ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL

STUDIES SCHOOL OF PSYCHOLOGY

Resilience among Orphaned Institutionalized Children Exposed to Traumatic Experience: The Case of Children Residing in Kolfe and Kechene Childcare and Rehabilitation Centers

BY

Leyou Ayalew Molla

March 2021

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Resilience among Orphaned Institutionalized Children Exposed to Traumatic Experience

The Case of Children Residing in

Kolfe and Kechene Childcare and Rehabilitation Centers

A Thesis Submitted to the School of Psychology, College of Education and Behavioral Studies of Addis Ababa University, in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Counseling Psychology

By

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Advisor: Belay Tefera (professor)

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Approved by the board of examiners.

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Declaration

I, the undersigned, declare that the thesis entitled "Resilience among Children Exposed to Traumatic experience in Kolfe and Kechene Childcare and rehabilitation center" is my original work under the guidance of **professor Belay Tefera**, and the thesis contains no material previously published by any other person except where proper citation and acknowledgement has been made. I do further assure that this thesis has not been presented or being submitted for any.

academic degree as part of requirements.

Leyou Ayalew

Signature_____

Date of submission_____

This thesis has been submitted for examination with my approval as university advisor.

Belay Tefera (Professor)

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Abstract

The purpose of the present study was to test to what degree orphaned, and vulnerable children demonstrate this resilience. Descriptive Study design was used to indicate resilience status of Orphaned and vulnerable childern. In addition, quantitative approach and purposive sampling were used because the number of participants in the study were small. Data were collected through structured questionnaire from a sample of 100 orphaned children residing in Kolfe and Kechene Childcare and Rehabilitation Centers. Results showed that only few children had scores portraying that they have achieved resilience. Girls showed higher emotional resilience scores than boys, but children's age did not significantly relate to resilience score. Results also indicated that children with PTSD have positive effects on resilience when they have friendships and care and support from others. This study has brought to light that orphaned and vulnerable children demonstrate resilience if they have close relationship with their friends and caregivers. In most Community development programs resilience building should be their primary goal as well as it should create supportive and caring environment in the institution. The study result, therefore, concluded that rather than PTSD, age and other demographic factors, care and support have impact on OVC resilience score. From these results it was concluded that guardians or immediate caregivers need to develop close ties with children exposed to trauma. They need to have a warm, supportive care and support for these children. Spending extra time and giving intimate love can be reassuring and helpful to children. A supportive environment develops children's resilience with adversity. Such supports make children feel important and give them a sense that others are concerned about them. Feeling secure, loved, and accepted is an important resilience promoting factor.

Key Words: *Care and support, resilience, Orphaned and vulnerable children.*

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Acronyms

AIDS	Acquired Immunodeficiency Syndromes
CPTSS	Child Post-Traumatic Stress Symptom Scale
CRC	Convention on the Rights of the Child
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
FHAPCO	Federal HIV/AIDS Prevention and Control Office
SPSS	Statistical Package for the Social Sciences
MYMM	Make your Mark Ministries.
OVC	Orphaned and Vulnerable Children
PTSD	Post-Traumatic Stress Disorder
UNICEF	United Nations International Children's Emergency Fund
FHI	Family Health International
CIF	Conservation International Foundation

Chapter one

Introduction

1.1 Background of the study

An orphan child is a 17years or less age of child and who has lost one or both parents because of any cause (UNICEF, 2006). According to prior determination, there were over 143 million orphaned children in sub-Saharan Africa, Asia, Latin America, and the Caribbean. Due to the HIV/AIDS pandemic causing death of millions of parents worldwide, the number of orphaned children has increased. In addition to this, extreme poverty, drought, unwanted pregnancy, maternal mortality, war, and conflict have a devastating impact on families ultimately leaving multitude of children to be separated from parents and join life in childcare institutions.

In developing countries orphanhood affected by many problems that determine their activities through their life which includes trauma, depression, hopelessness, suicidal attempt, isolation, anger, confusion n, and anxiety are some of the challenges an orphaned child might displayed after the loss of beloved once (Shekmnesh, Alemseged & Hailemariam, 2013).

A child who is experiencing trauma is seriously affected more than grownups would be impacted, because brain development is taking shape during childhood. Different Studies showed that early childhood is very important window of time in a child's life. For example, a study Childhood trauma that most OVC in orphanages have experienced has taken a serious peal on them (Carpenter, 2021). Most of these children experienced traumas such as exposure to war, sexual and physical abuse, severe neglect, and extreme parental loss, and these things often cause them to suffer from Past traumatic stress disorder/PTSD. Not acknowledging and seeking to heal

these emotional scars can be extremely harmful. Childhood trauma also does not have to occur directly to the child; for example, watching a loved one suffer, or die can be extremely traumatic as well (Marusak, Martin, Etkin, & Thomason, 2015).

Most of an orphanage are full of mysterious stories of childhood. When these Children enter their new homes, many of them are shy and scared to the point of being unresponsive. They cannot realize that they have entered a safe place, because they have been subjected to traumatic experience in their previous homes. Coming into an orphanage begins the long process of healing their mental and emotional wounds. Caring for these children is so much more than feeding them, giving them a place to sleep, and sending them to school. Most of these children have been deeply traumatized and suffer from posttraumatic stress disorder (PTSD). Understanding that and working to heal the wounds of their past is something that is near and dear to the heart of the orphanages (Harris, 2011).

Past traumatic experience represents undebatable risk for maladaptive outcomes; a few groups of youngsters seem to appear a success model and do not show a poor developmental pathway. Valuable and impactful research on the area of resilience can encourage and support practitioners to developed and promote a positive adaptation to a traumatic experience. And understanding the concept of resilience would help practitioner to develop a practical intervention strategy for Orphan and vulnerable children/OVC/. The aim of this research is to explore at what extent OVC demonstrate resilience once they join an allegedly safe place now, the orphanage. within this framework, the current research on resilience could be useful by giving a valuable insight and 0information for practitioners, caregivers, and policy makers to increase the chance of resilience and fast recovery of traumatized children.

There are several factors who affect the resilience of OVC. from those factors Social support has a great impact on OVC's resilience. Social support refers to a social network's provision of psychological and material resources intended to benefit an individual's capacity to cope with stress. A sizable literature has shown positive associations between social support and resilience and identified potential mechanisms for these associations. High social support may promote behaviors that improve stress-regulation. Specifically, high social support can increase self-confidence, decrease the likelihood of engaging in risky behaviors, e.g., excess alcohol, and foster more effective coping strategies, such as active problem solving. In a study of OVC with cardiac illness, high social support was linked to increased use of active coping mechanisms, such as problem solving, which in turn decreased the likelihood of developing depression. In addition, high social support might increase feelings of belonging and solidarity, encourage healthy coping behaviors, e.g., exercise, help an individual to redefine a difficult situation as being less threatening, and enhance regulation of emotions such as mistrust, anxiety, and fear and become resilient (Sippel, Pietrzak, Charney, Mayes & Southwick, 2015).

1.2 Statement of the problem

As indicated earlier, different investigations have consistently shown that orphaned and vulnerable children are likely to experience several trauma such as grief, extreme poverty, lack of attention in time of need, lack of affection and love, and absence of people to create a strong relationship and tie. According to a local study conducted by Ministry of Labor and Social Affairs, orphaned and vulnerable Children in Ethiopia were found to develop various maladaptive behaviors. Most of them exposed to lack of care and attention, lack of love and affection, stigma and discrimination by peers and society, and physical and mental abuse (MOLSA, 2003, 2004).

A study carried out by Solomon (2008) revealed that Paternal orphans were more resilient than maternal and double orphans. Warm relationships promote resilience among children exposed to trauma. There are other researches in Ethiopia that have been carried out on psychosocial situation and challenges of orphan and vulnerable children. For instance, Workye (2015) in his research indicated that institutional orphan children are relatively not psychologically well compared to the non-institutional children. A study on psychosocial problems, coping strategy and resilience was conducted by Yeshareg in 2018 and the study revealed the fact that psychological and social challenges are positively correlated with coping and resilience. This means, when there is more coping and resilience the effect on psychosocial challenges is decreased on OVC and the reverse is true.

Studies which show the resilience status of traumatic institutionalized orphan and vulnerable children in Ethiopia are nonexistent to the knowledge of the researcher. In the area of the study, it should be known whether there is resilience among orphaned institutionalized children exposed to traumatic experience. Therefore, how does life in orphanages support children's move towards resiliency? Given the existing rhetoric that orphanage care predisposes children to a host of problems, would orphan children experience an added problem in the childcare institutions or get care and support that promotes adjustment, resilience, and development. This research work is meant to address these and related other questions.

1.3 Research question

The specific research questions that this study attempts to address are the following:

1. To what extent orphaned children residing in childcare institutions develop resiliency?
2. What levels of care and support these children experiences in the institutions?
3. Does past traumatic experience and social support affect the levels of resilience?

4. Is there any significant difference in resilience score among children with different age and gender background?

1.4 Objective of the study

1.4.1 General objective

The scope of the research was to explore the resilience of orphaned and vulnerable childern/OVC/ exposed to traumatic experience in Kolfe and Kechene Child Care and Rehabilitation Center.

1.4.2 Specific objective

The current research has the following specific objectives:

1. To examine the extent of resilience of orphaned and vulnerable children in Kolfe and Kechene Childcare and Rehabilitation Centers.
2. To assess levels of care and support experiences in these institutions.
3. To examine the relationship of past traumatic experience and social support with children's resilience.
4. To find whether there is any significant difference in resilience score among children with different age and gender.

1.5 Significance of the study

The study tries to assess the resilience status of orphaned children living in institutional care in Addis Ababa, Ethiopia. To get back to normalcy from past traumatic experience OVC need support and protection from the community and this paper tries to bring forth valuable information on resilience. This research work may be important for those involved in childcare

and rehabilitation filed who works to improve and prevent the life of traumatic orphan and vulnerable childern. In addition to this to influence policy makers and to improve the policy planning and implementation process such research has paramount importance.

1.6 Limitation of the study

Assessing the resilience status of OVC exposed to traumatic experience is a country wide issue hence studying the resilience and the contributing factors for a speedy recovery from past traumatic experience throughout Ethiopia is necessary. However, the findings in this study are from the study conducted in Kolfe and Kechene Child Care and Rehabilitation Center based on their age range from 10 to 18 years old in 2020. The study finding does not necessary represent the situation of orphans and vulnerable children in Ethiopia as a whole.

1.7 Operational definitions of Variables

The below mentioned terms used to conduct the research.

1. Orphaned child is a child of age less than 18 years who had lost parent(s).
2. Orphanages are the childcare institutions established by the government (public) or non-governmental agencies (private) to provide care, protection, and support to OVC.
3. Resilience is the way of adapting well in the face of misfortune or adversity.
4. Orphaned institutionalized Children are children who are under the age of 18 who had lost both or one of their parents and are vulnerable and who are kept at a residential institution, which is devoted to care, fostering or adoption.
5. Traumatic experience is an incident that causes physical, emotional, spiritual, or psychological harm. The person experiencing the distressing event may feel physically threatened or extremely frightened as a result.

6. social support means having friends and other people, including primary caregivers which can provide emotional/informational, tangible, and affectionate support and having a Positive social interaction with others.
7. Post-traumatic stress disorder/PTSD/ A disorder characterized by failure to recover after experiencing or witnessing a terrifying event.

Chapter two

Literature Review

To build a context for the study, the study will examine orphanhood, orphanhood and its traumatic implications, the construct of resilience and factors associated with resilience from a broad perspective, and it will narrow the focus to issues pertaining to age, gender, social support and peer networks and dynamics. To begin, definition and concept of orphanhood, trauma and resilience will be presented followed by an examination of the prevalence and consequences. Next, the effects of trauma and resilience will be discussed. Finally, the researcher will challenge the contemporary understanding of orphanhood and traumatic experience in detail.

2.1 Introduction

Resilience is a capacity to get back and recover from any difficult circumstances of life. Walsh (2015) defined resilience as "the ability to rebound from adversity, strengthened and more resourceful". Furthermore Combs et al. (2014), "Resiliency is something that people do together". Masten (2014) describes, "Resilience can broadly be defined as the capacity of a dynamic system to adapt successfully to disturbances that threaten". In a most cases resilience is a compacity to bounce back to develop positive outcomes from state of maladaptive behaviors" (Rutter, 2012, p. 125).

Resilience in residential care is the ability of coping up the serious threatening circumstance. The concept of resilience emerged as the term of arguing by many researchers when Rutter (2006) explains as "the individual responses to stress and adversity Child improvement used the idea for understanding why only some children developed significant psychopathology or other impairments in childhood or later in adulthood ". While Ungar (2008) arguing that resilience is"

both the capacity of individuals to navigate their way to social support and a condition of the individual's social environment". Furthermore, current research done on resilience outlines additional limitations. Boyden & Mann, (2005) stressed on the difficult of the resilience term as "complicated and riddled with imprecision," "the ability of some children facing hardship to cope better than expected".

To answer the question of who should be considered as an orphan has been challenged in different literature. Researchers like Menthes, Helen and Giese, Sonja (2006) argue that "placing maternal, paternal, and double orphans in one general category of orphans raises questions of children's varying experiences of orphanhood" (P.407). Stein (2005) has been described "orphanhood as a related case with lack of care, high risk of a balanced meal, stunt, socio emotional problems, and disgrace and discrimination" (P.47). Moreover, a child who lost one parent or both and lives with father/mother or grandparent respectively considered as an orphan. (Skinner et. al 2004). On another hand, researcher argue that to be considered as an orphan the child should not have any biological parents and no social support.

The loss of both parents leads a child to vital factors of vulnerabilities. Which is a complete or partial loss of basic and child needs like shelter, education, and food, as well as other psychological support.

2.2 Orphanhood and its traumatic implications

Children's mental well-being influences each thing in their lives, from their capacity to learn, to be healthy, to play, to be effective and to relate properly to different people as they grow, (Killian and Durrheim, 2008). When youngsters lose one or each parent(s) because of any cause, they revel in more than one psychosocial problem, like grief, hopelessness, anxiety,

stigmatization, physical and mental violence, exertions abuse, loss of social support, loss of parental love, withdrawal from society as a whole, emotions of guilt, depression, aggression, in addition to eating, sleeping, and gaining knowledge of disturbances (Gilborn et al., 2001; Chipungu and Bent-Goodley, 2004).

The traumatic effects of parental loss can also have further negative psychological effects on behavior, emotions, and thoughts (Ross, 2020). Psychological distress is expressed in varied ways. Some children take to living on the streets and commit various forms of juvenile crimes as a coping strategy (Gow and Desmond, 2002). Children may also become exposed to alcohol and drugs and use them as a way of shutting out painful effects (Ross, 2020).

2.3 Impacts of orphanhood on children psychological wellbeing.

The stressful outcomes of parental loss have similarly poor mental outcomes on behavior, emotions, and thoughts (Ross, 2020). Psychological misery is expressed in numerous ways. Some kids take to dwelling at the streets and devote diverse sorts of juvenile crimes as a coping strategy (Gow and Desmond, 2002). Children may end up uncovered to alcohol and capsules and use them as a manner of shutting out painful outcomes (Ross, 2020).

According to the Standard Service Delivery Guideline for OVC Care and Support Programs of Ethiopia, there are seven middle provider components, along with safe haven and care, monetary strengthening, legal protection, fitness care, psychosocial aid, training and meals and nutrition (Federal HIV/AIDS Prevention and Control Office (FHAPCO), 2010). However, the psychosocial desires of OVC are overlooked or unnoticed through the service providers. In Ethiopia, kids in hard situations face many psychosocial troubles because of the loss or separation in their parents (FHAPCO, 2007). Discussion with officers of FHAPCO, Addis Ababa

HIV/AIDS Prevention and Control Office, Addis Ababa Women, Children and Youth Affairs Bureau, and the Ministry of Women, Children and Youth Affairs and different reviews display that OVC are stricken by psychosocial troubles, like distress, anxiety, and emotional disturbance. Among the surveyed kids in Ethiopia, much less than 1/2 of the OVC in a few districts of the country had been receiving psychosocial aid services, like counseling, the general success of which has been unsatisfactory, given the quantity of publicity to psychosocial troubles (World Vision UK, 2011).

2.4 Experience of PTSD among orphaned children.

Children living in orphanages or foster care have more mental and developmental problems than children raised in a home with parents or adoptive parents. Crises in low resource countries causes even further emotional damage. Children can be going through feelings of rejection, guilt, shame, anger, and abandonment through their emotional distress. In the US, less than 50% of facilities that assess children's health provide a mental or developmental health examination. It is assumed then, that even fewer facilities in developing countries provide this important service (Debiasi, Reynolds & Buckner,2012).

Protective Services as a significant omission in care by a parent or caregiver, which causes or will create risk of serious physical or mental harm to a child under 18 years of age. Child neglect can be defined in many ways, such as abandonment, lack of safety, and basic needs not being met. It is hypothesized that bad cognitive improvement can be resulting from unfavorable brain improvement because of child neglect. Child neglect is described as physical, medical, educational, and emotional neglect (De Bellis, 2005, p. 151).

2.5 Research on orphaned children in Ethiopia

There is no all-inclusive complete research carried out in Ethiopia these days concerning the scenario of Orphaned and vulnerable children, in addition to community responses to the desires of the children except baseline surveys by distinctive NGO's. According to the information from these baseline surveys, Orphaned and vulnerable children are in difficult circumstances that call for the attention of all concerned bodies. For instance, the situational analysis of Orphaned and vulnerable children reports in Tigray Region by Star Foundation (2011) indicated that OVCs lack necessities, educational charges and school substances support, parental supervision, emotional care and helps as results of which they have grown to be uncovered to diverse sorts of abuses and exploitations.

2.6 Growing up in residential care: its positive and negative impacts.

Residential care is a safe and secure option for orphaned & Vulnerable children. Residential care ensures all the children living needs are taken care of and the home will provide a room and full board. This will remove the responsibility and worry about doing housework or making own meals.

Growing up in an organization could make it very tough for youngsters to construct strong and long-lasting attachments. Children in orphanages often grow up with a sequence of caregivers, lots of them do not spend sufficient time with every toddler to form adequate attachments. This scenario is made extensively worse through the booming enterprise of "orphanage voluntourism" wherein short-time period volunteers eagerly construct relationships with youngsters, handiest to depart abruptly while their volunteer assignments are over. The "revolving door" of volunteers

can go away youngsters feeling insecure and keen for affection and will increase the chance of attachment disorder.

The chaotic pandemic like HIV/AIDS, natural and manmade left children without parental care under poverty. To cope up lack of parental care, the need of replacing childcare is considerably important. Globally, "orphans' challenges are significant and quite large in amount" (UNICEF, 2004). The most common issues of many countries regarding to orphan children lack to have schooling socialization, nutritional needs than their parented peers. After all maladaptive faces children find themselves in new environment (shelter) to meet orphans' necessity, it is moral and legal responsibility of government and private organization to provide care and support to children. Nevertheless, "maximum number of orphanages in the country do not offer the required services" (Williamson & Greenberg, 2010).

As reported by institutional care in Ethiopia, "children's family HIV and AIDS status or other long-lasting illness and poverty were found to be typical reasons for children being transferred to an institution FHI, CIF, and UNICEF (2014)". As Williamson and Greenberg (2010) stated, "most common reason for children's placement in institutional care is poverty".

2.7 Factors associated with resilience.

Factors associated with resilience vary from child-to-child. Based on social and cultural ecology, resilience has four concepts: decentral, complexity, untypically(abnormality), and cultural relativity (Ungar, 2011). The concept of decentral focus on the role of the environment enhances resilience. An environment with high risk needs the number of available resources than individual factors, (Ungar, 2011). An individual can show resilience at any time in their lives and

lose resilience at other times. Complexity in other hand many distinct starting points can result in many distinct ends (Ungar, 2011).

The principle of atypicality is a protective mechanism used violence to deal with the situation mostly used at older ages Wang and Ho (2007). Moreover, Cultural relativity functions as adaptive which is usually measured by how the individual fits the trait of cultural norms (Ungar, 2011). Children in harsh environments usually use different substances such as alcohol or drugs to escape chaotic stress, grief, and environment (weather) conditions.

2.7.1 Age Related Resilience Factor

Much research done on resilience investigates childhood (younger) and adolescence age. This study of orphaned children targets the stress duration and recovery based on their age (Almeida, 2005).

According to Jing Sun and Donald Stewart (2007) "age and gender showed significant interaction in such resilience factors as empathy and help-seeking, and in protective factors such as adult support, school support, prosocial peers, peer support, meaningful participation, and autonomy experience" (p.16). As girls get older, they constantly have higher resilience factor than boys for all similar factors.

2.7.2 Gender Related Resilience Factor

Gender has numerous roles in the way children are resilient. This is true during and after the time of the traumatic experience. The study showed that the level of resilience on gender at younger and older orphan showed that most of the females had high resilience as compared to male (Katyal, 2015) and (Almeidal et al., 2014)

Comparing girls and boys, the girls express their internal feelings to react to traumatic experience, while boys had difficulty to express their feelings which lead them to be more aggressive, lonely, and isolated (Dyregrov ,2010). Girls show more internalized symptoms than their male counterparts, whether assessed by immediate caregivers or by their teachers (Benarous, X., Hassler, C., Falissard, B., Consoli, A, & Cohen, D., 2015).

2.7.3 Social support Related Resilience Factor

Research showed that social support is a very important factor for OVC resilience after traumatic experience (Condly, 2006). Maintaining close relationship with guardians and immediate caregivers is vital for children psychological development.

Guardians and primary caregivers should be committed to develop children's psychological intellectual, and social wellbeing. In addition, establishing virtuous interpersonal attachment in the child's circle accelerate the child's psychological growth. The person in the child circle should also invite other party to assist, encourage, and give love and affection to a child (Hundeide, 2005).

As research indicates social support after the traumatic experience played a significant role in the child's adjustment to trauma. Resilient children feel that they belong within their institution, school, and community. And when they grow up, peers and school become significant factors in their life. If they are lucky to build secure attachments, they become resilient and strong enough to face difficulties (Kirwin et. al.,2005). And an institution should encourage the active involvement of social network in the institution (Klein, 2001).

2.7.4 Peer networks and dynamics

Research made on OVC recommends that good friendship forecasts good developmental outcomes. And it is used as an important adjustment strategy for traumatized children. Children who can make friends change their resilience in positive directions during the school years (Oleke et. al., 2006; Ladd (2016)). In addition to this child who gets along with other children is likely to become resilient. A child who is incompetent to bear a friendship and who cannot establish a place for his/her in the peer culture are seriously at risk (Ladd, 2016).

Evidence suggests that friendships help young people to become resilient. And traumatized children highly appreciate having a good relationship with their peers and participating in sport and recreation activities. Because of this support from friends' children may stand against the negative consequence of lack of parental support, especially in adolescence (Crosnoe and Elder, 2004). Having emotional support from friends and peers the promotes resilience of children (Milam et. al., 2004).

2.8 Challenging the contemporary understanding of orphanhood and traumatic experience.

Childhood emotional social dysfunctions and traumatic experience have been related in different research findings (Geddes, 2003; Brisch, 2002 and Pryor et. al, 2001). As Condly (2006) explained, it is extensively assumed and expected d that traumatic experiences of the children make them extremely suffered. Thus, regarding traumatic experience, there is a larger amount of literature on childhood psychopathology. As a result of their practice with the traumatic collapse of attachment bonds, it is often stated that orphaned children have difficulties in adapting to different stages of their lives. Higher rates suffering from depressed mood, fears, and education-related problems of these children are stated by different scholars. depression, hopelessness, suicidal ideation, aloneness, rage, confusion, helplessness, anxiety, and fear of being alone are

known reactions of children with a traumatic experience (Stein, 2005; Brisch, 2002; Pryor et. al, 2001; Dyregrov, 2010; (Giavazzi, 2019) and Bowlby, 1980).

There are Several validations are forwarded for such extensive outcomes. Primarily, as Condly (2006) enlightens as supposition on the distressing consequence of most children result from traumatic conditions. Due to children's absence of mental, physical, and financial capacities to care for themselves and their reliance, it is assumed that children suffer to a great extent. Present major negative implications in the lives of children happened due to concepts related to the thinking that children are dependent, inexperienced, and vulnerable and lack coping. To manage the struggle among children and in turn interrupts them to be biased in their insight of them, adults and researchers should make childhood safe. To cover-up the pathological reactions of individuals or resilience indicator following traumatic experience makes numerous trauma researchers uncertain.

Secondly, regarding person mistreatment, direct implementation of western research with a lack of concern about socio-cultural contextual aspects brings this kind of effect all over the globe. As a result, concerning childhood trauma, research implementation a continent like Africa and a country like Ethiopia resilience and psychopathology brings the question about cultural validity. As (Ferdowshi, 2014), discussed, in developed countries, the ideal middle-class family consists of a small number of kids having a future to be independent, confident, and able to fight for being effective in their job. Unlike other parts of the world, the concepts of raising a child could be quite different. In countries like Ethiopia raising a child is more concerned with ethical principles like helpfulness and self-submission besides, instead of self-adequacy and financial stability the orientation is more likely focusing on strong interpersonal connection. Of the many reasons that contributed to orphan social and economic growth, the financial achievement is held

in the first place. There are other circumstances like a culture of selflessness, obedience, a sense of unity among people, and the traditional child-rearing practices thus, people consider such circumstances as resilience examination.

So, regarding children exposes to traumatic involvement, we get a slight understanding of the topic. Deprivation and shocks are some researches that are well known (Condlys, 2006). As (Bonanno, 2004) stated, some children mentioned as an example of showing resilient actions after severe and extended exposure to trauma. Research focusing on Children that succeed despite liability is showed to be exploited. These helpful factors could support resilience among orphaned children nevertheless examining it is a complex task. This investigation requires a broad collection of individuals, familial and socio-environmental elements, still, it is quite vital.

2.9 Summary of the review and implications for this research

A large body of literature addresses orphaned children's resilience with special emphasis to part of orphaned experiences. A wide search of the literature on resilience experiences shows that directly addresses the resilience experiences of orphaned children exposed to past traumatic experience. There is very limited evidence of studies on the Resilience carried out in Ethiopia in general and Addis Ababa in particular.

In addition to the pandemic, war and drought are also some of psychological problems affecting children's parents. The dramatic behavioral change of the parent usually put the child in to confusion and makes them to think that was their fault. Due to that the child reaction changes to fear and anxiety furthermore may guilt themselves (UNAIDS,2004). There are numerous empirical research in concerning orphans for instance Sarker et al. (2005), Andrews et al. (2006),

Delva et.al. (2009). Because of economic challenges that they faced, rather than psychological therapy, the program more emphasized on cherishing material need (Foster & Williamson 2000).

There are several psychological problems affecting children of HIV/AIDS, war, drought parents. The unexpected change of parent's behavior usually child does not understand what the problem is or was considering as if his or her fault. The child is likely to react with fear and anxiety and sometimes will blame themselves. (UNAIDS,2004). Several empirical researches in concerning orphans for example, Delva et.al. (2009), Parikh et al. (2007) and Wild et al. (2006). But the psychological problems coping strategy and resilience of Orphaned and vulnerable children is limited topic, due to the shocking financial crisis that confronts them; programs tend to focus on providing for material needs rather than counseling and other forms of psychosocial support (Foster & Williamson 2000).

Active resilience strategies involve an awareness of the stressor, followed by attempts to reduce the negative outcome (Carver, 2010). There are no standards for coping strategies, it varies depending on, and are influenced by socio-cultural factors. Resilient children within classroom environments have been described as working and playing well and holding high expectations, have often been characterized using constructs such as locus of control, self-esteem, self-efficacy, and autonomy. All these things work together to prevent the debilitating behaviors that are associated with learned helplessness.

As (Carver, 2010) stated that strategies of resilience comprise with understanding of stress factors along with reduction of obstructive results. Due to its variation and effect of socio-cultural element, there is any written standards for coping strategy. In most cases, resilient children within the environment of the classroom designated as well interacting and sound in

holding expectations. Typically, they have been categorized by building of self-esteem, self-efficacy, and autonomy. To prevent devastating character related with erudite weakness, collaborate of all things needed.

Chapter Three

Methods

This chapter presents the methods that guided data collection. It presents discussion on study design, study area, population and sample of the study, research variables, data collection tools including resilience measurement scale, instrument validation, procedures, and ethical consideration.

3.1 Study design

The purpose of this study is to show and examine the resilience of institutionalized orphaned children exposed to traumatic experience in Addis Ababa, Ethiopia. Quantitative research method specifically descriptive survey design was applied to conduct it. This method allows describing level of orphaned children's resilience and the extent to which independent variables (Child Posttraumatic Stress Symptom, Social Support, age, and gender) influence or explain this resilience.

3.2 Study area

The study was conducted in orphanages of Kolfe Child Care and Rehabilitation Center and Kechene Child Care and Rehabilitation Center 'located' in 'Addis Ketema and 'Gulele' sub-cities, respectively. As the researcher reviewed documents prepared contain the history of both centers, Kechene Childcare, and rehabilitation Center was established in 1944 to provide services for orphans, abandoned, and abused children. Whereas Kolfe and Kechene Childcare and Rehabilitation Center was established in 1963 to provide services for abandoned and abused Orphaned and vulnerable children. Currently, 197 female and 164 male vulnerable Orphaned children (OVC) have been living in the kechene childcare and rehabilitation center and kolfe

childcare and rehabilitation center respectively whose age ranges from 8-18 years of age that came from different corners of the country. Contributions on constant effort in enhancing the overall welfare of orphan vulnerable children are taken as the general goal of the institution.

3.3 Population of the study

The study population consists of Orphaned and Vulnerable children living in Kolfe and Kechene Childcare and Rehabilitation Center. Both male and female children aged 10 to 18 years and lived in the orphanages for at least six month and were active beneficiaries of the service at the time of the research were considered for sample selection. The size of the population fulfilling this requirement was 361 (see Tale 10).

Table 1: Total number of participants in selected orphanage

Name of	Population		
	Male	Female	Total
Orphanages			
Kolfe Childcare and Rehabilitation Center	164	0	164
Kechene Childcare and Rehabilitation Center	0	197	197

3.3.1 Sample size and technique

For this study, the sampling frame was the organization's record of orphaned & vulnerable children whose are between the ages of 10 and 18. The sample size was 50 female and 50 male OVC from Kolfe and Kechene Childcare and Rehabilitation Centers. The participants were recruited from Kolfe and Kechene Childcare and Rehabilitation Centers. The sampling technique

employed is (a purposive sampling method). Purposive sampling method is a form of non-probability sampling in which researchers rely on their knowledge & experience to choose members of the population in their study.

3.3.2 Inclusion and Exclusion criteria

In this study, children on age ranges between 10 and 18 years old, orphaned, and institutionalized vulnerable children are comprised. Children less than the age of 10 and overhead 18 are not considered in this paper. Lower ages orphans have limitation regarding understanding and responding such kind of questioners. Whereas those who overhead the age of 18 are living out of the institution.

3.4. Research variables

Research variables are variables of interest that can be verified during the research process and treated as dependent and independent group.

3.4.1 Independent variables

- Age
- Gender
- Posttraumatic Stress Symptom score
- Social Support score

3.4.2 Dependent variables

- Resilience

3.5 Data Collection tools

The instruments for data collection are demographic questionnaire, the Child Posttraumatic Stress Symptom Scale (CPSS), Social Support Survey Instrument & Resilience Measurement Scale.

3.5.1. Demographic Data

The data about demographic variables was collected from participants. The demographic variables of participants included sex; age, grade level, guardian and child relationship and length of stay in orphanage, were socio-demographic variables that had been emphasized in the present investigation.

3.5.2 Child Past traumatic Stress Symptom Scale (CPSS)

This Scale is a recently introduced instrument to assess the severity of posttraumatic stress symptoms in children exposed to trauma, Diagnostic and Statistical Manual of Mental Disorders. 4th ed., APA, 1994. The CPSS is a child version of the Posttraumatic Diagnostic Scale (PTDS; Foa et al., 1997), a well-validated measure for assessment of Posttraumatic Stress Symptoms severity and diagnosis in children's victims of a variety of traumas. The language of the PTDS was modified to incorporate developmentally appropriate language to maximize children's understanding of the items. The CPSS was designed to assess Posttraumatic Stress Symptoms diagnosis and symptoms severity in children ages 8 to 18 who had experienced a traumatic event. To determine the regularity of the past month, the parameter consists a single question for each of the 17 DSM-IV PTSD symptoms.

The convergent validity of the total scale score was assessed by comparing it with the severity rating obtained from the Child Post-Traumatic Stress Disorder Reaction Index (CPTSD-RI). The Pearson Product-moment correlation coefficient was 0.80 (Foa et al., 2001). The result of the

correlation of depression and anxiety with Child Posttraumatic Stress Symptom Scale measure were lesser than those with the CPTSD-RI which provides support for CPSS of different validity (Foa et al., 2001). In this context, to access the severity of posttraumatic stress disorder and screening between traumatized children, Child Posttraumatic Stress Symptom is a valuable tool. The method of answering the question is circle the number that describes the correct answer. how often that problem has bothered you in the past two weeks. Answers are on a 4-point Liker type scale, ranging from 0 - which indicates not at all, 1- indicating once a week or less, 2 - represents two to four times a week and 3 – implies five or more times a week. Seven additional items that inquire about daily functioning (e.g., relationships with friends, schoolwork) were inserted after the 17 posttraumatic stress symptoms. The 17 symptom items yield a total symptom severity scale score ranging from 0 to 51. Sum the scores for the 24 items, scores range from 0-58. Scores for children who have been diagnosed with posttraumatic stress symptoms are interpreted as follows:

• Scores between 0 and 15 are indicative of minimum levels of posttraumatic stress symptoms.

• Scores between 16 and 24 are indicative of mild levels of posttraumatic Stress symptoms.

• Scores between 25 and 39 are indicative of moderate levels of posttraumatic stress symptoms.

• Scores between 40 and 58 are indicative of severe levels of posttraumatic stress symptoms.

3.5.3 Social Support Survey Instrument

Social Support Survey Instrument is developed by the researcher to measure the level of care and support children receive in the institution. Social support is one of the important functions of social relationships. Social support is always intended by the sender to be helpful, thus distinguishing it from intentional negative interactions (such as angry criticism, hassling, undermining). Social support is commonly categorized into four types of behaviors. The four

types of supportive behaviors are emotional, instrumental, informational and appraisal supports. children were instructed to mark the box if they have experienced the following support in the past two weeks; emotional/informational support, tangible support, affectionate support, and positive social support. The instrument has 19 items and 5-point Likert type scale, 0-none of the time,1 – little time, 2 – sometime, 3 – Most the time and 4 for all the time.

3.5.4 Resilience Scale

Researchers establish scale of resilience scale to measure institutional children's level of resilience after the exposure of traumatic experience. children were asked to rate the resilience level they have experienced in the institution after they were exposed to traumatic experiences. The instrument has 14 items and 3-point Likert type scale in which children were asked to rate how easy their adjustment efforts have been to them in the institution with scale points ranging from 0 (Simple), 1 (Moderate), to 2 (difficult).

3.6. Instrument Validation

In the beginning, scaled instrument which is called Child Posttraumatic Stress Symptom Scale (CPSS)is developed by experts and adopted by the researcher. Based on the evaluation of CPSS defined and useable. The remaining two instruments which are Resilience scale and social support instrument scale developed by the researcher. Then, the scale was evaluated by one Counseling Psychology Ph.D. holder who has been working at Addis Ababa University and one linguistic MA student at Addis Ababa University. Considered to address the research objective and measured on its adequacy and match the research objective. The construct that is going to be measured, cultural relevance for Ethiopian OVC Institutionalized Children and finally approved for translation.

3.6.1. Instrument Translation

The Child Posttraumatic Stress Symptom Scale (CPSS), Social Support Survey Instrument & Resilience Measurement Scale were first translated into Amharic by the researcher in this study. Then, its accuracy and readability were revised by two graduate students of Linguistic department. And finally, it also was verified again by two former graduates of counseling psychology.

3.6.2. Pilot Testing

Pilot testing was made on 20 participants for the main purpose of determining the reliability of the Child Posttraumatic Stress Symptom Scale (CPSS), Social Support Survey Instrument & Resilience Measurement Scale Accordingly, after administering the instrument for the pilot samples, the responses were scored and assessed for its reliability by using Cronbach Alpha. The computation yielded reliability coefficient of 0.707 for Child Posttraumatic Stress Symptom Scale (CPSS), 0.936 for Social Support Survey Instrument &, 0.732 for Resilience Measurement Scale, respectively. The above coefficients of reliability dearly show that the instruments seem to be highly reliable. Moreover, following pilot testing, minor modifications were done on Child Posttraumatic Stress Symptom Scale (CPSS), Social Support Survey Instrument & Resilience Measurement Scale like changing formats, adding some words in the sentences to make it more understandable.

3.7 Procedures

3.7.1. Procedures of administration

To conduct the research, the following steps were undergoing. The researcher requested a letter of introduction from School of Psychology, Addis Ababa University, to the orphanages to ask for permission to collect the data. After receiving the permission to collect data at the orphanages, the researcher met with counselors at the orphanages to ask for their collaboration by presenting the objectives of the study and the research process. The Counselors selected the samples according to inclusion criteria of the study. And by taking 100 participants from both institutions, they informed them the objective for 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. Then, the participants were asked to complete Demographic, Child Posttraumatic Stress Symptom (CPSS), Social Support Survey Instrument & Resilience Measurement Scale questionnaires. They were encouraged to answer the questions honesty and ask if they had any problems in understanding the questions.

3.7.2. procedures of scoring and analysis

Data collected was analyzed using the 21st version of the SPSS (Statistical Package for the Social Sciences) software. To analyze and interpret a demographic data Descriptive statistics and inferential statistics were used.

Multiple linear regression statistical analysis and correlation were computed to provide information whether the independent variables and dependent variable correlate each other and to measure the degree of effect and difference among the study variables. It was used to test if dependent variables influenced key independent variables.

3.8. Ethical consideration

Ethical considerations were approved by Addis Ababa University, college of education and behavioral studies, school of psychology research review committee. Prior to administering the questionnaire, the objectives of the study were clearly explained to the participants and informed consent was obtained. Confidentiality and anonymity were ensured throughout the execution of the study. Participants were informed that their participation was voluntary that they could withdraw from the study at any time if they wished to do so and that this would not affect any service or benefit that they were get from the institution.

CHAPTER FOUR

RESULTS

The study tries to assess whether there is any significant difference in resilience score among children with different age and gender groups, to assess the extent of resilience, levels of care and support experiences, effect of past traumatic experience and social support on OVC resilience living in institutional care in Kolfe and Kechene Child Care and Rehabilitation Center.

To properly meet the above objectives, the result was presented based on the specific research questions raised in chapter one.

4.1 Demographic Characteristics of Participants

As table 2 indicates the gender of the respondents was equally proportional which is 50(50%) of the participants were female and 50(50%) were Male. The age range of respondents was from 10 to 18 years, 39% of the respondents were from 10-14 age group and 61% of the respondents were from 15-18 age group. In terms of educational background, it was found that 67% had elementary school level and 22% High school and 11% Preparatory level. As to the period, the participants stayed in the institution 11% of them stayed from 6 – 11 months, 10% of them 1 – 3 years and 9% of them from 4 – 9 years. As far as the time since they encountered traumatic experience 52% more than three years, 11% less than three years, 22% less than 1 years, 6% less than six month and 9% of the participants were still encountering a traumatic experience. In addition to this 24% of children felt (sad and unhappy), 6% (sorrowful and worried),10% (angry and scared), 8% (isolated, alone, and resolute), 7% (determined and Comforted), 30% (relieved,

happy, and contented) and 15% of children do not know about what they were feeling. Table 02: Socio-Demographic Characteristics of participants (N=100)

Table 2: Demographic information of participants

Variables	Characteristics	N	%
Age ears in	10-14	39	39%
	15-18	61	61%
Gender	Female	50	50%
	Male	50	50%
Educational level of OVC	Elementary school	67	67%
	High school	22	22%
	Preparatory school	11	11%
Year in care	6 Month-11 Month	11	11%
	1 yr - 3 yr	10	10%
	4 yr - 9 yr	79	79%
Guardian	An institution	100	100 %
	I do not have	0	0%
Child- Guardian relationship	Very well	33	33%
	Well	24	24%
	Medium	32	32%
	Poorly	5	5%
	Very Poorly	6	6%
Feeling for the last couple of months	Sad, unhappy	24	24%
	Sorrowful, worried	6	6%
	Angry, Scared	10	10%
	Isolated, alone resolute	8	8%
	Determined Comforted	7	7%
	Relieved happy, contented	30	30%
	Do not know	15	15%
Past Traumatic experience	Yes	100	100%
Time of traumatic experience	It is still happening	9	9%
	Less than 6 months	6	6%
	Less than 1 year	22	22%
	Less than 2 years	11	11%
	Less than 3 years	52	52%

4.2 Resilience Status of Orphaned Children

To assess the resilience of orphaned children the researcher used descriptive statistics. As described below in Table 3, 41 (41%) participants scored low, 36(36%) moderate, and 23(23%) highly resilient. The mean score is M=1.82 and standard division SD=.783.

Table 3: Summary of orphaned children resilience status

Variables	Characteristics	N	%	Mean	SD
Resilience	Low (mention the range of score for low)	41	41%	1.82	0.783
	Moderate (mention the range of score for moderate)	36	36%		
	Highly resilient (mention the range of score for high)	23	23%		
	Total	100	100%		

4.3 levels of Care and Support experiences in the institution

As table 4 describes, descriptive statistics were used to assess levels of care and support experiences of orphaned children in the institution. As the finding indicated, 40 (40%) participants scored poor, 36(36%) well, 24(24%) very well. And (M=1.84, SD= .788)

Table 4: Summary of levels of care and support experiences in the institution

Variables	Characteristics	N	%	Mean	SD
Level of care and support Experience	Poor	40	40%	1.84	0.788
	Well	36	36%		
	Very well	24	24%		
		100	100%		

4.4 Association among Social support, CPSS, and resilience

The relationship between each variable is displayed in Table 5. The variables were Child Posttraumatic Stress Symptom Scale (CPSS), Social Support and Resilience score. Findings in Table 5 shows that there is a strong positive and negative correlation among each other (r=-.841**, r=-.886**, r=-.841**, r= .919**, r=-.886**, r=.919**). Resilience was positively and significantly correlated with Care and support and negatively and significantly correlated with CPSS. Resilience has a positive and significant correlation with Care and support because when a child got Emotional/informational support, Tangible support, Affectionate support and Positive social interaction from primarily care givers, peers and from the community the support will encourage their ability to bounce back to normalcy. In the contrarily, the indication for a negative and significant correlation of resilience and CPSS is when OVC experience any traumatic experience or still have past trauma it will be hard to recover and become resilience. Being resilient means, the compacity to recover from past trauma and developing an ability to come back to normalcy. When a child is highly resilient, he/she has a good level of care and support system and a less CPSS. CPSS and care and support were Strongly associated with resilience.

Table 5: Correlation Summary

Variables		1	2	3
PTSD (1)	Pearson Correlation		-.841**	-.886**
Social Support (2)	Pearson Correlation			.919**
Resilience (3)	Pearson Correlation			

**. Correlation is significant at the 0.01 level (2-tailed).

4.5. Comparison of OVC by Gender

As indicated in table 6, an independent sample t test was employed to compare the mean difference in the resilience score of females (M=2.24, SD=0.716) and male (M=1.40, SD=0.606) OVC. The analysis reveals that there is statistically significant difference (t =6.32, df =98, p =0.000). The result showed that females showing significantly more resilience score than their male counterparts.

Table 6: Summary of independent sample t-test by Gender and Resilience

Groups	N	Mean	SD	Df	T	Sig
Female	50	2.24	.716	98	6.32	.000
Male	50	1.40	.606			

4.6. Age and resilience

As indicated in table 7, an independent sample t test was employed to compare the mean difference in the resilience score of age range 10-14 (M=1.92, SD=0.807) and age range 15-18 (M=1.75, SD=0.767) OVC. The analysis reveals that there is no statistically significant

difference (t =1.053, df =98, p >0.05). The result indicated that there is no statistically significance difference on resilience score between the two age groups.

Table 7: Summary of independent sample t-test by Age and Resilience

Groups	N	Mean	SD	Df	T	Sig
10-14	39	1.92	.807	98	1.053	.295
15-18	61	1.75	.767			

4.7. Prediction of Children's Resilience from Care and Support and PTSD

Multiple regression was carried out to investigate how far children's resilience can be predicted from institutional care and support and PTSD experiences. Preliminary analysis was performed to make sure that there was no violation on the assumptions of normality, linearity, and multicollinearity. The estimated values of standard error of this model are additionally low. The model summary in Table 8 shows that 89% of variance in children's resilience is accounted for by the two predictor variables, (F= (384.166)), *P*=.000, wit R square of 0.888.

This result holds up the proposition that resilience relies upon on the aforesaid the two predictor variables of posttraumatic stress symptoms. and social support. Of the authentic two study variables, both variables had been statistically significant: Child posttraumatic stress symptoms. (P-value= 0.000) and Social support (p-value=0.000). When evaluating the standardized beta values the greatest influence upon the dependent variable (Resilience) was posttraumatic stress symptoms. (beta=-.389) followed by Social support (beta=.592). The social support and posttraumatic stress symptoms had a positive and negative effect on children Resilience. Thus, based on the result, social support had an impact on children resilience.

Table 8: Summary one-way ANOVA resilience by effect of care and support and PTSD

Group	Sum of Squares	Df	Mean Square	F	Sig.
Regression	53.949	2	26.975	384.166	.000[b]
Residual	6.811	97	.070		
Total	60.760	99			

a. Dependent Variable: Resilience

b. Predictors: (Constant), Social support, PTSD

Group	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	1.485	.228		6.521	.000
PTSD	-.273	.044	-.389	-6.188	.000
Social support	.589	.062	.592	9.426	.000

a. Dependent Variable: Resilience

Group	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.942[a]	.888	.886	.265

a. Predictors: (Constant), Social support, PTSD

Chapter Five

DISCUSSION

The main purpose of this study was to explore the resilience of orphaned children exposed to traumatic experience in selected orphan homes of Addis Ababa. On this chapter, the researcher discussed about resilience status of Orphaned Children and levels of Care and Support experiences in the institution. To this end, the effect of Care and Support and PTSD on Children's Resilience discussed first followed by Association among study variables.

5.1. Resilience status of Orphaned Children

The aim of the present research was to explore the resilience of orphaned children exposed to traumatic experience in Kolfe and Kechene Childcare and Rehabilitation Centers at Addis Ababa, Ethiopia. Accordingly, the quantitative findings presented to answer the basic research objectives. The finding of the current study suggested that participants scored below the mean on resilience scale. Descriptive statistics indicted that the level of resilience of 41(41%) participants were low, 36(36%) of participants scored moderate and 23(23%) highly in resilient score. Participants obtained (M = 8.12, SD = 7.90) on overall resilience score. As a result, the obtained mean score was greater than the hypothesized mean score (75) for resilience. As a result, the obtained mean score was low. This result implied that most participants were not capable of recovering from past traumatic experiences. The result showed that, better coping with stress, developing potential to grit, hoping bright future and determination was difficult for most of the participants. The finding of the current study is mostly consistent with previous researches. For instance, Kaytal (2015) implied orphans had moderate and high level of resilience and it attributed to the development of close and warm social bond with peers. Another investigation

indicated that orphan children had significantly higher resilient as compared to non-orphan children (Najama & Yasin, 2012). Local investigation made by Ebabush (2009) confirmed that two third (69.60%) of orphans were found to be resilient and it indicated their coping and functioning status based on quantitative and qualitative data. Another local study carried out by Omar (2018) also portrayed that most orphan children were psychologically resilient. In contrary to the preset study, Daneshwari etal (2019) revealed that majority (61.3%) of orphaned children had low level of resilient, while only (12.9%) were found above average in their resilience score.

5.2 levels of Care and Support experiences in the institution

The finding of this study revealed that care and support experience in the institution is very vital for children's resilience. The researcher tried to assess emotional support, informational support, tangible support, affectionate support, and positive social interactions on this finding. Most of children in the selective institutions do not show good care and support experience. They lack emotional, informational, tangible, and affectionate support from their caregivers and their peers. Children who lack love and care when growing are exposed to psychological problems and likely develop antisocial behaviors (Subbarao and Coury, 2004). Poor relationship with caregivers and peers put children's resilience at risk (Crosnoe and Elder, 2004). A sense of belonging to an institution and trust their primary caregivers creates a safe place for children. And, very important for the development of childhood resilience (Condly, 2006). When children found themselves belong to an institution, community, and school they are more likely to show resilience (Bronfenbrenner, 979).

5.3 The effect of Care and Support and PTSD on Children's Resilience

The present study has pointed out that care and support and PTSD affect children's resilience positively and negatively respectively. Caregivers' relationship with children and good

friendship ties are useful for personal growth and development for children exposed to trauma. And, liked by caregivers and friends was a significant factor for emotional stability. The research result recommends that care and support promote children's resilience. The finding of this research carries the following information: R Square= 0.888, and Adjusted R Square= 0.886. A multiple regression was carried out to investigate whether the predictor variables should notably predict respondents' resilience. A significant equation was once determined (F= (384.166)), P=.000, wit R square of 0.888.

Current study found that higher symptoms of Posttraumatic stress symptoms are associated with lower resilience and vice versa. The researcher found that despite high levels of trauma exposure and high rates of PTSD compared to the general population, OVC Children still had resilience. This result found out that resilience highly affected by two predictor variables of posttraumatic stress symptoms and care and support. Of the authentic two study variables, both impartial: posttraumatic stress symptoms (p-value=0.000) and Social support (p-value=0.000) had been statistically significant. When evaluating standardized beta values, the greatest influence upon the dependent variable (Resilience) was posttraumatic stress symptoms (beta=-.389) followed by Social support (beta=.592). The social support and posttraumatic stress symptoms had a positive and negative impact of resilience of OVC. The conclusion based on the research finding is that care and support from peers, school, and primary caregivers had a tremendous impact on children resilience.

5.4 Association among study variables

To check the null hypothesis that all the three variables which are resilience, social support and child posttraumatic stress had significant negative and positive relationships, Pearson r

correlation was performing. The result showed that Resilience and Social Support are significantly and positively correlated, and the Pearson correlation Score was r=.919**. And CPSS is highly and negatively corelated with Social Support and Resilience with a Pearson Correlation score r=-. 841**and r= -.886** respectively. When a child is highly resilient the more, he/she had a good level of care and support system and a less CPSS. CPSS and care and support were Strongly associate with Resilience. This result was confirmatory with in a sense that there is a positive and negative significance association among CPSS, Social support and Resilience.

Current study demonstrated a significant positive relationship between gender and resilience. To test the hypothesis that gender associated with statistically significantly different mean resilience, an independent t-test was performed. Additionally, the assumption of homogeneity of variance was tested and satisfied via Levene's F test, $F(98) = 1.466$, $p = 0.229$. Levene's test is an integral part of statistical analysis. It is used to test the homogeneity of variance before proceeding with t-test and Analysis of Variance (ANOVA). The independent sample t-test was associated with a statistically significant effect, $t(98) = 6.332$, $p = 0.000$. Thus, female participants were associated with a statistically significantly larger mean than male participants. A graphical representation of the means and the 95% confidence intervals is displayed. Girls had significantly higher rates of resilience. Females were Higley resilient, good at individual functioning, and success compared to male children. Girls are more likely than boys, draw support from other sources for their emotional wellbeing and development. Girls drew on trusting relationships and receiving help more than boys. And also, they have the chance of getting care and support that they need.

And the present study indicated that there was no statistical significance difference relationship between age and resilience. This implied that, being in any age group could not be taken as a baseline for significant difference in resilience of institutionalized orphaned and venerable children.

CHAPTER Six

Summary, Conclusion, and Recommendation

6.1. Summary

The present study was carried out to explore the resilience of orphaned children exposed to traumatic experience in selected orphan homes in Addis Ababa. To respond the basic research questions, related literature was reviewed, three instruments were used; namely Child Posttraumatic Stress Symptom Scale (CPSS), Social Support Survey Instrument & Resilience Measurement Scale was used. The study used 24 item CPSS scale,19 item Social Support scale and 14 items Resilience scale questionnaire developed, validated, and adopted from the original scale instruments.

Prior to the main data collection, pilot study was conducted by taking 20 participants from the two selected orphanages, validity and reliability were checked with the necessary amendments needed for final data collection. Then after, instruments were distributed to 100 participants from the selected orphan homes that have found in Addis Ababa. The main data sample participants were 50 male, and 50 female participants were selected using purposive sampling method and involved in the study. After the data was collected, manual inspection carried out to count properly filed questionnaires.

Thus, 100 questionnaires were filed properly, returned, and used for final data analysis. The collected data was analyzed using both descriptive and inferential statistics for the purpose of describing and checking statistical significance of testes, respectively. To this end, independent t-test was used to investigate resilience status of OVC based on participants sex and age. In case, there was significant resilience difference due to the difference of sex and age. And there was

statistically significant difference between male and female participants. However, the present study indicated that there was no statistical significance difference relationship between age and resilience.

Multiple regression was carried out to investigate how far children's resilience can be predicted from institutional care and support and PTSD experiences. Preliminary analysis was performed to make sure that there was no violation on the assumptions of normality, linearity, and multicollinearity. The estimated values of standard error of this model are additionally low.

6.2. Conclusions

According to the result obtained, this study brought that Many OVC involved in this research found to be less resilient. Due to this the estimated mean score was low. This result implied that most participants were not capable of withstanding adversities. And resilience score among the male and female OVC showed significant difference. Girls were more resilient than boys. There was no significant resilience difference between age groups of orphaned children. Resilience was significantly and positively correlated with Social Support and significantly and negatively correlated with Child Posttraumatic Stress Symptom.

6.3. Recommendations

The below listed elements are recommended by the researcher based on the findings of this research.

- The current study recommends that positive and close relationship are important resources to become resilient OVC. Community support goals must be reliable in such form of resilience building in which measuring of resilience building ought to include supportiveness, caring and interaction with people in the institute.

- Immediate care givers ought to enhance intimacy with traumatized children. Cherishing with affection and spending quality time is possibly helpful and reassuring to the orphans.
- Children's resilience developed by helpful situation. This kind of support benefits in making them to feel valuable and know that others are concerned about them. Resilience promoting factor includes affectionate feeling, sensing of precious and acceptance.

6.4 Implication of the Study

6.4.1. Implication for Counseling psychology professionals

As the findings of the current study indicated, most participant of the study has low resilience score. This implied that OVC become less resilient from past traumatic experience and unable to form healthy relationship with caregivers, friends, and school peers. Thus, counseling psychology professional obliged to provide counseling on how to become resilient from past traumatic experiences. In addition, counselor must counsel and give training to primarily caregivers on how to build good relationships and show love and affection to institutionalized children. OVC seek care, protection, love, and approval of caregivers and wants to form healthy relationship with other in orphan homes.

In line with the findings of the current study, Counseling psychology professional can also plan, facilitate, and follow up psychosocial intervention programs targeting orphaned children in orphan homes. They conduct pre and post intervention assessment of psychosocial programs to integrate Counseling needs based on gender of orphaned children. They can also provide education and training for caregivers and other staff members on how to care and support orphaned children who are living on orphan institutions. Furthermore, they can provide

professional consultation as orphan care and support should emphases on fostering children resilience.

6.4.2. Implication for future research

The finding of this research showed that supportive environment offers children exposed to traumatic experiences access to become resilient. And community development programs should entertain this form of resilience building. Creating a supportive and caring interpersonal interaction between Primary caregivers and OVC should be taken as a resilience building measures. Emotional support and resource within the institution can serve as a protective function. Being loved, accepted, and secured are an important resilience promoting factors for OVC.

Secondly, the finding indicated that there was no statistical significance difference and there was difference between age and resilience and gender and resilience, respectively. And it is completely different from most previous studies. Thus, future research must be conducted by using a qualitative research method. Additionally, it is better to include focused group discussion and interview as a qualitative measure to encourage participants freedom to share freely about their feelings and perceptions.

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APPENDICES

Appendix A

Appendix A1 English version survey questionnaire

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Your suggestions are so important so, take the time to think seriously and respond respectfully to the questions.

- Your response is confidential and please do not write your name.
- This questionnaire is completed by Orphaned and vulnerable children living in an institution.
- Fill in the questionnaire privately.
- Try answering all the questions.
- You can leave at any time if you are uncomfortable with continuing this study.

Part one: Demographic Data questionnaire

1. Sex _____
2. Age _____
3. Educational level _____
4. For how long time have you lived in this institution? _____ (Week, months, years)
5. Do you have a guardian taking care of you?
    - Yes

- No
- Do not know
- No response

6. Who is taking care of you after your parent's passed away? (ONLY ONE ANSWER)
    - An institution
    - I do not have
    - Other, mention _____
7. How do you get along with your guardian?
    - Very well
    - Well
    - Medium
    - Poorly
    - Very poorly
    - Do not know
    - No response
8. How do you feel these days, for the last couple of weeks?
    - Sad, unhappy
    - Sorrowful worried
    - Angry Scared
    - Isolated, alone resolute
    - Determined Comforted

- Relieved happy, contented
- Do not know
- Other_____

9. do you have a traumatic experience?
    - Yes
    - No
10. If your answer is yes for the above question, when was the last time you had a traumatic experience?
    - It's still happening
    - Less than 6 months
    - Less than 1 year
    - Less than 2 years
    - Less than 3 years
    - If it is more than 3 years, please specify the number of years

Resilience Measurement Scale Level of Children in the institution

Self-Reporting Questionnaires

Instructions: The following items are related to measure the resilience level of children in the institution since you have been exposed to traumatic experience. If you think the items apply to you had described, answer by putting "X" under one of the choices i.e., Mild, Moderate or Severe.

የአዕምሮ ድብርት ማጣጣሚያ መለኪያ መጠይቅ

መመሪያ:ከዚህ በታች የተጠቀሱትን ተግባራት ማከናወን ምን ያህል ትችላለህ/ ትችያለሽ?

S. N	**Scale items –English Column 1**	**Column 2 Amharic**	**ቀላል**	**መካከለኛ**	**ከባድ**	**Remark**
1	Able to adapt to change	ከለውጥ ጋር መላመድ መቻል				
2	Close and secure relationships	ግንኙነትን መዝጋት እና አስተማማኝ ማድረግ				
3	Believe in God can help	በፈጣሪ ማመን ሊረዳ እንደሚችል አምናለው				
4	Can deal with whatever comes.	ምንም ነገር ቢመጣ/ቢያጋጥም መቋቋም እችላለሁ				
5	Past success give confidence for new challenge.	የቀደመ ስኬት ወደፊት ለሚያጋጥም ተግዳሮት በራስ መተማመን ሊፈጥር እንደሚችል አምናለው				
6	See the humorous side of things	የነገሮችን ጎን ማየት				
7	Self-control and flexibility	ራስን መቆጣጠርና ግትር አለመሆን (ተለማጭነት)				

8	Tend to bounce back after illness or hardship	ችግርን ባሸናፊነት መወጣት ወደከፍታ ያመራል				
9	Things happen for a reason.	ችግሮች/ነገሮች የሚከሰቱት በምክንያት ነው				
10	Best effort no matter what	ምንም ይሁን ምንም መልካም ጥረት ማድረግ				
11	You can achieve your goals	ግብህን/ ግብሽን ታሳካለህ/ታሳኪያለሽ				
12	When things look hopeless, you do not give up	ነገሮች ተስፋ አስቆራጭ እንኳ ቢሆኑ አንተ/ቺ ተስፋ አትቆርጥም/ጪም፡፡				
13	Know where to turn for help	መፍትሔ የሚገኝበትን መንገድ ማወቅ				
14	Under pressure, focus and think clearly.	በችግር ውስጥ እንኳ ቢኮን በትኩረትና ጥርት ባለ ሁኔታ ማሰብ መቻል				
Total						

Social Support Survey Instrument

For each item, please mark the box for, none of the time, a little of the time, some of the time, most of the time, all the time. It would help us if you answered all items as best you can. Please give your answers based on how things have been for you over the two weeks.

Emotional/informational support	None of the time	little time	sometime	Most the time	All the time
Do you have someone you can count on to listen to you when you need to talk					
Do you have someone to give you information to help you understand a situation					
Do you have someone to give you good advice about a crisis					
Do you have someone to confide in or talk to about yourself or your problems					
Do you have someone whose advice you really want					
Do you have someone to share your most private					

worries and fears with					
Do you have someone to turn to for suggestions about how to deal with a personal problem					
Do you have someone who understands your problems					
Do you have someone who understands your problems					
Tangible support	None of the time	little time	sometime	Most the time	All the time
Do you have someone who help you if you were confined to bed					
Do you have someone to take you to the doctor if you					

needed it					
Do you have someone to prepare your meals if you were unable to do it yourself					
Do you have someone to help with daily chores if you were sick					
Affectionate support	None of the time	Little time	Sometime	Most of the time	All the time
Do you have someone who shows you love and affection					
Do you have someone to love and make you feel wanted					
Do you have someone who hugs you					
Positive social interaction	None of the time	Little time	Sometime	Most of the time	All the time

Instruction: Below is a list of problems that children sometimes have after experiencing an upsetting event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you in the last 2 weeks. All the responses will be kept confidential. Thank you for your corporation!!!

Part-1					
S. N	List of Problems	**Responses**			
		Not at all (0)	Once a week (1)	2 to 4 times a week (2)	5 0r more times a week (3
1	Having upsetting thoughts or images about the event that came into your head when you did not want them to				
2	Having bad dreams or nightmares				
3	Acting or feeling as the event was happening again (hearing something or seeing a picture about it and feeling as if I am there again)				

4	Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)				
5	Having feelings in your body when you think about or hear about the event (for example, breaking out in to a sweat, heart beating fast)				
6	Trying not to think about, talk about, or have feelings about the event				
7	Trying to avoid activities, people, or places that remind you of the traumatic event.				
8	Not being able to remember an important part of the upsetting event.				
9	Having much less interest or doing things you used to do.				
10	Not feeling close to people around				

	you				
11	Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)				
12	Feeling as if your future or hopes will not come true (for example, you will not have a job or getting married or having kids)				
13	Having trouble falling or staying asleep				
14	Feeling irritable or having fits of anger				

15	Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class).				
16	Being overly careful (for example, checking to see who you are around and what is around you)				
17	Being jumpy or easily startled (for example, when someone walks up behind you)				

	Part -2		
	Indicate below if the problems you rated in Part-1 have gotten in the way with any of the following areas of your life DURING THE PAST 2 WEEKS		
18	Doing your prayers		
19	Chores and duties at home		
20	Relationship with friends		
21	Fun and hobby activities		
22	Schoolwork		
23	Relationships with your family		
24	General happiness with your life		

Appendix B

Appendix B 1 Amharic version survey questionnaire

አዲስ አበባ ዩኒቨርሲቲ

ድኅረ ምረቃ መርሐ ሽግግር

የሳይኮሎጂ ትምህርት ቤት

የሚሰጡት ሐሳብ እጅግ በጣም ጠቃሚና ወሳኝ ስለሆነ በቂ ጊዜ ወስደው፣ አስበውበት በቅንነትና በታማኝነት ምላሽ እንዲሰጡን በአክብሮት እንጠይቃለን፡፡

- **የሚሰጡት ምላሽ ምሥጢራዊነቱ የተጠበቀ ነው፤ እባክዎ ስምዎን አይጻፉ፡፡**
- **ይህ መጠይቅ የሚሞላዉ በተቋም ውስጥ በሚኖሩ ወላጅ አልባና ለአደጋ ተጋላጭ ልጆች ነዉ፡፡**
- **መጠይቁን በግልዎ ይሙሉት፡፡**
- **ሁሉንም ጥያቄዎች ለመመለስ ይሞክሩ፡፡**
- **በዚህ ጥናት እየተሳተፉ መቀጠል ካልተመቹዎት በማንኛውም ጊዜ ተሳትፎዎን ማቋረጥ ይችላሉ ::**

ክፍል አንድ - ግላዊ መጠይቅ

በተሰጠው ባዶ ቦታ ላይ ተገቢውን መልስ ይስጡ.

1. **ፆታ:** **ወንድ ☐ሴት ☐**
2. **እድሜ:** _____
3. **የትምህርት ደረጃ:**

የመጀመሪያ ደረጃ ☐ ሁለተኛ ደ. ☐መሰናድዖ ☐ ሌላ _____

4. **በዚህ ተቋም ውስጥ ለምን ያህል ጊዜ ቆይተዋል? _____ ሳምንት☐ ወራት☐ ዓመታት☐**
5. **እርስዎን የሚረዳ ሞግዚት አለዎት?**

አዎ ☐ አይ ☐ አላውቅም ☐

6. ወላጆችዎ በሞት ከተለዩ በኋላ እና ወደ ተቋም ከመግባትዎ በፊት የሚንከባከቡዎት ማነው? (አንድ መልስ ብቻ)

አያቶች ☐ አክስቴ/አጎቴ ☐ ታላቅ እኅት ወይም ወንድም ☐ ዘመድ ☐ የወላጆቼ ጓደኛ ☐

አስተማሪዎች ☐ ጎረቤቶች ☐ ተቋም/ድርጅት ☐ የለኝም ☐

ሌላ ፣ መጥቀስ ይችላሉ_____

7. አሁን በተቋሙ ውስጥ ከአሳዳጊዎ ጋር ያለዎት ስምምነት እንዴት ነው?

በጣም ጥሩ ☐ ጥሩ ☐ መካከለኛ ☐

ችግር ያለበት☐ በጣም ችግር ያለበት ☐

8. ላለፉት ሁለት ሳምንታት ስሜትዎ እንዴት እንዴት ነበረ?

መከፋት፣ ማዘን ☐ ገለልተኛነት፣ ብቸኝነት ይሰማኛል☐ እርካታ ☐

መረበሽ ☐ መመካት፣ መጽናናት ☐ አላውቅም☐

ንዴት ☐ እፎይታ፣ ደስታ ☐

ሌላ መጥቀስ ይችላሉ _____

9. በሕይወትዎ ውስጥ የስሜት ቀውስ ወይም አሰቃቂ ሁኔታ ኣጋጥሞዎት ያውቃል?

ያ ውቃል ☐ አያውቅም ☐ አላስታውስም ☐

10. ከላይ ለተጠቀሰው ጥያቄ መልስዎ አዎ ከሆነ ለመጨረሻ ጊዜ አሰቃቂ ሁኔታ ያጋጠሞዎት መቼ ነበር?

አሁንም እየተከሰተ ነው ☐ ከስድስት ወር በፊት ☐ ከ1 ዓመት በፊት ☐

ከ2 ዓመት በፊት ☐ ከ3 ዓመት በፊት ☐

ከሦስት ዓመት በላይ ከሆነ የዓመቱን ቁጥር ይጥቀሱ? _____

መመሪያ

ቀጥሎ የተዘረዘሩት ጥያቄዎች ልጆች የደረሰባቸውን አሰቃቂ ጥቃትን ተከትለው የሚከሰቱ የስሜትና የመንፈስ መረበሽ ችግሮች የሚለኩ ሲሆኑ እያንዳንዱን ጥያቄ በጥሞና በማንበብ ወይም በማዳመጥ ችግሩ ላለፉት ሁለት/2/ ሳምንታት ከተሰጡት አራት/4/ አማራጮች (0-3) የአንቺን/የአንተን/ ስሜት በትክክል ይገልፃል ባልሽው/ባልከው/ ምርጫ ስር ✓ ምልክት በማድረግ መልሽ/መልስ/:: የመረጥከው/የመረጥሽው ምላሽ ሁሉ በሚስጥር ይቀመጣል:: ለትብብርዎት በጣም አመሰግናለው::

	ክፍል 1				
ተ.ቁ	ጥያቄዎች	አማራጮች			
		ምንም የለም (0)	በሳምንት አንድ ግዜ (1)	በሳምንት ከሁለት እስከ አራት ግዜ (2)	በሳምንት አምስት ግዜ እና ከዚያ በላይ (3)
1	ስለደረሰብኝ ጥቃት የሚያስፈሩና የሚያስጨንቁ ሀሳቦች ሳልፈልጋቸው በአዕምሮዮ እየተመላለሱ ያስቸግረኛል				
2	ማታ ማታ መጥፎ ህልሞች እመለከታለው ወይም ያቃዠኛል				
3	የደረሰብኝ ጥቃት በድጋሜ የሚከሰት አይነት ስሜት ይሰማኛል ማለትም ስለጥቃቱ የሆነ ነገር መስማት ወይም ማየት እና እዚያ ቦታ ላይ እንደገን የመገኘት ስሜት የሰማኛል				

4	ስለደረሰብኝ ጥቃት ሳስብ ወይም ስሰማ የሚያስፈራ እና የሚያስጨንቅ ስሜት ይሰማኛል (ለምሳሌ፡- የመደንገጥ፣ የመፍራት፣የመናደድ፣ የማዘን፣የወንጀለኝነት ስሜት ይሰማኛል)				
5	ስለደረሰብ ጥቃት ሳስብ ወይም በሰማው ግዜ በሰውነቴ ላይ የተለያዩ ለውጦች የከሰታሉ (ለምሳሌ፡- ማላብ፣ የልብ ምት መጨመር)				
6	ስለደረሰብ ጥቃት ማሰብ እና መናገር ወይም ስለጥቃቱ ምንም አይነት ስሜት እንዲሰማኝ አልፈልግም				
7	የደረሰብኝን አሰቃቂ ጥቃት ሊያስታውሱኝ የሚችሉ ድርጊቶች፣ ሰዎች እና ቦታዎች ለማወገድ እሞክራለው				
	ስለሚረብሸኝና ስለሚያስጨንቀን ሁኔታ አስፈላጊውን ወይም ዋነኛውን ጉዳይ ለማስታወስ አለመቸል				

9	ከዚህ በፊት የምሰራቸውን ስራዎች የመስራት ፍላጎቴ በጣም ቀንሷል				
10	በአካባቢዬ የሚገኙ ሰዎችን የመቅረብ ስሜቱ የለኝም				
11	ስሜቴን በአግባቡ መግለፅ አልችልም (ለምሳሌ፡- የደስታ ስሜት ማጣት፣ ለማልቀስ መቸገር)				
12	የዎደፊት ዕቅዶቼ ወይም ተስፋዎቼ የማይሳኩ መስሎ ይሰማኛል (ለምሳሌ፡- ስራ አለማግኘት፣ አለማግባት፣ ወይም ልጅ አለመውለድ)				
13	እንቅልፌ የተቆራረጠ እና የተረበሸ ወይም እንቅልፍ ላይ ለረኝም ግዜ እቆያለሁ				
14	የመነጫነጭና የመናደድ ስሜት ይሰማኛል				

15	አዕምሮዬን በአንድ ስራ ላይ እንዲያተኩር ማድረግ ያስቸግረኛል (ለምሳሌ፡- ቴሌቪዥን መከታተል አለመቻል፣ ያነበብኩትን መርሳት፣ ክፍል ውስጥ ትኩረት ማድርግ አለመቻል)				
16	ለእንዳንዱ ነገር ከመጠን በላይ ጥንቃቄ አደርጋለው (ለምሳሌ፡- በዙሪያዬ ማን እና ምን አንዳለ ደጋግሞ ማረጋገጥ)				
17	በቀላሉ መደንገጥ፣መፍራት ወይም መንቀጥቀት (ለምሳሌ፡- ከኃላ የሆነ ሰዉ ሲመጣ)				
	ክፍል-2				
	በክፍል- 2 ሥር የመረጣቸው ችግሮች በሚከተሉት እንቅስቃሴዎች ላይ ላለፉት ሁለት ሳምንታት በአንቺ/በአንተ/ ላይ ችግር አስለትለው ከሆነ አዎ ካልሆነ ደግሞ አይደለም በማለት መልስ ስጪ/ስጥ/				
		አዎ	**አይደለም**		
18	ሀይማኖታዊ ግዴታዎች /ለምሳሌ ፀሎት/ በበቂ ሁኔታ				

	በመወጣት እረገድ		
19	በዕለት ዕለት የቤት ስራዎችን በበቂ ሁኔታ በመወጣት እረገድ		
20	ከጓደኛሽ/ህ/ጋር ባለሽ/ባለህ/ መልካም ግኑኝነት ላይ		
21	የሚዝናኑ እና የሚያስደስቱ እንቅስቃሴዎችን በማከናወን ረገድ		
22	የትምህርት ቤት ስራዎችን በማከናወኑ ረገድ		
23	ከቤተሰቦችህ/ከቤተሰቦችሽ/ጋር ባለሽ/ባለህ/ መልካም ግንኙነት ላይ		
24	በአጠቃላይ በደስተኛ ህይወትሽ /ህይወትህ/ ላይ		

ድጋፍና እንክብካቤ

እባክዎን ለእያንዳንዱ ንጥል ጥያቄ ‘‘በወቅቱ የለም’’ ፣ ‘‘ትንሽ ጊዜ’’ ፣ ‘‘አንዳንድ ጊዜ’’ ፣ ‘‘አብዛኛውን ጊዜ’’ ፣ ‘‘ሁል ጊዜ’’ በማለት ሳጥኑ ላይ ✓ ምልክት ያድርጉበት። ሁሉንም ጥያቄዎች በተቻለዎት መጠን ጥሩ አድርገው ቢመልሱልን ይረዳናል፡፡ እባክዎ፣ በሁለቱ ሳምንታት ውስጥ የነበሩበት ነባራዊ ሁኔታዎችዎ ላይ በመመስረት መልሶችዎን ይስጡልን።

ስሜታዊ/የመረጃ ድጋፍ									
ተ. ቁ					**አማራጮች**				
					በማናቸውም ጊዜ የለም	**ጥቂት ጊዜ**	**አንዳንድ ጊዜ**	**አብዛኛውን ጊዜ**	**ሁል ጊዜ**
1	ማውራት ሲፈልጉ እንደሚያደምጥዎ የሚተማመኑበት ሰው አለዎት?								
2	አንድን ሁኔታ ለመረዳት እንዲረዳዎ መረጃ በመስጠት እገዛ የሚያደርግልዎ ሰው አለዎት?								
3	ስለ አንዳች ቀውስ ጥሩ ምክር ሊሰጥዎ የሚችል ሰው አለዎት?								
4	እምነት የሚያሳድሩበት ወይም ስለ ራስዎ አለያም ስለችግሮችዎ የሚነግሩት ሰው አለዎት?								
5	ምክሩን አጥብቀው የሚፈልጉት ሰው አለዎት?								
6	እጅግ በጣም የግል የሚባሉ ጭንቀቶችዎንና ፍርኃቶችዎን የሚያጋሩት ሰው አለዎት?								

7	ግላዊ ችግርን ስለመጋፈጥ አስተያየቶችን እንዲሰጥዎ የሚጠይቁት ሰው አለዎት?					
8	ችግሮችዎን የሚረዳ ሰው አለዎት?					
ተጨባጭ ድጋፍ						
ተ. ቁ		**በወቅቱ የለም**	**ትንሽ ጊዜ**	**አንዳንድ ጊዜ**	**አብዛኛውን ጊዜ**	**ሁል ጊዜ**
9	በአልጋ ቁራኛ ቢያዙ የሚረዳዎ ሰው አለዎት?					
10	የሐኪም እርዳታ ቢየስፈልግዎ ወደ ሐኪም የሚወስድዎ ሰው አለ?					
11	እርስዎ እራስዎ ማድረግ ካልቻሉ ምግብዎን የሚያዘጋጅ ሰው አለዎት?					
12	ቢታመሙ በዕለታዊ የቤት ውስጥ ሥራዎች የሚረዳዎ ሰው አለ?					
ፍቅር የመስጠት ድጋፍ						
ተ. ቁ		**በወቅቱ የለም**	**ትንሽ ጊዜ**	**አንዳንድ ጊዜ**	**አብዛኛውን ጊዜ**	**ሁል ጊዜ**
13	ፍቅርና መውደድ የሚያሳየዎት ሰው አለዎት?					
14	የመወደድና የመፈለግ ስሜት እንዲሰማዎት የሚያደርግ ሰው አለዎት?					
15	በፍቅር የሚያቅፈዎት የሚደግፍዎት አንድ ሰው አለዎት?					
አዎንታዊ ማህበራዊ መስተጋብር						
ተ. ቁ		**በወቅቱ የለም**	**ትንሽ ጊዜ**	**አንዳንድ ጊዜ**	**አብዛኛውን ጊዜ**	**ሁል ጊዜ**
16	ጥሩ ጊዜ አብሮዎት የሚያሳልፍ ሰው አለዎት?					

17	አብሮ ለመዝናናት የሚያስችልዎት ሰው አለዎት?					
18	አብረው ደስ የሚያሰኝ ነገር በማድረግ የሚሳልፉት ሰው አለዎት?					

Appendix C Pilot study result

Appendix C1 Cronbach's Alpha and item total statistics of Social support survey instrument scale

Reliability Statistics

Cronbach's Alpha	N of Items
.936	18

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
S1 Do you have someone you can count on to listen to you when you need to talk	22.75	233.987	.613	.934
S2 Do you have someone to give you information to help you understand a situation	23.35	242.976	.750	.931
S3 Do you have someone to give you good advice about a crisis	23.00	240.421	.657	.932
S4 Do you have someone to confide in or talk to about yourself or your problems	22.65	232.345	.736	.930
S5 Do you have someone whose advice you really want	22.65	247.292	.408	.937

S6 Do you have someone to share your most private worries and fears with	22.35	230.555	.750	.930
S7 Do you have someone to turn to for suggestions about how to deal with a personal problem	22.60	236.042	.710	.931
S8 Do you have someone who understands your problems	22.55	232.997	.742	.930
S9 Do you have someone who help you if you were confined to bed	23.15	264.134	.055	.941
S10 Do you have someone to take you to the doctor if you needed it	22.60	239.726	.558	.934
S11 Do you have someone to prepare your meals if you were unable to do it yourself	21.90	248.621	.361	.939
S12 Do you have someone to help with daily chores if you were sick	22.55	245.524	.639	.933
S13 Do you have someone who shows you love and affection	23.30	233.695	.825	.929
S14 Do you have someone to love and make you feel wanted	23.40	233.621	.812	.929

S15 Do you have someone who hugs you	23.35	230.766	.745	.930
S16 Do you have someone to have a good time with	22.70	236.221	.825	.929
S17 Do you have someone to get together with for relaxation	22.35	230.239	.758	.930
S18 Do you have someone to do something enjoyable with	22.50	236.053	.737	.930

Appendix C2 Cronbach's Alpha and item total statistics of Child posttraumatic stress symptom scale/CPSS/

Reliability Statistics

Cronbach's Alpha	N of Items
.707	24

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
P1 Having upsetting thoughts or images about the event that came into your head when you did not want them to	22.50	40.158	.195	.705
P2 Having bad dreams or nightmares	22.55	40.471	.210	.702
P4 Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)	22.40	40.147	.200	.704
P6 Trying not to think about, talk about, or have feelings about the event	22.40	38.989	.354	.688

P7 Trying to avoid activities, people, or places that remind you of the traumatic event	22.35	36.871	.527	.669
P8 Not being able to remember an important part of the upsetting event	22.35	35.924	.537	.665
P9 Having much less interest or doing things you used to do	22.50	38.789	.309	.692
P11 Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)	22.20	41.853	.075	.716
P12 Feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or having kids)	22.50	36.474	.477	.672

P15 Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class)	22.45	42.050	.085	.713
P16 Being overly careful (for example, checking to see who is around and what is around you)	22.50	37.316	.470	.675
P17 Being jumpy or easily startled (for example, when someone walks up behind you)	22.50	39.211	.252	.699
P19 Chores and duties at home	23.35	40.450	.329	.693
P20 Relationship with friends	23.30	39.800	.324	.692
P21 Fun and hobby activities	23.15	42.134	.105	.710
P22 School work	23.50	38.895	.498	.679
P23 Relationships with your family	23.15	41.187	.157	.707
P24 General happiness with your life	23.20	41.853	.106	.711

Appendix C3 Cronbach's Alpha and item total statistics of Resilience measurement scale

Reliability Statistics

Cronbach's Alpha	N of Items
.732	12

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
R1 Able to adapt to change	66.43	156.944	.286	.832
R2 Close and secure relationships	66.86	154.878	.276	.833
R3 Believe in God can help	66.800	153.476	.281	.834
R4 Can deal with whatever comes.	67.03	157.895	.220	.835
R5 Past success give confidence for new challenge.	67.53	151.016	.389	.828
R6 See the humorous side of things	66.93	172.340	-.217	.855
R7 Self-control and flexibility	66.80	162.510	.050	.844

R8 Tend to bounce back after illness or hardship	67.36	153.344	.305	.832
R9 Things happen for a reason.	67.13	161.223	.101	.841
R11 You can achieve your goals	67.63	138.861	.817	.807
R13 Know where to turn for help	67.46	139.982	.755	.809
R14 Under pressure, focus and think clearly	67.46	143.292	.744	.812

Appendix D Consent Form

CONSENT FORMS

Consent form for participants

I have read the Information Sheet concerning this research and understand what it is about. I have also read a copy of consent form.

All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage. I know that:

1. My participation in the research is entirely voluntary;

2. I am free to withdraw from the research at any time without any disadvantage;

3. I understand that the research data on me will be retained in secure storage for five years, after which time it will be destroyed, and that all personal information (names and consent forms) will be destroyed at the end of the study;

5. I understand that I will not fill the questioners without my consent;

6. I understand that only, the examiner, his/her supervisor and the person who types the transcripts will have access to my personal information. I am aware that only the interviewer, his/her supervisor will have further access to the personal information of me once the transcript is made;

7. I understand that the results of the project may be published but my anonymity will be preserved;

8. I understand that I have access to the examiner and his/her supervisor should I need to discuss this project with him/her or discuss any issues that may arise from this project for myself.

I give my consent to take part in this project.

……. (Date)

…..……. Signature