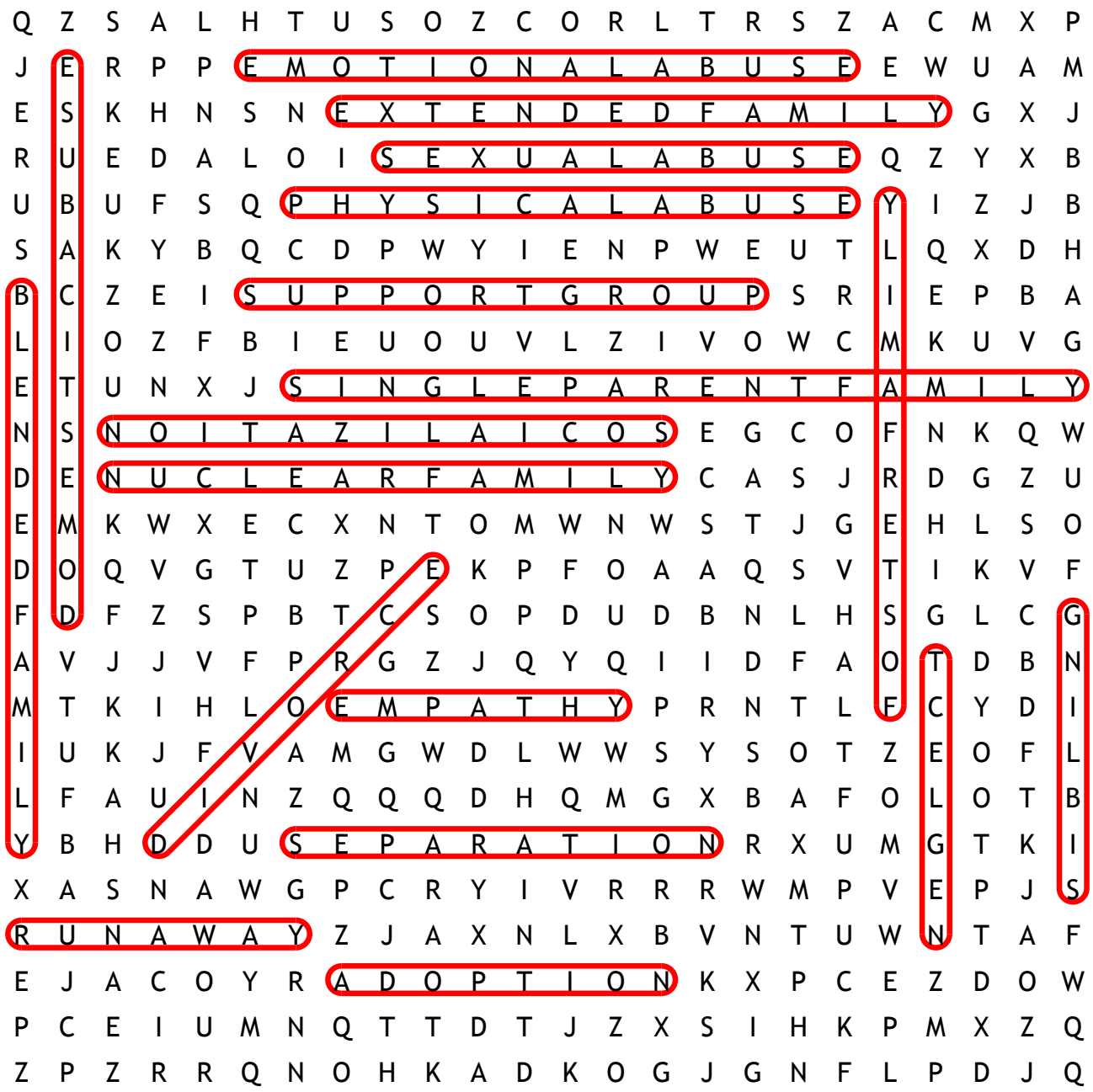
Name: _____ Date: _____

Family Relationships



SINGLE PARENT FAMILY
BLENDED FAMILY
DOMESTIC ABUSE
SUPPORT GROUP
ADOPTION
NEGLECT
EXTENDED FAMILY
NUCLEAR FAMILY
SOCIALIZATION
SEXUAL ABUSE
DIVORCE
SIBLING
EMOTIONAL ABUSE
PHYSICAL ABUSE
FOSTER FAMILY
SEPARATION
RUNAWAY
EMPATHY