

Healing Cycles of Harm - RooT

This application contains questions about some difficult experiences and how you survived them. Please set aside some time to be able to breathe, walk away and come back, or stretch in between questions as needed. If it is helpful, answer them in the presence of a supportive person who can help you feel grounded if things begin to feel too emotionally or physically disturbing or painful.

All personally identifying information will be kept confidential. Information in this application may be used for research purposes and in ways that will not reveal who you are. No personal identifying information will be published or shared with anyone outside of program facilitators. We want to learn more about the population we are caring for.

* Required

1. Email address *

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2. Name *

3. Address *

4. Phone *

5. Date of Birth *

Example: January 7, 2019

Biographical

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6. Gender *

Mark only one oval.

Female

Male

Gender Nonconforming / Nonbinary / Fluid

Other: _____

7. I identify as transgender. *

Mark only one oval.

Yes

No

Prefer not to say.

8. Please choose all identities that apply to you. *

Check all that apply.

- Black
- Native American / American Indian
- Asian
- Latinx / Hispanic
- Middle Eastern
- White

Other: _____

9. Ethnic Background

(Ex. Cuban, Persian, Nigerian, Salvadorean, etc.)

10. Sexual Orientation *

Mark only one oval.

- Lesbian
- Bisexual
- Queer / Pansexual
- Gay
- Straight
- Other: _____

Short
Answer

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11. Are you able to make all nine sessions required for this healing experience? (From 3-6pm PST / 6-9pm EST, Weds, July 22 - Sept 16) *
-

12. Are you prepared to participate in an experience that requires being present during each 3 hour session, and requires journal writing and other reflective assignments between sessions? *

Mark only one oval.

- Yes
 No
 Maybe

13. Have you tried other healing groups or facilitated approaches to healing (therapy, anger management, mindfulness healing groups, other healing groups)? *

Mark only one oval.

- Yes
 No

14. Do you identify as someone who currently is or in the past has been dependent on substances (like recreational drugs or alcohol)? *

Mark only one oval.

- Yes
- No
- I'm not sure.

15. Do you struggle with ongoing depression, regardless of whether or not you were clinically diagnosed? *

Mark only one oval.

- Yes
- No
- I'm not sure.

16. Have you recently experienced suicidal thoughts? *

If yes, please explain below, particularly if you have a plan to carry these thoughts through.

Mark only one oval.

- Yes
- No

17. Explain

18. Have you recently suffered from other forms of self-harm? *

If yes, please expand below.

Mark only one oval.

Yes

No

19. Explain

20. Have you been formerly incarcerated? *

How you answer this will not deter us from considering you at all! We only want to know more about the population we are caring for.

Mark only one oval.

Yes

No

21. Do you, yourself, believe that you have caused harm to others in the distant or recent past? *

Mark only one oval.

Yes

No

Other: _____

22. You can elaborate, as much as feels safe, to your answer above.

23. Have you been impacted by or are you a survivor of harm or violence? *

Mark only one oval.

Yes

No

Other: _____

24. You can elaborate, as much as feels safe, to your answer above.

**Narrative
Questions**

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25. What made you decide now is the right time to be a part of this experience? *

26. What goals do you want to accomplish in this group? *

27. What challenges do you want to learn to overcome through this experience? *

28. What do you imagine healing to look and feel like? *

29. What obstacles do you think you'll face in this journey? *

30. Describe who you currently turn to for emotional support. *

31. What have you done so far to address or heal the way violence has impacted you? *

32. What helps you feel centered and grounded when you begin to feel emotional discomfort in a difficult discussion or argument? *

33. Who knows that you are applying for this experience, and why did you choose to share this information with them? *

34. What access needs do you have (wheelchair, restroom, mobility, learning, live captions, etc.)?

35. What would make online learning more accessible for you at this time?

Check all that apply.

- I already have what I need to do this work online.
- I need access to an internet-enabled device / laptop / internet service.
- Other (explain below).

36. You may elaborate on your answer to above question here.

37. What do you need from facilitators and group members in order for this to be a positive experience for you? You can include any details that would make your online experience most beneficial and effective for your healing journey.

38. How did you find out about this group? *

Check all that apply.

- Facebook
- Someone from RooT made a presentation I heard
- A friend / word of mouth
- A flier
- A Facebook or Instagram ad

Other: _____

Questions for potential participatory researchers.

Only fill out this section only if you wish to be considered to be trained in leading this work. See description for more information. <https://www.wetakeroot.com/healing-cycles-of-harm>

39. Why do you want to contribute to and help build this work?

40. What kind of work have you previously done in facilitating activities, developing curricula, or leading other experiences in other relevant contexts?

41. What support or resources will you need in order to carry the tools of this work forward to the community you facilitate work for/with?

Check all that apply.

- Financial support
- Physical space
- Marketing and spreading the word
- An experienced co-facilitator or further training
- Nothing, I have access to everything I need
- I'm not sure yet

42. If you named a need for support for the question above, please elaborate. Explain why you need this, and if so, how you plan to obtain this resource.

Income

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43. Do you share major household expenses with others? *

Ex: Rent, utilities, food, etc.

Mark only one oval.

Yes

No

44. How many dependents do you financially support? *

Ex: Children or adults that you pay rent, utilities, food, etc. for.

Mark only one oval.

0

1

2

3

4

5+

45. Do you receive any form of public assistance? *

CalFresh / food stamps, Calworks / welfare to work, Medi-Cal, etc.

Mark only one oval.

- Yes
- No
- Prefer not to say

46. Income (Compared to Bay Area Median) *

If you share expenses with a household, answer for all members of your household. If you do not, answer for yourself.

Mark only one oval.

- Less than 50% of median. (Less than \$37,994)
- 50%- 90% of median (\$37,994 - \$68,391)
- 90% - 110% of median (\$68,391 - \$83,587)
- 110% - 150% of median (\$83,587 - \$113,983)
- More than 150% of median (More than \$113,983)
- Prefer not to answer.

Payment

Your contribution to this healing support group makes it possible for those without financial access to be a part of this healing opportunity. The actual cost of this workshop is \$1,173 per person. Thanks to a generous grant from Gratitude Alliance, we are able to offer this work at a sliding scale. Please contribute as much as is financially viable for you at this time.

47. How much are you able to contribute, prior to the start of our workshop for this 9-week workshop? *

Mark only one oval.

- Sliding Scale Option One: More than \$500
- Sliding Scale Option Two: \$500 - \$300
- Sliding Scale Option Three: \$300 - \$100
- Sliding Scale Option Four: \$100 - \$25

48. If you have resources and capacity to help us with fundraising, please indicate below how you would like to support this work.

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