

Name: _____

Date: _____

Domestic Violence

M E E U T W L C Y J S S R B C R H
X G H X A H J A E M O T I O N A L
V S H D E Y S U O L A E J Z X U O
I B P V A L I D A T I O N D H P G
O L W A E P P C T E C F K O O X Y
L A N X B B I W S S C F O Z X T V
E C T W J W Z S U I X N F R E O X
N I A M Y P N D R X V O E F M P C
C S D V F O I E T L D F A I C D G
E Y E A I G O S R P B S H Z T U S
M H E T N H H U M L M L S Q A A R
W P P P T G B B W Q Q Y D N Z R P
D O L I L N E A Z N Y U I I B C O
C E Z G Z L O R V A W C R T C F X
H Q L U W Z X Q O H M R C I J Y V
J P W U P P F B I U Y P W C X R T
I K J N M J E Q U N S Z H O Q I U

VALIDATION
PATIENCE
VIOLENCE
TRUST

DANGEROUS
JEALOUSY
OPTIONS
ABUSE

EMOTIONAL
PHYSICAL
SAFETY
HELP