

Name: _____

Date: _____

Child Abuse

P M N X T T A B H L Q Q T I F U N
B M I Y R O V H T C I R X A H K W
N F A M I L Y V I O L E N C E A O
V W P K O W Q Q S M R A H F L E S
B R U I S E S B O J U J B A M V C
P H Y S I C A L A B U S E T T Z U
Y T E I X N A P Q Z N V I M Q X T
K E M O T I O N A L A B U S E J S
M E E T S E F L E S W O L N Z D E
D S E X U A L A B U S E N A Q P N
Y M N B X W L D C Y D S A V E N D
N O I S S E R P E D V X V B V G N
O Z Q M V C H I L D A B U S E X L
H W N F U O T R Z S S Y Z P B G F
D G K T T Q C A R X Q K I S G K R
Z Z K H F I L E D D A K A M Y N L
Y Z D R E D F F S N O E B G L G G

emotional abuse
Physical abuse
depression
Bruises
Pain

family violence
sexual abuse
Self-Harm
Cuts

Low self-esteem
Child abuse
anxiety
Fear