Posttraumatic Stress Disorder Among Trafficked Victims, Role Of Self-Esteem, Demographic Factors And Relevance Of Psychotherapy

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Abstract
Objective: Experiences of traumatic exposure of trafficked victims keep tormenting them after they are rescued. Trafficked victims at rehabilitation centers of National Agency for Prohibition of Trafficking in Persons and Other Related Matters (NAPTIP) at Southern Zones have been found to present with posttraumatic stress disorder. This finding made it necessary that improving their mental health should include efforts to identify factors likely to predispose, maintain, or perpetuate PTSD presentation among trafficked victims. Current study thereby examined posttraumatic stress disorder among trafficked victims: the role of self-esteem and demographic factors. Method: 55 participants selected through total population sampling technique from the rehabilitation centers of NAPTIP in their South-East, South-South, and South-West zonal offices, participated. Their age ranged between 14 to 25 years, with a mean age of 19.89 and a standard deviation of 2.87. The instruments administered on them were Posttraumatic Stress Disorder Keane Scale (PKS) (Keane, Malloy & Fairbanks, 1984) and Index of Self – Esteem (ISE) (Hudson, 1982). Mental State Examination of some of the clients was also done. The study used ex-post-facto design and Independent t-test was used to test the hypotheses. Result: This revealed that hypotheses two to seven on demographic factors were rejected. It also showed that only hypothesis one on self-esteem was accepted, t(53)=−3.26, p <.05. Conclusion: The relevance of psychotherapy will establish the linkage through trafficked victims at rehabilitation centers of NAPTIP in her zonal offices in the southern parts of Nigeria, and determine self-esteem factor likely to influence PTSD presentation.

Key words: Demographic Factors, Posttraumatic Stress Disorder, Self-esteem, Trafficked Victims and Psychotherapy
Introduction
Traumatic event is an unpleasant or disturbing experience that causes physical, emotional, psychological distress or harm and is perceived and experienced as a threat to one’s safety or to the stability of one’s world (Medline Plus, 2004). World Health Organization (WHO), International Classification of Diseases, Tenth Edition (ICD-10), (1992), defines traumatic stressor as events or situations that are exceptionally threatening or catastrophic in nature, which are likely to cause pervasive distress in almost anyone. American Psychiatry association (APA), Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM – V) (2013), on the other hand, defines traumatic stressors as events that involve life endangerment, death, or serious injury or threat and are accompanied by feelings of intense fear, horror or helplessness.

Human trafficking or trafficking in persons (TIP) is a traumatic event (Carling, 2005) and experiences of Nigerian trafficked victims could best be referred to as traumatic. International Organization for Migration (2001) estimates that trafficking in human beings is a huge billion industry worldwide. Scholars (Sita, 2003; Morka, 2009) noted that this trend has degenerated to a level to warrant its description as becoming the order of the day in Nigeria, being an organized crime, which has lawyers, herbalists, corrupt immigration and police officers and relatives or friends “as participants”. Certainly, as these unscrupulous persons pursue their business interest, they perpetuate the traumatic exposure of the trafficked victims. European Race Audit Bulletin (1997) revealed that after being recruited, the victims are conveyed through long and tortuous land routes mainly through the Sahara Desert to European counties. Once they arrive the victims are forced to work as sex hawkers (especially the girls). The victims often undergo a process of initiation or ritual, which involves collection of underwear, pubic hair and other personal items deemed fit by the baronesses. This is aimed at instilling fear in the victims in order to prevent them from revealing anything that could lead to the arrest of the baronesses. These ugly exposures made victims to directly have traumatic experiences, witness traumatic events as they happen to other victims, or learnt of one that had happened to the person they know. It is these negative experiences that make them vulnerable to posttraumatic stress disorder (PTSD).

According to ICD-10, traumatic experiences are characterized as being outside the range of usual human experience and have been implicated in the aetiology of certain specified psychiatric disorders, like PTSD. PTSD is the most common psychological disorder following traumatic experiences (Caffo & Belaise, 2003). Gelder, Harrison and Cowen, (2006) noted that the clinical features of PTSD can be divided into three groups. The symptoms of the first group are related to hyperarousal and include persistent anxiety, irritability, insomnia, and poor concentration. The second group of symptoms centers on intrusion, involving intense intrusive imagery of the events, sudden flashback, and recurrent distressing dreams. The third group of symptoms is concerned with avoidance and includes difficulty in recalling stressful events at will, avoidance of reminders to the events, a feeling of detachment, inability to feel emotion (‘numbing’), and diminished interest in
activities. Gelder et al., (2006) noted that the most characteristic symptoms are flashbacks, night mares, and intrusive images, sometimes known collectively as re-experiencing symptoms.

While not all trafficked victims die as a result of terror unleashed on them in the course of their trafficking, it is perceived that the traumatic experiences trafficked victims had could precipitate PTSD. After some traumatic events, survivors feel forced into a painful reconsideration of their beliefs about the meaning and purpose of life (Janoff-Bulman, 1985). However, not all survivors of traumatic events develop posttraumatic stress reactions (Sadruddin, Walter & Hidalgo, 2005). Certainly, some are more susceptible. Self-esteem and demographic factors may stand the chance to influence the presentation of PTSD among trafficked victims.

Self-esteem refers to a person’s overall evaluation or appraisal of his or her own worth. Baumeister (2008) defined self-esteem as how favourably someone evaluates himself or herself. Human trafficking experiences can cause major change in a victim’s life leading to grave change in self-concept as the victim experiences difficulty in adjusting to the new image he/she has of himself/herself (Carson & Arnold, 1996). This could predispose trafficked victims to PTSD.

Similarly, a wide range of factors, ranging from demographic characteristics to personal psychological factors have been associated with PTSD onset after disasters. Gender (female) has consistently been shown to be at risk factor for the onset of PTSD after disasters (Grieger, Fullerton & Ursano, 2003; Pulcino, Galea & Alern, 2003). Moreso, Fitzpatrick and Boldizar (1993) stated that whereas boys were reported to experience more traumatic events, girls have a higher rate of PTSD.

Personal psychological factors such as guilt and anger (Hull, Alexander & Klein, 2002), external locus of control (North, Spitznagel, & Smith, 2001), weaker coping ability (Stewart, Mitchell & Wright, 2004) and low social support (Johnson, North & Smith, 2002), have been associated with PTSD onset after traumatic events. Accordingly, the general objective of this study is to examine the influence of self-esteem and demographic factors on PTSD among trafficked victims. It is from this general purpose that the following specific purposes arose:

1. To know if there will be a significant difference between victims with low self-esteem and victims with high self-esteem on PTSD.
2. To know if there will be a significant difference between minor and adult victims of human trafficking on PTSD.
3. To know if there will be a significant difference between the victims from monogamous family setting and those from polygamous family setting on PTSD.
4. To know if there will be a significant difference between victims who attended school and those who do not on PTSD.
5. To know if there will be a significant difference between victims trafficked outside Nigeria and those trafficked within Nigeria on PTSD.
6. To know if there will be a significant difference between victims trafficked for sexual
exploitation and those trafficked for non-sexual exploitation on PTSD.

Literature Review

Literature review for this article is carried out under the following sub-headings: a) Psychological theories of PTSD; b) Self-esteem and PTSD; and c) Demographic Factors and PTSD

a. Psychological Theories of PTSD

Learning theorists assume that PTSD arises from a classical conditioning of fear (Fairbank & Brown, 1987; Keane, Zimerine, & Caddell, 1985). A trafficked victim who has been raped may fear walking in a certain place (conditioned stimulus (CS)) because of memories of having been raped in a similar environment (UCS). Based on this classically conditioned fear, avoidance is built up, and victims are negatively reinforced by the reduction of fear that comes from not being in the presence of the CS. PTSD is a prime example of the two-factor theory of avoidance learning, proposed years ago by Mowrer (1947).

Psychodynamic theories emphasize the role of emotional development in determining individual variations in the response to severely stressful events (Gelder et al., 2006). A psychodynamic theory proposed by Horowitz (1986, 1990) posits that memories of the traumatic event occur constantly in the person’s mind and are so painful that they are either consciously suppressed (by distraction, for example) or repressed. The person is believed according to Davison and Neale (2001) to engage in a kind of internal struggle to integrate the trauma into his or her existing beliefs about himself and the world to make some sense out of it.

Cognitive theories suggest that PTSD arises when the normal processing of emotionally charged information is overwhelmed, so that memories persist in an unprocessed form in which they can intrude into conscious awareness (Gelder et al., 2006). In support of this idea, patients with PTSD tend to have incomplete and disorganized recall of the traumatic events (Ehlers, Mayou, & Bryant, 1998). Individual differences in response to the same traumatic events are explained as due to differences in the appraisal of the trauma and of its effects (Ehlers et al., 1998). Similarly, difference in the appraisal of the early symptoms may explain why these symptoms persist longer in some people. Negative interpretations of intrusive thoughts (for example, “I am going mad”) after road accidents predict the continuing presence of PTSD after one year (Ehlers et al., 1998).

In an international study of trafficked prostituted children and adults, including male prostitutes in five countries, it was found that almost three-fourths of the victims met the diagnostic criteria for PTSD (Farley, Barel, Kiremire, & Sezquin, 1998; Silbert & Pines, 1981). Again, a multi-country report published in 2003 found that nearly 70% of women trafficked for prostitution that was studied met the criteria for PTSD (Farley & Melissa, 2003). In a study of female survivors of human trafficking in Nepal, PSTD was found to be higher in sex workers group (29.6%) than in the non-sex workers group (7.5%) (Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008). Also, in Israel, about 17% of trafficked women (the majority of which were from Moldavia, Ukraine, Russia, and Central Asian Republics of Soviet Union), who
had worked as sex workers scored over the cut-off point of measurement for PTSD (Tsutsumi et al., 2008).

b. Self-esteem and PTSD
Self-discrepancy theory developed by Higgins (1989) posits that self-discrepancy serves to introduce accessibility of the various ways people construe the world. According to Higgins (1989), one’s self-esteem is defined by the match between how one sees oneself and how one want to be seen by others, and he argues that any likely discrepancy will occur between these three dimensions of self: one’s actual self, one’s ought self and one’s ideal self. If the discrepancy is between one’s actual self and ought selves, he/she may feel guilty, ashamed and resentful; if there is discrepancy between one’s actual and ideal selves, one will feel disappointed, frustrated, sad and unfulfilled (Strauman, 1992).

According to Higgins (1989), one’s self-esteem level based on these three dimensions depends on a number of factors, that included the amount of discrepancy, the importance of the discrepancy to the self and the extent to which one focuses on one’s self discrepancies. The most focused, the greater the harm. From this perspective, the major source of low self-esteem is the guilt and shame that some victims feel when they do not experience idealized emotions that follow with returning home with money made abroad through prostitution and becoming role model to the vulnerable ones in the society.

Study by Hershberger and D’Augelli (1995) found self-esteem to be negatively correlated with mental health variables such as measure of psychiatric symptoms; suicidal ideation and suicide attempts, among victimized youths. Bradley, Schwartz and Kaslow, (2005) reported a finding showing that low self-esteem was related to high mental health difficulties. Salami (2010) reported that the relationship between exposure to violence and PTSD was moderated by resilience, self-esteem and social support. Consequently, self-esteem is suspected to be a variable likely to influence PTSD presentation among trafficked victims.

c. Demographic Factors and PTSD
Population of developing countries appears to create favourable market for victims to be trafficked. Such population creates avenues for criminal activities like human trafficking to be thriving, perhaps, due to poverty. The study by Inocencio (2011) carried out at the University of Roehampton in London using quantitative analyses of secondary data to identify risk factors associated with trafficking hotspots in Nigeria and Indonesia, used content analysis to identify ‘hotspot’ areas for human trafficking. The hotspot refers to locations that were more developed, had higher populations, and a record of more crime. Such could engender clandestine operation of trafficking business.

Good number of epidemiological studies on gender and PTSD revealed that PTSD is twice as common in women as in men. According to Yehuda (2007), some of these differences are clearly societal and non-biologically based. Findings from some studies suggest that whether traumatic experience will lead to PTSD is dependent on the type of trauma and the gender involved. According to Spitzberg (1999), rape in both men and women, carries one of the highest risks for producing PTSD that approximately 0.7% of men in the United States reported being
raped as compared with 9.2% of women who develop PTSD.

**Hypotheses**
1. There would be a significant difference between victims with low self-esteem and victims with high self-esteem on PTSD.
2. There would be a significant difference between minor and adult victims of human trafficking on PTSD.
3. There would be a significant difference between victims from monogamous family setting and those from polygamous family setting on PTSD.
4. There would be a significant difference between victims who attended school and those who do not on PTSD.
5. There would be a significant difference between victims trafficked outside Nigeria and those trafficked within Nigeria on PTSD.
6. There would be a significant difference between victims trafficked for sexual exploitation and those trafficked for non-sexual exploitation on PTSD.

**Method**
A sample of 55 participants selected through total population sampling technique, participated. They were employed from the rehabilitation centers of National Agency for Prohibition of Trafficking in Persons and Other Related Matters (NAPTIP) in their South-East, South-South, and South-West zonal offices. Their age ranged between 14 to 25 years, with a mean age of 19.89 and a standard deviation of 2.87.

**Instruments**
Two standardized instruments used for data collection were Posttraumatic Stress Disorder Keane Scale (PKS) (Keane, Malloy & Fairbanks, 1984) and Index of Self-Esteem (ISE) (Hudson, 1982). The demographic factors of the participants were collected using the section for demographic factors added to the instruments by the researchers. The instruments were pilot tested using twenty-three (23) trafficked victims elicited from these zones. A Cronbach coefficient alpha reliability method was used to determine the reliability estimates for the instruments and .90 and .88 were obtained for PKS and ISE, respectively. The trafficked victims involved in the pilot test were however, not used in the main study. Moreover, mental state examination of each participant from South-South zone (where access to victims was granted) was undertaken to generate qualitative data peculiar to trafficked victims, the nature of which the instruments used did not capture.

**Procedure**
A letter seeking for permission to embark on this study was sent to each Zonal Director of the three zones used. On obtaining their oral approval through the Head of Research Unit of the concerned zones, different dates were chosen for the administration of the instruments on the participants. With the assistance of a NAPTIP staff in Counseling and Rehabilitation Unit in the zone, the instruments were administered on the participants. Importantly, only trafficked victims who have been in the rehabilitation center for a month and above, can read and understand English Language, and willing to participate.
voluntarily, took part. It is important to note that the baseline to be an eligible participant is that the trafficked victim must have obtained on PKS instrument a score equal or above the norm for being classified as having PTSD.  

**Design and Statistic**

This is a survey study that adopted ex-post-facto design. Independent t-test was the statistic used to analyze the postulated hypotheses.

**Result**

**Table 1: Summary Table of Mean, Standard Deviation and t-test on Self-Esteem**

<table>
<thead>
<tr>
<th>Source</th>
<th>Self-esteem</th>
<th>Mean</th>
<th>Std deviation</th>
<th>N</th>
<th>T</th>
<th>Df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>High self-esteem</td>
<td>20.44</td>
<td>7.33</td>
<td>34</td>
<td>-3.26</td>
<td>53</td>
<td>.00</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Low self-esteem</td>
<td>26.14</td>
<td>4.04</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis one stated that there would be a significant difference between victims with low self-esteem and victims with high self-esteem on PTSD. Table 1 above showed that victims with low self-esteem scored mean higher than those with high self-esteem (low self-esteem ($M = 26.14$); high self-esteem ($M = 20.44$). The observed difference in the mean reached significant level at $t(53) = -3.26, p < .05$. Therefore, hypothesis one is accepted.

**Table 2: Summary Table of Mean, Standard Deviation and t-test on age.**

<table>
<thead>
<tr>
<th>Source</th>
<th>Age</th>
<th>Mean</th>
<th>Std deviation</th>
<th>N</th>
<th>T</th>
<th>Df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age on PTSD</td>
<td>Below 18</td>
<td>24.73</td>
<td>5.32</td>
<td>15</td>
<td>1.42</td>
<td>53</td>
<td>.16</td>
</tr>
<tr>
<td>Age on PTSD</td>
<td>18 &amp; above</td>
<td>21.83</td>
<td>7.22</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hypothesis two stated that there would be a significant difference between minor and adult victims of human trafficking on PTSD. Table 2 above showed that minors scored mean higher than the adults (Minors ($M = 24.73$); Adults ($M = 21.83$), but the difference observed in the mean failed to reach significant level at $t(53) = 1.42, p > .05$. Therefore, hypothesis two is rejected.

**Table 3: Summary Table of Mean, Standard Deviation and t-test on Family type**

<table>
<thead>
<tr>
<th>Source</th>
<th>Family type</th>
<th>Mean</th>
<th>Std deviation</th>
<th>N</th>
<th>T</th>
<th>Df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family type</td>
<td>Monogamous</td>
<td>23.20</td>
<td>7.41</td>
<td>25</td>
<td>.57</td>
<td>53</td>
<td>.57</td>
</tr>
<tr>
<td>Family type</td>
<td>Polygamous</td>
<td>22.13</td>
<td>6.40</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hypothesis three stated that there would be a significant difference between victims from monogamous family setting and those from polygamous family setting on PTSD. Table 3 above showed that victims from a monogamous family setting scored mean higher than those from a polygamous family setting, (Monogamous ($M = 23.20$); Polygamous ($M = 22.13$). However, the observed difference in the mean failed to reach significant level at $t(53) = .57, p > .05$. Therefore, hypothesis three is rejected.
Table 4: Summary Table of Mean, Standard Deviation and t-test on School Attempt

<table>
<thead>
<tr>
<th>Source</th>
<th>School attempt</th>
<th>Mean</th>
<th>Std deviation</th>
<th>N</th>
<th>T</th>
<th>Df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>On PTSD</td>
<td>Attended school</td>
<td>22.93</td>
<td>6.81</td>
<td>44</td>
<td>.68</td>
<td>53</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>No school attempt</td>
<td>21.36</td>
<td>7.10</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hypothesis four stated that there would be a significant difference between victims who attended school and those who do not on PTSD. Table 4 above showed that victims who attended school scored mean higher than those who do not (attended school ($M = 22.93$); no school attempt ($M = 21.36$). However, the observed difference in the mean failed to reach significant level at $t(53)=.68$, $p>.05$. Therefore, hypothesis four is rejected.

Table 5: Summary Table of Mean, Standard Deviation and t-test on Trafficked Destination

<table>
<thead>
<tr>
<th>Source</th>
<th>Sexual exploitation</th>
<th>Mean</th>
<th>Std deviation</th>
<th>N</th>
<th>T</th>
<th>Df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trafficked Destination</td>
<td>Within Nigeria</td>
<td>22.48</td>
<td>7.30</td>
<td>27</td>
<td>-.14</td>
<td>53</td>
<td>.89</td>
</tr>
<tr>
<td>on PTSD</td>
<td>Outside Nigeria</td>
<td>22.75</td>
<td>6.49</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hypothesis five stated that there would be a significant difference between victims trafficked outside Nigeria and those trafficked within Nigeria on PTSD. Table 5 above showed that victims trafficked outside Nigeria scored mean higher than those trafficked within Nigeria (within Nigeria ($M = 22.48$); outside Nigeria ($M = 22.75$). However, the observed difference in the mean failed to reach significant level at $t(53)=-.14$, $p>.05$. Therefore hypothesis five is rejected.

Table 6: Summary Table of Mean, Standard Deviation and t-test on sexual exploitation

<table>
<thead>
<tr>
<th>Source</th>
<th>Reason for trafficking</th>
<th>Mean</th>
<th>Std deviation</th>
<th>N</th>
<th>T</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for trafficking</td>
<td>Sexual exploitation</td>
<td>21.44</td>
<td>8.85</td>
<td>18</td>
<td>-.89</td>
<td>53</td>
<td>.38</td>
</tr>
<tr>
<td>On PTSD</td>
<td>Non sexual exploitation</td>
<td>23.19</td>
<td>5.67</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The hypothesis six stated that there would be a significant difference between victims trafficked for sexual exploitation and those trafficked for non-sexual exploitation on PTSD. Table 6 above showed that victims trafficked for non–sexual exploitation scored mean higher than those trafficked for sexual exploitation (non –sexual exploitation ($M = 23.19$); sexual exploitation ($M = 21.44$). However, the observed difference in the mean failed to reach significant level at $t(53)=-.89$, $p>.05$. Therefore, hypothesis six is rejected.
Information from Mental State Examination

Appearance and Behaviour: This involves the appropriateness of observable behaviour and victims’ appearance. All the victims were appropriately dressed and appeared neat. Some victims were easily irritated, while others behaved normal. Some victims corroborated the irritability of those one that were easily irritated as observed by the researchers.

Speech: Most victims’ speech was spontaneous, coherent and relevant, and only few victims showed speech delay, though was still coherent and relevant.

Mood: Some victims reported their mood to be normal while some others reported depressed mood which they said is strongly pointed at their negative exposures via trafficking experiences to be the major cause.

Affect: The affect of those that reported normal mood was congruent, as was the same with those that reported depressed mood.

Thought process: All the victims thought stream, thought form and thought possession were reported normal.

Perception: There is absence of hallucination of any sensory modality for all the victims.

Cognition:
Sensorium: They were aware of their environment and oriented in time, place and person.

Attention: The attention span and concentration of some of victims were poor, while that of others were normal.

Memory: Their immediate, short term and long term memories were intact; with some of the victims showing avoidance of reminders to their trafficking experience.

Insight and Judgement: The victims had good insight, and while the judgment of some was impaired, others had good judgment.

It is also important to note that some of the victims reported intensive imagery of their trafficking experience, sudden flashback and fearful nightmares.

Discussion
By looking at the role played by self-esteem and demographic factors on PTSD among the participants, findings revealed that only self-esteem was found significant. This suggests that victim’s age, family setting, educational status, trafficked destination, and reason for trafficking, were not yardstick to determine which participant will present PTSD. Based on this, every participant has equal chance of presenting with PTSD after traumatic exposure associated with trafficking. Findings as these disagree with Green et al., (1991) that reported that age of traumatization tend to predispose older victims to PTSD onset than their younger counterparts after a disaster. The findings further disagree with Maercker, Michael, Fehm, Becker, and Margraf, (2004) who noted that the development of PTSD requires certain maturation of memory organization and arousal modulation. Equally, the findings fail to agree with Tsutsumi et al., (2008), who in
a study of female survivors of human trafficking in Nepal, reported that PTSD was found to be higher in sex workers group than in the non sex workers group. Findings as this did not support the view of Anaeto (2008) that those trafficked for sexual exploitation are at greater risk of developing psychological disorders following their being at greater risk of violence and abuse.

Besides, obtaining a significant difference between low and high self-esteem level among trafficked victims on PTSD indicates that the two variables can associate. It could be that the victims with low self-esteem had low self-esteem before being trafficked and their traumatic exposure exacerbated it or that the trafficking experiences lowered their self-esteem. It could as well be that those with high self-esteem before being trafficked had the exploits (e.g. income) they made from the trafficking increase their self-esteem or that their self-esteem increased for the first time following the gains they recorded from the trafficking. It is suspected that trafficked victims that consciously made themselves available to be trafficked could have such goal attainment increase their self-esteem.

Current study finding agrees with Bradley et al., (2005) who reported that low self-esteem was related to high mental health difficulties, as well as with Salami (2010) who reported that self-esteem moderated presentation of PTSD.

Relevance of Psychotherapy
Psychotherapy is an activity that enables people to develop understanding about themselves and make changes in their lives. Grand (1997) cites that psychotherapy takes into account the socio-cultural and socio-political context in which the client lives and how these factors affect the client’s present problem.

The relevance of psychotherapy to the handling of PTSD in Trafficked victims at rehabilitation centers at NAPTIP’s southern zonal offices cannot be overemphasized. Psychotherapy may involve working with current problems, immediate crisis, and long-term difficulties that Trafficked victims experience in presentations of their problems. It also involves maintaining the PTSD that underlies:

1. Overwhelming feelings of sadness or helplessness
2. An inability to cope with everyday problems
3. Drinking problems, being aggressive to an extent that is harming themselves or others
4. Feeling constantly on edge or worrying unnecessarily

In addition, one cannot treat a persons’ illnesses unless one knows why they are ill and how it happened. This statement illustrates how psychotherapy helps people gain insight in dealing with their PTSD cases. Psychotherapy targets to improve therapeutic support to influence people’s behavior with the myriads of the available therapies such as Cognitive Behavioural Therapy (CBT), Behavioural Therapy (BT), Rational Emotive Behavioural Therapy (REBT), Aversion Therapy, to mention but few. Madu (2003) supports this view that psychotherapy is a basic need for the human, irrespective of gender, colour, or race. He explains that psychotherapy in the past, present and future targets people’s health and wellness. Psychotherapy refers to a sum total of knowledge, representing generation of
experiences, careful observations and try-and-error experiments which psychotherapists in a particular ethnic group possess, and which enable them to handle both social and health problems affecting people in their respective communities. As a clinicians, one of the authors realized the illustration of Madu here while working with Trauma Network United Kingdom. Based on author’s (Ezeakor) scientific knowledge and research, he observed that psychotherapy improves a lot with PTSD trauma victims to regain their self-esteem in the society. With PTSD Trafficked victims, the authors have seen things that stay quite a long time with them while working with people that are shattered with emotional difficulties. In the presentations of their stories, we observed that prolonged trauma is a targeted lesson for us to see what people pass through in their lives and also the possible behavioural indicators such as:

1. Reluctant to disclosure of trauma due to shame and guilt
2. The stigma associated with abuse, torture and power relations
3. Inability to seek help as a result of low self-esteem
4. Hyper arousal or symptoms of anger, fearfulness, irritability, temper tantrums and regressive or clinging behaviour

Remarkable presentations of peoples’ PTSD with multiple experiences of abuses and despair challenged our practice to look at how psychotherapy is structured to improve support for PTSD Trafficked victims to regain their self-esteem with the instrument of the modern technology.

Conclusion

Of the factors examined in the present study, only victims’ self-esteem level was found to be a factor likely to determine who is to present PTSD. Inferring from this, one can assert that victims’ evaluation of their worth is an important aspect of their mental health and ability to cope with associated negative experiences of trafficking. Psychotherapy facilitates improved mental state of individual(s) who are unable to successfully process and handle the inundating psycho-emotional presentations.

Psychotherapy on treatment modalities with PTSD Trafficked victims explains the basic need for the human interventions. The intensifying efforts in psychotherapy need promotion of co-operation and a favourable atmosphere for cross-pollination of ideas between the western-oriented psychotherapists and their African colleagues. It will create opportunities for training, especially in the School of Psychotherapy and Health Sciences Okija Nigeria, where psychotherapy knowledge facilitates professional development on PTSD related crisis and trauma. Enriching in more information services and problem-solving strategies, the relevance of psychotherapy will continue to be a basic human need for PTSD Trafficked victims to regain their self-esteem in Africa.

References


for victims of human trafficking, September 12th, UN House, Abuja.


