RAINN Speakers Bureau: Supplemental Form

Note: This is a supplemental form for the RAINN Speakers Bureau, providing applicants with additional space to document multiple assaults or instances of abuse. This form is a secondary document to the full Speakers Bureau Application, which must be completed by all applicants.

For survivors of multiple assaults or instances of abuse
Thank you for being willing to share your story. Detailing these experiences separately helps us to better match you with opportunities.

Below you’ll find additional sets of questions where you can include information about any other assaults or instances of abuse that were not included in your completed application. If you need more space, please feel free to create additional copies or attach additional documents to your application.

Section 3A: Information About Your Experience
*Answer only those questions you feel comfortable answering.*

**What type of sexual violence did you experience?**

Rape/Sexual Assault ____ Child Sexual Abuse ____ Intimate Partner Violence ____

Multiple Perpetrator Sexual Assault ____ Other______________________________________

**How old were you when the assault or abuse began/occurred?** ____________________

**Where did the assault or abuse occur?** For example, home, school, public place, etc.

____________________________________________________________________________

In what city and state did the assault or abuse occur? ________________________________

**Duration of the assault or abuse:**

One time ____ Repeated ____ Currently Ongoing ____

**Perpetrator(s):**

Friend/Acquaintance ____ Family member ____

Intimate Partner (such as a spouse or partner) ____ Stranger ____

Helping Professional (teacher, doctor, religious leader, etc.) ____ Other_________________

**Did the perpetrator(s) use any of the following:**
Intimidation ____ Coercion ____ Physical Force ____ Drugs/Alcohol ____ Weapon ____
Kidnapping ____ Threats ____ Emotional Abuse ____
Grooming ____ Other________________________________

Additional details about your experience
You may use this space to include any additional details about the experience you feel comfortable sharing.
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Section 4A: Disclosure and Reporting
Answer only those questions you feel comfortable answering.

Did you reach out for help after the assault or abuse?
Yes ____ No ____ If yes, where did you turn?_______________________________________

Have you contacted the National Sexual Assault Hotline? Check all that apply.
Telephone 800.656.HOPE ____ Online Chat (online.rainn.org) ____
RAINN’s Spanish Language Services (telephone, online chat, La Sala de Ayuda) ______

The DoD Safe Helpline (safehelpline.org or 877.995.5247) ______

If you contacted any of these hotlines, how would you describe your experience? Is there anything about these services you want to share with other survivors?

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___________________________________________________________________________

Did you receive a sexual assault forensic exam (commonly known as a “rape kit”)?
Yes ____ No ____ If yes, where was the exam conducted? (City, State) ______________________

Was the evidence tested by a lab? Yes ____ No ____ Don’t Know ____

Did the testing identify a perpetrator(s)? Yes ____ No ____ N/A____

Did you report the incident(s) to police?
Yes ____ No ____

If no, why did you choose not to report?
___________________________________________________________________________

If yes, was an arrest made? Yes ____ No ____

If yes, how long after the experience did a trial take place/was a plea bargain reached?
___________________________________________________________________________

Was the perpetrator(s) convicted? Yes ____ No ____

Additional details______________________________________________________________
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Did you report to any other authorities? For example, campus police or Child Protective Services

Yes ____ No ____ If yes, what was the result of that experience? ______________________
___________________________________________________________________________

Were you prevented from seeking justice by any other factors, such as the Statute of Limitations?
Is there any additional information you’d like to share regarding the reporting process?

To your knowledge, did the perpetrator(s) have any additional encounters with the criminal justice system?

Arrests ____ Convictions ____ Unknown ____

Additional Details: ____________________________________________________________

__________________________________________________________________________
Section 3B: Information About Your Experience
Answer only those questions you feel comfortable answering.

What type of sexual violence did you experience?
Rape/Sexual Assault ____ Child Sexual Abuse ____ Intimate Partner Violence ____
Multiple Perpetrator Sexual Assault ____ Other______________________________

How old were you when the assault or abuse began/occurred? __________________

Where did the assault or abuse occur? For example, home, school, public place, etc.
____________________________________________________________________________

In what city and state did the assault or abuse occur?____________________________

Duration of the assault or abuse:
One time ____ Repeated ____ Currently Ongoing ____

Perpetrator(s):
Friend/Acquaintance ____ Family member ____
Intimate Partner (such as a spouse or partner) ____ Stranger ____
Helping Professional (teacher, doctor, religious leader, etc.) ____ Other_____________________

Did the perpetrator(s) use any of the following:
Intimidation ____ Coercion ____ Physical Force ____ Drugs/Alcohol ____ Weapon ____
Kidnapping ____ Threats ____ Emotional Abuse ____
Grooming ____ Other____________________________________________________________________
Additional details about your experience
You may use this space to include any additional details about the experience you feel comfortable sharing.

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Section 4B: Disclosure and Reporting
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Yes ____ No ____ If yes, where did you turn?_______________________________________

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Telephone 800.656.HOPE ____  Online Chat (online.rainn.org) ____
RAINN’s Spanish Language Services (telephone, online chat, La Sala de Ayuda) ______
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Yes ____ No ____ If yes, where was the exam conducted? (City, State) _________________

Was the evidence tested by a lab? Yes ____ No ____ Don’t Know ____

Did the testing identify a perpetrator(s)? Yes ____ No ____ N/A____

Did you report the incident(s) to police?
Yes ____ No ____

If no, why did you choose not to report?
________________________________________________________________________

If yes, was an arrest made? Yes ____ No ____

If yes, how long after the experience did a trial take place/was a plea bargain reached?
________________________________________________________________________

Was the perpetrator(s) convicted? Yes ____ No ____ Additional details____________________

Did you report to any other authorities? For example, campus police or Child Protective Services

Yes ____ No ____ If yes, what was the result of that experience? ______________________

Were you prevented from seeking justice by any other factors, such as the Statute of Limitations?
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Is there any additional information you’d like to share regarding the reporting process?
________________________________________________________________________

To your knowledge, did the perpetrator(s) have any additional encounters with the criminal justice system?

Arrests ____ Convictions ____ Unknown ____

Additional Details: _____________________________________________________________