

Hopi Community Needs Assessment

The goal of this needs assessment is to gather information needed in order to develop an improved program of support services for victims and survivors of crimes and other trauma. The assessment is funded by a grant awarded by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Your opinion is critically important to determine what services are needed and what their priority should be.

Participation in this assessment is completely voluntary, and you may choose not to reply to one or more questions. The information you provide will be completely confidential. No individual information will be shared. Only various group results (for example, results for age groups) are relevant to achieve the goal of the assessment. As responses to the questionnaire are gathered, the information will be securely stored before it is analyzed using strict guidelines. Do not sign your name to the questionnaire if you complete and return the paper version or include your name if you submit your questionnaire electronically.

Thank you for helping to determine what services are needed to support victims and survivors of crimes and other trauma.

Crises management resources:

Hopi Behavioral Health Services (928)737-6300

Hopi CPS (928)401-7557

Hopi Domestic Violence Program (immediate contact) (928)613-7777

Hopi Law Enforcement Services (928)734-7340

Hopi Health Care Center (928)737-6000

Stronghearts Native Helpline (7-10 CST, 7 days a week) (844)762-8483

The Trevor Project (LGBTQ+ crises line) 24/7 (866)488-7386

Tuba City Regional Health Care Corp. (928)283-2501 or (866)976-5941

Northern Arizona Crisis Hotline (877)756-4090

SAMHSA's Help Line (800)662-4357

National Suicide Prevention Hotline (800)273-8255 (24/7 services)

Confidential Questionnaire

Tribal Victim Services

1. 1. How familiar are you with the services available to individuals who are victims or survivors of crimes and other trauma?

Mark only one oval.

- 1 Not at all familiar
- 2 Somewhat familiar
- 3 Familiar
- 4 Very familiar
- 5 Extremely familiar

2. 2. How familiar are you with the Hopi Domestic Violence Program?

Mark only one oval.

- 1 Not at all familiar
- 2 Somewhat familiar
- 3 Familiar
- 4 Very familiar
- 5 Extremely familiar

3. 3. Have you or a family member(s) been a victim of a crime (whether it was reported or not)? (If you answered Yes, please continue to Question 4. If you answered No, please go to Question 11.)

Mark only one oval.

- Yes; within the last year
- Yes; between the last 1-5 years
- Yes; between the last 6-10 years
- Yes; more than 10 years ago
- No

4. 4. What service(s) listed below did you or your family member(s) receive during that difficult time? (Please check all that apply.)

Check all that apply.

- a. Crisis Intervention
- b. Legal Assistance/Services
- c. Transportation for Victim(s)
- d. Shelter/Transitional Housing
- e. Medical Services
- f. Mental Health Services/Counseling
- g. Substance Abuse Treatment
- h. Compensation for Damages
- i. Cultural/Traditional Healing
- j. Victim Advocacy
- k. Emergency Services (e.g., childcare)
- l. Emergency Protection Orders
- m. Police response
- n. Did not request services

Other: _____

5. 5. What service(s) did you or your family member(s) need that were not offered/available? (Please check all that apply.)

Check all that apply.

- a. Crisis Intervention
- b. Legal Assistance/Services
- c. Transportation for Victim(s)
- d. Shelter/Transitional Housing
- e. Medical Services
- f. Mental Health Services/Counseling
- g. Substance Abuse Treatment
- h. Compensation for Damages
- i. Cultural/Traditional Healing
- j. Victim Advocacy
- k. Emergency Services (e.g., childcare)
- l. Emergency Protection Orders
- m. Police Services
- Did not choose to access services

Other: _____

6. 6. If you or your family member(s) received any service(s), how helpful was it/were they? (Please rate each service using the 1-5 scale.)

Mark only one oval per row.

	1. Not at all helpful	2. Somewhat helpful	3. Helpful	4. Very helpful	5. Extremely helpful	Did not need/Did not utilize
a. Crisis Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Legal Assistance/Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Transportation for Victim(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Shelter/ Transitional Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Medical Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Mental health Services/Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Substance Abuse Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Compensation for Damages/Restitution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Cultural/Traditional Healing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Victim Advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Emergency Services(e.g., childcare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. 7. If you selected "Other" in Question 6, please explain what other service(s) you/your family member received.

8. 8. Was the service(s) provided in a manner you found culturally acceptable? If no, please choose "other" and explain.

Mark only one oval.

Yes

Other: _____

9. 9. Have you or a family member(s) been a victim of a crime but chose not to report it?

Mark only one oval.

Yes

No

Other: _____

10. 10. If yes, why did you choose not to report it?

11. Please rank your concerns about the types of crimes and other trauma/issues on/around Hopi Tribal Lands listed below.

Mark only one oval per row.

	1. Not at all concerned	2. Somewhat concerned	3. Concerned	4. Very concerned	5. Extremely concerned
a. Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Child Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Elder Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Physical Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Sexual Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sex Trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Prostitution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Burglary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Financial/Other Fraud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Identity Theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Motor Vehicle Theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. DUI/DWI Crashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Physical Stalking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Cyber Crimes (e.g., online bullying, stalking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Arson	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Hate Crimes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

s. Kidnapping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Homicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 12. Please share any comments/clarifications/additions you may have regarding your answers to the previous question (Question 11).

13. 13. Were the services you received helpful? If no, please explain.

Mark only one oval.

Yes

No

Other: _____

14. 14. Please share any other comments you may have about crime and other trauma experienced by individuals related to the content of this questionnaire--issues, needs, services, recommendations, etc.

The answers to the following questions will help us better understand the questionnaire results and make them more useful for improving/adding needed victim services.

15. 15. What is your gender?

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: _____

16. 16. How old are you?

Mark only one oval.

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

17. 17. Where do you live?

Mark only one oval.

- Bacavi
- Hopi Winslow Community
- Hotevilla
- Kykotsmovi
- Mishongnovi
- Moencopi
- Oraibi
- Polacca
- Shongopavi
- Sichomovi
- Sipaulovi
- Tewa
- Walpi
- Yuwehloo Pahki Community
- Other: _____

Thank you for completing this important questionnaire. Your answers will be very useful for improving/adding support services for victims and survivors of crimes and other trauma.

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