

Are you in a healthy relationship? If any of these apply to you, you may be in an abusive relationship.

Emotional Abuse:

- Does your partner humiliate you in public?
- How often does your partner make you feel sorry for them after mistreating you?
- Is your partner nicer and more respectful to others than they are to you?
- In what ways do you feel you have to ask permission from your partner before you do something?
- Have you ever felt limited in your ability to see your loved ones because of your partner?
- Does your partner discourage you from pursuing dreams or goals that would make you independent of him/her?
- Has your partner ever threatened suicide?
- Does your partner call you names?
- Does your partner monitor you? Constantly call/text you, randomly show up where you are to “Check In”? Digitally spy on you (require your phone location to be turned on)?
- Does your partner restrict access to things? Money? Personal documents?

Physical Abuse:

- Has this person ever hit you before?
- Can you tell me what happened?
- Do you have any injuries? How long did they last?
- What did the person hit you with? Open or closed hand?
- Where on your body were you hit?
- How many times were you hit?
- Was any instrument used? A shoe? A knife? A gun? A telephone? A fist?
- Were any threats made against you? Threat to kill?
- Are there weapons in the house?
- Do you have any photos?
- Were you seen at a hospital?
- Do you believe he/she is capable of killing you?

Sexual Abuse

- Have you ever been forced or pressured to have sex?
- Has your partner ever coerced you into sexual activities you weren't comfortable with?
- Do you and your partner disagree about sexual things? Like what? How do you resolve these conflicts?
- Do you have or want a Special Victim Counsel (SVC)?

- Would you like this report to be restricted? OR would you like the sexual portion to be restricted and want the other abuse unrestricted?

Strangulation Questions:

- Describe how you were strangled? Where was offender/victim? What was used to strangle you?
- What did the offender say before, during and after the strangulation?
- How long did the offender strangle you?
- Did you lose consciousness?
- Did your hearing or vision change? Did you see stars?
- Did you lose control of bodily functions such as pee or defecate?
- Did you have any difficulty breathing when the offender strangled you?
- What made the offender stop strangling you?
- How many times did the offender strangle you?
- Do you have any difficulty breathing now?
- Are you in any pain now? Where?
- Describe any changes to your voice?
- Are you having any trouble swallowing?
- Do you have any visible injuries?