Abuse/ Trafficking Assessment

There Is H.O.P.E. For Me

This survey is completely voluntary, you can remain anonymous. Please initial and date____________________

Please Circle:  Male    Female    How old are you?________ Where are you filling this out?______________

Has anyone ever approached you to engage in commercial sexual activity?______________ How old were you when you were first approached for this?______________

Did the person who recruited you KNOW how old you were at the time? ______ What city was this in?________

How did they Know how OLD you were?________________________________________________________

Have YOU ever recruited another person into this Life?____________________________________________

What types of activity, specifically, were you asked to Perform or Recruit for?________________________

What is your religious background (For Example, Catholic, Christian, Jewish, other)?__________________________

How many sexual events took place?________ How long were you in this life for?________________________

Can you NAME some of the places this type of activity took place?______________________________________

How long ago was it (Circle Most Recent One)? Less Than a Month  3-6 Months  6-12 Months  Over One Year

Where were you approached for this? In your School or other location (For Ex. Grocery Store, Street, Church, Park):
______________________________________________________

How much were you offered OR what type of payment were you offered to perform or recruit in this act or service? ___________________________ What is Your School Grade Level?__________________

Would you like to have someone help you in dealing with this issue? ______________ Have you experienced any of the following growing up? Please circle ALL that apply:  Sexual Abuse or Rape  Physical Abuse  Verbal Abuse  Mental/Emotional Abuse  Spiritual Abuse  Drugs or Alcohol in the Home  Poverty/Homelessness  Single Parent Home  Foster Care/Group Home

Are you afraid of someone hurting you if you tell on him or her? ______ Describe the person who recruited you or got you involved in this (Ex. Boyfriend, Friend, Parent, Etc.)__________________________________________

Are you still in contact with this person?_____ How are/were you connected to this person?__________________

What type of lure did they use to get you into the life?______________________________________________________

Please put your information here OR any additional information that you think might be helpful such as locations, people or places where you know Trafficking to be going on OR if you would like to have someone contact you in helping you work through this in your OWN life:__________________________________________________________

What type of support/guidance do you need in your life to Help You?  Circle: Abortion Recovery, Addiction Recovery, Clothing, Counseling for You or Your Family, Cutting, Domestic Violence/Sexual Abuse, Eating Disorders, Food, GED/Education, Help Talking to Parents, HIV/AIDS/STD’s, Issues with Bi Sexuality or Homosexuality, Jobs, Maternity Help, Mentoring, Prayer, Safe Housing, Safety & Protection, Suicide, Other ______

For Help or Follow Up, Please Mail to: www.thereishopeforme.org
Or email: info@thereishopeforme.org
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You are valuable and No one deserves to be abused or exploited.
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