

Online Session Assessment

The following assessment should be completed at the end of every OHL shift.

Please complete the survey based on the last session taken during your shift.

The assessment is completed anonymously and does not include personally identifying information of any staff, volunteer, supervisor or user.

This data will be used in the annual OHL evaluation.

If you have information that you would like to share with RAINN staff regarding a session please contact them directly through 1.866.95.RAINN.

*** 1. Please enter the evaluation ID number (the last 4 digits of your Social Security Number):**

***2. Please indicate the approximate length of the session:**

- ☐ < 5 minutes
- ☐ 5 minutes
- ☐ 10 minutes
- ☐ 15 minutes
- ☐ 30 minutes
- ☐ 45 minutes
- ☐ 1 hour
- ☐ 1.25 hours
- ☐ 1.5 hours
- ☐ 1.75 hours
- ☐ 2 hours
- ☐ Over 2 hours

3. If your session was longer than 2 hours please indicate why:

- ☐ Cyclical session (user kept circling back to issues already discussed)
- ☐ User continued to present unique issues that needed to be addressed

Other (please specify)

4. If your session was 5 minutes or shorter please indicate why:

- ☐ Online user never joined the session
- ☐ User connected but never spoke/typed
- ☐ Provided simple referral
- ☐ User technology disconnection
- ☐ Staff technology disconnection
- ☐ User was 'just curious'

Other (please specify)

***5. What was the visitor's current age?**

- ☐ 17 and under
- ☐ 18-24
- ☐ 25-34
- ☐ 35-54
- ☐ Over 54
- ☐ Unknown

6. If the visitor was 17 years of age or under, was mandatory reporting discussed?

- ☐ Yes
- ☐ No, no personally identifying information was revealed
- ☐ No, the situation was already reported to law enforcement
- ☐ No, Other (please specify)

***7. What was the visitor's gender?**

- ☐ Male
- ☐ Female
- ☐ Unknown

***8. Who was the victim of sexual assault?**

- ☐ Visitor
- ☐ Family member
- ☐ Friend/Acquaintance
- ☐ Other (please specify)

***9. What was the approximate timeframe of the assault?**

- ☐ < 3 hours ago
- ☐ 3-12 hours ago
- ☐ 12-24 hours ago
- ☐ 1-7 days ago
- ☐ Within last month
- ☐ Within 6 months
- ☐ Within year
- ☐ 1-5 years
- ☐ > 5 years
- ☐ Unknown

***10. What was the frequency of the sexual assault/abuse?**

- ☐ One time
- ☐ Repeated, still occurring
- ☐ Repeated, no longer occurring
- ☐ Unknown

***11. Please indicate the primary 1-2 incidences/events that were discussed (check up to 2)**

- ☐ Rape
- ☐ Attempted Rape
- ☐ Sexual Assault
- ☐ Incest
- ☐ Child molestation
- ☐ Child rape
- ☐ Adult, molested as a child
- ☐ Sexual harassment
- ☐ Sexual exploitation (e.g. forced prostitution)
- ☐ Drug/alcohol involvement
- ☐ Acquaintance assault
- ☐ Physical child abuse
- ☐ Physical abuse
- ☐ Domestic violence
- ☐ Gang rape
- ☐ Stalking
- ☐ Other (please specify)

12. What were the secondary incidences/events discussed (check all that apply)?

- ☐ Rape
- ☐ Attempted Rape
- ☐ Sexual Assault
- ☐ Incest
- ☐ Child molestation
- ☐ Child rape
- ☐ Adult, molested as a child
- ☐ Sexual harassment
- ☐ Sexual exploitation (e.g. forced prostitution)
- ☐ Drug/alcohol involvement
- ☐ Acquaintance assault
- ☐ Physical child abuse
- ☐ Physical abuse
- ☐ Domestic violence
- ☐ Gang rape
- ☐ Stalking

Other (please specify)

***13. Please indicate the primary 1-2 issues that were discussed (check up to 2).**

- ☐ Legal/Police
- ☐ Reporting options
- ☐ Medical
- ☐ Interpersonal/family relationships
- ☐ Job performance
- ☐ Anxiety
- ☐ Depression
- ☐ Stress
- ☐ Flashbacks related to sexual assault
- ☐ Self-harm
- ☐ Suicide
- ☐ Substance abuse
- ☐ Sexuality-related difficulties
- ☐ Post-Traumatic Stress Disorder
- ☐ Deployment
- ☐ Operational readiness
- ☐ Other (please specify)

14. What were the secondary issues discussed (check all that apply)?

- ☐ Legal/Police
- ☐ Reporting options
- ☐ Medical
- ☐ Interpersonal/family relationships
- ☐ Job performance
- ☐ Anxiety
- ☐ Depression
- ☐ Stress
- ☐ Flashbacks related to sexual assault
- ☐ Self-harm
- ☐ Suicide
- ☐ Substance abuse
- ☐ Sexuality-related difficulties
- ☐ Post-Traumatic Stress Disorder
- ☐ Deployment
- ☐ Operational readiness

Other (please specify)

***15. What resource referrals did you provide (check all that apply)?**

- ☐ General information about sexual assault
- ☐ Information about what to do if you or someone you know has been sexually assaulted
- ☐ Information on the effects of sexual assault
- ☐ Information about legal and police issues
- ☐ Information about medical issues
- ☐ Information about spiritual issues
- ☐ Referral to the National Suicide Prevention Lifeline
- ☐ Referral to RAINN Civilian Affiliate
- ☐ Referral to 911
- ☐ Exploration of feelings / empathy
- ☐ Problem solving around specific issue(s)
- ☐ Safety planning
- ☐ Other (please specify)

***16. Overall, how helpful do you believe the session was for the user?**

- ☐ Not at all
- ☐ A little bit
- ☐ Somewhat
- ☐ Quite a bit
- ☐ A great deal

17. If you chose 'Not at all' or 'A little bit,' please explain.

***18. Did you have any difficulties during this session?**

☐ Yes

☐ No

If yes, please explain

19. Do you have other comments/feedback regarding the session (please refrain from entering any personally identifying information of the user, ASM/NVS, etc.)?

Completed!

Thank you for your time and the important work you do on the Online Hotline!