

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

There Is HOPE For Me, Inc. 1440 Coral Ridge Dr. #208 CS, Fla. 33071

You are valuable and No one deserves to be abused or exploited.

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