







<p>20. 20. Are you now, or have you ever been uncomfortably touched or forced into sexual contact?  <input type="checkbox"/>Yes    <input type="checkbox"/>No If yes, when? _____</p>	<p>Clarify responses here:  _____</p>
<p>21. Does anyone in your life make you feel humiliated, threatened or afraid?  <input type="checkbox"/>Yes    <input type="checkbox"/>No If yes, who? _____</p>	<p>_____</p>
<p>22. How safe do you feel in your current living situation?  <input type="checkbox"/> very safe  <input type="checkbox"/> somewhat safe  <input type="checkbox"/> very unsafe  <input type="checkbox"/> not really sure how safe</p>	<p>_____</p>
<p>23. Have you ever been involved with the legal system (juvenile court, probation, jail, parole)? <input type="checkbox"/> Yes    <input type="checkbox"/> No  If yes, when? _____</p>	<p>_____</p>
<p>24. Have you ever been accused of child abuse or neglect?  <input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, when? _____</p>	<p>_____</p>
<p>25. Have you ever been in the foster care system?  <input type="checkbox"/> Yes    <input type="checkbox"/> No If yes, when? _____</p>	<p>_____</p>