

Validation of the Chinese Juvenile Victimisation Questionnaire

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Abstract

Objective: The primary objective of this research was to validate the Chinese Juvenile Victimisation Questionnaire (JVQ) in a Chinese population. **Design:** A validation study. **Setting:** This study is based on the pilot study of the Optimus Study on Child Sexual Abuse in China. **Participants:** A representative sample of students aged 15 to 17 who were in Grades 10 to 12 at schools in a district of Hong Kong was recruited for the survey (N=415). **Results:** The Chinese JVQ demonstrated a good internal consistency, with Cronbach's alpha exceeding 0.70 for almost all subscales and 0.89 for the total scale. Also, it correlated significantly with all the hypothesized psychosocial variables, namely depression, physical health, and mental health. **Conclusions:** This study provides preliminary evidence for the validity and reliability of the Chinese JVQ. Also, it finds that youth who suffer from victimisation are more likely to experience trauma symptoms. The authors suggest that such a scale is useful for measuring and identifying the victimisation patterns among youth within a Chinese population. Furthermore, the validation of the Chinese JVQ can lead to more multi-sites and cross-cultural studies.

Key words

Child victimisation; Chinese Juvenile Victimisation Questionnaire; Validation

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Introduction

A recent worldwide concern over child victimisation has resulted from the growing recognition that children and youth suffer higher rates of exposure to violence and victimisation than do adults.¹⁻³ Child victimisation produces pain and wounds of body, mind, and soul. Numerous studies have documented the detrimental effects of different forms of victimisation, which include depression²⁻⁴ and worsening physical^{5,6} and mental health.⁴ In order to capture the full range of child victimisation, the Juvenile Victimisation Questionnaire (JVQ) was developed as an instrument that assesses conventional crime, child maltreatment, peer and sibling victimisation, sexual victimisation, and witness and indirect victimisation among children and youth.³ The JVQ has been adopted as a comprehensive assessment tool of child victimisation in the Developmental Victimization Survey^{2,3} and the National Survey of Children's Exposure to Violence.⁷ Previous studies found the JVQ to be strongly

correlated with trauma symptoms, such as anger, depression, and anxiety,^{2,3} as well as adverse physical health outcomes.⁵ In view of the lack of a reliable and valid instrument in the Chinese language that measures child victimisation within Chinese societies, the present study sought to translate the JVQ into Chinese and then validate this translated version.

The primary objective of this study was to validate the Chinese JVQ. There were five broad aims: (a) to translate the JVQ into Chinese for use in a Chinese population; (b) to provide the lifetime and preceding-year prevalence rates of the JVQ items; (c) to examine the psychometric properties of the Chinese JVQ, that is, the internal consistency; (d) to identify the psychosocial correlates of the Chinese JVQ; and (e) to provide the correlations among the five modules of the Chinese JVQ.

Methods

Translation of the JVQ

A bilingual psychologist first translated the original JVQ from English into Chinese. Then a Chinese teacher corrected the linguistic and grammatical errors in the Chinese version and another bilingual psychologist translated the Chinese version back into English. Having ensured its literal equivalence to the original JVQ, two psychologists reviewed the Chinese JVQ to confirm its literal equivalence to the original English version. Cognitive debriefing interviews were also conducted to test the acceptability, comprehensibility, relevance, and completeness of the new translation.

Field Testing of the Chinese JVQ

This study is based on the pilot study of the Optimus Study on Child Sexual Abuse in China. A representative sample of students aged 15 to 17 who were in Grades 10 to 12 at schools in a district of Hong Kong was recruited for the survey. The sample was selected using a two-stage stratified random sampling design for the survey. For the first stage, a random sample of eight schools was selected. For the second stage, a random sample of students aged 15 to 16 studying in Grades 10 to 12 in the sampled schools was recruited. The method of selecting students involved randomly assigning a calendar month to a school and then selecting all the students who were born during that month. In the survey, a total of eight secondary schools were sampled, five of which agreed to participate in the survey, giving a response rate of 63% at the school level. At the individual level, the participation rate was very high: about

99%. Once the purpose of the study and confidentiality issues had been outlined to the participants, their written consent to participate was obtained. A group-administered interview was adopted, which lasted about 30 minutes. Ethics approval was obtained from the institutional review board of The University of Hong Kong and the Hospital Authority Hong Kong West Cluster.

Participants

A total of 415 Chinese students aged 15 to 17 were successfully recruited for the purpose of the study. The mean age was 16.4 ($SD = 1.1$). About 70% of the sample were male, 28.9% identified Hong Kong as their place of origin, and 6.5% came from a family partaking in the Comprehensive Social Security Assistance (CSSA) Scheme. A majority (77.6%) reported having siblings, 18.8% reported being the only child, and 3.6% did not specify. With regard to the marital status of the participants' parents, 77.6% reported that their parents were married, 8.4% that their parents were divorced, 1.7% that their parents were separated, 3.9% that their parent was widowed, 6.7% that their parents were unmarried but cohabiting, and 1.7% did not specify.

Instruments

Child Victimization. The Juvenile Victimization Questionnaire (JVQ) employs 34 screening questions to determine the number and types of previous-year victimisations experienced by sampled children. The JVQ serves as an inventory of all the major forms of offense against youth, covering a wide range of events including non-violent victimisation and events that children and youth do not typically conceptualise as crimes. Specifically, the JVQ covers five general areas of concern: Module A – Conventional crime (C1-C8, 8 items); Module B – Child maltreatment (M1-M4, 4 items); Module C – Peer and sibling victimisation (P1-P6, 6 items), Module D – Sexual victimisation (S1-S7, 7 items), and Module E – Witness and indirect victimisation (W1-W9, 9 items). The JVQ has shown evidence of good test-retest reliability and construct validity across a wide spectrum of developmental stages. Also, the JVQ has demonstrated satisfactory reliability, with a Cronbach's alpha value of 0.80.²

Health Status. The Short Form Health Survey (SF-12) is used to assess health-related quality of life.⁸ It consists of 12 items measuring physical health and mental health. These items can be aggregated into two scales: the Physical Component Score (PCS) and the Mental Component Score (MCS). Higher scores indicate better functioning. A Chinese

version of the SF-12 Health Survey, which has been shown to have satisfactory validity and reliability (C-SF-12),⁹ was employed in this study to assess health-related quality of life. The SF-12 includes the mental component summary and physical component summary measures.

Depression. The Beck Depression Inventory version II (BDI-II) is a self-report instrument for the assessment of symptoms corresponding to criteria for diagnosing depressive disorders.¹⁰ It consists of 21 groups of statements and requires the participant to choose one statement in each group that best describes how she felt during the previous two weeks. The BDI-II has been translated into Chinese under the supervision of one of the Co-Is (Fong) and has been shown to have satisfactory validity and reliability (α ranged from 0.86 to 0.87).¹¹

The student participants were asked to provide information about their demographics as well as the scales including JVQ, SF-12 and BDI-II. Informed consent was obtained from the participants prior to the interviews and they were told that they could omit answering any question they wished. The confidentiality of the data was guaranteed. The interviewers also gave the participants an information card containing details of social services related to violence prevention.

Statistical Analysis

The demographic characteristics of the participants and the prevalence rates of the JVQ were summarised. Correlations were performed to test the associations among the subscales of the JVQ, the SF-12, and the BDI self-esteem. Pearson's r indicates the degree of linear dependence between two variables; the stronger the correlation, the closer is the r value to either -1 (a negative correlation) or 1 (a positive correlation). The nominal level of significance was set at 5%, and SPSS version 17 was used for the statistical analysis.

Results

Pattern of Endorsement

Although all participants were informed that they could refuse to answer any of the questions, majority of the student participants had responded to the Chinese-JVQ items. There were very few non-responses for the items, ranged from 0.7% to 1.7%. In general, no one item elicited refusals or missing responses more than others. Hence, all items appeared to be acceptable to most participants in this study.

Internal Consistency Reliability

The internal consistency reliability of the Chinese JVQ was calculated with Cronbach's coefficient alpha, which is a measure of the coherence of a scale in assessing an underlying construct. The Cronbach's alpha coefficients for the Chinese JVQ and Modules A to E were 0.89, 0.83, 0.64, 0.73, 0.71, and 0.76 respectively. No gender difference in the report of the Cronbach's alpha values was found. This was comparable to, and to a certain extent better than, the corresponding values for the original JVQ, which were respectively 0.80, 0.61, 0.39, 0.55, and 0.51.

Lifetime and Preceding-year Prevalence Rates

Table 1 presents the lifetime and preceding-year prevalence rates of each JVQ item. Among the five modules, conventional crime was the most prevalent form of child victimisation, being reported to have a lifetime prevalence rate of 50.4% and a preceding-year prevalence rate of 35.8%. The next most prevalent form was witnessing and indirect victimisation, which was reported to have a lifetime prevalence rate of 35.7% and a preceding-year prevalence rate of 24%. Child maltreatment was reported to have a lifetime prevalence rate of 31% and a preceding-year prevalence rate of 21.1%, while peer and sibling victimisation was reported to have a lifetime prevalence rate of 26.7% and a preceding-year prevalence rate of 17.2%. Sexual victimisation was the least prevalent form of child victimisation, with lifetime and preceding-year prevalence rates reported as 8.5% and 5.8% respectively.

Psychosocial Correlates of the JVQ

Table 2 presents the correlations among the Chinese JVQ, the SF-12, and the BDI. On the basis of previous research, we hypothesized that children who experienced victimisation would experience more trauma symptoms, such as deterioration in physical and mental health, and would be more likely to suffer from depression. Consistent with this hypothesis, the participants' overall JVQ score was negatively and significantly related to the Physical Component Score ($r=-0.17$, $p<0.01$) and Mental Component Score measured by the SF-12. Among the five modules, both peer and sibling victimisation and witnessing and indirect victimisation were correlated with the SF-12 PCS. Child maltreatment was correlated with the SF-12 MCS score ($r=-0.23$, $p<0.01$). Depression was also found to be positively and significantly related to all of the five modules and the overall Chinese JVQ ($r=0.312$, $p<0.01$).

Table 1 Lifetime and preceding-year prevalence rates of the JVQ

JVQ	Lifetime prevalence %	Preceding-year prevalence %
C1 Robbery	24.6	16.8
C2 Personal Theft	35.3	22.1
C3 Peer or Sibling Assault	26.0	14.0
C4 Assault with Weapon	15.8	7.8
C5 Assault without Weapon	23.4	14.4
C6 Attempted Assault	18.0	11.0
C7 Kidnapping	4.9	2.7
C8 Bias Attack	7.8	5.4
M1 Physical Abuse by Caregiver	14.3	7.3
M2 Psychological/Emotional Abuse	25.5	18.2
M3 Neglect	8.0	3.9
M4 Custodial Interference/Family Abduction	4.6	3.2
P1 Gang or Group Assault	8.7	4.6
P2 Peer or Sibling Assault	18.0	11.2
P3 Non-sexual Genital Assault	5.3	4.4
P4 Bullying	10.2	7.0
P5 Emotional Bullying	11.9	8.0
P6 Dating Violence	4.9	2.9
S1 Sexual Assault by Known Adult	2.4	1.9
S2 Non-specific Sexual Assault	1.9	1.7
S3 Sexual Assault by Peer	2.9	1.9
S4 Rape: Attempted or Completed	1.5	1.2
S5 Flashing/Sexual Exposure	2.2	1.2
S6 Verbal Sexual Harassment	1.9	1.5
S7 Statutory Rape and Sexual Misconduct	4.9	3.6
W1 Witness to Domestic Violence	7.5	3.6
W2 Witness to Parent Assault of Sibling	9.2	4.9
W3 Witness to Assault with Weapon	11.7	7.3
W4 Witness to Assault without Weapon	18.4	10.7
W5 Burglary of Family Household	8.0	4.1
W6 Murder of Family Member or Friend	2.7	1.7
W7 Witness to Murder	4.9	2.9
W8 Exposure to Random Shootings, Terrorism, or Riots	13.1	10.7
W9 Exposure to War or Ethnic Conflict	7.5	4.6
Module A: Conventional Crime	50.4	35.8
Module B: Child Maltreatment	31.0	21.1
Module C: Peer and Sibling Victimization	26.7	17.2
Module D: Sexual Victimization	8.5	5.8
Module E: Witnessing and Indirect Victimization	35.7	24.0

Correlations between Subscales

Table 3 summarises the results of a Pearson correlation analysis between the subscales of the Chinese JVQ. The correlations between the subscales indicated that all of them were positively inter-correlated. Specifically, the correlation between conventional crime and peer and sibling victimisation was found to have a large effect size.

Discussion

The aim of this study was to validate the Chinese JVQ for use within Chinese societies. The preliminary results show that the Chinese JVQ is a reliable and valid instrument. It demonstrates an even better internal consistency than the original JVQ,² with Cronbach's alpha exceeding 0.70 for almost all subscales and 0.89 for the total scale. Also, this Chinese JVQ correlates significantly with the three hypothesized psychosocial variables, namely depression, physical health, and mental health. In other words, the correlation results indicate that children and youth who suffer from victimisation have a high chance of also suffering from depression, deteriorating physical health,

and deteriorating mental health. In addition, the present study also provides preliminary estimates on the frequency of types of victimisation. The study reveals that conventional crime is the most common form of child victimisation, followed by witness and indirect victimisation, child maltreatment, and peer and siblings victimisation. Sexual victimisation is the least prominent form of child victimisation. In general, this victimisation pattern is similar to that observed in the West.¹

The performance of the Chinese JVQ in the present study suggests its potential utility as an instrument for measuring victimisation in epidemiological and research studies. The validation of such a scale provides researchers with an extremely important tool for understanding child victimisation and poly-victimisation within Chinese communities. Moreover, with the Chinese translated version, researchers can further investigate child victimisation in Chinese societies by comparing it to child victimisation in other societies, such as in the West. Hence, more cross-cultural and multi-site studies can be conducted in the future.

Professionals who work with victimised children are increasingly expected not only to design effective

Table 2 Correlations among the Chinese JVQ, the SF-12, and the BDI

JVQ	SF12 PCS ^a	SF12 MCS ^a	BDI
Conventional Crime	-0.100*	-0.162**	0.248**
Child Maltreatment	-0.145**	-0.230**	0.293**
Peer and Sibling Victimization	-0.173**	-0.167**	0.244**
Sexual Victimization	-0.056	-0.108*	0.220**
Witness and Indirect Victimization	-0.173**	-0.060	0.226**
Total JVQ	-0.170**	-0.183**	0.312**

^aA higher item response value indicates better health for all SF-12 items and summary measures.

*p<0.05; **p<0.01

Table 3 Pearson correlation analysis of the subscales of the Chinese JVQ

JVQ	1	2	3	4	5
Conventional Crime	1.00				
Child Maltreatment	0.480**	1.00			
Peer and Sibling Victimization	0.667**	0.575**	1.00		
Sexual Victimization	0.389**	0.300**	0.394**	1.00	
Witness and Indirect Victimization	0.435**	0.479**	0.548**	0.420**	1.00

*p<0.05; **p<0.01

intervention and prevention programs, but also to monitor victimisation patterns. The present study has validated a scale that can help professionals to meet these expectations. Furthermore, the Chinese JVQ can help professionals to identify at-risk youth and children more accurately and efficiently due to its comprehensiveness and the ease with which it can be administered. This can then further increase the likelihood of providing appropriate service, care, and even referrals, which are much needed to heal the wounds of victimised children.

The present study, however, has several limitations. First, the results may be subject to social desirability or recall bias as the data came solely from the participants' self-reports. Moreover, the present study utilised a relatively small and non-representative sample. The prevalence rates of each item may not be representative. Interpretation of findings in this study should be careful. Furthermore, the temporal nature of the present study limits the drawing of inferences about the casual relationships between factors. Further studies that adopt a longitudinal approach and use a larger sample size are needed to address the above limitations.

In conclusion, the present study is the first to provide preliminary evidence for the validity and reliability of the Chinese JVQ. The Chinese JVQ offers a comprehensive measure of youth victimisation that allows researchers to obtain frequency of incidences estimates with a breadth and detail that have not been previously obtained for Chinese communities. This can ultimately improve the understanding of and response to the victimisation of youth.

References

1. Finkelhor D, Turner H, Ormrod R, Hamby SL. Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics* 2009;124:1411-23.
2. Finkelhor D, Hamby SL, Ormrod R, Turner H. The Juvenile Victimization Questionnaire: Reliability, validity, and national norms. *Child Abuse Negl* 2005;29:383-412.
3. Finkelhor D, Ormrod RK, Turner HA, Hamby SL. Measuring poly-victimization using the Juvenile Victimization Questionnaire. *Child Abuse Negl* 2005 ;29:1297-312.
4. Ford JD, Elhai JD, Connor DF, Frueh BC. Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents. *J Adolesc Health* 2010;46:545-52.
5. MacMillan H. Commentary: Child maltreatment and physical health: a call to action. *J Pediatr Psychol* 2010;35:533-5.
6. Clark D, Thatcher D, Martin C. Child abuse and other traumatic experiences, alcohol use disorders, and health problems in adolescence and young adulthood. *J Pediatr Psychol* 2010;35:499-510.
7. Turner HA, Finkelhor D, Ormrod R. Poly-victimization in a national sample of children and youth. *Am J Prev Med* 2010 ;38:323-30.
8. Ware J Jr, Kosinski M, Keller SD. A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med Care* 1996;34:220-33.
9. Lam CL, Tse EY, Gandek B. Is the standard SF-12 Health Survey valid and equivalent for a Chinese population? *Qual Life Res* 2005;14:539-47.
10. Beck AT, Steer RA, Brown GK. *Manual for the Beck Depression Inventory*. Antonio, TX: Psychological Corporation; 1996.
11. Leung RKW. A validation of the traditional Chinese (Hong Kong) versions of the Beck Anxiety Inventory (BAI) and the Beck Depression Inventory-II (BDI-II). Hong Kong: University of Hong Kong; 2001.

Appendix 1 Chinese version of Juvenile Victimization Questionnaire

兒童自測問卷

這些問題是關於過去的一年中發生在你身上的事情。
讓我們花一分鐘的時間瞭解一下“過去的一年”的意思。
寫下今天的日期：_____

過去的一年也就是說從今天開始回溯到去年的同一個日期。

你的生日是甚麼時候？_____

過去的一年中你多大？_____歲和_____歲

(請記住，除非今天是你的生日，否則兩個不同的年齡！)

過去的一年中你在幾年級？(請記住，有可能是兩個不同的年級)

_____年級和_____年級

回想一下你的生日、暑假、新學年的開始、假期或者過去的一年中發生的其他重要的事情。這些事情有助於你回憶過去的一年中發生的事情。

1) 過去的一年中是否有人使用暴力搶走了你隨身攜帶或穿戴的東西？

_____ 1次

_____ 2次

_____ 3次

_____ 4次

_____ 5次

_____ 沒有

2) 過去的一年中是否有人偷走了你的東西並且從來沒有還給你？比如背包、錢、手錶、衣服、自行車、音響或其他東西？

3) 過去的一年中是否有人故意破壞你的東西？

4) 有時人們會用棍子、石頭、槍、刀子或其他容易傷人的東西攻擊他人。過去的一年中是否有人故意用硬物或凶器攻擊你？比如：在家裡，商店，汽車中，大街上或其他地方？

5) 過去的一年中是否有人攻擊你但是沒有使用硬物或凶器？

6) 過去的一年中是否有人試圖攻擊你，但是因為某種原因沒有發生？比如，有人幫助你或者你逃跑了？

7) 綁架意味著把人弄到某個地方，比如車裡，你會認為他們會傷害你。過去的一年中是否有人試圖綁架你？

8) 過去的一年中你是否因為膚色，宗教或者國籍而受到攻擊？或者因為身體疾病受到攻擊？或者因為有人說你是同性戀？

接下來是關於照顧你的成年人的問題。包括父母、保姆、和你住在一起的成年人，或者其他的看護你的人。

9) 打你的屁股不包括在內，過去的一年中有成年人推撞、痛打、腳踢或者以任何形式在身體上傷害過你嗎？

10) 過去的一年中你是否因為生活中的成年人罵你，對你講粗俗的話，或者說不想要你而你感到恐懼或者噁心？

Appendix 1 Chinese version of Juvenile Victimization Questionnaire (cont'd)

- 11) 受到忽視意味著生活中的成年人沒有按照應該的樣子照顧他們。他們可能沒有得到足够的食物，生病時沒人帶他們去看醫生，或者確保他們有一個安全的地方可以生活。過去的一年中你受到忽視了嗎？
- 12) 有時家長會在孩子生活的地方打架。過去的一年中是否有一位父母帶著或保護你以避免你與你或另一位父母待在一起？
- 13) 有時一群或一幫小孩會攻擊別人。過去的一年中是否有一群孩子推撞或攻擊你？
- 14) 過去的一年中是否有小孩，甚至兄弟姐妹打過你？地點比如：在家裡、學校、玩的地方、商店或其他的方面？
- 15) 過去的一年中是否有小孩故意通過推撞或踢你的私密部位而傷害你？
- 16) 過去的一年中是否有小孩，甚至兄弟姐妹找你麻煩，比如追趕你，抓你的頭髮或衣服或讓你做你自己不想做的事情？
- 17) 過去的一年中你是否因為孩子們罵你，對你講粗俗的話，或者說不希望看到你在周圍而讓你感到恐懼或非常不舒服？
- 18) 過去的一年中你的男友或女友或其他人是否在約會時搥你耳光或者你搥他？
- 19) 過去的一年中是否有你認識的成年人在你不願意的情況下摸你的私密部位或者讓你摸他們的私密部位？或者你認識的成年人強迫你發生性行為？
- 20) 過去的一年中是否有你不認識的成年人在你不願意的情況下摸你的私密部位或者讓你摸他們的私密部位？或者強迫你發生性行為？
- 21) 現在想一下你的年齡，比如學校，男友或女友，甚至兄弟姐妹。過去的一年中是否另一個孩子或者同齡人讓你做與性有關的事情？
- 22) 過去的一年中是否有人試圖強迫你發生性行為，任何類型的性交，即使沒有發生？
- 23) 過去的一年中是否有人通過暴力，或突襲讓你看到他們的私密部位？
- 24) 過去的一年中是否有人通過講述或寫與你或你的身體有關的性方面的事情來傷害你的感情？
- 25) 過去的一年中你是否與 18 歲或以上的人發生與性有關的事情，即使是你們都想要的？

有時候這些事情並沒有發生在你的身上，而是發生在現實生活中的其他人身上，不是電視、視頻遊戲、電影或者你聽說的人。

- 26) 過去的一年中你是否看到一位家長被另一位家長或者他們的男友或女友推撞、搥耳光、拳打腳踢？
- 27) 過去的一年中你是否看到一位家長推撞，拳打腳踢或身體上傷害他們的兄弟姐妹，打屁股不包括在內？
- 28) 過去一年的現實生活中，你是否看到其他人被故意用棍子、石頭、槍、刀子或者其他能傷人的東西攻擊？地點比如，家裡、學校、商店、汽車裡、大街上、或者其他的方面？
- 29) 過去一年的現實生活中，你是否看到有人被故意攻擊但沒有用棍子、石頭、槍、刀子或者其他能傷人的東西？地點比如，家裡、學校、商店、汽車裡、大街上或者其他的方面？
- 30) 過去的一年中是否有人偷走了你房間的屬於你家或者和你一起住的人東西？比如電視、音響、汽車或者其他的東西？
- 31) 謀殺意味著故意殺害某個人。過去的一年中是否有與你關係親密的人被謀殺，比如朋友、鄰居或者你的家人？
- 32) 過去的一年中你是否看到現實生活中的人被謀殺？也就是說，不是電視上、視頻遊戲或電影中？
- 33) 過去的一年中你是否在現實生活的某個地方看到或聽到有人被刺殺，炸彈爆炸或者街頭暴動？
- 34) 過去的一年中你是否處在戰爭中，在那裡你能聽到用槍或炸彈真正打仗？