

Physical Abuse Checklist

- _____ slaps, hits, or punches you
- _____ pushes, shoves, pinches, or kicks you
- _____ spits at you or pulls your hair
- _____ bites, stabs, burns, bruises, cuts, or chokes you
- _____ threatens you with a gun, knife, or other weapon
- _____ throws you down (on floor, stairs, against the wall, etc.)
- _____ holds you down or restrains you against your will from leaving
- _____ ties you up
- _____ withholds food, water or appropriate clothing
- _____ deprives you of sleep
- _____ throws objects at you or punches walls
- _____ destroys property or your possessions
- _____ is intimidating, using threatening looks, gestures, or body language; threatens violence
- _____ locks you out of the house
- _____ forces you to stay in a closet, room, house, or other location
- _____ abandons you in dangerous places
- _____ tries to hit you with a car, run you off the road, or drives recklessly to frighten you
- _____ refuses to help you when you are sick, injured, or pregnant
- _____ injures or kills pets to frighten you
- _____ threatens to hurt/kill someone you love or commit suicide if you leave