



NCAI Fund Victim Services Micro-grant Program Sample Community Needs Assessment

Below is a sample needs assessment that could be tailored for use in your community.

We would like to thank you for taking the time to complete this community needs assessment. This needs assessment is confidential and anonymous, and we will not reveal any personally identifying information. This needs assessment will assist the tribe in determining the safety needs and concerns of the community, and how best to prioritize crime victim services. It is voluntary, and there are no right or wrong answers. If you have any questions, or have any concerns about your personal safety or wellbeing, please call _____.

1. What do you believe are the major safety concerns in your community? Please rate the following on a scale of “Big problem” to “Not a problem at all”.

	Big problem	Somewhat of a problem	Problem	Not really a problem	Not a problem at all
Assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence/ Family Disputes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking/Intoxication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drunken/Drugged Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Dealing/Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gang Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Identity Theft/Fraud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor Trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex Trafficking/ Used in Prostitution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Assault/Rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stalking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theft/Robbery/ Burglary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please explain:					

2. During the last year have you, a family member, or friend been victimized by a crime?
 Yes, I have been a victim Yes, family member or friend has been a victim No

3. If you or your friend/family member sought help, were you or your friend/family member offered crime victim services?
 Yes No Don't know

4. If yes, what services listed below did you or your friend/family member receive from the Tribe, state, or county? (Please check all that apply.)

Type of Service	Provided by				
Accompaniment to legal proceedings or medical appointments	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Child care	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Compensation for damages	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Counseling/therapy	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Cultural/Traditional Healing	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Housing	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Legal assistance	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Medical	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Monetary/Financial help	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Shelter	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Transportation	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive
Other: _____	<input type="radio"/> Tribe	<input type="radio"/> State	<input type="radio"/> County	<input type="radio"/> Other	<input type="radio"/> Did not receive

5. If you or a friend/family member received services from [tribal victim service provider], is there something you would change about the service(s) that were provided to you?

6. What services were not offered that you or your friend/family member needed at the time? (Please select all that apply)

- Child care
- Compensation for damages
- Cultural/Traditional Healing
- Counseling
- Housing
- Medical
- Shelter
- Transportation
- Other: _____

7. If you or a friend/family member did not report your crime or seek help, please indicate why not? (Please select all that apply.)

- | | |
|---|---|
| <input type="radio"/> Ashamed/embarrassed/traumatized | <input type="radio"/> Loss of Income |
| <input type="radio"/> Child Care | <input type="radio"/> Office Hours |
| <input type="radio"/> Cultural Issues | <input type="radio"/> Thought I could deal with it myself |
| <input type="radio"/> Didn't know how to access services | <input type="radio"/> Transportation |
| <input type="radio"/> Didn't think anyone would help | <input type="radio"/> Worried about cost or time |
| <input type="radio"/> Don't Know/Doesn't Apply | <input type="radio"/> It was not a big problem |
| <input type="radio"/> Don't Want To Be Part of the System | <input type="radio"/> Other _____ |
| <input type="radio"/> Fear of Retaliation | |

8. Do you have any suggestions about how the tribe can support crime victims?

9. Are there any traditional healers and/or healing practices, available in your community to work with victims who have experienced a crime?

- Yes No I don't know

10. Would you like to share more about what is available or may not be available for victims of violence in your community for cultural or spiritual healing?

11. Would you like share additional information or concerns?

[Provider] thanks you for your time and consideration in completing this survey.