RED WOMEN RISING

NATIVE AMERICAN COMMUNITY ASSESSMENT

California Consortium for Urban Indian Health

CCUIH: Strengthening the Organizations That Strengthen Our Communities
Native American Community Assessment

Are you Native or do you consider yourself to be Native?  __yes  ___no

What community do you reside in?  _____________________________________

Tribal affiliation/background:  __________________________________________

Have you or a family members been a victim of (check all that apply):
__Domestic violence (different types of abuses by your partner/spouse)
__Sexual Assault (raped, unwanted sexual contact, molestation)
__Physical violence (beaten, hit, punched, pinched)
__Isolation (victim not allowed to leave home, and/or have not contact with friends or family)
__Emotional (victim is called names, is yelled at, harassed)
__Spiritual (not allowed to practice, or spirituality is used to justify abuse of victim)
__Financial (victim is not allowed to have money, victim is given limited resources or money is stolen)
__Controlled (victim is told how and what to do by partner)
__Threats (victim is having threats made to them by their partner, such as black-mail, threatening to hurt victim or their family, etc.)
__Cyber (harassed, threatened, or stalked via internet, such as facebook, snapchat, instagram, or email)
__Stalking (victim is being followed)
__Sex trafficking (prostitution, abducted for purpose of prostitution, sex slave)
__Reproductive (Keeping birth control way)

What would best serve the needs of Native victims of domestic violence, sexual assault, and sex trafficking? (check all that apply): __Counseling  __Legal Support  __Support Groups  __Cultural Programs __Housing/Safe Houses __Child Care  __Medical  __Social Services
__Employment  __Education  __Other:_________________________________________

What do you believe are challenges in getting Native victims connected to services? (check all that apply)  __Stigma  __Fear of retaliation  __Lack of Native Providers  __Transportation
__Day Care  __Location  __Financial  __Shame  __Not Knowing where to go
__Other:_____________________________________________________________________

Thank you for your participation!  If you would like for more information about our resources please include your contact information below.

Name:______________________________________

Email address:_______________________________