



# Trauma Through the Lens of Colonial and Critical Psychology within an Indigenous Community and Favela in Brazil

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## Abstract

This paper details two ongoing pilot studies exploring the perspectives of a group of indigenous Brazilian students and a group of dwellers in a Brazilian favela, who have experienced and continue to experience trauma. The paper explores the difference in perspectives, values, and trauma as experienced by these communities, when seen through the lens of colonial psychology and seeks to contribute to a dialogue within psychology that promotes critical psychology and dialogue.

**Keywords:** Trauma, Critical psychology, Psychopathology

## Introduction

### Colonial and critical psychology

Pedagogy of the Oppressed by Paulo Freire<sup>1</sup> is rightly upheld as one of the world's great contributions to critical pedagogy with its focus upon dialogue, and criticism of the banking concept of education, which so often is an extension of a colonising culture, and views students as empty vessels to fill with facts, that suit the purposes of those who run education. Freire is someone whose work brought together a view of education that built on Plato, Marxism and post-Marxist thinking, as well as anti-colonialist thinkers such as Franz Fanon.<sup>2</sup> Arguing that the oppressed must work towards their own liberation, Freire argued that education should seek to enable the oppressed to regain their sense of self and humanity.

His name is also famous for his model of literacy that enabled the marginalised to grow and develop. He argued that models of education should not impose the realities of those who would control or 'transforms students into receiving objects and attempts to control thinking and action, leading men and women to adjust to the world, inhibiting their creative power.' For Freire, education and politics go hand in hand and the way students are taught serves a political agenda, of which they should be critically aware. The ongoing process of education is one by which individuals can discover themselves, make and remake themselves, defining what they know and do not know.

A special concept for Freire is the term '*conscientizacao*' (consciousness raising). This is a life time process which challenges the culture of silence that usually accompanies colonialism, and the neg-

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ative and passive attitudes held by the marginalised of our societies and which serve the interests of the powerful. Freire's view of education is a liberating one. His thinking is very akin to the view taken in counselling psychology (ascribed to Socrates but really from the frontispiece of the temple at Delphi) namely 'know yourself.' One may demand of modern psychology a view that can be described as 'critical psychology,' which addresses the need to re-examine the goals and objectives of those who learn, teach and practice psychology. In contrast to colonial psychology critical psychology challenges the assumptions, theories and methods of mainstream psychology and attempts to apply psychological understanding in different ways, often looking towards social change as a means of preventing and treating mental illness and psychopathology.

More recently, Arthur Blume<sup>3</sup> gives us another strand to consider when we take a critical look at the unchallenged assumptions of modern psychology. He contrasts the premises of indigenous psychology with what he terms 'colonial psychology' in a book entitled 'A New Psychology based on Community, Equality and Care of the Earth'. The latter he describes as the psychology of white males, the ancestors of modern white Europeans. Although considered to be science by Westerners, Blume considers European psychology to be composed of many myths, which are contrary to the longstanding psychologies of native peoples. He makes the following points about colonial psychology: namely, that it considers creation and nature are essentially flawed – creation must be improved. Western Psychology considers the individual is central and that human beings are superior to nature and should use and control creation for human gain in the present generation. Individual growth is what counts for colonial psychology as are individualism, personal autonomy self-sufficiency, self-reliance and independence. Self-esteem and image have long been key concepts in Western psychology.<sup>4</sup> There is an assumption that everyone can get ahead and become materially richer if they just work hard enough.<sup>5</sup>

Life in Western psychology is compartmentalised and ownership is not only possible but desirable for human development. Blume argues that psychology needs to see how discrete experiments, analyses and interpretations of the observable and quantifiable do not describe the context and complexity of reality that our ongoing understanding of science increasingly reveals. By contrast the indigenous do not think that you can buy the horizon or the beauty of nature arguing instead that we can appreciate that nature is alive and we are part of it. We can become aware of but not own the spirits that live in nature. Western Psychology would rather ignore what it cannot prove with the senses. Another assumption of Western Psychology is that existence needs to be hierarchical to keep people in line, especially those considered inferior, and of a lower class to those who are superior in so many ways - wealth, education, and power.

## Two qualitative projects

The following paragraphs describe 2 projects underway in Brazil - one with indigenous students and the other with those who live in a favela. Both projects are ongoing though that with the people in the favela is more advanced in terms of data gathered. Both projects have used structured interviews and observations as well as initial surveys. The data gathered has been analysed in terms of the themes and significant words presented in the answers to the questions posed in the questionnaires administered and then examined further at interview.

### a) Indigenous psychology and trauma

We began our project with a small group of indigenous students in Rondonia Brazil by asking about their mental health, through the use of a questionnaire designed to target how we could work with their concepts of trauma. We were especially interested in how they understand trauma as part of a perspective exploring dialogue rather than imposing ideas on them about trauma and how to treat it. In addition, we wanted to see whether the use of the Group Traumatic Episode Protocol (hereafter GTEP) used as part of Eye Movement Desensitisation Reprocessing (hereafter EMDR) group therapy<sup>6</sup> would enhance their identity and adaptation rather than impose concepts and solutions that did not address their experience or resources. Addendum Table 1 sets out the questions initially posed in the questionnaire.

It came as no surprise that the language of DSM5 (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*)<sup>7</sup> and ICD11 (*The International Classification of Diseases Version 11 World Health Organisation*)<sup>8</sup> were not the first words that came to the mind of our respondents. They did not have this framework of concepts or language. There were no synonyms for depression, anxiety, paranoia, mental illness. They did not speak the language of CBT (Cognitive Behavioural therapy) addressing their feelings, their thoughts, behaviour and body or take an individual responsibility for the same.

Much more important to our respondents, as evidenced in their replies, was the community response both to these concepts, and what it means to be traumatised. Of particular note is the fate of those who leave their home lands and get stranded in the city. There they turn to drink and lose their identity. Identity was a key concept that was repeated in the group meeting held with them as part of clarifying their responses thematically. The maintenance of identity is a central concept in an indigenous person's mental health.

When we presented a second set of questions (as shown in Addendum Table 2) the different world view between the indigenous and the European became clearer. The emphasis on community welfare, land and identity, which has been so assaulted by outsiders over generations came to the fore. At interview, our attention was

brought to the lack of respect for the earth as a living and loving entity, and lack of respect for various gender roles and fluidity. Head and heart were not separate in the discourse of those interviewed, and competition for materials such as gold, timber and especially land were alien to the community ownership. Words that talked of the sacred, truthfulness and entitlement to human rights for all before the law became paramount. The idea that leaders, such as the President of Brazil, could mislead our respondents with lies was shocking to them, just as their condemnation of injustice and violence was unequivocal. A central point made was that they are only claiming the rights which they hold in the Constitution of Brazil,<sup>9</sup> reinforced by the United Nations Convention on the Rights of the Indigenous.<sup>10</sup> The emphasis was on the rights afforded the indigenous people in Brazilian law and the Brazilian Constitution than on ad hoc arguments. Those interviewed were proud to talk of their ancestors, who not only passed down their history and recollections of trauma at the hands of colonisers, but were an inspiration of how to live life and how to cultivate the land without destroying it. Thus, while living in community within the forest, indigenous people are prepared to move on to allow nature to grow back. They do not destroy the land with complicated chemical formulae, or wrestle with the life of the forest. The idea of a tarmac road that brings more and more pollution, in the service of gain and superiority, is not an indigenous one, just as the idea that a dam will enhance access to water rather than cause problems was also repugnant to them. The pursuit of happiness through materialism will not work for an indigenous person. It is ironic that 'values,' so important in modern psychotherapies such as Acceptance and Commitment therapy<sup>11</sup> to address unhappiness and mental health problems, are part of the indigenous perspective on balanced living.

Indigenous people do not need to relearn their values unless dispossessed of their land, identity and community. Values are part of their natural repertoire. As we discovered in our discussions, holistic self-knowledge is to be prized within the context of the community. The concept of happiness so discredited in Cognitive Behavioural therapy<sup>12,13</sup> is much more clearly understood in the answers given by the indigenous, who see community as the place they learn to be, the place where they share their thoughts, where responsibility and humour is a key value and authoritarianism is rejected. When asked to clarify their view of good leadership, we were told that a leader maintains their role as one built on respect not power. The role of the leader embraces autonomy for the group and future generations. A comprehensive view of the history, mores and legends of the indigenous of Brazil can be found in 'Brasil Histórias, costumes e lendas' published by Editora Tres.<sup>14</sup>

Further drilling down into the belief that all life forms are sentient, and how one interacts with nature, the role of the Shaman, in

communicating with natural forces, was brought to our attention. The Shaman is the one who defends the community against malevolent spirits in his or her ability to spot them, work with them, and, if necessary, drive them away. They are the spiritual specialists, who know how to control the forces of nature and restore health to the sick. Ceremonies led by the Shaman are integral to life within the indigenous community, especially at birth, and death. Such ceremonies are life sustaining, and part of the indigenous community. No surprise then that there is a deep sense of trauma, and moral injury held by the indigenous at the unnecessary deaths of their leaders during the COVID-19 pandemic, and the fact that the Shamans were prevented from carrying out many community healings associated with the death of many within their communities.<sup>15</sup> Whilst one might question the use of hallucinogenic infusions, such as *Ayahuasca*, (made from leaves and bark gathered in the forest), these drugs, according to the Shamans, give them access to the spirit world where they can do battle with the vengeful spirits, that cause illness and gain control over other natural forces. We often forget that the indigenous have and can identify huge numbers of plants that are helpful, and already adopted by western medicine for the treatment of malaria, infantile leukaemia, and many other conditions. Not only is the invasion of their lands a major destruction of the indigenous environment and violation of their rights, contrary to all the rhetoric of COP26, but is also putting at risk their immense body of knowledge and the plants which they protect by their behaviour.

Western psychology needs to respect the psychological perspective, thinking and behaviour of the indigenous rather than ignore their lived reality. From a critical psychological perspective, the data gathered echoed the thought of Paulo Freire, in relation to colonial psychology as expressed on page 68 of his book *The Pedagogy of the Oppressed*.<sup>16</sup> 'One cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding. Liberating education consists in acts of cognition, not transfers of information.'

From the indigenous perspective genocide, forest (a floresta) and deforestation, the land (a terra), pandemic, hunger, fires, violence, pesticides, gold mining, human rights, absence of the Brazilian state, colonialism- all these words are associated with trauma in the minds of the Indigenous people of Brazil. Trauma is experiential – it affects your functioning; your memories; your collective identity as a community; your emotions; it can be intergenerational as the indigenous people know from their elders and their oral tradition. The tragedy of indigenous history is that, ever since 1500, the indigenous have been invaded and dominated by outsiders from

cultures that have denied the indigenous the chance of developing their lands according to their own criteria. Instead, they have been subjected to forces from outside the forest, even outside the continent, controlled by people, who know almost nothing about the region, and care even less for the area's inhabitants. Both before in colonial times and since the Brazilian Constitution was established in 1998, the Indigenous people have, and continue to experience considerable trauma and breaches of their human rights. Where human rights are breached there is trauma. The valuable lessons learnt about trauma since World War II, and the United Nations Declaration of Human Rights, have not been informed by the perspective of the Indigenous people of Brazil, and nor have the Indigenous communities of Brazil benefited from these advances in Western understanding of trauma and how to address psychological trauma. Dialogue between the two realities needs to move forward.

The intention of the authors is to follow up on the scoping exercise just described undertaken to promote and engage in dialogue between colonial and critical psychology with the focus of addressing the intergenerational trauma experience of the indigenous, how they manage it, and whether modern empirical Western Psychology can learn from and contribute to the processing of this traumatic history. EMDR, and CBT therapy are two examples of evidence-based approaches used in the United States and Europe to address trauma which have been shown to work. Usually, however, these treatments are given on an individual basis rather than a group basis. A group approach is important for the Indigenous, given the pressing need for more robust strategies among populations, where trauma rates are high, but where there is little access to mental health care. The proposed value of a group approach is that it allows work to be done within an indigenous community context. This allows for the provision of structure and addressing PTSD, but also can help to offer validation and support and thus the rebuilding of trust and a sense of community. There is value in the witnessing and sharing of narratives; it helps to challenge the shame, guilt and retribution that often accompanies trauma. Working as a group can also encourage reintegration.<sup>17</sup>

One has to ask what critical psychology can learn from the indigenous. What can the various specialities such as educational, clinical, forensic, counselling and environmental psychology learn from the different perspective of the indigenous? We have briefly looked at the impact of critical pedagogy and how it can be used to liberate people from oppression. We have drawn attention to the need to take a different perspective on mental health besides DSM5 and ICD 11. The medical model of mental illness was once more dominant in clinical psychology than it is today. Whilst not denying the need for ongoing research into the physical causes of illness such as schizophrenia or cognitive decline and even trauma, clinical psychology

can also take a critical re-look at what contributes to mental health. Most relevant when considering the indigenous is forensic psychology with its focus on understanding violence, murder, criminality, and the risk and management of these areas. Why one asks is the government of Brazil not applying the knowledge we have about the psychology of arson, power, violence and criminality? Nothing justifies the abuse of power or the killing of innocent lives. Respect for human rights, and respect for the state-of-law, emotional growth and development within a society are at the heart of the psychology of health. The lack of these developments and who is responsible for and supporting that lack of development is a legitimate focus of forensic psychology working with legal professionals to ensure such behaviour is treated as criminal and becomes less frequent. One of the objectives of psychology is to promote the development of communities and individuals taking account of risk and how to predict and mitigate risk. The time is long overdue to create laws that punish not just murderers and arsonists and the violent but those who commit environmental crimes.

#### **b) Colonial psychology and trauma within a favela**

Just as the concepts of colonial and critical psychology (articulated above) are highly relevant to our understanding of the trauma experienced by the indigenous people of Brazil over centuries so too is it highly relevant to our understanding of those who still live in the favelas of Brazil.<sup>18</sup>

A secondary project, again designed to examine the experience of, and how to address trauma from a critical psychological perspective, that seeks to address colonial psychology, has been undertaken and continues to go forward within the context of a Brazilian favela. In the city of Rio de Janeiro, Brazil, close to 1.5 million people – around 23-24 per cent of the population – live in favelas. There are over 1000 favelas in Rio de Janeiro alone. Founded in 1897, 10 years after the abolition of slavery, Providencia favela, a remnant of colonialism, is in the port area that received two million enslaved Africans (four times the number taken to the entire United States). According to a study released in 2013/2014 by Carta Capital, the Data Popular Institute, 85 per cent of favela residents like the place where they live, 80 per cent are proud of where they live and 70 per cent would continue to live in their communities, even if their income doubled. In another study in 2014, 94 per cent of favela residents stated that they are happy living there. Young, black men from the favelas are most likely to be victims of police violence in Rio.

The favela in which the research by the current authors is being conducted contains some 4000 families, living in extremely cramped conditions, and as many as 6 people in an area the size of a small bedroom. Of the 143 people interviewed in this study 64



described themselves as feminine, 51 as LGBT and 28 as masculine. The age range of those interviewed was between 14-79. In total, 53 families were interviewed. Participants were asked to complete a number of questionnaires read to them by a Brazilian interviewer (who has lived all her life next to and within the favela) as the majority could not read. Initially 143 interviews were held to scope the extent to which these members of the favela see themselves as a) prone to drugs and alcohol, and b) perceive their mental health risk given their context and relationships. The interviews drew on a series of structured questionnaires.

The data obtained in the favela reveals further information on the impact and assumptions of colonial psychology that critical psychology needs to address. The null hypothesis was that the inhabitants of the favela would not consider that they had any mental health difficulties. Not surprisingly, very few inhabitants in the favela consider there are no risks to their mental health. In terms of mental health 29 per cent obtained scores in the top quartile and 57 per cent within the third quartile. Only 14 per cent obtained scores below the mean score of 50. The respondents did not acknowledge the same risk with regard to drugs and alcohol. Analysis of the responses to questions relating to the risk of alcohol and drug use revealed that 30.9 per cent fell within the lowest quartile, 34.5 per cent in the next quartile, 25.3 per cent in the next quartile and 9.5 per cent in the top quartile. The majority believed that mental health problems are treatable, and noted that services such as doctors, government, hospitals, family, community health workers, friends and religious leaders are important when treating mental health. Factually, however, those who live in the favela do not have access to these professionals for a variety of reasons, not least their lack of money. The majority stated that they used their mobile phones to become informed about mental health problems, indicating the impact of a community upon the assumptions its members take on board.

As part of further preparation, before further dialogue and offering therapy to those who wished to move in that direction to address past trauma, another survey was conducted to scope the trauma acknowledged within the favela. This time 74 interviews were conducted with people between the ages of 19 and 58. Of these 8 described themselves as males, 21 as LGBT, and 42 as female. The majority of the 74 respondents had little education, and had not completed secondary education. None of those interviewed had a degree or diploma. The interviews drew on a series of questions related to disasters, physical and sexual experiences, as well as domestic violence and difficulties encountered with the police. A sample of some of the questions used during the interviews can be seen in Table 3. Notable within a favela is the extent of trauma associated not only with living conditions but also with trafficking, violence ex-

perienced; and witnessed, police invasions, domestic violence, disastrous events such as flooding, sexual assault of various kinds and drugs as well as events leading to drugs. In addition, prostitution, especially of very young females, sexual diseases, and gang violence linked with open drug use is common but not acknowledged in the interviews undertaken. Handouts of food are made on a daily basis.

Difficulties associated with rats, lighting, warmth, heat, ventilation, rain and floods as well as damaging child development factors and parenting are ongoing and historical problems. In particular, because of the need to keep the doors locked, and there being no windows, problems with respiratory illnesses such as bronchitis, pneumonia, asthma scabies, and cardiac problems are common. All of these of course are harmful to the psychology of the individual and represent the legacy of those who oppress rather than liberate others. Personal observation, and knowledge of the respondents in other contexts over a number of years by the interviewers indicated that specific questions led the favela residents to deny or minimise adverse experiences as their main coping mechanisms. Most could not define what trauma is when specifically asked, and most denied that they have dealt with traumatic situations. When asked about stress, almost all believed 'everyone has it because everyone is fed up, nervous, angry and frustrated'. Those interviewed were unable to differentiate between what stress as opposed to trauma is, reflecting a trend to differentiate between the two concepts.

Further analysis of the interviews revealed that many houses within the favela are often raided by police officers, as well as being invaded by bandits, not looking to steal anything but looking to hide from the police and others. Few had been personally assaulted, but most had a family member assaulted and killed by a police officer. Answering more detailed questions, 5 per cent acknowledged that they had been in a situation where they feared they might be killed or seriously injured. 5 per cent had had a close friend or family member murdered, or killed by a drunk driver. All had seen the body of someone killed up close. In greater detail, 60 per cent had seen corpses (not at a funeral) or had to deal with corpses for some reason. Most had a friend or someone they knew murdered or assaulted. On further detailed questioning, 70 per cent had seen someone seriously injured or killed. Very few acknowledged they had ever had someone try to rob them or actually steal their personal belongings. 8 per cent acknowledged that they had had someone, who tried or managed to break into their house, while they were not there. 28 per cent reported that someone had tried or managed to break into their house while they were there. On further clarification, it became clear that because of the lack of windows and ventilation the doors of their living space are left open when someone is at home, which makes it easy for someone to come in, as there are no barriers to this happening. Answers relating to disasters ex-

perienced by individuals centred around the danger that rain and flooding brought to their vulnerable living conditions. None had served with the army in an area of conflict. Denial asserted itself in the questions relating to sexual assault and abuse of various kinds, as well as domestic abuse, drugs and trafficking.

To the outside observer the existence of favelas is a challenge to any society that allows people to live in conditions that are degrading in terms of space, safety, and health. Favelas have their roots in the period just after slavery ended in Brazil. The marginalised, who live in the favelas, are still living lives that do not reflect optimal psychological growth. The state and those with power and money do not seek to bring about change in the favelas but often use denial and minimisation rather than face the assumptions and prejudices that sustain what is clearly not good for an individual's or a community's psychology. It is remarkable that the sense of identity with the culture of a favela by those in it, whilst providing some strength, requires greater reflection by those who unwittingly subscribe to colonial psychology. This includes both politicians, those who live in favelas and outside observers. As Freire<sup>19</sup> puts it: 'Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral.' This is not to say that those who live within the favela should deny who they are and their values. In terms of critical psychology, 'Without a sense of identity, there can be no real struggle' Freire p.26.<sup>20</sup> Two unifying principles, when one considers that psychology is about the development of human beings, would be: 'No one can be authentically human while he prevents others from being so' Freire p.61<sup>20</sup> as well as 'Leaders who do not act dialogically, but insist on imposing their decisions, do not organize the people--they manipulate them. They do not liberate, nor are they liberated: they oppress' Freire p.126.<sup>20</sup>

The preliminary interviews in the favela demonstrated the vulnerability of those interviewed to mental health difficulties. At the same time the interviews indicated a yearning for good health. Although not talking about the same community as the indigenous, psychologists working with those in a favela need to acknowledge the implications of working with an oppressed community. This means facilitating the growth of those within the community not imposing that growth on them. The need for change has to come from the ground, from the oppressed for matters to change. Again, as Horton, Freire, Bell and Gaventa<sup>21</sup> put it, in relation to education and psychological development: 'The more people participate in the process of their own education, and the more people participate in defining what kind of production to produce, and for what and why, the more people participate in the development of their selves. The more people become themselves, the better the democracy'. Others rightly and pragmatically argue the need to look closely at the impact of conditioning on motivation and behaviour.

Using the data obtained above it is planned to engage in further sessions exploring what trauma means for both the indigenous and favela dwellers and how to enable human growth that frees the individual and community. After a series of sessions to reach a common understanding, the plan is to introduce and culturally adapt the GTEP protocol and evaluate it against existing strategies used by the indigenous and those who live in the favelas. Using qualitative methods, it is hoped to build dialogue, see what emerges differently in each culture and how this can inform use of GTEP beyond merely translating it into Portuguese.

## Conclusion

In conclusion, those who teach, learn and apply psychology need to re-evaluate whether their own perspective of psychology is open to different perspectives from those living in different contexts, histories and power structures. They need to look at the psychology of change, especially what can and cannot be changed both individually and communally. Key concepts, when addressing the historical and present trauma experiences of both the indigenous and those who live in the favelas are those perpetuated from colonial times: materialistic and stunting values, power, violence, intergenerational trauma and its effects on communities, families and children, human rights and duties, racism, education and even spoken and listening skills.

## Addenda

**Table 1: Sample of questions used to map indigenous trauma**

1. What is mental health?
  - a. Does this term exist in your first language?
  - b. If not, what words do you use to explain the Brazilian words? Do the same with the following words, saying first whether you have words like this in your own language- and if do write them down. If you don't have these words in your own language, how would you explain their meaning to one of your family?
2. What is depression?
3. What is anxiety?
4. What is paranoia?
5. What is mental illness?
6. What is trauma?
7. Have you ever experienced a traumatic event?
8. Describe someone you know who is experiencing or has experienced trauma
9. What sort of experiences cause trauma to you or your family?

10. If you have experienced a traumatic event –
  - a. Describe how you felt
  - b. Describe what you thought
  - c. Describe what you did
  - d. What happened to your body?
11. Who do you go to when you experience any of the above?
12. Do you have doctors who help you?
13. If not, who does help you?
14. How do they help? What do they do?
15. How do the indigenous people manage mental health?
16. How would you improve what your community does about keeping every one mentally healthy?
17. Is mental health important?
18. What are the main differences between what is important to an indigenous person and someone who is not an indigenous person?
19. How important is your language?

**Table 2: Sample of questions used to map the trauma of the indigenous**

1. Why are your lands important to you?
2. Do you know any famers who have taken your lands?
3. What can you tell me about any loggers who have invaded your lands or cut down the forest without permission?
4. Why do you consider this wrong?
5. How did it affect your people?
6. How did it affect you?
7. Do you know any miners who have invaded your lands to get gold?
8. How did it affect your people? How did it affect you?
9. What did you do about the loggers/ the miners/ the land grabbers?
10. What did your community do about the loggers/ the miners/ the land grabbers?
11. What do you fear most from people who are not one of the indigenous people?
12. What do you like most about the life of people who are not indigenous people?

13. What do you understand by 'climate change'? Is it important?
14. What can you and the indigenous people do about climate change?
15. Do you think climate change has caused or will cause mental health problems among your people. What sort of problems?
16. Is invading the forest, illegal mining and illegal logging a breach of your human rights? What can you do about this if these are breaches of your human rights?

**Table 3: Sample of questions used to explore violence**

#### **What is stress?**

1. Have you ever experienced trauma?
2. How did you cope with this trauma?

#### **Crime related**

Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?

#### **Disasters**

Have you ever been in any other situation in which you feared you might be killed or seriously injured? (If yes, please specify below)

Have you ever seen someone seriously injured or killed? (If yes, please specify who below)

#### **Physical and sexual experiences**

Has anyone ever made you have intercourse or oral or anal sex against your will? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)

Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat? (If yes, please indicate nature of relationship with person [e.g., stranger, friend, relative, parent, sibling] below)

Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?

#### **Police**

Have you ever had your home invaded by police officers? Been assaulted by a police officer?

Had a family member assaulted by a police officer? Had a family member killed by the police?

Had your home invaded by criminals?

## Domestic violence

During the past year, you and your partner have probably experienced anger or conflict. Below is a list of behaviours your partner may have done during the past 12 months. For each statement, describe how often your partner has done each behaviour using a number:

Hit or kicked a wall, door, or furniture, threw, smashed, or broke an object, drove dangerously with you in the car, threw an object at you, shook a finger at you, made threatening gestures or faces at you, destroyed something belonging to you, threatened to harm or damage things you care about, threatened someone you care about, threatened to hurt you, threatened to kill you, threatened you with a knife or gun, held you down, pinning you in place, grabbed you suddenly or forcefully, pulled your hair, twisted your arm, slapped you with his hand, slapped you around your face and head, hit you with an object, punched you, kicked you, or choked you.

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## Conflicts of Interest

The authors declare that there are no conflicts of interest.

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