

# Domestic Violence Worksheet

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you currently in a romantic relationship? \_\_\_\_\_

If yes, how long have you been in this relationship? \_\_\_\_\_

Is there a history of domestic violence in your relationship? \_\_\_\_\_

If yes, please provide a brief description: \_\_\_\_\_

## Part I

Indicate whether the following signs are present in your relationship by marking "Yes" or "No" for each item:

Physical Abuse	Yes	No
Verbal insults or threats	<input type="checkbox"/>	<input type="checkbox"/>
Pushing, hitting, or punching	<input type="checkbox"/>	<input type="checkbox"/>
Slapping, choking, or strangling	<input type="checkbox"/>	<input type="checkbox"/>
Other physical acts of violence	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/Verbal Abuse		
Constant criticism or humiliation	<input type="checkbox"/>	<input type="checkbox"/>
Intimidation or threats	<input type="checkbox"/>	<input type="checkbox"/>
Controlling behavior	<input type="checkbox"/>	<input type="checkbox"/>
Gaslighting or manipulation	<input type="checkbox"/>	<input type="checkbox"/>
Financial Abuse		
Controlling access to money	<input type="checkbox"/>	<input type="checkbox"/>
Withholding financial resources	<input type="checkbox"/>	<input type="checkbox"/>
Forcing to be financially dependent	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse		
Non-consensual sexual acts	<input type="checkbox"/>	<input type="checkbox"/>
Sexual coercion or pressure	<input type="checkbox"/>	<input type="checkbox"/>
Withholding sex as punishment	<input type="checkbox"/>	<input type="checkbox"/>
Isolation		
Restricting contact with friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring phone calls or messages	<input type="checkbox"/>	<input type="checkbox"/>
Limiting access to transportation	<input type="checkbox"/>	<input type="checkbox"/>

## **Part II**

Remember, your safety is the top priority. If you have any immediate concerns for your well-being, please reach out to a trusted professional or call emergency services.

Consider implementing the following strategies to help ensure your safety and well-being:

### **Reach out for Support**

- Contact local domestic violence hotlines or helplines for assistance.
- Speak with trusted friends, family members, or professionals about your situation.
- Join support groups or counseling services for additional guidance and emotional support.

### **Document Incidents**

- Keep a detailed record of any incidents of abuse, including dates, times, and descriptions.
- Take photographs of any visible injuries or damages as evidence, if it is safe to do so.
- Save any threatening or abusive messages or emails as documentation.

### **Explore Legal Options**

- Consult with a legal professional or advocate to understand your rights and available legal remedies.

Consider obtaining a restraining order or protective order, if appropriate and feasible.

### **Develop an Emergency Plan**

- Identify safe spaces in your home or community where you can go if you feel threatened or unsafe.
- Memorize emergency contact numbers, including local authorities and trusted individuals.