

Circles of Safety: *Understanding and Responding to Warning Signs* Post-Survey

Thank you for your participation in the Circles of Safety: *Understanding and Responding to Warning Signs*. As a participant in this program we would like to ask you some questions about your knowledge and awareness of child sexual abuse and prevention. We may use answers from these surveys in confidential research on this workshop's effectiveness in sexual abuse prevention.

Please read each question carefully and choose your answer from among the choices given. Your answers will be completely confidential and will only be used in our research if you give permission below. If you check no, your data will only be used for program feedback.

1. To maintain your confidentiality, and to compare your responses on this survey with the pre-workshop survey, please complete the following:

Initials (first name, last name) (for tracking purposes only) AND the first 3 letters of your birth month, i.e John Smith born in October would write: JSoc Your turn: _____

2. In order for the researchers to know if they have access to the answers you provide please check here only if you do not consent/agree to participate in the research associated with this survey ____

3. Please select the answer that best describes your OVERALL agreement with the following items:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
I don't think child sexual abuse is much of a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't think there is much I can do to prevent child sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is an adult's responsibility to prevent child sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 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
Recognizing the difference between behaviors that are part of normal sexual development and warning signs of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing warning signs in children of their risk to sexually harm other children.	<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"/>
Speaking with other adults about children's sexual behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to talk with an adult about their own behaviors that may increase a child's risk of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking up to prevent child sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Don't know
If I was concerned about a situation regarding inappropriate behavior toward a child or children, I would talk with another adult or an ally about helping or supporting me to take action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would look to find relevant advice or assistance if I was concerned about a child's sexual behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a child discloses that they are being sexually abused, I would know what steps to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would call child protection or the police to report my concerns about someone's behavior towards a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at All	A little	Somewhat	A Great Deal	N/A
Recognize inappropriate behavior	<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"/>

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

	Not at All	A little	Somewhat	A Great Deal	N/A
Prevention strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies for responding to early signs of sexual problem behavior and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication tools to talk about sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. 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 at or before the beginning of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The structure of the workshop was appropriate for meeting the stated goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter explained the content clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presenter clearly 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"/>
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"/>
The benefits of attending this workshop were worth the time I invested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rate the overall quality of the Circles of Safety for Foster Care workshop.

☐ Excellent ☐ Good ☐ Adequate ☐ Poor ☐ Unacceptable

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

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

(turn over)

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

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

14. Please enter the following info for tracking purposes:

Date: _____

Organization: _____

Trainer: _____

Thank you very much for your time and participation!