

Is That Abuse? Self-Quiz

This self-quiz is completely anonymous and confidential. Your answers are not recorded anywhere. Answer these questions as honestly as you can, for your own reflection and learning.

Although you may answer no to some of these questions with regards to one relationship (e.g. romantic partner) but yes in response to another relationship (e.g. parent), think of only one relationship as you go through these questions. Feel free to repeat the quiz while thinking of a different relationship.

There are 100 yes-or-no questions in this quiz.

Most questions are adapted from the Conflict Tactics Scale (Straus et al., 1996).

Note: It is common in abusive relationships for both people to be inflicting some abuse, even if one person is experiencing a greater proportion. If you find that you have been inflicting some types of abuse, that does not mean you are a bad person or that you deserve to be abused.

The fact that you care enough to take this quiz is a good sign. Sometimes people inflict abuse because they were or are themselves abused, sometimes it's because they do not have effective coping skills or communication skills. The first step is acknowledging that some of your behaviour is abusive, and deciding that you do not want to do that any more. The next step beyond reflection is professional help; most people do need therapy in order to change their abusive patterns.

Warning: If someone is abusive and does not acknowledge this or is unwilling to accept professional help to make changes, then this person will not stop inflicting abuse even if you seek couples therapy, family therapy, or friendship therapy.

Thinking about your relationship with one person...

VERBAL/ EMOTIONAL/MENTAL ABUSE

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has this person ever insulted you or sworn at you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever insulted or sworn at this person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Has this person ever shouted or yelled at you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you ever shouted or yelled at this person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Has this person ever said something to spite you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Have you ever said something to spite this person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Has this person ever stormed out of a room during an argument, possibly slamming doors? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you ever stormed out of a room during an argument with this person, possibly slamming doors? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Has this person ever destroyed or damaged something that belongs to you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Have you ever destroyed or damaged something that belongs to this person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Has this person ever accused you of being a bad lover/friend/child/parent/etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Have you ever accused this person of being a bad lover/friend/child/parent/etc.? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Has this person ever threatened to hit you or throw something at you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

14. Have you ever threatened to hit this person or throw something at this person?

___YES ___NO

15. Has this person ever called you fat, ugly, or otherwise insulted your appearance?

___YES ___NO

16. Have you ever called this person fat, ugly, or other physical insults?

___YES ___NO

17. Has this person ever scared you with intense stares or bursts of rage?

___YES ___NO

18. Have you ever scared this person with intense stares or bursts of rage?

___YES ___NO

19. Has this person ever lied about reality specifically to play mind-games with you and make you question your sanity (gaslighting)?

___YES ___NO

20. Have you ever lied to this person specifically to play mind-games and make that person question that person's sanity (gaslighting)?

___YES ___NO

21. Has this person ever shamed or guilted you to try to control your behaviour?

___YES ___NO

22. Have you ever shamed or guilted this person to try to control this person's behaviour?

___YES ___NO

23. Has this person ever given you with the silent treatment or abandoned you in order to punish you or make you comply with expectations?

___YES ___NO

24. Have you ever given this person the silent treatment or abandoned this person in order to punish this person or make this person comply with expectations?

___YES ___NO

25. Has this person ever told you that you are worthless, unlovable, would be alone or would be nothing without this person, or otherwise made you feel degraded?

___YES ___NO

26. Have you ever told this person that this person is worthless, unlovable, would be alone or would be nothing without you, or otherwise made this person feel degraded?

___YES ___NO

27. Has this person ever repeatedly accused you of things you have not done? (Asking is not accusing.)

___YES ___NO

28. Have you ever repeatedly accused this person of things this person has not done? (Asking is not accusing.)

___YES ___NO

29. Has this person ever belittled you or in some way damaged your confidence?

___YES ___NO

30. Have you ever belittled this person or in some way damaged this person's confidence?

___YES ___NO

31. Has this person ever isolated you from family, friends, or other community members?

___YES ___NO

32. Have you ever isolated this person from family, friends, or other community members?

___YES ___NO

33. Has this person ever withheld affection (withdrawing from hand-holding, hugs, kisses, etc.) for extended periods of time in order to punish you for mistakes?

___YES ___NO

34. Have you ever withheld affection (withdrawing from hand-holding, hugs, kisses, etc.) for extended periods or time in order to punish this person for mistakes?

___YES ___NO

You answered YES to ___% of questions about receiving verbal/emotional/mental abuse from this person.

You answered YES to ___% of questions about inflicting verbal/emotional/mental abuse on this person.

Thinking about your relationship with one person...

PHYSICAL ABUSE

1. Has this person ever thrown something at you that could hurt you?
☐ YES ☐ NO
2. Have you ever thrown something at this person that could hurt this person?
☐ YES ☐ NO
3. Has this person ever twisted your arm or pulled your hair?
☐ YES ☐ NO
4. Have you ever twisted this person's arm or pulled your hair?
☐ YES ☐ NO
5. Has this person ever pushed or shoved you?
☐ YES ☐ NO
6. Have you ever pushed or shoved this person?
☐ YES ☐ NO
7. Has this person ever grabbed you?
☐ YES ☐ NO
8. Have you ever grabbed this person?
☐ YES ☐ NO
9. Has this person ever slapped, scratched, or bitten you?
☐ YES ☐ NO
10. Have you ever slapped, scratched, or bitten this person?
☐ YES ☐ NO
11. Has this person ever used a knife or a gun to hurt or threaten you?
☐ YES ☐ NO
12. Have you ever used a knife or a gun to hurt or threaten this person?
☐ YES ☐ NO
13. Has this person ever punched you or hit you with something that could hurt?
☐ YES ☐ NO

14. Have you ever punched this person or hit this person with something that could hurt?

___YES

___NO

15. Has this person ever choked you?

___YES

___NO

16. Have you ever choked this person?

___YES

___NO

17. Has this person ever slammed you against a wall?

___YES

___NO

18. Have you ever slammed this person against a wall?

___YES

___NO

19. Has this person ever beat you up?

___YES

___NO

20. Have you ever beat up this person?

___YES

___NO

21. Has this person ever burned or scalded you on person?

___YES

___NO

22. Have you ever burned or scalded this person on purpose?

___YES

___NO

23. Has this person ever kicked you?

___YES

___NO

24. Have you ever kicked this person?

___YES

___NO

25. Have you ever had a sprain, bruise, or small cut due to a fight with this person?

___YES

___NO

26. Have you ever caused a sprain, bruise, or small cut due to a fight with this person?

___YES

___NO

27. Have you ever felt physical pain that still hurt the next day due to a fight with this person?

___YES

___NO

28. Has this person ever felt physical pain that still hurt the next day due to a fight with you?

___YES ___NO

29. Have you ever passed out from being hit on the head by your partner during a fight?

___YES ___NO

30. Has your partner ever passed out from being hit on the head by you during a fight?

___YES ___NO

31. Have you ever gone to a doctor due to some form of injury caused by this person? Or do you believe you should have, but you did not go?

___YES ___NO

32. Has this person ever gone to a doctor due to some form of injury caused by you? Or do you believe this person should have, but this person did not go?

___YES ___NO

33. Have you ever had a broken bone from a fight with your partner?

___YES ___NO

34. Has your partner ever had a broken bone from a fight with you?

___YES ___NO

35. Has this person ever denied you access to basic necessities such as food or hygiene?

___YES ___NO

36. Have you ever denied this person access to basic necessities such as food or hygiene?

___YES ___NO

37. Has this person ever force-fed you?

___YES ___NO

38. Have you ever force-fed this person?

___YES ___NO

You answered YES to ___% of questions about receiving physical abuse from this person.

You answered YES to ___% of questions about inflicting physical abuse on this person.

Thinking about your relationship with one person...

SEXUAL ABUSE

1. Has this person ever touched your genitals or chest without your consent?

☐ YES ☐ NO
2. Have you ever touched this person's genitals or chest without this person's consent?

☐ YES ☐ NO
3. Has this person ever made you look at sexual images or videos without your consent?

☐ YES ☐ NO
4. Have you ever made this person look at sexual images or videos without this person's consent?

☐ YES ☐ NO
5. Has this person ever made you have sex without a condom?

☐ YES ☐ NO
6. Have you ever made this person have sex without a condom?

☐ YES ☐ NO
7. Has this person ever insisted on oral, vaginal, or anal sex with you when you did not want to (without using physical force)?

☐ YES ☐ NO
8. Have you ever insisted on oral, vaginal, or anal sex with this person when this person did not want to (without using physical force)?

☐ YES ☐ NO
9. Has this person ever used force (like hitting, holding down, or using a weapon) to make you have oral, vaginal, or anal sex?

☐ YES ☐ NO
10. Have you ever used force (like hitting, holding down, or using a weapon) to make your partner have oral, vaginal, or anal sex?

☐ YES ☐ NO
11. Has this person ever used threats to make you have oral, vaginal, or anal sex?

☐ YES ☐ NO

12. Have you ever used threats to make your partner have oral, vaginal, or anal sex?

___YES ___NO

13. Has this person ever used substances on you (alcohol, drugs) to facilitate sexual activity that you might otherwise have declined?

___YES ___NO

14. Have you ever used substances on this person (alcohol, drugs) to facilitate sexual activity that this person might otherwise have declined?

___YES ___NO

You answered YES to ___% of questions about receiving sexual abuse from this person.

You answered YES to ___% of questions about inflicting sexual abuse on this person.

Thinking about your relationship with one person...

FINANCIAL ABUSE

1. Has this person ever controlled which jobs or education you could apply to do?
☐ YES ☐ NO
2. Have you ever controlled which jobs or education this person could apply to do?
☐ YES ☐ NO
3. Has this person ever made you quit your job or education?
☐ YES ☐ NO
4. Have you ever made this person quit this person's job or education?
☐ YES ☐ NO
5. Has this person ever taken your money, gifts, inheritances, or otherwise took valuable things from you?
☐ YES ☐ NO
6. Have you ever taken this person's money, gifts, inheritances, or otherwise took valuable things from this person?
☐ YES ☐ NO
7. Has this person ever limited your access to your own money?
☐ YES ☐ NO
8. Have you ever limited this person's access to this person's own money?
☐ YES ☐ NO
9. Has this person ever monitored your spending or punished you for your spending habits?
☐ YES ☐ NO
10. Have you ever monitored this person's spending or punished this person for spending habits?
☐ YES ☐ NO
11. Does this person control your assets (e.g. family home or bank account)?
☐ YES ☐ NO
12. Do you control this person's assets (e.g. family home or bank account)?
☐ YES ☐ NO

13. Does this person ever borrow your money or make credit card charges without telling you, to the extent that your credit history could be damaged?

___ YES ___ NO

14. Do you ever borrow this person's money or make credit card charges without telling this person, to the extent that this person's credit history could be damaged?

___ YES ___ NO

You answered YES to ___% of questions about receiving *financial abuse* from this person.

You answered YES to ___% of questions about inflicting *financial abuse* on this person.

RESULTS:

- You answered “YES” to ____% of questions about **receiving** physical abuse.
- You answered “YES” to ____% of questions about **receiving** verbal/emotional/mental abuse.
- You answered “YES” to ____% of questions about **receiving** sexual abuse.
- You answered “YES” to ____% of questions about **receiving** financial abuse.

- You answered “YES” to ____% of questions about **inflicting** physical abuse.
- You answered “YES” to ____% of questions about **inflicting** verbal/emotional/mental abuse.
- You answered “YES” to ____% of questions about **inflicting** sexual abuse.
- You answered “YES” to ____% of questions about **inflicting** financial abuse.

If you are concerned about abuse in this relationship, you may want to speak to a personal therapist or counsellor in order to:

- Determine whether or not this relationship can be improved with couples therapy, family therapy, or friendship therapy.
- Learn to be assertive about your needs and boundaries in an effective, non-aggressive way, while respecting the other person’s own needs and boundaries.
- Reflect on your own behaviours and make changes to any abusive tendencies you may have.
- Create a safety plan so that you can escape the abuse if you are more likely to experience ongoing or escalating abuse rather than potentially seeing beneficial changes.
- Explore the impact of this trauma so that your mind can heal and the rest of your life won’t be damaged by this period of abuse.

You may also want to seek support through financial workshops, shelters, and lawyers.
For more information, see the “escape planning” and “resources” pages.