

# 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.*

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**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?

---

---

**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 \_\_\_\_\_

---

**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.*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Section 4B: 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?

---

---

**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 \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_