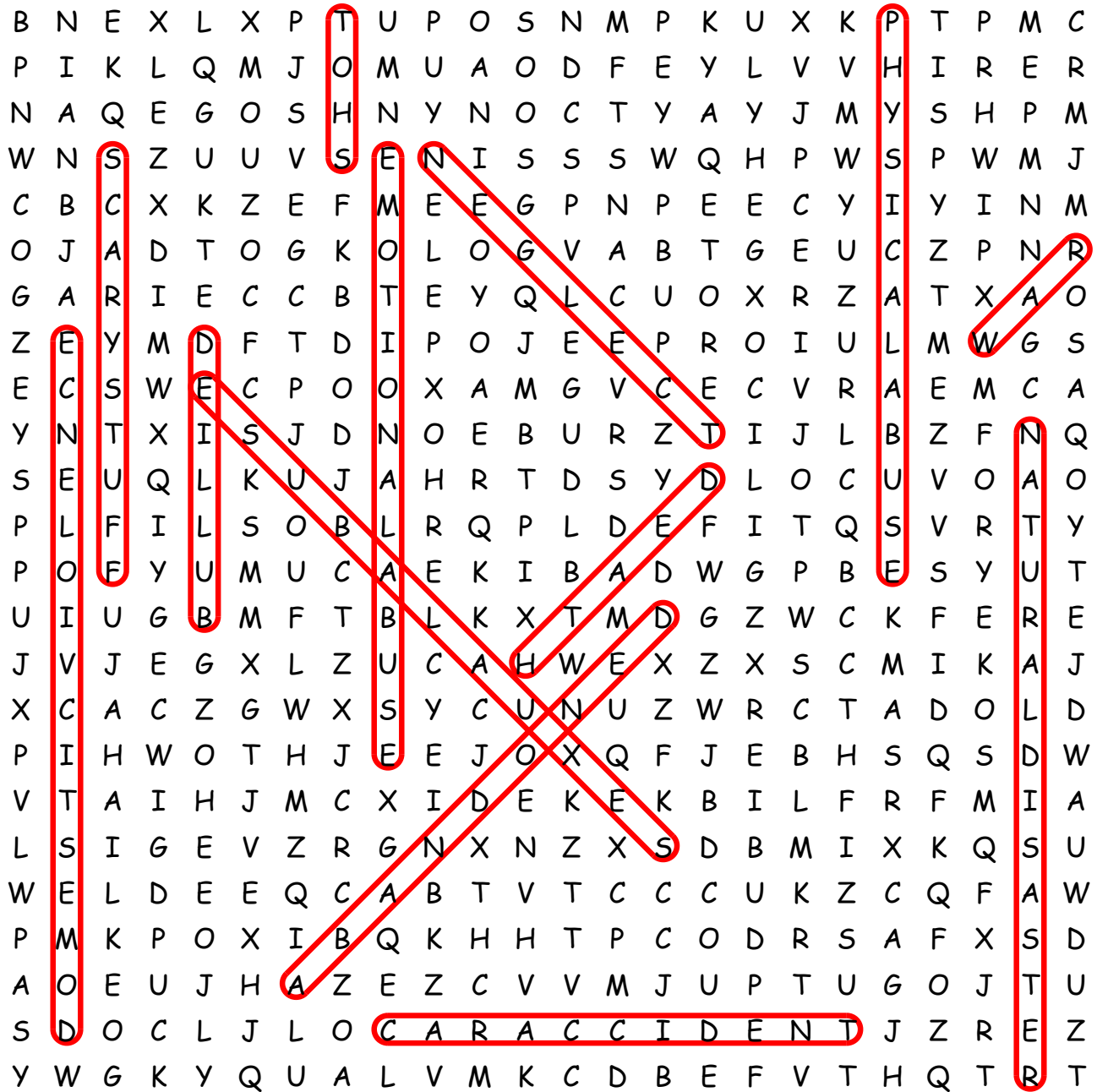


Name: _____

Date: _____

Types of Trauma



domestic violence
Physical Abuse
Scary Stuff
Bullied
War

Natural Disaster
Sexual Abuse
Abandoned
Death

Emotional Abuse
Car Accident
Neglect
Shot