Have you ever experienced any of the following? *(Fill in for each statement.)*

	No, never	Yes, as a child *(under 18)*	Yes, as an adult *(over 18)*	Who was responsible for this? A stranger	Family or relative	another known person	Has this occurred during the last year? No	Yes
Someone has over a long period of time systematically tried to subdue, degrade or humiliate you . .	■	■	■	■	■	■	■	■
Someone has threatened to hurt you or someone close to you	■	■	■	■	■	■	■	■
You have been subjected to physical abuse	■	■	■	■	■	■	■	■
You have been forced to have sexual intercourse . .	■	■	■	■	■	■	■	■