

SECRET SURVIVORS

USING THEATER TO BREAK THE SILENCE

TOOLKIT AND DISCUSSION GUIDE + DOCUMENTARY

Workshop Facilitator Survey

Name: _____

Organization: _____

Email: _____

What is your experience with Child Sexual Abuse (CSA)?

- I have very little experience with CSA.
- I work with survivors in a direct service capacity.
- I work on CSA issues in an advocacy/policy capacity.
- I work for an organization dedicated to CSA prevention/intervention.
- I have a friend /family member who is a survivor.
- I am a survivor.
- I decline to answer.

Who attended your workshop?

- Survivors of CSA.
- Family members of CSA survivors.
- Professionals working directly with survivors or on CSA issues.
- Professionals who might interact with survivors (educators, social workers, medical professionals, legal professionals, etc).
- Other (please specify) _____

How did you hear about *Secret Survivors* and the toolkit?

- I attended the *Secret Survivors* stage performance.
- I attended a screening of the *Secret Survivors* documentary.
- Facebook/Twitter and social media sites.
- Ping Chong + Company email list.
- Through Ms. Foundation for Women networks.
- Through Caruso Foundation networks.
- I attended a workshop on Child Sexual Abuse.
- Other (please specify) _____

Can you rate the workshop materials and exercises based on the following criteria?

| | Not at all | Somewhat | Average | Very | Extremely |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Engaging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Informative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensitive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear and Concise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Describe your immediate response upon viewing the documentary *Secret Survivors: Using Theater to Break the Silence*.

Can you rate the documentary based on the following criteria?

| | Not at all | Somewhat | Average | Very | Extremely |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Engaging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Informative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensitive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear and Concise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Which of the following did you screen with your group?

- Which of the following did you screen with your group? *Secret Survivors* documentary DVD
- Secret Survivors* performance DVD
- Both
- Neither

Which of the following activities did you use at any point during your workshop?

- Warm Up: Walk the Walk
- Exploring the Context
- The Importance of Resilience
- Journaling
- Transforming Statues
- Changing the Scene
- One Thing I Am Committed To
- One Word
- Pass the Pulse

Which workshop or workshops did you choose to facilitate? (Check all that apply.)

- Workshop #1: workshop around screening of DVD
- Workshop #2: workshop on CSA and trauma
- Workshop #3: workshop for survivors of CSA

Please describe the activity or part of the workshop that most stood out to you.

Would you use this toolkit to facilitate another workshop again?

- Yes
- No
- Maybe / I'm not sure

Would you recommend this toolkit to other organizations or potential facilitators?

- Yes
- No
- Maybe / I'm not sure

Would you change anything about the structure/contents of the workshop?

Were there any issues or concerns that came up during the workshop that were not addressed in the toolkit?

Is there anything else you would like to add about your experience facilitating this workshop?