

# SECRET SURVIVORS

USING THEATER TO BREAK THE SILENCE

TOOLKIT AND DISCUSSION GUIDE + DOCUMENTARY

## Workshop Participant Survey

Name: (Optional) \_\_\_\_\_

Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Why did you attend the workshop today? Check all that apply.

- I want to be better informed about how child sexual abuse occurs, and what can be done to prevent it. I work with survivors in a direct service capacity.
- I am a survivor of child sexual abuse, and/or family member of a survivor, and wanted to be empowered to share my experiences.
- I'm an activist dedicated to ending child sexual abuse in my community.
- I have a friend /family I want to learn how the arts can be used to address child sexual abuse
- Other: Please specify: \_\_\_\_\_

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.

Which DVD did you see during your workshop?

- Secret Survivors documentary DVD
- Secret Survivors performance DVD
- Both
- Neither

Describe your immediate response upon viewing the DVD(s).

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"/>

Can you rate the workshop facilitator 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"/>

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

Which activity or discussion did you like the most? Please explain why.

Which activity or discussion did you like the least? Please explain why.

How prepared and knowledgeable did you find your facilitator(s) to be?

Did the workshop offer a safe environment for sharing and reflection?

- Yes
- No
- Somewhat

Would you recommend this workshop to someone you know?

- Yes
- No
- Maybe

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

- Yes
- No
- Maybe

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

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 with this workshop?

Thank you for taking the time to fill out this survey!