



## Circles of Safety: *Understanding and Responding to Warning Signs*

*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. Please note that different questions will have different answer choices so please read each carefully. We are interested in your honest response. 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 post 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. What is your role? (Please check all that apply)

- ☐ Foster parent
- ☐ Foster care case manager or similar role
- ☐ Foster care or community program supervisor
- ☐ Recruiter/Home finder
- ☐ Trainer
- ☐ Clinician
- ☐ Agency/Education Institution leadership
- ☐ Teacher
- ☐ Family Advocate
- ☐ Other child and youth support professional
- ☐ Parent (or other primary caregiver)
- ☐ Other

**4. How many years have you been in a professional role child welfare, protection education and/or care?**

- ☐
- less than 1 year
- ☐
- 1-3 years
- ☐
- 4-6 years
- ☐
- 7-9 years
- ☐
- 10+ years
- ☐
- N/A

**5. Prior to the current workshop you are attending, have you attended any other Circles of Safety Workshops?**

- ☐
- Yes
- ☐
- No

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

[illegible]



**7. 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"/>

**8. 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"/>

**9. Is there anything else you would like to share?**

**10. Please enter the following info for tracking purposes:**

Date: \_\_\_\_\_ Organization: \_\_\_\_\_ Trainer: \_\_\_\_\_

**Thank you very much for your time and participation!**