



This survey is being conducted by Sista II Sista, a grassroots community organization in Brooklyn. For more info, visit our website: www.sistaisista.org.

Directors: Please fill out this survey honestly. Your responses are confidential; you don't have to give us your name.

Race: _____ Gender: _____ Neighborhood you live in: _____

1. How do you feel about violence against women?

- I care I am not sure how I feel
 I don't care It's a private /family matter

2. What type of violence do you see in your community? (Check all that apply)

- Sexual abuse Police harassment Street violence
 Violence in the home Child abuse
 Other kinds of violence _____

3. In your opinion, what are different forms of violence? (Check all that apply)

- Harassment (touching, looking, talking or following you without your permission)
 Screaming or cursing at you
 Beating you or leaving bruises on you
 Pulling you or dragging you
 All of the above

4. Have you ever been in an abusive relationship?

- Yes No Not sure

4A. If yes, who was the abusive person?

- Me An intimate partner A friend
 A parent or family member An authority figure

4B. In what way were you abused or abusive?

- Physically Verbally
 Mentally/emotionally All of the above Other

5. How often have you witnessed an act of violence against a woman?

- Everyday Sometimes Rarely Never

6. If you saw a young woman being attacked or harassed, what would you do?

- Walk away Call for help Get involved Call the police Other:

7. If someone gets upset at or angry at something you do and you don't know why, do you:

- Get mad too Laugh at their behavior Other
 Ask why they are mad Get someone to beat them up

8. At what point do you involve the police in a dangerous situation?

- After the 3rd time you told the person no or to stop
- When they threaten to hurt people you love
- They know where you live
- After they pulled a weapon out on you
- Never

9. If you see someone fighting on the train, do you:

- Make way for them to fight you can watch
- Intervene
- Get a police officer
- Other _____

10. Do you think women in this community can count on the police for help in cases of violence?

- Yes
- No
- Sometimes

11. Do you or females you know feel safe walking alone in your neighborhood? Yes No

12. When a young woman in this community faces violence, where can she turn for support? (Be specific)

13. Do you have an ideas on how to stop/prevent violence against women? Please share them if you do.

14. Would you be interested in helping to fight against violence against women?

- Yes
- No
- I am interested, but don't have time
- No sure

TEAR OFF

THIS SECTION IS NOT TIED TO YOUR ANSWERS TO THIS SURVEY. If you would like to keep in touch with or learn more about Sista II Sista, please fill out the following. IT IS OPTIONAL, DO NOT FEEL OBLIGATED TO FILL OUT THE INFORMATION BELOW.

Name: _____

Address: _____

Email: _____

Phone #: _____

I am interested in:

- Finding out more about Sista II Sista
- Being on your mailing list
- Getting involved to help fight violence against women
- Giving a donation
- Becoming a member
- Other: _____