

**RAPE CRISIS DATA FORM FY06 version 1**  
**Massachusetts Department of Public Health**

SITE NAME: \_\_\_\_\_

SITE ID NUMBER: \_\_\_\_\_

FORM NUMBER:

**CONTACT INFORMATION**

**1. Date of initial contact:**

          
 MONTH                      YEAR

**1a. Time of initial contact**

\_\_\_\_:\_\_\_\_ AM/PM

**2. Contact:**

- 1. Phone (voice)
- 2. In person
- 3. Both
- 4. TTY

**3. Caller from:**

\_\_\_\_\_  
 CITY                      STATE      City Code

**4. Referred by: (✓all that apply)**

- Telephone book
- Friend
- Family
- Police
- SANE
- Other hospital / medical provider
- Therapist / counselor
- School counselor
- Work colleague
- Media
- RCC outreach
- Web site (specify) \_\_\_\_\_
- Batterer Intervention program
- Refugee/immigrant (RISE) program
- Domestic violence agency
- DSS
- Court
- Other (specify) \_\_\_\_\_
- Unknown

**5. Caller is:**

- 1. Survivor
- 2. Survivor's intimate partner
- 3. Survivor's family
- 4. Survivor's friend
- 5. Professional
- 6. Other (specify) \_\_\_\_\_
- 9. Unknown

**6. Is this the first report of the incident by anyone to a MA Rape Crisis Center?**

- 1. Yes
- 2. No (If so, do not fill out a form, do not send a form to DPH)
- 9. Unknown

**SURVIVOR'S INFORMATION**

**7. Self-identified gender at the time of this assault:**

- 1. Female
- 2. Male
- 3. Inter-sex
- 4. Transgender MTF
- 5. Transgender FTM
- 9. Undisclosed

**8. Self-identified Sexual Orientation at time of assault:**

- 1. Lesbian
- 2. Gay
- 3. Bisexual
- 4. Heterosexual
- 5. Questioning/undecided
- 6. Not yet identifying (ie, due to age)
- 7. Other (specify) \_\_\_\_\_
- 9. Undisclosed

**9. Survivor's age now:**

**9a. Unsure of current age, but estimate the survivor is:**

- 1. Child (under 13)
- 2. Adolescent (13-19)
- 3. Young adult (20-29)
- 4. Adult (30-59)
- 5. Elder adult (60+)
- 9. Unknown

**10. Age at time of assault (if different from age now):**

**10a. Unsure of survivor's age then, but, estimate the survivor was:**

- 1. Child (under 13)
- 2. Adolescent (13-19)
- 3. Young adult (20-29)
- 4. Adult (30-59)
- 5. Elder adult (60+)
- 9. Unknown

**11. Survivor's race:**

- 1. White, non-Hispanic
- 2. Black, non-Hispanic
- 3. Hispanic/Latino
- 4. Other \_\_\_\_\_
- 5. Asian
- 6. Native American
- 7. Multiracial
- 9. Unknown

**12. Does the survivor have a disability?**

- 1. Yes
- 2. No
- 9. Unknown

**12a. If yes, check ✓ type of disability**

- Physical
- Visual
- Hearing
- Developmental
- Psychiatric
- Other
- Unknown

**13. Survivor's primary Language:**

- 1. English
- 2. Spanish
- 3. Portuguese
- 4. Haitian Creole
- 5. Cape Verdean Creole
- 6. Khmer
- 7. Chinese
- 8. Korean
- 9. Russian
- 10. Other
- 99. Unknown

**INCIDENT INFORMATION**

**14. Type of incident being reported:**

- 1. Completed rape
- 2. Attempted rape
- 3. Physical sexual assault
- 4. Sexual harass./ verbal SA
- 5. Other (specify) \_\_\_\_\_
- 9. Unknown

**MULTIPLE/ONGOING INCIDENT?**

**15. Was this incident part of an ongoing situation?**

- 1. Yes
- 2. No
- 9. Unknown

**16. Survivor-Offender relationship at time of assault:**

- 1. Current spouse / partner
- 2. Ex-spouse / partner
- 3. Friend / acquaintance
- 4. Date / boyfriend / girlfriend
- 5. Stranger
- 6. Parent / step-parent
- 7. Caretaker / babysitter
- 8. Sibling / other relative
- 9. Professional relationship
- 10. Other \_\_\_\_\_
- 99. Unknown

**17. Time elapsed since assault being reported:**

- 1. Less than 24 hours
- 2. Up to 5 days
- 3. Up to 3 months
- 4. Up to 1 year
- 5. Over 1 year. Number of years: \_\_\_\_\_
- 9. Unknown

**18. Location of incident being reported:**

\_\_\_\_\_  
CITY STATE City Code

**19. Was there any physical injury?**

- 1. Yes
- 2. No
- 9. Unknown

**20. Was medical attention sought?**

- 1. Yes
- 2. No
- 9. Unknown

**21. Was evidence / rape kit collected?**

- 1. Yes
- 2. No
- 9. Unknown

**22. Weapon present?**

- 1. Yes
- 2. No
- 9. Unknown

**23. Does the survivor think that s/he might have been drugged by someone as a part of this incident?**

- 1. Yes
- 2. No
- 9. Unknown

**24. Place of incident being reported:**

- 1. Survivor's home
- 2. Residential institution/hospital
- 3. Correctional facility
- 4. Other home / residence
- 5. Church / place of worship
- 6. Survivor's workplace
- 7. School / daycare / campus
- 8. Other public building
- 9. Outdoors / vehicle
- 10. Other \_\_\_\_\_
- 99. Unknown

**25. Assault reported to (√ all that apply):**

- Police
- Hospital
- Private physician
- Family
- Friend
- Religious advisor / community leader
- Other counselor (not RCC)
- Teacher / school personnel
- Protective agency
- Professional licensing board
- RCC only
- Other \_\_\_\_\_
- Unknown

**OFFENDER (S) INFORMATION**

**26. Number of offender(s):**

Number  99. Unknown

**27. Gender of offender(s):**

- |                            |                           |
|----------------------------|---------------------------|
| <b>One Offender</b>        | <b>Multiple Offenders</b> |
| 1. Male                    | 3. Multiple males         |
| 2. Female                  | 4. Multiple females       |
| 7. Mixed males and females |                           |
| 9. Unknown                 |                           |

**28. Has the survivor been sexually assaulted in the past?**

- 1. Yes
- 2. No
- 9. Unknown