

Assessment:

Exposure to Violence

More and more people are being exposed to or have experienced violence. We're interested in finding out what other types of violence you may have witnessed or experienced at anytime in your life. For each question, please indicate whether this has ever happened to you.

| | |
|------------------|---|
| No | 0 |
| Yes | 1 |
| Refuse to Answer | 8 |

1. Have you seen someone being physically attacked by another person?
2. Have you seen someone being killed by another person?
3. Have you seen a dead person somewhere in the community? (*not counting funerals, accidents or wakes*)
4. Have you been in a physical fight with someone other than a sexual partner or parent/guardian?
5. Have you been sexually assaulted, molested, or raped by someone other than a sexual partner or parent/guardian?
6. Have you been attacked or stabbed with a sharp object?
7. Have you been shot at or hit by gunfire?