



Understanding Sexual Victimization

Using Medical Provider Data to Describe the Nature and Context of Sexual Crime in Massachusetts

Mitt Romney, Governor
Kerry Healey, Lieutenant Governor
Robert Haas, Secretary of Public Safety

Report prepared by:
Massachusetts Executive Office of Public Safety
Research and Policy Analysis Division

December 2006

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December 2006

Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the Massachusetts Executive Office of Public Safety.

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Acknowledgements

The authors would like to acknowledge and thank the following individuals whose constructive feedback on draft versions of this report made it a better document: Jennifer Meade, Research and Evaluation Manager, Jane Doe, Inc.; Marilee Kenney Hunt, National Director of Coordinated Community Legal Response, Victim Rights Law Center; Diane DeAngelis, Grant Administrator for the Violence Against Women Act Grant Program, Executive Office of Public Safety; Gina Scaramella, Boston Area Rape Crisis Center; and Lucia Zuniga, Mass Office for Victim Assistance.



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I am pleased to present *Understanding Sexual Victimization: Using Medical Provider Data to Describe the Nature and Context of Sexual Crime in Massachusetts*, a report that was produced by the Research and Policy Analysis Division of the Executive Office of Public Safety (EOPS). Under Massachusetts law, all medical professionals who examine victims of sexual assault are required to complete a Provider Sexual Crime Report (PSCR) and forward the report to the EOPS. This report is based on a recent analysis of PSCR data that includes incidents that occurred between 2001 and 2004.

The data presented in this report are unique in that they provide detail on select characteristics of sexual assaults where the victims sought medical attention. While the analysis in the attached report provides only one lens into the world of sexual assault, it offers the opportunity to look in depth, across several years, at a certain context of sexual assaults in Massachusetts.

We hope that this report will help public safety and public health professionals to better understand this critical public safety issue. We encourage you to share this report with others and look forward to continuing to conduct analyses of and share findings from this valuable data source. An electronic copy of this report can be found on the EOPS website at www.mass.gov/eops.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert C. Haas".

Robert C. Haas
Secretary of Public Safety

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Highlights

This report presents findings related to many aspects of the nature and context of sexual crime in Massachusetts. The following are highlights of these findings.

- Victims of sexual violence tended to be young (the average victim age was 24 years) and female (96% of victims were female).
- Almost all offenders were male (98%) and nearly two-thirds (62%) were known to the victim.
- As victim age increased, so did the proportion of crimes committed by strangers.
- Victims under the age of 10 were most likely to be victimized by family members (41%) and were least likely to be victimized by strangers (6%).
- Very few victims had restraining orders in place before the assault (1.5%) or after the assault (5.2%).
- Cities experienced a disproportionate share of sexual crime relative to their population. However, the disproportion is smaller for sexual crimes than for other violent crimes - the percent of sexual crime in Massachusetts 10 largest cities as reported in the PSCR (42%) was less than other violent crimes (52% for aggravated assault, 66% for robbery, and 67% for murder/non-negligent manslaughter).
- Sexual crimes impacted more communities than other types of violent crimes. In 2004, 173 cities reported at least one sexual crime compared to 40 communities reporting at least one murder, 137 reporting at least one aggravated assault, and 140 reporting at least one robbery.
- The majority of assaults occurred in a house or apartment (60%).
- 45% of victims sought medical treatment within 12 hours of the assault, 70% sought treatment within 24 hours, and 97% sought treatment within 5 days (120 hours).
- Verbal threats and use of body weight / holding down were the most commonly reported types of force used by the offender (25% and 21% respectively). The use of knives (6%), guns (3%), and blunt objects (2%) was relatively uncommon.
- Victims assaulted by a date, friend, or acquaintance were least likely to report the crime to the police. Victims assaulted by a parent's live-in partner, spouse, or ex-spouse were most likely to report the crime to the police.
- For victims under the age of 18, 51A child abuse reports were filed in only 43% of cases.

Introduction

Victimization surveys, police reports, public health surveys, and rape crisis center data all contribute to a better understanding of the incidence and prevalence of sexual assault and rape, but no single source of information can provide a complete and comprehensive picture. Several of these sources of information contain limited information on the specific nature and context of sexual assaults and do not address many important questions. For example, what are the most common victim-offender relationships? Does reporting to the police vary by relationship to the offender? What types of force are most frequently used against victims during an assault? Understanding the answers to these and other questions can help further the state of knowledge about contextual aspects of sexual assault in Massachusetts.

Under Massachusetts law, all medical professionals who examine a victim of sexual assault or rape are required to fill out a Provider Sexual Crime Report and forward the report to the Massachusetts Executive Office of Public Safety (EOPS), where each case is stored electronically (see Appendix for a sample report).

This report presents information on sexual victimizations in the Commonwealth of Massachusetts based on an analysis of Provider Sexual Crime Reports data. A total of 4,066 cases covering the period 2001 through 2004 were reported to EOPS, where each case equates to one incident of sexual crime.

The results presented in this report should not be considered a representative sample of sexual assault in Massachusetts, but merely a reflection of the cases in which *a victim sought medical attention* and a medical professional forwarded the information to the EOPS. (For more information on the dataset see Data Overview section.) This report does not present information on the incidence or prevalence of sexual victimization in Massachusetts, as the PSCR does not capture crimes of rape or sexual assault where the victim did not seek medical attention, regardless of whether they reported the crime to the police.

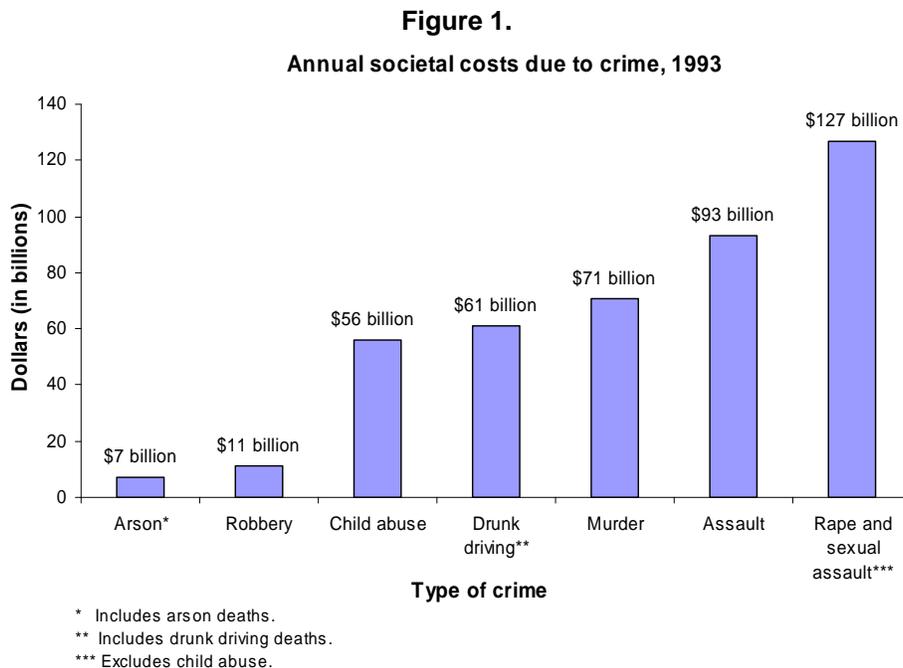
Regarding the organization of this report, information on sexual victimization from both a national level and a state level is presented first to provide an overall context. Next, the report provides background on the PSCR and an overview of the dataset. Finally, analyses are presented into four sections:

- *Victim characteristics*, such as the age, gender, and race of the victim,
- *Offender characteristics*, such as the gender of the assailant, the relationship (if any) between the offender and victim, and the number of offenders,
- *Nature and specifics of the crime*, including the city of the assault, the time of assault, the surroundings at the time of the assault, and the types of force used by the offender, and
- *Reporting the crime*, such as the percent of crimes resulting in a police report, child abuse report, elder abuse report, disabled persons report, or weapon report.

Sexual Victimization: A Key Public Safety Issue

Rape and sexual assault are heinous crimes that have significant, pervasive, and damaging effects. Sexual victimizations are associated with a myriad of economic and societal costs, such as mental illness, debilitating physical injury, sexually transmitted disease, drug use, and increased risk for other types of crime.¹

Rape has significant, negative economic consequences for both victims and society. A 1996 study by the National Institute of Justice (NIJ) found that rape has the highest annual total victim costs of any crime. NIJ estimated the total annual victim costs for rape to be \$127 billion, at a rate of \$87,000 per victimization. The costs to society associated with rape are more than assault (\$93 billion), murder (\$61 billion), and child abuse (\$56 billion) (see Figure 1).²



Additionally, victims of sexual crimes are at increased risk for drug abuse. The 1992 National Women's Study found that 52% of rape victims reported marijuana use (compared to 16% non-victim), 16% reported cocaine use (compared to 3% non-victim), and 12% reported heroin use (compared to 1% non-victim).³

¹ National Center for Injury Prevention and Control website. "Sexual Violence Fact Sheet." <http://www.cdc.gov/ncipc/factsheets/svfacts.htm>. Accessed 6/13/06.

² Miller, Ted R., Cohen, Mark A. and Wiersema, Brian. 1996. "Victim Costs and Consequences: A New Look." Washington, DC: U.S. Department of Justice, National Institute of Justice.

³ Kilpatrick, D.G., Edmonds, C.N. and Seymour, A. 1992. "Rape in America: A Report to the Nation." Arlington, VA: National Victim Center and Medical University of South Carolina.

Beyond drug abuse, sexual crime has additional negative public health impacts. Medical providers consistently note a number of long-term and short-term physical and psychological maladies that victims may experience post-assault. Physical effects include bodily injury, chronic pain, genital trauma, sexually transmitted disease, and unwanted pregnancy.⁴ Psychological effects include Post-Traumatic Stress Disorder (PTSD) and Acute Stress Reduction Disorder.⁵

Rape and sexual assault survivors are at increased risk of mental illness or psychological disorder; victims of rape are about six times more likely to suffer from Post-Traumatic Stress Disorder than non-victims (31% vs. 5%) and about three times more likely to suffer from major depression (30% vs. 10%).⁶ Other impacts may include strained family and social ties, sleep disturbance, attempted or completed suicide, and high-risk sexual behavior.⁷

Sexual offenders have considerable impact on the criminal justice system as well. Offenders of sexual crimes pose a risk both for committing future violent crime and for recidivism of sexual assault. A 1997 Department of Justice report found that within three years of release from incarceration nearly 28% of rapists were re-arrested for another violent crime and about 8% of rapists were re-arrested for another charge of rape.⁸

Sexual Victimization in the United States

Sexual victimization is one of the most pervasive social problems currently facing society. However, despite substantial progress in relevant research over the last 25 years, gaps still exist in the overall understanding of sexual crime.⁹ Therefore, data that furthers our knowledge of the nature of sexual victimization can be valuable.

The Federal Bureau of Investigations (FBI) notes in its “Crime in the United States, 2004” publication that 94,635 forcible rapes were reported to the police at a rate of 32.2 crimes per 100,000 residents.¹⁰ These statistics only reflect crimes where the victim reported the crime to the police and significantly underestimate sexual crime by excluding crimes that are not reported to the police. National research illustrates that

⁴ National Center for Injury Prevention and Control website.
<http://www.cdc.gov/ncipc/factsheets/svfacts.htm>.06.

⁵ American Medical Association. 1995. “Strategies for the Treatment and Prevention of Sexual Assault.” Chicago, IL: American Medical Association.

⁶ Kilpatrick, Dean G. and Ruggiero, Kenneth J. 2003. “Rape in Massachusetts: A Report to the Commonwealth.” Charleston, SC: National Violence Against Women Prevention Research Center.

⁷ National Center for Injury Prevention and Control website.
<http://www.cdc.gov/ncipc/factsheets/svfacts.htm>.

⁸ Greenfeld 1997.

⁹ Tjaden, Patricia and Thoennes, Nancy. 2000. “Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women.” Washington, DC: US Department of Justice, National Institute of Justice.

¹⁰ Federal Bureau of Investigation. 2005. “Crime in the United States, 2004.” Washington, DC: US Department of Justice, Federal Bureau of Investigation.

sexual crimes are considerably underreported - sexual victimizations are more likely to go unreported and are the type of violent crime least likely to be reported to the police.¹¹

Victimization surveys support the notion that sexual crime is much more prevalent than police data suggest. These surveys, such as the National Women's Study (NWS) and National Violence Against Women Study (NVAWS), track sexual victimization through random, representative, and confidential samples.¹² Survey questions often include whether the respondent had been raped or assaulted during the survey period or during their lifetime, regardless of whether or not the crime was reported to police. In this sense, victimization surveys cast a wider net when quantifying sexual crime.

According to a 1992 survey by the National Victim Center, 13% of women (approximately one in eight) experienced at least one attempted or completed rape in their lifetime.¹³ In 1998, a similar study by the Department of Justice (DOJ) and Centers for Disease Control (CDC) found that 18% of women, or about one in six, had experienced an attempted or completed rape. This study also found that about one in 33 men had been victims of a completed or attempted rape.¹⁴ It is worth noting that both studies present statistics on the *prevalence* of rape, which reflects the number of individuals who experienced attempted or completed rape. Since many victims are raped more than once in their lifetime, the *incidence* of rape is higher.¹⁵

Furthermore, surveys indicate that 0.3% of women and 0.1% of men have experienced rape within the past year, equating to roughly 395,000 women and men in the United States raped during a 12-month period.¹⁶ In most cases, the offender is known to the victim, evidenced by the 2003 BJS National Crime Victimization Survey (NCVS) which estimates that the victim knew the offender in 70% of sexual victimizations and the 1992 *Rape in America* study which estimates that 80% of rape victims knew their offender.¹⁷ Statistics further indicate that sexual victimization usually takes place in a context or location familiar to the victim.¹⁸

While victimization surveys provide good tools for estimating the prevalence of sexual victimization in the general population, they are by no means perfect. Most surveys are limited to individuals 18 years and older and therefore do not include child victims. Additionally, since most surveys are conducted by phone, survey statistics largely reflect individuals with a phone and by extension, a home.¹⁹

¹¹ Bureau of Justice Statistics. 2005. "Criminal Victimization in the United States, 2003 Statistical Tables." Table 43a. Washington, DC: US Department of Justice, Bureau of Justice Statistics.

¹² Kilpatrick and Ruggiero 2003.

¹³ Kilpatrick et al 1992.

¹⁴ Tjaden and Thoennes 2000.

¹⁵ Kilpatrick, Dean G. and Ruggiero, Kenneth J. 2004. "Making Sense of Rape in America: Where Do the Numbers Come From and What Do They Mean?" Charleston, SC: National Crime Victims Research and Treatment Center, Medical University of South Carolina.

¹⁶ Tjaden and Thoennes 2000.

¹⁷ Bureau of Justice Statistics 2005, Kilpatrick et al 1992.

¹⁸ Greenfeld 1997.

¹⁹ Kilpatrick and Ruggiero 2004.

Importantly, there are few national statistics that provide contextual detail on the nature of sexual crime. For the most part, researchers are limited to statistics that estimate the prevalence or incidence of sexual assaults and rapes. Carrying out analyses on the context and nature of these crimes is considerably more difficult.

Sexual Victimization in Massachusetts

The majority of Massachusetts' data is culled from police reports and from agencies that provide services to victims, such as rape crisis centers. The FBI's "Crime in the United States, 2004" indicates a total of 1,799 forcible rapes were reported to law enforcement in Massachusetts, at a rate of 28 rapes per 100,000 citizens.²⁰ This is slightly below the national average of 32.2 forcible rapes per 100,000.

The Commonwealth does not currently employ a broad-based victimization survey akin to the NCVS, NWS, or NVAWS that specifically focuses on sexual crime. Limited information has been available to develop a descriptive analysis of the specific nature or context of sexual victimization in the State. The Massachusetts Department of Public Health's Behavioral Risk Factor Surveillance System (BRFSS) is an annual survey that provides a profile of adult health in Massachusetts. The survey includes one question relating to unwanted sexual contact. Survey data for 2003 indicates that about 22% of women and 7% of men in Massachusetts aged 18-59 have ever experienced unwanted sexual contact.²¹ These results are echoed by Kilpatrick and Ruggiero's 2003 *Rape in Massachusetts* study, which estimated that 13% of women in Massachusetts, or approximately one in seven, have been or will be victims of one or more completed rapes in their lifetime.²²

The Massachusetts Department of Public Health funds 19 Rape Crisis Centers (RCCs) as well as Lllamanos, the statewide Spanish-language helpline, all of which collect data on individuals using their services. RCC data indicates a total of 2,691 unduplicated reports of sexual assault for the period July 1, 2004 through June 30, 2005; 94% of which involved female victims. Most crimes were perpetrated by someone who was known to the victim and the most common perpetrators were friends and acquaintances (34% of all assaults).²³

²⁰ Federal Bureau of Investigation 2005.

²¹ Macaluso, Christine, Keyes, Susan, and Zhang, Zi. 2004. "A Profile of Health Among Massachusetts Adults, 2003." Boston, MA: Massachusetts Executive Office of Health and Human Services, Department of Public Health.

²² Kilpatrick and Ruggiero 2003.

²³ Massachusetts Department of Public Health website. "Rape and Sexual Assault in Massachusetts, 2004-2005." <http://www.mass.gov/dph/fch/sapss/>. Accessed 5/25/06.

Dataset Overview

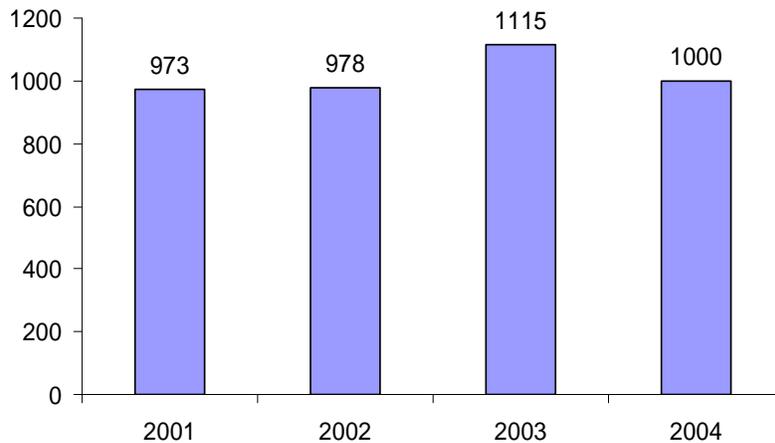
This report analyzes data from the Provider Sexual Crime Report. The PSCR collects information from cases where an individual seeks medical treatment for sexual assault or rape. Massachusetts law requires that medical providers who treat rape or sexual assault victims report details about the crime to the State and to local law enforcement, in order to alert them of possible unreported crimes in their jurisdiction.^{24, 25}

PSCR forms are distributed to all hospitals in the State along with evidence collection kits, appropriated by an annual line item in the Massachusetts budget. Upon examining a victim and collecting some information based on victim self-report, medical professionals fax or mail the completed form to the EOPS. Information from the form is manually entered into an SPSS database for analysis. The data elements in this dataset are unique, as they include information reported by medical professionals and they provide information on some cases that are not reported to the police. Data collected on the PSCR does not include victims' names, addresses, or any other identifying information.

The analyses presented in this report reflect 4,066 individual cases of sexual assault and rape from January 2001 through December 2004 (see Figure 2). Each case reflects one individual seeking medical treatment for one event of sexual assault or rape. It is important to note that each "event" does not necessarily refer to a single rape or sexual assault; the victim may have been raped or assaulted more than once during the event for which she or he sought treatment.

Figure 2.

Number of exams completed, 2001-2004*



* Totals reflect cases where victim reported the date of assault.

²⁴ MGLC 112§ 12 ½.

²⁵ The Massachusetts Executive Office of Public Safety mandated that all forms be centralized at the EOPS offices instead of the Criminal History Systems Board, which is an EOPS agency. Currently, the Research and Policy Analysis Division at EOPS compiles all PSCR forms.

Victim Characteristics

The Provider Sexual Crime Report captures several demographic characteristics of the victim including gender, age, and race.

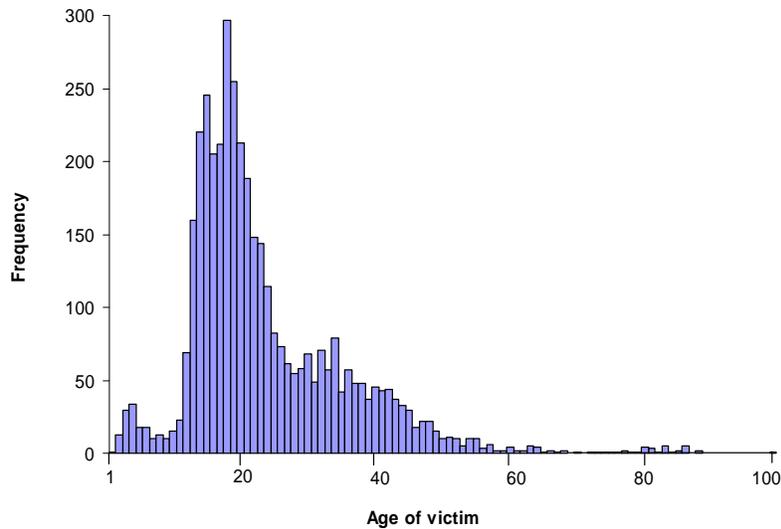
Gender

The majority of victims were female (96%) and 4% male. One victim reported being transgender.

Age

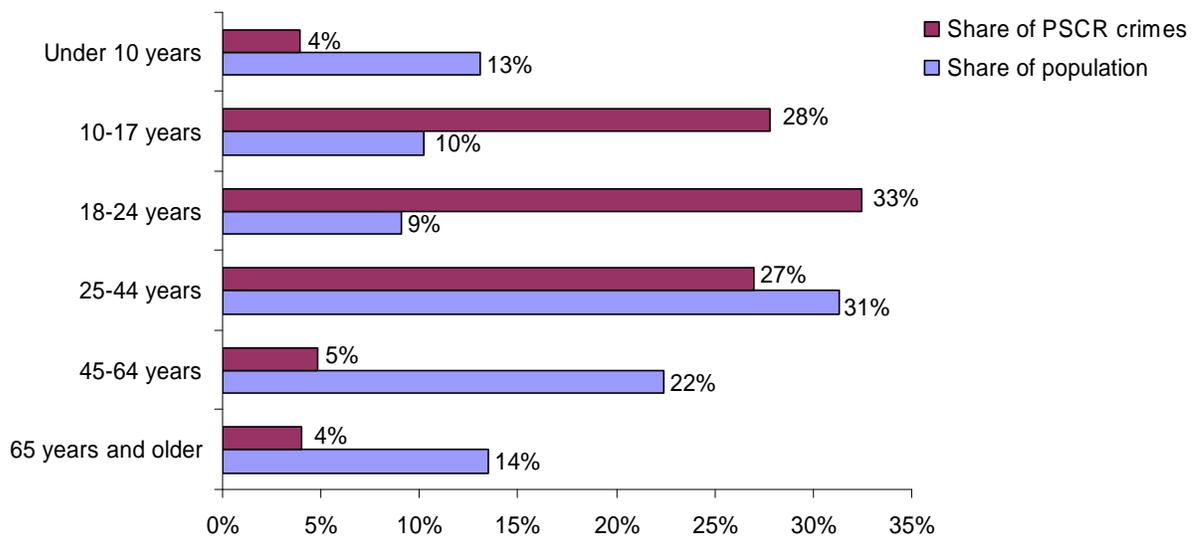
There is significant variation in the age of victims of sexual crimes. As shown in Figure 3, victim age ranged from a low of one year to a high of 99 years. However, the median age was 20 years, indicating that 50% of all victims in the PSCR database were under the age of 20. The average victim age was about 24 years and the modal age (the most commonly reported age) was 18 years. Approximately 33% of victims were 17 years or younger; about 7% were 12 or younger. Male victims were somewhat younger than female victims; the mean age of male victims was 21 years, while the mean age of female victims was 24 years.

Figure 3.
Age of victim, 2001-2004



In order to further explore the relationship of age to sexual crime, assaults for selected age groups were compared to the Massachusetts population based on 2000 U.S. Census data (Figure 4). For the age groups 17 and younger and 18-24, there was a disproportionate share of sexual assaults and rapes compared to the general population. For example, 10-17 year olds accounted for 10% of the population, but 28% of the reported sexual assaults. Conversely, the share of victims 45 years and older is smaller compared to the general population.²⁶ Forty-five to sixty-four year olds accounted for 22% of the population but only 5% of the reported sexual assaults.

Figure 4.
PSCR crime and population by age group, 2001-2004*



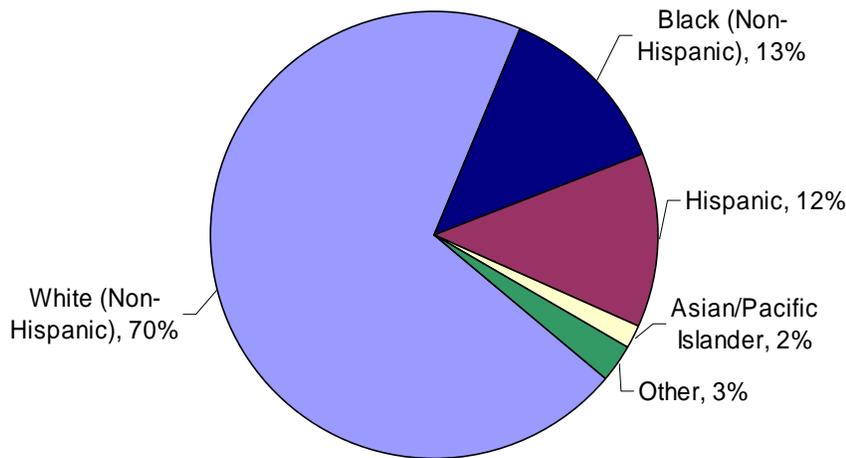
* Percentages do not total 100% due to rounding.

²⁶ United States Census Bureau website. American Factfinder, Summary File 1. <http://www.census.gov/Press-Release/www/2001/sumfile1.html>. Accessed 5/20/06.

Race

The majority of victims in the PSCR database (70%) self-reported as White (non-Hispanic). Black (non-Hispanic) victims accounted for 13% and Hispanic victims accounted for 12% (Figure 5). Comparisons of the race of the victim to the general population are not possible due to differences in categories on the PSCR form and those collected by the U.S. Census.

Figure 5.
Race of victim, 2001-2004



Offender Characteristics

The PSCR form includes several data fields regarding sexual offenders, such as gender, the number of offenders involved in the crime, victim-offender relationship, and whether a restraining order existed before and/or after the crime.

Gender

Almost all offenders were male (98%) and a small share of offenders were female (2%) (Table 1). Five percent of male victims were assaulted by a female offender and two percent of female victims were assaulted by a female offender.

Table 1.
Gender of offender, by gender of victim, 2001-2004

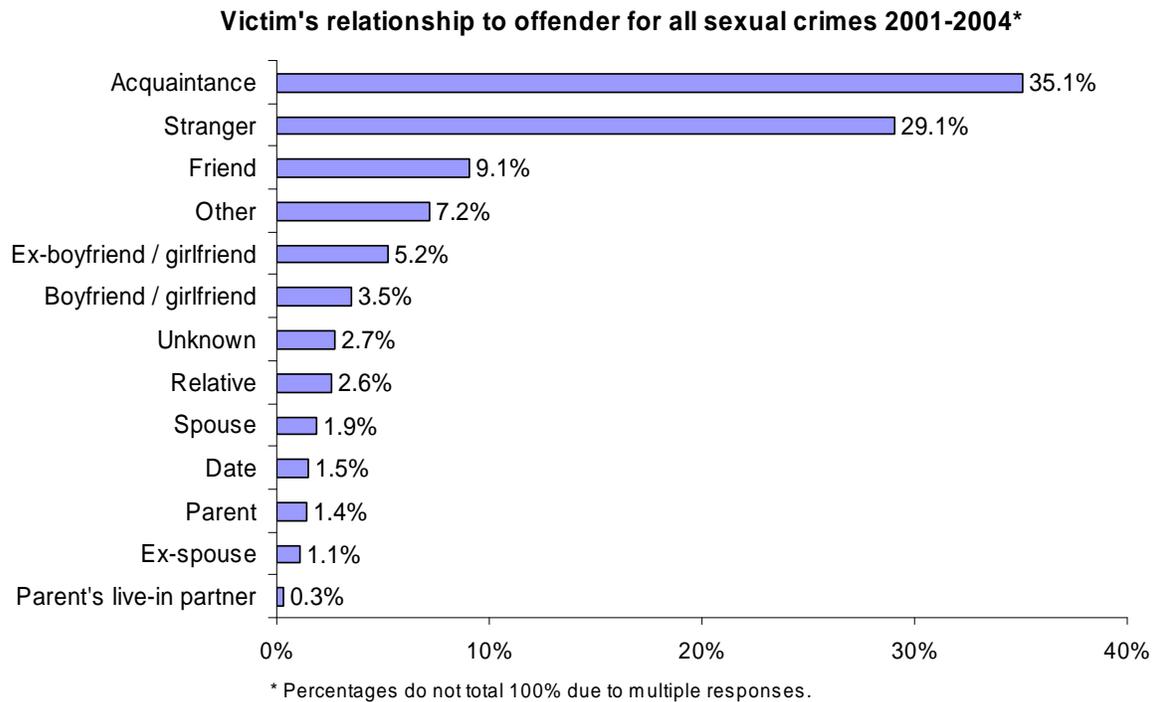
	Male offender	Female offender
All victims	98%	2%
Female victims	98% (n=4,521)	2% (n=76)
Male victims	95% (n=205)	5% (n=11)

Victim-Offender Relationship

Victims are asked about their relationship to the offender(s) during medical exams. Data were analyzed to determine the most commonly reported relationship types by comparing the number of mentions of each relationship type to the total number of sexual victimizations in the PSCR database (Figure 6).

The most commonly reported relationship type was “acquaintance” (35%). Nearly one-third of crimes were reported to be perpetrated by a “stranger” or “unknown assailant.”²⁷ However, another way to describe the information in Figure 6 is to note that in more than two-thirds of incidents (68.2%) the victim knew the offender in some capacity.

Figure 6.



The gender of the assailant is captured on the PSCR, so an analysis was run to determine if male and female offenders differed in their relationship to the victim (Table 2). The total number of male and female offenders for each relationship type was compared to the total number of offenders for each gender to determine the most common relationship types for both male and female offenders.

The most commonly reported relationship types were the same for both male and female offenders: acquaintance, stranger, friend, and other. Male offenders were more likely to be reported to be a stranger compared to female offenders (34% vs. 26%, respectively). Female offenders were almost three times more likely to be identified as a friend compared to male offenders (20% vs. 7%, respectively).

²⁷ Note: The term “unknown assailant” refers to assailants that the victim was unable to identify. Thus, this term does not necessarily refer to a “stranger.”

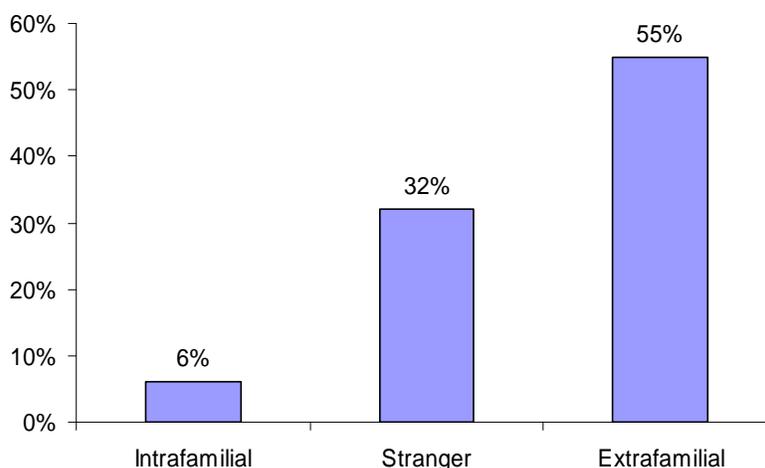
Table 2.
Top 5 victim-offender relationships, by gender of offender, 2001-2004

Male offender	Female offender
Acquaintance, 35%	Acquaintance, 34%
Stranger, 34%	Stranger, 26%
Friend, 7%	Friend, 20%
Other, 6%	Other, 8%
Ex-boyfriend, 5%	Mother, 5%

In order to understand the nature of victim-offender relationships more generally, relationship types were collapsed into three general categories - “intrafamilial,” “extrafamilial,” and “stranger.” The intrafamilial category includes relatives, spouses, and parents. The extrafamilial category includes acquaintances, friends, ex-boyfriends/girlfriends, boyfriends/girlfriends, dates, ex-spouses, and parent’s live-in partners. The stranger category includes “stranger” and “unknown” relationship types.

The number of mentions for each of the three categories was compared to the total number of sexual crimes. Figure 7 shows that the most common victim-offender relationship category was extrafamilial, being mentioned in 55% of all cases.

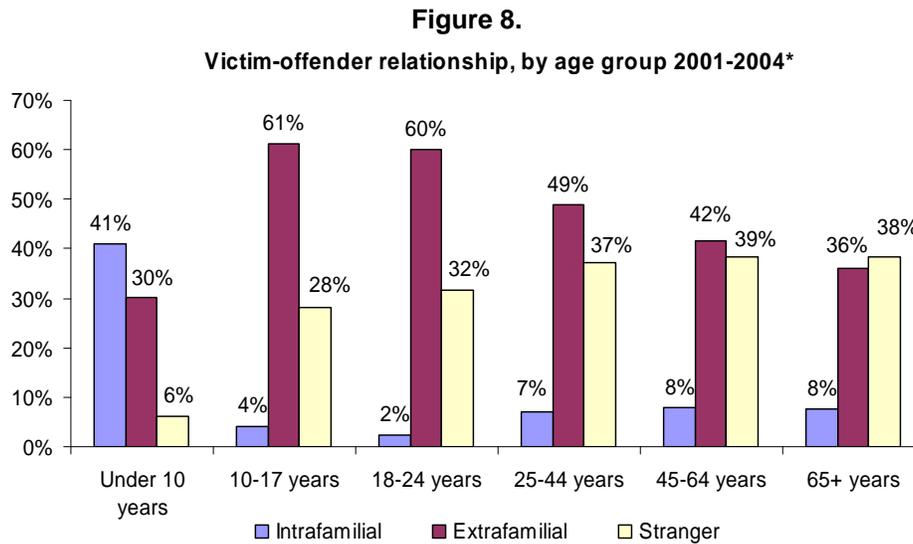
Figure 7.
Victim-offender relationship for all sexual crimes 2001-2004



The data was analyzed to determine the most common relationship type for each victim age group, as it is possible that victim-offender relationships differ by age. As Figure 8 shows, victims under the age of 10 were most likely to be assaulted by a family member, 41% of all victims under the age of 10. For the remaining age groups, family member assaults were significantly lower, ranging from 2% to 8%.

Extrafamilial offenders were the most common relationship for victims between the ages of 10 and 64. (10-17 years at 61%; 18-24 years at 60%; 25-44 years at 49%, and 45-64 at 42%). However, as victim age increased, the share of crimes perpetrated by extrafamilial offenders decreased (i.e., 61% for 10-17 years decreased to 36% for 65 and older).

As victim age increased, the share of assaults perpetrated by strangers also increased. For example, 6% of assaults where the victim was under the age of 10 were stranger assaults, while 38% of assaults where the victim was 65 years and older were stranger assaults.



* Percentages do not total 100% due to missing data.

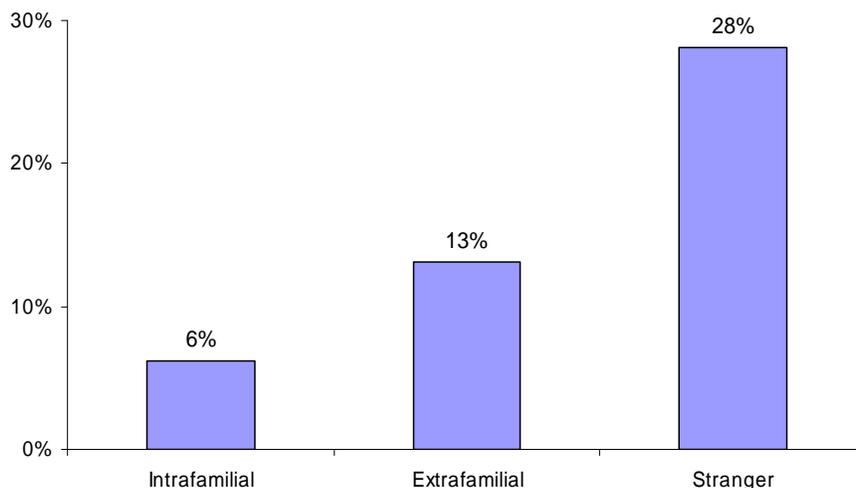
Number of Offenders per Crime

The number of offenders involved in an assault is one of the pieces of information collected by the PSCR. From the set of 4,066 cases included in this analysis, the number of reported offenders ranged from one to 35. While the majority of cases involved one offender (82%), a significant share of cases (16%) involved more than one offender.²⁸ The median number of offenders per case was one, but the average number of offenders per case was 1.3.

The number of offenders varied by victim-offender relationship (Figure 9). Twenty-eight percent of crimes that involved more than one offender involved a stranger. Crimes where the offender was a family member were the least likely to involved two or more assailants (6%).

Figure 9.

Percent of crimes involving two or more offenders, by general relationship, 2001-2004



Restraining Orders

A very small percent of victims had restraining orders against the offender in place prior to the assault (1.5%). The share of restraining orders against the offender after an assault more than tripled compared to before an assault to 5.2%. The likelihood of the existence of a restraining order varied by relationship to the offender (Figure 10). Victims were more likely to have a restraining order in place prior to the assault when the offender was an ex-spouse (19%), spouse (13%), or ex-boyfriend/girlfriend (10%). Victims were more likely to seek a restraining order post-assault when the offender was a spouse (41%), parent's live-in partner (36%), or ex-spouse (29%).²⁹

²⁸ Does not include cases where the victim did not report the number of offenders.

²⁹ Figure 10 is based on a relatively small sample, limiting the strength of the findings.

Figure 10.

Percent of victims with restraining orders against offender, by relationship type, 2001-2004

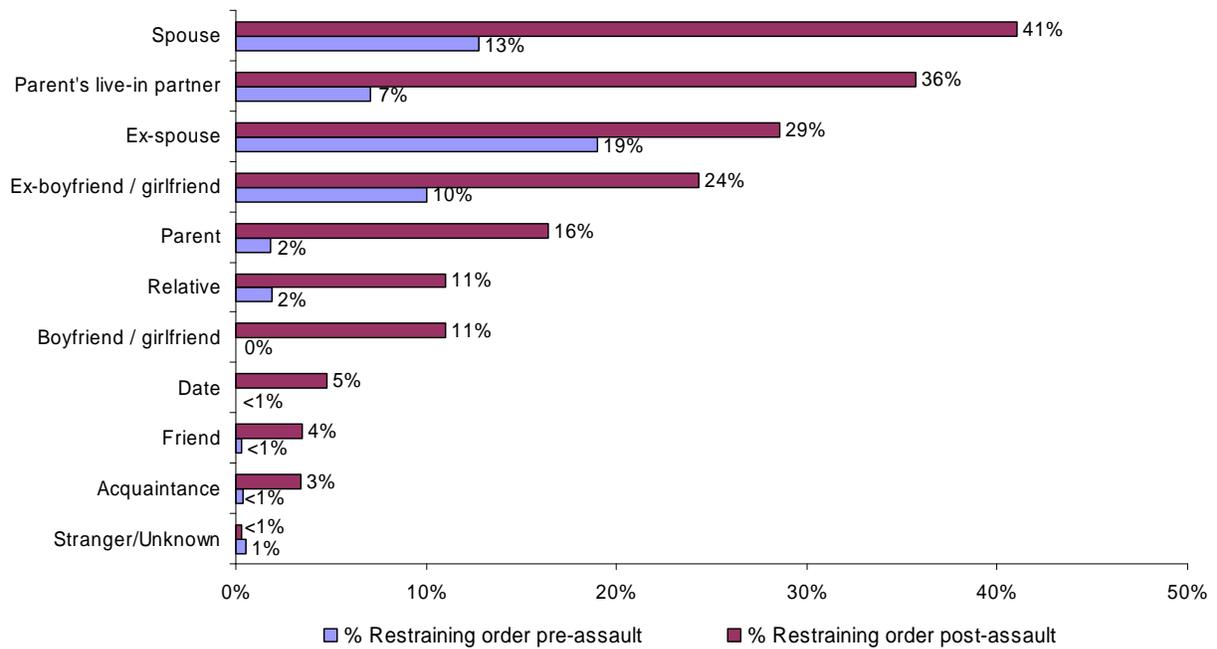


Figure 11 shows the share of cases with restraining orders by the grouped relationships (intrafamilial, extrafamilial, and stranger). Victims assaulted by a family member were more likely to have a restraining order in place post-assault (22%) compared to pre-assault (6%).

Figure 11.

Percent of victims with restraining order against offender, by general relationship type, 2001-2004



Geographic and Other Characteristics

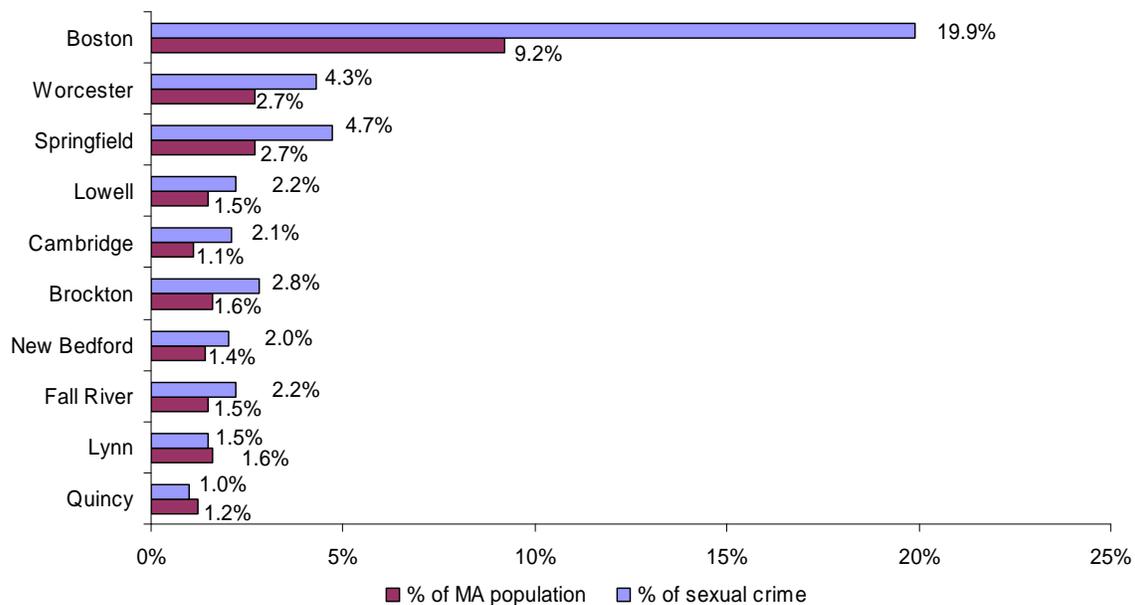
The PSCR data is different from several other data sources because it provides geographic information, time of day, and physical details about sexual assaults and rapes in Massachusetts including, the city, surroundings, time of day, and type of force.

City of Assault

Massachusetts' most populous cities accounted for a disproportionate share of sexual crime, after controlling for population (Figure 12). Boston is the most dramatic example accounting for approximately 20% of reported sexual crimes, but only 9.2% of the State's population.³⁰ The reasons behind these disproportions are unknown and could be the result of several factors such as ease of access to medical care, the share of young people in the population, or training of medical professionals.

Figure 12.

Ten largest cities in Massachusetts and share of sexual crime, 2001-2004*



* Population figures taken from United States Census Bureau. American Factfinder. Census 2000 Summary File 1. www.census.gov

³⁰ Base on 2000 U.S. Census Bureau data. <http://www.census.gov/Press-Release/www/2001/sumfile1.html>.

Massachusetts cities account for a disproportionate share of other types of violent crime in addition to sexual crime. However, this effect appears to be less pronounced for sexual crimes compared to other violent crimes. Table 3 presents the total share of violent crime in the five largest Massachusetts cities, according to the 2004 Uniform Crime Report, along with each city's share of the total state population, according to the 2000 U.S. Census. For example, Boston accounted for 9% of the State population, but 15% of forcible rape, 21% of aggravated assault, 33% of robbery, and 36% of murder.

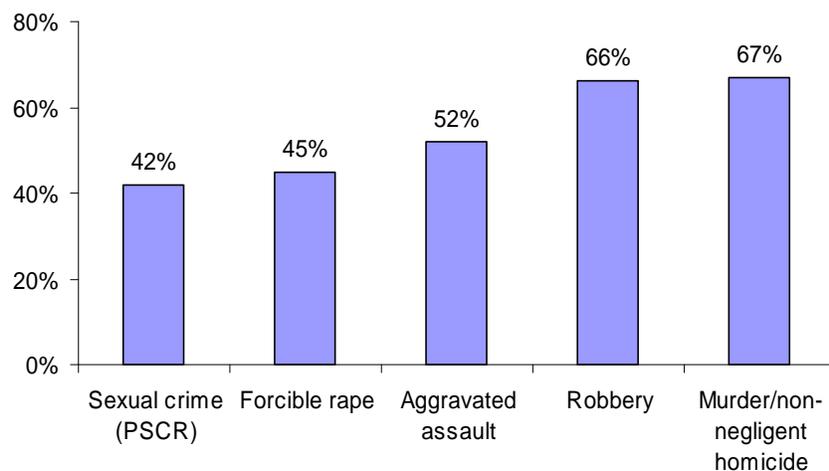
Table 3.
Five largest cities and share of violent crime, 2004³¹

	Share of population	Forcible rape	Aggravated assault	Robbery	Murder/Non-negligent homicide
Boston	9%	15%	21%	33%	36%
Worcester	3%	7%	4%	6%	7%
Springfield	3%	7%	10%	9%	10%
Lowell	2%	2%	4%	2%	3%
Cambridge	1%	1%	2%	3%	0%

Figure 13 compares the percent of reported sexual crime based on PSCR data in the Massachusetts' 10 largest cities with the percent of murder/non-negligent homicide, aggravated assault, robbery, and forcible rape according to UCR data. While the 10 largest cities accounted for nearly 70% of all murders and non-negligent homicides in 2004, these same 10 cities accounted for 45% of all forcible rapes reported to police and 42% of sexual crimes in the PSCR database. These data indicate that murder, robbery, aggravated assault, and forcible rape reported to the police are more concentrated in large cities than sexual crime.

Figure 13.

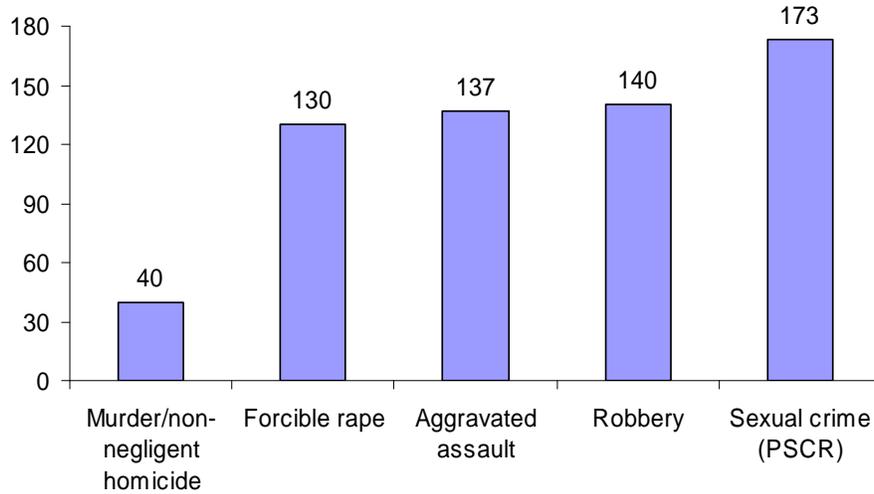
Percent of total crime in the 10 largest Massachusetts cities, 2004



³¹ Federal Bureau of Investigation 2005.

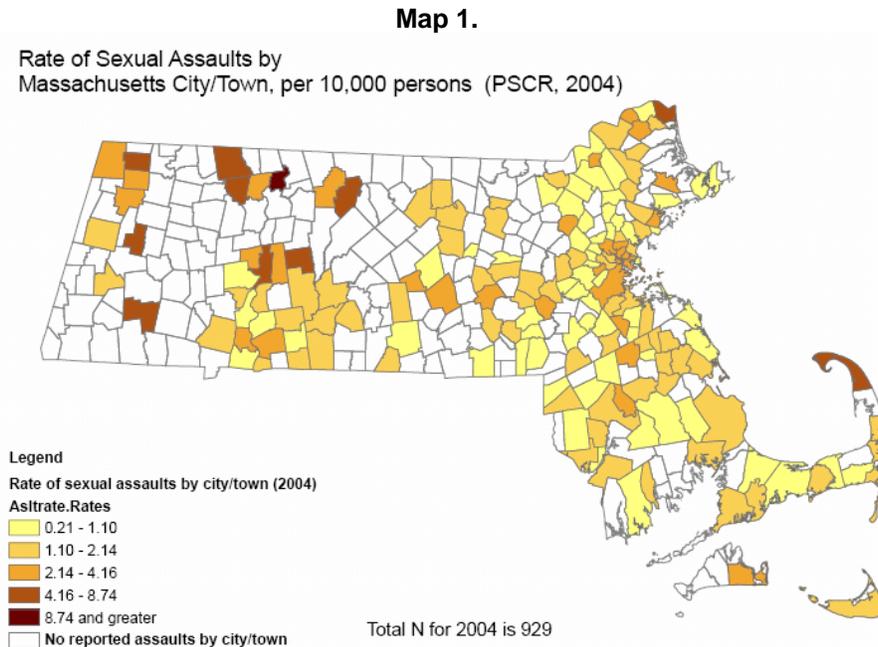
Sexual crimes from the PSCR is reported in a larger number of communities than other types of violent crime as reported in UCR data. Sexual assaults reported through PSCR occurred in 173 Massachusetts communities in 2004, compared to 140 communities with a reported robbery. Figure 14 suggests that PSCR sexual crimes are reported in more communities than any other violent crime as reported in the UCR.³²

Figure 14.
Number of communities reporting one or more violent crime, 2004



³² Federal Bureau of Investigation 2005.

In 2004, communities with sexual crimes as reported in PSCR are spread across all regions of the Commonwealth (Map 1). However, communities in the western region of Massachusetts reported some of the highest sexual crime rates per 10,000 persons.³³



Based on PSCR data, the number of reported sexual crimes in PSCR per 10,000 residents was calculated for all Massachusetts communities for the year 2004. As shown in Table 4, smaller communities had the highest sexual crime rates based on PSCR data.

Table 4.
Top ten communities based on sexual crime rates

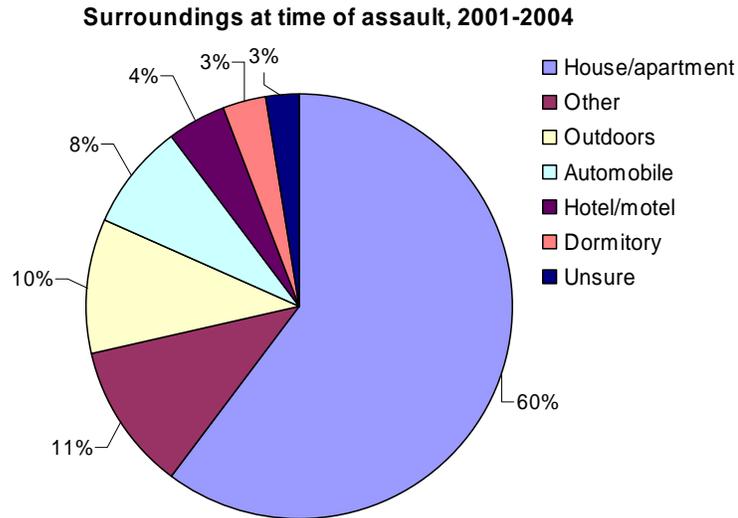
	Population	Sexual crimes per 10,000 persons
Gill	1,363	14.7
Oakham	1,673	12.0
Provincetown	3,431	8.7
Otis	1,365	7.3
Pelham	1,403	7.1
North Adams	14,681	6.8
Salisbury	7,827	6.4
Hadley	4,793	6.3
Athol	11,299	6.2

³³ Note: All rates calculated using the 2000 United States Census. United States Census Bureau website. <http://www.census.gov/Press-Release/www/2001/sumfile1.html>.

Assault Surroundings

During medical exams, victims are asked about the surroundings at the time of the assault. As shown in Figure 15, the majority of victims reported that the assault took place in a house or apartment (60%). Other reported surroundings were outdoors (10%) and automobile (8%).

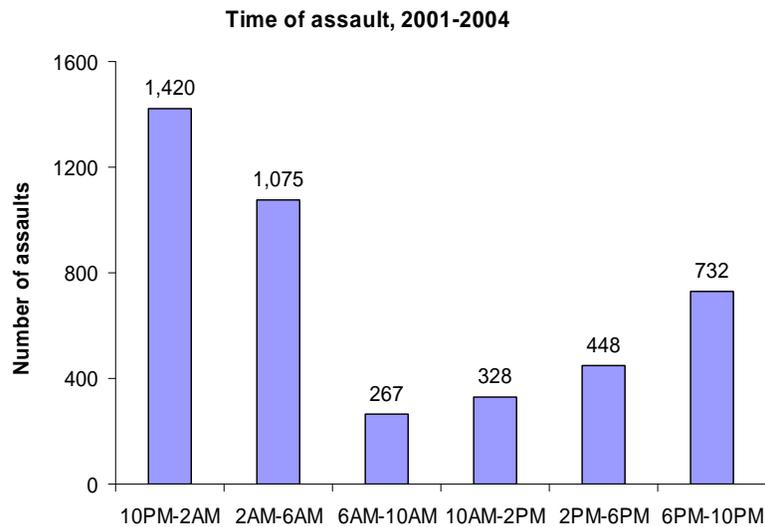
Figure 15.



Time of Assault

The PSCR also includes data on the time of the assault. An analysis of the time of assault indicates that most sexual assaults and rapes occurred during the late evening or early morning hours. The most commonly reported time of assault was 2:00 AM. As shown in Figure 16, assaults increase in frequency throughout the day and peaked during the 10:00PM-2:00AM time period.

Figure 16.



Data from the PSCR allows for a comparison of the time of assault and the time of exam (Table 5). The median time between assault and exam was 14.3 hours. Forty-five percent of victims were examined within 12 hours of the assault and 70% within 24 hours. Approximately 98% of exams were administered within 120 hours.

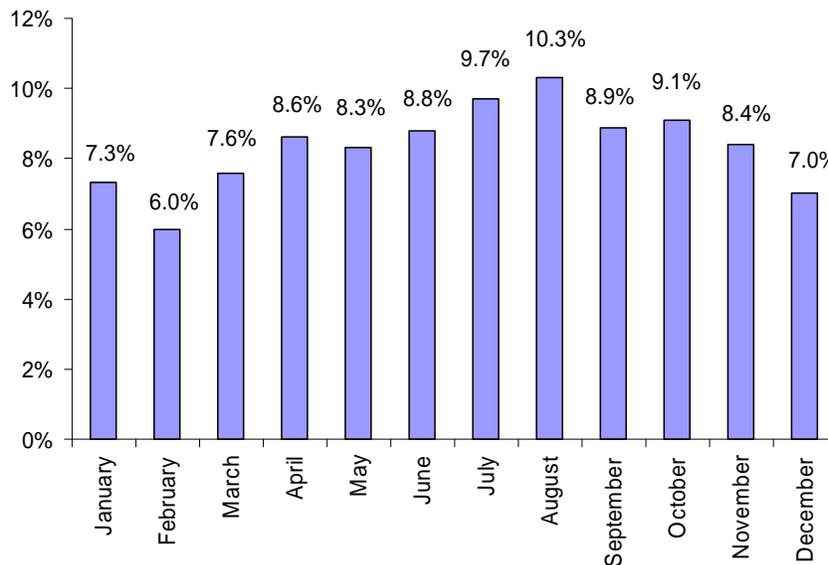
Table 5.
Hours between assault and exam, 2001-2004

Number of hours	Percent of total exams administered
12 hours	45%
24 hours	70%
36 hours	79%
48 hours	85%
72 hours	92%
120 hours	98%

Month of Assault

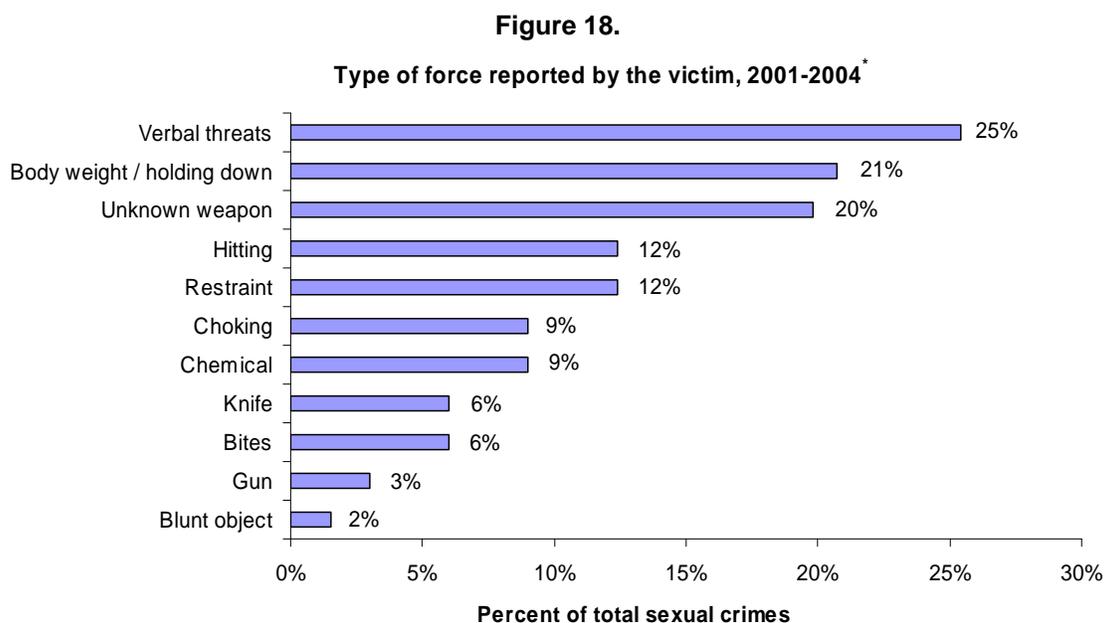
Figure 17 suggests that there is a seasonal effect for sexual crimes captured on the PSCR. Crimes increased during the spring months and peaked in August. Twenty-nine percent of reported sexual crimes occurred during the months of June, July, and August.

Figure 17.
Percent of total sexual crimes by month, 2001-2004



Types of Force

The PSCR dataset provides detailed data on the type of force used against the victim. Verbal threats were the most commonly reported type of force, reported in 25% of the cases (Figure 18). The use of body weight / holding down (21%) and threats of an unknown weapon (20%) were the next most frequently reported types of force. Knives (6%), guns (3%), and blunt objects (2%) were low relative to the above mentioned types of force. Chemical force, such as Rohypnol or other “date rape” drugs, was reported in 9% of sexual crimes.



* Percentages do not total 100% due to multiple responses.

Injuries Sustained

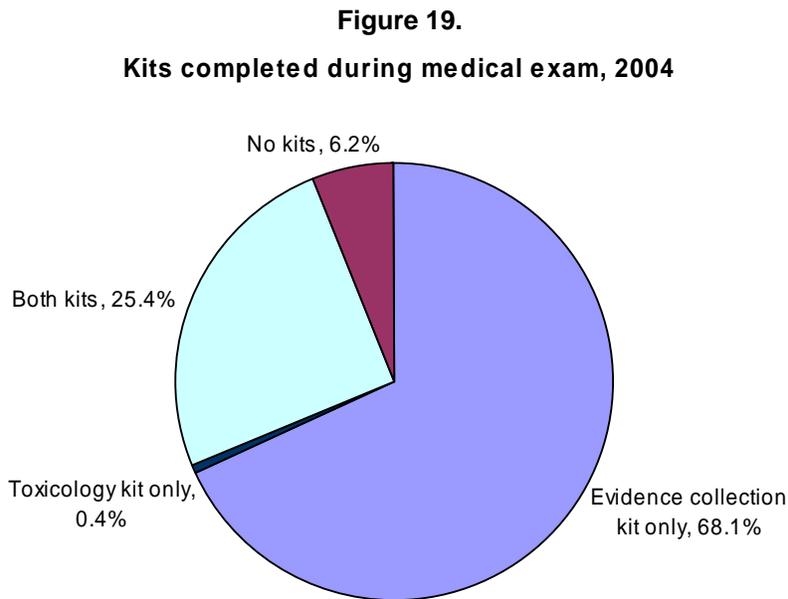
The PSCR form asks whether the victim received any injuries that resulted in bleeding or if the victim inflicted any injuries upon the assailant that resulted in bleeding. In 22% of cases, the victim received injuries that resulted in bleeding and in 13% of cases the victim was unsure of injuries received. Victims reported inflicting injury upon the assailant in 3% of crimes and were unsure of whether they inflicted injury in 30% of crimes. In only 2% of cases did victims report injuries that resulted in bleeding both to the victim and offender.

Evidence Collection

Upon seeking medical treatment, the health care provider may gather evidence from the victim (with consent) that can be used for prosecutorial purposes. Evidence collection may include gathering hair and/or bodily fluid samples, photography of wounds, toxicology, and blood samples.

Two methods of evidence gathering can be used, separately or in tandem. Evidence collection kits gather forensic evidence for prosecutorial purposes. Toxicology kits investigate if there is any indication that the assault was facilitated by drugs or other chemicals.

Figure 19 shows the frequency of kits used during exams in 2004. A kit was used to gather evidence in approximately 94% of cases. Approximately 68% of exams included evidence collection kits only, 25% of exams included both an evidence collection kit and toxicology kit, and less than one percent of exams included a toxicology kit only.



Sexual Assault Nurse Examiner (SANE)

The Sexual Assault Nurse Examiner (SANE) program provides coordinated and expert forensic services to victims of sexual crime. Available 24-hours per day, SANE nurses are highly trained in medical-legal examinations and forensic evidence collection that serve to increase the likelihood of prosecution of offenders. SANE nurses also provide invaluable care to victims of sexual assault and rape in the critical hours following the crime. SANE is currently implemented in 23 sites in Massachusetts.

About one in four victims of sexual crime (24%) who are included in the PSCR data are examined by a SANE nurse. Sixty-six percent of victims examined by a SANE nurse indicated that they reported the crime to the police.

Reporting the Crime

The PSCR includes data on reports to the police, as well as several mandatory reports including child and elder abuse reports, disabled persons reports, and weapon reports.

Reporting to Police

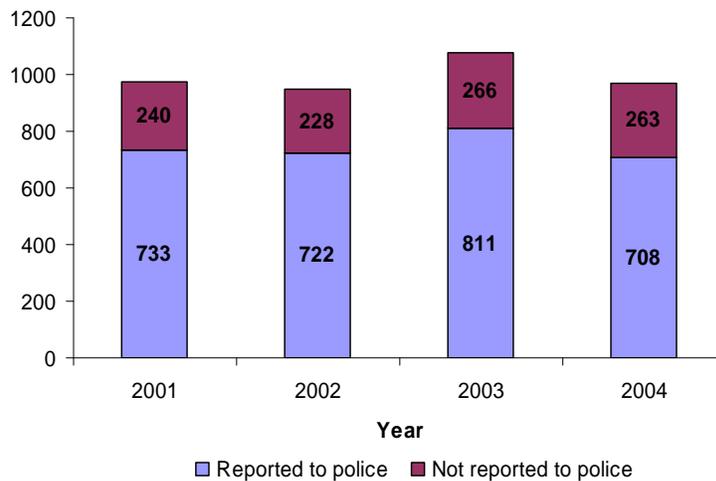
Not all sexual assault victims in the PSCR data report the crime to the police. Between 2001 and 2004, 73% of victims in the PSCR data indicated that they reported their crime to the police.³⁴ The share of victims reporting the crime to the police remained fairly constant between 2001 and 2004 ranging from 70.9% to 75.3% (Table 6 and Figure 20).

Table 6.
Annual share of sexual crimes reported to police, 2001-2004*

Year	Percent reported
2001	75.3%
2002	73.8%
2003	72.8%
2004	70.9%

*Includes cases with valid date of assault and response to police reporting item.

Figure 20.
Number of sexual crimes reported to the police, 2001-2004



³⁴ The EOPS does not report incidents in the PSCR database to police departments, nor does the EOPS cross-check data to determine if self-reports to the police by victims has been completed.

The share of victims in the PSCR data base who indicated that they reported the crime to the police (71-75%) is higher than those indicated by national survey data, which estimate that between 16% and 32% of all sexual assault and rape victims report the crime to the police.³⁵ Additionally, the Bureau of Justice Statistics found that about 65% of victims receiving medical treatment for a sexual assault reported the crime to the police.³⁶

These differences may be due to several factors. First, victims who seek medical treatment may have experienced a high degree of physical or emotional trauma and it may be the case that increased trauma correlates with increased police reporting. Additionally, victims in the PSCR sample may be different from respondents in national survey samples, leading to differences in police reporting. Regional effects may also result in increased police reporting if individuals in Massachusetts have greater trust in or stronger relationships with police and the justice system. Individuals who seek medical treatment may also be more likely to seek police intervention.

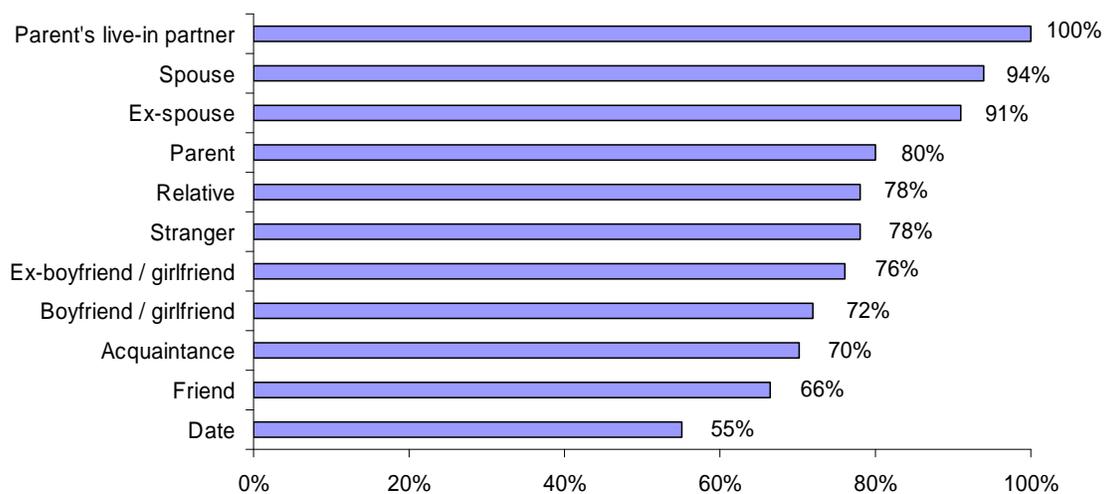
In order to further investigate reporting to police, analyses were run to determine if a relationship exists between police reporting and the following variables: victim-offender relationship, victim and assailant gender, victim age, victim race, whether the victim was injured, and type of force.

Victim-Offender Relationship

The extent of police reporting varied by the victim-offender relationship. Victims were most likely to report to the police if the offender was a parent’s live-in partner (100% of crimes involving live-in partners), spouse (94%), or ex-spouse (91%). Victims were least likely to report to the police if the offender was a date (55%) or friend (66%).

Figure 21.

Percent of victims reporting to police by victim-offender relationship, 2001-2004



³⁵ Kilpatrick et al 1992.

³⁶ Rennison 2002.

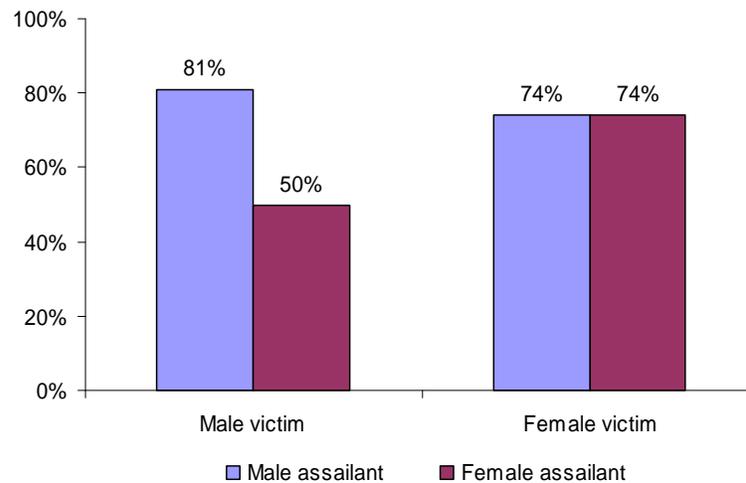
Gender of Victim and Assailant

The gender of the victim had little effect on police reporting rates. Males were slightly more likely to report the crime to the police than were females (77% of male victims and 73% of female victims).

An analysis was done to assess whether there was any interaction between the gender of the victim and assailant for police reporting. Crimes that involved at least one male assailant were compared to crimes that involved at least one female assailant for both male and female victims (Figure 22). Of the four possible victim-assailant gender pairs (male-male, female-male, male-female, and female-female), the assaults most likely to result in a police report involved male victims with at least one male assailant - 81% of male victims with a male assailant reported the crime to the police. The assaults least likely to result in a police report involved male victims with at least one female assailant - 50% of male victims with a female assailant reported the crime to the police. Female victims were equally likely to report the crime to the police regardless of the gender of the assailant.³⁷

Figure 22.

Police reporting by gender of victim and assailant, 2001-2004

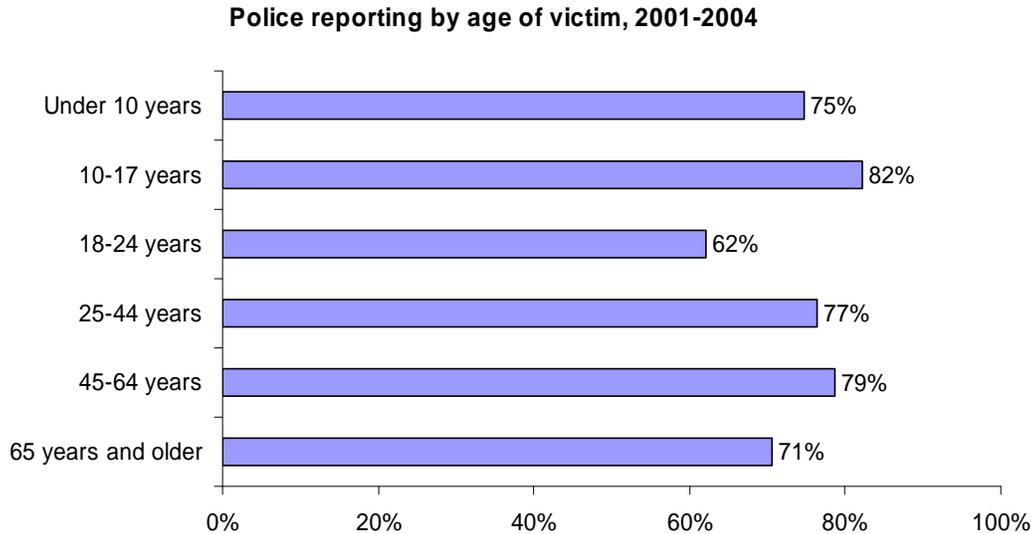


³⁷ It is important to note that crimes involving female assailants were rare in the PSCR dataset. Female offenders accounted for only 2% of all cases. Therefore, the number of cases in the male victim-female offender and female victim-female offender are low (n=10 and n=49, respectively). The small sample size should be considered when evaluating the results presented in this section.

Victim Age

Police reporting also varied by the age of the victim (Figure 23). Victims who were between the ages of 18 and 24 were the least likely to report the crime to the police, doing so in only 62% of the cases. The age group 10 to 17 years old were the most likely to report the crime to the police (82%).

Figure 23.



Victim Race

Police reporting rates also varied by race (Table 7). Asian-Americans/Pacific Islanders were the least likely race to report the crime to the police (65%). Hispanic and Black (non-Hispanic) were the races most likely to report the crime to the police (80%).

Table 7.
Police reporting by race of victim, 2001-2004

	Reported to police
Black (non-Hispanic)	80% (n=484)
Hispanic	80% (n=511)
Other	74% (n=100)
White (non-Hispanic)	71% (n=2845)
Asian/Pacific Islander	65% (n=69)

Injury to Victim

The police reporting rates for victims who received injuries that resulted in bleeding were compared to the reporting rates for victims who did not receive injuries that resulted in bleeding. The infliction of an injury did not appear to have an impact on the likelihood of reporting the crime to the police (Table 8). Victims who were injured during the crime were only slightly more likely to report the crime than were victims who received no injury or who were unsure of an injury (75% compared to 73%).

Table 8.
Police reporting by nature of injury, 2001-2004

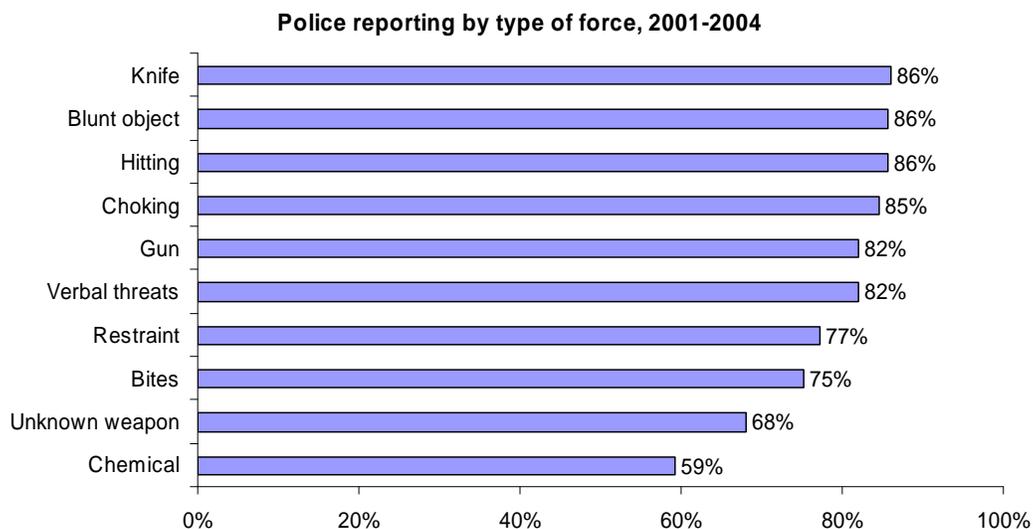
	Reported to police
Injured	75%
Not Injured	73%
Unsure	71%

Use of Force

Some variation in police reporting was found when looking at different types of force used (Figure 24). Due to the possibility of multiple types of force being used in a single assault, it is difficult to isolate any single type of force as more or less likely to result in a police report. However, it can be said that crimes that involve certain types of force, either alone or in concert with other types of forces, may be more or less likely to result in a police report.

Sexual victimizations involving knives, blunt objects, and hitting were reported to the police 86% of the time, making them the most commonly reported types of force. Crimes involving chemical force were the least likely to be reported to police (59%).

Figure 24.



Child Abuse Reports

According to M.G.L. Chapter 119, Section 51A, certain professionals (including physicians and nurses) are required to report cases of suspected child abuse or neglect. For victims under the age of 18, 51A child abuse reports were filed in only 43% of cases.

Elder Abuse Reports

According to M.G.L Chapter 19A, Section 15, certain professionals (including physicians and nurses) are required to report cases of suspected elder abuse or neglect. For victims 65 years and older, 19A elder abuse reports were filed in only 21% of cases.³⁸

Disabled Persons Reports

According to M.G.L Chapter 19C, Section 10, certain professionals (including physicians and nurses) are required to report any serious physical or emotional injury resulting from the abuse of a disabled person, including nonconsensual sexual activity. A 19C disabled persons report was filed in 2% of cases.

Weapon Reports

According to M.G.L Chapter 112, Section 12A, every physician attending to a bullet or gunshot wound, any injury resulting from the discharge of a gun, or certain burn injuries, is required to report the case to the State Police and to the local law enforcement agency where the hospital is located. Weapon reports were filed in 1% of cases.

Table 9.
Mandatory reporting summary table, 2001-2004

	Percent of cases reported
Child abuse report	43%*
Elder abuse report	21%**
Disabled persons report	2%
Weapon report	1%

* Based on cases involving victims 17 years and under.

** Based on cases involving victims 65 years and above.

³⁸ The Massachusetts statute does not cite a specific age whereupon an elder abuse report must be filed. This analysis uses the age range of 65 years and older to approximate the “elder” population of PSCR victims.

Comparisons to Previous Research

Some of the findings in this report including victim - offender relationship and reporting to the police were compared to findings from previous research.

Victim-Offender Relationship

The findings from these analyses show that for those victims seeking medical treatment, some victim-offender relationships are more common than others. The most frequently reported victim-offender relationship from the PSCR data was “acquaintance,” reported in 35% of crimes; another 9% of victims characterized the offender as a “friend.” In total, approximately 62% of all crimes were perpetrated by someone known to the victim.

These findings do not deviate from previous research, which shows that offenders are known to victims in the majority of crimes. For example, the 2003 Crime Victimization Survey indicates that in 70% of crimes the offender was known to the victim, either as an intimate partner or friend/acquaintance.³⁹ Similarly, the National College Women Sexual Victimization study reports that nine out of ten offenders are known to female victims of sexual crimes.⁴⁰ This suggests that education and prevention strategies should continue to stress the realities of acquaintance rape and sexual assault when promoting awareness on sexual victimization.

However, the findings from these analyses depart from previous research in two ways. First, the percent of sexual crimes perpetrated by a stranger (30%) in the PSCR dataset is higher than other research suggests. For example, the Massachusetts Department of Public Health reports that 14% of victims seeking assistance at rape crisis centers indicated that the offender was a stranger.⁴¹

Second, the proportion of crimes perpetrated by an intimate partner (13%) in the PSCR dataset is lower than other research findings; the Massachusetts Department of Public Health indicates that 23% of victims were assaulted by intimate partners.⁴² An examination of how relationship types influence the decision to seek medical treatment would help to better understand these differences. It may be the case that stranger-perpetrated sexual crimes are more likely to lead to the seeking of medical treatment and, conversely, that intimate partner-perpetrated crimes are less likely to lead to medical treatment.

³⁹ Bureau of Justice Statistics 2005.

⁴⁰ Fisher, Bonnie S., Cullen, Francis T., and Turner, Michael G. 2000. “The Sexual Victimization of College Women.” Washington, DC: US Department of Justice, National Institute of Justice.

⁴¹ Massachusetts Department of Public Health website. “Rape and Sexual Assault in Massachusetts, 2004-2005.” <http://www.mass.gov/dph/fch/sapss/>. Accessed 5/25/06.

⁴² Ibid. This publication defines an “intimate partner” as a current or former spouse, current or former partner, or date.

Police Reports

Findings from this report indicate that 73% of victims reported or intended to report the crime to the police. This percentage is much higher than estimates of police reporting for both sexual crimes in general and sexual crimes where the victim sought medical treatment.^{43,44} The high percent of reported offenses could be due to several factors, each of which warrants further investigation.

Since the PSCR data are based on self-reports, it is not possible to determine whether all victims accurately responded to this item, or whether contextual effects such as perceived social desirability or nonverbal interviewer cues led some victims to respond affirmatively to their reporting to police. The use of self-reports to measure police reporting could inflate the proportion of victims who have or who intend to report the crime to the police.

It may be the case that sexual crimes where the victim seeks medical treatment differ from sexual crimes where victims do not seek treatment. As noted in previous literature, higher police reporting rates are associated with medical treatment.⁴⁵ It is possible that the nature of sexual crimes that lead to medical treatment is such that these victimizations are also more likely to lead to police reporting. It may be that the degree of physical and/or emotional injury is greater, or that the higher proportion of offenders who are strangers resulted in victims being more likely to report to police.

Additionally, it is possible that victims who seek medical treatment are different from victims who do not seek medical treatment. In other words, individuals who seek medical treatment may also be more likely to file a police report than an individual who does not seek medical treatment.

⁴³ Kilpatrick et al 1992

⁴⁴ Rennison 2002.

⁴⁵ Ibid.

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Appendix

PROVIDER SEXUAL CRIME REPORT

K

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

A. PATIENT/VICTIM INFORMATION <i>Name, address and other identifying information should not be written on this anonymous form.</i>			
1. Age: _____ 2. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
3. Race: <input type="checkbox"/> White (non-Hisp.) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (non-Hisp.) <input type="checkbox"/> Asian/Pac. Isl. <input type="checkbox"/> Other: _____			
4. Date of Assault (e.g., 01/01/2000): _____ 5. Approx. Time of Assault: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
6. City/Town of assault: _____ State: _____ Neighborhood: _____			
7. Specific surroundings at time of assault: <input type="checkbox"/> House/Apartment <input type="checkbox"/> Outdoors <input type="checkbox"/> Dormitory <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____ <input type="checkbox"/> Unsure			
8. Date of hospital exam (e.g., 01/01/2000): _____ 9. Time of hospital exam: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
10. Hospital providing service: _____			
11. Exam Completed by a Sexual Assault Nurse Examiner (SANE)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Interpreter used? <input type="checkbox"/> Yes <input type="checkbox"/> No Language: _____			
B. ASSAILANT(S) INFORMATION <i>Did the patient/victim voluntarily report any of the following relationships with the assailant(s)?</i>			
13. Total number of assailants: _____			
14. Assailant(s) relationship to patient/victim and gender of assailant (m/f) (If >1 assailant, designate relationship of each).			
	# Male # Female		
<input type="checkbox"/> Parent/ Step-parent	_____		
<input type="checkbox"/> Spouse/ live-in partner	_____		
<input type="checkbox"/> Ex-Spouse/ live-in partner	_____		
<input type="checkbox"/> Parent's live-in partner	_____		
<input type="checkbox"/> Other relative	_____		
<input type="checkbox"/> Stranger	_____		
	# Male # Female		
<input type="checkbox"/> Boy/ girlfriend	_____		
<input type="checkbox"/> Ex-boy/ girlfriend	_____		
<input type="checkbox"/> Date	_____		
<input type="checkbox"/> Acquaintance	_____		
<input type="checkbox"/> Friend	_____		
<input type="checkbox"/> Unknown	_____		
<input type="checkbox"/> Other (specify): _____	_____		
C. 15. WEAPONS/ FORCE USED <i>Document as per the victim's voluntary report of threats or weapons used and/or your physical findings.</i>			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Bites	<input type="checkbox"/> Gun	<input type="checkbox"/> Restraints
<input type="checkbox"/> Verbal threats	<input type="checkbox"/> Hitting	<input type="checkbox"/> Knife	<input type="checkbox"/> Chemical(s)
<input type="checkbox"/> Choking	<input type="checkbox"/> Burns	<input type="checkbox"/> Blunt Object	<input type="checkbox"/> Other weapons Describe: _____
<input type="checkbox"/> Other physical force Describe: _____			
D. ACTS DESCRIBED BY THE PATIENT/VICTIM:			
<i>Was there penetration, however slight, of:</i>			
16. Vagina	<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Attempt	<input type="checkbox"/> Yes BY <input type="checkbox"/> Penis <input type="checkbox"/> Finger <input type="checkbox"/> Tongue	<input type="checkbox"/> Object/Other: _____
17. 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: _____
18. 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: _____
19. During the assault, were acts performed by the patient/victim upon the assailant(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
<i>If yes, specify: _____</i>			
20. Did ejaculation occur? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE 21. Did assailant(s) use a condom? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
22. Did assailant(s) use any substance as lubrication (saliva is considered lubrication)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
<i>If yes, specify: _____</i>			
23. Did assailant(s) Kiss, lick, spit or make other oral contact with the patient/victim? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
<i>If yes, describe location: _____</i>			
24. Did assailant(s) touch the patient/victim with bare hands or fingers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
<i>If yes, describe location: _____</i>			
25. Any injuries to patient/victim resulting in bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
<i>If yes, specify: _____</i>			
26. Any injuries to assailant(s) resulting in bleeding? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
<i>If yes, specify: _____</i>			
E. CASE STATUS AT TIME OF THE EXAM			
27a. Evidence Collection Kit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		27b. Toxicology Kit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, specify police dept.: _____</i>	
29. DSS Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, describe status: _____</i>	
30. Restraining order in place before assault? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, date and court location: _____</i>	
31. Restraining order filed after assault? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>If yes, date and court location: _____</i>	
F. MANDATORY REPORTING (Check all that apply):			
32. 19A Elder Abuse Report <input type="checkbox"/> Yes <input type="checkbox"/> No		35. 12A Weapon Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. 51A Child Abuse Report <input type="checkbox"/> Yes <input type="checkbox"/> No		36. 70E Emergency Contraception Administered <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. 19C Disabled Persons Report <input type="checkbox"/> Yes <input type="checkbox"/> No			

Mail or FAX this report to: Massachusetts Executive Office of Public Safety-Statistical Analysis Center
10 Park Plaza, Suite 3720
Boston, MA 02116

AND: Local public safety authority

FAX (617) 725-0260 or (617) 725-0261

RE2MA: PSCR1.6 11/05

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 21:** Check “YES” only if **all** assailants used a condom. If one or more assailants did not use a condom, check “NO.”
- **Question 30 & 31:** 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.

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, **superintended** 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.

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 mail or FAX the PSCR to:

**Massachusetts Executive Office of Public Safety-Statistical Analysis Center
10 Park Plaza, Suite 3720
Boston, MA 02116**

FAX (617) 725-0260 or (617) 725-0261

- 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 Statistical Analysis Center at (617) 725-3301.

RE2MA: PSCR2.4 11/05