL: 617-248-0922 TTY: 617-263-2200 FAX: 617-248-0902

See other side for a list of programs by region. ➡

## Massachusetts Rape Crisis Programs

Funded in part by: Massachusetts Department of Public Health ~ Sexual Assault Prevention & Survivor Services  
250 Washington Street, 4<sup>th</sup> floor; Boston, MA 02108-4619 ~ Phone: 617-624-5457 ~ TTY: 617-624-5992

*All Rape Crisis Center Hotlines are available 24/7, every day of the year.*

### WESTERN MASSACHUSETTS

**Elizabeth Freeman Center** Hotline (866) 401-2425  
Sexual Assault Prevention & Survivor Program TTY (413) 499-2425  
43 Francis Avenue office (413) 499-2425  
Pittsfield MA 01201-5053 fax (413) 443-3016  
[additional sites in Adams, North Adams, & Great Barrington]

**New England Learning Center for Women in Transition (NELC/WT)** Hotline (413) 772-0806  
479 Main Street TTY (413) 772-0815  
Greenfield MA 01301 office (413) 772-0871  
[additional site in Orange] fax (413) 772-2743

**Center for Women and Community** Hotline (413) 545-0800  
**University of Massachusetts – Amherst** TTY (413) 577-0940  
New Africa House, 180 Infirmary Way office (413) 545-0883  
Amherst MA 01003 fax (413) 545-3649

**YWCA of Western Massachusetts** Hotline (800) 796-8711  
Sexual Assault Prevention & Survivor Program TTY (413) 733-7100  
1 Clough Street office (413) 732-3121  
Springfield MA 01118-2213 fax (413) 747-0542  
**Statewide Spanish Rape Crisis Hotline (Liámanos)** (800) 223-5001  
[additional sites in Holyoke, Westfield & Huntington]

### CENTRAL MASSACHUSETTS

**Pathways for Change** Hotline (800) 870-5905  
588 Main Street TTY (888) 887-7130  
Worcester MA 01608-2014 office (508) 852-7600  
[additional site in Fitchburg] fax (508) 852-7870

**Wayside Trauma Intervention Services** Hotline (800) 511-5070  
**Valley Rape Crisis Program** TTY (508) 478-4205  
10 Asylum Street office (508) 478-6888  
Milford MA 01757 fax (508) 478-9042

**Voices Against Violence** Hotline/TTY (800) 593-1125  
South Middlesex Opportunity Council Hotline/TTY (508) 626-8686  
7 Bishop Street office (508) 820-0834  
Framingham MA 01702-8313 fax (508) 872-4264

### NORTHEAST MASSACHUSETTS

**The Center for Hope and Healing** Hotline (800) 542-5212  
144 Merrimack Street, Suite 304 TTY (978) 452-8723  
Lowell MA 01852-1710 office (978) 452-7721  
fax (978) 458-2822

**YWCA of Greater Lawrence** Hotline (877) 509-9922  
Sexual Assault Prevention & Survivor Program TTY (978) 686-8840  
38 Lawrence Street office (978) 682-3039 x 2123  
Lawrence MA 01840-1409 fax (978) 691-5286

[additional site in Lynn – YWCA North Shore Rape Crisis Center]  
Hotline: 800-922-8772  
office: 781-477-2313  
20 Central Avenue, Suite 510, Lynn, MA 01901

### SOUTHEAST MASSACHUSETTS

**A Safe Place** Hotline (508) 228-2111  
Sexual Assault Prevention & Survivor Program TTY (508) 228-7095  
5B Windy Way office (508) 228-0561  
Nantucket MA 02554 fax (508) 228-8825

**The Women's Center** Hotline (888) 839-6636  
New Bedford Women's Center TTY (508) 996-1177  
405 County Street office (508) 996-3343  
New Bedford MA 02740 fax (508) 999-7139  
[additional site in Fall River]

**A New Day** Hotline (508) 588-8255  
Health Imperatives TTY (508) 894-2869  
950 West Chestnut Street office (508) 588-3964  
Brockton MA 02301-5567 fax (508) 588-0034  
[additional sites in Quincy & Plymouth]

**Independence House** Hotline (800) 439-6507  
**Cape Cod Rape Crisis Center** TTY (508) 771-6782  
160 Basset Lane office (508) 771-6507  
Hyannis MA 02601 fax (508) 778-0143  
[additional sites in Falmouth, Orleans & Provincetown]

**CONNECT to end violence** Hotline (508) 696-7233  
Martha's Vineyard Community Services TTY (508) 684-8176  
111 Edgartown Road office (508) 684-8074 x 103  
Vineyard Haven MA 02568 fax (508) 684-8178  
[additional site in Oak Bluffs is not wheelchair-accessible]

**New Hope** Hotline (800) 323-4673  
Sexual Assault Prevention & Survivor Program TTY (800) 323-4673  
140 Park Street office (508) 226-4015  
Attleboro MA 02703 fax (508) 226-6917  
[additional sites in Taunton & Webster]

### BOSTON & 128 AREA

**Boston Area Rape Crisis Center (BARCC)** Hotline (800) 841-8371  
99 Bishop Allen Drive TTY (617) 492-6434  
Cambridge\* MA 02139-3425 office (617) 492-8306  
[\*additional site in Boston has full wheelchair access] fax (617) 492-3291

The Rape Crisis Centers listed above offer **free**, confidential services for adolescent and adult survivors - and for people who care about survivors of all ages. Trained rape crisis counselors at local programs:

- Answer 24/7 hotlines for phone counseling, questions, and referrals
- Will meet a sexual assault survivor 24/7 at a hospital or a police station
- Will go with a sexual assault survivor to court
- Offer in-person counseling sessions at no cost (some rape crisis centers also offer support groups)
- Provide prevention education; professional training; outreach

### Statewide Spanish Hotline

**Liámanos: Statewide Spanish Rape Crisis Hotline** (800) 223-5001  
Operated by the YWCA of Western Massachusetts

### Coalition (Note: not a service provider\*)

**Jane Doe Inc.: Massachusetts Coalition Against Sexual Assault and Domestic Violence** \*no hotline services  
Jane Doe Inc. office (617) 248-0922  
14 Beacon Street, Suite 507 TTY (617) 263-2200  
Boston MA 02108 fax (617) 248-0902

For more information see: <http://www.mass.gov/dph/sexualassaultservices>



updated 1/29/15

# **Appendix 2**

## Resources for Victims with Unique Needs

<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/>

## **Gay, Lesbian, Bisexual, and Transgender Resources:**

### **Gay Men's Domestic Violence Project**

Hotline: 800-832-1901

Office: 617-654-6056

[www.gmdvp.org](http://www.gmdvp.org)

### **Fenway Community Health Center**

617-972-6562

[www.fenwayhealth.org](http://www.fenwayhealth.org)

### **Violence Recovery Program**

617-927-6250

[www.fenwayhealth.org](http://www.fenwayhealth.org)

### **The Trauma Center**

617-232-1303

[www.traumacenter.org](http://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 (GLBT) Youth

## **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.

### **Safe Spaces for GLBT Youth Funded Programs**

BAGLY, Inc.

14 Beacon Street, Suite 620

Boston, MA 02108

617-227-4313

<http://www.bagly.org/>

### **The Bridge of Central Massachusetts, Inc.**

4 Mann Street

Worcester, MA 01602

Safe Homes

508-366-4305

[www.safehomesma.org](http://www.safehomesma.org)

### **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](http://www.ccaa.org/youth_on_fire.html)

### **Out Now**

1695 Main Street-2F

Springfield, MA 01103

Latino GLBT Youth Project 413-736-4610

[www.outnowyouth.org](http://www.outnowyouth.org)

Western Region Springfield

Latino GLBT Youth

### **Boston Region Homeless GLBTY**

Massachusetts Asian and Pacific Islanders  
AIDS Prevention Project (MAP for Health)

59 Temple Place, Suite 406

Boston, MA 02111

617-426-6755

<http://www.mapforhealth.org/>

### **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](http://www.hcsm.org/glys.htm)

South East Region Brockton Statewide  
capacity building

### **Spanish Speaking Resources:**

**Victim Rights Law enter Tremont Street,**  
Suite 220 Boston, MA 02108  
Phone: (617) 399-6720  
Fax: (617) 399-6722  
www.victimrights.org

**The Network/La Red**  
Hotline/Línea de Crisis: 617-742-4911  
(bilingual Hotline) TTY: 617-227-4911

**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

### **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 (RISE):**

**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

**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

**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

**Jewish Family and Children's Service**  
1430 Main St  
Waltham, MA 02451  
T: 781-647-5327  
F: 781-693-5581

**Lowell Community Health Center**  
585-597 Merrimack St  
Lowell, MA 01854-3908  
T: 978-746-7870  
F: 978-275-9890  
Serving the Cambodian community

**Refugee & Immigrant Assistance Center**  
31 Heath St.  
Jamaica Plain, MA 02130  
T: 617-522-8882  
F: 617-522-8345  
Serving Somali community

**Third Sector New England: Trafficking  
Victims Outreach and Services**  
89 South St, Suite 700  
Boston, MA 02111  
T: 617-448-0993

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

**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 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

**Close to Home**  
Charles St, Suite E Dorchester, MA 02122  
T: 617-929-5151  
F: 617-822-3718  
Serving the Vietnamese 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 communities

**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

**Woman Shelter/Companeras**  
P.O. Box 1099  
Holyoke, MA 01041-1099  
T: 413-538-9717  
F: 413-538-9411



**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



## 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 Children and Families 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 accredited 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 504  
BOSTON, MA 02108

P: 617.573.9800 | E: [maca@masschildrensalliance.org](mailto:maca@masschildrensalliance.org)

[www.masschildrensalliance.org](http://www.masschildrensalliance.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.

## WHERE ARE THE CAC'S LOCATED IN MASSACHUSETTS?



**STATE CHAPTER**  
Massachusetts Children's Alliance  
*Web:* [www.machildrensalliance.org](http://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.childrenscove.org](http://www.childrenscove.org)  
*Phone:* 508-375-0410

### BERKSHIRE COUNTY

Berkshire County Kids' Place  
*Web:* [www.kidsplaceonline.org](http://www.kidsplaceonline.org)  
*Phone:* 413-499-2800

### BRISTOL COUNTY

Children's Advocacy Center of Bristol County  
*Web:* [www.cacofbc.org](http://www.cacofbc.org)  
*Phone:* 508-674-6111

### ESSEX COUNTY

Essex Children's Advocacy Center Eastern District Attorneys Office  
*Phone:* 978-745-6610 Ext. 5096  
*Web:* [www.mass.gov/essexadeseccac](http://www.mass.gov/essexadeseccac)

### HAMPTEN COUNTY

Baystate Family Advocacy Center  
*Web:* [www.baystatehealth.org/fac](http://www.baystatehealth.org/fac)  
*Phone:* 413-794-9816

### MIDDLESEX COUNTY

Middlesex Children's Advocacy Center  
*Web:* [www.middlesexcac.org](http://www.middlesexcac.org)  
*Phone:* 781-897-8400

### NORFOLK COUNTY

Norfolk Advocates for Children  
*Web:* [www.norfolkadvocatesforchildren.com](http://www.norfolkadvocatesforchildren.com)  
*Phone:* 508-543-0500

### NORTHWESTERN DISTRICT

(Franklin & Hampshire Counties)

Northwestern Children's Advocacy Center  
*Web:* [www.northwesterncac.org/](http://www.northwesterncac.org/)  
*Phone:* 413-522-2946

### PLYMOUTH COUNTY

Plymouth County Children's Advocacy Center  
*Web:* [www.mass.gov/pda-plymouth/cac/cac.html](http://www.mass.gov/pda-plymouth/cac/cac.html)  
*Phone:* 508-580-3383

### WORCESTER COUNTY

Children's Advocacy Center of Worcester County  
*Web:* [www.worcesterda.com](http://www.worcesterda.com)  
*Phone:* 508-792-0214

### SUFFOLK COUNTY

Children's Advocacy Center of Suffolk County  
*Web:* [www.suffolkcac.org/](http://www.suffolkcac.org/)  
*Phone:* 617-779-2146

# **Appendix 3**

## Sexual Assault Nurse Examiners

[www.mass.gov/dph/sane](http://www.mass.gov/dph/sane)

## SEXUAL ASSAULT NURSE EXAMINER PROGRAM DESIGNATED SITES AND STAFF CONTACT INFORMATION

<p><b><u>Designated Boston Area SANE Sites:</u></b>  <i>Boston Medical Center  Brigham and Women's  Beth Israel Deaconess  Cambridge Hospital  Children's Hospital Boston  Massachusetts General Hospital  Newton Wellesley Hospital  MetroWest Medical Center*</i>  <i>*Receiving MA TeleSANE services through the National TeleNursing Project</i></p>	<p><b><u>Regional Coordinator</u></b>  <u><i>Claire Shastany, RN, SANE</i></u>  Phone: (781) 718-9164  Fax: (617) 624-5715  E-Mail: <a href="mailto:Claire.Shastany@state.ma.us">Claire.Shastany@state.ma.us</a>  <b><u>Boston Operational Coordinator</u></b>  <u><i>Laurie Ferguson, RN, SANE</i></u>  Phone: (781) 718-6731  Fax: (617) 624-5715  E-Mail: <a href="mailto:Laurie.Ferguson@state.ma.us">Laurie.Ferguson@state.ma.us</a></p>
<p><b><u>Designated Northeastern SANE Site:</u></b>  <i>Lawrence General Hospital  Lowell General Hospital</i></p>	<p><b><u>Regional Coordinator:</u></b>  <u><i>Deb Perry, RN, CEN, SANE</i></u>  Phone: (978) 478-8138  Fax: (617) 624-5715  E-Mail: <a href="mailto:Deborah.Perry@state.ma.us">Deborah.Perry@state.ma.us</a></p>
<p><b><u>Designated Southeastern SANE Sites:</u></b>  <i>Beth Israel Deaconess – Plymouth (Jordan)  Brockton Hospital  Charlton Memorial Hospital  Morton Medical Center  South Shore Hospital  St. Luke's Hospital  Tobey Hospital  St. Anne's Hospital*</i>  <i>*Receiving MA TeleSANE services through the National TeleNursing Project</i></p>	<p><b><u>Regional Coordinator:</u></b>  <u><i>Kristi Holden, RN, BSN, SANE</i></u>  Phone: (774) 274-0757  Fax: (617) 624-5715  Email: <a href="mailto:Kristi.Holden@state.ma.us">Kristi.Holden@state.ma.us</a></p>
<p><b><u>Designated Central Massachusetts SANE Sites:</u></b>  <i>Harrington Memorial Hospital  Milford Regional Medical Center  St. Vincent's Hospital  UMASS Memorial Hospital  UMASS University Hospital</i></p>	<p><b><u>Regional Coordinator:</u></b>  <u><i>Jennifer Powell, RN, BSN, SANE</i></u>  Phone: (508) 688-4402  Fax: (617) 624-5715  Email: <a href="mailto:Jennifer.Powell@state.ma.us">Jennifer.Powell@state.ma.us</a></p>
<p><b><u>Designated Western Mass. SANE Sites:</u></b>  <i>Baystate Medical Center  Berkshire Medical Center  Cooley Dickinson Hospital  Mercy Medical Center  UMASS Amherst University Health Services  Wing Memorial Hospital</i></p>	<p><b><u>Regional Coordinator:</u></b>  <u><i>Mary Walz-Watson, RN, BS, SANE</i></u>  Phone: (857) 207-0789  Fax: (617) 624-5715  Email: <a href="mailto:Mary.Walz-Watson@state.ma.us">Mary.Walz-Watson@state.ma.us</a></p>
<p><b><u>Designated Cape/Islands SANE sites:</u></b>  <i>Cape Cod Hospital  Falmouth Hospital  Nantucket Cottage Hospital</i></p>	<p><b><u>Regional Coordinator:</u></b>  <u><i>Kathleen Ecker, MSN, NP-BC, Pediatric and Adult SANE</i></u>  Phone: (774) 274-0944  Fax: (617) 624-5715  E-Mail: <a href="mailto:Kathleen.Ecker@state.ma.us">Kathleen.Ecker@state.ma.us</a></p>

<p style="text-align: center;"><b>SEXUAL ASSAULT NURSE EXAMINER PROGRAM</b> <b>DESIGNATED SITES AND STAFF CONTACT INFORMATION</b></p>
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**Joan Meunier-Sham, MS, RN**

**Director**

**MA SANE Program**

Massachusetts SANE Program  
MA Department of Public Health  
Boston, MA 02108

Phone: (781) 718-9107

Fax: (617) 624-5715

E-Mail: [Joan.Sham@state.ma.us](mailto:Joan.Sham@state.ma.us)

**Jennifer Bastin**

**Program Operations Coordinator**

Massachusetts SANE Program  
MA Department of Public Health  
Boston, MA 02108

Office: (617) 624-6052

Fax: (617) 624-5715

E-Mail: [Jennifer.bastin@state.ma.us](mailto:Jennifer.bastin@state.ma.us)

**Katherine Dudich, RN, MS, JD**

**Pediatric Associate Director**

Massachusetts SANE Program  
MA Department of Public Health  
Boston, MA 02108

Phone (617) 624-5458

Fax: (617) 624-5715

E-Mail: [Katherine.B.Dudich@state.ma.us](mailto:Katherine.B.Dudich@state.ma.us)

**Cheryl Re, RN, BSN, SANE**

**Associate Director**

**Adult and Adolescent SANE**

**MA SANE Program**

Massachusetts SANE Program  
MA Department of Public Health  
Boston, MA 02108

Phone: (413) 265-8559

Fax: (617) 624-5715

Email: [Cheryl.Re@state.ma.us](mailto:Cheryl.Re@state.ma.us)

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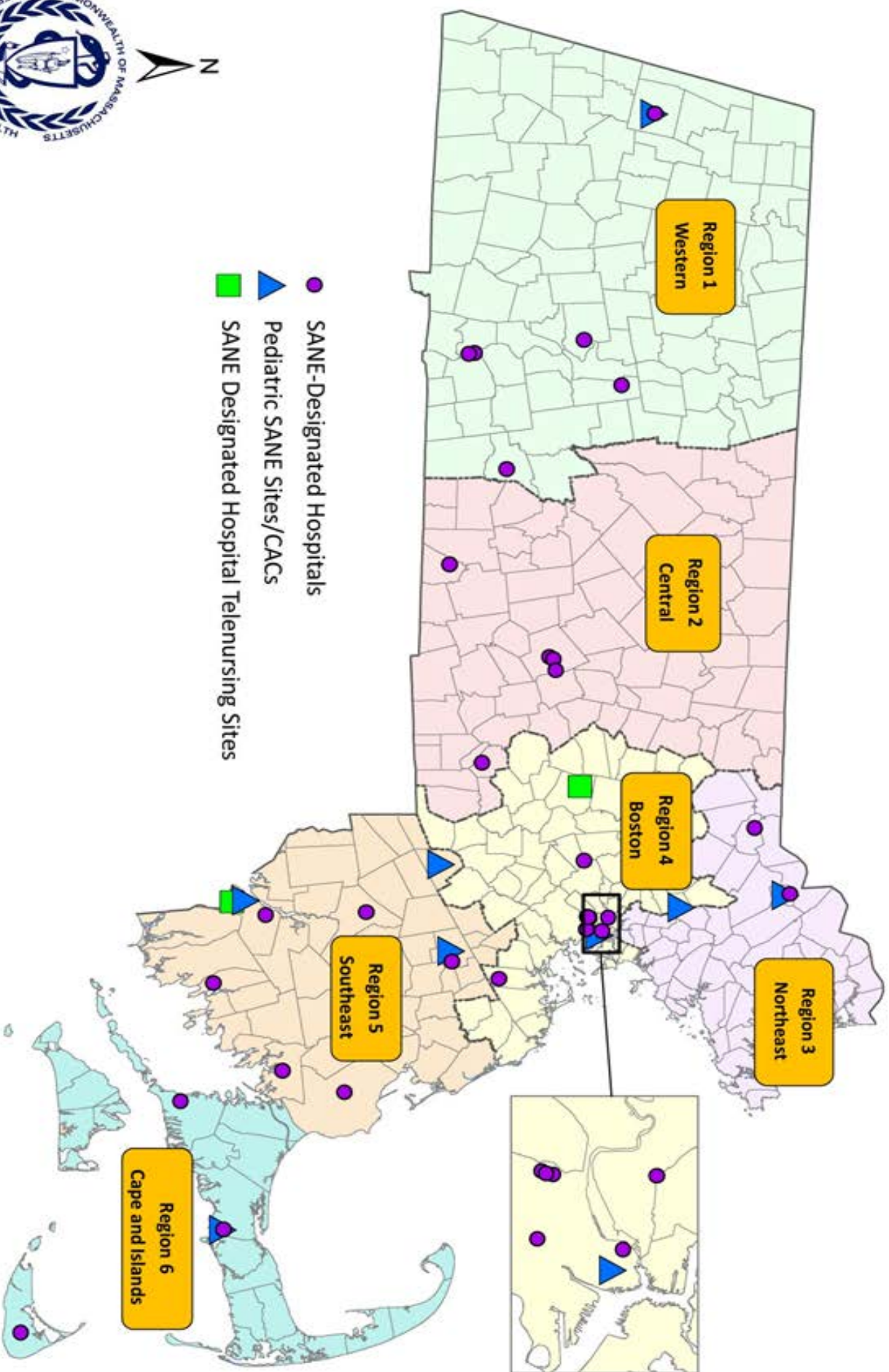
Fax: (617) 624-5715

Email: [Cynthia.moore@state.ma.us](mailto:Cynthia.moore@state.ma.us)





# Massachusetts SANE Sites and Children Advocacy Centers



# **Appendix 4**

## **Mass Sexual Assault Evidence Collection Kit**

<http://www.mass.gov/eopss/law-enforce-and-cj/law-enforce/sexual-dom-viol/sexual-assault-evidence-collection-kit.html>



**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<br>samples, body fluid samples,<br>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<br>Health information on emergency contraception<br>for pregnancy prevention | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Offer emergency contraception for<br>pregnancy prevention   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| • Administer emergency contraception for pregnancy<br>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

**FORM 2B**  
**DO NOT FAX THIS PAGE**

**INFORMATION PERTAINING TO ASSAULT**  
Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

For this report to:  
Massachusetts Executive Office of Public Safety Research and Policy Analysis Unit  
FAX: 617-727-6356 AND: Local public safety authority  
RETURN YELLOW COPY OF FORM 24 AND 25 TO STEP 1 (ENCLICHE)  
RETURN WHITE COPY OF FORM 24 AND 25 FROM HOSPITAL (IC00055)

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

Adm kit number 14b11 lists all  
 items white and yellow applies

**A. PERTINENT/RECENT HEALTH HISTORY:**

Has the patient undergone recent medical or gynecological procedures or treatments which may affect physical findings or evidence collection? ☐ Yes ☐ No

If yes, describe:

Patient menstruating at the time of assault? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

Has the patient had contraceptive sexual intercourse in the past 120 hours/day? ☐ Yes ☐ No

If yes, specify the number of hours since completed intercourse:

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:**

1. Changed diet? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

2. Brushed teeth? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

3. Washed body? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

4. Used mouthwash? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

5. Used enema? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

6. Used tampon? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

7. Used condom? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

8. Used birth control? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

9. Used vasectomy? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

10. Used abortion? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

11. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

12. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

13. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

14. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

15. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

16. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

17. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

18. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

19. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

20. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

21. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

22. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

23. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

24. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

25. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

26. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

27. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

28. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

29. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

30. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

31. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

32. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

33. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

34. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

35. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

36. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

37. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

38. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

39. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

40. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

41. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

42. Used other? ☐ Yes ☐ No ☐ Unsure? ☐ Yes ☐ No

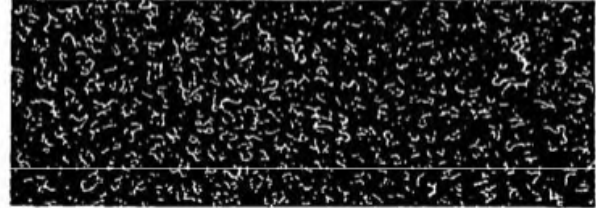
### FORM 3

#### Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit

- This report is *not an exhaustive account* of every detail of the sexual assault. Rather, it is a *brief description*.
- Please recount the *patient's own words, in quotes*, whenever possible. If you are *not* using the patient's own words, be careful *not* to use quotes.
- When speaking with the patient, *ensure that she/he understands your questions and your vocabulary*: not all patients will be familiar with terms such as "penetration" or "ejaculation". *Record the patient's own terminology*.
- *Do not include personal opinion or conjecture.*
- *Include only information that directly relates to this sexual assault*, such as a brief description of physical surroundings, threats, force, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation.

### PATIENT'S REPORT OF INCIDENT

Note: This form is to be completed by one examiner.



Affix kit number label here on  
both white and yellow copies

\_\_\_\_\_  
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

RE2MA: FORM3B.2 11/00

# FORM 4

Commonwealth of Massachusetts  
Sexual Assault Evidence Collection Kit

## PHYSICAL APPEARANCE/WOUND DOCUMENTATION

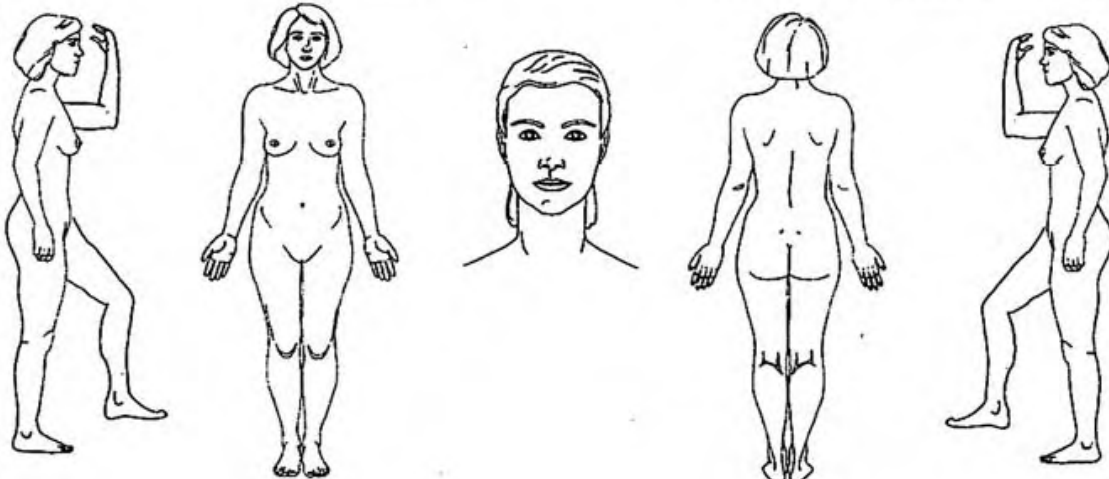
Record the patient's general physical appearance and  
demeanor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.



Affix 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>(Placer circle area)</small>	close W/Ruler	close W/O Ruler	medium	long-range
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	Medscope/ 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

**FORM 5**Commonwealth of Massachusetts  
Sexual Assault Evidence Collection Kit**PHYSICAL EXAMINATION**

Affix kit number label here

FEMALE							MALE						
	WNL	Swelling	Redness	Abrasion	Tearing	Other		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						
	WNL	Swelling	Redness	Abrasion	Tearing	Other		WNL	Swelling	Redness	Abrasion	Tearing	Other
Labia minora							Scrotum						
Periurethral tissue/ urethral meatus							Testes						
Periurethral tissue (vestibule)							<b>FEMALE/MALE ANUS</b>						
	WNL	Swelling	Redness	Abrasion	Tearing	Other		WNL	Swelling	Redness	Abrasion	Tearing	Other
Hymen							Buttocks						
	WNL	Swelling	Redness	Abrasion	Tearing	Other		WNL	Swelling	Redness	Abrasion	Tearing	Other
Posterior fourchette							Perianal skin						
	WNL	Swelling	Redness	Abrasion	Tearing	Other		WNL	Swelling	Redness	Abrasion	Tearing	Other
Fossa navicularis							Anal verge/ folds/rugae						
	WNL	Swelling	Redness	Abrasion	Tearing	Other		WNL	ABN	Describe			
Vagina							Tone						
	WNL	Swelling	Redness	Abrasion	Tearing	Other							
Cervix							Anal spasm	<input type="checkbox"/> Yes <input type="checkbox"/> No					
							Anal laxity	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other							Note presence of stool in rectal ampulla	<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>EXAM POSITION USED</b>							<b>Method of exam for anal tone:</b>						
<input type="checkbox"/> Lithotomy <input type="checkbox"/> Other (specify): _____							<input type="checkbox"/> Observation <input type="checkbox"/> Digital Exam						
Is the patient pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO No. Weeks: _____							<b>EXAM POSITION USED</b>						
Date of last menstrual period: ____ / ____ / ____							<input type="checkbox"/> Lithotomy <input type="checkbox"/> Other (specify): _____						
<b>EXAM INFORMATION</b>							<b>Further Description of other injuries, if necessary:</b>						
<b>GENITAL EXAM DONE WITH</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Provider Initials</b>									
Direct visualization													
Speculum Exam													
Medscope Exam													
Anoscopic Exam													
<b>Printed Name of medical provider or S.A. N. E.</b>							<b>Signature of medical provider or S.A. N. E.</b>						
Date ____ / ____ / ____							Date ____ / ____ / ____						
<b>If applicable, print additional medical Provider name/title</b>							<b>Portion of exam done</b>						
Signature _____							Date ____ / ____ / ____						

RETAIN THIS FORM FOR HOSPITAL RECORDS

RE2MA: FORM 5.2 1/02



Alla tilt number label berry on both white and yellow cups

## **TREATMENT AND DISCHARGE**

**Prescription:**  
☐ STMT with HCO  
☐ Oral Solution  
 Other: \_\_\_\_\_  
 Route: \_\_\_\_\_

**Hepatitis B:**  
☐ HBsAg  
☐ Anti-HBsAg  
☐ Ser: \_\_\_\_\_  
☐ Chemically Defined  
 Sex: \_\_\_\_\_

**Only if indicated by signs and symptoms of disease:**  
 Acetylsalicylic acid or ibuprofen? ☐ Yes ☐ No If yes, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Antibiotics given or prescribed?** ☐ Yes ☐ No

**Acetaminophen given?** ☐ Yes ☐ No

**Emergency Contraception taken? (Must be taken if woman is at risk of becoming pregnant)** ☐ Yes ☐ No

**Emergency Contraception given?** ☐ Yes ☐ No

**Oral Contraception given?** ☐ Yes ☐ No

**Hepatitis B vaccination 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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FORM 6 : Commonwealth of Massachusetts Sexual Assault Evidence Collection Kit**

**1. Hospital aftercare packet given?** ☐ Yes ☐ No

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

When two days after this visit: ☐ ☐ ☐ ☐

When five days after the initial: ☐ ☐ ☐ ☐

**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 1-888-4ND-2-LATE (1-888-686-7528).

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

**HIV Antibody Testing**  
If you plan to have an HIV antibody test, contact your primary care provider or the HIV Counseling and Testing Hotline: 1-800-760-5016. When you are tested at three weeks, ask your primary care provider or HIV Counselor whether or not you should be retested at six weeks after the ED 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 Vaccines (Referred Date)**  
If you plan to have the full Hepatitis B vaccine, the second dose should be administered **2-4 months** after the ED visit. Contact your PCP/MD/CRNP provider or a state-funded clinic to obtain a Hepatitis B vaccine.

**Toxicology Testing Results**  
If I had toxicology testing done and reported the results to the police, I can contact the victim advocate at the district attorney's office for my test results. Counseling is available from my local rape crisis center. If we at ITHave concerns about the results, I'll have toxicology testing done and did not report the results to the police, I can contact 1-888-246-4265 and provide my kit number to receive my test results.

**3. Safety Planning offered?** ☐ Yes

**Signature of Patient** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of medical provider or S.A.N.E.** \_\_\_\_\_

# **Appendix 5**

## **Provider Sexual Crime Report**

<http://www.mass.gov/eopss/docs/ogr/lawenforce/adultpscrform-revjune2014.pdf>

<http://www.mass.gov/eopss/law-enforce-and-cj/law-enforce/sexual-dom-viol/provider-sexual-crime-report.html>

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

FAX FORM 2A ONLY

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

K

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

FAX this report to:

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

JUNE 2014

RETAIN WHITE COPY OF FORM 2A AND 2B FOR HOSPITAL RECORDS

RETURN YELLOW COPY OF FORM 2A AND 2B TO STEP 1 ENVELOPE



# **Appendix 6**

## Crime Lab Information

<http://www.mass.gov/eopss/law-enforce-and-cj/criminal-investig/crime-lab/>

## **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 Rd.  
Sudbury, MA  
Drop-Offs Mon-Fri  
Phone: 508-358-3155

State Police Satellite Laboratory-*Danvers*  
485 Maple St.  
Danvers, MA  
Drop-offs Mon, Wed, Thu, & Fri  
Phone: 978-538-6111

State Police Satellite Laboratory -  
*Springfield*  
190 Corando St. Springfield, MA  
Drop-offs Mon-Fri  
Phone: 413-205-1837

State Police Satellite Laboratory-*Lakeville*  
30 Riverside Drive  
Lakeville, MA  
Drop-offs Mon – Fri  
508-946-1314

State Police Crime Laboratory - *Worcester*  
Central 150 Goddard Memorial Dr.  
Worcester, MA  
Drop-offs Weds  
Phone: 857-377-3924

# **Appendix 7**

## **Victims of Violent Crimes Compensation Information**

<http://www.mass.gov/ago/docs/victim/victim-comp-app.pdf>

## 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) 443-5951
Bristol County	(508) 997-0711
Cape and Islands	(508) 362-8113
Essex County	(978) 745-6610
Franklin County	(413) 774-3186
Hampden County	(413) 747-1000
Hampshire County	(413) 586-9225
Middlesex County	(781) 897-8300
Norfolk County	(781) 830-4800
Plymouth County	(508) 584-8120
Suffolk County	(617) 619-4000
Worcester County	(508) 755-8601

### STATEWIDE VICTIM ASSISTANCE PROGRAMS

Massachusetts Office for Victim Assistance  
(617) 586-1340 • [www.mass.gov/mova](http://www.mass.gov/mova)

Massachusetts Department of Corrections  
(866) 684-2846 • [www.mass.gov/doc](http://www.mass.gov/doc)

Department of Criminal Justice Information  
(617) 660-4690 • [www.mass.gov/cjis](http://www.mass.gov/cjis)

Massachusetts Department of Youth Services  
(617) 960-3290 • [www.mass.gov/dys](http://www.mass.gov/dys)

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

Sex Offender Registry Board  
(978) 740-6440 • [www.mass.gov/sorb](http://www.mass.gov/sorb)

United States Attorney's Office  
(617) 748-3100 • [www.justice.gov/usao/ma](http://www.justice.gov/usao/ma)

## VICTIM COMPENSATION

### FINANCIAL ASSISTANCE FOR VICTIMS OF CRIME IN THE COMMONWEALTH OF MASSACHUSETTS



### OFFICE OF ATTORNEY GENERAL

### VICTIM COMPENSATION & ASSISTANCE DIVISION

One Ashburton Place  
Boston, MA 02108  
(617) 727-2200 ext. 2160  
(617) 727-4765 TTY  
(617) 742-6262 Fax  
[www.mass.gov/ago/vcomp](http://www.mass.gov/ago/vcomp)

## A MESSAGE FROM THE MASSACHUSETTS ATTORNEY GENERAL

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 a disability to work – should not serve to further victimize those who are affected by violent crime.

The Massachusetts Attorney General's Office is committed to empowering crime victims and providing them with the tools and support they need to begin the healing process. Our Victim Compensation and Assistance 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. Victims of crimes that occurred on or after July 1, 2013, may, in addition, be eligible to receive financial assistance relating to compensable expenses.

Our division uses funds primarily 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 and Assistance Division staff for further assistance.

### 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)  | • Homemaker expenses                                     |
| • Counseling expenses (for victims, for family members of homicide victims, and for children who witness violence against a family member) | • Ancillary funeral/burial                               |
| • Funeral/burial costs (limits apply)  | • Replacement bedding/clothing                           |
| • Lost wages (for victims only)  | • Crime scene cleanup                                    |
| • Loss of financial support (for dependents of homicide victims)   | • Forensic Sexual Assault Exam                           |
|  | • Security measures                                      |
|  | • Counseling for non-offending parents of a child victim |
- 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. It is important to keep proof of payments made (invoices, receipts or statements) for expenses you wish to claim.
- Your claim can be reopened for future expenses so long as you have not reached the statutory cap.

# **Appendix 8**

## **Mandatory Reporting Requirements**

<http://www.mass.gov/eohhs/docs/dcf/can-mandated-reporters-guide.pdf>



## What happens when DCF receives a report of child abuse and/or neglect?

When DCF receives a report of abuse and/or neglect, called a “S1A report,” from either a mandated reporter or another concerned citizen, DCF is required to evaluate the allegations and determine the safety of the children. During DCF’s response process, all mandated reporters are required to answer the Department’s questions and provide information to assist in determining whether a child is being abused and/or neglected and in assessing the child’s safety in the household.

Here are the steps in the Child Protective Services (CPS) process:

1. **The report is screened.** The purpose of the screening process is to gather sufficient information to determine whether the allegation meets the Department’s criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to target the Department’s initial response. The Department begins its screening process immediately upon receipt of a report. During the screening process, DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child’s condition. DCF may also contact the family if appropriate.

## 2. If the report is “screened-in,” it is assigned either for a Child Protective Services (CPS) investigation or Assessment Response:

- **CPS Investigation Response:** Generally, cases of sexual or serious physical abuse, or severe neglect will be assigned to the CPS Investigation Response. The severity of the situation will dictate whether it requires an emergency or non-emergency investigation. The primary purpose of the Investigation Response is to determine the current safety and the potential risk to the reported child, the viability of an allegation, identification of person(s) responsible and whether DCF intervention is necessary.

- **CPS Assessment Response (Initial Assessment):** Generally, moderate or lower risk allegations, are assigned to the CPS Assessment Response. The primary purpose of the Assessment Response is to determine if DCF involvement is necessary and to engage and support families. This response involves a review of the reported allegations, assessing safety and risk of the child, identifying family strengths and determining what, if any, supports and services are needed.

## 3. A determination is made as to whether there is a basis to the allegation, whether the child can safely remain at home and whether the family would benefit from continued DCF involvement. If DCF involvement continues, a Comprehensive Assessment and Service Plan are developed with the family.

Some families come to the attention of the Department outside the S1A process: **Children Requiring Assistance (CRA)** (cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the **Safe Haven Act**, and voluntary requests for services by a parent/family. These cases are generally referred directly for a Comprehensive Assessment.

## What are the timeframes for completing a Screening, and/or an Investigation or Assessment?

- **Screening:** Begins immediately for all reports. For an emergency response it is completed within two hours. For a non-emergency response, screening may take up to three business days as appropriate.
- **Emergency Investigation:** Must begin within two hours and be completed within five business days of the report.
- **Non-Emergency Investigation:** Must begin within two business days and be completed within 15 business days of the report.
- **Assessment (Initial):** Must begin within two business days and be completed within 15 business days of the report.
- **Comprehensive Assessment:** May take up to 45 business days.

## Will I be informed about the DCF determination?

If you are the mandated reporter who filed the report, you will receive a copy of the decision letter that is sent to the parents or caretaker. In that letter you will be informed of the Department’s response, the determination and whether DCF is opening a case for continued DCF involvement.

## Does DCF tell the family who made the S1A report?

DCF regulations do not allow the Department to disclose the name of a reporter unless ordered by a court or required by statute such as when the Department is required to provide the S1A report to the District Attorney or other law enforcement (CMR 12.00 et seq.).

## Referrals to the District Attorney

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the District Attorney, who have the authority to file criminal charges.

## Child Protection Information

For more information about reporting child abuse and/or neglect:

- **www.mass.gov/dcf** for general information or to find a DCF Area Office

## Contact Us

**Massachusetts Department of Children and Families**  
600 Washington Street, 6th Floor  
Boston, MA 02111

phone 617-48-2000

fax 617-261-7435

web [www.mass.gov/dcf](http://www.mass.gov/dcf)

- **Child-At-Risk-Hotline**  
800-792-5200

- **DCF Ombudsman**  
617-748-2444 (9 – 5 pm, weekdays) for inquiries about DCF programs, policies or service delivery.

## DCF Area Office Directory

WESTERN	SOUTHERN
• Greenfield 413-775-5000	• Arlington 781-641-8500
• Holyoke 413-493-2600	• Coastal/South Weymouth 781-882-4000
• Springfield 413-452-3200	
• Van Wert Center, East Springfield 413-205-0500	• Cape Cod & Islands 508-760-0200
• Worcester East 508-929-2000	• Plymouth 508-732-6200
• Worcester West 508-929-2000	• Fall River 508-235-9800
• South Central 508-929-1000	• New Bedford 508-910-1000
• Whitonville 978-353-3600	• Brockton 508-894-3700
• North Central 978-353-3600	• Taunton/Attleboro 508-821-7000
• Leominster 413-236-1800	
• Pittsfield 413-236-1800	<b>BOSTON</b>
	• Dimock Street, Roxbury 617-990-2800
<b>NORTHEASTERN</b>	• Hyde Park 617-363-5000
• Lowell 978-275-6800	• Harbor/Chelsea 617-660-3400
• Framingham 508-424-0100	• Park Street, Dorchester 617-822-4700
• Haverhill 978-469-8800	
• Lawrence 978-557-2500	
• Cambridge 617-520-8700	
• Malden 781-388-7100	
• Cape Ann, Salem 978-825-3800	
• Lynn 781-477-1600	



## Child Abuse and Neglect Reporting

A Guide for Mandated Reporters



## INTRODUCTION

Under Massachusetts law, the Department of Children and Families (DCF) is the state agency that receives all reports of suspected abuse and/or neglect of children under the age of 18. State law requires professionals whose work brings them in contact with children to notify DCF if they suspect that a child is being abused and/or neglected. DCF depends on reports from professionals and other concerned individuals to learn about children who may need protection, more than 75,000 reports are received on behalf of children each year. The Department is responsible for protecting children from abuse and/or neglect. DCF seeks to ensure that each child has a safe, nurturing, permanent home. The Department also provides a range of services to support and strengthen families with children at risk of abuse and/or neglect.

### Who is a mandated reporter?

Massachusetts law defines the following professionals as mandated reporters:

- Physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, medical examiners;
- Emergency medical technicians, dentists, nurses, chiropractors, podiatrists, optometrists, osteopaths;
- Public or private school teachers, educational administrators, guidance or family counselors;
- Early education, preschool, child care or after school program staff, including any person paid to care for, or work with, a child in any public or private facility, home or program funded or licensed by the Commonwealth, which provides child care or residential services;
- Clergy members, including ordained or licensed leaders of any church or religious body, persons performing official duties on behalf of a church or religious body, or persons employed by a religious body to supervise, educate, coach, train or counsel a child on a regular basis, and;
- The Child Advocate;
- Child care licensors, such as staff from the Department of Early Education and Care;

### As a mandated reporter, what are my responsibilities?

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. A written report is to be submitted within 48 hours.

In addition to filing with the Department a mandated reporter may notify local law enforcement or the Office of the Child Advocate of any suspected abuse and/or neglect. You should report any physical or emotional injury resulting from abuse, any indication of neglect, including malnutrition, any instance in which a child is determined to be physically dependent upon an addictive drug at birth, any suspicion of child sexual exploitation or human trafficking or death as a result of abuse and/or neglect. In addition, you must report a death as a result of abuse and/or neglect to the local District Attorney and to the Office of the Chief Medical Examiner. Mandated Reporters who are staff members of medical or other public or private institutions, schools or facilities, must either notify the Department directly or notify the person in charge of the institution, school or facility, or his/her designee, who then becomes responsible for filing the report. Should the person in charge/designee advise against filing, the staff member retains the right to contact DCF directly and to notify the local police or the Office of the Child Advocate. (Ch. 119, § 51A) Under the law, mandated reporters are protected from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer. The written report must be submitted to DCF within 48 hours after the oral report has been made.

Any profession defined by law as a mandated reporter is required to assist in a 3.5 (Investigation or initial assessment, even if they are not the filer of the 51A report. Mandated reporters who are licensed by the Commonwealth are required to complete training to recognize and report suspected child abuse and/or neglect.

### What if I fail to report?

Any mandated reporter who fails to make required oral and written reports can be punished by a fine of up to \$1,000. Any mandated reporter who willfully fails to report child abuse and/or neglect that resulted in serious bodily injury or death can be punished by a fine of up to \$5,000 and up to 2½ years in jail, and be reported to the person's professional licensing authority.

All mandated reporters who knowingly and willfully file a frivolous report of child abuse and/or neglect can be punished by a fine of up to \$2,000 for the first offense, up to 6 months in jail for a second offense, and up to 2½ years in jail for a third offense.

### How do I make a report of suspected child abuse and/or neglect?

#### When must I file?

When you suspect that a child is being abused and/or neglected, you should immediately telephone the local DCF Area Office and ask for the Screening Unit. You will find a directory of the DCF Area Offices at the end of this Guide and on the DCF web site. Offices are staffed between 9 am and 5 pm weekdays. To make a report at any other time, including after 5 pm and on weekends and holidays, please call the

**Child-At-Risk Hotline at 800-792-5200.**

As a mandated reporter you are also required by law to mail or fax a written report to the Department within 48 hours after making the oral report. The form for filing this report can be obtained from a local DCF Area Office or from the DCF website: [www.mass.gov/dcf](http://www.mass.gov/dcf)

Your report should include:

- Your name, address and telephone number;
  - All identifying information you have about the child and parent or other caretaker, if known;
  - The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect; The identity of the person you believe is responsible for the abuse and/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; Any information that could be helpful to DCF staff in making safe contact with an adult victim in situations of domestic violence (e.g., work schedules, place of employment, daily routines); and
  - Any other information you believe would be helpful in ensuring the child's safety and/or supporting the family to address the abuse and/or neglect concerns.
- Hospital personnel should take photographs of any trauma that is visible on the child and mail or deliver the photographs to DCF with the written report. If you work in a hospital and collect physical evidence of abuse and/or neglect of a child you must immediately notify the local District Attorney, local law enforcement authorities and the Department. We recommend that you inform the family that you have referred them to DCF for help, but do not do so if you think it would increase the risk to the child.

### How does DCF define abuse and neglect?

Under the Department of Children and Families regulations (110 CMR, section 2.00):

**Abuse means:** The non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of, physical or emotional injury or an act by a caretaker involving a child that constitutes a sexual offense under the laws of the Commonwealth, or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

**Neglect means:** Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care, provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).



**Physical injury means:** Death or fracture of a bone, a substantial laceration, burn, impairment of any organ, and any other such nonfatal injury or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.

**Emotional injury means:** An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

### Who is a caretaker?

A "caretaker" can be a child's parent, step-parent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. In addition, many other person entrusted with the responsibility for a child's health or welfare, both in and out of the child's home, regardless of age, is considered a caretaker. Examples may include: relatives from outside the home; teachers or staff in a school setting; workers at an early education, child care or after-school program; a babysitter; foster parents; staff at a group care facility; or persons charged with caring for children in any other comparable setting.

### When should a report involving domestic violence be filed?

Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship. No every situation involving domestic violence merits intervention by DCF. Mandated reporters are encouraged to carefully review each family's situation and to identify any specific impact on the child(ren) when considering whether or not to file a 51A report with DCF. In some cases a report may actually create additional risks for the caretaker and the children. If possible, discuss the filing of a report with the caretaker first and address the potential need for safety planning. A report is more likely necessary if the following higher risk circumstances are current concerns:

- The alleged perpetrator threatened to kill the caretaker, children or self and the caretaker fears for their safety;
- The alleged perpetrator physically injured the child in an incident where the caretaker was the target;
- The alleged perpetrator coerced the child to participate in or witness the abuse of a caretaker;
- The alleged perpetrator used or threatened to use a weapon, and the caretaker believes that the perpetrator intended or has the ability to cause harm.

For more information on this topic please refer to the DCF Brochure, Promising Approaches: Working with Families, Child Welfare and Domestic Violence. This brochure is available on the DCF website and from a local DCF Area Office.