



**Peaceful Means**  
**PHASE I - Open Pilot Trial Youth Survey for Middle School Girls (Grades 6<sup>th</sup>-8<sup>th</sup>)**

**NOTE FOR PARENT/GUARDIAN**

Included in this document are the surveys for adolescent girls in middle (or youth who decide to take the empowerment self-defense). We also included the youth assent form so that you can see everything your child/children will see/be asked to complete if you give them permission to do the surveys. It is important that you know that research is important to ensure that programs like IMpower are working to reduce sexual violence and promote positive youth development. Results can support other Indigenous communities deciding to participate in IMpower and help to secure funding to sustain IMpower on Pine Ridge Reservation. Students in grades 3-12 (we will not survey K-2 students) will complete age-appropriate surveys that have been used in research across the nation, including with Indigenous youth, to ensure that IMpower is making things like sexual violence happen less and things like mattering, empowerment, and hope for the future happen more. Please keep in mind the following:

- Youth will only take surveys with written guardian permission.
- Surveys will be available to school personnel and caregivers to review before they are offered to students.
- Surveys are optional and short; youth can also skip questions they do not want to answer.
- Surveys will provide important information to help youth on Pine Ridge for years to come.
- Surveys will be anonymous (no names are collected on the surveys).
- Surveys are not upsetting for most youth and youth who report being upset during or after taking surveys will be connected to the appropriate resources in the school and community.
- Surveys do not cause youth to engage in risky behaviors.
- Surveys will give schools helpful information to support positive futures for students.
- The OST (Oglala Sioux Tribe) owns the data. Research will be approved and overseen by the OST RRB (Research Review Board) and the UNL IRB (Institutional Review Board). Lakota relatives have provided and will continue to provide leadership on all publicly disseminated documents (e.g., community reports, papers). Schools will never be named in any publicly circulated documents, and all data will be aggregated.

**THE CONTENTS FOLLOWING THIS PAGE IS WHAT YOUTH WILL HAVE ACCESS TO**

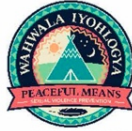
The Youth Assent Form, Photo Release Form, and Contact Information will not be linked to the survey questions. The survey is anonymous.

## **Youth Assent Form/ Media Release Form/ Contact Information**

Thank you for taking part in our study.

If you would like the survey to be read to you, change the language to "English Audio". There is a dropdown menu towards the top right of this page. You can always change it back to "English" if you would like to turn off audio. Ask an instructor for help if you cannot find it.

Please read and sign the following materials.



Phone. 605-430-9575  
Email. [peacefulmeans@unl.edu](mailto:peacefulmeans@unl.edu)  
Website. <https://go.unl.edu/peacefulmeans>

### **CHILD ASSENT FORM (OPT-SCHOOL)-GRADES 6 to 12**

This form tells you more about the project so that you can decide if you want to be part of it. Your parent/caregiver has told us that you can be part of this project, but it is up to you if you want to be in it. If you are 18 or over, you do not need guardian permission.

This research is being done by people at the University of Nebraska—Lincoln (UNL); UNL is funding Peaceful Means.

#### **Why are you being asked to be in this research project?**

We are asking you to be in this project because you are a teen in grades 6<sup>th</sup> through 12<sup>th</sup> and live on or near the Pine Ridge Reservation.

#### **Why are you doing this research project?**

Youth have many strengths and face challenges. We want to make a program for youth that help them to be safe from violence so that they can live happy and healthy lives.

#### **What are you asking me to do in this research project?**

We are asking you to be part of a project that has a few parts. You will do all these parts at school. The only time you will do the project somewhere else is if you miss the follow-up survey (like you are absent that day). If that happens, we will contact you to take this final survey at a place and time of your choosing. We will use all the information to make the program better before we give it to a lot of youth on Pine Ridge!

First, if you decide to participate, you will do a program called IMpower. The IMpower program has six classes. Each class is 2 hours. You will do 1 class a week for a total of 6 weeks. There will be 20 to 30 students in each class.

- The classes for middle and high school girls focus on understanding sexual abuse/assault, verbal and physical skills to use if someone is trying force you to do sexual things, and how to get help for sexual abuse/assault.
- The classes for middle school boys focus on the traditional roles of being a Lakota boy and man, healthy ways to deal with emotions, and how to resist harmful gender stereotypes.

- The classes for high school boys focus on how to help others who are being sexually abused/assaulted, sexual consent, and how to resist harmful gender stereotypes.
- Trans and gender diverse middle and high school youth (so like Two Spirit, non-binary, etc.) can pick the class they want to attend.

During the program, some researchers might be there to observe the class. They are there to make sure that the teachers of the class are doing a good job. They will not write down your name or other students' names when they take notes.

Second, if you chose to participate you will be asked to do some surveys before and after the program. The surveys will ask you about your attitudes and experiences including unwanted sexual experiences. Some question will ask about strengths and other things will ask about harder topics like depression and abuse/assault. You will also be asked to do a short survey after program class to tell us what you liked, did not like, and how to make it better. The surveys are anonymous; you will NOT put your name on the surveys.

Third, if you choose to participate you will be asked to participate in a group discussion with about 10 to 15 students who also did the IMpower program. The discussion will be audio recorded. We will ask you and other youth questions about to tell us what you liked, did not like, how it impacted you, and how to make the program better.

It is important to remember that you can choose to skip any questions and/or stop participating at any time. Participation is voluntary for all parts of the project.

**What will you do with the information I tell you? How might I feel being in this research project?**

Your answers on the survey are anonymous and private. We will honor this privacy by not sharing with anyone the answers that you put on the surveys.

However, if you tell us face-to-face, on the phone, in an email, or by text that (1) a child is being hurt or abused, (2) that you plan to hurt yourself or someone else, and/or (3) someone else, like an elder, is being hurt or abused, we will have to share this information with someone to make sure that you and other people are safe.

As a group, we will have an agreement to honor one another by keeping what is said in the group discussions private. But we cannot promise that other people in the group will not share what you and other people say.

Sometimes people report feeling sad or uncomfortable when being asked about things, like sexual abuse/assault. Remember, you do not have to answer questions you do not want to answer. We will give you a list of resources every time we see you that tells you about places you can go or call if you need help. You can also talk to us about resources.

Also, for classes that involve physical self-defense skills, it is possible-although not likely-that you may experience discomfort or injury. Again, this possibility is very unlikely given

that the instructors teaching self-defense are highly trained. Following all directions given to you by the instructors while participating in the self-defense portion of the program will reduce your chances of being hurt in any way.

**Do I have to be in this research project?**

No, you do not have to be in this project. If you say you do not want to do this project, you will not be in trouble. You can start being in this project and stop being in the project at any time. You can also decide not to answer questions that you do not want to answer.

**Will I benefit from being in this research project?**

You may not benefit from being in this project. However, some kids tell us that they like to share their ideas and help other people and their community. You may also learn skills that you find helpful in your life.

**Will others on Pine Ridge benefit from this research project?**

We will use the information to strengthen the IMpower program. We will be giving the IMpower program to a lot of kids on Pine Ridge and you are an important part of this!

**What will I get from being in this research project?**

In addition to the drawing for returning this form, we will do the following drawings:

- 10 \$100 gift cards for the survey youth take before the program starts.
- 6 \$100 gift cards for the surveys youth take after each of the six classes.
- 10 \$100 gift cards for the group discussion youth do after the program ends.
- 10 \$100 gift cards for the survey youth take after the program ends.

There will be a total of 36 \$100 gift cards. We expect about 1,200 youth to participate. This means that each child has a 3% chance of winning a gift card.

We will do the drawings within a few months of when we start this project. The person doing the drawing will be a Lakota staff of Peaceful Means. They will do the drawing using a computer program to make sure it is fair and accurate.

All youth will get small giveaways (e.g., bracelets, pencils).

Do you want to be in this project?

Yes

No

Please write your name:

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NEBRASKA CENTER FOR RESEARCH ON CHILDREN, YOUTH, FAMILIES & SCHOOLS



WEBSITE: <https://go.unl.edu/peacefulmeans> | Phone: 605-430-9575 | EMAIL: [peacefulmeans@unl.edu](mailto:peacefulmeans@unl.edu) | @PeacefulMeans

### VIDEO, AUDIO, AND PHOTO RELEASE FORM

The mission of Wahwala Iyohlogya (Peaceful Means) is to end sexual violence on the Pine Ridge Reservation. We will do this through delivering empowerment-based, culturally-grounded programming to all children and youth on Pine Ridge. As part of this project, youth on Pine Ridge will create a documentary that highlights the strength and resilience of Indigenous people and the impact of the work of Wahwala Iyohlogya. We respectfully request your permission to participate in the documentary and other video, audio, and photo portions of the project.

**By signing this form, I am giving staff of UNL’s Wahwala Iyohlogya/Peaceful Means (and its affiliates and associates) the rights to use photos, audio, and/or video clips of me.** I understand that photos, audio, and/or videos (including interviews) may be altered (e.g., only showing part of the recording I am in rather than all the recording). I also understand that photos, audio, and/or videos of me may be shown in a lot of different ways like on websites, social media, in printed material, films, etc. and that I am not being paid for the use of photos, audio, and/or videos of me. Finally, I understand that by signing this form I can never take action against Wahwala Iyohlogya/Peaceful Means, IMpower United, and/or UNL (and all its staff/affiliates/associates) for use of photos, audio, and/or videos of me.

Printed First and Last Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Who is your legal guardian (the person who takes care of you and/or signs your paper for school)?

\_\_\_\_\_

### Contact Information

Please answer the following questions so that we can contact you if you win one of the gift cards. We will also contact you if you miss answering our questions (the survey). If you miss, we'll ask you if you want to take it on a phone or computer. We will never share your answers. These first questions are saved separately from the rest of your answers. Your name will not be saved with your answers. So we won't know your answers.

What is your first name? \_\_\_\_\_

What is your last name? \_\_\_\_\_

**The following contents will not be linked to contact information.**

You have been redirected to a new survey (the thing you are completing right now). Remember, the following questions will not be linked to your name and contact information that you just shared.

If you would like the survey to be read to you, change the language to "English Audio". There is a dropdown menu towards the top right of this page. You can always change it back to "English" if you would like to turn off audio. Ask an instructor for help if you cannot find it.

The next set of questions are used so that we can connect your answers over time without knowing your name (meaning no surveys will have actual names on them). This helps us to put your surveys together over time. If you are not sure of something, don't worry just choose None/ Not Available.



What is the first letter of your mother's or female caregiver's FIRST name? If you don't have a female caregiver, select "None/ Not Available".

None/ Not Available

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

What is the first letter of your father's or male caregiver's FIRST name? If you don't have a male caregiver, select "None/ Not Available".

None/ Not Available

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

What is the first letter of your FIRST name?

None/ Not Available

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

What is the last letter of your FIRST name?

None/ Not Available

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

What is the first letter of your LAST name?

None/ Not Available

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

What is the last letter of your LAST name?

None/ Not Available

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

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R

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U

V

W

X

Y

Z

On what month were you born?

- None/ Not Available
- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

On what day were you born?

None/ Not Available

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

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21

22

23

24

25

26



- 27
- 28
- 29
- 30
- 31

On what year were you born?

None/ Not Available

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

How old are you?

- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- I don't want to answer this question

What grade are you in right now?

- 6th grade
- 7th grade
- 8th grade
- I don't want to answer this question

What school are you currently taking this survey in? The survey is the thing you are doing now that is asking you questions.

- Batesland Middle School
- Bennett County Middle School
- Crazy Horse Middle School
- Oelrichs Middle School
- Rockyford Middle School
- I don't want to answer this question

What best describes you?

- Boy/Man
- Girl/Woman
- Gender fluid
- Genderqueer
- Non-binary
- Trans/Transgender
- Trans Boy/Man
- Trans Girl/Woman
- Two Spirit
- Unsure/Questioning
- I choose to write in: \_\_\_\_\_
- I don't want to answer this question

Were you born a male/boy or a female/girl (what's on your birth certificate)?

- Male/Boy
- Female/Girl
- I don't want to answer this question

What best describes you?

- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- I choose to write in: \_\_\_\_\_
- I don't want to answer this question

What best describes you? You can pick more than one.

- American Indian or Alaska Native (this is also Lakota/Indigenous)
- Asian
- Black or African American
- Hispanic/Latino/Latinx
- Native Hawaiian or Other Pacific Islander
- White
- I choose to write in: \_\_\_\_\_
- I don't want to answer this question

In the **past month**, did you date, go out with, and/or hook up with someone?

- Yes
- No
- I don't want to answer this question

Have you had any type of sexual activity in the **past month** that you wanted to do? Sexual activity includes kissing, touching, and sex (oral/mouth, anal/butt, vaginal/vagina).

- Yes
- No
- I don't want to answer this question



*Display this question for all sexual and gender minority youth*

You will have the chance to take a class that focuses on:

(1) **Empowerment Self-Defense** (learning about what sexual assault is and physical and verbal skills to protect yourself)  
**OR**

(2) **Sources of Strength** (learning about your journey to manhood and the type of man you want to be)

Which of the two classes do you think you will take?

- Empowerment Self-Defense
- Sources of Strength
- I don't want to answer this question

This question is to make sure the survey is working okay. Please pick the answer below that says 'Red'.

- Yellow
- Blue
- Red
- Green
- I don't want to answer this question

For the next set of questions, when we say sexual activities, this includes sex (oral/mouth, anal/butt, vaginal/vagina) but also things like kissing, sexual touching, etc. When we say someone, this means anyone including but not limited to a friend, dating/hook-up partner, family member, adult other than a family member, stranger, etc.

In your **lifetime**, have you ever...

	Yes	No	I don't want to answer this question
Had sexual activities with someone because they threatened to end your friendship or romantic relationship if you didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone because they pressured you by arguing or begging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone because they threatened to use or used physical force (twisting your arm, holding you down, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone when you did not want to because you were drunk or on drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities that you did not want to do because someone forced you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In your **lifetime**, have you ever...

	Yes	No	I don't want to answer this question
Had sexual activities with someone because you threatened to end your friendship or romantic relationship if they didn't (a1sa06L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone because you pressured the other person by arguing or begging (a1sa07L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone by threatening to use or using physical force (twisting their arm, holding them down, etc.) (a1sa08L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave someone alcohol or drugs to get them to do sexual activities with me (a1sa09L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forced someone to do sexual activities that she or he did not want to do (a1sa10L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past month**, have you ever...

	Yes	No	I don't want to answer this question
Had sexual activities with someone because they threatened to end your friendship or romantic relationship if you didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone because they pressured you by arguing or begging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone because they threatened to use or used physical force (twisting your arm, holding you down, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone when you did not want to because you were drunk or on drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities that you did not want to do because someone forced you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past month**, have you ever...

	Yes	No	I don't want to answer this question
Had sexual activities with someone because you threatened to end your friendship or romantic relationship if they didn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone because you pressured the other person by arguing or begging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual activities with someone by threatening to use or using physical force (twisting their arm, holding them down, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gave someone alcohol or drugs to get them to do sexual activities with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forced someone to do sexual activities that she or he did not want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*These Questions will be displayed if youth report experiencing any sexual violence perpetration in the past month.*

You mentioned that you did these events: [Pipe in events]. Thinking about all the times this happened in the **past month**, who were all the people you did these things to? What was your relationship with them? You can pick more than one.

- Partner (like boyfriend, girlfriend, hookup buddy, etc.)
- Friend
- Peer but not really a friend
- Sibling
- Parent/caregiver
- Teacher
- Coach
- Family friend
- Neighbor
- Stranger
- Someone else not listed above (write in): \_\_\_\_\_
- I don't want to answer this question

Please explain in a few sentences why you did these events: [Pipe in events]

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*These Questions will be displayed if youth report experiencing any sexual violence victimization in the past month.*

You mentioned that these events happened to you in the **past month**: [Pipe in events]. We want to ask you a few questions about one of these experiences. Please pick the experience that was most stressful/ upsetting to answer a few questions about.

- Had sexual activities with someone because they threatened to end your friendship or romantic relationship if you didn't
- Had sexual activities with someone because they pressured you by arguing or begging
- Had sexual activities with someone because they threatened to use or used physical force (twisting your arm, holding you down, etc.)
- Had sexual activities with someone when you did not want to because you were drunk or on drugs
- Had sexual activities that you did not want to do because someone forced you
- I don't want to answer this question

What is/was your relationship with the person that did '[Pipe in event]' to you?

- Partner (like boyfriend, girlfriend, hookup, buddy, etc.)
- Friend
- Peer but not really a friend
- Sibling
- Parent/Caregiver
- Teacher
- Coach
- Family friend
- Neighbor
- Stranger
- Someone else not listed above (write in): \_\_\_\_\_
- I don't want to answer this question

Did you tell someone about this experience?

- Yes
- No
- I don't want to answer this question

*If No*

Please tell us why you did not tell anyone?

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I am to blame for '[Pipe in event]'.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't want to answer this question

The person who '[Pipe in event]' is to blame.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- I don't want to answer this question

If someone in your school or community said they were forced to do something sexual, whose side would you take?

- The person who said that they were forced to do something sexual
- The person who made someone do something sexual
- I would not take anyone's side
- I don't want to answer this question

This question is to make sure the survey is working okay. Are you over 20 feet tall? This is about as tall as a two-story building.

- Yes
- No
- I don't want to answer this question.

For the next set of questions, when we say sexual acts, this includes sex (oral/mouth, anal/butt, vaginal/vagina) and also things like kissing, sexual touching, and/or masturbation.

During the **past month**...

	Yes	No	I don't want to answer this question
Have you ever exchanged sexual acts for money, food, a place to stay, drugs, gifts, transportation, or favors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever provided food, money, shelter, drugs, gifts, transportation, or other favors to someone under the age of 18 in exchange for sexual acts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past month**...

	Yes	No	I don't want to answer this question
Did someone make sexual comments, jokes, gestures, or looks about/to you? This includes stuff that happens in person and on social media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did someone spread sexual rumors about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you make sexual comments, jokes, gestures, or looks about/to a person? This includes stuff that happens in person and on social media.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you spread sexual rumors about a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about all of the people you were dating, hooking up with, and/or in a romantic relationship within the **past month**, please answer the following questions. Did the following things happen, not for fun or as a joke?

	Yes	No	I don't want to answer this question
They used a stick, bat, or some other weapon on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They used a gun or knife on me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They slapped, pushed, shoved, or shook me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They hit, punched, kicked, or choked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They got other people to hit me or beat me up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They did something to cause me a bruise, cut, scratch, burn, sprain, or other injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They threatened to, or actually hurt, someone I care about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hit, punched, kicked, or choked them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I slapped, pushed, shoved, or shook them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got other people to hit them or beat them up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did something to them to cause a bruise, cut, scratch, burn, sprain, or other injury.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used a gun or knife on them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I used a stick, bat, or some other weapon on them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I damaged their property or belongings on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



During the **past month...**

	Yes	No	I don't want to answer this question
Did you carry a weapon such as a gun, knife, or club on school property? (Do not count the days when you carried a gun only for hunting or for a sport, such as target shooting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been in a physical fight?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't want to answer this question
I am happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am doing fine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel exhausted (very tired) by everything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get upset quickly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not in the mood for anything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often think I did something wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been pregnant during the **past month**?

- Yes
- No
- I don't know
- I don't want to answer this question.

The next set of questions asks about your academic and career plans.

	Not at all true of me	Somewhat true of me	Very true of me	I don't want to answer this question
I make plans to reach my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about doing well in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to graduate high school or get my GED (General Education Development Test).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to go to college after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I plan to get a full-time steady job after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This next set of questions asks about your alcohol use.

On how many occasions (if any) have you had alcoholic beverages to drink (more than just a few sips) during the **past month**?

- 0
- 1
- 2
- 3
- 4
- 5
- 6-9
- 10-19
- 20-39
- 40+
- I don't want to answer this question

On how many occasions (if any) have you been drunk or very high from drinking alcoholic beverages during the **past month**?

- 0
- 1
- 2
- 3
- 4
- 5
- 6-9
- 10-19
- 20-39
- 40+
- I don't want to answer this question

If I am attacked by a strong/big person, I feel confident that I can defend myself.

- True
- False
- I don't want to answer this question

I could fight off or stop an ADULT trying to force me to do something sexual?

- Completely Disagree
- Somewhat Disagree
- Somewhat Agree
- Completely Agree
- I don't want to answer this question

I could fight off or stop an ANOTHER KID trying to force me to do something sexual?

- Completely Disagree
- Somewhat Disagree
- Somewhat Agree
- Completely Agree
- I don't want to answer this question

If I am grabbed by an attacker, what should I use to free myself? You can pick more than one.

- My voice to yell or lie.
- The parts of my body which are still free to fight with.
- Whatever is in my bag that I can use as a weapon.
- The part of my body that is being held.
- I don't want to answer this question.

The main aim of self-defense is to...

- Fight the attacker.
- Get the police.
- Get away.
- Win.
- I don't want to answer this question.

Which are the best ways to defend yourself if you are attacked? You can pick more than one.

- Lie
- Yell
- Scratch the eyes
- Break the knee
- I don't want to answer this question

This question is to make sure the survey is working okay. Please pick the answer below that says 'Cat'.

- Dog
- Horse
- Cat
- Mouse
- I don't want to answer this question

Answer these questions based on whether you feel the statements are “True” or “False”.

	True	False	I don't want to answer this question
Is it okay to use force and even injure anyone who is close to me if he is forcing me to have sex and will not listen to me (e.g., brother, boyfriend, father, cousin).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a way that does not feel good, you should tell until someone believes you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a way that does not feel good, you should keep on telling until you get the help that you need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a way you don't like, it's your own fault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a way you don't like, you should just keep quiet about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a place you do not like, it's OK to yell NO.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a place that you do not like, it's OK to run away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If someone touches you in a place that you do not like, you should tell an adult you trust.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with each statement below?

	Strongly Disagree	Disagree	Agree	Strongly Agree	I don't want to answer this question
I am able to do the things I want to do without worrying about my safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking down the street, I feel like my body is my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not feel afraid that I will be forced to do something sexually when I do not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my current living situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am worthy of love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know my body well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body belongs to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can imagine what my future will be like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an idea of how I can eventually reach my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a plan for my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how often the following statements apply to you.

	Almost never (0–10%)	Sometimes (11–35%)	About half the time (36–65%)	Most of the time (66–90%)	Almost always (91–100%)	I don't want to answer this question
I pay attention to how I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about what I am feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I acknowledge my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I become out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I have difficulty controlling my behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I'm upset, I lose control over my behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past month**, did you verbally (used your words) defend yourself because you were...

	Yes	No	I don't know	I don't want to answer this question
Harassed, intimidated, or bothered in a way that made you feel uncomfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically threatened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressured or forced to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



During the **past month**, did you physically (used your body) defend yourself because you were...

	Yes	No	I don't know	I don't want to answer this question
Harassed, intimidated, or bothered in a way that made you feel uncomfortable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically threatened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressured or forced to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Answer the following questions based on your own experiences.

	Not at All	Not Much	Some	A lot	I don't want to answer this question
How much does your family do things together or have traditions that are based on Native American / Indigenous / Lakota / Nakota / Dakota culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often does your family live by or follow the Native American / Indigenous / Lakota / Nakota / Dakota way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you live by or follow the Native American / Indigenous / Lakota / Nakota / Dakota way of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am proud to be Native American / Indigenous / Lakota / Nakota / Dakota.

- Not at All
- Not Much
- Some
- A lot
- I am not Native American / Indigenous / Lakota / Nakota / Dakota
- I don't want to answer this question

Answer the following questions based on your own experiences.

	Not at All	Not Much	Some	A lot	I don't want to answer this question
It is important for me to be connected to Native American / Indigenous / Lakota / Nakota / Dakota culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like doing things that are part of Native American / Indigenous / Lakota / Nakota / Dakota culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know about Native American / Indigenous / Lakota / Nakota / Dakota culture and history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you been in the IMpower Program before? This would have been self-defense for elementary school kids and middle and high school girls and Sources of Strength/Your Moment of Truth for boys.

- Yes
- No
- I don't know
- I don't want to answer this question

Have you ever taken a class in school or in the community on sexual abuse/sexual assault?

- Yes
- No
- I don't know
- I don't want to answer this question.

*If Yes*

Pick all of the things you discussed or learned about in the class that you have taken on sexual abuse/assault:

- Facts about sexual abuse/assault
- How to get help for sexual abuse/assault
- That sexual abuse/assault is wrong/not okay
- How to step in to stop or prevent sexual abuse/assault
- How to protect yourself from sexual abuse/assault
- Other things about sexual abuse/assault (please describe:) \_\_\_\_\_
- I don't want to answer this question

Please tell us how much of the survey you understood. I understood ...

- None of the questions
- A few of the questions
- Some of the questions
- Most of the questions
- All of the questions
- I don't want to answer this question.

Did any of the survey questions (the thing you are doing now) make you feel sad, anxious, awkward, or another unpleasant feeling?

- Yes
- No
- I don't want to answer this question

*If Yes*

Please describe in as much details as you are comfortable sharing what questions made you feel unpleasant feelings and what unpleasant feelings you experienced specifically.

\_\_\_\_\_

Do you feel like you personally benefited or gained something from taking this survey (the thing you are doing now)?

- Yes
- No
- I don't want to answer this question

*If Yes*

Please describe in as much details as you are comfortable sharing how you personally benefited.

\_\_\_\_\_

What makes you happy? \_\_\_\_\_

What are you most proud of? \_\_\_\_\_

**This is the end of the survey.  
Thank you for your time in participating in this project.  
Please raise your hand and a teacher will tell you what to do next.  
They will also share additional resources with you.**