

THE ROLE OF BETRAYAL AND CULTURE ON TRAUMA SEQUELAE  
IN A JAPANESE SAMPLE

by

CAROLYN B. ALLARD

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---

Jennifer J. Freyd, Ph.D., Chair of the Examining Committee

---

Date

Committee in Charge: Jennifer J. Freyd, Ph.D., Chair  
Gordon C. Nagayama Hall, Ph.D.  
Bertram Malle, Ph.D.  
Allison Freedman, Ph.D.

Accepted by:

---

Dean of the Graduate School

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Carolyn B. Allard

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Approved: \_\_\_\_\_

Jennifer J. Freyd, Ph.D.

In testing the validity of betrayal trauma theory (Freyd, 1996) in Japan, this study contributes much needed empirical data about child abuse in that country, and about the role of culture on trauma outcomes. Anthropological reviews maintain that child abuse is widespread in Japan, while public opinion denies this assertion, and little empirical evidence exists from which conclusive information can be drawn. Betrayal trauma theory presents a theoretically grounded argument that abuse perpetrated by close others is particularly detrimental to psychological health because of the conflict that arises between the adaptiveness of maintaining attachment to the close other and otherwise instinctual responses (withdrawal and confrontation) to mistreatment. This betrayal effect has been found in the West but has yet to be tested in other cultures. Preliminary empirical evidence suggests that culture may moderate the psychological outcome of child abuse (e.g., Deater-Deckard, Dodge, Bates, & Petit, 1996).



Seventy-nine Japanese undergraduates were surveyed about potentially distressing experiences, current psychological functioning, and endorsement of traditional interdependence-based values such as interpersonal harmony and loss of face. Childhood experiences previously identified as abuse in the West were found to be associated with psychological distress in the Japanese sample as well. Namely, physical assault causing pain or injury, forced sexual experiences, harsh verbal treatment such as threatening or shaming, and neglect of basic needs were associated with symptoms of posttraumatic distress and depression. In particular, abuse perpetrated by close others before age 18 significantly predicted greater psychological distress above and beyond distress related to any other interpersonal and non-interpersonal trauma experiences. In addition, memory disruption was more likely for abuse perpetrated by close others than for other non-interpersonal traumas, while the distribution of memory disruption for abuse by perpetrators who were identified as not close did not differ from that for non-interpersonal traumas. Betrayal trauma theory was thus partially supported in this Japanese sample.

The results suggest that abuse is not uncommon in Japan, with approximately half of the participants disclosing abuse by close others before the age of 18. These findings of widespread abuse and its associated psychological harm should inform prevention and intervention efforts in Japan.

## CURRICULUM VITAE

NAME OF AUTHOR: Carolyn B. Allard

PLACE OF BIRTH: Montréal, Canada

### GRADUATE AND UNDERGRADUATE SCHOOLS ATTENDED:

University of Oregon, Eugene, Oregon  
Carleton University, Ottawa, Ontario, Canada  
Queen's University, Kingston, Ontario, Canada

### DEGREES AWARDED:

Doctor of Philosophy, Clinical Psychology, University of Oregon, 2006  
Master of Science, Clinical Psychology, University of Oregon, 2002  
Master of Arts, Social Psychology, Carleton University, 1995  
Bachelor of Arts (Honours), Psychology, Queen's University, 1991

### AREAS OF SPECIAL INTEREST:

Psychological, physical and societal sequelae of trauma  
Betrayal trauma  
Risk and protective cultural factors  
Gender issues  
Clinical implications of research

### PROFESSIONAL EXPERIENCE:

Clinical Psychology Intern, University of California San Diego/Veteran's  
Administration Medical Center, 2006-2007

Research Assistant, University of Oregon Psychology Department, 2001-2006

Therapist, Direction Service Counseling Center, 2005-2006

Teaching Assistant, University of Oregon Psychology Department, 2001

#### GRANTS, AWARDS AND HONORS:

University of Oregon Graduate School Research Award, 2006

David Caul Graduate Research Grant, International Society for the Study of  
Dissociation, 2005

Norman Sundberg Clinical, Community, and Cultural Research Scholarship  
Award, University of Oregon, 2005

Mary E. Russell Scholarship, University of Oregon, 2005

Center for the Study of Women in Society Travel Award, University of Oregon,  
2004

American Psychological Association Convention Student Travel Award, 2004

Center for the Study of Women in Society Travel Award, University of Oregon,  
2003

MVLE Board of Directors Award in Recognition of Outstanding Contribution to  
the Improvement of Programs for People with Disabilities, 1996

Canadian Psychological Association Symposium Section on Women and  
Psychology Abstract Competition Award, 1994

Canadian Psychological Association Convention Travel Award, 1994

Graduate Students Association Travel Award, Carleton University, 1994

Graduate Studies and Research Travel Award, Carleton University, 1994

#### PUBLICATIONS:

Freyd, J. J., Klest, B., & Allard, C. B. (2005). Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention. *Journal of Trauma and Dissociation*, 6, 83-104.

DePrince, A. P., Allard, C. B., Oh, H., & Freyd, J. J. (2004). What's in a name for memory errors? Implications and ethical issues arising from the use of the label "false memory" for errors in memory for details. *Ethics and Behavior*, 14, 201-233.

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## CHAPTER I

### INTRODUCTION

Years of studies reporting the prevalence rate of child abuse have made it clear that it is a common occurrence in many parts of the world (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Convincing evidence is also amassing showing the serious and detrimental impact child abuse has on a large group of individuals. Research in this area has increased in quantity and quality over the last two decades. We know a great deal about the prevalence, characteristics, outcomes, and treatment of childhood abuse, and are also beginning to get an understanding of risk, protective, moderating, and mediating factors.

Among the more consistently detected moderators of the impact of trauma is relationship to perpetrator, whereby the closer a victim is to the perpetrator the more deleterious the effect. This finding is consistent with betrayal trauma theory (Freyd, 1996), which predicts more adverse effects when trauma is perpetrated by someone close to the victim, compared to someone not close or traumas involving no perpetrator. This betrayal trauma effect has been supported in a number of Western samples (e.g., Freyd, Klest, & Allard, 2005). However, another factor that has received increasing attention in the child abuse literature is culture, and a few studies (e.g., Deater-Deckard, Dodge, Bates, & Pettit, 1996) have found differential prevalence rates and psychological impact among groups considered to differ culturally (e.g., belonging to different ethnic groups). Therefore, it cannot be assumed that findings revealed in Western populations are generalizable across cultures. The current study will investigate the role of betrayal in child trauma outcomes in a sample of Japanese college students as well as the moderating role of cultural values that are thought to be strongly endorsed in Japan. These include interdependence-based values that are differently endorsed in the Western majority

populations in which betrayal trauma theory was developed and researched. To date, there does not exist an extensive body of child abuse research in Japan; therefore this research contributes much needed data.

### What is Abuse?

One of the biggest obstacles faced by child abuse researchers is the lack of clear and consistent operationalizations of abuse across studies. Indeed, legislative and intervention institutions also use different definitions. The same practice can be perceived as, and assigned the label of abuse or not abuse depending on the definition being applied. This difference has serious real-world legal and resource allocation implications. The implications for research are just as serious because lack of consistent and accurate operational definitions results in limited generalizability at best and can misinform public policy and intervention at worst. Careful attention in defining abuse is especially crucial when conducting research across different cultures. Applying a definition developed in one culture may not necessarily be generalizable to another. As Korbin (2002) has suggested, inasmuch as culture influences every aspect of development and behavior, including childrearing beliefs and practices as well as interpersonal interactions, it is likely that it plays an important role in the subjective interpretation of distressing experiences and, therefore, in their impact. The same behavior may have very different meanings to the actors and recipients, which may influence its outcome.

Although it is easy to criticize the lack of uniformity across child abuse definitions, it is quite another task to offer a definition that would be accepted by all. One strategy has been an attempt to understand how individuals from different cultures interpret and label different behaviors. While people from different cultures have been found to similarly identify child abuse in general as unacceptable and aversive, specific behaviors appear to be differentially labeled as abusive or not. For example, African Americans surveyed in one study rated “failure to provide” and “supervision” categories as more serious or negative than other parental behaviors, while Hispanics rated “sexual abuse” and “physical injury” as more serious, and these group differences held across educational levels (Giovannoni & Becerra, 1979). In a similar study, individuals from

different American minority groups were asked to rate the seriousness of vignettes depicting a variety of parenting and adolescent behaviors and to describe their own parenting practices (Ferrari, 2002). No ethnic differences in seriousness ratings of child abuse and neglect were found, with the exception of the category of promoting delinquency. African Americans rated vignettes promoting delinquency as more serious than Hispanic parents. These studies suggest that, in general, it is not attitudes and values about abuse per se that differentiate American ethnic groups, as all shared some common definitions and disapproved of maltreatment. Rather, the differences lay in the relative emphases on categories in terms of being considered more or less abusive. It is important to note that groups in these studies were delineated by ethnic group identity and the extent of endorsement to cultural values was not controlled for, making it difficult to attribute the differences or similarities found between groups to cultural factors. More on this issue will be discussed in a later section.

Whether specific behaviors within each abuse category (i.e., physical, sexual, emotional, neglectful) are identified as abusive has also been found to vary between members of purportedly different cultures. In a series of studies attempting to uncover universal correlates of perceived rejection, Rohner and colleagues (Khaleque & Rohner, 2002; Rohner & Britner, 2002; Rohner & Khaleque, 2003; Rohner, Khaleque, & Cournoyer, 2004) reported that national groups differ in which words and behaviors are used to define neglect, lack of affection or aggression. Similarly, other researchers have found that while there is some agreement across cultures that neglect constitutes inattention to the child's needs, there appears to be cultural variation in what those needs are (e.g., Myers et al., 2002). Again, these studies compared individuals grouped along geographic and/or political dimensions and did not assess the role of culture in their findings. Nonetheless, they provide evidence that individuals vary in their definitions of abuse and that cultural values are implicated in subjective interpretations of experiences as more or less abusive.

Definitions of abuse based on subjective interpretations, however, are circular: a behavior is abusive because we perceive it to be abusive. The question of what is abuse

continues to be debated. Most legal, medical and general-use definitions of abuse include harm or injury through acts of omission or commission (abuse, n.d.). It follows, then, that in order for an experience to be labeled as abusive, its harm needs first to be assessed. Determining the harm of a certain behavior in a particular context may turn out to coincide with subjective labels assigned to that behavior by a particular group. As suggested above, it is possible that the commonness of a certain type of experience may have a positive impact on its recipient because it is perceived as normative and not as communicating some negative message about their personal worth. For example, in a study comparing children's responses to different forms of parental discipline in four different post-communist bloc countries, the authors noted that Macedonian children are socialized with the presupposition that acts of harsh physical discipline come "from heaven" and are necessary to help children grow into good people (Sebre et al., 2004, p. 123). It could be argued that, as a result, strong physical discipline in this particular culture would not be associated with the negative effects that occur in other cultures that view physical discipline as wrong.

Indeed, some empirical evidence suggests that certain child rearing practices can result in different outcomes in groups that have different values and beliefs about such practices. Deater-Deckard and colleagues (Deater-Deckard & Dodge, 1997; Deater-Deckard et al., 1996; Lansford, Deater-Deckard, Dodge, Bates, & Petit, 2004) found that while harsh physical discipline was more prevalent in African American than in European American families, it did not appear to cause the aggressive, externalizing behaviors in the African American children that were found in the European American children. Such findings could be used to support the importance of subjective labeling of experiences; however, this contention has not been assessed. Alternative explanations have also been proposed to explain the phenomenon.

For one, the study also found that African American children perceived the mothers' physical punishment not to be lacking in warmth, as was the case in the European American children. This perception may have buffered the effects of the physical punishment. This idea is supported by a later study by Ferrari (2002), who asked

a group of ethnically diverse American parents about their parenting practices, and found that African American mothers were more likely to report using physical punishment, but also described themselves as being more nurturing than mothers from the other groups. This finding suggests that nurturance may be acting as a protective factor against physical punishment in African American families. These studies do not explain the ethnic differences beyond speculation because the underlying mechanisms were not directly assessed. In other words, what aspects of being African American or European American that may explain the difference between these two groups were not assessed.

There is growing evidence that subjective perception of experiences is not as important as the experiences themselves in determining outcome. Evidence of harm has been found in individuals experiencing certain events that are not perceived as abusive by them or their culture. In the study conducted by Sebre and colleagues (Sebre et al., 2004), mentioned above, high correlations were found between behaviorally defined emotional and physical acts that would fall into abuse categories in the West and symptoms of depression, anger, dissociation, posttraumatic distress, anxiety, sexual concerns, and somatic complaints in the Macedonian children, despite the commonness and acceptability of harsh punishment in their culture. In a large cross-sectional study of university women, labeling unwanted sexual experience as abusive, or themselves as victims, did not predict negative outcomes, while unwanted experiences themselves were associated with psychological and school-related distress (Harned, 2004). In another large sample of ethnically diverse American urban public sector care consumers aged 6 to 17 who endorsed various physical punishment experiences, labeling these experiences as abuse did not predict internalizing or externalizing problems (Lau et al., 2006). On the other hand, reports of actual parental punishment did predict these difficulties. Therefore, subjective or societal classification of behaviors as abusive appears to be an unreliable way to define abuse operationally, and cultural beliefs and practices may be less influential than actual experiences in contributing to psychological distress.

In summary, specific behaviors cannot necessarily be labeled as abusive, because apparently similar behaviors can have different outcomes in different groups. At the same

time, abuse cannot be defined by purely subjective or cultural means, because negative outcomes have been associated with particular experiences regardless of how they are subjectively labeled. The variability of outcomes following similar treatment does support the notion that abuse should be defined in terms of harm, however. A harm-based approach to defining abuse may be a step toward developing a universal yet culturally sensitive definition of child abuse. In other words, a harm-based approach may present the balance needed between the extreme approaches of deviance and relativism against which Abney (2002) cautioned. These approaches can be characterized as follows. The perspective of cultural deviance assumes that divergence from Western majority norms necessarily means deviance and promotes the context-insensitive view that some child-rearing practices are inappropriate or dangerous when in fact they may reflect effective ways of protecting children in certain contexts. On the other hand, cultural relativism can lead to overlooking the danger or destructiveness of certain practices. Culturally normative customs or traditions condoned in a given culture may still be harmful.

A more valid and pluralistic perspective than cultural deviance or relativism may be the *culturally diverse* model proposed by Sue and Sue (1999). This approach accepts that cultures vary and refrains from holding any particular culture as the gold standard against which all others are compared or judged. It also allows for the potential that some practices, although culturally sanctioned and having evolved to meet certain context-based needs, may be harmful. Such a stance is promoted by other researchers (e.g., Korbin & Spilsbury, 1999), who suggest that incorporating culture into child abuse protection efforts and research will not result in differing standards, as feared by some, but in increased and more accurate detection of harm and, ultimately, in improved child protection. Accordingly, the present study used a culturally sensitive harm-based approach.

Using this harm-based framework, a review of experiences that have been found to be associated with negative outcomes will be presented next. First, a brief elaboration of the harm-based framework is necessary. It may be more accurate to replace the concept of ‘harm’ with ‘*potential* for harm.’ That is, certain acts found to be harmful in a

given socio-cultural group should not be considered nonabusive in the case of an individual who does not present with any form of posttraumatic distress. The lack of symptomatology could be explained by any number of factors, including delayed symptom development, underreporting, and presence of resiliency or protective factors. In light of this complexity, it may be wiser to define abuse in terms of the socio-cultural group to which any given victim belongs. In this view, inasmuch as symptoms regarded as unwanted, negative, or detrimental have been found to be associated with certain behaviors perpetrated by others in a certain society, that society can define those behaviors as abusive, regardless of whether individuals explicitly choose to do so. That said, an adverse response to a particular kind of experience in an individual from a socio-cultural group in which this response is unlikely should not be discounted. There may be a number of reasons for this atypical response, including presence of risk factors that combine with the experience to result in negative outcomes. As such, attempts to identify experiences that are associated with psychological distress in a given cultural group should be conducted with the acknowledgment that individual differences exist due to variables that are not measured or accounted for. A review of studies of prevalence rates and associated harm in the US and Japan follows.

### Child Abuse Prevalence and Impact

#### *North America*

In North American studies, where most of the child maltreatment research has been conducted, child abuse has been defined and assessed in many different ways. For the most part, however, abusive experiences include any sexual contact or exposure with a minor (usually identified as under 18 years) by an adult or another minor at least five years older, physical acts that results in lasting pain or evidence of injury, forced confinement or isolation, lack of provision of basic needs or protection from harm, and verbal threatening, terrorizing, belittling or humiliation (Child Welfare Information Gateway, 2005, 2006). According to the U.S. Department of Health and Human Services Administration on Children Youth and Families.(2006), an estimated 872,000 (1.2%) of American children were determined to be victims of abuse or neglect by Child Protective



Services. This number represents fewer than one-third of the total number of referrals received, and fewer than one-half of the referrals that were accepted for investigation. That Child Protective Services are incredibly overwhelmed and understaffed, and thus are forced to only investigate extreme cases, is no secret. Therefore, these prevalence rates likely grossly underestimate the true rate of child maltreatment in this country. Moreover, as will be reviewed next, there is much reason to suspect that a great deal of child abuse goes unreported until much later, if at all.

Self-report studies have found much higher prevalence rates than those reported by Child Protective Services. In a large national survey, 13.6% of children reported experiencing some form of child maltreatment during that year (Finkelhor, Ormrod, Turner, & Hamby, 2005). Retrospective surveys of adults have found that up to 40% report having histories of childhood abuse, and there is more evidence of underreporting than over-reporting in these studies (as found by Fergusson, Horwood, & Woodward, 2000). While the exact prevalence rate is unknown, partly due to the definitional problems described above, and partly to variations in reporting sources, these numbers do suggest that child abuse is not an uncommon occurrence in U.S.

Various psychological outcomes consistently have been associated with the types of experiences reported in the prevalence studies reviewed above, lending support to their being classified as abuse. These outcomes fall along a broad range of dimensions. One of the most frequently cited negative outcome of trauma is posttraumatic stress disorder (PTSD), a Western diagnostic construct consisting of re-experiencing, avoidance and/or numbing, and hyperarousal symptoms accompanied by marked distress and dysfunction. In general, about one quarter of people exposed to a traumatic event will develop PTSD at some point in their lives (Brown, Fulton, Wilkeson, & Petty, 2000; Foa, Kean, & Friedman, 2003; Saunders, Berliner, & Hanson, 2003), and prevalence rates among children and adults who have experienced child maltreatment are particularly high. A review of sequelae of child sexual and physical abuse found rates of PTSD in abused children to be as high as one half and one third, respectively (Saunders et al., 2003).

Numerous other psychiatric syndromes and disabilities have been linked to experiences of childhood maltreatment in the West. Several studies have noted a high incidence (62% to 100%) of comorbid Western psychiatric disorders among individuals with PTSD (as reviewed in Deering et al., 1996; see also Ross, 2000), the most common being major depressive disorder and substance abuse (Foa et al., 2003). Others include panic, conduct, borderline personality, antisocial personality, conversion, and somatization disorders (Briere, 2004; Ross, 2000). In addition, psychotic and dissociative experiences are commonly reported following child maltreatment (Briere, 2004; Ross, 2000). Other functionally impairing and distressing outcomes that have been attributed to child abuse experiences include cognitive alterations (Christopher, 2004; DePrince & Freyd, 2002; Freyd, 1996), memory related problems (Halligan, Michael, Clark, & Ehlers, 2003; Liberzon & Phan, 2003; McIsaac & Eich, 2002) dissociation (e.g., Egeland & Susman-Stillman, 1996), social and interpersonal relationship difficulties (Herman, 1997; Kataoka et al., 2003; Whiffen & MacIntosh, 2005), risky and aggressive behaviors (Corcoran, 2004; Egeland & Susman-Stillman, 1996; Spataro, Mullen, Burgess, Wells, & Moss, 2004; Urquiza & Goodlin-Jones, 1994), difficulties in emotion regulation (Cloitre, Chase Stovall-McClough, Miranda, & Chemtob, 2004; Ide & Paez, 2000; Nemeroff, 2004) and incomplete, fragmented, or powerless identity formation (Brewin, 2003; Briere, 2002; Herman, 1992). In sum, child maltreatment, as it has been defined in these studies, is a serious public health concern with complex and varied outcomes in North America.

### *Japan*

Until very recently, child abuse was believed to be extremely rare in Japan (Adams, 2005; Ikeda, 1987), and it has only just begun to receive much public interest and research attention (Malley-Morrison, 2004). While awareness and acknowledgment of interpersonal violence in general has increased since the 1970s, it has mainly focused on filial violence against parents and school violence (Sukemune, 2004). More serious attention has recently begun to be directed toward child abuse, and some attribute the increase in child abuse prevalence to Westernization (Sukemune, 2004), but there is

much evidence of its pre-Westernization occurrence. Harsh parenting practices have been documented for centuries, including incest, severe forms of physical discipline, and murder (Adams, 2005). Many of these practices were not viewed as abusive in part because they were viewed as normative sacrifices of the individual for the group. In addition, underassessment of true rates of abuse in Japanese families has been attributed to the importance placed on maintaining interpersonal harmony and saving face (Arai, 2004), as well as on other traditional Japanese cultural values. These will be reviewed in a later section.

Prevalence rates as inferred through reports received by abuse hotlines and public services in Japan give the impression that child abuse is indeed a rare occurrence. In one mid 1980s nationwide study, only 416 cases of child maltreatment were reported to child protection agencies in a one year period (Ikeda, 1987). A review of the Japanese literature conducted shortly afterward reported an annual incidence rate of approximately 7 per 100,000 (Shoji, 2005). Despite a 21-fold increase in cases reported to child guidance centers from 1990 to 2002, attributed to public awareness-raising efforts, there is evidence that these reports are a gross underestimates of the problem, just as they are in the North America. Typically, only the most severe cases get reported and then deemed abusive. Furthermore, most cases reported to and substantiated by Japanese agencies are physical in nature because evidence is usually physically based (Yamamoto et al., 1999).

In the first epidemiological study of child abuse conducted in Japan, 207 community adults were surveyed about their experiences with child physical and emotional abuse (Kitamura et al., 1995). In recalling their mother's behaviors, 15% disclosed being scolded harshly, 4% slapped, 2% punched with a fist, 2% hit by an object, and 1% burned. Reporting on their father's behaviors, 22% of the participants recalled being scolded harshly, 15% slapped, 8%, punched with a fist, 2% hit by an object, and 0% burned. Reports of these experiences were highly correlated, suggesting that many individuals experienced more than one of these events. These rates are consistent with parent reports in a survey study of 766 mothers of 3-year-old children at a

standardized baby check-up (Kawai et al., 1994). Twenty-three percent of these mothers agreed with the statement “I think I am abusive.”

In a later investigation of community youth that was part of a large scale epidemiological study, higher rates of these experiences were found. Yamamoto and colleagues (Yamamoto et al., 1999) administered self-report questionnaires and interviewed 119 male and female adolescents about parenting practices they experienced in childhood and current DSM-III-R (American Psychiatric Association, 1987) based psychopathology. Forty percent of participants indicated having been slapped, 25% punched, 14% hit, and 1% burned. In addition, reports of neglect several times per year were made by 21%. Yamamoto and colleagues also asked about verbal adverse experiences, and found that threatening was reported by 26% of the youth in their sample, and putting to shame was reported by 14%.

In a multi-study research project involving a sample of 98 young single Japanese women newly employed by a large urban company, trained interviewers asked about experiences with various emotional, physical and neglectful parenting behaviors (Kitamura et al., 1999). The percentages of participants reporting each type of abusive act perpetrated by the father several times per month were as follows: 5% emotional neglect, 4% slapping, 3% punching, 3% threatening, and 1% shaming. Nine percent reported having similarly frequently experienced maternal neglect, 5% threat, 2% shame, 1% punching and 1% hitting with an object. The relatively lower prevalence rates in this study may be explained by the fact that participants were surveyed in a face-to-face interview, which may have activated some reticence as per cultural norms. This reticence and other reporting issues are discussed later in the methodological considerations of the current study. High inter-type correlations were found, suggesting that most types of abusive behaviors do not take place independently.

Sexual abuse continues to be rarely acknowledged as a problem in Japan, but growing evidence suggests that it is prevalent. Contemporary media are filled with sexual themes, touching and voyeurism are increasing in prevalence, and rape is often portrayed as natural consequence for women who do not follow traditional roles and an appropriate

way for men to satisfy their sexual needs (Arai, 2004). In one investigation of child sexual abuse, surveys were mailed to 2400 randomly selected women in a large Japanese urban center. Of the roughly 20% (459) who returned completed questionnaires, 55.6% indicated having experienced some form of sexual abuse before the age of 12, including verbal sexual harassment (9.4%), exposure to others' sexual organs (27.5%), being touched by force (29.6%), being hugged by force (10.5%), being kissed by force (6.3%), having one's sexual organs touched by force (14.6%), forced but failed attempts of sex (4.6%), and forced successful attempts of sex (1.7%; Tomoko, Asukai, Konishi, Inamoto, & Kageyama, 2002). In a sample of 665 Japanese undergraduate students who completed questionnaires in class, 54.7% indicated having experienced at least one sexual abuse act prior to age 13, including having been involved in a sexual act, having someone perform a sexual act in front of them, and having been exposed to pornography (Dussich, 2006). The most frequent experience in this sample was exposure to an exhibitionist, which was reported by approximately one third of participants. Rates of experiencing at least one childhood sexual abuse act were found to be similar to those found in the U.S. using the same, albeit translated, questionnaire.

While the existence of child abuse has not explicitly been acknowledged by the Japanese populace, the fact that the Japanese government adopted new legislation aimed at protecting children in 2000 suggests some appreciation for its occurrence and impact. The legislative definitions of child maltreatment map closely onto those developed in the United States and other Western countries, although they tend to describe more extreme forms of abuse. In the Japanese legislations, child abuse is described as violence resulting in an external injury or jeopardizing the child's life; neglect of physical, medical, educational or hygienic needs; intrafamilial sex; and extreme behaviors that cause psychological injury such as anxiety, worry, depression, apathy, no response, strong aggression, or abnormal habits (Arai, 2004). The language used in legislative documents implies a harm-based conceptualization, but there are currently little scientific data identifying specific behaviors as harmful in Japan.

The general public appears to continue to hold more conservative definitions of child abuse. The Japanese word for abuse *gyakutai*, roughly translated as violence or cruelty toward the child, generally is used to refer to physical violence rather than to emotional abuse or neglect (Shoji, 2005). In a survey of community members in Japan, when physical violence was offered as an example of abuse, it was typically described in extreme forms (e.g., murder, severe physical injury), implying the relative acceptance of some forms of physical assaults as normative and not abusive (Arai, 2004). This finding, along with the cultural belief that parents have the right to abuse their children, Arai suggests, explains the limited number and relative severity of reported cases to Japanese child protection agencies.

As mentioned, child abuse outcome research in Japan is limited, which may explain the apparent reluctance of the general populous to acknowledge that some child treatment practices are abuse. If we are to accept a harm-based approach to defining child abuse, this reluctance is understandable especially in light of the entrenched, long-standing institutionalized practices that have taken place in this culture with respect to children, many of which fall under the legislative categories. The few empirical studies that have looked at the impact of different child treatment practices suggest that experiences falling within the criteria used in Japan's child protection legislations have indeed been associated with various forms of psychological distress, many of which are similar to forms of distress found in North American samples. Thus, under the harm-based approach, the categories of experiences outlined in the Japanese legislature appear to have validity.

Among the male adolescents interviewed in the Yamamoto (Yamamoto et al., 1999) study, there was a significant association between verbal (shaming) as well as physical maltreatment (punching, hitting) by the father and generalized anxiety disorder. Increased likelihood of major chronic major depressive disorders was also found in the male adolescents who reported experiences of shaming by their mother. Among the female adolescents in the study, chronic major depressive disorder was significantly associated with neglect and verbal threats by their fathers, and acute depression with

mothers' slapping. The researchers reanalyzed their data after excluding participants meeting criteria for any diagnosis to reduce the possibility that current psychopathology distorts recollection of past events, and found all associations remained, although some became statistically nonsignificant, possibly due to the reduction in sample sizes. In a prevalence study described earlier, involving 98 newly employed young women, differences in child abuse experiences were found between groups defined by depression level (none, single episode, recurrent/chronic) with the latter group reporting significantly more maternal punching and paternal neglect (Kitamura et al., 1998). This finding may not be generalizable, however, because only four women met criteria for recurrent or chronic depression.

In the 459 adult female community members surveyed by Tomoko and colleagues (Tomoko et al., 2002), participants were asked about childhood sexual abuse experiences as well as current psychological health. These researchers found that scores on a measure of PTSD were significantly higher for participants reporting at least one kind of childhood sexual abuse experience than for those not reporting any. Another study using the same data compared the association of abuse experiences and PTSD symptomatology between those reporting more experiences classified as more severe (i.e., fondling of sexual organs or rape, whether attempted or successful), and less severe experiences (i.e., forced touching of other body parts, including hugging and kissing, or exposure to others' sexual organs; Inamoto et al., 2002). This comparison revealed significantly greater PTSD risk and more avoidance behaviors in the more severe group than in the less severe group.

An investigation of the association between dissociation and child abuse histories in 44 adult female eating disorder outpatients in Japan revealed far higher sexual abuse history rates in this sample (81%) compared to what has been reported in the general population (0.01%; Takahashi, 1990), and physical abuse history was found to be correlated with dissociation (Berger et al., 1994). In a later study exploring the role of dissociation in the association between childhood abuse and eating disorders, Nagata and colleagues (Nagata, Kiriike, Iketani, Kawarada, & Tanaka, 1999) compared 136 female

neuropsychiatry outpatients presenting with eating disorders to 99 nursing students. They found that participants with bulimia nervosa reported being hit (13%), kicked (13%), or locked in a closet (5%), more frequently than controls reported (6%, 2%, 2%, respectively). No differences in reports of sexual abuse were detected (Nagata et al., 1999). These findings suggest an association between physical abuse and eating disorders as well as dissociation. However, the association between eating disorders and sexual abuse remains unclear. The latter study found that one-third to half of the women reported sexual experiences falling under a specific category termed *chikan*, which refers to exhibitionism or frotteurism common in crowded commuter trains. Dussich (2006) also found a high prevalence of *chikan*-related experiences during childhood in his sample of 665 Japanese undergraduates. It may therefore be useful to separate these experiences from other forms of sexual abuse when conducting research in Japan.

In sum, prevalence and effect studies suggest that child maltreatment and its associated negative mental health consequences are a pervasive and concerning phenomenon both in the U.S. and in Japan. Preliminary research in Japan provides some evidence of the association between certain experiences and psychological distress, including depression, posttraumatic distress, eating disorders, and dissociation. However, studies are sparse and need replication. Even if more empirical evidence existed, to the same extent as in the West, some questions inevitably would remain. As is the case in Western populations, we are able to describe in general what is likely to happen to groups of individuals, but we are far from capable of accurately predicting risk of abuse, or the particular trajectory of its impact, in any given individual. Inconsistent findings in prevalence rates and outcomes of child abuse also exist. The general consensus among literature reviews and meta-analyses of trauma outcomes in North America is that while child maltreatment is related to psychological distress, there is much heterogeneity in outcomes (e.g., Barker-Collo & Read, 2003; Brewin, 2003; Briere, 2002, 2004; King, Vogt, & King, 2004; Trickett, Kurtz, & Pizzigati, 2004; Walker, Carey, Mohr, Stein, & Seedat, 2004). It is becoming increasingly evident that a number of important risk and resiliency factors contribute to variability in outcomes. These factors are important to



consider given the current study's framework of defining abuse in terms of its potential for harm.

Theoretical and empirical investigations have generated a lengthy list of risk factors, mediators, and moderators of the impact of childhood experiences thought to have potential for harm. These include factors categorized as pretraumatic, peritraumatic, and posttraumatic, as well as individual, trauma, or context related. The most commonly tested and strongly supported risk factors for distress outcomes are peritraumatic characteristics of the experience. That is, qualitative differences in experiences shown to traumatic effects have been associated with different negative outcomes. Interpersonal violence within family and intimate relationships, occurring over extended periods of time, involving entrapment and conditioning, and starting at an earlier age, appear to be particularly robust risk factors for subsequent distress reported by survivors of such violence (e.g., Briere, 2002, 2004; Courtois, 2004; Herman, 1992; Weber & Reynolds, 2004). Abuse perpetrated by family members or close others are frequently highly correlated with each of the other risk factors (Putnam, 2003), which makes sense given the early and long-standing access, as well as the influence and control, these individuals typically have in a child's life (Veldhuis & Freyd, 1999). The closeness of the perpetrator to the victim as a risk factor for increased posttraumatic distress has a strong theoretical foundation and is receiving increasing empirical support. The most comprehensive theoretical conceptualization of the impact of abuse at the hands of close others is that of betrayal trauma theory (Freyd, 1996).

#### Betrayal Trauma Theory

Fear is commonly perceived by researchers to be the underlying mechanism of trauma, and its associated distress is conceptualized as a fear reaction. According to Western mainstream psychiatry, individuals can only meet criteria for PTSD if they experienced an event that caused "intense fear, helplessness, or horror," and the distress must include symptoms generally attributed to the neuropsychological and psychobiological fear response, such as hyperarousal (American Psychiatric Association, 2000). However, as demonstrated in an earlier section, outcome studies reveal a much

more varied and complex array of trauma outcomes that are no less distressing or functionally impairing. There is good reason to believe that fear is not the only dimension along which trauma falls.

One trauma dimension that offers an empirically supported explanation for some of the variability in trauma reactions is betrayal. According to betrayal trauma theory (Freyd, 1996), maltreatment perpetrated by someone close to the victim is particularly detrimental because it involves social betrayal. That is, a conflict arises between the motivation to remain attached to the perpetrator and the reality of the abuse, which is antithetic to a relationship where the meeting of needs is expected. Freyd (1996) proposed that victims may remain unaware of the event in order to protect the relationships they have with their perpetrator because full awareness would have the potential to disrupt important attachment bonds important to survival in addition to shattering implicit assumptions about social and interpersonal relationships. Betrayal trauma is epitomized by child abuse perpetrated by a caregiver, wherein the child is dependent on the caregiver who violates the social contract of care and nurturance, so that remaining unaware of the betrayal may serve to preserve the child's relationship with his or her caregiver thereby increasing survival potential. Whereas an infant is compelled to direct approach and attachment behaviors to her or his caregiver to ensure survival, this need is in direct contradiction to the behaviors that are otherwise called for to deal with betrayal: withdrawal or confrontation. According to betrayal trauma theory, then, violation of the social contract of care and nurturance by the caregiver may produce distress, yet the child may remain unaware of the betrayal as a way to preserve his or her survival dependent relationship with their caregiver.

While psychology researchers in the field of trauma are slow to acknowledge trauma dimensions other than fear, attachment and relationship experts have noted that betrayals and attachment injuries in relationships can be conceptualized as forms of trauma, considering their psychological sequelae (Atkinson, 1997; Johnson, 2004; Johnson, Makinen, & Millikin, 2001). Individuals betrayed by partners who had extramarital affairs that did not involve fear or threat of physical safety have been found

to exhibit symptoms characteristic of posttraumatic distress, including intrusive flashbacks, concentration and sleep difficulties, sleep problems, excessive rumination, avoidance, numbing, and hypervigilance (Abrahms-Spring, 1997).

The association between betrayal trauma and negative outcomes has been found in several samples primarily consisting of individuals from the Western majority. In a study of community adults with chronic pain, individuals who reported more high betrayal traumas also reported more dissociation, depression, and anxiety than did those reporting traumas lower in betrayal (Freyd et al., 2005). In a longitudinal study of girls who experienced intrafamilial CSA, closeness of the perpetrator was found to be important in predicting poorer outcomes along with indexes of severity like occurrence of penetration and multiple perpetrators (Trickett et al., 2004). Abuse by a father or stepfather, as compared with other perpetrators, has been found to be associated with more negative effects in other studies as well (Feinauer, Mitchell, Harper, & Dane, 1996; Ray & Jackson, 1997). Putnam's (2003) review of the child sexual abuse literature suggests that while the strength of the victim-perpetrator relationship predicts outcomes, this effect is confounded by the relationship's association with earlier onset, greater chronicity and frequency of abuse, and less frequent use of physical force. In a study of undergraduate students, however, the closer the abusive caretaker to the participants at the time of their childhood abuse, the earlier the onset of abuse tended to be, the longer the abuse generally lasted, and the more memory disruption was reported, even controlling for abuse chronicity and frequency (Freyd, DePrince, & Zurbriggen, 2001).

Trauma involving betrayal also implicates outcomes not traditionally measured in trauma outcome studies. This assertion is supported by the growing empirical support for complex PTSD, which has been attributed to serious interpersonal trauma (e.g., Roth, Newman, Pelcovitz, van der Kolk, & Mandel, 1997). Complex PTSD acknowledges the limitations of the current Western construct of posttraumatic distress, and widens the range of potential trauma responses to include alterations in affect regulation, attention and consciousness, meaning systems, characterologic make-up, interpersonal relations, and somatization and/or medical problems (for the first systematic description of

complex PTSD, see Herman, 1992). The outcome studies outlined earlier provide evidence of such varied and complex trauma reactions. Further, research expressly looking for an association between interpersonal violence and complex PTSD revealed that individuals experiencing child abuse seemed particularly vulnerable to developing such multifaceted symptomatology (Ide & Paez, 2000; Roth et al., 1997). Relationship difficulties have been associated with traumas inflicted by other people, particularly traumas in which the victim is dependent on and has an emotional attachment with the perpetrator (Ide & Paez, 2000).

Thus far betrayal trauma theory has not been directly tested in non Western cultures and, therefore, cannot be assumed to generalize to other cultures. However, because betrayal trauma theory is grounded in universal socio-evolutionary principles of early attachment and betrayal detection, it should follow that a betrayal effect is present in other cultures. The present study was conducted to test the hypothesis that a betrayal effect – abuse perpetrated by someone close leads to worse outcomes than does trauma perpetrated by someone not close – is present in Japan, a nation with a culture that is different along several dimensions from that in which betrayal trauma theory was developed.

#### Culture and Child Abuse

Acts defined as abusive and found to be harmful in the West are also associated with negative symptomatology in many other cultures. This finding is exemplified in the similarity between North American and Japanese experiences identified as abusive, presented earlier. Other studies have revealed similarity of outcomes between different cultural groups (for a review, see Ozer, Best, Lipsey, & Weiss, 2003). On the other hand, some research findings suggest that similar experiences can result in different outcomes in groups thought to differ along cultural dimensions, as Korbin (2002) predicts. Ozer and colleagues (2003) reviewed studies that found differences in frequency, type, and severity of symptoms associated with child abuse experiences between American ethnic groups, including the finding that harsh physical discipline is related to externalizing behaviors European American boys but not in African American boys (e.g., Deater-

Deckard et al., 1996). However, Ozer and colleagues (Ozer et al., 2003) noted that, on the whole, ethnic group differences had relatively small statistical effect sizes. Even the Deater-Deckard et al. (1996) study found that as punishment severity increased, differences between African American and European American groups diminished until they disappeared altogether. The discrepant results and small effects may be due to within group heterogeneity on factors not assessed in these studies, including trauma characteristics like betrayal level, but also including cultural variables. As discussed earlier, culture-specific norms and practices, language, religion, social status, discriminatory experiences, and accessibility, among other factors, have the potential to play an important role in the interpretation of and reaction to abuse experiences.

To revisit the issues, researchers frequently offer culture as an explanation for differences when they are found between ethnic or national groups, but rarely directly measure it. Many studies purporting to study culture group individuals by self- or other-labeled ethnicity. However, as some have argued, ethnicity, in and of itself, has no conceptual meaning (Helms, Jernigan, & Mascher, 2005). Rather, ethnicity refers to the artificial socio-political grouping of individuals sometimes by skin color, sometimes by language, sometimes by geographical area of origin (which can include one's own, parental, or even ancestral territory), and sometimes by a combination of these. Individuals grouped together by ethnic labels may not share the same beliefs and practices so that such a grouping may wash out any extant culture related differences. Individuals play an active role in identifying with as well as exerting influence on their culture (López & Guarnaccia, 2000). Thus, ethnicity is not sufficient in explaining differences or similarities that are found and can at best serve as a proxy for some bundle of underlying mechanism or explanation for research findings. Studies looking at ethnic group differences in child abuse outcomes may be obscuring otherwise meaningful findings and may also be lacking in explanatory power.

For example, in a study comparing symptomatology among 149 children from different American ethnic groups who had experienced sexual abuse, Asian Americans reported fewer anger and sexualized behaviors but more suicidal ideation and attempts

than did children from other American ethnic groups (Rao, DiClemente, & Ponton, 1992). Merely having the label of Asian American, however, does not explain the symptom presentation. The differences may reflect cultural pressures against certain behaviors. Indeed, the researchers noted that because displays of inappropriate sexual behavior and anger are generally prohibited in Asian culture (e.g., Matsui, 1996), it is not surprising that such behaviors were less likely to be exhibited as post-abuse distress in the group of Asian American children. Similarly, dissociation has been found to be more culturally accepted in certain cultures, such as Southeast Asian societies (Lewis-Fernandez, 1998), and indeed higher levels of dissociation have been found among Southeast Asian refugees with PTSD than in American populations (Carlson & Rosser-Hogan, 1994). Because of this finding, the researchers hypothesized that the cultural beliefs and practices that endorse and encourage the use of dissociation result in greater dissociation found in this culture. It should not, however, be assumed that there is something inherently dissociative to being 'Southeast Asian.' As Uba (1994) explains culture's influence cannot be presumed without direct investigation.

Moreover, cultural accounts of the self are not necessarily congruent with an individual's account of the self. Heterogeneity in the extent to which individuals endorse and actively participate in cultural values has been found among individuals who share the same ethnic label (Phinney, 1996). Individuals grouped as Asians in various research studies have included individuals from such diverse cultures as Tahiti, Japan, China, Laos, and India. Even within groups defined by country of origin, there is much heterogeneity. Parker and colleagues (Parker, Gladstone, & Tsee Chee, 2001) have pointed out that China comprises individuals from over 100 identifiable ethnic groups, who have varying views about psychological processes and emotional distress. In a more blatant example of the danger of ethnicity-based overgeneralization, Sasao and Sue (1993) reported that approximately 20% of Chinese American students living in multicultural communities in Southern California identified their ethnicity as Chinese but endorsed Mexican culture. Finally, the influence of culture interacts with many other factors, such as age, gender, class, and geography. Korbin (2002) wisely cautioned that

studying the role of culture in trauma outcomes is not as simple as assessing interethnic differences or similarities.

### *But What is Culture?*

Culture consists of beliefs, attitudes, values, behavior patterns, and modes of communicating that are shared by a group (Uba, 1994). It is learned, shared, variable, dynamic, adaptable, inconsistently distributed, and contextual, and it is internalized actively by individuals, not passively. As Uba (1994) pointed out, cultural value systems evolve over time, so that measures of traditional values may not necessarily reflect the contemporary value system. The complex and dynamic nature of culture underscores the importance of culturally focused rather than ethnically concerned research. Unfortunately, the trend in child abuse research has been to compare ethnic groups. Relatively less effort has been given to trying to understand how culture affects abuse, and even less to empirically testing the impact of particular cultural variables thought to be related to the differences found. The current study, in an attempt to discover the role of culture in child abuse outcomes in a Japanese sample, directly assessed endorsement of traditional Japanese cultural values.

### *Japanese Culture and Child Abuse*

Cultural factors implicated in abuse research vary by group. Specific to Japan, some of the cultural values and practices related to interdependence, particularly those practiced and encouraged in the promotion of interpersonal harmony, may play an important role in child abuse outcomes. Traditional Asian cultures have been found to be high in interdependence. Within interdependent societies, there is an emphasis on maintaining harmony in relationships, greater value is placed on group interests and duties than individual interests and rights, and the fulfillment of obligations, particularly familial ones, takes precedence over individual needs and wants (Futa, Hsu, & Hansen, 2001; Uba, 1994).

### *Interpersonal Harmony*

In general, interpersonal harmony is practiced and maintained through many behaviors that are encouraged and rewarded from a very young age (Uba, 1994). One of

the more obvious behaviors implicated is avoidance of conflict, which is achieved by taking a one-down position in communications with others, not openly challenging others' perspectives, refraining from publicly embarrassing others, using indirect communication, and generally showing social sensitivity (Futa et al., 2001; Okamura, Heras, & Wong-Kerberg, 1995; Uba, 1994). Polite and cooperative behaviors, such as patience, gentleness, politeness, accommodation, conciliation, and listening rather than speaking are encouraged and rewarded. Self-control, discipline and restraint are considered important qualities in the service of maintaining interpersonal harmony. Thus, refraining from boasting, free expression of opinions and emotions – both negative and positive, direct communication, or openly complaining about one's worries or problems are all discouraged, while humility, modesty, and silent forbearance and perseverance in the face of adversity are considered important. In Japan, a specific group of behaviors that is highly valued in the service of interpersonal harmony is termed *enryo*, which is literally translated as restraint or holding back (Matsui, 1996; Uba, 1994). Examples of *enryo* behaviors include reserve, reticence, deference, showing humility, and taking a one-down position in social situations.

### *Prescribed Roles*

Socialization efforts aimed at promoting the value of interpersonal harmony also include rewarding behaviors that conform with the group and that follow prescribed family and society roles (Markus & Kitayama, 1998; Uba, 1994). These behaviors stem from Confucian ethics promoting the consideration of others, especially one's superiors, which are delineated along age and gender dimensions, where older and male individuals are higher in the hierarchy. Social hierarchies are emphasized and behavior is regulated according to position. The family is the most important hierarchical structure one belongs to, but there are many other groups that define one's roles and expectations. Maintaining family integrity and interpersonal harmony calls for obedience and conformity above individual achievement or pleasures (Ho, 1989).

In interdependent societies, members' identities are deeply embedded in their interpersonal relationships and social roles (Futa et al., 2001; Roland, 1996). On the



flipside, individuals' actions are considered reflective of the family and social units to which they belong. It has been noted that the family is the most important unit in Japanese culture (Kitano & Kikumura, 1976; Petersen, 1978). Individuals are expected to behave in ways that promote the image of the social unit to which they belong and refrain from doing anything that might bring shame to the unit. This behavior is ensured through the practices of filial piety, conformity, and unquestioned respect for and obeying of parents, especially fathers, and other superiors (Sue & Morishima, 1982).

On one hand, interdependent values could serve to diminish the impact of what would be defined as betrayal in the West. First, because individual identity is embedded within social units and the needs of the group take precedence over individual needs, the decreased emphasis in the individual sense of self may render meaningless the personal betrayal (Futa et al., 2001). In addition, the increased availability of social supports found in interdependent societies may serve as a protective factor. Indeed, in a study of 980 elderly community members in Japan, mean scores on a measure of general psychological distress were higher for individuals with no close neighbors, which speaks to the health benefits of close others in interdependent cultures (Yasuda, Mino, Koda, & Ohara, 2002). Finally, according to DeVos (1978), strict role structure provides a kind of defense against stressors, and some research supports this contention indirectly, in that order and predictability in relationships have been found to be related to psychological well-being (Seligman, 1975).

On the other hand, the shared value of interpersonal harmony may lead individuals to have increased expectations that others would not act in a way that could jeopardize harmony, and therefore experience greater betrayal as a result. Because dependence, attachment, and interpersonal expectations are important underlying concepts of betrayal trauma theory it seems likely that cultures differing in the amount of value placed on these would vary in how betrayal trauma impacts individuals. Moreover, emphasis on obedience to authority figures, including parents, may heighten the betrayal effect of not being consciously aware of abuse because of the greater importance to behave in a scripted, interdependent manner with parents. Finally, if an abusive act is

seen as a failure or deviance, and this failure brings shame to the entire family, it may behoove individuals to remain unaware of the abuse to reduce the sense of shame as well as to maintain interpersonal harmony.

Interdependent cultures, the definition of caregiver must be broadened beyond the mother and father. Children in interdependent cultures are exposed to caregiving experiences that extend beyond the nuclear family, which is more typical in individualistic culture of the West (e.g., Garcia Coll, 1990; Tolson & Wilson, 1990). Children are closer to and more dependent on extended family members interdependent cultures. Betrayal trauma theory allows for this variety in caregiver relationships by focusing on dependence, while acknowledging that the caregiving relationship is a prototypical example of dependence.

### *Shame*

One other socialization practice in the service of interpersonal harmony that is likely implicated in trauma outcomes is shame. Increased research attention has been given to the roles of stigmatization, shame, and self-blame, as perceived by the victim of abuse. Shame has been associated with increased behavior problems, low self-esteem, and more symptoms of depression, anxiety, and PTSD (Whiffen & MacIntosh, 2005). Feiring and colleagues (Feiring, Coates, & Taska, 2001) suggest that the stigma and shame related to abuse may be greater in individuals from interdependent cultures because of the added emphasis on family and community goals rather than one's own. In traditional interdependent Asian societies, children are socialized, through methods intended to induce guilt and shame, to be self-motivated to behave in socially prescribed ways and maintain interpersonal harmony (Uba, 1994), and studies have shown that individuals from such cultures frequently feel guilty, ashamed, alienated, and self-critical (e.g., Sue & Morishima, 1982). Dussich (2006) suggests that experiences that are perceived as abnormal in an interdependent society, where 'the nail that sticks out gets hammered down,' may result in distress due to the shame associated with deviance in and of itself. Therefore, the psychological impact of child abuse may be compounded by this shame reaction.

Related to shame, self-blame for the perpetrator's actions may be stronger in individuals with interdependent values because of the importance placed on context in individual behavior and the tendency to acknowledge responsibility for problems and faults. A context-based view of individual behavior implicates some responsibility by the other people involved in that individual's life. Moreover, theoretically, when individuals violate the welfare of the group by being violent, they may be perceived as losing status and therefore can be more easily challenged by their victims. On one hand, this perception may serve as a protective factor against interpersonal violence. On the other hand, this belief could also result in feelings of shame and guilt in victims of abuse who did not defend themselves or fight back (Hall, 2002). Therefore, the experience of shame is important to assess.

In sum, several cultural values related to an interdependent outlook have the potential to interfere with trauma outcomes, and specifically with the betrayal effect. There is some suggestion that some components of interdependence may serve as protective factors against posttraumatic distress, but it is also likely that some serve to exacerbate the effect of traumas involving interpersonal betrayal. The majority of purported protective factors seem to stem from the increased availability and strengths of social support in interdependent societies, as suggested by Lewis and Ippen (2004).

In general, Japan holds strong traditional interdependence values (Futa et al., 2001; Meston, Heiman, Trapnell, & Carlin, 1999; Okamura et al., 1995; Uba, 1994). At the same time, the increasing Western influence means that there should be variability in terms of belief and adherence to traditional values (Sukemune, 2004). According to Iwasaki (2005), Japanese culture has been subjected to Westernization since the beginning of the US occupation following WWII. In addition, the recent Japanese recession has been implicated in the transformation of the economic industry. Changes are being noted in areas such as a loosening of traditional hierarchical social roles and increased individual competition. That these factors have shaken the strong traditional foundation makes Japan an ideal setting to conduct cultural child abuse research, where meaningful analyses of the role of interdependence values can be conducted.

### Likelihood of the Validity of Betrayal Trauma Theory in Japan

As already mentioned, the betrayal effect has not been tested in cultures outside the Western majority. However, there is evidence that betrayal is experienced in interdependent cultures, and plays a role in intercultural differences in posttraumatic outcomes. In an ethnographic study of 19 Taiwanese survivors of child sexual abuse, Luo (1998) found that the majority of women reported a sense of betrayal, and accompanying reactions. Psychological reactions included grief, depression, low self esteem, anger, hostility, extreme dependency, diminished ability to judge the trustworthiness of others, and mistrust of others, especially men. Behavioral manifestations included clinging, isolation, vulnerability to revictimization, discomfort in intimate relationships, aggressive behavior and truancy, and general interpersonal difficulties. This study suggests that betrayal is at least experienced in a culture that is more interdependent.

Betrayal level is a reasonable candidate for explaining the discrepant results and small effect sizes of between-ethnic group differences in distress associated with child abuse. Within-group heterogeneity may exist, for example, in the types and characteristics of traumas experienced. Perpetrator differences have indeed been noted between ethnic groups, and several studies have shown more severe and chronic posttrauma distress in those groups where childhood traumas higher in betrayal are more likely. Compared to other American ethnic groups, Latinas appear more likely than other American ethnic groups to be abused sexually and by a family member, and Asian American child sexual abuse victims more frequently report abuse by fathers (Feiring et al., 2001; Flores, Cicchetti, & Rogosch, 2005; Kenny & McEachern, 2000). Both these groups, which have been found to value interdependence, reported elevated distress relative to the other groups in the studies. Therefore, betrayal level may be an important factor to consider in explaining cultural differences.

Of course, there exist important cultural factors that might alter the concept and impact of betrayal. While culture may indeed play a role in both the concept and impact of betrayal, one's conscious ideas of what betrayal entails are not necessarily relevant to one's internal reactions to betrayal. Subjective labeling and observable impact of abuse

may be unrelated. Thus these dimensions should be treated separately. As discussed above, some differences between ethnic groups may be in part explained by differences in abuse characteristics between groups. However, in some studies, increased symptomatology remains in some ethnic groups when abuse characteristics are apparently controlled. In a study of Singaporean and American women with histories of child sexual abuse, relatively elevated psychological distress was reported by the Singaporeans, and there were no differences in perpetrator type (Back et al., 2003).

Similarly, Barker-Collo (1999) found differences in the symptomatology reported by Caucasian and Native Canadian women who had experienced sexual abuse in childhood and were receiving clinical services related to the abuse. Native Canadian women reported more overall symptomatology than did Caucasian women, and differential patterns in the types of presenting symptoms emerged between groups. The Native Canadian survivors reported greater levels of somatic, sexual, and sleep-related symptoms than the other group. These differences were found in spite of the apparent lack of difference between groups on demographic and abuse characteristics.

Barker-Collo (1999) submit that cultural factors offer a valid explanation for group differences found. She posited that an interdependent outlook may reduce the chance that the abuse will be reported and increases the likelihood of nonintervention. Both of these cultural patterns of behavior may impede the enlistment of others to assist in coping, as well as the likelihood that others will get involved for fear of intruding. Increased interdependence may result in a greater sense of betrayal when an individual from one's cultural group acts in a way that is contradictory to cultural values. Betrayal trauma theory may help explain the increased symptomatology found in the women from the more interdependent cultures in these two studies (Native Canadian and Singaporean). More research is clearly needed however, because in neither study was culture directly assessed, nor was social status, which is a potential confound in the Canadian study involving a minority group.

The current study attempted to begin to fill this gap, by assessing the role of interdependent values in child abuse outcome; specifically, in the betrayal trauma effect.

To this end, valuing the maintenance of harmony in relationships, placing greater value on group interests and duties than on individual interests and rights, and the fulfillment of obligations, particularly familial ones, was assessed and the influence of these values on psychological sequelae of child abuse was analyzed.

### *Measurement Issues*

#### *Disclosure*

The Japanese theoretical and empirical literature is rife with reasons not to ask about child maltreatment, and reasons why asking is fruitless. First, there is a reluctance to ask directly about such experiences by researchers for fear of causing insult and the violation of cultural communication norms at best. More extreme, some researchers have expressed concern that asking Japanese individuals about abuse histories will cause psychological harm. Kitamura and colleagues (Kitamura et al., 1999), for example, divulged that they refrained from asking about sexual abuse experiences in their child abuse survey of young women, because they feared it would be “too embarrassing to the participant due to the stigmatization toward sexual abuse in Japan” (p. 5).

Such beliefs and reluctance were also common among Western researchers when child abuse research was in its infancy, and they have not completely disappeared. However, empirical evidence not only allays these concerns, but suggests that being asked about child abuse experiences is deemed important and beneficial to participants, especially those who report childhood victimization (e.g., Cromer, Freyd, Binder, DePrince, & Becker-Blease, 2006; DePrince & Freyd, 2004). Systematic study of this topic has not yet been conducted in Japan; however, informal observations of participants’ comments and behaviors provide evidence of a similar impact in Japanese individuals. In an investigation of the association between lifetime sexual abuse and PTSD, some participants indicated that responding to the questionnaires resulted in their realization that they were not alone in their experiences or symptoms, and some ended up seeking counseling following the study (Ando et al., 2000). The researchers contended that these were positive outcomes of the study.

The second source of hesitation in asking about abusive experiences is the perceived futility of asking about child abuse experiences. Concerns about underreporting in traditional Asian cultures have been raised by many (Berger et al., 1994; Chen, Dunne, & Han, 2004; Futa et al., 2001; Okamura et al., 1995). The traditional Japanese values of social sensitivity and *enryo* call for restraint in expressing thoughts, feelings, and personal problems, sparing the feelings of others, and the use more covert and indirect ways of communicating in Japanese individuals (Kito, 2005; Matsui, 1996; Uba, 1994). Individuals endorsing these values may choose to underreport or hide their experiences and distress to protect the feelings of the person who has hurt them, particularly if they belong to the same social unit. Moreover, the culture-based precipitants of shame and guilt discussed previously, accompanied with the values of interpersonal harmony, maintaining family honor, and the tendency to express responsibility for difficulties, may result in increased reluctance to acknowledge and report trauma perpetrated by others, particularly family members. In particular, Japanese women may be reluctant to disclose socially undesirable information because the relatively greater responsibility for the maintenance of interpersonal harmony falls on their shoulders (Matsui, 1996).

Some of this concern is based on observed reluctance to participate in mental health studies. Up to 56% of individuals approached refused to be interviewed in one child abuse study conducted in Japan (Kitamura, Shima, Sugawara, & Toda, 1993). The authors hypothesized that this hesitation was due to lack of exposure and understanding about psychological research because of its relative rarity, in addition to the cultural values implicated in the discussion above. However, there is growing evidence that disclosure in research studies may not be as great a concern as some have expressed. For one, the Kitamura study cited above noted a reluctance in participants to be interviewed in person. Berger and colleagues (Berger et al., 1994) suggested converting interviews into self-report measures to circumvent the cultural value of not responding directly about sensitive issues. In their study of the association of child sexual abuse with eating disorders, Nagata and colleagues (Nagata et al., 1999) achieved an 86% response rate using self-report questionnaires. They purposely used questionnaires because of

assumptions that Japanese individuals do not respond directly about sensitive issues in face-to-face interviews. It is noteworthy that participants who were admitted to inpatient settings while this study was being conducted were interviewed (sample size not reported) and almost all patients disclosed histories of child abuse similar to those reported on the questionnaires.

Meston and colleagues (Meston et al., 1999) tested more directly the hypothesis that individuals likely to endorse traditional Asian values would be less likely than their European-ancestry counterparts to report experiences of abuse from childhood. They conducted a comparison study of 1052 female and male Canadian undergraduates with Asian and European Ancestries on anonymously collected self-reports of abuse and the role of desirable responding. Social desirability was not found to be related to willingness to report abuse, and students' subjective perceptions of whether they considered themselves as having been abused were in line with their responses on more behaviorally based abuse measures. This study does not support the contention that individuals from Asian cultures are less likely to report abusive histories. However, culture was not directly assessed in this study, therefore it cannot be assumed that the students of Asian ancestry endorsed any traditional Asian interdependence values.

Further, child abuse was underreported when initially investigated in Japan but now appears to be recognized as serious a problem as it is in the Western world. While women in one study indicated being faced with continuing societal and familial barriers against disclosure, they appear to at least be increasingly able to disclose abuse to researchers (Yoshihama, 2002). Again, endorsement of traditional values implicated in disclosure was not assessed in this study.

Because of the high degree of concern about underreporting, and lack of empirical evidence regarding the role of cultural values in disclosure of abuse, careful considerations must be taken when collecting child abuse data in this population. Indirect data collection via questionnaires as opposed to face-to-face interviews appears to be a minimum requirement, with confidentiality being important, and complete anonymity preferable. In addition, traditional Japanese communication styles suggest that disclosure



will take the form of indirect and subtle communication much like in verbal disclosure. Given these concerns, it is prudent to include open-ended questions to allow for the more indirect, covert communication that Japanese are accustomed to and comfortable with. Coders of such data need to be familiar with this type of communication.

### *Culture-Specific Distress*

Another set of measurement issues is the use of assessments developed and normed in one culture in studies involving samples from other cultures and the assumption that they are valid. Such measurement issues have been widely reviewed elsewhere (e.g., Suzuki, Ponterotto, & Meller, 2001), but the basic arguments are that the vast majority of assessments used in research have been developed and normed using samples largely made up of individuals from the Western majority, and even when other samples are included, the results are not reported by group, or the sample numbers are so small that findings are not reliably interpretable (e.g., Allen, 1998). This finding brings into question the instruments' validity with different groups. More attention to developing culturally valid measurement instruments is needed. In attempting to uncover abusive behaviors in Japan using the harm-based approach, it is necessary to ensure validity of distress measures.

Just as the collection of psychological factors that make up culture have the potential to influence the subjective interpretation of distressing experiences, they may also play a role in the actual manifestation of distress, and in individual and societal recognition of it as being problematic. Culture can be seen as providing the context for experiences and behavior, the meaning system for interpreting experiences and behavior, and personal and social resources to facilitate recovery from the trauma (e.g., Feiring et al., 2001; Marsella, Friedman, Gerrity, & Scurfield, 1996). As such, Weiss and Kleinman (1988) argue that it is crucial to consider the role of culture in identifying and shaping all aspects of the conceptualization of distress, including its form and meaning, antecedent risk factors, consequences attributed to it, individual and societal response to it, and its course and outcome. Even the Western majority classification system of psychological distress, the DSMIV-TR, acknowledges that the severity and specific manifestation of

responses to trauma may be modulated by cultural factors (American Psychiatric Association, 2000).

In light of increasing arguments and evidence for the presence of culture specific forms of distress, the notion that the Western majority construct of PTSD is the gold standard with which all other conceptualizations of trauma related distress should be compared needs to be discarded. In terms of posttraumatic distress associated with child maltreatment, there may be some universal features alongside more culture-specific ones. Research suggests that while core features of posttraumatic distress exist across cultures, ethnic group differences have been found in the frequency, types and severity of symptoms that survivors of trauma develop; for example, the decreased sexual behavior and anger found in sexually abused Asian American children compared to children from other American ethnic groups (Rao et al., 1992), and higher levels of dissociation in Southeast Asian refugees with PTSD compared to Americans with PTSD (Carlson & Rosser-Hogan, 1994). Therefore, in addition to, and no doubt related to, the methodological problems outlined above, culture-influenced classifications are also implicated in posttraumatic distress.

As noted, distress in interdependent societies, and specifically Japan, resembles that found in the West. However, there is also evidence of expressions of distress that are more or less prevalent in Japanese culture. Kim and colleagues (Kim et al., 2001) conducted an epidemiological study involving 3030 Japanese adults selected using stratified random sampling to estimate the prevalence of somatic and psychological complaints. Somatic complaints were more frequently endorsed than was psychological distress, and were reported by at least 45% (who reported having a stiff neck/shoulder). The next most common complaints were backache (35.1%), and fatigue (31.4%). These results are in contrast to somatization rates typically found in American samples, although there is a great deal of variability in methodologies. Of the psychological symptoms endorsed, the most popular was irritability (20.1%), followed by overcrowded mind (16.7%). An age effect was also reported, whereby younger respondents endorsed more psychological complaints, and older respondents were more likely to indicate

having physical problems, warranting investigation of the role of differences in cultural value endorsements.

Japanese specific syndromal forms of psychological distress have also been identified. These include *shinkeishitsu* (constitutional neurasthenia), which is characterized by obsessions, perfectionism, ambivalence, social withdrawal, neurasthenia, and hypochondriasis (Kitanishi, Nakamura, Miyake, Hashimoto, & Kubota, 2002). *Taijinkyofusho*, which translates to anthropophobia, consists of phobic reactions to interpersonal situations experienced predominantly by young males (Russell, 1989). Therefore, somatic complaints, obsessions, and interpersonal difficulties are important to assess in order to get an accurate reading of child abuse related distress.

#### The Current Study

##### *Aims and Hypotheses*

Taking a culturally sensitive harm based approach, the current study tested the applicability and validity of a Western theory of trauma, betrayal trauma theory, in a culture that differs from the West in a number of ways. Therefore, the potential of betrayal trauma to serve as a universal predictor of posttraumatic distress was assessed. Further, because of its emphasis on interpersonal expectations, the role of interdependent culture values in the association between betrayal trauma and outcomes was investigated. Another goal of the study was to contribute to the sparse knowledge about child abuse in Japan.

Because of the socio-evolutionary principles of early attachment and betrayal detection underlying betrayal trauma theory, it was hypothesized that the betrayal effect would be replicated in Japan. That is, childhood trauma higher in degree of betrayal as measured by closeness of perpetrator was expected to account for more of the psychological distress symptoms and memory disruption than other types of trauma experienced, just as it does in the Western majority samples studied. A second general hypothesis was that greater endorsement of cultural values consistent with the promotion and maintenance of interdependence would intensify the betrayal effect. Specifically, the cultural values targeted for investigation were explicit endorsement of the importance of

actively ensuring interpersonal harmony, placing greater value on group interests and duties than on individual interests and rights, and fulfilling obligations, particularly familial ones.

While the assumption is typically made that extent of endorsement of cultural values precedes, and is independent of, traumatic experiences, there is currently no evidence to this effect. On the contrary, preliminary evidence suggests that being traumatized can influence some personal characteristics that can be considered cultural values. For example, more conservative and punishment-based political ideology has been found to be associated with trauma experiences (Milburn & Conrad, 1996) as have more stereotypic gendered personality styles (Howell, 2002). Prospective studies need to be conducted to investigate this association between trauma and cultural value endorsements. In the meantime, the more conservative approach to evaluating the role of culture in trauma outcomes is to test it as a moderator, rather than a mediator. Therefore only the moderation effect of culture on the betrayal effect was tested in the current study.

#### *Summary of Hypotheses*

1. History of pre-adulthood interpersonal maltreatment perpetrated by someone close (high betrayal or HB experiences) will predict more psychological distress (PTSD, anxiety and depression symptoms), above and beyond any distress predicted by interpersonal maltreatment perpetrated by someone not close (medium betrayal or MB experiences).
2. History of pre-adulthood HB experiences will predict more dissociation, above and beyond any distress predicted by MB trauma.
3. Memory disruptions will be more likely for pre-adulthood HB experiences than for potentially traumatic experiences lower in betrayal, including non-interpersonal potentially traumatic experiences (LB) and MB trauma.
4. Greater endorsement of traditional interdependence-based cultural values (placing group above self, interpersonal harmony, filial piety, and loss of face) will predict

increased psychological distress (posttraumatic stress, anxiety and depression symptoms) associated with pre-adulthood HB trauma.

5. Greater endorsement of traditional interdependence-based cultural values will predict increased dissociation associated with pre-adulthood HB trauma.
6. Greater endorsement of traditional interdependence-based cultural values will predict increased memory disruption associated with pre-adulthood HB trauma.

#### *Implications*

This research contributes to the development of betrayal trauma theory and explanatory models of cultural differences in trauma outcomes. Furthermore, this research increases knowledge of the types and prevalence of traumas experienced in Japan, understanding of the outcomes of such traumas, and the role of cultural factors. The cultural basis of identifying and defining abuse is important to take into account because of what we know about motivation and its important role in modifying behavior. Persons from a culture that condones, actively participates in, and finds no negative effects associated with certain practices will not be motivated to change these practices. Motivation for change comes much more readily in people who have identified a problem (Miller & Rollnick, 2002). The elucidation of negative outcomes of betrayal trauma in Japan, a culture that differs from the Western majority in many ways, can provide evidence for the universality of betrayal trauma. As such, findings of negative outcomes can provide at least preliminary support and direction for legislation and prevention and intervention efforts not only in Japan, but in the rest of the world. Furthermore, demonstrating differences in outcomes based on trauma characteristics, such as betrayal, will help inform treatment.

## CHAPTER II

### METHOD

The study was approved by the Institutional Review Board at the University of Oregon as well as by the parties charged with overseeing human subjects ethics at each of the recruiting schools. The research hypotheses and methodology were developed in consultation with a Japanese focus group consisting of psychology professors, other university lecturers, as well as undergraduate and graduate students. The primary recommendations of the consultation panel were as follows: 1) ensure confidentiality at the least, and anonymity if possible; 2) provide an incentive for participation, in particular monetary; and 3) make wording, grammatical, and structural changes to communications and survey questionnaires to increase cultural appropriateness and appeal.

#### Participants

Japanese university students were recruited from five Japanese schools via announcements made by professors, and from one American university via the Department of Psychology Human Subjects Pool and flyers posted around campus. The 80 participants who completed the online survey included one American who was learning Japanese and therefore was removed from further analyses. Of the 79 eligible participants, 67.1% were female and 32.9% were male. Their ages ranged from 18 to 28 ( $M = 20.09$ ,  $SD = 2.03$ ). Approximately one third (32.1%) indicated being recruited from Kobe University, 26.9% from Doshisha University, 12.8% from Yamanashi University, 5.1% from Hokkaido, 1.3% from Bunka University, and the rest from the University of Oregon in the U.S, which includes 15.4% recruited from the Department of Psychology Human Subjects Pool, and 6.4% from flyers. One participant did not disclose recruitment source.

## Materials

Some of the instruments used were available in Japanese and had previously received psychometric support as valid and reliable measures in Japanese samples. The research team was unable to locate Japanese measures for some of the variables under study and, therefore, translated existing English versions. Many of the best practices identified in the literature were followed. First, consultations were held with the focus group to ensure the scales involved constructs relevant to Japanese culture and used an approach that was culturally appropriate, as recommended by Keane, Kaloupek, and Weathers (1996) and Weidmer (1994). The translation team consisted of seven members from the focus group, all of whom were bilingual Japanese nationals including three undergraduate psychology students, one graduate counseling student, one Master's level teacher, and one Bachelor's level business professional who majored in psychology as an undergraduate.

Before any translation began, all translators were oriented to the study and its purpose, given descriptions of the concepts and factors being measured by the instruments to be translated, and encouraged to use culturally appropriate and meaningful language. This was advised by Weidmer (1994), because words translated from one language to another do not necessarily have the same conceptual meaning, and the psychological constructs being measured do not always have an equivalent in other cultures (Brislin, 1970; van de Vijver & Poortinga, 1982). Two translators were assigned to produce independent Japanese drafts of each measure. The two translators then met to review consistencies and discrepancies between their two drafts and to reach a consensus to generate one forward translation of the measure.

Another standard recommendation is to include a back-translation step so that equivalency in content, linguistic and semantic characteristics can be verified (Sperber, Devellis, & Boehlecke, 1994). Therefore, a third translator was assigned to translate each translated measure back into English. Each translated instrument was then de-centered following Weidmer's (1994) guidelines. That is, the back-translation was reviewed by the principal investigator and, in some cases, the original authors of the measure being

translated, to ensure faithful capture of concepts. Translation team meetings were held to address any perceived divergence from the initial English measure, and to finalize the Japanese version of the measure by consensus. An online survey was programmed to administer the measures. A copy of the Japanese online survey is provided in Appendix A. English versions of the questionnaires developed by the research team can be found in Appendix B.

### *Demographics*

The first questionnaire in the online survey consisted of a few brief demographic questions such as the participant's age, gender, ethnicity, socio-economic standing, and current use of medications and drugs. Participants were also asked to give details about how they were recruited and the conditions in which they chose to complete the survey (e.g., at a computer lab, on a home PC, or at a cyber café).

### *Betrayal Trauma*

The Exploratory Brief Betrayal Trauma Survey (EBBTS; Allard, Freyd, & Goldberg, 2005) is an extended version of the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006), which elicits information about various types of potentially traumatic interpersonal and non-interpersonal experiences in childhood, adolescence and adulthood. Non-interpersonal events include natural disasters and accidents, and interpersonal events include physical assaults, sexual abuse, emotional abuse, and neglect. Respondents report on events that were directly and indirectly experienced (e.g., witnessed or heard about).

Specific information about closeness of perpetrator to the victim, type of victim-perpetrator relationship (e.g., parent, sibling, coach), and level of trust and dependence on the perpetrator is also collected in the extended version of the survey. Experiences can be categorized as higher or lower in betrayal level based on whether respondents indicate the involvement of a perpetrator and how close they are to them. Typically, non-interpersonal events are categorized as low betrayal (LB), interpersonal events perpetrated by someone not close to the respondent are categorized as medium betrayal (MB), and interpersonal events perpetrated by someone close are categorized as high betrayal (HB). The extent to



which non-direct experiences can be categorized into betrayal levels is still under study (e.g., Allard et al., 2005). A Japanese version of the EBBTS (J-EBBTS) was created following the translation steps outlined above. In keeping with the culturally meaningful translation guidelines, the word hurricane in the natural disaster item of the EBBTS was changed to typhoon in the J-EBBTS.

In order to test betrayal trauma theory in the current study, a dichotomous HB variable was computed whereby a 1 was assigned for participants reporting having experienced at least one of the direct interpersonal events perpetrated by someone close to them, and 0 for participants reporting none. An example of an HB item is “You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were very close (such as a parent or lover).” A dichotomous medium betrayal variable (MB) was similarly computed using items involving a non-close perpetrator for direct interpersonal experiences. A sample MB item is “You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were not close.”

In a study involving 689 American adult community members who completed the BBTS, test-retest reliability Pearson product-moment correlation coefficients ranged from .25 to .68, and Cohen’s Kappa from .19 to .56 for items in each age group by gender (Goldberg & Freyd, 2006). All of the participants reported having experienced at least one event on the BBTS. Approximately 30% of women and 16% of men reported having experienced events falling in the HB category prior to age 18. Specifically, 32% disclosed HB physical abuse, 30.9% sexual abuse, and 59.7% emotional abuse, before age 18. In a study of 468 undergraduate students, 87.6% reported experiencing one or more traumatic event, and 30% reported experiencing at least one direct interpersonal event before age 18 (DePrince & Freyd, 2004). Twelve percent of the sample reported pre-adulthood HB physical abuse, 22% sexual abuse.

Following the trauma questions, participants were asked to report on their experiences filling out the questionnaire and rate the personal and public costs and

benefits of doing so, on bipolar scales ranging from 1 to 5. The 468 participants in the DePrince and Freyd (2004) sample were asked similar questions following their completion of the BBTS. The mean relative distress of answering trauma questions compared to other day-to-day encounters was 3.0, the mean importance of asking trauma questions in research was 4.3, and the mean cost-benefit rating was 4.3. Participants rated the importance of asking higher than the distress they experienced in answering the trauma questions. In a recent study of two undergraduate samples involving 517 participants, answering questions about traumatic experiences was perceived as having greater cost-benefit ratios and causing relatively less distress than answering other personal questions typically asked on psychological surveys (e.g., grades, body image, income, ethnicity, sexual orientation; Cromer et al., 2006).

#### *Memory for the Abuse*

Following each traumatic experience item in the J-EBBTS, respondents were also asked to rate the quality of their memory for that trauma. Choices included: i) I have always remembered basically what happened, ii) I now remember basically what happened, but I didn't always, iii) I have always remembered many of the details, iv) I now remember many of the details of what happened, but I didn't always, v) I don't remember this event, but was told that this event happened. More than one choice could be selected. A dichotomous memory loss item was computed for HB experiences such that a value of 0 was assigned if no memory loss or disruption was reported for any of the HB experiences, and 1 if some memory loss was reported for at least one HB experience. Similar dichotomous memory disruption items were computed for MB and LB experiences for each participant.

A review of studies using American samples investigating memory impairment for sexual abuse by caretakers versus abuse by non-caretakers revealed a greater likelihood for memory loss in the caretaker-perpetrator group for sexual and physical abuse (Freyd, 1996). Forty-eight to 95% of participants in these studies who disclosed sexual abuse perpetrated by a family member reported some memory impairment for this type of experience. In a later study that provided further support for the betrayal effect on

memory, memory impairment was more likely for physical, emotional, and sexual abuse perpetrated by a caretaker compared to abuse by a non-caretaker (Freyd et al., 2001). Level of memory disruption associated with each level of betrayal trauma for each participant was coded differently than in the present study, making direct frequency comparisons difficult. However, overall, they found that 11 out of 78 (14%) reporting lifetime sexual abuse, 23 out of 155 (15%) reporting physical abuse, and 18 out of 135 (13%) reporting emotional abuse indicated experiencing some memory impairment for the abuse.

One research team has criticized studies of memory disruption for abuse experiences for overlooking baseline rates of memory disruption (Read & Lindsay, 2000). Their investigation of “amnesia” for parts of or entire nontraumatic childhood events (e.g., summer camps, music lessons, graduation) in a sample of 43 Canadian community adults revealed that 21% of the 294 events reported were associated with memory disruption. This proportion will be compared to that obtained for the potentially traumatic events listed in the J-EBBTS in the current study. It is expected that the proportion of participants reporting memory disruption for potentially traumatic experiences in the current study will be greater than the proportion of Read and Lindsay’s participants reporting full or part “amnesia” for nontraumatic events. To test betrayal trauma theory, however, the distribution of memory disruption for HB events will be compared to that for LB and MB events.

#### *Dissociation*

Dissociation has been found to be associated with childhood abuse in both American and Japanese populations, and it has been implicated in memory impairment associated with trauma (e.g., Halligan et al., 2003). The Japanese Dissociative Experiences Scale (J-DES; Umesue, Matsuo, Iwata, & Tashiro, 1996) is a 28-item self-report measure that assesses different types of dissociative experiences, ranging from “highway hypnosis” and “spacing out” to amnesia for important autobiographical events, lack of pain awareness, depersonalization, and derealization, where higher scores are indicative of more dissociative experiences. The original English version (Bernstein &

Putnam, 1986; Carlson & Putnam, 1993) used a 0% to 100% visual-analog answering system, and was converted to an 11-point scale of 10% intervals. It has been extensively used and a meta-analytic review reported good overall psychometric properties across 26 studies (van Ijzendoorn & Schuengel, 1996). These researchers calculated a mean convergent validity correlation coefficient of .67 (Cohen's  $d = 1.82$ ) with 8 different measures of dissociation. A mean test-retest reliability alpha of .93 was obtained across 19 studies. Predictive validity was demonstrated with a mean correlation coefficient of .25 (Cohen's  $d = 0.52$ ) with abuse in 26 studies. The meta-analysis also reported the mean score across studies for different types of samples: 11.05 in the normal population in 11 studies, 14.40 for student/adolescent populations in 21 studies, 16.39 among psychiatric patients in 16 studies, 27.06 in abused populations in 3 studies, and 32.58 for individuals diagnosed with PTSD in 9 studies.

Japanese versions of the DES have also been found to have acceptable validity and reliability statistics as well. Berger and colleagues (Berger et al., 1994) chose to translate and use the DES in a study they conducted in Japan because they found the dissociative symptoms they observed in their clinical experiences were accurately represented by the items in the measure. Tanabe and Ogawa (1992) found DES scores to be consistent with interview data in a sample of 35 students in terms of frequency of dissociative episodes. Umesue's psychometric evaluation of the J-DES involving 164 adults and adolescents with no psychiatric disorders, schizophrenia, and dissociative disorders, obtained a Spearman Rank Order test-retest reliability coefficient of .88, and a Cronbach's alpha of .94. Predictive validity was demonstrated in that scores for adults with no diagnosis ( $Mdn = 1.88$ ), individuals diagnosed with schizophrenia ( $Mdn = 6.61$ ), and individuals meeting criteria for dissociative disorders ( $Mdn = 38.03$ ) were statistically distinguishable (Umesue et al., 1996). Interestingly, the adolescent subset in this sample had a median of 11.78, which was not found to be significantly different from the schizophrenia group. In a sample of 423 Japanese college students, another research group's Japanese version of the DES, similar to Umesue's, obtained a Cronbach's alpha of .93 (Tanabe, 1994). Predictive validity was also supported in this study by the

statistically significant correlation ( $r = .37$ ) between J-DES scores and the Child Abuse and Trauma Scale (Sanders & Becker-Lausen, 1995).

#### *Posttraumatic Distress*

The Harvard Trauma Questionnaire (HTQ; Mollica et al., 1992) was constructed to conduct research in an Indochinese refugee population receiving psychological services. The primary developer of the HTQ created a Japanese version (J-HTQ; Mollica, Shibuya, Allden, & Nakajima, n.d.) in collaboration with a translation team, as part of a study of the impact of the Kobe earthquake. Their translation procedures matched closely with those of the current study. That is, the instrument was first translated into Japanese, blind translated back into English, then finalized after consultation with a group knowledgeable in cultural idioms of psychological distress and mental health concepts. The J-HTQ elicits information about a variety of traumatic experiences and symptoms typically associated with posttraumatic stress disorder. In the current study, only the section involving the rating of posttraumatic symptoms (Part III) of the J-HTQ questionnaire was used.

This section consists of 37 items that assess the extent to which participants experience symptoms of trauma related psychological distress using a 4-point frequency scale ranging from not at all (1) to extremely (4). The first 16 items reflect DSM-based criteria for PTSD, while the additional items are purported to capture culture-specific symptoms of distress and psychosocial symptoms involved in complex PTSD, including self-blame, hopelessness, feelings that others are malevolent, and betrayal. Higher scores on the DSM-IV PTSD and total scales indicate increased symptoms specifically associated with trauma, and a total score of 2 or more is generally considered "checklist positive" for PTSD (Mollica, McDonald, Massagli, & Silove, 2004). A number of different language versions of the 37-item total scale have been found to have acceptable reliability and validity. In one study of 353 refugees and asylum-seekers being treated at a PTSD clinic, Cronbach's alphas ranged from .74 to .89 for Arabic, Farsi, Serbo-Croatian, Russian, and English versions (Kleijn, Hovens, & Rodenburg, 2001). The mean

total score for these groups ranged from 2.8 to 3.1. No psychometric or normative data for the Japanese version of the HTQ have been published, to this author's knowledge.

#### *General Psychological Distress*

A Japanese version of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974) was created by a team of translators in order to be used in the Kobe earthquake study (J-HSCL-25; Mollica, Wyshak, de Marneffe, Khuon, & Lavelle, 1987). Part I of the Japanese version of the HSCL-25 consists of 10 anxiety items, and Part II has 15 depression items. Each item is rated on a four-point scale ("not at all," "a little," "quite a bit," "extremely," rated 1 to 4, respectively). Three scores are calculated: the total score, the depression score, and the anxiety score. The higher the score, the more likely a clinical diagnosis exists, and scores greater than 1.75 are generally considered "checklist positive" for clinically significant emotional distress, as suggested by numerous validation studies in culturally diverse populations and settings (Mollica et al., 2004).

It has consistently has been shown in several populations that the HSCL-25 total score is highly correlated with severe emotional distress of unspecified diagnosis. While the depression and anxiety scores are consistent with the American Psychiatric Association's (APA) Diagnostic and Statistical Manual (DSM-IV; American Psychiatric Association, 1994) diagnoses of major depressive and generalized anxiety disorders, respectively, only the depression score has been tested for its statistical correlation with the DSM diagnosis (Mollica et al., 2004). There was a concordance of 86.7% for HSCL-25 scores and assessment by physicians in a family practice setting (Hesbacher, Rickels, & Morris, 1980), and usefulness of the measure for identifying patients with previously unrecognized clinically significant emotional distress was reported in a family planning service setting (Winokur, Winokur, Rickels, & Cox, 1984).

Japanese investigators other than the measure's developers apparently feel comfortable using the J-HSCL-25 to assess psychological symptomatology and have found it to have acceptable psychometric properties (e.g., Sumi, 1997; Sumi & Kanda, 2002; Yasuda et al., 2002). In a sample of 138 Japanese male undergraduate students, the

depression and anxiety subscales test-retest reliability coefficients were .75 and .78, respectively, and Cronbach's alphas ranged from .90 to .91 for depression and .84 to .86 for anxiety (Sumi & Kanda, 2002). Interestingly, these researchers did not express concern that this measure was developed in the West using Western majority samples. The mean depression score for these young Japanese men was 10.50, and the mean anxiety score was 5.35 (Sumi & Kanda, 2002).

### *Cultural Identity and Values*

The Asian American Values Scale – Multidimensional (AAVS-M; Kim, Li, & Ng, 2005) is a 42-item scale assessing the extent to which respondents endorse traditional Asian values of collectivism, conformity to norms, emotional self-control, family recognition through achievement, and humility, using a 7-point scale ranging from strongly disagree (1) to strongly agree (7). Kim and colleagues reported internal reliability coefficient alphas of .89, .80, .79, .80, .90, and .81, respectively, for the total and 5 subscales (collectivism, conformity to norms, emotional self-control, family recognition through achievement, and humility) for one sample of 163 Asian-American college students. The total and subscale test-retest reliability coefficients were .92, .73, .76, .92, .92, and .81, respectively. In a second sample consisting of 189 college students, confirmatory factor analyses confirmed the factor structure and revealed similar internal consistency alphas for the total scale (.89) and 5 subscales (ranging from .75 to .90). In both samples, the AAVS-M showed concurrent validity with other measures of traditional Asian values, and discriminant validity was demonstrated by lack of correlation with measures of self-esteem and social desirability. In these two samples of Asian American college students, the mean scores on the total scale and the 5 subscales were as follows: total (4.21, 3.98), collectivism (4.15, 4.23), conformity to norms (3.69, 3.55), emotional self-control (3.55, 3.33), family recognition (4.86, 4.48), and humility (4.24, 3.91).

While the AAVS-M may at face value appear to be applicable to Japanese nationals because it refers to traditional Asian values, it must be remembered that it was developed in the West using theoretical and empirical studies of Asian Americans, and

tested using Asian American samples. It may therefore not apply to Japanese individuals. For one, the Asian American samples were heterogeneous in terms of national descent and included only small proportions of individuals with Japanese ancestry. Even if Japanese Americans were more represented, however, the measure may not be valid in Japanese samples because different cultural characteristics have been noted between Japanese Americans and Japanese nationals. Matsui (1996) remarked that the cultural and traditional values brought by each generation of Japanese immigrants differed and remain somewhat distinct. For example, the first generation of immigrants that arrived between 1868 and 1912 brought with them premodern Japanese culture, including filial piety, respect for elders, patriarchy, explicit deference practices, and the value of interpersonal cohesion and harmony above individual achievement. The increased need for ethnic solidarity in response to discriminatory practices has been put forth by Matsui (1996) as one explanatory factor for the propagation of these traditional values whereas, in general, culture evolves.

In light of this heterogeneity, the AAVS-M was not assumed to be a perfect assessment of contemporary Japanese cultural values in the current study. However, the Japanese focus group that was consulted in developing the present study felt it had good face validity and that, while many items reflected more traditional than contemporary values, they would still be endorsed to a certain extent by most individuals. It was used in the current study with the intention of assessing its validity and reliability before interpreting outcomes.

Explicit questions about the value of interpersonal harmony are notably lacking from this scale. Thus, a series of six questions regarding extent of consideration given to upholding interpersonal harmony based on Murakami (2003) were included in the current study. These questions asked about the importance of maintaining good relationships among people, not dissatisfying others, pleasing everyone, and not making people dislike others. The questions making up this scale were found to load on one factor that showed good internal consistency with a coefficient alpha of .78, and to have concurrent validity



in Murakami's Japanese sample of 162 college students. No normative data on this scale were reported.

In addition, filial piety has been noted to be an important cultural value in the maintenance of interpersonal harmony and is also not expressly assessed by the AAVS-M. The present study included the 9-item Filial Piety Scale (FPS; Yeh, 2003), which was developed in China and measures the degree to which respondents endorse respecting and loving parents, supporting and memorializing parents, oppressing oneself, and glorifying parents. No normative or psychometric data were found for this scale. Both the interpersonal harmony and filial piety questions were translated by the current study's translation team.

Even though both of the most widely used measures of social desirability in the West (Marlow Crowne Social Desirability Scale [Crowne & Marlowe, 1960] and Balanced Inventory of Desirable Responding [Paulhus, 1994]) have been translated and used in Japanese populations, there is some question as to its validity in non Western populations because of the cultural influence in determining what socially desirability is. A more culturally valid construct may be loss of face, which may have more to do with social role expectations than maladjusted, insecure concern about what others think. To this end, the Loss of Face Questionnaire (LOF; Zane & Yeh, 2002) was translated and included in the study. This 21-item questionnaires assesses the degree to which participants invest in saving face in interpersonal relations, using a 7-point scale ranging from strongly disagree (1) to strongly agree (7). Loss of face is not only conceptualized as a form of self-concealment that may interfere with child abuse and mental health disclosures (Liao, Rounds, & Klein, 2005), it also has been found to be an important moderator of psychological processes in Asian American populations (e.g., Hall, Teten, DeGarmo, Sue, & Stephens, 2005; Mak & Chen, 2006). Therefore it is important to assess its role in the psychological impact of trauma. As such, loss of face will be analyzed for its role as a moderator.

In a sample of 158 college students consisting of Caucasian Americans and U.S. and foreign born Asian Americans, the LOF was found to be a valid and reliable measure

(Zane & Yeh, 2002). An internal consistency alpha value of .83 suggested good internal consistency, and concurrent, discriminant and incremental validity was demonstrated. LOF scores correlated with scores on self-consciousness and self-monitoring measures, did not correlate with social anxiety and maladjustment, and distinguished between Asian and Caucasian American groups after controlling for other personality variables. The mean score for Asian Americans (91.8) was significantly higher than for Caucasian Americans (80.4).

To decrease confusion, measures will be referred to using a short version of their titles. Table 1 presents each measures full title, abbreviation, and shortened title.

Table 1  
*Measure titles and short forms*

Full Title	Abbreviation	Short Title
Exploratory Brief Betrayal Trauma Scale	J-EBBTS	Betrayal trauma scale
Dissociate Experiences Scale	J-DES	Dissociation
Harvard Trauma Questionnaire	J-HTQ	Posttraumatic distress
Posttraumatic Stress Disorder Subscale		PTSD subscale
Hopkins Symptom Checklist - 25	J-HSCL-25	General symptoms
Anxiety Subscale		Anxiety
Depression Subscale		Depression
Asian American Values Scale - Multidimensional	J-AAVS-M	Asian values
Collectivism Subscale		Collectivism
Family recognition through achievement		Family recognition
Emotional suppression		Emotional suppression
Conformity to norms		Conformity
Humility		Humility
Loss of Face	J-LOF	Loss of face
Interpersonal Harmony	J-IH	Interpersonal harmony
Filial Piety Scale	J-FP	Filial Piety

## Procedures

### *Recruitment of Participants*

Professors teaching at Japanese universities were contacted via email and asked to make announcements and distribute flyers to their students. Email requests were composed in Japanese, using culturally appropriate deference and business style, as judged by the Japanese consultation group, and sent to over 100 professors. Only 10 professors responded with initial willingness to assist with recruitment of participants and, of those, only six ultimately assisted with recruitment efforts. Of the remaining four, one declined after facing difficulty getting approval from the rest of her department, two declined after reviewing the questionnaires because they were not comfortable with the abuse questions, and one did not offer any reason but simply stopped communicating with the researcher after reviewing the questionnaires. This poor response rate is not dissimilar to that reported by another non-Japanese researcher attempting to enlist the participation of Japanese professors to administer questionnaires about sexual abuse experiences to their students (Dussich, 2006).

The six recruiters distributed digital or hard copies of the recruitment flyer (see Appendix C), and made verbal announcements to students in their classes. U.S.-based Japanese students were recruited via similar flyers posted around campus, and announcements on the psychology department human subjects pool website. The flyers announced the opportunity for students to participate in research conducted at the University of Oregon, via an online survey that included questions about potentially distressing life events and current psychological health. Interested students were instructed to log on to the website and read more before giving their informed consent (see Appendix D). Because there are no subject pools available to researchers at Japanese institutions, in which students can receive course credit incentives for participation, and because of the value of reciprocity in Japan, it was deemed necessary by the focus group to offer payment to participants. A confidential raffle system was devised, whereby a winner of a \$50 U.S. money order would be selected from every 20 participants.

In accordance with the recommendations of the consultation panel, an Internet-based survey was programmed to collect data at the participant's desired location and level of privacy. Participants completed the survey of questionnaires online after giving their informed consent. The issues of confidentiality and anonymity were carefully attended to because of underreporting concerns. The questionnaires were completed online using a randomly assigned code, allowing participants to complete the survey at any internet accessible location and thus the privacy level of their choosing. The safety measures utilized to keep the data secure and confidential was described to participants in the informed consent.

Upon completion of the survey, participants were presented with a written debriefing of the purpose and hypotheses of the study (see Appendix E). They were encouraged to contact their school's counseling services if they felt the need, and given the researcher's contact information to obtain more information, ask questions, or address concerns. Participants recruited from the University of Oregon subject pool were instructed to email the researcher with their completion code so that they could be granted research credit. Other participants were given the option of entering a raffle with a 1 in 20 chance to win \$50. Those choosing to enter the raffle were instructed to email the researcher their completion code, and choice of payment. Two winners were selected and opted to be sent a \$50 money order. The perceived impact of participating in the study was continually monitored by reviewing the follow-up questions on the J-EBBTS that assess respondents' subjective relative distress of answering the trauma questions.

Before any analyses were run, visual inspections and exploratory data analyses were performed to assess for data anomalies, outliers, skewness, kurtosis, and the presence of unmet assumptions to run intended analyses. Psychometric evaluations of the measures were conducted to assess the scales' internal reliabilities. While confirmatory factor analysis would be ideal, the sample size precludes its use. The symptomatology measures were noted to have skewed and kurtotic distributions; however, this finding was not unexpected. These measures were developed to detect psychopathology that is considered outside the norm. Extreme outliers were detected in the J-DES, the anxiety

subscale of the J-HSCL, and the total J-AAVS scale. While outliers were also not unexpected given the nature of these measures, extreme univariate and bivariate outliers were removed prior to conducting analyses, resulting in more conservative tests. No other assumptions were violated.

## CHAPTER III

### RESULTS

#### Recruitment and Participation Environment

Most (78.5%) participants reported having been recruited by their professor, 11.4% through a posted flyer, 2.5% by a research assistant or graduate student, 1.3% by a friend, and 6.3% through some other recruitment means. Types of classes from which students in Japan were recruited included psychology, literature, outdoor recreation, and education. In terms of the environment in which they chose to complete the online survey, 77 people responded and 71.4% of these said they were alone and there was no chance anyone could see their responses, and the rest indicated there was some chance. Of 67 respondents, 65.6% said other people were around but could not see their responses, and the rest said others could be able to see if they wanted to. Of 70 respondents, 31.4% reported being in a private location and the rest in a public place, and 75.1% indicated using their own computer to complete the survey. Associations between these variables and responses on the other questionnaires were analyzed to assess the influence of contextual factors in responding.

#### Demographics

Most participants (96.2%) identified as heterosexual while one individual identified as nonsexual, one as bisexual, and one did not select any sexual designation. One individual described herself as simultaneously heterosexual and nonsexual. All but two participants reported being single, one reported being married, and one did not indicate marriage status. None of the participants reported having children. Close to half (41.8%) reported living alone, with most of the rest (39.2%) indicating living with parents, 15.2% with non-relatives, 2.5% with other relatives, and 1.3% with a romantic partner.

Years of education ranged from 12 to 18, and averaged at 13.64 ( $SD = 1.72$ ) for the 77 of the students that responded to this question. Only 6 (7.6%) reported being employed. Five of these reported their income, the mean of which was ¥ 97,240,000.00 ( $SD = 213,971,278.45$ ) and ranged from ¥ 600,000.00 to ¥ 480,000,000.00. Mean parental income was ¥ 7,913,264.52 ( $SD = 4,770,107.31$ ) and ranged from ¥ 11,200.00 to ¥ 20,000,000.00 for the 31 participants who responded to this item. On average, participants were getting parental support for 84.22% ( $SD = 29.32$ ) of their financial demands, and this financial support ranged 0.0% to 100% ( $N = 60$ ).

All 79 participants were Japanese citizens, and the majority of them (57.0%) self-identified as Japanese when asked to report their ethnicity or race. The next most common response was “Yellow race” (22.8%), followed by Asian (11.39%), Mongoloid (8.9%), Yamato (1.3%), and Caucasian (1.3%). Out of 78 respondents, 21.8% said they had lived abroad at some point in their lives for an average of 3.97 years (range = 1.5 to 11.0). Most of these indicated having lived in the US (12), one of whom reported also living in Australia. One other respondent reported having lived in Sweden and England, another in Canada, and one in New Zealand. About half (49.4%) reported not holding any religious or spiritual beliefs, 39.2% primarily endorsed Buddhism, 15.2% Christianity, 3.8% Shintoism, and 5.1% indicated endorsing some other religion or spiritual belief. The mean importance rating for religion or spirituality was 1.97 ( $SD = .83$ , range = 1 to 4) on a scale ranging from 1, not at all, to 5, center of my life.

Of 77 respondents, 13.0% reported having a chronic or serious physical illness (e.g., asthma, cancer, heart attack, serious operation). Of 78 respondents, 19.2% said they experienced serious psychological distress (e.g., suicidal ideation, psychiatric hospitalizations, distress causing inability to perform day to day duties), 21.8% indicated using drugs or alcohol on a regular basis (i.e., more than once a week), and 9.0% regularly using prescription medications. Two (2.6%) of 77 respondents indicated currently being in therapy, and 11.5% of 78 respondents reported having had therapy in the past. All demographic variables were entered in hypothesis testing analyses and few were found to be related to any of the symptomatology or cultural value measures. Where

significant associations were found, they were controlled for in hypothesis testing analyses and are mentioned in their respective sections below.

#### Psychometric Properties of Measures

Inter-item and item-total correlations were inspected and Cronbach's alpha was used to estimate the proportion of variance that is systematic or consistent in each measure. The results of these analyses are presented in Table 2. The symptom measures were found to have high reliability in this sample. Dissociation had high reliability indices and good evidence for a one-factor structure. In running the reliability analysis for the 37-item posttraumatic distress scale, the determinant of the covariance matrix was too close to zero. The most common cause for this problem is the presence of a linear dependency problem between two or more items. The inter-item correlations were inspected and a few large correlations were found between a few pairs of items, and two items were found to correlate little with the other items. Despite having redundant items, the internal consistency of the total posttraumatic distress scale was very good. The reliability of the 16-item PTSD subscale also appeared to have good reliability. Although the general symptom scale obtained a problematic covariance matrix because of highly correlated items, it was found to have high reliability, and its bi-dimensionality was supported. The average inter-item correlation of each subscale was greater than that of the total scale, each subscale's reliability coefficient is high, and a reliability analysis of the two subscales forming the total scale resulted in an alpha coefficient of .84.



Table 2  
*Scale reliabilities for symptom and cultural value measures*

Scale	<i>n</i> items	$\alpha$	<i>N</i>
Dissociation	28	.87	76
Posttraumatic Distress	37	.94	79
PTSD	16	.86	79
General Symptoms	25	.96	79
Anxiety	10	.82	77
Depression	15	.94	79
Asian Values	42	.85	78
Collectivism	7	.81	79
Family Recognition	14	.90	79
Emotional Suppression	8	.76	79
Emotional Suppression - Revised	7	.81	79
Conformity	7	.57	79
Humility	6	.67	79
Loss of Face	21	.86	79
Interpersonal Harmony	6	.66	79
Interpersonal Harmony – Revised	5	.81	79
Filial Piety	9	.69	79

A few of the cultural value measures were found to be inadequately reliable in this sample. Those that showed high reliability included the total Asian values scale, the collectivism subscale, and the family recognition subscale. The reliability analysis of the 8-item emotional suppression subscale obtained a fair alpha coefficient (.76), and one item (35; openly expressing one's emotions is a sign of strength – reversed) was poorly correlated with the subscale total (-.08;  $N = 72$ ). Removal of item 35 from the subscale resulted in an alpha of .81 for the remaining items, and this revised 7-item subscale score

was used in the current study. The conformity and humility subscales obtained Cronbach's alpha coefficients below typical reliability standards and they could not be improved to an acceptable level by removing any items. Therefore, the current study did not use these subscales.

The interpersonal harmony scale was found to have poor internal consistency due to one item not strongly correlating with the other items in that scale. A revised version was computed without this uncorrelated item, which was found to have good reliability. The items in the filial piety scale did not have good internal consistency in any combination. Loss of face was found to have good reliability. Therefore, the total Asian values scale and its collectivism, family recognition, and revised emotional suppression subscales were used in the analyses of the current study, as well as the loss of face and the revised interpersonal scale.

#### Reports of Potentially Traumatic Events

A substantial proportion of the sample reported having experienced potentially traumatic events. Over three-quarters of participants indicated having experienced at least one kind of event on the betrayal trauma scale during their lifetime. Approximately two-thirds (49) said they experienced at least one event during childhood, almost half (35) during adolescence, and a little more than one-third (29) during adulthood. The breakdown of experiences categorized as high (HB), medium (MB), and low betrayal (LB) for each age group assessed are presented in Table 3. Over one-third of respondents indicated experiencing events categorized as low betrayal trauma, a little under two-thirds reported medium betrayal events, and over half said they experienced high betrayal traumas at some point in the lives.

Table 3

*Number and percent of participants reporting at least one experience falling in each betrayal category and age group.*

Betrayal Level	Number of Respondents (Percent of Valid Responses)			
	Childhood	Adolescence	Adulthood	Total
LB	18 (23.1%)	14 (18.2%)	10 (13.0%)	27 (34.6%)
MB	30 (40.0%)	22 (31.4%)	17 (24.3%)	44 (59.5%)
HB	25 (33.8%)	23 (32.9%)	18 (25.4%)	39 (53.4%)
Total	49 (64.5%)	35 (48.6%)	29 (39.7%)	59 (76.6%)

*Note.*  $N = 70$  to  $78$ .

Many participants disclosed more than one potentially traumatic event, with experiences falling within more than one developmental stage and more than one level of betrayal. A small minority of respondents reported having only experienced events in childhood (12.5%) or adolescence (5.6%), whereas approximately one-quarter indicated experiencing potentially traumatic events during all three age groups (see Table 4). This sample consists of young adults, with the oldest participant being 28 years old, therefore adult trauma descriptives from this sample have limited generalizability to the adult population in Japan. Because of this limitation and the fact that this study was interested in child abuse outcomes and moderators, descriptive information will focus on pre-adulthood data which will include events experienced up until the age of 18.

Table 4

*Number and percent of participants reporting experiences falling in each age group exclusively and in combined age groups*

Age groups	<i>n</i>	Percent of Valid Responses
Child only	9	12.5%
Adolescent only	4	5.6%
Adult only	4	5.6%
Child & adolescent at least	30	41.7%
Child & adult at least	23	31.9%
Adolescent & adult at least	18	25.0%
All three age groups	17	23.6%

*Note.* *N* = 72.

Fifty-four (71.1%) of the 76 valid respondents reported having experienced at least one of the events in the betrayal trauma scale during childhood and/or adolescence. A total of 133 events falling in this category were reported by participants. Table 5 displays a detailed breakdown of types of events reported. Non-interpersonal events experienced during childhood and/or adolescence were reported by almost one-third of the Japanese students in the study. One-fifth of the participants reported surviving natural disasters, and 1 out of 10 indicated having been in serious accidents. Pre-adulthood interpersonal events were reported by approximately two-thirds. While not the focus of the current study, it is also important to note that, despite their young age, 16 (20.3%) of respondents disclosed direct interpersonal events experienced during adulthood.

Table 5  
*Number and percent of participants reporting each type of pre-adulthood experiences*

Type of Experience	Number (Percent of Valid Responses)			
	LB	MB	HB	Total
Non-Interpersonal Events				24 (30.8%)
Natural disasters	17 (21.8%)			17 (21.8%)
Accidents	10 (13.0%)			10 (13.0%)
Interpersonal Events				48 (64.0%)
Physical abuse		3 (4.1%)	4 (5.4%)	7 (9.5%)
Sexual abuse		14 (19.2%)	5 (6.5%)	15 (20.5%)
Emotional abuse		17 (23.3%)	20 (27.0%)	31 (41.9%)
Neglect		2 (2.6%)	6 (8.3%)	8 (11.1%)
Knowledge of abuse of other		26 (32.9%)	12 (15.2%)	27 (34.2%)
Loss or threat of loss of other		7 (9.0%)	13 (16.7%)	18 (23.1%)

*Note.*  $N = 72$  to  $79$ .

Next, pre-adulthood experiences were broken down by betrayal level to further describe this sample's experiences. About half of participants indicated having experienced HB events in pre-adulthood, a little more than half reported MB events (see Table 6). As Table 6 illustrates, the majority of participants reported experiencing more than one type of pre-adulthood events. Experiences spanning across more than one betrayal level was the norm and appeared to increase in likelihood with heightened betrayal level. A chi-square analysis revealed that respondents reporting pre-adulthood events categorized as LB were significantly more likely to also report MB events than not ( $\chi^2(1, N = 74) = 6.24, p < .05$ ), and those reporting MB events were more likely than not to also report HB events ( $\chi^2(1, N = 71) = 13.67, p < .001$ ).

Table 6  
*Number and percent of participants reporting childhood and/or adolescent experiences falling in each level of betrayal exclusively or in combination with other levels*

Betrayal Level	Number	Percent of Valid Responses
LB only	5	6.3%
MB only	8	10.1%
HB only	8	10.1%
LB at minimum	24	30.8%
MB at minimum	39	52.7%
HB at minimum	34	47.2%
LB & MB	17	23.0%
LB & HB	13	18.1%
MB & HB	25	35.2%
LB & MB & HB	12	16.9%

*Note.*  $N = 70$  to  $79$ .

To test the betrayal effect and moderating impact of cultural values in the current study, the HB and MB direct experiences variables were used. Roughly the same proportion of participants reported having experienced direct MB experiences during childhood and/or adolescence (52.7%) as reported HB experiences for this time period (47.2%). Thirty-eight percent of women and 26.1% of men reported experiencing HB events in childhood or adolescence. This difference was not statistically different. None of the other demographic variables were significantly associated with reports of HB and MB experiences.

#### Testing the Betrayal Trauma Effect

Descriptives of the symptom measures for the entire sample are shown in Table 7. Higher scores represent more symptomatology. The mean dissociation score fell within the normal range, and 10 (13.3%) out of the 75 respondents had scores of 20 and above, which are indicative of clinically significant dissociation. The mean scores on the total

posttraumatic distress scale and PTSD subscale fell below the checklist positive value for PTSD, and 16 (20.5%) of the 78 respondents had checklist positive scores. The mean scores obtained for the general symptom total scale and the anxiety subscale fell below the checklist positive value, but the mean depression subscale score did meet the checklist positive criterion. Twenty-five participants (32.1%) had checklist positive scores for the total scale, 28 (35.9%) for the depression subscale, and 5 (16.7%) for the anxiety subscale.

Table 7  
*Descriptives of psychological symptom measures*

Subscale	Rating Scale	Min	Max	<i>M</i>	<i>Mdn</i>	<i>SD</i>	<i>N</i>
Dissociation	0 - 100	0.00	34.64	9.63	7.86	7.47	75
Posttraumatic Distress	1 - 4	1.00	3.22	1.61	1.54	0.49	78
PTSD	1 - 4	1.00	3.19	1.67	1.59	0.48	78
General Symptoms	1 - 4	1.00	3.88	1.60	1.36	0.59	78
Depression	1 - 4	1.00	3.80	1.75	1.50	0.71	78
Anxiety	1 - 4	1.00	2.50	1.32	1.20	0.38	76

A few demographic variables were found to be associated with symptom measures. Not unexpectedly, symptom scores were positively associated with reported mental illness diagnoses. Gender differences emerged such that females scored higher ( $M = 1.72$ ,  $SD = 0.64$ ) than did males ( $M = 1.35$ ,  $SD = 0.38$ ) on the total general symptom scale,  $t(73.74) = -3.14$ ,  $p < .05$ , and females also scored higher ( $M = 1.90$ ,  $SD = 0.77$ ) than did males ( $M = 1.45$ ,  $SD = 0.42$ ) on the depression subscale,  $t(75.13) = -3.35$ ,  $p < .05$ . Thus, it would seem prudent to include gender in analyses involving psychological symptoms. However, because of the small sample size of the current study, adding

gender as a predictor variable to the regression analyses testing the betrayal effect and cultural value moderation would reduce the cell counts for each gender reporting HB and MB to a size too small to confidently make inferences based on the results (e.g., only 8 males reported HB direct experiences in childhood and/or adolescence). Cell sizes of analyses of demographic associations with the memory items were similarly small, and therefore these analyses were not conducted.

To test the betrayal effect in this sample, MB and HB direct experience variables were entered as dummy variables in a series of model testing regression analyses to test for their unique and additive contribution to scores on the psychological symptom measures. Because the predictors were dummy-coded variables, the  $R^2$  change tests when each dummy variable was entered last into the regression were evaluated rather than the beta weights, which are typically evaluated when using continuous variables. Table 8 displays the results of these regression analyses. Even though dissociation did not appear to be predicted by either MB or HB, posttraumatic distress, PTSD and depression symptoms were significantly predicted by HB. Participants reporting HB experiences before the age of 18 had higher scores than those reporting MB experiences on the posttraumatic distress total scale and PTSD subscale, as well as on the depression symptoms. Figures 1 and 2 graphically display the unique contribution of each of the MB and HB variables to PTSD and depression scores, respectively. Thirty percent of participants disclosing HB events reached checklist positive PTSD scores, and 27.3% reporting MB experiences had checklist positive scores.



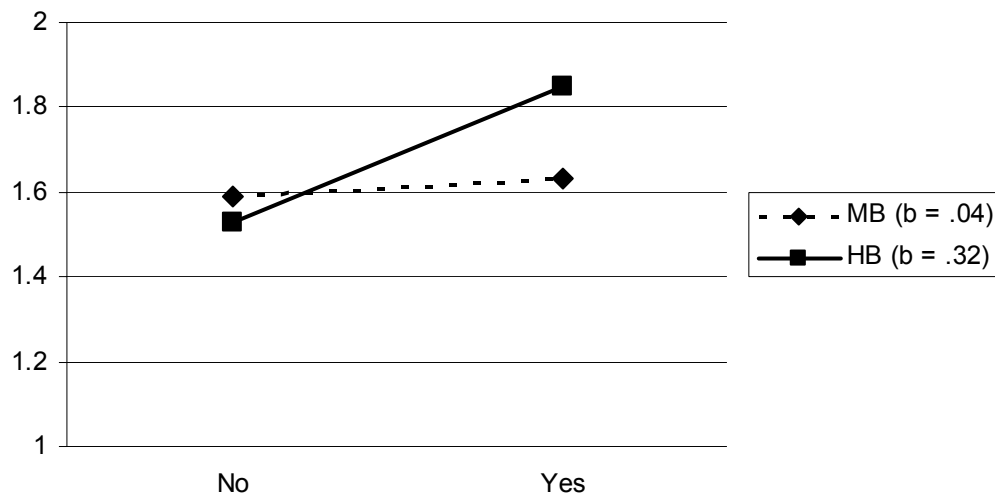
Table 8

*Combined and unique contributions of MB and HB experiences predicting psychological symptoms*

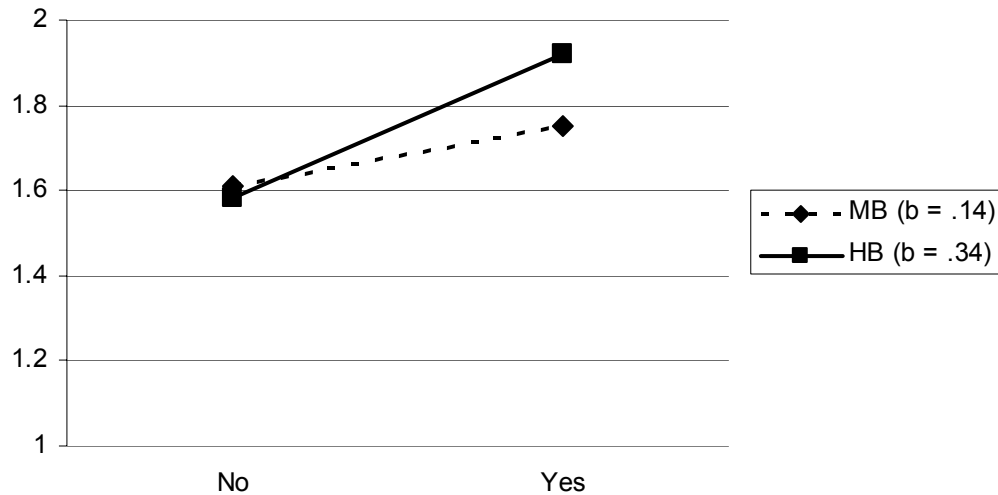
Scale	<i>R</i>	MB			HB		
		<i>M</i>	<i>SD</i>	$\Delta R^2$	<i>M</i>	<i>SD</i>	$\Delta R^2$
Dissociation	.22	11.29	8.96	.03	11.23	8.06	.01
Posttraumatic Distress	.35	1.66	0.44	.00	1.80	0.45	.10**
PTSD	.34	1.70	0.44	.00	1.85	0.42	.10**
General Symptoms	.28	1.66	0.54	.03	1.69	0.44	.03
Anxiety	.23	1.40	0.43	.01	1.43	0.39	.03
Depression	.29	1.83	0.65	.01	1.95	0.68	.06*

\*  $p < .05$ ,  $p < .01$

*Note.*  $N = 70$  for the total and PTSD subscale of the J-HTQ, and the depression subscale of the J-HSCL.  $N = 69$  for the J-HSCL total scale and the anxiety subscale.  $N = 68$  for the J-DES.



*Figure 1.* Unique contributions of HB and MB experiences predicting PTSD symptoms.



*Figure 2.* Unique contributions of HB and MB experiences predicting depression symptoms.

Regression analyses were also conducted to evaluate the unique predictive ability of HB direct events experienced before age 18, controlling for all other potentially traumatic events reported by participants (i.e., non-interpersonal events, non-direct experiences, and any type of event occurring in adulthood). The pattern of results remained the same such that HB direct events continued to contribute statistically significant unique variance in predicting total posttraumatic distress and PTSD, as well as depression symptoms, whereas the other types of trauma experiences were not significant predictors when controlling for HB direct experiences (see Table 9).

Table 9

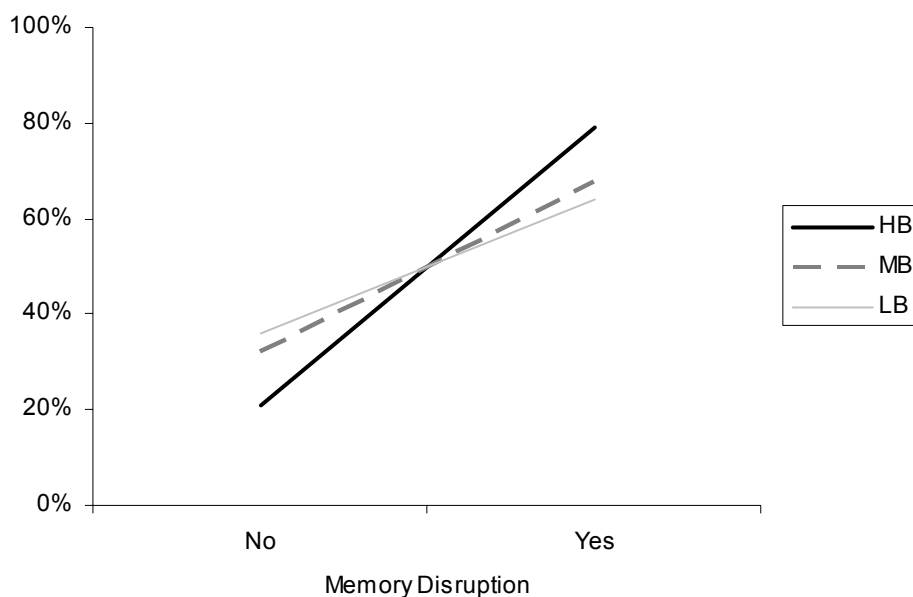
*Combined and unique contributions of MB and HB experiences predicting psychological symptoms, controlling for all other potentially traumatic experiences reported*

Scale	<i>R</i>	MB $\Delta R^2$	HB $\Delta R^2$	<i>N</i>
Dissociation	.22	.02	.01	68
Posttraumatic Distress	.35	.00	.09*	70
PTSD	.34	.00	.09*	70
General Symptoms	.29	.03	.04	69
Anxiety	.26	.02	.03	69
Depression	.29	.01	.06*	70

\*  $p < .05$

A total of 133 potentially traumatic pre-adulthood events were reported by the participants. Memory disruptions were reported for 82 of these experiences. A one-way chi-square goodness-of-fit analysis revealed that the distribution of memory disruption for these experiences (.62) was found to be significantly greater than the distribution of memory disruption for nontraumatic childhood events (.21) reported by Lindsay and Read (2000),  $X^2(1, N = 133) = 131.91, p < .001, w = 1.00$ .

The distribution of participants reporting memory disruption for at least one experience falling in each betrayal level is presented in Figure 3. The distributions of memory disruption for MB and HB events were each compared to the LB distribution using one-way chi-square goodness-of-fit analyses. A significant difference was revealed between the proportion of individuals reporting memory disruption for HB events (.79) versus the proportion of individuals reporting memory disruption for LB events (.64),  $X^2(1, N = 24) = 2.84, p < .05, w = .34$ . The difference in distributions of individuals reporting memory disruption for MB events (.68) and those for LB events (.64) was non significant,  $X^2(1, N = 28) = 0.16, n.s., w = .08$ . The distribution of memory disruption for HB experiences did not differ from that for MB experiences,  $\chi^2(1, N = 24) = 1.69, n.s., w = .27$ .



*Figure 3.* Percent of participants disclosing LB, MB, and HB traumas who do not and do report memory disruptions.

#### Testing the Moderation of the Betrayal Effect by Traditional Asian Values

Descriptives of the measures of cultural values for the entire sample are shown in Table 10. Higher scores represent greater endorsement of traditional Asian values. The only demographic variable that showed any significant association with any value scale was parental income. The greater the parental income, the lower the score on the collectivism subscale,  $R(31) = -.40, p < .05$ . The small number of responses obtained on the parental income item, however, makes interpretation of findings difficult.

Table 10  
*Descriptives of total and subscale Asian value measures*

Subscale	Min	Max	<i>M</i>	<i>Mdn</i>	<i>SD</i>	<i>N</i>
J-AAVS-M	2.48	5.43	4.05	4.05	0.51	77
Collectivism	1.57	6.00	3.83	4.00	0.94	78
Emotional Suppression	2.00	6.86	4.03	3.93	0.94	78
Family Recognition	1.50	6.64	4.19	4.21	0.94	78
Interpersonal Harmony	3.20	7.00	5.15	5.20	0.88	78
Loss of Face	55.00	136.00	94.42	93.00	15.18	78

*Note.* Item rating scales ranged from 1 to 7 for all measures.

Moderation analyses were performed to evaluate the role of traditional Asian values on the betrayal effect. Because the predictor (HB) was dichotomous, while the moderator and outcome variables were continuous, the HB variable was dummy coded, all variables were centered, and interaction terms were computed by multiplying the centered HB scores with the centered moderator scores. Thus, each regression equation used to predict symptom measure scores included the standardized score for HB, the moderator, and the HB by moderator interaction. Tables 11 and 12 display the results of these analyses.

Table 11

*Omnibus R and unique contributions of HB x Asian values moderation terms in regression analyses predicting symptom measure scores*

Scale	Total		Collectivism		Family Recognition		Emotional Suppression	
	<i>R</i>	<i>b</i>	<i>R</i>	<i>b</i>	<i>R</i>	<i>b</i>	<i>R</i>	<i>b</i>
Dissociation	.19	-0.09	.20	-0.09	.19	-0.07	.21	-0.06
Posttraumatic Distress	.40	-0.25	.39	-0.12	.40	0.06	.41	-0.12
PTSD	.41	-0.2	.37	-0.1	.39	0.01	.43	-0.13
General Symptoms	.31	-0.06	.27	0.04	.37	0.07	.37	-0.01
Depression	.33	-0.20	.31	0.06	.37	0.02	.37	-0.00
Anxiety	.29	-0.17	.23	-0.08	.24	-0.04	.31	-0.14

*Note.*  $N = 71$ , except for the following scales which are reduced by one outlier each: dissociation, total Asian values, general symptoms, and anxiety.

In all moderation regressions, HB remained a significant predictor of trauma and depression symptoms. Only one significant HB by cultural value interaction was found. The interaction between HB and interpersonal harmony was a significant predictor of dissociation. As illustrated in Figure 4, for participants reporting direct pre-adulthood HB experiences, greater endorsement of the value of interpersonal harmony is associated with fewer dissociative symptoms ( $M = 8.73$ ,  $SD = 7.33$ ),  $R = .56$ ,  $b = -4.62$ ,  $p < .01$ , whereas no such association was found in those not reporting HB experiences ( $M = 10.91$ ,  $SD = 5.34$ ).

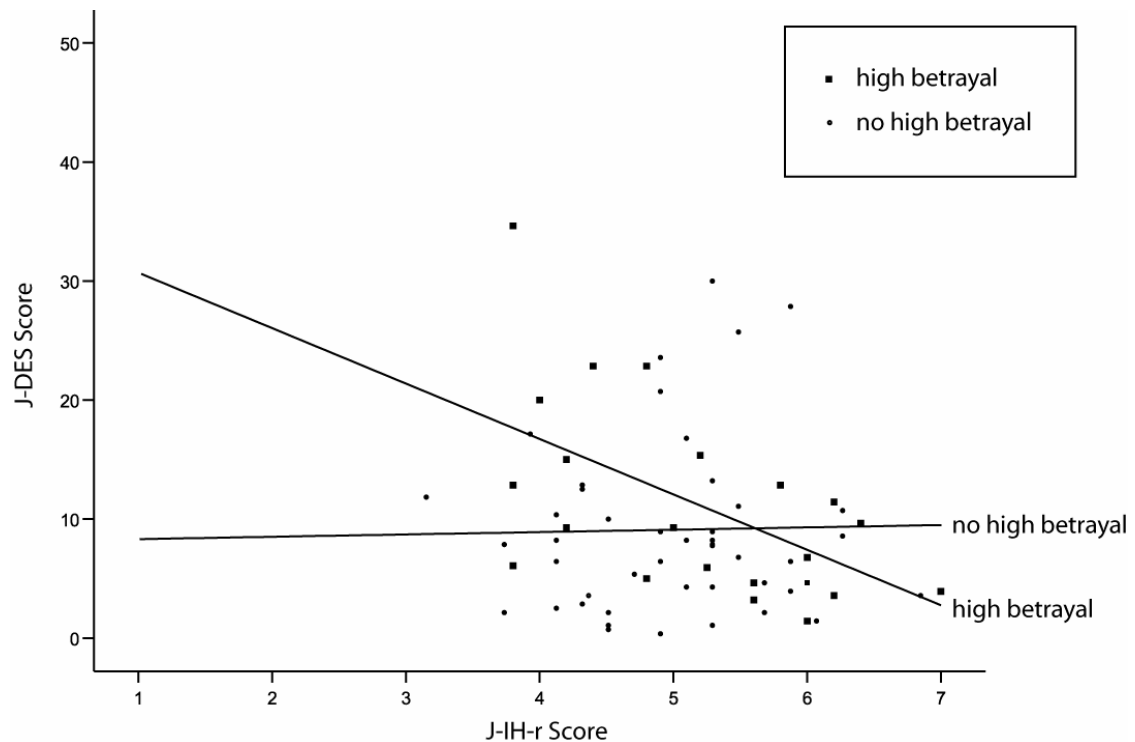
Table 12

*Omnibus R and unique contributions of HB x interpersonal harmony and HB x loss of face moderation terms in regression analyses predicting symptom measure scores*

Scale	Interpersonal Harmony		Loss of Face	
	<i>R</i>	<i>B</i>	<i>R</i>	<i>b</i>
Dissociation	.37	-0.17*	.18	-0.06
Posttraumatic Distress	.39	-0.14	.39	-0.12
PTSD	.39	-0.16	.39	-0.08
General Symptoms	.26	-0.00	.35	-0.04
Depression	.31	-0.03	.36	-0.06
Anxiety	.27	-0.06	.32	-0.19

\*  $p < .05$

*Note.*  $N = 71$ , except for the following scales which are reduced by the number of outliers indicated for each: dissociation (2), general symptoms (1), and anxiety (1).



*Figure 4.* Scatterplot of dissociation (J-DES) by interpersonal harmony (J-IH-r) for participants reporting pre-adulthood direct HB experiences and no HB experiences.

The moderation effect of traditional Asian values on the betrayal effect on memory for traumatic events was assessed by running ANOVAs with cultural measures as the dependent variables and the HB memory loss item as the independent variable. The results from these analyses are presented in Table 13. None produced significant results. Individuals who reported some memory loss associated with HB events did not differ on measures of traditional Asian values from individuals reporting no memory loss associated with HB events. Because of small cell counts, inferences based on these results cannot be made with confidence.

Table 13

*Mean scores on scales for individuals experiencing some and no memory loss associated with HB experiences and ANOVA results comparing these two groups*

Measure	<i>M</i> ( <i>SD</i> )		<i>F</i>	Partial $\eta^2$
	No memory loss	At least some memory loss		
Asian Values	3.91 (0.43)	4.24 (0.33)	3.04	.13
Collectivism	3.91 (1.52)	3.90 (0.82)	0.00	.00
Emotional Suppression	4.06 (1.79)	4.35 (0.70)	0.35	.02
Family Recognition	4.70 (1.30)	4.46 (0.80)	0.28	.01
Interpersonal Harmony	5.16 (1.18)	5.30 (0.94)	0.08	.00
Loss of Face	95.20 (23.22)	99.06 (12.23)	0.24	.01

*Note.*  $N = 24$ , except for total Asian values scale ( $N = 23$ ).



### Summary of Hypothesized Results

1. *Hypothesis partially supported.* History of pre-adulthood HB trauma predicted more psychological distress (PTSD and depression symptoms), above and beyond any distress predicted by MB trauma or any other reported trauma. The hypothesis was not supported for distress in the form of anxiety symptoms.
2. *Hypothesis not supported.* History of pre-adulthood HB trauma did not significantly predict more dissociation, above and beyond any distress predicted by MB trauma.
3. *Hypothesis partially supported.* Memory disruptions were more likely for pre-adulthood HB experiences than for potentially traumatic experiences lower in betrayal (LB and MB).
4. *Hypothesis not supported.* Greater endorsement of traditional interdependence-based cultural values (placing group above self, interpersonal harmony, filial piety, and loss of face) did not significantly interact with pre-adulthood HB trauma reports in predicting psychological distress (posttraumatic stress, anxiety and depression symptoms).
5. *Hypothesis not supported.* Endorsement of the traditional interdependence-based cultural value of interpersonal harmony significantly interacted with pre-adulthood HB trauma disclosures, but in the opposite direction than hypothesized. Greater endorsement of interpersonal harmony predicted less dissociation for individuals reporting HB events, while no association between endorsement of interpersonal harmony and dissociation was found for individuals reporting no HB events. Other cultural values did not significantly interact with HB disclosures to predict dissociation.
6. *Hypothesis not supported.* Greater endorsement of traditional interdependence-based cultural values did not predict increased memory disruption associated with pre-adulthood HB trauma.

### Reactions to Trauma Questions

Mean participant reactions to answering the trauma questions were neutral to positive (see Table 14). On average, participants rated the relative difficulty or challenge of answering the questions, as well as the distress experienced in answering, as somewhat less than to the same as other things they encounter day to day. Answering the questions was viewed as potentially being neutral to somewhat beneficial in terms of future impact on the respondents, but as neutral to somewhat unhelpful to respondents at the time of survey completion. Participants rated asking trauma questions for research purposes as neutral to somewhat important, and as being a somewhat to very good idea in spite of the distress they may cause at the time of answering.

Table 14  
*Mean rating on the scaled reaction questions*

Item	Scale Range (1 to 5)	<i>M</i>	<i>SD</i>
Difficult or challenging	Much less to Much more	2.73	1.34
Distressing	Much less to Much more	2.50	1.32
Helpful	Definitely unhelpful to Definitely helpful	2.36	1.04
Future impact	Very harmful to Very beneficial/ helpful	3.05	0.56
Important	Very unimportant to Very important	3.87	1.06
Cost/benefit analysis	Very bad idea to Very good idea	4.03	0.70

*Note.*  $N = 78$ , except for the importance rating item ( $N = 75$ )

A paired samples t-test revealed that the mean rating of how distressing it was to answer the trauma questions was lower than the mean rating of the importance of asking such questions in research,  $t(74) = -8.06, p < .001$ . Interestingly, these two ratings were significantly correlated, so that the more distressing answering the trauma questions was, the more important to ask they were thought to be,  $R(74) = .27, p < .05$ . Figure 5 displays the frequencies of each rating for each item. In weighing the costs and benefits, not one participant indicated that it was a very bad idea to ask trauma questions in research, and only one said that it was somewhat of a bad idea. This participant did not give enough information to determine whether he or she experienced any HB abuse.

The general sentiment indicated by the ratings on these items is captured well by some of the comments made by the some of the participants in the open-ended item ( $N = 9$ ). One person wrote, "It is distressful when we talk about our traumatic experiences to others. I also experienced distress at some degree during the survey. Thus, I am hoping that the research group will use the data effectively in order to find out the best outcome." The following was written by another participant.

Before participating in the survey, I thought answering the questions would not be that painful. But while answering, recalling things in the past, I found it hard to answer. However, since I had a strong interest in psychological research, I thought it was a good experience for me.

Two other respondents indicated that although they had no traumatic experiences to disclose they felt asking such questions in research was important. Two others simply stated that they did not feel their responses on the trauma questionnaire would be useful for the research because they did not have any traumatic experiences to report. Another two respondents gave encouraging statements to the researcher (e.g., "Please persevere!" and "I pray for the success of your research.>"). One final participant commented that it was difficult to understand some of the questions and recommended that the survey be revised.

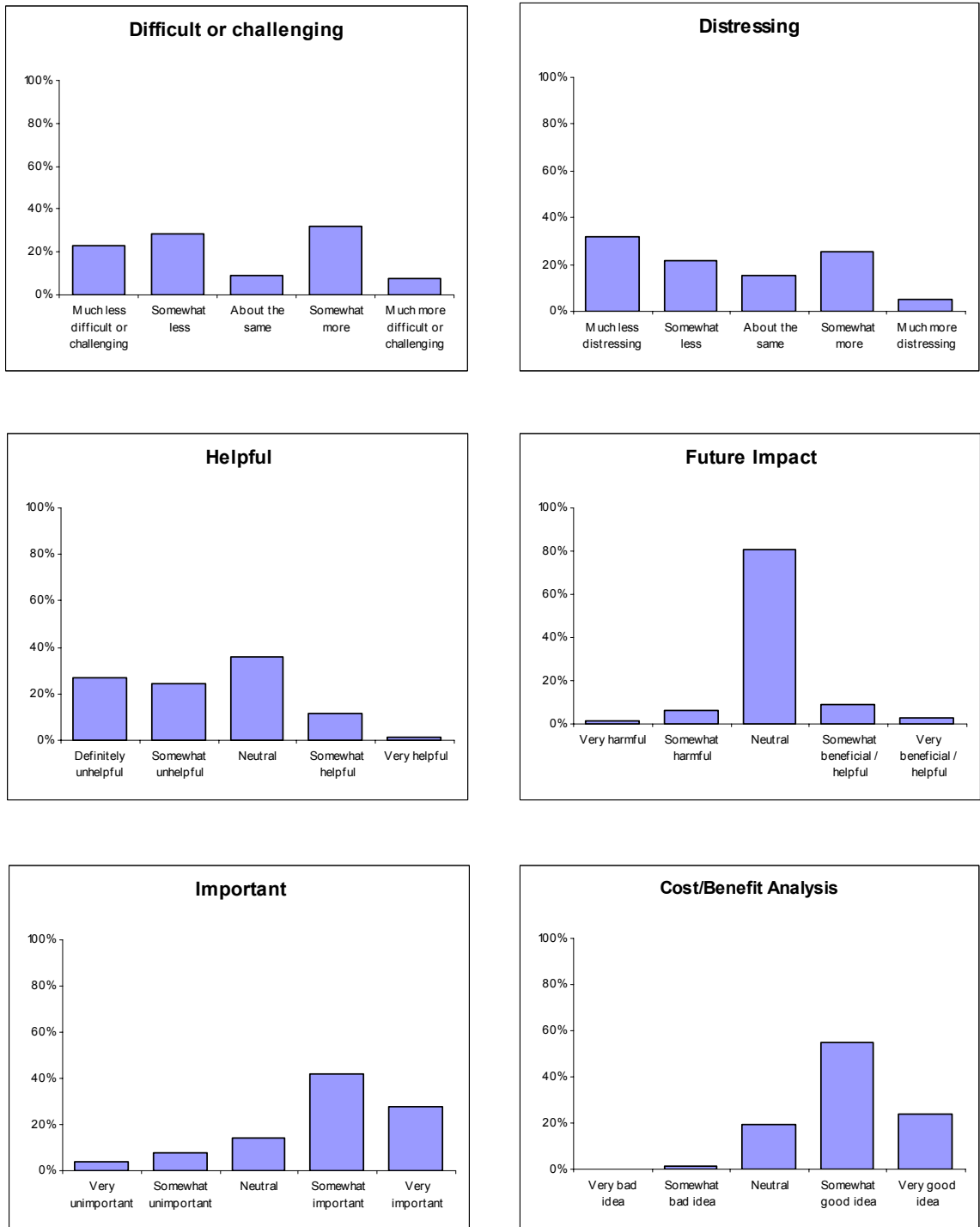


Figure 5. Reactions to trauma questionnaire.

## CHAPTER IV

### DISCUSSION

#### Lifetime Trauma Reports

It appears that experiencing traumatic events is not unusual in Japan, just as it is in the U.S.. According to the responses of the participants in this study, approximately three-quarters of Japanese undergraduates have experienced at least one type of event included in the J-EEBTS in their lifetimes. Most have experienced multiple events across different categories of experiences and over more than one age period. Because previous Japanese studies collected and reported prevalence information by specific behavior (e.g., hit with an object, slapped), it is difficult to compare prevalence rates with the current study, which collected prevalence information by category (e.g., physical assault, unwanted sexual acts). However, the high rates reported for each specific physical behavior (e.g., up to 40% slapped, 25% punched, and 14% hit by an object; Kitamura et al., 1995, 1999; Yamamoto et al., 1999) do suggest that physical assaults were relatively underreported in the current sample, in which only 10% disclosed having been physically attacked in their lifetimes. The apparent underreporting of physical experiences may be a function of the relatively greater severity level of experiences being elicited by the wording used in the current study. The question in the J-EBBTS asks about experiences that resulted in visibly detectable physical pain or injury whereas the previous studies did not.

Emotional maltreatment was reported by a greater percentage of participants in the current study, in which close to half disclosed such experiences, compared to the previous Japanese studies (Kitamura et al., 1995, 1999; Yamamoto et al., 1999). Again it is difficult to make direct comparisons because of the differences in how the experiences were elicited (i.e., categorically versus behaviorally). In the earlier studies,

the prevalence of only three experiences was reported: harsh scolding, threatening, and putting to shame. There was no way to deduce how many people in total experienced any type of harsh emotional treatment. Prevalence rates of neglect experiences in the current study (11%) closely matched those found in previous research (Kitamura et al., 1999).

The apparent difference between the number of participants reporting childhood sexual abuse in the current study and a previous study (Tomoko et al., 2002) may be due to wording differences. Whereas the current study used language to the effect of being *made* to or *threatened* to participate in sexual activity, which was disclosed by approximately one-fifth of participants, the earlier study asked about any sexual experiences before 12 years of age, which resulted in disclosure by over half of their sample. Because of the filial piety value in Japanese families, Japanese children may not be overtly coerced by parents who want them to participate in sexual activity, but may feel compelled to comply because of a sense of duty. Unfortunately, the influence of filial piety on abuse disclosures could not be measured in the current study because the subscale chosen to measure this cultural value was found to not have adequate reliability. Efforts to develop a measure of filial piety should be continued.

#### High Betrayal Trauma Reports

The research team was unable to locate prior investigations conducted in Japan that considered closeness of perpetrator as a variable; therefore, this study may be presenting the first findings in this regard. Close to half of the Japanese undergraduates reported having directly experienced at least one of the potentially traumatic interpersonal events perpetrated by a close perpetrator over their lifetimes. That one in five of the Japanese participants reported direct HB events in adulthood is a particularly sobering finding, given that they had only been adults for an average of two years. In terms of pre-adulthood HB events, half the participants said they experienced these directly. Specifically, 1 in 10 disclosed HB physical assaults, 1 in 10 reported HB neglect, 1 in 5 disclosed HB unwanted sexual experiences, and 1 in 2 reported HB emotional maltreatment during adulthood and/or adolescence.

Compared to findings using the BBTS in two American samples (Goldberg & Freyd, 2006), the Japanese undergraduates in the current study reported lower rates of HB physical abuse, unwanted sexual activity, and emotional cruelty than did the American samples. The different reported prevalence rates in physical abuse may reflect truly lower prevalence of these experiences or a higher tolerance for injury because physical discipline is apparently a common occurrence in Japan (Adams, 2005). A gender difference was found in both the Japanese and the American samples, where more women reported HB experiences than did men, although this difference was not significant in the Japanese sample.

#### Psychological Distress

The mean score on the dissociation measure suggests Japanese undergraduates experience dissociative symptoms on average 10% of the time. This dissociation rate was lower than in studies of nonclinical samples in the U.S. (van Ijzendoorn & Schuengel, 1996). However, the median was in between median scores reported for nonclinical samples of Japanese adults and adolescents. This finding is not surprising given that this sample was made up mostly of very young adults. The mean scores of the total posttraumatic distress scale and the PTSD subscale indicated that participants were on average bothered a little by posttraumatic stress related symptoms, and they did not reach checklist positive values. As expected, these scores were lower than those in multicultural refugee samples (Kleijn et al., 2001). Approximately one-third of those reporting experiencing one of the interpersonal events in J-EBBTS in childhood or adolescence obtained checklist positive scores for PTSD.

The mean scores on the J-HSCL total and subscales suggest that on average participants were bothered a little by symptoms of psychological distress, and these ratings are similar to those made by Japanese male undergraduates in another study (Sumi & Kanda, 2002). The mean score on the depression subscale of the J-HSCL, but not the total scale or anxiety subscale, reached checklist positive value for clinically significant emotional distress in the total sample as well as in those reporting HB or MB

pre-adulthood experiences. The lack of published norms using this 25-item makes it difficult to ascertain the true meaning of this finding.

#### Traditional Asian Values

The mean Asian values total and subscale scores indicate that, on average, participants neither agreed nor disagreed with items assessing their endorsement of traditional Asian values. The mean interpersonal harmony score suggests mild to moderate endorsement of the value of interpersonal harmony, and the mean loss of face score suggests mild agreement that avoiding loss of face is important. It is interesting to note that except for the emotional self-control subscale, the Japanese participants in the current study scored lower than the Asian American samples in previous studies. Relative scores for both Caucasian and Asian Americans from a previous study (Zane & Yeh, 2002), the current study scored higher on the loss of face measure. While the statistical significance of this difference was not ascertained, greater endorsement of traditional Asian values by Asian Americans is not entirely unexpected in light of the immigrant retention phenomenon described earlier. As Matsui (1996) explained, cultural values may be retained with greater exigency in Asian immigrants as a way to preserve a positive self-identity in the presence of prejudice and oppression. At the same time, heightened endorsement of some values in the Japanese sample is also not surprising given the decreased influence of a secondary, majority culture.

#### The Betrayal Trauma Effect on Psychological Distress

The association of psychological distress with experiences on the J-EBBTS that are interpersonal in nature, experienced directly by the respondent during childhood or adolescence and perpetrated by someone close to the respondent, provides support for categorizing such experiences as abuse, according to the harm-based approach. Moreover, the hypothesis that direct pre-adulthood abuse perpetrated by close others would predict greater psychological distress, above and beyond interpersonal abuse perpetrated by others who were not close, was supported. Experiencing HB pre-adulthood abuse significantly predicted higher scores on both the total and PTSD subscales, even when controlling for MB events, which themselves did not predict PTSD



symptoms. Similarly, greater depression, but not general distress or anxiety, was significantly predicted by reported HB experiences, controlling for MB experiences. Again, MB experiences did not account for a significant portion of the variance. It appears, then, that depression is related to HB events experienced in childhood or adolescence in Japanese undergraduates, but anxiety is not. This finding supports betrayal trauma theory, which presents betrayal as a form of trauma resulting in distress with different manifestations and through different processes than physical threat-based trauma. In contrast, physical threat-based trauma is usually associated with fear and anxiety, and anxiety was not significantly predicted by childhood and adolescent interpersonal experiences. Individuals disclosing HB experiences did not report more dissociation than did individuals not disclosing HB experiences. This finding is not consistent with findings from an American sample, in which a betrayal effect was found (Freyd et al., 2005).

#### The Betrayal Trauma Effect on Memory

The proportion of participants reporting memory loss for either HB (79%) or MB (68%) maltreatment in the current study falls within the higher end of the range found in American samples from earlier studies (Freyd, 1996; Freyd et al., 2001). Within the Japanese sample, a greater proportion of HB disclosers reported some memory loss for those events than participants reporting memory disruption for LB experiences, whereas the proportion of participants with MB experiences reporting memory loss was not significantly different from those reporting LB experiences. The apparently larger proportion of participants reporting memory disruption for HB events compared to MB events was nonsignificant, but the effect size for the difference was moderate, suggesting that a larger sample size may have yielded a significant result. These findings provide preliminary support for the hypothesis that more memory impairment is associated with pre-adulthood HB events than with MB events. This hypothesis needs to be investigated more thoroughly, with a larger sample, and controlling for possibly confounding variables such as the compounding effect of multiple traumas.

### Cultural Moderation of the Betrayal Effect

The cultural values assessed by the questionnaires used in the current study did not appear to moderate the betrayal effect on PTSD and depression symptoms reported by the sample of Japanese undergraduates. However, while pre-adulthood direct HB abuse was not associated with dissociation for the entire sample, a significant interaction between HB events and the value of interpersonal harmony was revealed. For participants disclosing HB abuse greater endorsement of interpersonal harmony predicted greater dissociation, whereas for those reporting no HB abuse dissociation and interpersonal harmony were unrelated. This result does not support the hypothesis that greater endorsement of interpersonal harmony increases dissociation associated with betrayal trauma. In fact, the opposite seems to occur. Valuing interpersonal harmony appears to be a protective factor against dissociation for individuals reporting direct HB trauma experienced in pre-adulthood.

A recent anthropological study of child rearing in Japan may offer an explanation for this finding. Adams (2005) has suggested that it is the norm for Japanese children to be indulged in some ways but also terrorized by their parents. He argued that the combination of both sets of behaviors, although they appear initially antipodal, are practiced in the service of engendering attachment and imparting clear social roles and expected behaviors in order to maintain the important cultural value of interpersonal harmony. Japanese children are reminded on a regular basis that they are the property of their parents, who can choose to do with them as they wish, while simultaneously being indulged and given the message that whatever behaviors they exhibit will be tolerated. This combination of parenting behaviors may explain the lack of a relationship between dissociation and child abuse in the Japanese sample under study. Abusive behaviors by parents fit explicitly within the attachment socialization model, so that children may not have to disconnect from this experience in order to maintain attachment behaviors. Moreover, aggressive behaviors by children toward their parents are more likely to be tolerated by Japanese parents, so that adaptive reactions to being mistreated (e.g.,

confront or withdraw) are less likely to be attachment disruptive, compared to abusive patterns and expectations noted in the West.

However, the betrayal trauma effect on memory is difficult to reconcile with this explanation. Perhaps the discrepancy between the lack of a betrayal trauma effect on dissociation versus the presence of a betrayal effect on memory for abuse is related to different role expectations between childhood and adulthood. Whereas the fight response to abuse is tolerated during childhood, which is when dissociation is most likely to develop (Lynn & Rhue, 1994; Putnam, 1991), it may not be acceptable after children grow into adulthood, when their roles and responsibilities change. Furthermore, while dissociation has been implicated in traumatic memory lapses in the West (e.g., Halligan, et al., 2003), there may be no relation between the two in a Japanese population.

Despite widespread exposure to potentially distressing experiences, as revealed in this and previous studies conducted in various cultures, people seem to fare relatively well. Previous research suggests that most people (60%) do not go on to develop PTSD or some other clinically significant psychiatric diagnosis following trauma exposure (Craske, 1999). The low prevalence of Japanese undergraduates in the current study with a HB history with checklist positive scores on the J-HTQ PTSD subscale (30%) supports the claim that most people do not go on to develop PTSD. As human beings we appear to have the ability to cope with difficult situations in a resilient way - to survive, given the right resources. However, it is also clear that many individuals develop chronic distress in attempting to cope with some of these experiences, and betrayal trauma theory offers a strong theoretically grounded prediction of which experiences are most likely to result in distress. The very nature of some traumatic situations disallows the use of normal, instinctual survival mechanisms (e.g., fight or flight, confront or withdraw) because these strategies would actually impede survival in such cases. Attachment to others is adaptive inasmuch as it facilitates getting our survival needs met, especially in childhood - a period when we have fewer personal resources to survive on our own. Because of this dependence on others, confronting or withdrawing from an abuser is in direct conflict with maintaining attachment with the person responsible for one's survival.

### Study Strengths

This study possessed several strong points. It advanced the field of trauma and child abuse in Japan, where empirical information in this area is sparse, and provided supporting data for the recently developed Japanese child abuse legislations. In addition, it provided empirical support for betrayal trauma theory, and preliminary evidence of its universality. While not large, the effect sizes found for the betrayal trauma effect on PTSD (.34), depression (.29), and memory disruption (.34) were strong relative to other psychological phenomena that are assumed to be more predictable over time. In a prospective, longitudinal study of 799 individuals, some childhood personality factors were found to be stable over a 40 year period, with correlations ranging from nearly 0 to .39 (Hampson & Goldberg, 2006). The low range of effect sizes is not surprising despite the stability of personality over time because of the nature of psychological science being that a multitude of factors play roles in determining individual psychological phenomena. The betrayal effect sizes obtained in the current study are in the high end of the range found in the Hampson and Goldberg findings.

Some corroboration for the reliability and validity of the psychological distress measures in a Japanese population was obtained. Response fidelity on the trauma questionnaire was also suggested. The fact that the degree of valuing loss of face was not correlated with trauma disclosures or symptomatology suggested that participants were not answering based on the desire to save face. Furthermore, three-quarters of the sample reported using their own computer, and over 70% said they completed the survey in an environment where others could not see their responses. This level of privacy suggests that participants felt sure their responses would not be known by others, and in turn that they were able to answer honestly with no fear of negative interpersonal consequences to them, their families, or other people they may have been incriminating in their trauma disclosures. The lack of association between environmental factors and responses on any of the measures suggests that those who completed the survey in an environment with potential onlookers were not influenced to answer in a different manner than were those

who felt more assured of confidentiality. It may be that both groups were equally reticent to answer honestly; however, no evidence pointed to this possibility.

Reactions to the trauma questions revealed that participants were supportive of this research. Compared to an American sample asked about their reactions to the English version of the trauma questionnaire (DePrince & Freyd, 2004), the Japanese undergraduates in the current study indicated that the questions were slightly less distressing to answer, and slightly less important to ask for research purposes. However, on the whole, participants' reactions to being asked about traumatic experiences were neutral to positive. Asking such trauma questions in research was rated as more important than it was distressing, and the perceived benefits appeared to outweigh the costs for all but one respondent, who indicated it was somewhat of a bad idea to ask trauma questions. These generally positive responses to the trauma questions, and the tendency to perceive asking these questions as important and beneficial for research, suggest that participants on the whole were not averse to accurately answering such questions.

This positive reaction and support for trauma research by the participants was unexpected given the reluctance of many of the professors contacted to recruit students for this study. Therefore, not only is public education warranted to disseminate information about the harmful effects of certain acts, and the importance of research in preventing harm, but it may also be beneficial to inform the public about the positive responses by participants in such research to facilitate future recruitment efforts.

#### Limitations

The generalizability of the findings from this research has limitations. While translation efforts took care to follow best practices, and some of the measures evinced good internal consistency and predictive validity, inferences need to be made with some caveats. The basic psychometric analyses suggesting good internal consistency of the symptom measures used did not speak to their other forms of reliability or validity in this population. In addition, while the total scales for posttraumatic distress and general symptoms demonstrated good internal reliability, they had redundant items, and the translation team commented that the wording of some items was awkward and unclear.

The total posttraumatic distress scale also failed to provide additional information in the hypothesis testing analyses relative to its PTSD subscale, which did not show the same redundancy problem. This issue suggests that it may make more sense to use only the PTSD subscale in future studies. Further research using larger Japanese samples is warranted to continue to evaluate the psychometric properties of both the posttraumatic distress and general symptom scales, to assess their factor structures, and to potentially refine them.

Relatively more questions were raised about the reliability and validity of the measures attempting to capture cultural values. Two of the subscales on the Asian values scale did not show internal reliability. Possible explanations include failure by scale items to capture Japanese cultural values comprehensively or accurately, the presence of a different factor structure that better captures Japanese cultural values than the one identified in American samples, or imperfect translation of concepts. Further psychometric studies of the Asian values scales in a Japanese population are needed to assess the validity and reliability of these measures, as well as their factor structures. Such efforts will need to include a review of the translations. However, the ideal method of developing a measure that accurately captures Japanese cultural values would be to conduct an ethnographic study in Japan to generate items and administer factor and reliability analyses on those items.

Another set of measurement issues were related to the betrayal trauma questionnaire. Trauma and abuse disclosures were elicited using categorical terms (e.g., made to have sexual contact) with only limited behavioral descriptions listed as examples for some categorical items (e.g., touching or penetration). Respondents in previous studies have been found to disclose many more experiences that can be categorized as abuse when specific behavioral descriptions of experiences are used than when general abuse terms are used (Goldsmith & Freyd, 2005). Data collection efforts in the current study did not rely on either extreme method; it elicited information using descriptive terminology and behavioral examples rather than abuse labels, but it also did not involve comprehensive lists of specific behaviors subsumed under each category. This

methodology allowed for greater reporting potential than questionnaires using subjectively interpretable abuse labels, but was also subject to underreporting because of the limited specific behaviors listed in items. Future studies utilizing behavioral checklists should be conducted to increase the opportunity for respondents to report on various types of potentially traumatic events.

Another limitation of the betrayal trauma questionnaire is the wording of the memory questions, which may be interpreted differently than intended by respondents. The intent of these questions is to assess the extent to which individuals cannot recall parts of or entire events. However, the questions could be interpreted as not having thought about or remembered parts of or entire events for some time but being able to recall them if one wanted to, which may be a qualitatively different experience. Future research should be conducted to evaluate how the memory questions in the J-EBBTS are understood by respondents.

In addition, while respondents were given the opportunity to further comment on each type of abuse they disclosed, it was optional and most participants did not make comments. Therefore, it was not possible to detect which sexual abuse experiences were *chikan* related and evaluate the differential impact of these events on outcomes. The memory loss variables also posed a challenge. Memory quality was enquired about for each traumatic experience reported and had to be amalgamated over all HB events and all MB events in order to make comparisons between events falling into each of these betrayal categories. This reduction resulted in an inability to control for potential compounding effects of experiencing more than one traumatic event. Finally, one participant also commented that some of the questions and structure of the survey were difficult to understand, but specific information about which questions were problematic or why was not offered.

This research was also limited by its small sample size. Flyers were distributed and announcements were made to large classes of hundreds of Japanese students, but only 80 volunteered to participate over a nine month period. This is not surprising given the low response rates reported in past research conducted by Japanese investigators (e.g.,

Kitamura et al., 1993). Research participation may increase as more requests are made and dissemination of results increases public awareness and acceptance. In the meantime, greater effort and creativity are needed to recruit Japanese participants.

The retrospective self-report data collection method used in this study is another limitation. That HB experiences predicted greater psychological distress supports their categorization as abuse according the harm-based approach, but does not provide conclusive evidence. The associations cannot be assumed to be causal due to the retrospective nature of the study, and that self-reports were used exclusively raises the typical questions about reporting accuracy.

### Conclusions and Implications

This study provides support for legislative efforts in Japan attempting to reduce the prevalence of acts that are deemed to be harmful. Negative psychological consequences were associated with a number of interpersonal acts outlined in the Japanese legislation. This research also contributes to the growing evidence that trauma and abuse are not rare in Japan. Increasing information about the specific characteristics of abuse encountered by Japanese individuals is being collected and reported, but knowledge remains limited. The current investigation reported trauma characteristics and revealed that a large proportion of individuals experience abuse perpetrated by close others.

In addition, betrayal trauma theory was partially supported in Japan. Direct HB abuse experiences were found to be uniquely associated with posttraumatic distress and depression symptoms, above and beyond that associated with any other interpersonal and non-interpersonal traumatic experiences. A betrayal effect was not found on dissociation and anxiety symptoms, however. Memory disruption related to abusive experiences was more likely for high betrayal abuse than for low betrayal traumas, but no difference between medium and low betrayal traumas was found. It did not appear that cultural values played a significant role in the betrayal effect on psychological distress or traumatic memory loss. This lack of moderation offers preliminary support for the universality of betrayal trauma theory. However, questions raised in the current study



about the validity and reliability of the cultural value measures used must qualify any inferences made using these instruments.

The present study's findings have implications for prevention and interventions efforts in Japan. The evidence of harm associated with abuse at the hands of close others, including parents, not only provides empirical backing for the new child protective legislation, but it highlights the especial importance to act on this legislation even inside what has until now been considered a private, untouchable domain: the family home. The differential impact of betrayal trauma compared to other forms of trauma also implicates the need for differential intervention strategies. It is the hope of this researcher that dissemination of these findings will encourage further study of the impact of child abuse in Japan, will raise public awareness about the harm of abuse, and will mobilize prevention and intervention efforts.

APPENDIX A

JAPANESE ONLINE SURVEY

## セクションA

1/17

## 人口統計学的情報

まず始めに、どのようにこの調査について聞いたか、またこのアンケートをする周囲の状況について教えてください。

A. どのようにこの調査について知りましたが。

B. 今現在の状況に当てはまるものを一つ選んでください。

- ① 一人でいて、誰かが私のしていることを見ている可能性が全くない  ・ 少しある 。
- ② 他の人が周りにいて、彼らは私のしていることを見ることができない  ・ できる 。
- ③ 私は公共の場所にいる  ・ いない 。
- ④ 私は 私の  ・ 他人の  コンピューターを使っている 。

それでは、あなた自身についての質問に教えてください。

1. 年齢  才

2. 性別

3. あなたの性的な傾向に当てはまるものを全て選択してください。

- a.  異性愛者、ストレート
- b.  同性愛者、ゲイ、レズビアン
- c.  両性愛者、バイ
- d.  性転換者
- e.  無性者
- f.  その他

4. 生活環境について当てはまるものを全て選択してください。

- a.  一人暮らし

- b.  親と同居
- c.  パートナー（配偶者等）と同居
- d.  他人（友人、ルームメイト等）と同居
- e.  自分の子供と同居
- f.  その他の親族と同居

5. 以下から当てはまるものを全て選択してください。

- a.  独身、結婚経験無し
- b.  既婚
- c.  離婚/別居
- d.  配偶者と死別
- e.  子どもあり/過去に子どもあり

6. 国籍と人種

① 日本国籍を持っていますか。 はい  いいえ

もしも日本国籍でなければ、どの国籍ですか。

② いままで外国に住んだことがありますか。 はい  いいえ

外国に住んだことがある場合、どこに住んでいましたか。

また、何年間住んでいましたか？

③ あなたの属している民族もしくは人種を空欄に記してください。

④ 宗教または信仰はあなたにとってどれくらい重要ですか。

全く重要ではない	あまり重要でない	適度に重要である	とても重要である	非常に重要である・生活の中心である
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

⑤ あなたはどの宗教を信じていますか。当てはまるものを全て選択してください。

- a.  仏教
- b.  神道
- c.  キリスト教
- d.  その他

e.  どれでもない

7. 何年間の学校教育を受けましたか。

8. 職業と収入

① 現在、職に就いていますか。 はい  いいえ

② 職業は何ですか。

③ 現在の年収はおよそいくらですか？

④ 親の年収は、およそいくらですか？

⑤ 経済的に親からどの程度、援助を受けていますか？  %

9. 薬物（自分が処方を受けているもの以外の薬を含む）の服用または飲酒を週に1回以上していますか。

はい  いいえ

10. 医師からあなた自身に処方された医薬品を週に一回以上服用していますか。

はい  いいえ

11. 慢性的あるいは深刻な身体的不調を経験したことはありますか。（例:喘息、がん、心臓発作、深刻な手術歴など）

はい  いいえ

12. 深刻な精神的不調を経験したことがありますか。（例:自殺願望や、精神性神経性の問題での入院、とても動揺して日常の職務をこなすことができない状況等）\*飲酒あるいは薬物の問題を除く。

はい  いいえ

13. 今現在、カウンセリングや心理療法を受けていますか。

はい  いいえ

14. 過去に、カウンセリングや心理療法を受けたことがありますか。

はい  いいえ

次頁へ

## セクションB

2 | 17

## あなたの直接的な経験

以下のような出来事が、それぞれの時期（12歳以前、12歳から17歳、18歳以降）にあなたに起きたかどうか、また、どれ位の頻度で起きたかを尋ねます。どの時期にもそれらの出来事が起きていない場合は、必ず「全くない」をクリックしてください。

1.あなたは、個人的な財産を失ったり、あなた自身が深刻な怪我をしたり、生命の危険を感じたり、又は、あなたに関わりのある大切な人が深刻な怪我をしたり亡くなったりするような、大きな地震や火事、洪水、台風、竜巻などの経験をしたことがありますか。	
12歳以前： 上記の経験が <input type="text"/>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
12歳から17歳： 上記の経験が <input type="text"/>	

この調査以外で誰かにこの体験を打ち明けたことはありますか。		○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
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18歳以降：上記の経験が <input type="text"/>		
この調査以外で誰かにこの体験を打ち明けたことはありますか。		○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
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<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
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2. あなたは、個人的な財産を失ったり、あなた自身が深刻な怪我をしたり、生命の危険を感じたり、又はあなたに関わりのある大切な人が深刻な怪我をしたり亡くなったりするような、車ポート、バイク、飛行機、列車、労働災害および業事故にあったことがありますか。

12歳以前：上記の経験が

この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
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12歳から17歳：上記の経験が <input type="text"/>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
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18歳以降：上記の経験が <input type="text"/>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	

<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
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次頁へ

## セクションB

3 | 17

### あなたの直接的な経験

このセクションでは、ある出来事があなたに起きたか、あるいはどれ位の頻度で起きたのか、そして誰が関わったかを質問します。

まず、以下の出来事があなたに起きたか、あるいはどれ位の頻度で起きたのかを教えてください。

3. あなたは痣ができる、出血する、骨折する、歯が折れるなどの激しい暴力をととても親しい間柄の人（親や恋人など）から受けたことがありますか。

12歳以前：上記の経験が

上記の出来事があったならば、誰が行ったのですか。その人の性別と、あなたとの関係（例：血縁関係のある両親あるいは保護者等）を教えてください。また、あなたはその人をどのくらい必要としていましたか。その出来事について誰かに話したことはありますか。

記入例：出来事1があなたの母親の再婚による継父によって起こされた場合、以下のように入力してください。

性別	<input type="text" value="男"/>
あなたとその人物の関係	
両親または保護者	<input type="text" value="継父"/>
その他の家族	<input type="text"/>

性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>

夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○はい ○いいえ
現在、その人はそれらのものを与えていますか。	○はい ○いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
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<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったとい

う証拠はある（例：誰かが教えてくれた、その写真がある等）。

次の質問にも同様に答えてください。

12歳から17歳： 上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、 カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
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その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食 べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支 払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの	

全て)	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
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18歳以降: 上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人(例:教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>

その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
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4. あなたは痣ができる、出血する、骨折する、歯が折れるなどの激しい暴力を親しくない

問柄の人から受けたことがありますか。	
12歳以前：上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
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	た。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
12歳から17歳： 上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
	<input type="radio"/> はい

現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
18歳以降：上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>

雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○はい ○いいえ
現在、その人はそれらのものを与えていますか。	○はい ○いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
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<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。



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## セクションB

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## あなたの直接的な経験

前のページと同様に答えてください。

5. あなたは、とても親しい間柄の人から、性的な接触（触られる、性交する等）を迫られたり、性的な行動（マスターベーションや性的行為を見せられる等）に参加させられた事がありますか。	
12歳以前：上記の経験が <input type="text"/> ▼	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %

この調査以外で誰かにこの体験を打ち明けたことはありますか。		○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。	
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例：誰かが教えてくれた、その写真がある等)。	
12歳から17歳： 上記の経験が <input type="text"/>		
性別		<input type="text"/>
あなたとその人物の関係		
両親または保護者		<input type="text"/>
その他の家族		<input type="text"/>
夫、妻、恋人		<input type="text"/>
雇用主、上司、監督者		<input type="text"/>
その他の専門的な職業の人(例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)		<input type="text"/>

信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
18歳以降：上記の経験が <input type="text"/> ▼	

性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。



<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

6. あなたは、**親しくない間柄の人**から、性的な接触（触られる、性交する等）を迫られたり、性的な行動（マスターベーションや性的行為を見せられる等）に参加させられた事がありますか。

12歳以前：上記の経験が

性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>

その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
12歳から17歳： 上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>

その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、 カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食 べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支 払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの 全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあつた。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すこ とはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった 事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったと

	いう感覚はある。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。	
18歳以降：上記の経験が <input type="text"/>		
性別		<input type="text"/>
あなたとその人物の関係		
両親または保護者		<input type="text"/>
その他の家族		<input type="text"/>
夫、妻、恋人		<input type="text"/>
雇用主、上司、監督者		<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）		<input type="text"/>
信頼していた友人		<input type="text"/>
知人		<input type="text"/>
見知らぬ人		<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。		<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。		<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。		<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。		<input type="radio"/> はい <input type="radio"/> いいえ

この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
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<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例:誰かが教えてくれた、その写真がある等)。

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## セクションB

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## あなたの直接的な経験

前のページと同様に答えてください。

7. あなたは、とても親しい間柄の人から、精神的、感情的、あるいは言葉による不当な扱いを受けたことがありますか。(例：強要される、脅迫される、閉じ込められる、日常的にけなされる、貶められる、恥をかかされる、拒絶される、孤立させられる、罪を被らされる、非難される、罵倒される、馬鹿にされる等。人種差別や迫害を含む。)	
12歳以前：上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人(例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの(例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど)を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用(授業料、書籍代、家賃など)のうち、何%をその人が現在支	<input type="text"/> %

払っていますか。できる限り正確な見積もりでお答えください。		
この調査以外で誰かにこの体験を打ち明けたことはありますか。		○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。	
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例:誰かが教えてくれた、その写真がある等)。	
12歳から17歳 : 上記の経験が <input type="text"/>		
性別		<input type="text"/>
あなたとその人物の関係		
両親または保護者		<input type="text"/>
その他の家族		<input type="text"/>
夫、妻、恋人		<input type="text"/>
雇用主、上司、監督者		<input type="text"/>
その他の専門的な職業の人(例:教師、医師、コーチ、宗教的リーダー、		<input type="text"/>

カウンセラー、ベビーシッター、乳母など)	
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの(例:食べ物、安全、保護、愛情、慈しみ、教育、しつけなど)を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用(授業料、書籍代、家賃など)のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例:誰かが教えてくれた、その写真がある等)。



18歳以降：上記の経験が 

性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。

<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

8. あなたは、親しくない間柄の人から、精神的、感情的、あるいは言葉による不当な扱いを受けたことがありますか。（例：強要される、脅迫される、閉じ込められる、日常的にけなされる、貶められる、恥をかかされる、拒絶される、孤立させられる、罪を被らされる、非難される、罵倒される、馬鹿にされる等。人種差別や迫害を含む。）

12歳以前：上記の経験が  ▼

性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>

知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
12歳から17歳： 上記の経験が <input type="text"/>	
性別	<input type="text"/>

あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった

<input type="checkbox"/>	事が過去にあった。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。	
18歳以降：上記の経験が <input type="text"/>		
性別		<input type="text"/>
あなたとその人物の関係		
両親または保護者		<input type="text"/>
その他の家族		<input type="text"/>
夫、妻、恋人		<input type="text"/>
雇用主、上司、監督者		<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）		<input type="text"/>
信頼していた友人		<input type="text"/>
知人		<input type="text"/>
見知らぬ人		<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。		<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。		<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。		<input type="text"/> %
		<input type="radio"/> はい

この調査以外で誰かにこの体験を打ち明けたことはありますか。		<input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。	
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例:誰かが教えてくれた、その写真がある等)。	

次頁へ

## セクションB

6 | 17

## あなたの直接的な経験

前のページと同様に答えてください。

<p>9. あなたは、とても親しい間柄の人から日常的に必要な保護を軽視されたり、与えられなかったりしたことがありますか。(例: 心理的なもの: 世話をされる、注意を向けられる、愛情を感じる、配慮される、等。身体的なもの: 食事、衣服、住居、医療的な処置、経済的な援助等を受ける)</p> <p>アルコールや薬物を常用したり、うつ病やその他の深刻な精神病を患ったりしている親や保護者によって非意図的に起こされることがあるように、これらの保護の軽視や欠如などは、意図的な場合と、過失による場合とがあります。</p>	
12歳以前: 上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人(例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの(例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど)を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用(授業料、書籍代、家賃など)のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ

この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
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<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例:誰かが教えてくれた、その写真がある等)。
12歳から17歳 : 上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人(例:教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの(例:食べ物、安全、保護、愛情、慈しみ、教育、しつけなど)を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用(授業料、書籍代、家賃など)のうち、何%をその人が現在支払っています	<input type="text"/> %



か。できる限り正確な見積もりでお答えください。		
この調査以外で誰かにこの体験を打ち明けたことはありますか。		○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。	
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	
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18歳以降：上記の経験が <input type="text"/>		
性別		<input type="text"/>
あなたとその人物の関係		
両親または保護者		<input type="text"/>
その他の家族		<input type="text"/>
夫、妻、恋人		<input type="text"/>
雇用主、上司、監督者		<input type="text"/>
その他の専門的な職業の人(例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)		<input type="text"/>
信頼していた友人		<input type="text"/>
知人		<input type="text"/>
見知らぬ人		<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの(例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど)を与えましたか。		○はい ○いいえ

現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
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<p>10. あなたは、<b>親しくない間柄の人</b>から日常的に必要な保護を軽視されたり、与えられなかったりしたことがありますか。（例：心理的なもの：世話をされる、注意を向けられる、愛情を感じる、配慮される、等。身体的なもの：食事、衣服、住居、医療的な処置、経済的な援助等を受ける）</p> <p>アルコールや薬物を常用したり、うつ病やその他の深刻な精神病を患ったりしている親や保護者よって非意図的に起こされることがあるように、これらの保護の軽視や欠如などは、意図的な場合と、過失による場合とがあります。</p>	
12歳以前：上記の経験が <input type="text"/>	
性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>

その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
12歳から17歳： 上記の経験が <input type="text"/>	
性別	<input type="text"/>

あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

18 歳以降：上記の経験が

性別	<input type="text"/>
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある。

る（例：誰かが教えてくれた、その写真がある等）。

その他の報告したい出来事を記してください。

次頁へ

## セクションC

7 | 17

## あなたが目撃した出来事

前出のページにでていたような場面（例：天災、事故、暴力、性的接触、関係の強要、不当な扱い、日常において必要不可欠な保護の軽視 など）が、他人に起きているのを見たことがあれば、下の質問に教えてください。

ここに記した出来事以外を目撃したことがある場合、このページの終わりにある空欄にその出来事を説明してください。また、いかなる出来事も目撃したことがない場合、一番下にある「このような経験をしたことがありません」ボタンをクリックしてください。

注意：最大3つの出来事まで、報告できるようになっています。それ以上の出来事がある場合はこのページの終わりにある空欄に記入してください。

目撃した出来事 1		
その出来事について目撃した時、あなたは何歳でしたか。当てはまる年齢とその出来事が起きた頻度をクリックし、空欄に具体的にその出来事を記してください。（例：「暴力」の欄の横に「私の叔父が叔母を殴った」）		
目撃した時の年齢	出来事	
○ 12歳以前	天災	<input type="text"/>
○ 12歳から 17 歳	事故	<input type="text"/>
○ 18歳以降	暴力	<input type="text"/>
頻度	性的接触、関係の強要	<input type="text"/>
○ 1回または 2 回	精神的に不当な扱い	<input type="text"/>
○ それ以上	故意による日常的に必要な保護の軽視や欠如	<input type="text"/>

上記の出来事 1 について、その出来事に関わった人たちの性別、あなたと被害者の関係、及び、あなたと加害者の関係（例えば、血縁関係のある両親あるいは保護者など）を記入してください。そして、あなたと彼らが近い関係かどうかをクリックしてください。また、あなたが目撃した時に、彼に対して恐怖を感じたかどうかを教えてください。その出来事が特定できる加害者によって起こされたものではない場合（災害、事故など）、性別の欄に N/A を書き込み、パート②の質問に教えてください。

記入例； 出来事 1 があなたの母親の再婚による継父によって起こされた場合、以下のようにタイプまたはクリックしてください。

出来事 1: 加害者		
加害者の性別 <input type="text" value="男"/>	<input checked="" type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text" value="継父"/>	
その他の家族	<input type="text"/>	

注意：加害者と被害者の関係を問うものではなく、「あなたと加害者」あるいは「あなたと被害者」との関係を問うものです。

出来事 1: 加害者		
<b>パート①</b>		
加害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>	
信頼していた友人	<input type="text"/>	
知人	<input type="text"/>	
見知らぬ人	<input type="text"/>	
ペットまたは飼っている動物	<input type="text"/>	
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ	
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ	
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %	
	<input type="radio"/> はい	



目撃した時に その人物に対して恐怖を感じましたか。		○ いいえ
出来事 1: 被害者		
被害者の性別 <input type="text"/>	○ 親しい人	○ あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>	
信頼していた友人	<input type="text"/>	
知人	<input type="text"/>	
見知らぬ人	<input type="text"/>	
ペットまたは飼っている動物	<input type="text"/>	
その当時、その人は、あなたが生きていくのに最低限必要なもの (例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	○ はい ○ いいえ	
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ	
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %	
目撃した時に その人物に対して恐怖を感じましたか。	○ はい ○ いいえ	
パート②		
この調査以外で誰かにこの出来事について打ち明けたことはありますか。		○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	

<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

引き続き、その他の目撃した第二の出来事について同様に答えてください。

目撃した出来事 2		
目撃した時の年齢	出来事	
<input type="radio"/> 12歳以前	天災	<input type="text"/>
<input type="radio"/> 12歳から17歳	事故	<input type="text"/>
<input type="radio"/> 18歳以降	暴力	<input type="text"/>
頻度	性的接触、関係の強要	
<input type="radio"/> 1回または2回	精神的に不当な扱い	<input type="text"/>
<input type="radio"/> それ以上	故意による日常的に必要な保護の軽視や欠如	<input type="text"/>
出来事 2: 加害者		
パート①		
加害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>	

信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
目撃した時にその人物に対して恐怖を感じましたか。	○ はい ○ いいえ
出来事 2: 被害者	
被害者の性別 <input type="text"/>	○ 親しい人      ○ あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %

目撃した時に その人物に対して恐怖を感じましたか。	○ はい ○ いいえ
<b>パート②</b>	
この調査以外で誰かにこの出来事について打ち明けたことはありますか。	○ はい ○ いいえ
この出来事や経験をあなたほどの程度記憶しているかを示してください。(適切なもの全て)	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例: 誰かが教えてくれた、その写真がある等)。

目撃した出来事 3		
目撃した時の年齢	出来事	
○ 12歳以前	天災	<input type="text"/>
○ 12歳から17歳	事故	<input type="text"/>
○ 18歳以降	暴力	<input type="text"/>
頻度	性的接触、関係の強要	<input type="text"/>
○ 1回または2回	精神的に不当な扱い	<input type="text"/>
○ それ以上	故意による日常的に必要な保護の軽視や欠如	<input type="text"/>
出来事 3: 加害者		
<b>パート④</b>		
加害別の性別 <input type="text"/>	○ 親しい人	○ あまり親しくない人

あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
目撃した時に その人物に対して恐怖を感じましたか。	○ はい ○ いいえ
出来事 3: 被害者	
被害者の性別 <input type="text"/>	○ 親しい人      ○ あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>

見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
目撃した時に その人物に対して恐怖を感じましたか。	○ はい ○ いいえ
<b>パート②</b>	
この調査以外で誰かにこの出来事について打ち明けたことはありますか。	○ はい ○ いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

この他にも目撃した出来事、または、上記の質問に付け加えたい事があれば、報告してください。

次頁へ

このような出来事を経験したことはありません

## セクションD

8 | 17

## 間接的な経験

前出のページにでていたような場面（例：天災、事故、暴力、性的接触 関係の強要、不当な扱い、日常において必要不可欠な保護の軽視）が起こり、もしあなたがその場に居合わせていなければ、下の質問に教えてください。

また、ここに示した出来事以外を間接的に知っている場合、このページの終わりにある空欄にその出来事を説明してください。また、いかなる出来事知らない場合、一番下にある「このような経験をしたことはありません」ボタンをクリックしてください。

注意：最大3つの出来事まで、報告できるようになっています。それ以上の出来事がある場合はこのページの終わりにある空欄に記入してください。

間接的出来事 1		
その出来事を知った時、あなたは何歳でしたか。当てはまる年齢とその出来事が起きた頻度をクリックし、空欄に具体的にその出来事を記してください。（例：「暴力」の欄の横に「私の叔父が叔母を殴った」）		
その出来事を知った時の年齢	出来事	
<input type="radio"/> 12歳以前	天災	<input type="text"/>
<input type="radio"/> 12歳から 17 歳	事故	<input type="text"/>
<input type="radio"/> 18歳以降	暴力	<input type="text"/>
頻度	性的接触、関係の強要	<input type="text"/>
	精神的に不当な扱い	<input type="text"/>
	故意による日常的に必要な保護の軽視や欠如	<input type="text"/>

上記の間接的出来事1について、その出来事に関わった人たちの性別、あなたと被害者の関係、及び、あなたと加害者の関係（例えば、血縁関係のある両親あるいは保護者など）を記入してください。そして、あなたと彼らが近い関係かどうかをクリックしてください。また、あなたが知った時に、彼に対して恐怖を感じたかどうかを教えてください。その出来事が特定できる加害者によって起こされたものではない場合（災害、事故など）、性別の欄にN/Aを書き込み、**パート②**の質問に教えてください。

注意：加害者と被害者の関係を問うものではなく、「あなたと加害者」あるいは「あなたと被害者」との関係を問うものです。

間接的出来事 1: 加害者



パート①		
加害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>	
信頼していた友人	<input type="text"/>	
知人	<input type="text"/>	
見知らぬ人	<input type="text"/>	
ペットまたは飼っている動物	<input type="text"/>	
その当時、その人は、あなたが生きていくのに最低限必要なもの (例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ	
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ	
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %	
その出来事を知った時にその人物に対して恐怖を感じましたか。	<input type="radio"/> はい <input type="radio"/> いいえ	
間接的出来事 1: 被害者		
被害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>	

信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○はい ○いいえ
現在、その人はそれらのものを与えていますか。	○はい ○いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
その出来事を知った時にその人物に対して恐怖を感じましたか。	○はい ○いいえ
<b>パート②</b>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

引き続き、その他の間接的な出来事について同様に答えてください。

間接的出来事 2	
その出来事を知った時の年齢	出来事
<input type="text"/>	<input type="text"/>

○ 12歳以前	天災	<input type="text"/>
○ 12歳から 17 歳	事故	<input type="text"/>
○ 18歳以降	暴力	<input type="text"/>
頻度	性的接触、関係の強要	<input type="text"/>
○ 1回または 2 回	精神的に不当な扱い	<input type="text"/>
○ それ以上	故意による日常的に必要な保護の軽視や欠如	<input type="text"/>
間接的出来事 2: 加害者		
パート④		
加害者の性別 <input type="text"/>	○ 親しい人	○ あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>	
信頼していた友人	<input type="text"/>	
知人	<input type="text"/>	
見知らぬ人	<input type="text"/>	
ペットまたは飼っている動物	<input type="text"/>	
その当時、その人は、あなたが生きていくのに最低限必要なもの (例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	○ はい ○ いいえ	
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ	
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %	
その出来事を知った時にその人物に対して恐怖を感じましたか。	○ はい ○ いいえ	

## 間接的出来事 2: 被害者

被害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>	
信頼していた友人	<input type="text"/>	
知人	<input type="text"/>	
見知らぬ人	<input type="text"/>	
ペットまたは飼っている動物	<input type="text"/>	
その当時、その人は、あなたが生きていくのに最低限必要なもの (例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ	
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ	
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %	
その出来事を知った時にその人物に対して恐怖を感じましたか。	<input type="radio"/> はい <input type="radio"/> いいえ	

## パート②

この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)	
<input type="checkbox"/> 過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/> この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	
<input type="checkbox"/> 現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。	
<input type="checkbox"/> その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。	
<input type="checkbox"/> 現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	

<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。
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間接的出来事 3		
その出来事を知った時の年齢 ○ 12歳以前 ○ 12歳から17歳 ○ 18歳以降	出来事	
	天災	<input type="text"/>
	事故	<input type="text"/>
頻度 ○ 1回または2回 ○ それ以上	暴力	<input type="text"/>
	性的接触、関係の強要	<input type="text"/>
	精神的に不当な扱い	<input type="text"/>
	故意による日常的に必要な保護の軽視や欠如	<input type="text"/>
間接的出来事 3: 加害者		
パート④		
加害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人
あなたとその人物の関係		
両親または保護者	<input type="text"/>	
その他の家族	<input type="text"/>	
夫、妻、恋人	<input type="text"/>	
雇用主、上司、監督者	<input type="text"/>	
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>	
信頼していた友人	<input type="text"/>	
知人	<input type="text"/>	
見知らぬ人	<input type="text"/>	
ペットまたは飼っている動物	<input type="text"/>	

その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
その出来事を知った時にその人物に対して恐怖を感じましたか。	○ はい ○ いいえ
間接的出来事 3: 被害者	
被害者の性別 <input type="text"/>	○ 親しい人      ○ あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
その出来事を知った時にその人物に対して恐怖を感じましたか。	○ はい ○ いいえ
パート②	

この調査以外で誰かにこの体験を打ち明けたことはありますか。		<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)		
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。	
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。	
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。	
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある(例: 誰かが教えてくれた、その写真がある等)。	

この他にも間接的に知った出来事、または、上記の質問に付け加えたい事があれば、報告してください。

次頁へ

このような出来事を経験したことはありません

## セクションE

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## その他の経験

前出のセクションで質問された出来事以外で、深刻なトラウマ(精神的苦痛を与える衝撃)になり得る経験があれば、以下に詳しく説明してください。

また、いかなる経験もない場合は、このページの一番下にある「このような経験をしたことがありません」ボタンをクリックしてください。

注意: 最大3つの出来事まで、報告できるようになっています。それ以上の出来事がある場合はこのページの終わりにある空欄に記入してください。

その他の出来事 1	
その出来事が起こった時のあなたの年齢と、その出来事の頻度をクリックし、前出のセクションに当てはまらないと思った理由を書いてください。	
出来事 (既に記入したものを除く)	
<input type="text"/>	
理由	
<input type="text"/>	
経験した時の年齢	頻度
<input type="radio"/> 12歳以前 <input type="radio"/> 12歳から 17歳 <input type="radio"/> 18歳以降	<input type="radio"/> 1回または2回 <input type="radio"/> それ以上

上記の出来事1について、その出来事に関わった人たちの性別、あなたと被害者の関係、及び、あなたと加害者の関係(例えば、血縁関係のある両親あるいは保護者など)を記入してください。そして、あなたと彼らが近い関係かどうかをクリックしてください。また、あなたが経験した時に、彼に対して恐怖を感じたかどうかを答えてください。その出来事が特定できる加害者によって起こされたものではない場合(災害、事故など)、性別の欄にN/Aを書き込み、**パート②**の質問に答えてください。

注意: 加害者と被害者の関係を問うものではなく、「あなたと加害者」あるいは「あなたと被害者」との関係を問うものです。

その他の出来事 1: 加害者		
パート①		
加害者の性別 <input type="text"/>	<input type="radio"/> 親しい人	<input type="radio"/> あまり親しくない人



あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
経験した時にその人物に対して恐怖を感じましたか。	○ はい ○ いいえ
<b>その他の出来事 1: 被害者</b>	
被害者の性別 <input type="text"/>	○ 親しい人      ○ あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>

ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○はい ○いいえ
現在、その人はそれらのものを与えていますか。	○はい ○いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
経験した時にその人物に対して恐怖を感じましたか。	○はい ○いいえ
<b>パート②</b>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

引き続き、その他の経験した出来事について同様に答えてください。

その他の出来事 2	
出来事（既に記入したものを除く）	
<input type="text"/>	
理由	
<input type="text"/>	
経験した時の年齢	頻度

○ 12歳以前 ○ 12歳から 17歳 ○ 18歳以降	○ 1回または 2回 ○ それ以上
その他の出来事 2: 加害者	
パート①	
加害者の性別 <input type="text"/>	○ 親しい人      ○ あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの (例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	○ はい ○ いいえ
現在、その人はそれらのものを与えていますか。	○ はい ○ いいえ
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
経験した時にその人物に対して恐怖を感じましたか。	○ はい ○ いいえ
その他の出来事 2: 被害者	
被害者の性別 <input type="text"/>	○ 親しい人      ○ あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>

雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人 (例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ヘビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの (例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
経験した時にその人物に対して恐怖を感じましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
<b>パート②</b>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	<input type="radio"/> はい <input type="radio"/> いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。(適切なもの全て)	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある (例：誰かが教えてくれた、その写真がある等)。

その他の出来事 3

出来事 (既に記入したものを除く)

理由	
経験した時の年齢	
<input type="radio"/> 12歳以前 <input type="radio"/> 12歳から 17 歳 <input type="radio"/> 18歳以降	頻度 <input type="radio"/> 1回または 2 回 <input type="radio"/> それ以上
その他の出来事 3: 加害者	
パート①	
加害者の性別 <input type="text"/>	<input type="radio"/> 親しい人 <input type="radio"/> あまり親しくない人
あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人 (例: 教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など)	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの (例: 食べ物、安全、保護、愛情、慈しみ、教育、しつけなど) を与えましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
現在、その人はそれらのものを与えていますか。	<input type="radio"/> はい <input type="radio"/> いいえ
大学の費用 (授業料、書籍代、家賃など) のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
経験した時にその人物に対して恐怖を感じましたか。	<input type="radio"/> はい <input type="radio"/> いいえ
その他の出来事 3: 被害者	
被害者の性別 <input type="text"/>	<input type="radio"/> 親しい人 <input type="radio"/> あまり親しくない人

あなたとその人物の関係	
両親または保護者	<input type="text"/>
その他の家族	<input type="text"/>
夫、妻、恋人	<input type="text"/>
雇用主、上司、監督者	<input type="text"/>
その他の専門的な職業の人（例：教師、医師、コーチ、宗教的リーダー、カウンセラー、ベビーシッター、乳母など）	<input type="text"/>
信頼していた友人	<input type="text"/>
知人	<input type="text"/>
見知らぬ人	<input type="text"/>
ペットまたは飼っている動物	<input type="text"/>
その当時、その人は、あなたが生きていくのに最低限必要なもの（例：食べ物、安全、保護、愛情、慈しみ、教育、しつけなど）を与えましたか。	○はい ○いいえ
現在、その人はそれらのものを与えていますか。	○はい ○いいえ
大学の費用（授業料、書籍代、家賃など）のうち、何%をその人が現在支払っていますか。できる限り正確な見積もりでお答えください。	<input type="text"/> %
経験した時にその人物に対して恐怖を感じましたか。	○はい ○いいえ
<b>パート②</b>	
この調査以外で誰かにこの体験を打ち明けたことはありますか。	○はい ○いいえ
この出来事や経験をあなたはどの程度記憶しているかを示してください。（適切なもの全て）	
<input type="checkbox"/>	過去及び、今現在も、この経験についての記憶を鮮明に覚えている。
<input type="checkbox"/>	この経験に関して、一部の記憶が抜けていたり、思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、この経験について、全てを思い出すことはできないが、部分的に思い出すことはできる。
<input type="checkbox"/>	その経験に関して全ての記憶が抜けていたり、それについて全く思い出せなかった事が過去にあった。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという感覚はある。
<input type="checkbox"/>	現在、その経験について全く思い出すことはできないが、それが実際に起こったという証拠はある（例：誰かが教えてくれた、その写真がある等）。

この他にも経験した出来事、または、上記の質問に付け加えたい事があれば、報告してください。

次頁へ

このような出来事を経験したことはありません

## セクションF

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## この調査への感想

1. あなたがこれまで答えてきた質問で、あなたの経験について尋ねられること、答えることは、日常生活で遭遇する出来事（映画、読書、音楽、友達との会話、ニュースなど）に比べると難しかった、又は、自分にとって挑戦的なことであったかどうかを下の表の中で最も適切なものを選び、クリックしてください。

日常生活で出くわす出来事に比べて：

ほとんど難解でもチャレンジでもなかった	あまり難解でもチャレンジでもなかった	同じである	やや難解でチャレンジだった	はるかに難解でチャレンジだった
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. あなたがこれまで答えてきた質問で、あなたの経験について訊かれること、答えることは、日常生活で出くわす出来事（映画、読書、音楽、友達との会話、ニュースなど）に比べると苦痛だったかどうかを下の表の中で適切なものを選び、クリックしてください。

日常生活で出くわす出来事に比べて：

ほとんど苦痛ではなかった	あまり苦痛ではなかった	同じである	やや苦痛であった	はるかに苦痛であった
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. あなたがこれまで答えてきた質問で、あなたの経験について訊かれること、答えることは、日常生活で出くわす出来事（映画、読書、音楽、友達との会話、ニュースなど）に比べると役に立つかどうかを下の表の中で適切なものを選び、クリックしてください。

日常生活で出くわす出来事に比べて：

全然役に立たない	あまり役に立たない	どちらでもない	やや役に立つ	とても役に立つ
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. あなたがこれまで答えてきた質問で、あなたの経験について訊かれること、答えることは、あなたの今後（数日、数週、または数年の間）にどう影響していくかを下の表から適切なものを選び、クリックしてください。

とても害がある	やや害がある	どちらでもない	やや役に立つ	とても役に立つ
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

5. 経験の影響を調査するために、研究者があなたがこれまで答えてきたような質問をすることは、どれくらい重要だとあなたは思いますか。下の表から適切なものを選び、クリックしてください。

全然重要ではない	あまり重要ではない	どちらでもない	やや重要である	とても重要である
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. あなたのこの調査への感想 (a)、そして、この調査の重要性 (b) の2点を考えた上で、このような質問が研究に使われることにあなたは賛成ですか。下の表から適切なものを選び、クリックしてください。

強く反対する	やや反対する	どちらでもない	やや賛成する	強く賛成する
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. 上記以外で、この調査についての感想 / 意見があれば記入してください。

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## セクションG

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## 心的外傷の症状

とてもつらかったり、恐ろしい出来事を経験した後に、以下の症状がでることがあります。各項目を注意深く読んで、過去一ヶ月にどのくらいその症状を感じたかを答えてください。

	全くない	すこしあ る	かなりあ る	非常にあ る
1. つらく恐ろしかった出来事が繰り返し思い出される。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. その出来事が、あたかもまた起きているように感じる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. 悪夢を繰り返しみる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. 周りの人と心が離れ、ひきこもっているように感じる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. 何に対しても感情が動かない。(無感動である。)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ささいなことにびくつとする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ものごとに集中しにくい。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. よく眠れない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. なにごとにも(誰にでも)警戒してしまう。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. いらいらしたり、すぐカーツとなる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	全くない	すこしあ る	かなりあ る	非常にあ る
11. (恐ろしかった)出来事を思い出すようなことは避ける。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. (恐ろしかった)出来事の一部を思い出せないことがある。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. 日常の活動に興味がもてない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 自分には将来がないような気がする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. とてもつらい出来事に関することを考				

	えたり感じるのを避ける。	○	○	○	○
16.	その出来事を思い出すだけでも、冷や汗などの心身の反応が起きる。	○	○	○	○
17.	自分のした経験を、誰も理解してくれないように思う。	○	○	○	○
18.	日頃こなしている仕事になかなかできない。	○	○	○	○
19.	その出来事に関して自分を責める。	○	○	○	○
20.	生き残ったことを申し訳なく思う（罪の意識を感じる）。	○	○	○	○
		全くない	すこしあ る	かなりあ る	非常にあ る
21.	希望がもてない。	○	○	○	○
22.	その出来事について恥ずかしいと思う。	○	○	○	○
23.	なぜあんなことが起こったのか考えて時間を過ごす。	○	○	○	○
24.	いまにも気が狂ってしまいそうな気がする。	○	○	○	○
25.	その出来事によって苦しんだのは自分だけの様な気がする。	○	○	○	○
26.	他の人が自分に敵意をもっているように感じる。	○	○	○	○
27.	誰も頼りにできる人がいないように思う。	○	○	○	○
28.	自分が何をしたかを思いだせないことがある。	○	○	○	○
29.	自分が二つの人格にわかれ、自分のしていることをもう一人の自分が見ている様な気がする。	○	○	○	○
30.	信頼していた人に裏切られた様な気がする。	○	○	○	○
			すこしあ	かなりあ	非常にあ

	全くない	る	る	る	
31.	社会的役割や近所、友人との関係を失ったことによる疎外感を覚える。	○	○	○	○
32.	ショックである。	○	○	○	○
33.	眠ることができないことがある。	○	○	○	○
34.	他の人に、必要以上に頼ってしまう。	○	○	○	○
35.	目が覚めると、生活状態が変わっていないことにがっかりする。	○	○	○	○
36.	つらく恐ろしかった経験をしたために、差別されているような気がする。	○	○	○	○
37.	同じような恐ろしい経験をした人という時にだけ、普通でいるような気がする。	○	○	○	○
38.	罪悪感を感じる。	○	○	○	○
39.	恥を感じる。	○	○	○	○
40.	他人とうまくやっていくことが難しい。	○	○	○	○

次頁へ

## セクションH

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以下の項目は、皆様を感じることにある問題や症状です。それぞれの項目を注意深くお読みになり、今日までの一週間、そのような症状がどの程度あったかを、あてはまる回答欄に印をつけてください。

不安症状		全くな い	すこしあ る	かなりあ る	非常にあ る
1.	なんの理由もなく、急におびえる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	恐怖感がある。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	ふらふらしたり、めまい、虚弱感を感じる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	心臓がどきどきし、早うちする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	神経質である。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	手足がふるえる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	頭が痛い。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	おそれおののく。(恐怖やパニックを一時的に感じる)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	気のはりつめ、高ぶっている。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	気が落ち着かず、じっとしていられない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
うつ症状		全くな い	すこしあ る	かなりあ る	非常にあ る
11.	気力が衰えた感じがする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	何事にも自分を責めてしまう。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	ささいなことで泣いたり、泣きたくなる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	性的な関心や喜びを感じられない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	食欲がない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	なかなか眠れなかったり、夜中に目が覚める。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	将来に希望がもてない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	気持ちがしずんで、ゆううつになる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	孤独感を感じる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20.	死んでしまおうかと思う。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21.	今の状況に陥ったまま、逃げられない気がする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	なにかにつけて、くよくよ心配する。(心配しすぎる)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	なにごとにも興味を持たない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	何をするのもおっくうだ。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	自分は価値のない人間だと思う。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## セクションI

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これは、日常生活であなたに起こるかも知れないいくつかのことがらについてお答えいただくものです。お酒に酔ったり薬の影響を受けたりしていないときに、それぞれの項目にあるようなことが、あなたにどれくらいあるかをお答え下さい。0%を「そういうことはない」、100%を「いつもそうだ」として、各項目の下にある回答欄の数字の適当なところを○で囲んで、それがあなたにどれくらいあてはまるかを直観的にお答えください。

解答例： 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

(そういうことはない)

(いつもそうだ)

<p>1. 自動車・バス・電車・自転車などに乗っていて、今までそこに来るまでのあいだのこと（全てまたは、ある場所からある場所までにあったこと）を覚えていないことにふと気がつく、というようなことのある人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
○	○	○	○	○	○	○	○	○	○	○
<p>2. 人の話を聞いているとき、言われたことの一部、または全部が、まったく耳に入っていなかったことにふと気がつく、というようなことのある人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
○	○	○	○	○	○	○	○	○	○	○
<p>3. 自分がある場所にいるのに、そこにどうやってたどりついたのかわからない、というようなことのある人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
○	○	○	○	○	○	○	○	○	○	○
<p>4. 着た覚えのない服を着ていた、というようなことのある人がいます。</p>										





9. 人生上のある重要な出来事（例えば卒業や結婚式など）の記憶がまったくないのに気がついたことがある、というような人がいます。

あなたにはこのようなことがどれくらいありますか。

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. 自分が言った覚えのないことで、うそをついたと責められる、というようなことのある人がいます。

あなたにはこのようなことがどれくらいありますか。

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. 鏡を見ているのに、映っているのが自分だと気がつかない、というようなことのある人がいます。

あなたにはこのようなことがどれくらいありますか。

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 周囲の人や物や世界が現実ではないように感じられる、というようなことのある人がいます。

あなたにはこのようなことがどれくらいありますか。

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. 自分の体が自分のものではないように感じられる、あるいは自分に属したものではないように感じられる、というようなことのある人がいます。

あなたにはこのようなことがどれくらいありますか。

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. 過去の出来事がとても鮮明に思い出され、まるでその出来事をもう一度体験し

<p>ているかのように感じられる、というようなことのある人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>15. 自分の覚えていることが、実際に起こったことなのか、それともただ夢に見ただけなのか、はっきりしない、というようなことのある人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>16. 見慣れた場所にいるのに、なじみのない見慣れないところにいるように感じる、というようなことのある人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>17. テレビや映画を観ていて、周囲で起こっているできごとに気づかないほど物語に没頭していることがある、というような人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>18. まるでそれが現実に行っていることに思えるほど、空想や白昼夢に引き込まれることがある、というような人がいます。</p> <p>あなたにはこのようなことがどれくらいありますか。</p>										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>19. 痛みを無視できる ( 感じない ) ことがある、というような人がいます。</p>										

あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. じっと空を見つめて、何も考えず、ただ座っていて、時間が経つのに気がつかないでいる、というようなことのある人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. 一人でいるとき、大きな声でひとりごとを言っていることがある、というような人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. 状況によって全く違ったふうに自分が振舞うので、自分がまるで2人の別の人間のように感じられることがある、というような人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. ある状況の下では、普段なら困難なこと（例えばスポーツや仕事や対人関係など）をととても容易に、思うままになしとげられることがある、というような人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. あることを実際にしたのか、それともしようと思っただけなのかよく思い出せない（たとえば手紙を出してきたのか、それとも出そうと思っただけなのかはつきりしない）、というようなことのある人がいます。										

あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. したという記憶はないのに、何かをしていた（自分がそれをしたという形跡があった）、というようなことのある人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. 確かに自分が書いたと思われるメモや絵や文章があるのだが、それを自分で書いたということが思い出せない、というようなことのある人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. 何かをするよう促したり、自分のしていることに意見を言ったりする声が頭の中に聞こえる、というようなことのある人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. まるで世界を霧を通して見ているように感じられ、人や物が遠くに見える、または、ぼんやりと見える、というようなことのある人がいます。										
あなたにはこのようなことがどれくらいありますか。										
0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## セクションJ

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それぞれの質問に対して、最も適切なものを選択してください。

	1 強く 反対 する	2 適度 に反 対す る	3 少し 反対 する	4 どち らで もな い	5 少し 同意 する	6 適度 に同 意す る	7 強く 同意 する
1. 社会的期待や規範、習慣を認識し、守るべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. 個人の利益の前に、集団の利益がくるべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. 黙って我慢するよりも感情を表現するべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. 学問上、職業上において、家族のためにできる限り頑張るべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. 自分の業績を誇らしく主張することができるべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. 個人のニーズは、集団のニーズに対して2番目にくるべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. 強い感情を表現するべきではない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. 学校や職場での評判は、家族全体の評判に反映される。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. 自分の業績や成果で、他者からの注目を集める事ができるべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 強く 反対 する	2 適度 に反 対す る	3 少し 反対 する	4 どち らで もな い	5 少し 同意 する	6 適度 に同 意す る	7 強く 同意 する
10. 地域のニーズは、個人のニーズより優先されるべきではない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. 自分が属している社会が規範とみなし							





38. 成功して称賛を家族へもたらすことは、自分の義務である。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. 規範外のことをするべきではない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. 優秀な学校に入ることは、家族の評判をよくする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. 業績を自慢することが出来るべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. 規範に従うことは、生活するために、もっとも無難な手段である。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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11. 人は自分の親により安定した生活を与える責任がある。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. どんなに離れていても、親が亡くなった際には、すぐにその場に駆けつけるべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. 親の面子を守るために、親を賞賛すべきである。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 苗字を継承していくために少なくとも、男の子を一人産む必要がある。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. 家族を賞賛するために何かをする必要はない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

次頁へ



ようにしている。							
11. 恥をかかせるかもしれないので、他人を批判する事はしない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. 自分が行動を起こす前に、ほかの人の行動を注意深く見る。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. いくら不平等に扱われていても、人前では文句は言わない。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. 社会の基準に沿うように、他の人と同じ行動をとる。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. 人前で何かする前に、あらゆる結果に対応できるように準備する。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 強く 反対 する	2 適度 に反 対す る	3 少し 反対 する	4 どち らで もな い	5 少し 同意 する	6 適度 に同 意す る	7 強く 同意 する
16. 人と自分の意見の相違を解決するために、第三者の助けを借りることを好む。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. 何かの問題を討論する際、その相手自身を責めてはいない事を伝えようとする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. 自分を批判した人を避けようとする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. 人前で失敗をした時、その失敗が他の人に気づかれないようにする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. 間違いを犯した人を知っていたとしても、その人を非難しないようにする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. 誰かに恥をかかされた時、その出来事を忘れようとする。	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX B

## ENGLISH VERSIONS OF QUESTIONNAIRES

## Section A: Demographic Information

First, we would appreciate you letting us know how you heard about the study and the environment in which you chose to complete it.

Who asked you to participate in the study?

- a. Professor
- b. Research Assistant/Graduate Student
- c. Posted Flyer
- d. Friend
- e. Other

Please describe the environment you are currently in (select one of the two choices for each question):

- a. I am alone and there is  NO chance /  SOME chance that someone will see what I am doing.
- b. There are others and they  CANNOT /  CAN see and read what I am doing.
- c. I am in a  PRIVATE /  PUBLIC place.
- d. I am working on  MY OWN /  SOMEONE ELSE's computer.

Please click one of the options below that applies to your current situation.

- a. I am alone and there is no or little possibility that someone see what I am doing.
- b. Other people are around me, and they can or can not see what I am doing.
- c. I am or not be in public place.
- d. I am using my or other person's computer.

Now, please answer the following questions about yourself.

1. Your age (in years):

2. Your gender:

3. Your sexual orientation and/or identity (please check all that apply to you):
- Heterosexual or straight
  - Homosexual, gay, or lesbian
  - Bisexual
  - Transgender
  - Nonsexual
  - Other
4. Living environment (please check all that apply to you):
- Alone
  - With parent(s)
  - With my partner (or spouse)
  - With others (friends, roommates)
  - With my children
  - With other relatives
5. Family status (please check all that apply to you):
- Single, never married
  - Married
  - Divorced/separated
  - Widowed
  - Have/have had children
6. Cultural Identity:
- Are you a Japanese citizen?                      If not, what nationality are you ?
  - Have you ever lived abroad?                      If yes, where else have you lived?  
How many years did you live there?
  - Please identify the ethnic and/or racial group to which you belong:
  - How important is your religion or spirituality to you?  
Not at all    A little    Moderately    A great deal    Extremely    Center of my life
  - What religion or spiritual beliefs do you primarily believe in and/or practice?
7. How many years of education have you completed?
8. Employment and Income:
- Are you currently employed?
  - What is your occupation?
  - Approximately what is your current yearly income?
  - Approximately what is your parents' combined yearly income?
  - What percentage of your college expenses (tuition, books, housing, etc...) do your parents pay? (estimate as best you can)%

9. Do you regularly use alcohol or drugs (other than prescription medication)? By regularly, we mean more than once a week.
10. Do you regularly use prescription medication?
11. Have you ever had a chronic or serious physical illness (for example, asthma, cancer, heart attack, serious operation, etc.)?
12. Have you ever experienced serious psychological or stress related symptoms (for example, feeling like killing yourself, being hospitalized because of nerve problems, being so upset that you cannot perform day to day duties -- do not include drug or alcohol problems)?
13. Are you currently in any kind of counseling/therapy?
14. Have you ever been in any kind of counseling/therapy in the past?

## Section B: J-EBBTS

## Your Direct Experiences

i. Please indicate whether each of the following events happened to you during each time period (before age 12, age 12 to 17, and age 18 and older), and how often. If an event never happened to you during any given time period, please do not leave the item blank - that is, be sure to click Never for that row.

Indicate Frequency of Event: Never                      1 or 2 Times                      More than That

1. a) Before age 12:
1. b) Age 12 to 17:
1. c) Age 18 and older:

You were in a major earthquake, fire, flood, typhoon, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death.

Have you ever told anyone about this experience (other than mentioning it on this survey)?

Please indicate the extent of your memory for this event or experience (check as many as apply):

- I have good memory for the experience now and always have.
- I forgot or was unaware of parts of the experience for some time.
- I am currently unable to recall parts of the event right now.
- I forgot or was unaware of the entire event for some time.
- I am currently unable to recall this event or experience, but I have a general sense or feeling that it occurred.
- I am currently unable to recall this event or experience, but there is evidence that it occurred (e.g., someone told me, there are pictures, etc...).

2. a), b), c) You were in a major automobile, boat, motorcycle, plane, train, or industrial accident that resulted in similar consequences.

ii. For this next section, you will again be asked to report whether certain events happened to you and how often, and since they necessarily involved other people you will also be asked to describe the person(s) involved.

First, please indicate whether the following event happened to you and how often.



3. a), b), c) You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were **very close** (such as a parent or lover).

If the answer is YES, please indicate the person who did to you. Also, state the sex and the relationship with you (example: 'biological father' in the Parent or Guardian column), indicate your dependence level with them, and whether or not you have previously told about this experience to anyone.

Their Gender

Specify Their Relationship With you

- Parent or Guardian
- Other Family Member
- Husband, Wife, or Romantic Partner
- Employer, Boss, Supervisor
- Other Professional (e.g., Teacher, Doctor, Coach, Religious Leader/Counselor, Babysitter, Nanny, etc...)
- Trusted Friend
- Acquaintance
- Stranger

Were you dependent on this person to provide you with survival necessities (e.g., nutrition, safety, protection, love, nurturance, education, and/or socialization) at the time?

How about now?

What percentage of your college expenses (tuition, books, housing, etc...) does this person currently pay? (estimate as best you can)

Have you ever told anyone about this experience (other than mentioning it on this survey)?

Please indicate the extent of your memory for this event or experience (check as many as apply):

- I have good memory for the experience now and always have.
- I forgot or was unaware of parts of the experience for some time.
- I am currently unable to recall parts of the event right now.
- I forgot or was unaware of the entire event for some time.
- I am currently unable to recall this event or experience, but I have a general sense or feeling that it occurred.
- I am currently unable to recall this event or experience, but there is evidence that it occurred (e.g., someone told me, there are pictures, etc...).

Please answer the next questions in the same way as previous question.

4. a), b), c) You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were **not close**.

5. a), b), c) You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were **very close**.

6. a), b), c) You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were not close.

7. a), b), c) You were emotionally or psychologically mistreated (e.g., threatened, terrorized, confined, isolated, or regularly belittled, demeaned, humiliated, rejected, ignored, scapegoated, blamed, yelled at, or harshly criticized - this may include experiences of racism and/or oppression) by someone with whom you were **very close**.

8. a), b), c) You were emotionally or psychologically mistreated (e.g., threatened, terrorized, confined, isolated, or regularly belittled, demeaned, humiliated, rejected, ignored, scapegoated, blamed, yelled at, or harshly criticized - this may include experiences of racism and/or oppression) by someone with whom you were **not close**.

9. a), b), c) You were neglected or had basic essential needs or resources (e.g., psychological: caring, attention, love, concern; physical: food, clothing, shelter, medical care; or financial) withheld from you by someone with whom you were **very close**. This neglect or withdrawal of basic needs could have been willful or not, as is often the case when a parent or guardian uses alcohol or drugs or suffers from depression or other serious mental illness.

Please specify below the type of neglect you experienced

10. a), b), c) You were neglected or had basic essential needs or resources (e.g., psychological: caring, attention, love, concern; physical: food, clothing, shelter, medical care; or financial) withheld from you by someone with whom you were not close. This neglect or withdrawal of basic needs could have been willful or not, as is often the case when a parent or guardian uses alcohol or drugs or suffers from depression or other serious mental illness.

Please specify below the type of neglect you experienced

ii. Is there anything else you would like to tell us about any of your direct experiences that is not captured by the questions in this and previous pages?

## Section C: J-EBBTS

### Your Witnessed Experiences

If you witnessed any of the situations listed in the previous pages (e.g., natural disaster, accident, physical attack, unwanted sexual contact, emotional mistreatment, neglect) occurring to someone else, please list below and provide the requested information for each witnessed event.

Note: There is room to report on up to 5 witnessed events. If you would like to report on more, please describe the other events in the comment box at the bottom of this page.

For the first witnessed event, please indicate if this event occurred in your childhood or adulthood by clicking the button in the appropriate age range column, describe the event under the appropriate column (example: 'my uncle beat my aunt' under Physical Attack), and indicate how often it occurred by clicking the button in the appropriate frequency column.

Check the Time Period it Occurred: Before age 12    Age 12 to 17    Age 18 and older

Describe the Type of Witnessed Event

- Natural Disaster
- Accident
- Physical Attack
- Unwanted Sexual Contact
- Emotional Mistreatment
- Willful Neglect

Check the Frequency

- 1 or 2 Times
- More than That

For the first witnessed event just listed above, please indicate the gender of and your specific relationship with the person who caused it (Caused by), if any, as well as the person to whom it occurred (Victim). In addition, indicate whether each person was very close or not so close to you by clicking on the button in the appropriate column, and check the box in the last column if you were fearful of them when the event occurred. In cases where the event was not caused by anyone, just type in N/A in the first (Their Gender) column.

*Characteristics of Person Who Caused the Event*

Their Gender

Specify Their Relationship With you

- Parent or Guardian
- Other Family Member
- Husband, Wife, or Romantic Partner
- Employer, Boss, Supervisor
- Other Professional (e.g., Teacher, Doctor, Coach, Religious Leader/Counselor, Babysitter, Nanny, etc...)
- Trusted Friend
- Acquaintance
- Stranger
  
- Very Close
- Not so Close

Were you fearful of them at the time?

Were you dependent on this person to provide you with survival necessities (e.g., nutrition, safety, protection, love, nurturance, education, and/or socialization) at the time?

How about now?

What percentage of your college expenses (tuition, books, housing, etc...) does this person currently pay? (estimate as best you can)

Have you ever told anyone about this experience (other than mentioning it on this survey)?

Please indicate the extent of your memory for this event or experience (check as many as apply):

- I have good memory for the experience now and always have.
- I forgot or was unaware of parts of the experience for some time.
- I am currently unable to recall parts of the event right now.
- I forgot or was unaware of the entire event for some time.
- I am currently unable to recall this event or experience, but I have a general sense or feeling that it occurred.
- I am currently unable to recall this event or experience, but there is evidence that it occurred (e.g., someone told me, there are pictures, etc...).

*Characteristics of Victim*

Continue describing any other witnessed events in a similar way.

Is there anything else you would like to tell us about any of the events you witnessed that is not captured by the above questions?

## Section D: J-EBBTS

### Your Non-Direct, Non-Witnessed Experiences

i. If any of the situations listed in the previous pages (e.g., natural disaster, accident, physical attack, unwanted sexual contact, emotional mistreatment, willful neglect) occurred to someone with whom you were very close but you did not witness it first hand, please list below and provide the requested information for each non-witnessed event.

Note: There is room to report on up to 5 non-witnessed events. If you would like to report on more, please describe the other events in the comment box at the bottom of this page.

For the first non-witnessed event, please indicate if this event occurred in your childhood or adulthood by clicking the button in the appropriate age range column, describe the event under the appropriate column (example: 'my uncle beat my aunt' under Physical Attack), and indicate how often it occurred by clicking the button in the appropriate frequency column.

For the first non-witnessed event just listed above, please indicate the gender of and your specific relationship with the person who caused it (Caused by), if any, as well as the person to whom it occurred (Victim). In addition, indicate whether each person was very close or not so close to you by clicking on the button in the appropriate column, and check the box in the last column if you were fearful of them when the event occurred. In cases where the event was not caused by anyone, just type in N/A in the first (Their Gender) column.

ii. Is there anything else you would like to tell us about any of the events you did not directly experience or witness that is not captured by the above questions?

## Section E: J-EBBTS

### Your Other Experiences

i. For seriously traumatic events NOT included in any of the previous items, please list below and provide the requested information for each event.

Note: There is room to report on up to 3 other events. If you would like to report on more, please describe the other events in the comment box at the bottom of this page.

For the first other event, please describe below, and check during which age range and how often it occurred. Also, please give a brief explanation of why this event was not reported in one of the previous sections.

Check the Time Period it Occurred: Before age 12    Age 12 to 17    Age 18 and older

Describe the Other Traumatic Event (not already reported on)

Please explain why this event does not fall under one of the previous sections:

For the first other event listed above please indicate the gender of and your specific relationship with the person who caused it (Caused by), if any, as well as the person to whom it occurred (Victim). In cases where the event was not caused by anyone, just type in N/A in the first (Their Gender) column. In addition, indicate whether each person was very close or not so close to you by clicking on the button in the appropriate column, and check the box in the last column if you were fearful of them when the event occurred. Finally, for each of the people that were close to you please indicate if they were supposed to provide you with basic needs.

ii. Is there anything else you would like to tell us about any other traumatic events that is not captured by the above questions?

## Section F: J-EBBTS

### Your Experiences with this Survey

1. Please rate whether you found answering the questions above to be more or less **difficult or challenging** than other things you sometimes encounter in day to day life (e.g., movies, readings, music, conversations with friends, news, etc...), by clicking the appropriate button on the scale below:

- Much less difficult or challenging
- Somewhat less difficult or challenging
- About the same
- Somewhat more difficult or challenging
- Much more difficult or challenging

2. Please rate whether you found answering the questions above to be more or less **distressing** than other things you sometimes encounter in day to day life (e.g., movies, readings, music, conversations with friends, news, etc...), by clicking the appropriate button on the scale below:

3. Please rate whether you found answering the questions above to be more or less **helpful** to you than other things you sometimes encounter in day to day life by clicking the appropriate button on the scale below:

4. Please indicate the **impact you anticipate** having answered the questions above is likely to have on you in the days, weeks, and years to follow, by clicking the appropriate button on the scale below:

5. Please rate how **important** you believe it is for psychologists to ask about these types of events in order to study the impact of such experiences, by clicking the appropriate button on the scale below:

6. Please consider both (1) your experience answering the questions, and (2) your feelings about how important it is to ask the questions. Then rate **how good an idea** it is to include such a measure in psychology research, by clicking the appropriate button on the scale below:

7. Is there anything else you would like to tell us about your experience with this survey that is not captured by the above questions?



## Section K: J-IH &amp; J-FP

Please respond each question by following the scale below.

- 1 = Strongly Disagree
- 2 = Moderately Disagree
- 3 = Mildly Disagree
- 4 = Neither Agree or Disagree
- 5 = Mildly Agree
- 6 = Moderately Agree
- 7 = Strongly Agree

1. People should do everything to keep interpersonal harmony stable.
2. It is important not to dissatisfy others.
3. It is unnecessary to try to satisfy everyone.
4. It is important to keep good relationship with other people.
5. It is not one's responsibility to develop interpersonal harmony between other people.
6. It is important for people to not make others dislike each other.
7. People should appreciate their parents' upbringing/raising.
8. Even if a person is treated severely, he/she should treat his/her parents with respect and politeness.
9. People should not give up their future plan in order to comply with parents' hopes and expectations.
10. It is unnecessary to live with parents after marriage.
11. An individual has a responsibility to make his/her parents' life more comfortable.
12. Even if a person lives far from his/her hometown, he/she should come back when the parent(s) die.
13. People should compliment their parents to save their parents' face.
14. To keep the family name, people should have at least one son.
15. It is not necessary to do anything to glorify the family.

APPENDIX C

RECRUITMENT FLYER

Japanese Version



## 心理学アンケート調査へのご協力をお願い

この調査は、米国オレゴン大学心理学科の博士課程大学院生、キャロリン・アラードと心理学教授、ジェニファー・フライドによって実施されており、皆様の人生経験がどのように健康に影響するのかを調べるものです。この調査はキャロリン・アラードの博士論文の一部として実施され、学術論文として発表することを望んでおります。調査方法は、匿名のインターネットアンケート形式で、下記の条件を満たした参加者を対象に、皆様の今まで体験した出来事や自身の状態等について伺います。この調査の詳細は以下をご参照ください。

皆様の個人情報及び回答は機密として、当方において厳重に管理いたします。皆様のご協力は人間の心に関する科学的知識の発展に今後、幅広く貢献すると予想されます。是非ご協力をお願い申し上げます。

### 調査の流れ

アンケートは、お好きな場所や、時間にてご参加頂け、回答にはおよそ1時間ほどかかります。自分の部屋等、静かで他から干渉されない、居心地の良い場所で行うことをお勧めします。いくつかの質問は、あなたがどう感じたか、又は、あなたの価値観など、個人的でデリケートな事柄についてお尋ねします。例えば、あなたが今まで生命に危機を及ぼすような事故や、人からひどい扱いを受けた経験の有無を尋ねたりします。従って、あなたのアンケートへの参加や、回答内容を他人に知られぬよう、参加者の皆様にも、アンケートにご回答いただく場所、時間などを決める際には、配慮のほどお願い申し上げます。

アンケートにご参加頂ける方は、インターネットで <http://psych-survey.uoregon.edu/allard/>へアクセスしてください。研究プロジェクトの詳細な情報をご覧頂けます。アクセスの際はこちらのアクセスコード CU0606 をご利用ください。このアクセスコードの有効期限は約2週間です。ご都合のよろしい時間で、早めにアンケートにご回答頂きますようお願い申し上げます。また、このアンケートではアンケートの回答内容とその回答者の身分や身元を特定できるような、氏名、住所、所属大学等の個人情報についての質問はありません。

### 参加への条件

以下の条件を満たす方にご参加をお願いしております。

- 年齢18歳以上
- 日本語の読み書きが出来る
- コンピュータの使い方が分かり、インターネットに接続可能なコンピュータを利用できる
- 中断されずに、約一時間ほどアンケートに回答する時間がある

### 謝礼

この調査終了後、調査への参加の謝礼として、最高10人が当たる賞金50米ドル(約5500円)のくじへ参加するための抽選番号を差し上げます。当選確率は、アンケートを完了した人の中より、約20人に1人の割合で、最高10人に当たり、約200人のご協力を期待しております。くじへの参加を希望される方は、抽選番号を研究管理者キャロリン・アラードまで直接Eメール <callard@uoregon.edu>にてお知らせください。当選者は上記の研究者がコンピュータにより無作為に決め、謝礼は直接お送り致します。なお、抽選番号とアンケートの回答が照合されることはなく、誰のものであるか識別される心配は決してありません。

この研究調査に関して、ご質問、ご不明な点、ご意見などございましたら、下記研究者にご連絡ください。Eメールの場合、日本語、英語のどちらでもかまいませんが、お電話の場合は勝手ながら英語でのご連絡をお願い申し上げます。なお、このアンケート調査への参加は、皆様の意思に基づき、強制はいたしません。ご参加していただける際には、心より感謝を申し上げます。

お問い合わせ：

キャロリン・アラード (Carolyn B. Allard) : callard@uoregon.edu. +1-541-346-4924  
 ジェニファー・フライド (Jennifer J. Freyd) : jjf@dynamic.uoregon.edu. +1-541-346-4950

## English Version

### **Please complete a questionnaire for psychological research**

This research, conducted by Carolyn B. Allard, Ph.D. Candidate, and Jennifer J. Freyd, Ph.D., from the University of Oregon Psychology Department, is a study of how your life experiences influence well-being. This research is conducted as part of Carolyn Allard's dissertation, and hopefully scholarly publication. Please see more detailed information about this research provided below.

The research method is an anonymous online survey asking participants who meet the requirements indicated below to report lifetime experiences, and mind and body states. Participant responses are kept strictly confidential. Your information may help contribute to the advancement of science. Please complete our research questionnaire.

### **Prerequisites to Participation**

We are looking for people who meet the following conditions.

- 18 years or older
- Ability to read and write in Japanese
- Ability to use computers and have internet access
- Availability of approximately one hour to complete the survey.

### Summary of this research

You can participate in this research study at your preferred time and place, and the survey will take approximately one hour. We recommend you complete this survey in a place that is quiet, where you will not be disturbed by anyone, and where you can feel comfortable (e.g., your own room, etc). The questions ask about personal and possibly sensitive issues, such as potentially distressing experiences you may have had, how you are feeling, and your values. For example, you will ask if you have ever been in life threatening accidents, maltreatment by others, etc... To keep your participation and survey responses confidential from others, we ask you to take consideration in choosing a place and time to participate in the survey.

If you are considering completing the survey, please go to <http://psych-survey.uoregon.edu/allard/>. You can find more detailed information about the research project there. To enter the webpage, please use this access code <<code>>. The period of validity of this access code is approximately two weeks. It would be appreciated if you could complete the survey at your earliest convenience. We will not ask for your name, address, school affiliation, or any other identifying information.

### Reward

Once you have completed the survey, you will be given a raffle entry code to enter in a raffle in which you will have up to 10 chances to win \$50 (about ¥5500). The Lottery odds are one out of every twenty participants who have completed the survey, up to ten winners, and we expect participation of two hundred people. If you want to join in

the lottery, please email your raffle entry code to Carolyn Allard, who is conducting this research <callard@uoregon.edu>. The winners will be randomly selected by computer. If you are selected as the winner, payment will be sent directly to you. Also, the information you provide in the survey will not be connected with your raffle entry code, and your personal responses cannot be identified using this code.

If you have any question or concerns about the research, please feel free to contact the researchers below. If communicating by email, either Japanese or English is acceptable, but only English telephone calls can be responded to. Please remember that your participation is completely voluntary. We will greatly appreciate your decision to participate. in our research.

Contact Information:

Carolyn Allard, allard@uoregon.edu, 1-541-346-4950

Jennifer Freyd, jjf@dynamic.uoregon.edu, 1-541-346-4950

## APPENDIX D

### INFORMED CONSENT

#### 同意書

私どもの調査に参加していただき、ありがとうございます。この調査は、米国オレゴン大学心理学科の博士課程大学院生、キャロリン・アラードと心理学教授、ジェニファー・フライド、そして(——大学の——教授)の協力によって実施されております。この調査は、日本の大学生のさまざまな人生経験、それかどのように健康に影響するのかを調べる研究であると共に、キャロリン・アラード博士号候補生の博士論文の一部に使用されるものです。

#### Consent Form

The research that you are going to participate in today is conducted by Carolyn B. Allard, Ph. D candidate, and Jennifer Freyd, Ph.D, who are from the Psychology department at the University of Oregon, in collaboration with (some professor from -----university). This study is examining how a variety of life experiences by Japanese university students relate to their health and happiness and its results is used for a scholarly paper of Carolyn Allard.

#### 調査の概要

この調査への参加に同意していただいた後、オンラインアンケートが始まります。第一部は、年齢、性別等の質問から成り立っています。第二部では、誰もが幼年期、青年期に経験するであろう、精神的、身体的にこつらい経験について質問します。例えば、あなたが今まで生命に危機を及ぼすような事故や、人からひどい扱いを受けた経験の有無を尋ねたりします。そして、最後の部では、健康状態についてお聞きします。回答したくない質問にすべて答える義務はなく、今から報告していただく人生経験、健康状態の全ての情報は、私どもの研究に多大に貢献します。この調査は、全てを含めておよそ1時間以内で終了する予定です。

#### Summary of the Research

After you agree to participate in this research, the questionnaire is given online. The first part of the questionnaire is composed of basic demographic questions (age, sex, etc...). The second part consists of questions about physical and mental distress which many people experience in childhood and adulthood (e.g., life threatening accidents, maltreatment by others, etc...). Then, the last part of questions asks about your health condition. Your participation of this research by reporting all information about your life experience and health condition will contribute and play an important role in our research. However, you do not need to answer questions which you would not like to answer, and you are free to quit this research before you complete it. It will take within about an hour to complete answering all questions.

### 参加意思の決定

の調査への参加は自由であり、強制ではありません。あなたの参加は、あなたの大学、学科、そして教授との関係に何の影響ももたらしません。たとえ一度参加に同意したとしても、いかなるペナルティを受けることなく、途中で参加を放棄することができます。

### Is Participation Mandatory?

You are free to choose whether you are going to participate in the research or not. Your decision does not influence your university, department, or professors. Even if you decide to participate, you can quit at any time without any penalty.

### 調査結果の内密性

個人情報、どんな時であれ、厳重に内密に扱われます。この調査で集められたデータは、あなたの名前や他のどんな個人情報も結びつかないようにしており、暗号化され、そしてパスワードによって守られ保管されます。そして、アメリカにいる研究員のみが処理します。このオンライン調査によって集められた情報は、HTTPSという安全なサーバーを使用するため、研究チーム以外の人によって容易にアクセスされることはありません。また、あなたの使用するコンピューターのIPアドレスとあなたの回答は関連づけられません。私どもは、あなたが安心して率直に答えていただけることが重要だと考えております。従って、個人情報を守るためにも、身分証明につながる情報を使わず、人から見られるような場所で調査に参加しないようにしてください。この場合、あなたがこの調査に参加したことは、誰も知ることはできません。

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### Confidentiality of Responses

Your personal information is strictly and secretly protected under all circumstances. The data gathered in this research study is not associated with your name or other identifying information, and it is protected with encryptions and passwords. Your data is accessible by only researchers in the U.S.A. The information collected from this survey cannot be easily accessed by anyone other than the research team because it is belong to HTTPS which is a secure server . Also, your answers will not related to your IP address.

It is important to us that you answer questions honestly and without worries. Therefore, please participate in the research in the place where your answers will not be seen by others and do not enter information related to your identification in order to protect your personal information. In this case, nobody can know your participation in the research.

If you use a computer which is not yours to participate in the research, there is a possibility that spyware is installed on the computer. Spyware is usually used for marketing research on internet shopping. Such software could potentially be used to spy on what you are entering in this survey and create possibility for others to access your

responses However, this danger is probably no more likely than spying actions such as your phone is tapped and your mails are seen.

### 謝礼

この調査終了後、調査への参加の謝礼として、最高10人が当たる賞金50米ドル(約500円)のくじへ参加するための抽選番号を差し上げます。当選確率は、アンケートを完了した人の中より、約20人に1人の割合で、最高10人に当たり、約200人のご協力を期待しております。くじへの参加を希望される方は、抽選番号を研究管理者キャロリン・アラードまで直接Eメール<[callard@uoregon.edu](mailto:callard@uoregon.edu)>にてお知らせください。当選者は上記の研究者がコンピュータにより無作為に決め、謝礼は、いくつかの選択肢(ギフト券等)の中からご希望のものを選んでいただき、その後直接お送り致します。なお、抽選番号とアンケートの回答が照合されることはなく、誰のものであるか識別される心配は決してありません。この調査からあなた個人が恩恵を受けるという保障は必ずしもありませんが、あなたの調査への回答は、苦痛な人生経験をとり扱う分野での科学的知識を发展させる大事な要素となります。

#### *University of Oregon Human Subjects Pool Recruitment Version*

アンケートへの回答を完了すると、コンピュータによって選ばれた完了コードをお知らせします。クレジットをご希望の方は、Sonaログインネームと一緒に完了コードを研究員のキャロリン・アラード( Carolyn Allard; [callard@uoregon.edu](mailto:callard@uoregon.edu))までEメールでご連絡ください。24時間以内に研究参加クレジットを1クレジット支給します。あなたの個人情報は機密として扱われます。(あなたの完了コードとアンケートへの回答は照合されません。)この調査への参加によって、あなた個人が恩恵を受けるとはお約束できませんが、あなたの調査への回答は、苦痛な人生経験をとり扱う分野での科学的知識を发展させる大事な要素となります。

### Reward

Once you have completed the survey, you will be given a raffle entry code to enter in the lottery in which you will have up to 10 chances to win \$50 (about ¥5500). The Lottery odds are one out of every twenty participants who have completed the survey, up to ten winners, and we expect participation of two hundred people. If you want to join in the lottery, please email your raffle entry code to Carolyn Allard, who is conducting this research ([callard@uoregon.edu](mailto:callard@uoregon.edu)). The winners will be randomly selected by Allard using a computer, the reward will be directly sent to them after the winners choose a preferred form of payment out of a list of options we provide (e.g., gift certificate).

Although we cannot guarantee that you will benefit from your participation in this survey, your responses will be an important component to develop scientific knowledge in the field dealing with painful/distressing life experiences.

#### *University of Oregon Human Subjects Pool Recruitment Version*

Once you have completed the survey, you will be given a completion code which will be selected by computer. If you would like to receive credit, please email your completion code along with your Sona login name to the researcher, Carolyn Allard at ([callard@uoregon.edu](mailto:callard@uoregon.edu)). You will receive 1 credit for your participation within 24 hours. Your personal information will be kept confidential. (your completion code and your



responses will not be associated.) Although we cannot guarantee that you will benefit from your participation in this survey, your responses will be an important component to develop scientific knowledge in the field dealing with painful/distressing life experiences.

## 同意方法

同意/継続ボタンを選ぶことによって、1) あなたが、この同意書で与えられた全ての情報を理解したこと、2) この調査に参加する意思があること、3) ペナルティなしでいつでもこの同意を取り消し、この調査への参加を中断してもよいこと、4) この同意書をコンピューターに保存または印刷したこと、そして、5) どんな法的権利の主張又は、法的救済手段要求する権利を放棄していない、ということを示します。

## How to Give Consent

By clicking the button of consent or continue, it indicates that 1) you understand all information provided in the consent form; 2) you have intention/will to participate in this research; 3) you are able to cancel your consent and quit anytime without any penalty; 4) you save on your computer or print out this consent form; and 5) you do not renounce any rights for legal claim or remedies .

## 連絡先

もし調査について、ご質問、不明な点、ご意見等がございましたら、キャロリン・アラードまたはジェニファー・フライドまでお電話もしくはEメールにてご連絡ください。Eメールの場合は、日本語、英語のどちらでもかまいません。調査参加にあつたてのあなたの権利についてご質問がございましたら、オレゴン大学、ヒューマン・サブジェクト・コンプライアンス(実験の倫理性及び被験者の人権保護を管理する組織)まで。

あなたの証書をお手元に残すため、この同意書を印刷する又はあなたのハードドライブ(他人のコンピューターを使用中の方は、フロッピーや、CD等)に保存するか、重要な情報(連絡先等)を書き出して保管するようお願い申し上げます。連絡先は以下の通りです。

キャロリン・アラード( Carolyn Allard) : [callard@uoregon.edu](mailto:callard@uoregon.edu) +1(541)346□4950

ジェニファー・フレイド( Jennifer Freyd) : [jjf@dynamic.uoregon.edu](mailto:jjf@dynamic.uoregon.edu) +1(541)346□4950

--Japanese collaborator contact

ヒューマン・サブジェクト・コンプライアンス(実験の倫理性及び被験者の人権保護を管理する組織) :

電話 +1(541)346-2510

住所: Human Subjects Compliance, University of Oregon, Eugene OR 97403 USA

## Contact Information

If you have any questions, concerns, and opinions about the research, please feel free to contact the researchers below via email or phone: You are free to communicate in either English or Japanese via email. For your records, please print out this page, save it on the hard drive on your computer (if you are using someone else's computer, save it on a floppy disk or CD), or write down and keep the important information (e.g. contact information). The contact list is below.

Carolyn Allard [callard@uoregon.edu](mailto:callard@uoregon.edu), 1 (541) 346-4950

Jennife Freyd [callard@uoregon.edu](mailto:callard@uoregon.edu), 1 (541) 346-4950.

<<Japanese university contact information>>

Human Subjects Compliance at University of Oregon, Eugene OR 97403,  
1(541)346-2510.

<同意/繼續>

<Agree/Continue>

## APPENDIX E

## DEBRIEFING FORM

**裏切りによるトラウマ理論 日本では適正か？**  
**Betrayal Trauma Theory: it is applicable to Japan?**  
 (ベトレイヤル=裏切り)

**研究者:****Researchers:**

キャロリン・アラード、文学修士

Carolyn Allard, M.A.

ジェニファー・フレイド、哲学博士

Jennifer Freyd, Ph.D.

この調査へのご協力、どうもありがとうございました。

Thank you very much for your participation.

**目的**

この研究の目的は、ベトレイヤル・トラウマ論は日本でも適正なのかということ进行调查すると共に、日本人によって体験された、つらい出来事や、それから生じる結果についての、科学的な知識を高めるために行われました。ベトレイヤル・トラウマ論によると、身近な人(親など)によって起こされたつらい出来事は、被害者への「裏切られ度」が高い故にその影響はとりわけ有害です。なぜなら、想定されている社会あるいは人間同人間への基本的な期待(例えば、親子間の絆、等)が壊れてしまうからです。逆に、天災もしくは身近でない人によって起こされた出来事の場合は、「裏切られ度」が低くなります。欧米で行われた調査によると、「裏切られ度」の低いトラウマに比べ、過去のベトレイヤル・トラウマ歴は、トラウマ後のストレスがより深刻になる、もしくは、記憶損傷の可能性が高くなると示されています。ベトレイヤル・トラウマ論は、人は、「裏切り/裏切られる」という人間の特徴を、生きていくために必要な術として見做すよう、自然に進化してきたという進化心理学論に基づいており、ベトレイヤル・トラウマの高い経験それによって生じる心身への問題との関係性は、欧米だけではなく、他の異なった文化においても適応されると推測されています。しかしながら、この推測は、今回の私どもの研究まで、調査されていません。

文化心理学によると、私たちがどのように経験を知覚、理解するのか、どのようにその経験を私たちに影響するのか、そして、私たちがどのようにつらい経験を表現するかということは、文化によって形成されます。従って、一つの文化に当てはまるトラウマ論が、他の異なった文化にも当てはまるとは限りません。日本文化における価値観(人との調和、世間体を気にして面目を保つこと、様々な育児方法)がトラウマの発生と結果に重要な役割を果たすであろうと考えられます。とりわけ、対人関係、そして社会関係への期待を促す重要な要素である人との調和は、このベトレイヤル・トラウマ論に深く関わっていると予想されます。人との調和を重要視する傾向の高い人は、「裏切られ度」の高い経験をすると、より深刻なトラウマ後のストレスを報告すると考えられています。

最後に、この研究は、日本人によって体験された異なったつらい人生経験の発生と影響に関する科

学的知識に貢献するために行われました。

#### Purpose

The purposes of this study are to assess the validity of betrayal trauma theory in Japan, and to advance the scientific knowledge about the experience and outcome of distressing events in Japanese individuals. According to betrayal trauma theory, distressing events perpetrated by someone close to the victim are higher in betrayal and are particularly detrimental because of the basic human assumptions and expectations about social and interpersonal relationships that they shatter, compared with low betrayal traumas involving non-close or no perpetrators. Studies conducted with Western samples have shown that a history of betrayal trauma is associated with more serious posttraumatic distress, as well as increased likelihood of memory impairment, in comparison to low betrayal trauma. Because betrayal trauma theory is rooted in evolutionary theory, it is likely that its effect, the increased predictive value of high betrayal trauma on physical and psychological complaints, is also found in different cultures. However, this assumption has not been tested until now.

Cultural psychology tells us that culture can shape how we view and understand experiences, how they can affect us, and how we express distress. Therefore, it is important to not assume that what applies in one culture regarding trauma prevalence and outcomes necessarily applies to other cultures. There are several Japanese cultural values that may play an important role in the determination of trauma prevalence and outcome, including the emphasis on interpersonal harmony, the important consideration of loss of face, and various childrearing practices. Especially relevant to betrayal trauma theory may be the value of interpersonal harmony, which heightens expectations about interpersonal relations and social contracts, and therefore may modulate the effect of betrayal so that individuals reporting a high degree of harmony orientation will exhibit greater posttraumatic distress following high betrayal experiences.

Finally, this study is being conducted in order to contribute to the scientific knowledge about the prevalence and outcome of different types of distressing life experiences in individuals in Japan.

#### この調査へのあなたの貢献

今日この研究調査で、日本人によって構築されるであろう経験、そしてその経験の影響について貴重な情報を提供していただきました。私どもは、本研究へのあなたのご協力を心より感謝いたします。あなたのご協力なしには、得られるはずの結果を得ることは困難のように思われます。従って、これらの情報によって、この研究分野への科学的知識の発展に大いに貢献します。さらに、さまざまな経験が、どのように異なった結果をもたらすのか、つまり、ベトレイヤル・トラウマ論が日本でも通用するのか、そして、文化的価値と裏切られた経験とどのように関係しているのかという知識の向上へもつながります。

#### Your contribution to this research

You contributed valuable information regarding experiences that people in your cohort are more or less likely to experience and how these may affect them. We appreciate you taking the time to share with us all the specific details of your experiences so that scientific knowledge can be advanced in this area. Without such information it would be

impossible to get a comprehensive picture of the wide range of experiences people can have. Also, your willingness to share how you feel will greatly enhance our knowledge of how different life experiences are associated with different outcomes, whether betrayal trauma theory is a valid trauma conceptualization in your country, as well as potential interactions between cultural values and experiences of betrayal.

#### この調査で明らかになるであろう事:

1. 日本の学生の間で、どのようなつらい経験が共通しているのか。
2. ベトレイヤル・トラウマ効果は日本でも現れるのか。
3. 日本人の価値観である人の調和は、トラウマ効果に影響をもたらすのか？
4. 男女間トラウマ効果の差はあるのか？

#### The questions the study will allow us to answer include:

1. What types of distressing experiences are common in Japanese students?
2. Will the betrayal trauma effect be replicated in Japan?
3. Does the Japanese value of interpersonal harmony modulate this effect?
4. Is there a gender effect?

#### この調査と日常生活の関連性

この調査は、ベトレイヤル・トラウマ論をより発展させることによって、普遍的もしくは文化に特有なトラウマの影響と概念の理解を支える科学的、心理学的データへ貢献します。そして、日本における、トラウマの発生とその影響についての限られた知識の向上にもつながります。さらに、この研究結果は、臨床への応用も示唆します。現在、トラウマ経験者への適切な治療について、意見の相違があります。その一部の理由としてあげられるのは、トラウマの定義があまりにも一般化されており、全てのトラウマ体験(災害、事故、虐待など、全てを含め)に、あいまいなアプローチがされているため、治療の効果に限界があります。従って、臨床によって研究され、重要視されている要素を使い、人々が経験したベトレイヤル・トラウマを明確にすることによって、治療の概念化とその実施が向上するであろうと考えられています。つまり、日本人が体験するであろう出来事と、それによって生じるであろうつらい経験についての科学的知識を発展させることによって、効果的で、個々の患者および日本の文化に適した治療のために、重要な情報を提供します。

#### How this investigation is relevant to our everyday lives:

This study will contribute scientific psychological data that will assist in universal and culture specific trauma conceptualizations and outcome research by further developing betrayal trauma theory. It will also add to the limited knowledge about trauma prevalence and outcome in Japan. The results of this research also has implications for clinical application. There is currently some disagreement about the best practices for treating individuals who have experienced trauma. Part of the reason for this is that trauma is generally defined too generally and therefore a blanket approach for all types of trauma is usually applied, and with limited success. By specifying the kinds of trauma individuals have experienced, using dimensions that have been empirically shown to be important, treatment conceptualization and implementation will likely improve. Increasing scientific knowledge about what experiences and associated distress are more or less typical in Japanese individuals will contribute important information that can be used in developing

effective, individualized, and culturally sensitive treatments.

### 謝礼

お約束した、抽選番号は  です。

賞金\$0米ドル

(約\$500)の当選確率は、アンケートを完了した人の中より、約20人に1人の割合で、最高10人に当たり、約200人のご協力を期待しております。くじへの参加を希望される方は、抽選番号を研究管理者キャロリン・アラードまで直接メール<callard@uoregon.edu>にてお知らせください。当選者は上記の研究者がコンピュータにより無作為に決め、謝礼は、いくつかの選択肢(ギフト券等)の中からご希望のものを選んでいただき、その後直接お送り致します。抽選番号とあなたの調査回答は関連付けられません。

### Reward

As promised, here is your raffle entry code .

The Lottery odds of winning \$50 (about ¥5500) are one out of every twenty participants who have completed the survey, up to ten winners, and we expect participation of two hundred people. If you want to join in the lottery, please email your raffle entry code to Carolyn Allard, who is conducting this research <callard@uoregon.edu>. The winners will be randomly selected by Allard using a computer, the reward will be directly sent to them after the winners choose a preferred form of payment out of a list of options we provide (e.g., gift certificate). The information you provide in the survey is never connected with the raffle entry code.

### 詳細な情報・資料

この調査への参加によって、心身に問題が生じる恐れはないと思われませんが、万が一、いくつかの質問に不快を感じ、何かサポートを必要とされる場合がありますら、下記の研究員もしくは機関までお問い合わせください。しかしながら、私どもは、これらの機関のサービス内容については保証いたしかねます。予めご了承ください。

### Contact information and resources:

There are no known risks associated with completion of the questionnaires you were just administered. If, however, any part of this study was upsetting or you find yourself thinking about experiences and would like to talk with someone, please let the experimenter know (see contact information below), or contact your university or community counseling center.

ベトレイヤル・トラウマについて、もしくはそれに関連するトピック等の詳細を知りたい場合は、こちらのウェブサイト<<http://dynamic.uoregon.edu/~jif/trauma.html>>をご覧ください。研究員までご連絡ください。

また、この調査についてのご意見ご感想、もしくはご不明な点がございましたら、こちらの研究員までEメールもしくはお電話でお問い合わせください。Eメールの場合は、日本語、英語のどちらでもかまいません。

キャロリン・アラード callard@uoregon.edu, 1-541-346-4950

ジェニファー・フライド jjf@dynamic.uoregon.edu, 1-541-346-4950  
日本での研究協力者

If you would like to learn more about betrayal trauma and related topics, please visit our website: <http://dynamic.uoregon.edu/~jjf/trauma.html>.

If you would like to give feedback or obtain further information about this study, please feel free to contact the researchers or your local contact.

Carolyn B. Allard, callard@uoregon.edu, 1-541-346-4950  
Dr. Jennifer J. Freyd, jjf@dynamic.uoregon.edu, 1-541-346-4950  
<<name and contact info of local faculty>>.

**注意1 :**

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**Note 1:** We suggest you keep a copy of this page by either printing it, saving it on your hard drive (or an alternate removable storage drive or device if the computer you are using is not your own), or writing down the important information such as contact information of the researchers.

**注意2 :** このページを読み終えたら必ず、このウィンドーを閉じてください。その場合、他の誰からもあなたの個人情報が見られる心配はありません。

**Note 2:** When you finish reading this page, please close your web browser to help ensure the confidentiality of your responses.

あなたのご協力、心より感謝いたします。

Thank you very much for your participation/cooperation.

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