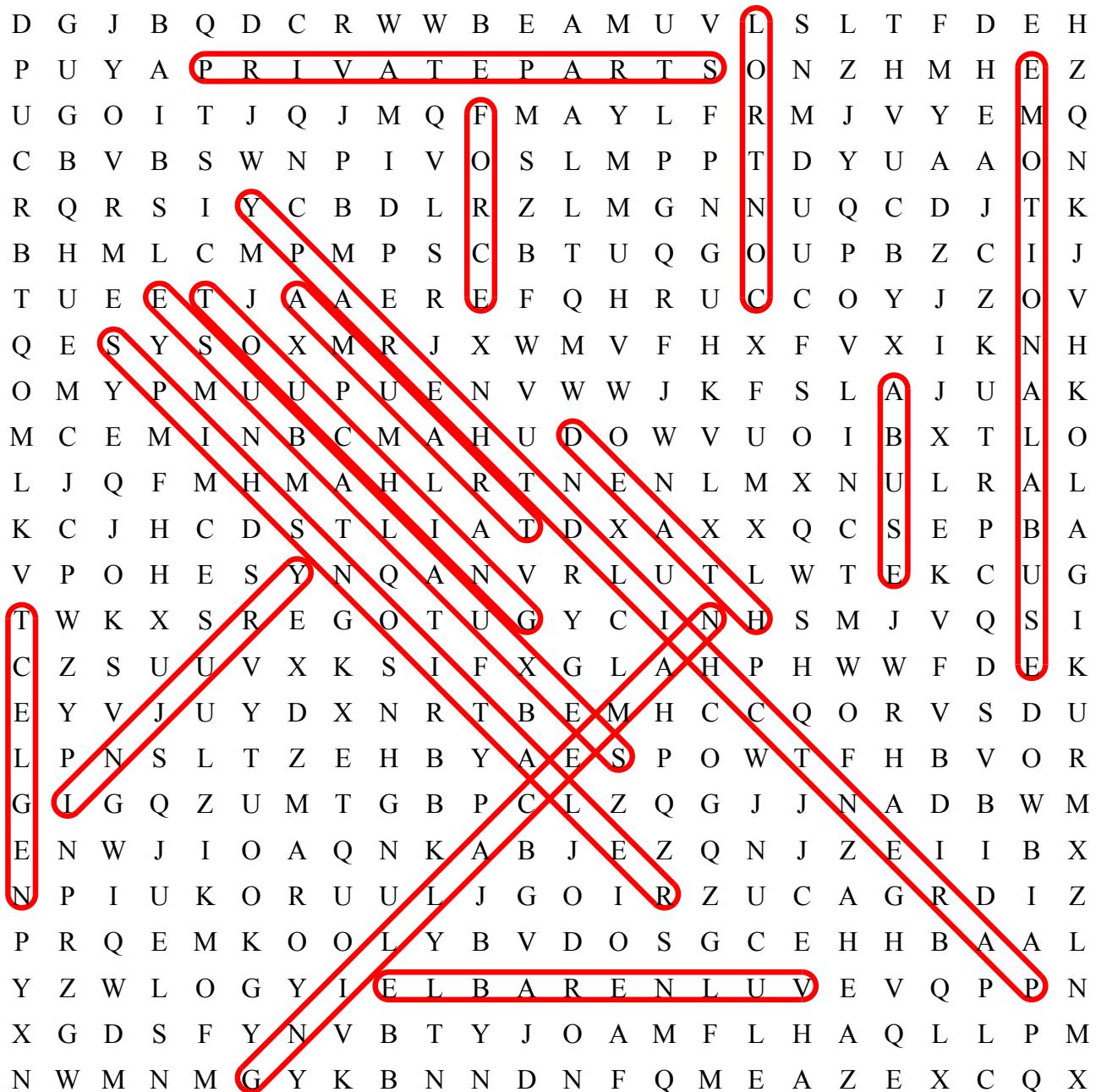


Name: \_\_\_\_\_

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

# Abuse



parent child therapy  
private parts  
vulnerable  
neglect  
death

emotional abuse  
name calling  
touching  
injury  
abuse

relationships  
sexual abuse  
control  
trauma  
force