

Student Affairs Assessment Report 2020 – 2021

The goal of this report is for departments to assess at least one program. “Program” is defined loosely: it includes any organized activity such as a workshop, service, event, long term student program, or an entire department. It is not about the size of the program/service or assessment, this report is about focusing on the skills of assessment itself – getting the hang of embedding assessment into our culture. Each bullet point below includes more instructions to explain/simplify this process. This should be a brief exercise in assessment. Please be concise with your responses. This report should not be longer than 5 pages maximum. All Student Affairs Assessment Reports will be reported in aggregate on the Student Affairs Assessment & Research website and provided to the Student Affairs directors. A summary report will be provided to the Vice Chancellor for Student Affairs.

If you have questions about your assessment or this report, e-mail hayden.harris@ucr.edu.

Submit your report to hayden.harris@ucr.edu by June 1.

Department Name

Program Name

(Can include anything from 1-time projects such as workshops, services, events, or other programming to long-term projects such as peer mentor programs to entire units or departments. You can choose the scope of your assessment / the size of what you want to evaluate.)

Program Description

(Describe or explain the purpose of the program and how it works)

Write at least one Student Learning/Development Outcome

(List the student learning outcome(s) you plan to measure in your program. Write what you plan to measure, how you plan to measure it, as well as how you will determine whether it is successful.)

Strategic Themes *(Select all that apply)*

(Now that VCSA is launching the new strategic plan, there are 4 main areas of focus. Select which area(s) your program/service is related to.)

1. Transform the Student Experience
2. Creating Collaborative Partnerships
3. Establishing Organizational Excellence
4. Fostering and Advancing Social Justice

Assessment question *(Is there a specific question you are trying to answer with this assessment?)*

(In assessment, it's common to have a question or topic of interest that the assessment is designed to answer. What do you want to find out with this assessment?)

Assessment method(s) *(Select all that apply & include materials in appendix)*

(What you did: Select which method(s) you used to assess your program and provide details about how you assessed your program.)

1. Tracking utilization/participation (counting)
2. Survey/Questionnaire(s) *(provide example in appendix)*
3. Focus Groups or Interviews *(provide example questions in appendix)*
4. Observations *(provide example in appendix)*
5. Student learning (tests, papers, grading, etc.) *(provide example in appendix)*
6. Rubrics *(provide example in appendix)*
7. Other (please describe):

Assessment method details *(Please describe):*

(Provide any additional information about how you assessed your program/service.)

Results

(What you found: can be quantitative data such as counts/totals, averages, or other statistics, or qualitative data such as quotes, comment analyses, or document analysis, etc. Provide a summary of the results. Do not provide the actual data.)

Conclusion

(What you think: What conclusions can you draw from the results of this assessment? Did it answer what you wanted to know? Is there more you want to find out?)

Plan to use current results

(Now what? Now that you have the results, it's important to keep the assessment cycle going. It's good practice to identify how you plan to use the results from the beginning, but it's most common to figure out what to do next after getting the actual results. How can you apply these results? Can you use these findings to make decisions about the current program you assessed or even about other programs too? Can you share the results with key stakeholders or peers? There are many different ways to use assessment results – it's all up to your creativity and drive with what you want to do.)

How have you utilized your assessment results from 2019-2020?

Staff contact(s)

(Who can I contact if I have questions regarding this report?)

Thank you!

Appendix

Assessment Methods *(include any survey questions or other assessment methods here, if applicable):*



CARE Peer Education Program: Content Training Structural Framework

Description

The purpose of the CARE Student Leader Content Training is to provide CARE student staff and peer Educators with the tools needed to develop and deliver customized and inclusive violence prevention programs to the University of California, Riverside (UCR) students so that they can build a campus climate that is survivor-centered and free of violence. The training develops students' decision making and critical thinking skills set by introducing them to a variety of topics and activities that raises awareness around the root causes of sexual violence and enables them to make informed and safer choices for themselves and the UCR community.

Theoretical Framework

The training takes an intersectional approach to violence prevention education and is consistent with the CDC-endorsed social-ecological model, addressing factors of violence at an individual, relational, community and societal levels. Additionally, the curriculum is supported by the social learning theory (SLT) and the social cognitive theory (SCT), both of which emphasize self-efficacy. While SCT focuses on the motivation of learners, the theory also highlights the invaluable component of emotional or affective learning to addressing prevention education.

Standards

The curriculum is delivered utilizing trauma informed best practices and is rooted in the recommendations of the *Council for the Advancement of Standards in Higher Learning*.

Pedagogy

The training utilizes a student-centered approach to learning, with an emphasis on collaborating with both on and off campus partners and using hands-on activities and learning modules. Partnering with other offices on specific topics ensures that students receive a comprehensive learning experience and allows them to build a network of support while they continue their education at UCR.

Student Learning Outcomes (SLOs)

- Describe and relate the mission and history of CARE to the campus community
- Understand the role of trauma informed education and in creating a sense of belonging for student survivors on campus
- Apply an intersectional approach to prevention education and identify the root causes of sexual violence
- Understand how creating a violence free campus climate is critical to student success
- Recognize the importance of bystander intervention



2020-2021 Content Training Assessment Summary Report

Overview

Due to the shift to remote learning, CARE's four-day training was converted into weekly training sessions during Fall and Winter Quarters. Each week, CARE's peer educators from Brothers and Sisters Against Violence (BSAV) and Sexual Assault & Violence Education (SAVE) peer groups were introduced to a variety of violence prevention education topics. The sessions provided students with the tools needed to develop and deliver customized and inclusive violence prevention programs to the University of California, Riverside's undergraduate community. The training emphasized decision-making and critical thinking skills by bringing in guest speakers and engaging in activities that raise awareness around the root causes of sexual violence. The following report is an assessment of the quarterly training and evaluates the student learning outcomes through pre and post-evaluations.

The evaluation measures content knowledge and skill-building using short answer questions and multiple-choice questions. It focuses on areas where students successfully met specific learning outcomes and highlights topic areas where students need additional training.

Participants were given a pre-evaluation the week before the start of the training to assess their knowledge. At the end of the training, they took the same evaluation to measure growth and improvement areas.

Considerations

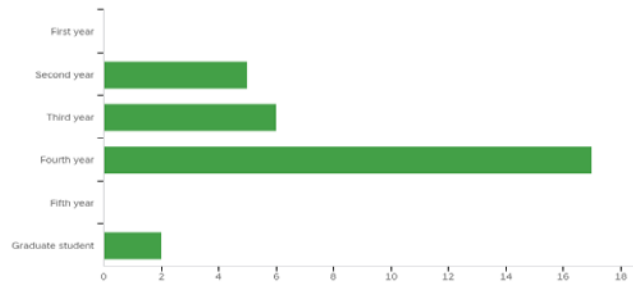
The COVID-19 pandemic and remote learning environment created unexpected challenges to content training. Many of our peer educators experienced zoom/computer burnout from being in virtual classrooms all day. The desire to participate in content training varied week-to-week. Some students thrived throughout the program, while others struggled with isolation, inconsistent or unsafe learning environments, and mental health issues due to the global pandemic. It was much more difficult to build comradery or a sense of a group identity in an online environment. Some students had limited capacity due to family issues, such as taking on more financial responsibilities in the household, being a caretaker to either their parents or siblings, and/or dealing with deaths in the family related to the pandemic. Even with these factors, our peer educators successfully completed the training and developed meaningful and engaging programs during Fall and Winter programs. While the results of the training may not accurately represent the successes of the peer educators, we were able to highlight areas of growth and development even with the impact of remote learning and the COVID-19 pandemic.

The CARE office had a hundred percent completion rate of both the pre and post-evaluations in previous years. However, during the 2020-2021 academic year, it was a challenge to have all peer educators complete the post-evaluations. While there were 37 peer educators, only 29 participants completed the pre-evaluation in Fall Quarter, and 20 peer educators completed the post-evaluation. Additionally, some participants did not answer all of the questions in both the pre and post-evaluations. Remote learning, finals, and the COVID-19 pandemic may have impacted the completion rate, which affected the final results and analysis.

Student Demographics

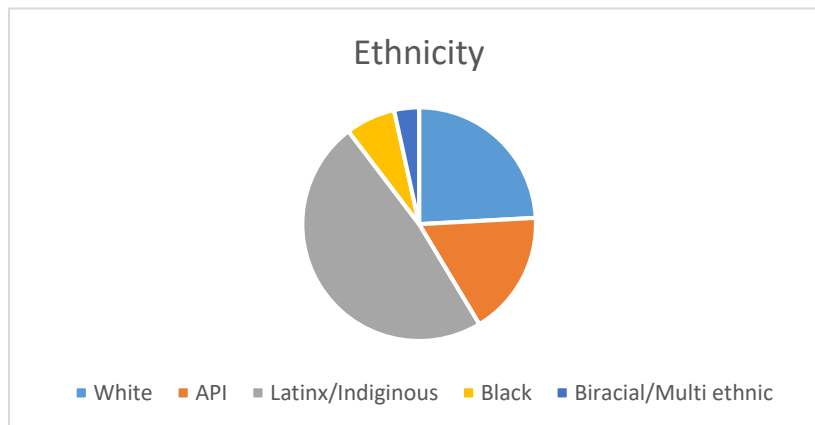
The information below outlines the demographics for both CARE peer education programs, BSAV & SAVE.

Figure 1 Class Level:



17 peer educators are fourth-year students, one graduate student, while 11 participants are second and third-year students. Even with most participants graduating this year, there is still a substantial minority of eligible students to continue with the program and promote it throughout campus.

Figure 2. Ethnicity:

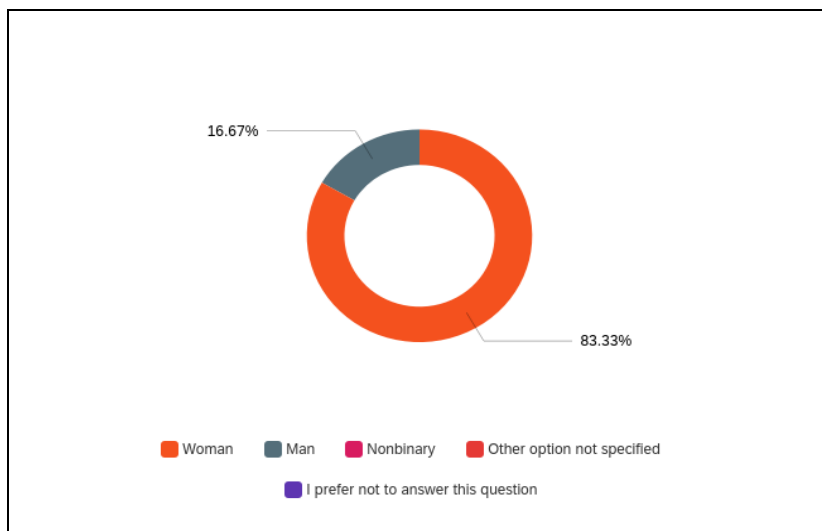


White	7
API	5
Latinx/Indigenous	14
Black	2
Biracial/Multiethnic	1

CARE's peer programs reflect the diversity of UCR; however, there needs to be a targeted approach to recruiting more API and Black students so that these communities are fairly represented in BSAV and SAVE. Both communities face unique barriers when accessing resources around sexual violence and could benefit from engaging with CARE's peer education programs to develop primary prevention

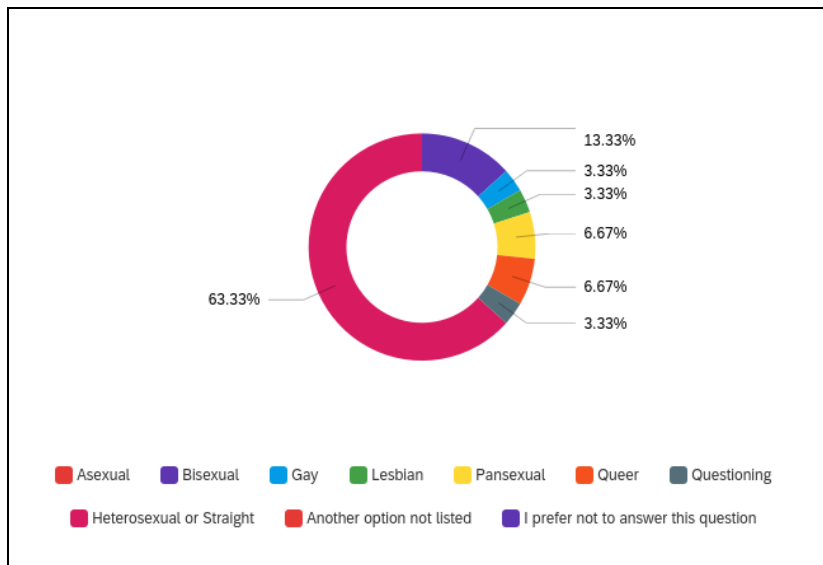
education. By including more students of color, their voices would be elevated, and there would be more outreach and access to resources for the API and Black student communities.

Figure 3. Gender ID:



While both BSAV and SAVE have many participants, 83% identify as women, and only 16.67% percent identify as men. There are no students who identified as transgender in either program. CARE must focus on recruiting more male-identified students and trans students so that the program accurately reflects UCR's student body. Moreover, transgender students are at higher risk of experiencing sexual and relationship violence and would benefit from participating in CARE's peer education programs. The CARE office has a strong partnership with the LGBTQ Center and has co-developed many programs in the past; but strategizing around recruitment efforts may enhance student participation from their office. Moreover, the more male-identified students need to be invested and involved in violence prevention. Lastly, male-identified students are also at risk for experiencing sexual violence and need safe spaces to receive information on resources, healing, and education.

Figure 4. Sexual Orientation:



63% of peer educators identify as heterosexual or straight, and approximately 23% identify as members of the LGBTQ+ community. Increased recruitment within the LGBTQ+ community is necessary for increased representation of other genders and identities for both peer education programs.

Student Learning Outcomes & Results

Student learning outcomes (SLOs) for the 2020-2021 content training:

1. Describe and relate the mission and history of CARE to the campus community
2. Recognize the role of trauma informed education and in creating a sense of belonging for student survivors on campus
3. Apply an intersectional approach to prevention education and identify the root causes of sexual violence
4. Recognize the importance of bystander intervention
5. Understand how creating a violence free campus climate is critical to student success

SLO 1 was assessed by using the following questions:

- *What services does the **CARE** office provide?*
- *What is prevention education? How does your role as a CARE student staff fit into prevention education?*
- *What does the **Title IX Office** investigate?*
- *What are the 2 reporting options available to UCR students, staff and faculty?*



21 students responded to the first question, but only 10 correctly identified the 3 services CARE offers to UCR; however, 14 out of 18 participants correctly identified CARE services in the post-evaluation. Even with a lower completion rate, there is an increase in knowledge and understanding of the office. In the pre-evaluation, less than half of the participants understood the meaning of violence prevention education. Still, in the post-evaluation, all 18 participants understood the importance and value of violence prevention education. In both the pre and post-evaluations, all participants correctly identified Title IX's role on campus. In contrast, approximately 74% of participants understood that students, staff, and faculty could file a criminal report to UCR PD and an administrative report to the Title IX office.

SLO 2 was assessed by using the following question:

- *Why is it important to use a trauma informed approach to prevention education and when working with student survivors?*

Student voice: "Trauma-Informed practices creates a safe space or environment for students to feel welcomed and comfortable in exploring these difficult topics. This also helps student survivors by being approached in a respected way."

In the pre-evaluation, all 20 respondents emphasized that providing a trauma-informed approach to violence prevention education created a safe learning environment and established a sense of trust among participants. But, they could not provide specific details of what a trauma-informed approach may look like in prevention education. The post-evaluations had 18 responses. The majority of respondents highlighted that using inclusive language, developing accessible materials, and establishing a space free of judgment allows students to feel comfortable engaging in complex discussions without being harmed by the material. By the end of the training, both BSAV and SAVE peer educators identified concrete ways to develop trauma-informed programs and were able to apply this approach in both Fall and Winter Quarter programming.

SLO 3 was assessed by using the following:

- *Define the term, Intersectionality:*
- *What are the root causes of sexual violence?*

In the pre and post-evaluations, approximately 95% of participants correctly identified the term intersectionality and understood that there are unique barriers that prevent many communities of color from accessing services and resources. Having this understanding at the onset of training opened up opportunities to engage in more in-depth conversations around some of the more specific issues different identities face when dealing with sexual violence.

Figure 5.

Pre-evaluation, Q. What are the root causes of sexual violence?

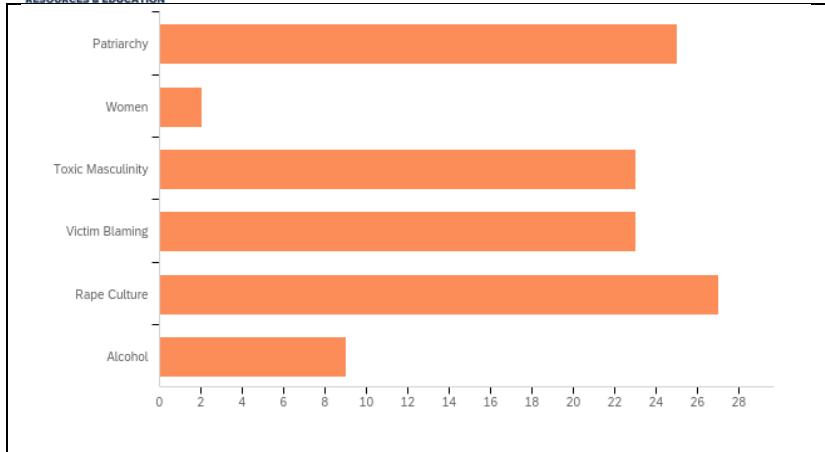
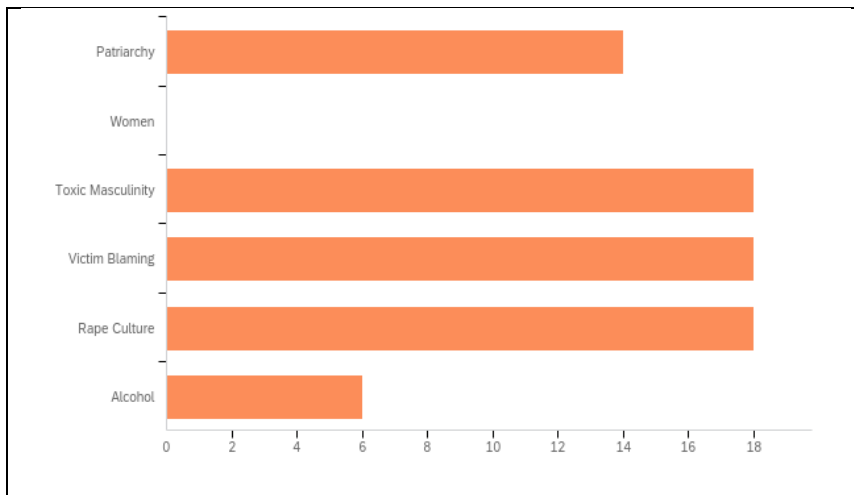


Figure 5.1
Post-evaluation, Q: What are the root causes of sexual violence?



When asked in the pre-evaluation to identify the root causes of sexual violence, roughly 2% stated that women are the root cause of violence, and 8% identified alcohol as a cause. Whereas in the post-evaluation, no one identified women as the cause of violence but instead identified patriarchy, victim-blaming, and rape culture as the leading causes of violence. This outcome suggests that there was a misconception that a particular gender was at fault before the training. However, after participating in the training, there is a shift in perception. Instead of women being identified as a root cause, there is an increase in participants who identified social structures and social norms as being the main cause of violence. This demonstrates that with ongoing violence prevention education, there is a culture shift that moves away from victim-blaming and holds social structures and norms accountable for the violence.

SLO 4 was assessed using the following questions:

- What are the 4 strategies to bystander intervention?

- How likely are you to intervene when you witness a situation that seems unsafe?

Figure 6.

Pre-evaluation, Q: *How likely are you to intervene when you witness a situation that seems unsafe?*

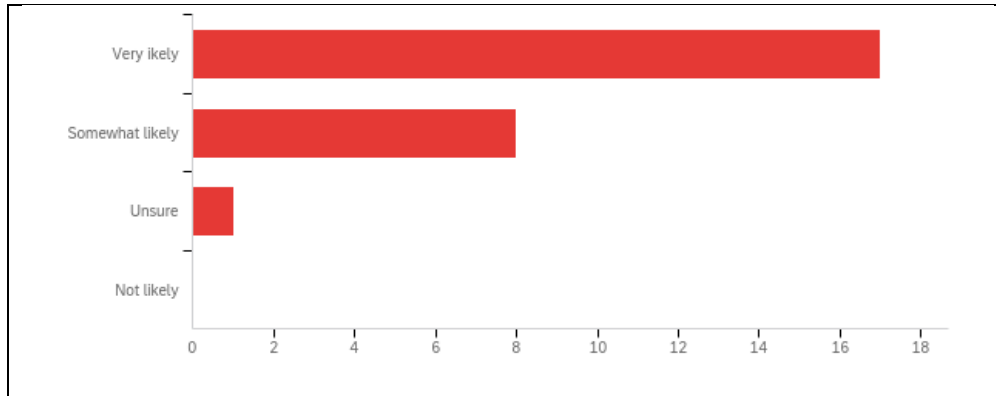
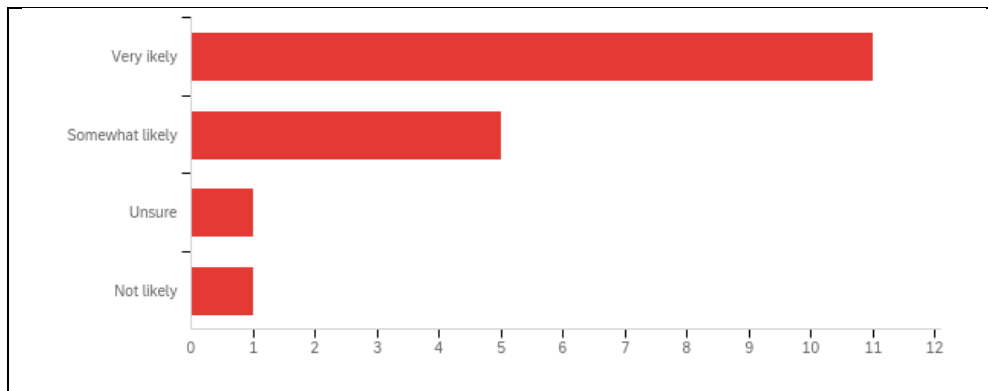


Figure 6.1

Post-evaluation, Q: *How likely are you to intervene when you witness a situation that seems unsafe?*



In both the pre and post-evaluations, 100% of the participants identified the four strategies to bystander intervention. In the pre-evaluation, 65% stated they were very likely to intervene when faced with an unsafe situation. In contrast, in the post-evaluation, there was a 4% decrease in the likelihood of intervention. Since every peer educator did not complete the pre and post-evaluations, it is possible that those who took the pre-evaluation did not take the post-evaluation or vice versa. Another possibility for the decrease in intervention is that after discussing some of the possible barriers and fears of intervening, some students may have been less inclined to intervene. While the CARE office incorporates basic strategies on bystander intervention, there is limited capacity to build a holistic and effective bystander intervention model that speaks to intersection of students of color and queer students. Furthermore, the challenges of working remotely made it increasingly difficult to provide personalized strategies and a customized approach to bystander intervention education.

SLO 5 was assessed using the following:

- Understand how creating a violence free campus climate is critical to student success

Figure 7.

Post-Evaluation Q: Why is bystander intervention critical to student success?

Student Voice:

“Intervention protects students from violence and creates a culture in which students stand up for and protect each other, making campus a healthier and better place to learn.”

In the pre-evaluation, most participants recognized the value of bystander intervention but failed to connect its importance to student success. Only 6 participants stated that a safer campus climate allows students to thrive and reach their potential. In the post-evaluation, there is an increase in understanding the value of bystander intervention and student success. Most of the responses explained that students would feel safe and excel in both their personal and academic lives by creating a climate free of violence.

Recommendations

Working closely with African Student Programs (ASP), Asian Pacific Student Programs (APSP), and the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) centers to market and recruit peer educators will help amplify BIBOP and Trans voices in CARE’s peer education program. Additionally, centering peer education programs and collaborative efforts during the 2021-2022 academic year with these centers will also increase visibility, leading to a more diverse recruitment process during the spring of 2022. With the return to campus in the Fall Quarter, there may be a possibility that content training can be held in-person and increase the likelihood of participation in the pre-evaluations. However, if content training continues to be remote, providing incentives to complete the evaluation may increase student participation. Lastly, increased training around issues that address power dynamics and barriers that impact different communities and identities will only strengthen the peer educators’ knowledge and enhance programmatic efforts to center BIPOC and LGBTQ voices campus-wide.

Default Report

CARE 2020 Content Training pre eval- Copy

March 23rd 2021, 4:49 pm MDT

Q2 - List 3 services CARE provides:

List 3 services CARE provides:

CAPS, Care Advocates, sexual assault awareness programming

accompaniment, safety planning, crisis intervention

1) Employs workshops and sessions for undergraduate students to be educated on healthy and unhealthy relationships, 2) Acts as a medium to connect the UCR community to resources that can make them feel safe, 3) Provides workshops to empower and heal those affected by sexual violence

Confidential counseling, prevention, resource directions

Resources for survivors of sexual abuse, counseling. I'm not sure of a third.

educate the community on sexual violence, confidential counseling, off other resources

Resources, advocacy, workshops

Provide survivors with resources, providing a safe space to discuss topics such as rape culture, and to provide legal options and pathways

Recourses, educating, and workshops

advocacy, resources, education

Yoga as Healing, Healing Through R-Garden, CARE Advocates

1. Education programs that feature topics like Sexual assault, stalking and consent 2. Programs that center around Empowerment and healing 3. Resources for undocumented students that involve (U-Visa)

Campus Advocacy, Resources, and Education

Prevention workshops, Bee Healthy series, sexual assault resources

Confidential Resources, Reporting Options, Campus Safety Escort Services

Safety planning, accompaniment, and crisis intervention

Advocacy, education, healing

Advocacy, Resources and Prevention

Workshops during orientation, therapeutic yoga (and other similar programming), and survivor support

Advocacy, education and support

Bee healthy events, care conversations, safety planning

Advocates, Programs, Education

Care provides Yoga as Healing, One on One Support through Care Advocates, and educational workshops by SAVE Peer mentors!

Crisis intervention, Educational/outreach programming, Empowerment and Healing Programs

Advocacy, Resources (self help, counseling, etc.), Education

Care conversations, advocates to help survivors, education on healthy relationships, etc

Accommodations, Crisis Intervention, and Healing Support

Q3 - What is prevention education?

What is prevention education?

Education that provides preventative strategies to address the root of sexual/domestic violence, etc. (like bystander awareness training)

Education that is centered on addressing the root causes of rape culture and by focusing on culture change.

Content revolved around identifying strategies that not only deter from sexual violence, but also acknowledging resources available to educate others and to empower those who have been affected.

The education to ensure that violence do not occur in an educational setting.

Education geared to preventing issues before they occur, it would be different because it would focus more on the first steps one could do rather than later options.

Prevention education is geared towards providing the UCR community with knowledge on consent and sexual violence.

Providing resources to stop a problem before it happens.

Essentially creating a change, whether its policy, social, etc. by addressing root causes of sexual violence

Creating change by educating the roots of the issue

Prevention education is when you give education to others about a topic so they gain the knowledge around it to prevent an event in that circumstance from happening

Prevention education focuses on preventing all forms of sexual/relationship violence in advance by providing opportunities to set boundaries and deconstruct harmful social norms.

Prevention education is information that touches on topics like consent, sexual safety, sexual health, domestic violence, healthy relationships, etc. that help prevent dangerous and harmful situations.

An education that provides individuals with the knowledge, the language, and the strategies they need to address and prevent sexual violence and sexual harassment.

Prevention education is meant to educate individuals on red flags, risks, and other factors that may be indicators of future sexual violence or sexual violence occurring in someone you know. The goal is to prevent the violence from occurring or escalating.

Prevention education is a form of education where we try to prevent any sexual violence or unhealthy norms in society before they happen by providing different perspectives on the issue.

Prevention education helps prevent all forms of sexual & relationship violence before they happen. With the proper education students can learn about healthy relationships, consent, boundary setting. This will in turn

deconstruct and transform unhealthy social norms that perpetrate sexual and relationship violence on campus which will hopefully influence the world outside of the student population at UCR.

Education meant to identify/prevent harmful behaviors towards others

Prevention education is looking at the root of issues like stalking, sexual assault, unhealthy relationships and diving into each one to examine how societal factors interact and influence a certain norm. I think prevention education is a call for change.

Education that occurs before an assault/act of violence and is directed at a larger group of people without much assumed prior knowledge on the topic. The goals are to prevent possible crimes and harms, as well as educate on a variety of essential topics that create a safer and more comfortable environment for everyone.

Providing information about a particular topic in order to mitigate harmful effects before they can happen.

tactics to inform people on how to prevent potentially harmful situations, such as learning how to set boundaries

Prevention Education is about sensitive topics and issues and to identify the root causes of these. This allows to inform others by raising awareness to prevent these issues to continuing further.

Prevention Education aims to educate people on topics such as sexual assault, unhealthy mechanisms found within relationships, etc. in efforts to prevent something dangerous from happening before it does.

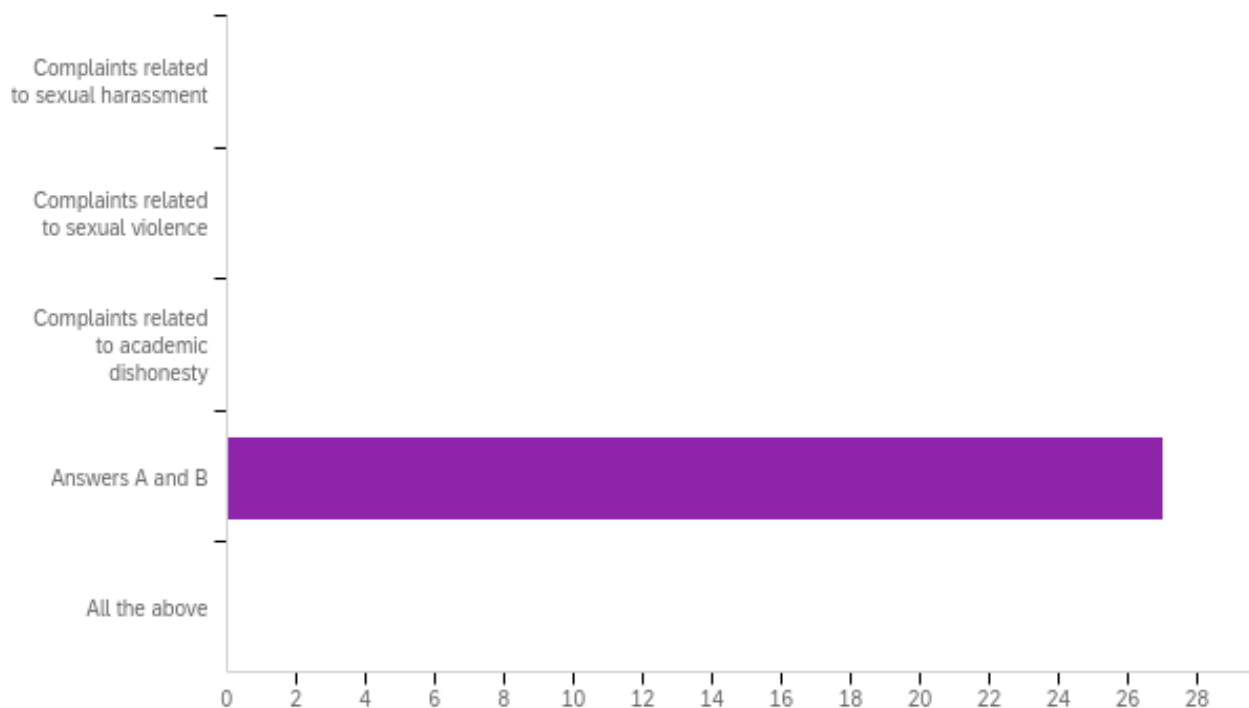
Prevention education is focusing on examining the root causes of sexual assault, domestic/dating violence and stalking.

A bottom-up approach where you try and spread easy to digest information and educative materials regarding topics like sexual assault. By beginning at education, understanding the basics of consent and things like that can prevent questionable behavior.

teaching students what is healthy and unhealthy in all relationships so that they know what to look for in terms of red flags or just be a good partner/ friend.

Prevention education is about building the culture of consent and ending sexual violence at UCR.

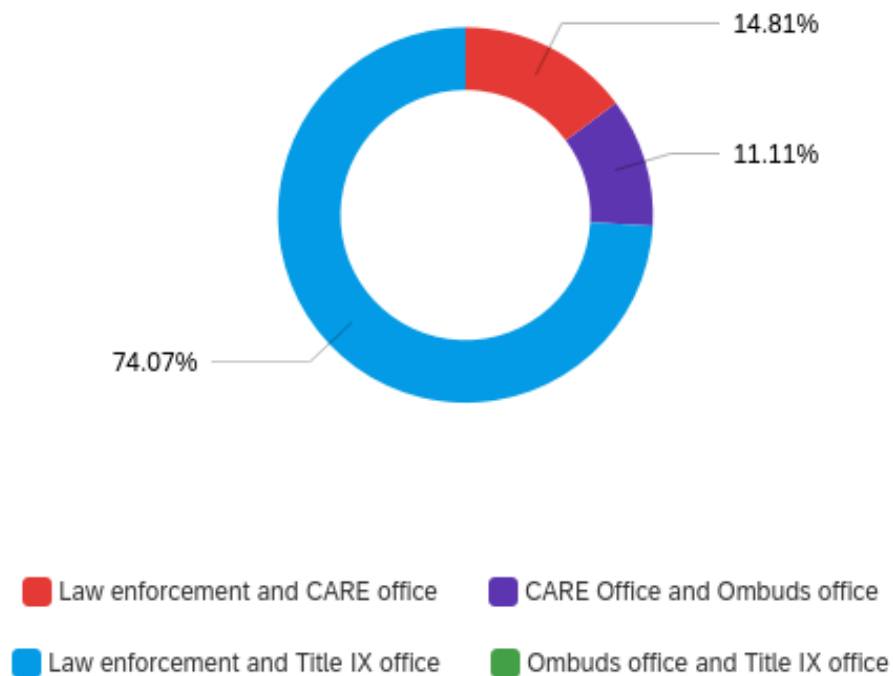
Q4 - What does the Title IX office investigate?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What does the Title IX office investigate?	4.00	4.00	4.00	0.00	0.00	27

#	Answer	%	Count
1	Complaints related to sexual harassment	0.00%	0
2	Complaints related to sexual violence	0.00%	0
3	Complaints related to academic dishonesty	0.00%	0
4	Answers A and B	100.00%	27
5	All the above	0.00%	0
	Total	100%	27

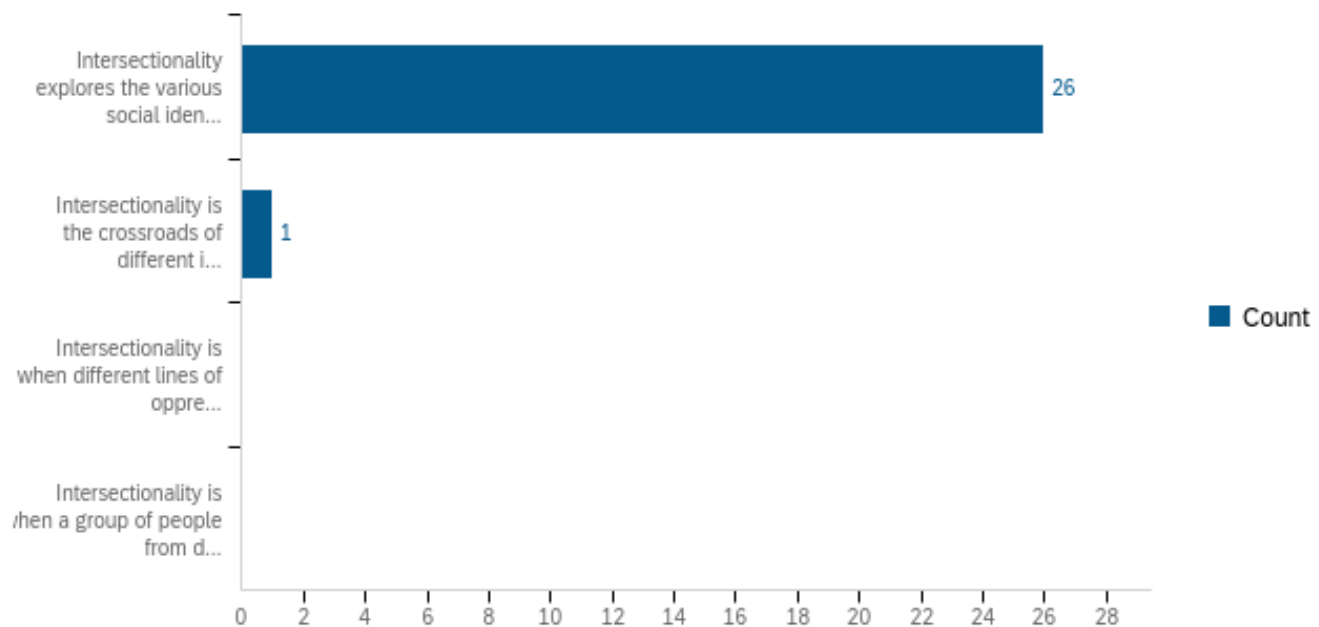
Q5 - What are the 2 reporting options available to student, faculty, and staff survivors?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What are the 2 reporting options available to student, faculty, and staff survivors?	1.00	3.00	2.59	0.73	0.54	27

#	Answer	%	Count
1	Law enforcement and CARE office	14.81%	4
2	CARE Office and Ombuds office	11.11%	3
3	Law enforcement and Title IX office	74.07%	20
4	Ombuds office and Title IX office	0.00%	0
	Total	100%	27

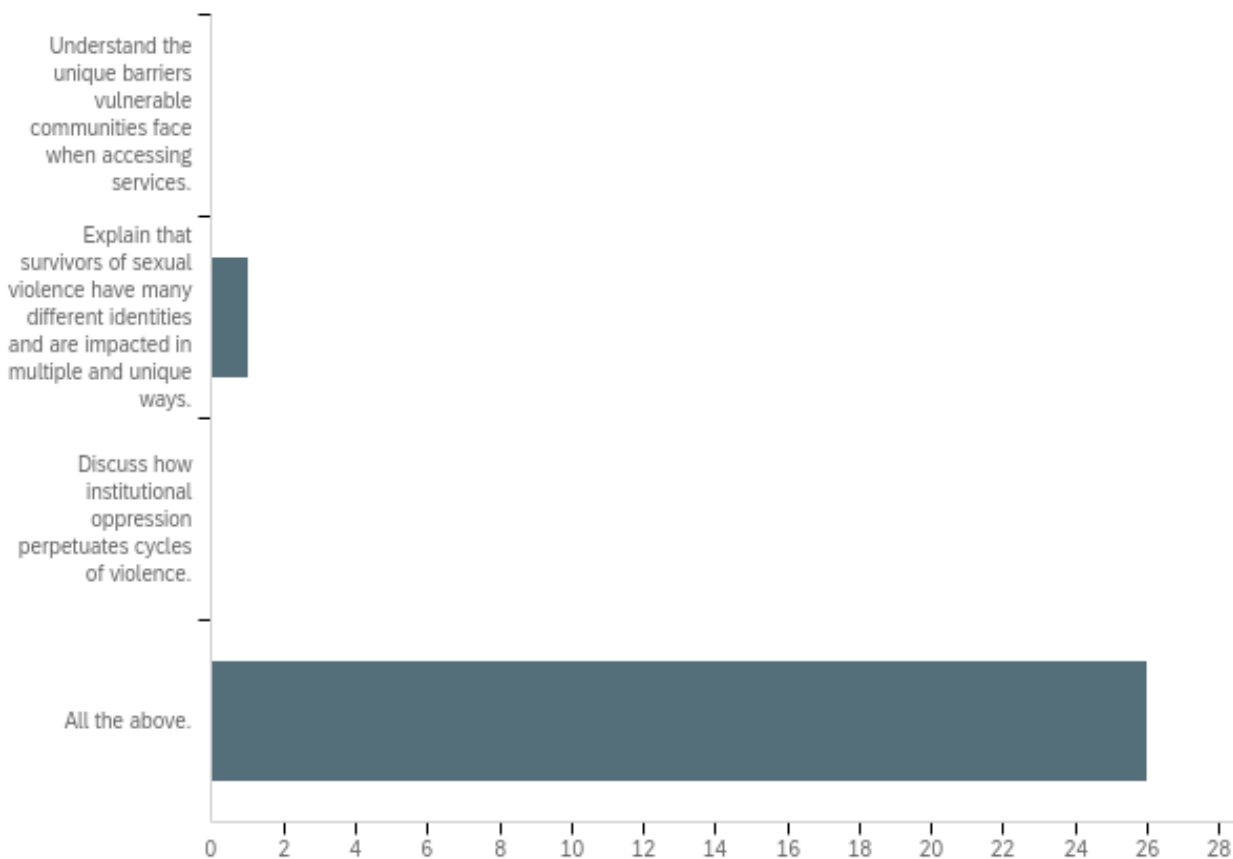
Q8 - What does the term, intersectionality mean?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What does the term, intersectionality mean?	1.00	2.00	1.96	0.19	0.04	27

#	Answer	%	Count
1	Intersectionality is the crossroads of different identities coming together.	3.70%	1
2	Intersectionality explores the various social identities, as race, gender, sexuality, and class that contributes to the specific type of systemic oppression and discrimination experienced by an individual or a particular group of individuals.	96.30%	26
3	Intersectionality is when different lines of oppression come together.	0.00%	0
4	Intersectionality is when a group of people from different ethnic backgrounds work together.	0.00%	0
	Total	100%	27

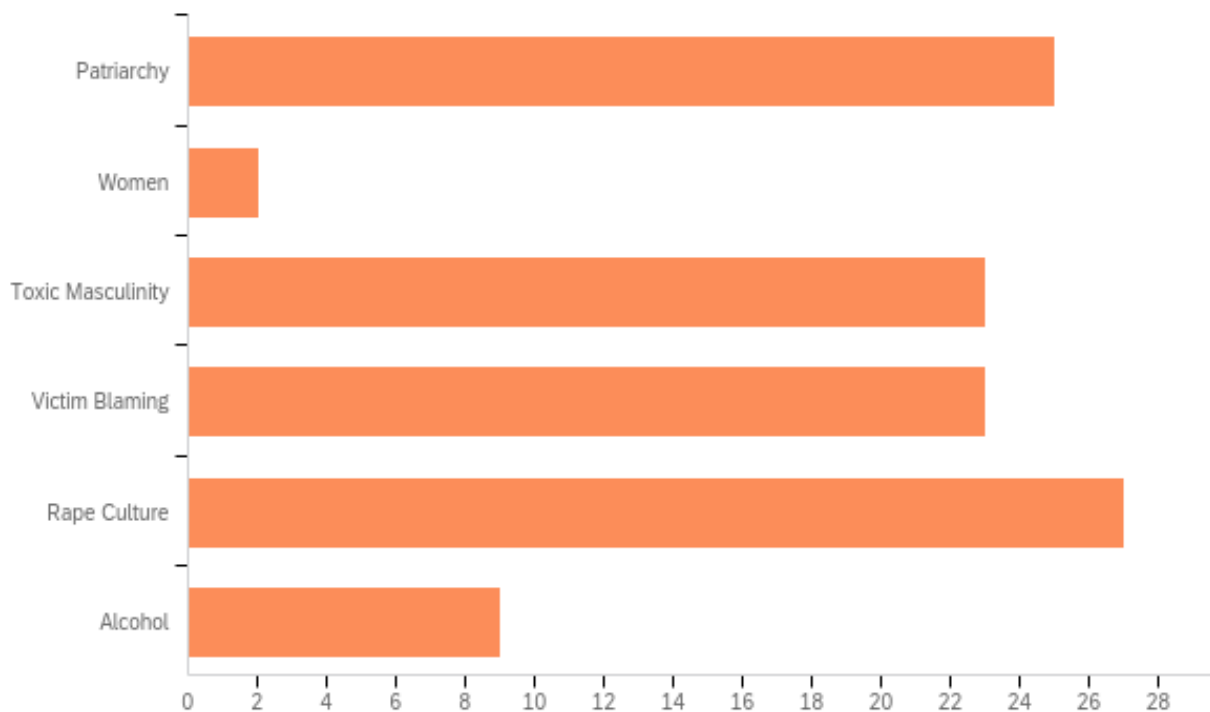
Q9 - An intersectional approach to prevention education allows students to:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	An intersectional approach to prevention education allows students to:	2.00	4.00	3.93	0.38	0.14	27

#	Answer	%	Count
1	Understand the unique barriers vulnerable communities face when accessing services.	0.00%	0
2	Explain that survivors of sexual violence have many different identities and are impacted in multiple and unique ways.	3.70%	1
3	Discuss how institutional oppression perpetuates cycles of violence.	0.00%	0
4	All the above.	96.30%	26
	Total	100%	27

Q8 - Which of the following are root causes of sexual violence (check all that apply):



#	Answer	%	Count
1	Patriarchy	22.94%	25
2	Women	1.83%	2
3	Toxic Masculinity	21.10%	23
4	Victim Blaming	21.10%	23
5	Rape Culture	24.77%	27
6	Alcohol	8.26%	9
	Total	100%	109

Q11 - Define the term, rape culture:



☐ Is a culture where perpetrators of sexual violence are held accountable.

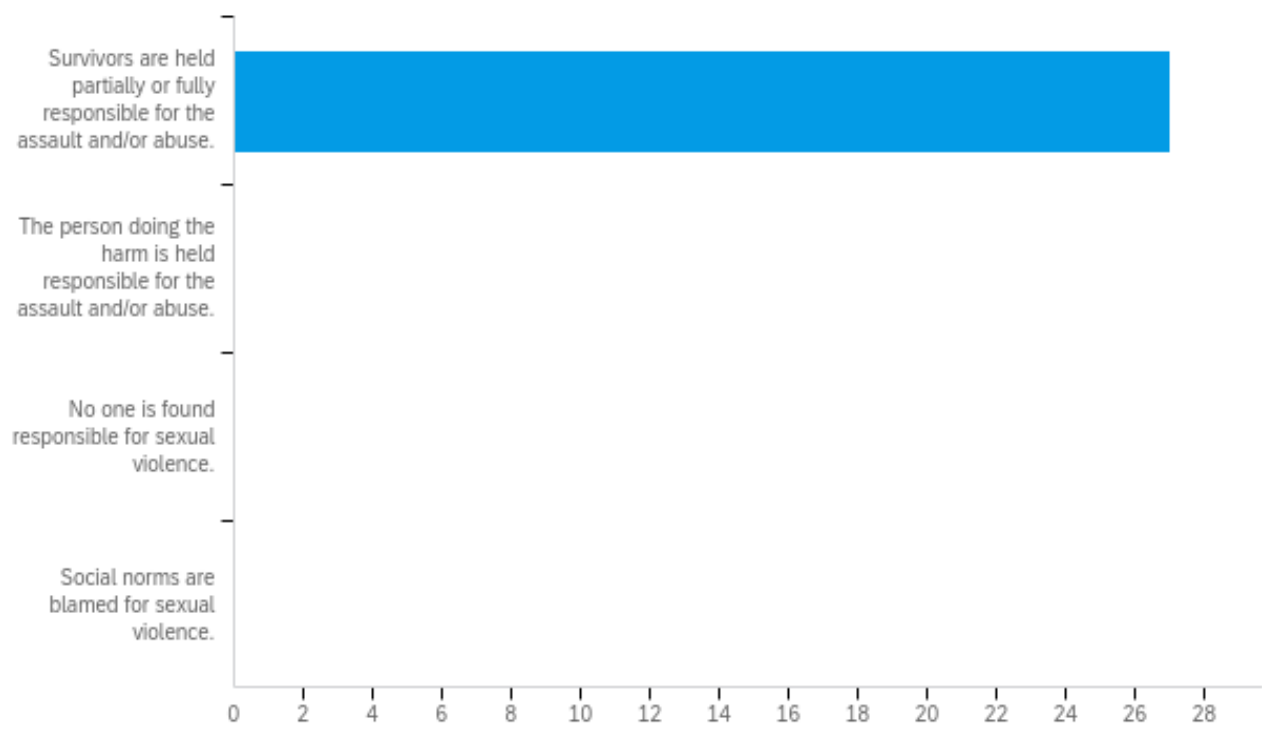
☒ Is a culture in which sexual violence is treated as the norm and victims are blamed for their own assaults.

☐ There is no such thing as rape culture. ☐ Is a culture that does not tolerate violence.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Define the term, rape culture:	2.00	2.00	2.00	0.00	0.00	27

#	Answer	%	Count
1	Is a culture where perpetrators of sexual violence are held accountable.	0.00%	0
2	Is a culture in which sexual violence is treated as the norm and victims are blamed for their own assaults.	100.00%	27
3	There is no such thing as rape culture.	0.00%	0
4	Is a culture that does not tolerate violence.	0.00%	0
	Total	100%	27

Q12 - Victim blaming is when:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Victim blaming is when:	1.00	1.00	1.00	0.00	0.00	27

#	Answer	%	Count
1	Survivors are held partially or fully responsible for the assault and/or abuse.	100.00%	27
2	The person doing the harm is held responsible for the assault and/or abuse.	0.00%	0
3	No one is found responsible for sexual violence.	0.00%	0
4	Social norms are blamed for sexual violence.	0.00%	0
	Total	100%	27

Q13 - List 3 red flags of an unhealthy relationships:

List 3 red flags of an unhealthy relationships:

does not agree to compromise, controls time and conversations, threatens you

Lack of trust, controlling behavior, physical and verbal abuse

shame, isolating, unhappiness

Physical/emotional abuse, lack of consideration for consent, a partner who continues to do things that makes their partner uncomfortable.

telling your partner what to wear, gaslighting, any type of physical/mental abuse

Threats, over protection, secrecy

Lack of communication, lack of trust, controlling behavior

Manipulation, lying, verbal/emotional/ physical abuse

physical abuse, mental abuse, lack of trust

Someone being emotionally not present, someone spending too much time with their S/O and not enough time with other people, and someone doing things just because their S/O wants them to.

1. Isolation 2. Harassment 3. Intimidation

Physical abuse; control; humiliation

Isolation, physical indicators, asking partner for permission for your actions

Disruption of daily activities, fear, loss of control

Isolation, harassment, humiliation

Gas lighting, emotional manipulation, no respect for boundaries

Stalking, emotional/verbal abuse, lack of trust

Very controlling, attempts to isolate partner from friends and family, and hot-and-cold behavior so that the other partner is in constant fear of upsetting them

Gaslighting, intense verbal arguments, extreme codependency

lying, gaslighting, limiting who partner can interact with

Harassment, Verbal and Physical Abuse

Stalking, Verbal Abuse, Obsession

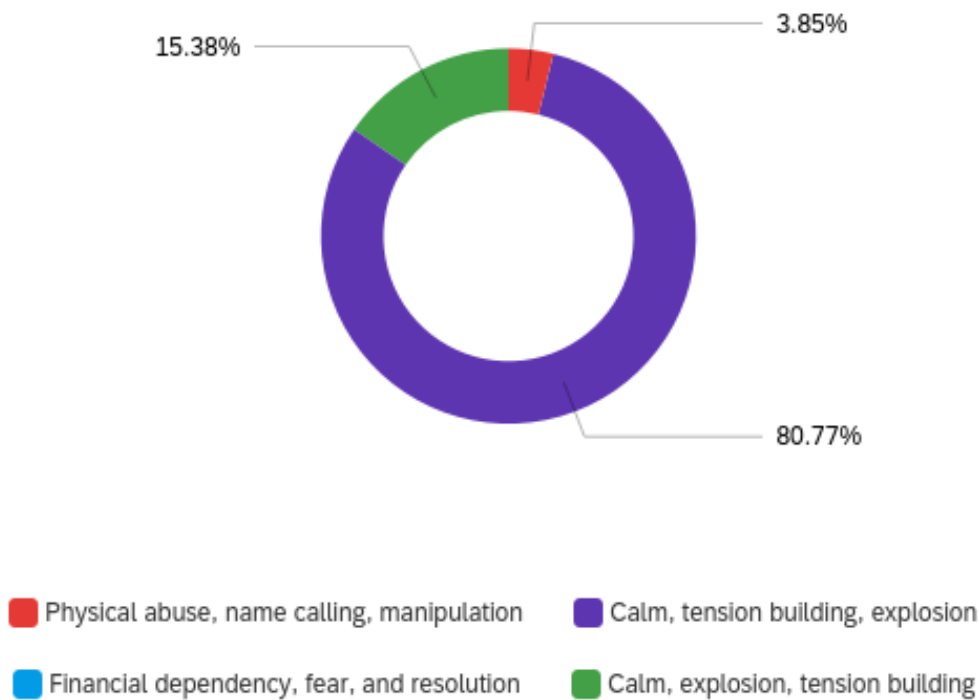
unclear boundaries, stalking, manipulative behavior

Trying to control another's appearance, put-down manipulation, lack of trust/communication

all the emotional weight placed on one person, controlling one another, abuse (emotional or physical)

Stalking online and in person, controlling what your partner does, and gaslighting

Q14 - Select the 3 phases of the cycle of violence:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Select the 3 phases of the cycle of violence:	1.00	4.00	2.27	0.76	0.58	26

#	Answer	%	Count
1	Physical abuse, name calling, manipulation	3.85%	1
2	Calm, tension building, explosion	80.77%	21
3	Financial dependency, fear, and resolution	0.00%	0
4	Calm, explosion, tension building	15.38%	4
	Total	100%	26

Q15 - List 3 ways intimate partner violence can negatively impact a survivor's health and well being:

List 3 ways intimate partner violence can negatively impact a survivor's health and well being:

physical health can be affected, mental health affected (gaslighting), unsteady living conditions

Because of intimate partner violence a survivor can be emotionally traumatized, the survivor may struggle with partner dependency, or the survivor may be blamed for her own struggles when discussing the relationship.

isolate the partner from friends and family, devalue the individual and their interests, physically harm them

Anxiety, withdraw from one's social life with friends or family, depression.

It can cause a decline in mental health, isolation from friends/family members, and eating/sleeping disturbances.

- death - severe injury - psychological trauma

It can cause mental health problems Lack of social skills Being afraid to make new relationships

Constant Blaming, bringing up up/ throwing it in their face during arguments, emotional abuse

Partner violence can negatively impact a survivor by hurting them spiritually, mentally, and physically. They can lose a sense of self and self-worth, and lose trust in others. Violent relationships can also have impacts on the victims surrounding relationships with friends and family

Intimate partner violence can cause long-lasting trust issues, negative self-image, and fear of being hurt once again, even if someone they meet does not intend to hurt them.

1. This can give a survivor anxiety and PTSD 2. It will damage future intimate experiences because of the fear that survivors associate with intimacy 3. It can make a survivor isolate themselves

Post-traumatic stress disorder (PTSD) Chronic health problems Cardiovascular issues

They may be isolated from their friends, it may lead to depressive symptoms, or lead to anxiety.

Isolated themselves from others Living with constant fear of something bad happening to them Confused and not knowing what is going on

Intimate partner violence can negatively impact a survivor by making them feel loss of control, fear, and/or isolated.

Long lasting trauma, anxiety around interactions, low self esteem

Mental health toll (depression, anxiety, PTSD), Disconnection from family or friends, self-isolation

Isolation from friends and family, physical injuries or mental health issues, and distraction from school, work or hobbies due to the abuse.

Can make them wary of getting help, make them feel unworthy of help, and make them feel deserving of the violence.

1. can inhibit one's independence in many aspects, like financial 2. can lead them to fall physically and mentally ill 3. can cause them to detach from other relationships (friends & family)

It can impact the survivors view of themselves (insecurities), it can impact the survivors voice in the relationship, it can instill fear into the survivor in leaving the relationship

It can make them fearful of their life, break their self esteem, and make them lose trust in others.

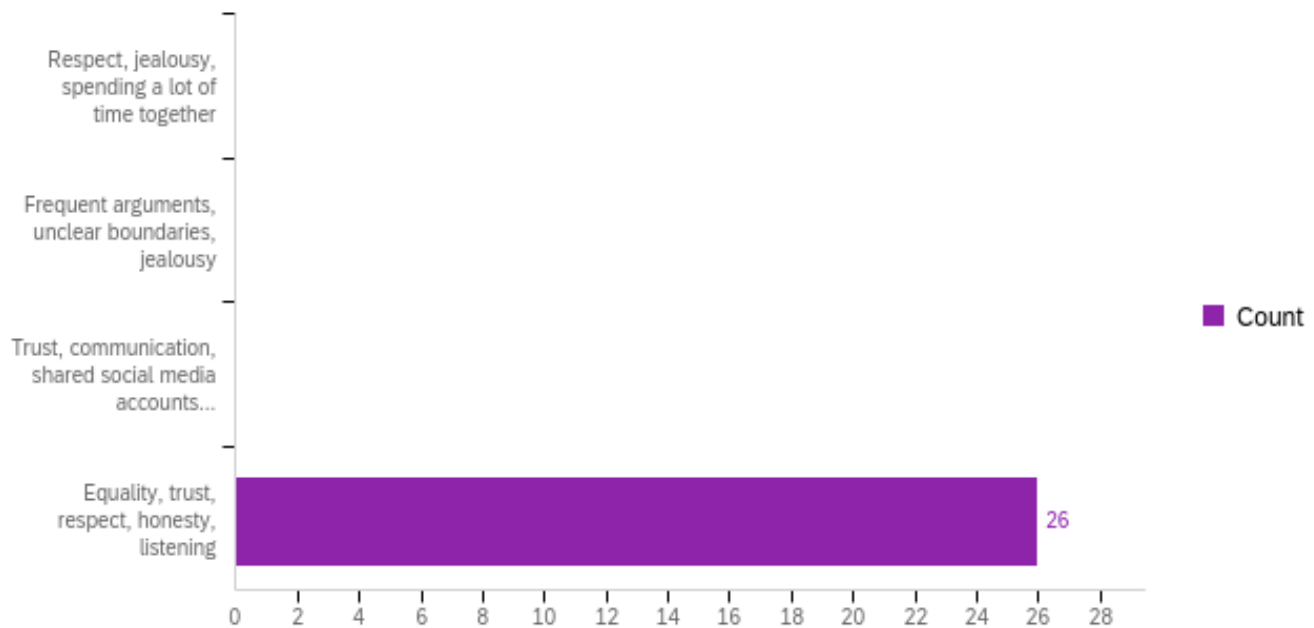
It can negatively affect their mental health, their self esteem and cause them to feel uncomfortable in their own body

Feeling as if the abuse is their fault, psychological disorders, injury (and sometimes death)

can cause the person to feel physically ill (stomachache, headache, etc), can cause them to feel depressed, anxious, or worthless, can cause them to distance/isolate themselves from family or friends.

It can affect a survivor's mental health, it can affect their physical health if they are being physically abused and restricted from seeking medical help, and it can also impact their social life if the abuser/perpetrator/someone who is inflicting harm is refraining their partner from seeing family and friends.

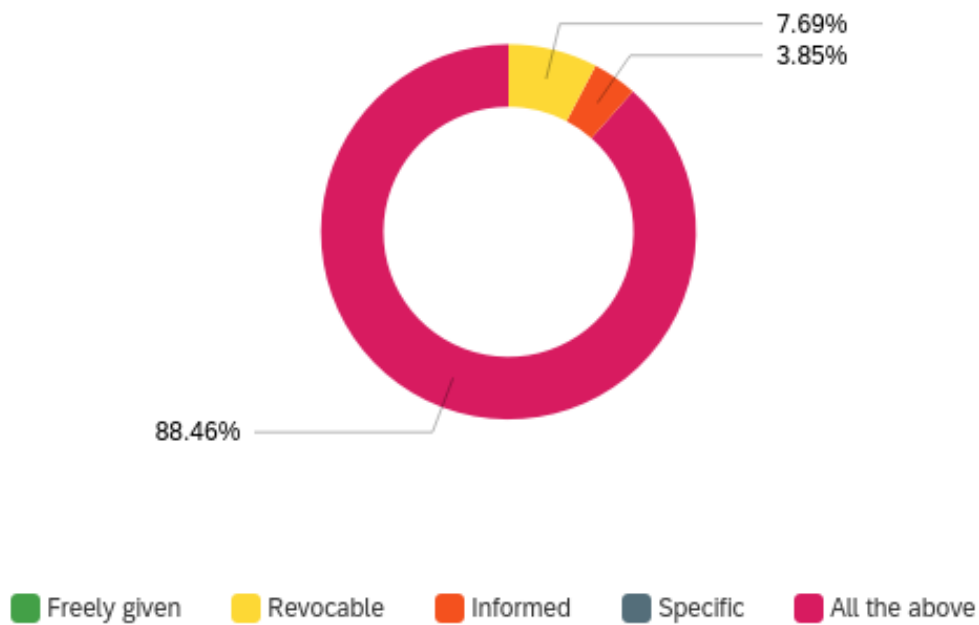
Q16 - Which of the following are characteristics of a healthy relationship?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Which of the following are characteristics of a healthy relationship?	3.00	3.00	3.00	0.00	0.00	26

#	Answer	%	Count
1	Respect, jealousy, spending a lot of time together	0.00%	0
2	Frequent arguments, unclear boundaries, jealousy	0.00%	0
3	Equality, trust, respect, honesty, listening	100.00%	26
4	Trust, communication, shared social media accounts, financial dependency	0.00%	0
	Total	100%	26

Q17 - Consent is:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Consent is:	2.00	5.00	4.69	0.87	0.75	26

#	Answer	%	Count
1	Freely given	0.00%	0
2	Revocable	7.69%	2
3	Informed	3.85%	1
4	Specific	0.00%	0
5	All the above	88.46%	23
	Total	100%	26

Q18 - List three barriers LGBTQ+ survivors face when accessing services and support:

List three barriers LGBTQ+ survivors face when accessing services and support:

lack of visibility and representation of LGBTQ+ issues, lack of established partnerships with LGBTQ+ organizations to support, refusing services based on gender identity or perceived gender identity.

LGBTQ+ survivors may experience family rejection, possible poor treatment from healthcare providers, and being treated differently in various social groups

fear of being outted, homelessness, inability to physically access resources

Homophobia, discrimination, no actual support from resources

Discrimination, cultural barriers, institutionalized barriers

- discrimination - health Insurance disputes - not seen as valid

Cultural barriers, social barriers and structural barriers

Discrimination, judgment,

less accessibility, lack of visibility, Lack of awareness of the spectrumm

Transphobic caregivers refusing to accept and accommodate one's gender identity, caregivers who are not informed or educated on LGBTQ+ issues and realities, and fear of being outed if they aren't out to the world yet.

1. The fear of being dismissed 2. The support not being intersectional 3. The fear of being outed or critiqued

structural, cultural, and individual barriers

Lack of research, lack of support, lack of acceptance

Lack of inclusion

lack of inclusivity

Homophobia, gender norms, being outed

Lack of LGBTQ+ awareness, Discrimination from law enforcement; not taken seriously, Gender identity not being recognized

Fear of discrimination, fear of being "outted" to friends and family, or discomfort with potential labels.

No-one relatable to talk to, feeling misunderstood, no support specific to their needs.

1. discrimination and judgment 2. not having inclusive resources 3. lack of accessibility

Identity barrier, Comfortability, Acknowledgement

Stigma, Discrimination, Lack of various resources

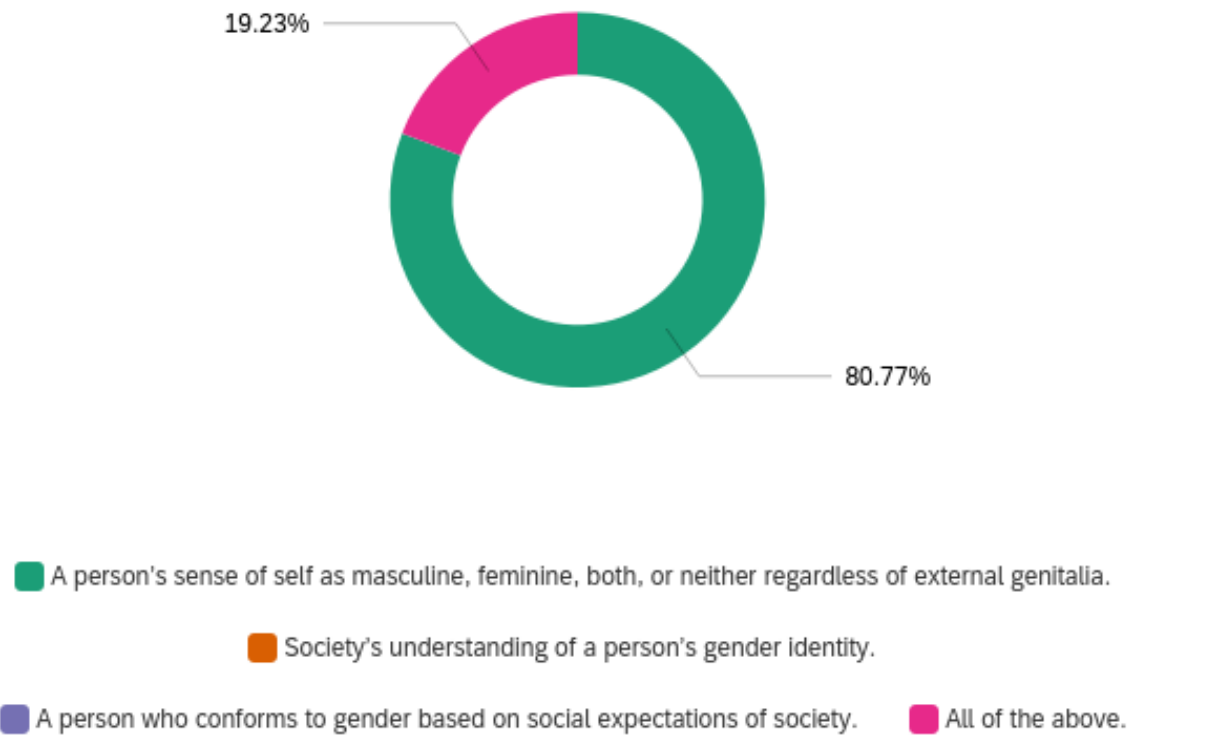
disclosing their sexual orientation or gender identity to service providers when that disclosure may mean facing future discrimination or denial of services, limited access to resources, fear of outed without their consent

There being "women-only"/"men-only" groups, feeling unsafe in the space,

services may not have enough knowledge, the survivor may not feel comfortable sharing their sexuality,

One barrier that LGBTQ+ survivors face when accessing services and support is discrimination in institutions. Some may not get the medical help or support they need simply because of their sexuality. Scarce resources or low funded resources will not provide the best access to all LGBTQ+ survivors. Another barrier could be that perhaps the survivor feels comfortable going to a resource for the LGBTQ+ community but has not want to be outed. That could discourage a survivor from reporting and getting the help they need.

Q19 - Gender identity is defined as:

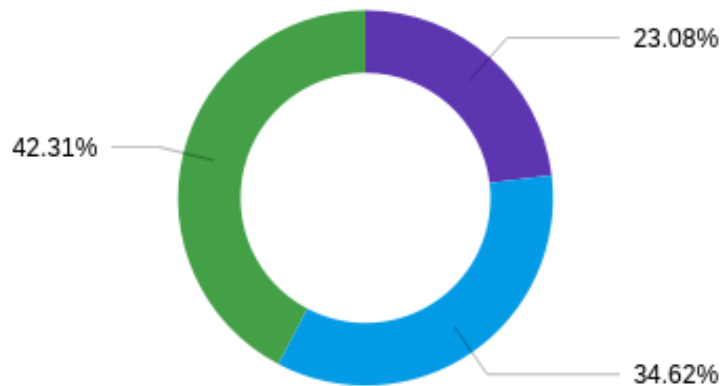


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender identity is defined as:	1.00	4.00	1.58	1.18	1.40	26

#	Answer	%	Count
1	A person’s sense of self as masculine, feminine, both, or neither regardless of external genitalia.	80.77%	21
2	Society’s understanding of a person’s gender identity.	0.00%	0
3	A person who conforms to gender based on social expectations of society.	0.00%	0

4		All of the above.	19.23%	5
		Total	100%	26

Q20 - Sexual orientation is defined as:



■ A person who experiences little or no romantic attraction to others.

■ Refers to a person's exploration of sexual behaviors, practices and identities in the social world.

■ The desire for intimate emotional and/or sexual relationships with people of the same gender, another gender, or multiple genders.

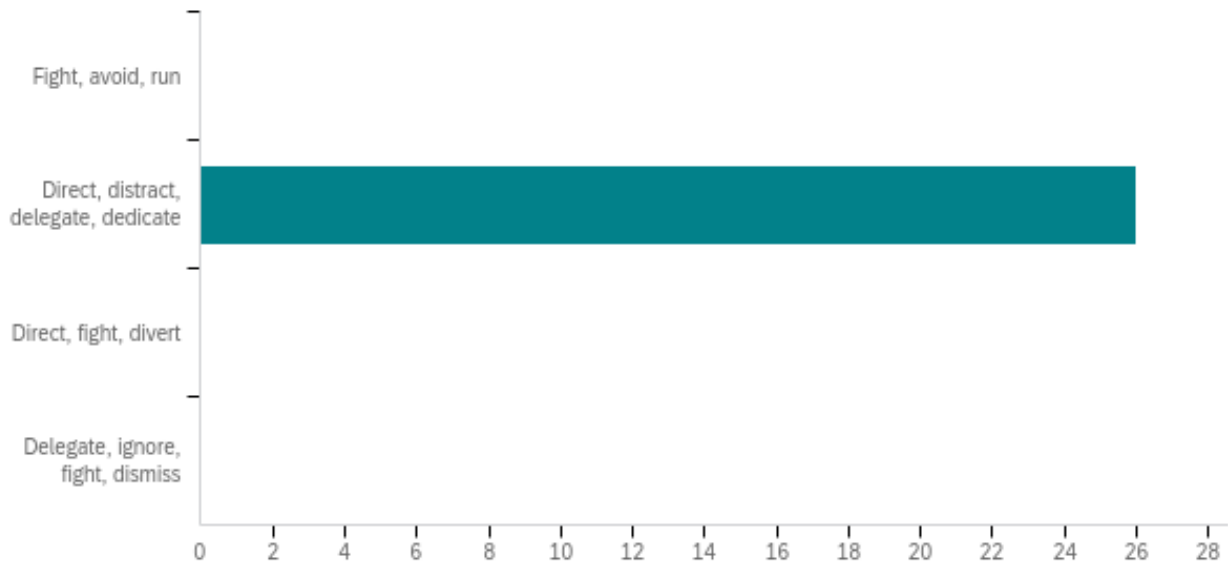
■ All the above.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Sexual orientation is defined as:	2.00	4.00	3.19	0.79	0.62	26

#	Answer	%	Count
1	A person who experiences little or no romantic attraction to others.	0.00%	0
2	Refers to a person's exploration of sexual behaviors, practices and identities in the social world.	23.08%	6

3	The desire for intimate emotional and/or sexual relationships with people of the same gender, another gender, or multiple genders.	34.62%	9
4	All the above.	42.31%	11
	Total	100%	26

Q21 - What are the four strategies for bystander intervention?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What are the four strategies for bystander intervention?	2.00	2.00	2.00	0.00	0.00	26

#	Answer	%	Count
1	Fight, avoid, run	0.00%	0
2	Direct, distract, delegate, dedicate	100.00%	26
3	Direct, fight, divert	0.00%	0
4	Delegate, ignore, fight, dismiss	0.00%	0
	Total	100%	26

Q23 - Why is bystander intervention important to student success?

Why is bystander intervention important to student success?

The likelihood of prevention is higher if one has the courage to step in.

Bystander intervention helps those that may be in danger even when they may not realize it.

IT creates a community ensuring success between students and faculty wellness.

It prevents someone from getting hurt even if the situation is not actually dangerous. At least, someone took the initiative.

Bystander intervention is important to ensure everyone's safety.

It promotes a community where people feel safe keeping others safe

It causes individuals to be more aware of their social surroundings and to be more effective in countering sexual violence

It's like a community helping each other when someone can't protect themselves.

This is important because students will be equipped with the tools to know when to notice something is not right and to step in and take action in a situation.

Bystander intervention is important to student success because if you intervene in a healthy and productive way, you can make whoever you are helping feel less alone and ensure them that they have a friend in you, which is very important to their wellbeing and resulting success.

Bystander intervention is important because we must all learn how to protect each other from potentially harmful situations. We can help each other avoid predators and report the people that try to take advantage of others.

Understanding how to recognize, intervene, and prevent situations that are harmful to other students is important to contribute to a safe campus climate.

By utilizing bystander intervention, we can prevent situations from escalating further or from the individuals continuing an unsafe situation privately where they are unable to get help.

Bystander intervention is important to student success to try and prevent ongoing violence and minimize the violence on school campus.

Bystander intervention is important because it helps prevent a potentially dangerous and harmful situation which may affect the survivors mentally, physically, and emotionally.

Holding each other accountable is important

Bystander intervention can not only save someone's life, but it can help shift and change societies culture within campus and off-campus. It is one step closer to creating a safe space for all student population.

Bystander intervention can protect students from violence, which has many serious effects on a person's physical and mental health. Beyond that, the knowledge that other students will hold each other accountable will create an environment that feels safer and more supportive, allowing students to thrive.

Helps build a sense of a safe community between students.

It helps cultivate a community that feels responsible for ensuring the safety of each other. Rather than being a community of individuals doing their own thing, bystander intervention encourages people to step in for each other when necessary. In higher ed. it's easy to feel insignificant, therefore bystander intervention helps build a stronger bond among student populations.

This will create a safe environment for people who need a way to escape a situation that they may be uncomfortable in. This will also limit the occurrence of the bystander effect.

It is important because we must protect one another from different forms of violence and provide recourses when we see something that is noticeably unhealthy.

Bystander intervention is important to student success because working through being able to prevent or stop an unsafe situation will ultimately help create change in an impactful way.

If more people understand how to safely intervene in situations, it is a deterrent that will lower the amount of abuses that happen in public spaces. Understanding of how bystander effect works and teaching strategies to safely intervene will help aid those who need it

if students know how to intervene then it creates a safe environment for all because students are assured that someone can help them if they need help.

Bystander intervention is important to student success because when we help one another to feel safe and trust in another, it provides a positive environment on campus. Another reason why bystander intervention is important to student success is because we reduce the amount of violence that happens on campus and increase violence prevention education.

Q6 - Why is it important to use a trauma-informed approach to prevention education and when working with student survivors?

Why is it important to use a trauma-informed approach to prevention education and when working with student survivors?

Trauma informed approaches help create a more comfortable environment for survivors and removes any added emotional or social stress that may be triggered when discussing topics that have to do with the trauma of a survivor.

It is important to use a trauma-informed approach to create a safe space and environment for them. It creates a space of thoughtfulness and sensitivity versus a space that could potentially trigger someone.

A trauma-informed approach allows peer educators and student survivors to build a sense of trust and to thus collaborate on a strategy that empowers and helps the student survivor.

Trauma informed means that we are utilizing correct language and ensuring to empower the individual into choosing their course of action, and not telling them what you think is right.

It is important to use a trauma informed approach to be understanding towards survivors and what they are comfortable with.

It is important to use this approach because we want to give survivors the power of choice.

To make them feel heard and validated

It is important because we need to limit the amount of stress a person might feel when discussing heavy topics such as sexual assault and rape culture

To make sure it doesn't happen/ to show they aren't alone.

This is important so that you are leading with a gentle spirit and so that you do not trigger people as you are talking about a certain topic

A trauma-informed approach creates an environment where people can feel informed and empowered, while also maintaining safety and sensitivity to experiences.

We need to know exactly what to say and how to make a survivor feel safe when telling us this information. We also want to know how to comfort them and provide them with the resources they need to heal and get justice for the trauma they endured.

Centering a trauma-informed approach is critical to offer holistic care and support, as well as provide prevention education to promote a cultural shift in the existing climate to one that is safe and seeks to empower student survivors.

This is important because you never know an individual's story and you do not want to make them uncomfortable or trigger them.

It is important to use a trauma-informed approach to prevention education and when working with student survivors because it is a sensitive topic that can trigger many feelings on those students and we want them to feel included not isolated.

A trauma-informed approach is important because it provides warning and disclaimers about what will be discussed to create a comfortable, safe, and trusting environment.

To make education accessible to survivors and prevent re triggering

It provides a safe space for survivors and also prepares us, as peer educators, to recognize and respond in ways that will not trigger or cause distress on student survivors.

For one, it creates a safe-feeling space where individuals are comfortable to share, learn, and come as they are. One of the most important aspects is empowerment, which also helps rebuild/build confidence. Informed approaches also create trust.

Help eliminate the possibility of re-traumatizing someone.

because these are often sensitive topics, it's important to be mindful that we may not always know what people have gone through. Therefore, it's important to take a trauma-informed approach as it can be triggering.

It's important to use a trauma-informed approach because it will allow for student survivors to have a safe space and have an environment of healing rather than more induced trauma.

It is important to recognize how to approach situations as delicate as sexual and relationship violence. If we use trauma informed approaches we can create a safe space for survivors and allow them to help themselves through it.

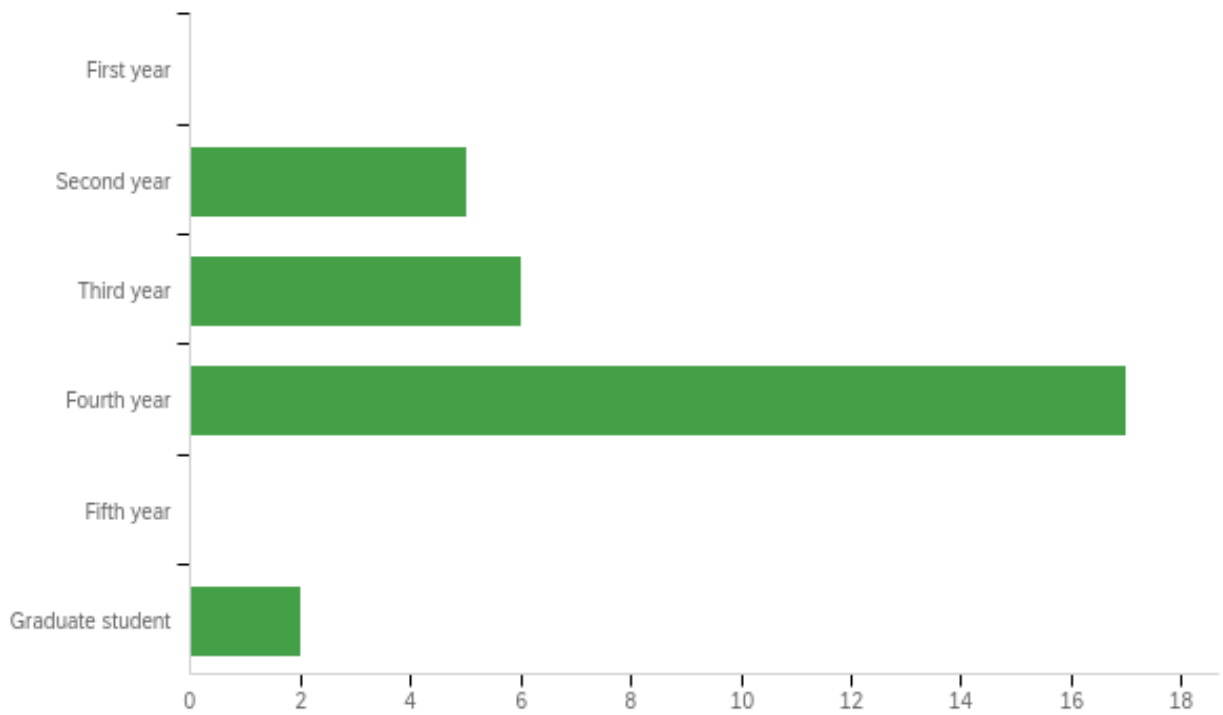
It's important to use a trauma informed approach to prevention education and when working with student survivors because the most effective way to help others is by creating a safe space in which students feels comfortable voicing themselves.

Having a background in important information regarding trauma means that it is less likely you will be triggering anything for the target group. The goal is to have a relaxed, comfortable space that allows free flow of ideas and safe spaces.

The topics we talk about are sensitive so we want to ensure that we do not make a victim feel like they are unsafe or invalid. We want survivors to feel as safe and as comfortable as possible.

It is important to use a trauma-informed approach to prevention education and when working with student survivors because you do not want to make them feel uncomfortable or unsafe by making assumptions or using the wrong language.

Q32 - What is your current year or class level?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your current year or class level?	2.00	6.00	3.60	0.99	0.97	30

#	Answer	%	Count
1	First year	0.00%	0
2	Second year	16.67%	5
3	Third year	20.00%	6
4	Fourth year	56.67%	17
5	Fifth year	0.00%	0
6	Graduate student	6.67%	2
	Total	100%	30

Q40 - What ethnicity do you identify as:

What ethnicity do you identify as:

White
American
Filipina
Filipina
Filipino
Latinx/Indigenous
Bi racial: Pilipinx German
Black
Asian
Hispanic
Latino
Hispanic/Latino
Black
White
Latina
Latinx/Indigenous
Caucasian
Hispanic
Hispanic
Mexican/Latinx
Caucasian
Caucasian
latina/central american/salvadoran
South Asian
Hispanic
Latino
White/Caucasian

hispanic

Mexican

What ethnicity do you identify as:

White

American

Filipina

Filipina

Filipino

Latinx/Indigenous

Bi racial: Pilipinx German

Black

Asian

Hispanic

Latino

Hispanic/Latino

Black

White

Latina

Latinx/Indigenous

Caucasian

Hispanic

Hispanic

Mexican/Latinx

Caucasian

Caucasian

latina/central american/salvadoran

South Asian

Hispanic

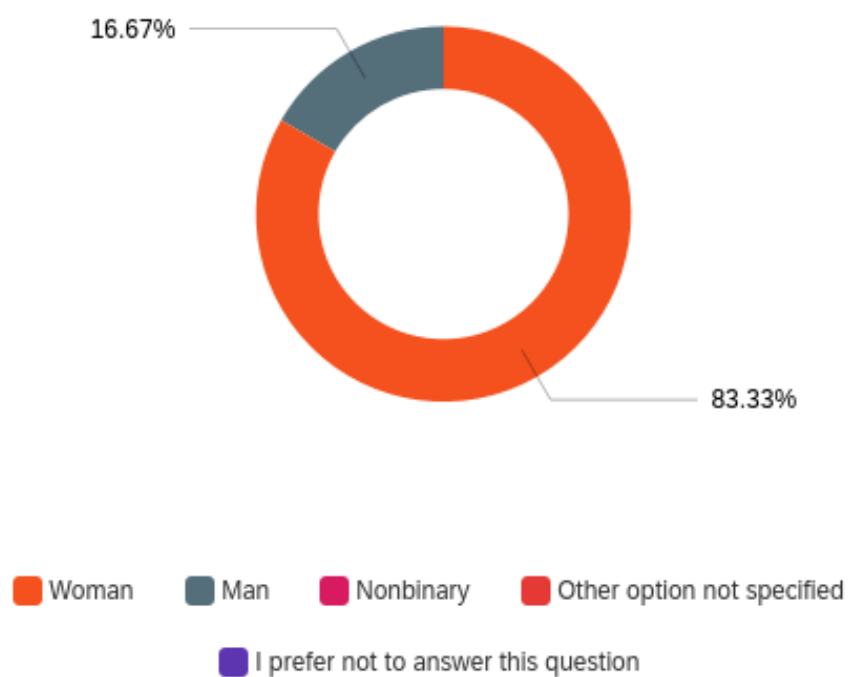
Latino

White/Caucasian

hispanic

Mexican

Q33 - What is your gender identity?

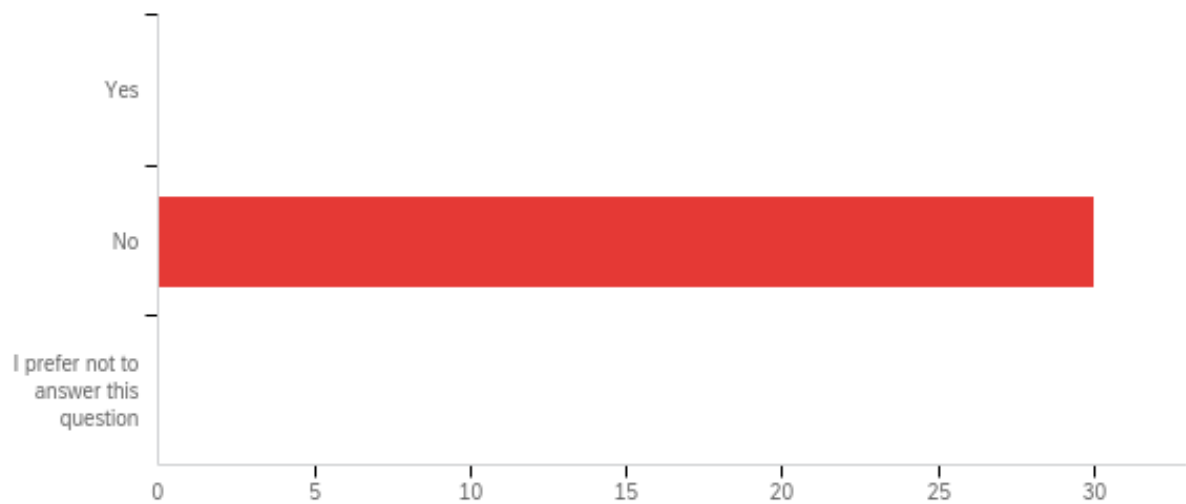


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender identity?	1.00	2.00	1.17	0.37	0.14	30

#	Answer	%	Count
1	Woman	83.33%	25
2	Man	16.67%	5

3	Nonbinary	0.00%	0
4	Other option not specified	0.00%	0
5	I prefer not to answer this question	0.00%	0
	Total	100%	30

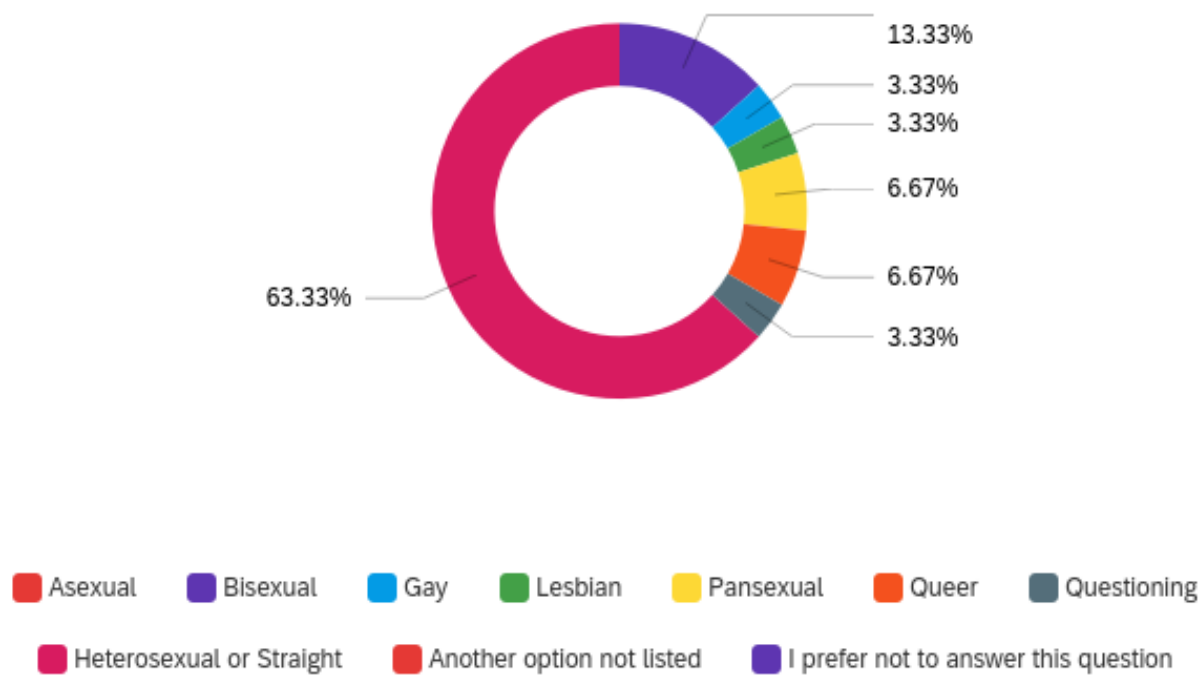
Q34 - Do you identify as transgender?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you identify as transgender?	2.00	2.00	2.00	0.00	0.00	30

#	Answer	%	Count
1	Yes	0.00%	0
2	No	100.00%	30
3	I prefer not to answer this question	0.00%	0
	Total	100%	30

Q35 - What is your sexual orientation?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your sexual orientation?	2.00	8.00	6.53	2.22	4.92	30

#	Answer	%	Count
1	Asexual	0.00%	0
2	Bisexual	13.33%	4
3	Gay	3.33%	1
4	Lesbian	3.33%	1
5	Pansexual	6.67%	2
6	Queer	6.67%	2
7	Questioning	3.33%	1

8	Heterosexual or Straight	63.33%	19
9	Another option not listed	0.00%	0
10	I prefer not to answer this question	0.00%	0
	Total	100%	30

Q7 - How can peer educators practice trauma-informed care when developing and implementing a program?

How can peer educators practice trauma-informed care when developing and implementing a program?

Peer educators can use the “four R’s” mnemonic when developing their programs: Realization, Recognize, Respond, and Resist Re-traumatization

Practicing safety, collaboration, choice, empowerment, transparency when developing and implementing a program.

Peer educators can provide choices for those participating in the program and allow them to openly speak their mind in a safe space.

Use could statements instead of should.

Making sure to emphasize the need to check into one’s mental state and taking breaks for uncomfortable moments.

Utilizing things such as trigger warnings

Being mindful with terminology

By putting trigger warnings before topics that might affect people and by encouraging and allowing people to decide if and when they want to discuss their own trauma

Saying an experience or a “story” and find solutions/ ways to prevent something.

They can get informed about topics about trauma and how to respond to questions and topics surrounding that topic

Peer educators can be sure to include trauma-informed practices within their program outcomes.

We can educate ourselves on the language we use in these situations and training each other on giving out resources to these survivors while also being conscious of our body language and approaches.

Practicing trauma-informed care involves integrating the principles of empowerment, humility, collaboration, peer support, safety, and transparency in programming.

We can have warnings when discussing difficult topics. We can also make sure our space is a respectful area for everyone to share their story.

Make sure they feel included from the start and provide trigger warnings on sensitive topics.

Peer educators can provided trigger warnings, and disclaimers so that the audience is aware of what will be discussed. In addition, when planning out the presentation, peer educators can be aware of what will be presented to stay on track and be able to control the mood and the environment to create a safe space

Giving trigger warnings is one example

Peer educators can recognize and express disclaimers that can appear during a program and always give students a choice.

Being mindful of the vocabulary used (such as labels, wording, etc), using trigger warnings before intenser topics, creating a safe space to allow people to feel safe to share, not share, or take a breather, as well as taking into account other factors (intersectionality of attendees/consumers of information).

Paying attention to the language used, using trigger warnings, allowing people to step out or take breaks if needed.

provide trigger warnings, allowing people to step away from the program for any reason, setting boundaries

Realizing the effects of trauma, Recognizing the symptoms of trauma, and how to respond in a situation where re-traumatization occurs

By adjusting our use of words, by taking everyone into consideration, using trigger warnings, and by prioritizing and creating boundaries between the people around us both fellow peers and students attending workshops!

Peer educators can practice trauma-informed care when developing and implementing a program by learning to use the correct language and terms when presenting topics. They can also make sure to tailor the information to their best ability in order to get the most information across to other students.

Making sure there are content warnings, giving people comfortable spaces to leave when necessary, and making sure that the vocabulary used is easy-to-digest and as neutral as possible.

Watching our language, creating a safe space, encouraging an open environment

Peer educators can practice trauma-informed care when developing and implementing a program by talking amongst other peers to ask for help and advice when coming up with language usage for programs.

Q22 - List three barriers that may prevent someone from intervening when they witness an unsafe situation.

List three barriers that may prevent someone from intervening when they witness an unsafe situation.

social pressure, fear of repercussions, fear of misreading

Concern for own safety, diffusion of responsibility, influence from peers in the crowd witnessing the situation

Fear of being harmed, not knowing what to do, ignorance

Fear of being hurt themselves, not wanting to get involved, placing responsibility on others

potential physical threat, fear of intervening, don't want to upset anyone

They may know the person, they don't know how, they feel scared

Lack of awareness, diffusion of responsibility, not knowing the skills to effectively intervene

They also feel unsafe, maybe they're friends and are afraid to speak up, thinking it's none of their business.

dangerous situation, lack of knowledge to intervene safely, not intervening because you think someone else will

Fear of being in physical danger, overthinking how exactly to respond, fear of causing more harm than good.

1. Fear of being hurt 2. Not wanting to make a scene 3. If someone else is better placed to respond

responsibility; ability to recognize the event as harmful; feeling unable to handle the situation effectively

Feel unsafe as well, feel not strong enough, no one else is

Not knowing who to tell, they could be at risk as well, fear of making the situation worse

The bystander may not know how, the situation may be unsafe for the bystander, a bystander might freeze in the moment.

Fear, social norms, diffusion of responsibility

They aren't aware it is a crime, are not sure how to intervene, reputation

unsure of what to say, scared of being wrong and having social backlash, or thinking that someone else will probably intervene

They feel unsafe, they are unsure of what to do, they are afraid of retaliation.

1. their own safety 2. fear of judgment 3. thinking someone else will do it

Unaware that a situation needs to be intervened, Intimidated, Bystander Effect

Fear of reaction, violence, danger

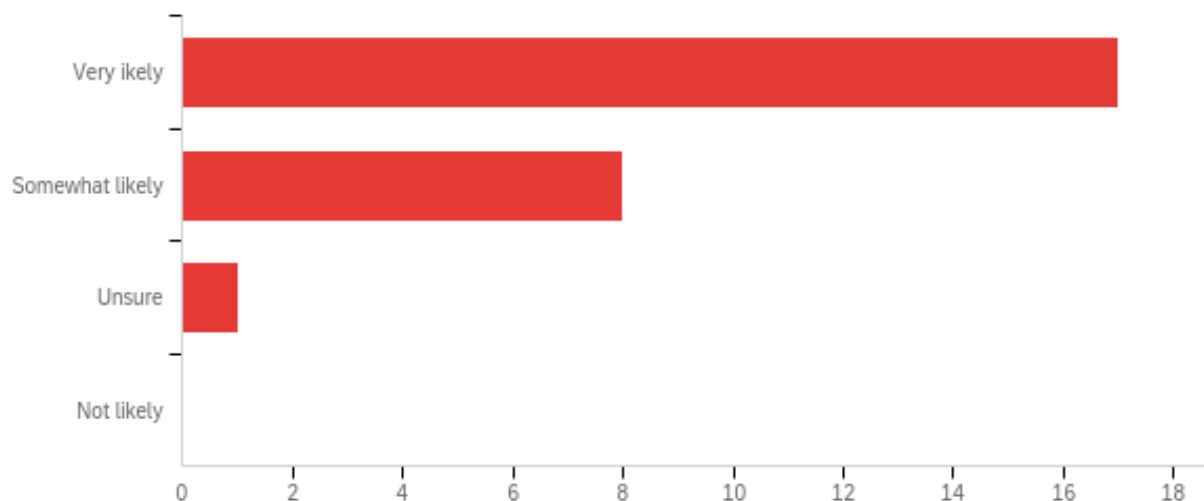
mental state of mind, fear of being in danger, they don't realize they are witnessing an emergency situation

Becoming frozen in fear, believing "someone else will help" (bystander effect), ignoring it

lack of knowledge, feel intimidated, feel unsafe

One barrier that may prevent someone from intervening when they witness an unsafe situation is not being comfortable enough to approach the situation, perhaps by them intervening it will put them and others in danger. Another barrier could be the thought that someone else will step in so they do not feel the need to. Lastly, maybe the person who is in the unsafe situation does not want the help because they do not want to cause a bigger scene or for whatever reason they choose not to accept external help.

Q24 - How likely are you to intervene when you see a situation that seems unsafe?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How likely are you to intervene when you see a situation that seems unsafe?	1.00	3.00	1.38	0.56	0.31	26

#	Answer	%	Count
1	Very ikely	65.38%	17
2	Somewhat likely	30.77%	8
3	Unsure	3.85%	1
4	Not likely	0.00%	0
	Total	100%	26

Default Report

CARE 2021 Content Training Post eval Copy

March 23rd 2021, 4:43 pm MDT

Q2 - List 3 services CARE provides:

List 3 services CARE provides:

Programs, counseling, trainings

confidential resources, reporting services, counseling

Campus advocacy, resources, and prevention educational programming

1. advocating for survivors 2. spreading education on sexual assault and dv 3.

CARE advocacy, Yoga as Healing, Counseling and Group Therapies

Yoga is Healing, Advocacy, and CARE conversations

Prevention education, intervention support, case management

Education such as safety strategies, Programs such as workshops, and Resources

Peer Mentoring, Resources, and Educating New People on Certain Topics

crisis intervention, accommodations, refferals

Peer education, care advocates, confidential resources

educational programming, advocacy, survivor support

presentations on many topics such as sexual assault awareness, support for survivors of sexual assault/dv, counseling

Training, education, advocacy

Workshops on violence prevention, assistance to find resources, and tips to stay healthy & safe

survivor support, prevention education, provides further resources

Advocacy, Education, Support

Advocacy, Prevention Education, and a safe space for students.

Q3 - What is violence prevention education?

What is violence prevention education?

Violence prevention education seeks to understand the root causes of violence and address them from a trauma-informed approach.

Raising awareness about the prevalence of violence in the community and how to prevent it

Violence prevention education brings awareness to the factors contributing to violence across contexts and ways to be proactive to prevent such occurrences.

Violence prevention focuses on education and awareness in order to help eliminate violence in future instances.

Violence prevention education is education that discusses topics such as rape culture, consent, partner violence, etc. to raise awareness on these issues. Education on these issues provide resources on how to strengthen your relationships and what is and is not acceptable as some people do not know.

Violence prevention education focuses on the root cause of violence, relationship violence, sexual assault, and other forms of violence.

Education on focusing the root causes of IPV, sexual assault, and stalking. It also implements strategies that can be used to address how various factors affect IPV and how to stop it before it happens

It is a way of informing people on how to essentially handle situations in violence and be able to see the red flags and be able to intervene if no further harm will be done.

Violence prevention education promotes the intervention of violence/sexual violence in all kinds of relationships by talking about issues related to violence.

it helps inform people on healthy habits/relationships and how to not become a perpetrator and be mindful of our own actions while also sharing the red flags with peers. ultimately it is education that takes place before the event to help prevent/avoid it.

informative training that works to educate others on issues that directly relate to violence such as bystander intervention, rape culture, consent, etc.

education with the goal of educating on how not to partake in sexual violence, being a bystander or seeking help if one is involved in violence

Violence prevention education refers to the topics that surround violence like recognizing unhealthy relationships, safety awareness, and ways to prevent being a bystander.

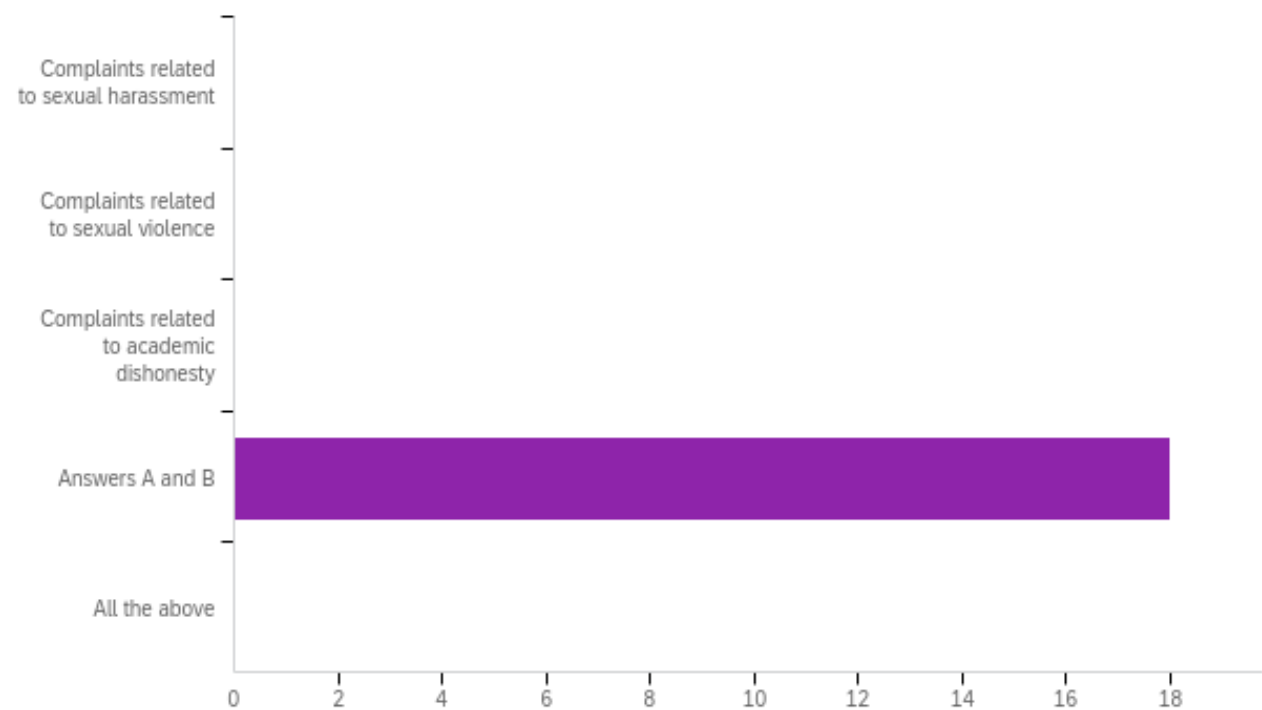
Violence prevention education is spreading knowledge and resources on risks, tips, and support to prevent violence from occurring or aiding those who are experiencing it in getting out of those situations.

Educating people so that they are aware of sexual violence and related topics so that they can be upstanders as well as teaching people how to prevent sexual assaults before they happen.

Taking action to teach individuals about the problems that exist in our society surrounding abuse and assault and how to see warning signs, how to manage situations, and where to get help.

The act of teaching others what has previously been studied on the notion of violence, whether that be physical, mental, financial, etc.

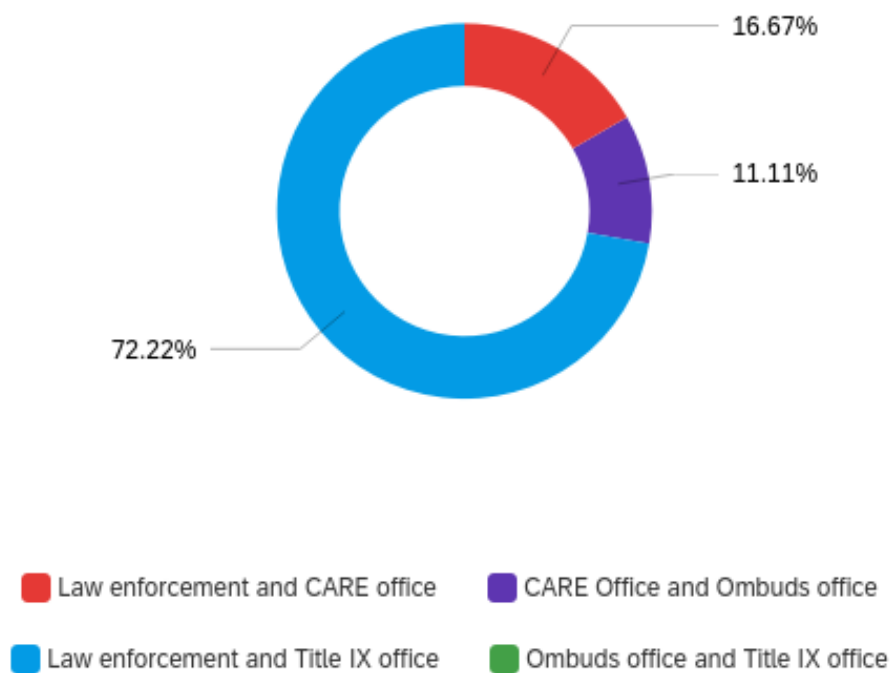
Q4 - What does the Title IX office investigate?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What does the Title IX office investigate?	4.00	4.00	4.00	0.00	0.00	18

#	Answer	%	Count
1	Complaints related to sexual harassment	0.00%	0
2	Complaints related to sexual violence	0.00%	0
3	Complaints related to academic dishonesty	0.00%	0
4	Answers A and B	100.00%	18
5	All the above	0.00%	0
	Total	100%	18

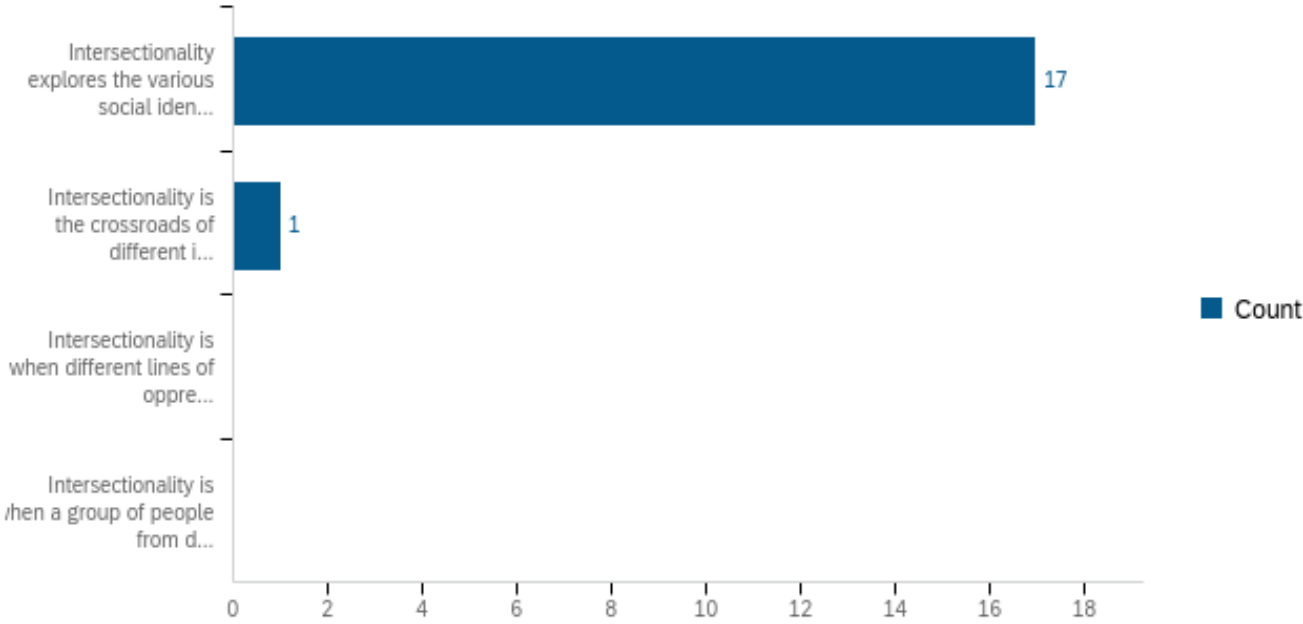
Q5 - What are the 2 reporting options available to student, faculty, and staff survivors?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What are the 2 reporting options available to student, faculty, and staff survivors?	1.00	3.00	2.56	0.76	0.58	18

#	Answer	%	Count
1	Law enforcement and CARE office	16.67%	3
2	CARE Office and Ombuds office	11.11%	2
3	Law enforcement and Title IX office	72.22%	13
4	Ombuds office and Title IX office	0.00%	0
	Total	100%	18

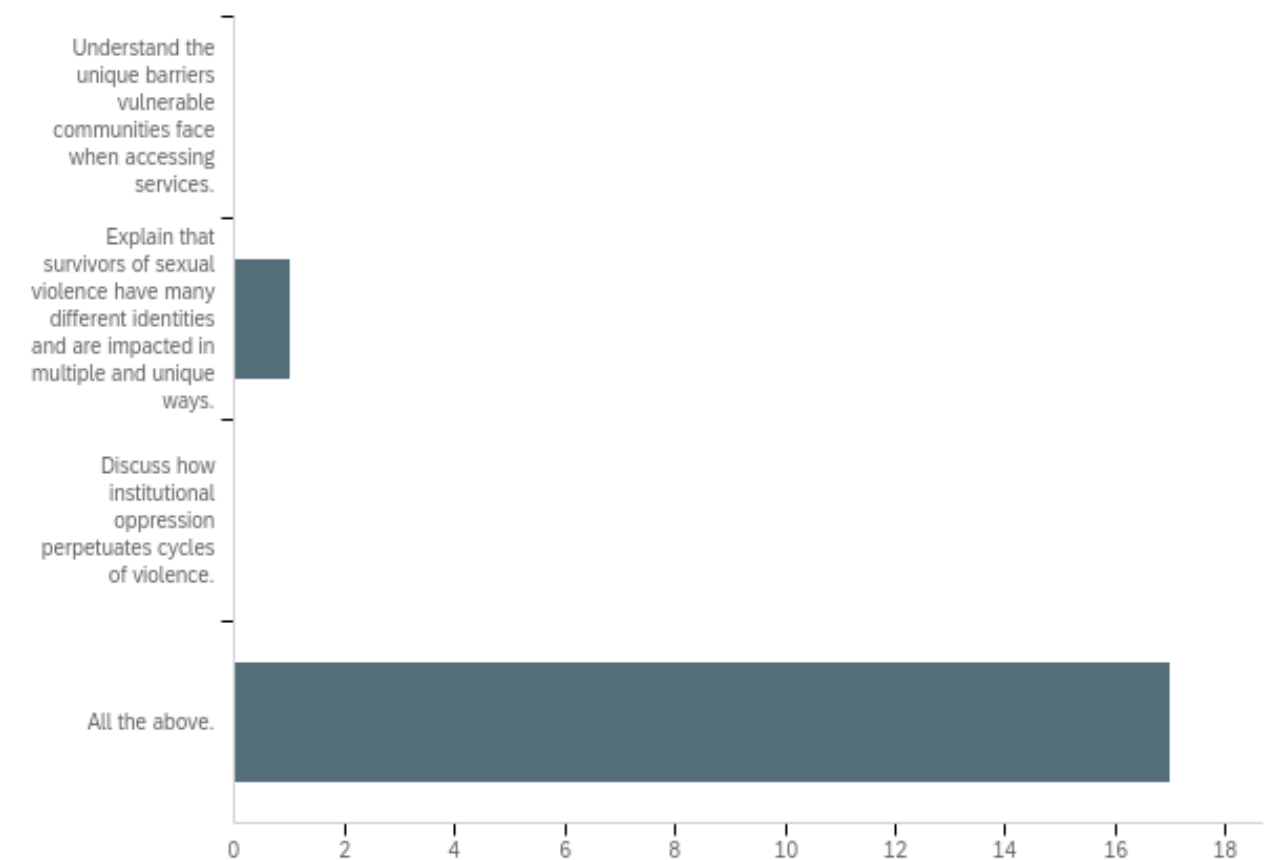
Q8 - What does the term, intersectionality mean?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What does the term, intersectionality mean?	1.00	2.00	1.94	0.23	0.05	18

#	Answer	%	Count
1	Intersectionality is the crossroads of different identities coming together.	5.56%	1
2	Intersectionality explores the various social identities, as race, gender, sexuality, and class that contributes to the specific type of systemic oppression and discrimination experienced by an individual or a particular group of individuals.	94.44%	17
3	Intersectionality is when different lines of oppression come together.	0.00%	0
4	Intersectionality is when a group of people from different ethnic backgrounds work together.	0.00%	0
	Total	100%	18

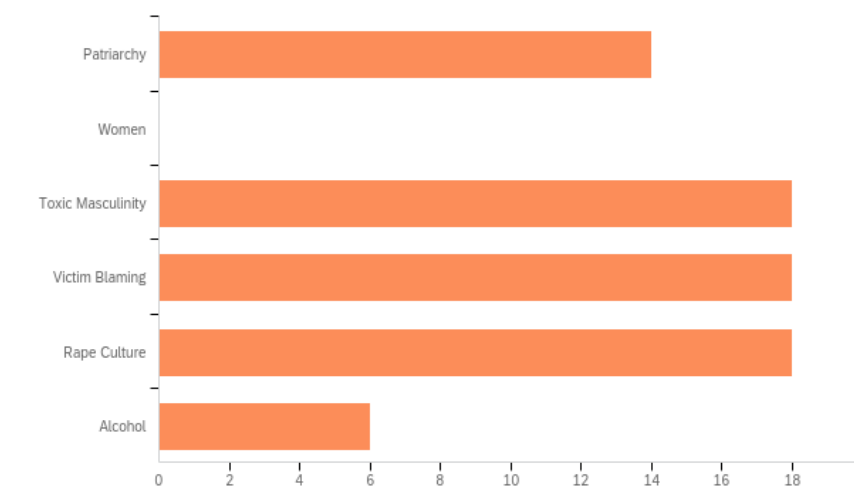
Q9 - An intersectional approach to prevention education allows students to:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	An intersectional approach to prevention education allows students to:	2.00	4.00	3.89	0.46	0.21	18

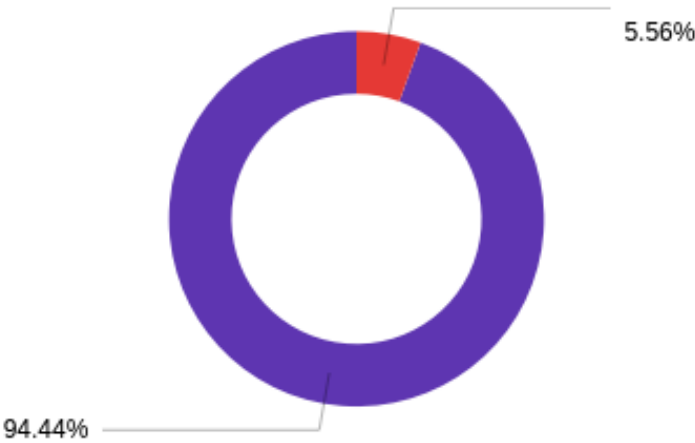
#	Answer	%	Count
1	Understand the unique barriers vulnerable communities face when accessing services.	0.00%	0
2	Explain that survivors of sexual violence have many different identities and are impacted in multiple and unique ways.	5.56%	1
3	Discuss how institutional oppression perpetuates cycles of violence.	0.00%	0
4	All the above.	94.44%	17
	Total	100%	18

Q8 - Which of the following are root causes of sexual violence (check all that apply):



#	Answer	%	Count
1	Patriarchy	18.92%	14
2	Women	0.00%	0
3	Toxic Masculinity	24.32%	18
4	Victim Blaming	24.32%	18
5	Rape Culture	24.32%	18
6	Alcohol	8.11%	6
	Total	100%	74

Q11 - Define the term, rape culture:



☐ Is a culture where perpetrators of sexual violence are held accountable.

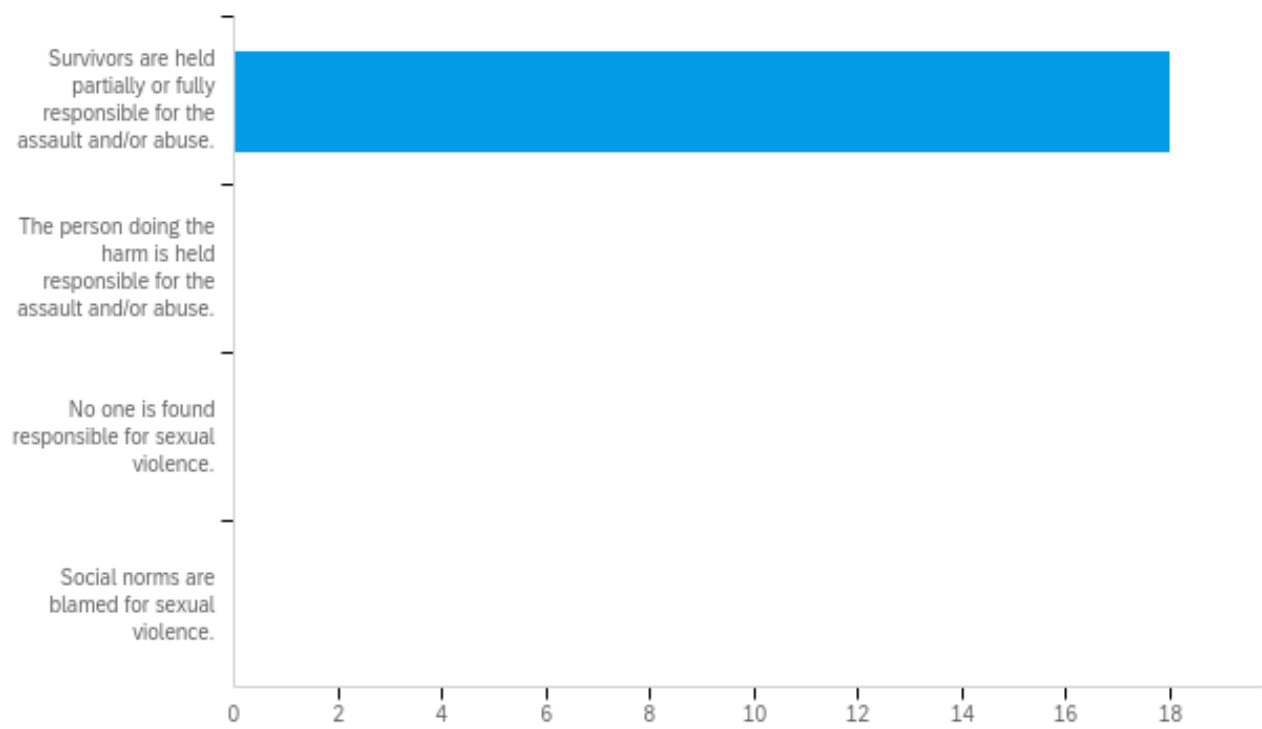
☒ Is a culture in which sexual violence is treated as the norm and victims are blamed for their own assaults.

☐ There is no such thing as rape culture. ☐ Is a culture that does not tolerate violence.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Define the term, rape culture:	1.00	2.00	1.94	0.23	0.05	18

#	Answer	%	Count
1	Is a culture where perpetrators of sexual violence are held accountable.	5.56%	1
2	Is a culture in which sexual violence is treated as the norm and victims are blamed for their own assaults.	94.44%	17
3	There is no such thing as rape culture.	0.00%	0
4	Is a culture that does not tolerate violence.	0.00%	0
	Total	100%	18

Q12 - Victim blaming is when:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Victim blaming is when:	1.00	1.00	1.00	0.00	0.00	18

#	Answer	%	Count
1	Survivors are held partially or fully responsible for the assault and/or abuse.	100.00%	18
2	The person doing the harm is held responsible for the assault and/or abuse.	0.00%	0
3	No one is found responsible for sexual violence.	0.00%	0
4	Social norms are blamed for sexual violence.	0.00%	0
	Total	100%	18

Q13 - List 3 red flags of an unhealthy relationships:

List 3 red flags of an unhealthy relationships:

Immense control of one partner over the other, the partner not letting someone see anyone other than them, the partner breaching boundaries by having all of their passwords

Stalking, excessive calls/emails/communication, threats

lack of communication, controlling behaviors, emotionally checked out

isolation from friends and family, over controlling actions, putting one down, gaslighting

Emotional abuse, neglect, manipulation

Not letting another person be their own individual, feeling scared to communicate your feelings, not feeling comfortable to be yourself around the person

manipulation, boundaries violated, control

Lack of trust, Lack of communication, Controlling behavior

Frequent arguing, excessive control, being isolated

not respecting boundaries, control over personal life, lack of trust

lying, manipulation, and gaslighting

controlling you, unfair or unequal treatment, violence

lack of consent, abuse (emotional/ mental. physical, or sexual), being controlling

controlling, manipulation, name calling

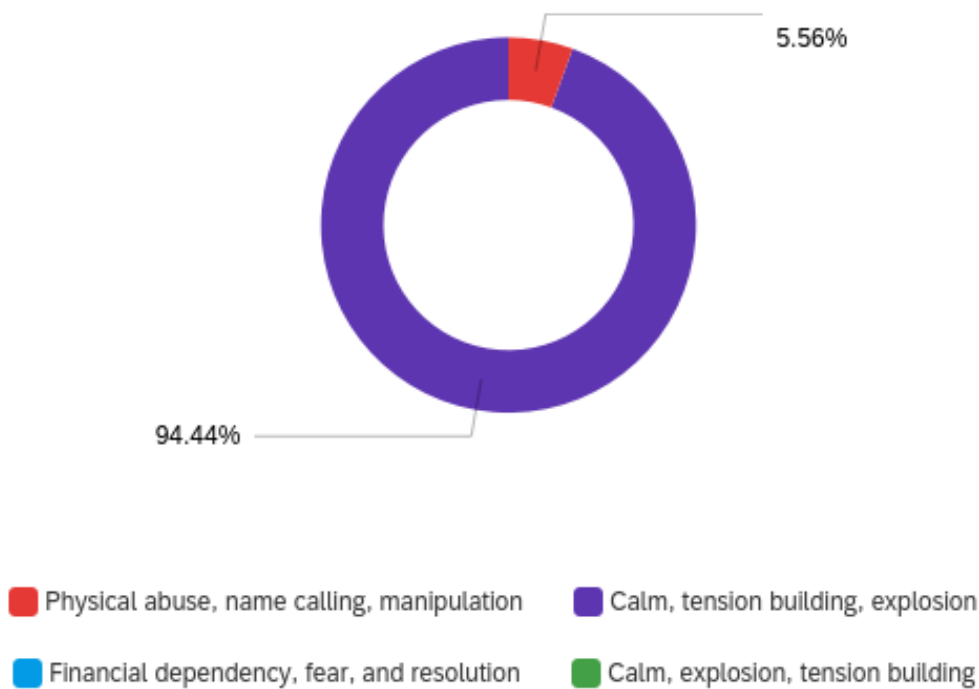
Unhealthy red flags are a controlling partner, violence in the relationship, and verbal abuse.

isolation from friends and family, controlling finances, manipulation and gaslighting

Obsession, possessiveness, any form of abuse or toxic language

controlling behaviors, bad mouthing their partner, intimidation.

Q14 - Select the 3 phases of the cycle of violence:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Select the 3 phases of the cycle of violence:	1.00	2.00	1.94	0.23	0.05	18

#	Answer	%	Count
1	Physical abuse, name calling, manipulation	5.56%	1
2	Calm, tension building, explosion	94.44%	17
3	Financial dependency, fear, and resolution	0.00%	0
4	Calm, explosion, tension building	0.00%	0
	Total	100%	18

Q15 - List 3 ways intimate partner violence can negatively impact a survivor's health and well being:

List 3 ways intimate partner violence can negatively impact a survivor's health and well being:

Trust issues for future relationships, fear of opening up to others, poor self-image

It can cause anxiety, increase fear, and take away the survivor's sense of freedom.

Multiple injuries, disordered eating patterns, depression

can lower self esteem and worth, can make someone feel unsafe, can cause someone to do things they normally would not.

It lowers their self-esteem, makes them feel and deny their own truth, and be fearful of their partner.

It can cause anxiety, self blame, and trauma

they may feel like they deserve the abuse, not be able to communicate with anyone/isolate themselves, may lead to mental health issues

Psychological harm such as PTSD Physical harm Emotional harm

Depression, Low self esteem, PTSD

It can bring a survivors self-esteem down, it can disrupt their social relationships, and it can make them feel small, it can affect their mental health and stability, it can isolate them from any outside support groups or members, it can have lasting physical implications

isolation, depression, decrease in physical health

academically: because the violence may cause depression which in turn makes the survivor lose motivation, making the survivor seclude themselves from friends/ family, emotionally: making the survivor dependent upon the perpetrator

isolation, depression, lack of motivation

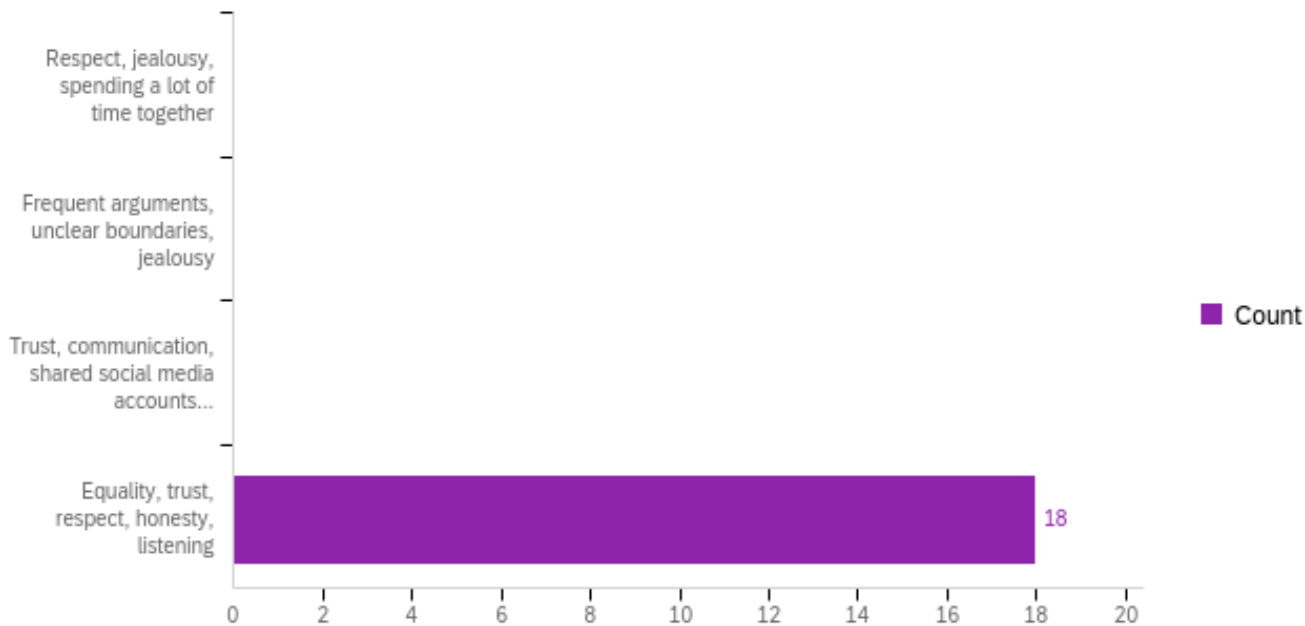
Intimate partner violence can make the survivor fall into a depression, lose support of friends or family, and disrupt their performance in the workplace.

-isolation can result in depression, sadness, and lack of support -physical abuse can lead to physical injury -fear can lead them not to seek out the care they need

Make an individual feel unsafe sometimes or all the time, can manipulate them, cause mental health issues that last even after the violence/abuse/manipulation is over.

They can feel isolated, they may feel gaslighted and even gaslight themselves into thinking what is true, and when/if they get out of that relationship, they might become perpetrators to this violence.

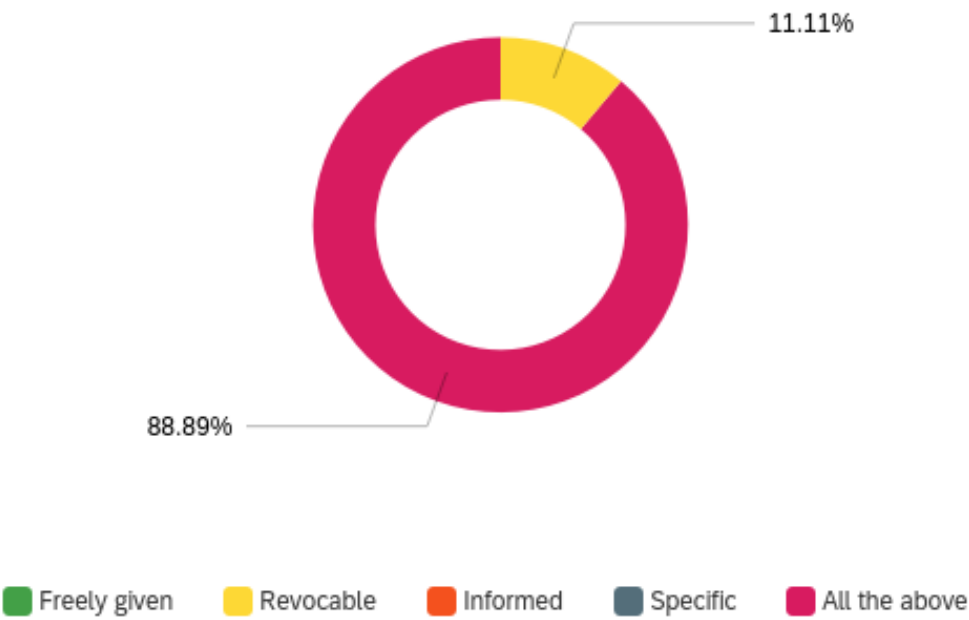
Q16 - Which of the following are characteristics of a healthy relationship?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Which of the following are characteristics of a healthy relationship?	3.00	3.00	3.00	0.00	0.00	18

#	Answer	%	Count
1	Respect, jealousy, spending a lot of time together	0.00%	0
2	Frequent arguments, unclear boundaries, jealousy	0.00%	0
3	Equality, trust, respect, honesty, listening	100.00%	18
4	Trust, communication, shared social media accounts, financial dependency	0.00%	0
	Total	100%	18

Q17 - Consent is:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Consent is:	2.00	5.00	4.67	0.94	0.89	18

#	Answer	%	Count
1	Freely given	0.00%	0
2	Revocable	11.11%	2
3	Informed	0.00%	0
4	Specific	0.00%	0
5	All the above	88.89%	16
	Total	100%	18

Q18 - List three barriers LGBTQ+ survivors face when accessing services and support:

List three barriers LGBTQ+ survivors face when accessing services and support:

Doctors who refuse to serve LGBTQ+ individuals, a lack of understanding from non-LGBTQ+ support staff, and pressure to reveal too much about their sexuality

cultural barriers, institutional barriers, discrimination

structural and cultural barriers (less accessibility to services), individual and interpersonal barriers (e.g., perceptions of support, not identifying the experience of sexual harassment and/or sexual violence as such) not feeling validated or understood, not being able to communicate due to fear of retaliation, fear of needing to come out if they haven't already

Stigma, shame, backlash

They face discrimination because of their sexuality. They are often questioned, and not seen as able to be sexually assaulted.

lack of representation, getting services refused to them, previous bad experiences when trying to access services and support

Isolation Discrimination Lack of basic resources and services

Structural, cultural, and individual barriers

Financial barrier, being invalidated for what they experienced based on their identity, fear of being outed

biases, homophobia, lack of understanding

assumptions or pre-conceived notions, not wanting to come forward, lack of support or resources

lack of support, homophobia, discrimination

discrimination, lack of support, unheard

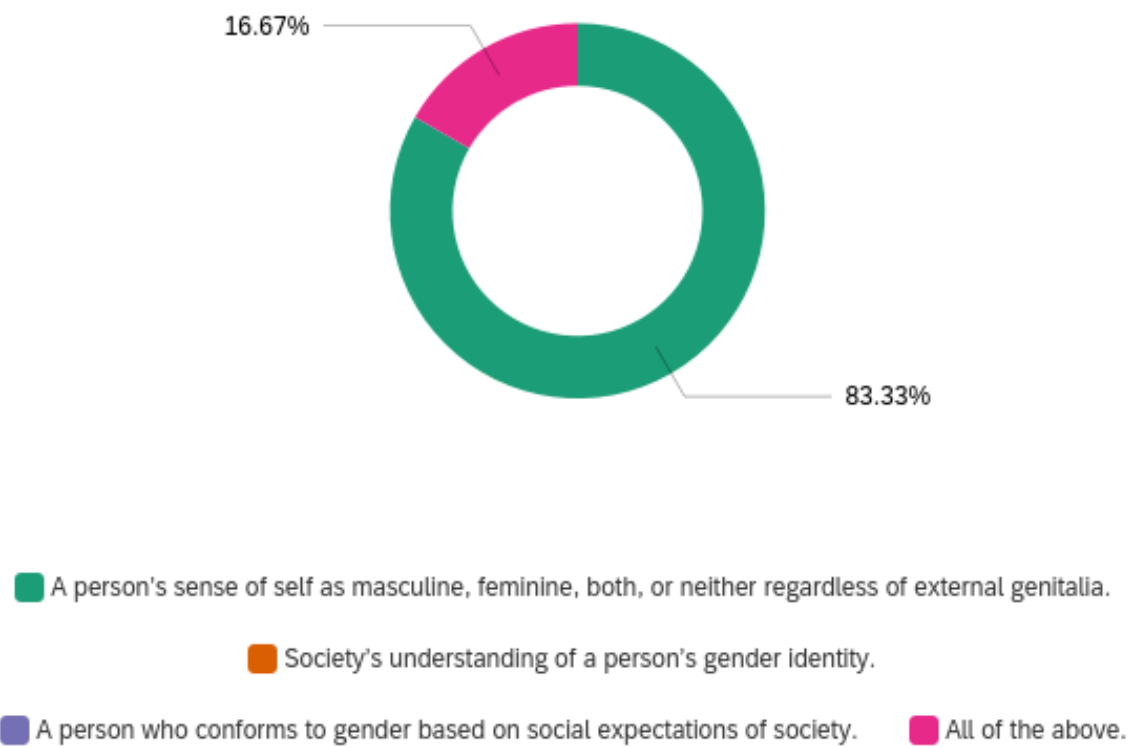
LGBTQ+ survivors may face discrimination of their identity, embarrassment, or lack of support when trying to access services.

-fear that their providers will not support them -fear of being a bad representation of their community -fear that they will not be eligible for services due to their gender or sexual identity

They may not have equal access to facilities, they may feel unsafe in a space and not want to enter it, or may have their sexuality or identity used against them

Fear of being outted, fear of being hate crimed, does not yet accept themselves.

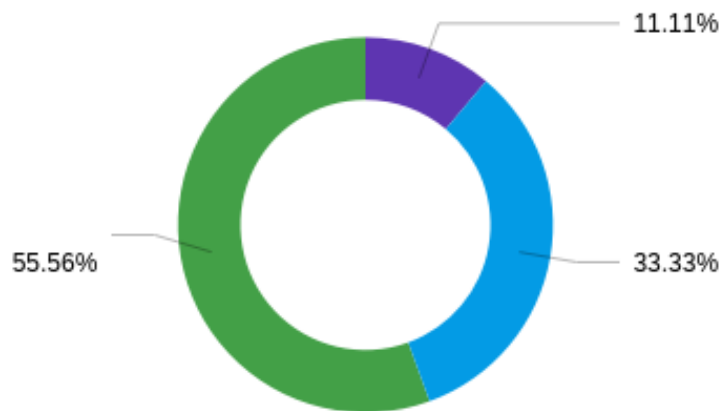
Q19 - Gender identity is defined as:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender identity is defined as:	1.00	4.00	1.50	1.12	1.25	18

#	Answer	%	Count
1	A person’s sense of self as masculine, feminine, both, or neither regardless of external genitalia.	83.33%	15
2	Society’s understanding of a person’s gender identity.	0.00%	0
3	A person who conforms to gender based on social expectations of society.	0.00%	0
4	All of the above.	16.67%	3
	Total	100%	18

Q20 - Sexual orientation is defined as:



■ A person who experiences little or no romantic attraction to others.

■ Refers to a person's exploration of sexual behaviors, practices and identities in the social world.

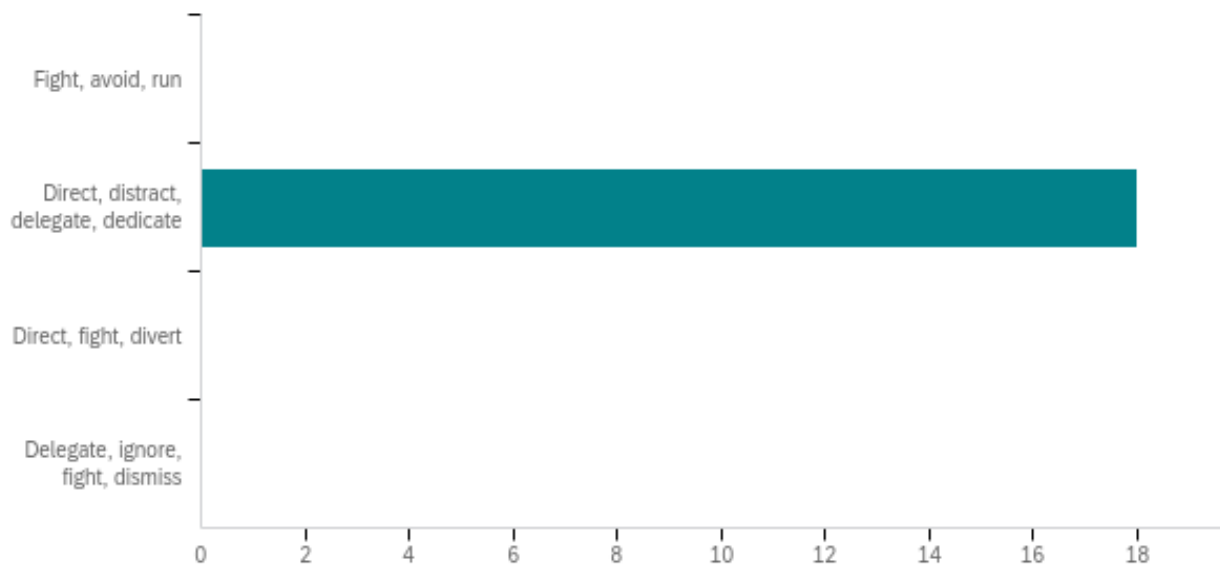
■ The desire for intimate emotional and/or sexual relationships with people of the same gender, another gender, or multiple genders.

■ All the above.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Sexual orientation is defined as:	2.00	4.00	3.44	0.68	0.47	18

#	Answer	%	Count
1	A person who experiences little or no romantic attraction to others.	0.00%	0
2	Refers to a person's exploration of sexual behaviors, practices and identities in the social world.	11.11%	2
3	The desire for intimate emotional and/or sexual relationships with people of the same gender, another gender, or multiple genders.	33.33%	6
4	All the above.	55.56%	10

Q21 - What are the four strategies for bystander intervention?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What are the four strategies for bystander intervention?	2.00	2.00	2.00	0.00	0.00	18

#	Answer	%	Count
1	Fight, avoid, run	0.00%	0
2	Direct, distract, delegate, dedicate	100.00%	18
3	Direct, fight, divert	0.00%	0
4	Delegate, ignore, fight, dismiss	0.00%	0
	Total	100%	18

Q23 - Why is bystander intervention important to student success?

Why is bystander intervention important to student success?

Bystander intervention is important because it helps normalize it for other students who may feel limited by the above factors and countless other things.

It makes everyone feel safer, knowing and understanding how to deescalate a situation.

Contributes to a safer educational environment

If people feel safe and heard they always know that someone will have their back to protect them so they can feel safe at all times which is the best way to create a safe community

It is important because we need to learn what is unhealthy and how we can help others in safe ways.

It is important to student success to ensure a space safe and advocacy on campus.

It is important to understand that not doing anything may be doing more harm and that there are safe and healthy ways in which you can help another person in need.

It is important because you could be able to recognize and safely intervene in situations that could be dangerous

It is important because it can prevent issues from escalating.

It is important to student success because it provides a sense of community and protection on campus. It allows for students to feel safer on campus and be able to succeed without fear of being discriminated against.

because it build community among a pool of strangers that promotes taking care of each others well being

students are able to stand against what is not right in order to create a safe space for everyone, working against the bystander effect

because it allows those who may not be in a comfortable to receive help/ support

Bystander intervention saves lives and allows students to be more aware when they see something that their gut is telling them isn't right. This helps student success because it creates a more alert and safer environment for individuals.

Bystander intervention is crucial to student success because it allows the classroom to be a community where you can feel safe and you know you can protect others from unsafe situations.

It makes a campus a safer place, protects students from violence, and creates a culture in which students stand up for and protect each other, making campus a healthier and better place to learn.

Someone intervening with something trivial may save a life or possibly prevent another from harm. If you don't do it, maybe nobody else will.

Creates a sense of community around all of us, and allows all of us to be there for one another. It also allows those who are privileged to not experience this kind of violence, to use that platform for the better.

Q6 - Why is it important to use a trauma-informed approach to violence prevention education and when working with student survivors?

Why is it important to use a trauma-informed approach to violence prevention education and when working with student survivors?

This approach takes into account the many nuances of our lives and experiences and ensures that the healing process is as painless as possible.

You don't know what their triggers are so this approach is critical.

This ensures that students feel safe if/when disclosing personal information regarding incidents of sexual harassment and/or sexual violence.

It's important to ensure that survivors feel comfortable and that they do not feel blamed or responsible for what happened to them. Essentially we want them to feel heard and protected and not feel like they are going into a bad place.

It is important because we must be mindful when working or addressing such delicate topics with students. These issues are not light and everyone reacts to the topic in itself differently so we need to be considerate of that with those around us.

It is important to use trauma-informed approaches because you never know what people have gone through so people can be triggered by certain things. It's important to maintain a safe space.

It is important to use a trauma-informed approach to violence prevention education when working with student survivors to create a safe environment in which student survivors are able to heal and work through what they want to do.

It is important because the individual wouldn't want to be re-traumatized when using CARE services

It is important to use a trauma-informed approach because of how sensitive the topics might be for certain individuals and as peers we do not want them to feel a certain way.

It is important to use trauma-informed approaches because we want to create a safe place for survivors that does not put them in any more uncomfortable situations or feel as if their experience has been invalidated.

because we never know who has been personally affected by violence and it's important for us to be mindful of that to generate safe spaces

you never know who is in the room or what that person has experienced

So we can be respectful of people's triggers and experiences but still being an effective educator

Trauma-Informed practices create a safe space or environment for students to feel welcomed and comfortable in exploring these difficult topics. This also helps student survivors by being approached in a respected way.

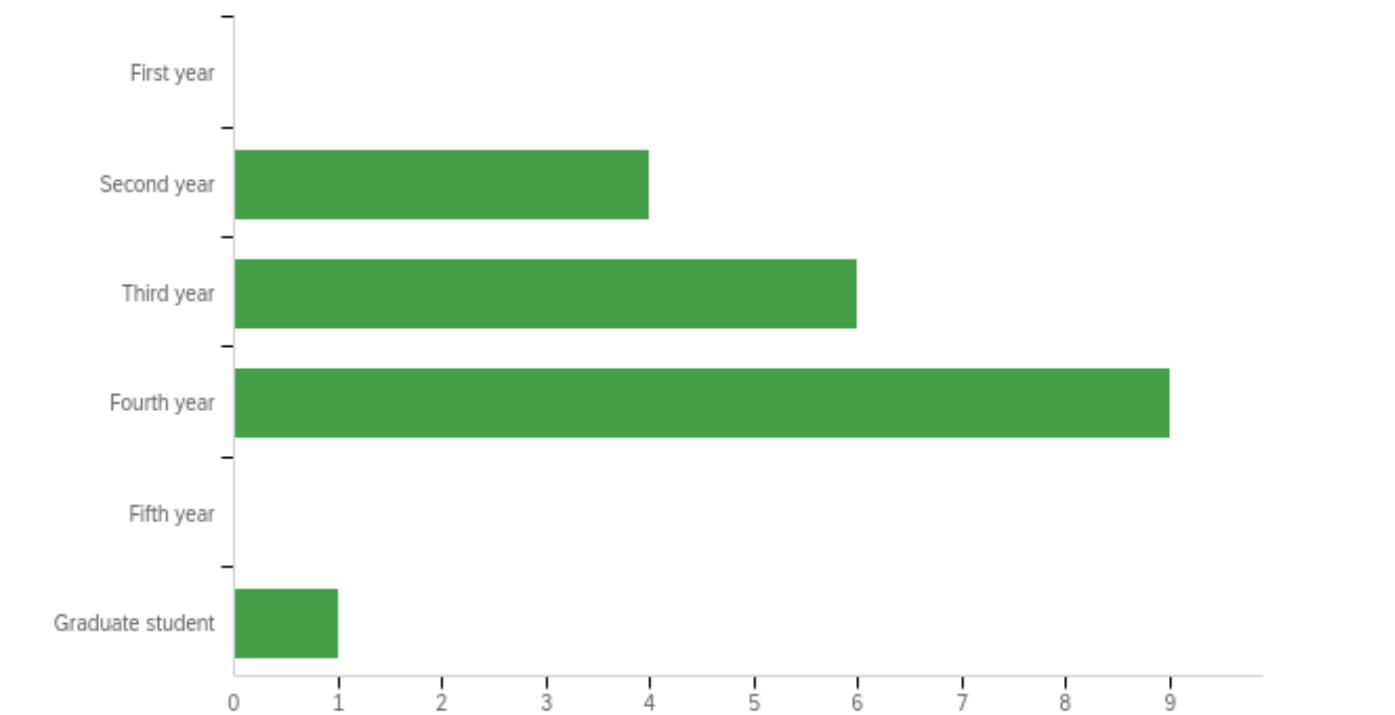
This is essential because we do not want the survivors to feel triggered or pressured to do anything not of their own choices. We must give them the control of their own life back and just be there for support and guidance.

Trauma-informed approaches help to prevent retraumatization of survivors, meet them where they are at, and provide the care/education that people need in a way that is accessible and comfortable for them.

Sometimes you may not realize how you speak in a way that is implicitly harmful or triggering. It is important to keep in mind that we do not know what they are feeling, but can only empathize and support.

We use trauma-informed care to prevent furthering traumatizing someone, or even retraumatizing someone: this allows a person to have full autonomy over their own lives.

Q32 - What is your current year or class level?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your current year or class level?	2.00	6.00	3.40	0.97	0.94	20

#	Answer	%	Count
1	First year	0.00%	0
2	Second year	20.00%	4
3	Third year	30.00%	6
4	Fourth year	45.00%	9
5	Fifth year	0.00%	0
6	Graduate student	5.00%	1
	Total	100%	20

Q40 - What ethnicity do you identify as:

What ethnicity do you identify as:

South Asian

Mexican

White

Asian

Mexican/Peruvian/Indigenous

hispanic

hispanic

Latina

Latino/a

Latino/Hispanic

Hispanic/Latino

Mexican

Latina, central american

Asian, Filipino

black

Hispanic

White

Caucasian

White

Bi Racial: Pilipino and German American

What ethnicity do you identify as:

South Asian

Mexican

White

Asian

Mexican/Peruvian/Indigenous

hispanic

hispanic

Latina

Latino/a

Latino/Hispanic

Hispanic/Latino

Mexican

Latina, central american

Asian, Filipino

black

Hispanic

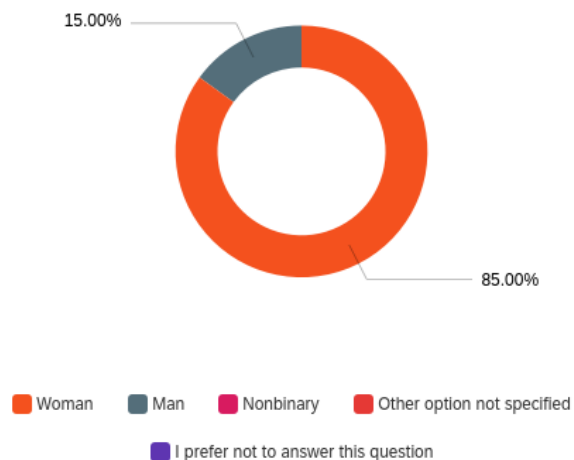
White

Caucasian

White

Bi Racial: Pilipino and German American

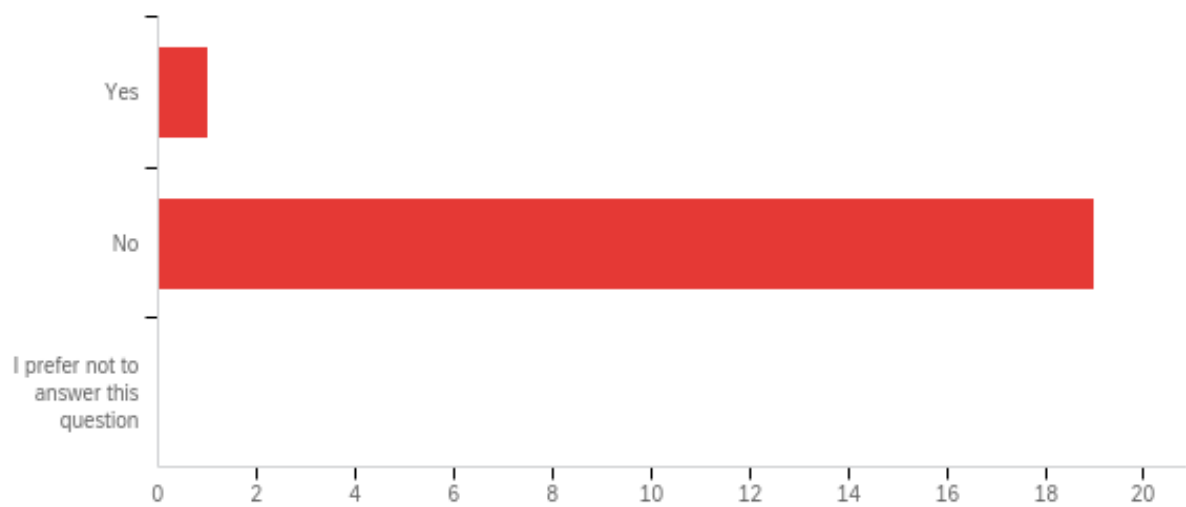
Q33 - What s your gender identity?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender identity?	1.00	2.00	1.15	0.36	0.13	20

#	Answer	%	Count
1	Woman	85.00%	17
2	Man	15.00%	3
3	Nonbinary	0.00%	0
4	Other option not specified	0.00%	0
5	I prefer not to answer this question	0.00%	0
	Total	100%	20

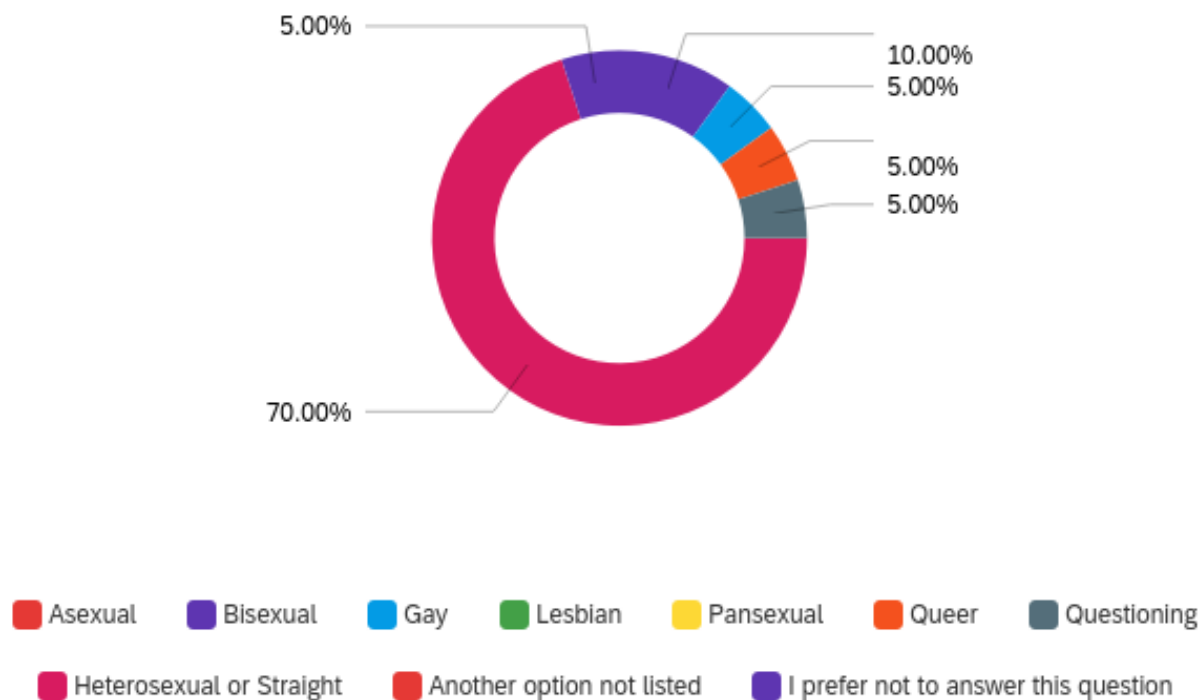
Q34 - Do you identify as transgender?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you identify as transgender?	1.00	2.00	1.95	0.22	0.05	20

#	Answer	%	Count
1	Yes	5.00%	1
2	No	95.00%	19
3	I prefer not to answer this question	0.00%	0
	Total	100%	20

Q35 - What is your sexual orientation?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your sexual orientation?	2.00	10.00	7.10	2.12	4.49	20

#	Answer	%	Count
1	Asexual	0.00%	0
2	Bisexual	10.00%	2
3	Gay	5.00%	1
4	Lesbian	0.00%	0
5	Pansexual	0.00%	0
6	Queer	5.00%	1
7	Questioning	5.00%	1

8	Heterosexual or Straight	70.00%	14
9	Another option not listed	0.00%	0
10	I prefer not to answer this question	5.00%	1
	Total	100%	20

Q7 - How can peer educators practice trauma-informed care when developing and implementing a program?

How can peer educators practice trauma-informed care when developing and implementing a program?

Peer educators can practice this by not delegitimizing anyone's experiences, even by saying well-intentioned things such as "everyone goes through this."

Offer a trigger warning in the beginning of the program

Expressing the guidelines within the space, such as being able to take a break when disclosing information.

Ensuring that they do not place blame on a survivor, use neutral language, ensuring that they are being heard, not including things that are too graphic or triggering if possible or putting in trigger warnings before

We can adjust our use of words and be inclusive and open to feedback

Peer educators can practice trauma informed care by looking over presentations when finished to see how they can make it more trauma informed.

Peer educators can practice and apply the learned skills by creating disclaimers and trigger warnings when mentioning various topics such as violence, sexual assault, etc. and promoting choices and options for students to feel they are in a safe space.

By empowering the individuals, avoid assumptions and to give people the option to take a break if needed

Provide trigger warnings

Peer educators can practice trauma-informed care when developing and implementing a program by refraining from using phrases such as "you should have done this" or refrain from using language that places guilt on survivors or those who are engaging in our content.

including trigger warnings and mentioning resources for help

being aware of the language they use, giving content warning, using calming colors, etc.

emphasis self care during presentations,

Disclosure of content, letting the students know they can log out or step away from a moment if needed

When running a program, it is important to watch your color scheme, wording, and topics when presenting to the audience. You never know what may trigger someone and we must provide warnings for such topics.

Making it clear that it is ok to turn off cameras, leave the meeting/room, having clear trigger warnings, choosing words and activities carefully, etc

Be careful of the language that is used, thoroughly research the topic, and provide a safe space for individuals

Asking for pronouns, not probing at a person by asking too detailed followup questions.

Q22 - List three barriers that may prevent someone from intervening when they witness an unsafe situation.

List three barriers that may prevent someone from intervening when they witness an unsafe situation.

Social pressure (not wanting to look like a "narc", feeling unequipped to handle the situation, fear for one's own safety

they are in danger, inebriated, or don't want to get involved

fear of being physically harmed; fear of negative responses from others; liabilities

being scared that they are not reading the situation correctly, feeling unsafe, fear of retaliation

Fear, shame, escalation

They don't feel like it would be safe for them, they don't know how to intervene, they don't know all of the information of the situation.

any harm that may arise when intervening, their own state of mind, under the influence

Lack of understanding the situation, diffusion of responsibility

Not a safe environment, scared of making things worse, do not know how to help

not knowing the correct way to intervene, escalating the situation, and putting yourself in danger as well.

-fear of getting hurt - thinking it's not their responsibility - afraid of getting in trouble

misreading the situation, bystander effect, personal safety

not wanting to assume, scared for their own safety, not wanting to be involved

uncertainty, self-involvement, safety

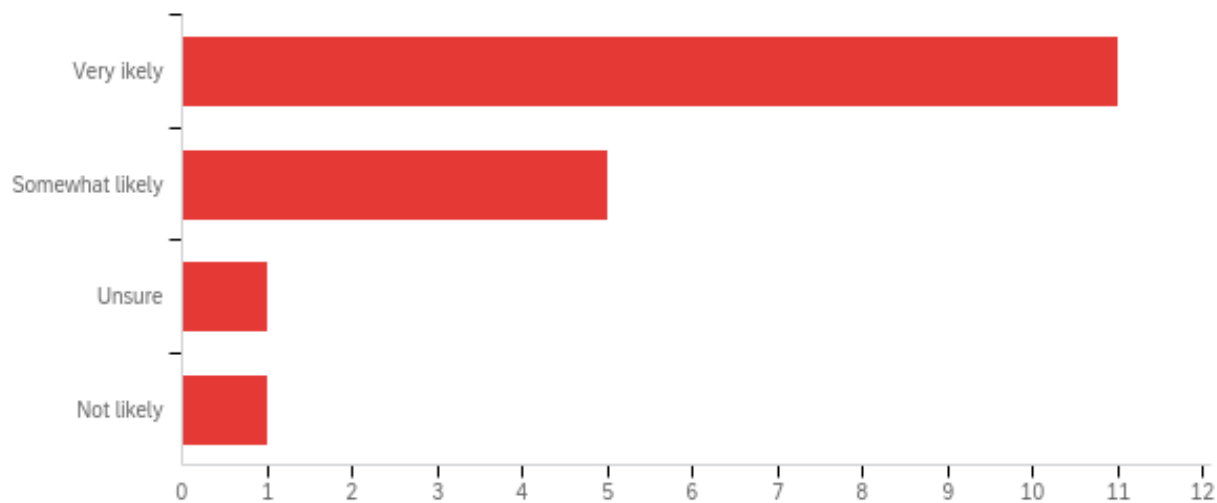
Someone may not intervene if they feel it will make it worse, if they are not equipped to handle it, or if they are unsure of the situation.

fear of retribution, feeling like it is not their place, not knowing what to say or do

"someone else will help", feeling powerless, not wanting to get involved because it is not "their business"

Fear of being harmed, fear of being associated with the person being harmed (for instance, fear of being called "gay" for protecting an LGBT member) and not knowing what to do.

Q24 - How likely are you to intervene when you see a situation that seems unsafe?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How likely are you to intervene when you see a situation that seems unsafe?	1.00	4.00	1.56	0.83	0.69	18

#	Answer	%	Count
1	Very likely	61.11%	11
2	Somewhat likely	27.78%	5
3	Unsure	5.56%	1
4	Not likely	5.56%	1
	Total	100%	18

Q42 - What skills have you acquired after taking the virtual content training?

What skills have you acquired after taking the virtual content training?

I feel more educated about the nuances of our experiences, and how to avoid having a "one size fits all" approach to care and mentorship.

I now know how to better help/inform someone when they share with me.

Awareness of the frameworks and approaches to use to be a strong advocate for members of the UCR community.

I have learned how to be intervene safely when needed, i have learned about healthy and unhealthy relationships from an intersectional standpoint

Better recognition of healthy/unhealthy relationship behaviors, understanding of intersectionality, awareness of ways in which we can advocate for healthy behaviors

I have been able to learn more trauma-informed practices, and how to better support others.

I have learned how to distract and delegate during times when someone might need help in an unsafe situation

Trauma informed practices, active bystander intervention, recognizing red flags in a personal relationships

Communication skills and ways of providing resources

I have acquired skills on how to practice trauma-informed care in a virtual setting and it has taught me how different peoples experiences will be now that things have shifted to a virtual setting.

how to intervene but also staying safe, what resources and tactics to use

growing my perspective, public speaking, trauma-informed care, working towards inclusivity (ex: using "you all" instead of "you guys" or integrating pronouns as a social norm)

public speaking, knowledge about what is appropriate in matters of consent

Awareness, leading

I am now able to practice more trauma-informed care, notice signs of violence more often, and recognize victim blaming.

Ability to direct survivors to resources, knowledge to identify an unsafe situation and what to do in order to step, knowledge concerning the many facets of survivor experiences, and the sectors of the population that are more at risk for violence.

I was aware of many skills that were discussed, but I learned of new areas of support and how to be more inclusive and careful in my language

Awareness, strategies, I know a lot of laws that protect certain classes.

Q43 - How have your decision-making skills improved since completing the virtual content training?

How have your decision-making skills improved since completing the virtual content training?

I am definitely better at making decisions based on my own boundaries and doing my best not to overstep them for the sake of others.

It has made me more analytical of the situations I am in.

I believe my decision-making skills have improved because I have more mental tools to draw from.

I feel extra prepared!

I think about effective ways in which I can word certain things to be inclusive and understanding to others around me.

I have been able to effectively analyze my decisions more.

I feel that I am able to think faster when situations are developing in front of me

Yes but I feel in person training would be more better

I feel like I improved a lot in this aspect.

My decision-making skills have improved since completing the virtual content training because it has given me more time to plan my day out.

they are more informed

i am more considerate and i have learned to think fast

I feel I have gained confidence being able to apply myself to things outside my comfort zone and be more vocal about my likes and dislikes.

I am able to be more confident in the ways I approach content and how I speak to individuals.

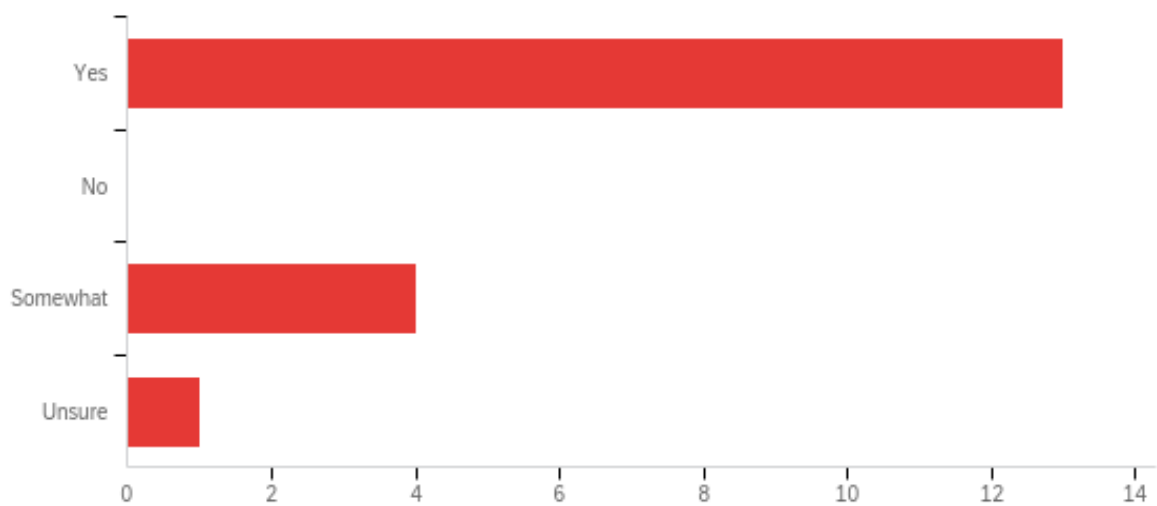
My decision making skills are now more driven by analyzing situations and understanding the consequences.

I am able to make quick decisions on whether a situation requires me to step in, as well as reducing shyness or awkwardness related hesitation in such situations.

unsure

A lot.

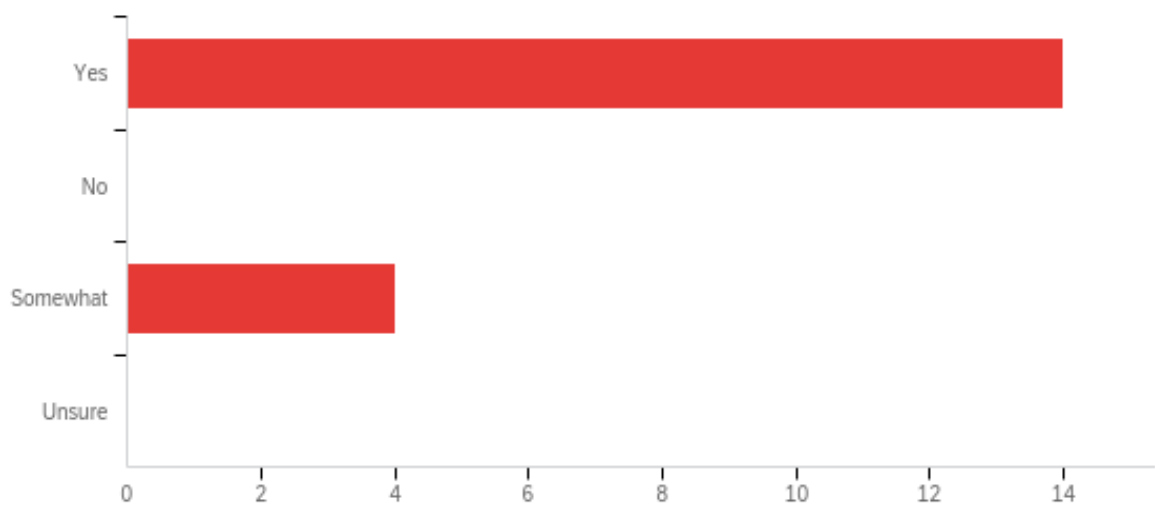
Q44 - Have setting clear boundaries and expectations with others improved since taking this training?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have setting clear boundaries and expectations with others improved since taking this training?	1.00	4.00	1.61	1.01	1.02	18

#	Answer	%	Count
1	Yes	72.22%	13
2	No	0.00%	0
3	Somewhat	22.22%	4
4	Unsure	5.56%	1
	Total	100%	18

Q45 - Have setting clear boundaries and expectations with yourself improved since taking this training?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have setting clear boundaries and expectations with yourself improved since taking this training?	1.00	3.00	1.44	0.83	0.69	18

#	Answer	%	Count
1	Yes	77.78%	14
2	No	0.00%	0
3	Somewhat	22.22%	4
4	Unsure	0.00%	0
	Total	100%	18

Q46 - How can the CARE office improve content training?

How can the CARE office improve content training?

Nothing comes to mind!

Integrate more panelists!

The current content training is well structured and provides straightforward information that is easily comprehensible.

I loved having the guest speakers! It would be cool if we could have more!

Maybe we can try to get straight into the important topics because time runs out very fast. As in trying to go over what is most important.

Maybe having key takeaways listed out on a slide at the end to make it more visual.

I believe the CARE office is doing amazing perhaps providing more trainings on how we can help when we go back in person and how this might be different

Nothing having outside educators was a plus!

I feel as though they are really engaging, and should continue to be engaging.

I think the CARE office has done a great job

CARE alumni panel

I think CARE is doing an amazing job at engaging and educating students for a training. I would maybe suggest talking about the training and one thing we learned or how we will be more aware during our breakout rooms, that way, we are able to connect more with one another.

I loved this content training, no advice!

Maybe more skills trainings as well as content.

Nothing besides I hope it gets to be in person!

Nothing, I always look forward to these.

Q47 - What did you enjoy most about the training?

What did you enjoy most about the training?

I enjoy hearing things that I have witnessed throughout my life be truly discussed and broken down.

The discussions were my favorite part.

The opportunity to connect with students to process and plan for the quarter.

I loved having the guest speakers!

It opened me up to learning new ways in which I can better love and protect myself as an individual and showed me that I want to work with people regarding similar matters in the future.

The conversations had.

I enjoyed all the guest speakers coming in to talk to us especially the career panel and how we can use this training in the future.

Being more educated on how to navigate social settings

I enjoyed getting to learn more on certain topics I did not really know about.

I enjoyed the breakout rooms and being able to have conversation with our peers in smaller groups

the easy-to-understand content and open discussions. I also enjoyed the guest speakers

personal growth and hearing my peers speak

being able to present to the chapters and their engagement

I really enjoyed speaking with other people on campus and knowing that there are resources out there for us because I don't think a lot of people are aware of them!

I enjoyed the wide range of topics we discussed and how many voices we got to hear from.

I loved learning new things. My absolute favorite was the healthcare and clinical workers that explained how important trauma-informed care in a healthcare setting is, as I want to go into that field.

Learning about different ways we can help individuals.

I like how diverse they are, in terms of people, content/

Q49 - What did you enjoy least about the training?

What did you enjoy least about the training?

Nothing comes to mind!

At times, the length of the training can be a bit much.

I enjoyed every part of the training.

I just wish we could have felt a little more connected, but I understand the circumstances in which we are in!

I feel like we touched on topics but never got deep into them, probably because of timing.

n/a

Its online :(

I wish the trainings were in person, but hopefully soon.

that it was virtual

the length of time

longer trainings during midterms

I loved all of them!

I wish we had more time with speakers!

I found that some of the trainings were a bit surface level and I would love to dive in a bit deeper.

Sometimes it was tiring and was a rough start to the week because it makes me sad how awful people are.

n/a

Q48 - Please share any other thoughts or comments you have about the training.

Please share any other thoughts or comments you have about the training.

Thank you for taking the time to coordinate such a comprehensive training that involves both educational content, as well as time to reflect and connect.

I love you all and appreciate everything you do for us and UCR

I appreciate everyone here and learned how passionate I am for helping others.

I thought everything was super informative(:

I like how we learn so much through the trainings.

overall very happy to be apart of this process and i am thankful for what i have learned

None!

Thank you so much for all of it!