

Original Article

Revision of Relationship between Harassment and Anxiety Syndrome in Young Girl Teenagers

Shokrie Abdi 1, Saeid Teymori 2

1. Master Of Applied Psychology, Department Of Psychology, Torbat-E-Jam Branch, Islamic Azad University, Torbat-E-Jam, Iran.

2- Associate Professor Of Psychology, Torbat-E-Jam Branch, Islamic Azad University, Torbat-E-Jam, Iran.

*correspondence: **Fatemeh Mohamadi**, Master of science Master of Clinical Psychology, Azad university of khorasegan, Esfahan, Iran. Email: mohamadi9898@yahoo.com

Abstract:

This research has conducted to revise relationship between abuse and the anxiety syndrome on young girl students. A descriptive-correlational study. Population of this research is included 173 of young girl students at the level of second high school from the fourth district of Mashhad that has chosen by multistage cluster sampling and using morgan table 'childhood impact questionnaire 'CTQ '(1) 'and emotional disorders questionnaire' SCARED 'to obtain data. Findings has analyzed by SPSS 'pearson's coefficient test and step by step multivariate regression. Results concluded that there is positive and meaningful relationship between child abuse-unnourishment and sentimental child abuse but there is no relationship between physical child abuse and mental-functional obsession. Default had no quiet meaningful relationship with social emotional disorder. $p < 0/05$. Other relations are positive and meaningful. Results also denoted that experiment of abuse is able to predict emotional syndrome inside population $p < 0/05$ and $p < 0/01$. Confidential and governmental organizations related to children should give precedence to increase awareness and necessary trainings to parents which is required to avoid child abused and subsequent disorders in society.

Keywords: Experience Of Abuse 'Anxiety Syndrome 'Teenagers 'Girl Students.

Introduction:

Teen is one of the most important periods of life which is of special sensibilities. teenager meets personal, social, professional and familial problems; on one hand, bodily widespread changes; on the other hand, teenagers tries to get identity, previous experiences, good or bad, is effective to shape their future identity. experience of abuse is one of the problems that may vitiate physical and mental health as an inappropriate experience. one of the other mental problems that physical problems and family behaviors could impact on, is anxiety syndrome. anxiousness and anxiety syndrome are one of the current problems among children and teenagers(1).

statement of problem

child abuse includes wide range of misbehavioral activities or not having responsibilities and duties which results to accidents and diseases and death in children that includes any kind of physical, psychological damages and mad behaviors toward child by someone who is responsible for child's health and safety in a way that, endangers abused child's health and safety.. revision of history is representative of multiple negative effects of this phenomenon on children's psychological condition and different disorders among them (2). researchers in Canada concluded that child abuse was very impressive on the formation of disorders such as pre-activation, depression and suicide (3). research in the filed of main role of child abuse on important psychiatric disorders which is the result of three decades of study on this field, and represents that

child abuse had an important part in the formation of psychological disorders (PTSD) mood disorders, Schizophrenia, Bipolar Personality Disorders and breakdown disorders and depression. people with the history of child abuse interestingly received less social support compared to their coeval and, suffered mood disorders, depression, anxiety and high use of drugs (4). researches done by ghazalfeslou and rostami (2015) showed that experience of abuse is able to specify the vulnerability and Psychotic personality traits. ghanadi and Alilu in a research concluded that emotion Configurable variables and experiment of child abuse are able to predict use of cigarettes, drugs, alcoholic drink and Psychotropic drugs in different degrees. Rostami, Abdi and heydari represented that Subscales of Physical and emotional Abuse and subscale of negligence are meaningful predictions to compassion and subscale of negligence has most important part to specify compassion on self. Although the only subscale of emotional abuse is able to predict public health(5).

anxiety syndrome is probably heightened affected experience of child abuse. negative tense excitement and physical tensions are the characteristics of anxiousness which someone predicts a danger nervously. it is a very common phenomenon in Psychological Studies, it is actually considered the most common reaction toward stress and it is natural part of everyone's life (6). problems related to anxiousness are most prevalent form of Psychological problems in children and Teenagers (7).

studied of epidemiology represents that about 8 to 12 percent of children and 5 to 10 percent of teenagers encounter anxiety disorder which results to disorder in the natural procedure of child's life (8). teenagers with anxiety disorders have lower education opportunities and problems related to coevals and infirmity in social capabilities(9). researches shows that teenagers with anxiety disorders experience more negative events compared to non-anxious teenagers during life (10). children and teenagers with anxiety disorders have possibly more problems with friends, life, family and school(11). despite outbreak of disease, anxiety disorders remain undiagnosable. numerous elements perform a part in the formation of child anxiety including family abuse inside family. Anxiety disorders generally form inside families and in addition to genetic elements, parental elements such as Exemplify anxiety, over-control, beliefs (e.g. child's vulnerability), conflict and some of the aspects of function of family (e.g. low family connection) and totally damages from family are related to child anxiety(12).

conceptual definitions

- abuse: abuse includes experience of wide range of misbehaviorl actions or not completing duties and responsibilities from parents which results to occurrence of accidents, diseases and death for children which includes any kind of physical, psychological, sexual damages and harsh behaviors toward to child by someone who is responsible for child's health and safety.

- anxiety syndrome: negative high excitement and physical tensions are characteristics of anxiety syndrome which through it someone predicts a danger or unfortunate accident (13).

operational definitions

- Harassment Harassment in the present study is the score that case obtains from self-report child abuse questionnaire (14).
- anxiety syndrome: in present study it is the score that case obtains from Emotional Disorders Screening Questionnaire related to childhood anxiety.

variables of research

- predictor variable: predictor variable is harassment
- criterion variable anxiety syndrome is criterion variable

Review of literature

Ghanadi and Alilu conducted a research titled predictor attitude toward using cigarettes, alcoholic drinks, drugs and psychotropic drugs based on Configurable variables and the experiment of child abuse among people with borderline personality traits. above research carried out among girl and boy bachelor degree students in Tabriz, they chose 600 students random cluster method. as a result of researches, configurable variables and experience of child abuse are capable of predicting using cigarettes, drugs, alcoholic drinks and psychotropic drugs to different degrees. so findings of this research describes that early

biological vulnerability about adjustment of excitement and unhealthy and discreditable family environment play a role in suffering from borderline personality disorder and dangerous behaviors such as using drugs and alcohol(15).

Rostami and his colleagues conducted a research titled relationship of different kinds of child abuse with psychological health among married people. 350 married people (male and female) from Tehran have been chosen by multistage cluster method and completed questionnaires in 2013. based on results there is negative and meaningful relationship between harassment and compassion, positive and meaningful relationship among harassment and public health. analysis of multistage regression resulted that physical subscales abuse, emotional abuse and negligence subscale are meaningful predictions for self-compassion. negligence subscale is most important part in specifying compassion. also only emotional abuse subscale can predict public health. based on results the if child experienced more during childhood, it will lead to less compassion in adulthood, moreover high amount of child abuse will result to more psychological signs during adulthood(5).

Mohamad nasl (2015) conducted the research of revision of reasons of the formation of cycle of child abuse. this descriptive-analytical research carried out with objective of collecting Consolidated information through library and gauging work. statistical population is all social workers and experts of social emergency centers in Tehran. research sample is also

including 50 people of statistical population who work in four centers related dealing with child abuse in Tehran. data was analyzed by SPSS. results represent that experts of social emergency after regrading effectiveness of harassment to child abuse in adulthood, they considered formation of abnormal behavior in abused child and how it effects child abuse by him and acceptance of child abuse as one of the acceptable ways to train a child by abused child(16).

Sperry and Widom(2013) carried out a research named relationship of child abuse and compassion with perceived social support and psychological Pathology in adulthood that conducted as a long-term research. this research was carried out adults with average age of 39.5 who were abused physically, sexually and psychologically within the range of birth to 11. they were studied after 35 years of child abuse and negligence. results represented that someone with history of child abuse perceived low social support interestingly compared to others with the same age. they suffered from mood disorders, depression, anxiety and high use of drugs(4).

Nemeroff and Binder(2014) carried out a research with title of main role of harassment in childhood to important Psychiatry disorders. this research is the result of 3 decades of studies in the field of child abuse and it is representative of formation of different kinds of psychological problems such anxiety post stress disorder(PTSD), mood disorders, Schizophrenia, bipolar personality disorders, Analytical disorders and depression(3).

Affifi and his colleagues (2015) carried out research : revision of relationship of child abuse and psychological disorders in Canada. this research was conducted among 395 people with average range of 18 in 10 states. results indicated 32% prevalence of child abuse in this country. results also indicated the effectiveness of child abuse in the formation of disorders such as ADHD, depression and suicide behaviors(2).

Methods:

this research is descriptive-correlation with objective of fundamental designs. correlation research which is subset of descriptive researches(non-experimental) with objective of representing relationship between variables. revision of relationship of pairwise variables is objective of two-variables correlation studies.

population and statistical sample

Population: statistical population of this research includes all high school girl students in 4 district of Mashhad in 2016. sample and sampling: samples was chosen by multistage cluster method. 10 schools, 1 class from each school was chosen randomly and sampling was carried out among members of specified class.

sample size: we used morgan table to choose 173 out of 1000, they have been chosen from high school girl students in the 4 district of Mashhad.

Findings:

step by step regression was used to answer to experience of harassment can predict anxiety syndrome in teenager girl students

hypothesis. so dimensions of harassment entered as predictor variables and Quadruple anxiety syndrome as criterion variable to regression equation. four regression models was studied eventually. normality of distribution of errors, independency of error and Multiple Linearity between variables was studied before analyzing the hypothesis of regression. Kolmogorov-Smirnov test was used to check normality of distribution of errors. level of significance below $\alpha=0.001$ is representative of normality in the distribution of errors(17). considering analysis distribution of errors is normal in all models. $\leq P0.03$. normal distributions is presented in 1 to 4 figures.

independency of errors was checked Durbin-Watson test. this test is used to check independency of errors. if errors correlate with other, you cannot use regression and should correct data. if statistic of Durbin and Watson is close to 2, independency of errors is proved. results of this hypothesis shows that for regression models of generalized anxiety disorder, social anxiety, brokeup anxiety and mental practical obsession with coefficients of 1.55 , 2.22 , 1.174 and 2.22 respectively , there is independency of errors. third hypothesis of analysis of regression is non-linearity of predictor variables. tolerance and VIF are two components to check this hypothesis. coefficients of tolerance should be close to 1 and coefficients of VIF should not be more than 10. smaller coefficients and close to 1 are representative of non-linearity. results of checking linearity of independent variables are shown in Table 1. results indicates non-linearity of predictor variables.

then we analyzed regression after fulfilling hypothesis. abstract of step by step anxiety

syndrome according to harassment is shown in Table 2.

above table shows that amount of correlation coefficient of predictor variables is equal to 0.36 which is representative of relationship between predictor variables and criterion variable in a medium way in the best predictor model (second model). coefficient of determination was 0.12. it means 12 percent of changes in generalized anxiety disorder is related to predictor variables. other results on social anxiety disorder shows that amount of coefficient in predictor variables and criterion in best predictor model is 0.42 and the coefficient of determination is 0.17. it means only 17 percent of variance changes in social anxiety disorder is related predictor variables. in predictor model of brokeup anxiety, amount of correlation of step by step predictor variables with criterion variable is 0.38 which is representative of a medium level for predictor variables and criterion variable. amount of coefficient of determination is 0.13. it means only 13 percent of variance changes in this variable is related to predictor variables. results on mental practical obsession disorder also shows that amount of correlation of step by step predictor variables with criterion variable is 0.47. coefficient of determination is equal to 0.22. it means that 22 percent of mental practical obsession disorder changes is related to predictor variables. results indicate that adding variables to all model will increase variance and changes are meaningful.

parameters of variance analysis represent meaningfulness of regression and linearity relationship among variables which proves level of meaningfulness less than $P=0.01$. tests indicate that regression models possess

acceptable fitting. specified changes by model was real and not due to chance. it also shows that predictor variables could predict changes in criterion variable and by chance of more than 99 these variables support predicting and changing criterion variable. by chance of more than 99 percent these variables share changes of criterion variable and prediction. you should study amount of coefficient of regression to check importance of predictor variables in predicting criterion variables.

amounts of coefficient of regression is shown in table 3.

regression coefficients in the above table indicates that for generalized anxiety disorder, emotional child abuse ($0.28 = \beta$) and for physical ($0.18 = \beta$) can predict criterion variable in the best way. child abuse is more efficient in this case. un-nourishment ($\beta=0.35$) and sexual child abuse ($\beta=0.18$) are capable of predicting criterion variable. un-nourishment in social anxiety disorder, emotional child abuse ($\beta=0.18$), un-nourishment ($\beta=0.20$) and negligence ($\beta=0.17$) can predict criterion variable. other variables cannot predict meaningfully of anxiety syndrome due to that they are not in regression models. based on the results hypothesis will be accepted it means harassment can predict anxiety syndrome.

Discussion and conclusion:

this research was conducted to revise relationship of harassment and anxiety syndrome in young student girl students. results showed that there is positive and meaningful relationship between physical child abuse, un-nourishment and emotional child abuse with anxiety syndrome. sexual

child abuse is not related to mental practical obsession. there is no relationship between negligence and social anxiety disorder. other relationships are meaningful. there is positive and meaningful relationship between harassment and anxiety syndrome(except mental practical anxiety) based on results. if harassment increase, anxiety syndrome will increase and vice versa.it can be acknowledged that harassment experience as expected is one of the effective components to form anxiety syndrome that these effects are clear during child hood and it may continue till adult hood. results indicate that anxiety syndrome can be effected from harassment and will be predicted by this predictor. so outcome result is representative of unique influence of family on child's success and future and a decrease in amount of harassments. we should explain that considering cultural and psychological assault again family, protection of dignity should be main priority of Mental health programs in the community.so increasing cognizance and proper trainings is needed to prevent abnormalcy in society and to help families to reduce harassment should be considered very important.

results indicate that in the best predicting model, generalized anxiety disorder is coefficient correlation of predictor variables to criterion variable was equal to 0.36 which is representative of medium relationship between predictor variables and criterion variable. determination coefficient was 0.12 and it explains that 12 percent of changes (variance)of generalized anxiety disorder is related to predictor variables. other results about social anxiety disorder explains that amount of correlation predictor variable and

criterion variable is 0.42 and coefficient determination is 0.17, it means that only 17 percent of variance changes of social anxiety disorder is related to predictor variables. amount of correlation of predictor variables to criterion variable is 0.38 which indicates that this is a medium relationship in predictor model of brokeup anxiety. amount of coefficient of determination is 0.13. it means only 13 percent of variance changes in this variable is related to predictor variables. results on mental practical obsession disorder also shows that amount of correlation of step by step predictor variables with criterion variable is 0.74. coefficient of determination is equal to 0.22. it means that 22 percent of mental practical obsession disorder changes is related to predictor variables. results indicate that adding variables to all model will increase variance and changes are meaningful. parameters of analysis of variance, indicate meaningfulity of regression and linearity relationship between variables. tests indicate that regression models possess acceptable fitting,specified changes by model was real and not due to chance. it also explains that predictor variables could predict criterion variables. regression coefficients also indicate that emotional and physical child abuse are capable of predicting criterion variable in generalized anxiety disorder case in the best predictive model. emotional child abuse is more effective than others. unnourishment and sexual child abuse are capable of predicting criterion variable , unnourishment in social anxiety disorder. emotional child abuse,unnourishment and negligence are capable of predicting criterion variable in social anxiety disorder

case. unnourishment's share is higher than other variables. emotional child abuse, unnourishment and negligence are capable of predicting criterion variable in mental practical obsession disorder case. unnourishment's share is higher than other variables. other variables cannot predict meaningfulness of anxiety syndrome due to that they are entered not in regression models. based on the results hypothesis will be accepted. it means that harassment can predict anxiety syndrome.

findings are closely aligned with rostami's (2014), mohamd nasl and mohamd nasl's and ghazalseflou and rostami's results that admitted negative effects of child abuse on psychological structures. Affifi and his colleagues (2015) conducted a research, this research showed that child abuse was effective on formation of different disorders such as ADHD, depression and suicide. Nemeroff and binder (2014) developed similar results about consequences of harassment on psychological problems. we should acknowledge that child abuse and its consequences was considered by psychologists from a long time ago to specify our findings (18), (19) and consequences was perceived. immediate and long-term effects of abuse are excitement problems such as depression, anxiety, high use of drugs, eating disorders and self-destructive behaviors, all of these signs can shape anxious personality (4).

Salzinger, S., Feldman, R.S., Hammer, M., Rosario, M. (1993) also indicated that abuses teenagers have lost many friendship and less cooperation with parents and teachers. these teenagers are negative and

pessimist in their social media. these signs can effect negatively on formation of resilience and objectivism, socializing with people, having a good heart, which leads to social anxiety intercommunication.

researchers believe that growth in anxiety syndrome is related to excitement child hood problem.

In the meantime, one must consider the personality traits of each individual on one hand and Exposure to Childhood Abuse as a Cause of Emotional Failure on the Other hand. destructive events of life such as abuse negligence during childhood can increase anxiety disorders through disrupting normal emotional functioning. in other words implementation of psychological abuse can shape characteristics such as shame, humility, when these characteristics are stabilizes, will lead to excitement insufficiency and anxiety syndrome (2). It also seems that Child abuse in childhood causes difficulties in the biological and psychological process of emotion regulation. These people are more likely to have difficulty in regulating of emotions and defect in the regulation of emotions. these People have trouble identifying and describing their feelings (19).

scholarly suggestions:

- it is suggested to consider other probable variables such as (cultural, economical and psychological of parents). In other examples, the implementation and results are compared with the results of this study.
- it is suggested that this research implements to precede process of

harassment during adulthood and results will compare to results of this study.

- it is suggested that other demographic variables such income , parental literacy·parent's awareness of correct ways of training, should be considered.
- it is suggested that kind and amount of effectiveness of harassment in boy and girl teenagers and its consequences in both sexes, should be considered in your study.

practical suggestions:

- Trainings on how to increase the optimal functioning of the family for families begin so that the child with the appropriate level of anxiety can experience a good self-concept at an early age.
- It is recommended that adolescents with abuse experience benefit from child psychotherapy and counseling services as well as social assistance services.

References:

1. Bernstien, D.P., Fink, L., Handelsman, L., Foote, J., Lovejoy, M., Wenzel, K. (1994).. Initial reliability and validity of a new retrospective of child abuse and neglect. *Am J Psychiatry*. 151 (8): 1132-1136.
2. Schwartz, C., & Waddell, Ch. (2012). Treating Anxiety Disorders. *Journal of Children's Mental Health Research*, Vol.6.
3. Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorders in Canada. *Canadian Medical Association Journal*, cmaj-131792.
4. Nemeroff, C. B., & Binder, E. (2014). The preeminent role of childhood abuse and neglect in vulnerability to major psychiatric disorders: toward elucidating the underlying neurobiological mechanisms. *J Am Acad Child Adolesc Psychiatry*, 53(4), 395-7.
5. Sperry, D. M., & Widom, C. S. (2013). Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child abuse & neglect*, 37(6), 415-425
6. Ghezelsflu, Mehdi; Rostami, Mehdi(2015). The Relationship between Child Abuse and Personality Traits and Risky Behavior in Adolescents. *Kermanshah University of Medical Sciences*, Vol. 19, No. 2, 93 - 101.
7. Lader, M. (2015). Generalized anxiety disorder. In *Encyclopedia of Psychopharmacology* (pp. 699-702). Springer Berlin Heidelberg.
8. Ginsburg, G. S., Becker, K. D., Drazdowski, T. K., & Tein, J. Y. (2012). Treating Anxiety Disorders in Inner City Schools: Results From A Pilot Randomized Controlled Trial Comparing Cbt and Usual Care. *Child Youth Care Forum*, 41, Pp. 1–19.
9. Spence, S. H., Barrett, P. M., & Turner, C. M. (2003). Psychometric Properties of the Spence Children's Anxiety Scale with Young Adolescents. *Journal of Anxiety Disorders*, 17(6), Pp. 605-625.
10. Kendall, P.C., Safford, S., Flannery-Schraeder, E., & Webb, A. (2004). Child Anxiety Treatment: Outcomes in Adolescence and Impact on Substance Use and Depression at 7-4 Year Follow-Up.

Journal of Consulting and Clinical Psychology, 72, Pp. 276-287.

11. Legerstee, J. S., Garnefski, N., Jellesma, F. C., Verhulst, F. C., & Utens, E. M. (2010). Cognitive Coping and Childhood Anxiety Disorders. *Eur Child Adolesc Psychiatry*, 19, Pp. 143-150

12. James, A. C., James, G., Cowdrey, F. A., Soler, A., & Choke, A. (2013). Cognitive Behavioural Therapy for Anxiety Disorders in Children and Adolescents (Review). This Is A Reprint Of A Cochrane Review, Prepared And Maintained By The Cochrane Collaboration and Published in the Cochrane Library 2013, IIII 6.

13. Bögels, S. M., & Brechman-Toussaint, M. L. (2006). Family Issues in Child Anxiety: Attachment, Family Functioning, Parental Rearing and Beliefs. *Clinical Psychology Review* Volume 26, Issue 7, Pp. 834- 856.

14. Barlow, D. H. (2002). Unraveling the Mysteries of Anxiety and Its Disorders from the Perspective of Emotion Theory. *American Psychologist*, 55, Pp. 1247-1263.

15. Mohammad nasl, Gholamreza; Mohammad nasl, Zahra. Investigating the

Causes of Child Abuse Cycle Formation 2015 with Emphasis on Expert Opinion. *Police Journal*, Volume 9, Number 22, 5-23

16. Sperry, D. M., & Widom, C. S. (2013). Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child abuse & neglect*, 37(6), 415-425.

17. Rostami, Mehdi; Abdi, Mansour; Heydari, Hassan.(1393)The Relationship between Kinds of Child Abuse and Self - Compassion and Mental Health In married people. *Principles of Mental Health*, Volume 16, Number 62, 130 – 141

18. Fulton, E., Eapen, V., Črnčec, R., Walter, A., & Rogers, S. (2014). Reducing maladaptive behaviors in preschool-aged children with autism spectrum disorder using the Early Start Denver Model. *Frontiers in pediatrics*, 2, 40.

19. Paulus, F. W., Backes, A., Sander, C. S., Weber, M., & von Gontard, A. (2015). Anxiety disorders and behavioral inhibition in preschool children: a population-based study. *Child Psychiatry & Human Development*, 46(1), 150-157.

Tables and Charts:

Table 1: results of linearity of independent variables in regression models of anxiety syndrome.

VIF	Tolerance	predictor variable:	criterion variable
1/04	0/96	Emotional child abuse.	generalized anxiety disorder
1/04	0/96	physical child abuse.	
1/03	0/97	Unnourishment	social anxiety disorder
1/03	0/97	sexual child abuse.	
1/19	0/84	Emotional child abuse.	brockeup anxiety disorder
1/15	0/87	Unnourishment	
1/06	0/94	Negligence	

1/16	0/86	Unnourishment	Mental practical disorder
1/05	0/95	Negligence	
1/20	0/84	Emotional child abuse.	

Table 2: abstract of regression model and the analysis of variance of anxiety syndrome according to harassment.

Fchange	F fchange	change	P	F	R² Adjusted	R²	R	predictor variables	Model	criterion
0/001	18/40	0/10	0/001	18/40	0/09	0/10	0/32	Emotional child abuse.	1	generalized anxiety
0/01	6/18	0/03	0/001	12/58	0/12	0/13	0/36	Emotional child abuse.	2	
								physical child abuse.		
0/001	27/28	0/14	0/001	27/28	0/14	0/14	0/38	Unnourishment	1	social anxiety
0/01	6/49	0/03	0/001	17/34	0/17	0/18	0/42	Unnourishment	2	
								sexual child abuse.		
0/001	15/31	0/08	0/001	15/31	0/08	0/08	0/29	Emotional child abuse.	1	brokeup anxiety
0/01	6/98	0/04	0/001	11/42	0/11	0/12	0/35	Emotional child abuse.	2	
								Unnourishment		
0/03	5/06	0/03	0/001	9/48	0/13	0/15	0/38	Emotional child abuse.	3	
								Unnourishment		
								Negligence		
0/001	28/32	0/14	0/001	28/32	0/14	0/14	0/38	Unnourishment	1	Mental practical obsession
0/001	10/99	0/05	0/001	20/50	0/19	0/20	0/44	Unnourishment	2	
								Negligence		
0/02	5/35	0/03	0/001	15/80	0/21	0/22	0/47	Unnourishment	3	
								Negligence		
								Emotional child abuse.		

Table 3: coefficients of step by step regression of anxiety syndrome regarding harassment.

P	t	Beta	non-standard coefficients		predictor variables	Model	criterion
			standard error	B			
0/001	4/29	0/32	0/10	0/42	Emotional child abuse.	1	generalized anxiety disorder
0/001	3/78	0/28	0/10	0/37	Emotional child abuse.	2	
0/01	2/49	0/18	0/12	0/31	physical child abuse.		
0/001	5/22	0/38	0/08	0/41	Unnorishment	1	social anxiety disorder
0/001	4/80	0/35	0/08	0/38	Unnorishment	2	
0/01	2/55	0/18	0/09	0/23	sexual child abuse.		
0/001	3/91	0/29	0/11	0/44	Emotional child abuse.	1	brokeup anxiety disorder
0/001	2/78	0/22	0/12	0/33	Emotional child abuse.	2	
0/01	2/64	0/21	0/12	0/31	Unnourishment		
0/01	2/31	0/18	0/12	0/28	Emotional child abuse.	3	
0/02	2/53	0/20	0/12	0/29	Unnourishment		
0/03	2/25	0/17	0/13	0/30	negligence		
0/001	5/32	0/38	0/09	0/48	Unnourishment	1	mental practiacl obession disorder
0/001	5/03	0/35	0/09	0/44	Unnourishment	2	
0/001	3/32	0/23	0/11	0/35	negligence		
0/001	3/96	0/29	0/09	0/37	Unnourishment	3	
0/01	2/88	0/20	0/11	0/31	Negligence		
0/02	2/31	0/17	0/10	0/22	Emotional child abuse.		

Figure 1: Diagram of the distribution of errors in generalized anxiety disorder.

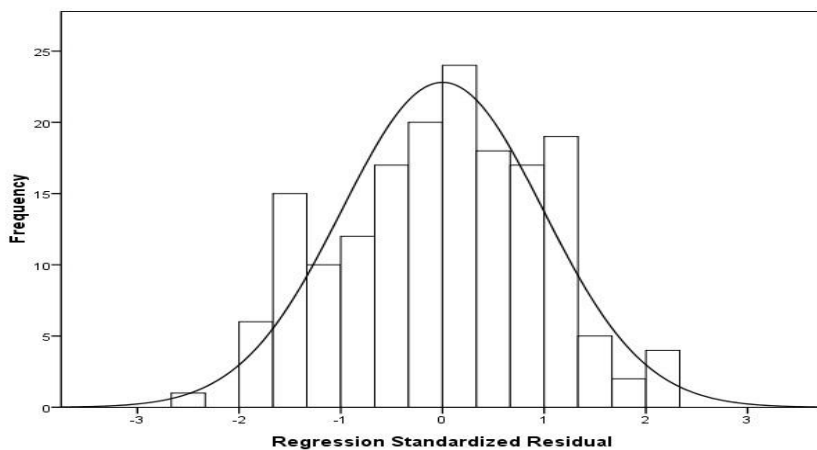


Figure 2: Diagram of the distribution of errors in social anxiety disorder.

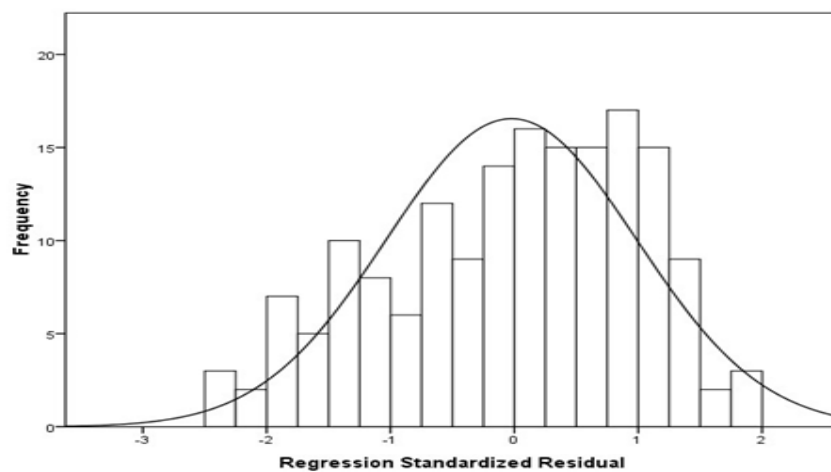


Figure 3: Diagram of the distribution of errors in brokeup anxiety disorder.

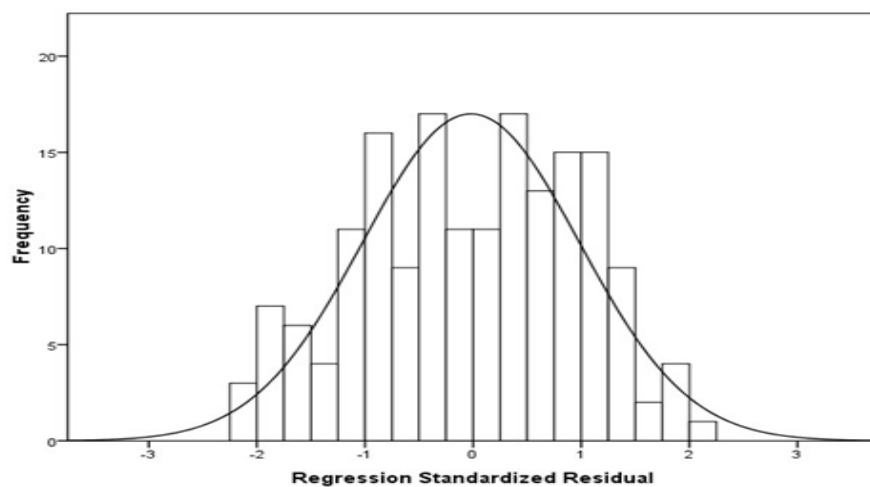


Figure 4: Diagram of the distribution of errors in mental-practical obsession disorder.

