Name: _____

QUALIFIERS

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

REPEAT DOMESTIC
THREAT TO LIFE
ASB COMMUNITY
CHILD ABUSE
DOMESTIC
NONE
FORCED MARRIAGE
BUSINESS CRIME
ASB PERSONAL
DISABILITY
SUICIDE
ALCOHOL RELATED
MENTAL HEALTH
RURAL CRIME
HOMOPHOBIC
RACE