

Sexual Assault History Form

____ / 2012
month

This form is to be completed by each therapist in each mental health/rape crisis center and their satellite offices for every client who presents or later discloses sexual assault/abuse. Please submit forms to: NMCSAP (505-883-8020), 3909 Juan Tabo NE, Suite 6, Albuquerque, NM 87111, by the tenth of every month.

1. Name of Agency _____ 2. Client Identifier _____

A. Survivor Information

3. Date of most recent sexual assault/abuse incident __/__/__ (mo / yr) 4. Survivor Gender: Male Female
5. Survivor's Age at time of most recent sexual assault/abuse incident _____ 6. Survivor's Current age _____
7. Survivor Ethnicity/Race: (check one) White (Non-Hispanic) Hispanic Mixed Native American
 Black Asian Unknown
8. Survivor Disability (check all that apply): None Visual Mobility Hearing Physical
 Emotional/Mental (prior to this incident) Unknown
9. Did the survivor use alcohol or drugs immediately prior to or during the most recent sexual assault incident?
 Yes No Unknown
10. Did the survivor contract a sexually transmitted disease as a result of the most recent sexual assault?
 Yes No Unknown
11. Did a pregnancy result from the most recent sexual assault? Yes No Unknown
12. Did the survivor have a history of domestic violence as a child, either as a witness or as one directly victimized?
 Yes No Unknown
13. Was the client ever sexually assaulted/abused before this incident? No (skip to q.15) Yes (answer 13a or b)
 Unknown (skip to q.15)

If Yes to q.13 and,

a) the client is a victim of *ongoing* sexual abuse, enter age at onset of sexual abuse _____. (If this age is under 18, go to q.14). If age at onset of ongoing sexual abuse is unknown, check: Age Unknown (skip to q.15)

If Yes to q. 13 and,

b) the client is *not* a victim of *ongoing* abuse, enter age at time of prior incident of sexual assault/abuse _____. (If this age is under 18, go to q.14) If age at time of prior sexual assault is unknown, check: Age Unknown (skip to q.15)

- 14a. If the survivor experienced a prior sexual assault/abuse at any time before age 18, did the survivor ever become pregnant before age 18?
 Yes (answer q.14b) No Unknown
- 14b. If Yes, was the pregnancy a result of the prior sexual assault? Yes No Unknown

B. Offender Information

15. Number of offenders involved in the most recent sexual assault: (check one) One Two Three
 Four or more Unknown

If more than one offender in the most recent sexual assault, choose one offender to answer questions 16-27

16. Offender Gender: (check one) Male Female 17. Offender Age: (check one) 5 and under 6-12 13-17 18-24
 25-34 35-44 45-54 55-64 65+ Unknown
18. Offender Ethnicity/Race (check one): White (Non-Hispanic) Hispanic Native American Black
 Asian Mixed Unknown
19. Did the offender use alcohol or drugs immediately prior to or during the current sexual assault incident?
 Yes No Unknown

20. Did the offender have a history of domestic violence as a child, either as a witness or one directly victimized?
 Yes No Unknown

C. Sexual Offense Information

21. Type of Offense: (check all that apply) Penetration (includes: oral, anal, vaginal) - *please specify, if applicable:*
 spousal rape incest date rape gang rape
 Attempted Penetration Sexual Harassment Fondling (no penetration)
 Stalking Indecent Exposure Unknown

22. Survivor/Offender Relationship (check only one, either from 22a, 22b or 22c):

a) Known Relative Offender: Father Mother Sister Brother Step-Brother
 Grandfather Grandmother Step-mother Step-father Current spouse Brother in law
 Sister in Law Cousin Aunt Uncle Other

b) Known Non-Relative Offender: Ex-spouse Mom's boyfriend Dad's girlfriend
 Mom's lesbian partner Dad's gay partner Survivors lesbian/gay partner
 Social acquaintance New acquaintance Employer Clergy/spiritual leader
 Health care provider Friend Teacher Therapist
 Boyfriend Girlfriend Co-worker Other

c) Stranger

23. Was the offender the same ethnicity/race as the survivor? Yes No Unknown

24. Type of Coercion/Weapon Used: (check all that apply): Physical Force Verbal Threat Manipulation
 Knife Other Weapon Intentionally drugged by perpetrator Gun Other _____ Unknown

25. Location of Most Recent Offense: (check one): Survivor's home Offender's home Other residence Vehicle
 Parking Lot Workplace School Public Facility Multiple locations Other _____ Unknown

26. _____ / _____ / _____ / _____
city county state reservation or country outside of U.S.

27. Time of most recent assault: Morning (6am-noon) Afternoon (12:01-6pm) Evening (6pm-10pm)
 Night (10:01pm-6am) Unknown

28. The most recent sexual assault was reported by (check one):

Survivor Therapist Not Reported Unknown Other _____

29. If reported, the most recent sexual assault was reported to (check all that apply):

Rape Crisis Center ER/Sexual Assault Nurse Examiner Law Enforcement Social Services
 Other Unknown

30. Did the survivor sustain any injuries related to the assault? Yes No Unknown

31. Was medical treatment sought for injuries? Yes No Unknown

32. Was rape kit evidence collection within 72 hours after assault? Yes No Unknown

33. If known, survivor's family annual income at the time of the most recent incident _____. Income Unknown

34. How did you hear about the help we offer? (check all that apply)

Family Member/Relative Friend
 Someone from work Someone from school Someone from my church A neighbor SANE
 Someone from medical services (doctor, nurse, technician, hospital, healthcare provider, health insurance plan)
 Mental health or social services (CYFD, victim advocate, rape crisis center, safehouse, homeless shelter, etc.)
 Corrections (law enforcement, district attorney's, courts) Advertising Other

35. What led you to seek help now? (check all that apply)

I am experiencing physical health problems or physical health concerns Family concerns Legal concerns
 I am experiencing mental health problems/mental health concerns Disrupting my ability to work/financial concerns
 It is safe to get help now Encouraged to get help by others I have the resources to get help now