

**An In-Depth Look at the
Sexual Violence Curriculum
for
Community Health Workers/Promotoras**



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April 2015

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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D06RH27766 of the Rural Health Network Development Program for \$300,000 (100% of this project was supported by HRSA grant funds). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should an endorsement by HRSA, HHS or the U.S. Government be inferred.

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Background

The Arizona Rural Women’s Health Network (AzRWHN) first known as The Women’s Health Council began in 2006 as a group of influential leaders across the state concerned about the health disparities facing this group of Arizonans. The purpose of formally organizing the Council was to address the lack of health care information, services, and education provided or developed for rural healthcare providers. In 2007, the Council applied for and received funding for a one (1) year Health Resources and Services Administration (HRSA) Planning Grant. It was at this time that the Network expanded as new partners were brought to the table. The Council formally changed the name to The Arizona Rural Women’s Health Network (AzRWHN). In 2011 the Network was awarded a three (3) year HRSA Network Development Grant.

The mission of the AzRWHN is to build our network partners’ capacity to cultivate and promote innovative policies and practices that improve the health of women in rural Arizona. The Network’s Vision Statement is women in rural Arizona will experience optimal health and wellness.

History of the Arizona Rural Women’s Health Network

2006	Women’s Health Initiative Council convened more than 20 agencies from various regions in the state and also from diverse perspectives. They met over an 18-month period to determine rural and underserved women’s health issues.
2007	Through a HRSA Rural Health Network Planning Grant partners were convened to further distill women’s health issues and unmet needs. These eleven partners became the Arizona Rural Women’s Health Network (AzRWHN). In December 2007, the group finalized the AzRWHN mission statement.
2008-2009	In January 2008, a governance structure was developed. Board positions were temporarily filled and a Network Director position was created. All members financially contributed in order to ensure sustainability. Projects included: <ul style="list-style-type: none">• Providing Domestic Violence training and awareness to rural and underserved women.• Holding community meetings around health care needs, challenges and resources - in rural Gila County.

	<ul style="list-style-type: none"> • Along with Indian Health Services (IHS) and state and local officials, develop and deliver a three (3) day certification program in which White Mountain Apache women became certified to assist as advocates with sexual assault nurse examinations.
2010	<p>The Network’s budget allowed for continued involvement with the National Cooperation of Health Networks (NCHN), AHEC national conferences, grant writing classes, and travel within Arizona which allowed for continued relationship building. Network activities supported the Network’s mission to “improve and coordinate health outcomes for rural and underserved women in Arizona”</p> <p>The Network continued the monthly meeting structure. During the Arizona Rural Health Conference, presented a breakout session with a five (5) member panel that focused on workforce development. The presentation “Good to Great-Improving Health Outcomes for Rural and Underserved Women in Arizona” spoke to the goals and direction members foresaw for Network.</p>
2011-2014	<p>The Network was awarded a HRSA Development Grant in May of 2011. In this time, the mission and vision has been solidified. The Network has grown and diversified becoming a more mature and substantial collaborative. Network members have continued to participate in NCHN both at the National meetings and Leadership Trainings. Additionally, the Network Director attended The Rural Policy Leadership Institute and The National Rural Assembly on behalf of the Network. The Network remains very active and engaged with the Arizona Rural Health Association. Members not only attend the yearly conferences, but are active on various committees. Monthly meetings for both the Leadership Team and Network are held.</p> <p>Since the award, the elements of the strategic plan are being implemented, operating procedures were created, a website and social media campaign generated, planning for sustainability is ongoing, return on investment is being measured.</p>

Community Needs Assessment

One of the ways the AZRWHN achieves its goals is by identifying areas of health disparity and gaps in services and addressing these needs through workforce development and service delivery enhancement. In 2012, the Network conducted a needs assessment and identified a major gap in services for women living in rural communities

who have experienced sexual violence. The following needs related to sexual violence were identified:

- Provide culturally sensitive Sexual Assault Nurse Examiner (SANE) trainings (Northern Arizona)
- Create victim advocate positions within tribal courts (Northern Arizona)
- Increase recruitment of female police officers and training law enforcement to respond to domestic violence and sexual assault (Northern Arizona)
- Increase availability of culturally-appropriate shelters for men and women on rural reservations (Northern Arizona)
- Support establishment of women's health resource center (Mohave County)
- Develop offender intervention programs for batterers (Northern Arizona)
- Create a domestic violence/sexual assault response system in IHS health care facilities to facilitate coordinated community response (Northern Arizona)
- Advocate for policy that facilitates better cross-border communication and sharing of evidence in regards to sexual assault cases that occur in Mexico but victims are residents of the U.S. (Nogales)

Underlying all of the needs identified above was a greater issue, women in rural Arizona suffering from sexual violence have fewer resources and services to seek help after being affected by sexual violence. Whether they are seeking medical attention, law enforcement, behavioral health or other needed resources living in rural Arizona can be challenging or dangerous. The Network, through this needs assessment, identified gaps in resources, educational opportunities and resources for women living in rural Arizona. The Network wanted to become the conduit for rural Arizona to bridge gaps in services, training and educational activities.

The Network decided to develop and implement a 9-month pilot project targeting Sexual Violence in Arizona for rural women and their families with the following aims:

- Design, develop and implement a sexual violence curriculum for community health workers/ Promotoras/ lay health workers in rural areas provided face to face or via telemedicine network
- Provide CEUs and CMEs for the trainings for any of the healthcare providers related to the developed curriculum

- Work with the other providers of services for survivors of sexual violence including, Governor's Office, NACASA, SACASA and ADHS to ensure the Network is not competing for the same funding sources, to bridge gaps of services and seek guidance
- Work with other rural coalitions/organizations to build and supplement services
- Create an evaluation plan for curriculum development and implementation

Thus, the need for education and greater understanding of what is sexual violence and how to address became the central focus of the Network. It was determined by the Network that an educational program offering training that targets the specific needs of rural women living in Arizona would give needed tools, resources and education to various levels of healthcare professionals. The curriculum was to include topics such as trauma informed care, behavioral health resources, working with diverse populations-including outreach to immigrant communities, post-traumatic stress disorder, seeking help, navigating the healthcare system, collaborating with other agencies and many more vital tools to serve survivors.

Until the launch of this training there were no educational programs that addressed the specific needs of women living in rural Arizona. This training was intended to empower lay healthcare professionals/Community Health Worker/Promotora/Patient Navigator to be proficient in addressing the needs of survivors of sexual violence. The Network understood that it was imperative to offer the curriculum in Spanish as well.

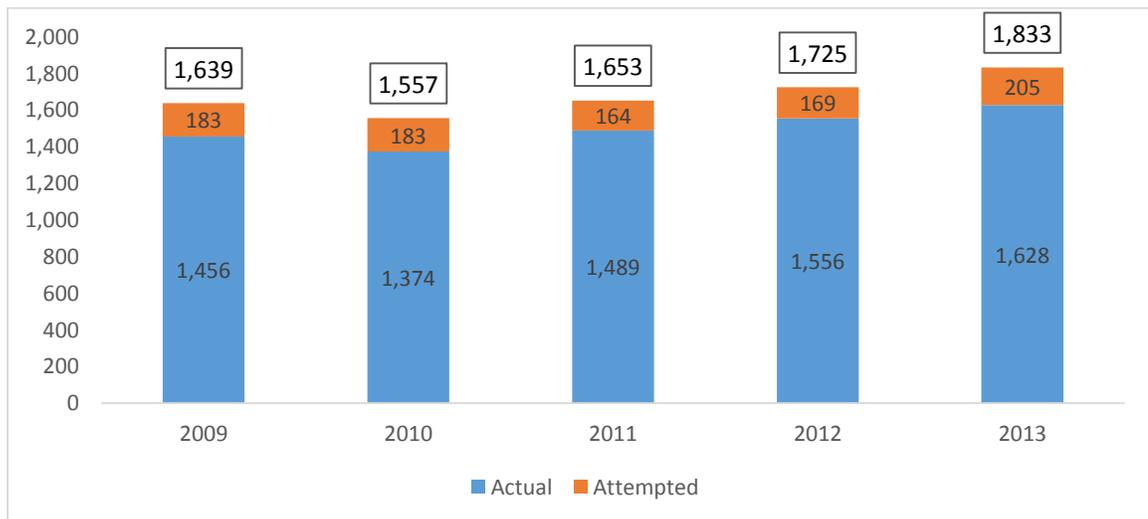
Sexual Violence in Arizona: Data and Services

In Arizona, between 2009 and 2010, the total number of forcible rapes reported to law enforcement increased by 16.2% (Arizona Criminal Justice Commission, 2012). In CY 2010, 251 individuals were arrested for 624 sexual assault charges (Arizona Criminal Justice Commission, 2012). The average number of charges per arrestee increased from 1.9 charges in CY 2001 to 2.5 charges in CY 2010, while over this same ten-year period, the total number of sexual assault arrest charges leading to sexual

assault convictions increased by 72.9 percent (Arizona Criminal Justice Commission, 2012).

According to the “Crime in Arizona 2013” report by the Arizona Department of Public Safety (DPS), in 2013 there were 1,833 forcible rapes reported to law enforcement, of which 1,628 were completed rapes and 205 were attempted rapes (Arizona Department of Public Safety, 2014). The Arizona DPS reports use the Federal Bureau of Investigation (FBI) definition of rape; therefore, forcible rape is defined as the carnal knowledge of a female through the use of force or threat of force. Thus, by the federal definition sex attacks on males are not included in these statistics. It should be noted that in 2013 the FBI updated this definition to “Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim”. Although, assaults or attempts to commit forcible rape are also included in this category, statutory rape (without force) and other sex offenses are not counted in this category. As seen in Figure 1, the number of rapes reported to law enforcement between 2009 to 2013, has consistently increased every year.

Figure 1. Total Forcible Rape Cases in Arizona 2009-2013, by Year and Type



Additionally, the results of The National Intimate Partner and Sexual Violence Survey 2010 Summary Report (2011), conducted by the CDC, revealed that the lifetime prevalence of rape by any perpetrator was 18% for women in Arizona, which leads to an

estimated 441,000 victims (Centers for Disease Control and Prevention, 2011). Furthermore, the lifetime prevalence of sexual violence other than rape was 43.6% for Arizona women, with an estimated 1,064,000 victims, and 25.9% for Arizona men, with an estimated 627,000 victims (Centers for Disease Control and Prevention, 2011). According to the FBI's 2010 Uniform Crime Report data, there were 27.5 forcible rapes per 100,000 inhabitants in the U.S., while in Arizona there were 33.9 forcible rapes per 100,000 inhabitants (Arizona Department of Health Services, 2012).

The agencies and organizations serving rural women in Arizona do remarkably well serving survivors of sexual assault. Yet survivors of sexual violence living in rural Arizona have fewer resources and services than their urban counterparts. Due to the geography, remoteness and diversity of rural Arizona survivors, agencies providing sexual violence services may also not have the funding, forensic exam sites, education, or resources to serve survivors. Although not every victim of sexual violence chooses to have a forensic exam, victims of sexual violence in rural Arizona who do desire a forensic exam must often travel to an urban area to access an exam. Many community health centers (CHC) do not conduct these forensic exams in areas where a family advocacy center is not available. Factors affecting CHCs ability to conduct the exams may be a result of lack of dedicated space, possible confidentiality issues or a shortage of trained SANE nurses in the community. This leaves rural victims traveling several hours to a larger city to seek help and assistance. For rural victims lacking transportation resources, living in abusive situations, or without documentation of legal status, it is near impossible to access this type of exam. Additionally, the long distances that must be traveled to seek services make it harder to preserve evidence or imposes discomfort on the victim to not do anything that would impact evidence (change clothing, shower, use the bathroom, etc.).

Despite the limited services available for victim/survivors of sexual violence in rural Arizona, the demand has been found to be just as high as in other parts of the state and on Tribal Nations. Sexual violence services are established regionally throughout urban and rural Arizona, with a varying range of services, programs, resources, staffing, and funding. Connecting survivors to victim-centered resources is key in addressing the short and long-term health consequences for survivors of sexual violence. Sexual violence

services are established throughout urban and rural Arizona, however each organization providing services has varying levels of resources, staffing, and funding. While statewide and regional coalitions, programs, and task forces address the issue of sexual violence, there is often insufficient attention given to the unique needs of rural women as they relate to this issue.

These difficulties are illustrated by the fact that cases of survivors' residing in tribal lands are investigated by the FBI not tribal police. Additionally, northern Arizona consists of four counties (Mohave, Coconino, Navajo and Apache) with a land mass of 53,300 square miles, about the size of Arkansas. There are six tribes in this area and only four rural forensic exam sites available. On the west side of the state there is one location for a forensic exam in Kingman at their family advocacy center. On the east side of Arizona, three sites are supported through the Northern Arizona Center Against Sexual Assault (NACASA) and are located in Apache and Navajo Counties. Two locations are at North Country HealthCare clinics in Holbrook (Navajo County) and Springerville (Apache County). The third eastern Arizona location is at the Navajo County Family Advocacy Center in Show Low. Meanwhile, if you live in Southern Arizona the nearest forensic exam site is located in Tucson, an urban area, where passing through a border patrol checkpoint is necessary, a challenge for non-US citizens.

There are Coordinated Community Response Teams (CCRT) and Sexual Assault Response Teams (SART) that do provide local services in Cochise, Graham/Greenlee, Santa Cruz and Yuma counties. The CCRT and SART efforts are a grass roots community driven and lead team that form during non-crisis periods, builds relationships and trust with the communities where they work and usually live. At the time of crisis, the victim must decide whether or not to seek services. From initial contact with a community representative, the CCRT/SART attempts to utilize the community's own resources in developing a crisis response. When and if appropriate, the CCRT/SART may provide actual traumatic stress debriefing services, advocacy and follow-up. CCRTs and SARTs are modeled after the Community Empowerment Model of community intervention framework. The Ecological Framework details the key features of effective community intervention. This includes a fundamental respect for the

victim's integrity, inherent skills and self-healing abilities, and right to make choices for itself.

Behavioral health is an integral part of healing for survivors. Obtaining these services in remote rural areas is difficult and sometimes non-existent. Many of rural Community Health Centers do provide behavioral health services and Community Health Workers (CHWs) are often times instrumental in navigating the system for the patients.

There are five forensic exam sites in rural Arizona for women. As stated previously, there are four locations in Northern Arizona (Kingman, Holbrook, Show Low and Springerville). The fifth forensic exam site is located at Mt. Graham Hospital in Safford, Arizona. Each location, except the one in Safford, utilizes a Sexual Assault Nurse Examiner (SANE)-RN, which is crucial to ensure all exams are performed with expertise and are admissible as evidence in court. SANE-RNs are registered nurses who have completed specialized education and clinical preparation in the medical forensic care of a survivor of sexual violence.

SANE-RNs work collaboratively with a multidisciplinary group of professionals to develop a plan of care for the survivor. A victim can request a medical forensic examination. This exam is composed of the medical forensic history, a detailed physical and emotional assessment, written and photographic documentation of any injuries, collection and management of forensic samples while providing emotional and social support and resources. The SANE-RN may also testify in any legal proceedings related to the examination and ensures the proper chain of custody and integrity of the samples is maintained so that the evidence will be admissible in court. CHWs may play a role in assisting the survivor through the process of determining whether they want to seek services and to what extent, including having an exam by SANE-RN, receiving behavioral health help, among other services available to them.

Far too many survivors living in rural Arizona travel long distances to the urban areas of our state for medical, behavioral or other vital services. Conversely many survivors never seek any type of resource or medical service. A training curriculum developed by the AzRWHN for those health care workers (CHWs) in rural Arizona who

are in the frontlines of sexual violence issues would educate and empower the CHWs to play a powerful role in the healing process of survivors.

Curriculum: Purpose, Overview, Module Description

Purpose

The training curriculum and workbook provide a framework for CHWs to be part of the solution in responding to sexual violence in their communities. It aims to increase the knowledge, skills and abilities of CHWs, and others, to be part of a coordinated community response for victim/survivors of sexual assault in rural communities and Tribal Nations in Arizona.

The purpose of the curriculum and workbook are to:

- 1) Provide a general overview of sexual violence
- 2) Prepare CHWs to provide appropriate support to victim/survivors of sexual violence.
- 3) Provide CHWs with practical strategies, tools and resources to assist them in their role to address sexual violence.
- 4) Offer a training experience that provides hope and empowerment for CHWs to be part of the solution to stopping sexual violence in tribal communities.

The curriculum is primarily intended for Community Health Workers, Promotoras and Community Health Representatives, also known as lay health workers. It is also relevant for victim service advocates, patient navigators, health educators, as well as other service providers who offer health and support services to survivors residing in rural communities.

CHWs assist people in gaining access to needed services and build individual, community, and system capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, patient navigation and follow-up, community health education and information, informal counseling, social support and advocacy (Texas Community Health Worker Study Report to the Texas Legislature, December 2012). Community Health Representatives (CHRs) fulfill the role of community health workers in Indian Country. They are usually tribal members, with an intimate

understanding of the history, language, culture and traditions, geography on tribal lands and the local service system.

The training curriculum that follows is based on the eight areas of “core competencies” identified in the 1998 National Community Health Advisor Study. (Rosenthal E.L., 1998) These competencies are relevant to CHWs and CHRs in any work setting.

CHWs are uniquely qualified to respond to front line community concerns such as sexual assault or domestic violence through the role they play in providing health education, outreach, information and referral, helping community members navigate health systems and social services, offering informal counseling, social support, and connecting community members to needed health and social services. They are often viewed as trusted community members who understand their communities, language, and culture.

More and more, CHWs are part of care delivery teams that are integral in providing effective interventions, while ensuring culturally relevant and socially responsive services. They often act as a bridge in communication between the client and providers, and help clients understand important health information or how to navigate the health care system. Enhancing CHWs’ awareness of sexual violence, and providing them with the necessary tools to respond appropriately, will improve how rural survivors gain access to information and services. CHWs in rural communities will become a crucial frontline resource and referral source to victim/survivors of sexual violence.

CHWs can make a difference in the lives of rural women because:

1. The CHW/Promotora/CHR may be their only point of contact with the health care system and access to information and are often trusted members of the community
2. Sexual violence survivors that are experiencing suffering and trauma and request community and social support will have more options or information from a trained CHW/Promotora/CHR.
3. Sexual violence survivors experience increased health concerns that can impact negatively on their health and wellbeing
4. Eliminating sexual violence requires a coordinated community response

It is the aim of the Network to provide education and training to Community Health Workers/Promotoras/Community Health Representatives and others serving rural women likely to encounter women who are victims/survivors of sexual violence, so they have the skills to respond appropriately. Ultimately, the aim is to build the capacity of local health and community service agencies to address the lack of information and services regarding sexual violence against women in Arizona’s rural communities and on Tribal Nations.

Overview

The Network contracted the services of Jeannette L. Mullins for the development and design of a curriculum and training program specifically for Community Health Workers/Promotoras/Community Health Representatives to assist women victims/survivors of sexual violence. The curriculum contains six key, sexual violence issue-related learning modules and was developed based on eight core competency skill areas Rosenthal (1998) defined as necessary foundations for effective lay community health worker performance. (Rosenthal, 1998). These core competencies focus on enhancing the following skills for CHWs: knowledge base, communication skills, interpersonal skills, service coordination skills, capacity-building skills, advocacy skills, teaching skills and organizational skills while specifically addressing sexual violence related issues (See Table 1 below for competency areas and Appendix A for detailed competencies related to sexual violence).

Table 1. Sexual Violence Curriculum CHWs/Promotoras/CHRs Core Competency Areas

Core Competency Areas	Components of Core Competency Areas
Knowledge Base	<ul style="list-style-type: none"> • Broad knowledge about the community • Knowledge about specific health issue addressing • Knowledge of health and social service systems • Ability to find information
Communication Skills	<ul style="list-style-type: none"> • Listening • Use language confidently and appropriately • Ability to read and write well enough to document activities
Interpersonal Skills	<ul style="list-style-type: none"> • Counseling • Relationship-building

	<ul style="list-style-type: none"> • Ability to work as a team member • Ability to work appropriately with diverse groups of people
Service Coordination Skills	<ul style="list-style-type: none"> • Ability to identify and access resources • Ability to network and build coalitions • Ability to provide follow-up
Capacity-Building Skills	<ul style="list-style-type: none"> • “Empowerment”—ability to identify problems and resources to help clients solve problems themselves • Leadership • Ability to strategize • Ability to motivate
Advocacy Skills	<ul style="list-style-type: none"> • Ability to speak up for individuals or communities and withstand intimidation • Ability to use language appropriately • Ability to overcome barriers
Teaching Skills	<ul style="list-style-type: none"> • Ability to share information one-on-one • Ability to master information, plan and lead classes, and collect and use information from community people
Organizational Skills	<ul style="list-style-type: none"> • Ability to set goals and plan • Ability to juggle priorities and manage time

Module Descriptions

Before each workshop, the trainer was equipped with various program materials including the training agenda, the presenter manual, participant workbooks, PowerPoint presentation slides, flip chart or whiteboard with markers, videos, laptop, LCD projector, internet connection and other materials relevant to each of the six curriculum modules. Based on adult learning principles, each module contains interactive group activities, exercises and discussions in which the participants engage designed to accommodate visual, auditory and kinesthetic learners.

Module 1. Introduction-How you can be part of the solution

Module 1 serves as the introduction to the overall goals and expectations of the training as well as providing the rationale and need for improving the response to sexual violence in rural Arizona. Participant learning objectives include developing an understanding how CHWs can be an important and effective part of a coordinated

response to sexual violence in rural communities; understanding how they can make a difference in their role; and knowing what skills to build upon.

Module 2. What is Sexual Violence? What do you need to know?

This component focuses on enhancing the knowledge base of the participants (Core Competency: Knowledge Base) on sexual violence facts, myths, effects, impacts and cultural assumptions. After completing this portion of the training, participants are able to identify the immediate, short- and long-term effects of sexual violence on victims/survivors and will have developed a thorough understanding of what secondary victimization means.

Module 3. Responding to Sexual Violence-How you can assist

This section, by a variety of methods including role-playing and a victim-centered approach, is designed to increase the participants knowledge, skills and abilities in providing an effective response to sexual violence and gain a basic understanding of how to assist someone in crisis as a result of sexual violence or assault. Participants learn how to: employ empowerment techniques to promote recovery; perform an effective crisis intervention; provide support to victims'/survivors' partners/family members; handle disclosures appropriately and how to protect confidentiality and privacy. (Core Competencies: Knowledge Base, Communication Skills, Interpersonal Skills, Service Coordination Skills, Capacity-Building Skills, Advocacy Skills and Teaching Skills)

Module 4. Immediate Concerns and Systems Response

Designed around the CHWs core competency areas of Knowledge Base and Service Coordination Skills, this module expands upon and deepens the understanding of the learning objectives from the previous module. Once participants complete this section they are able to: address the immediate concerns of and effective response to recent survivors; understand victim/survivor rights; identify options for reporting of sexual assault and barriers to reporting; and understand the importance of all the different roles—including that of the court—operating in an effective, coordinated

response to meet the various needs of a victim/survivor of sexual violence. Of particular note are two powerful exercises and an audio story in which the participants engage.

In one exercise designed to illustrate barriers to reporting sexual violence, each participant is asked to write down their best sexual experience on an index card. After 20 seconds, the trainer directs everyone to stop and asks those that are not writing why they are not doing so. Participants might say that they are uncomfortable writing about something like that. The trainer responds with the following:

“Okay, so I just asked you to write about the best thing that has happened to you sexually. I didn’t say you had to share it with others, and it was still not something you were comfortable doing. Now imagine getting up in front of a court room and telling about the worst thing that has ever happened to you and having holes poked in your story.”

Module 5. Linking to Services and Advocacy

The purpose of this module is to prepare and inform the participants about their role in working with a variety of partners including the victims/survivors, the system and other key partners in responding to sexual violence in their communities. After this section is completed, participants will have a clear understanding of: their role in connecting to, coordinating and following up with services; their role in advocating for the victim/survivor; the support services available in their local community; how to make appropriate referrals; working with interpreters; and how to counter victim blaming. (Core Competencies: Knowledge Base, Service Coordination Skills, Capacity-Building Skills and Advocacy Skills)

Module 6. Staying Strong and Making a Difference

The key learning objectives for this module focus on participants being able to recognize signs of self-burn out; learn strategies to prevent/reduce the effects of secondary trauma; access support and resources needed from their organization to be effective in their role; organize/participate in activities to raise community awareness

around the issues of sexual violence and to find ways to improve the system’s response. (Core Competencies: Knowledge Base, Service Coordination Skills, Capacity-Building Skills, Advocacy Skills and Organizational Skills.) Additional tools, resources and information about other support services around Arizona are provided at the end of this module.

Evaluation Data

From January to May 2014, two experienced and content-knowledgeable trainers at 12 different sites across rural Arizona, including tribal nation locations, delivered the program consisting of about seven contact hours. To carry out this effort the Network issued an RFP, which was awarded to 3 contractors to develop and implement curricula and conduct a training program specific for sexual violence for Promotora/CHW/CHRs in Arizona (See Table 2). The curricula and training plan were written, pilot testing was completed and promotional materials were developed/purchased between October to December 2013.

Each trainer conducted six workshops and the total number of CHWs/Promotoras/CHRs participating in the trainings at all locations was 147 (See Table 2).

Table 2. Participation of CHWs/Promotoras/CHRs in Sexual Violence Curriculum Training, by Location

Location	Communities	# of participants
Campeños Sin Fronteras	San Luis, AZ	11
Cochise County Health Department*	Bisbee, AZ	12
Cocopah	Somerton, AZ	19
Hopi	Kykotsmovi, AZ	7
Mariposa	Nogales, AZ	12
Mojave Tribe	Needles, CA	6
North Country	Flagstaff, AZ	20
Pinal Hispanic Council	Florence, AZ	5
San Carlos Apache	San Carlos, AZ	16
Siera Vista Training	Sierra Vista, AZ	14
Tohono O'odham	Sells, AZ	10
Yavapai Prescott-Apache	Prescott, AZ	15
Total		147

*Pilot

Statements measuring training satisfaction (See Figure 3) show a high level of program satisfaction among participants. To evaluate program satisfaction, participants were asked to agree or disagree with the following statements:

1. The training met my expectations
2. The learning objectives for each topic were met
3. The content was well organized and easy to follow
4. The materials were relevant and useful
5. The trainer was knowledgeable and effective
6. Adequate time was provided for questions and discussion
7. My time in this training was well spent
8. I would recommend this training to others

The only area that was not as highly rated as the others was about the time available for questions and discussion. This was also a concern expressed by the trainers.

Figure 3. Training Satisfaction Questions

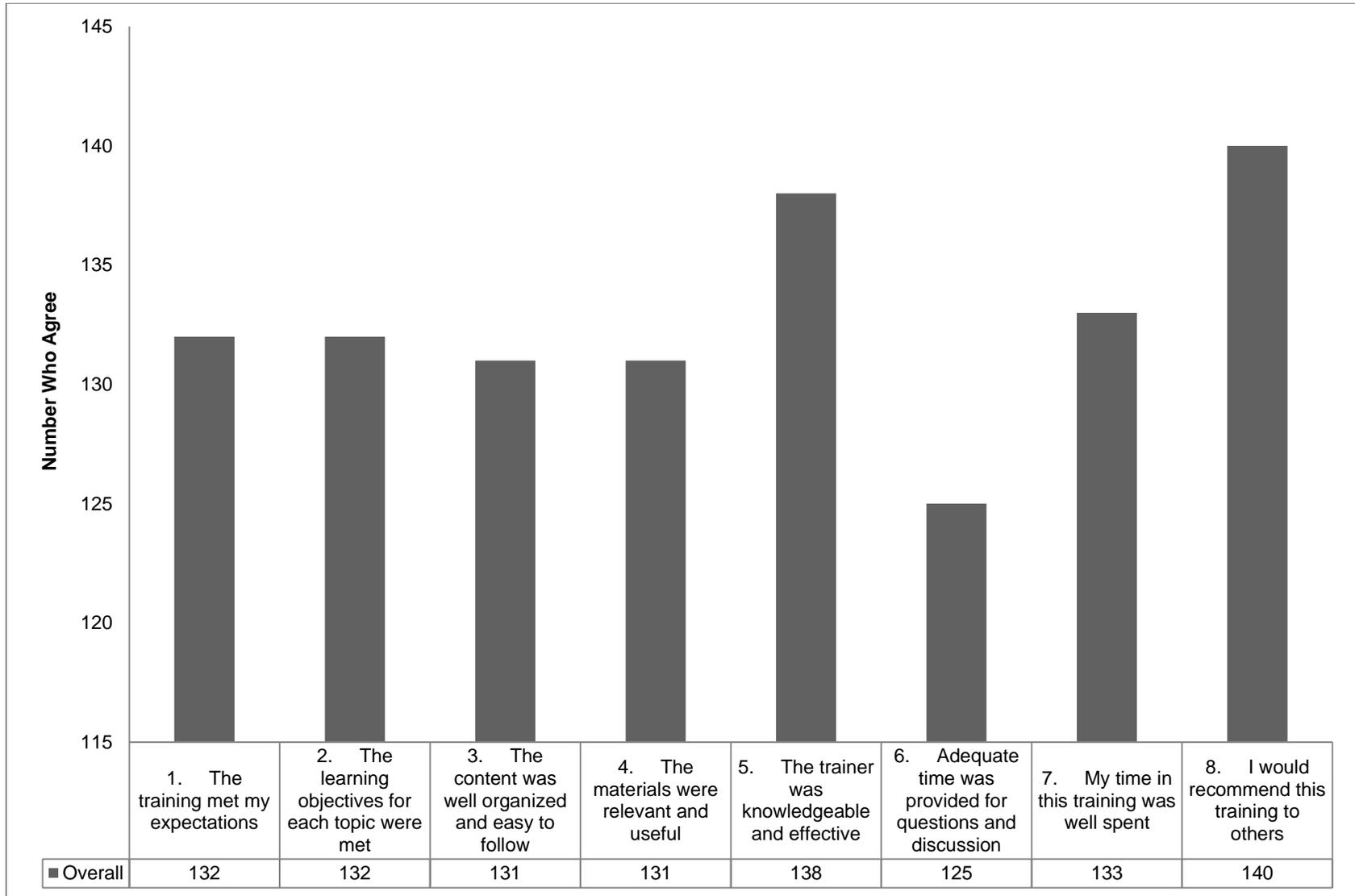
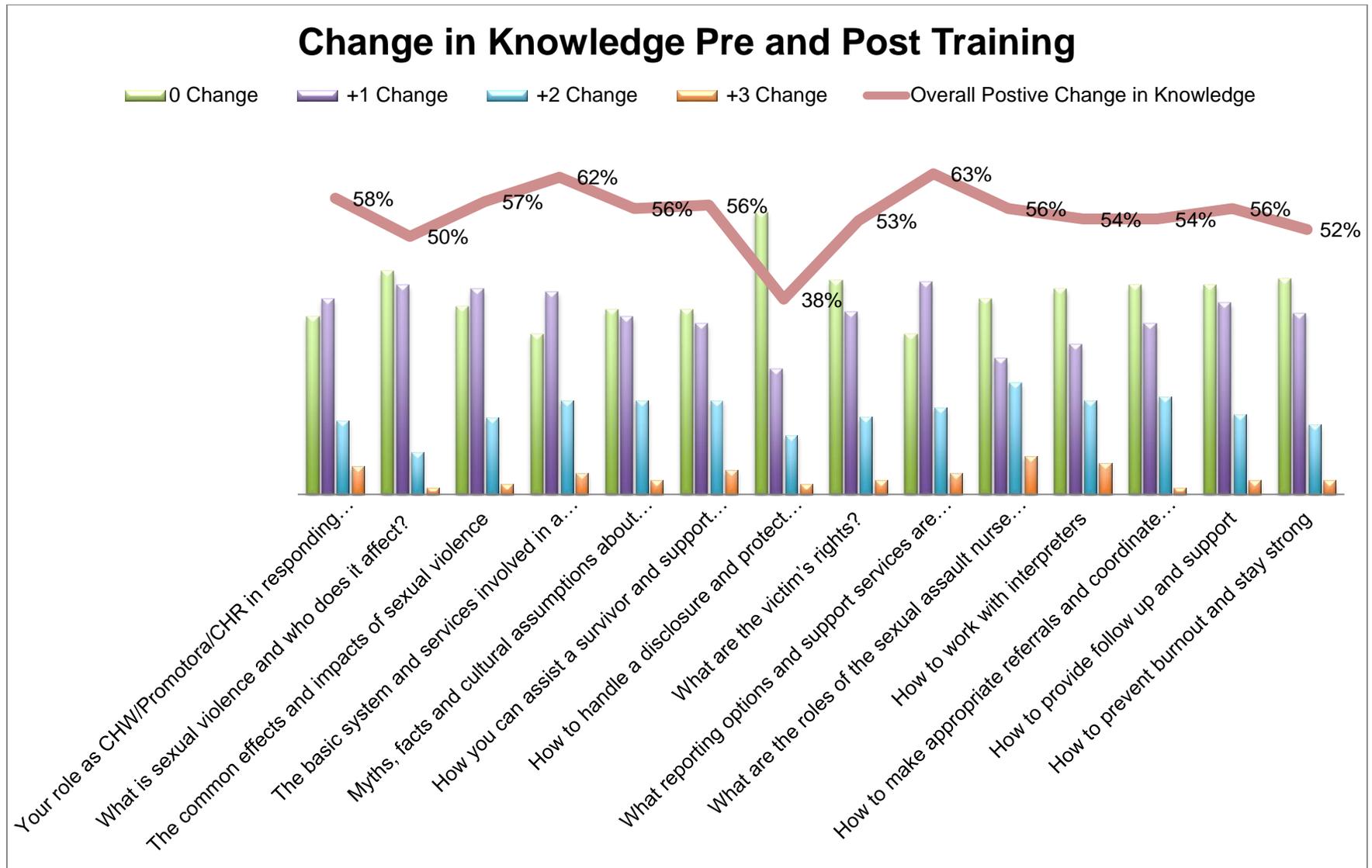


Figure 4. Change in Knowledge Before and After Training



Competencies

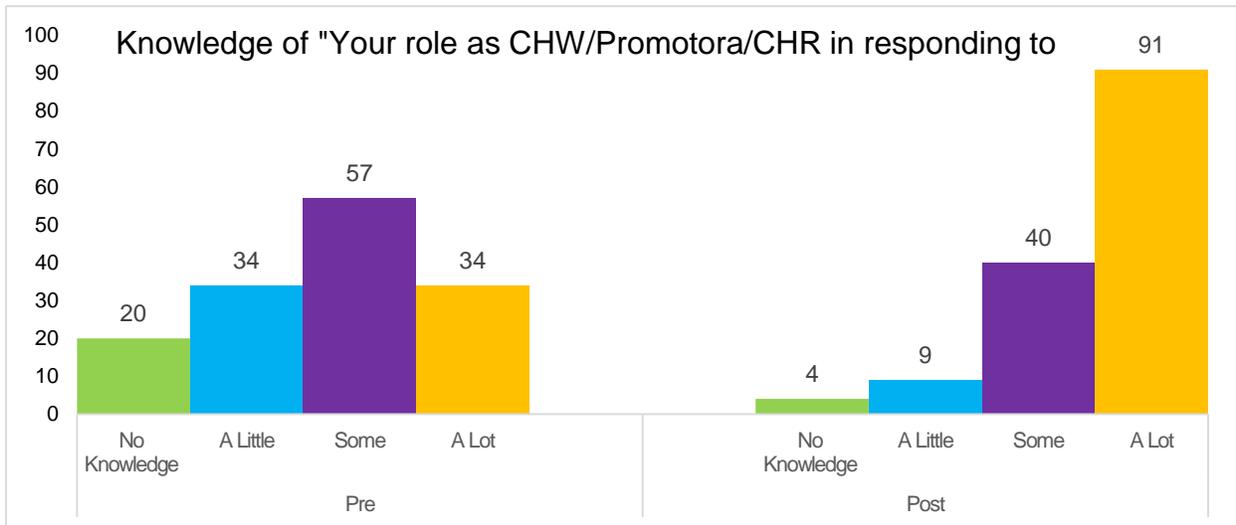
Aside from measuring program satisfaction, it was also important to measure change in knowledge before and after training. Figure 4 shows the change in knowledge to be positive for all competencies measured and the percent change ranged from 38 to 63 percent. The highest change in knowledge was observed among “knowledge of what reporting options and services are available” (63%). Meanwhile, the lowest change in knowledge was “how to handle a disclosure and protect confidentiality” (38%). It is likely that due to privacy laws in the health care field many CHWs/Promotoras already know the importance of handling health information and maintaining confidentiality to protect the patient.

Knowledge of "How to work with interpreters" was another competency that merits attention as only 55% of participants reported knowing “A Lot” about the topic after training. Finally, with regards to knowledge of "How to make appropriate referrals and coordinate services" only 51% of participants reported knowing “A Lot” about the topic after training. It might be necessary to revisit the teaching strategies used for these topics to ensure their efficacy.

Below are individual plots showing the pre to post changes for each of the competencies measured through the evaluation instrument

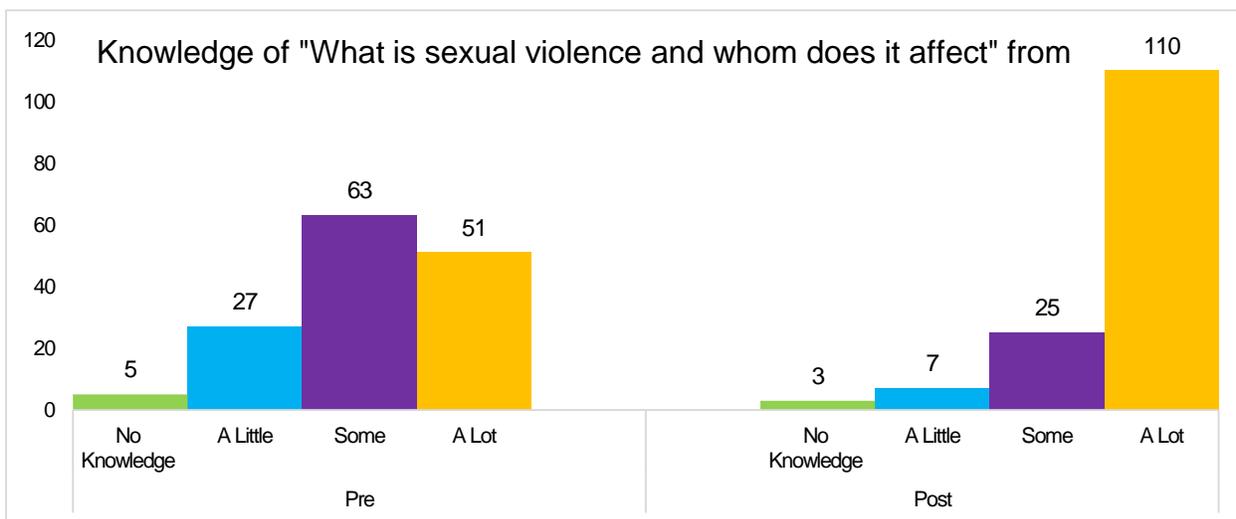
Your role as CHW/Promotora/CHR in responding to sexual violence in your community

For this competency, we observe a significant shift from “Some Knowledge” to “A Lot” between pre and post. With regards to this competency, we observe that after the training 63% of participants characterized themselves as knowing “A Lot” about the topic.



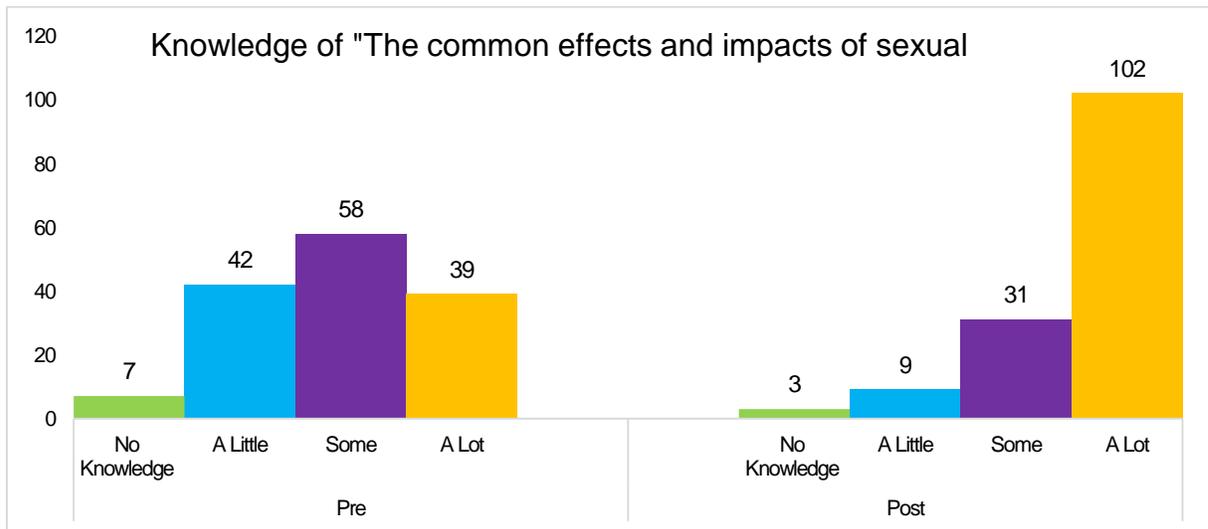
What is sexual violence and whom does it affect?

For this competency, we observe a significant shift from “Some Knowledge” to “A Lot” between pre and post. With regards to this competency, we observe that after the training 76% of participants characterized themselves as knowing “A Lot” about the topic.



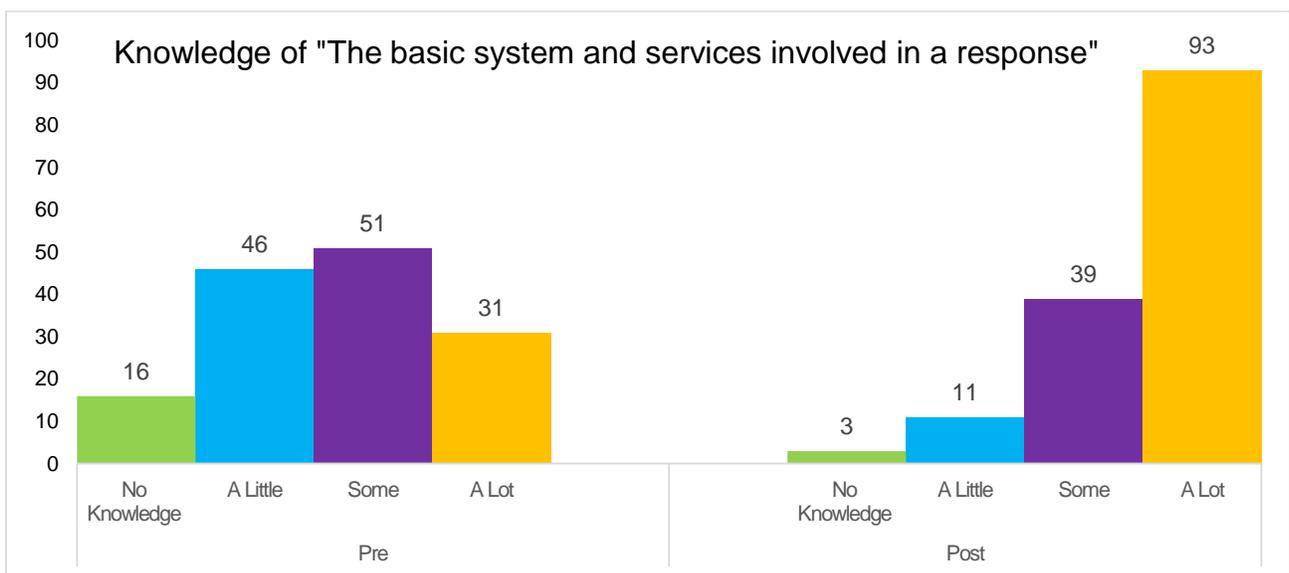
The common effects and impacts of sexual violence

For this competency, we observe a significant shift from “A Little” and “Some Knowledge” to “A Lot” between pre and post. With regards to this competency, we observe that after the training 70% of participants characterized themselves as knowing “A Lot” about the topic.



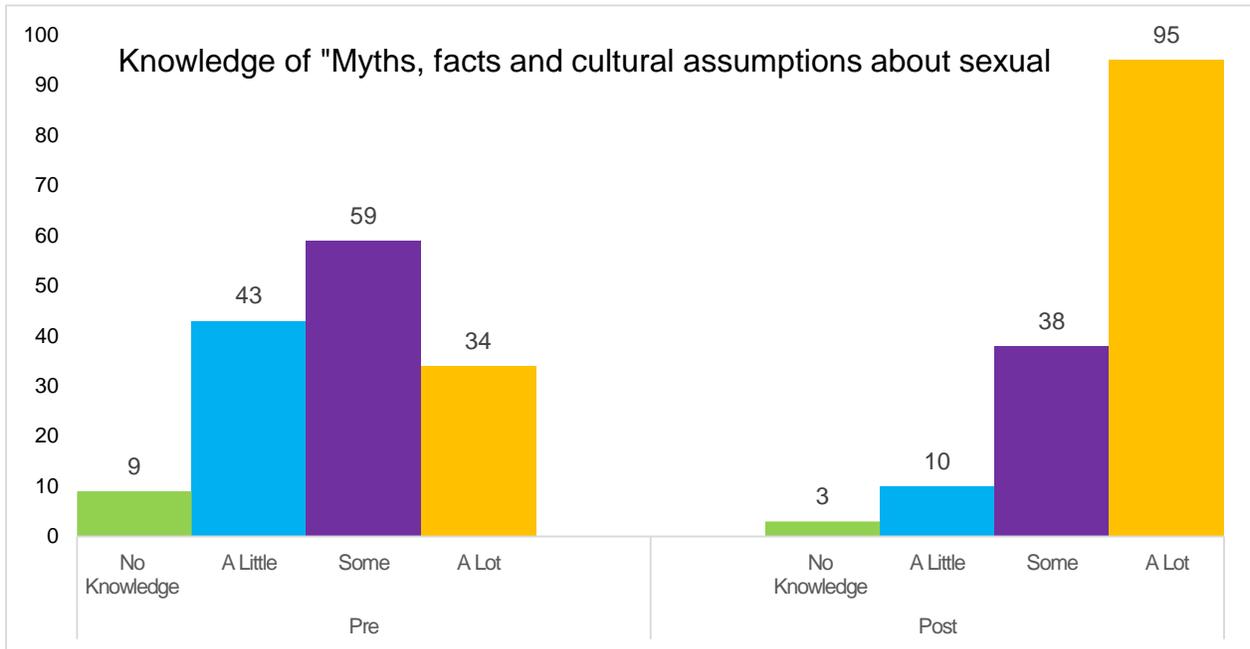
The basic system and services involved in a response

For this competency, we observe a significant shift from “A Little” to “A Lot” between pre and post. After the training 67% of participants characterized themselves as knowing “A Lot” about the topic.



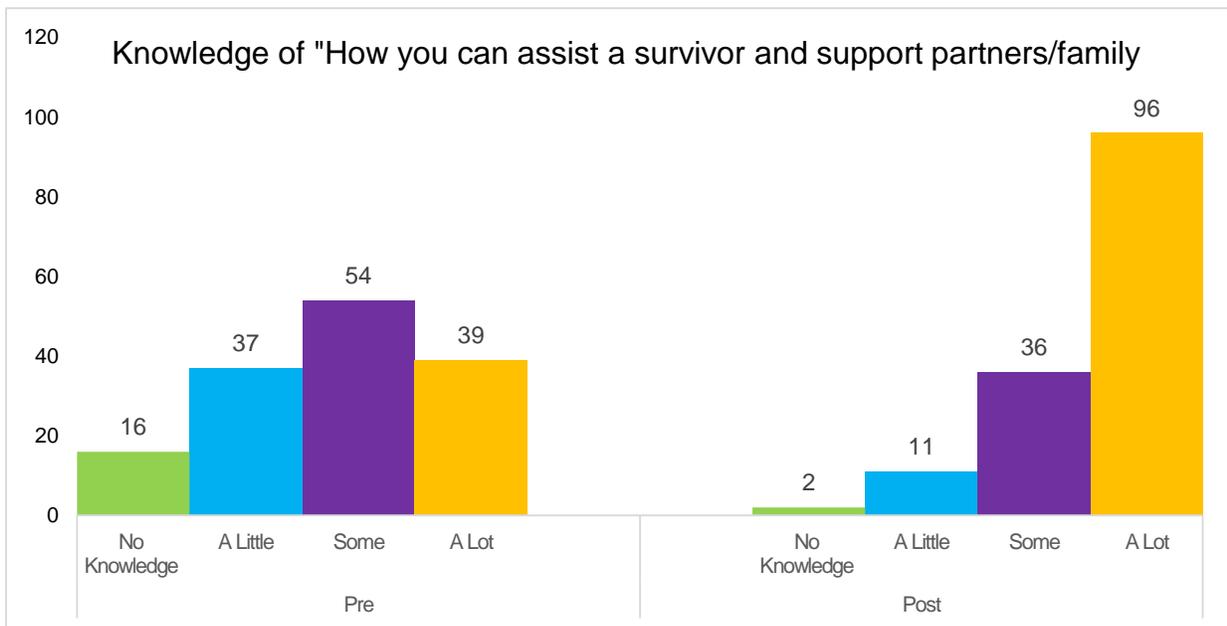
Myths, facts and cultural assumptions about sexual violence

In this instance, the trend shows an increase from pre to post from 23% to 65% of participants reporting that they know “A Lot” about this competency.



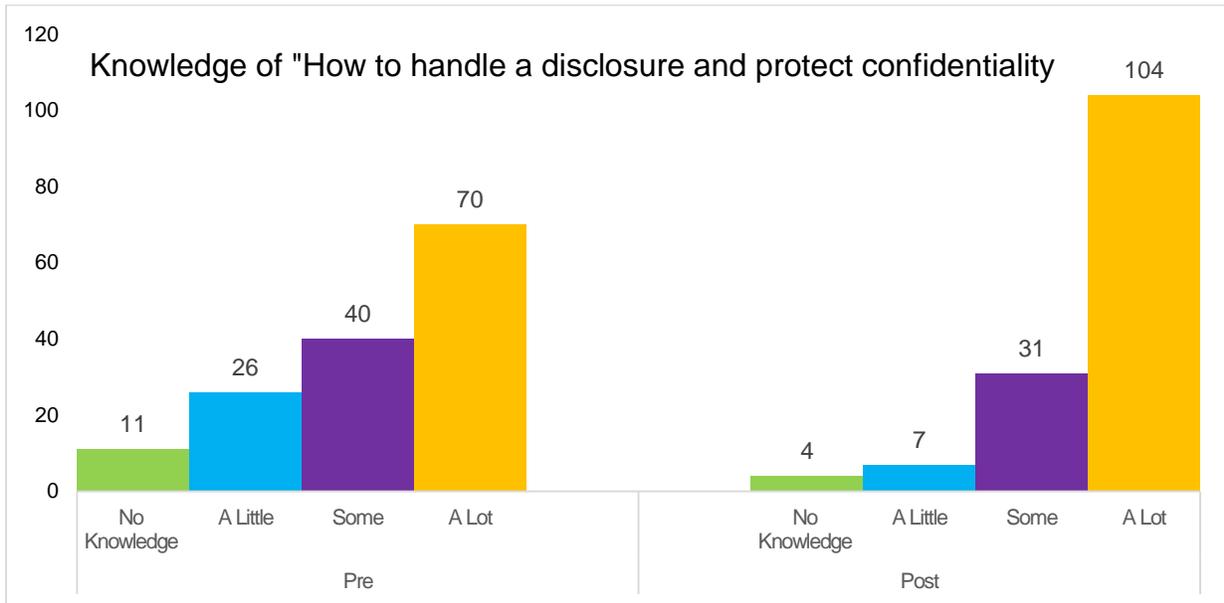
How you can assist a survivor and support partners/family members

In this instance, the trend shows an increase from pre to post from 27% to 66% of participants reporting that they know “A Lot” about this competency.



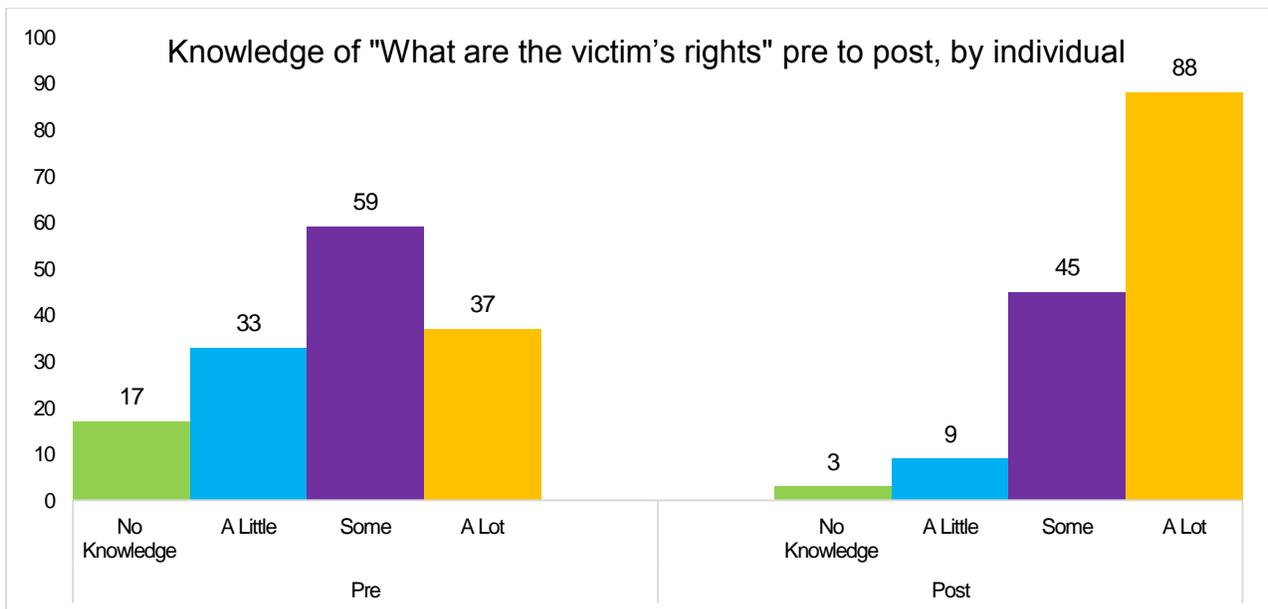
How to handle a disclosure and protect confidentiality and privacy

In this instance, the trend shows an increase from pre to post from 48% to 71% of participants reporting that they know “A Lot” about this competency. This is the category with least overall change in knowledge.



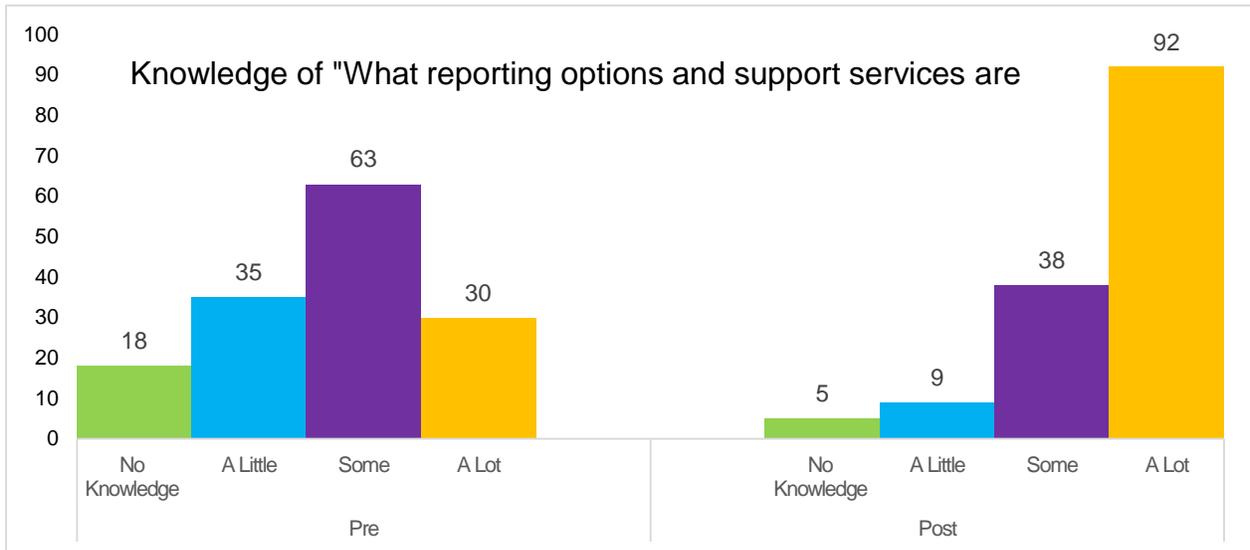
What are the victim's rights?

In this instance, the trend shows an increase from pre to post from 26% to 61% of participants reporting that they know “A Lot” about this competency.



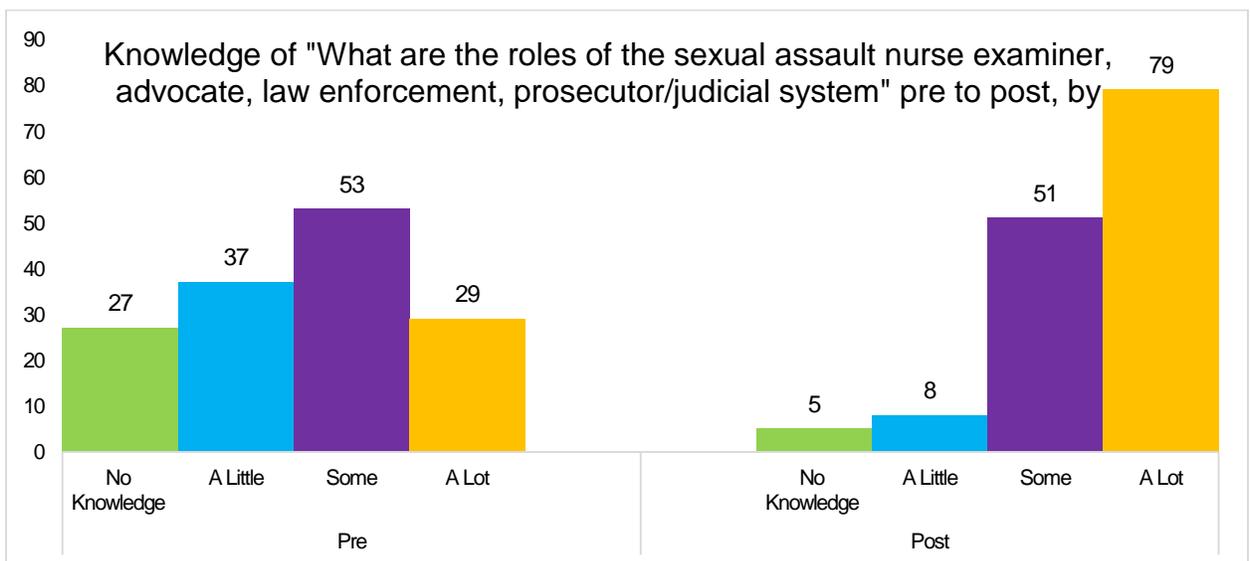
What reporting options and support services are available?

In this instance, the trend shows an increase from pre to post from 21% to 64% of participants reporting that they know “A Lot” about this competency. This is the category with most overall change in knowledge.



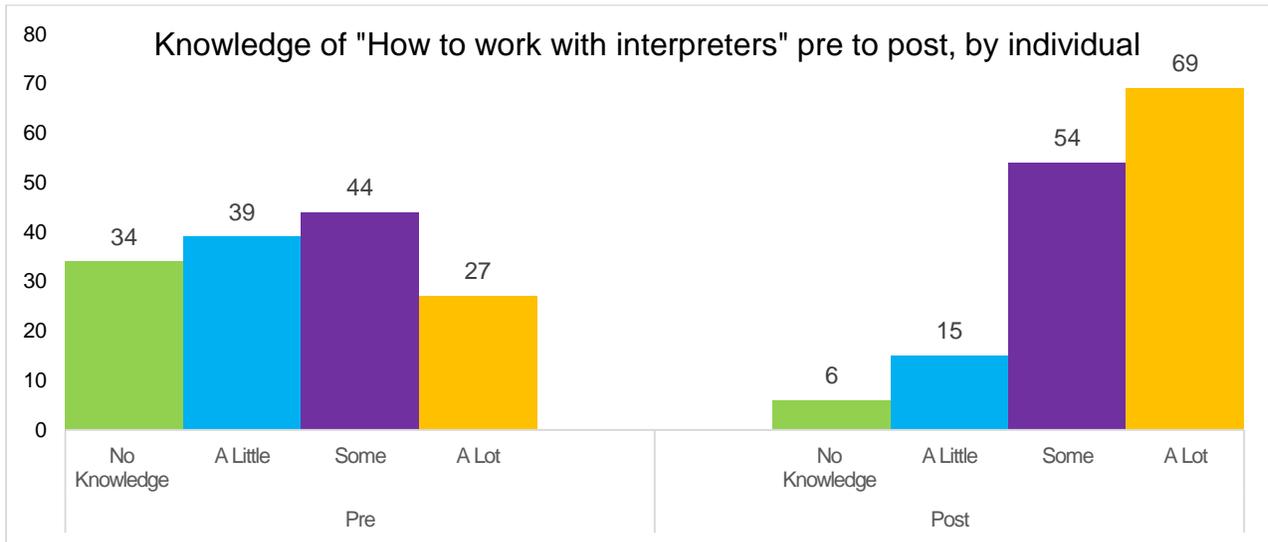
What are the roles of the sexual assault nurse examiner, advocate, law enforcement, prosecutor/judicial system?

For this competency, we observe a significant shift from “A little” and “Some Knowledge” to “Some knowledge and “A Lot” from pre to post. After training 55% of participants characterized themselves as knowing “A Lot” about the topic.



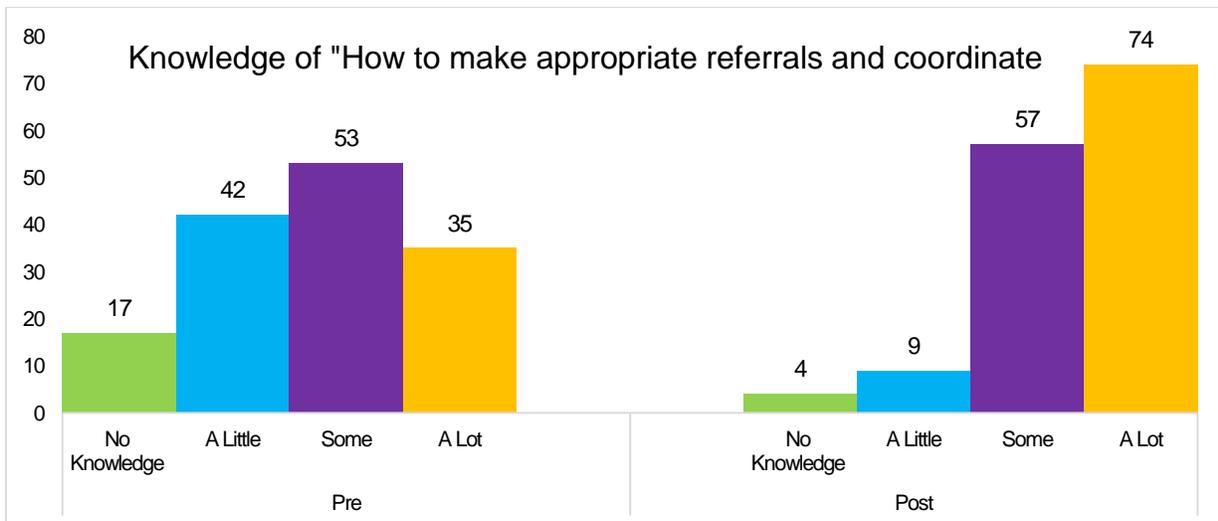
How to work with interpreters

For this competency, we observe a significant shift from “A little” and “Some Knowledge” to “Some knowledge and “A Lot” from pre to post. After training 55% of participants characterized themselves as knowing “A Lot” about the topic.



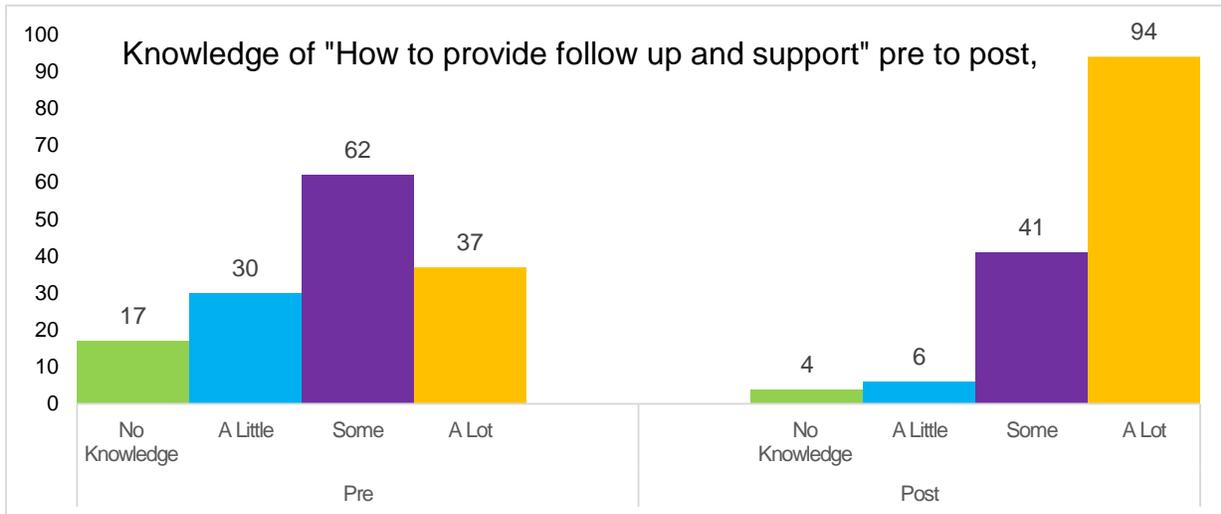
How to make appropriate referrals and coordinate services

For this competency, we observe a significant shift from “A little” and “Some Knowledge” to “Some knowledge and “A Lot” from pre to post. After training 51% of participants characterized themselves as knowing “A Lot” about the topic.



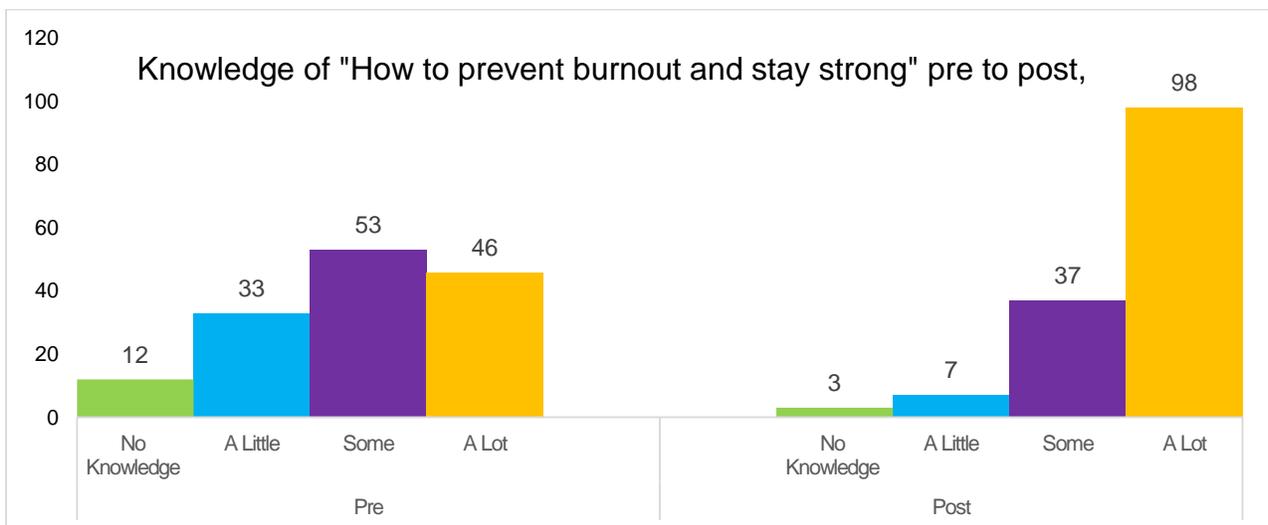
How to provide follow up and support

For this competency, we observe a significant shift from “Some Knowledge” to “A Lot” from pre to post. After the training 65% of participants characterized themselves as knowing “A Lot” about the topic.



How to prevent burnout and stay strong

For this competency, we observe a significant shift from “Some Knowledge” to “A Lot” between pre and post. After training 68% of participants characterized themselves as knowing “A Lot” about the topic.



Overall Training Satisfaction

The majority of participants at each location reported that their overall satisfaction with the program was excellent. Percentage of overall program satisfaction ranged from 58% to 100% of participants (See Table 3).

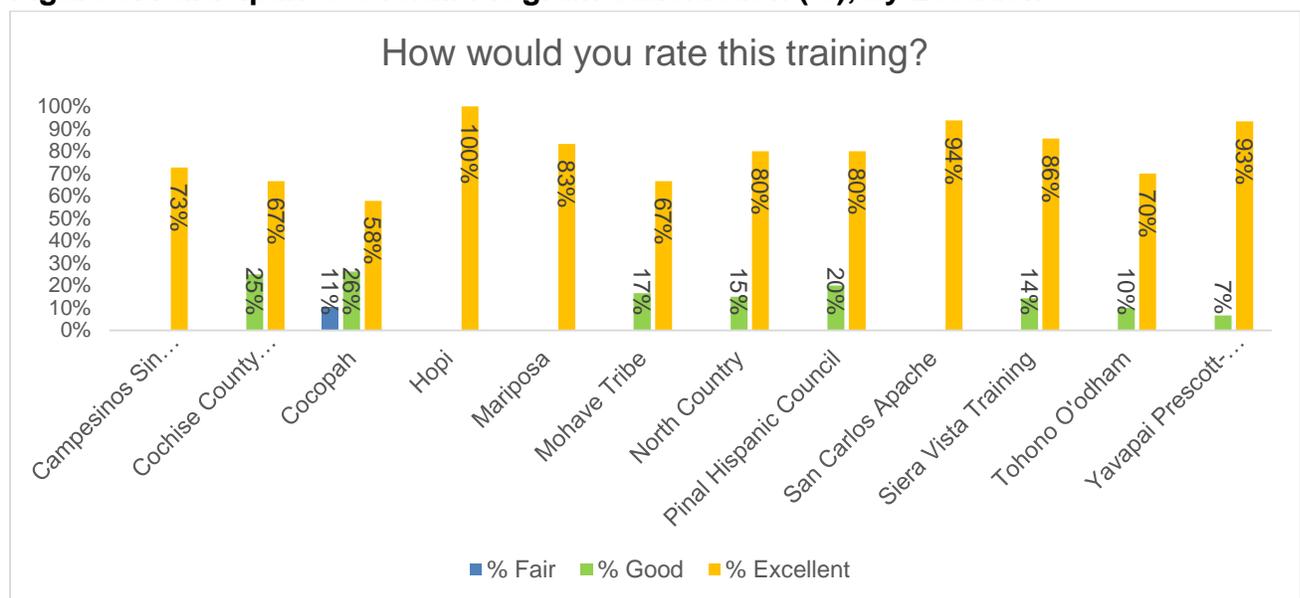
Table 3. Participant’s Overall Program Satisfaction of CHWs/Promotoras/CHRs with Sexual Violence Curriculum Training (%), by Location

Location	Percent				
	Poor	Fair	Good	Excellent	Blank
Campesinos Sin Fronteras	0%	0%	0%	73%	27%
Cochise County Health Department*	0%	0%	25%	67%	8%
Cocopah	0%	11%	26%	58%	5%
Hopi	0%	0%	0%	100%	0%
Mariposa	0%	0%	0%	83%	17%
Mojave Tribe	0%	0%	17%	67%	17%
North Country	0%	0%	15%	80%	5%
Pinal Hispanic Council	0%	0%	20%	80%	0%
San Carlos Apache	0%	0%	0%	94%	6%
Siera Vista Training	0%	0%	14%	86%	0%
Tohono O’odham	0%	0%	10%	70%	20%
Yavapai Prescott-Apache	0%	0%	7%	93%	0%

*Pilot

Meanwhile Figure 5 shows the overall program satisfaction was rated as excellent and ranges between 58 to 100 percent.

Figure 5. Participant’s Overall Program Satisfaction (%), by Location



Descriptive Statistics and Tests of Significance

Due to the nature of the topic, it was important to make sure that participants had an opportunity to provide feedback anonymously. Therefore, we do not have any demographic characteristics of participants beyond those descriptions provided by the facilitators that would allow us to provide descriptive statistics on the participants. The feedback from the facilitators is summarized in the following section.

A one-sample paired Student's t-test was performed to determine whether there was a statistically significant mean difference from pre to post training in self reported change. The observed means were statistically significantly different from the hypothesized value of 0. Table 4 provides descriptive statistics as well as summarizes the results of the t-tests.

Table 4. Descriptive Statistics and Tests of Significance

COMPETENCY		N	Mean	SD	95% CI		P
Your role as CHW/Promotora/CHR in responding to sexual violence in your community	Pre	143	1.713	0.976	1.551	1.875	<0.0001
	Post	143	2.510	0.740	2.388	2.633	
What is sexual violence and whom does it affect	Pre	145	1.724	0.975	1.564	0.884	<0.0001
	Post	144	2.514	0.738	2.392	2.636	
The common effects and impacts of sexual violence	Pre	144	1.875	0.860	1.733	2.017	<0.0001
	Post	144	2.597	0.703	2.481	2.713	
The basic system and services involved in a response	Pre	143	1.664	0.934	1.510	1.819	<0.0001
	Post	143	2.517	0.730	2.398	2.638	
Myths, facts and cultural assumptions about sexual violence	Pre	144	1.806	0.863	1.663	1.948	<0.0001
	Post	144	2.542	0.718	2.423	2.660	
How you can assist a survivor and support partners/family members	Pre	144	1.778	0.957	1.620	1.935	<0.0001
	Post	144	2.576	0.665	2.467	2.686	
How to handle a disclosure and protect confidentiality and privacy	Pre	146	2.142	0.968	1.985	2.302	<0.0001
	Post	146	2.610	0.708	2.494	2.725	
What are the victim's rights?	Pre	145	1.786	0.952	1.630	1.942	<0.0001
	Post	145	2.517	0.718	2.399	2.635	
What reporting options and support services are available?	Pre	145	1.710	0.927	1.558	1.863	<0.0001
	Post	145	2.545	0.754	2.421	2.669	
What are the roles of the sexual assault nurse examiner, advocate, law enforcement, prosecutor/judicial system?	Pre	144	.0835	1.002	1.391	1.721	<0.0001
	Post	144	2.451	0.774	2.324	2.579	
How to work with interpreters	Pre	142	1.458	1.049	1.284	1.632	<0.0001
	Post	142	2.296	0.832	2.158	2.434	
How to make appropriate referrals and coordinate services	Pre	146	1.712	0.954	1.556	1.868	<0.0001
	Post	146	2.418	0.750	2.295	2.540	
How to provide follow up and support	Pre	146	1.822	0.959	1.665	1.979	<0.0001
	Post	146	2.562	0.714	2.445	2.678	
How to prevent burnout and stay strong	Pre	144	1.931	0.951	1.774	2.087	<0.0001
	Post	144	2.597	0.693	2.483	2.711	

Facilitator Experience

The facilitators were also asked to provide feedback on their experiences delivering the curriculum. Below is a summary of the feedback they provided through a self assessment exercise.

Facilitator #1

Initially, the curriculum and the materials were not available in Spanish and one of the facilitators suggested that they should have been translated into Spanish as soon as they were completed as many audiences would have preferred to receive the training in Spanish. This trainer also felt that the audience needed to have been more targeted to ensure relevance of the topics covered.

This facilitator also expressed some concerns over the outreach activities that followed the training and the need for a more structured follow up. Although the training was purposely designed to cover the material in one day due to the challenges of traveling to rural areas in Arizona, some participants felt that the training could've been longer.

Another important point is that the trainer felt that the evaluation form was too long as *"it is taking participants too long to fill out and some are not finishing it because of it"*. Although this trainers felt that the evaluation was too long, it should noted that the experience in reviewing the evaluation forms showed hardly any missing data. Additionally, the qualitative data suggests that participants welcomed the opportunity to comment on the program and no comments were made about the length of the evaluation form. The training participation certificates need to show actual contact hours for continuing education purposes.

Finally, the trainer felt that greater emphasis should be placed on assessing whether training participants are working on establishing or participating in their local sexual assault response team, as this topic seemed to be the one of highest interest. Working with the Arizona Coalition to End Sexual and Domestic Violence to develop a partnership whose goals is the continuity of this work would be a great step towards sustainability.

Facilitator #2

The length of the training was brought up by this facilitator as some participants wished the training had been longer and over two (2) days as they did not have enough time to express their feelings about the topic. This facilitator tested delivering the training over 2 days and felt it was a productive experience. The activities and interactive exercises were well regarded by participants.

Frustrations around the difficulty of pursuing cases of sexual violence among relatives were shared by the program participants and the facilitator, particularly in reference to smaller communities, where familial relationships are more prevalent and community residents are more connected.

The facilitator observed unintended consequences of offering the trainings not just to CHWs but also to police and other social service organizations. As the trainer mentioned *"by the end of the training all the agencies were talking with each other and making plans for each of the programs to come to the other for presentations"*.

It was also observed by the facilitator that in many of the communities visited, the need for this type of education was very significant as the community is in *"denial and protects the abusers"* as well as allows for blaming the victim's appearance for the assault. By looking at the emotions exhibited by the victim they were able to understand that some self-destructive behaviors are a manifestation of the pain of the individual. They saw some hope for their communities, for themselves and their families.

This facilitator also noted that many of the agencies who have programs for their community have not been trained or even opened dialogue about sexual abuse, assault or harassment. Many of them did have crisis intervention training or went to one, but they saw sexual assault as a whole other category or event that they did not feel comfortable in handling as some of them stated.

Participant Experience: Qualitative Perspective

Participants were asked several questions about their experience while participating in the program. Specifically, they were asked to identify what they liked the

most about the program, what they didn't like, what would make the program better and how they would use the information provided in their current role.

Program Features Most Liked

Features of the curriculum that were identified as positive by participants include:

- Curriculum tailored and relevant to CHWs
- Use of visual aids
- Cultural competence
- Delivery by community members
- Dynamic course through use of activities such as role play
- Team work and sharing exercises
- Group discussions
- Sharing personal (survivor) stories and tribal stories
- Encouraged becoming an active listener in communicating with survivors
- Focus on dealing with secondary trauma
- Listing of community resources
- Addressed how to assist undocumented victims and communicate with a survivor

Additionally, participants also mentioned they liked acquiring new knowledge on sexual assault/violence and the roles of the SANE RNs, SART, advocates, law enforcement, courts, and judicial system. Another program feature that was positively reviewed by participants were the presenters. Specific references were made to how they were able to use their personal experiences to illustrate issues and described them as relatable, honest, knowledgeable of their communities, energetic, willing to answer all questions, did not rush participants, provided an open environment and able to keep a sense of humor despite dealing with difficult topics. Finally, participants also enjoyed the opportunity to network with other agencies and other CHWs.

Program Features Least Liked

Although very few comments were provided, the most significant problem reported by participants was that there was not enough time available for discussions, for groups to share information and for questions. While some participants valued the personal stories from the facilitators, others felt they took away from the time of the training. Others wished there had been more interactive activities and some that involved actually getting up and moving around the room. Some participants felt the training should've lasted longer, perhaps delivered over 2 days. It was also noted that there were some difficulties with the videos and the audio visual system. Finally, participants also mentioned that: the training was too focused on women instead of survivors, there was no discussion on how to deal with the perpetrator, there were not enough stories about how to integrate this information into their work, more breaks were needed and the facilitators should have a more professional appearance.

Areas for Program Improvement

Participants overwhelmingly reported that having more time for questions, more activities (role play and group interaction) and more videos would've made the program better. Participants also identified that they would like to see more trainings of this type reach more rural and remote areas of the state as well as more tribes. Some concerns were expressed about the size of the font on the slides, the ease of use and relevance of the manual without the slides, ensure hearing impaired participants could be part of the program and the sounds of the videos. Finally, participants also identified specific topics they would have liked to see addressed in the training: tribal community procedures to address sexual violence, information about how sexual violence affects boys and men, more information on local services and agencies, more information about dealing with undocumented immigrants, communicating with victims, rehabilitation of perpetrator, legal perspective on types/levels of sexual assault, hearing from other entities/agencies who participate in aiding survivors and seeing what a SANE kit/exam looks like.

Application of Gained Knowledge

Several participants mentioned that they would use this information to help and educate their clients, community members, friends and family who are or have been victimized. Most participants felt that the training would allow them to know how to handle a situation, find resources to help others, advocate for others, be more aware, observant and assertive when working with others and collaborate more with other agencies/resources.

Conclusion

The AzRWHN has made a significant contribution to address the needs of women residing in rural communities by developing this first curriculum in Arizona aimed at training CHWs on how to address sexual violence. This curriculum aims to improve the knowledge base and information available to CHWs in Arizona in order to identify the signs of sexual violence and assist survivors. Over the past year, the Network delivered this curriculum to 147 CHWs and other support staff and reached communities across the state, including tribal communities. Trainings were provided with the assistance of our Members, using their facilities and providing the training to their CHWs.

The feedback received from both participants and facilitators showed the program to be of good quality and of interest to those surveyed. Significant change in knowledge was observed for all the competencies in which the CHWs were trained. Additional qualitative feedback, also showed great satisfaction with the program and provided insightful feedback on the facilitator's delivery of the training. Although many participants wished facilitators' were more aware of time and that there was more time for questions during the training, their assessment of the facilitators was positive and characterized as knowledgeable and respectful.

The list of local resources was regarded as one of the most useful takeaways from the training and it deserves attention to ensure that it has the most up to date

information. Facilitators planning for future workshops should consider being rigorous with the delivery of each module to ensure they have enough time to cover the material and incorporate a means to collect questions from participants that can be answered during breaks, at the end of the day or via electronic mail or web based forum.

Finally, the data collected from the facilitators and the evaluation instrument suggests that some CHWs/training participants may be interested in working on establishing or participating in their local sexual assault response team. Inserting CHWs into the SART may provide an opportunity to ensure these groups better cater to victims/survivors needs in a culturally relevant and sensitive manner. The Network should collaborate with the Arizona Coalition to End Sexual and Domestic Violence and/or any other relevant organizations to develop a partnership whose goal is the continuity and sustainability of this work. Such partnerships can help ensure that we create true community based teams and that such groups can truly address the needs of women in rural Arizona who are victims/survivors of sexual violence.

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APPENDIX A

Detailed Core Competencies Related to Sexual Violence

CHW/CHR Core Competency Areas	Sexual Violence Specific Areas
Knowledge Base on Specific Health Issues <ul style="list-style-type: none"> • Broad knowledge about the community • Knowledge about specific health issues • Knowledge of health and social service systems • Ability to find information 	Basic Knowledge of: <ul style="list-style-type: none"> • What is sexual violence? • Types of sexual violence • Who does it affect? • Groups at higher risk for sexual violence • Facts and Figures • Myths of sexual violence • Secondary victimization • Common effects of sexual violence and areas of impact (social, medical, psychological, economic and legal) • Basic systems and services involved in response • Options for reporting • Cultural considerations when responding to sexual violence • Preventing burnout and vicarious trauma • Identifying local, state and national resources • Role of CHW/Promotora/CHR in responding
Communication Skills <ul style="list-style-type: none"> • Listening • Use language confidently and appropriately • Ability to read and write well enough to document activities 	Communication Skills <ul style="list-style-type: none"> • Having common understanding of terms • Comfortable discussing sexual violence • Providing accurate information and referral • Presenting facts and countering myths • Respecting confidentiality and privacy • Communicating CHW/CHR role clearly • Using screening tools as appropriate as determined by CHWs
Interpersonal Skills <ul style="list-style-type: none"> • Counseling • Relationship-building • Ability to work as a team member • Ability to work appropriately with diverse groups of people 	Interpersonal Skills <ul style="list-style-type: none"> • Building trust with clients and others • Using active listening with clients • Appropriate handling of disclosure • Providing support • Using basic crisis intervention skills • Communicating client needs to care team and other professionals
Service Coordination Skills	Service Coordination skills

<ul style="list-style-type: none"> • Ability to identify and access resources • Ability to network and build coalitions <p>Ability to provide follow-up</p>	<ul style="list-style-type: none"> • Knowing the key support services in the region • Linking clients to relevant services • Identifying appropriate support services (e.g., forensic exams, age-appropriate) • Providing social support and transportation to assist in accessing services if necessary <p>Participation on coalitions and networks</p>
<p>Capacity-Building Skills</p> <ul style="list-style-type: none"> • “Empowerment”—Ability to identify problems and resources to help clients solve problems themselves • Leadership • Ability to strategize <p>Ability to motivate</p>	<p>Capacity-Building Skills</p> <ul style="list-style-type: none"> • Using empowerment techniques • Participating in community activities to increase awareness • Working with others to strengthen community support and resources <p>Identifying areas for systems improvement and working with partners/coalitions to address them</p>
<p>Advocacy Skills</p> <ul style="list-style-type: none"> • Ability to speak up for individuals or communities and withstand intimidation • Ability to use language appropriately <p>Ability to overcome barriers</p>	<p>Advocacy Skills</p> <ul style="list-style-type: none"> • Providing assistance and advocacy for individuals to receive appropriate services • Recognizing and countering victim blaming <p>Ensuring professional translation and interpretation services are used</p>
<p>Teaching Skills</p> <ul style="list-style-type: none"> • Ability to share information one-on-one <p>Ability to master information, plan and lead classes, and collect and use information from community people</p>	<p>Teaching Skills</p> <p>Providing 1:1 information and resources</p>
<p>Organizational Skills</p> <ul style="list-style-type: none"> • Ability to set goals and plan <p>Ability to juggle priorities and manage time</p>	<p>Organizational Skills</p> <ul style="list-style-type: none"> • Having clear understanding of role of CHW in organization • Working within organizational policies and procedures • Managing workload • Accessing support <p>Practicing self-care</p>

Adapted from Texas Department of State Health Services:

<http://www.dshs.state.tx.us/mch/chw.shtm>

APPENDIX B

Evaluation Instrument

Sexual Violence Training for Community Health Workers
Arizona Rural Women's Health Network
TO HELP US MAKE THIS TRAINING BETTER WE NEED YOUR FEEDBACK!

Please fill in the bubble that best describes what you thought about the training	Agree	Neutral	Disagree
1. The training met my expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The learning objectives for each topic were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The content was well organized and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The materials were relevant and useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The trainer was knowledgeable and effective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Adequate time was provided for questions and discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My time in this training was well spent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would recommend this training to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much did you know about the following topics BEFORE coming to this training?	No Knowledge	A Little	Some	A Lot
9. Your role as CHW/Promotora/CHR in responding to sexual violence in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. What is sexual violence and whom does it affect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The common effects and impacts of sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The basic system and services involved in a response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Myths, facts and cultural assumptions about sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How you can assist a survivor and support partners/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How to handle a disclosure and protect confidentiality and privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. What are the victim's rights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. What reporting options and support services are available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. What are the roles of the sexual assault nurse examiner, advocate, law enforcement, prosecutor/judicial system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. How to work with interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. How to make appropriate referrals and coordinate services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. How to provide follow up and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. How to prevent burnout and stay strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you know now about the following topics AFTER coming to this training?	No Knowledge	A Little	Some	A Lot
23. Your role as CHW/Promotora/CHR in responding to sexual violence in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sexual Violence Training for Community Health Workers
Arizona Rural Women's Health Network

24. What is sexual violence and who does it affect?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. The common effects and impacts of sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The basic system and services involved in a response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Myths, facts and cultural assumptions about sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. How you can assist a survivor and support partners/family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. How to handle a disclosure and protect confidentiality and privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. What are the victim's rights?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. What reporting options and support services are available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. What are the roles of the sexual assault nurse examiner, advocate, law enforcement, prosecutor/judicial system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. How to work with interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. How to make appropriate referrals and coordinate services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. How to provide follow up and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. How to prevent burnout and stay strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 Poor	2 Fair	3 Good	4 Excellent
37. Overall, how would you rate this training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. What did you like most about today's program?

39. What didn't you like about today's program?

40. What would make today's program better?

41. How will you use the information and/or skills you gained in your current role?

42. Would you be willing to participate in a 10 to 15 minute telephone interview, in about three months from today to follow up on how you have used the information from this training?

Yes No

If yes, please provide us your first name and the best way to contact you (email address, phone number or mailing address):