

[illegible]

Please circle or check the correct answer for each of the following items:

4.. Approximately one in _____ women report having been being sexually abused as children.

four	seven	ten	fifteen	I do not know
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5. Approximately one in _____ men report having been being sexually abused as children.

four	six	ten	fifteen	I do not know
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6. Up to ____ of child sexual abuse cases are perpetrated by someone the child knows and trusts.

20%	50%	75%	90%	I do not know
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7. Up to __ of child sexual abuse cases are perpetrated by someone younger than 18 years old.

40%	50%	70%	80%	I do not know
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8. Please select the answer that best describes your *OVERALL confidence level* of the following items:

	Not at all confident	Not very confident	Confident	Extremely Confident	Don't know
Ability to help children's healthy sexual behavior development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to prevent child sex abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to talk about healthy sexuality with a youth in your program or home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please check how likely you are to engage in the following behaviors:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
If a 4-year old asked me about a sexual matter, I would know how to respond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would talk with a child or teenager about the importance of privacy and healthy boundaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a family safety plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. To what extent, if at all, did this workshop increase your knowledge about...

	Not at All	A little	Somewhat	A Great Deal	N/A
The prevalence of child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The impact of child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy sexuality for different ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The importance of safety planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. To what extent, if at all, did this workshop increase your ability to...

	Not at All	A little	Somewhat	A Great Deal	N/A
Support healthy sexuality development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build a safety plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to sexual problem behaviors or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate about sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report a sexual problem behavior or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. For the following questions, please mark your level of agreement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
The goals of this workshop were clearly stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter explained the content clearly and connected the content to practical implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop actively engaged me in learning the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend this workshop to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workshop increased my knowledge of child sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was useful to hear about primary prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was useful to hear how healthy sexuality information and support can be used as a prevention tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was useful to hear about Safety Planning in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I expect to apply information from the workshop in my home/work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Please rate the overall quality of this Circles of Safety workshop.

☐ Excellent ☐ Good ☐ Adequate ☐ Poor ☐ Unacceptable

14. Do you plan to develop a safety plan for your home? ☐ Yes ☐ No ☐ Not applicable

15. If yes, what do you plan to put in your plan?

16. What aspects of the workshop were the most helpful and why?

17. What part of the workshop would you suggest changing to make it better for future participants?

18. What additional follow-up activities would help you increase your knowledge of this topic or help you apply this information?

19. Is there anything else you would like to share about the workshop?

20. Please enter the following info for tracking purposes:

Date: _____

Organization: _____

Trainer: _____

Thank you very much for your time and participation!