



## ACCOMPANIMENT DATA COLLECTION FORM

(Page Two)

3. The client was able to consider choices and make decisions:

	<i>Strongly Disagree</i>			<i>Strongly Agree</i>	
When s/he first arrived:	1	2	3	4	5
By the time the visit ended:	1	2	3	4	5

4. Did the client acknowledge the support s/he received?  Yes  No

If yes, how was the acknowledgement expressed? *(Please check all behaviors that apply)*

Verbal statement of gratitude such as "Thank you"	
Spontaneous physical show of gratitude by the victim/survivor, such as hugging or holding the hand of this advocate	
Asking specifically for this advocate for future services	
Asking for additional information or services	
Asking this advocate to remain with her/him until the procedure was complete	
Other <i>(please specify)</i>	

*In addition to questions developed by the committee, this measure includes modified questions from Riger et al. (2002).*



## CRISIS INTERVENTION DATA COLLECTION FORM

(Page Two)

2. Did the client verbalize a plan:  No  Yes  
(If yes, please describe the plan. If no, please describe the circumstance.)

Plan was verbalized:  Spontaneously  After prompting (e.g., "Have you thought about what you might do next?")

3. The client was able to consider choices and make decisions:

	<i>Strongly Disagree</i>			<i>Strongly Agree</i>	
At the beginning of this contact:	1	2	3	4	5
By the end of this contact:	1	2	3	4	5

4. Did the client acknowledge the support s/he received?  Yes  No

If yes, how was the acknowledgement expressed? (Please check all behaviors that apply):

Verbal statement of gratitude such as "Thank you"	<input type="checkbox"/>
Spontaneous physical show of gratitude by the victim/survivor, such as hugging or holding the hand of this advocate	<input type="checkbox"/>
Asking specifically for this advocate for future services	<input type="checkbox"/>
Asking for additional information or services	<input type="checkbox"/>
Asking this advocate to remain with her/him until the procedure was complete	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

*In addition to questions developed by the committee, this measure includes modified questions from Riger et al. (2002).*

# EDUCATION PROGRAM DATA COLLECTION FORM

*\*To be completed by staff or volunteer presenter*

Date of service: \_\_\_\_\_ Presenter name(s): \_\_\_\_\_

## **Information on agency/organization requesting service**

Agency/organization name: \_\_\_\_\_

Presentation location: \_\_\_\_\_

Agency/organization learned of our service through: \_\_\_\_\_

Special topics/emphasis requested: \_\_\_\_\_

## **Audience Information**

Education type:  Community  Professional  Structured Education

Audience type:

	Division/Section <i>(e.g., pediatrics, juvenile court)</i>	Subgroup <i>(e.g. nurses, judges, student grade level)</i>
Community group		
Medical		
Faculty		
Law enforcement		
Judicial		
Students		
Other		

Number of attendees anticipated: \_\_\_\_\_ Number attended: \_\_\_\_\_

## **Presentation information**

Presentation start time: \_\_\_\_\_ end time: \_\_\_\_\_

Room considerations/special equipment: \_\_\_\_\_

Number of disclosures:

During or immediately after presentation	
One day after presentation	
2 to 7 days after presentation	
8-30 days after presentation	
Greater than one month after presentation	

Other Comments:

# EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Retrospective Pre-Test Version

***\*To be completed by program participant***

(Side One)

Today's date: \_\_\_\_\_ Location of presentation: \_\_\_\_\_

Agency/organization hosting presentation \_\_\_\_\_

**Retrospective Pre-test**

1. Using a scale of **1 - No knowledge** to **5 - A lot of knowledge** rate your knowledge about the following sexual assault related issues.

	<i>Before the presentation</i>	<i>After the presentation</i>
Myths and facts about sexual assault	1 2 3 4 5	1 2 3 4 5
Statistics about the incidence and prevalence of sexual assault	1 2 3 4 5	1 2 3 4 5
Consent vs. coercion	1 2 3 4 5	1 2 3 4 5
Dating violence	1 2 3 4 5	1 2 3 4 5
Substance-related sexual assault	1 2 3 4 5	1 2 3 4 5
Sexual harassment	1 2 3 4 5	1 2 3 4 5
Stalking	1 2 3 4 5	1 2 3 4 5
How to help a friend who has been assaulted	1 2 3 4 5	1 2 3 4 5
What to do if I am sexually assaulted	1 2 3 4 5	1 2 3 4 5
How to report a sexual assault	1 2 3 4 5	1 2 3 4 5
What to expect when reporting a sexual assault	1 2 3 4 5	1 2 3 4 5
Protective behaviors	1 2 3 4 5	1 2 3 4 5
My school or company's sexual harassment policy	1 2 3 4 5	1 2 3 4 5
Local sexual assault resources	1 2 3 4 5	1 2 3 4 5

2. Name three resources available to survivors of sexual assault or to their family members and significant others:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Retrospective Pre-Test Version  
(Side Two)

## Program Evaluation

1. Rate the following statements:

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
The training facility was easily accessible	1	2	3	4	5
The training facility was comfortable	1	2	3	4	5
The trainers/presenters were well prepared	1	2	3	4	5
The content was presented in an organized manner	1	2	3	4	5
The training met my expectations	1	2	3	4	5

2. Additional comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Primary language: \_\_\_\_\_

Disability: [ ] No [ ] Yes If yes, please specify: \_\_\_\_\_

**THANK YOU**

*In addition to questions developed by the committee, this measure includes modified questions from Schewe (1999).*

# EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Pre-/Post-Test Version

*\*To be completed by program participant  
(Side One)*

Today's date: \_\_\_\_\_ Location of presentation: \_\_\_\_\_

Agency/organization hosting presentation: \_\_\_\_\_

**Pre-Test**

1. Please rate your knowledge about the following topics related to sexual assault:

	<i>No knowledge</i>			<i>A lot of knowledge</i>	
	1	2	3	4	5
Myths and facts about sexual assault	1	2	3	4	5
Statistics about the incidence and prevalence of sexual assault	1	2	3	4	5
Consent vs. coercion	1	2	3	4	5
Dating violence	1	2	3	4	5
Substance-related sexual assault	1	2	3	4	5
Sexual harassment	1	2	3	4	5
Stalking	1	2	3	4	5
How to help a friend who has been assaulted	1	2	3	4	5
What to do if I am sexually assaulted	1	2	3	4	5
How to report a sexual assault	1	2	3	4	5
What to expect when reporting a sexual assault	1	2	3	4	5
Protective behaviors	1	2	3	4	5
My school or company's sexual harassment policy	1	2	3	4	5
Local sexual assault resources	1	2	3	4	5

**Please complete Side Two of this questionnaire  
immediately after this presentation.**

## EDUCATION PROGRAM PARTICIPANT RESPONSE FORM

Pre-/Post-Test Version  
(Side Two)

### **Post-test**

2. Rate your knowledge about the following topics related to sexual assault:

	<i>No knowledge</i>			<i>A lot of knowledge</i>	
Myths and facts about sexual assault	1	2	3	4	5
Statistics about the incidence and prevalence of sexual assault	1	2	3	4	5
Consent vs. coercion	1	2	3	4	5
Dating violence	1	2	3	4	5
Substance-related sexual assault	1	2	3	4	5
Sexual harassment	1	2	3	4	5
Stalking	1	2	3	4	5
How to help a friend who has been assaulted	1	2	3	4	5
What to do if I am sexually assaulted	1	2	3	4	5
How to report a sexual assault	1	2	3	4	5
What to expect when reporting a sexual assault	1	2	3	4	5
Protective behaviors	1	2	3	4	5
My school or company's sexual harassment policy	1	2	3	4	5
Local sexual assault resources	1	2	3	4	5

3. Name three resources available to survivors of sexual assault or to their family members and significant others:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### **Program Evaluation**

1. Rate the following statements:

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
The training facility was easily accessible	1	2	3	4	5
The training facility was comfortable	1	2	3	4	5
The trainers/presenters were well prepared	1	2	3	4	5
The content was presented in an organized manner	1	2	3	4	5
The training met my expectations	1	2	3	4	5

2. Additional comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our out-reach efforts. It will not be used to identify you.

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Primary language: \_\_\_\_\_  
 Disability: [ ] No [ ] Yes If yes, please specify: \_\_\_\_\_

*In addition to questions developed by the committee, this measure includes modified questions from Schewe (1999).*



## HOTLINE DATA COLLECTION FORM

*\*To be completed by staff or volunteer advocate*

**Service Information**

Date of call: \_\_\_\_\_ Advocate Name: \_\_\_\_\_

Call start time: \_\_\_\_\_ Call end time: \_\_\_\_\_

Call Type:  First time caller

Repeat caller:  Call Continuation  Update  New incident

Information & referral  Unknown  Other/specify: \_\_\_\_\_

***NOTE: Client anonymity is important. There is no need to ask the following questions; however, if the caller offers demographic information about her/himself or about the perpetrator during the course of the call, please record the information in the space below.***

**Caller Information**

ID or Alias: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type:  Survivor Family member: \_\_\_\_\_ Other: \_\_\_\_\_  
(relationship to victim) (relationship to victim)

Reason for call / presenting problem: \_\_\_\_\_

**Perpetrator Information**

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Zip code: \_\_\_\_\_

Relationship to victim: \_\_\_\_\_

**Outcome Measures**

1. Referrals made (if a referral is made, please specify program/agency name in one or both of the referral columns. Place a check in the contact column if you contacted the referral agency.)

	<i>Referral to program within our agency</i>	<i>Referral to external agency</i>	<i>Worker contacted referral agency</i>
Hotline			
Accompaniment (specify type)			
Counseling			
Medical (including STD & pregnancy testing)			
Substance abuse services			
Children's services			
Immigration services			
Legal services			
Law enforcement			
Financial assistance			
Employment services			
Housing assistance			
Other			

**Suggestion:** At the end of the call, you may want to ask the client, "Were all of your needs met? Is there anything else I can help you with?"

*In addition to questions developed by the committee, this measure includes modified questions from Riger, et al. (2002).*



# PEER & THERAPEUTIC COUNSELING EVALUATION FORM

*\*To be completed by counseling participant*

Date: \_\_\_\_\_

Alias: \_\_\_\_\_ (please choose a pseudonym that you will remember)

Counselor's name: \_\_\_\_\_

Today's session was: (check one)

Individual counseling     Group counseling     Family counseling

Other (please specify): \_\_\_\_\_

How many sessions, including today, have you attended? \_\_\_\_\_

## **Outcome Measures**

1. Based on how you feel today, please rank the following statements:

	<i>Strongly Disagree</i>			<i>Strongly Agree</i>	
	1	2	3	4	5
The responsibility for what happened to me belongs to another person	1	2	3	4	5
I have a better understanding of the choices and resources available to me	1	2	3	4	5
I feel in control of my life and my emotions	1	2	3	4	5
I trust my ability to solve problems	1	2	3	4	5
I feel better about myself	1	2	3	4	5
I have learned new ways to nurture myself	1	2	3	4	5
I am not able to talk about my thoughts and feelings about the sexual assault	1	2	3	4	5
I have learned new ways of looking at sexual assault	1	2	3	4	5
I understand how the assault has affected my life	1	2	3	4	5
I am not making progress towards any of my goals	1	2	3	4	5

*In addition to questions developed by the committee, this measure includes modified questions from: Duncan et al. (1997); Leon-Guerrero & Morrow (1999); Riger et al. (2002); Sanchez (2003); and Sullivan & Coats (2000).*

## VOLUNTEER TRAINER DATA COLLECTION FORM

*\*To be completed by volunteer trainer*

Date of training: \_\_\_\_\_ Trainer Name: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Training type: (check one)  Volunteer  In-service

Number of new volunteers attending: \_\_\_\_\_

Number of existing volunteers in attendance: \_\_\_\_\_

This training addressed the following topic(s): (check all that apply)

Agency orientation	
Definitions/Facts	
Orientation to sexual assault issues	
Advocacy	
Crisis intervention	
Types of sexual assault	
Special populations	
Medical	
Criminal justice	
Reporting & documentation	
Volunteer procedures	
Agency specific issues	
Other (specify topic):	

# VOLUNTEER TRAINING EVALUATION

*\*To be completed by volunteer*

**Please assist us in evaluating the effectiveness of our volunteer trainings.  
Your opinion is important to us and your responses will be anonymous.**

Date: \_\_\_\_\_

Trainer: \_\_\_\_\_

Topic: \_\_\_\_\_

1. Rate each of the following statements:

	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
a. The training facility was easily accessible	1	2	3	4	5
b. The training facility was comfortable	1	2	3	4	5
c. The trainers/presenters were well prepared	1	2	3	4	5
d. The content was presented in an organized manner	1	2	3	4	5
e. The training met my expectations	1	2	3	4	5

2. What did you expect to get from this training?

3. Name three or more of the most useful aspects of this training session.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. Name three or more aspects that were the least helpful.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

5. What other training topics would you like to see in the future?

6. Additional comments:

**THANK YOU**

## VOLUNTEER TRAINING PARTICIPANT POST-TEST

*\*To be completed by volunteer*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: The Volunteer Training Participant Post-Test should be a knowledge-based test that is based on your specific training curriculum. Sample questions can be found in the OAG's training exam, which is re-printed on the following pages with permission from the OAG.**

It is also advisable to include agency/community specific questions that address the following areas:

- Local resources
- Agency philosophy/mission
- Agency policy and procedures
- Hotline, accompaniment, education, crisis intervention and counseling program purpose

**SEXUAL ASSAULT DVOCATE TRAINING FINAL EXAM**  
**EXAMPLE**

**TRUE/FALSE**

- 1) **F** A person is more likely to be sexually assaulted by a stranger than an acquaintance.
- 2) **F** Women frequently make false accusations of sexual assault.
- 3) **T** Most rapes are pre-planned.
- 4) **T** The majority of child sexual abuse incidents occur between parents and their children, other relatives, and close friends of the family.
- 5) **T** The majority of convicted sex offenders began having sexually deviant behavior in adolescence.
- 6) **T** The following are all physical indicators of rape trauma syndrome:  
a) Eating pattern disturbances  
b) Emotional reaction  
c) Sleep pattern disturbances
- 7) **T** A feeling of isolation is an initial reaction after a sexual assault
- 8) **F** The primary responsibility of a sexual assault advocate is to investigate and determine whether the incident occurred.
- 9) **T** One goal of crisis intervention is to help the victim move beyond the crisis by accessing healthy coping skills.
- 10) **F** On a crisis call, it is best to give direct advice and solve the caller's problem.
- 11) **F** People with suicidal ideation are always intent on dying.
- 12) **T** Survivors of sexual assault may be eligible for a protective order.
- 13) **T** If a survivor reports a sexual assault, the law enforcement agency investigating the case is responsible for the cost of the forensic exam.
- 14) **T** A physical exam should be performed in all cases of sexual assault, regardless of when the assault occurred.
- 15) **F** An adult survivor of sexual assault is always required to give a crime report.
- 16) **T** Crime Victim's Compensation is available to victims of violent crime in Texas.
- 17) **T** The elderly can be especially vulnerable to sexual assault because of their limited physical capability.
- 18) **F** Child sexual assault is a rare occurrence and most cases are reported.
- 19) **F** Molesters of male children are always homosexual.
- 20) **T** Children who are sexually abused are never at fault.
- 21) **T** Adolescent sexual assault victims often blame themselves.

- 22) **F** Date rape is usually provoked by the victim.
- 23) **F** It is all right for a male to force a female to engage in intercourse if he is so turned on he cannot stop.
- 24) **F** Marital rape isn't as serious as rape by a stranger because consent to sexual intercourse is part of the marriage contract.
- 25) **T** One of the most supportive things you can do for a survivor of sexual assault is to believe her or him.
- 26) **T** Sexual harassment is one type of sexual aggression.
- 27) **F** A pseudonym allows a survivor to make report the sexual assault anonymously.
- 28) **F** A prostitute cannot be sexually assaulted.
- 29) **T** The survivor's spiritual beliefs can be helpful during crisis.
- 30) **F** There is one all-purpose solution to a rape confrontation that people need to learn to prevent victimization.
- 31) **F** Police departments can require sexual assault survivors to take a polygraph exam.
- 32) **T** Advocates who work with clients in crisis may experience "secondary victimization".
- 33) **T** Whatever a person does to survive a sexual assault is the right thing.
- 34) **F** It is not possible for a person to contract AIDS from a sexual assault.
- 35) **T** The survivor can receive preventive treatment for STD exposure.
- 36) **T** Every client has the right to self-determination and to have ultimate control over their healing.
- 37) **F** Physical injury inflicted is the primary concern of the forensic examiner when performing a sexual assault exam.
- 38) **T** Recanting refers to a child's retraction of an abuse allegation.
- 39) **T** Females commit sexual assault offenses as well as males.
- 40) **F** Misdemeanor crimes involve a harsher penalty than felony crimes.
- 41) **T** Survivors of sexual assault can request parole notification concerning pending release of an inmate from prison.
- 42) **T** HIV infection cannot be transmitted through casual contact with an infected individual.
- 43) **T** Survivors of sexual assault may question their religious beliefs.
- 44) **T** The "chain of custody" for evidence refers to those responsible for evidence collection and security in that it must remain protected for the evidence to be used in court.
- 45) **T** A District Court Judge can require an indicted assailant accused of sexual assault to submit to an AIDS test and have the results disclosed to the victim.

- 46) **F** Felony charges cannot be filed against a man for sexual assault of a woman if the couple is married.
- 47) **T** Sometimes people submit false reports of sexual assault.
- 48) **F** Sexual assault can sometimes be provoked by the victim.
- 49) **F** Violent crime is rapidly decreasing throughout the Nation, and locally as well.
- 50) **T** The survivor may have trouble returning to a normal routine for an indefinite amount of time after the assault.

**MULTIPLE CHOICE**

- 51) A survivor may need all of the following from an advocate *except*:
- Trust
  - Clarification of the current situation
  - Realistic guidance and support
  - Motherly advice***
- 52) What is the order of events on the continuum of sexual aggression?
- Suggestive looks, obscene phone calls, sexist jokes
  - Verbal harassment, exposure, sexual assault, murder***
  - Harassment, frottage, jokes, suggestive looks
  - Obscene phone calls, suggestive looks, frottage, jokes
- 53) The function of a grand jury is to:
- Decide a verdict of guilt or innocence concerning an individual accused of a crime.
  - Assess the competency of the witness(es) to testify at a civil or criminal hearing.
  - To give the defense an opportunity to examine all of the prosecution's evidence.
  - To determine if there is enough evidence in a particular case to be bound over for trial.***
- 54) When interviewing a child sexual assault victim, which of the following is most important?
- Establishing rapport with the child.
  - Assessing the age and developmental levels of the child.
  - Establishing a common vocabulary with the child.
  - All of the above.***
- 55) A felony case that has been true-billed by a Grand Jury means that the offender is indicted and:
- Found guilty of the offense as charged and punished for a felony crime.
  - Judged as a case without enough evidence and dismissed, or subsequently no-billed by the Grand Jury.
  - Received deferred adjudication.
  - Bound over for arraignment and trial.***
- 56) Disclosure is a term that generally refers to:
- A child victim's first telling of an abusive incident or relationship with an adult.***
  - A written statement given by a child victim for police reporting and court.
  - A CPS worker's interview with a child.
- 57) Debriefing is important for which of the following reasons?
- Advocates may experience feelings of sorrow, anger, inadequacy, and need some solid encouragement or an opportunity to ventilate emotional issues.
  - Debriefing can help document statistical data, influence case management plans, and document work performed on each case.
  - Advocates have a right to their own feelings and may sometimes feel disgust, dislike, anger, anxiety or fear regarding a victim or the situation.
  - All of the above may apply at any given time.***

- 58) The purpose of the sexual assault forensic examination is:
- To prove that a complainant has definitely been sexually assaulted.
  - To substantiate that a defendant had consensual relations with a complainant.
  - To provide medical evidence in a sexual assault investigation.**
  - To discredit all of the witnesses in a sexual assault allegation or investigation.
- 59) Which of the following dynamics or issues is the most important in understanding the impact of sexual assault upon a child victim?
- The emotional involvement between the child and the offender.
  - The abuse of power by the offender.
  - The level of trust given to the offender by the child.
  - a, b, and c.**
- 60) CPS (Child Protective Services) deals with all cases involving:
- Emotional, physical, sexual, and neglectful abuse of children when the abuse has been perpetrated by a care-taker of the child or if the care-taker does not believe and protect the child.**
  - All emotional, physical, and neglectful abuse of children.
  - Any situation where a child is at risk of further abuse.
  - a and c are both correct.
- 61) A chronic Hotline caller has called you fourteen times on one shift. The caller has a 'yes, but,' answer to every option reviewed. You would:
- Tell the caller that you cannot assist him/her and hang up.
  - Set time limits, such as 5 minutes, and let the caller know the options, then enforce the time limit.**
  - Tell the caller that you haven't time for these concerns because 'real' victims might be calling, leave the phone off the hook for 20 minutes.
- 62) An appropriate response to a 15 year old female calling on the Hotline requesting information for where to obtain birth control pills:
- Telling the caller that she should think about what she's doing and that becoming sexually active at such a young age will result in pregnancy or HIV infection.
  - Ask the caller for her name, address, and her partner's name and age so that a report may be made to CPS and/or police authorities concerning under-age sexual activity.
  - Respond without judging the caller and make a referral to the appropriate resource.**
  - Advise the caller that even though this is a hotline where callers can remain anonymous, you cannot give out that information because she is not old enough to consent to sexual activity.
- 63) A sexual assault victim sometimes provokes rape, or "asks for it" by:
- Wearing provocative clothing or "coming on to others".
  - Not saying "no" with conviction.
  - No victim ever asks to be raped.**
- 64) More than half of all perpetrators are:
- Strangers to the victim.
  - Known to the victim.**
- 65) Most sexual assault victims:
- Will report the rape to police.
  - Will not report the rape to police.**
- 66) If someone is being sexually assaulted, they should:
- React according to their instincts.**
  - Fight or scream as much as they can.
  - Try to talk their way out of it.
  - Get their gun and shoot.

- 67) If a person is sexually assaulted, they should:
- Immediately douche to prevent infection.
  - Collect any evidence the rapist may have left behind.
  - Call the police right away and get to a hospital.**
  - Not tell anyone, since it was their fault.
- 68) If a person tells you they have been sexually assaulted, it is best to:
- Point out his/her mistakes so they don't make the same ones again.
  - Listen and reassure the person that it was not their fault.**
  - Encourage them to try and forget about it and get on with life.
  - Tell them it happened because they didn't fight hard enough.
- 69) If an acquaintance is making you uncomfortable and you feel somewhat threatened:
- Ask yourself if this person does that to everybody and really doesn't mean anything by it.
  - Ask yourself if you're being paranoid.
  - Tell that person assertively to stop what he/she is doing.**
- 70) Which of the following are *not* eligible for reimbursement under Crime Victim's Compensation?
- Medical costs
  - Relocation costs
  - Loss of wages
  - Property damaged during the commission of the crime.**
- 71) In Texas, approximately what percentage of females will be a victim of sexual assault sometime during their life, according to the 2003 TAASA study?
- 20%**
  - 33%
  - 12%
  - 5%
- 72) Which of the following methods would be most effective in dealing with a survivor of sexual assault?
- Show the survivor respect by using "ma'am" and "sir" and avoid eye contact because that could be perceived as controlling and domineering.
  - Survivors of sexual assault need positive physical contact such as hugging and holding her or his hand.
  - It is often difficult for survivors of sexual assault to make decisions following the attack, if you can assume the responsibility for them, it is extremely beneficial for the survivor.
  - Let the survivor know that it wasn't their fault and that you believe them.**
- 73) An example of ethical behavior is:
- An advocate sharing information about her own abuse
  - Getting together with the survivor as friends outside of the Crisis Center.
  - Giving the survivor advice on the best course of action.
  - Providing the survivor with all relevant information to assist her in making an informed choice.**
- 74) Sexual assault is a crime of:
- Sex.
  - Violence.
  - Power and control.
  - A combination of above.**

- 75) In Texas, approximately what percentage of males will be a victim of sexual assault sometime during their life, according to the 2003 TAASA study?
- 1 in 7.
  - 1 in 10.
  - 1 in 20.**
  - 1 in 50.
- 76) Children who are being sexually abused:
- Usually tell a parent what is going on.
  - Usually won't reveal the abuse to anyone.**
  - Usually stop the molestation themselves.
- 77) Most children are molested by:
- A stranger.
  - A person they know only slightly.
  - A person whom they trust and care about.**
- 78) Children who are sexually abused usually:
- Feel at least partially to blame.
  - Feel that they must keep silent about the abuse.
  - a and b.**
- 79) Child molesters are:
- Male or female.**
  - Always male.
  - Always homosexual.
  - All of the above.
- 80) If a child reveals any kind of abuse to someone, that person should:
- Investigate the allegation to determine if it is true.
  - Get as many details as possible from the child.
  - Report what he/she knows to Child Protective Services and/or the police.**
  - All of the above.
- 81) If a child does not tell anyone about the abuse, it is because:
- They probably didn't mind it, or may have even enjoyed it.
  - They have been forced, tricked or bribed into keeping the secret.**
  - They usually feel able to handle it themselves.
  - At certain ages they won't remember it.
- 82) Parents of children who have been sexually abused should:
- Receive support and information on how to personally deal with their child's victimization and how to support their child.**
  - Never discuss the abuse with their child.
  - Be assured that time will heal all.
  - Not discuss the abuse with each other.
- 83) Offenders gain access to children through:
- Occupations.
  - Volunteer work.
  - Marriage.
  - All of the above.**

- 84) Children who disclose will often recant because:
- They were seeking attention by telling about sexual abuse.
  - They are embarrassed and not believed.***
  - The offender confesses.
  - Children never recant.
- 85) The trauma experienced by a victim of child sexual abuse may be related to:
- The sexual response of the victim.
  - Response of adults to the disclosure of the above.
  - The victim's perception of the offender and themselves.
  - All of the above.***
- 86) A survivor has the right to complete confidentiality except in which circumstances:
- Her attorney requests the information.
  - She is lying.
  - When a court orders the information be released.***
  - When her family is concerned about her.
- 87) On a hotline call, any of the following questions might be helpful *except*:
- Are you in a safe place?
  - Did you do something to provoke it?***
  - Do you want to go to the hospital?
  - Do you want to call the police?
- 88) The following are all dating rights *except*:
- I have the right to control my partner.***
  - I have the right to refuse a date without feeling guilty.
  - I have the right to say "no" to physical closeness.
  - I have the right to say "I don't want to be in this relationship any longer."
- 89) Individuals are mandated by law to report child abuse and neglect if:
- They can prove the child has been abused.
  - They have spoken with the guardian and have been given permission to report.
  - They have two or more confirmed incidences of the abuse.
  - They suspect or have cause to believe the abuse is occurring.***

### **MATCHING**

Match the correct letter with its definition. You will use one answer for each definition.

- |                         |                         |                            |
|-------------------------|-------------------------|----------------------------|
| a. Sexual Harassment    | e. "No Bill"            | i. Secondary Victimization |
| b. Rape Trauma Syndrome | f. Syphilis & Chlamydia | j. Sexual Socialization    |
| c. Stalking             | g. Date Rape            |                            |
| d. Sexual Assault       | h. Child Sexual Assault |                            |

- 90) **e** The Grand Jury ruling that means the case will not go to court because of the lack of evidence.
- 91) **f** Most common STD's.
- 92) **g** Sexual assault that occurs while on a date or between persons who expect to have (or already have) an intimate relationship.
- 93) **h** Any negative, exploitative, or coercive sexual experience involving a person under the age of 17.
- 94) **i** Resulting feelings, behaviors and attitudes experienced by advocates who have worked with victims in crisis over a period of time.

- 95) **a** Using positions of power and influence in a manipulative and coercive manner. Ranges from sexist language to demands for sexual favors.
- 96) **b** Suffering a significant degree of physical and emotional trauma during, immediately following, and over a considerable period of time after the rape.
- 97) **c** When a person intentionally and knowingly engages in a behavior that is directed towards another person that would cause a reasonable individual to fear for his/her safety or the safety of their immediate family.
- 98) **d** Forced sexual intercourse without consent.
- 99) **j** The set of expectations about attitudes and behaviors that are culturally assigned to one's gender; the process by which individuals incorporate within themselves the behaviors, attitudes, and values of their culture.

# INDIVIDUAL VOLUNTEER DATA COLLECTION FORM

*\* To be completed by volunteer*

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact you at work? Yes [ ] No [ ]

What is the best way to contact you during business hours? Work [ ] Home [ ] E-mail [ ] Cell Phone [ ] Other [ ]

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you volunteering to fulfill an organizational, class, or degree requirement? Yes [ ] No [ ]

When can you volunteer? Weekdays [ ] Evenings [ ] Weekends [ ] *(Check all that apply)*

Are you bilingual? Yes [ ] No [ ]

If yes, language(s): \_\_\_\_\_ Read [ ] Speak [ ] Write [ ]

\_\_\_\_\_ Read [ ] Speak [ ] Write [ ]

\_\_\_\_\_ Read [ ] Speak [ ] Write [ ]

Which volunteer opportunities are you interested in? *(Check all that apply.)*

Accompaniment [ ] Hotline [ ] Education [ ] Counseling [ ]

Child Care [ ] Administrative [ ] Special Projects/Events [ ]

Have you ever been convicted of a law violation (other than a routine traffic violation) or are you currently on deferred adjudication or probation? Yes [ ] No [ ]

If yes, please list offense and when it occurred:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

Disability: No [ ] Yes [ ] If yes, please specify: \_\_\_\_\_

**INDIVIDUAL VOLUNTEER DATA COLLECTION FORM**  
*(Page Two)*

What work/educational/volunteer experience do you have working with survivors of sexual assault?

Thank you for your interest in volunteering with our agency. We appreciate your desire to become an advocate for sexual assault survivors, their family members, and friends. Please note that we will screen each applicant for acceptance into the volunteer program.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Staff Use**

Application Received \_\_\_\_\_

Called to Schedule Interview \_\_\_\_\_

Interview Date \_\_\_\_\_

# INDIVIDUAL VOLUNTEER DATA COLLECTION FORM

(Page Three)

## Volunteer Skill Inventory

Please check the skills that you have, and would be willing to use, as a volunteer with our agency:

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting                     | <input type="checkbox"/> Legal Advice                 |
| <input type="checkbox"/> Artistic                       | <input type="checkbox"/> Library Science              |
| <input type="checkbox"/> Bilingual                      | <input type="checkbox"/> Licensed Counselor           |
| <input type="checkbox"/> Career Building                | <input type="checkbox"/> Listening                    |
| <input type="checkbox"/> Carpentry                      | <input type="checkbox"/> Marketing                    |
| <input type="checkbox"/> Case Management                | <input type="checkbox"/> Mentoring                    |
| <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Microsoft Access             |
| <input type="checkbox"/> Cleaning                       | <input type="checkbox"/> Microsoft Excel              |
| <input type="checkbox"/> Computer Repair                | <input type="checkbox"/> Microsoft Publisher          |
| <input type="checkbox"/> Computer Programming           | <input type="checkbox"/> Microsoft Word               |
| <input type="checkbox"/> Copy Machine Operation         | <input type="checkbox"/> Microsoft Powerpoint         |
| <input type="checkbox"/> Crisis Intervention            | <input type="checkbox"/> Networking                   |
| <input type="checkbox"/> Data Entry                     | <input type="checkbox"/> Organizing                   |
| <input type="checkbox"/> Decorating                     | <input type="checkbox"/> Parenting                    |
| <input type="checkbox"/> Dynamics of DV/SA              | <input type="checkbox"/> Phone Skills                 |
| <input type="checkbox"/> Electrical                     | <input type="checkbox"/> Photography                  |
| <input type="checkbox"/> Evaluation/Analysis            | <input type="checkbox"/> Peer Counseling              |
| <input type="checkbox"/> Event Planning                 | <input type="checkbox"/> Public Service Announcements |
| <input type="checkbox"/> Facilitating Support Groups    | <input type="checkbox"/> Public Speaking              |
| <input type="checkbox"/> Filing                         | <input type="checkbox"/> Research                     |
| <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Sewing/Alterations           |
| <input type="checkbox"/> Gardening                      | <input type="checkbox"/> Sorting Donations            |
| <input type="checkbox"/> Heavy Lifting                  | <input type="checkbox"/> Special Event Planning       |
| <input type="checkbox"/> Grant Writing                  | <input type="checkbox"/> Teaching                     |
| <input type="checkbox"/> Graphic Design                 | <input type="checkbox"/> Technical Writing            |
| <input type="checkbox"/> Hair Stylist                   | <input type="checkbox"/> Transport Furniture          |
| <input type="checkbox"/> Home Repair                    | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> House Painting                 | <input type="checkbox"/> Training                     |
| <input type="checkbox"/> Influential Community Contacts | <input type="checkbox"/> Tutoring                     |
| <input type="checkbox"/> Journalism                     | <input type="checkbox"/> Typing                       |
| <input type="checkbox"/> Landscaping                    | <input type="checkbox"/> Volunteer Management         |
|   | <input type="checkbox"/> Web Develop                  |

List other skills that you would like to use as a volunteer:

## VOLUNTEER PROGRAM SURVEY

*\*To be completed by volunteer*

**Please assist us in evaluating the effectiveness of our volunteer program.  
Your opinion is important to us, and your responses will be anonymous.**

Date: \_\_\_\_\_

1. I have volunteered in the following areas for this agency:

- Medical Accompaniment       Sexual Assault Hotline       Individual Counseling  
 Law Enforcement Accompaniment       Educational Presentation       Group Counseling  
 Legal/court Accompaniment       Other (*please specify*): \_\_\_\_\_

2. Please rate each of the following statements:

	<i>Strongly Disagree</i>			<i>Strongly Agree</i>		
a. The volunteer training program adequately prepared me for my assigned duties.	1	2	3	4	5	N/A
b. Agency staff welcomed me and made me feel needed.	1	2	3	4	5	N/A
c. I was given the opportunity to volunteer in the service area for which I expressed an interest.	1	2	3	4	5	N/A
d. Staff (in-service) training seminars were conducted at times that were convenient for me	1	2	3	4	5	N/A
e. I feel the staff respected me as an individual.	1	2	3	4	5	N/A
f. The volunteer training adequately prepared me for work with sexual assault survivors.	1	2	3	4	5	N/A
g. I feel that I am making a contribution through my volunteer work at this agency.	1	2	3	4	5	N/A

3. What is the best part of being a volunteer at this agency?

4. What can the agency do to better support volunteers?

5. Other comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Length of time as an agency volunteer:

- Less than 3 mo.       4-6 mo.       7-11 mo.  
 1-2 yrs       3-5 yrs       Greater than 5 yrs

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

# CLIENT SATISFACTION SURVEY

*\*To be completed by client*

**Please assist us in evaluating the effectiveness of our services.  
Your opinion is important to us, and your responses will be anonymous.**

Today's date: \_\_\_\_\_

1. What services have you received from this agency? *(check all that apply)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Medical Accompaniment               | <input type="checkbox"/> Sexual Assault Hotline   | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Law Enforcement Accompaniment       | <input type="checkbox"/> Educational Presentation | <input type="checkbox"/> Group Counseling      |
| <input type="checkbox"/> Legal/court Accompaniment           | <input type="checkbox"/> Crisis Intervention      |  |
| <input type="checkbox"/> Other <i>(please specify)</i> _____ |   |  |

2. Rate each statement as it relates to the services you received. If you did not receive a particular service, please circle N/A.

- |  | <b><i>Strongly Disagree</i></b> |   |   | <b><i>Strongly Agree</i></b> |   |     |
|--|---------------------------------|---|---|------------------------------|---|-----|
| a. The advocate listened to me with respect.   |                                 |   |   |                              |   |     |
| Accompaniment:                                 | 1                               | 2 | 3 | 4                            | 5 | N/A |
| Hotline:                                       | 1                               | 2 | 3 | 4                            | 5 | N/A |
| Counseling:                                    | 1                               | 2 | 3 | 4                            | 5 | N/A |
| b. The service I received met my expectations. |                                 |   |   |                              |   |     |
| Accompaniment:                                 | 1                               | 2 | 3 | 4                            | 5 | N/A |
| Hotline:                                       | 1                               | 2 | 3 | 4                            | 5 | N/A |
| Counseling:                                    | 1                               | 2 | 3 | 4                            | 5 | N/A |

3. What has been the *most helpful* part of your experience with this agency?

4. What would have been helpful that you did not receive?

## CLIENT SATISFACTION SURVEY

(Page Two)

5. Was there an advocate with whom you had a particularly good or a particularly bad experience?  
*If yes, please indicate advocate's name and describe the experience.*

6. Other comments:

The following information is optional. If you choose to complete this section, the information will be used to assist us in our outreach efforts. It will not be used to identify you.

Relationship to survivor of sexual assault:

Self  Family member  Other (please specify relationship): \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_ Primary language: \_\_\_\_\_

Disability: No  Yes  If yes, please specify: \_\_\_\_\_

**THANK YOU**