

ABUSE QUESTIONNAIRE

Name: _____

Date:

1. At any time during your childhood did you or other family members experience the following? (Check all that apply)

	Happened to me	Happened to others in family
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Someone

called you names, constantly embarrassed you/others or put you down

belittled or rejected you, blocking your attempts at self-acceptance

harassed you or made you the object of malicious or sadistic jokes

made you steal or do other illegal things

blackmailed you

punished you unfairly

made you perform cruel or degrading tasks

criticized your independent thoughts and feelings

told you that you have no right to be alive or that you are unworthy

told you that you are always or usually wrong; dictating religious thoughts

made you feel hopeless

punished you in public or in front of other family members

always compared you to others

made you eat something you spilled on the floor

deliberately raised you as a member of the opposite sex

prevented you from going to school

terrorized or bullied you

isolated you from others

rejected you by openly preferring your siblings

name:

2. At any time during your childhood did you or other family members experience the following? (Check all that apply)

Happened to me	Happened to others in family
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Someone

left you alone for days or weeks in the care of others

ignored you or did not respond to your needs

did not feed you or provide you needed clothing, or made you feed yourself before you were able

did not wash your clothes

ignored your physical needs and/or did not get you required medical attention

provided little physical nurturing, such as holding you or talking to you

left you with an irresponsible caretaker

did not provide proper nutrition or did not give you enough to eat

provided an uninhabitable place to live: drafty, unclean, or unsafe

Your parents were drug or alcohol abusers and neglected you as a result

Your parents didn't get out of bed to care for you

did not allow you to leave your room or your home for long hours, days, or weeks

name:

3. At any time during your childhood did you or other family members experience the following as punishment? (Check all that apply)

	Happened to me	Happened to others in family
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Someone

shoved you

threw you

slapped, hit, spanked that caused marks
or bruises

scratched or bit

burned

cut

broke your bones or made you bleed

did not allow you to defecate or urinate

tied or locked you up or restrained you in
other ways

used heat or cold (usually water) to cause pain

used rubber bands or other materials
in your hair to cause pain

held your head under water or otherwise
tried to suffocate you

made you sit or stand for unreasonable periods
of time

used hunger as a consistent punishment

confined you to a small space for long periods
of time

forced you to eat unhealthy or unsanitary food or
food designed for animals

forced you into toilet training too early

medicated or drugged you when you were not ill

locked you out of the house as punishment

forced you into child labor

hurt or killed your pets

Adapted from NCCAN definitions for Child Abuse

Wingfield House Of Peace Publications <http://HouseOfPeacePubs.com>

name:

served your pets as food to you

4. At any time during your childhood did you or other family members experience the following? (Check all that apply)

	Happened to me	Happened to others in family
Someone		
(an adult) lying nude or being provocative		
showed you pornographic pictures or movies		
flirted with you or engaged in provocative behavior		
kissed, held, or touched you inappropriately		
raped you		
touched, bit, or fondled your sexual parts		
gave you enemas or douches for no medical reason		
forced you to observe or participate in adult bathing, undressing, toilet, or sexual activities		
made you engage in forced or mutual masturbation		
forced you to be nude with others		
made you share your parents' bed when other beds were available		
made you look at or touch adults' sexual parts		
allowed you to be sexually molested		
told you about their explicit sexual behavior		

5. How did you feel filling out this questionnaire? (use back if necessary)