

# Sexual Assault History Form

\_\_\_\_ / 2017  
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 \_\_ / \_\_ (month/year)
4. Survivor's Age at time of most recent sexual assault/abuse incident \_\_\_\_\_
5. Survivor's Current age \_\_\_\_\_
6. Survivor Sexual Orientation (check all that apply):
- a. Which of the following sexual orientation descriptions do you ascribe to?  Straight  Gay or Lesbian  Bisexual
- b. Gender Identity: What sex were you assigned at birth, on your original birth certificate?  Male  Female
- c. How do you describe yourself?  Male  Female  Transgender  Gender Non-Conforming
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 – IMPORTANT: If more than one offender in the most recent sexual assault, choose one offender to answer questions 15-27

15. Number of offenders involved in the most recent sexual assault (CHECK ONE):
- One  Two  Three  Four or more  Unknown
16. Offender Sexual Orientation (check all that apply):
- a. Which of the following sexual orientation descriptions do you ascribe to?  Straight  Gay or Lesbian  Bisexual
- b. Gender Identity: What sex were you assigned at birth, on your original birth certificate?  Male  Female
- c. How do you describe yourself?  Male  Female  Transgender  Gender Non-Conforming
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 forensic exam 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