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**PROGRAM MATERIALS**

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# **Domestic Violence as Intimate Terrorism: Trauma-Informed Mitigation Strategies for Criminal Defense**

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# **Domestic Violence as Intimate Terrorism: Trauma-Informed Mitigation Strategies for Criminal Defense**

# Books

**Handbook of Mitigation in Criminal and Immigration Forensics: Humanizing the Client Towards a Better Legal Outcome. SEVENTH Edition. 2021.**

**Psychosocial Evaluations and Consultation in Civil Litigation: Strategies to Understand and Humanize the Client. 2021.**

# Books

- The Arranged Marriage: My Kalpa. (2017).  
Highly recommended. A full narrative of a spousal abuse case in a novel.
- Res Ipsa Loquitor: The Mystery of the Dead Law School Dean. (2017).

**PSYCHOSOCIAL  
EVALUATIONS AND  
CONSULTATION IN  
CIVIL LITIGATION:**

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*Strategies to Understand  
and Humanize the Client*

**MARK S. SILVER**

M.A., LCSW, PhD, JD

# Handbook of Mitigation in Criminal and Immigration Forensics

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Humanizing the Client  
Towards a Better Legal  
Outcome

SEVENTH EDITION

MARK S. SILVER  
M.A., LCSW, PhD, JD.

# Harm Evaluations

2000 Evaluations: MANY involving abuse and trauma

- VAWA (I-360 and I-751) cases
- Asylum (persecution and human rights violations)
- U Visas (a harm analysis)
- Complex Trauma
- Personal Injury

# Program Outline

I. Types of Abuses

II. Complex Trauma

III. Victim's Mental Health Issues

IV. Spousal Abuse Questionnaire

# I. TYPES OF ABUSES

# Domestic Harm is NOT An Event, But a SERIES of Events (Complex Trauma)

- Very similar to complex trauma
- Repeated stress and chronic stress
- Marinated in trauma
- Purposeful, Malignant, and Hateful

# CYCLE OF ABUSE -> PATTERNS OF HARM

- (1) a physical, sexual and/or emotional abuse incident
- (2) followed by a “making up” period, during which the batterer may apologize for the abuse and promise that it will never happen again
- (3) this leads to a period of “calm,” during which the batterer acts as if the abuse never happened and the victim may hope the abuse is over
- (4) next comes the “tension building” when the batterer renews his anger and the victim feels the need to calm or appease him.
- (5) Finally, the tension builds into another incident of abuse and the cycle continues in this fashion unless and until the victim is able to escape the domestic violence permanently

# NO CYCLE OF ABUSE

## (similar to asylum cases)

- Patterns may not exist
- Abusers may act without reason or without known reason
- Arbitrary or Capricious
- Blind hatred - racism
- Psychopathy
- Idiosyncratic
- May be cultural
- Absence of pattern leads to greater psychological harm

# IMMIGRANT WOMEN AS TARGETS

- Immigrant women (and men!) are particularly at risk for domestic violence. Due to their immigration status, they often have a more difficult time escaping abuse and feel trapped in abusive relationships because of immigration laws, few social supports, language barriers, and lack of financial resources, among other things.
- Abusers often use their partner's immigration status as a tool of control. In such a situation, it is common for a batterer to exert control over his partner's immigration status in order to force her to remain in the relationship.
- Immigrant women often suffer higher rates of battery than United States citizens since they come from cultures that may accept domestic violence or because they have less access to legal and social services in the United States

# PRE-ABUSE

- Erosion of Trust
- Breakdown of Communication
- Hints of Real Issues

# PHYSICAL ABUSE

- Physical abuse is defined as the unwanted contact by the abusing spouse to his partner
- Direct: hit, kick, slap, push, shove, elbow, knee, spit, block, scratching, hair pulling, tripping, choking
- Use of objects
- Threats by gun, knife
- Indirect: turn off heat or AC, locked out of the home, locked in the home, strands
- Abuse towards others

# PSYCHOLOGICAL ABUSE

- Control (mail, phone calls, social contacts)
- Manipulation (passive)
- Coercion (active)
- Isolation (psychological and physical)
- Physical Absence (out all night or all weekend)

# EMOTIONAL ABUSE

- Feelings / emotions
- Related to but distinct from psychological abuses

# VERBAL ABUSE

- Verbal abuse is defined as any negative or derogatory words directed at the abused spouse, including disguised jokes, accusing, blaming, judging and criticizing, trivializing, undermining, threatening, name-calling, and using demeaning terms
- Racial, cultural, or religious slurs
- Expletives
- Threats of death
- Threats of harm by others, especially extended family members
- Publically - In front of others causing humiliation
- Self-esteem harm (“you are worthless”) -> victim internalizes the abuse and begins to believe it

# SEXUAL ABUSE

- Sexual abuse includes *any* unwanted (or unaware) sexual touching or contact
- Physical Harms in sexual abuse
- Wanted but not at the time
- Objects
- Forced: Cunnilingus, Anallingus, Fellatio
- Anal sex – tissue damage, bleeding, pain
- Verbal sexual degradation
- Infidelity – betrayal of trust
- Disease - STDs

# FINANCIAL ABUSE

- Financial abuse includes the withholding or misuse of personal or joint funds, including legal transactions. Financial abuse makes the abused spouse physically reliant on the abuser for food, shelter, and all other basic necessities, such as transportation money to travel to and from work.
- Prohibits victim from supporting family
- Loss of employment or restrictions
- Takes paycheck
- Withholds funds
- Extortion of money
- Depletion of Joint Account
- Stealing, eg, jewelry, from wallet, household items
- Selling common assets
- Abuser spends without control – often on drugs

# RELIGIOUS / CULTURAL ABUSE

- Religious or cultural denigration
- Racist slurs
- Embarrassment at Church / Temple

# CHILD ABUSE

- Abuse
- Neglect

Harming / abusing the child to get to the spouse

# Technology Abuse

- Control of phone
- Computers
- digital devices
- Social digital communications

# CULTURALLY APPROPRIATE ABUSE

- No less serious
- Objective stance
- Family / cultural history

# DRUG ABUSE BY ABUSER

- The abuser may have a substance abuse problem or addiction to either licit or illicit substances. Some abusers only abuse their spouses when they are intoxicated and may recall little if any of their behaviors.
- When the abuser acts remorseful following an abusive incident the sentiment can be quite genuine because the absence of memories of the abuse due to intoxicating effects of drugs makes the incident foreign and unreal to the abuser.
- The abuser may not use substances in the home or even in the presence of the abused spouse, however symptoms may be apparent.
- Possession, buying, and selling of substances should be noted as well.
- Alcohol MAGNIFIES all abuse issues

## II. COMPLEX TRAUMA

# Complex Trauma: Definition

Complex trauma describes both children's exposure to severe and pervasive multiple traumatic events (such as abuse and neglect)—repeated and chronic stressors—often of an invasive, or interpersonal nature—and the wide-ranging, long-term effects of this exposure to a child's emotional and neurological development harming the child's ability to self-regulate emotions or relate to others due to pathologically high levels of stress.

A caregiver's bond is normally the fundamental source of stability, safety, certainty, and security in a child's life, and the lack of a healthy and reliable primary attachment can fundamentally undermine the child's development.

# Damage in Developmental Stages

- Children must develop in a manner that permits them to gain a sense of well-being in a predictable, certain, safe, stable, loving, and secure home and community environment WITH HEALTHY EMOTIONAL ATTACHMENTS and PHYSICAL BONDS.
- Stress because of abuse and neglect prohibits normal developmental milestones, undermining the child's development and future is profoundly jeopardized prohibiting normal and healthy functioning and interaction with others.

# Effects of Complex Trauma

- If you are constantly thinking about safety and security you have no brain power left over to think about curiosity and wonder, or focus on love
- You cannot learn about yourself or others
- Who am I? Do I matter? Do I have impact? Am I nothing? Is it possible that no one cares about me at all?
- Stress response systems always activated at a heightened level focus on survival
- Survival brain active and learning brain is dulled
- Creates a **value system** and lens to view the world

# Neurological and Cognitive Damage

- Confusion - Survival brain active and learning brain is dulled
- overreactive nervous system -> brain, nervous, and emotional system dysregulation
- constant distress and pain and suffering / no exit door
- Hypervigilance - exaggerated startled response - never feeling at ease or self-confident or safe / stable / secure again
- Tendency to overreact
- how we process information or learn new information is harmed
- lose train of thought or even right words
- memory (including short-term / long-term memory)
- how we understand ourselves / others / hard to communicate with others
- how we contend with our surroundings
- decision-making, planning, insight, judgment

# Emotional Consequences

- Shame / humiliation
- Fears and anxieties as a way of life (generalized) -> never regain emotional equilibrium ie, permanent state of terror
- Hopes and dreams undermined -> despair, dark, and doom as a chronic outlook -> Constant exhaustion / feeling overwhelmed
- Cannot modulate anger / rage
- Feeling of inescapable helplessness
- Normal coping mechanisms are undermined or absent
- Unable to process fight or flight responses
- Feeling of incompetence, worthlessness, uselessness, stupidity, inadequacy
- Chronic sense of betrayal, deception, and distrust of others -> and even oneself
- I must have done something wrong / bad to be abuses / neglected
- Distrust of intimacy
- Loss of faith in value and God
- Time stands still
- Existential negativity -> Life makes no sense / meaningless existence =suffering

# Loss of Empathy

The ***impact of neglect*** and the ***impact of abuse*** can seriously affect the ability to regulate emotions and become emotionally connected with others, including EMPATHY. (Not psychopathy).

# CAVEATS

- Severity of a single incident can be systemically damaging
- Micro-aggressions can add up to systemically damaging harm
- People perceive and are effected by harm in idiosyncratic ways
- Trauma causes system (systemic) break down

# Psychological Attitudes Towards the Abuser

- Dependency, co-dependency
- He is deeply troubled and only I can help him
- Fear / confusion due to **betrayal and deception**
- Sympathy if the abuser is ill
- Identification with abuser
- Love / Crazy Love - idolize abuser
- DENIAL DENIAL DENIAL
- Abuse thrives in silence and withers in the light
- Sense of Self-blame - I must have done something wrong / bad to be abused

# Understand Harm Broadly

- Consider not only how the client has been actively harmed but what he has lost. That is, he may have lost a fundamental sense of safety, security, stability, certainty, predictability that has undermined his self-confidence, self-esteem, and even self-worth, loss of trust in one's self
- quality of life issues: deficits in everyday activities (ADLs)
- interpersonal friction / disorganized Attachments
- lifestyle changes
- community loss

# Egg Shell Rule

- “Take your plaintiff as you find him” and the psychosocial evaluation is the tool to “how you find him”
- Predisposition to mental health issues due to past trauma (perceived or real) is a crucial starting point in harm evaluations
- Vulnerabilities - in why and in what ways is the client fragile?
- In what ways has the harm exacerbated or informed or further injured the client?

# Functioning Over Narrative

- It is very useful to look at the client's functioning (before and after), as a means to gain insight into the client's daily life.
- In general, mental health is often conceptualized as healthy functioning and demonstrating how the client's functioning is markedly different from others in his community, through restrictions or self-imposed prohibitions, can yield significant insight

# Harm Suffered to Family Members

- Get parallel interviews – nothing better!  
Window of insight.
- Children's issues: school, academic, socialization, interests, community
- Assess the whole family

# How are Decisions Made?

- Emotions not rationality  
vs. Richard Posner: Rational Player theory

### III. VICTIM'S MENTAL HEALTH ISSUES

# PTSD

## ***Criterion A: stressor***

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required)

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

# PTSD Con't

## ***Criterion B: intrusion symptoms***

The traumatic event is persistently re-experienced in the following way(s): (1 required)

- Recurrent, involuntary, and intrusive memories. Note: Children older than 6 may express this symptom in repetitive play.
- Traumatic nightmares. Note: Children may have frightening dreams without content related to the trauma(s).
- Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. Note: Children may reenact the event in play.
- Intense or prolonged distress after exposure to traumatic reminders.
- Marked physiologic reactivity after exposure to trauma-related stimuli.

# PTSD Con't

## ***Criterion C: avoidance***

Persistent effortful avoidance of distressing trauma-related stimuli after the event: (1 required)

- Trauma-related thoughts or feelings.
- Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

# PTSD Con't

## ***Criterion D: negative alterations in cognitions and mood***

Negative alterations in cognitions and mood that began or worsened after the traumatic event: (2 required)

- Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
- Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).
- Markedly diminished interest in (pre-traumatic) significant activities.
- Feeling alienated from others (e.g., detachment or estrangement).
- Constricted affect: persistent inability to experience positive emotions.

# PTSD Con't

## ***Criterion E: alterations in arousal and reactivity***

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event:  
(2 required)

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance

# DEPRESSION

Depressed mood nearly every day, as indicated by subjective feelings of sadness and emptiness and crying

- hopelessness / helplessness
- low energy
- anhedonia (crucial)
- low self-esteem
- psychomotor retardation / agitation
- fatigue or loss of energy
- feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
- poor or erratic appetite
- significant difficulty staying or falling asleep / nightmares
- diminished ability to think or concentrate, or indecisiveness

# Suicidality (active and passive)

Helpless feelings of overwhelming despair and deep psychological helplessness pain

Suicidality may be either active or passive. Active suicidality occurs when the person has a plan to end her own life, such as by the ingestion of medications. Active suicidality most often is characterized by deep psychological pain or despair and a hopeless belief that nothing in the person's life can improve in any meaningful way.

Passive suicidality concerns thoughts of death or dying and may include the person stating that they wonder what it would be like never having to wake up so that their pain would vanish. Passive suicidality is usually more ideational, while active suicidality is often accompanied by a thought out plan that may or may not be realistic or even coherent.

- Self-hatred, useless burden, lack of reciprocal connection
- habituated w pain

## Feelings of Worthlessness / Learned Helplessness

A condition in which a person suffers from a sense of powerlessness, arising from a traumatic event or persistent failure to succeed.

- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional)
- Victims of abuse often feel shame, humiliation, and self-blame for having become intimately involved with an abuser.
- Made to feel worthless and unloved yet remained helpless and trapped in a dangerous environment

# Panic Attacks - recurring and unexpected

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- A feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Feelings of unreality (derealization) or being detached from oneself (depersonalization)
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations (paresthesias)
- Chills or hot flushes

# Somatization / Conversion Disorder

Chronic psychological issues that cause bodily symptoms, including pain. The symptoms can't be traced back to any physical cause and not the result of substance abuse or another mental illness.

- One or more physical symptoms that are distressing or cause disruption in daily life
- Excessive thoughts, feelings or behaviors related to the physical symptoms or health concerns with at least one of the following:
  - Ongoing thoughts that are out of proportion with the seriousness of symptoms
  - Ongoing high level of anxiety about health or symptoms
  - Excessive time and energy spent on the symptoms or health concerns

People with somatoform disorders are not faking their symptoms.  
Conversion Disorder is a functional neurological symptom disorder

# Dissociative Disorder

When flight or fight are not available then the only option is to psychologically / emotionally remove yourself from that situation and place your self somewhere else. (versus fawning or freezing).

**Dissociative disorders** are conditions that involve disruptions or breakdowns of memory, awareness, identity, or perception. People with dissociative disorders use dissociation as a defense mechanism, pathologically and involuntarily.

# Psychosis

- Delusion (False belief): Adaptive paranoia for self-protection (PPD). Person is guarded, suspicious, or has low trust in others.
- Hallucinations (False perceptions): auditory and visual hallucinations. Rooted in hypersensitivity to real or perceived dangers of the surrounding environment

# ADHD - ish

- Disorganized – cognitively and otherwise

# Alcohol / Drug Use and Abuse

- Use
- Abuse
- Addiction
- Non-traditional substances (house hold products)
- Addictive or destructive behaviors, like the relationship itself

# Atypical / Subclinical Presentations

- Atypical

# Failure to Seek Mental Health Assistance

- ignorance
- shame
- lack of financial resources
- fear of authority or government workers
- feelings of depression and anxiety that prohibit the individual from accessing proper healthcare even during periods of acute danger
- survivors may feel that people who did not experience what they did simply would not understand or believe the experiences.
- it may be the first time that she has spoken about her experiences
- Anathema / Stigma

# Intellectual & Educational Limitations

- Intellectual disability
- Learning disability and/or delays
- Clients may have low education, illiterate, or mental health limitations that help explain the reason for the client's poor self-advocacy
- In such cases clients must be permitted to relate their story in a manner consistent with their level of ability and comfort

# Over & Under Exaggeration

- Client's may over exaggerate narratives in an effort to bolster a weak claim and under exaggerate a narrative because he fears the truth is simply too terrible to relate or to be believed
- Correcting for one or both will make the narrative clearer, particularly as extraneous material tends to denigrate the underlying narrative of the petitioner's claim

## IV. Spousal Abuse Questionnaire

# Physical Abuse

- Did he ever hit, slap, or punch you?
- Did he ever grab, push, or shove you?
- Did he ever kick, knee, or elbow you?
- Did he ever pull your hair?
- Did he ever scratch or pinch you?
- Did he ever strangle or choke you?
- Has he ever hurt you with any kind of object?
- Has he ever thrown objects at you or break things in the home when frustrated?
- Did he ever force you to take drugs, or any food that you did not want?

# Physical Abuse con't

- Has he ever damaged the home or your property by violence?
- Did he ever take your belongings?
- Has he ever threatened you in any way with a gun or knife?
- Have you ever suffered major or even minor physical injury, such as bruising or cuts?
- Did he ever force you from the home or lock you out or inside your room?
- Did he physically isolate you or prohibit you from communicating with others?

# Physical Abuse con't

- Did he have a criminal record and he has ever been arrested?
- Has he ever been violent with anyone else in the home or community?
- Did you ever call the police, or did he ever call the police and what were the results?
- Did he ever stay out of the home all night or even for a few days? And, did this cause you terrible anxiety and/or fear?
- Did he stalk you after your break-up? Showing up at your place of work or home?

# Drug Abuse

- Does he abuse, sell, or own drugs and if so does this harm you in any way?
- Does he become more aggressive or violent because of the drugs?
- Does he often waste money on buying drugs?
- Does he blank out when using drugs and become remorseful the next day because he can't remember hurting you?
- Does he show symptoms of intoxication and/or withdrawal?
- Does his mood and/or behavior change in a negative way when he uses drugs?
- Is he unable to take responsibility for his behavior because of the drug abuse?
- Does he repeatedly refuse drug rehabilitation or counseling?

# Sexual Abuse

- Did he ever touch you sexually or non-sexually in an unwanted way?
- Did he ever rape you?
- Did he force you to have sex—physically or psychologically? That is, did you feel coerced or manipulated into have sex?
- Did he force you to engage in oral or anal sex? On you or your partner or both?
- Did he ever harm you sexually with objects?
- Did he force you to touch him or do things to him?
- Did he force you to do things to you sexually or otherwise?

# Sexual Abuse Con't

- Did he insist on sexual intercourse when you are frightened?
- Did you feel hypervigilant about when you would be attacked?
- Did he violently pull or squeeze you or cause you physical harm such as bruises?
- Did you generally suffer pain during sex?
- Did you suffer medical or physical issues because of these abuses?
- Did he force you to watch pornography?
- Did he have sex with other men or women?
- Did you have STDs from him?
- Did he force you to abort a pregnancy?
- Did he abuse prophylactic protections?

# Emotional Abuse

- Does he cause you emotional or psychological pain?
- Does he cause you humiliation or degradation?
- Does he cause you mental cruelty?
- Does he isolate you?
- Does he taunt or tease you?
- Does he not allow you to express yourself as you wish?
- Does he manipulate, control, or coerce you?
- Does he lie?
- Is he cold, distant, and uncaring?
- Does he provoke fear to better assert control over you?
- Do you perceive him as threatening?
- Does he treat you as a personal servant?
- Does he minimize your abilities?
- Do you suffer relentless criticism?

# Emotional Abuse Con't

- Does he intentionally destroy the relationship between you and your family or friends?
- Does he try to control your social interactions by opening mail (for immigration material), monitoring telephone calls, and screening who you could see or speak to?
- Does he prevent you from speaking about his dangerous behavior?
- Does the anxiety over his controlling actions mean that you could not think clearly or behave in a way that is healthy for you?
- Do you feel unable to extricate yourself from this destructive relationship?
- Do you suffer intimidation or does he try to illicit fear?
- Does he threaten to hurt himself if you did not comply with his demands?

# Emotional Abuse Con't

- Does he influence your behavior through emotional manipulation, such as crying or yelling?
- Does he threaten to harm you or family or friends?
- Does he sabotage your personal accomplishments, such as destroying a completed project or product?
- Is he overly jealous?
- Does he pressure you to make a serious commitment such as living together or getting engaged after a short period?
- Does he show glibness about the harm he causes or act with superficial charm?

# Verbal Abuse

- Did you suffer negative or derogatory words, including disguised jokes, accusing or blaming, judging and criticizing, trivializing, undermining, disgusting expletives, threatening words, name-calling, or demeaning terms?
- What are examples of those expletives?
- Did he yell and scream in a harsh and loud tone?
- Did he insult your ethnicity and the fact that you are a recent immigrant to the United States?
- Did he verbally abuse you in front of others, such as friends and the children making the pain all the worse?

# Verbal Abuse Con't

- Did he assert that you had no value as a person in his absence?
- Did the verbal abuse cause you to feel badly about yourself and question your sense of self-worth even believing the derogatory language used?
- Did he threaten your safety directly or indirectly?
- Would he often interrupt you, especially when others are present?
- Did he deflate you by spreading rumors?
- Did he issue actual or implied threats through dialogue or written form?
- Did he threaten to damage your property?
- Did he note that he could arrange for others to harm you?

# Technology Abuse

- Did he share your personal information with others, such as on the Internet?
- Did he intend to harm, threaten, intimidate, control, stalk, harass, impersonate, or monitor you by technology?
- Did he initiate unwanted, repeated telephone calls, text messages, instant messages, or social media posts?
- Did he initiate non-consensual accessing e-mail accounts, texts or instant messaging accounts, social networking accounts, or cellular telephone logs?
- Did he initiate controlling or restricting your ability to access technology with the intent to isolate you from support and social connection?
- Did he initiate tracking devices or location tracking software for the purpose of monitoring or stalking your location?
- Did he impersonate you (including through the use of spoofing technology in photo or video or the creation of accounts under a false name) with the intent to deceive or cause harm?
- Did he initiate, share, or urge or compel the sharing of your private information, photographs, or videos without their consent?

# Financial Abuse

- Did he ever prevent you from getting a job or maintaining your job?
- Did he ever misuse funds from a joint bank account?
- Did he ever impermissibly use your ATM card?
- Did he ever directly steal from you?
- Did he ever extort money from you?
- Did he ever demand that you give over your paycheck to him?
- Did he ever prevent you from giving money to family members who need it?
- Did he ever neglect giving proper financial support to the children?
- Did he ever spend money in an irresponsible manner, such as on drugs?
- Was he in debt?
- Did he gamble?
- Did he assume control over your resources and assets?
- Was he often out of work or did he stop working because he assumed that you would support him?

# Cultural and Religious Abuse

- Did he ever ridicule your religion or ethnic background, or cultural customs?
- Did he ever prevent you from religious practice and/or religious expression of your faith?
- Did he ever force you to do anything that was contrary to your religious belief?

**THANK YOU !**