**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.