

# 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 the primary aggressor with more control. 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.*

*Sometimes people inflict abuse because they were or are themselves abused, leading to reactive abuse. Sometimes people inflict abuse because they do not have effective coping skills or communication skills to handle intense emotions. The first step is acknowledging that some of your behaviour is abusive, and deciding that you do not want to do that any more, which may mean leaving that relationship. The next step beyond reflection is professional help; most people do need therapeutic support in order to change their abusive patterns, or to recover from the trauma of being abused.*

*Warning: If someone is abusive and does not acknowledge this, shifts blame to you, or is unwilling to accept professional help to make changes, then this person will likely 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?  

☐ YES ☐ NO
2. Have you ever insulted or sworn at this person?  

☐ YES ☐ NO
3. Has this person ever shouted or yelled at you?  

☐ YES ☐ NO
4. Have you ever shouted or yelled at this person?  

☐ YES ☐ NO
5. Has this person ever said something to spite you?  

☐ YES ☐ NO
6. Have you ever said something to spite this person?  

☐ YES ☐ NO
7. Has this person ever stormed out of a room during an argument, possibly slamming doors?  

☐ YES ☐ NO
8. Have you ever stormed out of a room during an argument with this person, possibly slamming doors?  

☐ YES ☐ NO
9. Has this person ever destroyed or damaged something that belongs to you?  

☐ YES ☐ NO
10. Have you ever destroyed or damaged something that belongs to this person?  

☐ YES ☐ NO
11. Has this person ever accused you of being a bad lover/friend/child/parent/etc.?  

☐ YES ☐ NO
12. Have you ever accused this person of being a bad lover/friend/child/parent/etc.?  

☐ YES ☐ 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?  |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Has this person ever called you fat, ugly, or otherwise insulted your appearance?   |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Have you ever called this person fat, ugly, or other physical insults?  |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Has this person ever scared you with intense stares or bursts of rage?  |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Have you ever scared this person with intense stares or bursts of rage?   |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 19. Has this person ever lied about reality specifically to play mind-games with you and make you question your sanity (gaslighting)?                             |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 20. Have you ever lied to this person specifically to play mind-games and make that person question that person's sanity (gaslighting)?                           |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 21. Has this person ever shamed or guilted you to try to control your behaviour?  |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 22. Have you ever shamed or guilted this person to try to control this person's behaviour?  |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> 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?                        |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> 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?    |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> 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? |                              |                             |
|   | <input type="checkbox"/> YES | <input type="checkbox"/> 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?

- |  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|--|------------------------------|-----------------------------|
| 14. Have you ever punched this person or hit this person with something that could hurt?           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Has this person ever choked you?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Have you ever choked this person?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Has this person ever slammed you against a wall?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Have you ever slammed this person against a wall?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 19. Has this person ever beat you up?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 20. Have you ever beat up this person?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 21. Has this person ever burned or scalded you on person?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 22. Have you ever burned or scalded this person on purpose?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 23. Has this person ever kicked you?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 24. Have you ever kicked this person?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 25. Have you ever had a sprain, bruise, or small cut due to a fight with this person?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 26. Have you ever caused a sprain, bruise, or small cut due to a fight with this person?           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 27. Have you ever felt physical pain that still hurt the next day due to a fight with this person? | <input type="checkbox"/> YES | <input type="checkbox"/> 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 this person during a fight?

\_\_\_YES \_\_\_NO

30. Has this person 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 this person?

\_\_\_YES \_\_\_NO

34. Has this person 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 this person 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 this person 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.