# Massachusetts Provider Sexual Crime Report
## For Pediatric Assaults/Abuse (≤12 Years of Age)

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

### A. Patient/Victim Information

Patient’s name, address and/or other identifying information should not be written on this form.

1. **Age:** ______________
2. **Date of Birth:** _______ / _______ / _______
3. **Gender:**
   - [ ] Female
   - [ ] Male
4. **Race:**
   - [ ] White (non-Hisp)
   - [ ] Black (non-Hisp)
   - [ ] Hispanic
   - [ ] Asian/Pacific Islander
   - [ ] Indian/Alaska Native
   - [ ] Other: ______________________________
5. **Date of Assault (e.g., 01/01/2007):** _______ / _______ / _______
6. **Approx. Time of Assault:** ______________ [ ] AM [ ] PM [ ] Unknown
7. **City/Town of Assault:** __________________________
8. **State:** ____________
9. **Neighborhood:** ______________________________________
10. **Facility where exam was performed:** ________________________ Hospital ________________ CAC
11. **Date and time of exam:** _______ / _______ / _______ ____________________ [ ] AM [ ] PM

### B. Case Status/Mandatory Reporting at Time of Exam (Check all that apply):

12. **Evidence Collection Kit completed?** [ ] YES [ ] NO
13. **Toxicology testing completed?** [ ] YES [ ] NO
14. **Reported to police?** [ ] YES [ ] NO
   
   If yes, specify Police Dept: __________________________________________
15. **51A filed?** [ ] YES Date and Time of filing: ______________
16. **Weapon Report?** [ ] YES [ ] NO

Exam completed by SANE [ ] YES [ ] NO If yes, please complete the section below.

**For Completion by SANE staff only:**

- Form completed by: [ ] Pedi SANE [ ] Adult/Adolescent SANE
- Was disclosure made [ ] YES [ ] NO Disclosure made to __________________________
- Relationship of perpetrator to child __________________________
- Nature of assault [ ] Acute [ ] Chronic

Mail or FAX this report to:

Massachusetts Executive Office of Public Safety
Statistical Analysis Center
Ten Park Plaza, Suite 3720
Boston, MA 02116
**FAX** (617) 725-0260
Overview
The Provider Sexual Crime Report for Pediatric Sexual Assaults/Abuse was created as a mechanism for determining the volume and characteristics of pediatric sexual assault and abuse 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 offenders to be identified. Massachusetts General Law requires the Provider Sexual Crime Report to be completed for every victim of sexual abuse 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 the patient’s name, address, or any other identifying information on the PSCR. To ensure patient safety, the Report is anonymous.

Sexual abuse is sexual contact or activity between a child and a person who is significantly older. In cases involving a child offender, a developmental asymmetry between the participants exists. Sexual abuse most commonly involves bribery, coercion and/or threats. Sexual activities encompassed in the term sexual abuse include all forms of oral-genital, genital, or anal contact by or to the child, or non-touching abuse, such as exhibitionism, voyeurism, or using the child in the production of pornography.

Sexual assault is a broad term used to refer to any unwanted genital contact that involves the use of force or coercion. In the pediatric population, this term is used to describe an acute episode of sexual abuse.

Rape is a legal term used to describe a sexual assault in which the following criterion are met:
   a. Any vaginal, anal or oral penetration (no matter how slight) by a penis, or other body part, or object
   b. Lack of consent
   • May be communicated by any verbal or physical sign of resistance
   • Is present when the victim is unable to consent due to age (the legal age of consent in MA is 16 years), mental status (i.e. incapacitation resulting from drug or alcohol intoxication, unconsciousness or severe mental handicap)
   c. Threat or actual use of force

51A Child Abuse Report: M.G.L. Chapter 119, Section 51A requires mandated reporters to complete a report to the Massachusetts Department of Children and Families when there is concern that a child < 18 years of age has been sexually abused/assaulted.

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.

Submission Requirements:
• Upon completion, please mail or FAX the PSCR to:
  Massachusetts Executive Office of Public Safety-Statistical Analysis Center
  Ten Park Plaza, Suite 3720
  Boston, MA 02116
  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 or sexual abuse occurred.

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