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VULNERABILITY TO SOMATIC SYMPTOMS IN ADULTHOOD AS A RESULT OF ABUSED CHILDHOOD

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ABSTRACT

The research was conducted to investigate the vulnerability to somatic symptoms in adulthood as a result of abused childhood. In the light of literature review, it was hypothesized that adults who had been abused in childhood will be more vulnerable to somatic symptoms as compared to those adults who had not been abused in childhood. In order to measure abused childhood, a checklist questionnaire was prepared after conducting pilot study, where as Symptoms Assessment – 45 scale was selected for measuring somatic symptoms of adults. The sample for the present research comprised of ninety seven (97) adults, 50 males and 47 females. Their ages ranged between 18 to 26 years. Checklist questionnaire and SA-45 administered on a large population, than on the basis of cut off scores non abused and abused groups were identified. t-test and other descriptive statistics were applied for analyzing the data. For interpreting the results, 0.05 level of significance was set. The hypotheses have significantly proved ($f=4.909$, $df = 95$, $p< 0.001$) that the adults who had been abused in childhood have somatic symptoms later in life as compared to those adults who had not been abused in childhood.

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INTRODUCTION

The abuse of children occurs during a period in life where complex and hopefully ordered changes are occurring in the child's physical, psychological and social being. This state of flux leaves the child vulnerable to sustain damage that may retard or prevent the normal psychosocial developmental processes. Such continuous or repeated abusive patterns not only affect a child at present but these abusive treatments may give rise to the feelings of depression, anxiety, aggression and lack of interest in social activities and also make their approach towards life maladaptive. Mental illness, lack of parenting skills, unemployment, higher levels of stress and impaired family functioning all of these can put children at risk for abuse. Sometimes cultural values and the standards of care of child in the community may also become contributing factors.

The definition of child abuse will affect how cases are classified, how eligibility for social and legal services is determined and how the abusers and abused child will be viewed by others and by themselves. For example, The National Clearinghouse on Family Violence (1997) claims that child abuse occurs when a parent, guardian or caregiver mistreats or neglects a child resulting in injury or significant emotional or psychological harm or serious risk of harm to the child.

Abuse can occur even before the birth of a child and it can have an adverse effect on the child. Such as maternal drug abuse and failure to seek appropriate health care during pregnancy. Child abuse is also sometimes called maltreatment. Now child abuse is known as a major social problem especially in industrialized nations. It occurs in all income, racial, socio-economic, religious and ethnic groups and in urban and rural communities as well.

Child Protection Services (2001) agencies investigated more than 3.25 million reports of child abuse and neglect throughout the United States. This indicates an increase of two percent from the previous year. They also found that 63 percent of victims suffered neglect; 19 percent physical abuse; 10 percent sexual abuse and 8 percent indicate emotional maltreatment. An estimated 903,000 children were victims of child abuse or neglect in the year 2001 (U.S. Department of Health and Human Services, 2003). Abuse continues to be the most frequently reported form of child maltreatment to social service agencies. The higher rates of reported abuse show that more research is needed in this area.

It has been observed that not all abused victims have severe reactions. Usually the younger the child the longer the abuse continues and the closer the child's relationship with the abuser, the more serious the emotional damage will be. In the same way Sigmund Freud believed that early childhood traumas appear in adulthood as mental disorders (Cockerham, 1996). The psychoanalytic model of mental illness is based on the notion that mental disorders stem from early childhood traumas that are repressed in the unconscious (Braginsky and Braginsky, 1976). A number of studies have shown that high proportions of psychiatric patients suffering a variety of disorders have a history of early physical or sexual abuse (Bryer, Nelson, Miller and Krol, 1987; Jacobson and Richardson, 1987).

The abused child will have psychological and behavioral problems. These are often inter linked and have both immediate and long term effects. The abused child may experience anger, guilt, shame, hostility, fear and low self- esteem. The child may suffer from nightmares, aggression and eating disorders. The child could exhibit all of these feelings or behaviors in varying

degrees (Sahil - Working Against Child Sex Abuse 2005) . Furthermore, Dr Hussain said that "abuse has devastating effects on the lives of a child later on; sexual abuse not only destroys the child's personality but also turns such abused individuals into culprits later on" (The News-Jang Group, 2005).

The age at which the abuse occurs might be expected to influence the extent of the long-term damage because it is found that abused child has variety of psychological problems later in life. In addition Mehwish (2004) the coordinator of the NGO (War Against Rape) elaborates that the victims of sex abuse develop psychological disorders when they fail to get support from society, parents and relatives.

CHILD SEXUAL ABUSE

The definition of sexual-abuse is variable because of different perspectives and dimensions related to child sexual abuse. National Center on Child Abuse and Neglect (1981) defined child sexual abuse as follows.

"Contact and interaction between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed to the person under the age of 18 when the perpetrators either significantly older than the victim or when the perpetrator is in a position of power or control over another".

Psychosocial indicators of sexual abuse include preconcious sexual knowledge, inappropriate or excessive masturbation, sexual interaction with others, sexually explicit play, promiscuous behavior and adolescent prostitution

(Faller, 1993). As far as psychological problems are concerned, following symptoms are found like sleep problem, enuresis, encopresis, regressive behavior, guilt or shame, self destructive behaviors, depression, impulsivity, increased anxiety level, low self concept, fear of alleged offender, fear of a specific gender, withdrawal, cruelty to animals, eating disorder, running away, substance abuse, delinquent activities, suicidal behaviors, problems relating to peers, school problems and changes in usual behaviors (Faller, 1993; Sgroi, Blick and Porter, 1982; Wallace, 1999).

It is reported that a range of long-term psychological effects was significantly related to experience of childhood sexual abuse (Ussher, 1995). The most commonly reported long-term effects of childhood sexual abuse includes depression, anxiety, fear of men, sexual problems, self-destructive behavior, substance abuse, low self-esteem and a tendency towards later victimization (Cahill, Llewelyn and Pearson, 1991). Various childhood traumas (i.e., emotional, physical and sexual abuse) were found to be significantly associated with suicidal behavior among adult male cocaine dependent patients (Roy, 2001).

CHILD PHYSICAL ABUSE

Child physical abuse is usually connected to physical punishment or is confused with child discipline but the National Clearinghouse on Family Violence (1997) has defined physical abuse of a child as follow:

"Physical abuse is the deliberate application of force to any part of a child's body which results or may result in a non accidental injury. It may involve hitting a child a single time or it may involve a pattern of incidents.

Physical abuse also includes behavior such as shaking, choking, biting, kicking, burning or poisoning a child, holding a child under water or any harmful or dangerous use of force or restraint".

The Third National Incidence Study of Child Abuse and Neglect (NIS-3; Sedlak and Broadhurst, 1996) shows that the rate of physical abuse increased from 4.3 per 1,000 children (a sample size of 269,700) in the year 1986 to 5.7 per 1,000 children (a sample size of 381,700) in the year 1993.

It is difficult to imagine that any person would intentionally inflict harm on a child. Many times physical abuse is a result of excessive discipline or physical punishment that is inappropriate to the child's age and these physical punishment or abuse may lead some psychological problems in a child. It is found that violent children usually come from violent homes where parents model violence as means of resolving conflict and handling stress (Page, Kitchen-Becker, Solovan Golec & Herbert, 1992). Salzinger, Feldman, Hammer and Rosario (1991) reported the following effects of physical abuse i.e., learning and school problems, attachment problems, depression, aggressive behavior and social cognition problems. In addition, there is often a lack of trust between parents and child, lack of protection of the child, unexplained delays in development, bully-type behavior, runaway, delinquent behavior, truancy and major mental illness (Wallace, 1999).

CHILD VERBAL ABUSE

Verbal abuse is a pattern of behavior that impairs a child's emotional development. This may include constant criticism, threats or rejection as well

as withholding love, support or guidance (National Clearinghouse on Child Abuse and Neglect Information, 2004).

The Third National Incidence Study of Child Abuse and Neglect (Sedlak and Broadhurst, 1996) indicates that 3.0 children per 1,000 (204,500 children in all) were emotionally abused in 1993. The youngest children (ages 0-2) were at lower risk for emotional abuse. Furthermore, findings based on state reports indicated that females were more likely to emotionally maltreat their children than males. Females were more likely to be victims and older children were more likely to be emotionally maltreated (U. S. Department of Health and Human Services, 1998). This type of abuse leaves hidden scars that manifest themselves in numerous ways. Insecurity, poor self-esteem, destructive behavior, angry acts (such as fire setting or cruelty to animals) withdrawl, poor development of basic skills, alcohol or drug abuse, suicide and difficulty forming relationship can all be possible and results of emotional abuse (National Exchange Club Foundation, 2000).

It was found that high self-criticism or perfectionism is correlated with reports of having received less satisfactory parenting including less warmth and affection more harshness and strict control (Andrews and Brewin, 1990; Firth-Cozens, 1992; On the other hand Frost et al (1991) reported that perfectionism in daughters was consistently associated with daughter's reports of maternal and paternal harshness but only with mother's self reports of harshness.

A number of NGO's have conducted extensive surveys to do a situation analysis on physical, verbal, sexual abuse and exploitation of a child in

Pakistan but in reality only a handful of organizations are helping children at risk of being exploited and abused because the subject matter is still far too hidden to start any concerted campaign to rescue the many victims especially of child sexual abuse which is on the rise because of a lack of parental attention and sex education in Pakistan that is why there is a lot of repression of sexuality so this shows up in unhealthy forms. It would be difficult to find healthy expression of sexuality in every day life in Pakistan so sexual abuse as well as verbal and physical abuse becomes very common. Researcher hope that this research work may somehow help to create an understanding or awareness about core (central and peripheral) issues of child abuse especially long term psychological effects of child physical, verbal and sexual abuse later in life. It may prompt painful introspection but the hope is that it may lead to positive reform.

The following hypothesis is formulated in the light of researches revised previously: Adults who had been abused in childhood will be more vulnerable to somatic symptoms as compared to those adults who had not been abused in childhood

PILOT STUDY

A checklist questionnaire was prepared for identifying sexual, physical and verbal abused childhood of adults. In the first step all possible sexually,

physically and verbally abusive practices and patterns were taken out from the following resources:

- On the basis of extensive literature review researcher collected different types of sexually, physically and verbally abusive practices or patterns.

- People belonging to different socioeconomic status were asked about what kinds of sexual, physical and verbal abusive practices or patterns are being practiced in the Pakistani community? On the basis of their responses different types of sexual, physical and verbal abusive practices or patterns were collected.

- Experts opinion (including psychologists and sociologists) were taken regarding what kinds of sexual, physical and verbal abusive practices or patterns are being practiced in the Pakistani community?

On the basis of above-mentioned resources researcher collected all possible sexual, physical and verbal abusive practices or patterns. Then in the second step a checklist questionnaire was prepared for identifying sexual, physical and verbal abusive practices or patterns using a five point rating scale ranging from not at all (1) to always (5).

SAMPLE

The sample consisted of one hundred and fifty (150) students of both genders belonging to four colleges of Karachi. Colleges were randomly selected. Their age range was 18 to 24 years.

PROCEDURE

Formal permission was taken from the principals of colleges so that students could be approached while in their respective classroom settings. Few minutes were spent putting the students at ease and explaining the purpose of the research. Students were assured that information would be kept confidential. Participants were then asked to complete the checklist questionnaire. At the end participants were thanked and their cooperation was appreciated.

Those sexual, physical and verbal abusive items were discarded which were not scored frequently or not at all. So following patterns were taken in the checklist questionnaire for identifying sexually, physically and verbally abused childhood of adults. Sexual abuse in terms of "any one in family tried to establish sexual relationship, any one established unnatural relationships, established sexual relationships using instrument or objects, any one taken you in a lonely place and seduced you to have unnatural relationships and any one tried to establish sexual relationship in your own gender. Physical abuse in terms of "hitting with hands, slapping, punching, kicking and hitting with the objects like belt, stick, strap etc" and "being too critical, abusive language, calling names, shouting or taunt and threat of physical abuse" are in terms of verbal abusive patterns. These abusive patterns are being frequently used in Pakistani society.

In order to determine abused and non-abused groups cut off scores were decided on the basis of intensity of responses. Abused group will be those who would obtain a score of 60 or above on the checklist questionnaire (they would select either "often" or "always" options for defining their intensity of abuse) and non abuse group will be those who would obtain a score of 30 or below on the checklist questionnaire (they would select either "sometime" or "not at all" options for defining their intensity of abuse).

METHODOLOGY

RESEARCH SITE

Research has been carried out at Federal Urdu University (Gulshan-e-Iqbal campus) Karachi. Departments were randomly selected. Federal Urdu University is a co-education that is why availability of both genders was at ease and in addition students get admission from various socio-economic status including different ethnic groups. Mostly their age ranges between 17 to 35 years. Rationale behind selecting Federal Urdu University was issues related to generalizibility of results that is the reason researcher selected Federal Urdu University.

PARTICIPANTS

The sample of present research comprised of 97 male and female participants belonging to various departments. Their age ranged between 18 to 26 years with a mean age of 21.4 years. All of the participating subjects belonged to Honors and Masters programs which are offered by the Federal Urdu University.

Participant's selection:

Data was collected from various departments of the Federal Urdu University. Departments were randomly selected. A purposive sampling procedure was used. For identifying adults who were abused and not abused in their childhood, checklist questionnaire and SA - 45 scale were administered on a large sample. On the basis of cutoff scores (see pilot study) abused and non-abused participants have been identified but the following data has been excluded.

- Participants who were meeting the criteria for abused group but they also mentioned or described at question 16 any painful and unforgettable event in their life.

- Participants who were married and less than 18 and more than 26 years old.

Equal number of participants (who were abused and not abused in childhood) were selected in the same classroom situation, in this way researcher tried to match the various aspects related to the participants.

MEASURES

1. Checklist questionnaire identified following information:

- Demographic information which focused on the subject's name, age, gender, marital status, education, socioeconomic status and occupation.
- Instructions.
- 1 - 15 questions using a 5 point rating scale ranging from "not at all" (1) to "always" (5) measure verbally, physically and sexually abused childhood (each type contains 5 questions).
- Question 16 required descriptive answer and measured any painful and unforgettable event of participant's life that would be other than abused childhood.

2. Symptoms Assessment - 45 Questionnaire (SA - 45):

SA - 45 is a 45 items self report questionnaire that uses the proven items and structure of the symptoms checklist - 90 (SCL - 90) which provides brief, valid and reliable measure of psychiatric symptomatology. Using a 5 - point level of severity scale ranging from not at all (1) to extreme (5).

The SA - 45 measures anxiety, depression, phobic anxiety, hostility, interpersonal sensitivity, obsessive compulsive disorder, somatization, paranoid ideation and psychoticism.

The SA- 45 questionnaire is a brief psychological symptom checklist yielding measures symptoms domain developed by Strategic Advantages, Inc (2000) researcher, selected forty five items from the original Symptoms

CheckList (SCL-90, Derogatis, et al. 1973) five from each of the nine SCL-90 symptoms domains by using cluster analytic techniques.

As far as validity is concerned, SA- 45 items demonstrate its strongest relationship with the scale to which it belongs (SCL- 90). SA- 45 manual described all types of validity e.g. content, criterion, predictive, concurrent and construct validity in detail.

The reliability of the SA -45 is well with in acceptable levels and supports its use for multiple clinical activities. Its test-retest reliability is .80 and the internal consistency of each scale has been established, with Cronbach's alpha coefficients of 0.71 but on the other side nonpatients adolescent reliabilities are more variable ranging form 0.58 to 0.85.

URDU TRANSLATION

For the subject's ease of comprehension the SA - 45 scale was translated into Urdu (Pakistan's national language). Only those Urdu translations of the items whose English back translations were identical to or more closely matched the original English items were selected for the final Urdu version of SA - 45 scale. Where as checklist questionnaire was prepared in Urdu that is the National language of Pakistan.

PROCEDURE

The data was collected from various departments of Federal Urdu University (Gulshan-e-Iqbal campus) Karachi. Formal permission for data

collection was taken from the chairperson of various departments. Teachers who teach Honors and Masters classes were contacted and requested to spare their period so students could complete the questionnaires in the classroom setting.

The teacher introduced the researcher to the students in the classroom then teacher left the class. The administration of the checklist questionnaire and SA - 45 scale required approximately 35 to 45 minutes including ten minutes for explaining the purpose of the research and building trust and rapport between researcher and participants.

The first few minutes were spent putting the students at ease and the purpose of the study was explained and discussed in very general terms so as not to influence subject's responses (this explanation were kept constant in every classroom setting). The researcher assured the confidentiality of subject's personal information and the test results. The subjects were then asked for their cooperation.

Checklist questionnaire and SA - 45 scale were distributed in the classroom setting. They were told to fill demographic information first then researcher loudly read instructions and asked about any confusion that participant had. Then researcher loudly started explaining every question and their response options for the purpose of overcoming their hesitation and building trust and rapport. Participants were allowed to ask question if they had any difficulty in understanding the question (all explanations of the questions and procedure were kept constant in every classroom setting). At the end of the completion of the checklist questionnaire and SA - 45 scale students were thanked for their cooperation and time.

STATISTICAL ANALYSIS

Statistical analyses were done by SPSS (version 11.0), Minitab and Excel in the form of mean, standard deviation and t-test.

OPERATIONAL DEFINITIONS

Verbally abused childhood: is defined if an adult who gets following treatment "most of the time" or "always" during the age of 3 to 12 years and this abused childhood is still painful and unforgettable for him or her i.e., criticized you, used abusive language for you, calling names, shouting or taunt and threat of physical abuse or punishment by other people.

Physically abused childhood: is defined if an adult who gets following treatment by other people "most of the time" or "always" during the age of 3 to 12 years and this abused childhood is still painful and unforgettable for him or her i.e., some one hit you by hands, slapping, punching, kicking and hitting with the objects like belt, stick, strap.

Sexually abused childhood: is defined if an adult who gets following treatment "most of the time" or "always" during the age of 3 to 12 years and this abused childhood is still painful and unforgettable for him or her i.e., any one in your family tried to establish sexual relationship, any one established unnatural relationships, any one established sexual relationships using any instrument or objects, any one taken you in a lonely place and seduced you to have unnatural relationships and any one tried to establish sexual relationship in your own gender.

Somatic symptoms: It assesses the presence of rather vague physical symptoms including hot or cold spells and feelings of numbness, soreness, tingling and heaviness in various parts of the body.

RESULTS

TABLE 1

TABLE SHOWING THE MEAN AND SD OF SOMATIC SYMPTOMS OF ABUSED AND NON ABUSED GROUP

Groups	N	Mean	SD
1	51	6.69	2.09
2	46	10.33	4.82

Groups:
1 = non abused group
2 = abused group

TABLE 2

TABLE SHOWING THE INDEPENDENT SAMPLE T-TEST OF ABUSED AND NON ABUSED GROUP

Groups	t-value	df	SED	Sig
Abused and non abused	4.909	95	0.741	0.001

t-value 4.909, at df (95); $p < .000$ indicates that there is a statistically significant difference among abused and non abused group in reference to the somatic symptoms.

DISCUSSION

Child maltreatment can affect all aspects of a child's life including the perception and the attitude towards life, self-perception, interpersonal relationship, physical health and adaptability to deal with the day to day stressors.

Despite the growing interest in the effects of child maltreatment, few studies have examined the long-term psychological consequences in the general population. It is believed that in order to deal with the trauma of being abused, children and youth develop such behaviors as coping strategies that can eventually become self-destructive and often extremely difficult to abandon. However, it may be noticed that adolescents and adults with a history of abused childhood, tend to display more psychiatric problems in adulthood. The hypothesis formulated for this research is following:

Adults who had been abused in childhood will be more vulnerable to somatic symptoms as compared to those adults who had not been abused in childhood.

This hypothesis is supported by the results and is significant at $p = 0.001$, which is less than 0.05 level of significance. It is quite obvious by the results that abused childhood contributes to psychological problem i.e. somatic symptoms later in life as compared to non-abused childhood. Analyses of results (Table 1) indicate that mean of somatic symptoms of abused group were higher than non abused group. It is evident from table 2 that there is a statistically significant difference in the level of somatic symptoms among abused and non abused group ($t = 4.909$, $df = 95$, $p < 0.001$).

Adult survivors of childhood physical, emotional or sexual abuse are not only at increased risk for psychological problems and other mental health disorders but new evidence suggests they are increasingly more likely to suffer from heart disease, obesity and other potentially fatal physical conditions. Although it appears that abused survivors frequently smoke, drink and overreact as a way to cope with their emotional turmoil, other evidence suggests that the trauma itself may have profound effects on the body that leave it increasingly vulnerable to disease.

Heim et al (1998) of the Center for Psychobiological and Psychosomatic Research at the University of Trier, Germany studied 16 women with unexplained chronic pelvic pain. They found that two-thirds of the women had been abused during childhood, adulthood or both compared with 21.4 percent of a comparison group who did not have chronic pelvic pain. Forty percent of those with chronic pelvic pain met criteria for post-traumatic stress disorder; none in the comparison group did. When cortisol is released during stress, it suppresses substances that modulate immune function, inflammation and pain. Heim(1998) points out: "A persistent lack of cortisol in traumatized or chronically stressed individuals might promote an increased vulnerability for auto-immune disorders, inflammation, chronic pain syndromes, allergies and asthma." On the other side, De Bellis et al (1994) reported that abused children are significantly more likely to report physical complaints such as headaches, joint pains and stomach pains. That fits with much of the profile we know about the effects of maltreatment on physical health. They also found that women with histories of maltreatment and sexual abuse utilize health care services at two to three times more than the rate of non-abused individuals.

Bremner et al (1997) have used magnetic resonance imaging (MRI) to explore the effects of abuse on the brain. In one study, they examined the MRIs of 17 adult survivors of severe childhood physical or sexual abuse and compared them with scans from a matched group of adults who had not been abused. All of the abused survivors met criteria for post-traumatic stress disorder (PTSD), an extreme response to trauma that can leave patients hyper-aroused, emotionally numb and prone to re-experiencing the trauma through flashbacks.

A study of 700 children who had been in foster care for one year found more than one-quarter of the children had some kind of recurring physical or mental health problems (National Survey of Child and Adolescent Wellbeing, 2003). On the other hand a study of 9,500 participants showed a relationship between various forms of household dysfunction (including childhood abuse) and long-term health problems such as sexually transmitted diseases, heart disease, cancer, chronic lung disease, skeletal fractures and liver disease, Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss & Marks, 1998).

Price et al (2002) found that sexually abused boys who were likely to complain of persistent somatic or psychological problems lasting more than a year as compared to the non abused boys. Clinical manifestation identified in sexually abused males including post traumatic stress disorder, emotional problems and a wide range of somatic and behavioral symptoms (Holmes et al, 1998) psychosomatic complaints including stomachaches, headaches, hypochondriasis, facial soiling, bed wetting and excessive blinking

(Oates, 1996) other stress-related symptoms such as gastrointestinal problems, migraine headaches, difficulty breathing, hypertension, aches, pains and rashes which defy diagnosis and treatment (Gilmartin, 1994) poor overall health (Yawney, 1996).

Research findings are clear and have convincing evidence that severe abuse in childhood can have profound effects on the body that can be detected many years after the abuse has ended. The basic message that is clear by now is that much of what comes into medical offices and hospitals today, were actually predetermined decades ago by what happened to people as children.

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ANNEXURE

SA-45®

Name_____ Age____ Gender: ☐ Male ☐ Female Date___/___/___

Other Comments:_____

Below is a list of problems and complaints that people sometimes have.Please read each one carefully. After you have done so, circle the number onthe right that best describes how much that problem has bothered or distressed you during the past 7 days, including today. Circle only one number for each problem, and do not skip any item.

	Not at all	A little bit	Moderately	Quiet a bit	Extremely
1. Feeling lonely	1	2	3	4	5
2. Feeling blue	1	2	3	4	5
3. Feeling no intrest in things	1	2	3	4	5
4. Feeling fearful	1	2	3	4	5
5. The idea that someone else can control your thoughts	1	2	3	4	5
6. Feeling others are to blame for most of your troubles	1	2	3	4	5
7. Feeling afraid in open space or on the streets	1	2	3	4	5
8. Hearing voices that other people do not hear	1	2	3	4	5
9. Feeling that most people cannot be trusted	1	2	3	4	5
10. Suddenly scared for no reason	1	2	3	4	5

ANNEXURE

	Not at all	A little bit	Moderately	Quiet a bit	Extremely
11. Temper outbusted that you cannot control	1	2	3	4	5
12. Feeling afraid to go out of your house alone	1	2	3	4	5
13. Other people being aware of your private thoughts	1	2	3	4	5
14. Feeling others do not understand you or are unsympathetic	1	2	3	4	5
15. Feeling that people are unfriendly or dislike you	1	2	3	4	5
16. Having to do things very slowly to ensure correctness	1	2	3	4	5
17. Feeling inferior to others	1	2	3	4	5
18. Soureness of your muscles	1	2	3	4	5
19. Feeling that you are watched or talked about by others	1	2	3	4	5
20. Having to check and double-check what you do	1	2	3	4	5
21. Difficulty making decisions	1	2	3	4	5
22. Feeling afraid to travel on buses, subways, or trains	1	2	3	4	5
23. Hot or cold spells	1	2	3	4	5
24. Having to avoid certain things, places, or activities because they frighten you	1	2	3	4	5

ANNEXURE

	Not at all	A little bit	Moderately	Quiet a bit	Extremely
25. Your mind going blank	1	2	3	4	5
26. Number of tingling in parts of your body	1	2	3	4	5
27. Feeling hopeless about the future	1	2	3	4	5
28. Trouble concentrating	1	2	3	4	5
29. Feeling weak in parts of your body	1	2	3	4	5
30. Feeling tense or keyed up	1	2	3	4	5
31. Heavy feelings in your arms or legs	1	2	3	4	5
32. Feeling uneasy when people are watching or talking about you	1	2	3	4	5
33. Having thoughts that are not your own	1	2	3	4	5
34. Having urges to beat, injure, or harm someone	1	2	3	4	5
35. Having urges to break or smash things	1	2	3	4	5
36. Feeling very self-conscious with others	1	2	3	4	5
37. Feeling uneasy in crowds, such as shopping or at movie	1	2	3	4	5
38. Spells of terror or panic	1	2	3	4	5
39. Getting into frequent arguments	1	2	3	4	5

ANNEXURE

	Not at all	A little bit	Moderately	Quiet a bit	Extremely
40. Others not giving you proper credit for your achievement	1	2	3	4	5
41. Feeling so restless you couldn't sit still	1	2	3	4	5
42. Feeling of worthlessness	1	2	3	4	5
43. Shouting or throwing things	1	2	3	4	5
44. Feeling that people will take advantage of you if you let them	1	2	3	4	5
45. The idea that you should be punished for your sins	1	2	3	4	5