

**CSEC Identification Scale**  
George F. Rhoades, Jr., Ph.D. (2017)

Please read each item, and then indicate if you have experienced this event by circling the number for the answer that best matches your experience.

- |   |                |     |         |        |                   |
|---|----------------|-----|---------|--------|-------------------|
| 1. How many times have you ran away in the last year?                   | Never          | 1X  | 2-3X's  | 4-6X's | 7+                |
|   | 1              | 2   | 3       | 4      | 5                 |
| 2. How many times have you skipped school?                              | 1              | 2   | 3       | 4      | 5                 |
| 3. How often do you or your friends use drugs/alcohol in a week?        | 1              | 2   | 3       | 4      | 5                 |
| 4. I am able to come and go as I please.                                | Strongly Agree |     | Neutral |        | Strongly Disagree |
|   | 1              | 2   | 3       | 4      | 5                 |
| 5. I have to ask permission to eat, sleep or use the bathroom.          | Strongly Agree |     | Neutral |        | Strongly Disagree |
|   | 5              | 4   | 3       | 2      | 1                 |
| 6. I am being forced to do things I don't want to do.                   | 5              | 4   | 3       | 2      | 1                 |
| 7. I have been hurt or touched in ways without my permission.           | 5              | 4   | 3       | 2      | 1                 |
| 8. Someone has threatened to hurt me or my family.                      | 5              | 4   | 3       | 2      | 1                 |
| 9. I have tattoos, cuts or markings on my body.                         | 5              | 4   | 3       | 2      | 1                 |
| 10. There are suggestive pictures of me on the Internet.                | 5              | 4   | 3       | 2      | 1                 |
| 11. I have given sex in exchange for money, food, lodging and/or drugs. | 5              | 4   | 3       | 2      | 1                 |
| 12. I have been asked to have sex with men/women against my wishes.     | 5              | 4   | 3       | 2      | 1                 |
| 13. I believe that I am in danger.                                      | 5              | 4   | 3       | 2      | 1                 |
| 14. How old is your boy/girlfriend?                                     | <18            | >18 | >25     | >30    | 35+               |
|   | 1              | 2   | 3       | 4      | 5                 |
| 15. How many sexual partners have you had in the last 6 months?         | 0              | 1-3 | 4-6     | 7-10   | 10+               |
|   | 1              | 2   | 3       | 4      | 5                 |
| 16. I have had a sexually transmitted disease.                          | Never          | 1X  | 2X's    | 3X's   | 4X's+             |
|   | 1              | 2   | 3       | 4      | 5                 |
| 17. I have been pregnant.   | 1              | 2   | 3       | 4      | 5                 |
| 18. How many years have you been in the "game?"                         | Never          | 1yr | 2yrs    | 3yrs   | 4+                |
|   | 1              | 2   | 3       | 4      | 5                 |

19. Please list your age: \_\_\_\_\_; Male, Female, Transgender: \_\_\_\_\_; Race \_\_\_\_\_; Today's Date \_\_\_\_\_

Years of education \_\_\_\_\_; Name \_\_\_\_\_ (names will not be published).

Where do you live now (before arrest or placement)? \_\_\_\_\_

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Instructions for referral source:

1. Please give to the minor to complete.
2. Please do not indicate the reason for the scale.
3. Any unanswered questions, the referral source, circles the number that was unanswered and ask the minor to complete.

Completed scales may be sent to:

- Please include your name, agency, phone number and email as TVAP staff may need to contact you for further information.
- Fax to (808) 847-0787 or email to [info@susannahwesley.org](mailto:info@susannahwesley.org)
- For questions call (808) 721-9614