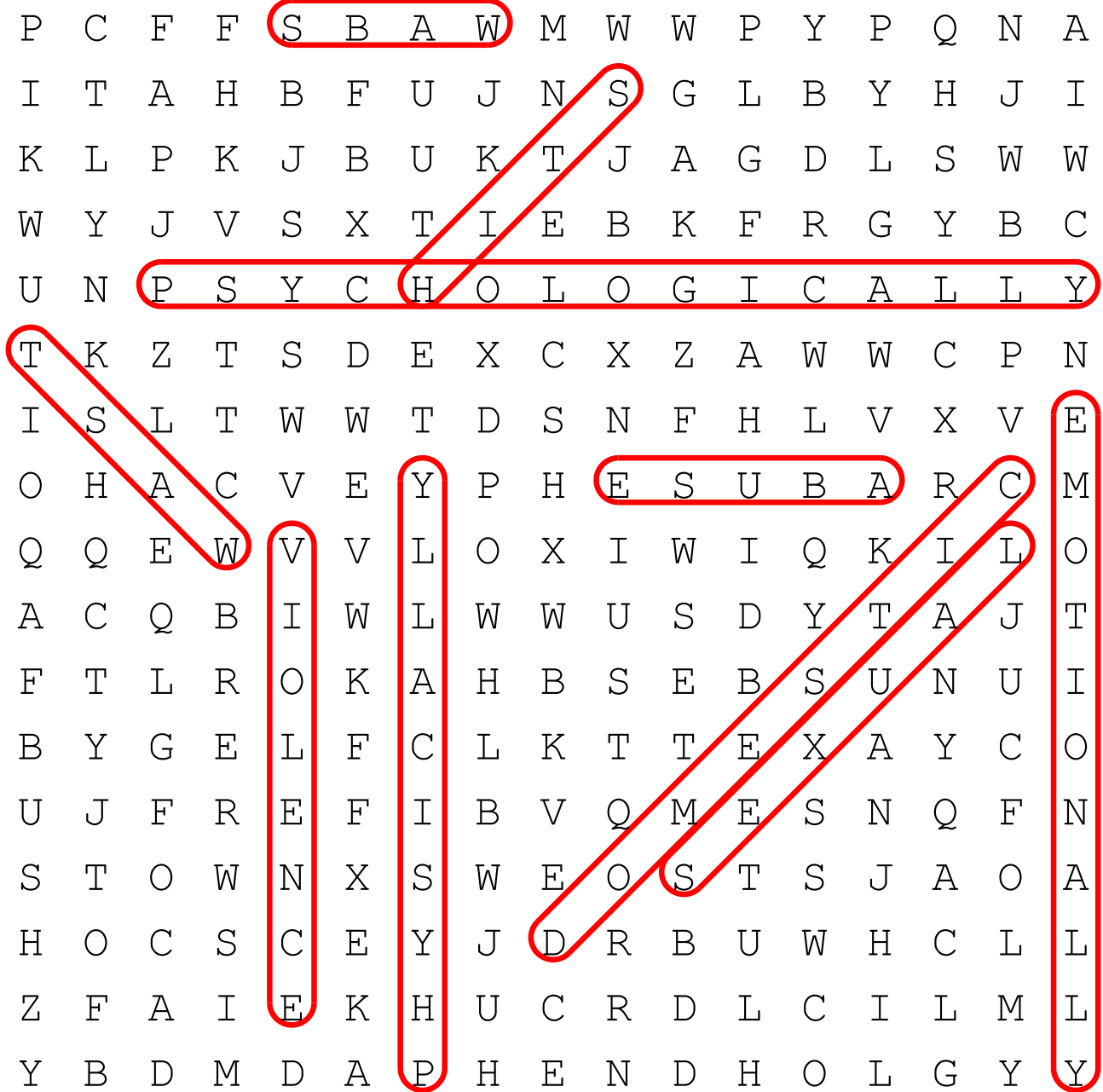


Name: _____ Date: _____ Period: _____

Domestic Violence



Psychologically	Emotionally	Physically
Domestic	Violence	Sexual
Abuse	WAST	WABS
HITS		