

# Sexual Assault History Form

\_\_\_\_ / 2022  
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 one for 6a and one for 6b):  
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  Non-Binary
7. Survivor Ethnicity/Race (check one):  
 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: \_\_\_\_\_
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?  
 Yes (answer 13a or b)  No (skip to q.15)  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)
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
- 14a. If Yes, was the pregnancy a result of the prior sexual assault?  Yes  No  Unknown
15. Number of offenders involved in the most recent sexual assault (CHECK ONE):  
 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):  
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):*  
 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  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?*  
 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/CSC (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. *The most recent sexual assault was reported by (CHECK ONE):*  
 Survivor  Therapist  Not Reported  Unknown  Other \_\_\_\_\_
27. *If reported, the most recent sexual assault was reported to (check all that apply):*  
 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?*  Yes  No  Unknown
29. *Was medical treatment sought for injuries?*  Yes  No  Unknown
30. *Was forensic exam evidence collection within 72 hours after assault?*  Yes  No  Unknown
31. *What type of injury(s) did the survivor sustain? (check all that apply):*  
 Strangulation  Unconsciousness  Laceration  Gun Shot Wound  Broken Bone  Other
- 31a. *What part of the body was injured? (check all that apply):*  
 Head/Face/Neck  Torso  Arms/Legs  Hands/Feet  Vagina  Penis  Rectum
32. *Is the survivor unhoused-homeless and/or living in a shelter?*  Yes  No  Unknown
33. *Is the survivor a victim of sexual trafficking?*  Yes  No  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  
 Social Media  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
- Other \_\_\_\_\_

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**NUMBER OF CRISES CALLS THIS MONTH:**

**IF YOU HAVE NOT ALREADY SUBMITTED THE NUMBER OF CRISES CALLS FIELD BY YOUR AGENCY FOR THIS MONTH, PLEASE ENTER HERE \_\_\_\_\_.**

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

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