

INSTRUCTIONS FOR COMPLETING THE SEXUAL ASSAULT HISTORY FORM

There is a box at the top of the form underneath the title that states who is to complete the form.

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.

IMPORTANT GUIDELINES – WHEN A NEW FORM SHOULD (OR SHOULD NOT) BE SUBMITTED FOR SURVIVORS:

CASE CLOSED

If a victim received and finished services for a sexual assault and her case is closed out and she is subsequently assaulted again in the same calendar year by the same or a different offender, **a new form is submitted to characterize the new incident.**

CASE OPEN

If a case is still open as the client is still receiving services for a prior assault, and she is assaulted again by the same offender in that time frame, a new form is **not** submitted.

However, if the new incident is perpetrated by a different offender, then **a new form would be submitted to characterize the new incident.**

For example, if a woman is in an abusive relationship with a current spouse/boyfriend and is sexually coerced/assaulted by her partner and does not leave him, she may be assaulted again before her counseling process on the prior event is closed out. In this case, with the same offender, a new form would not be submitted. **If however, she was assaulted by an unknown or other assailant in that same time period that she is receiving services for her former case, a new form would be submitted to characterize the new incident.** The same - **no new form** - would be true in a case of incest, where a child is sexually assaulted but during his treatment, is victimized again by the same offender.

- If it is the **same offender**, a new form would **not** be submitted.
- If the **offender is a different person from the prior offender**, a new form should be submitted to characterize the new incident.

What if SANE completes their data collection form at a SANE exam?

SA providers may ask what to do when SANE fills out a data collection form on a survivor - here's an example:

- When a SANE data collection form is filled out by SANE at the SANE exam, a Sexual Assault History form **should still be filled out by an advocate.**
- When the survivor goes to therapy, however, another Sexual Assault History form should **NOT** be filled out.
- So, we may have one form from SANE and one from SA service providers providing advocacy or therapy services -- this is fine.

All questions asked, are for the purpose of collecting information that we would like to capture regarding the nature of the assault, who the client reached out to for help, if the client experienced prior trauma, what needs to be done to effectively help the client presently, and to inform the focus of our future prevention and service efforts. To this end, it is optimal when all questions are answered, but we realize that this is not practically realistic. Some questions the client is not going to want to answer or simply does not know the answer. So, while the ideal is to obtain complete forms, the realistic goal recognizes this to be improbable. We therefore hope to simply obtain as many answers as possible because the more that are answered, the more informative and useful it can be in accomplishing the stated purposes.

1. Name of Agency – self explanatory

2. Client Identifier – this is strictly for your agency purposes. The Central Repository does not capture this.

A. Survivor Information

3. Date of the most recent sexual assault/abuse incident - -/- -/- - - - (month/year). – you can see that we don't need the exact date. We're asking for the month and year, but sometimes clients come for help many years later and don't even remember the month, so it is okay just to put the year. When you enter a date, please enter 8 digits, even if you do not know the month or day, e.g. 00/00/2019 as it is much easier to analyze when it is uniformly entered.

4. Survivor's Age at time of most recent sexual assault/abuse incident. If a survivor is a victim of multiple incidents of isolated sexual assault, or a victim of chronic sexual abuse, enter their age at the time of their most recent event.

5. Survivor's current age – self explanatory. This question is asked because many times as discussed in q. 3 above, the client has come in for help in a year that is different from when the assault occurred.

6. *Survivor Sexual Orientation* (check one for 6a and one for 6b): This question is asked in two parts, so that the therapist can be appropriately sensitive to the desires of the client with regard to their gender ascription and self-description and of course are optional, as all questions are optional.

a. Which of the following sexual orientation descriptions do you ascribe to? **Straight** **Gay or Lesbian**
 Bisexual

b. How do you describe yourself? **Male** **Female** **Transgender** **Gender Non-Conforming**

7. *Survivor Ethnicity/Race*: (check one) – Only one answer is allowed for this question. Obviously this is self-report, so if a client is more than one race/ethnicity, ask the client how they most prefer to identify by race and ethnicity. For instance, if a Native American is also Hispanic, and they prefer to identify as Native than Hispanic, than enter Native American. If a client is mixed race, for instance, Asian and White (non-Hispanic) and they prefer to identify as both, enter mixed race. If this client prefers to be identified as one race, such as Asian, enter Asian instead of mixed. The whole point of collecting race/ethnicity data is to be sensitive to cultural nuances critical for providing services that honor the client's cultural identity and are effective for assisting them.

White (Non-Hispanic) **Hispanic** **Mixed** **Native American** **Black** **Asian** **Other** **Unknown**

8. *Survivor Disability* None or ***If survivor disability***, please check all that apply below:

Visual Mobility Hearing Physical Mental/Cognitive (prior to this incident) Other Unknown

8a. *If survivor has a disability, did the survivor need referral(s) to other services?* **Yes** **No**

If Yes to 8a. - was the survivor referred elsewhere? **No** Please explain: _____

Yes, client was referred to: _____

to measure service provision needs against what is available and offered to survivors of sexual assault with one or more disabilities. For instance, a survivor may have a physical disability and walk with a cane, but may not require a referral to go to counseling or to access any other special services to get effective treatment. Contrast that to a survivor with a developmental disability or one with multiple disabilities, including developmental. These clients will many times require specialized services to receive appropriate assistance.

9. *Did the survivor use alcohol or drugs immediately prior to or during the most recent sexual assault incident?* - this question does not distinguish between the circumstances under which alcohol or drugs were taken, merely if they were involved at all in the incident. Q.24 addresses whether the alcohol/drugs were used by the perpetrator as a form of coercion.

Yes **No** **Unknown**

10. Did the survivor contract a sexually transmitted disease as a result of the most recent sexual assault?

Yes No Unknown

The answer to this question is many times not known at the time of the intake. Since a client has to know whether they had an STD or not before the assault, and had to go for an exam before coming to a sexual assault service provider. Some clients will know if they had an STD or not before the assault, and may get an exam sometime after intake. If this information comes to light in a subsequent visit, we request that it be noted. However, forms are submitted each month, and unless this information comes to light before the client's form is submitted, it will not be captured, as two forms for the same client for the same presenting assault are not submitted/accepted.

11. Did a pregnancy result from the most recent sexual assault? Yes No Unknown

This question is asked to determine additional services the survivor may want or need.

Questions 12 thru 14b are asked to identify past trauma experiences of the survivor

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?

Yes (answer 13a or b) No (skip to q.15) Unknown (skip to q.15)

If Yes to q.13 and, (if the survivor was sexually abused in her/his past before the presenting incident as determined by a YES answer in q.13, we're asking in q.13a if the assault/abuse was ongoing and if so to enter the age of the survivor at the time of the onset of that ongoing abuse. If age is unknown, check *Age Unknown*).

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, (In q.13b, if the survivor was sexually abused in her/his past before the presenting incident and the abuse was NOT ongoing but instead was one or more isolated events, enter the age of the survivor at the time of the first isolated assault. If age is unknown, check *Age Unknown*).

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)

14. 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.14a) No Unknown – whether the survivor was a victim of ongoing or isolated abuse/assault, and whether or not the pregnancy was the result of a sexual assault, we are asking merely if the survivor ever became pregnant before age 18?

14a. If Yes, was the pregnancy a result of the prior sexual assault? Yes No Unknown – if the survivor of a prior sexual assault did become pregnant before age 18, we're asking if it was the result of the assault.

15. Number of offenders involved in the most recent sexual assault (**CHECK ONE**): - please select the number of offenders involved in the single most recent sexual assault incident. Do not include offenders involved in any prior sexual assault.

One Two Three Four or more Unknown

B. Offender Information – IMPORTANT: If there is more than one offender in the most recent sexual assault, choose one offender to answer questions 16-27

16. *Offender Sexual Orientation (check one for 16a and one for 16b):* the survivor may not know the answer to 16a and b, and since we are not providing services to the victim’s offender, the issue of trying to be sensitive to how the offender ascribes or self-describes is less critical than this same information about the survivor you are assisting. Choose the selection(s) reported by the survivor.

- a. Which of the following sexual orientation descriptions does this person ascribe to? **Straight** **Gay or Lesbian**
 Bisexual **Unknown**
- b. How does this person describe himself/herself? **Male** **Female** **Transgender**
 Gender Non-Conforming **Unknown**

17. *Offender Age (CHECK ONE):* - check the age range the survivor believes his/her offender belongs to.

- 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):* As with ethnicity/race of the survivor in q.7, check only one selection.

- White (Non-Hispanic)** **Hispanic** **Mixed** **Native American** **Black** **Asian** **Other** **Unknown**

19. *Did the offender use alcohol or drugs immediately prior to or during the current sexual assault incident?* – many times the survivor may not know this information about the offender, but if they do it is preferable to capture it.

- Yes** **No** **Unknown**

20. *Did the offender have a history of domestic violence as a child, either as a witness or one directly victimized?* – many times the survivor may not know this information about the offender, but if they do it is preferable to capture it. We capture information in q.19 and q20 because it informs risk factors that can be addressed when assisting the client, either by making an appropriate referral or offering counseling, substance abuse treatment, or domestic violence services. This is especially the case if the offender is known to the survivor.

- Yes** **No** **Unknown**

C. Sexual Offense Information

For q. 21 please be sure to check all answers that apply only to the presenting incident of sexual assault.

21. *Type of Offense:* (check all that apply) **Penetration** (includes: oral, anal, vaginal) - *please specify, if applicable:*

- | | | | | | |
|-------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|-----------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Attempted Penetration | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> spousal rape | <input type="checkbox"/> incest | <input type="checkbox"/> date rape | <input type="checkbox"/> gang rape |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Indecent Exposure | <input type="checkbox"/> Fondling/CSC (no penetration) | <input type="checkbox"/> Unknown | | |

For q.22 a and 22b, be sure to check only one answer from either list, not one answer in both lists because any answer checked in 22a is mutually exclusive of any answer in 22b. If more than one offender was involved in the most recent, presenting assault, again, choose one offender to answer all questions about.

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 - Q.22c is only answered if no choice was selected in q. 22a and 22b.

23. *Was the offender the same ethnicity/race as the survivor?* Yes No Unknown – self explanatory

24. *Type of Coercion/Weapon Used: (check all that apply):* – this is a “check all that apply” answer because an offender could have used multiple types of coercion before and during the assault.

- Physical Force Verbal Threat Manipulation
 Knife Other Weapon Intentionally drugged by perpetrator
 Gun Other _____ Unknown

25. *Location of Most Recent Offense: (CHECK ONE):* – this is a “check one” answer because while one offender could have assaulted a victim in multiple places in the most recent assault, there is an answer “multiple locations” that can be selected. If “multiple locations” is selected, you do not select other individual locations that are listed.

- Survivor's home Offender's home Other residence Vehicle
 Parking Lot Workplace School Public Facility
 Multiple locations Other _____ Unknown

26. *The most recent sexual assault was reported first by (CHECK ONE):* – even though it is possible that the most recent sexual assault was reported by more than one source, only one source should be selected. If the assault was not reported at all, select “Not Reported”. If reported by someone not listed, please write it in the “other” field.

- Survivor Therapist Not Reported Unknown Other _____

27. *If reported, the most recent sexual assault was reported to (check all that apply):* – if you selected any response in q.26 besides “Not Reported” or “Unknown” than answer q.27. Check all that apply because the assault could have been reported to multiple places. If the answer is “other” please write it in the “other” field.

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

28. *Did the survivor sustain any injuries related to the assault?* – If the survivor self-reports that he/she was injured during the assault, answer Yes to this question because no medical corroboration is required.

- Yes No Unknown

29. Was medical treatment sought for injuries? – This question (along with q. 27), is our attempt to learn if the survivor felt the need to report to and/or access medical treatment, as currently there is no capture of presentations to an ER or one’s medical practitioner as a result of sexual assault, which is a critical gap in both national and our statewide sexual assault data.

- Yes No Unknown

30. Was forensic exam evidence collection within 72 hours after assault? - Self-explanatory

- Yes No Unknown

31. What type of injury(s) did the survivor sustain? (check all that apply): – This is a “check all that apply” question because the survivor may have incurred multiple types of injury.

- Strangulation Unconsciousness Laceration Gun Shot Wound
 Broken Bone Other

31a. What part of the body was injured? (check all that apply): – As in q.31, this is a “check all that apply” question because multiple parts of the body may have been injured.

- Head/Face/Neck Torso Arms/Legs Hands/Feet Vagina Penis Rectum

32. Is the survivor unhoused-homeless and/or living in a shelter? - Self-explanatory

- Yes No Unknown

33. Is the survivor a victim of sexual trafficking? - Self-explanatory

- Yes No Unknown

34. How did you hear about the help we offer? (check all that apply) – This is a “check all that apply” question as we are interested in knowing all the ways that have been effective in letting survivors know that help is available.

- 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 Social Media Other _____

35. What led you to seek help now? (check all that apply) – This is a “check all that apply” question as we are interested in capturing what is the reason or reasons a survivor ultimately chooses to get help. Knowing why a survivor is seeking help, assists in knowing the kind of information, referrals and/or services the client may need.

- 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 Other _____

Q.36 NOTE: THIS QUESTION IS DIRECTED TO THE INTERVIEWER, NOT THE SURVIVOR, AND IS ONLY FOR THE INTERVIEWER TO ANSWER

– This question is for the interviewer, not the survivor. This question is intended to capture the services the survivor requested or the services you believe would be helpful to the survivor. Please check all answers that apply with regard to the information the survivor may need, the referrals the survivor may need, and the services that would be appropriate and available from your agency.

NUMBER OF CRISES CALLS THIS MONTH:

IF YOU HAVE NOT ALREADY SUBMITTED THE NUMBER OF CRISES CALLS FIELDDED BY YOUR AGENCY FOR THIS MONTH, PLEASE ENTER HERE _____.

Q.36 As a result of your intake interview, what services are being requested by this survivor or would you suggest to this survivor to address his/her needs? (Check all that apply in each category below)

Information

- about the criminal justice process
- about victim rights and notification
- about the medical exam process
- about available housing assistance
- about available legal assistance
- about available child care
- about other services available to them at your agency

Referrals

- To law enforcement advocacy
- To legal services
- To medical services
- To specialized services (to accommodate special circumstances, disabilities, immigration issues, child care issues, etc.)

Services offered by your agency

- Accompany victim to medical services (emergency medical care, forensic exam)
- Accompany victim to law enforcement interview
- Accompany victim to court
- Transportation assistance
- Housing assistance/emergency hotel voucher/relocation assistance
- Interpreter services
- Crisis intervention safety planning
- Individual counseling
- Group counseling
- Other therapy
- Emergency financial assistance
- Protection order assistance
- Immigration assistance
- Case management
- Medication management/psychiatric services