# RELATIONSHIP & SAFETY QUESTIONNAIRE

CONFIDENTIAL • FOR USE WITH YOUR COUNSELOR

### BEFORE YOU BEGIN

Thank you for trusting us. These questions help your counselor understand what home is like for you, so we can care for you well and keep you safe.

- **Your safety comes first.** Please fill this out here at church, not at home. If it is not safe for your partner to see it, leave it with your counselor. Do not take it home.
- **There are no wrong answers.** Answer as honestly as you can. You may skip any question.
- **You are not being judged.** Many women find some of these questions hard. That is normal.
- **Who will see this:** only your counselor and, if needed, our pastoral care team. We will never share it with your partner. If a child may be in danger, Indiana law requires us to report it.

**If you are in danger right now, call 911.** You can also call the National Domestic Violence Hotline any time at **800-799-7233**, or text START to 88788.

## 1. ABOUT YOU

Name: _____

Date: _____

Your partner's name: _____

How long have you been together? _____

Are you married? ☐ Yes ☐ No

Do you live together right now? ☐ Yes ☐ No ☐ We recently separated

Children living in the home (first names and ages): _____

### THE SAFEST WAY FOR US TO CONTACT YOU

- ☐ My cell phone: _____
- ☐ Text only
- ☐ Through a friend: _____
- ☐ Only in person at church

Is it safe to leave a voicemail? ☐ Yes ☐ No

## 2. WHAT BRINGS YOU HERE

In your own words, what has been happening that made you want to talk with someone?

_____

_____

_____

_____

When did you first notice things were not right? _____

What happened most recently, and when? _____

_____

> **For sections 3 to 5:** tick the box that best fits how often each thing happens. Write an example if you can.

## 3. HOW YOUR PARTNER SPEAKS TO YOU

| MY PARTNER... | NEVER | SOMETIMES | OFTEN |
|---|---|---|---|
| Calls me names, puts me down, or embarrasses me | ☐ | ☐ | ☐ |
| Uses his tone, size, or volume to scare me | ☐ | ☐ | ☐ |
| Threatens me, openly or in hints | ☐ | ☐ | ☐ |
| Blames me for his anger or actions | ☐ | ☐ | ☐ |
| Tells me things didn't happen the way I remember, or that I'm crazy | ☐ | ☐ | ☐ |

An example: _____

## 4. CONTROL AND FREEDOM

| MY PARTNER... | NEVER | SOMETIMES | OFTEN |
|---|---|---|---|
| Checks my phone, messages, or where I go | ☐ | ☐ | ☐ |
| Keeps me from friends, family, or church | ☐ | ☐ | ☐ |
| Controls the money or won't let me have my own | ☐ | ☐ | ☐ |
| Uses guilt, fear, or Bible verses to get his way | ☐ | ☐ | ☐ |
| Says "If you don't..., then I will..." | ☐ | ☐ | ☐ |

An example: _____

## 5. PHYSICAL AND SEXUAL SAFETY

| MY PARTNER HAS... | NEVER | ONCE | MORE THAN ONCE |
|---|---|---|---|
| Blocked a door or cornered me so I couldn't leave | ☐ | ☐ | ☐ |
| Broken, thrown, or hit things when angry | ☐ | ☐ | ☐ |
| Pushed, grabbed, slapped, hit, or kicked me | ☐ | ☐ | ☐ |
| Choked me or put pressure on my neck | ☐ | ☐ | ☐ |
| Pressured or forced me into sexual activity I didn't want | ☐ | ☐ | ☐ |
| Hurt me while I was pregnant | ☐ | ☐ | ☐ |

When did this last happen? _____

Were you injured? ☐ Yes ☐ No

An example: _____

## 6. CHANGES OVER TIME

Over the past several months, have things...

- ☐ Happened more often
- ☐ Gotten worse or more scary
- ☐ Calmed down for shorter and shorter times between incidents
- ☐ Moved into new areas (for example, yelling that turned into pushing)
- ☐ Stayed about the same
- ☐ Gotten better

What has changed? _____

## 7. THREATS AND OTHER CONCERNS

| | YES | NO | NOT SURE |
|---|---|---|---|
| Has he threatened to hurt or kill you? | ☐ | ☐ | ☐ |
| Has he threatened to hurt or kill himself? | ☐ | ☐ | ☐ |
| Has he threatened to hurt or take the children? | ☐ | ☐ | ☐ |
| Has he threatened you with a gun, knife, or other weapon? | ☐ | ☐ | ☐ |
| Does he own or have easy access to a gun? | ☐ | ☐ | ☐ |
| Has he been violent with other people? | ☐ | ☐ | ☐ |
| Is his anger sudden or hard to predict? | ☐ | ☐ | ☐ |
| Does drinking or drug use make things worse? | ☐ | ☐ | ☐ |
| Is he very jealous or possessive? | ☐ | ☐ | ☐ |
| Has he followed you, tracked you, or shown up where you are uninvited? | ☐ | ☐ | ☐ |
| Have you left, or told him you want to leave, in the past year? | ☐ | ☐ | ☐ |

Details: _____

## 8. HOW YOU FEEL

| | YES | NO | NOT SURE |
|---|---|---|---|
| Do you feel safe at home? | ☐ | ☐ | ☐ |
| Are you afraid to disagree with him or say no? | ☐ | ☐ | ☐ |
| Do you change what you do or say to avoid setting him off? | ☐ | ☐ | ☐ |
| Do you believe he could seriously hurt you? | ☐ | ☐ | ☐ |

On a scale of 1 to 10, how afraid are you of your partner? (1 = not at all, 10 = terrified) _____

Is there anything you are afraid will happen if he finds out you came here? _____

## 9. FAITH AND CHURCH

| | YES | NO | NOT SURE |
|---|---|---|---|
| Does he use Bible verses or "submission" to keep you quiet or make you obey? | ☐ | ☐ | ☐ |
| Has he kept you from church or from people at church? | ☐ | ☐ | ☐ |
| After hurting you, does he change how he acts permanently? | ☐ | ☐ | ☐ |
| Or does he say he's sorry, but then it happens again? | ☐ | ☐ | ☐ |
| Does he say it wasn't a big deal, or that it was your fault? | ☐ | ☐ | ☐ |
| Has anyone at church told you to stay, forgive, or keep quiet? | ☐ | ☐ | ☐ |

Anything else about faith or church you want us to know? _____

## 10. YOUR SAFETY AND SUPPORT

| | YES | NO |
|---|---|---|
| Do you have a safe place to go if you need to leave quickly? | ☐ | ☐ |
| Do you have your own phone he cannot check? | ☐ | ☐ |
| Do you have access to money of your own? | ☐ | ☐ |
| Do you have a car or a way to get somewhere? | ☐ | ☐ |
| Does someone you trust know what is happening? | ☐ | ☐ |
| Do you know where your important papers are (ID, birth certificates)? | ☐ | ☐ |

If you could go somewhere safe, where would it be? _____

### ABOUT YOUR CHILDREN (SKIP IF NONE)

Have the children seen or heard the fighting? ☐ Yes ☐ No ☐ Not sure

Has he ever hurt or threatened the children? ☐ Yes ☐ No ☐ Not sure

Do you worry about the children's safety when he is with them? ☐ Yes ☐ No ☐ Not sure

## 11. HOW WE CAN HELP

What would you like help with? Tick any that apply.

- ☐ Someone to talk to and pray with
- ☐ Making a safety plan
- ☐ Finding a safe place to stay
- ☐ Help with food, money, or transportation
- ☐ Information about protective orders or legal help
- ☐ Connecting with a domestic violence advocate
- ☐ Help for my children
- ☐ I'm not sure yet

Is there anything else you want your counselor to know? _____

_____

_____

*Thank you for your courage in filling this out. What is happening to you matters to God, and it matters to us.*

NATIONAL DOMESTIC VIOLENCE HOTLINE **800-799-7233** · text START to 88788 · thehotline.org

EMERGENCY **911**