A COMPARATIVE STUDY OF BEHAVIOUR PROBLEMS AMONG TRAFFICKED CHILDREN, INSTITUTIONALIZED CHILDREN AND CHILDREN LIVING WITH THEIR FAMILIES

A Dissertation
Submitted to the Department of Clinical Psychology, University of Dhaka, in partial fulfillment of the requirements for the Degree of M.Phil in Clinical Psychology

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APPROVAL SHEET

This is to certify that I have read the dissertation entitled "A Comparative Study of Behaviour Problems Among Trafficked Children, Institutionalized Children and Children Living With Their Families", submitted by Salma Parveen, in partial fulfillment for the Degree of M. Phil in Clinical Psychology, and that this is an original study carried out by her, under my supervision and guidance.

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ABSTRACT

The present study investigated behaviour problems among trafficked children, institutionalized children and children living with their families. For this purpose a total of 60 children were selected as the sample of the study. Of these, 20 were trafficked children, 20 were institutionalized children and 20 were children living with their families. The institutionalized children and children living with their families were matched with the trafficked children in respect of sex, age and socio-economic status. Five care givers(both male and female) and twenty mothers were taken to assess the behaviour problems of these children. Trafficked children were taken from two shelter homes and institutionalized children were taken from two orphanages of Dhaka city. Children living with their families were taken from one area of Dhaka city. The age of the children ranged from 6 to 16 years. According to age the children were divided into two groups. The Bengali version of the Child Behaviour Checklist (CBCL) was used for studying behaviour problems. The results were analyzed by using t-test , F-test and chi-square.

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Results of the present study indicated that total behaviour problem scores varied significantly according to the type and sex of the subjects but not according to their age. The trafficked children scored highest behaviour problems followed by the institutionalized children and children living with their families. Behaviour problems were found to be significantly higher among boys than girls. Interactions between type and sex, type and age, sex and age as well as interactions among type, sex and age were not significant . Results also revealed that the trafficked children, institutionalized children and children living with their families differed significantly from each other on 42(35.59%) problem items of the CBCL. Significant sex differences were found on 11(9.32%) problem

items and age differences were found only on 6 (5.08%) problem items. Trafficked boys of both the age groups (6 to 11 and 12 to 16 years) scored significantly higher than both groups of institutionalized boys and boys both groups of living with their families on the total problem scores and on some of the subscales scores of the CBCL. Trafficked girls of both the age groups (6 to 11 and 12 to 16 years) also scored significantly higher than other two groups of girls on the total problem scores as well as some of the subscales scores of the CBCL.

Results of the present study indicated that the effect of duration of stay at organization or institution on behaviour problem scores of the trafficked children and the institutionalized children was not significant.

Results also revealed that a high percentage (75%) of trafficked children scored behaviour problem in the clinical range followed by institutionalized children (45%) and children living with their families (15%).

The findings of the present study were interpreted in the light of existing literature and further research on this area was recommended.

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INTRODUCTION

INTRODUCTION

Many children and young people experience difficulties in behaviour, feelings or relationships which cause worry at home or at school at some stages of their lives. In addition, some children are slow to acquire certain abilities such as bladder control or learning to read and this can also cause stress. Some children's problems resolve without needing help from professionals whereas others' persist, having an impact on the child's adaptation, well being and family life. Studies from a number of different countries have shown that around 20 percent of children and young people may have problems or difficulties which are sufficiently complex or severe to be classified as child mental health disorders (Costello, 1989).

Sometimes children show a behaviour which is intense, hard to manage, has lasted a long time or is not appropriate for his/ her age. This type of behaviour is considered as problematic behaviour. Many problematic behaviours and threats to adjustment emerge over the course of normal development (Kazdin, 1992). Indeed, several behaviours that characterize maladjustment or emotional disturbance are relatively common in childhood. When children face difficulties to adjust to different situations, they develop various types of behaviour problems. These behaviour problems influence a child's personal, social and academic life.

1.1 Behaviour Problems

Problematic or abnormal applied to children's behaviour implies away from normal, i.e. deviation from a standard. An analysis of these standards or norms, in public and professional usage, makes it clear that they are social standards (rules, expectations,

codes, conventions) and comparisons made with patterns of normal child and adolescent development (Herbert, 1987). Many factors should be taken into account for defining behaviour problems such as the number and frequency of the problems, the severity of problems and situations where problem behaviour is expressed (Heward and Orlansky, 1984). Different theories of child psychopathology describe behaviour problems in different ways and there is no single definition of behaviour problem that is generally agreed upon or accepted by all (Begum, 1997).

One of the most practical definitions of behavioural disturbance was presented by Bower (1969). He discussed five characteristics, one or more of which behaviourally disturbed children exhibit to a marked extent and over a period of time. They are :

1. Learning difficulties which cannot be explained by intellectual, sensory or health factors
2. Difficulties in interpersonal relationship with peers and teachers
3. Inappropriate behaviour
4. A general mood of unhappiness and
5. A tendency to develop somatic symptoms.

Bower established a continuum of disturbance with one end representing mild and the other representing severe pathology.

Behaviour problem refers to the negative aspects of behaviour. Although there is no absolute criterion which can be used to distinguish problematic and non-problematic behaviour in children, a behaviour is considered as problematic when it differs markedly as well as chronically from current social and cultural norms for the children (Richman and Graham, 1971).

Achenbach and Edelbrock (1983) stated that behaviour problem refers to deviant or irregular patterns of behaviour, and children with behaviour problems exhibit some kind of behaviour which are not expected to be present in a normal child of his/ her age or sex.

Parents and teachers tend to become worried about the children when their behaviour appears (a) to be out of control, (b) to be unpredictable or (c) to lack sense or meaning. If these tendencies are extreme and/ or persistent they are likely to be thought of as 'problematic' or 'abnormal'.

According to Herbert (1998) the term ' emotional and behavioural problem' refers to a large and heterogeneous collection of disorders ranging from depression, anxiety, inhibition and shyness to non-compliance, destructiveness, stealing and aggression.

1.2 Identification of Behaviour Problems

Behaviour problems may be apparent immediately after birth, stemming from prenatal or perinatal complications of one kind or another. They may appear in infancy, taking the form of feeding or sleeping difficulties or excessive crying-reflecting biological dysfunction and / or deficiencies in the care babies receive, or the sheer absence of affection. Problems may emerge during the preschool years, reflecting emotional and social difficulties such as fears, excessive temper tantrums or shyness; they may be manifested as conduct problems like aggressiveness, hyperactivity or poor concentration. As children are generally less able to express themselves in words, therefore, evidence of disturbance is based more on observations of behaviour made by parents, teachers and others. Epidemiological studies have shown that there is only moderate agreement between informants. This is partly because the child's behaviour may differ in different

circumstances and partly because informants may have different criteria for behaviour problems. So in order to identify behaviour problems of children we have to keep in mind that it may vary in types, severity, frequency and persistence. Some of the problems of children are permanent while others are temporary. Besides this, attention should also be given on particular social and cultural beliefs, expectations and norms for appropriate behaviour for each sex and age group.

Behaviour problems are seen as having unfavourable social and personal consequences for the child himself or herself, for the family, and sometimes, for the wider community. For these reasons identification of behaviour problems in children is very important.

1.3 Assessment of Behaviour Problems

Systematic assessment of behavioural problem in children is a necessary prerequisite for development, improving and evaluating service for these children (Achenbach & Edelbrock, 1981).

Effective intervention and treatment is based on an accurate assessment of the presenting problem. It is often a dynamic and developing process. The aim of assessment is to:

1. Gain detailed information about the behaviour problem
2. Listen to the worries and concerns of the parents and child
3. Assess the emotional functioning of the family
4. Check the developmental progress of the child
5. Formulate a hypothesis about the presenting problem

6. Create a relationship with the family and engage them in treatment if appropriate.

7. Determine whether any further information or tests are required for the intervention to be effective.

Psychometrically sound and well-standardized assessment procedures are needed for the treatment and management of behaviour problems in children. There are different types of assessment procedures. They are :

1.3.1 Developmental Assessment

Children are not smaller, less complex human being than adults. Their problems have to be evaluated within a developmental framework. The significance that the clinician will place on a particular piece of behaviour will depend not only on the child's socio-cultural background but also on the child's developmental age. Cox and Rutter (1977) note four reasons for taking a developmental perspective.

1. Children behave differently at different ages. The clinician must be familiar with the range of behaviours and their age- appropriateness in separating the normal from the abnormal. Thus, simple consonant substitutions are widespread in the speech of pre-school children, but indicate some delay or deviation in the speech of teenagers.

2. Many aspects of behaviour can be viewed as progressing through a normal sequence. So an understanding of the normal sequences and ages permits a judgement as to whether the child has deviated in his or her development.

3. Different stages of development are associated with different stresses and different developmental tasks. Bladder and bowel training are normally achieved between the ages of 2 and 4 years. Major stresses on the child or the family at this time may interfere with the achievement of proper bladder and bowel control.

4. An understanding of the process which underlie both normal and abnormal development will help in the understanding of how the problems have arisen (Rutter, 1975).

A major implication of this is that it is necessary to obtain a good account of the child's developmental history.

1.3.2 Family Assessment

A family assessment is necessary to understand a child's behaviour problem. The family as a small group can be observed and assessed on a variety of dimensions such as patterns of communication, processes of decision making, cohesion and dysfunctional patterns (Lask, 1980; Vetere and Gale, 1987). Of the various aspects of family life, discord and disorganization have been shown to be most closely associated with the development of psychological disorders, hence it is important to assess these characteristic processes through interviewing the family. Information is gained from observing the family in the session as well as asking questions that prove into the relationships with the family. Families are usually unable to describe how they function to an outsider and so questions that enquire about this directly are likely to be unhelpful. Indirect methods are most useful. So the pattern of relationships between different family members and habitual ways of interacting need to be kept in mind to see how the family works as a system.

1.3.3 Behavioural Assessment

Behavioural assessment includes two steps to assess child's behaviour. First step is to help parents to have a detailed description of child's behaviour by observing and

keeping a record of the problem. This will help parents to recognize that the problem is not as bad as they thought or that finally they can demonstrate the seriousness of the problem.

The next stage of assessment is to define the context in which the problem behaviour occurs and how the parents react to it. Parents need to learn how to observe themselves as well as to observe the child. The parents need to recognize the link between how they try to manage the behaviour and the occurance of the behaviour, so reactions like smacking, shouting, nagging, sulking, giving in or ignoring need to be identified. Once the observations are completed the parents can devise a hypothesis about what is maintaining the problem behaviour. This will provide the guidelines for change.

1.4 Methods of Assessment

The following methods are used in assessing a child's behaviour problem.

1.4.1 Interviewing parents

Interview remains one of the essential tools of all professionals involved in assessment. It is well known that interviews can have shortcomings but it is equally recognized that particular forms of interviews can, in skilled hands, yield useful and valid information not only on the nature and severity of children's disorders (Graham and Rutter, 1968) but also on aspects of family life and relationships which many still erroneously believe are not quantifiable (Brown and Rutter, 1966: Quinton, Rutter and Rowlands, 1976).

Cox and Rutter (1985) point to three main functions of an initial interview with the parents :

1. to elicit information about behaviour, events and situations;
2. to elicit information about parental emotions and feelings;
3. to establish the basis for a therapeutic relationship.

1.4.2 Interviewing the child

The aim of interviewing the child is to get the maximum information on how the child views the problem and to begin to form a relationship with the child which will facilitate further investigations and therapy. It is essential to begin interview by establishing a friendly atmosphere and winning the child's confidence. It is appropriate to ask the child what he likes to be called. It is usually better to begin with a discussion of neutral topics such as pets, games etc. before turning to the presenting problem. When a friendly relationship has been established, the child can be asked about the problem, his likes and dislikes, and his hopes for the future. It is often informative to ask what he would request if given three wishes. Younger children may be given the opportunity to express their concerns and feelings in paintings or play. Children can generally recall events accurately, but they are more suggestible than adults. Therefore, it is particularly important not to use leading questions in interviewing, and not to suggest actions or interpretations to a child who is being observed at painting or play.

1.4.3 Observing the child

Because younger children may not be able or willing to express ideas or feelings in words, observations of their behaviour and interaction with the interviewer are specially important; with very young children, drawing and the use of toys may be helpful.

Increasingly, it is accepted that directly observing the child at home or in the classroom can be crucial in identifying problems and suggesting interventions. In observing in the natural environment, the psychologist will usually have some ideas about the presenting problems. However, it is important to remain open to other information, particularly in the early stages. Therefore, the first session should normally be fairly unstructured. Assuming that one has chosen a time and a situation when the problem behaviour is likely to occur, then observation can usefully be recorded in the A-B-C notation (Antecedent-Behaviour-Consequence) as suggested by Gelfand and Hartmann (1984). This would yield information on sequences of behaviour and the social context in which they occur. Together with other data, this can be used to develop a structured observation schedule which can then be used to gather proper baseline data and to monitor progress during treatment.

1.4.4 Psychometric Assessment

For diagnosis of problem behaviour 'Diagnostic and Statistical Manual for Mental Disorder' (DSM-IV; American Psychiatric Association, 1994) criteria and 'The International Classification of Disease', (ICD-10; World Health Organization, 1992) is being used all over the world. For assessment of problem behaviour there are plenty of scales assessing problem behaviour in the developed countries such as, Achenbach's ' Youth Self-Report Check-list' (YSR, 1991b), parent version of 'The Child Behaviour Checklist' (CBCL, 1983), Teacher's Report Form (TRF, 1991) of the Child Behaviour Checklist, 'Diagnostic Interview Schedule for Children' (DISC) by American Psychiatric Association (APA), 'Disruptive Behaviour Disorder Scale' (DBD) by Pelham, Evans, Gnagy and Greenslade (1992), Brief Symptom Inventory (BSI) by Derogatis (1975),

Eyberg Child Behaviour Inventory (ECBL, 1980), Denereux Behaviour Rating Scale-School Form (DBRS-SF) by Naglieri, Le Buffe and Pfeiffer (1993), Adjustment Scales for Children and Adolescent (ASCA) by Mc Dermott, Marston and Stott (1993), Behaviour Assessment System for Children (BASC) by Reynolds & Kamphaus (1992), Conners' Teacher and Parent Rating Scales (1989).

All these scales were developed outside Bangladesh and their items might prove insensitive to our culture. None of these are adapted to our culture and they might provide inadequate information about problem behaviour of children. Therefore, the original version of the Child Behaviour Checklist (CBCL) which was developed by Achenbach and Edelbrock (1983) was translated into Bengali by Begum (1993). The reliability and validity of the Bengali version of the CBCL was reported to be highly significant.

1.5 Causes of Behaviour Problems

Several factors have been linked to the development of behaviour problems. But there is no direct association between predisposing factors and development of behaviour problems in children. Butler and Golding (1986) found that 'the number of cigarettes the mother smokes is associated with frequency of temper tantrums in her child.' This cannot be considered to be causal but these may be a mechanism that links these events, perhaps tense mothers smoke more and tense mothers may find parenting a more difficult task.

The factors associated with behaviour problems can be grouped into two main categories:

1. Child factors where aspects related to the individual child affect his or her behaviour.
2. Environmental factors where family housing and the social situation affect the child.

The interaction between environmental and social conditions and the characteristics of the child can combine to cause significant problems.

1.5.1 Child factors

1.5.1.1 Temperament

In a longitudinal study in New York, Thomas et al. (1968) found that certain temperamental factors detected before the age of two might predispose to later behavioural disorder. In the first two years, one group of children ('difficult temperament children') tended to respond to new environmental stimuli by withdrawal, slow adaptation, and an intense behavioural response. Another group ('easy temperament children') responded to new stimuli with positive approach, rapid adaptation, and mild behavioural response. This group was less likely than the first to develop behavioural disorders later in childhood. The investigators thought that these early temperamental differences were determined both genetically and by environmental factors. The validity of the methods in this study, and the significance of the findings, have been questioned (Graham and Stevenson, 1987).

1.5.1.2 Language delay

Many studies have identified the association between language delay and behaviour problems in young children (Cantwell et al., 1980; Stevenson and Richman 1976; 1978). Stevenson and his colleagues (1985) found that children with low language structure at 3 years showed higher rates of neurotic behaviour problems at 8 years. But in this study it was not identified whether these children demonstrating poor language development due to low levels of language stimulation and adult interaction at home or due to medical difficulties such as hearing loss.

1.5.1.3 Developmental delay

Many children who are reported by the parents having behaviour problems may have mild developmental difficulties. Parents may complain that the child is not showing age appropriate behaviour and his/her developmental progress is slow. It is difficult for the parents to recognize the behaviour as appropriate behaviour for the child's developmental status rather than interpreting it as a problem. The parents expectations and the child's ability need to correspond parental anxiety and pressure on the child can create additional problems in the child and exacerbate the situation.

1.5.1.4 Overactivity

A high level of activity is an important feature of a child's behaviour as it disrupts the development of normal parenting patterns. The overactive child is frequently described as non-compliant or conduct disordered by parents (Barkley, 1981), who do not understand why the child is disobedient.

1.5.2 Environmental factors

These encompass the range of social and emotional pressures and reactions that affect the child. These factors on their own do not cause behaviour problems in young children and in many instances children develop and grow with no identifiable problems despite appalling environmental stresses and circumstances (Garmezy, 1985).

1.5.2.1 Maternal depression

There is a very strong association between maternal depression and behaviour difficulties in young children. Pound and her colleagues (1985) looked at the interaction between depressed mothers and their children and found that the rate of marked behaviour problems was related to extensive bouts of depression and poor quality of parental marriage.

On the basis of maternal ratings, children of depressed mothers have been found to be more likely than those of non-depressed mothers to have internalizing and externalizing problems in the clinical range (Kinard, 1995) and to have higher rates of major depression, conduct/ oppositional, anxiety and substance use disorders (Chilcoat and Breslau, 1997; Kinard, 1995). In some studies it has been found that long term exposure to mother's depression is more likely to be associated with childhood behaviour problems than in short term exposure (Billings and Moos, 1985; Fergusson and Lynskey, 1993; Richters, 1992; Richters and Pellegrini, 1989).

1.5.2.2 Environmental stress

Problems with housing and poverty are specific factors that have been linked with the development of behaviour problems. Damp housing conditions, lack of electricity, lack of play space and over-crowding are all environmental stresses to the family. The effects of this type of stress appear to be mediated through the parents' emotional

reactions to their situation. Being preoccupied with stress will effectively cut parents off from children. Once a parent loses sight of the child's needs and becomes involved in his or her own problems control and discipline difficulties will arise as the parent becomes emotionally erratic and inconsistent in reacting to the child.

1.5.2.3 Parental management techniques

The manner in which parents manage their children's behaviour is probably one of the most important factors in the development of behaviour difficulties. Patterson and his colleagues (1982) have identified four key family management practices that are related to the development of problem behaviour in the children :

1. Failure to provide consistent and effective discipline related to the child's anti-social behaviour
2. Poor monitoring of the whereabouts of the child
3. A low level of positive response when the child was showing sociable behaviour
4. Poor problem-solving approach used in a family (Patterson, 1982)

So by helping families to change their management style it is possible to reduce behaviour problems in the children.

1.5.2.4 Parental history

Rutter and Madge (1976) have found that there is an indirect link between a parent's childhood experiences and their ability to provide good parenting. When abnormal parenting patterns are experienced, such as physical and sexual abuse, there is a much higher intergenerational link of poor parenting experiences. A high proportion of parents who abuse their children have experienced serious, neglected and abuse in their own childhood. Mothers who have been separated from their own parents during childhood have been found to have marital problems and difficulties in child-rearing

(Frommer, 1973). So it would appear that the intensity of the problems experienced in childhood are of significance and likely to affect later emotional relationships.

1.6 Trafficked Children

Trafficking of women and children has been called a modern form of slavery. This trade today is more globalized and more methodical than ever. Bangladesh has now become a profitable sector for traffickers. Their network is spread all over Bangladesh. Bangladesh is a developing country with a poor economic background. Nearly 85% of the population has to face economic hardships. As a result poor and disadvantaged women and children are often trafficked to India, Pakistan and the Middle East. It was revealed in a recent workshop organized by the Centre for Human and Children Studies that 200,000 children were trafficked from Bangladesh during the last one decade(The Daily Star, 29.5.2001). A research report of Bangladesh Jatiya Mahila Ainjibi Samity (National Women Lawyers Association BNWLA) claimed that 25,495 children are trafficked from Bangladesh every year (The Daily Star, 29.5.2001). Trafficking of young girls and children has increased through the country's south western borders to India which is considered to be the human trading centre in Asia. Bangladesh National Human Lawyers Association, in a Bulletin said that 24,000 girls and boys were trafficked from Bangladesh in 16 months until April 2001.

Before describing trafficked children we need to know what is trafficking. The South Asian Association for Regional cooperation (SAARC) proposed a definition of trafficking as follows :

"All acts involved in the recruitment, transportation, forced movement and/ or selling and buying of women and children within and across borders by fraudulent means,

deception, coercion, direct and or indirect threats, abuse of authority for the purpose of placing a women and / or child against her will or without her consent in exploitative and abusive situations such as forced prostitution, marriage, bonded labour, begging, organ trade etc".

A regional seminar on "child prostitution and trafficking" was organized by The British Council, Calcutta in partnership with The British Council, Bangladesh & Nepal at Siliguri (16-18 Nov. 1998). The paper which was presented from Bangladesh gave a working definition of trafficking in children. In the definition it was mentioned that "trafficking in children in its broad perspective includes all acts involved in capture, acquisition, recruitment and transportation of children within and across national borders with the intent to sell, exchange or use for any illegal purpose such as prostitution, servitude in the guise of marriage, bonded labour or sale of human organs by means of violence or threat of violencei".

Children who are victimized of trafficking are considered as trafficked children.

1.6.1 Causes of Trafficking

In most of the cases poverty was found as the most important cause for trafficking. Researchers of Bangladesh National Women Lawyers Association (BNWLA) mentioned other factors related to trafficking. These are :

1.6.1.1 Social and Cultural Factors

- Lack of education
- Lack of awareness in respect of laws regulating marriage, labour and legal rights
- Child marriage and polygamy
- Incapability of giving dowry

- Easy divorce
- Dream for better living
- Inability of parents to support their children
- Parental dependency on the income of their children

1.6.1.2 Economic Factors

- Poverty
- Landlessness
- Lack of employment opportunity
- Low per capita income making it difficult to support families

1.6.1.3 Demographic Factors

- Over population
- Rural-urban migration
- International migration

1.6.1.4 Natural Factors

- River erosion, floods and cyclones.

1.6.1.5 Political Factors

- Inadequate, inefficient and corrupted law enforcing authority
- Formation of Pakistanis stranded camps
- Formation of Rohingya camps.

1.6.2 Behaviour Problems among Trafficked Children

The trafficked children has to go through many difficult and stressful situations. Stress can lead feelings of sadness or depression, rejection even grief (Lazarus, 1991).

Another common reaction to stress is anger, particularly when the person perceives the situation as harmful or frustrating. Donnerstein and Wilson (1976) found that anger tends to increase aggression during stressful experiences. There is also evidence that poor academic or behavioural adjustment may lead to increase over time in the experience of stressful events (DuBois et al., 1992). Trafficked children have faced many traumatic experiences, therefore, it can be said that trafficking is a traumatic event for trafficked children. These children are victimized of prostitution, sexual assault, child sexual abuse, physical abuse, begging etc.

Abused children are more likely to experience depressive symptoms (Bushnell, Wells and Oakley- Browne, 1992; Sternberg et al., 1992; Toth et al., 1992). They also tend to show more self-destructive behaviour than nonabused control subjects (Green, 1978). Abused children are likely to show problems in social adjustment and are particularly likely to feel that the outcomes of events are determined by external factors beyond their own control (Kinzl and Biebl, 1992; Toth, Manly and Cicchetti, 1992).

When the abuse involves a sexual component, such as incest or rape, the long-range consequences can be very marked (Kendall-Tackett et al., 1993).

Empirical studies that have used abused children as subjects have consistently revealed elevated rates of psychopathology and behavioural problems, including anxiety disturbances, post-traumatic stress disorder, sexualized behaviours, and poor self-esteem (Green, 1993; Kendall-Tackett et al., 1993).

Childhood victimization was found to be significantly related to the number of lifetime symptoms of antisocial personality disorder and predictive of a diagnosis of antisocial disorder (Luntz and Widom, 1994).

It has been found that sexually abused female children exhibit a wide range of dissociative symptoms and autodestructive behaviours, such as increased aggression, feelings of fear, anger, guilt, shame as well as eating and sleeping disturbances, inappropriate sexual behaviour and truancy from school (Browne and Finkelhor, 1986; Mullen, Martin, Anderson, Romans and Herbison, 1994).

The most common behaviour reactions described in boys, who have been sexually abused is the development of aggressive behaviour, such as bullying, chronic disobedience and antisocial acts (Rogers and Terry, 1984) and girls have been described as having a fear, higher level of suicidal thoughts and activities (Herman, 1981; Adams-Tucker, 1982, Gomes- Schwartz et al., 1990).

In some investigations abused children have been assessed directly, or by a parent or teacher rating, or by self report (e.g Conte and Schuerman, 1987; Tong et al., 1987, Conte and Berliner, 1988; Cohen and Mannarino, 1988; Gomes- Schwartz et al., 1990) and found that abused children as a group differ behaviourally from non abused children.

Some common reactions of children after exposure to trauma are:- not wanting to sleep alone, regressive behaviours like thumb- sucking, bed wetting, play that is aggressive, being confused about what the trauma is and what it means, trouble concentrating and doing work in school (Weiss 1993).

Aggressive and inappropriate sexual behaviour (Friedrich, 1993), as well as major depression, dysthymia suicidality, somatic complaints and anxiety disorders are commonly reported in sexually abused children (Conte, 1991; de Wilde, Kienhorst, Diekstra, and Wolters, 1992; McLeer et al., 1994).

In retrospective studies, adults with histories of childhood sexual abuse manifest high rates of major depression suicidality, somatization disorder, anxiety disorders, personality disorders, PTSD, alcohol and substance abuse (Putnam and Trickett, 1993).

It has been proposed in many articles that sexual abuse particularly in the form of incest (Goodwin, 1988), and physical abuse of children (Mc Cormack et al., 1988) yield a psychological pattern of symptoms that many result in PTSD.

From the above studies it is clear that the range of reactions following exposure to a traumatic event is wide. Exposure to trauma may have a variety of cognitive, emotional, behavioural and social consequences as well as impaired physical health.

1.7 Institutionalized Children

Institutionalized children are children who have single parent or do not have parents and are raising in orphanages. Home and normal family are the best place for a child. Institutional care is not a substitutional but is desirable only in the absence of home and normal family.

The main objective of institutional care is re-educative treatment for development of healthy personality and adjustment. It offers a setting which combines social control, protection, re-education and rehabilitation.

It is to be remembered that the child becomes a member of an institution not by choice, but by compulsion. This, of course, does not prevent the child from accepting help and guidance. But he needs to have a feeling of belonging, love, affection and acceptance. The services in an institution should, therefore, be developed in the lights of the needs of children. There should be provision for individualization.

1.7.1 Causes of Institutionalization

Following are the possible causes of institutionalization of children.

1. Deprivation of normal home care because of divorce, death of parents (orphan), desertion or extreme cruelty

2. Inability of parents to look after their children either due to poverty or because they are uncontrollable

3. Undesirable living places such as brothels

4. Need for treatment (physical, social or emotional) and rehabilitation

1.7.2 Behaviour Problems Among Institutionalized Children

Every aspect of human development depends on healthy and meaningful interaction and attachment with adults, especially with parents in early years of life (Shaffer, 1985). Parental warmth is very important for the development of healthy personality and behaviour in children. Parental deprivation either in the form of separation or death during the early years of their lives has a far reaching consequences on their behavioural pattern.

Children who are separated from their parents in early life may continue to show a variety of psychological problems such as anxiety, depression, lack of self- confidence and other types of behavioural problem (Tizard and Hodges, 1978; Bowlby, 1973). It has been found that like separation, death of a parent during early years of life has deterimental effect on the psychological health of young boys and girls (Huque and Begum, 1989). Behaviour problems and anxiety symptoms are common among children who have lost a parent. Caplan and Douglas (1969) found a higher incidence of depressed mood, phobic disorders and school refusal among children bereaved of one

parent than among other clinic attenders. Raphael (1982) rated thirty five children aged between 2 and 8 years within a weeks of a bereavement and found that 92 percent showed behaviour disturbance. This included high levels of anxiety, exaggerated separation difficulties, clinging, excessive crying, marked aggressive behaviour, sleep disturbance and disorders of eating and toileting. Another study showed that over a year after bereavement, children still had withdrawn behaviour, minor depressive symptoms and a decrease in school performance (Van Eerdewegh et al., 1982; 1985). Children develop a wider degree of adaptive characteristics if both parents are involved and available to them (Biller, 1981). Parental non-availability or low parental involvement in children's activities are positively associated with undesirable attributes and behaviour in children (Parke et al., 1988).

Institutions generally fail to provide one to one adult-child interaction, support, parental warmth and stimulating environment. Such early deprivation predispose children in institutions to develop faulty behaviour pattern that are often considered as problematic by the society. It has long been established that severe early deprivation of parental love and stimulation has a long range effects. Lowrey (1940) was the first to describe a clinical syndrome of self-centeredness and inability to give and receive affection, together with aggressive behaviour among children who had spent their first three years of life in an orphanage. Children who have been institutionalized at an early age often seem to be apathetic, engage in antisocial behaviour and less likely to have satisfactory personality adjustment (Beres and Obers, 1950; Wolkind, 1974). Temper, hyperactivity, aggression, deception and act of destruction were found among institutionalized children (Goldfarbs, 1947). A study by Provence and Lipton (1962) compared the behaviour of infants living in institutions with that of infants living with

families. At one year of age, the institutionalized infants showed general impairments in their relationship to people, rarely turning to adults for help, comfort or pleasure and showing no signs of strong attachments to any person. These investigators also noted a marked retardation of speech and language development, emotional apathy, impoverished and repetitive play activities.

The long range prognosis for children suffering from early and prolonged parental deprivation through institutionalization is considered unfavourable (Quinton and Rutter, 1988; Quinton, Rutter, and Liddle, 1984; Rutter, 1990; Rutter and Quinton, 1984; Tizard and Hodges, 1978).

Review of research on child abandonment by Burnstein (1981) reported high risk of psychological disturbance and excessive levels of aggressiveness, rebelliousness, and disobedience among these children.

Hiday (1991) found a great number of institutionalized subjects who after being discharged from orphanage were arrested for burglary, assault, minor offenses, drunkenness, trespassing and traffic violations.

In a study Begum (1995) showed that parental deprivation occurred significantly more in problem children and availability of both parents was significantly more in non-problem children.

In an institution the interaction between staff members and the children play an imporant role for developing behaviour problems. Wolff and Fesseha (1998) in their study compared the mental health and cognitive development of 9 to 12- year-old Eritrean war orphans living in two orphanages that differed qualitatively in patterns of

staff interaction and styles of child care management. Results showed that orphans who lived in a setting where the entire staff participated in decisions affecting the children, and where the children were encouraged to become self-reliant through personal interactions with staff members, showed significantly fewer behavioural symptoms of emotional distress than orphans who lived in a setting where the director made decisions, daily routines were determined by explicit rules and schedules, and interactions between staff members and the children were impersonal.

From the above mentioned studies it is clear that many children deprived of normal parenting in infancy and early childhood show maladaptive personality development and are at risk for developing psychopathology. Institutionalization later in childhood in a child who has already had good attachment experiences is not so damaging (Rutter, 1987). However, even among those institutionalized at an early age, some show resilience and do well in adulthood.

1.8 Prevalence of Behaviour Problem in Children Living With Their Families

It is thought that children who are living with their families do not exhibit behaviour problems or they have a very mild form of behaviour problem. But in many studies it has been shown that these children exhibited a number of behaviours that may be labelled as 'problematic behaviour '.

It has been estimated on the basis of epidemiological studies in the United Kingdom and United States that some 12% of children manifest significant emotional or behavioural problems (Gould, Wunsch-Hitzig and Dohrenwend, 1980).

Richman and her colleagues (1982) carried out a study on the behaviour problems of 705 preschool children. They found 15 percent of children had mild problems , 6.2 percent had moderate problems and 1.1 percent had severe problems.

In the children of four developing countries viz. Sudan, Philippines, India and Colombia, Giel et al.(1981) determined the frequency of behavioural problems in children. According to them the children of these countries have identifiable behavioural disorders and the rate of childhood behaviour disorders in these countries vary from 12% to 20%. Their study has shown that the range of behaviour disorders in children of those countries are similar to that encountered in industrial countries.

In Mauritius 23.3% children (29% boys; 17% girls) aged 7 to 8 years have behavioural problems (Venables et al., 1983).

Almeida- Filho (1984) conducted a prevalence study of child mental disorder in an urban neighbourhood of Bahia, Brazil. From a representative sample of 828 children aged between 5 and 14 years, 23.3% children had found varying degrees of psychological problems.

Graham (1986) reported that 10 to 20 percent of children in developing countries suffer from various types of behaviour problems.

Wang et al. (1989) studied the behaviour problems of 2432 primary school children aged 7-14 years, in Urban areas of Beijing. They found that a total of 8.3% Chinese children have behaviour problems.

The National Advisory Mental Health Council (1990) has estimated that between 12% and 22% of American's youth under the age of 18 are in need of mental health services for behavioural and/ or emotional disorders.

Luk et al.(1991) studied behaviour problems of 855 Hongkong Chinese children aged 3 to 4 years. The result showed a prevalence of moderate to severe behaviour problems in 5.2% and mild problems in 18% of children.

A study was conducted on the behaviour and emotional problems in three year old Asian children in inner Birmingham . In the study the most interesting finding was the similarly in rates of behaviour problems and associated variables between the Asian and the white children.

Lewinsohn et al. (1993) studied on a large random sample of 1, 710 high school students in nine schools in Oregon and found a high rate of psychological disorders in them. One in 3 students showed evidence of having a diagnosable disorder at some point in their lives, 10% had a current disorder. Depressive disorders and anxiety disorders topped the list of diagnosable disorders.

By using the CBCL and TRF in Bangladesh, Begum (1993) studied the behaviour problems of 627 (341 boys and 286 girls) ten year old children in Dhaka city. The results revealed that mothers reported 11.8% behaviour problems in boys and 10.7% in girls and teachers reported that 12.8% boys and 11.2% girls have behaviour problems in the clinical range.

To assess prevalence rates of behaviour problem in 9-12 years old pupils (n=402) in St. Helena, South Atlantic Charlton and Leo Elizabeth (1994) used Rutter Behaviour Questionnaire. The result showed 6.9% prevalence rate of behaviour problem.

Behavioural and emotional problems in Finnish three-year-olds was studied by Sourander (2001) using the Child Behaviour Checklist in two cities in Finland. Altogether 374 questionnaires were analysed which is 71% of the target population. When compared with studies from other countries the mean scores and prevalence of preschool children's problem behaviours were rather similar. Boys were reported to be more destructive than girls.

From the above mentioned studies it appears that various types of behaviour problems exist in children of general population.

1.9 Sex Differences in Behaviour Problems

Behaviour problems vary according to the sex of the child. Richman et al.(1982) found that the sex of the child is a very powerful indicator of whether behaviour problems would persist or not. It has been found that generally behaviour problems among boys are greater than that of girls.

According to Achenbach and Edelbrock (1981) most of the problems reported frequently for boys were under-controlled, externalizing behaviours, but the problems more frequently reported for girls were over controlled, internalizing behaviour.

Hyperactivity is less common in girls than boys. Ross and Ross (1982) provided a review of the prevalence of ADHD in US clinics and suggested a male to female ratio of about 4:1.

Research has been carried out in various parts of the world in order to see how boys and girls differ on behavioural problems. The majority of the findings (e.g.,

Achenbach & Edelbrock, 1983; Eme, 1984; Rutter et al., 1970) show that the rate of behaviour problems for boys exceeds the rate for girls.

Anderson et al., (1987) and Costello et al., (1988) found that more boys are depressed than girls.

Fleming et al.,(1989), Garrison et al (1990), Domenech et al., (1992) found that in adolescence higher rates of depression are seen in females.

Weine et al. (1995) found that boys scored higher on the attention problems, delinquent behaviour, aggressive behaviour syndromes on the CBCL while girls scored higher on the somatic complaints syndrome of the CBCL.

Adams et al. (1995) used Adolescent Version of Home and School Situations Questionnaires and found significant sex differences in behaviour problems.

Lambert et al. (1996) compared behavioural and emotional problems of children according to age, sex and SES. Result showed that boys received higher total problem scores than girls.

Begum (1993) conducted a study in Bangladesh on the behaviour problems of children. The result showed boys scored significantly higher than girls on most of the items of The CBCL and The TRF.

Begum (1994) reported both mothers and teachers rated boys to have significantly more behaviour problems ($P< 0.001$) than girls. Islam and Huque (1996) however, found no significant sex differences in behaviour problem scores, though boys were found to be more involved in certain types of problem behaviour than girls.

From these studies it can be concluded that boys have more behaviour problems than girls and behaviour problems exist in both sexes.

1.10 Age Differences in Behaviour Problems

Many studies mentioned that behaviour problems vary according to the age of the children. Therefore, whether the child is behaving inappropriately or excessively for their age must be considered. For example tantrums are common in the 18 months to 3 years age range but regular occurrence in a 5- year-old would be a cause for concern.

Achenbach and Edelbrock (1981) reported that there was a general tendency for behaviour problems to decline somewhat with age.

Richman et al. (1982) found that a quarter of normal 3- year-olds are still wetting in the day at least once a week but this rapidly reduces to 8 percent at 4 years and 2 percent at 8 years.

According to Schwarz (1985) most of the behavioural problems in children occur in childhood and many of them are identified only after they enter the school.

Stevenson and his colleagues (1985) found that children with low language structure at 3 years showed higher rates of neurotic behaviour problems at 8 years.

Van Eldik (1994) stated that younger deaf boys showed more behaviour problems than older deaf boys.

Adams et al. (1995) found significant age differences for the adolescent versions of the Home and School Situations Questionnaires. Older children scored higher on behaviour problem than younger children (Lambert, 1996).

In order to identify a child's' behaviour problems we must consider the behaviour in relation to his / her age. We need to know the normal developmental stage of the child's behaviour.

1.11 Objectives of The Present Study

The objectives of the present study were :

1. To see whether total problem scores of the Child Behaviour Checklist (CBCL) vary according to type, sex and age of the children.
2. To see if each item score of the CBCL vary according to type, sex and age of the children.
3. As the different narrow-band scales and broad band scales of the CBCL vary according to the sex and age of the children, the researcher was interested to find out-

   a. The two way interactions and 3 way interactions among three groups of children of 6 to 11 years old on narrow band scales, broad band scales and on total problem scores. Also to see

   b. The two way interactions and 3 way interactions among three groups of children of 12 to 16 years old on narrow band scales, broad band scales and on total problem scores.

4. To see whether duration of stay at organization or institution has any effect on the behaviour problem scores of children.
5. To identify the total number and percentages of three groups of children who were in the clinical range.

1.12 Justification of the Present Study

In Bangladesh the number of trafficked women and children sold into sexual slavery and prostitution has reached to an unbelievable limit. The number of children victims of trafficking is very high. Those trafficked children are taken out of the country for deployment in hazardous or ignominious profession. About 19,000 children have been sold into horrific form of child labour, to work as jockeys in the royal sport of camel racing in the United Arab Emirates (UAE). On an average a dozen of innocent children lost their lives every week due to this inhuman business. When the children are trafficked they have to face many traumatic incidents such as sexual assault, rape, sexual abuse, physical abuse etc. As trafficking is a traumatic event, the mental state of the trafficked children become unstable after the trauma. As a result high risk of psychological disturbances and various types of problem behaviours are expected to be present in them.

Like trafficked children, institutionalized children have to face many undesirable life situation and they are deprived of usual adult children interaction, essential for development of normal healthy behavioural pattern. On the other hand children who are reared in homes with their families are expected to have less behaviour problems than the trafficked and institutionalized children as they get enough attention, receive affection and emotional support.

In Bangladesh research on behaviour problem has been done on normal children, retarded children and institutionalized children. Some research have been conducted on different aspects of trafficking in our country. But no research has yet been done on the emotional and behavioural effect of this traumatic event on the children and no research

has been done to compare the behaviour problems among trafficked children, institutionalized children and children living with their families. It is likely that such study will provide us a clear idea of behaviour problems among these three types of children. It will also help us to find out which groups of children are in need of mental health service and what kind of mental health service will be most effective for them. If the parents and caregivers have an idea of the behaviour problems of their children it will be easier for them to guide the children accordingly. Therefore, a research on behaviour problems among trafficked children, institutionalized children and children living with their families is undertaken. It is hoped that this study will help to increase the quality of their life by modifying and removing those problems.

1.12.1 Rationale for Selecting Informants

In Bangladesh mothers are mostly housewife. They stay at home, take care of their children and do domestic chores. A mother can observe her child for a longer period and she knows her child much better than anyone else and therefore, she can give valid and reliable information about her child. Trafficked and institutionalized children are taken care by their respective attendants. They spend most of the time with these children and have a close connection with them. They can give enough information about the childrens' behaviour pattern. Therefore, in the present study mothers were taken as the informants for children living with their families and care takers/ superintendents were selected as the informants of behaviour problems of trafficked and institutionalized children.

1.12.2 Rationale for Choosing the Child Behaviour Checklist (CBCL)

Although there are several instruments for measuring child behaviour problems, parent version of Child Behaviour Checklist (CBCL) is found to be the most effective and dependable instruments for evaluating behaviour problems of children of different sex and age. "It is one of the most rigorously developed and standardised child behaviour rating scales currently available for assessing the most common dimensions of child psychopathology" (Barkley, 1988). CBCL can be used for both general and more specific purposes as there is provisions for both broad-band and narrow-band syndromes (Mc-Mahon & Forehand, 1988) and many information can be obtained for a particular child.

Although CBCL was developed in America, it has been used in different countries of the world and it is also found to be suitable for the children of Bangladesh. For all these reasons the Bengali version of the CBCL (Begum, 1993) was used to study behaviour problems of trafficked children, institutionalized children and children living with their families.

CHAPTER-2

METHODS

METHODS

2.1 Sample

The sample size for this study were 60. Of the total sample 20 were (10 boys and 10 girls) trafficked children, 20 were (10 boys and 10 girls) institutionalized children and 20 were (10 boys and 10 girls) children living with their families. The age of the children were ranged from 6 to 16 years. The trafficked children were taken from two shelter homes of Dhaka city and institutionalized children were taken from two orphanages of Dhaka city. Children living with their families in a homely environment in Shibbari residential area of Dhaka city were also included in the research. The basis of sample selection was purposive-incidental. The total number of children, the name of the organization/institution (Shelter homes and orphanages) and area from where children were selected are given in appendix-A.

Children living with their families and institutionalized children were matched completely with the trafficked children in respect of sex, age and socio-economic status. In order to study the behaviour problems of three groups of children at different age level, they were divided into two groups. The age range of one group was 6 to 11 years and the other was 12 to 16 years. There were equal number of boys and girls in each age group of three types of children.

The trafficked and the institutionalized children who were known to the caregivers for more than six months were taken as samples of the present study. Age of the children living with their families was determined on the basis of school records or mothers' reports. Age of the trafficked and the institutionalized children was determined according to the information of their case reports or files as supplied by their caregivers.

Children who were trafficked to other countries and return back to Bangladesh and staying at shelter homes for more than six months were taken as the sample of the present study. The children who have single parents or do not have parents and are raising in orphanages for more than six months were taken as institutionalized children.

In order to study the effect of duration of stay at the organization or institution the trafficked and the institutionalized children were divided into three groups according to the duration of their stay. Group one consists of children who are staying at the organization or institution for less than one year, second group from 1 year to less than 3 years and the third group consists of children from three years and above. Number and percentage of children in each group are presented in Table 1.

Table-1 : Number and Percentage of Children According to Duration of Stay at the Organization/Institution.

Duration of Stay at Organization/ Institution	Trafficked Children N = 20		Institutionalized Children N = 20	
	N	%	N	%
Less than 1 year	7	35%	3	15%
1 year to less than 3 years	10	50%	2	10%
3 years and above	3	15%	15	75%

2.2 Informants

Mothers and caregivers of the sample children were the informants of this study. Children are not always able to identify their problems and report them correctly. Therefore, in most of the cases the problems or difficulties are reported by an adult figure like parents or caregivers. It has been shown that the adults, who spend a lot of time with the child can closely observe the child's behaviour across time and situations and

knows a lot about the child's behaviour. At home mothers were more available to the children than the fathers. In the shelter homes or in institutions both caregivers male or female were available according to the sex of the children. Therefore, mothers and caregivers (both male and female) were selected as the informants of the present research.

2.3 Instruments Used

The Bengali version of the Child Behaviour Checklist (Begum, 1993) originally developed by Achenbach and Edelbrock (1983) was used to compare the behaviour problems among trafficked children, institutionalized children and children living with their families.

2.3.1 Description of the Child Behaviour Checklist (CBCL)

The Child Behaviour Checklist (CBCL) is designed to record in a standardized format the behaviour problems and competencies of children aged 4 through 16, who knows the child well over the past 6 months. This checklist consists of 20 social competence items and 118 behaviour problem items. Each of the 118 behaviour problem items are scored on a 3 step response scale, ranging from " not true" (0) to " very" or " often true" (2). " 0" indicates that the particular behaviour is absent, " 1" indicates that the particular behaviour is sometime present or present to a mild degree and " 2" indicates that the behaviour occurs frequently or to a great degree in a child.

The total behaviour problem score is simply the sum of "1s" and "2s" circled by the parents on the behaviour problem items of the CBCL. Total scores, therefore, range from 0 (if a parent circle 0 on every item) to 240 (if a parent circles 2 on all 118

behavioural problem items listed on the CBCL and circles 2 for an additional physical problem and for an additional nonphysical problem).

Behaviour problem scales form two broad-band groupings in all age/ sex groups. These groups assess internalizing and externalizing behaviour. CBCL has also some narrow-band scales. The behaviour problem scales for each sex/ age group are scored on the Child Behaviour Profile in order to have a complete picture of the behaviour problem of a child. This profile indicates the child's standing on various narrow-band (e.g. hyperactive, depressed etc.) and broad-band (internalizing and externalizing) syndromes. The individual items of the CBCL are also analyzed.

The parents whose reading skills are at a fifth grade level or higher are able to fill out the CBCL. Generally it takes 15 minuets to fill out the CBCL. The CBCL is designed to be self-administered but it can be administered orally by an interviewer who writes down the parents' answers on the checklist (Achenbach and Edelbrock, 1983).

2.3.2 Bengali Version of the Child Behaviour Checklist

As the purpose of the present study was to measure the behavioural problems among trafficked children, institutionalized children and children living with their families in Bangladesh, the English version of the CBCL was not suitable for the mothers of Bangladeshi children. Therefore, the original version of the Child Behaviour Checklist which was translated into Bengali by Begum (1993) with the written permission of the author (Achenbach) was used in this research.

The translation reliability of the CBCL was reported to be highly significant ($r=.95$; $P< 0.001$) which means that the translation of the CBCL into Bengali was quite

satisfactory. The reliability and validity of the Bengali version of the CBCL were studied on Bangladeshi subjects. The test-retest reliability over a period of one month ranged from .74 to .93 for boys and .69 to .94 for girls on the Bengali version of the CBCL. The criterion oriented validity of the Bengali CBCL which was assessed with the help of the clinical and non clinical children indicated that the checklist could differentiate clinical and non-clinical children (Begum, 1993).

2.4 Procedure

The present research was conducted to compare the behaviour problems among trafficked children, institutionalized children and children living with their families. In this research the trafficked children were taken from two shelter homes of Dhaka City and institutionalized children were drawn from two orphanages of Dhaka city and children living with their families were taken from Shibbari residential area of Dhaka city.

Permission to collect data for children living with their families was obtained from the parents of the children and for trafficked and institutionalized children permission was obtained from the respective authority. The checklist was filled up by mothers of children who were living with their families and by hostel super/caregivers of other two groups of children. The informants were well informed about the objective of the research. The researcher gave them assurance that the data would be used only for research purpose and their confidentiality will be maintained. The checklists were given to the informants after giving necessary and proper instructions. They were requested to fill up the checklist by himself/herself. They were told to contact with the researcher if they face any difficulty. The CBCL forms were given only to those mothers/ caregivers who had minimum educational level of 9^{th} grade. Because it has been found (Begum,

1993) that the informants below the level of 9th grade face difficulties to fill up form properly. Informants who had an educational level below 9th grade were interviewed by the researcher and their responses were written on the CBCL.

After collecting all the checklists scoring was done according to the procedure mentioned in the manual for the Child Behaviour Checklist. Then statistical analysis were done according to the purpose of the study by using SPSS programme (7.5 version).

CHAPTER-3

RESULTS

RESULTS

The objective of this study was to compare the behaviour problems among trafficked children, institutionalized children and children living with their families. For this purpose 20 trafficked children, 20 institutionalized children and another 20 children living with their families were taken as the sample of the study. There were 10 boys and 10 girls in each group of children. According to age the children were divided into two groups. The age range of one group was 6 to 11 years and the other was 12 to 16 years old. Caregivers and mothers assessed the behaviour problems of the children with the help of the Bengali version of the Child Behaviour Checklist (CBCL).

The data of the present study were analysed by using the following statistical techniques.

1. In order to find out if the total behaviour problem scores vary significantly according to type, sex and age of the subjects, the obtained scores were analysed by a 3x2x2 analysis of variance (ANOVA). The results of the ANOVA are presented in Table-2 and Mean and SD of problem scores of children according to type, sex and age are given in Table-3.

2. To see if each item score of behaviour problem vary according to type, sex and age of the children, the distribution of each item on the CBCL by type, sex and age of the subjects together with the probability of difference furnished by a chi-square test are presented in Table-4, Table-5 and Table-6 respectively.

3. t-test and F-test were applied in order to find out whether three types of children vary on narrow band scales, broad band scales and total problem scores of the CBCL.

The results are presented in Table- 7, Table-8, Table-9 and in Table-10.

4. To see whether duration of stay at organization or institution has any effect on the behaviour problem score of children F-test was applied. The results are presented in Table-11 and in Table-12.

5. To identify the total number and percentage of children who are in the clinical range of the behaviour problem score, the cut off score as described in the Manual of the CBCL was used. The result is presented in Table-13.

Table –2: Summary of the Analysis of Variance of Behaviour Problem Scores for Type, Sex and Age of the Subjects.

Source of Variance	df	SS	MS	F	P
Type	2	15410.833	7705.417	35.219	.0001
Sex	1	1560.600	1560.600	7.133	.05
Age	1	2.400	2.400	.011	N.S
Type x sex	2	562.900	281.450	1.286	N.S
Type x age	2	97.300	48.60	.222	N.S
Age x sex	1	1.067	1.067	.005	N.S
Type x age x sex	2	749.233	374.617	1.712	N.S
Within cell (error)	48	10501.600	218.783		N.S
Total	59	28885.933	489.592		N.S

Table- 2 shows that the main effect of type on behaviour problem was significant ($F= 35.219$, $df= 2,48$; $P < .0001$). The main effect of sex on behaviour problem was also significant ($F= 7.133$, $df= 1,48$; $P< .05$). However, the main effect of age was not significant. The above Table also shows that the two way interaction between type and sex, type and age, sex and age and the three way interaction between type, sex and age were not significant.

Table-3 : Number of Children, Mean and SD of the Total Problem Score on the CBCL for the Children of Different Types, Sexes and Ages.

	Type			Sex		Age	
	Trafficked children	Institutionalized children	Children living with their families	Boys	Girls	6-11 yrs	12-16 yrs
N	20	20	20	30	30	30	30
Mean	59.80	39.55	20.55	45.00	34.93	40.10	39.83
SD	20.11	14.36	9.93	23.80	19.42	20.52	23.98

Table-3 shows that trafficked children had the highest mean behaviour problem score (59.80) followed by institutionalized children (39.55). Children living with their families had the lowest mean behaviour problem score (20.55). It appears from Table-3 that mean problem score of boys (45.00) was higher than girls (34.93). The children at two different groups of age did not differ much. At the age of 6 to 11 years the mean behaviour problem score was (40.10) and at 12 to 16 years of age the mean problem score was (39.83).

Mean of behaviour problem score according to type, sex and age of the children are presented in Figure-1, Figure-2 and Figure-3 respectively.

Figure - 1 : Mean of behaviour problem score according to the type of the children.

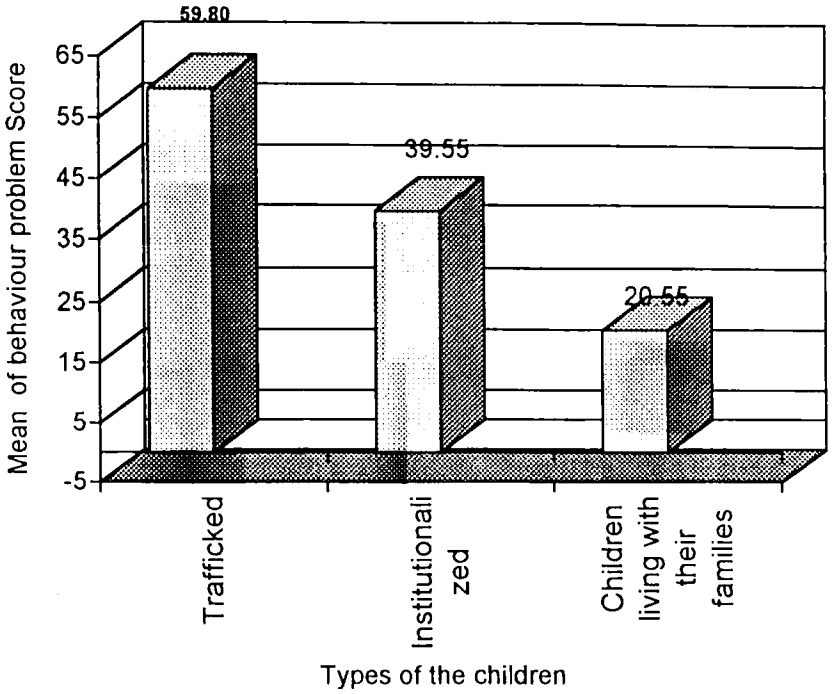


Figure -2 : Mean of behaviour problem score according to the sex of the children.

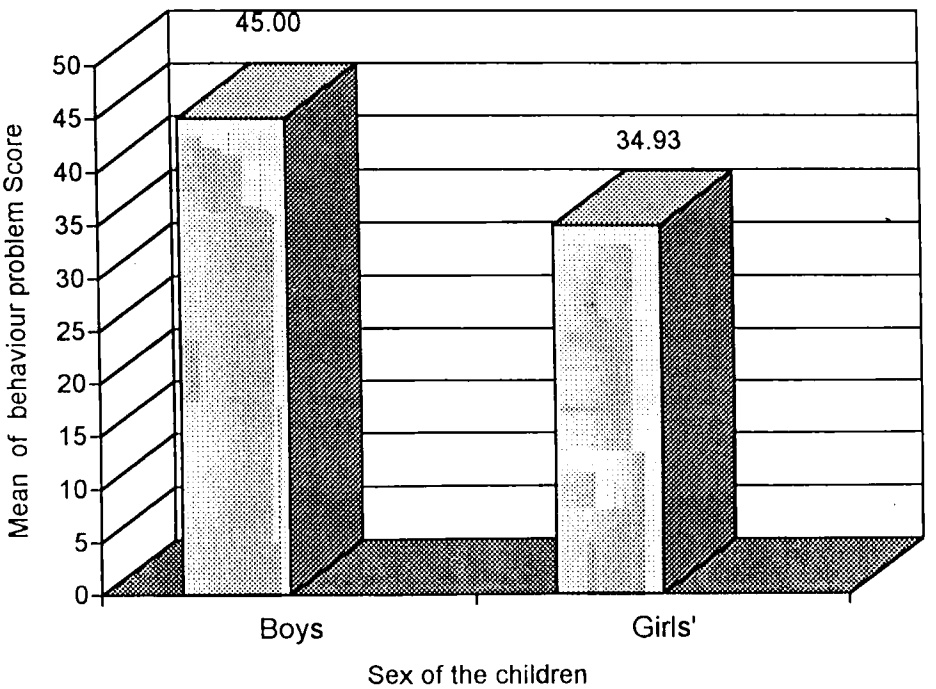
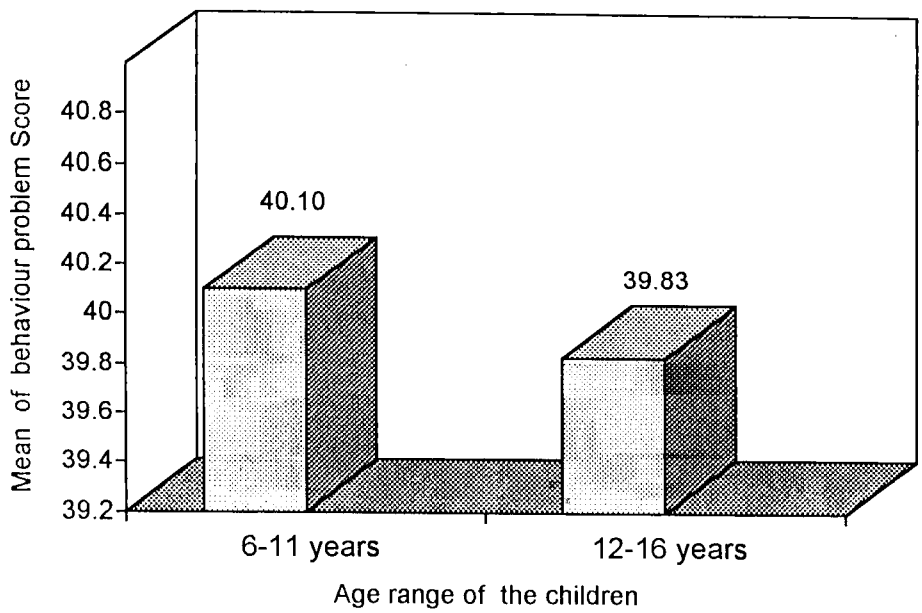


Figure - 3 : Mean of behaviour problem score according to the age of the children.



Each Item of the CBCL :

Each item of the CBCL is equally applicable to both sexes of all the children of 6 to 16 years of age. The distribution of each item on the CBCL by type, sex and age of the subjects together with the probability of difference furnished by a chi-square test are presented in Table- 4 and Table- 5 respectively. Table- 6 shows the distribution of each item on the CBCL by the age of the children.

Table-4 : Percentage Distribution of Behaviour Problem Items by Type of the Subjects

Problem Item	Not true			Some what true			Very true			χ^2	P
	Traff.	Ins.	children living with families	Traff.	Ins.	children living with families	Traff.	Ins.	children living with families		
1. Acts too young	55.0	60.0	85.0	25.0	30.0	10.0	20.0	10.0	5.0	5.550	N.S
2. Allergy	90.0	60.0	80.0	10.0	35.0	15.0	-	5.0	5.0	5.717	N.S
3. Argues	45.0	40.0	65.0	35.0	45.0	25.0	20.0	15.0	10.0	3.210	N.S
4. Asthma	95.0	90.0	95.0	-	5.0	5.0	5.0	5.0	-	2.036	N.S
5. Behave opposite sex	95.0	90.0	90.0	5.0	5.0	10.0	-	5.0	-	2.536	N.S
6. Bowl movement outside toilet	95.0	85.0	95.0	5.0	5.0	-	-	10.0	5.0	3.145	N.S
7. Bragging	75.0	50.0	95.0	25.0	45.0	-	-	5.0	5.0	12.487	.05
8. Can't concentrate	10.0	25.0	60.0	50.0	40.0	15.0	40.0	35.0	25.0	12.730	.05
9. Obsessions	90.0	95.0	100.0	10.0	5.0	-	-	-	-	2.105	N.S
10. Hyperactive	35.0	55.0	75.0	35.0	20.0	20.0	30.0	25.0	5.0	7.609	N.S
11. Too dependent	40.0	65.0	70.0	45.0	15.0	10.0	15.0	20.0	20.0	8.096	N.S
12. Lonely	55.0	70.0	95.0	25.0	20.0	-	20.0	10.0	5.0	8.894	N.S
13. Confused	55.0	70.0	100.0	35.0	15.0	-	10.0	15.0	-	13.000	.05
14. Cries a lot	45.0	75.0	90.0	30.0	20.0	-	25.0	5.0	10.0	11.850	.05
15. Cruel to animals	80.0	70.0	90.0	15.0	25.0	5.0	5.0	5.0	5.0	3.167	N.S
16. Cruel to others	40.0	75.0	95.0	20.0	20.0	5.0	40.0	5.0	-	19.095	.001
17. Day dreams	60.0	55.0	90.0	35.0	40.0	-	5.0	5.0	10.0	10.198	.05
18. Harms self	80.0	90.0	100.0	5.0	10.0	-	15.0	-	-	8.444	N.S
19. Demands attention	50.0	55.0	55.0	45.0	15.0	15.0	5.0	30.0	30.0	8.709	N.S
20. Destroys own things	55.0	80.0	80.0	25.0	15.0	15.0	20.0	5.0	5.0	4.890	N.S
21. Destroys others things	40.0	80.0	95.0	30.0	20.0	-	30.0	-	5.0	18.969	.001

Table - 4 (Continued)

Problem Item	Not true			Some what true			Very true			χ^2	P
	Traffi	Ins.	children living with families	Traff.	Ins.	children living with families	Traff.	Ins.	children living with families		
22. Disobeys at home	30.0	65.0	95.0	20.0	30.0	5.0	50.0	5.0	-	26.684	.0001
23. Disobeys at school	60.0	80.0	95.0	25.0	15.0	5.0	15.0	5.0	-	7.741	N.S
24. Doesn't eat well	65.0	65.0	55.0	35.0	30.0	20.0	-	5.0	25.0	8.040	N.S
25. Poor peer relations	55.0	75.0	80.0	45.0	20.0	10.0	-	5.0	10.0	8.200	N.S
26. Lacks guilt	30.0	60.0	95.0	25.0	30.0	5.0	45.0	10.0	-	22.547	.0001
27. Easily jealous	50.0	65.0	95.0	35.0	35.0	5.0	15.0	-	-	13.800	.01
28. Eats non food	100.0	95.0	100.0	-	-	-	-	5.0	-	2.034	N.S
29. Fears	80.0	80.0	80.0	15.0	15.0	10.0	5.0	5.0	10.0	.750	N.S
30. Fears school	40.0	80.0	85.0	45.0	15.0	10.0	15.0	5.0	5.0	11.304	.05
31. Fears impulses	70.0	65.0	100.0	20.0	10.0	-	10.0	25.0	-	11.258	.05
32. Needs to be perfect	55.0	60.0	90.0	30.0	35.0	10.0	15.0	5.0	-	8.398	N.S
33. Feels unloved	40.0	70.0	85.0	35.0	25.0	10.0	25.0	5.0	5.0	10.516	.05
34. Feels persecuted	65.0	75.0	100.0	25.0	20.0	-	10.0	5.0	-	8.292	N.S
35. Feels worthless	60.0	90.0	100.0	20.0	10.0	-	20.0	-	-	14.080	.01
36. Accident prone	65.0	65.0	50.0	30.0	35.0	25.0	5.0	-	25.0	7.833	N.S
37. Fighting	30.0	55.0	80.0	25.0	35.0	15.0	45.0	10.0	5.0	15.645	.01
38. Is teased	70.0	70.0	75.0	20.0	25.0	25.0	10.0	5.0	-	2.189	N.S
39. Bad friends	55.0	65.0	95.0	35.0	20.0	-	10.0	15.0	5.0	10.146	.05
40. Hears things that aren't there	100.0	95.0	100.0	-	5.0	-	-	-	-	2.034	N.S
41. Impulsive	45.0	60.0	70.0	40.0	35.0	20.0	15.0	5.0	10.0	3.454	N.S
42. Like to be alone	45.0	65.0	70.0	30.0	20.0	5.0	25.0	15.0	25.0	5.237	N.S
43. Lying or cheating	35.0	60.0	90.0	40.0	30.0	10.0	25.0	10.0	-	13.847	.01

Table - 4 (Continued)

Problem Item	Not true			Some what true			Very true			χ^2	P
	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families		
44. Bites finger nails	70.0	85.0	90.0	20.0	15.0	10.0	10.0	-	-	5.197	N.S
45. Nervous	30.0	50.0	55.0	50.0	45.0	30.0	20.0	5.0	15.0	4.346	N.S
46. Nervous movements	85.0	80.0	95.0	15.0	10.0	-	-	10.0	5.0	5.069	N.S
47. Nightmares	65.0	95.0	90.0	25.0	5.0	10.0	10.0	-	-	8.490	N.S
48. Not liked	45.0	80.0	95.0	55.0	10.0	5.0	-	10.0	-	20.591	.0001
49. Constipated	65.0	85.0	75.0	35.0	15.0	15.0	-	-	10.0	6.995	N.S
50. Fearful or anxious	50.0	55.0	80.0	35.0	30.0	15.0	15.0	15.0	5.0	4.444	N.S
51. Dizzy	35.0	25.0	60.0	55.0	55.0	30.0	10.0	20.0	10.0	6.036	N.S
52. Feels too guilty	55.0	70.0	90.0	35.0	25.0	10.0	10.0	5.0	-	6.435	N.S
53. Overeating	80.0	75.0	100.0	15.0	25.0	-	5.0	-	-	7.574	N.S
54. Over tired	50.0	70.0	65.0	45.0	25.0	15.0	5.0	5.0	20.0	6.997	N.S
55. Over weight	95.0	90.0	100.0	-	10.0	-	5.0	-	-	6.105	N.S
56. (a) Aches or pains	55.0	70.0	95.0	35.0	20.0	5.0	10.0	10.0	-	8.727	N.S
56 (b) Headaches	45.0	60.0	85.0	45.0	35.0	15.0	10.0	5.0	-	7.526	N.S
56 (c) Nausea	65.0	90.0	95.0	30.0	-	5.0	5.0	10.0	-	12.097	.05
56 (d) Eye problems	95.0	100.0	100.0	5.0	-	-	-	-	-	2.034	N.S
56(e) Skin problems	50.0	70.0	90.0	50.0	25.0	-	-	5.0	10.0	14.286	.01
56(f) Stomach aches	60.0	90.0	90.0	30.0	5.0	10.0	10.0	5.0	-	8.167	N.S
56(g) Vomiting	70.0	95.0	100.0	25.0	5.0	-	5.0	-	-	10.170	.05
56(h) Others	90.0	95.0	100.0	10.0	-	-	-	5.0	-	6.105	N.S.
57. Attacks people	45.0	70.0	90.0	25.0	25.0	10.0	30.0	5.0	-	13.333	.05
58. Picking	50.0	45.0	75.0	40.0	55.0	10.0	10.0	-	15.0	10.624	.05
59. Plays with sex parts in public	95.0	95.0	100.0	5.0	5.0	-	-	-	-	1.034	N.S
60. Plays with sex parts too much	90.0	95.0	100.0	10.0	5.0	-	-	-	-	2.105	N.S

Table -4 (Continued)

Problem Item	Not true			Some what true			Very true			χ^2	P
	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families		
61. Poor school work	40.0	40.0	80.0	45.0	45.0	15.0	15.0	15.0	5.0	8.571	N.S
62. Clumsy	40.0	50.0	80.0	45.0	50.0	15.0	15.0	-	5.0	10.468	.05
63. Prefers older child	70.0	65.0	95.0	25.0	30.0	-	5.0	5.0	5.0	6.984	N.S.
64. Prefers younger child	80.0	80.0	85.0	15.0	20.0	10.0	5.0	-	5.0	1.707	N .S
65. Refuses to talk	60.0	60.0	75.0	35.0	30.0	20.0	5.0	10.0	5.0	1.785	N.S
66. Compulsions	90.0	100.0	100.0	10.0	-	-	-	-	-	4.138	N.S
67. Runs away	65.0	85.0	95.0	35.0	15.0	5.0	-	-	-	6.234	.05
68. Screams	35.0	65.0	80.0	35.0	25.0	15.0	30.0	10.0	5.0	9.767	.05
69. Secretive	40.0	40.0	85.0	20.0	15.0	10.0	40.0	45.0	5.0	11.909	.05
70. Sees thing that are not there	90.0	100.0	100.0	10.0	-	-	-	-	-	4.138	N.S.
71. Self-conscious	60.0	60.0	80.0	40.0	30.0	10.0	-	10.0	10.0	6.300	N.S
72. Sets fire	85.0	100.0	100.0	5.0	-	-	10.0	-	-	6.316	N.S
73. Sex problems	75.0	95.0	100.0	10.0	5.0	-	15.0	-	-	8.778	N.S
74. Shows off	75.0	80.0	95.0	15.0	20.0	5.0	10.0	-	-	6.270	N.S
75. Shy, timid	50.0	60.0	55.0	40.0	20.0	10.0	10.0	20.0	35.0	7.105	N.S
76. Sleeps little	70.0	80.0	95.0	30.0	15.0	-	-	5.0	5.0	7.776	N.S
77. Sleeps much	60.0	65.0	85.0	20.0	15.0	5.0	20.0	20.0	10.0	3.550	N.S
78. Smears	100.0	100.0	100.0	-	-	-	-	-	-	-	N.S
79. Speech problem	90.0	80.0	100.0	5.0	10.0	-	5.0	10.0	-	4.444	N.S
80. Stares blankly	55.0	85.0	90.0	35.0	15.0	10.0	10.0	-	-	9.370	N.S
81. Steals at home	70.0	100.0	100.0	15.0	-	-	15.0	-	-	13.333	.05
82. Steals outside home	90.0	100.0	100.0	10.0	-	-	-	-	-	4.138	N.S
83. Stores up unneeded things	55.0	90.0	100.0	10.0	5.0	-	35.0	5.0	-	15.485	.01
84. Strange behaviour	100.0	95.0	100.0	-	5.0	-	-	-	-	2.034	N.S

Table -4 (Continued)

Problem Item	Not true			Some what true			Very true			χ^2	P
	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families		
85. Strange ideas	100.0	95.0	100.0	-	-	-	5.0	-	-	2.034	N.S
86. Stubborn	25.0	70.0	60.0	45.0	10.0	30.0	30.0	20.0	10.0	10.676	.05
87. Moody	40.0	50.0	90.0	45.0	40.0	5.0	15.0	10.0	5.0	12.000	.05
88. Sulks at lot	20.0	50.0	65.0	70.0	50.0	25.0	10.0	-	10.0	10.874	.05
89. Suspicious	70.0	75.0	100.0	20.0	25.0	-	10.0	-	-	9.932	.05
90. Swearing	15.0	80.0	95.0	45.0	15.0	5.0	40.0	5.0	-	32.088	.0001
91. Suicidal talk	80.0	95.0	100.0	20.0	5.0	-	-	-	-	5.673	N.S
92. Talks or walks in sleep	80.0	90.0	95.0	20.0	10.0	5.0	-	-	-	2.264	N.S
93. Talks too much	45.0	55.0	90.0	25.0	35.0	-	30.0	10.0	10.0	13.226	.05
94. Teases a lot	75.0	75.0	100.0	25.0	15.0	-	-	10.0	-	9.750	.05
95. Temper tantrums	45.0	60.0	65.0	20.0	20.0	20.0	35.0	20.0	15.0	2.622	N.S
96. Sexual peoccupation	60.0	60.0	100.0	20.0	35.0	-	20.0	5.0	-	14.836	.01
97. Threatens people	70.0	50.0	90.0	25.0	40.0	10.0	5.0	10.0	-	7.886	N.S
98. Thumbsucking	85.0	90.0	90.0	10.0	10.0	5.0	5.0	-	5.0	1.438	N.S
99. Too concerned with neatness or cleanliness	60.0	55.0	60.0	35.0	40.0	20.0	5.0	5.0	20.0	4.426	N.S
100. Trouble sleeping	75.0	100.0	95.0	20.0	-	5.0	5.0	-	-	7.978	N.S
101. Truancy	60.0	50.0	95.0	25.0	30.0	5.0	15.0	20.0	-	10.483	.05
102. Underactive	55.0	35.0	85.0	25.0	50.0	5.0	20.0	15.0	10.0	12.635	.05
103. Unhappy, sad or depressed	35.0	35.0	85.0	35.0	45.0	10.0	30.0	20.0	5.0	14.239	.01
104. Unusually loud	30.0	95.0	95.0	55.0	5.0	-	15.0	-	5.0	29.682	.0001
105. Alcohol or drugs	95.0	100.0	100.0	5.0	-	-	-	-	-	2.034	N.S
106. Vandalism	20.0	95.0	95.0	30.0	-	-	50.0	5.0	5.0	36.214	0001
107. Day time wetting	95.0	95.0	95.0	-	5.0	5.0	5.0	-	-	3.000	N.S

Table -4 (Continued)

Problem Item	Not true			Some what true			Very true			χ^2	P
	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families	Traff.	Ins.	Children living with families		
108. Wets bed	85.0	90.0	80.0	-	5.0	15.0	15.0	5.0	5.0	5.218	N.S
109. Whinning	80.0	80.0	85.0	15.0	15.0	15.0	5.0	5.0	-	1.041	N.S
110. Wishes to be opposite sex	100.0	100.0	95.0	-	-	-	-	-	5.0	2.034	N.S
111. Withdrawn	65.0	60.0	70.0	30.0	20.0	20.0	5.0	20.0	10.0	2.725	N.S
112. Worrying	45.0	70.0	75.0	55.0	25.0	20.0	-	5.0	5.0	6.932	N.S
113. Problems that were not listed	95.0	100.0	100.0	-	-	-	5.0	-	-	2.034	N.S

Table-4 shows that there were significant differences among three types of children on items no.- 7, 8, 13, 14, 16, 17, 21, 22, 26, 27, 30, 31, 33, 35, 37, 39, 43, 48, 56(c), 56(e), 56(g), 57, 58, 62, 67, 68, 69, 81, 83, 86, 87, 88, 89, 90, 93, 94, 96, 101, 102, 103, 104 and 106.

Percentage distributions of behaviour problem items were significantly higher among the trafficked children than other two types of children on the following items :-

8 (can't concentrate), 13 (confused), 14 (cries a lot), 16 (cruel to others), 21(destroys others things), 22 (disobeys at home), 26(lacks guilt), 27(easily jealous), 30(fears school), 33(feels unloved), 35(feels worthless), 37 (fighting), 39(bad friends), 43 (lying or cheating), 48 (not liked), 56(c) (nausea), 56(e) (skin problems), 56(g) (vomiting), 57 (attacks people), 62(clumsy), 67 (runs away), 68(screams), 81 (steals at home), 83 (stores up unneeded things), 86 (stubborn), 87(moody), 88 (sulks a lot), 89 (suspicious), 90 (swearing), 93 (talks too much), 96 (sexual peoccupation), 103 (unhappy, sad or depressed), 104 (usually loud) and 106 (vandalism).

The following problem items were significantly higher among the institutionalized children- 7 (bragging), 17 (day dreams), 31 (fears impulses), 58 (picking), 69(secretive), 94(teases a lot), 101 (truancy) and 102 (under active).

Table-5 : Percentage Distribution of Behaviour Problem Items by Sex of the Subjects

Problem Item	Not true		Some what true		Very true		χ^2	P
	Boys	Girls	Boys	Girls	Boys	Girls		
1. Acts too young	66.7	66.7	20.0	23.3	13.3	10.0	.220	N.S.
2. Allergy	83.3	70.0	10.0	30.0	6.7	-	5.348	N.S.
3. Argues	43.3	56.7	30.0	40.0	26.7	3.3	6.406	.05
4. Asthma	90.0	96.7	6.7	-	3.3	3.3	2.071	N.S.
5. Behave opposite sex	93.3	90.0	3.3	10.0	3.3	-	2.018	N.S.
6. Bowl movement outside toilet	96.7	86.7	-	6.7	3.3	6.7	2.497	N.S.
7. Bragging	76.7	70.0	20.0	26.7	3.3	3.3	.377	N.S.
8. Can't concentrate	16.7	46.7	33.3	36.7	50.0	16.7	9.311	.05
9. Obsessions	96.7	93.3	3.3	6.7	-	-	.351	N.S.
10. Hyperactive	50.0	60.0	23.3	26.7	26.7	13.3	1.673	N.S.
11. Too dependent	66.7	50.0	23.3	23.3	10.0	26.7	2.987	N.S.
12. Lonely	70.0	76.7	13.3	16.7	16.7	6.7	1.488	N.S.
13. Confused	80.0	70.0	13.3	20.0	6.7	10.0	.800	N.S.
14. Cries a lot	70.0	70.0	16.7	16.7	13.3	13.3	.000	N.S.
15. Cruel to animals	80.0	80.0	13.3	16.7	6.7	3.3	.444	N.S.
16. Cruel to others	60.0	80.0	20.0	10.0	20.0	10.0	2.857	N.S.
17. Day dreams	63.3	73.3	30.0	20.0	6.7	6.7	.820	N.S.
18. Harms self	83.3	96.7	10.0	-	6.7	3.3	3.630	N.S.
19. Demands attention	56.7	50.0	26.7	23.3	16.7	26.7	.884	N.S.
20. Destroys own things	53.3	90.0	26.7	10.0	20.0	-	11.087	.01
21. Destroys others things	53.3	90.0	26.7	6.7	20.0	3.3	9.985	.01
22. Disobeys at home	43.3	83.3	30.0	6.7	26.7	10.0	10.517	.01
23. Disobeys at school	66.7	90.0	30.0	10.0	13.3	-	6.043	.05

Table - 5 (Continued)

Problem Item	Not true		Some what true		Very true		χ^2	P
	Boys	Girls	Boys	Girls	Boys	Girls		
24. Doesn't eat well	70.0	53.3	23.3	33.3	6.7	13.3	1.872	N.S.
25. Poor peer relations	63.3	76.7	33.3	16.7	3.3	6.7	2.381	N.S.
26. Lacks guilt	56.7	66.7	20.0	20.0	23.3	13.3	1.061	N.S.
27. Easily jealous	63.3	76.7	33.3	16.7	3.3	6.7	2.381	N.S.
28. Eats non food	96.7	100.0	-	-	3.3	-	1.017	N.S.
29. Fears	63.3	83.3	20.0	10.0	16.7	6.7	3.104	N.S.
30. Fears school	70.0	66.7	26.7	20.0	3.3	13.3	2.110	N.S.
31. Fears impulses	86.7	70.0	6.7	13.3	6.7	16.7	2.484	N.S.
32. Needs to be perfect	66.7	70.0	23.3	26.7	10.0	3.3	1.091	N.S.
33. Feels unloved	56.7	73.3	26.7	20.0	16.7	6.7	2.212	N.S.
34. Feels persecuted	76.7	83.3	16.7	13.3	6.7	3.3	.528	N.S.
35. Feels worthless	80.0	66.7	10.0	16.7	10.0	16.7	1.364	N.S.
36. Accident prone	50.0	70.0	33.3	26.7	16.7	3.3	3.889	N.S.
37. Fighting	40.0	70.0	26.7	23.3	33.3	6.7	7.855	.05
38. Is teased	66.7	76.7	23.3	23.3	10.0	-	3.209	N.S.
39. Bad friends	66.7	76.7	16.7	20.0	16.7	3.3	2.967	N.S.
40. Hears things that aren't there	100.0	96.7	-	3.3	-	-	1.017	N.S.
41. Impulsive	53.3	63.3	36.7	26.7	10.0	10.0	.731	N.S.
42. Like to be alone	66.7	53.3	20.0	16.7	13.3	30.0	2.458	N.S.
43. Lying or cheating	46.7	76.7	36.7	16.7	16.7	6.7	5.725	N.S.
44. Bites finger nails	80.0	83.3	16.7	13.3	3.3	3.3	.132	N.S.
45. Nervous	40.0	50.0	46.7	36.7	13.3	13.3	.693	N.S.
46. Nervous movements	93.3	80.0	6.7	10.0	-	10.0	3.508	N.S.
47. Nightmares	86.7	80.0	10.0	16.7	3.3	3.3	.580	N.S.
48. Not liked	66.7	80.0	26.7	20.0	6.7	-	2.649	N.S.

Table -5 (Continued)

Problem Item	Not true		Some what true		Very true		χ^2	P
	Boys	Girls	Boys	Girls	Boys	Girls		
49. Constipated	66.7	83.3	26.7	16.7	6.7	-	3.248	N.S.
50. Fearful or anxious	60.0	63.3	30.0	23.3	10.0	13.3	.420	N.S.
51. Dizzy	36.7	43.3	43.3	50.0	20.0	6.7	2.310	N.S.
52. Feels too guilty	76.7	66.7	16.7	30.0	6.7	3.3	1.685	N.S.
53. Overeating	86.7	83.3	13.3	13.3	-	3.3	1.020	N.S.
54. Over tired	56.7	66.7	33.3	23.3	10.0	10.0	.773	N.S.
55. Over weight	93.3	96.7	6.7	-	-	3.3	3.018	N.S.
56. (a) Aches or pains	70.0	76.7	20.0	20.0	10.0	3.3	1.091	N.S.
56 (b) Headaches	60.0	66.7	36.7	26.7	3.3	6.7	.912	N.S.
56 (c) Nausea	83.3	83.3	6.7	16.7	10.0	-	4.286	N.S.
56 (d) Eye problems	96.7	100.0	3.3	-	-	-	1.017	N.S.
56(e) Skin problems	60.0	80.0	33.3	16.7	6.7	3.3	2.857	N.S.
56(f) Stomach aches	80.0	80.0	13.3	16.7	6.7	3.3	.444	N.S.
56(g) Vomiting	83.3	93.3	13.3	6.7	3.3	-	1.836	N.S.
56(h) Others	93.3	96.7	3.3	3.3	3.3	-	1.018	N.S.
57. Attacks people	53.3	83.3	23.3	16.7	23.3	-	9.309	.05.
58. Picking	53.3	60.0	36.7	33.3	10.0	6.7	.365	N.S.
59. Plays with sex parts in public	93.3	96.7	6.7	3.3	-	-	.351	N.S.
60. Plays with sex parts too much	93.3	96.7	6.7	3.3	-	-	.351	N.S.
61. Poor school work	60.0	46.7	33.3	36.7	6.7	16.7	1.833	N.S.
62. Clumsy	56.7	56.7	33.3	40.0	10.0	3.3	1.182	N.S.
63. Prefers older child	83.3	70.0	16.7	20.0	-	10.0	3.439	N.S.
64. Prefers younger child	90.0	73.3	6.7	23.3	3.3	3.3	3.288	N.S.
65. Refuses to talk	63.3	66.7	33.3	23.3	3.3	10.0	1.555	N.S.

Table -5 (Continued)

Problem Item	Not true		Some what true		Very true		χ^2	P
	Boys	Girls	Boys	Girls	Boys	Girls		
66. Compulsions	93.3	100.0	6.7	-	-	-	2.069	N.S.
67. Runs away	73.3	90.0	26.7	10.0	-	-	2.783	N.S.
68. Screams	53.3	66.7	23.3	26.7	23.3	6.7	3.289	N.S.
69. Secretive	60.0	50.0	20.0	10.0	20.0	40.0	3.273	N.S.
70. Sees thing that are not there	100.0	93.3	-	6.7	-	-	2.069	N.S.
71. Self-conscious	66.7	66.7	30.0	23.3	3.3	10.0	1.250	N.S.
72. Sets fire	93.3	96.7	3.3	-	3.3	3.3	1.018	N.S.
73. Sex problems	90.0	90.0	3.3	6.7	6.7	3.3	.667	N.S.
74. Shows off	73.3	93.3	20.0	6.7	6.7	-	4.720	N.S.
75. Shy, timid	70.0	40.0	16.7	30.0	13.3	30.0	5.520	N.S.
76. Sleeps little	86.7	76.7	10.0	20.0	3.3	3.3	1.184	N.S.
77. Sleeps much	60.0	80.0	16.7	10.0	23.3	10.0	2.957	N.S.
78. Smears	100.0	100.0	-	-	-	-	-	N.S.
79. Speech problem	86.7	93.3	6.7	3.3	6.7	3.3	.741	N.S.
80. Stares blankly	80.0	73.3	16.7	23.3	3.3	3.3	.420	N.S.
81. Steals at home	80.0	100.0	10.0	-	10.0	-	6.667	.05
82. Steals outside home	93.3	100.0	6.7	-	-	-	2.069	N.S.
83. Stores up unneeded things	76.7	86.7	6.7	3.3	16.7	10.0	1.017	N.S.
84. Strange behaviour	96.7	100.0	3.3	-	-	-	1.017	N.S.
85. Strange ideas	93.3	96.7	-	3.3	6.7	-	3.018	N.S.
86. Stubborn	40.0	63.3	26.7	30.0	33.3	6.7	6.973	.05
87. Moody	50.0	70.0	40.0	20.0	10.0	10.0	3.000	N.S.
88. Sulks at lot	36.7	53.3	53.3	43.3	10.0	3.3	2.236	N.S.
89. Suspicious	76.7	86.7	20.0	10.0	3.3	3.3	1.184	N.S.

Table -5 (Continued)

Problem Item	Not true		Some what true		Very true		χ^2	P
	Boys	Girls	Boys	Girls	Boys	Girls		
90. Swearing	60.0	66.7	20.0	23.3	20.0	10.0	1.182	N.S.
91. Suicidal talk	93.3	90.0	6.7	10.0	-	-	.218	N.S.
92. Talks or walks in sleep	93.3	83.3	6.7	16.7	-	-	1.456	N.S.
93. Talks too much	53.3	73.3	26.7	13.3	20.0	13.3	2.681	N.S.
94. Teases a lot	76.7	90.0	16.7	10.0	6.7	-	2.820	N.S.
95. Temper tantrums	46.7	66.7	23.3	16.7	30.0	16.7	2.535	N.S.
96. Sexual peoccupation	73.3	73.3	20.0	16.7	6.7	10.0	.291	N.S.
97. Threatens people	56.7	83.3	33.3	16.7	10.0	-	6.190	.05
98. Thumbsucking	86.7	90.0	10.0	6.7	3.3	3.3	.219	N.S.
99. Too concerned with neatness or cleanliness	66.7	50.0	26.7	36.7	6.7	13.3	1.855	N.S.
100. Trouble sleeping	93.3	86.7	3.3	13.3	3.3	-	2.874	N.S.
101. Truancy	60.0	76.7	30.0	10.0	10.0	13.3	3.753	N.S.
102. Underactive	66.7	50.0	26.7	26.7	6.7	23.3	3.492	N.S.
103. Unhappy, sad or depressed	46.7	56.7	40.0	20.0	13.3	23.3	3.109	N.S.
104. Unusually loud	66.7	80.0	20.0	20.0	13.3	-	4.364	N.S.
105. Alcohol or drugs	100.0	96.7	-	3.3	-	-	1.017	N.S.
106. Vandalism	66.7	73.3	3.3	16.7	30.0	10.0	5.762	N.S.
107. Day time wetting	93.3	96.7	6.7	-	-	3.3	3.018	N.S.
108. Wets bed	86.7	83.3	6.7	6.7	6.7	10.0	.220	N.S.
109. Whinning	70.0	93.3	23.3	6.7	6.7	-	5.778	N.S.
110. Wishes to be opposite sex	100.0	96.7	-	-	-	3.3	1.017	N.S.
111. Withdrawn	63.3	66.7	23.3	23.3	13.3	10.0	.168	N.S.
112. Worrying	86.7	63.3	30.0	10.0	6.7	3.3	4.422	N.S.
113. Problems that were not listed	96.7	100.0	-	-	3.3	-	1.017	N.S.

From Table -5 it appears that there were significant differences between boys and girls on items no-3 (argues), 8 (Can't concentrate), 20 (destroys own things), 21 (destroys others things), 22 (disobeys at home), 23(disobeys at school), 37(fighting), 57 (attacks people), 81 (steals at home), 86(stubborn) and 97 (threatens people). Table -5 shows that percentage distributions of behaviour problem items were significantly higher among boys than girls on all the above mentioned items.

Table - 6 : **Percentage Distribution of Behaviour Problem Items by Age of the Subjects**

Problem Item	Not true		Some what true		Very true		χ2	P
	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs		
1. Acts too young	60.0	73.3	23.3	20.0	16.7	6.7	1.763	N.S
2. Allergy	84.6	73.5	15.4	14.7	-	11.8	3.295	N.S
3. Argues	56.7	43.3	23.3	46.7	20.0	10.0	3.867	N.S
4. Asthma	90.0	96.7	6.7	-	3.3	3.3	2.071	N.S
5. Behave opposite sex	90.0	93.3	6.7	6.7	3.3	-	1.018	N.S
6. Bowl movement outside toilet	86.7	96.7	6.7	-	6.7	3.3	2.497	N.S
7. Bragging	80.0	66.7	16.7	30.0	3.3	3.3	1.506	N.S
8. Can't concentrate	36.7	26.7	36.7	33.3	26.7	40.0	1.321	N.S
9. Obsessions	90.0	100.0	10.0	-	-	-	3.158	N.S
10. Hyperactive	46.7	63.3	36.7	13.3	16.7	23.3	4.358	N.S
11. Too dependent	40.0	76.7	33.3	13.3	26.7	10.0	8.301	.05
12. Lonely	73.3	73.3	13.3	16.7	13.3	10.0	.254	N.S
13. Confused	80.0	70.0	13.3	20.0	6.7	10.0	.800	N.S
14. Cries a lot	63.3	76.7	16.7	16.7	20.0	6.7	2.381	N.S
15. Cruel to animals	70.0	90.0	20.0	10.0	10.0	-	4.750	N.S
16. Cruel to others	73.3	66.7	13.3	16.7	13.3	16.7	.317	N.S
17. Day dreams	83.3	53.3	10.0	40.0	6.7	6.7	7.376	.05
18. Harms self	93.3	86.7	3.3	6.7	3.3	6.7	.741	N.S
19. Demands attention	43.3	63.3	30.0	20.0	26.7	16.7	2.417	N.S
20. Destroys own things	73.3	70.0	16.7	20.0	10.0	10.0	.114	N.S
21. Destroys others things	63.3	80.0	26.7	6.7	10.0	13.3	4.324	N.S
22. Disobeys at home	63.3	63.3	23.3	13.3	13.3	23.3	1.636	N.S

Table - 6 (Continued)

Problem Item	Not true		Some what true		Very true		$\chi 2$	P
	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs		
23. Disobeys at school	73.3	83.3	20.0	10.0	6.7	6.7	1.191	N.S
24. Doesn't eat well	63.3	60.0	23.3	33.3	13.3	6.7	1.223	N.S
25. Poor peer relations	70.0	70.0	23.3	26.7	6.7	3.3	.400	N.S
26. Lacks guilt	70.0	53.3	13.3	26.7	16.7	20.0	2.100	N.S
27. Easily jealous	73.3	66.7	26.7	23.3	-	10.0	3.162	N.S
28. Eats non food	100.0	96.7	-	-	-	3.3	1.017	N.S
29. Fears	76.7	83.3	16.7	10.0	6.7	6.7	.583	N.S
30. Fears school	66.7	70.0	26.7	20.0	6.7	10.0	.510	N.S
31. Fears impulses	83.3	73.3	10.0	10.0	6.7	16.7	1.477	N.S
32. Needs to be perfect	76.7	60.0	16.7	33.3	6.7	6.7	2.276	N.S
33. Feels unloved	63.3	66.7	26.7	20.0	10.0	13.3	.454	N.S
34. Feels persecuted	76.7	83.3	16.7	13.3	6.7	3.3	.528	N.S
35. Feels worthless	80.0	86.7	13.3	6.7	6.7	6.7	.747	N.S
36. Accident prone	60.0	60.0	23.3	36.7	16.7	3.3	3.556	N.S
37. Fighting	56.7	53.3	23.3	26.7	20.0	20.0	.097	N.S
38. Is teased	66.7	76.7	26.7	20.0	6.7	3.3	.828	N.S
39. Bad friends	70.0	73.3	20.0	16.7	10.0	10.0	.114	N.S
40. Hears things that aren't there	96.7	100.0	3.3	-	-	-	1.017	N.S
41. Impulsive	56.7	60.0	33.3	30.0	10.0	10.0	.081	N.S
42. Like to be alone	56.7	63.3	16.7	20.0	26.7	16.7	.894	N.S
43. Lying or cheating	66.7	56.7	23.3	30.0	10.0	13.3	.636	N.S
44. Bites finger nails	83.3	80.0	13.3	16.7	3.3	3.3	.132	N.S
45. Nervous	56.7	33.3	36.7	46.7	6.7	20.0	4.175	N.S
46. Nervous movements	80.0	93.3	13.3	3.3	6.7	3.3	2.441	N.S

Table - 6 (Continued)

Problem Item	Not true		Some what true		Very true		$\chi 2$	P
	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs		
47. Nightmares	84.6	82.4	11.5	14.7	3.8	2.9	.156	N.S
48. Not liked	76.7	70.0	20.0	26.7	3.3	3.3	.377	N.S
49. Constipated	90.0	60.0	6.7	36.7	3.3	3.3	8.031	.05
50. Fearful or anxious	66.7	56.7	23.3	30.0	10.0	13.3	.636	N.S
51. Dizzy	63.3	16.7	33.3	60.0	3.3	23.3	14.952	.001
52. Feels too guilty	76.7	66.7	13.3	33.3	10.0	-	5.781	N.S
53. Overeating	83.3	86.7	13.3	13.3	3.3	-	1.020	N.S
54. Over tired	66.7	56.7	23.3	33.3	10.0	10.0	.773	N.S
55. Over weight	93.3	96.7	3.3	3.3	3.3	-	1.018	N.S
56. (a) Aches or pains	83.3	63.3	16.7	23.3	-	13.3	5.152	N.S
56 (b) Headaches	70.0	56.7	26.7	36.7	3.3	6.7	1.228	N.S
56 (c) Nausea	83.3	83.3	10.0	13.3	6.7	3.3	.476	N.S
56 (d) Eye problems	100.0	96.7	-	3.3	-	-	1.017	N.S
56(e) Skin problems	70.0	70.0	23.3	26.7	6.7	3.3	.400	N.S
56(f) Stomach aches	86.7	73.3	10.0	20.0	3.3	6.7	1.667	N.S
56(g) Vomiting	90.0	86.7	6.7	13.3	3.3	-	1.686	N.S
56(h) Others	96.7	93.3	-	6.7	3.3	-	3.018	N.S
57. Attacks people	66.7	70.0	20.0	20.0	13.3	10.0	.167	N.S
58. Picking	56.7	56.7	36.7	33.3	6.7	10.0	.248	N.S
59. Plays with sex parts in public	100.0	93.3	-	6.7	-	-	2.069	N.S
60. Plays with sex parts too much	93.3	96.7	6.7	3.3	-	-	.351	N.S
61. Poor school work	46.7	60.0	40.0	30.0	13.3	10.0	1.071	N.S
62. Clumsy	43.3	70.0	50.0	23.3	6.7	6.7	4.791	N.S
63. Prefers older child	66.7	86.7	26.7	10.0	6.7	3.3	3.389	N.S
64. Prefers younger child	76.7	86.7	16.7	13.3	6.7	-	2.295	N.S

Table -6 (Continued)

Problem Item	Not true		Some what true		Very true		$\chi 2$	P
	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs		
65. Refuses to talk	63.3	66.7	23.3	33.3	13.3	-	4.555	N.S
66. Compulsions	93.3	100.0	6.7	-	-	-	2.069	N.S
67. Runs away	86.7	76.7	13.3	23.3	-	-	1.002	N.S
68. Screams	63.3	56.7	23.3	26.7	13.3	16.7	.289	N.S
69. Secretive	66.7	43.3	6.7	23.3	26.7	33.3	4.485	N.S
70. Sees thing that are not there	92.3	94.1	7.7	2.9	-	2.9	1.435	N.S
71. Self-conscious	73.3	60.0	23.3	30.0	3.3	10.0	1.650	N.S
72. Sets fire	90.0	100.0	3.3	-	6.7	-	3.158	N.S
73. Sex problems	90.0	90.0	-	10.0	10.0	-	6.000	.05
74. Shows off	86.7	80.0	10.0	16.7	3.3	3.3	.580	N.S
75. Shy, timid	56.7	53.3	16.7	30.0	26.7	16.7	1.865	N.S
76. Sleeps little	76.7	86.7	20.0	10.0	3.3	3.3	1.184	N.S
77. Sleeps much	65.4	61.8	15.4	20.6	19.2	17.6	.268	N.S
78. Smears	100.0	100.0	-	-	-	-	-	N.S
79. Speech problem	86.7	93.3	10.0	-	3.3	6.7	3.407	N.S
80. Stares blankly	66.7	86.7	26.7	13.3	6.7	-	4.116	N.S
81. Steals at home	96.7	83.3	3.3	6.7	-	10.0	3.630	N.S
82. Steals outside home	100.0	93.3	-	6.7	-	-	2.069	N.S
83. Stores up unneeded things	76.7	86.7	3.3	6.7	20.0	6.7	2.517	N.S
84. Strange behaviour	100.0	96.7	-	3.3	-	-	1.017	N.S
85. Strange ideas	100.0	97.1	-	-	-	2.9	.778	N.S
86. Stubborn	60.0	43.3	26.7	30.0	13.3	26.7	2.199	N.S
87. Moody	66.7	53.3	30.0	30.0	3.3	16.7	3.111	N.S
88. Sulks at lot	46.7	43.3	46.7	50.0	6.7	6.7	.072	N.S
89. Suspicious	83.3	80.0	10.0	20.0	6.7	-	3.020	N.S

Table - 6 (Continued)

Problem Item	Not true		Some what true		Very true		$\chi 2$	P
	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs	6-11 yrs	12-16 yrs		
90. Swearing	56.7	70.0	33.3	10.0	10.0	20.0	5.190	N.S
91. Suicidal talk	96.7	86.7	3.3	13.3	-	-	1.964	N.S
92. Talks or walks in sleep	86.7	90.0	13.3	10.0	-	-	.162	N.S
93. Talks too much	53.3	73.3	20.0	20.0	26.7	6.7	4.547	N.S
94. Teases a lot	92.3	67.6	3.8	20.6	3.8	11.8	5.350	N.S
95. Temper tantrums	56.7	56.7	23.3	16.7	20.0	26.7	.619	N.S
96. Sexual peoccupation	76.7	70.0	20.0	16.7	3.3	13.3	1.982	N.S
97. Threatens people	73.3	66.7	26.7	23.3	-	10.0	3.162	N.S
98. Thumbsucking	86.7	90.0	13.3	3.3	-	6.7	3.819	N.S
99. Too concerned with neatness or cleanliness	63.3	53.3	30.0	33.3	6.7	13.3	.976	N.S
100. Trouble sleeping	90.0	90.0	6.7	10.0	3.3	-	1.200	N.S
101. Truancy	60.0	76.7	30.0	10.0	10.0	13.3	3.753	N.S
102. Underactive	46.7	70.0	30.0	23.3	23.3	6.7	4.428	N.S
103. Unhappy, sad or depressed	43.3	60.0	36.7	23.3	20.0	16.7	1.786	N.S
104. Unusually loud	70.0	76.7	16.7	23.3	13.3	-	4.424	N.S
105. Alcohol or drugs	100.0	96.7	-	3.3	-	-	1.017	N.S
106. Vandalism	76.7	63.3	6.7	13.3	16.7	23.3	1.381	N.S
107. Day time wetting	90.0	100.0	6.7	-	3.3	-	3.158	N.S
108. Wets bed	73.3	96.7	10.0	3.3	16.7	-	6.961	.05
109. Whinning	90.0	73.3	10.0	20.0	-	6.7	3.510	N.S
110. Wishes to be opposite sex	96.7	100.0	-	-	3.3	-	1.017	N.S
111. Withdrawn	63.3	66.7	16.7	30.0	20.0	3.3	4.740	N.S
112. Worrying	56.7	70.0	36.7	30.0	6.7	-	2.621	N.S
113. Problems that were not listed	100.0	96.7	-	-	-	3.3	1.017	N.S

Table-6 shows that there were significant differences for children of different age groups only on items no-11 (too dependent), 17 (day dreams), 49 (constipated), 51 (dizzy), 73 (sex problems) and 108 (wets bed). The above results indicate that children of different age groups do not differ on most of the items of the CBCL.

Behaviour Problem Scores for Narrow Band and Broad Band Scales for the 6 to 11 Years and 12 to 16 Years Old Trafficked Children, Institutionalized Children and Children Living With Their Families.

CBCL is a checklist with one hundred and eighteen behaviour problem items. The items were categorised into different subscales which are known as narrow band scales. In addition to this all the items of the CBCL were divided into two broad band scales viz. internalizing and externalizing scales. The narrow band and broad band scales of the CBCL are different for boys and girls and also different for different age groups. Therefore, means and standard deviations of problem scores for three groups of children were calculated according to sex and age of the children. t-test was used to see the difference between two groups of children on different subscales of the CBCL and F-test was used to see the three way interactions among the three groups of children on different subscales of the CBCL.

Table -7 : Mean, SD, t-values and F values for the 6 to 11 Years Old Trafficked Boys, Institutionalized Boys and Boys Living With Their Families on the Narrow Band and Broad Band Scales Scores of the CBCL.

Behaviour Problem Scales	Mean ± SD of scores			t- value (P value)			F value (P value)
	Trafficked Boys	Insti. Boys	Boys living with families	TB*IB	IB*BF	TB*BF	TB*IB*BF
Schizoid or Anxious	3.80±1.30	2.20±1.48	1.60±2.07	1.812	.526	2.008	2.366
Depressed	10.00±4.00	7.40±.89	3.20±2.86	1.418	3.130(.05)	3.091 (.05)	7.064 (.01)
Uncommunicative	4.80±2.77	2.80±1.79	2.60±1.95	1.355	.169	1.451	1.510
Obsessive Compulsive	6.40±2.30	3.40±1.52	1.80±1.79	2.433(.05)	1.526	3.528(.01)	7.574(.01)
Somatic Complaints	4.20±4.92	3.80±3.03	1.60±1.82	.155	1.391	1.109	.801
Social Withdrawal	4.20±2.86	3.80±1.10	2.00±1.58	.292	2.092	1.504	1.731
Hyperactive	10.20±2.86	6.00±2.24	3.80±2.17	2.585 (.05)	1.580	3.984(.01)	8.860(.01)
Aggressive	19.60±8.29	12.20±3.42	7.60±7.30	1.844	1.276(.05)	2.428(.05)	4.109(.05)
delinquent	8.40±5.03	6.00±4.30	2.40±2.30	.811	1.650	2.425(.05)	2.786
Internalizing	24.40±9.84	17.00±3.67	9.00±6.78	1.576	2.319(.05)	2.882(.05)	5.693(.05)
Externalizing	34.00±11.66	20.60±5.46	13.00±8.60	2.327(.05)	1.668	3.240(.05)	7.072(.01)
Total Problem Score	63.60±14.88	43.60±6.73	28.00±14.90	2.739(.05)	2.098(.05)	3.450(.01)	5.918(.05)

Note : TB = Trafficked Boys

IB = Institutionalized Boys

BF= Boys living with their families

Table-7 shows the results of mean, standard deviation, t-values and F values of behaviour problem scores for narrow band and broad band scales for the 6 to 11 years old trafficked boys, institutionalized boys and boys living with their families.

Among the nine subscales, problem behaviour scores for depressed subscale were significantly different among the three groups of boys ($p<.01$) as well as between trafficked boys and boys living with their families ($p<.05$), also between institutionalized boys and boys living with their families ($p<.05$). Table 7 shows that mean problem behaviour scores of depressed were found to have significantly higher for trafficked boys (10.00± 4.00) as compared with the institutionalized boys (7.40± .89) and boys living with their families (3.20±2.86).

For obsessive compulsive subscale problem behaviour scores were significantly different among the three groups of boys ($p<.01$) as well as between trafficked boys and boys living with their families ($p<.01$) and also between trafficked boys and institutionalized boys ($p<.05$). Table-7 reveals that mean problem behaviour scores of obsessive compulsive scale were significantly higher for trafficked boys (6.40±2.30) than institutionalized boys (3.40±1.52) and boys living with their families (1.80±1.79).

Table-7 reveals that on hyperactive subscale score the three groups of boys vary significantly ($p<.01$). On this scale significant differences were also found between trafficked boys and institutionalized boys ($p<.05$) and between trafficked boys and boys living with their families ($p<.01$).The same Table also shows that the mean behaviour problem scores of the hyperactive scale were significantly higher for trafficked boys (10.20±2.86) than institutionalized boys (6.00±2.24) and boys living with their families (3.80±2.17).

For aggressive subscale problem behaviour scores were significantly different among the three groups of boys ($p<.05$) as well as between trafficked boys and boys living with their families ($p<.05$). also between institutionalized boys and boys living with their families ($p<.05$). The results on the Table-7 reveal that mean problem behaviour scores of aggressive subscale were significantly higher for trafficked boys (19.60±8.29) than institutionalized boys (12.20±3.42) and boys living with their families (7.60±7.30).

Problem behaviour scores for internalizing scale were significantly different among the three groups of boys ($p<.05$) as well as between trafficked boys and boys living with their families ($p<.05$), also between institutionalized boys and boys living with their families ($p<.05$). The mean problem behaviour scores of internalizing scale were significantly higher for trafficked boys (24.40±9.84) than institutionalized boys (17.00±3.67) and boys living with their families (9.00 ± 6.78).

There were significant differences for problem behaviour scores of externalizing scale among the three groups of boys ($p<.01$) as well as between trafficked boys and institutionalized boys ($p<.05$) and between trafficked boys and boys living with their families ($p<.05$). Table-7 shows that mean problem behaviour scores of externalizing scale were found to have significantly higher for trafficked boys (34.00±11.66) than institutionalized boys (20.60±5.46) and boys living with their families (13.00±8.60).

Results also showed that on total problem score there were significant difference among trafficked boys, institutionalized boys and boys living with their families ($p<.05$) as well as between trafficked boys and institutionalized boys ($p<.05$), also between institutionalized boys and boys living with their families ($p<.05$), trafficked boys and boys living with their families ($p<.01$). Results showed that the mean behaviour problem scores of the total problem score were significantly higher for trafficked boys (63.60±14.88) as compared with the institutionalized boys (43.60±6.73) and boys living with their families (28.00±14.90).

Table - 8: Mean, SD, t-values and F values for the 6 to 11 Years Old Trafficked Girls, Institutionalized Girls and Girls Living With Their Families on the Narrow Band and Broad Band Scales Scores of the CBCL.

Behaviour Problem Scales	Mean ± SD of scores			t- value (P value)			F value (P value)
	Trafficked Girls	Insti.Girls	Girls living with families	TG*IG	IG*GF	TG*GF	TG*IG*GF
Depressed	11.60±5.03	8.40±7.20	4.40±1.95	.815	1.200	2.984(.05)	2.413
Social withdrawal	9.80±3.19	8.20±7.09	3.80±1.64	.460	1.353	3.735(.01)	2.295
Somatic Complaints	5.00±4.85	1.40±.55	1.00±1.41	1.650	.590	1.771	2.822
Schizoid Obsessive	1.80±1.64	.60±.89	.40±.89	1.434	.354	1.673	2.000
Hyperactive	7.00±1.00	5.60±2.07	3.20±.84	1.360(.05)	2.400(.05)	6.517(.0001)	9.233(.01)
Sex Problems	3.00±3.16	1.40±.89	1.00±1.41	1.089	.535	1.291	1.312
Delinquent	2.80±1.30	.60±.89	.20±.45	3.111(.05)	.894	4.218(.01)	10.889(.01)
Aggressive	14.60±6.31	4.80±2.95	4.40±.89	3.147(.05)	.290	3.579(.05)	10.154(.01)
Cruel	2.80±2.28	1.00±.71	.40±.89	1.686	1.177	2.191	3.600
Internalizing	25.00±10.65	15.80±12.32	7.40±3.21	1.63(.05)	1.476	3.537(.01)	4.219(.05)
Externalizing	25.40±7.57	12.00±3.94	7.60±2.51	3.512(.01)	2.107	4.991(.01)	16.301(.0001)
Total Problem Score	56.00±20.92	33.00±12.86	16.40±2.70	2.094(.01)	2.786 (.05)	4.175(.01)	9.620(.01)

Note : TG= Trafficked Girls

IG = Institutionalized Girls

GF= Girls living with families

Table-8 shows the results of mean, standard deviation , t- values and F values of behaviour problem scores for narrow band and broad band scales for the 6 to 11 years old trafficked girls, institutionalized girls and girls living with their families.

Among the nine subscales, problem behaviour scores for hyperactive subscale were significantly different among the three groups of girls ($p< .01$) as well as between trafficked girls and institutionalized girls ($p< .05$), also between institutionalized girls and girls living with their families ($p<.05$), trafficked girls and girls living with their families ($p<.0001$). Table-8 shows that mean problem behaviour scores of hyperactive scale were found to have significantly higher for trafficked girls (7.00±1.00) as compared with the institutionalized girls (5.60±2.07) and girls living with their families (3.20±.84).

For delinquent subscale problem behaviour scores were significantly different among the three groups of girls ($p<.01$) as well as between trafficked girls and institutionalized girls ($p<.05$), also between trafficked girls and girls living with their families ($p<.01$). Table-8 reveals that mean problem behaviour scores of delinquent scale were significantly higher for trafficked girls (2.80±1.30) than institutionalized girls (.60± .89) and girls living with their families (.20± .45).

Table- 8 reveals that on aggressive subscale score the three groups of girls vary significantly ($p<.01$). On this scale significant differences were also found between trafficked girls and institutionalized girls ($p<.05$), also between trafficked girls and girls living with their families ($p<.05$). Table- 8 shows that the mean behaviour problem scores of the aggressive scale were significantly higher for trafficked girls (14.60±6.31) than institutionalized girls (4.80±2.95) and girls living with their families (4.40±.89).

For internalizing scale problem behaviour scores were significantly different among the three groups of girls ($p<.05$) as well as between trafficked girls and institutionalized girls ($p<.05$), also between trafficked girls and girls living with their families ($p<.01$). Table-8 shows that mean problem behaviour scores of internalizing scale were significantly higher for trafficked girls (25.00±10.65) than institutionalized girls (15.80±12.32) and girls living with their families (7.40±3.21).

Problem behaviour scores for externalizing scale were significantly different among the three groups of girls ($p<.0001$) as well as between trafficked girls and institutionalized girls ($p<.01$), also between trafficked girls and girls living with their families ($p<.01$). The mean problem behaviour scores of externalizing scale were significantly higher for trafficked girls (25.40±7.57) as compared with institutionalized girls (12.00±3.94) and girls living with their families (7.60±2.51).

Results also showed that on total problem score there were significant difference among the three groups of girls ($p<.01$) as well as between trafficked girls and institutionalized girls ($p<.01$), also between institutionalized girls and girls living with their families ($p < .05$), trafficked girls and girls living with their families ($p<.01$). Results showed that the mean behaviour problem scores of the total problem score were significantly higher for trafficked girls (56.00±20.92) than institutionalized girls (33.00±12.86) and girls living with their families (16.40±2.70).

Table - 9: Mean, SD, t-values and F values for the 12 to 16 Years Old Trafficked Boys, Institutionalized Boys and Boys Living With Their Families on the Narrow Band and Broad Band Scales Scores of the CBCL.

Behaviour Problem Scales	Mean ± SD of scores			t value (P value)			F value (P value)
	Trafficked Boys	Insti.Boys	Boys living with families	TB*IB	IB*BF	TB*BF	TB*IB*BF
Somatic complaints	8.20±3.90	7.20±3.11	3.40±2.61	.448	2.092	2.288	3.035
Schizoid	4.40±2.07	4.00±2.12	1.40±1.34	.302	2.316 (.05)	2.716(.05)	3.755
Uncommunicative	9.00±3.67	8.60±2.19	5.40±3.65	.209	1.682	1.555	1.848
Immature	4.00±3.46	1.60±1.34	.00±.00	1.445	2.667(.05)	2.582(.05)	4.406(.05)
Obsessive compulsive	3.20±.84	2.60±1.52	.00±.00	.775	3.833(.05)	8.552(.001)	14.467(.001)
Hostile withdrawal	11.00±5.96	5.80±4.76	1.40±.89	1.524	2.030	3.563(.05)	5.871(.05)
Delinquent	10.60±2.07	5.00±4.00	.40±.55	2.779(.05)	2.548(.05)	10.634(.0001)	19.000(.0001)
Aggressive	22.40±10.64	16.80±6.34	3.40±3.21	1.011	4.216 (.01)	3.821(.01)	8.729(.01)
Hyperactive	7.60±3.65	6.40±1.14	2.40±2.61	.702	3.143(.05)	2.594(.05)	5.196(.05)
Internalizing	27.00±10.58	20.40±5.32	8.60±5.18	1.246	3.555(.01)	3.492 (.01)	7.800(.01)
Externalizing	36.80±13.99	24.60±10.09	5.40±3.29	1.582	4.046(.01)	4.886(.01)	12.191(.001)
Total Problem Score	68.20±23.95	52.00±18.91	14.60±4.40	1.187(.05)	4.274(.05)	4.896(.001)	11.807(.001)

Note : TB= Trafficked Boys

IB = Institutionalized Boys

BF= Boys living with families

Table - 9 shows the results of mean, standard deviation, t-values and F values of behaviour problem scores for narrow band and broad band scales for the 12 to 16 years old trafficked boys, institutionalized boys and boys living with their families.

Among the nine subscales, problem behaviour scores for immature subscale were significantly different among the three groups of boys ($p<.05$) as well as between institutionalized boys and boys living with their families ($p<.05$), also between trafficked boys and boys living with their families ($p<.05$). Table-9 shows that mean problem behaviour scores of immature were found to have significantly higher for trafficked boys (4.00±3.46) as compared with the institutionalized boys (1.60±1.34) and boys living with their families (.00±.00).

For obsessive compulsive subscale problem behaviour scores were significantly different among the three groups of boys ($p<.001$) as well as between institutionalized boys and boys living with their families ($p<.05$), also between trafficked boys and boys living with their families ($p<.001$). Table-9 reveals that mean problem scores of obsessive compulsive subscale were significantly higher for trafficked boys (3.20± .84) than institutionalized boys (2.60±1.52) and boys living with their families (.00±.00).

Table- 9 reveals that on hostile withdrawal subscale score the three groups of boys vary significantly ($p<.05$). On this scale significant differences were also found between trafficked boys and boys living with their families ($p<.05$). Table-9 also shows that the mean behaviour problem scores of the hostile withdrawal scale were significantly higher for trafficked boys (11.00± 5.96) than institutionalized boys (5.80±4.76) and boys living with their families (1.40±.89).

For delinquent subscale problem behaviour scores were significantly different among the

three groups of boys ($p<.0001$) as well as between trafficked boys and institutionalized boys ($p<.05$), also between institutionalized boys and boys living with their families ($p<.05$), trafficked boys and boys living with their families ($p<.0001$). The mean problem behaviour scores of delinquent scale were significantly higher for trafficked boys (10.60±2.07) than institutionalized boys (5.00±4.00) and boys living with their families (.40±.55).

For aggressive subscale problem behaviour scores were significantly different among the three groups of boys ($p<.01$) as well as between institutionalized boys and boys living with their families ($p<.01$), also between trafficked boys and boys living with their families ($p<.01$). The mean problem behaviour scores of aggressive scale were significantly higher for trafficked boys (22.40±10.64) than institutionalized boys (16.80±6.34) and boys living with their families (3.40±3.21).

Problem behaviour scores for hyperactive scale were significantly different among the three groups of boys ($p<.05$) as well as between institutionalized boys and boys living with their families ($p<.05$) , also between trafficked boys and boys living with their families ($p<.05$). The mean problem behaviour scores of hyperactive scale were significantly higher for trafficked boys (7.60±3.65) than institutionalized boys (6.40±1.14) and boys living with their families (2.40±2.61).

For internalizing scale problem behaviour scores were significantly different among the three groups of boys ($p<.01$) as well as between institutionalized boys and boys living with their families ($p<.01$), also between trafficked boys and boys living with their families ($p<.01$). Table-9 shows that mean problem behaviour scores of internalizing scale were significantly higher for trafficked boys (27.00±10.58) than institutionalized boys (20.40±5.32) and boys living with their families (8.60±5.18).

There were significant differences for problem behaviour scores of externalizing scale among the three groups of boys ($p<.001$) as well as between institutionalized boys and boys living with their families ($p<.01$), also between trafficked boys and boys living with their families ($p<.01$). Table-9 also shows that mean problem behaviour scores of externalizing scale were significantly higher for trafficked boys (36.80±13.99) than institutionalized boys (24.60±10.09) and boys living with their families (5.40±3.29).

Results also showed that on total problem score there were significant difference among trafficked boys, institutionalized boys and boys living with their families ($p<.001$) as well as between trafficked boys and institutionalized boys ($p<.05$), also between institutionalized boys and boys living with their families($p<.05$), trafficked boys and boys living with their families ($p<.001$). Results showed that the mean behaviour problem scores of the total problem score were significantly higher for trafficked boys (68.20±23.95) than institutionalized boys (52.00±18.91) and boys living with their families (14.60±4.40).

Table - 10: Mean, SD, t-values and F values for the 12 to 16 Years Old Trafficked Girls, Institutionalized Girls and Girls Living With Their Families on the Narrow Band and Broad Band Scales Scores of the CBCL.

Behaviour Problem Scales	Mean ± SD of scores			t- value (P value)			F value (P value)
	Trafficked Girls	Insti.Girls	Girls living with families	TG*IG	IG*GF	TG*GF	TG*IG*GF
Anxious obsessive	11.20±7.43	5.00±1.73	4.40±1.95	1.817	.514	1.980	3.429
Somatic complaints	4.80±3.11	2.80±1.10	2.00±1.41	1.355	1.000	1.830	2.419
Schizoid	3.60±1.82	1.20±.45	.80±.84	2.869(.05)	.943	3.130(.05)	8.190(.01)
Depressed withdrawal	8.00±2.92	6.00±1.58	5.00±2.74	1.348	.707	1.677	1.892
Immature Hyperactive	7.00±2.74	5.80±2.95	3.20±1.30	.667	1.803	2.801(.05)	3.162
Delinquent	8.60±4.10	7.40±3.36	1.40±1.67	.506	3.573(.01)	3.637(.01)	7.223(.01)
Aggressive	12.20±3.83	5.80±1.10	3.80±1.92	3.589(.05)	2.020	4.379(.01)	14.735(.001)
Cruel	4.60±2.07	1.60±.55	1.00±1.41	3.128(.05)	.885	3.207(.05)	8.455(.01)
Internalizing	23.20±9.28	12.40±2.07	9.80±3.56	2.539(.05)	1.410	3.013(.05)	7.339(.01)
Externalizing	21.60±7.13	13.40±2.70	5.80±2.68	2.406(.05)	4.463(.01)	4.639(.01)	14.343(.0001)
Total Problem Score	51.40±21.81	29.60±4.39	23.2±8.85	2.191(.05)	1.601	2.741(.05)	5.923(.05)

Note : TG= Trafficked Girls

IG = Institutionalized Girls

GF= Girls living with families

Table-10 shows the results of mean, standard deviation, t values and F values of behaviour problem scores for narrow band and broad band scales for the 12-16 years old trafficked girls, institutionalized girls and girls living with their families.

Among the eight subscales, problem behaviour scores for delinquent subscale differ significantly among the three groups of girls ($p<.01$) as well as between trafficked girls and girls living with their families ($p< .01$), also between institutionalized girls and girls living with their families ($p<.01$). Table 10 shows that mean problem behaviour scores of delinquent were found to have significantly higher for trafficked girls (8.60±4.10) as compared with the institutionalized girls (7.40 ± 3.36) and girls living with their families (1.40±1.67).

For aggressive subscale problem behaviour scores differ significantly among the three groups of girls ($p<.001$) as well as between trafficked girls and girls living with their families ($p<.01$) and between trafficked girls and institutionalized girls ($p<.05$). Table- 10 shows that mean problem behaviour scores of aggressive scale were found to have significantly higher for trafficked girls (12.20±3.83) as compared with the institutionalized girls (5.80±1.10) and girls living with their families (3.80±1.92).

There were significant differences for problem behaviour scores of cruel subscale among the three groups of girls ($p<.01$) as well as between trafficked girls and girls living with their families ($p<.05$) and between trafficked girls and institutionalized girls ($p< .05$). It appears from Table-10 that mean behaviour problem score for trafficked girls were higher (4.60±2.07) than institutionalized girls (1.60± .55) and girls living with their families (1.00±1.41).

Table-10 reveals that on schizoid subscale score the three groups of girls vary significantly ($p<.01$). Similarly on this scale there were significant differences between trafficked girls and girls living with their families ($p<.05$) and between trafficked girls and institutionalized girls ($p<$

.05). Table- 10 shows that the mean behaviour problem scores of the schizoid scale were significantly higher for trafficked girls (3.60± 1.82) than institutionalized girls (1.20±.45) and girls living with their families (.80 ± .84).

For internalizing scale problem behaviour scores were significantly different among the three groups of girls ($p<.01$) as well as between trafficked girls and institutionalized girls ($p<.05$), also between trafficked girls and girls living with their families ($p<.05$). Table- 10 shows that mean problem behaviour scores of internalizing scale were found to have significantly higher for trafficked girls (23.20±9.28) than institutionalized girls (12.40±2.07) and girls living with their families (9.80±3.56).

Problem behaviour scores for externalizing scale were significantly different among the three groups of girls ($p< .0001$) as well as between trafficked girls and institutionalized girls ($p< .05$), also between institutionalized girls and girls living with their families ($p<.01$), trafficked girls and girls living with their families ($p<.01$). The mean problem behaviour scores of externalizing scale were significantly higher for trafficked girls (21.60±7.13) as compared with institutionalized girls (13.40±2.70) and girls living with their families (5.80 ± 2.68).

The results presented on Table-10 shows that on total problem score there were significant difference among the three groups of girls ($p<.05$) as well as trafficked girls and institutionalized girls ($p<.05$), also between trafficked girls and girls living with their families ($p<.05$). Results showed that the mean behaviour problem scores of the total problem were significantly higher for trafficked girls (51.40 ± 21.81) than institutionalized girls (29.60±4.39) and girls living with their families (23.2± 8.85).

Duration of Stay at Organization or Institution and Behaviour Problem Score of Children

In order to see whether duration of stay at organization or institution has any effect on the behaviour problem scores of children, one way analysis of variance was done both for trafficked and institutionalized children. The results of the analysis of variance are given in Table-11 and in Table-12 respectively.

Table-11 Summary of the Analysis of Variance of Behaviour Problem Score (CBCL) for Different Levels of Duration of Stay of the Trafficked Children at the Organization.

SV	Sum of Square (SS)	df	Mean Square (MS)	F	P
Duration of Stay	42.5.633	2	425.633	0.547	N.S
Within Group	13997.17	17	777.62		
Total	**14422.8**	**19**			

Table- 11 shows that the value of F was not significant. Therefore, it could be said that behaviour problem scores of trafficked children do not depend on duration of stay at the organization.

Table- 12 Summary of the Analysis of Variance of Behaviour Problem Score (CBCL) for Different Levels of Duration of Stay of the Institutionalized Children at the Institution.

SV	Sum of Square (SS)	df	Mean Square (MS)	F	P
Duration of Stay	510.05	2	510.05	0.929	N.S
Within Group	9882.5	17	549.028		
Total	**10392.55**	**19**			

Table-12 shows that the value of F was not significant. Therefore, it could be said that behaviour problem score of institutionalized children do not depend on the duration of stay at the institution.

Table-13 **Total Behaviour Problem Scores of Different Types of Children as Assessed by Caregivers and Mothers and the Total Number and Percentages of Children who are in the Clinical Range on Behaviour Problem Score.**

No. of children	Trafficked children (Assessed by caregivers)	Institutionalized children (Assessed by caregivers)	Children living with their families (Assessed by mothers)	
N=5	75*	33	12	Boys 6 to 11 years old
	45*	42*	45*	
	80*	46*	26	
	66*	46*	41*	
	52*	51*	16	
	5(100%)	4(80%)	2(40%)	
N=5	64*	65*	13	Boys 12 to 16 years old
	105*	76*	13	
	69*	52*	12	
	38	33	22	
	65*	34	13	
	4(80%)	3(60%)	0 (0%)	
N=5	90*	26	14	Girls 6 to 11 years old
	36	17	14	
	43*	50*	16	
	59*	31	18	
	52*	41*	20	
	4(80%)	2(40%)	0 (0%)	
N=5	64*	33	24	Girls 12 to 16 years old
	37	30	24	
	36	28	11	
	36	23	19	
	84*	34	38*	
	2(40%)	0(0%)	1(20%)	
Total N=20	15(75%)	9(45%)	3(15%)	

Scores which are indicated by * represent behaviour problem scores in the clinical range. According to the Manual of the CBCL, the cutoff score for total behaviour problem of 6 to 11 years old girls is 37 and for boys it is 40. For 12 to 16 years old girls the cutoff score is 37 and for boys it is 38. Behaviour problem scores above these cut off scores are considered to be in the clinical range.

Table 13- shows that out of 20 trafficked children problem scores of 15 children (i.e. 75%) were in the clinical range. Problem scores of 9 institutionalized children (i.e 45%) and 3 (i.e. 15%) children living with their families were in the clinical range. Table-13 indicates that 6 to 11 years old boys (n=11) crossed more cut off point than 6 to 11 years old girls (n= 6). This Table also reveals that among 12 to 16 years old children 7 boys were in clinical range whereas problem scores of 3 girls were in the clinical range.

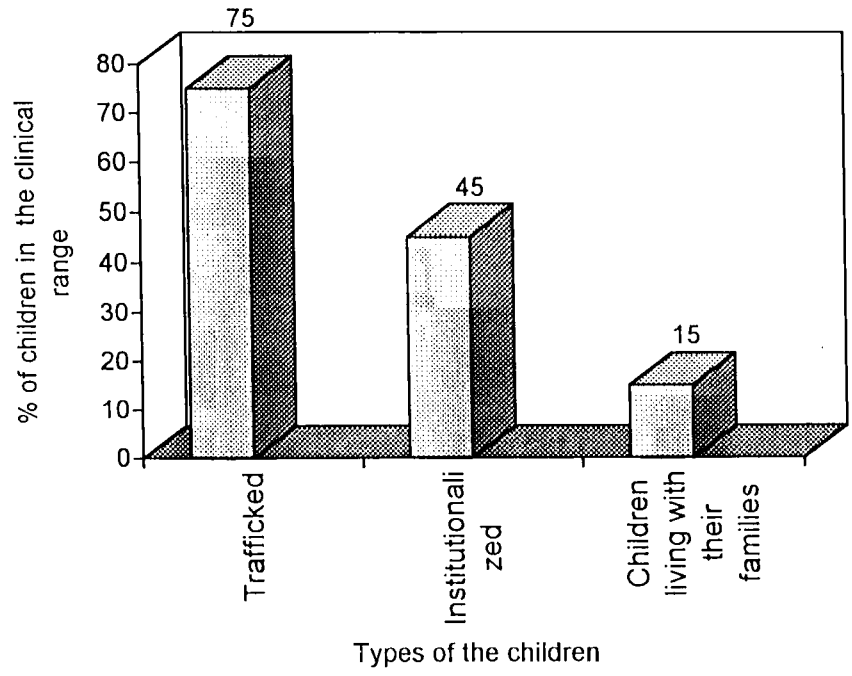
The results presented in Table-13 demonstrate that among three groups of 6 to 11 years old boys greater percentage (100%) of trafficked boys crossed cut off point than institutionalized boys (80%) and boys living with their families (40%). Similarly among 12 to 16 years old boys 80% trafficked boys crossed cut off point whereas 60% institutionalized boys crossed cut off point. But at this age boys living with their families did not cross any cut off point, which means that they had no significant behaviour problem.

From the results of Table-13 we can see that 80% of 6 to 11 years old trafficked girls crossed cut off point as compared with institutionalized girls (40%) and girls living with their families (0%). The results also showed that greater percentage (40%) of 12 to 16 years old trafficked girls crossed cut off point rather than girls living with their families

(20%). Among the institutionalized girls of this age range no one had crossed cut off point, which means that they had no significant behaviour problem.

The percentages of different types of children who are in the clinical range on behaviour problem scores are presented in Figure-4

Figure - 4 : Percentages of different types of children who are in the clinical range on behaviour problem score.



CHAPTER-4

DISCUSSION

DISCUSSION

In order to evaluate the effects of type (trafficked children, institutionalized children and children living with their families), sex (boys and girls) and age (6 to 11 years and 12 to 16 years) of the children on the total behaviour problem score, analysis of variance (ANOVA) was conducted using total problem scores as dependent variable and type, sex and age as independent variable.

The results presented in Table-2 showed that the main effect of type was significant. From Table- 3 it was evident that the mean problem score (59.80) for trafficked children was higher than institutionalized children (39.55) and children living with their families (20.55). Some possible explanations could be given for higher rates of behaviour problem in trafficked children.

Trafficking is a traumatic event. The trafficked children have to face many traumatic and stressful situations during trafficking period such as – forced prostitution, sexual assault, sexual abuse, physical abuse etc. The range of reactions following exposure to a traumatic event is wide. Some common reactions of children after exposure to trauma are : not wanting to sleep alone, regressive behaviours like thumb sucking, bed wetting, play that is aggressive, being confused about what the trauma is and what it means, trouble concentrating and doing work in school (Weiss, 1993). In this research children who were living in shelter homes for more than 6 months after trafficking were included in the sample of trafficked children. After having the traumatic experience of trafficking these children are again traumatized in shelter homes where they have to go through many stressful situations. In shelter homes sometimes children are teased and criticized by peers as well as by caregivers. For example when the history of a

trafficked girl who was sexually abused was disclosed, peers or caregivers blamed her and treated her badly. This can increase the child's feelings of guilt, shame and powerlessness. These feelings create a constant stress on them. As they are unable to deal with their internal stress, they manifest some external behaviours (such as fighting, aggression to others, non-compliant, restlessness, quarreling, blaming others etc.) as a coping strategy. The children feel powerlessness and no control over their lives after they were victimized of trafficking by adults. The behavioural patterns displayed by these victims could possibly be their means of dealing with their fear, the humiliation of being violated and the trauma of being deprived of empathy, understanding, support from society and families. Failure to provide consistent and effective discipline by caregivers might also increase behaviour problem of the trafficked children. Sometimes caregivers are very strict for a particular behaviour and at another time they over look the particular behaviour. This inconsistent discipline of the caregivers might increase problem behaviours in children. The present result is consistent with the result of other researchers (Bushnell, Wells, and Oakley- Browne, 1992; Sternberg et al., 1992; Toth, et al., 1992; Mullen, Martin et al., 1994) who found that after exposure to trauma, traumatized children may experience depressive symptoms, anxiety disturbances, feeling of fear, guilt and shame.

From Table-2, it appears that the mean problem score for institutionalized children were higher than children living with their families. Some possible explanations could be given for higher rates of behaviour problem in institutionalized children. In an institutional setting children are deprived of parental love and affection. Compared to family, institutional environment provides comparatively less encouragement and stimulus for intellectual, emotional and social development of the child (Yarrow, 1961).

Research in the past have demonstrated that differences in behaviour occurred due to differences in environment. Research findings have shown that secure attachment with both parents fosters self-esteem and autonomy which are important for later social functioning and adaptive behaviour in children. As the institutionalized children are not securely attached with their caregivers, therefore, they may view the world as comfortless, unpredictable and unreliable and they responds to it by various types of maladaptive behaviour such as anxious, avoidant, ambivalent or out of control behaviour. In an institution children brought up under strict rules and regulations. It has been found that children in an institution are frequently punished for their minor offenses. Various types of behaviour problems such as fear, anxiety, depression, delinquency, aggression may develop in children due to frequent punishment. Sometimes caregivers neglect or do not consider the child's need.

All the above mentioned factors might be responsible for higher rate of behaviour problems among the institutionalized children than children living with their families.

From the results given in Table-2, it is evident that sex is an important variable in children's behaviour problem. Compared to girls, boys have higher mean for behaviour problem score. This result is consistent with other studies which have provided evidence that boys have more behavioural problems than girls (Rutter et al., 1970; Achenbach and Edelbrock, 1983; Eme, 1984; Anderson et al., 1987; Costello et al., 1988; Fleming et al., 1989; Garrison et al., 1990; Domenech et al., 1992; Begum 1993; 1994; Weine et al., 1995, Islam and Huque, 1996; Khurshid , 1997).

The difference between sexes on behaviour problem may be explained by cultural and social factors that determine the behaviour patterns of boys and girls. Boys are given

greater autonomy (Cowan and Avant, 1988) and are encouraged by the parents to become independent (Block, 1983) than girls. As a result sometimes social and emotional adjustments become difficult for them and they show various types of problem behaviour.

In Bangladeshi culture children are brought up in such a way that they can fit into their individual stereotype sex roles. In our culture a boy is expected to be aggressive in nature and a girl to be more passive and gentle in nature. According to Rutter (1977) temperament plays an important role in the development of psychological problems. Moss (1974) concluded from his findings that boys were temperamentally more difficult and irritable than girls. So it can be said that temperament might be a factor to observe difference in behaviour problems of boys and girls. There is some evidence that boys have more problems than girls if they are brought up by a divorced mother (Hetherington et al., 1985). Therefore, family disruption also might be responsible for higher behaviour problems in boys.

The results presented in Table-2 showed that the main effect of age was not significant. That means behaviour problem was not significantly influenced by age of the children. For children of 6 to 11 years, mean behaviour problem score was 40.10 and for 12 to 16 years it was 39.83 (Table-3). Results show that children of 6 to 11 years had higher rate of behaviour problem than the children of 12 to 16 years old. However, age was not found to have great influence on behaviour problems of children. The present result is consistent with the result of other researchers (Ferdinand et al., 1995) who found similar pattern of behaviour problem at different ages of children. This result contradicts with the results of other studies (Richman et at., 1982 ; Schwarz, 1985; Van

Eldik, 1994; Adams et al., 1995; Lambert et al., 1996) which have found significant age differences in behaviour problem.

The distribution of each item on the CBCL in 20 trafficked children, 20 institutionalized children and 20 children living with their families together with the probability of difference computed by a chi-square test are given in Table 4. The Table demonstrates that out of 118 specifically stated problems, trafficked children, institutionalized children and children living with their families differed significantly from each other on 42 (35.59%) problem items. Among these children no difference was found on item no 113 (which provided the spaces for mothers/caregivers to add additional problem that were not listed) and on item no 56h (which provided space for other physical problems without known medical cause that were not listed).

No significant difference was found among three groups of children on 4 specific physical complaints (56a, 56b, 56d, 56f). In general the items which failed to show significant difference referred to somatic complaints (items 2,4,49, 51, 54, 56a , 56b, 56d, 56f, 56h, 77) except item 56c, 56g, 56e, items related to sex problem (item 59, 60, 73) except 96, eating problem (24, 28, 53), fear related items (29, 50) except 30,31, school related items (23, 61) except 30, 101.

Since social taboos are related to sexual problem, none of the mothers of children living with their families mentioned any sexual problem in their children. Mothers of children living with their families mentioned 32 items of behaviour problem as 'not true' for their children. These items are obsessions (9), confused (13), harms self (18), eats non food (28), fears impulses (31), feels persecuted (34), feels worthless (35), hears things that are not there (40), overeating (53), over weight (55) , eye problems (56d) ,

vomiting (56g), others physical problems without known medical cause (56h), plays with sex parts in public (59), plays with sex parts too much (60), compulsions (66), sees things that are not there (70), sets fire (72), sex problems (73), smears (78), speech problem (79), steals at home (81), steals outside home (82), stores up unneeded things (83), strange behaviour (84), strange ideas (85), suspicious (89), suicidal talk (91), teases a lot (94), sexual preoccupation (96), alcohol or drugs (105), problems that were not listed (113). Mothers did not report these problem for their children most probably either because they thought that some of these items were not applicable for their children (28, 40, 70, 72, 78, 79, 105), or these items occurred very rarely in children, so the mothers did not notice them (9,13,18,31,34,35,53,56d, 56g, 56h, 66, 83, 84, 85, 89, 91, 113), or for social taboo or for some other reasons they did not want to disclose them to others (55,59,60, 73, 81, 82, 94, 96).

Caregivers of trafficked children mentioned 6 items of behaviour problem as 'not true' for those children. These items are eats non food (28), hears things that are not there (40), smears (78), strange behaviour (84), strange ideas (85) and wishes to be opposite sex (110). Caregivers of institutionalized children also mentioned 11 items as 'not true' for their children. These items are eye problems (56d), compulsions (66), sees things that are not there (70), sets fire (72), smears (78), steals at home (81), steals outside home (82), trouble sleeping (100), alcohol or drugs (105), wishes to be opposite sex (110) and problems that were not listed (113). Caregivers did not report these problem may be they thought that some of these items were not applicable for their children (28, 72, 78, 105) or may be they overlooked some problems (40, 56d, 66, 70, 84, 85, 100, 110, 113). Although the caregivers verbally reported to the researcher the problems of stealing among trafficked and institutionalized children, but in CBCL

checklist they did not mention this problem (81,82). It might be possible that in order to keep good reputations of their organization they did not want to disclose this problem.

Out of 42 specifically stated problems on which type difference were found, trafficked children scored significantly higher than institutionalized children and children living with their families on 34 items, while only 8 items [bragging (7), day dreams (17), fears impulses (31), picking (58), secretive (69), teases a lot (94), truancy (101), underactive (102)] were significantly higher in institutionalized children. From the results it can be stated that trafficked children scored significantly higher on 80.95% of the total problem items.

It has been found that children of institutions are frequently punished for their minor offenses, which may develop low self-esteem and low self-concept in them. Bragging or day dreaming would be a weapon to deal with their low self-esteem. Institutionalized children received very little social and sensory stimulation. The conditions of institutional setting do not encourage social responsiveness, exploratory behaviour, cognitive or emotional expression among these children. It may cause behaviour problems like being secretive, lot of teasing, truancy and being underactive. In our country most of the orphanages are crowded. The housing condition is not hygienic which may develop problems of picking. In institutional setting the attachment between caregivers and children is not secure as the children have less frequent contact with caregivers. In an institution the children are treated in a highly mechanical fashion, where love and affections are absent. This feeling of insecurity may lead to develop fears of impulses among institutionalized children.

Due to traumatic experience, trafficked children have adjustment problem and deficiency in showing socially accepted behaviour. They are emotionally vulnerable and sometimes they are rejected by family members, friends, relatives and caregivers. For all these reasons compared to institutionalized children and children living with their families, trafficked children have more internalizing and externalizing behaviour problems.

Caregivers of trafficked children have reported some problem items [e.g., allergy (2), bowl movement outside toilet (6), eye problems (56d), compulsions (66), sees things that are not there (70), speech problem (79), steals outside home (82), strange ideas (85), alcohol or drugs (105) and additional problems that were not listed (113)] as true for less than 10% of those children.

Caregivers of institutionalized children have also reported some problem items [e.g., obsessions (9), harms self (18), eats non food (28), feels worthless (35), hears things that are not there (40), night mares (47), nausea (56c), stomach aches (56f), vomiting (56g), sex problems (73), stores up unnceded things (83), strange behaviour (84), suicidal talk (91), talks or walks in sleep (92), thumbsucking (98), unusually loud (104), vandalism (106), wets bed (108)] as true for less than 10% of institutionalized children.

For both trafficked and institutionalized children some problem items [e.g., asthma (4), behave opposite sex (5), overweight (55) , others physical problems without known medical cause (56h), plays with sex parts in public (59), plays with sex parts too much (60), day time wetting (107)] were present in less than 10% of children. Therefore, it can

be said that the above mentioned problems are less common among trafficked children as well as among institutionalized children.

The findings of the present research also showed a very high prevalence rate of some problem items in trafficked children. For example can't concentrate (item 8= 90%), disobeys at home (item 22= 70%), lacks guilt (item 26= 70%), fighting (item 37=70%), nervous (item 45= 70%), stubborn (item 86 = 75%), sulks a lot (item 88= 80%), swearing (item 90= 85%), unusually loud (item 104= 70%) and vandalism (item 106 = 80%).

This result indicates that caregivers of the trafficked children should pay attention to these problems and they should take steps to reduce or to control them.

Among the institutionalized children a high prevalence rate was shown on two problem items such as can't concentrate (item 8=75%) and dizzy (item 51 = 75%). From the result of the present study it was found that can not concentrate (8) is true for more than 60% of both trafficked and institutionalized children. Therefore, one can conclude that this problem has a very high rate of prevalence for both types of children during childhood and adolescence period.

The distribution of each item on the CBCL in 30 boys and 30 girls together with the probability of difference computed by a chi-square test are presented in Table-5. Out of 118 specific problems boys and girls differed significantly from each other on 11 (i. e, 9.32%) problems . No significant differences were found between boys and girls on the two nonspecific items (item no 113 and 56h).

Significant differences were also not found between boys and girls on seven specific physical complaints (56a through 56g). In general, the items which failed to

show significant sex differences are related to somatic complaints (items 2,4,49,51,54,56a-h, 77) , items related to sex problems (items 59, 60, 73, 96), eating behaviour (items 24,28, 53), fear related items (29, 30,31,50) and school related items (30,61,101) except item 23(disobeys at school.)

The finding of the present study that boys and girls do not differ on physical problems is consistent with the study of Begum (1993) but contradicts the idea that girls have more physical problems as stated by Weine et. al. (1995).

From the present result we can say that boys and girls do not differ in physical problems during childhood and adolescence. Therefore, mothers and caregivers should pay equal attention to the physical problems of both boys and girls.

The items relating to sexual problems failed to show any significant sex differences, though mothers and caregivers have reported higher sex problems for boys than girls. It was interesting to find that only the caregivers of trafficked and institutionalized children have reported sex problem of their children, but no mothers of children living with their families have reported sex problem of their children. The fact is that mothers of Bangladesh do not feel comfortable to discuss about sex problem of their children with others, even sometimes children are encouraged by mothers to hide their sex related problems.

Results presented in Table-5 also demonstrate that mothers and caregivers mentioned 8 items of behaviour problem as ' not true' for girls. These items are eats non food (28), eye problems (56d), compulsions (66), smears (78), steals at home (81), steals out side home (82), strange behaviour (84), problems that were not listed (113). Mothers or caregivers did not report these problem probably because they might think that some

of these items were not applicable for their children (28, 78) or these items occurred very rarely in children so the mothers or caregivers did not notice them (56d, 66, 84, 113), or they did not want to disclose them to others (81, 82).

The finding on self wetting which rarely occurred in children of the present study was in agreement with other researchers (e.g. Rutter et. al., 1970). The present finding is also consistent with the earlier findings (e.g Richman et. al; 1982, Begum, 1993) that enuresis and thumb sucking are present in a few children in childhood and adolescence. No significant differences were found between boys and girls on thumb sucking (98), day time wetting (107) and wets bed (108) items but boys were reported to have more thumb sucking and day time wetting problems than girls while wets bed (108) was found to be more common in girls than boys.

In the present research no significant differences were found between boys and girls on speech problem (79) and nail biting (44) but speech problem and nail biting were found to be more common in boys than girls.

Out of 11 specifically stated problems on which significant sex differences were found, boys scored significantly higher than girls on all problem items. These items are argues (3), can't concentrate (8), destroys own things (20), destroys others things (21), disobeys at home (22), disobeys at school (23), fighting (37), attacks people (57), steals at home (81), stubborn (86) and threatens people (97). Thus from the results it can be said that boys scored significantly higher on all the problem items on which sex differences were found. No significant differences were found between boys and girls on the items of depression. This finding is in agreement with the other studies which have provided evidence that there were no sex difference in the prevalence of depressive

symptoms among 6 to 11 years old children (e.g; Kashani, et al., 1983; lefkowitz and Tesiny, 1985, Lobovitz and Handel, 1985; Fleming et al., 1989). This finding contradicts the findings of Begum (1993) who found that these problems were significantly more among girls than boys.

Table-5 also shows that in comparison with girls boys have more problems on externalizing aspect of behaviour e.g. in the areas of hyperactivity (items 1,8, 10,17, 20, 41, 62) except item no-61, aggression (items 3, 16, 22, 23, 25, 27, 37, 43, 48, 57, 68, 74, 86, 87, 90, 93, 94,95,97,104). and delinquency (item 20, 21, 23, 39, 43, 67, 72, 81, 82, 90,101, 106). The findings that boys were more aggressive are consistent with the other studies on aggression (Weine et al., 1995; MacCoby and Jacklin, 1974; Hoffman, 1977; Schultz et al., 1974). Begum (1993) also found that Bangladeshi males are more aggressive than female. .In our culture girls are discouraged from early childhood to express any aggressive behaviour and girls showing such behaviour are negatively evaluated by society. On the other hand in our social system, aggressiveness in boys are not met with disapproval and rejection. For these reasons boys were reported to have more aggressive behaviour than girls. The results of the present study show that problems of hyperactivity are more common in boys than girls. This finding is consistent with other researchers (e.g., Barkley, 1988., Garfinkel and Wender, 1989).

Adolescent boys generally show more problems in inattention, impulsivity, conduct disturbance and academic difficulties (Du Paul et al., 1991). Similarly most of the boys in childhood are easily distracted, impulsive, have poor attention, frustration and poor tolerance. Therefore, both in childhood and adolescent period boys have more behaviour problems related to hyperactivity than girls.

The common types of delinquent activities which are found in childhood and adolescence period include stealing, lying, destroying own as well as others things, running away from home, swearing, disobedient at school etc. All these activities are found more in boys than girls (Gold and Petronia, 1980; Moore and Arthur, 1983). The present result also shows that boys are more accident prone (item 36) than girls. This finding is consistent with the study of Rosen and Peterson (1990).

The findings of the present research also showed a high prevalence rate of some problem items in boys. For example argues (item 3=56.7%). Can't concentrate (item 8=83.3%), hyperactive (item 10=50%), destroys own things (item 20=46.7%), disobeys at home (item 22=56.7%), fighting (item 37=60%), impulsive (item 41= 46.7%), lying or cheating (item 43=53.4%), dizzy (item 51=63.3%), stubborn (item 86 =60%), temper tantrums (item 95 = 53.3%). Girls also obtained high scores on two problem items such as can't concentrate (item 8 = 53.4%) and dizzy (item 51= 56.7%). From the result of Table-5 it is clear that can't concentrate (8) and dizzy (51) are true for more than 50% of boys and girls. So it can be stated that these problems have a high rate of prevalence for both sexes of 6 to 16 years of age.

Table-6 reveals that, out of 118 specifically stated problems the children of different age range differed significantly from each other only on 6 (5.08%) problem items. None of the nonspecific items (56h and 113) were significant.

No significant difference was found between the children of the two age range groups on seven specific physical complaints (56a through 56g). In general the items which failed to show significant age differences are related to somatic complaints (item 2 ,4, 54, 56a-h, 77) except item 49 and 51, items related to sex problems (items 59, 60, 96)

except item 73, eating behaviour (items 24, 28, 53) and fear related items(29, 30, 31, 50).

Sex related items failed to show any significant age difference. But the mothers and caregivers have reported higher sex problem for children of 12 to 16 years old than for children of 6 to 11 years old. So it can be said that sexual problems increase in children with the increase of age.

The results in Table-6 also demonstrate that mothers and caregivers mentioned 9 items [eats non food (28), eye problems 56(d), plays with sex parts in public (59), smears (78), steals outside home (82), strange behaviour (84), strange ideas (85), alcohol or drugs (105), problems that were not listed (113)] of behaviour problems as ' not true' for the 6 to 11 years old children. 7 items [obsessions (9), hears things that are not there (40), compulsions (66), sets fire (72), smears (78), day time wetting (107), wishes to be opposite sex (110)] as ' not true' for children of 12 to 16 years old. Mothers and caregivers did not report these problems in their children probably either because they thought these items were not applicable for the children or because these items occurred very rarely in children so that mothers and caregivers did not notice them.

In the present research the rate of thumb- sucking was higher for children of 6 to 11 years age than for the children of 12 to 16 years old. Macfarlane et al.(1954) have shown that thumb-sucking becomes progressively less common with increasing age. Rutter et al. (1970) showed that enuresis and thumb sucking decrease with the increase of age.

Out of 6 specifically stated problems on which significant age differences were found, children of 6 to 11 years scored significantly higher on the items too dependent

(11), sex problems (73), wets bed (108) than other age groups. Day dreams (17), constipated (49) and dizzy (51) were found significantly higher for children of 12 to 16 years groups.

Table-6, also shows that in comparison with 12 to 16 years old children, 6 to 11 years old children have more externalizing problem e.g., in the areas of hyperactivity (items 1,10, 23,41, 61,62, 64), aggression (items 23, 25, 57, 90, 93, 104) and delinquency (items 21, 39, 72, 90, 101)

The findings of the present research also showed a higher prevalence rate of some problem items in children of 6 to 11 years such as can't concentrate (item 8= 63.4%), too dependent (item 11= 60%), demands attention (item 19 = 56.7%), poor school work (item 61=53.3%), clumsy (item 62 = 56.7%), unhappy (item 103 = 56.7%). 12 to 16 years old children obtained high scores on 5 problem items such as argues (item 3=56.7%), can not concentrate (item 8= 73.3%), nervous (item 45= 66.7%), dizzy (item 51= 83.3%) and secretive (item 69= 56.6%).

From the result Table –6 it is clear that can not concentrate (8) is true for more than 60% of children in the age range of 6 to 16 years. So it can be stated that this problem have a very high rate of prevalence during this period of life of the children.

From the results presented in Table-7 to Table -10 it is evident that compared to institutionalized children and children living with their families, trafficked children have scored higher on the different subscales as well as on the two broad band scales viz. internalizing and externalizing scale. The results, therefore, show that trafficked children have more over controlled problems as well as under controlled problems. Trafficked children have also scored higher on total problem score. The result of the present study

is consistent with the conclusions of other researcher. Possible explanations for higher rates of behaviour problems in trafficked and institutionalized children have been given earlier in the discussion section.

Results presented in Table-11 and Table- 12 show that the values of F were not significant which means that duration of stay at organization or institution had no effect on the behavioural problems of the trafficked and institutionalized children.

In an organizational setting (shelter homes and orphanages) children are provided with legal, medical, social, economical, educational, vocational support as well as residential support. So children who are living within this organizational support system for a long period, the behavioural adjustments of these children are expected to be better. But the result of ANOVA for duration of stay at organization or institution was not significant. In an institutional or organizational setting children are cared only for their physical needs. Social and psychological needs, which influence the behaviour of those children are not given much emphasis. In our country a caregiver has to look after a large number of children and the conditions of organizations are quite miserable. Minimum opportunities are provided for the children and environment of those organization are not encouraging. Most of the time children are criticized and punished for their bad behaviour and they are rarely rewarded for good behaviour. They are also deprived of emotional support and care. In order to decrease behaviour problem of the children institutions and organizations should pay attention on the psychological needs of the children. The caregivers should have proper training to deal with the children. In order to have good mental health of the children institutions and organizations should have a formal setting for psychological services.

Results of the Table-13 indicates that according to caregivers' reports, out of 20 trafficked children problem scores of 15 children (i.e. 75%) were in the clinical range and problem scores of 9 institutionalized children (i.e.; 45%) were in the clinical range. According to mothers' reports 3 (i. e; 15%) children living with their families were in the clinical range.

According to caregivers 100% trafficked boys in the age range of 6 to 11 years were in the clinical range and 80% institutionalized boys in the same age range were in the clinical range. 40% of boys living with their families were in the clinical range according to mothers report. Similarly, in this age group 80% trafficked girls were in the clinical range and 40% institutionalized girls were in the clinical range. But the mothers did not assess any girl living with their families to have behaviour problems in the clinical range.

Among 12 to 16 years old boys, 80% of trafficked boys and 60% of institutionalized boys were in the clinical range as assessed by caregivers. But mothers did not assess any boy to have behaviour problem in the clinical range. Similarly in this age group 40% trafficked girls and 20% girls living with their families were in the clinical range as assessed by caregivers and mothers respectively. But among this age group institutionalized girls were not found to have problems in the clinical range.

Children who were in the clinical range had significant behaviour problems. The result of the present study revealed that two third of the trafficked children (75%) and nearly half of the institutionalized children (45%) and 15% of children living with their families have behaviour problem in the clinical range. These children need psychological help immediately. If precautions are not taken they might develop various types of psychiatric disturbances.

On the basis of the present study it can be said that various kind of behaviour problems are present in all the three types of children especially in trafficked and institutionalized children. Services of clinical psychologists are urgently needed for identifying, assessing, managing and reducing the rate of behaviour problems in children.

The present study has some limitations. The size of the sample was small and it was done only in Dhaka city. Further studies are required in this area comprising of a larger and more representative sample to confirm the present findings. Moreover, there are many other variables associated with behaviour problems which need to be explored.

CHAPTER-5

SUMMARY AND CONCLUSION

SUMMARY AND CONCLUSION

The present research was undertaken to compare the behaviour problems among trafficked children, institutionalized children and children living with their families. According to the purpose of this study 60 children were taken as the sample of the study. Of the total subjects, 20(10 boys and 10 girls) were trafficked children, 20 (10 boys and 10 girls) were institutionalized children and 20 (10 boys and 10 girls) were children living with their families. Institutionalized children and children living with their families were matched with the trafficked children in respect of age, sex and socio-economic status. 5 caregivers(both male and female) and 20 mothers were taken to assess the behaviour problems of the children. Trafficked children were selected from two shelter homes and institutionalized children were taken from two orphanages of Dhaka city. Children living with their families were selected from one area of Dhaka city. The age of the children ranged from 6 to 16 years. According to age the children were divided into two groups. The Bengali version of the Child Behaviour Checklist (Begum, 1993) originally developed by Achenbach and Edelbrock (1983) was used to study the behaviour problems of the children.

One of the objectives of this research was to observe whether behaviour problems vary according to type, sex and age of the children. The results showed that the behaviour problems of the trafficked children were significantly higher than those of institutionalized children and children living with their families. Behaviour problems were found to be higher among boys than girls. However, behaviour problems of children did not vary according to the age of the children. Chi-square analysis were done in order to determine whether there were differences in the distribution of each item of behaviour

problems according to the types, sexes and ages of the children. Significant differences on individual items among three types of subjects were found on 42 (35.59%) problem items of the CBCL. Boys and girls differed significantly from each other on 11 (9.32%) problem items and significant age differences were found only on 6(5.08%) problem items of the CBCL.

t-test was used to see the difference between two groups of children on different subscales of the CBCL and F-test was used to see the three way interactions among the three groups of children on different subscales of the CBCL. Results showed that the trafficked boys of both the age groups (6 to 11 and 12 to 16 years) scored higher on different subscales such as obsessive compulsive, hyperactive, depressed, aggressive , delinquent, schizoid, immature, hostile withdrawal than other two groups of boys. Like boys trafficked girls of both the age groups (6 to 11 and 12 to 16 years) also scored higher on different subscales such as hyperactive, delinquent, aggressive, depressed, social withdrawal, schizoid, immature hyperactive and cruel subscales score than other two groups of girls. Institutionalized boys and girls of both the age groups (6 to 11 and 12 to 16 year) differed significantly on depressed , aggressive, schizoid, immature, obsessive compulsive, delinquent, and hyperactive subscales scores than children living with their families. Results also revealed that there were significant differences on total behaviour problem scores among the three groups of children.

The effect of duration of stay at organization or institution on behaviour problems score of the trafficked children and the institutionalized children was not significant.

Results of the present study showed that greater percentage (75%) of trafficked

children obtained problem score in the clinical range than the other groups of children. 45% of the institutionalized children and 15% children living with their families also scored behaviour problems in the clinical range.

The results of the present study were interpreted in the light of existing literature. It could be stated that the findings of the present research has thrown some light on the behaviour problems among trafficked children, institutionalized children and children living with their families. Further research with large number of sample should be undertaken in order to enrich the available information on behaviour problems of children.

In the conclusion it can be said that identification of behaviour problems among trafficked children, institutionalized children and children living with their families are necessary to find out which group of children are in need of mental health service and what kind of mental health service will be most effective for them. If the parents and caregivers have an idea of the behaviour problems of their children it will be easier for them to guide the children accordingly. A Clinical Psychologist can provide psychological services for these children and hence, can help to reduce the high rate of behaviour problems in different types of children. She/he can identify the problems at an early stage through proper psychological assessment tools and can help children to manage their problems. This will prevent serious psychological disturbances of children in their later life. Therefore, it is recommended that in the organization and /or institution psychological services should be provided along with other available services for the overall well being of the children.

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APPENDICES

APPENDIX-A

Name of the Organization/Institution/Area, No. of Children Selected and the No. of Caregivers/Mothers Participated from Each Organization/ Institution /Area.

Sl. No.	Name of the Organization/ Institution/Area	Boys	Girls	Total	Caregivers/ Mothers
1.	Two Shelter Homes for Trafficked Children of Bangladesh National Women Lawyers Assoiciation (BNWLA)	10	10	20	3
2.	Darus Salam Orphanage	5	5	10	1
3.	Sir Salimullah Orphanage	5	5	10	1
4.	Shibbari Residential Area	10	10	20	20
	Total	**30**	**30**	**60**	**25**

APPENDIX-B
Bio-Data Sheet
জীবন বৃত্তান্ত তালিকা

গবেষণা কর্মে সহযোগিতা করার জন্য প্রথমেই আপনাকে ধন্যবাদ জানাই। এখানে যে প্রশ্নমালাটি রয়েছে তা ছেলেমেয়েদের আচরণ সম্পর্কিত গবেষণার তথ্য সংগ্রহের জন্য প্রণীত হয়েছে। অনুগ্রহ করে প্রশ্নমালার প্রতিটি উক্তি মনোযোগ সহকারে পড়ুন এবং যথাস্থানে আপনার উত্তর ব্যক্ত করুন। আপনার উত্তরের গোপনীয়তা রক্ষা করা হবে এবং কেবলমাত্র গবেষণার কাজে এগুলো ব্যবহার করা হবে। উক্তিটির কোন শুদ্ধ বা ভুল উত্তর বলে কিছু নেই। সুতরাং দয়া করে খোলামনে সত্যিকার উত্তর ব্যক্ত করে গবেষণার কাজে সহায়তা করুন।

অনুগ্রহ করে প্রথমে কয়েকটি তথ্য প্রদান করুন

নাম ঃ .....

লিঙ্গ ঃ ছেলে / মেয়ে

বয়স ঃ ..... শ্রেণী ঃ .....

বাসা/প্রতিষ্ঠানের ঠিকানা ঃ .....

শিশুটির অভিভাবক ঃ ..... অভিভাবকের পেশা ঃ .....

মাতা জীবিত ঃ হ্যাঁ / না

শিশুটির স্থায়ী ঠিকানা ঃ .....

নিম্নলিখিত অংশে সঠিক উত্তরটি টিক চিহ্নিত করুন ঃ

(ক) শিশুটি এই প্রতিষ্ঠানে আসার আগে কতবছর পর্যন্ত বাবা মার কাছে ছিল -

☐ ১ বছরের কম ☐ ১- ৪ বছর ☐ ৪ বছরের বেশী

(খ) শিশুটি এই প্রতিষ্ঠানে কতদিন ধরে আছে -

☐ ১ বছরের কম সময় ☐ ১ - ৩ বছরের কম সময় ☐ ৩ বছর বা তার বেশী সময়

(গ) শিশুটির সাথে তার পরিবারের লোকজন দেখা করতে আসে -

☐ প্রায়ই ☐ মাঝে মাঝে ☐ কখনই না।

APPENDIX-C

The Bengali version of the Child Behaviour Checklist (CBCL)

৪ থেকে ১৬ বৎসর বয়স্ক ছেলেমেয়েদের আচরণ নিরীক্ষন তালিকা ঃ

নিচে কতগুলি উক্তির তালিকা আছে যা দিয়ে ছেলেমেয়েদের বর্ণনা করা যায়। যে উক্তি আপনার সন্তানের/প্রতিষ্ঠানের শিশুটির ক্ষেত্রে এখন থেকে গত ছয় মাসের মধ্যে খুবই সত্যি অথবা প্রায়ই সত্যি হয় সে উক্তিটির পাশে ২ এর চারদিকে একটি গোল চিহ্ন দিন, যদি উক্তিটি আপনার সন্তানের/প্রতিষ্ঠানের শিশুটির ক্ষেত্রে কিছুটা অথবা কখন কখন সত্যি হয় তাহলে ১ এর চারদিকে গোল চিহ্ন দিন, যদি উক্তিটি আপনার সন্তানের/ প্রতিষ্ঠানের শিশুটির ক্ষেত্রে সত্যি না হয় তাহলে ০ এর চারদিকে একটি গোল চিহ্ন দিন। দয়া করে আপনার সাধ্যমত সবগুলি উক্তির উত্তর দিন যদিও কিছু উক্তি আপনার সন্তানের ক্ষেত্রে প্রযোজ্য বলে নাও মনে হতে পারে।

০ = সত্যি নয় (যতদূর আপনি জানেন) ১ = কিছুটা অথবা কখন কখন সত্যি ২ = খুবই সত্যি অথবা প্রায়ই সত্যি।

০ ১ ২	১।	বয়সের তুলনায় ছোটদের মত ভাব করে	০ ১ ২	৯।	কোন কোন চিন্তা মন থেকে দূর করতে পারে না বদ্ধ সংস্কার বাতিক (বর্ণনা করুন) .....
০ ১ ২	২।	এলার্জি (বর্ণনা করুন)	০ ১ ২	১০।	শান্ত হয়ে বসতে পারে না অস্থির অথবা কর্ম চঞ্চল
০ ১ ২	৩।	অনেক তর্ক করে	০ ১ ২	১১।	বড়দের কাছ ঘেসে থাকে অথবা অতিরিক্ত নির্ভরশীল
০ ১ ২	৪।	হাঁপানী	০ ১ ২	১২।	নিঃসঙ্গতা সম্পর্কে অভিযোগ করে
০ ১ ২	৫।	বিপরীত লিংগের ন্যায় আচরণ করে	০ ১ ২	১৩।	বিভ্রান্ত অথবা মনে হয় অস্পষ্টতার মধ্যে আছে
০ ১ ২	৬।	পায়খানার নির্দিষ্ট স্থান ছাড়া পায়খানা করে	০ ১ ২	১৪।	অনেক কান্নাকাটি করে
০ ১ ২	৭।	বড়াই অথবা অহংকার করে	০ ১ ২	১৫।	জীবজন্তুর প্রতি নির্দয়
০ ১ ২	৮।	মনোনিবেশ করতে পারে না, বেশীক্ষণ মনোযোগ দিতে পারে না			

০ = সত্যি নয় (যতদূর আপনি জানেন) ১ = কিছুটা অথবা কখন কখন সত্যি ২ = খুবই সত্যি অথবা প্রায়ই সত্যি।

০ ১ ২	১৬।	অন্যের প্রতি নির্দয়, তর্জন গর্জন অথবা হীণ ব্যবহার করে	০ ১ ২	৩২।	নিজেকে নিখুঁত হতে হবে বলে মনে করে
০ ১ ২	১৭।	দিবা স্বপ্ন দেখে অথবা নিজের চিন্তায় মগ্ন থাকে	০ ১ ২	৩৩।	কেউ তাকে ভালবাসে না বলে মনে করে অথবা অভিযোগ করে
০ ১ ২	১৮।	ইচ্ছাকৃতভাবে নিজের ক্ষতি করে অথবা আত্মহত্যার চেষ্টা করে	০ ১ ২	৩৪।	অন্যরা তাকে হামলা করবে বলে মনে করে
০ ১ ২	১৯।	অধিক মনোযোগ দাবী করে	০ ১ ২	৩৫।	নিজেকে অপদার্থ অথবা নিকৃষ্টতর বলে মনে করে
০ ১ ২	২০।	নিজের জিনিসপত্র বিনষ্ট করে	০ ১ ২	৩৬।	প্রায়ই ব্যথা পায়, দূর্ঘটনা প্রবণ
০ ১ ২	২১।	নিজের পরিবারের অথবা অন্যান্য ছেলেমেয়েদের জিনিসপত্র বিনষ্ট করে।	০ ১ ২	৩৭।	প্রায়ই মারা মারিতে লিপ্ত থাকে
০ ১ ২	২২।	বাড়ীতে অবাধ্য	০ ১ ২	৩৮।	অনেকে তাকে ক্ষেপায়
০ ১ ২	২৩।	বিদ্যালয়ে অবাধ্য			
০ ১ ২	২৪।	ঠিকমত খায় না	০ ১ ২	৩৯।	যে সমস্ত ছেলে মেয়ে সমস্যায় লিপ্ত থাকে সে তাদের সংগে থাকে
০ ১ ২	২৫।	অন্য ছেলে মেয়েদের সংগে মিলেমিশে থাকতে পারে না			
০ ১ ২	২৬।	অসদ্ব্যবহার করার পর নিজেকে অপরাধী মনে করে না	০ ১ ২	৪০।	নানা জিনিস শোনে যদিও সেগুলি সেখানে নেই (বর্ণনা করুন) .....
০ ১ ২	২৭।	সহজেই ঈর্ষাপরায়ণ			.....
০ ১ ২	২৮।	খাদ্য নয় এমন জিনিস খায় অথবা পান করে (বর্ণনা করুন)			.....
		.....	০ ১ ২	৪১।	আবেগবশতঃ অথবা চিন্তা না করে কাজ করে
		.....			
০ ১ ২	২৯।	বিদ্যালয় ব্যতীত কোন কোন জীবজন্তু, পরিস্থিতি অথবা জায়গাকে ভয় পায় (বর্ণনা করুন)	০ ১ ২	৪২।	একা থাকতে পছন্দ করে
		.....	০ ১ ২	৪৩।	মিথ্যা কথা বলে অথবা প্রতারণা করে
		.....			
		.....	০ ১ ২	৪৪।	আংগুলের নখ কাঁমড়ায়
০ ১ ২	৩০।	বিদ্যালয়ে যেতে ভয় পায়			
০ ১ ২	৩১।	খারাপ কিছু করতে অথবা চিন্তা করতে পারে বলে সে ভয় পায়	০ ১ ২	৪৫।	ভীত সন্ত্রস্ত, সহজেই উত্তেজিত অথবা উদ্বিগ্ন

০ = সত্যি নয় (যতদূর আপনি জানেন) ১ = কিছুটা অথবা কখন কখন সত্যি ২ = খুবই সত্যি অথবা প্রায়ই সত্যি।

০ ১ ২ ৪৬। চলাফেরায় ভীত সন্ত্রস্ততা অথবা কাঁপুনী (বর্ণনা করুন) .....
.....
.....

০ ১ ২ ৪৭। দুঃস্বপ্ন দেখে

০ ১ ২ ৪৮। অন্য ছেলে মেয়েরা তাকে পছন্দ করে না

০ ১ ২ ৪৯। কোষ্ঠ কাঠিন্য, সহজে পায়খানা হয় না

০ ১ ২ ৫০। অতিরিক্ত ভীত অথবা উদ্বিগ্ন

০ ১ ২ ৫১। মাথা ঘোরা অনুভব করে

০ ১ ২ ৫২। অতিরিক্ত অপরাধী ভাবে

০ ১ ২ ৫৩। অতিরিক্ত আহার করে

০ ১ ২ ৫৪। অতিরিক্ত ক্লান্তি বোধ করে

০ ১ ২ ৫৫। অতিরিক্ত ওজন

৫৬। ডাক্তারী কারণ ছাড়া শারীরিক সমস্যা ঃ

০ ১ ২ ক) ব্যথা অথবা বেদনা

০ ১ ২ খ) মাথা ব্যথা

০ ১ ২ গ) বমি বমি ভাব, অসুস্থবোধ

০ ১ ২ ঘ) চোখের সমস্যা (বর্ণনা করুন)
.....
.....
.....

০ ১ ২ ঙ) ফুসকুড়ি অথবা অন্য কোন চর্ম সমস্যা

০ ১ ২ চ) পাকঃস্থলীতে ব্যথা অথবা খিঁচুনী

০ ১ ২ ছ) বমি করা, উদগিরণ করা

০ ১ ২ জ) অন্য কোন (বর্ণনা করুন) .....
.....
.....

০ ১ ২ ৫৭। অন্য লোকদের শারীরিক আক্রমন করে

০ ১ ২ ৫৮। নাক, চর্ম অথবা শরীরের অন্য কোন অংশ চুলকায় (বর্ণনা করুন) .....
.....
.....

০ ১ ২ ৫৯। জন সমক্ষে নিজের যৌনাংগ নিয়ে খেলা করে

০ ১ ২ ৬০। নিজের যৌনাংগ নিয়ে অতিরিক্ত খেলা করে

০ ১ ২ ৬১। বিদ্যালয়ের কাজ নিম্নমানের

০ ১ ২ ৬২। অনিপূণভাবে কাজ করে অথবা অগোছালো

০ ১ ২ ৬৩। তার চেয়ে বয়সে বড় মেয়েদের সংগে খেলতে পছন্দ করে

০ ১ ২ ৬৪। তার চেয়ে বয়সে ছোট মেয়েদের সংগে খেলতে পছন্দ করে

০ ১ ২ ৬৫। কথা বলতে চায় না

০ = সত্যি নয় (যতদূর আপনি জানেন) ১ = কিছুটা অথবা কখন কখন সত্যি ২ = খুবই সত্যি অথবা প্রায়ই সত্যি।

০ ১ ২ ৬৬। কোন কাজ বার বার পুনরাবৃত্তি করে, বাধ্যবাধকতা বাতিক (বর্ণনা করুন)
.....
.....

০ ১ ২ ৬৭। বাড়ী থেকে পালিয়ে যায়

০ ১ ২ ৬৮। খুব চেঁচামেচি করে

০ ১ ২ ৬৯। গোপনীয়ভাব, সব কিছু নিজের মধ্যে রাখে

০ ১ ২ ৭০। কোন জিনিস না থাকা সত্বেও তা দেখে (বর্ণনা করুন) .....
.....
.....
.....

০ ১ ২ ৭১। আত্ম সচেতন অথবা সহজেই বিব্রতবোধ করে

০ ১ ২ ৭২। আগুন লাগিয়ে দেয়

০ ১ ২ ৭৩। যৌন সমস্যাবলী (বর্ণনা করুন)
.....
.....
.....

০ ১ ২ ৭৪। বড়াই অথবা ভাঁড়ামী করে

০ ১ ২ ৭৫। লাজুক অথবা ভীতু

০ ১ ২ ৭৬। বেশীরভাগ ছেলেমেয়ের চেয়ে কম ঘুমায়

০ ১ ২ ৭৭। দিন এবং/অথবা রাত্রে বেশীর ভাগ ঘুমায় (বর্ণনা করুন) .....
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০ ১ ২ ৭৮। পায়খানা দিয়ে লেপন অথবা খেলা করে

০ ১ ২ ৭৯। কথা বলার সমস্যা (বর্ণনা করুন)
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০ ১ ২ ৮০। ভাবলেশহীনভাবে তাকিয়ে থাকে

০ ১ ২ ৮১। বাড়ীতে চুরি করে

০ ১ ২ ৮২। বাড়ীর বাইরে চুরি করে

০ ১ ২ ৮৩। যে সমস্ত জিনিস তার প্রয়োজন নেই সেগুলি জমা করে (বর্ণনা করুন)
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০ = সত্যি নয় (যতদূর আপনি জানেন) ১ = কিছুটা অথবা কখন কখন সত্যি ২ = খুবই সত্যি অথবা প্রায়ই সত্যি।

০ ১ ২ ৮৪। অদ্ভুত আচরণ করে (বর্ণনা করুন)
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০ ১ ২ ৮৫। অদ্ভুত ধারণা করে (বর্ণনা করুন)
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০ ১ ২ ৮৬। একগুঁয়ে, জেদী অথবা রগচটা

০ ১ ২ ৮৭। ভাব অথবা অনুভূতির হঠাৎ পরিবর্তন

০ ১ ২ ৮৮। খুব বেশী অভিমান করে

০ ১ ২ ৮৯। সন্দেহ পরায়ন

০ ১ ২ ৯০। অশ্লীল অথবা নোংরা ভাষা ব্যবহার করে

০ ১ ২ ৯১। নিজেকে হত্যা করার কথা বলে

০ ১ ২ ৯২। ঘুমের মধ্যে কথা বলে অথবা হাঁটে (বর্ণনা করুন)
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০ ১ ২ ৯৩। অতিরিক্ত কথা বলে

০ ১ ২ ৯৪। অতিরিক্ত ক্ষেপায়

০ ১ ২ ৯৫। বদ মেজাজ অথবা গরম মেজাজ

০ ১ ২ ৯৬। যৌন বিষয় নিয়ে খুব বেশী চিন্তা করে

০ ১ ২ ৯৭। লোকদের শাসায়

০ ১ ২ ৯৮। বুড়ো আংগুল চোষে

০ ১ ২ ৯৯। পরিস্কার পরিচ্ছন্নতা নিয়ে বেশী উদ্বিগ্ন

০ ১ ২ ১০০। ঘুমের অসুবিধা (বর্ণনা করুন)
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০ ১ ২ ১০১। বিদ্যালয় থেকে পালায়, বিদ্যালয় ফাঁকি দেয়

০ ১ ২ ১০২। কম সক্রিয়, শিথিল চলাফেরা অথবা উদ্যমের অভাব

০ ১ ২ ১০৩। অসুখী, দুঃখিত অথবা মন মরা

০ ১ ২ ১০৪। অস্বাভাবিক চিৎকার করে

০ ১ ২ ১০৫। মদ অথবা মাদক দ্রব্য সেবন করে (বর্ণনা করুন)
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০ = সত্যি নয় (যতদূর আপনি জানেন) ১ = কিছুটা অথবা কখন কখন সত্যি ২ = খুবই সত্যি অথবা প্রায়ই সত্যি।

০ ১ ২ ১০৬। ধ্বংসাত্মক কাজ করে	০ ১ ২ ১১৩। উপরে তালিকাভূক্ত করা হয় নাই এমন কোন সমস্যা যদি আপনার সন্তানের/ প্রতিষ্ঠানের শিশুটির থাকে তাহলে দয়া করে লিখুন
০ ১ ২ ১০৭। দিনের বেলা প্রস্রাব করে নিজেকে ভিজায়	
০ ১ ২ ১০৮। বিছানায় প্রস্রাব করে	০ ১ ২ .....
০ ১ ২ ১০৯। ঘ্যান ঘ্যান করে	.....
০ ১ ২ ১১০। বিপরীত লিংগের ন্যায় হতে চায়	০ ১ ২ .....
০ ১ ২ ১১১। নিজেকে গুটিয়ে রাখে অন্যের সংগে জড়াতে চায় না	০ ১ ২ .....
০ ১ ২ ১১২। উদ্বিগ্ন থাকে	

সবগুলি উক্তির উত্তর দিয়েছেন কিনা দয়া করে দেখে নিন।

কোন কিছু সম্বন্ধে আপনি উদ্বিগ্নবোধ করলে তার নিচে দাগ দিন।
