

# Abusive Behavior Inventory

You can complete the form by either printing it and filling it in manually or filling in the form virtually and downloading your response. Please note, if you download the file it will be stored in your downloads section of your computer or phone.

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Partner/Other's Name: \_\_\_\_\_

**Please indicate the type and frequency of the abuse you have suffered in each category listed on this and the next two pages. Thank you.**

Never	Once/Twice	Sometimes	Frequently	Physical Abuse:
				Shot by partner/other
				Stabbed by partner/other
				Burned by partner/other
				Cut by partner/other
				Beaten unconscious by partner/other
				Partner/Other used a gun against you
				Partner/Other used a knife against you
				Partner/Other used other weapon against you (indicate weapon) _____
				Partner/Other held you to keep you from leaving
				Partner/Other restrained you physically (tied you up)
				Partner/Other spat at you
				Partner/Other pushed you
				Partner/Other grabbed you
				Partner/Other shoved you

Never	Once/Twice	Sometimes	Frequently	Physical Abuse Continued:
				Partner/Other threw you down
				Partner/Other slapped you
				Partner/Other punched you
				Partner/Other kicked you
				Partner/Other strangled you
				Partner/Other prevented you from seeking medical treatment
				Partner/Other denied you access to your prescription medication
				Partner/Other refused or denied access to personal care needs such as bathing, toileting, feeding, etc.

Never	Once/Twice	Sometimes	Frequently	Intimidation:
				Partner/Other threatened to kill you
				Partner/Other threatened to hurt you
				Partner/Other threatened to harm your family members and/or friends
				Partner/Other threatened to take custody of the children
				Partner/Other threatened to kill themselves to intimidate you
				Partner/Other threatened to have you hospitalized
				Partner/Other threatened to reveal personal information about you
				Partner/Other shouted or screamed at you
				Partner/Other threatened you with HIV infection
				Partner/Other used HIV status as an excuse to be violent toward you
				Partner/Other destroyed your property

Never	Once/Twice	Sometimes	Frequently	Intimidation Continued:
				Partner/Other drove recklessly when you were present
				Partner/Other hurt your pet(s)
				Partner/Other threatened to hurt your pet(s)
				Partner/Other threatened you with a gun
				Partner/Other threatened you with a knife
				Partner/Other threatened you with: _____
				Partner/Other gave you misleading information re: HIV transmission

Never	Once/Twice	Sometimes	Frequently	Sexual Abuse:
				Partner/Other pressured you to have sexual relations
				Partner/Other pressured you to perform sexual acts you found objectionable
				Partner/Other insisted on sexual relations after being abusive to you

Never	Once/Twice	Sometimes	Frequently	Isolation:
				Partner/Other pushed away your family/friends
				Partner/Other provoked a fight as you were leaving for work or school
				Partner/Other called to harass you at work
				Partner/Other took the car or car keys away from you
				Partner/Other interfered with your activities outside the home
				Partner/Other checked up on you
				Partner/Other listened to your phone calls without your permission
				Partner/Other checked phone bills in order to isolate you

Never	Once/Twice	Sometimes	Frequently	Isolation Continued:
				Partner/Other frequently criticized your family and their family
				Partner/Other called you names
				Partner/Other ridiculed your beliefs
				Partner/Other checked your vehicle's mileage in order to isolate you
				Partner/Other broke or hidden your communication device
				Partner/Other broke or removed your mobility device (i.e. crutches, wheelchair)

Never	Once/Twice	Sometimes	Frequently	Verbal Abuse Continued:
				Partner/Other ridiculed your religion
				Partner/Other ridiculed your race
				Partner/Other ridiculed your class
				Partner/Other harassed you about things you did in the past
				Partner/Other humiliated you in private
				Partner/Other humiliated you in public
				Partner/Other unfairly accused you of poor housekeeping
				Partner/Other unfairly accused you of poor parenting
				Partner/Other accused you of having sex with others or having affairs
				Partner/Other frequently threatened to leave or told you to leave
				Partner/Other told you that you are crazy
				Partner/Other told anti-male, anti-female, or anti-non-binary jokes or demeaned women verbally
				Partner/Other ridiculed your disability

Never	Once/Twice	Sometimes	Frequently	Emotional Abuse:
				Partner/Other withheld approval, appreciation, or affection
				Partner/Other made contradictory demands
				Partner/Other made a decision without considering your input or consent
				Partner/Other did not allow you to sleep
				Partner/Other disregarded your medical needs when you were ill
				Partner/Other disregarded your medical needs when you were pregnant
				Partner/Other tried to control the way you dress
				Partner/Other disregarded your medical needs when you were injured

Never	Once/Twice	Sometimes	Frequently	Economic Control:
				Partner/Other unreasonably withheld cash from you
				Partner/Other unreasonably withheld checkbook from you
				Partner/Other unreasonably withheld credit cards from you
				Partner/Other made you account for every penny you spent
				Partner/Other withheld or hid financial records from you
				Partner/Other prevented you from working
				Partner/Other prevented you from seeking employment
				Partner/Other took your paycheck without your consent
				Partner/Other coerced you to sign contracts, loans, or income tax returns
				Partner/Other forced you to authorize them as your representative payee

Never	Once/Twice	Sometimes	Frequently	<b>Minimizing, Denying, and Blaming:</b>
				Partner/Other said the abuse was not as bad as you stated/thought
				Partner/Other denied the abuse happened
				Partner/Other said you caused the abuse
				Partner/Other accused you of being abusive
				Partner/Other blames the abuse on the stress of caregiving for you or a child with a disability