

# DOMESTIC SAFETY ASSESSMENT

**Biblical Counseling Center**  
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This information is part of your healthcare record. Your responses will not be released to anyone without your written consent, except as otherwise provided by law. If you do not feel comfortable talking today, you can call us at 941-729-6600.

Look over the following questions. Think about how you are being treated and how you treat your partner. Remember, when one person scares, hurts or continually puts down the other person, it's abuse.

## Does your partner...

- Embarrass or make fun of you in front of your friends or family?
- Put down your accomplishments or goals?
- Make you feel like you are unable to make decisions?
- Use intimidation or threats to gain compliance?
- Tell you that you are nothing without them?
- Treat you roughly-grab, push, pinch, shove or hit you?
- Call you several times a night or show up to make sure you are where you said you would be?
- Use drugs or alcohol as an excuse for saying hurtful things or abusing you?
- Blame you for how they feel or act?
- Pressure you sexually for things you aren't ready for?
- Make you feel like there "is no way out" of the relationship?
- Prevent you from doing things you want - like spending time with your friends or family?
- Try to keep you from leaving after a fight or leave you somewhere after a fight to "teach you a lesson"?

## Do you...

- Sometimes feel scared of how your partner will act?
- Constantly make excuses to other people for your partner's behavior?
- Believe that you can help your partner change if only you changed something about yourself?
- Try not to do anything that could cause conflict or make your partner angry?
- Feel like no matter what you do, your partner is never happy with you?
- Always do what your partner wants you to do instead of what you want?
- Stay with your partner because you are afraid of what your partner would do if you broke up?

## If there are problems, we would like to help - please let us know.

1. Would you like to discuss your situation?  Yes  No
2. Would you like additional information on Domestic Violence?  Yes  No
3. Declined referral.  Yes

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*Signature*

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*Date*