

**ADDIS ABABA UNIVERSITY**  
**COLLEGE OF EDUCATIONAL AND BEHAVIORAL STUDIES**  
**SCHOOL OF PSYCHOLOGY**

***PRACTICES, CHALLENGES AND CONTRIBUTION OF COUNSELING SERVICES TO  
ADDRESS PSYCHOLOGICAL PROBLEMS OF CHILDREN WHO SURVIVED  
TRAFFICKING***

**BY :WUBESHET TESFAYE**

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**ADDIS ABABA**

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**Practices, Challenges and Contribution of Counseling Services  
to Address Psychological Problems of Children Who Survived  
Trafficking**

**By**  
**Wubeshet Tesfaye**

**This thesis is submitted to the School of Psychology in the partial  
fulfillment of the requirements for MA degree in Counseling  
Psychology**

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## DECLARATION

I, undersigned declare that this thesis is my original work and has never been presented in any other university and that all sources of materials used for this thesis and peoples and institution that gave support for this thesis have been duly acknowledged.

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## ABSTRACT

This study assessed the practice, challenges and contribution of counseling service being offered to address the psychological problems of trafficked children in Organization of Prevention, Rehabilitation, and Integration for Female Street Children (OPRIFS). Seventy participants aged 10-18 years old selected using availability sampling based on inclusion criteria were assigned into those who received and have not received counseling service groups, each with 35 participants. The research design was a descriptive type. Three standardized scales, namely, Anxiety scale, Depression Symptoms Scales and Self-Esteem Scale were used to measure the dependent variables for the two occasions: Received and Non-received counseling service. Independent t-test indicated that, children in two groups showed statistically significant difference in the level of anxiety ( $t=-24.32$ ,  $df=68$ ,  $p<0.01$ ) .i.e the level of anxiety is higher for those have not received counseling service than those who received counseling service. Independent t-test indicated there exists a statistically significant difference in level of depression between respondents who received counseling service and those who didn't receive counseling service ( $t=-7.517$ ,  $df=68$ ,  $p<0.01$ ). It was found that depression level for those who didn't receive counseling service was found to be higher than those who received the counseling service. The other finding was that there exist a statistically significant difference in level of self-esteem between respondents who received counseling service and those who didn't receive counseling service ( $t=23.461$ ,  $df=68$ ,  $p<0.01$ ). It was found that self-esteem level for those who received counseling service was found to be higher than those who didn't receive the service. From these results it was suggested that the application of counseling service needs to be provided in a strengthened way with due considerations of improving of proper privacy and provision of play and creative therapy skills training for counselors and so as to utilize it in their counseling strategy .These may enable to address psychological problems of children who survived trafficking in more other organizations or settings. It was observed that the practice of counseling service being rendered for children who have survived trafficking is helpful to deal with their behavioral problems. Interview with the counselors and Focus Group discussion with the children results showed counseling service being rendered at the centers is helping the children in dealing with psychological problems of the children. The observation results indicated that the counseling setting at the centers is good to provide counseling services though privacy of one of the centers needs to be improved. Recommendations and implications of the study are indicated.

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## **Acronyms**

ANNPCAN ....African Network for the Prevention and Protection against Child Abuse and Neglect

CBT.....Cognitive Behavioral Therapy

CSA .....Child Sexual Abuse

IOM.... .....International Organization for Migration

MOWCYA.....Ministry of Women, Children and Youth Affairs

NEPAD..... New Partnership for Africa's Development

OPRIFS.....Organization of Prevention, Rehabilitation, and Integration for Female Street Children

PTSD .....Post-Traumatic Stress Disorder

RSES..... Rosenberg Self-esteem Scale

UNCRC.....United Nations Conventions for the Rights of Children

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background

Child trafficking is one of the main problems that occur in the life of children. It can be described as the recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or use of force or other form of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of a person having control over another, for the purpose of exploitation (UN, Palermo Protocol, 2000). It is estimated that over 1.2 million children are annually trafficked externally and internally (UNICEF, 2003). Migration creates social disruption of all age groups and this may be worse with trafficked children. The International Labor Organization (ILO, 2003) estimates that at any given time, 12 million men, women, and children worldwide are deceived or coerced into forced and bonded labor, involuntary servitude, and sexual slavery. Children in Africa have been re-located, in different contexts. For example, children have always moved to and from households of their extended families, following family exchange networks to strengthen social bond and for reciprocity within families – kinship ties (NyambedhaE,Wandibba,s., Aagaard-Hansen, J., 2001)

The consequences of trafficking are always disturbing on victims of child trafficking and it is destructive and multiple, because the child may suffer the repercussions for the rest of his/her life. In the worst cases, trafficking and the exploitation can be responsible for a child's death or for permanently damaging his/her physical and mental health. It also potentially encourages drug dependency, breaks families apart, and deprives children of their rights to education and freedom from exploitation.

The psychological impact of isolation and domination on children is severe and is aggravated if the child is relocated to a place where she/he cannot speak or understand the language of the host community. Abused and exploited children, particularly in commercial sex, may also engage in drug abuse and become both ill and/or dependent.

In order to address such multifaceted problems of victims of child trafficking, it is important to provide all rounded psychosocial support. It is also pivotal to get access to counseling services so as to deal with various psychological problems that have occurred at every stage of the trafficking experience.

Thus, assessing effectiveness of counseling services to address psychological problems of victims of child trafficking is important for designing center based psychosocial programs which enhance effectiveness of the rehabilitation program.

Therefore, the researcher is interested to choose this research title due to the following reasons:

- The researcher believes that there is a little understanding, information on effectiveness of counseling service to deal with psychological problems of children who are victims of trafficking in Ethiopia.
- A variety of researches have given focus on legal issues for children who survived trafficking in the country with little attention on the efficacy of counseling service.
- Counseling services for children has been given minimal attention by organizations working on psychosocial programs for children due to the fact that more effort is being exerted to other forms of support rather than for counseling. Thus, there is a need to

explore the instrumentality of counseling service and the causes that undermine its efficacy.

## **1.2 Statement of the Problem**

Victims of child trafficking are subject to the same harmful treatment as adults. Their age makes them even more vulnerable to the harmful consequences of abusive practices. Prolonged abuse in children, including physical and sexual abuse, hunger and malnutrition, may lead to permanent restriction of growth.

Children are exposed to different degrees of risk of trafficking depending on the interplay of several socio-economic and cultural factors. Victims of child trafficking have double challenges compared to other children who have been victims of other problems. First, they are affected by trafficking and second, they may face sexual and labor exploitation at the place of destination. As a result, children face great psychological problems.

Children who have been victims of trafficking operation will have suffered physical and/or sexual abuse, often of an extreme nature. They are beaten, raped, tortured, and sometimes killed. They endure this suffering at an age when they should normally be trusting, healthy and energetic youngsters. Children can lose their independence, and their capacity to lead a meaningful adult life is jeopardized. They suffer the resultant long-term negative effects on their health and life expectancy. They can suffer stigma in their families and communities when they return home. They can also become involved in criminal activities after return or during their trafficking.

Alessandro (2007) indicated number of children registered in counseling services at any given time, number of people trained in counseling techniques and counseling services rendered tell a little in most reports in Ethiopia. Besides, the reports presented few about the clinical outcomes and impacts on the mental health of children reached. In addition, the reports indicate that counseling services means many things to many people. In this regard, 'Counseling service' is often interpreted as a sort of 'friendly one-to-one chat with a child'; 'rehabilitation and reintegration' are often synonymous of telling children whose ideas and values they must obey in order not to feel excluded by mainstream society. Similarly, Thomas (2008) mentioned that the lack of data to prove any successful use of specific therapies in healing different child mental health conditions in the country.

The causes for loose approach to counseling services can be stated in three possible explanations and that are in turn causes and consequences of low quality services in this area. First, a number of development practitioners consider mental health issues as a less important intervention compared to basic needs such as food, shelter, employment or physical health. This approach may lead to the second source of problem which is donors' priority setting. Counseling services for vulnerable children tend to be considered as a 'soft component' of development program. A child's psychological stability, inner resilience, enhanced learning capacities, bonding and social skills were not considered seriously as easily as food provision, sheltering, clothing, educational material provision, vaccination campaigns, and the like. This also results in the third source of problem which is a general scarcity of professional expertise to provide effective counseling services with a solid accountability for interventions' outcomes. (Alessandro et al 2007).

In order to tackle such problems of children and reintegrate them with their parents/guardians, it is important to provide all rounded support on their return. Reintegration for a trafficked child is a long-term and complex process with no guarantee of recovery. Even where physical problems can be addressed and stigma overcome, trauma and psychological damage make recovery a difficult task rendered even more so by the problems in accessing necessary resources and in communicating with support persons and family. (Diana Tudorache, 2003)

Counseling service support for victims of child trafficking is a prominent intervention in child development programs. Funding proposals presented to donors to address the needs of trafficked children allocate less budget lines for counseling service. Ethiopia's National Plan of Action for Children 2003-2010, for instance, does not present any measure, program, resources or vision for the promotion of psychological services for vulnerable children (MOLSA, 2004).

In addition, lack of temporary shelters for rehabilitating child victims until they are reunified and referred to permanent shelter, absence of pre-rehabilitation counseling service of parents or guardians and post-reunification follow ups, lack of coordination with children in the reunification process, lack of professional counselors and skilled personnel in the areas of trafficking are some of the challenges which require addressing. Besides, due focus is being given to the legal aspect to deal with problems of victims of child trafficking. These all showed that counseling service on victims of child trafficking is one of the least researched areas. As a result, there is knowledge gap and there is little data on the issues.

Thus, studying contributions of counseling service in addressing psychological problems of victims of child trafficking is very important to cope up with various related obstacles of the children based on scientific techniques of psychotherapy.

### **1.3 Research Objectives**

#### **1.3.1 General Objective**

The general objective of the present study is to assess the practice, challenges and contribution of counseling service being offered to address the psychological problems of trafficked children in Organization of Prevention, Rehabilitation, and Integration for Female Street Children (OPRIFS).

#### **Specific Objectives**

The study more specifically addresses the following specific objectives:

- To investigate whether or not counseling services offered at OPRIFS so far have effectively addressed psychological problems among trafficked children.
- To assess practice, challenges in providing counseling services for victims of child trafficking in OPRIFS.
- To identify possible means to improve the counseling services to deal with psychological problems (depression, anxiety and low self-esteem symptoms) of the children in OPRIFS.

### **1.4 Research Questions**

This research aims to answer the following research questions:

- Has the counseling service offered at OPRIFS contributed to address psychological problems among trafficked children?

- Are the practices of counseling service in OPRIFS in line with principles of counseling?
- What must be done to improve counseling service to address psychological problems of trafficked children?

### **1.5 Significance of the Study**

The researcher hopes that the results of the study will be helpful in the following ways:-

- Helps OPRIFS to add on the existing knowledge on practice of counseling services in dealing with psychological problems of trafficked children.
- Enables counselors of OPRIFS to provide quality counseling service to victims of child trafficking in the centers with due considerations of psychological problems of the children.
- Provide relevant information about psychological problems of trafficked children and their counseling services that should be given to the children in OPRIFS.
- To document some points on the existing counseling services and challenges in the provision of services so that future research can build on it.

### **1.6 Delimitations of the Study**

The study was delimited at one charitable organization in Addis Ababa called OPRIFS (Organization for Prevention, Rehabilitation and Integration of Female Street Children) and it is selected because it has experience in working for life improvement of trafficked children and it is supporting and providing psychosocial services to the children.

## 1.7 Operational Definitions

- **Anxiety** - an emotional and/or physiological response to known and/or unknown causes that may range from a normal reaction to extreme dysfunction (indicative of an anxiety disorder), affect decision-making and adherence to treatment, and impair functioning and/or affect quality of life.
- **Depression**-a psychoneurotic or psychotic disorder marked especially by sadness, inactivity , difficulty in thinking and concentration, a significant increase and decrease in appetite and time spent on sleeping, feelings of dejection and hopelessness, and sometimes suicidal tendencies .
- **Self-esteem:** an individual's set of thoughts and feelings about his or her own worth and importance, that is, a global positive or negative attitude toward oneself.
- **Child:** Every human being below the age of eighteen years.
- **Child Trafficking:** All acts of recruitment, transportation, transfer, harboring or receipt of a child (as defined by the UNCRC or applicable national laws of the state parties) within or across borders that involve the use of deception , coercion (including the use of threat or force or the abuse of authority) or debt bondage, whether or not any payment is given or received , for the purpose of placing or holding such person in involuntary servitude (domestic , sexual or reproductive ), in forced or bonded labor , in slavery-like condition or for false adoption.
- **Counseling Service:** providing psychotherapy for victims of child trafficking by professionals who are trained in Psychology or persons who are trained in counseling children.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1. Definition and Concept of Child Trafficking**

The research adopted the Palermo Protocol which includes a specific definition of trafficking in children, thus, “Trafficking in children shall mean the recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs.”

Child trafficking is evolving as a global issue; nearly all countries are affected by this criminal violation of children’s rights. For some countries, the trafficking of children occurs within national boundaries and remains an essentially national issue. For many, it crosses borders and regions. The victims, mostly separated from their families and communities, end up in prostitution and other exploitative forms of work, such as agriculture, mining, manufacturing, fishing, begging and domestic service. They are vulnerable to abuse and exploitation and traumatized by this accumulation of denied rights.

#### **2.2. Child Trafficking in Policy and Legal Context**

##### **2.2.1. International Laws**

International laws have given due emphasis on issues and practice of child trafficking on the following basic legal and policy documents.

While general human rights agreements such as the 1966 UN Covenants and the European Convention on Human Rights applies to “everyone” and hence also covers Children; a key point of reference is the UN Convention on the Rights of the Child (CRC). The CRC contains a broad range of civil, political, social, economic and cultural rights of the child. In the international legal framework for the protection of children, including the instruments that address trafficking related activities, the principle of the best interests of the child occupies a central position. According to the convention the best interests of the child should be a primary consideration in all actions and decisions affecting victims of trafficking, including their treatment by the criminal justice system, the question of their return to the country of origin (in case the victim is outside the country of origin), the issuance of a residence permit, their representation by a legal guardian and the removal of the victim from the family environment (UN Convention, 2000). The CRC is also supplemented by the Optional Protocol on the sale of children, child prostitution and child pornography which addresses a wide variety of trafficking related activities (Optional Protocol on the sale of children, 2008).

The ILO Convention 182 regarding the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor of (1999) binds State Parties to punish some of the practices through which trafficked children are exploited in their countries of destination, including trafficking itself. The Convention identifies the four worst forms of child labor namely: All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, and forced labor, including forced or compulsory recruitment of children for use in armed conflict; the commercial sexual exploitation of children; the use, procurement or offering of children for illicit activities, in particular for the production and trafficking of

drugs; work which is likely to harm the health, safety or morals of children (ILO convention, 1999).

The Palermo Protocol which came into force in 2003 supplements the UN Convention against Transnational Organized Crime. The protocol has threefold scope such as to prevent and combat trafficking in persons, paying particular attention to women and children; to protect and assist the victims and to promote cooperation among States Parties (UN, 2000). The 2000 Palermo Protocol was the first international legal instrument to provide for a clear and comprehensive definition of trafficking in human beings. Hence, according to the Protocol ‘trafficking in persons’ involves three cumulative elements: action, means and purpose. In the case of trafficking of children, defined in this protocol as all persons under 18, the crime shall be considered trafficking even if none of the above mentioned means is used.

### **2.2.2. The Ethiopian Policy and Legal Framework**

Ethiopia ratified main international instruments which criminalize trafficking in persons. The FDRE Constitution Article 18 (2) prohibited holding people for slavery or servitude and therefore trafficking in human beings for whatever purpose is considered as a criminal activity. The Constitution incorporated pertinent provision on trafficking on article 36 which provide the rights of children. Under article 36 (e) exploitation of child labour is proscribed (Constitution of Federal Democratic Republic of Ethiopia, 1995).

The revised Criminal Code of Ethiopia further incorporates provisions that criminalize trafficking in persons, particularly of women and children (articles 596, 597, 598 and 635) for

certain purposes. The complex phenomenon of human trafficking is often confused with other forms of people movement, such as irregular migration and smuggling of migrants. As a result, people who have been trafficked are treated as criminals rather than victims. In practice, it is sometimes difficult to differentiate between trafficking and smuggling, because the agreement to migrate may be a result of deception, or may involve an individual or family entering into debt to pay for the travel, debt that puts them at the mercy of the lender. It may result in physical confinement during transfer, or reception. It may result in forced labour, confiscation of identity documents, threats of disclosure to the authorities. In these circumstances, the consent to migrate may not be termed 'voluntary' as it is used to coerce, force or exploit the migrants and thus become trafficking of persons (ILO, 2003).

In Ethiopia rules dealing with various aspects of trafficking are found in different legislations. The provisions are analysed taking into consideration pushing the act trafficking, protecting /assisting victims and preventing prevalence of trafficking. The Private Employment Agency Proclamation No. 104/98 defines the rights and duties of private employment agencies in their role of matching offers of application for local as well as foreign employment. The proclamation prohibited to employ children under the age of 14 under any circumstances. It punishes any person who performs employment activities within or out of Ethiopia without legal license in accordance with proclamation (Private Employment Agency, 1998).

### **2.3. Child Trafficking in Ethiopia**

Ethiopia has one of the highest cases of child trafficking. An IOM (2003) study carried out in the country noted that human trafficking is the fastest growing crime and the third most lucrative

criminal activity in Ethiopia. Women and children are the most affected by human trafficking. The IOM estimates that as many as 20,000 children are trafficked both internally and externally in Ethiopia in a year. Child trafficking and prostitution are inextricably linked. The IOM further notes that Ethiopia is source for human trafficking and the victims are subjected to forced labor and sexual exploitation.

Trafficking within Ethiopia mostly occurs from rural to urban areas and the major purpose is to recruit women and children to work as housemaids, traditional weavers or prostitutes. The push factors are believed to be three fold and these are poverty, the discriminatory gender structure and limited access to social institutions. The pull factors from the urban areas include demand of domestic workers, prevalence of prostitution and the demand for a cheap work force. In most observed trafficking cases the recruiter is known by the victim, as it often is a relative or family friend. Sometimes the recruiter focus on the parents and the child is sent away hoping that the child will be able to support the family financially. (Endeshaw, 2006)

A study in Addis Ababa approved that 35.3% of underage migrants from Chencha, Gamo-Gofa zone, Southern Nations, Nationalities and Peoples Region (SNNPR) in Ethiopia left their home village with the acceptance of their parents, whilst 14.7% of the children have been stolen or abducted. (Endeshaw et al 2006).

The industry is mostly home based and employers return to GamoGofa and Chencha during national holidays to recruit new employees. International Labor Organization, ILO, lists “carrying leaves for fire fuel” as one of 22 tasks child domestic workers may carry out. A study

from 1989 mention how women carrying firewood in Addis Ababa, focusing on the socio economic impacts on girls and women lacking any alternative livelihood. A majority (61.1%) of the respondents migrated from rural and semi-rural areas in order to look for better lives in Addis Ababa. These observations indicate an occurrence in need of further investigation. (Endeshaw et al 2006).

## **2.4. Types of Child Trafficking**

### **Human Trafficking In and From Ethiopia**

Freedom of movement is one of the basic human rights the people of Ethiopia are accorded or guaranteed in the major international human rights conventions that Ethiopia has ratified and also in its constitution. However, the movement of people within and across borders, for employment and job opportunity, through traffickers is contributing to what has become a serious international problem, human trafficking. Ethiopia shares in this global phenomenon in two ways; in both internal and external trafficking. Both are discussed below.

### **Internal Trafficking**

Internal trafficking is all about the movement of labor from one place to another, especially from rural to urban areas within the same national boundary. It is a common phenomenon in Ethiopia these days. The issue of trafficking within national borders has raised serious concerns; however, ironically has received little attention (AGRINET, 2003).

Internal trafficking victims suffer from labor exploitation, physical and emotional abuse, as well as sexual abuses. Relatives, friends, acquaintances of the victim or the victim's family, as well as

illegal employment agents, bar and restaurant owners and long-range vehicle drivers are the usual traffickers in the internal trafficking process (IOM ,2007).

### **External Trafficking**

The major element in external trafficking is the engagement of victims as housemaids mostly in the Middle East. The main destinations for female migrants from Ethiopia are countries in the Middle East (IOM, 2003). According to Emebet (2003), a large number of them leave the country for Arab countries through traffickers misinformed about the working and living conditions at countries of destination. Most vulnerable to such trafficking are women between the ages of eighteen and twenty-four, particularly high school dropouts (Endeshaw et al 2006:13).

## **2.5. Causes and Consequences of Child Trafficking**

### **Causes of Child Trafficking**

An action oriented study in Ethiopia, Kenya, Tanzania and Uganda towards elimination of child trafficking (2008) stated that child trafficking is driven and sustained by several factors. Among these are both pull and push factors. Push factors were more common as compared to pull factors as illustrated in the following paragraphs.

### **Pull Factors**

These are factors that draw children from their communities or countries of origin to communities or countries of destination. They can also be described as factors that make it easy for child traffickers to draw/ convince children to move from their places of origin to places of destination. Promises of better lives, schooling, employment and independence are identified as

major reasons used to attract children and their parents into trafficking. The promise of good living conditions considered as a key pull factor and children may be attracted with simple incentives such as juices and cakes. It was also noted that often, traffickers persuade victims and their parents/relatives that once taken, children will lead good lives compared to the lives they are leading at the time at their place/country of residence. (ANPPCAN, 2008).

### **Push Factors**

There are many factors that increase the vulnerability of children and hence the supply of potential victims of trafficking, both voluntary and coerced. Among the most prevalent causes are: poverty and the desire to earn a living or help support the family; lack of education and access to schools; lack of appropriate means to earn a living; conflict and natural disasters that devastate local economies; cultural attitudes towards children and girls in particular; and local laws and regulations.( ILO,2002).

### **Consequences of Child Trafficking**

Trafficking can expose children to a variety of exploitation and abuse in their lives - from the moment that they are moved from their family through the transportation phase and during the period of exploitation. The children may find it difficult to deal with such experiences, as they have not yet fully developed coping mechanisms, which may lead to dysfunction in their behaviors. (Rebecca Surtees, 2005).

## **Developmental Impacts of Child Trafficking**

The impact of trafficking can be seen not only by the stages of trafficking but the specifics of the trafficking experience itself. Traffickers utilize psychological manipulations and coercive methods to keep control over their victims and to make their escape virtually impossible by destroying their physical and psychological defences. Some of the methods are physical, sexual, and psychological violence; isolation; deployment in areas unknown to them; dependence on alcohol or drugs; controlled access to food and water; and monitoring through the use of weapons, cameras, and dogs (IOM, 2007). Children who experience trafficking face all the problems related with sexual abuse; they are also subjected to frequent beatings and abuse by traffickers.

The following parts indicate the impact on children who are trafficked, including educational deprivation, physical health problems, and emotional and behavioural issues.

### **A. Behavioral Problems**

As ECPAT (2006a) reported there are adverse behavioural outcomes that occur due to trafficking. These include attachment difficulties, mistrust of adults, antisocial behaviours, and difficulties relating to others. Research has also linked hostile and aggressive behaviour in children who were physically abused to the aggressive manner in which they are treated. In this respect, children who were physically or sexually abused experience suicidal behaviours, emotional problems, and difficulties relating to their peers. In addition, they are subjected to substance abuse. Besides, adults who were neglected as children are at increased risk for violence, antisocial behaviour, and related problems (Widom & White, 1998).

## **B. Emotional problems**

Children who have experienced trafficking may face long lasting psychological problems. They experience physical and emotional trauma associated with removal from their families, homes, and communities; their subsequent encounters involve substantial harm through physical, emotional, and sexual abuse. Case studies have reported that depression, hopelessness, guilt, shame, flashbacks, nightmares, loss of confidence, lower self-esteem, and anxiety can be seen as adverse emotional effects among trafficked children (ECPAT, 2006a).

Sneddon (2003) mentioned psychological abuse associated with on-going threats, isolation, and witnessing the abuse of others negatively affects self-concept, personal goals, and relationships with others, and seriously endangers emotional well-being .Children who experience physical and sexual abuse are more likely to experience adverse emotional outcomes, including anxiety and depression, lower self-esteem, social isolation, symptoms of posttraumatic stress disorder (PTSD), substance abuse, and suicide (Dykman , 1997).

## **C. Physical Health Problems**

Children who are victims of trafficking can experience inhumane living conditions, insufficient diet and hygiene, beatings and abuse, neglect, and denial of their basic human rights to health care and protection, resulting in lasting health problems ( ILO, 2002).

## **D. Social Problems**

### **Educational Deprivation**

Children who are trafficked are deprived of the few educational opportunities available to them. Related research has showed adverse effect of educational deprivation among victims of neglect

(psychological and emotional) and abuse (physical and sexual). These effect can include developmental delays, language and cognitive difficulties, deficits in verbal and memory skills, poorer academic performance, and grade retention (Eckenrode, Laird, & Doris, 1993; ).

## **2.6. Age of Victims of Child Trafficking**

Children and young women whose age ranges from 8 to 24 appear to be more vulnerable to internal trafficking (Endeshaw et al 2006). This is also seen on a study conducted in the major towns of Ethiopia more than one-fourth of respondents below the age of 18, and more than one-fifth of respondents between the ages of 19 and 24, were victims of trafficking. Traffickers mostly focus children who are less powerful and vulnerable. The children are more prone to be misinformed about the promises of better life in destination places. As a result, they are highly demanded for the purpose of cheap domestic labor and for the informal sex industry in big cities. Besides, they are largely considered to be quiet, malleable and hardworking. In the sex trade, it is believed that children and youth are less exposed to HIV infection. As a result, many clients are beginning to prefer children and youth to adults.

## **2.7. Sex Composition of Victims of Child Trafficking**

Both boys and girls are vulnerable to recruitment by traffickers in Ethiopia. In most cases, boys are trafficked from the southern parts of the country for the sake of labor exploitation in the cottage industry where as girls are trafficked for the sake of domestic labor and prostitution. In addition, the number of girl child victims is substantially larger. This may be a result of the preference for girls as domestic servants and their greater susceptibility to sexual exploitation aggravated by the push factors related to gender inequality (Endeshaw et al 2006).

## **2.8. Psychological Variables**

### **Anxiety**

Thomas (2008) mentioned the anxiety can be mainly manifested by being worried, which is excessive concern about situations with uncertain outcomes. Extreme worry is unproductive as it may interfere with the ability to take action to deal with a problem. Symptoms of anxiety can also be reflected in thinking, behavior, or physical reactions.

Dacey, J.S & Fiore, B. (2001) stated that children who suffer from an anxiety disorder experience fear, nervousness, shyness, and avoidance of places and activities that persists despite the helpful efforts of parents, caretakers, and teachers. Bourne, E. J. (1995) mentioned that the rate of anxiety is lower in abused children who had received counseling than children who had not get counseling in their life. Bourne also stated that Cognitive-behavioral therapy (CBT) is a type of talk therapy that has been scientifically shown to be effective in treating anxiety disorders. CBT teaches skills and techniques to your child that she can use to reduce her anxiety.

### **Depression**

It is believed that depression is one of the most common psychological effects of children being children who survived trafficking apart from poor self-esteem and posttraumatic stress symptoms (Gilgun and Sharma, 2008). Welldon, E.V (2004) stated depression is the primary mental health problems of abused children. Sanderson (2006) found out that there are various indicators of depression such as a pattern of feelings of hopelessness and worthlessness; a sense of inadequacy; diminished self-esteem; many somatic complaints; a loss of interest or pleasure in activities that were once enjoyed; as well as an altered belief system that encompasses negative

thoughts about oneself, one's world and one's future . Pollusny, M.A &Follette (1995) reported that abused children significantly higher levels of depressive symptoms than non-abused children and it is also found significantly lower rates of depression in abused children who had received counseling. Prior and Dinwiddie (1992) also reported the highest rates of depression can be seen for abused female survivors.

### **Self-Esteem**

KuykenWand Brewin(1999) indicated that abused children have often faced low self-esteem and the children show a sense of worthlessness due to their experience of abuse. Some children describe themselves as feeling 'invisible' because they have gone unnoticed and unprotected from the various abuses. Wickham & West (2004) reported that the child with low self-esteem frequently feels unworthy and undeserving of positive attention and affection.

Lim,L.(2005)noted that frequent occurrence of abuse can seriously impairs the child's developing sense of self and identity. Children often suppress or repress their emotions, their affective range becoming strongly limited in order to cope with and survive the trauma. This serves to protect the child from painful affect, but makes the child emotionless, removed, and distant from past experiences which interfere both with the child's capacity to function and the child's development of a sense of self.

Field, L. (1995), mentioned that in clinical experience, adult survivors of abuse often describe themselves as feeling empty, going through the motions of life, of feeling nothing, of being unable to connect with reality in a meaningful way, and of being unable to experience their

emotions. As indicated by Fennell, M. (2001), the rate of self-esteem is higher in abused children who had received counseling than children who had not get counseling in their life. Dryden, W. (2003), stated that CBT plays a great role in enhancing the rate of self-esteem of victims of various abuses of children.

## **2.9. The Role of Counseling Services in the Treatment of Child Trafficking**

Children are the most vulnerable individuals in society. They have many emotional challenges, issues and concerns to deal with on a day-to-day basis. Such kinds of problems are facing in the life of victims of child trafficking. It is therefore extremely important to provide them with proper emotional care and counselling service. (Sofi, 2009)

Child counselling service is a process between a child and a counsellor in a trusting relationship to help that child explore and make sense of a traumatic experience that has happened to them (e.g. death of a parent, abusive situations). The main focuses of the counselling is to support the behavioural, emotional and social growth of children. Child counselling service aims to assist children recover their self-esteem and confidence. It helps them understand that the trauma for example was not their fault and to address any fear or anger they are feeling.

In order to conduct an effective counseling, it is important to maintain an appropriate privacy and confidentiality. In this respect, counseling can happen anywhere, but a professional counselor generally prefers to work in a place that provides privacy, confidentiality, and quietness. Room should facilitate rather than distracting the client. The room should be comfortable and attractive. In this regard, the feature of counseling room needs to be soft lighting, quiet colors, an absence

of mess, and harmonious and comfortable furniture. Privacy is also needed in counseling relationship as it is one of the most important issues that help maintain confidence and feeling of security on the part of the clients (Shertzer&Stone ,1980)

The counseling process has sessions that help the child to meet with his/her counselor since each child is different, but most might require meeting a counselor between 4 and 6 times, depending on the behavioral problems . Some might need more. If children have a positive counseling experience before, they are more likely to ask for help at other times in their lives. In the case of victim of child trafficking the child may develop various emotional problems such as depression, anxiety and low self-esteem and the time needed for dealing with the problems is different from child to child depending on intensity of the problems.(Sofiet al 2009)

As most research reveals that typically there are three main types of counselling: These are: Individual counselling service, Family counselling service and Group counselling service. Working with children, counsellors also use individual counselling especially cognitive behavioural therapy, Play, Art or Music Therapy, which encourages children to express them in other ways apart from speech. These all types of counselling services are very essential and applicable to deal with psychological problems of child trafficking.

### **Psychological Strategies in the treatment of Trafficked Children**

There are various psychotherapeutic approaches for addressing psychological problems of trafficked children. Among these, cognitive behavioral, play and Creative therapies are common types.

## **Play and Creative Art Therapy**

Play and Creative Arts Therapy is a one of the therapeutic methods of helping children with behavior and emotional problems to help themselves. Play is important for children to develop physically, emotionally and socially. It is the primary and natural medium of expression for children. It nurtures imagination and creativity and encourages confidence and concentration. Play therapy involves helping children gain inner power, explore their resources that come from within, access needed resources from the outside and then learn to make decisions and feel in charge of their own life while accepting what cannot be immediately changed about their own environment and/or family.

Play and Creative Arts Therapy uses an integrative and holistic approach that includes non-directive and directive approaches. Non directive play therapies techniques allow a child complete freedom of choice within a set of few (but necessary) limits and safe boundaries. There is no judgment, no right or wrong. The child is neither praised nor blamed. By providing a free atmosphere within safe boundaries, the therapist enables the child freedom to express him/herself verbally, physically or with playthings. It enables children to learn how to cope with feelings and emotions in a safe and constructive way and enables children who are victims of abuse to deal with their depression and their anxiety (Yasenik and Gardner, 2004).

Play Therapy works both with the unconscious and conscious. The 'Play Therapy Toolkit' comprises creative visualization, storytelling, drama, sand play/sand worlds, puppets and masks, art, music, dance and movement based on a set of competencies defined by the Professional Structure Model (PTUK, 2004)

## **Cognitive-Behavioral Therapy (CBT)**

Cognitive behavioral therapy, an intervention based on learning and cognitive theories, is designed to reduce children's negative emotional and behavioral responses and correct maladaptive beliefs and attributions related to the abusive experiences.

As Lipsey (1993) mentioned Cognitive behavioral therapy (CBT) is more effective in dealing with symptoms such as depression, anxiety and panic attacks in adults and children. CBT and behavioral interventions are the treatments of choice for behavior problems in children. CBT was initially developed for adult survivors of trauma and has been proven effective for PTSD symptoms in studies with adults (Rothbaum.B, 2000). The success of CBT in treating these groups led to the adaptation of it for children and adolescents. The treatment focuses on conditioned emotional associations to memories and reminders of the trauma, distorted cognitions about the event(s), and negative attributions about self, others and the world. CBT has been proven effective for children exposed to a variety of traumatic events and has received the strongest empirical support from studies with abused children (American Academy of Child and Adolescent Psychiatry, 1998).

Cognitive-behavioral therapy (CBT) for anxiety is an integrative approach founded on the assumption that both cognitive and behavioral processes can cause and maintain anxiety (Brewin, 1996). Although variations in these interventions exist depending on the specific disorder to be treated (e.g., Separation Anxiety, Social Anxiety, Generalized Anxiety Disorder), most CBT protocols aim to teach the child or adolescent new approach behaviors, concrete

problem-solving skills, and strategies for challenging maladaptive or unrealistic anxious thoughts and beliefs.

Depression is a very common problem which affects most children at some time in their lives. Children feel fed up, miserable or sad at times, but usually it doesn't last longer than a week or two, and won't interfere too much with their lives. Sometimes there is a reason; sometimes the feelings just seem to come out of the blue. Normally, and with support and time, the problems will become easier to deal with. However this may not happen and it may stay longer and feel uncomfortable. The problem of depression can be dealt with CBT and it will help individuals get back to their previous activities.(Lipsey et al 1993).

Low self-esteem is a very common problem, affecting people from all social classes and levels of education. Low self-esteem can also be a serious problem since it is associated with severe mental health problems such as depression and anxiety. The good news is that there is now an effective, relatively short-term treatment to help you overcome low self-esteem, namely CBT . It can help people build higher self-esteem and overcome low self-esteem (Fennell, M. 2001).

The next chapter will discuss mainly on methods of the research. The study site and sampling and related issues of data instruments and their analysis will be entertained.

## **CHAPTER THREE**

### **METHODS**

In this part, design of the study, study site, population and sampling frame, sample size and sampling techniques, instruments of data collection, procedures of data collection and analysis and ethical considerations are described.

#### **3.1 Design of the Study**

The purpose of the study is to assess the practice, challenges and contribution of counseling service being offered to address the psychological problems of trafficked children. To achieve this aim, the researcher used both quantitative and qualitative methods by focusing on a descriptive study design/ method. The student researcher believes that, this research method helps to give answer to the basic research questions and describe what is happening in the area under investigation.

#### **3.2. Study Site**

The location of this study was OPRIFS (Organization for Prevention, Rehabilitation and Integration of Female Street Children) which is working on supporting children in its two centers in Addis Ababa. OPRIFS was established as an Ethiopian resident charitable organization since January, 2000, as a child focused organization that targets female street children. The organization has undertaken various programs such as formal education, alternative basic education, guidance and counseling for street and trafficked girls, skill training and family empowerment. In addition, it is implementing a rehabilitation and integration services for trafficked children in its five centers in Addis Ababa, 'Bahirdar' and 'Shashemene' (two centers

in Addis Ababa and two centers in ‘Bahirdar’ and one center in Shashemene). Since its establishment, OPRIFS has provided rehabilitation and counseling services to a total 3,143 children at its centers and of these 1043 of them were children who survived trafficking. Currently, 588 children are being supported in five centers and 221 are in two centers in Addis Ababa and of these 73 are children who survived trafficking.

### **3.4. Population and Sampling Frame**

The population of in this study was children who survived trafficking and who being supported by OPRIFS. The inclusion criteria were:

- Age ranges from 10-18.
- Have survived trafficking
- Willing to participate in the study

### **3.4 Participants (Sample size and Sampling Technique)**

A total of 70 trafficking returnee children at OPRIFS whose age ranges from 10– 18 years were selected through availability sampling technique. In order to undertake semi-structured interview two counselors were selected purposefully at two centers in Addis Ababa. Six children were selected based on their willingness and availability for focus group to discuss about the effectiveness of services offered at the center.

### **3.5. Variables Included in the Study**

In order to meet the objectives of the research, there were three dependent variables (depression, anxiety and self-esteem) and counseling service is independent variable.

#### **3.5.1. Dependent Variables**

The following three levels were used as measures of the dependent variables.

- Anxiety
- Depression,
- Self-esteem

#### **3.5.2 Independent Variables**

Counseling service is the independent variable in this study. The researcher measured the level of depression, anxiety and self-esteem of children both who took counseling service being given by two centers in Addis Ababa so depression, anxiety and self-esteem were the dependent variables.

### **3.6. Instrument of Data Collection**

#### **Questionnaire**

The questionnaire has two parts, namely the participants' demographic variables and three scales.

The respondents were asked to provide information regarding their age, educational level, and parental status, how long they have stayed at the center and whether or not they received counseling service from the center and kind of counseling service they have received.

## **Scales**

In order to assess the psychological problems of the respondents the researcher employed depression, anxiety and Self-esteem scales. The English version of scales was first translated in to Amharic by the researcher. Then, its accuracy was revised by two graduate students of literature department. And, finally it was verified again by two former graduates of counseling psychology.

1. Depression Scale - 21 items, measured on a four point scale ranging from 0 indicates minimal to 3 indicates severe. The null rating is 0 none / minimal, 1- mild, 2 - moderate and 3 -severe. Beck (1996) recommended the following cut - off points for the depressive symptoms. Levels from 0 -13 none/ minimal, 14 - 19 mild depression, 20 - 28 moderate depression and 29 - 63 severe depression.
2. Anxiety Scale - 14 items, measured on a five - point scale ranging from 0 (not present) to 4 (severe). Max Hamilton (1959) recommended the following cut - off points for the severity of anxiety symptomatology. Levels ranging 0-17 minimal, 18-24 mild, 25-39 moderate and >39 severe anxiety symptoms.
3. Self-esteem –Rosenberg (1965) developed 10 items, measured on a four - point Likert. Respondents express their degree of agreement on a 4-point Likert-type Scale of Strongly Agree=4, Agree=3, Disagree=2, and Strongly Disagree=1. Items worded negatively will be reverse scored, that is, Strongly Agree=1, Agree=2, Disagree=3, and Strongly Disagree=4. Sum the scores for the 10 items, Scores range from 10-40 with lower scores representing lower reported levels of self-esteem, feelings of rejection, and self-dissatisfaction. The following ranges will be adapted in this study.

- Scores between 0 and 16 are indicative of low levels of self-esteem.
- Scores between 17 and 25 are indicative of average levels of self-esteem.
- Scores between 26 and 40 are indicative of high levels of self-esteem.

### **Semi - Structured Interview for counselor**

A semi - structured interview was developed for counselors of the two centers to find out the kind of services provided and how counseling is being utilized at the center. Counselors were asked to comment on the psychological services given to the children. The questions were prepared in the way to fit the objectives of the study. The followings are the major contents of interview questions.

- Do you think that anyone can provide counseling for children?
- What kind of counseling services is being provided at the center?
- How is counseling service being utilized at the center?
- Have you faced challenges in rendering counseling to the children? If yes, what kind of case you have encountered?
- What limitations do you think you have in providing counseling services to trafficked children?
- Any suggestions regarding counseling service to trafficked children.

### **Focus Group Discussion with Children**

Focus Group Discussion (FGD) was utilized to gather information on the specific issue related to knowing the adequacy of services. Accordingly, six children who were given counseling were

participants and were asked to discuss related to counseling service being rendered by the centers. The following questions were used for FGD.

- Have you ever received counseling service at the center?
- What kinds of counseling service are being given at the center?
- How counseling service is being given for children at the center?
- Do you feel that the counseling service is useful to address your problems?
- What kind of challenges have you observed in offering counseling service at the center?
- What should be done to improve counseling service at the center?

### **3.6.5 Observation**

Observation with the help of checklist was utilized to know whether there is privacy, confidentiality and suitable conditions in providing counseling service in the centers. The observation checklists are presented as follows:

- Place of the counseling room at the centers.
- The size of the counseling room
- Sitting arrangement
- Arrangement of psychological setting (distraction) from in and out of the room
- Ensuring confidentiality (filling and Keeping records)

### **3.7. Pilot Testing**

Pilot testing was given to 20 participants for the purpose of determining the reliability of the Depression Inventory, anxiety Scale and Self-esteem Scale. Accordingly, after administering the instrument for the pilot samples, the responses were scored and assessed for their reliability by using Cronbach Alpha. The computation yielded reliability coefficient of 0.88, 0.85 and 0.70 for

depression, anxiety symptoms and self-esteem respectively. The above coefficients of reliability clearly show that the instruments seem to be highly reliable.

### **3.8 Data Collection Procedures**

To conduct and accomplish the research, the following steps were followed in the study:

- The researcher requested a letter of introduction from the School of Psychology, Addis Ababa University, to the Director of OPRIFS to ask for permission to collect data.
- After receiving the permission to collect data at OPRIFS, the researcher met with Counselors' at OPRIFS to ask for their collaboration by presenting the objectives of the study and the research process to children.
- The counselors' at OPRIFS selected the samples based on the inclusion criteria of the study. A total of 70 participants were selected. The participants were approached by the researcher, to inform them of the research objectives, the research process, and confidentiality of the information. The confidentiality of participants was maintained through the assignment of a code which was used throughout the data collection, analysis, and reporting process to reduce the anxiety of participants.

### **3.9 Ethical Issues Considered**

Success of any study counts upon unconditional and enthusiastic cooperation from the participants. If the participants are not willing to participate in the study voluntarily, they might provide careless response which could mislead the overall findings of the study. In order to

ensure the quality of data and also for ethical purpose, the following ethical issues were taken into account while contacting and obtaining data from children:

- Objectives of the study were briefed to all the study participants and their informed consent was obtained.
- Date and time of the data collection was decided as per the convenience of the study participants.
- Participants were assured about the confidentiality of the communicated information.
- Participants were informed of their choice to withdraw at any point during the study period, if they wished so.

### **3.10. Data Analysis**

The raw data were entered into the computer and analyzed using SPSS version 20. Descriptive statistics, frequency distributions and percentage were utilized to describe participants' demographic characteristics and prevalence of problems. Scales were analyzed using independent T-test to compare the mean difference between the participants who received counseling and participants who had not received counseling. In this study, to determine whether the mean difference was statistically significance or not, 0.05 level of significance was used. In addition, qualitative (transcription of tapes, words, summarization and coding of cross-cutting issues, categorization and tabulation into selected concepts and themes) was used to analyze the data.

The researcher will present the results of the study based on quantitative and qualitative data with due consideration of research objectives and questions.

## CHAPTER FOUR

### RESULTS

The major purpose of the present study was to examine the practice, challenges and contributions of counseling service to address psychological problems (depression, anxiety symptoms and self-esteem) of children who survived trafficking taking OPRIFS as a case.

In order to properly meet the above objectives, the collected data on both groups of children who received counseling and children who have not received counseling in the center were presented based on the specific research questions raised in chapter one.

#### 4.1. Demographic Characteristics of Participants

*Table 1. Demographic Characteristics Table*

<i>Characteristics</i>		<i>Those who received Counseling</i>		<i>Those who did not receive counseling</i>	
	Range	Frequency	Percentage	Frequency	Percentage
Age	10-15	15	42.9	12	34.3
	16-18	20	57	23	65.7
	<b>Total</b>	<b>35</b>	<b>100</b>	<b>35</b>	<b>100</b>
Education Level	1 <sup>st</sup> -4 <sup>th</sup> grade	2	5.7	3	8.57
	5 <sup>th</sup> -8 <sup>th</sup> grade	23	65.7	22	62.8
	>8 <sup>th</sup> grade	10	28.8	10	28.8
	<b>Total</b>	<b>35</b>	<b>100</b>	<b>35</b>	<b>100</b>
Parental Status	Both alive	10	28.6	16	45.7
	Single parent	8	22.9	4	11.4
	Both not alive	17	48.6	15	42.9
	<b>Total</b>	<b>35</b>	<b>100</b>	<b>35</b>	<b>100</b>
Stay at the center	<1 week	0	0	23	65.7
	1 week- 1 month	0	0	12	34.3
	2 - 4 months	2	5.7	0	0
	5-12 months	33	94.3	0	0
	<b>Total</b>	<b>35</b>	<b>100</b>	<b>35</b>	<b>100</b>

Demographic characteristics of the participants' children who received counseling and children who did not receive counseling at the center are provided in Table 1. All of the participants 70 (100%) were female in both groups. In terms of age, 57% of the children who received counseling their age range from 15-18 and 42.9 % were from 10-15 years. For those who have not received counseling their age range for 65.7% was from 15-19 and 34.3 were from 10-15 year old. In terms of educational level, it was found that 65.7% of those who received counseling were found to be 5<sup>th</sup>-8<sup>th</sup> grade level and 28.8 % were from >8<sup>th</sup> grade level. While 62.8% of those who have not received counseling were from 5<sup>th</sup>-8<sup>th</sup> grade level and 28.8 % were from >8<sup>th</sup> grade level.

As to parental status, for 28.6% who received counseling they have both parents alive ,48.6% have lost both parents and 22.9% have their single parent .Whereas children for those from not received counseling, 45.7 % have both parents,42.9% have lost both parents and 11.4% have single parent. As to the period the participants stayed in the institution, the data showed that 94.3% of the children from those who received counseling stayed from 5-12 months and where as 65.7% and 34.3% of the children who have not received counseling stayed less than one week and from 1 week to 1 month in the center respectively.

## 4.2 Psychological Problems of the Children

### 4.2.1 Anxiety *TABLE 2: Anxiety Level of Both Groups*

Respondents' counseling status	Level of anxiety	Frequency	Percent
Received	Not present(0 – 17)	32	91.4
	Mild(18-24)	3	8.6
	<b>Total</b>	<b>35</b>	<b>100.0</b>
Not received	Moderate(25-39)	33	94.3
	Severe(>39)	2	5.7
	<b>Total</b>	<b>35</b>	<b>100.0</b>

Table 2 above indicates that 91.4% of the children who received counseling showed minimal or no anxiety symptom and only 8.6 % in the same group showed mild anxiety symptoms where as 94.3 % of the children from those who not received counseling showed moderate level of anxiety symptom and only 5.7 % of the children showed anxiety symptoms in severe form in the same group.

### 4.2.2 Depression Symptoms

*TABLE 3: Depression Symptoms level of both groups*

Respondents' counseling status	Level of Depression	Frequency	Percent
Received	Minimal(0-13)	18	51.4
	Mild(14-19)	14	40
	Moderate(20-28)	3	8.6
	<b>Total</b>	<b>35</b>	<b>100</b>
Not received	Minimal(0-13)	0	0
	Mild(14-19)	7	20
	Moderate(20-28)	28	80
	<b>Total</b>	<b>35</b>	<b>100</b>

As shown in table three, 80% of the children had moderate and 20% had mild level of depression for those who received counseling, whereas for those who received counseling 51.4 % had minimal and 40 % had mild level of depression and there was no severe depression level on both groups.

#### 4.2.3 Self-esteem

TABLE 4: Self-esteem level of both groups

<b>Respondents' counseling status</b>	<b>Level of Self-esteem</b>	<b>Frequency</b>	<b>Percent</b>
Received	Low(0-16)	0	0
	Average(17-25)	6	17.1
	High(26-40)	29	82.9
	<b>Total</b>	<b>35</b>	<b>100</b>
Not received	Low(0-16)	32	91.4
	Average(17-25)	3	8.6
	High(26-40)	0	0
	<b>Total</b>	<b>35</b>	<b>100</b>

As can be seen in table 4 four above, 91.4 % of the children who have not received counseling showed low/ minimal level of self-esteem and only 8.6% showed average self-esteem level. For the children who received counseling, 82.9% showed high self-esteem level and only 17.1% showed average self-esteem level.

### 4.3 Analysis of Independent t-test

#### 4.3.1 T- test comparison on Anxiety between the two groups

TABLE 5.T- test comparison on anxiety between the two groups

<b>Respondents' counseling status</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>t</b>	<b>df</b>	<b>Sig (2-tailed)</b>
Received	35	6.66	6.864	-24.32	68	0.004
Not received	35	36.23	2.143			

As indicated in the above table, there exists a statistically significant difference in the level of anxiety between respondents who received counseling service and those who didn't receive counseling service ( $t = -24.32$ ,  $df = 68$ ,  $p < 0.01$ ). It was found out that anxiety level for those who didn't receive counseling service was found to be higher than those who received the service.

#### 4.3.2. T- test comparison on Depression between the two groups

TABLE 6.T- test comparison on Depression between the two groups

<b>Respondents' counseling status</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>t</b>	<b>df</b>	<b>Sig (2-tailed)</b>
Received	35	11.49	7.713	-7.517	68	0.003
Not received	35	22.66	4.221			

The above table shows that there exists a statistically significant difference in level of depression between respondents who received counseling service and those who didn't receive counseling service ( $t = -7.517$ ,  $df = 68$ ,  $p < 0.01$ ). It was found out that depression level for those

who didn't receive counseling service was found to be higher than those who received the service.

#### 4.3.3 T-test comparison on Self-esteem between the two groups

TABLE 7.T- test comparison on Self-esteem between the two groups

<b>Respondents' counseling status</b>	<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>t</b>	<b>df</b>	<b>Sig (2-tailed)</b>
Received	35	28.89	3.234	23.461	68	0.005
Not received	35	15.06	1.305			

As the table shows there exists a statistically significant difference in the level of self-esteem between respondents who received counseling service and those who didn't received counseling service ( $t=23.461$ ,  $df=68$ ,  $p<0.01$ ). It was found out that self-esteem level for those who received counseling service was found to be higher than those who didn't receive the service.

#### 4.4. Results from Interview with Counselors

In addition to the quantitative data, in-depth interviews have been conducted with two counselors who have daily contact with the children in the selected centers with the objective of exploring the practice and challenges of counseling service that could potentially contribute to deal with the psychological problems of children who survived trafficking. The major questions in the interview guide included the following:

- What kinds of counseling services are being provided in the center?
- How counseling service at being utilized at the center?

- Have you encountered challenges in rendering counseling services for the children? If so, what are they?
- What are the limitations of counseling services for trafficked children?
- Any suggestions for the improvement of counseling services for trafficked children.

When asked to explain common kinds of psychological problems that the trafficked children face the first counselor (C1) listed depression, aggressiveness, suicidal disposition, and low self-esteem. On the other hand, the other counselor (C2) outlined anxiety, depression, disobedience and helplessness as the major ones. As to the kinds of counseling, C1 mentioned that individual and group counseling are practiced in relation to children residing at the centers. Especially, Cognitive Behavioral Therapy (CBT) is a common type of counseling strategy being utilized as it is believed to be the best approach to deal with psychological problems such as anxiety, depression symptoms and to promote high self-esteem of abused children. C2 stated that individual counseling with due focus on CBT is provided for the children and both counselors mentioned that group counseling is also the other strategy of counseling which is being undertaken at the centers. Both counselors responded and agreed that play and creative therapy is also other strategies that are being employed to help to address such problems of the children in the centers. Nevertheless, play therapy was not exercised in a strengthened manner as there are no enough facilities & materials for this purpose. The counselors further submitted that necessary care is being taken to ensure effective counseling while providing the service for the children and documents have been organized and adequate information is compiled ahead of service provision.

When asked about what challenges are found in conducting counseling, C1 explained that there are problems pertaining to privacy in one of the centers for conducting counseling. For example, there is commotion as the room located nearby tutorial rooms crowded with children. In this regard, C1 recounted one incident she encountered as follows:

*“In one particular occasion, I was conducting counseling when I was suddenly disturbed by the noise coming from the classroom next-door. I was compelled to proceed to this classroom and call upon the person engaged in teaching the children at the time to ensure silence.”*

On top of the commotion, C1 highlighted the problem of lack of conducive space for counseling. The counseling room is not comfortable as various materials are placed in it. It does not fulfill the requirements necessary to qualify as a counseling room. In this regard, C1 inquired that *“I asked myself am I in a counseling room or a store?”* She further stated that this has the effect of discouraging her in her effort to provide counseling service in uncomfortable mood”

Pertaining to challenges, C2 claimed that lack of facilities and materials for employing play and creative therapy is one of the main challenges encountered in conducting counseling since it is very essential for provision of counseling for the children.

C2 raised another impediment for the delivery of counseling services. She stated that language barrier is one of the major obstacles that impede the counselors in discussing with children. This is due to the fact there are a number of children who are not Amharic speaking. For example, some children residing at the centers are originally from Southern Peoples, Nations, and Nationalities Regional State (SNNPRS) and they have difficulty speaking Amharic. The problem is further exacerbated by the lack of skilled interpreters. As a result, these language barriers

prevent effective communication with the children and sometimes the counselors requested other persons, including children and staff members who know the language to interpret for them.

As to suggestion for improving counseling service at the centers, C1 mentioned that priority needs to be given to counseling service and suitable room for counseling service need be prepared by the organization so as to maintain privacy in the course of counseling. C1 added that regular training related to counseling and child trafficking issues should be provided for counselors and rehabilitation workers at the centers. C2 suggested provision of facilities and materials for play and creative therapy and training on such counseling strategy should be given for counselors and home mothers of the centers.

#### **4.5. Focus Group Discussion (FGD) with Children**

A total of six children from two centers were involved in the Focus Group Discussion (FGD). Accordingly, the discussion focused on the practice and challenges in receiving counseling service in the organization and related issues such as significance of counseling in their life and things to be improved in terms of rendering counseling services in the future at the centers.

As the participants mentioned, all of them were provided with counseling service at the centers and all explained that individual counseling was rendered and sometimes they participated in group and art /music counseling services.

In regard to the significance of counseling, one of the participants, P1, mentioned that the individual counseling was helpful in understanding herself and improving her behavior especially it assisted her to deal with her depression. Another participant, P2, stated that the counseling enabled her to manage her anger and live peacefully with her friends at the center. The other participant, P3, added that the counseling helped her lot to reduce her anxiety and enhancing her self-esteem since it was given based on understanding of her strengths and limitations in her behavior and the impact of such problems in her lives. The other participant, P4, added that the counseling enabled them to be patient and familiarize themselves with ways of handling inappropriate reactions and behavior in their lives. In this respect, P4 stated as follows:

*“The counseling assisted me to control my temper which I was not tolerating in such situation previously. Thus, I am happy now to develop socially acceptable behavior”.*

The other participant, P5, added that she was not feeling confident before receiving counseling at the centers and now she realized her potential and strength and able to utilize it her daily social contact with her friends at the center. The other participant, P6, stated that as follows:

*“I was feeling depressed and unable to eat and sleep adequately thanks to my counselor due to counseling she conducted to me now I am able to eat and sleep properly”*

In conclusion, the participants agreed that the counseling service they received was helpful to address their various psychological problems and improve their behavior.

They were also asked to mention challenges observed in the counseling service at the centers. P5 stated that the rules and regulations of the center do not allow any children who are supported at the centers to communicate with their parents over the phone unless they are ready for

reintegration with their parents. They claimed that the rules and regulations need to be revised since maintaining contact with their families and communication helps them to deal with their anxiety and depression due to separation from their parents. The other three participants, namely P3, P2 and P6, also agreed with this concern on the ground that they aspire to keep abreast of changes and developments within their families on a regular basis. They also expressed their desire to share how they are living at the centers with their beloved ones.

On the contrary, the other participants, P1 and P2, mentioned that they did not observe any challenge in receiving or rendering counseling services in the centers.

When asked about issues or services that need to be improved, P2 stated that children are sometimes asked to express their feeling through writing and drawing pictures. However, P2 stated it is difficult to utilize this strategy for those who are not able to read and draw. This practice makes them frustrated and causes negative feelings towards counseling. Accordingly, she suggested that their counselors should consider such impediments for effective counseling relationship with the children. The other participant, P4, stated that recreational program is as much important counseling service in dealing with the various psychological problems of the children and the program used to be given previously and now it is no longer available. P4 suggested that it needs to be continuous as it plays important role in improving their self-esteem. This issue is also shared by other three participants including P1 and P2. In this regard, participant, P6, explained the significance of this program as follows:

*“I was excited when there was a recreational program by the organization because it creates a good opportunity to communicate with each other and enables to acquire skills and to avoid depression and make me happy.”*

In addition, the other participant, P3, stated that follow up should be carried out following the reintegration with their parents and it would be good if the organization allows them to get counseling service after they leave the centers and could be conducted when there is follow up of the children.

In regard to play and creative therapy, the counselors and the children made it clear that such therapy was not given for the children in a strengthened way due to the fact that the center lacks facilities and materials for this purpose. The counselors even do not have enough skills to apply such therapeutic strategy as they are not familiar with professional experience for the strategy. However, play and creative therapy is very important for dealing with depression and anxiety of children at the centers who survived trafficking.

#### **4.6. Observation**

In addition, observation had been made based on checklist to assess counseling setting and documentation related to counseling service at the centers. In this regard, a counseling room in one center was not suitable for attaining its purpose. There is a lot of noise due to tutorial class of the children next door and the size is also inadequate. Moreover, the room is crammed with a lot of materials and even the main telephone line is located there. As a result, privacy could not be maintained during counseling. However, the problems of privacy and related issues were not observed at the other centers. In this case, the counseling room is convenient and there is no

noise and the room is neat, well-lit, and comfortable to conduct counseling. The other issue observed at the centers was that the counselors had tried to maintain confidentiality by filling formats and keeping records in proper way although some formats are needed to include for effective documentations.

The results of the study will be discussed with related literatures in the next chapter.

## **CHAPTER FIVE**

### **DISCUSSION**

This study was designed to examine the practice, challenges and contributions of counseling service to address psychological problems (depression, anxiety symptoms and self-esteem) of children who survived trafficking. The results obtained in the previous chapter are discussed in relation with the available related literature.

#### **5.1 Psychological Problems of the Children**

##### **5.1.1 Anxiety**

As shown in the result section, the findings indicated that majority of the participants (91.4% children) from those who received counseling showed no anxiety symptom and only 8.6 % in the same group showed mild anxiety symptoms where as 94.3 % of the children from those who have not received counseling showed moderate level of anxiety symptom and only 5.7 % of the children showed anxiety symptoms in severe form in the latter group.

These findings are similar to previous findings. For example, Bourne, (1995) mentioned that the rate of anxiety is lower in abused children who had received counseling than children who had not get counseling in their life. It was found that there was a significance difference between those who received and those who have not received counseling in anxiety symptoms.

##### **5.1.2 Depression**

The study found that 80% of the children had moderate and 20% had mild level of depression for those who have not received counseling whereas for those who received counseling 51.4 % had

minimal and 40 % had mild level of depression and there was severe depression level on both groups.

It means that majority of 80% of children who have not received counseling showed moderate level of depression and the findings is consistent with many previous researches. For instance, Pollusny,&Follette (1995) found significantly higher rates of depression in abused children who had received counseling. This has shown that counseling service plays a great role in addressing the depression of children who are surviving trafficking. Other researchers have also found that trafficking survivors experience significantly higher depression than non-trafficked participants.

Regarding provision of counseling service, the findings of the study revealed that the children who received counseling had low levels of mean depression scores with statistical significance at  $p < 0.05$ . In addition, those who received counseling was compared to those who have not received counseling and showed better on measures of depression. The clients who engaged in the counseling significantly improved on depression while clients in the comparison group did not improve significantly on either measure.

### **5.1.3 Self-Esteem**

It was found that, 91.4 % of the children from those who have not received counseling showed minimal and only 8.6% showed average self-esteem level. From the children who received counseling, 83.9% showed high self-esteem level and only 6% showed average self-esteem level.

Children who received counseling service in the center have showed significant improvement in levels of their self-esteem. The result is the same with the finding of ( Fennell, M. 2001),the rate of self-esteem is higher in abused children who had received counseling than children who had not get counseling in their life. Dryden, W. (2003), stated children who received regular counseling of specific type of therapy techniques such as CBT, play and art therapies are playing roles in enhancing the rate of self-esteem of victims of various abuses of children.

Pertaining to the above quantitative results, it is the view of the researcher that the findings of this study show that counseling plays a great role in addressing psychological problems of victims of child trafficking. It supports the children by way of reducing their depression and anxiety symptoms and increasing their self-esteem. Nevertheless, the quantitative results concerning the levels of depression, anxiety and self-esteem seem to be somewhat exaggerated. There is a significant gap between those children who benefited from counseling and those who did not in terms levels of the aforementioned levels of psychological problems. This can be seen on levels anxiety, depression and self-esteem of those children who received counseling service. In this regard, the researcher believes that such improvement may not be attributable solely to the provision of counseling. As it is well known that various forms of support need to be given for children who are victims of abuse to deal with their psychological problems and bring about appropriate forms of behavior. Thus, the writer believes that above quantitative results may have been registered not only due to the counseling but also other forms of psychosocial services such as food, shelter, clothing and medical help provided to the children at the centers. In addition, the longer stay of the children at the centers and provision of vocational training such as hairdressing

and handcraft skills for the children have contributed for addressing their psychological problems.

On the contrary, those children who have not received counseling showed more feeling of anxiety, depressed and low self-esteem. It was not possible to administer counseling for these children since the children stayed at the centers for brief period of time and joined the centers having such psychological problems. In general, the researcher believes that the counseling service being rendered at the centers is helping the children in dealing with psychological problems of the children.

### **Interview with counselors**

According to the results from the interview two counselors listed that depression, aggressiveness, suicidal disposition, low self-esteem anxiety, disobedience and helplessness as the major kinds of psychological problems that the trafficked children face. This is congruent with other studies. Accordingly; children who experienced trafficking may face long lasting psychological problems. They experience physical and emotional trauma associated with removal from their families, homes, and communities; their subsequent encounters involve substantial harm through physical, emotional, and sexual abuse. Case studies have reported that depression, hopelessness, guilt, shame, flashbacks, nightmares, loss of confidence, lower self-esteem, and anxiety can be seen as adverse emotional effects among trafficked children (ECPAT, 2006a). In addition, Sneddon(2003) stated psychological abuse associated with on-going threats, isolation, and witnessing the abuse of others negatively affects self-concept, personal goals, and relationships with others, and seriously endangers emotional well-being of trafficked children. Dykman(1997) also mentioned children who experience physical and sexual abuse are more likely to experience

adverse emotional outcomes, including anxiety and depression, lower self-esteem, social isolation, symptoms of posttraumatic stress disorder (PTSD), substance abuse, and suicide.

The other result showed Cognitive Behavioral Therapy (CBT) is a common type of counseling strategy being utilized as it is believed to be the best approach to deal with psychological problems such as anxiety, depression symptoms and to promote high self-esteem of abused children. This result is consistent with the findings of Lipsey (1993), who found that Cognitive Behavioral Therapy (CBT) is more effective in addressing psychological problems such as depression, anxiety and panic attacks in adults and children and it is a good choice to the treatments of behavior problems in children. In addition, the result revealed that group counseling is the other counseling strategy which is being undertaken at the centers.

Both counselors responded and agreed that play and creative therapy is also other strategies that are being employed to help to address such problems of the children at the centers. Nevertheless, play therapy was not exercised in a strengthened manner as there are no enough facilities & materials for this purpose. As stated by Yassenik and Gardner (2004) play and creative therapy are essential to address depression and anxiety of abused children.

The result also showed that necessary care is being taken by the counselors to ensure effective counseling while providing the service for the children and documents have been organized and adequate information is compiled ahead of service provision.

The result revealed that there are problems pertaining to privacy in one of the centers for conducting counseling and it is cited with example that there is commotion as the room located nearby tutorial rooms crowded with children. In addition, the other problem is lack of conducive space for counseling. The counseling room is not comfortable as various materials are placed in it. It does not fulfill the requirements necessary to qualify as a counseling room. This finding is contrary to some previous researches such as Shertzer&Stone (1980) who submitted the counseling room should be comfortable and attractive and needs to be soft lighting, quiet colors, an absence of clutter, and harmonious and comfortable furniture. In addition, privacy is needed in counseling relationship as it is one of the most important issue that help to maintain confidence and feeling of security on the part of the clients.

Lack of facilities and materials for employing play and creative therapy is one of the main challenges encountered in conducting counseling since it is essential for provision of counseling for the children. As stated byYasenik and Gardner (2004), such therapeutic strategy enables children to learn how to cope with feelings and emotions in a safe and constructive way and enables children who are victims of abuse to deal with their depression and anxiety. Thus, it is important to provide facilities and materials to serve its purposes.

Communication barrier is the other major problem that impedes the counselors in discussing with children. This is due to the fact there are a number of children who are not Amharic speaking. As a result, these language barriers prevent effective communication with the children and sometimes the counselors requested other persons, including children and staff members who are cognizant of the language to interpret for them.

In regard to the suggestion for improving counseling service at the centers, both counselors stated that priority needs to be given for counseling service and suitable room for counseling should be prepared by the organization so as to maintain privacy in the course of counseling. In addition, regular training related to counseling and child trafficking issues should be provided for counselors and rehabilitation workers at the centers. They further suggested that provision of facilities and materials for play and creative therapy and training on such counseling strategy should be given for counselors and home mothers at the centers.

### **Focus Group Discussion with the Children (FGD)**

According to the results from the FGD with children, almost all of them mentioned that the counseling was helpful in understanding themselves and improving their behavior and enables to deal with their psychological problems. In addition, it enabled them to be patient and familiarize themselves with ways of handling inappropriate reactions and behavior in their lives. They further mentioned that assisted them to control their temper which they were not tolerating in such situation previously. In conclusion, the participants agreed that the counseling service they received was helpful to address their various psychological problems and improve their behavior.

Regarding the challenges encountered, they stated that the rules and regulations of the centers do not allow any children who are supported at the centers to communicate with their parents over the phone unless they are ready for reintegration with their parents. They claimed that the rules and regulations need to be revised since maintaining contact with their families and communication helps them to deal with their anxiety and depression due to separation from their parents. They also agreed with this concern on the ground that they aspire to keep abreast of

changes and developments within their families on a regular basis. They also expressed their desire to share how they are living at the centers with their beloved ones.

In connection with services that need to be improved, they stated that children are sometimes asked to express their feeling through writing and drawing pictures and it is difficult to utilize this strategy for those who are not able to read and draw. This practice makes them frustrated and causes negative feelings towards counseling. Accordingly, she suggested that their counselors should consider such impediments for effective counseling relationship with the children.

They also stated that recreational program is as much important counseling service in dealing with the various psychological problems of the children and the program used to be given previously and now it is no longer available. Furthermore, they suggested that it needs to be continuous as it plays important role in improving their self-esteem. Besides, they mentioned that follow up needs to be undertaken following the reintegration with their parents and it would be good if the organization allows them to get counseling service after they leave the centers and could be conducted when there is follow up of the children. Thus, the researcher believes that it is important to be considered such request by the management of the organization.

In regard to play and creative therapy, the counselors and the children made it clear that such therapy was not given for the children in a strengthened way due to the fact that the centers lack facilities and materials for this purpose. The counselors even do not have enough skills to apply such therapeutic strategy as they are not familiar with professional experience for the strategy. However, play and creative therapy is very important for dealing with depression and anxiety of

children at the centers who survived trafficking. Thus, the organization needs to consider and solve such problems.

### **Observation**

The observation of the setting of counseling also reinforced the foregoing finding. The result indicated that counseling room in one of the centers lacks privacy and it was not conducive to conduct effective counseling. This creates interruption of counseling process by noise created as there is tutorial class of the children next to it. Besides, the phone ring also was distracting the counseling process as the main telephone line of the office was found in the counseling room. Moreover, the room is too small on the top of that the room contained a lot of materials as a result; the privacy could not be maintained in the center. In this regard, the finding departs from previous researches such as Shertzer& Stone (1980) who mentioned that the counseling room needs to be conducive and attractive and with necessary facilities. Besides, (Shertzeret al 1980) privacy is important in counseling relationship as it is one of the most important issue that help to maintain confidence and feeling of security on part of the clients. Thus such challenges needs be considered and priority has to be given by the organization for solving the problems.

Conclusions and recommendations of the study will be presented in the next chapter with due considerations of findings and discussion.

## **CHAPTER SIX**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Conclusion**

The general objective of the study was to assess the practice, challenges and contributions of counseling service to address psychological problems (depression, anxiety symptoms and self-esteem) of children who survived trafficking. Specifically, it aimed at examining whether or not there is a significant difference in depression, anxiety symptoms and self-esteem of children who survived trafficking and by measuring their psychological problems between those children who received counseling and those who have not received counseling service in the centers. Both quantitative and qualitative methods were employed to answer the stated research questions. A questionnaire comprised of two parts: demographic data and three standardized scales (anxiety, depression symptoms and self-esteem) was used to measure their effects on children who received counseling and children who had not received counseling service. Moreover, interviews with two counselors, one FGD with children and observation were conducted to explore the existing practice and challenges in providing counseling service for children who survived trafficking.

A total of 70 children were selected using availability sampling and with considering of the inclusion criteria. They were assigned into two groups: those who received counseling and those who have not received counseling, with 35 participants in each group.

Data collection started with both participants who received and those who did not receive groups by their completion of the demographic data questionnaire and utilization of three tests on both groups. Data was collected and tabulated; percentage analysis, descriptive statistics, and independent t-test were applied as analysis methods.

To analyze the data from the quantitative survey descriptive statistics, frequency distributions, percentages and independent t-test were employed. The qualitative data was obtained from the in-depth interview and FGD were analyzed. The following major findings were found from the analysis of the quantitative and the qualitative data:

- According to the results, the anxiety symptoms level of participants (91.4%) in counseling received group of children revealed no anxiety and 94.3% in the not received showed moderate level of anxiety symptom. There exists significant difference on level of anxiety between the two groups due to the fact that there was counseling service provision for the first group.
- The finding regarding the level of psychological problems of thosewhosurvived trafficked children was (51%) with minimal depression in the received counseling and 80% in the not received group showed high level of depression. There was also significant difference in depression level between both groups as a result of provision of counseling.
- It was found that majority of children (91.4%) from not received group had low or minimal level of self-esteem and (82.9%) from the received group of children showed

high level of self-esteem. In addition, there exists significance difference between the two groups as a result of counseling service.

- Nevertheless, it is necessary to mention that such improvement may not be attributable solely to the provision of counseling. Although the study demonstrated the importance of counseling in terms of addressing the stated psychological problems, it is also important to recall that the improvement is imputed to additional forms of psychosocial support such as food, shelter, clothes, medical help and others.
- Results from the analysis of independent t-test indicated that there were statistically significant difference in the mean anxiety, depression and self-esteem scores of the received groups, implying that children who received counseling had improvement in anxiety, depression and self-esteem compared to children who did not receive counseling in the center.
- The independent t-test comparison of children who received counseling and those who have not on levels of psychological variables (anxiety, depression symptoms and self-esteem) showed a significant difference. The mean of children who received counseling were significantly higher than the mean of children who have not received the counseling. The received group showed a statistically significant reduction in the level of anxiety and depression and significant increase in self-esteem.
- The interview with two counselors at the centers reveals that the counseling service being given to the children plays a role in dealing with psychological problems of children who survived trafficking.
- The organization tried to deal with the psychological problems of the children although necessary readiness needs to be fulfilled such as proper and provision of adequate privacy

for counseling service to the children and having regular training for counselors and rehabilitation workers at the centers.

- In connection with the FGD with the children, the researcher identified that the overall opinion of the children stated that the counseling service of the children contributed a lot in addressing their problems and improving their behavior and they added that the recreational program for them need to be undertaken as it helps them to refresh them and enables to interact with among children in the center. They added that follow up on them after they rejoined with their parents.
- Play and creative therapy were not given for the children in strengthened way due to the fact that the centers lack materials to employ such forms of therapy. The counselors even do not have enough skill to apply such therapeutic strategy as they are not familiar with professional experience for the strategy.
- The researcher could observe and believe that there is confidentiality, counseling setting and privacy especially one of the two centers in good manner and though adequate documentation needs to be put in place in the future.

## **6.2 Recommendations**

Based on the findings of the study, the following recommendations are forwarded.

1. It has been stated that majority of children who survived trafficking and those who did not receive counseling experienced anxiety, depression symptoms and low self-esteem. Thus, it is recommended that counselors along with social workers need assess the children's problems and determine their physical and psychological needs to plan the

appropriate intervention strategies to support their development, optimum growth, and function as capable individuals, family members and citizens of the nation.

2. It has been stated that the counselors at the centers, are working with the children with low skill of play and creative therapy. Accordingly, it is recommended that the organization need provide continues training on various counseling strategies for counselors and help how to treat and handle these children properly for home mothers of the centers.
3. The organization need to prepare recreational program for the children as much as possible in regular basis as it enables them to refresh the children and consolidate social interaction among the children.
4. The organization need to make follow up after the children reintegrate with their families and allow them obtain counseling service for the children for maintaining their desirable behavior.
5. Privacy is not maintained, particularly in one of the centers, thereby distracting the counseling process. Thus, it is recommended that the organization need improve the counseling room and maintain proper setting so as to conduct an effective counseling service.
6. While the results of this study were encouraging and positive, more research is still needed that counselor educators should encourage and promote continued research in various areas regarding the application of various counseling strategies in different settings or with other groups of children.

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## Appendix A

### Demographic Data Questionnaire for the children

1. Age\_\_\_\_\_
  1. 5-9
  2. 10-14
  3. 15-19
2. Educational background\_\_\_\_\_
  0. Illiterate
  1. 1-4<sup>th</sup> grade
  2. 5-8<sup>th</sup> grade
  3. Above 8<sup>th</sup> grade
3. Are you parents alive?\_\_\_\_\_
  1. Both Alive
  2. Single parent
  3. Both not Alive
4. How long you have stayed at the center?\_\_\_\_\_
  0. Less than one week
  1. From 1 week – 1 month
  2. From 2 months-4months
  3. From 5 months -12 months
5. What kind of counseling you receiving at this time ?\_\_\_\_\_
  1. Individual counseling
  2. Group counseling
  3. Other type
  4. Not received at all
6. What kind of counseling did you receive?
  - a. Individual
  - b. Group

## Appendix- B

### Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

No	Items	Responses				
		Not present (0)	Mild (1)	Moderate (2)	Severe (3)	Very severe(4)
1	<b>Anxious mood</b> (Worries, anticipation of the worst)					
2	<b>Tension</b> (Startles, Cries easily, Restless, trembling)					
3	<b>Fears</b> (Fear of dark, Fear of strangers, Fear of being alone, Fear of animal)					
4	<b>Insomnia</b> (Difficulty falling/staying asleep, Difficulty with nightmares)					
5	<b>Intellectual</b> (Difficulty in concentration, poor memory)					
6	<b>Depressed mood</b> ( Decreased interest in activities Anhedonia, Insomnia.)					
7	<b>Somatic (muscular)</b> (Pains and aches, bruxism)					
8	<b>Somatic (sensory)</b> ( Tinnitus, blurring of vision)					
9	<b>Cardiovascular symptoms</b> (Tachycardia, Palpitations, Chest pain, Sensation of feeling faint)					
10	<b>Respiratory symptoms</b> ( Chest pressure, Choking sensation, Shortness of breath)					
11	<b>Gastrointestinal symptoms</b> (Dysphagia, Nausea/vomiting, Constipation, Weight loss Abdominal fullness)					
12	<b>Genitourinary symptoms</b> (Urinary frequency or urgency, Dysmenorrhea, impotence).					
13	<b>Autonomic symptoms</b> (Dry mouth, Flushing, Pallor, Sweating).					
14	<b>Behavior at interview</b> (Fidgets, Tremor, paces)					

## Appendix- C

### Beck Depression Inventory

Choose the one statement, from among the group of four statements in each question that best describes how you have been feeling during the past few days. Circle the number beside your choice.

#### 1. Sadness

0. I do not feel bad.
1. I feel sad.
2. I am sad all the time and I can't snap out of it.
3. I am so sad or unhappy that I cannot stand it.

#### 2. Pessimism

0. I am not particularly discouraged about the future.
1. I feel discouraged about the future.
2. I feel I have nothing to look forward to.
3. I feel that the future is hopeless and that things cannot improve.

#### 3. Past Failure

0. I do not feel like a failure.
1. I feel I have failed more than the average person.
2. As I look back on my life, all I can see is a lot of failure.
3. I feel I am a complete failure as a person.

#### 4. Loss of pleasure

0. I get as much satisfaction out of things as I used to.
1. I don't enjoy things the way I used to.
2. I don't get any real satisfaction out of anything anymore.
3. I am dissatisfied or bored with everything.

#### 5. Guilty Feeling

0. I don't feel particularly guilty.
1. I feel guilty a good part of the time

2. I feel guilty most of the time
3. I feel guilty all of the time

#### **6. Punishment Feeling**

0. I don't feel that I am being punished.
1. I feel I may be punished.
2. I expect to be punished.
3. I feel I am being punished

#### **7. Self Dislike**

0. I feel the same about myself as ever.
1. I have lost confidence in myself.
2. I am disappointed in myself.
3. I dislike myself.

#### **8. Self Criticalness**

0. I don't feel I am worse than anybody else.
1. I am critical of myself for my weaknesses or mistakes.
2. I blame myself all the time for faults.
3. I blame myself for everything bad that happens

#### **9. Suicidal Thought or Wishes**

0. I don't have any thoughts of killing myself
1. I have thoughts of killing myself, but I would not carry them out.
2. I would like to kill myself
3. I would kill myself if I had the chance.

#### **10. Crying**

0. I don't cry anymore than I used to.

1. I cry more than I used to.
2. I cry over every little thing.
3. I feel like crying, but I can't.

### **11. Agitation**

0. I am no more restless or wound up than usual.
1. I feel more restless or wound up than usual.
2. I am so restless or agitated that its hard to stay still.
3. I am so restless or agitated that I have to keep moving or doing something.

### **12. Loss of interest**

0. I have not lost interest in other people.
1. I am less interested in other people than I used to be.
2. I have lost most of my interest in other people.
3. I have lost all my interest in other people

### **13. Indecisiveness**

0. I make decisions about as well as I ever could.
1. I put off making decisions more than I used to.
2. I have a greater difficulty in making decisions than before.
3. I can't make decisions at all anymore

### **14. Worthlessness**

0. I do not feel I am worthless.
1. I don't consider myself as worthwhile and useful as I used to.
2. I feel more worthless as compared to other people.
3. I feel utterly worthless.

### **15. Loss of Energy**

- 0. I have as much energy as ever.
- 1. I have less energy than I used to have.
- 2. I do not have enough energy to do very much.
- 3. I do not have enough energy to do anything.

### **16. Change in sleeping Pattern**

- 0. I have not experienced any change in my sleeping pattern.
- 1. a. I sleep somewhat more than usual.
- 1. b. I sleep somewhat less than usual.
- 2. a. I sleep a lot more than usual.
- 2. b. I sleep a lot less than usual.
- 3. a. I sleep most of the day.
- 3. b. I wake up 1-2 hours early and can't get back to sleep.

### **17. Irritability**

- 0. I am no more irritable than usual.
- 1. I am more irritable than usual.
- 2. I am much more irritable than usual.
- 3. I am irritable all the time.

### **18. Change in appetite**

- 0. I have not experienced any change in my appetite
- 1. a. My appetite is somewhat less than usual.
- 1. b. My appetite is somewhat greater than usual.

- 2.a. My appetite is much less than before.
- 2.b. My appetite is much greater than before.
- 3.a. I have no appetite at all.
- 3.b. I crave food all the time.

**19. Concentration ability**

- 0. I can concentrate as well as ever.
- 1. I can't concentrate as well as usual.
- 2. It's hard to keep my mind on anything for very long.
- 3. I find I can't concentrate on anything.

**20. Tiredness or Fatigue**

- 0. I am no more tired or fatigued than usual.
- 1. I get more tired or fatigued more easily than usual.
- 2. I am too tired or fatigued to do a lot of the things I used to do.
- 3. I am too tired or fatigued to do most of the things I used to do.

**21. Loss of interest in Sex**

- 0. I have not noticed any recent change in my interest in sex.
- 1 . I am less interested in sex.
- 2 .I am much less interested in sex.
- 3 .I have lost interest in sex completely.

## Appendix-D

### Rosenberg Self Esteem Scale

**Instruction:** For each item below, circle the choice which indicates how you feel about yourself.

		Strongly agree/4/	Agree /3/	Disagree /2/	Strongly Disagree/1/
1	I feel that I'm a person of worth, at least on an equal basis with others				
2	I feel that I have a number of good qualities				
3	All in all, I am inclined to feel that I am a failure.				
4	I am able to do things as well as most other people.				
5	I feel I do not have much to be proud of.				
6	I take a positive attitude toward myself.				
7	On the whole, I am satisfied with myself.				
8	I wish I could have more respect for myself.				
9	I certainly feel useless at times.				
10	At times I think I am no good at all.				



4. uT °YK< KU" ÁIM Ñ? q%<sub>i</sub> ; \_\_\_\_\_

1. Y1 dU" fÁ'c    2. Y1 dU" f -1''`    3. Y2''` -4''`    4. 5''` -12''`

5. uT °YK< qÃ,†i %U<sub>j</sub> Y` > ÑMÓKaf > Ó~} hM; \_\_\_\_\_

1. > Ó~%KG<    2. > LÑ-G<U

6. %U<sub>j</sub> Y` > ÑMÓKaf > Ó~} i YJ' U" -Ã' f %U<sub>j</sub> Y` > ÑMÓKaf > Ó~} hM;

- G. %ÓM    K. %u<É"    N. K?L S. U" U -Ã' f %U<sub>j</sub> i` > ÑMÓKaf > LÑ-G<U

## Appendix-F

**መመሪያ:**

ቀጥሎ ከተዘረዘሩት የጭንቀት መለኪያ ጥያቄዎች ውስጥ እርሶን ይበልጥ ሊገልፁ የሚችሉትን በጥሞና በማንበብ /በማዳመጥ መልስ ይስጡ። ስለትብብር ዎቹ ጋሚ አመሰግናለሁ።



1. በነገሮች ብዙም እእ` "ታታ አላገኝም::
2. ከዚህ በፊት በቂ እእ` "ታታ □TxcÖ<` 'Ña< u>G<" ርዓት-በጣምጥቂት እእ` "ታታ ' < ¼Txc□~::
3. እ` "ታእታ □TxcÖ<` 'Ña< U"U`-Ã'fእ` "ታማግኘት-አልቻልኩም::

5. ¼Øó} ~'f/የበደለኝነት-eTፍ

0. ¼Øó} ~'f eTፍ > ÃcT~U::
1. uሰ^ዋ†` < ` ÃU Se^fuT Ñv~ 'Ña< LÃ ¼Øó} ~'f eTፍÃcT-M::
2. >w³-ውንጊዜ ¼Øó} ~'f eTፍÃcT-M::
3. G<M Ñ²? ¼Øó} ~'f eTፍÃcT-M::

6. ¼p×f eTፍ

0. በሌሎች-¼መቀጣት-eTፍ > ÃcT~U::
1. በሌሎች-¼መቀጣት ዓይነት-eTፍÃcT-M::
2. በሌሎች-መቀጣት-አለብኝ::
3. በሌሎች-እየተቀጣሁ-እንዳለሁ-ይሰማኛል::

7. እራስን መጥላት

0. ለእራሴ-ያለኝስሜት-እንደወትሮ-ተመሳሳይነው::
1. በእራስ የመተማመን ስሜቴ ጠፍቷል::
2. በራሴ-ሁኔታ /ሥራ-ተከፍቻለሁ::
3. እራሴን እጠላለሁ::

8. እራስን መውቀስ/መተቸት

0. እደቀድሞው/እንደበፊቴ-ራሴን> M` peU/አልተችም::
1. ከበፊቴ-በተለየሁኔታ-ራሴን እወቅሳለሁ/እተቻለሁ<::
2. በሰራሁት-ጥፋት /ስህተት-ሁሉ-ራሴን እወቅሳለሁ/ እተቻለሁ::
3. ለተፈጠሩ /ለተከሰቱ-መጥፎነገሮች-ሁሉ-ራሴን እወቅሳለሁ/እተቻለሁ<::

9. እራስን ለማጥፋት-ማሰብ ወይም መሙ-f

0. እራሴን ለማጥፋት ምንም አይነት-ሀሳብ የለኝም::
1. እራሴን ለማጥፋት-ሀሳብ ቢኖረኝም አልፈፅመውም::
2. እራሴን ማጥፋት አፈልጋለሁ<::
3. አጋጣሚውን-ባገኝ እራሴን አጠፋ-ነበር::

4. T Mke እንደበፊቱ > LKpeU::
5. ከሁልጊዜው ለየት ባለ ሁኔታ አለቅሳለG<::
6. uf"i 'Ña< ukLK< > KpdKG<::
7. የማልቀስሰሜት ይሰማኛል ነገር ግን አልችልም::

10. %S I 'Ø'Ø eT @f

0. እንደበፊቱ አልቁነጠነጥም::
1. ከወትሮው ለየት ባለ ሁኔታ የመቁነጥነጥ ስሜት ይሰማ—M::
2. uÿō} — ሁኔታ የመቁነጥነጥ ስሜት ስለሚሰማኝ ተረጋግቶ መቀመጥ > M< MU::
3. የመቁነጥነጥ ስሜት ስለሚሰማኝ ነገሮችን ያለማቋረጥ እስራሴው ይይዝን ቀሳቀሳለሁ::

11. òLÑAfT ×f

0. K'Ña< " ãU ለሰዎች ያለኝ ፍላጎት አልጠፋም::
1. ከወትሮው ለየት ባለ ሁኔታ ለነገሮችና ለሰዎች ያለኝ ፍላጎት ቀንሷል::
2. ለነገሮች ወይም ለሰዎች ያለኝን ብዙውን ፍላጎት አጥቻለሁ::
3. KT " — " <U 'Ñ` òLÑAfT ×f ãcT —M::

12. KS " W" S †Ñ`

0. እንደበፊቱ ውሳኔዎችን እወስናለሁ::
1. እንደበፊቱ ውሳኔዎችን መወሰን ያስቸግረኛል::
2. ከሁልጊዜው በተለየ ሁኔታ ውሳኔዎችን ለመወሰን በጣም አስቸጋሪ ሆኖ > Ñ` †ª KG<::
3. ውሳኔዎችን መወሰን ያስቸግረኛል::

13. ለእራስ ዋጋ ማጣት

0. ለእራሴ የዋጋ ማጣት ስሜት አይሰማኝም□□
1. ሃ□□□ በተለየ መልኩ እራሴን ዋጋ እንዳለው ወይም ጠ□T > > É` Ñ@ > MqØ` U::
2. ከሌሎች ሰዎች ጋር እራሴን ሳነፃጽር የማይረባሰው እንደሆንኩ ãcT —M::
3. ፈፅሞ የማይረባሰው እንደሆንኩ ነው የሚሰማኝ::

14. > pU □T ×f eT @f

0. እንደበፊቱ በቂ አቅም እንዳለኝ ይሰማ—M::
1. ሃ` fa` < u} K% S Mÿ< % > pU T ' eãcT —M::
2. w²< e^ KS e^ fum > pU %K~U::
3. T " — " <U 'Ñ` KS e^ fum > pU %K~U::

15. የእንቅልፍ ስርዓት መቀየር

- 0. በእንቅልፍ ስርዓቱ ላይ ምንም አይነት ለውጥ አላጋጠመኝም::
- 1□. ከሁልጊዜው በተለየ በተወሰነ ደረጃ በዛ ያለ እንቅልፍ እተ-KG<::
- 1□. ከሁልጊዜው በተለየ ያነሰ እንቅልፍ እተ-KG<::
- 2□. ከሁልጊዜው በተለየ ብዙ እንቅልፍ እተ-KG<::
- 2□. ከሁልጊዜው በተለየትንሽ እንቅልፍ እተ-KG<::
- 3□. አብዛኛውንቀናት-uS } -f > dMóKG<::
- 3□. ወትሮከምነቃበትሰዓት ከ1-2 ሰዓታትቀድሜስለምነቃድጋሜብተኛእንቅልፍአይወስደኝም::

16. 'B "Y S J"

- 0. ከሁልጊዜው በተለየ ሁኔታ ነጭናጫ አይደለሁም::
- 1. ከሁልጊዜው በተለየ ሁኔታ ነጭናጫሆኛለሁ::
- 2. ከሁልጊዜው በተለየ ሁኔታ በጣም ነጭናጫሆኛለሁ::
- 3. ዘወትርእንጫነጫለሁ::

17. □UÓwōLÑAf K''∅

- 0. uUÓwōLÑA, LĀ U"U > Ā'f K''∅ ¼KU::
- 1U. ሃገራዊነት? < u} '' c' Ā[Í ¼UÓw ōLÑA, k" dDM::
- 1A. ሃገራዊነት? < u} '' c' Ā[Í ¼UÓw ōLÑA, Ū U b M::
- 2U. ¼UÓw ōLÑA, ሃህድ~ uS Ö' < k" dDM::
- 2A. ¼UÓw ōLÑA, ሃህድ~ uመጠነጨም b ል::
- 3U. U"U ¼UÓw ōLÑAf ¼K~U::
- 3A. በየሰዓቱUÓwÁeōMÑ-M::

18. ¼fÿ<[f < Ó`

- 0. እንደከዚህ በፊቱ ትኩረት ማድረግ አቻላለሁ::
- 1. እንደወትሮውትኩረት ማድረግ አልቻልኩም::
- 2. [²U LK Ñ? u> " É 'Ñ` LĀ fÿ<[f cØ,, S q¼f ĀÿwĀ-M::
- 3. uU"U 'Ñ` LĀ fÿ<[f T É[Ó > M< MU::

19.  $\frac{3}{4}E''U'' \sim \tilde{A}U'' \frac{3}{4}S'' \hat{A}F'' \cdot eT'' \otimes f''$

- 0. ከሁልጊዜው በተለየ ሁኔታ የመድከም  $\square J'$   $\frac{3}{4}S'' \hat{A}F'' \cdot eT'' \otimes f'' \frac{3}{4}Kw'' \sim U''$ ።
- 1.  $\ddot{Y}G \triangleleft M\ddot{N} \triangleright ?'' < u \}$   $K \frac{3}{4} G < \text{ኔታ}$  በቀላሉ <ይደክመኛል /ይሰለቸኛል።
- 2. ከሁልጊዜው በተለየ ሁኔታ በተወሰነደረጃ ሥራዎችን መስራት ይደክመኛል/ይሰለቸኛል።
- 3.  $\ddot{Y}G \triangleleft M\ddot{N} \triangleright ?'' < u \}$   $K$  የ ሁኔታ በብቻ ሥራዎችን መስራት ይደክመኛል/ይሰለቸኛል።

20.  $\frac{3}{4}'' c=w'' \ddot{O}L\ddot{N}A'' fT'' \times f''$

- 0.  $u'' c=w'' \ddot{O}L\ddot{N}A''$ ,  $L\tilde{A}'' U'' U'' \sim \tilde{A}'' f'' \text{ኢዲስ} K'' \langle \emptyset \rangle L \frac{3}{4}G < U$ ።
- 1.  $\ddot{Y}'' f a'' < u \}$   $K$  የ ሁኔታ ለወሲብ ያለኝ ፍላጎት በጥቂቱ ቀንሷል።
- 2.  $\ddot{Y}'' f a'' < u \}$   $K$  የ ሁኔታ  $K'' c=w'' \hat{A}K'' \ddot{O}L\ddot{N}A'' f u \times U k'' dIM$ ።
- 3.  $U'' U'' \sim \tilde{A}'' f'' \frac{3}{4}'' c=w'' \ddot{O}L\ddot{N}A'' f'' \frac{3}{4}K'' \sim U$ ።



## **Appendix-I**

### **Focus Group Discussion (FGD) Questions for Children**

1. Have you ever received counseling service at the center?
2. What kinds of counseling service are being given in the center?
3. How counseling service is being given for children in the center?
4. Do you feel that the counseling service is useful to address your problems?
5. What kind of challenges have you observed in offering counseling service in the center?
6. What should be done to improve counseling service in the center?

## **Appendix- J**

### **Questions for Interview of Counselors**

- What kinds of counseling services are being provided in the center?
- How counseling service is being utilized in the center?
- Have you encountered challenges in rendering counseling services for the children? If so, what are they?
- What are the limitations of counseling services for trafficked children?
- Any suggestions for the improvement of counseling services for trafficked children.

## Appendix- K

### Observation Checklist

1. Place of the counseling room in the center

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2. The size of the counseling room

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3. Sitting arrangement

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4. Arrangement of psychological setting (distraction) from in and out of the room

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5. Ensuring confidentiality (filling and Keeping records)

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## Appendix- L

### ለቡድን ውይይት ጥያቄዎች ለህፃናት

1.  $\frac{3}{4}U_{ij} \sim \tilde{N}MÓKAfuÉ`Í \sim \dots \langle e\emptyset \rangle e\emptyset_{,,} \rangle \langle G \langle \dot{A} \rangle \langle nM \rangle$ ;
2. በድርጅቱ ውስጥ ምን ዓይነት የምክክር አገልግሎት እየተሰጠ ይገ—M;
3. ምን ዓይነት የምክክር አገልግሎት በድርጅቱ እየተሰጠ ይገ—M;
4. የምክክር አገልግሎት ለእናንተ ጠቃሚ ነውብላችሁ ታስባላችሁ?
5. ምን ዓይነት ችግሮች በምክክር አገልግሎት አሰጣጥ ላይ ተመልክታችኋል?
6.  $\frac{3}{4}\} hK \frac{3}{4}U_{ij} \sim \tilde{N}MÓKAfKI í" fKS eÖf U" u=\dot{A}[\acute{O} \tilde{A}hLM$ ;

## Appendix- M

### የቃለ መጠየቅ ጥያቄዎች ለድርጅቱ ምክክር ግልጋሎት ሰጭ

1. ምን ዓይነት የምክክር አገልግሎት በድርጅቱ እየተሰጠ ይገ—M;
2. በድርጅቱ የምክክር አገልግሎት እንዴት እየተሰጠ ይገ—M;
3. የምክክር አገልግሎት በምትሰጥበት/ሰጪበት ጊዜ አስቸጋሪ ሁኔታ ገጥሞህ/ሞሽ ያውቃል?  
 $\ddot{Y}J'e U"É" 'u`;$
4.  $KI \tilde{N} \dots \emptyset \dots \langle \dots \rangle \} S Li I í" f \frac{3}{4}U_{ij} \sim \tilde{N}MÓKAf c=c\emptyset uድርጅቱ እያታየ ያለው  
" \langle e" ' f U"É' " \langle ;$
5.  $\frac{3}{4}\} hK \frac{3}{4}U_{ij} \sim \tilde{N}MÓKAfKI \tilde{N} \dots \emptyset \dots \langle \dots \rangle \} S Li I í" fKS eÖf U" u=\dot{A}[\acute{O} \tilde{A}hLM$ ;



## Appendix -O

### Pilot results of Anxiety

**Reliability Statistics**

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.856	.851	14

**Inter-Item Correlation Matrix**

	Item1	Item2	Item3	Item4	Item5	Item6	Item7	Item8	Item9	Item10	Item11	Item12
Item1	1.000	.366	.505	.198	.596	.299	.296	.008	.055	.176	.305	.311
Item2	.366	1.000	.135	.538	.432	.146	.579	.193	.102	.263	.093	-.033
Item3	.505	.135	1.000	.088	.401	.234	.128	-.312	.028	.082	.148	.233
Item4	.198	.538	.088	1.000	.639	.430	.426	.515	.193	.405	.288	.325
Item5	.596	.432	.401	.639	1.000	.249	.340	.243	.303	.660	.422	.687
Item6	.299	.146	.234	.430	.249	1.000	.132	.348	-.135	.191	.109	.169
Item7	.296	.579	.128	.426	.340	.132	1.000	.065	-.011	.421	.088	.264
Item8	.008	.193	-.312	.515	.243	.348	.065	1.000	.241	.347	.539	.177
Item8	.055	.102	.028	.193	.303	-.135	-.011	.241	1.000	.541	.506	.399
Item10	.176	.263	.082	.405	.660	.191	.421	.347	.541	1.000	.598	.769
Item11	.305	.093	.148	.288	.422	.109	.088	.539	.506	.598	1.000	.547
Item12	.311	-.033	.233	.325	.687	.169	.264	.177	.399	.769	.547	1.000
Item13	.706	.363	.530	.568	.718	.210	.512	.220	.179	.417	.533	.557
Item14	.081	.054	.341	.103	.057	-.093	-.238	.299	.413	-.033	.495	.062

**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Item1	19.6000	109.621	.519	.891	.846
Item2	19.1000	113.253	.425	.755	.851
Item3	18.9500	114.576	.338	.847	.856
Item4	19.3000	102.958	.620	.904	.839
Item5	19.4500	102.997	.792	.935	.830
Item6	18.5500	115.418	.299	.804	.858
Item7	18.9500	111.629	.402	.773	.853
Item8	19.8500	116.029	.381	.802	.853
Item9	19.9000	116.621	.367	.657	.853
Item10	19.4500	103.839	.645	.920	.838
Item11	19.2500	104.303	.607	.808	.840
Item12	19.6500	105.503	.603	.848	.840
Item13	19.2000	99.747	.792	.913	.828
Item14	19.2000	118.274	.211	.797	.862



**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Item 1	20.5000	143.526	.404	.	.879
Item 2	21.0000	142.211	.491	.	.877
Item 3	20.2500	135.461	.610	.	.872
Item 4	20.6000	141.095	.580	.	.875
Item 5	20.3500	137.187	.623	.	.872
Item 6	20.1500	142.029	.310	.	.882
Item 7	20.5500	139.313	.520	.	.875
Item 8	20.5500	139.945	.380	.	.880
Item 9	20.7500	143.776	.318	.	.881
Item 10	20.0000	130.105	.666	.	.870
Item 11	20.4500	133.629	.698	.	.869
Item 12	20.5500	138.155	.487	.	.876
Item 13	19.9000	136.726	.520	.	.875
Item 14	20.5000	134.789	.579	.	.873
Item 15	20.9500	143.629	.356	.	.880
Item 16	20.3500	139.292	.407	.	.879
Item 17	20.6000	144.042	.327	.	.881
Item 18	20.7500	141.566	.555	.	.875
Item 19	20.7000	137.274	.607	.	.873
Item 20	20.7000	146.221	.237	.	.883
Item 21	19.8500	133.503	.518	.	.876

## Appendix - Q

### Pilot results of Self esteem

#### Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.701	.728	10

#### Inter-Item Correlation Matrix

	Item1	Item2	Item3	Item4	Item5	Item6	Item7	Item8	Item9	Item10
Item1	1.000	.316	.376	.470	.054	.314	-.136	.063	.271	-.027
Item2	.316	1.000	.125	.355	-.168	.669	.226	-.358	.631	.218
Item3	.376	.125	1.000	.615	.404	.085	.205	-.054	.566	.077
Item4	.470	.355	.615	1.000	.533	.548	.287	-.254	.611	.340
Item5	.054	-.168	.404	.533	1.000	.161	.156	.063	.216	.420
Item6	.314	.669	.085	.548	.161	1.000	.211	-.576	.576	.348
Item7	-.136	.226	.205	.287	.156	.211	1.000	-.391	.567	.464
Item8	.063	-.358	-.054	-.254	.063	-.576	-.391	1.000	-.353	-.116
Item9	.271	.631	.566	.611	.216	.576	.567	-.353	1.000	.396
Item10	-.027	.218	.077	.340	.420	.348	.464	-.116	.396	1.000

#### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Item1	16.4500	18.155	.324	.454	.686
Item2	16.3500	18.239	.347	.666	.684
Item3	17.0500	14.997	.527	.704	.664
Item4	16.5500	15.313	.764	.721	.615
Item5	17.2500	15.355	.407	.589	.672
Item6	16.4000	17.621	.412	.792	.674
Item7	16.6000	17.095	.318	.586	.686
Item8	17.8500	22.345	-.321	.563	.797
Item9	16.5500	14.050	.716	.806	.603
Item10	17.2500	16.934	.451	.453	.665

