

Trauma-Informed Interview



PERSONAL INTRODUCTION:

I want to begin by saying that I'm here to support you, and this interview is about your experience and your voice. You are in control of this conversation, and it's essential for you to feel safe and heard throughout our discussion.

First and foremost, please know that you can correct me at any time. Your perspective matters, and if I ever get something wrong or if there's anything you want to clarify, please don't hesitate to let me know. This is your story, and I'm here to listen and understand.

I want you to know that I understand survivors of domestic violence and sexual assault face numerous difficulties as a result of their experiences. These challenges can be physical, emotional, and psychological. This is a judgment-free space, and you have the right to share as much or as little as you're comfortable with.

Trauma can affect memory and recall, so it's okay if you don't remember everything in perfect detail. Your brain may have protected you by blocking out certain memories, and that's completely normal. We'll work together to the best of our ability to piece together your experiences in a way that feels safe for you.

Your well-being is a priority, and we're here to explore your experiences, emotions, and concerns in a way that respects your boundaries and supports your healing journey. Thank you for entrusting me with your story, and please remember that you are not alone in this.

Trauma-Informed Interview



FAMILY VIOLENCE; PRE-INCIDENT INQUIRY:

- 1. Can you describe the dynamics of your relationship with the person involved in the incident before this event?**
- 2. Were there any recent stressors or conflicts in your relationship or family life?**
- 3. Did you notice any changes in the person's behavior or attitude leading up to the incident?**
- 4. Were there any arguments or disagreements in the days or weeks prior to the incident?**
- 5. Did you have concerns about your safety or the safety of others in the household before this incident occurred?**
- 6. Were there any previous incidents of violence or abusive behavior in your relationship?**
- 7. Did you or the person involved seek help or counseling before this incident?**
- 8. Were there any specific triggers or events that you believe may have contributed to the incident?**
- 9. Did you confide in anyone about your concerns or the situation leading up to the incident?**
- 10. Can you recall any conversations or interactions that stood out to you as unusual or concerning before the incident?**
- 11. Were there any attempts at resolution, such as discussions or interventions, prior to the incident?**
- 12. How did you feel about your safety or the safety of others in your household in the days leading up to the incident?**
- 13. Can you tell me about any substances, whether alcohol or drugs of any kind, that were consumed prior to this incident that might have contributed in any way?**
- 14. Can you tell me about any feelings or emotions you were experiencing leading up to this incident?**

Trauma-Informed Interview



FAMILY VIOLENCE; ABUSE INCIDENT INQUIRY:

1. Can you describe the physical surroundings and location where the incident took place?
2. What time of day or night did the incident occur?
3. Were there any other individuals present during the incident, such as friends, family or children?
4. What can you tell me about the sequence of events during the incident, starting from the beginning?
5. Were there any specific actions or behaviors by the abuser that you found particularly threatening or concerning?
6. Did the abuser use any weapons or objects during the incident?
7. Were there any attempts by you or the abuser to de-escalate the situation before or during the incident?
8. Tell me what you could see during the incident.
9. Tell me what you could hear during the incident.
10. Tell me what you could smell during the incident.
11. Tell me what you could taste during the incident.
12. Tell me what you could feel during the incident.
13. Tell me what you remember the abuser saying to you during the incident.
14. How did you physically and emotionally react during the incident?
15. Were there any injuries sustained by you or the abuser as a result of the incident?
16. How did the incident come to an end or resolve itself?
17. Can you describe the emotional impact and feelings you experienced during and immediately after the incident?
18. Is there anything else you believe is important for me to know about the abuse incident?
19. Have there been any further interactions or incidents with the abuser since this incident?
If so, tell me about them (start this process over from the beginning).

Trauma-Informed Interview



FAMILY VIOLENCE; POST-INCIDENT INQUIRY:

- 1. What did you do immediately after the incident? Did you leave the location or stay there?**
- 2. Did you seek medical attention for any injuries sustained during the incident?**
- 3. Did you report the incident to law enforcement, and if so, what was their response?**
- 4. Did you speak to a counselor, therapist, or support organization following the incident?**
- 5. Were there any specific actions or measures you took to ensure your safety or the safety of others in your household?**
- 6. How have you been coping emotionally since the incident occurred?**
- 7. Have you had contact with the abuser since the incident, and if so, what were those interactions like?**
- 8. Have you sought legal assistance or pursued a restraining order against the abuser?**
- 9. Did you confide in friends or family members about the incident, and how did they respond?**
- 10. Have there been any changes in your living situation or daily routines as a result of the incident?**
- 11. Have you experienced any ongoing physical or psychological symptoms related to the incident?**
- 12. Are there any challenges or obstacles you've encountered in the aftermath of the incident?**
- 13. How has this incident affected your relationships with other family members or loved ones?**
- 14. Have you attended any support groups or therapy sessions related to family violence?**
- 15. Can you describe any safety plans or precautions you've taken since the incident?**
- 16. Has there been any contact with child protective services or other agencies in relation to the incident?**
- 17. Have you documented any evidence, such as photographs or written records, related to the incident?**
- 18. How do you envision your future and your safety in light of this incident?**
- 19. Is there anything you feel you need or any further assistance you're seeking?**
- 20. Can you share any insights or lessons you've gained from this experience?**
- 21. Is there anything about the abuse that you are unable to forget?**

Trauma-Informed Interview



FAMILY VIOLENCE; CONTINUING COURSE OF CONDUCT INQUIRY:

1. **Can you describe any previous incidents of abuse or violence involving the same abuser?**
2. **Have there been documented cases or reports of abuse by the abuser in the past, either within or outside your relationship?**
3. **Have you been in contact with law enforcement or legal authorities regarding the abuser's behavior prior to this incident?**
4. **Are there any protective or restraining orders in place against the abuser?**
5. **Can you provide a timeline of abusive incidents or behaviors you've experienced during your relationship with the abuser?**
6. **Have you spoken to other survivors or individuals who have experienced abuse from the same person?**
7. **Are there any witnesses to previous incidents of abuse involving the abuser?**
8. **Has the abuser sought or completed any intervention or counseling programs related to their behavior?**
9. **Have you noticed any patterns or specific triggers that seem to lead to abusive behavior from the abuser?**
10. **Has the abuser ever acknowledged or taken responsibility for their abusive conduct?**
11. **Are there any records, such as medical reports or prior court cases, that document previous incidents involving the abuser?**
12. **Have you received threats or harassment from the abuser since the incident?**
13. **How would you describe the abuser's behavior towards others outside of your relationship?**
14. **Have there been any attempts by the abuser to manipulate or control you or others regarding this conduct?**
15. **Are there any signs of escalation or changes in the abuser's behavior over time?**
16. **Have you or others reported the abuser's behavior to relevant agencies or organizations, such as child protective services or domestic violence shelters?**
17. **Are there any family or custody court proceedings related to the abuser's behavior?**
18. **Can you provide any insights into the abuser's mindset or motivations behind their abusive conduct?**
19. **Is there anything else you believe is important for me to know about the abuser's ongoing course of abusive conduct?**

Trauma-Informed Interview



FAMILY VIOLENCE; POWER AND CONTROL INQUIRY:

1. **Have you felt that the abuser tries to control aspects of your daily life, such as who you interact with or where you go?**
2. **Are there financial control tactics the abuser uses, such as limiting access to money or monitoring your spending?**
3. **Has the abuser threatened to harm you, themselves, or others as a means of control?**
4. **Do you feel that the abuser uses emotional manipulation or guilt to control your actions or decisions?**
5. **Are there restrictions placed on your communication, such as monitoring your phone or internet usage?**
6. **Have you been isolated from friends or family by the abuser to limit your support network?**
7. **Are there threats of disclosing personal information or past actions as a form of control?**
8. **Does the abuser use intimidation tactics, such as displaying anger or physical violence, to control you?**
9. **Have you experienced verbal abuse or name-calling that is meant to demean or degrade you?**
10. **Is there evidence of coercion or threats related to sexual activity within the relationship?**
11. **Have you been forced into specific roles or responsibilities within the household or relationship?**
12. **Does the abuser use the legal system or custody of children as leverage to control you?**
13. **Have you noticed that the abuser tries to undermine your self-esteem or self-worth?**
14. **Are there restrictions on your access to transportation or other resources necessary for independence?**
15. **Do you feel that your cultural or religious background is used against you as a means of control?**
16. **Have you been subjected to surveillance or stalking by the abuser?**
17. **Are there any threats of harm to pets or property that are used for control?**
18. **Has the abuser ever used substances, such as drugs or alcohol, as part of their control tactics?**
19. **Are there instances of sabotage or interference with your work or educational pursuits?**
20. **Is there anything else you'd like to share about the power and control elements you've experienced?**

**** See the Family Violence Assessment for additional power and control questions...**

Trauma-Informed Interview



SEXUAL ASSAULT; PRE-INCIDENT INQUIRY:

1. **Can you describe your relationship with the assailant before the incident occurred?**
2. **Were there any prior interactions or encounters with the assailant that seemed unusual or concerning?**
3. **Did you have any specific concerns or reservations about being in the same place as the assailant before the incident?**
4. **Were there any conversations or exchanges with the assailant leading up to the incident that stood out to you?**
5. **Did you notice any changes in the assailant's behavior or attitude in the days or weeks before the incident?**
6. **Were there any red flags or warning signs that made you feel uneasy or unsafe around the assailant?**
7. **Did you discuss your concerns or feelings about the assailant with friends, family, or acquaintances?**
8. **Were there any social, professional, or personal circumstances that led to your interaction with the assailant before the incident?**
9. **Did you receive any communication from the assailant, such as messages or phone calls, before the incident?**
10. **Did you confide in anyone about your interactions or experiences with the assailant leading up to the incident?**
11. **Were there any specific places or situations where you felt particularly vulnerable or at risk regarding the assailant?**
12. **Can you recall any attempts to establish boundaries or assert your comfort levels with the assailant before the incident?**
13. **Were there any substances, such as alcohol or drugs, involved in your interactions with the assailant before the incident?**
14. **Did you have any prior knowledge or concerns about the assailant's intentions or motives?**
15. **How did you feel about your personal safety in the presence of the assailant before the incident?**
16. **Did you have a support network or plan in place for ensuring your safety before the incident?**
17. **Were there any previous encounters or incidents involving the assailant that you found unsettling?**
18. **Is there anything else you believe is important for me to know about the pre-incident circumstances?**

Trauma-Informed Interview



SEXUAL ASSAULT; ASSAULT INCIDENT INQUIRY:

1. Can you describe the location and surroundings where the sexual assault occurred?
2. What time of day or night did the sexual assault take place?
3. Were there any witnesses or individuals nearby during the assault?
4. Can you provide a detailed account of the sequence of events during the assault, starting from the beginning?
5. Were there any specific actions or behaviors by the assailant that were particularly threatening or concerning?
6. Did the assailant use any weapons or objects during the assault?
7. Were there any threats or statements made by the assailant during the assault?
8. Tell me what you could see during the assault.
9. Tell me what you could hear during the assault.
10. Tell me what you could smell during the assault.
11. Tell me what you could taste during the assault.
12. Tell me what you could feel during the assault.
13. How did you physically react during the assault?
14. Tell me what emotions you were feeling during the assault.
15. Were there any injuries sustained by you or the assailant as a result of the assault?
16. Were there any immediate actions you took to protect yourself or seek help during the assault?
17. How did the assault come to an end or resolve itself?
18. Can you describe the emotional impact and feelings you experienced during and immediately after the assault?
19. Is there anything else you believe is important for me to know about the assault?
20. Have there been any further interactions or incidents with the abuser since this assault? If so, tell me about them (**start this process over from the beginning**).

Trauma-Informed Interview



SEXUAL ASSAULT; POST-INCIDENT INQUIRY:

1. **What did you do immediately after the sexual assault? Did you leave the location or stay there?**
2. **Did you seek immediate medical attention or undergo a medical forensic examination (rape kit) following the assault?**
3. **Did you report the assault to law enforcement, and if so, what was their response?**
4. **Have you received counseling or therapy to address the emotional impact of the assault?**
5. **Did you confide in friends or family members about the assault, and how did they respond?**
6. **Were there any changes in your daily routines, such as work or school, as a result of the assault?**
7. **Have you had contact with the assailant since the assault, and if so, what were those interactions like?**
8. **Have you received information about legal options, such as pursuing charges or obtaining a restraining order?**
9. **Are there any ongoing legal proceedings related to the assault, such as court hearings or trials?**
10. **Have you noticed changes in your emotional well-being or mental health since the assault?**
11. **Are there any physical or psychological symptoms that you have experienced as a result of the assault?**
12. **Have you joined any support groups or engaged in support services specifically for sexual assault survivors?**
13. **Can you describe any safety plans or precautions you've taken since the assault?**
14. **Has the assault had an impact on your relationships with friends, family, or intimate partners?**
15. **How has your perception of personal safety and trust in others been affected by the assault?**
16. **Have you documented any evidence or kept records related to the assault or its aftermath?**
17. **Can you describe any challenges or obstacles you've encountered in the post-incident period?**
18. **How do you envision your future and your recovery following the assault?**
19. **Have you taken any steps to raise awareness about sexual assault or advocate for change?**
20. **Is there anything else you believe is important for me to know about the post-incident period?**
21. **Is there anything you are unable to forget about this assault?**

Trauma-Informed Interview



SEXUAL ASSAULT; CONTINUING COURSE OF CONDUCT INQUIRY:

1. Can you describe any previous incidents of abuse or violence involving the same abuser?
2. Have there been documented cases or reports of abuse by the abuser in the past, either within or outside your relationship?
3. Have you been in contact with law enforcement or legal authorities regarding the abuser's behavior prior to this incident?
4. Are there any protective or restraining orders in place against the abuser?
5. Can you provide a timeline of abusive incidents or behaviors you've experienced during your relationship with the abuser?
6. Have you spoken to other survivors or individuals who have experienced abuse from the same person?
7. Are there any witnesses to previous incidents of abuse involving the abuser?
8. Has the abuser sought or completed any intervention or counseling programs related to their behavior?
9. Have you noticed any patterns or specific triggers that seem to lead to abusive behavior from the abuser?
10. Has the abuser ever acknowledged or taken responsibility for their abusive conduct?
11. Are there any records, such as medical reports or prior court cases, that document previous incidents involving the abuser?
12. Have you received threats or harassment from the abuser since the incident?
13. How would you describe the abuser's behavior towards others outside of your relationship?
14. Have there been any attempts by the abuser to manipulate or control you or others regarding this conduct?
15. Are there any signs of escalation or changes in the abuser's behavior over time?
16. Have you or others reported the abuser's behavior to relevant agencies or organizations, such as child protective services or domestic violence shelters?
17. Are there any family or custody court proceedings related to the abuser's behavior?
18. Can you provide any insights into the abuser's mindset or motivations behind their abusive conduct?
19. Is there anything else you believe is important for me to know about the abuser's ongoing course of abusive conduct?
20. Are you aware of any sexually deviant issues that this offender has, such as pornography addiction, strange fetishes, or other information about their sexual behaviors?

Trauma-Informed Interview



TRAUMA SYMPTOMS INQUIRY:

- 1. Have you experienced any recurring thoughts or memories of the incident that disturb you?**
- 2. Do you have nightmares or disturbing dreams related to the incident?**
- 3. Have you noticed heightened anxiety or fearfulness in situations that remind you of the incident?**
- 4. Are there specific triggers or cues that cause you to react strongly or feel overwhelmed?**
- 5. Have you experienced a heightened state of alertness or hypervigilance since the incident?**
- 6. Are there situations or places you avoid because they remind you of the incident or make you feel unsafe?**
- 7. Have you noticed changes in your mood, such as increased irritability, anger, or sadness?**
- 8. Do you find it difficult to concentrate or have you experienced memory difficulties since the incident?**
- 9. Have you experienced physical symptoms such as headaches, digestive issues, or muscle tension related to the trauma?**
- 10. Are you struggling with sleep disturbances, such as insomnia or excessive sleepiness?**
- 11. Have you felt emotionally detached or numb, as if you're not experiencing life fully?**
- 12. Are you experiencing a loss of interest or pleasure in activities you once enjoyed?**
- 13. Have you had thoughts of self-harm or suicide since the incident?**
- 14. How has your social life been affected? Have you withdrawn from social activities or relationships?**
- 15. Are you experiencing any changes in your appetite or eating habits?**
- 16. Have you turned to substances like alcohol or drugs to cope with your feelings since the incident?**
- 17. Are you aware of any triggers that seem to alleviate or exacerbate your trauma symptoms?**
- 18. Have you sought professional help or counseling for these symptoms?**
- 19. How would you describe your support network and their role in helping you cope with trauma?**
- 20. Is there anything specific you'd like to share about your experiences with trauma symptoms?**

Trauma-Informed Interview



STALKING EXPERIENCE INQUIRY:

1. Have you experienced any form of unwanted and repeated contact or surveillance by the abuser since the assault incident?
2. Can you provide specific details about any unwanted messages, emails, or social media interactions from the abuser?
3. Are there instances of the abuser following you, showing up at your workplace or home, or tracking your movements?
4. Have you noticed any unauthorized access to your personal information, devices, or online accounts that may be related to the abuser?
5. Are there any incidents of the abuser leaving unwanted gifts or notes at your residence or workplace?
6. Have you received any threats or harassment from the abuser that specifically mentioned your daily activities or whereabouts?
7. Are there any instances of the abuser making false reports or allegations against you to law enforcement or other authorities?
8. Can you recall any actions or behaviors by the abuser that were intended to instill fear or intimidation?
9. Have you documented any of the stalking behaviors, such as recording messages or taking photographs?
10. Has the abuser attempted to contact your friends, family, or acquaintances in a way that makes you feel uncomfortable or threatened?
11. Are there any legal actions or restraining orders in place against the abuser related to their stalking behaviors?
12. Have you reported the stalking behaviors to law enforcement or sought a protective order?
13. Have you sought support or counseling services specifically for stalking victims?
14. Are there any changes you've made to your routines or security measures to protect yourself from the abuser's stalking behaviors?
15. How has the stalking affected your daily life, emotional well-being, and sense of safety?
16. Can you describe any interactions or confrontations you've had with the abuser as a result of their stalking behaviors?
17. Have you informed friends or family members about the stalking, and how have they responded?
18. Is there anything else you believe is important for me to know about the stalking behaviors exhibited by the abuser?

Trauma-Informed Interview



STRANGULATION SYMPTOMS INQUIRY:

1. **Have you experienced any physical discomfort or pain in your neck or throat since the strangulation incident?**
2. **Can you describe any difficulty swallowing, breathing, or speaking that you've noticed after the incident?**
3. **Have you observed any visible injuries, such as bruises, marks, or petechiae (small red dots), on your neck or throat area?**
4. **Are there any changes in your voice, such as hoarseness or difficulty speaking loudly, that you've noticed since the incident?**
5. **Have you sought medical attention or received a medical evaluation following the strangulation?**
6. **Can you recall any sensations or symptoms you experienced immediately after the strangulation, such as dizziness or loss of consciousness?**
7. **Are you experiencing headaches, migraines, or persistent pain in your head or neck area?**
8. **Have you noticed any cognitive changes, such as memory problems or difficulty concentrating, since the incident?**
9. **Are you experiencing emotional or psychological symptoms, such as anxiety, depression, or post-traumatic stress?**
10. **Have you had difficulty sleeping, experienced nightmares, or had disruptions in your sleep patterns since the incident?**
11. **Can you describe any changes in your emotional well-being, such as increased irritability or mood swings?**
12. **Have you noticed any changes in your physical health, such as fatigue or weakness, since the strangulation?**
13. **Are there any specific triggers or situations that seem to exacerbate your symptoms?**
14. **Have you sought counseling or therapy to address the emotional and psychological impact of the strangulation incident?**
15. **Have you participated in any medical or therapeutic interventions to address physical symptoms or injuries?**
16. **Are you aware of the potential long-term health consequences associated with strangulation, and have you discussed these with a healthcare provider?**
17. **Have you documented any evidence, such as photographs or written records, related to your symptoms and their progression?**
18. **Can you describe any support networks or resources you've utilized to address the symptoms and trauma following the incident?**
19. **Is there anything else you believe is important for me to know about the strangulation symptoms you've experienced?**

Trauma-Informed Interview



LETHALITY RISK ASSESSMENT INQUIRY:

1. **Have you ever felt that the abuser's behavior has escalated to a point where you fear for your life or safety?**
2. **Have there been previous incidents of violence or abuse by the abuser that resulted in severe injuries or required medical attention?**
3. **Are there any threats made by the abuser that specifically mention harm to you or others close to you?**
4. **Has the abuser ever used weapons or objects to harm you or threaten your safety?**
5. **Are there any indications that the abuser has a history of violence towards others outside of your relationship?**
6. **Have you been isolated or prevented from seeking help or support from friends, family, or professionals?**
7. **Are there any signs that the abuser's behavior is becoming more unpredictable or volatile?**
8. **Has the abuser ever attempted to strangle or choke you during an incident of violence?**
9. **Are there any ongoing stalking behaviors or attempts to control your movements and communication?**
10. **Have you noticed any signs of substance abuse or intoxication by the abuser during violent incidents?**
11. **Are there any factors, such as a recent separation or impending legal action, that may increase the risk of harm from the abuser?**
12. **Have you taken steps to secure your immediate safety, such as creating a safety plan or seeking shelter?**
13. **Are there any indications that the abuser may pose a threat to children or other vulnerable individuals?**
14. **Have you discussed your concerns about lethality with a counselor, therapist, or support organization?**
15. **Are there any firearms or weapons accessible to the abuser that you are aware of?**
16. **Have you sought legal protections, such as restraining orders, to mitigate the risk of harm from the abuser?**
17. **Are there any changes in the abuser's behavior or attitude that have raised concerns about increased danger?**
18. **Have you had prior contact with law enforcement or legal authorities regarding the abuser's violence?**
19. **Can you describe any support networks or resources you've utilized to address safety concerns and plan for your protection?**
20. **Is there anything else you believe is important for me to know about the potential lethality of your situation?**

Trauma-Informed Interview



CHILD PHYSICAL ABUSE RISK ASSESSMENT INQUIRY:

1. Can you describe your relationship with the child involved in the abuse allegations?
2. Have there been any prior concerns or reports related to child physical abuse involving the child?
3. Are there any indications that the child has been injured or experienced physical harm in the past?
4. Can you provide information about the child's medical history, including any injuries or health concerns?
5. Have you observed any behaviors or actions by the child that have raised concerns about their safety or well-being?
6. Are there any changes in the child's emotional or behavioral patterns that may be related to physical abuse?
7. How would you describe the child's relationship with the alleged perpetrator of the abuse?
8. Have you had discussions with the child about their experiences or concerns regarding physical abuse?
9. Are there any signs that the child may be at risk of physical abuse from other individuals in their environment?
10. Have you taken any steps to protect the child's safety and well-being in light of the abuse allegations?
11. Can you describe your knowledge of any previous child protective services or legal actions related to the child's safety?
12. Are there any indications that the child may be at risk of harm due to substance abuse or other factors in the household?
13. Have you sought support or guidance from professionals, such as therapists or counselors, regarding the child's safety?
14. Can you provide information about any family or household dynamics that may impact the child's safety?
15. Have you received recommendations or interventions from child protective services or related agencies to address safety concerns?
16. Are there any changes in the child's living situation or routines that may impact their safety?
17. Have you discussed your concerns about child physical abuse with other caregivers or professionals?
18. Can you describe any support networks or resources you've utilized to ensure the child's safety and well-being?

Trauma-Informed Interview



CHILD SEXUAL ABUSE RISK ASSESSMENT INQUIRY:

1. **Can you describe your relationship with the child involved in the abuse allegations?**
2. **Have there been any prior concerns or reports related to child sexual abuse involving the child?**
3. **Are there any indications that the child has experienced inappropriate sexual behavior or exploitation in the past?**
4. **Can you provide information about any changes in the child's emotional or behavioral patterns that may be related to sexual abuse?**
5. **How would you describe the child's relationship with the alleged perpetrator of the abuse?**
6. **Have you had discussions with the child about their experiences or concerns regarding sexual abuse?**
7. **Are there any signs that the child may be at risk of sexual abuse from other individuals in their environment?**
8. **Have you taken any steps to protect the child's safety and well-being in light of the abuse allegations?**
9. **Can you describe your knowledge of any previous child protective services or legal actions related to the child's safety?**
10. **Are there any indications that the child may be at risk of harm due to substance abuse or other factors in the household?**
11. **Have you sought support or guidance from professionals, such as therapists or counselors, regarding the child's safety?**
12. **Can you provide information about any family or household dynamics that may impact the child's safety?**
13. **Have you received recommendations or interventions from child protective services or related agencies to address safety concerns?**
14. **Are there any changes in the child's living situation or routines that may impact their safety?**
15. **Have you discussed your concerns about child sexual abuse with other caregivers or professionals?**
16. **Can you describe any support networks or resources you've utilized to ensure the child's safety and well-being?**

Trauma-Informed Interview



CONCLUSION STATEMENT:

I want to express my deep gratitude for sharing your experiences with me today. It takes tremendous courage to open up about such sensitive and challenging topics, and I appreciate your trust in this process.

Remember that you are not alone in your journey. There are various resources available to support you in your healing and recovery. If you feel comfortable, I can provide you with information about these resources, including counseling services, support groups, legal assistance, and more. You have the right to access the help that you need, and I'm here to assist you in any way I can.

Additionally, please know that our conversation doesn't have to end here. If there's ever a time in the future when you want to talk further or share additional information, please don't hesitate to reach out. Your voice matters, and I'm here to listen and support you whenever you choose.

Thank you once again for your strength and resilience. Your story is important, and your well-being is a priority. I'm here to support you on your path to healing, and I wish you all the strength and support you need moving forward.