[Insert organisation name/logo]

# SEXUAL ASSAULT DISCLOSURE CHECKLIST

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions to consider** | **Yes**  | **No** | **Action required** | **Action taken** | **Date action taken** |
| **Yes** | **No** |
| **Is the client in current danger?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client have acute injuries that need medical attention?** | **□** | **□** |  | **□** | **□** |  |
| **Do special accommodations need to be made to make the client feel safe?** | **□** | **□** |  | **□** | **□** |  |
| **Has any evidence related to the assault been secured?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client want a family member or guardian informed?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client want to report the assault to the Police?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client want to talk to a Sexual Assault Service or other counselling service?** | **□** | **□** |  | **□** | **□** |  |
| **Has the client been assessed regarding their capacity to make an informed decision in relation to their assault?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client want or need a forensic exam to be performed?** | **□** | **□** |  | **□** | **□** |  |
| **If the assault happened within the past 120 hours, and the client can get pregnant, do they want or need emergency contraception?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client want or need prophylaxes for HIV or other sexually transmitted infections?** | **□** | **□** |  | **□** | **□** |  |
| **Does the client want or need follow-up care, for either physical or psychological injuries?** | **□** | **□** |  | **□** | **□** |  |

*This form has been adapted from the NSW Health, 2013, Sexual Safety of Mental Health Consumers Guidelines, North Sydney* [*http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013\_012.pdf*](http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_012.pdf)