Intermittent Explosive Disorder in South Korea: Bridging the Gap Between Western Criteria and Cultural Realities

by
Bomie Jun

Bergen County Academies
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Abstract

Intermittent Explosive Disorder (IED) is a disorder of impulsive aggression that has primarily been studied through a Western, particularly American, lens. Consequently, the portrayal of the disorder does not reflect cultural tendencies in East Asian countries, such as South Korea, where the suppression of emotions has been normalized. To address this gap, the DSM-V criteria were used to create four new screening questionnaires – two in English and two in Korean – that provide a more comprehensive view of IED in a broader context. This paper also highlights the importance of reducing mental health care barriers, including stigma. Findings of this study suggest that the questionnaires show promise for improving IED detection, but limitations exist, such as the small sample size and challenges related to cultural nuances. Expanding research into IED, and developing and improving resources on IED, especially in South Korea, is essential to improving diagnosis and treatment in diverse cultural settings. Future efforts should focus on expanding research into IED within diverse cultural contexts and improving access to non-crisis-oriented mental health services. In addition, governments and health organizations must prioritize reducing stigma and increasing accessibility to early intervention tools to ensure timely diagnosis and treatment of IED.

Keywords

Intermittent Explosive Disorder, South Korea, Emotion Suppression, Culture, Mental Health

Introduction

In 2021, approximately 57.8 million U.S. adults – nearly one in five – experienced a mental disorder at some point in their lives, with females experiencing mental disorders 1.5 times more than men (National Institute of Mental Health, 2023). Living with a mental disorder, especially without support, significantly increases one's risk of suicide and is linked to lower educational achievement (Brådvik, 2018; Brännlund, 2017). Alarmingly, fewer than half of those with a mental disorder (47.2%) in the U.S. received mental health services within that year, with young adults aged 18-25 being the group least likely to utilize mental health services (National Institute of Mental Health, 2023). In a landscape as ethnically diverse as the United States, an individual's ethnicity can significantly impact their likelihood of seeking mental health services, with the lowest rate of seeking mental health support found among all measured ethnicities being Asian Americans at only 25.4% (National Institute of Mental Health, 2023). This U.S. trend actually reflects an issue seen across Asia; in Singapore – a country that exemplifies the broader Asian cultural landscape – 78.6% of the population in need of mental health care do not receive any (Subramanian et al., 2020). Moreover, in China, one of the most populous Asian countries, only 15.7% of individuals diagnosed with a mental disorder sought help (Yin et al., 2019). This underutilization of accessing mental health support also parallels the situation in South Korea where one in four people have experienced a mental disorder, but only 22% of those affected actually sought professional help. It has been suggested that this is primarily due to cultural stigma (Seo et al., 2022). This lack of accessing mental health support contributes to South Korea having one of the highest suicide rates, the longest hospital stays for mental disorder, and the highest number of psychiatric care beds in the world (Go et al., 2020).

Leading the list of the most well-known mental disorders are anxiety disorders, depression, bipolar disorder, and schizophrenia with a global yearly prevalence of 3.9%, 3.6%, 0.5%, 0.3%, respectively (World Health Organization, 2022). While all of these are important to acknowledge and support, there is another less-known disorder with a similar global prevalence as the latter two (0.4%): Intermittent Explosive Disorder. In fact for many, this may be an unknown and unheard of disorder.

Intermittent Explosive Disorder

Intermittent Explosive Disorder (IED) is characterized by sudden, impulsive outbursts of aggression that cause harm to oneself, others, or property, either physically or verbally (Coccaro, 2012). It is generally agreed that the disorder first appears in early adolescence (Kessler et al., 2006); in 2005, Coccaro et al estimated the mean age of onset as 16 years old, with the youngest being 7, in a nationally representative sample of 1,300 Americans. The disorder is more frequently diagnosed in males, with an estimated male-to female ratio of 2:1 (Coccaro, 2012).

A recognized disorder of impulsive aggression has existed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) since the first edition was published in 1952; in the DSM-I, it was called “passive aggressive personality”, and in the DSM-II, the label changed to “explosive personality” (Coccaro, 2012). In 1980, the DSM-III introduced the term ‘Intermittent Explosive Disorder’, which has remained its official title through the publication of the DSM-V (Coccaro, 2012). However, complaints arose as the criteria for the disorder were ill-defined, excluding 80% of individuals with recurrent aggression (Coccaro, 2012). Finally, in 1994, the DSM-IV was published with polished criteria for IED which were further refined by 2013 and published in the DSM-V (Substance Abuse and Mental Health Services Administration, 2016). IED is currently defined as a behavioral disorder marked by sudden, intense outbursts of anger that are disproportionate to the provocation or circumstances (Kessler et al., 2006).

Triggers

Among the major factors contributing to the onset of IED is a history of trauma; research indicates that 51.3% of individuals with IED have experienced childhood trauma (Shevidi et al., 2023) which often manifests as a result of parental abuse has been shown to affect 45.3% of those with IED, a rate four times higher than that of individuals without the disorder (Shevidi et al., 2023). Such early experiences invite a pattern of learned aggression, where exposure to violence normalizes the use of aggressive responses. In addition to trauma, genetics can also play a notable role in the emergence of IED. A twin study of nearly 3,000 adults from Pennsylvania has shown that impulsive aggression is under a substantial degree of genetic influence (Yeh et al., 2010). Additionally, evidence suggests a strong familial connection, as 32% of first-degree relatives of probands have also been diagnosed with the disorder (Coccaro, 2012). It appears that both nature and nurture can play contributing roles in the onset of IED.

Negative Impacts and Consequences of IED

IED has a significant presence in the United States where it affects approximately 7.8% of adults (25.9 million people; Radwan & Coccaro, 2020). Although most of the research on the disorder has been concentrated in the U.S., studies have been conducted in various countries to provide a clearer picture on the general impact of IED. For example, the prevalence rate in the Middle East is estimated at around 1.7%, while in African countries, such as Nigeria and South Africa, the rates are closer to 3.8%. These findings, though limited, provide insight into how IED may manifest across different populations, offering a basis for understanding its real-world impact on individuals and communities.

Individuals with IED have been shown to experience strained relationships, with adolescents showing higher rates of social rejection (41.4%) and physical altercations with peers (26.6%; Shevidi et al., 2023). Additionally, about 39% of those who have experienced at least 12-months of IED face severe difficulties in at least one area of their life, particularly in social

interactions or personal relationships (Scott et al., 2016). Although prevalence amongst children and young people is unclear, experiencing IED has been shown to impact academic performance which in turn leads to a higher likelihood of learning difficulties and reduced school completion rates (Kulper et al., 2015; Radwan & Coccaro, 2020). Beyond these social and academic challenges, IED has been found to lead to a higher likelihood of significant health issues, including strokes and liver dysfunction, which may cause symptoms such as headaches, tinnitus, vomiting blood, sharp chest pains, and tremors (Kim, 2023). The intensity of aggressive impulses caused by IED can fluctuate over time (Shevidi et al., 2023) and although in some cases symptoms may persist throughout the lifespan, IED typically lasts around twelve years (Coccaro, 2012).

Comorbidities and Misdiagnoses

IED has often been shown to coexist with other psychiatric disorders. Specifically, 75.6% of individuals with IED are also diagnosed with a mood disorder, 68.0% with a depressive disorder, 78% with an anxiety disorder, and 59.8% with a substance abuse disorder (Shevidi et al., 2023). Community sampling studies indicate that individuals with IED are 3 to 4 times more likely to experience the aforementioned disorders than healthy individuals (Coccaro, 2012). Among the approximately 200 mental health disorders, Bipolar Disorder has the strongest association with IED, with comorbidity rates reported at over 60% in multiple clinical studies (Coccaro, 2012). It is believed that adolescents with impulsive aggression (which could be a sign of IED) are often thought to have (and diagnosed as having) Bipolar Disorder. Many question therefore, whether this is the correct diagnosis (Coccaro, 2012).

The Increase in IED Literature

With the criteria for IED becoming more specific and inclusive, interest on the topic has seemingly grown, particularly in the last two decades. To explore the increase in IED research, a literature search was conducted using PsychINFO, a database produced by the American Psychological Association (APA) that provides scholarly publications in the behavioral and social sciences. To ensure that only IED-related research would appear, the search was restricted to papers containing the term "Intermittent Explosive Disorder" in their abstract. Furthermore, limitations were set on the publication date to gather the total each year (from 1994-2024). A total of 451 papers have been published and made available on PsychoINFO on the topic of IED since the 1800s, the earliest period covered by PsychINFO’s records, most of which were published after 2003 (see Figure 1).

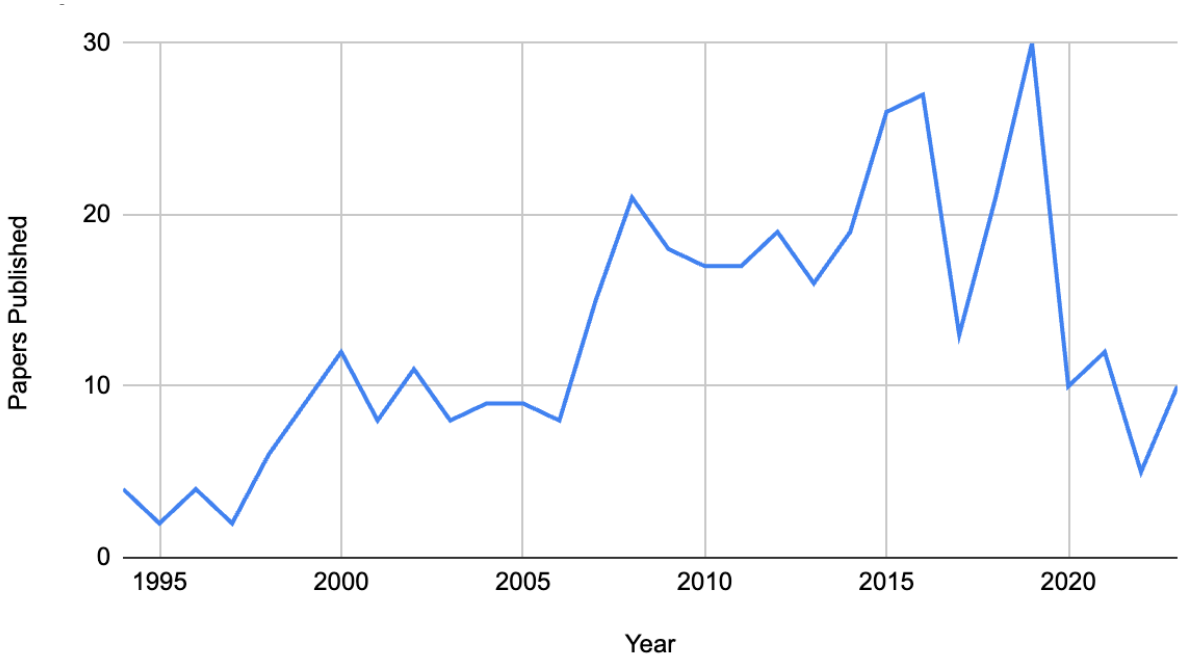

Figure 1. Number of IED-focused papers published since the term's proper introduction in the DSM-IV (1994)

Research Gaps in Intermittent Explosive Disorder Studies in South Korea

In a review of Korean research databases, including the Research Information Sharing Service (RISS), DBpia, Korean Studies Information Services System (KISS), and Korean Citation Index, a stark disparity was observed in the volume of research on impulse control disorders (including IED) *compared* to more commonly studied conditions like "depression" and "anxiety": across all platforms, there were nearly 1,000 fewer papers on impulse control disorders, a finding that mirrors the published research trend seen in the United States. In fact, when searching the Korean research databases for studies on "간헐적 폭발성 장애" (Intermittent Explosive Disorder) or "분노조절장애" (Anger Control Disorder), only one relevant paper was identified (김, 2023). Although this study uniquely contextualizes IED treatment using traditional Korean medicine, its presentation of the disorder's prevalence and symptoms is largely shaped by data from English and Chinese studies rather than data from Korea, highlighting the scarcity of IED research specific to the Korean population. It appears that there are no IED research papers published using data on the Korean population.

Culture

A potential difficulty in studying IED in South Korea is the lack of visibility of the disorder, largely due to the country's roots in collectivism – the practice of prioritizing the group over the individual – and Confucianism – a philosophical system that emphasizes moral values and maintaining harmony. In a collectivist society like South Korea, where the needs of the group are prioritized over the individual, mental health issues are often suppressed to avoid

disrupting social harmony (Hyun & You, 2022). This tendency is further reinforced by Confucian beliefs, which portray mental disorders as results of bad life habits, generating guilt for struggling individuals; the fear of bringing dishonor to one's family leads many to hide or deny their struggles (Badanta et al., 2022). In South Korea, the suppression of emotions is so prevalent that it has given rise to a culturally specific disorder known as hwabyung, which affects 4.95% of the population (Rhi, 2004). Although there are no clinical criteria for hwabyung, the DSM-V recognizes it as a culture-bound syndrome with symptoms such as insomnia, fatigue, panic, palpitations and generalized aches and pains as a result of the suppression of anger (Park & Park, 2019). As a result of this cultural suppression, an individual's impulsive aggression might not be as visible, leading to fewer observable physical or verbal outbursts that are critical for diagnosing IED. It is possible that this suppression can result in a form of "internal IED", where the disorder remains undiagnosed despite its presence, complicating efforts to recognize and address the condition effectively.

Identifying IED

To date, only one IED research screening questionnaire exists: the Intermittent Explosive Disorder - Screening Questionnaire (IED-SQ; Coccaro et al., 2017) which includes two parts. Part 1 asks individuals to answer 5 questions on a 0-5 Likert-scale; part 2 asks individuals to provide additional details relating to the first 5 questions. The outcome is either a positive or negative for IED. However, although useful, the IED-SQ is somewhat inconsistent and confusing in its formatting, which could result in increased frustration in the respondent, as well as a higher likelihood of incompletion. Some of the questions have convoluted and confusing language structures, for example: "Has there been a time in your life when you were getting into two or more 'arguments' or 'temper outbursts' per week for three or more months when you were not taking any medication, drinking alcohol, or experiencing the effects (high or withdrawal) of any drug?" (Coccaro et al., 2017). Furthermore, its failure to acknowledge emotional suppression creates a cultural barrier to its effective use. To address these challenges, a new question-set based on the DSM-V criteria was created that is easier to complete and multi-culturally accessible. Recognizing that IED often begins in adolescence — a group less likely to seek help — a parent version of the questionnaire was also developed to aid in early detection (National Institute of Mental Health, 2023). Additionally, Korean versions were created to avoid losing the original meaning of the questions.

Questionnaire Creation

English

The DSM-V criteria were formed into 9 frequency-based questions, with some criteria being divided into two or three distinct questions to facilitate comprehension. Participants were instructed to respond based on their experiences over the past three months, utilizing a 5-point Likert scale. The option answers ranged from "Hasn't happened in the past three months" to "It has happened several times a week". The self-completion questions, initially designed for

self-reflection, were rephrased to create a second set of questionnaires for parents to answer on behalf of their children. Subsequently, questions regarding the suppression of emotions were added to all questionnaires to ensure cultural relevance, bringing the total of 12 questions. However, after reviewing feedback about the questionnaires, the 3 questions regarding suppression were condensed into 1, reducing the final set to a total of 10 questions.

Korean

Direct translations were conducted for the questions developed in English into Korean. These were then back-translated from Korean into English with the help of a native Korean speaker also fluent in English and directly compared against the original English version. This process revealed certain issues with the direct translation; for example, the term 'outburst' was literally translated to 'explosion,' which made no sense in Korean. Additionally, one question became confusing due to a translation error that made it unclear who, in that question, was performing each action.

After all four questionnaires were finalized (English self-completion; Korean self-completion; English parental-completion, and Korean parental-completion), they were piloted to assess their potential value as tools for general use in screening IED.

Piloting

A total of 35 individuals participated in piloting one of the four questionnaires. Participants were selected based on convenience and their ability to speak fluent English or Korean.

English Questionnaire for Individuals

Five participants completed the questionnaire in an average of 4 minutes and 23 seconds. The majority (60%) of participants were 11-17 years old, with 20% aged 18-25 and another 20% aged 46 and older. Additionally, 80% of participants identified as female and 20% identified as male.

English Questionnaire for Parents

Seven participants completed the questionnaire in an average of 5 minutes and 52 seconds. Among the participants' children, 14% were up to age 6, while the remaining 86% were 11-17 years old. Additionally, 71% of the children being reported on were male, and 29% were female.

Korean Questionnaire for Individuals

Nine participants completed the questionnaire in an average of 24 minutes and 41 seconds. However, after excluding an outlier time of 2 hours, 8 minutes and 54 seconds, the

adjusted average was 11 minutes and 40 seconds. All participants were 46+ years old; 67% identified as male, and 33% identified as female.

Korean Questionnaire for Parents

Fourteen participants completed the questionnaire in an average of 32 minutes and 9 seconds. However, after removing an outlier time of 5 hours, 26 minutes, and 7 seconds, the adjusted average time was 9 minutes and 33 seconds. Among the participants' children, 21% were up to age 6, while the remaining were 11-17 years old. Additionally, 71% of the children were male, and 29% were female.

Pilot Results and Feedback

Underneath the IED screening questions, there was a section on feedback asking four questions about whether 1) any of the questions were unclear or confusing, 2) if any words or phrases were vague, 3) any of the questions were uncomfortable to answer, and 4) if participants had any additional comments. Below, we report the feedback that required changes to the questionnaire.

English questionnaire for individuals

The only confusion caused by the English questionnaire for individuals was around the definition of ‘outburst’, which was noted by one of the participants. Examples next to most occurrences of the word should limit misinterpretation and this should not, therefore, be a major hindrance to the questionnaire’s efficacy.

English questionnaire for parents

In the English questionnaire for parents, 28.5% of participants expressed confusion about how to respond to the questions regarding emotional suppression (rather than IED). Specifically, the last three questions, which asked about the child's success in suppressing emotions, generated unclear responses. The option 'It hasn’t happened' was particularly problematic as it was ambiguous whether participants were indicating that the child hadn't suppressed emotions or simply hadn't encountered a situation requiring them to do so.

Upon review, the questions originally separated to address verbal and physical outbursts were combined into a single, more general question. This change was made to account for the difficulty in predicting the type of emotional response, particularly when an individual is attempting to conceal it. Additionally, the response options were revised from frequency-based, to a 5-point scale ranging from “Often” to “Never”, with the added option of “They have never experienced feelings of anger”.

Korean questionnaire for individuals

As above, one of the participants conveyed mild uncertainty regarding the response options for the suppression questions. As mentioned earlier, the format of these questions has since been revised, which addresses this feedback. Additionally, another participant noted that the similar phrasing of certain questions made it harder to quickly differentiate between them, so terms like 'verbal outburst' and 'physical outburst' were bolded to emphasize their distinctions. Lastly, one participant found the term "폭력적" (outburst) to be vague, prompting its replacement with more specific terms for verbal, physical, and general outbursts, making each clearer and easier to understand. Brief examples were provided for each variation to ensure clarity.

Korean questionnaire for parents

Two comments from the Korean parent questionnaire addressed issues that have already been resolved: the ambiguity of the Korean word for 'outburst' and the confusion around the suppression question options. However, one of the fourteen parents pointed out the absence of an 'I don't know' option for all the questions, which made their responses feel inaccurate. They noted that there are many instances where parents may not know their child's experiences or emotions. In response, the option 'I don't know' was added to every question on both parent questionnaires.

This paper can confirm that four screening questionnaires for IED suppression are now available to use in both English and Korean. The questionnaires are matched and further translations should follow the same procedure and format detailed.

Resources

Now it is possible to accurately and simply screen for IED or "internal IED" (either via self-completion or parental-completion), support needs to be in place for those individuals. Seeking help for IED, when identified, is crucial for effective management and improving an individual's quality of life, and potentially the lives of those around them. Several viable treatment options are available, including medications such as fluoxetine and therapeutic approaches like cognitive-behavioral therapy (CBT) (Coccaro, 2012). In the United States there are a plethora of online and in person services to support individuals struggling with poor mental health. One of the most commonly known and accessed is the 988 Lifeline, formerly known as the National Suicide Prevention Line. It serves as a general crisis helpline and currently receives over 600,000 calls each month and responded to 85% of these inquiries (Substance Abuse and Mental Health Services Administration, 2024). Similarly, South Korea offers support through the Korean Suicide Prevention Center, providing essential resources for individuals in crisis and helping to raise awareness of mental health issues across the country. However, neither country has a line of support tailored specifically towards impulse control disorders, which includes IED. Since many mental health resources are designed to help those in crisis, people with IED might only seek help after they have gone through severe emotional turmoil or engaged in harmful

behaviors, indicating a significant escalation in their condition before reaching out. More should be done to provide tailored support and advice for those struggling with IED, both in the United States and in Korea.

Barriers to accessing resources

Despite the currently available support options, and the suggestion of developing more tailored support options, there are significant barriers to seeking help that must be considered. Economic factors play a major role, with affordability of services or medicine being the most commonly reported barrier to mental health care in the United States (Coombs et al., 2021). As for South Korea, the relatively low number of healthcare practitioners limits accessibility (Seo et al., 2022). Additionally, stigma against mental health issues presents a significant challenge. Aforementioned, collectivist and Confucian ideas play a large role in the suppression of emotions in South Korea. Similarly, although to a lesser extent, the negative stigma against mental disorders in the United States, which is often tied to the misconception that mental health issues can simply be 'turned off', can lead to emotional suppression of individuals struggling with IED and other mental disorders (Baral et al., 2022). Overcoming these barriers is essential to improving the access to, and effectiveness of, IED treatment and support. Reducing barriers should be a governmental priority for the health and wellbeing of the country's population and a step towards creating a level playing field.

Discussion

This study explored the topic of IED in both the American and the South Korean contexts. Prior to this paper, there was only one IED screening questionnaire (Coccaro et al., 2017), but concerns regarding language, format, and cultural relevance led to the development of a new set of IED screening questionnaires. This paper aimed to develop and pilot these culturally appropriate screening questionnaires as a proof of validity for assessing Intermittent Explosive Disorder (IED) as well as the potential for “Internal IED”. Four screening questionnaires were developed: the English questionnaire for individuals, the English questionnaire for parents, the Korean questionnaire for individuals, and the Korean questionnaire for parents. Each screening questionnaire has 10 matched questions and results in a continuous scale of IED (or Internal IED) likelihood. Each questionnaire was piloted, feedback was noted, and adjustments were made.

The Rise of IED Awareness

The increase in IED-related papers seen from 1994 into 2024 (refer to Figure 1) can be attributed to many factors. The publication of the DSM-IV in 1994 provided more concrete criteria for IED, allowing for an increase in empirical studies. In 1998, Coccaro et al. developed the research criteria for IED which expanded the scope of individuals with impulsive aggression, thereby broadening the potential for research. In addition to criteria adjustments, the 2004 National Comorbidity Survey Replication (NCS-R) reported that 7.8% of Americans were

affected by IED, a significantly higher prevalence than was previously assumed (Kessler & Merikangas, 2004). This combination of refined criteria and alarming new information likely played a major role in the increase of IED research. In contrast, the number of IED-focused papers dips in 2020. It is possible that this dip is due to the impact of the COVID-19 pandemic lockdowns and social restrictions on accessing patients, clinics and research equipment. In addition, the global event dramatically shifted the focus of the research community towards conditions that were exacerbated by the pandemic, such as anxiety, depression, and post-traumatic stress disorder (Bian & Lin, 2020). As a result a reduced amount of attention was given to lesser-known disorders, including IED.

IED in South Korea

Culture plays a large role in the lack of IED awareness and identification. Most of the research on IED has been concentrated in the U.S., where the disorder has been more widely studied and recognized. In contrast, the acute lack of IED-focused studies using South Korean data displays the lack of attention the disorder receives. This indicates a clear need for more IED research in the country as a basic understanding of the disorder in a South Korean context is necessary to properly combat the issue. Additionally, the widespread tendency of suppressing emotions causes the population to restrain anger, resulting in fewer outbursts (Rhi, 2004). This emotional regulation is the root cause of hwabyung, meaning that the suppression of IED – or Internal IED – may result in a different mental disorder rather than addressing underlying impulsive anger. Furthermore, suppression causes IED to look different in the East compared to the West, where Confusian and collectivistic values are less emphasized; because a majority of IED research has been conducted in Western countries, this means the typical portrayal of the disorder may not represent the disorder in all cultures (Hyun & You, 2022; Bandanta et al., 2022).

The Potential Impact of the New Screening Questionnaires

The fact that the questionnaires are developed directly from the DSM-V criteria strengthens their reliability and clinical accuracy. Being grounded in this widely accepted diagnostic framework ensures that they align with the most current understanding of IED and allows for standardized assessments. This also enhances their applicability in both research and clinical settings, providing data that can contribute to a broader, globally comparable understanding of IED. Furthermore, the questionnaires hold significant implications, as they could be easily accessed by individuals, professionals or family members to gauge the need for help regarding IED. In addition to ease of access, these questionnaires grant people anonymity, a crucial role in increasing honest self-reporting in mental health assessments. Research has shown that individuals are more likely to disclose symptoms of mental health disorders when they feel their privacy is protected as that reduces the fear of stigma or judgment (Warner et al., 2011).The acknowledgement of the impact of suppression also allows for more culturally inclusive research. This particularly affects South Korea where IED studies are currently scarce, but the

questionnaires can also be used to better understand the disorder in other Asian countries, as East Asian countries tend to hold similar collectivist and Confucian ideals (Hyun & You, 2022). Implementing these questionnaires in South Korea to gather accurate data on IED could deepen the global understanding of the disorder, while also fostering culturally appropriate measures to address IED in Eastern countries.

Conclusion

Although these new screening questionnaires provide an easy and accessible method of identifying IED symptoms in an individual, there are some limitations. For instance, the three Korean translations of the term "outburst" (1. 언어적, 2. 신체적, 3. 언어적 폭발) are not direct equivalents and have a slightly more extreme meaning than the English term. Three words were used instead of one (as in the English version) to ensure the closest and most accurate portrayal of the emotion in each of the given scenarios. Furthermore, giving examples of verbal or physical outbursts does not fully resolve the change in meaning, since arguments in South Korea often involve less anger than they do in the United States (Kim et al., 2019). Additionally, without a broader pool of participants, the effectiveness of the questionnaire as well as the point at which one should seek help for IED has yet to be fully validated. The relatively small group of participants with similar backgrounds limits the assessment of the applicability of the questionnaires in a broader context. Expanding the sample size with more diverse participants would help address this limitation by improving questionnaires' reliability and generalizability. Future studies should focus on validating the questionnaires as well as increasing research on IED in South Korea. This includes understanding the prevalence of IED and investigating how emotional suppression may hinder accurate diagnosis.

With the introduction of these four new screening questionnaires, it is now possible to begin working towards raising more awareness of, and providing better support for, the disorder. There are several key steps that can be taken. Firstly, reducing the barriers to accessing mental health resources is essential, with stigma being the most significant. Governments and health organizations can launch awareness campaigns that feature individuals who have lived with mental disorders. This approach has been shown to reduce stigma and increase mental health literacy, as noted in a 2016 study by Chisholm et al. For instance, implementing community-based programs or campaigns that showcase personal stories can humanize mental health conditions like IED and challenge stigmatizing beliefs. Additionally, the government could integrate mental health education into public health initiatives, such as by introducing IED-focused modules in schools and workplaces. This would improve understanding and early recognition, particularly among younger populations. Governments can also provide financial support through subsidies or insurance coverage for mental health care, helping to address affordability concerns. Sliding scale models for therapy, as seen in existing U.S. programs, could be expanded to make treatment more accessible for lower-income individuals.

Additionally, the most popular services for those concerned about their mental health in the United States and South Korea are crisis-oriented (Substance Abuse and Mental Health Services Administration, 2024). However, a lack of non-crisis mental health support creates a gap for those who need help but are not in immediate danger. Accessible services that are not solely crisis-oriented should be introduced or popularized, ensuring that individuals who are not in extreme distress but still require help have access to appropriate resources.

In summary, expanding research and understanding of Intermittent Explosive Disorder (IED) in both Western and Eastern contexts is crucial, as cultural norms significantly influence how the disorder presents itself. The creation and piloting of four culturally appropriate questionnaires, based on DSM-V criteria, mark a significant step towards addressing the gap in screening tools, particularly in South Korea, where cultural factors like emotional suppression influence the presentation of IED. In addition to providing a better understanding of IED, these efforts advance global mental health equity by addressing culturally specific needs. While the questionnaires hold promise for improving early detection and intervention, there remain limitations, particularly the need for larger, more diverse participant pools and the refinement of culturally sensitive language. Reducing barriers to mental health resources and fostering government support are key to improving the accessibility and effectiveness of IED treatment across different cultural settings.

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Appendix

English Questionnaire for Individuals

Age (in years)

- 11-17
- 18-25
- 26-35
- 36-45
- 46+

Gender

- Male
- Female
- Non-binary
- Prefer not to say
- Other

1) Over the past 3 months, I have struggled to control my aggressive impulses
   (0) It hasn't happened in the past 3 months

(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

2) Over the past 3 months, I have had a <u>verbal</u> outburst (verbal argument/fight)
(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

3) Over the past 3 months, I have had a <u>physical</u> outburst toward property, animals, or other individuals that did **NOT** result in damage or injury
(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

4) Over the past 3 months, I have had a <u>physical</u> outburst toward property, animals, or other individuals that **DID** resulted in destruction of property or physical injury
(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

5) Over the past 3 months, I have had a verbal or physical aggressive outburst that was excessive (too much) for the situation
(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

6) Over the past 3 months, I have had an uncontrolled outburst that cannot be explained by another mental health disorder, medical condition, or legal/illegal substances
(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week

(4) It has happened several times a week

7) Over the past 3 months, I have had an outburst of aggression that was not pre-planned (it was impulsive and not deliberately planned for the purpose of power, intimidation, etc.)

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

8) Over the past 3 months, I have had an aggressive outburst that has led to problems with school, work, relationships, or the police

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

9) Over the past 3 months, I have had an aggressive outburst that ended up with me feeling distressed or upset

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week

10) Over the past 3 months, I have suppressed feelings of anger

- Yes, often
- Sometimes
- Never
- I haven't had feelings of anger

English Questionnaire for Parents

Child's Age (in years)

- ≤6
- 7-10
- 11-17
- ≥18

Child's Gender

- Male
- Female

- Non-binary
- Prefer not to say
- Other

1) Over the past 3 months, my child has struggled to control their aggressive impulses
   (0) It hasn't happened in the past 3 months
   (1) It has only happened once or twice
   (2) It has happened 1 to 3 times a month
   (3) It has happened about once a week
   (4) It has happened several times a week
   - I don't know

2) Over the past 3 months, my child has had a verbal outburst (verbal argument/fight)
   (0) It hasn't happened in the past 3 months
   (1) It has only happened once or twice
   (2) It has happened 1 to 3 times a month
   (3) It has happened about once a week
   (4) It has happened several times a week
   - I don't know

3) Over the past 3 months, my child has had a physical outburst toward property, animals, or other individuals that DID NOT result in damage or injury
   (0) It hasn't happened in the past 3 months
   (1) It has only happened once or twice
   (2) It has happened 1 to 3 times a month
   (3) It has happened about once a week
   (4) It has happened several times a week
   - I don't know

4) Over the past 3 months, my child has had a physical outburst toward property, animals, or other individuals that DID result in destruction of property or physical injury
   (0) It hasn't happened in the past 3 months
   (1) It has only happened once or twice
   (2) It has happened 1 to 3 times a month
   (3) It has happened about once a week
   (4) It has happened several times a week
   - I don't know

5) Over the past 3 months, my child had a verbal or physical aggressive outburst that was excessive (too much) for the situation
   (0) It hasn't happened in the past 3 months
   (1) It has only happened once or twice

(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week
- I don't know

6) Over the past 3 months, my child has had an uncontrolled outburst that cannot be explained by another mental health disorder, medical condition, or legal/illegal substances

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week
- I don't know

7) Over the past 3 months, my child has had an outburst of aggression that was not pre-planned (it was impulsive and not deliberately planned for the purpose of power, intimidation, etc.)

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week
- I don't know

8) Over the past 3 months, my child has had an aggressive outburst that has led to problems with school, work, relationships, or the police

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week
- I don't know

9) Over the past 3 months, my child has had an aggressive outburst that ended up with them feeling distressed or upset

(0) It hasn't happened in the past 3 months
(1) It has only happened once or twice
(2) It has happened 1 to 3 times a month
(3) It has happened about once a week
(4) It has happened several times a week
- I don't know

10) Over the past 3 months, my child has suppressed feelings of anger

- Yes, often
- Sometimes
- Never
- They haven't had feelings of anger
- I don't know

연구 설문지 **(**본인용**) / Korean Questionnaire for Individuals**
나이

- 11-17
- 18-25
- 26-35
- 36-45
- +46

성별

- 남
- 여
- 기타

1) 지난 3개월 동안, 나는 신체적 혹은 언어적 폭발적 분출을 조절하는 데 어려움을 겪었습니다.
(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

2) 지난 3개월 동안, 나는 언어적 폭발을 한 적이 있습니다.
(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

3) 지난 3개월 동안, 나는 재물, 동물, 또는 다른 사람들에게 신체적 폭발적 분출을 일으킨 적이 있으며, 그로 인해 재산 파손이나 신체적 부상이 발생했습니다.
(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

4) 지난 3개월 동안, 나는 재물, 동물, 또는 다른 사람들에게 신체적 폭발적 분출을 일으킨 적이 있으나, 그로 인해 손상이나 부상이 발생하지는 않았습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

5) 지난 3개월 동안, 나는 상황에 비해 과도하게 언어적 또는 신체적으로 공격적인 분출을 한 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

6) 지난 3개월 동안, 나는 다른 정신 건강 장애, 의학적 상태, 또는 합법적/불법적 물질로 설명할 수 없는 통제되지 않은 폭발을 경험한 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

7) 지난 3개월 동안, 나는 사전에 계획되지 않은 신체적 혹은 언어적 폭발적 분출을 한 적이 있습니다 (이는 충동적이었으며, 권력, 위협 등을 목적으로 의도적으로 계획된 것이 아닙니다).

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

8) 지난 3개월 동안, 나는 신체적 혹은 언어적 폭발적 분출로 인해 학교, 직장, 인간 관계, 또는 경찰과 관련된 문제를 겪은 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

9) 지난 3개월 동안, 나는 신체적 혹은 언어적 폭발적 분출을 한 후 스트레스나 불안감을 느낀 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

10) 지난 3개월 동안, 나는 화를 억누른 적이 있습니다.

- 네, 자주 억누릅니다
- 가끔 억누릅니다
- 전혀 억누르지 않습니다
- 화난 적이 없습니다

연구 설문지 **(**부모용**) / Korean Questionnaire for Parents**

제 자녀 나이

- ≤6
- 7-10
- 11-17
- ≥18

제 자녀 성별

- 남
- 여
- 기타

1) 지난 3개월 동안, 제 자녀는 폭력적 분출을 조절하는 데 어려움을 겪었습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

- 모릅니다

2) 지난 3개월 동안, 제 자녀는 언어적 폭발을 한 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다

- 모릅니다

3) 지난 3개월 동안, 제 자녀는 재물, 동물, 또는 다른 사람들에게 신체적 폭발적 분출을 일으킨 적이 있으며, 그로 인해 재산 파손이나 신체적 부상이 발생했습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

4) 지난 3개월 동안, 제 자녀는 재물, 동물, 또는 다른 사람들에게 신체적 폭발적 분출을 일으킨 적이 있으나, 그로 인해 손상이나 부상이 발생하지는 않았습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

5) 지난 3개월 동안, 제 자녀는 상황에 비해 과도하게 언어적 또는 신체적으로 공격적인 분출을 한 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

6) 지난 3개월 동안, 제 자녀는 다른 정신 건강 장애, 의학적 상태, 또는 합법적/불법적 물질로 설명할 수 없는 통제되지 않은 폭발을 경험한 적이 있습니다.

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

7) 지난 3개월 동안, 제 자녀는 사전에 계획되지 않은 신체적 혹은 언어적 폭발적 분출을 한 적이 있습니다 (이는 충동적이었으며, 권력, 위협 등을 목적으로 의도적으로 계획된 것이 아닙니다).

(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다

(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

8) 지난 3개월 동안, 제 자녀는 신체적 혹은 언어적 폭발적 분출로 인해 학교, 직장, 인간 관계, 또는 경찰과 관련된 문제를 겪은 적이 있습니다.
(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

9) 지난 3개월 동안, 제 자녀는 신체적 혹은 언어적 폭발적 분출을 한 후 스트레스나 불안감을 느낀 적이 있습니다.
(0) 지난 3개월 동안 발생하지 않았습니다
(1) 지난 3개월 동안 한두 번만 발생했습니다
(2) 한 달에 1~3번 발생했습니다
(3) 일주일에 한 번 정도 발생했습니다
(4) 일주일에 여러 번 발생했습니다
- 모릅니다

10) 지난 3개월 동안, 제 자녀는 분노의 감정을 억눌렀습니다.
- 네, 자주
- 가끔
- 전혀
- 분노의 감정을 느낀 적이 없습니다
- 모릅니다