PROVIDER SEXUAL CRIME REPORT (PSCR) – FORM 2A

SEND FORM 2A ONLY* *Per MGL C.112, S. 12A ½* **FEB 2023**

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

1. Age: _____ **2. Gender:** ☐Female ☐Male ☐Transgender (M to F) ☐Transgender (F to M) ☐Other: _____

3. Race: ☐White ☐Black/African Am ☐Hispanic/Latino ☐Am Indian/Alaska Native ☐Asian ☐Native Hawaiian/Other Pacific Islander ☐Other Race:_____ **3A. Preferred Language**_____ **3B. Military Affiliated** ☐Yes ☐No

4. Date of Assault (e.g. 01/01/2020): _____ **5. Approx.Time of Assault:** _____ ☐ **AM** ☐ **PM**

6. City/Town of Assault: _____ **State:** _____ **Neighborhood:** _____

7. Specific surroundings at time of Assault: ☐ House/Apartment ☐ Outdoors ☐ College/University ☐ Hotel/Motel ☐ Prison ☐ Jail ☐ DYS ☐ Motor Vehicle ☐ Unsure ☐ Other (specify): _____

8. Date of hospital exam (e.g., 01/03/2020): _____ **9. Time of Hospital Exam:** _____ ☐ **AM** ☐ **PM**

10. Hospital Providing Service: _____

11A. Exam completed by: ☐ MA SANE ☐ SANE-A ☐ MD ☐ NP ☐ PA ☐ CNM ☐ RN

11B. Assisted by TeleSANE? ☐ Yes ☐ No

AFFIX BARCODE LABEL HERE ON BOTH WHITE AND YELLOW COPIES

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

12. Total Number of Assailants: _____ ☐ **Unsure**

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

	# Male	# Female		# Male	# Female
☐ Parent/Stepparent	_____	_____	☐ Boy/girlfriend	_____	_____
☐ Spouse/live-in partner	_____	_____	☐ Ex-boy/girlfriend	_____	_____
☐ Ex-Spouse/live-in partner	_____	_____	☐ Date	_____	_____
☐ Parent's live-in partner	_____	_____	☐ Acquaintance	_____	_____
☐ Other relative	_____	_____	☐ Friend	_____	_____
☐ Stranger	_____	_____	☐ Unknown	_____	_____
			☐ Other (specify): _____	_____	_____

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

14. ☐ Verbal threats ☐ Restraints (ropes, ties, cords, etc.) ☐ Strangulation ☐ Chemical(s) (pepper spray, mace, etc.)
☐ Bites ☐ Hold Down/Body Weight ☐ Hitting ☐ Other physical force Describe: _____
☐ Burns ☐ Other Weapons Describe: _____ ☐ Gun ☐ Alcohol
☐ Knife ☐ Drugs ☐ Blunt Object ☐ Unsure

D. ACTS DESCRIBED BY THE PATIENT:

Was there penetration, however slight of:

15. Vagina ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A **BY** ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
16. Anus ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A **BY** ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
17. Mouth ☐ No ☐ Unsure ☐ Attempt ☐ Yes ☐ N/A **BY** ☐ Penis ☐ Finger ☐ Tongue ☐ Object/Other: _____
18. Did ejaculation occur? ☐ Yes ☐ No ☐ Unsure ☐ N/A
19. Did assailant(s) use a condom? ☐ Yes ☐ No ☐ Unsure ☐ N/A
20. Any injuries to patient resulting in bleeding? ☐ Yes ☐ No ☐ Unsure
If yes, specify: _____
21. Any injuries to assailant resulting in bleeding? ☐ Yes ☐ No ☐ Unsure
If yes, specify: _____

E. CASE STATUS AT TIME OF THE EXAM:

22a. Evidence Collection Kit utilized? ☐ Yes ☐ No
22b. Toxicology Kit collected? ☐ Yes ☐ No
23. Reported to Police? ☐ Yes ☐ No ***If yes, specify police dept:*** _____
24. DCF involved? ☐ Yes ☐ No *If yes, describe status:* _____
25. Restraining order in place before assault? ☐ Yes ☐ No *If yes, date and court location:* _____
26. Restraining order filed after assault? ☐ Yes ☐ No *If yes, date and court location:* _____

F. MANDATORY REPORTING:

27. 19A Elder Abuse Report ☐ Yes ☐ No File with Elder Services if patient is age 60 or above
28. 51A Child Abuse Report ☐ Yes ☐ No File if patient is <18yo or if children <18yo were present during assault
29. 19C Disabled Persons Report ☐ Yes ☐ No File with DPPC for patients with a disability ages 18-59
30. 12A Weapon Report ☐ Yes ☐ No If patient injured by a weapon, the treating clinician files this report
31. 70E Emergency Contraception Administered ☐ Yes ☐ Not Indicated ☐ Declined ☐ Not offered

G. KIT TRANSPORT INFORMATION:

32. Name of Police Department notified for pick up and transport of Evidence: _____
33. Date Notified: _____ Time Notified: _____

Please Remember to Enter Kit Information into the Massachusetts TRACK-KIT SYSTEM - https://ma.track-kit.us

Retain White Copy of Form 2A and 2B for Hospital Records; Return Yellow Copy of Form 2A and 2B to Step 1 Envelope

*Send completed report to Massachusetts Executive Office of Public Safety and Security

SCAN and EMAIL to PSCR@MASS.GOV or FAX to 617-725-0260 AND to the police in city/town where assault occurred.