**Paint The City Purple Campaign Victim Support Survey:**

**Understanding Relationships and Red Flags in Domestic and Gender-Based Violence**

**Introduction:**
We are conducting a survey to understand the experiences of victims of domestic and gender-based violence (GBV), particularly focusing on relationship dynamics and identifying red flags. Your responses will help shape our support services and awareness campaigns. Thank you for your courage in participating.

**Instructions:** Please mark an "X" next to your answer.

**1. In your experience, what were the earliest signs of an unhealthy or abusive relationship?**
o Controlling behavior (e.g., monitoring your activities or limiting your interactions)
o Jealousy or possessiveness
o Verbal insults or belittling remarks
o Physical aggression (e.g., pushing, slapping, hitting)
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. How did your partner react when you disagreed or expressed a different opinion?**
o Anger or shouting
o Silent treatment or withdrawal
o Physical violence
o Reasoned discussion
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Did your partner ever try to isolate you from family or friends?**
o Yes, often
o Yes, occasionally
o No, never
o Not sure

**4. How did your partner manage finances or control your access to resources?**
o Controlled all financial decisions
o Withheld money or resources
o Shared financial control fairly
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What was the impact of social media on your relationship?**
o Used to monitor or control your social media activities
o Used to harass or stalk you online
o Used to share supportive messages
o No significant impact
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Did your partner make you feel guilty or blame you for their abusive behavior?**
o Yes, frequently
o Yes, occasionally
o No, never
o Not sure

**7. How did your partner handle conflicts in your relationship?**
o With violence or threats of violence
o By emotionally manipulating or gaslighting you
o By communicating calmly and seeking resolution
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Did you feel safe expressing your emotions and concerns with your partner?**
o No, I feared their reaction
o No, I was often dismissed or ignored
o Yes, they listened and responded respectfully
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Were there any changes in your partner's behavior over time?**
o They became more controlling and abusive
o They became more distant or unresponsive
o Their behavior improved
o No significant changes
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. How did your partner react when you tried to set boundaries or assert your independence?**
o With anger or violence
o By ignoring or dismissing your boundaries
o With respect and understanding
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Did you recognize any of the following red flags in your relationship? (Select all that apply):**
o Constantly checking your phone or emails without permission
o Threatening to hurt you or themselves if you left
o Preventing you from working or attending school
o Minimizing or denying their abusive behavior
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. What prevented you from leaving the relationship earlier?**
o Fear of retaliation or increased violence
o Financial dependency
o Emotional attachment or love
o Lack of support from family or friends
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. How did you finally decide to leave or seek help?**
o Reached a breaking point in the abuse
o Received support from family or friends
o Found a shelter or support organization
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. In your opinion, what could have helped you identify the signs of an abusive relationship earlier?**
o Educational programs on healthy relationships
o Support groups or counseling
o Media campaigns raising awareness about domestic violence
o Personal experiences or stories from survivors
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. What resources were most helpful to you in getting out of the relationship?**
o Family or friends
o Legal support or protection orders
o Women’s shelters or support services
o Therapy or counseling
o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your participation and bravery in sharing your experience. Your responses will guide us in offering better support and awareness to those affected by domestic and gender-based violence.**

This questionnaire focuses on personal experiences, relationship dynamics, and identifying red flags, aiming to support victims while gathering valuable insights for further awareness efforts.