

## ABUSIVE BEHAVIOR OBSERVATION CHECKLIST (ABOC)\*

Indicate how often the following behaviors (1) were done to you by your partner, (2) were done by you to your partner, and (3) were done to you by any previous partner at any time.

	You did to your partner										Partner did to you					Previous partner did to you ever	
	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
<b>Physical abuse</b>																	
Threw something at you/him/her																	
Pushed, shoved, or grabbed you/him/her																	
Scratched you/him/her																	
Slapped you/him/her																	
Kicked, hit, or bit you/him/her																	
Hit or tried to hit you/him/her with something																	
Wrestled you/him/her																	
Punched you/him/her somewhere on the body (not face)																	
Punched you/him/her in the face																	
Beat you/him/her up																	
Threatened you/him/her with a knife or gun																	
Used a knife or fired a gun																	
Pinched you/him/her																	
Pulled you/his/her hair																	
Attempted to smother, strangle, or hang you/him/her with an object																	

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	0	1-3	3-10	10-59	>50		0	1-3	3-10	10-59	>50		Yes	No			
	Put dangerous substance (e.g. gasoline, acid) on your/his/her body																
Burned your/his/her body																	
Physically restrained you/him/her by holding																	
Physically restrained you/him/her by tying you/him/her up																	
Dragged or pulled you/him/her																	
Used force or threat of force to get you/him/her to eat/drink something																	
Used force or threat of force to get you/him/her to take drugs or alcohol																	
Used force or threat of force to restrict you/him/her from eating or drinking																	
Used force or threat of force to restrict you/him/her from using toilet, shower, bath, or otherwise attending to hygiene																	
Restricted you/him/her from taking prescribed medication																	
Restricted you/him/her from obtaining needed medical treatment																	
Threw hot liquid on you/him/her																	
Used car to attempt to run over you/him/her																	
Put excrement on your/his/her body																	

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	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
	<b>Injury</b>											
Lost hair												
Minor cuts												
Severe cuts												
Minor burns												
Severe burns												
Minor bruises												
Severe bruises												
Black eye(s)												
Sprains/strains												
Lost teeth												
Human bite												
Broken eardrum												
Joint or Spinal cord injury												
Broken nose or jaw												
Other broken bones including ribs												
Concussion												
Internal injury												
Permanent injury (blindness, loss of hearing, disfigurement, chronic pain)												
You/He/She required no medical treatment												
You/He/She required medical treatment but received none												
You/He/She required medical treatment / outpatient or clinic												
You/He/She required medical treatment/ EMR												
You/He/She required hospitalization												

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	0	1-3	3-10	10-59	>50		0	1-3	3-10	10-59	>50		Yes	No			
<b>Sexual abuse</b>																	
<b>Type of Unwanted Sexual Behavior</b>																	
Vaginal intercourse																	
Fellatio																	
Cunnilingus																	
Anal intercourse																	
Sexual behavior with another adult (not your partner)																	
Sexual behavior with child (under 18)																	
Watched nudity or sexual behavior involving mother																	
Viewed pornographic film, photographs																	
Filmed you/him/her during sexual activity																	
Others watched you/him/her while engaging in sexual activity																	
Forced nudity																	
Required to dress in sexually provocative clothing																	
Unwanted objects were inserted into your/his/her vagina/rectum																	
Required to be involved with an animal in a sexual way																	

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<b>Type of Force/Coercion Used to Gain Compliance</b>												
Actual physical force												
Threat of physical force to you/him/her or another person												
Threat of negative consequences (other than physical)												
Social pressure to comply sexually (expectations of self/others)												
<b>Psychological Abuse</b>												
<b>Coercion or Threats</b>												
Made or carried out threats to do something to hurt you/him/her or someone else												
Threatened to kill you/him/her or someone else												
Threatened to leave relationship												
He/She threatened to commit suicide												
Threatened to report you/him/her to welfare, social services, police												
Attempted to get you/him/her to drop charges against the abuser												
Attempted to get/got you/him/her to engage in illegal activities												

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	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
	<b>Intimidation</b>											
Instilled fear in you/him/her by looks, gestures, actions												
Smashed objects												
Destroyed your/his/her property												
Abused your/his/her/family pets												
Displayed weapons												
<b>Emotional Abuse</b>												
Insulted you/him/her or used put downs												
Called you/him/her names												
Attempted to make you/him/her feel crazy												
Humiliated you/him/her with words or gestures												
Attempted to make you/him/her feel guilty												
Verbally raged at you/him/her												
Engaged in extramarital affairs												
Withheld sex from you/him/her												

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	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No
	<b>Isolation</b>											
Attempted to control what you/he/she did												
Attempted to control what you/he/she read/watched on TV or listened to												
Attempted to limit your/his/her involvement with others												
Used jealousy to justify actions against you/him/her												
Restricted your/his/her use of the phone												
Restricted your/his/her leaving the house												
<b>Minimization, Denial, &amp; Blaming</b>												
Minimized abuse and did not take your/his/her concerns about it seriously												
Denied that the abuse happened												
Blamed you/him/her for the abuse												
Shifted responsibility for abusive behavior onto someone else												

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	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	0	1-3	3-10	10-59	>50	Yes	No	Yes	No										
<b><i>Use of Children to Control You</i></b>																													
Attempted to make you/him/her feel guilty about children																													
Used children to relay messages to you/him/her																													
Used visitation to harass you/him/her																													
Threatened to take children away (e.g. kidnapping, custody) from you/him/her																													
Threatened to abuse children																													
<b><i>Use of Male Privilege</i></b>																													
Treated you/him/her like a servant																													
Made major decisions without your/his/her equal participation																													
Acted like the "master of the castle"																													
Unilaterally defined male/female roles																													

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	<b>Economic/Resource Abuse</b>											
Attempted to prevent you/him/her from getting/keeping a job												
Attempted to prevent you/him/her from going to school												
Required you/him/her to ask for money												
Controlled the money by giving you an allowance												
Took money from you/him/her												
Controlled your use of money												
Withheld information about/access to family resources												
Abandoned you/him/her from car during travel												
Restricted your/his/her access to transportation												
Locked you/him/her out of the house												
<b>Other Violence/Abuse</b>												

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