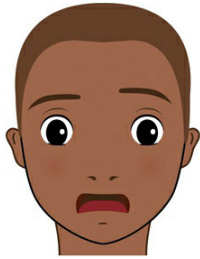


Frågor om våld

FOV bildsatt
enkelt språk
vuxna engelska



Has anyone made you worried or afraid?

Yes

No

Don't know



Have you seen or heard anyone being called bad words?

Yes

No

Don't know



Have you seen or heard anyone screaming or frightening someone else?

Yes

No

Don't know



Has anyone ever hit you?

Yes

No

Don't know



Have you seen or heard anyone being hit?

Yes

No

Don't know



Have you ever hit someone?

Yes

No

Don't know



Has anyone touched your body in a way which feels uncomfortable or bothersome?

Yes

No

Don't know



Has anyone forced you to touch her or his body in a way which feels uncomfortable or bothersome?

Yes

No

Don't know

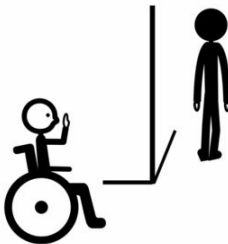


Has anything happened on the computer, mobile phone or tablet which has made you worried or afraid?

Yes

No

Don't know

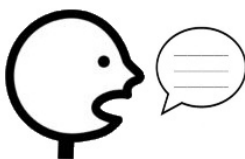


Has anyone prevented you from receiving the help you need?

Yes

No

Don't know



Do you have anything more to tell?