

DOVE (A.A.S.) Assessment - Primary Caregiver

If participant answers **Yes** to any question, give participant a domestic violence safety plan and a referral to services **within 2 weeks**.

Date: _____ Staff: _____

Participant: _____

1. Within the last year, have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?

- Yes No

If yes, who? _____

2. Since you've been pregnant, have you been slapped, kicked, or otherwise physically hurt by someone?

- Yes No Not applicable

If yes, who? _____

3. Within the last year, has anyone forced you to have sexual activities?

- Yes No

If yes, who? _____

4. Are you afraid of your partner or anyone listed above?

- Yes No

If yes, who? _____