

Impact of Psycho-educational Program on Aggression and Self-Esteem among Foster Care Children

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Abstract:

Background: Child abuse is a pressing issue that impacts numerous children every year, resulting in significant behavioral effects both in the immediate and long run. Deprivation of physical, emotional, and social needs during childhood has been associated with a diverse range of mental health consequences over time. Offering training to foster caregivers is increasingly recognized as crucial for improving the overall success of foster placements. Psychoeducational interventions are typically prioritized in addressing emotional and behavioral challenges stemming from trauma and stress in children. This study **aimed** to evaluate the psychoeducational program impact on aggression and self-esteem among foster care children. **Subjects and Methods:** 51 foster children, ages 6 to 12, both male and female, made up the study sample. The Hare Self-Esteem Scale, aggressive behaviors, and personal traits were applied. **Results:** The participants were mostly men. Compared to girls, foster boys had higher mean scores for physical violence than girls. **Conclusion:** Between the pretest, post-test, and three months following the program's implementation, there was a highly statistically significant difference in all forms of aggressive behavior and self-esteem. **Recommendations:** Consistently evaluating aggressive behavior and implementing psychoeducational interventions for foster children within the school setting is essential.

Keywords: Aggression, Foster Care Children, Psychoeducation.

Introduction

Foster care is a formalized system providing substitute family care, either with or without relatives, for infants and children. It is offered when a child or young person's family is unable to provide care for them temporarily or for an extended period, typically until they reach the age of independence, which is typically around 18 years old (Ministry of Social Services, 2019).

In 2015, UNICEF reported that Egypt had approximately 1.7 million orphaned children. However, Egypt's Ministry of Social Solidarity revealed in late 2018 its plan to shut down all orphanages by 2025. This decision was prompted by the deplorable living conditions observed in these facilities, characterized by instances of child abuse, neglect, and severe overcrowding (UNICEF and CAPMAS, 2017).

Compared to the whole community, children in foster care are more likely to experience mental well-being difficulties, developmental health concerns, low self-esteem, and behavioral disorders (Carthya et al. 2018). Furthermore, the unique circumstances of the foster placement may also influence the likelihood that a foster kid would exhibit troublesome aggressive behaviors.

Jacobsen et al. (2020) highlighted several factors contributing to the heightened likelihood of behavior problems among foster children. These include insecure attachment to original caregivers resulting from maltreatment or separation, experiences of rejection (with separations seen as significant rejection or loss), the influence of persistent negative working models guiding children to behave in ways that validate their mental representations, and the tendency for foster children, with their challenging backgrounds within dysfunctional families, to have increased exposure to and potential imitation of inappropriate behaviors.

Aggression is defined as an action or the threat of action aimed at causing harm to another person, either physically or psychologically. It's a significant global concern, particularly among children, as it can negatively impact various aspects of their lives, including social, behavioral, emotional, psychological, and academic functioning (Kim & Lee, 2020).

The foster care environment differs significantly from a home environment, and these distinctions can contribute to an increased likelihood of aggression in children. Various factors within the foster placement itself can affect the development of problematic aggressive behaviors in foster children (Sarkar & Gupta, 2017).

There is a significant connection between the foster care environment and aggressive behavior in children. Often, children in foster care have faced neglect, abuse, or abandonment, leading to feelings of insecurity and a lack of control. These experiences can contribute to emotional and behavioral issues, including aggression. Additionally, the inherent instability within the foster care system can exacerbate these problems (Kristin and Price, 2018).

Self-esteem pertains to an individual's subjective awareness of their overall personal worth or value. It reflects their confidence in their abilities and attributes, akin to self-respect (Cherry, 2023). Children in foster care are vulnerable to lowering one's own self-esteem and associated psychological challenges because of their experiences of parental separation and exposure to a more challenging environment, often accompanied by a heightened sense of stigma (Hiemstra et al., 2020).

Psychoeducational programs are crafted to impart life skills, coping mechanisms, and self-awareness to participants. These programs encompass a variety of activities, such as cooperative task-building, role-playing, and group discussions, which offer opportunities to enhance children's

self-esteem, bolster their ability to cope with negative emotions, resolve life challenges, and garner social support (Mutiso et al., 2017).

Nurses hold a crucial position in delivering psychoeducational nursing interventions, enabling foster children to recognize their own challenges and requirements, while also reducing the necessity for extensive professional involvement. These interventions aid foster children in addressing feelings of stress, guilt, stigma, and loss of control, while imparting education on both physical and mental health for effective daily living. Additionally, they focus on teaching problem management skills and fostering self-esteem (Salem et al., 2019).

Significance of the study:

According to Abdul-Aziz (2019), there are about 22,000 children in foster care in Egypt. These kids frequently experience a string of traumatic incidents prior to and following their removal from their birth families. As a result, aggressive behavior is not unusual in foster children as a way of expressing the severe emotional and behavioral difficulties they face (Berger et al., 2010). Children in foster care are more likely to experience elevated levels of behavioral difficulties, especially aggression, than their counterparts in the general community (Perry & Price, 2017). In addition, the act of severing a kid from their family—whether because of abandonment or neglect—damages the child's self-esteem and exposes them to a highly problematic setting characterized by considerable social stigma (Andrea, 2014). Moreover, several research carried out by Lee (2014) has demonstrated that children who have low self-esteem are more prone to act aggressively and severely.

Furthermore, Rashad et al. (2018) highlighted the fact that children who are not cared for by their families are an especially delicate and vulnerable group that needs thorough multidisciplinary research and assistance. Despite this pressing need, very few research assessing the aggressive behavior and self-esteem of foster children have been carried out in Egypt. Therefore, the current study sought to evaluate foster children's aggression and self-worth while also putting a customized psychoeducational intervention into practice.

Aim of the study:

The study aimed to evaluate the impact of psychoeducational program on aggression and self-esteem among foster care children.

Research hypothesis:

- 1- Children of foster care who receive the program will have low levels of aggression scores post program.
- 2-Children of foster care who receive the program will have high self-esteem scores post program.

II. Subjects and Methods

Design:

A quasi-experimental research design was utilized in this study.

Setting:

The study was applied in two settings ; The Minia Institution for Boys and Minia Institution for Girls are the two foster care facilities in the Minia governorate where the study was conducted. About 123 children are cared for at the Minia Institution for Boys, which is in Minia City and accepts

children from one day old to eighteen years old. In the meantime, about 39 female children are under the care of the Minia Institution for Girls, which is situated in Minia City and serves youngsters from 6 years old to marriageable age. Essential services like food, housing, medical attention, clothes, and education are provided by these centers.

Sample size: A purposive sample of fifty-one foster children, who aged between 6-12 years old, was used in the study. Twenty-nine were male and twenty-three were female.

Inclusion criteria:

- Ages ranged from 6 to 12 for both genders.
- The period of time spent in foster care exceeded twelve month.

Tools for Data Collection:

Tool (I) Personal data A structured questionnaire was performed. The following demographic data were taken from the foster care children's files: age, educational level, gender, length of stay and reason for entering foster care.

Tool (II) Aggressive behavior scale (Adel, 1993): The Arabic structured questionnaire was designed to measure aggressive behavior among foster care children. It comprises 36 items categorized into different forms of aggression. Twelve items deal with verbal aggressiveness toward other people, sixteen with physical aggression, four with anger toward objects, and four with self-directed aggression. Each item was rated by participants on a scale of 0 to 2, where 0 means "No," 1 means "Sometimes," and 2 means "Yes." Higher scores indicated more severe aggressive conduct, and lower scores indicated milder aggressive behavior. The overall score system ranges from 0 to 72.

The aggressive behavior levels were categorized as follows:

- Mild aggressive behavior scored between 0 and 24.
- Moderate aggressive behavior scored between 25 and 48.
- Severe aggressive behavior Scored above 48.

Tool (III): Hare Self-Esteem Scale (HSS, 1975). Children of school age have their self-esteem evaluated in three domains: peers, school, and home, using the Home-School-Social (HSS) scale. Combining the results from these three dimensions also enables a general evaluation of self-esteem. These spaces serve as important hubs for interactions, which makes them essential for a child's self-esteem development. There are thirty items on the scale, ten for each subscale. Each item was rated by participants on a scale as follows : from 1 (strongly disagree) to 4 (strongly agree). The scale was adjusted to apply the term "foster parents" rather than "parents" to better align with the research's emphasis on foster children. Higher levels of self-esteem are indicated by higher scores on this scale. The scale's scores fell between 30 and 120.

Validity and reliability of tools: A panel of five specialists in psychiatric mental health nursing from the nursing faculties of Minia, Assiut, and Cairo Universities rigorously validated the questionnaires. These specialists examined the instruments to make sure they were legitimate, paying close attention to details like comprehension, applicability, thoroughness, clarity, and relevance while also

taking the study's objectives into account. The supervisors reviewed the results of the statistician's evaluation of the tools' dependability. Cronbach's alpha coefficients and test-retest reliability were used to assess the questionnaires' internal consistency. The questionnaires' Cronbach's alpha coefficient was found to be 0.73, indicating a satisfactory degree of reliability.

Procedure: Official authorization was acquired from pertinent authorities, such as the dean of Minia University's Faculty of Nursing, the directors of Social Solidarity, and the directors of the male and female institutions, prior to data collection and program execution. To support the research undertaking, an official letter was received from Minia University's dean of the Faculty of Nursing. In addition, the children gave their oral consent after being fully informed about the nature and goals of the study. In order to guarantee that the children understood the objective of the study and to win their cooperation and acceptance for participation, this explanation was given to them directly through personal communication.

Application of the educational program: The following phases were involved in the implementation of the suggested program:

1- Early phase (Assessment phase)

In this stage, the objective was to evaluate the aggressive tendencies within the studied group. Each child underwent individual interviews to gather essential information. Following this assessment, the researcher developed program content and media materials, utilizing videos and pictures.

2- Preparatory (Planning phase)

A comprehensive review of relevant literature was conducted, drawing from available books and journals, to gain a thorough understanding of the research problem and guide the study's implementation. During the planning phase, careful consideration was given to the program's strategy, including the timing, teaching methods, number of sessions, and media to be utilized. Additionally, the suitability of the teaching venue and program facilities was assessed.

The program was structured to consist of ten sessions, with two sessions held weekly. Each session lasted between 90 and 120 minutes. Topics covered in the sessions included anger, aggression, forms of aggressive behavior, underlying causes, and management strategies. To effectively deliver the content, a variety of teaching methods were incorporated, including lectures, group discussions, and role-playing activities involving the participants.

3-Implementation of the program (Implementation phase)

Children provided verbal consent to participate in the program. The program was divided into four subgroups: the first group comprised foster boys aged 6-9 years, with approximately 13 children; the second group included foster boys aged 10-12 years, with about fifteen children; the third group composed of foster girls aged 6-9 years, with around 8 children; and the fourth group comprised foster boys aged 10-12 years, with approximately 15 children. Conducted by the researcher, the program commenced with a direct explanation of the study's purpose to the participants, ensuring their understanding, approval, cooperation, and voluntary participation. Additionally, assurances of confidentiality were

provided the study was conducted from March 2019 to August 2019.

The program unfolded through the following stages:

- Child Interview: Participants were introduced to the program, and aggression information was shared.
- Child Education: Children were educated about the aggression causes and effects on themselves, others, and society.
- Coping Strategies: Effective techniques for managing anger, aggressive behavior, and enhancing communication skills were taught to the children.

4-Evaluation of the program

The program's overall goal is:

The overarching goal of the program was to assess the impact of a psychoeducational intervention on levels of aggression and self-esteem among foster care children.

The program specific objectives :

Following the implementation of the program, the studied sample would be expected to achieve the following objectives:

- a. Gain knowledge about aggressive behaviors and self-esteem.
- b. Recognize the consequences of aggressive behaviors on themselves, others, and the community.
- c. Identify different strategies to manage anger and aggression effectively.
- d. Replace aggressive behavior with more acceptable alternatives.
- e. Explain strategies to enhance self-esteem.

The program content was as follows:

At the start of each session, the researcher warmly welcomed the children and clearly outlined the session's purpose and content. The researcher then engaged the participants by asking about their expectations and gathering feedback on the session's content. The theoretical aspects of the session were explained, followed by the practical application, which was demonstrated through videos or pictures. Each child was then encouraged to apply what they had learned.

Throughout the training program, various instructional techniques were utilized, including group discussions and soliciting feedback from participants. Corrective feedback was provided as needed to support the children's learning. Moral support was also provided through words of praise, aimed at making the skills more relatable and encouraging active participation.

At the conclusion of each session, the researcher summarized the content covered and addressed any questions from the children. The time of the next session was communicated to the children to ensure their awareness and participation in future sessions.

Theoretical sessions which include:

Session I served as an orientation and acquaintance session, aimed at establishing a rapport between the researcher and the foster children. The researcher ensured that each child was familiarized with the content and objectives of the psychoeducational program. Detailed information about the program, including its purpose, session schedule, content, and expected impact on the children, was provided. At the

conclusion of the session, the researcher engaged the children in discussions, addressed any questions they may have had, and set the date for the next session.

Session II:

At the conclusion of Session II, each child should have gained an understanding of key concepts related to aggression, anger, its causes, types of aggressive behavior, and its effects on both themselves and others. The researcher utilized pictures and lecture methods to effectively convey this information. Throughout the session, the researcher actively listened to and addressed the children's questions and queries, ensuring clarity and comprehension. At the end of the session, a summary of the key points covered was provided to reinforce learning and comprehension.

Session III: By the conclusion of this session, participants will have the ability to utilize relaxation techniques for anger management and mood enhancement, tailored to specific emotional scenarios. As the session wrapped up, the researcher summarized key points, engaged participants with questions, expressed gratitude, and scheduled the next session.

Session IV: During this session, children were taught communication skills and problem-solving techniques. By the end of the session, each child would have acquired the ability to communicate effectively and apply problem-solving skills. As the session drew to a close, the researcher summarized the key concepts, engaged the children with questions, expressed gratitude, and scheduled the next session.

Session V: Drama, as a form of play, bridges the gap between reality and fiction, allowing children to immerse themselves in scenarios where real emotions are felt. In this context, fiction and reality blend seamlessly, as participants navigate in and out of fictional situations while remaining grounded in truth. Engaging in dramatic activities enables children to grasp the intricacies of various situations, events, and relationships, drawing from their real-world knowledge and experiences to construct imaginary worlds within the drama. Through this process, they develop the ability to analyze events and relationships, shaping their understanding of roles and situations within the dramatic framework. By the session's conclusion, each child should have honed their skills in effective communication and interpersonal relations. As the session wrapped up, the researcher provided a summary, encouraged discussion through questions, received feedback from the children, and set the schedule for the next session.

Session VI: In this session, exploring the concept of self-esteem, its definition, the factors that influence it, recognizing its various levels, and appreciating its significance in daily life. They actively participated in an exercise where they practiced the technique of self-talk in front of a mirror, applying it individually to bolster their self-esteem. As the session drew to a close, the researcher provided a comprehensive summary not only of the current session but also of the cumulative learning from previous sessions. Expressing gratitude, the researcher thanked the children for their engagement and participation throughout the sessions.

Session VII:

At the conclusion of this session, each child grasped the essence of optimism, understanding it as the belief that positive outcomes await in the future and that they possess the agency to contribute to such positive changes in their lives and beyond. They recognized optimism as a driving force that fosters resilience, imbuing them with happiness, confidence, and the determination to persist in their endeavors, even when faced with obstacles along the path to their goals.

Session VIII: At the conclusion of this session, each child gained insights into straightforward techniques for enhancing self-esteem. These included fostering positive thinking, recognizing mistakes as valuable opportunities for growth, and acknowledging that striving for perfection is impractical.

Session IX: By the end of this session, every child acquired the skills of empathy and expressing gratitude by demonstrating appreciation through the simple act of saying "thank you" to individuals who have offered assistance or bestowed gifts upon them.

Phase X: Evaluation phase:

The evaluation was done twice:

- a) Posttest: A week after the program's implementation, an assessment was carried out right away to determine the participants' levels of aggressive behavior and self-esteem.
- b) Follow-up:

The second posttest was administered three months after the carrying out of the program to assess the sustained impact and continuity of the program's effects.

Pilot study

To evaluate the tools' usability and clarity as well as the amount of time needed to finish the assessment forms, a pilot study was carried out. Six children participated in this pilot study, and their results were not included in the sample. Every person enlisted for the pilot study fulfilled the requirements for inclusion.

Administrative Design: An official letter from the dean of Minia University's Faculty of Nursing, as well as from the directors of Social Solidarity and the corresponding institutions for men and women, granted permission to gather data and carry out the program. The children were asked for their oral consent before they could participate. They were notified directly and personally about the purpose and scope of the study, which guaranteed their comprehension and desire to take part.

Ethical Considerations:

The study received initial written permission from the Minia University Faculty of Nursing Research Ethical Committee. Given the absence of risk to the study sample during the research process, standard ethical guidelines for clinical research participation were followed. Privacy was ensured during data collection, and measures were taken to guarantee anonymity and confidentiality through data coding. Participants were informed of their right to decline participation in the study without providing a reason. Additionally, informed oral consent was obtained from each participant prior to their involvement in the study.

Statistical analysis: Utilizing the Statistical Package for the Social Sciences (SPSS 26), the gathered data were coded, categorized, tabulated, and analyzed. While frequency and percentage were used to communicate mean, quantitative data, and standard deviation (SD) were used to depict numerical data. The t-test was used to compare two variables,

while the ANOVA test was utilized to compare more than two variables. Using Pearson correlation, the link between various numerical variables was investigated. A highly significant p-value was one that was less than 0.001, while a significant p-value was one that was less than 0.05.

III. Results

Part I:

Table (1) the frequency distribution of personal characteristics among foster care children (n=51):

Variables	No.	%
1. Gender		
■ Male	28	54.9
■ Female	23	45.1
2. Age		
■ 6-9 yrs.	21	41.2
■ 10-12 years	30	58.8
3. Educational level		
■ Illiterate	0	0
■ Primary	51	100

Table (1) illustrates that over half of the participants were male (54.9%), with 58.8% of them aged between 10 and 12 years old. Additionally, all children included in the study were enrolled in primary school (100%).

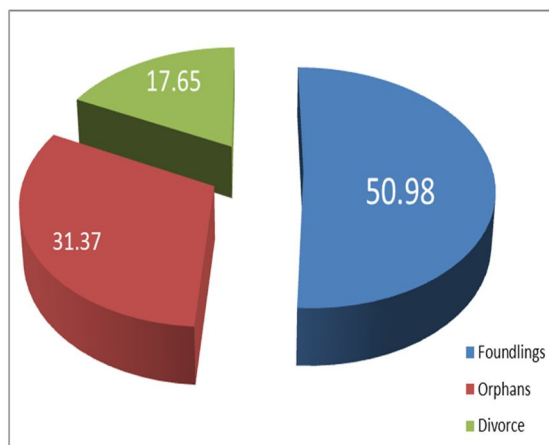


Figure (1) the frequency distribution of reasons of entry among foster care children (n=51):

Figure (1) depicts that a majority of the studied sample were foundlings (50.98%), while 17.65% of children entered foster care due to parent separation (divorce), and orphans comprised approximately one-third of foster children (31.37%).

Part II: Table (2): The relation between gender and types of aggressive behavior at baseline assessment (N=51):

Types of aggressive behavior	Male (28) Mean ± SD.	Female (23) Mean ± SD	T	P
Verbal aggression	28.11 ± 1.23	28.91 ± 2.48	1.509	0.1
Physical aggression	43.46 ± 7.46	36.30 ± 6.73	3.559	0.001*
Aggression toward things	10.64 ± 0.48	9.60 ± 1.40	3.641	0.001**
Aggression toward self	9.85 ± 0.35	8.22 ± 1.85	4.579	0.000**
Total aggressive behavior	92.07 ± 7.78	83.04 ± 7.38	4.216	0.000**

Table (2) reveals that; Males scored higher on the physical aggression scale than females, with mean scores of 43.46 ± 7.46 and 36.30 ± 6.73, respectively, according to Table 2. Males scored higher overall than females on the mean scores for aggressive behaviors (92.07 ± 7.78 and 83.04 ± 7.38, respectively). At the pretest, there were highly significant statistical differences between genders and almost every aggressive behavior category (P=0.001, 0.001, 0.000, and 0.000, respectively).

Table (3): the relation between types of aggressive behavior and reasons of entry for foster care at baseline assessment (N=51):

Types of aggressive behavior	Foundling or abandonment (N=26)	Orphan (N=9)	Divorce or parent separation (N=16)	F	P
Verbal aggression	28.07 ± 2.39	28.44 ± 1.58	29.12 ± 0.80	1.50	0.23
Physical aggression	39.80 ± 6.60	39.22 ± 8.72	41.50 ± 9.69	0.30	0.73
Aggression toward things	10.11 ± 1.07	10.00 ± 1.50	10.37 ± 1.02	0.38	0.68
Aggression toward self	8.34 ± 1.76	10.00 ± 0.00	9.87 ± 0.50	9.30	0.000
Total aggressive behavior	86.34 ± 7.59	87.66 ± 8.63	90.87 ± 10.39	1.34	0.27

Table (3) indicates that, compared to orphans and foundling, children who entered foster care as a result of parent separation or divorce had mean scores for verbal and physical violence that were higher (29.12 ± 0.80 and 41.50 ± 9.69 , respectively). Conversely, among foundling children, the mean score for violent conduct toward oneself was the greatest (10.00 ± 0.00). Additionally, at the baseline evaluation, a significant difference ($P=0.000$) was found between the reason for entering foster care and aggressive behavior toward oneself.

Table (4): The relation between of self-esteem subitems and gender at baseline assessment (N=51):

Subitems of self-esteem	Male (28)		Female (23)		T	P
	Mean	±SD	Mean	±SD		
Peer self-esteem	14.07	± 0.85	17.04	± 1.82	4.774	0.000
Home self-esteem	15.75	± 0.88	14.95	± 2.28	1.791	0.097
school self-esteem	14.32	± 3.70	18.39	± 2.58	4.400	0.000
Global self-esteem)	44.14	± 3.84	50.39	± 3.66	11.897	0.000

Table (4) reveals that; Foster females exhibited highly mean scores for peer and school-based self-esteem compared to foster males (17.04 ± 1.82 and 18.39 ± 2.58 , respectively). Conversely, foster males demonstrated increased home-based self-esteem (15.75 ± 0.88). Highly significant statistical differences were observed between genders and nearly all sub-items of self-esteem at the baseline assessment ($P=0.000$, 0.097 , 0.000 , and 0.000 , respectively).

Table (5): the relation between subitems of self-esteem and reasons of entry for foster care at baseline assessment (N=51):

Subitems of self-esteem	Foundling or abandonment (N=26)	Orphan (N=9)	Divorce or parent separation (N=16)	F	P
Peer self-esteem	15.61 ± 2.54	15.33 ± 0.50	15.12 ± 1.58	0.29	0.74
Home self-esteem	15.96 ± 2.04	14.88 ± 0.92	14.75 ± 1.00	3.27	0.04
School self-esteem	15.92 ± 4.72	15.33 ± 2.87	17.00 ± 2.36	0.64	0.53
General (Global self-esteem)	47.50 ± 6.11	45.55 ± 2.92	46.87 ± 3.26	0.52	0.59

Table (5) delineates that, The mean score for home-based self-esteem was lower in children who were placed in foster care as a result of parent separation or divorce (14.75 ± 1.00). At the baseline evaluation, there was a significant difference ($P=0.04$) between the self-esteem based on home and the reason for entering foster care.

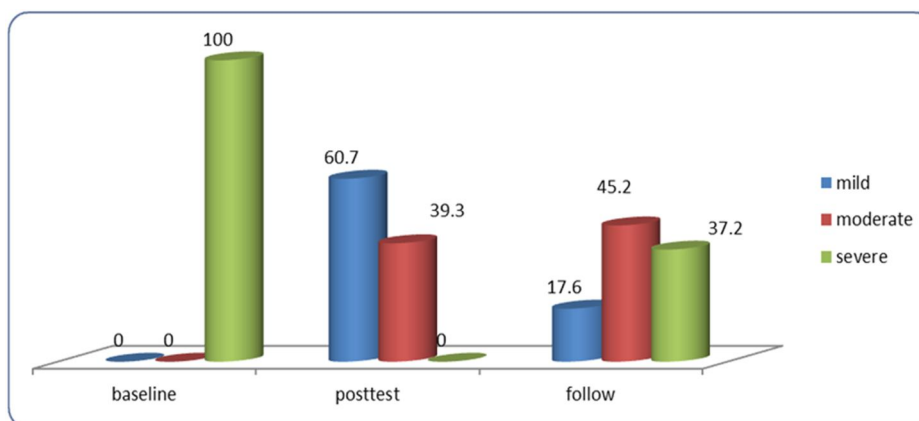


Figure (2) The aggressive behavior Levels of foster care children at different time of testing (n=51):

This figure (2) illustrates that, at baseline assessment, all foster care children exhibited severe aggressive behavior. Following the intervention, approximately half of the foster children (60.7%) showed a decrease in aggressive behavior, classified as mild, immediately posttest. However, at the follow-up assessment, 45.2% of the foster children displayed moderate aggressive behavior.

Table (6): Impact of the program on total aggressive behavior as well as their dimensions during the different time of testing N= 51

Items	Different time of testing							
	Pre test	Post test	Follow up program	ANOVA		Pairwise Comparisons		
	Mean ± SD	Mean ± SD	Mean ± SD	F	P	Pre & post	Pre & follow	Post & one
Verbal aggression	28.47±1.92	15.17±1.94	16.25±2.41	29.18	0.001**	0.000**	0.000**	0.000**
Physical aggression	40.23±7.94	19.76±3.75	23.7±4.34	13.33	0.001**	0.000**	0.000**	0.000**
Aggression toward things	10.17±1.12	4.37±0.59	5.33±1.38	19.66	0.001**	0.000**	0.000**	0.000**
Aggression toward self	9.11±1.50	4.78±2.96	5.78±3.24	7.35	0.001**	0.000**	0.000**	0.000**
Total aggressive behavior	88.0±8.79	44.09±5.04	51.1±5.87	29.40	0.001**	0.000**	0.000**	0.000**

Pre= Before the program implementation **Post** = One week after the program

follow= 3 month after the program

N.B *significant is considered at (p-value <0.05).

This table (6) indicates that, all forms of aggressive behavior showed very statistical significant differences at baseline, after the program was implemented, and during follow-up ($P=0.0001$).

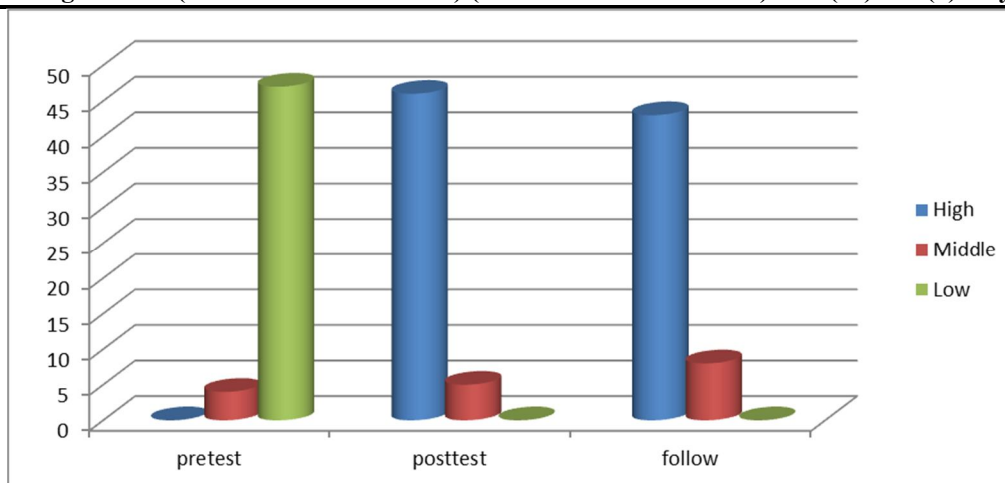


Figure (3): Levels of self-esteem at the different time of testing (N=51):

Figure (3) illustrates that; At baseline assessment, nearly the majority of foster children exhibited low levels of self-esteem (92.1%). However, after the implementation of the program, approximately 90.2% of them demonstrated high self-esteem. Furthermore, at the follow-up assessment after three months of program implementation, more than two-thirds of foster children (84.3%) maintained high levels of self-esteem.

Table (7): Impact of the program on total self-esteem as well as their dimensions during the Different time of testing N= 51

Items	Different time of testing							
	Pre test	Post test	Follow up program	ANOVA		Pairwise Comparisons		
	Mean ± SD	Mean ± SD	Mean ± SD	F	P	Pre & Post	Pre & follow	Post & one
Peer self-esteem	15.41±2.02	36.05±1.78	34.24±2.46	40.68	0.001**	0.000**	0.000**	0.000**
Home self-esteem	15.39±1.69	36.35±2.1	34.17±5.88	21.95	0.001**	0.000**	0.000**	0.000**
school self-esteem	16.15±3.81	36.49±1.81	33.72±2.13	27.04	0.001**	0.000**	0.000**	0.000**
General or global self esteem	46.96±4.87	108.90±4.36	101.9±8.07	39.59	0.001**	0.000**	0.000**	0.000**

Pre= Before the program implementation

Post = One week after the program

One= 3 month after the program

N.B *significant is considered at (p-value <0.05).

This table (7) clarifies that, highly statistical significant differences were observed in all subitems of self-esteem between baseline assessment, post-implementation of the program, and follow-up (P=0.0001).

Discussion

According to the study results, males made up slightly more than half of the study subjects when it came to the demographic features of the foster children (see Table 1). With a gender ratio of 106.2 males per 100 females (51.5% males to 48.5% females), this distribution matched the general population, according to data from the Central Agency for Public Mobilization and Statistics (2020). This result is in the same line with research by Ali et al. (2018) from Egypt, which found that boys made up about 63.1% of all foster children.

According to the study results, males made up slightly more than half of the study subjects when it came to the demographic features of the foster children. With a gender ratio of 106.2 males per 100 females (51.5% males to 48.5% females), this distribution matched the general population, according to data from the Central Agency for Public Mobilization and Statistics (2020). This result is in the similar spirit with research by Ali et al. (2018) from Egypt, which found that boys made up about 63.1% of all foster children.

These findings align partially with those of Ali (2016), who identified the main reasons for children being placed in foster care institutions as parents' divorce (45.6%) followed by foundlings (42.1%). According to similar studies conducted in other nations, including California, the majority of children (42%) were placed in foster care because of caregiver absence (caused by illness, incarceration, or death), incapacity (caused by disability or illness), or neglect (failure

to provide adequate food, shelter, clothing, supervision, exposure of a child to dangerous situations or medical care for a child). Furthermore, 20% of children had their homes taken from them as a result of sexual or physical abuse (Euser et al., 2013)

There was a significant statistical difference between boys and girls in terms of gender and the kinds of aggressive behavior at baseline assessment. According to this research, males in foster care were more likely to demonstrate physical aggressiveness and to do so more severely. There are a few possible causes for this observation. It has been hypothesized that certain genetic variations make people more likely to act aggressively.

Additionally, cultural influences, including the role of gender expectations and social norms, may contribute to the perception that boys should exhibit more aggressive behavior. In many communities, boys are encouraged to be strong and tough, while crying and emotional vulnerability are often associated with girls. Furthermore, influences from the media, peer groups, and older children may also contribute to the emergence of aggressive behavior, particularly among boys, as they may perceive such behavior to demonstrate masculinity.

Estévez et al. (2012) reported that the male gender role encompasses norms that encourage various forms of aggression. Similarly, Nivette et al. (2018) explained that boys consistently exhibit a higher likelihood of engaging in

direct physical aggression compared to girls. According to social role theory, these differences in physical aggression stem from socialization processes into the role of gender, which advise men and women to utilize aggressiveness and violence in different ways. This theory suggests that societal emphasis on stereotypical dominant and competitive roles contributes to men being more inclined towards physical aggression.

On the contrary, females in our society often suppress aggression and refrain from expressing it openly due to societal norms and socialization processes that discourage aggression in women. This suppression may result in females being perceived as less aggressive. Several studies have highlighted sex differences in aggression. For instance, Bukhari et al. (2019) found that physical aggression was more prevalent among males (25.7%) compared to females. Similarly, Foster parents' reports, as reported by Riedel (2013), indicated that males in foster care exhibited more severe violent behaviors. These results, however, are at odds with those of Birneanu (2019), who discovered no appreciable variations in violent behavior between males and females.

In fact, Bjorkqvist (2018) carried out a thorough meta-analysis of 148 papers examining gender variations in direct and indirect aggressiveness among children and adolescents. Their analysis confirmed the expected gender difference, showing that boys tended to display higher levels of direct aggression. However, the gender difference favoring girls in indirect aggression was found to be minimal.

Furthermore, parental separation is known to disrupt the stability and security of the family environment, leading to emotional distress and behavioral challenges in children. The upheaval caused by separation can create feelings of uncertainty, fear, and insecurity, which may manifest as aggression in children. Additionally, children may experience a sense of loss or abandonment following parental separation, further exacerbating their emotional turmoil and increasing the likelihood of aggressive behavior. It is important for caregivers and professionals working with children of separated parents to provide adequate support and intervention to help them cope with the challenges they face and mitigate the risk of aggressive behavior.

The previous findings are corroborated by a study conducted by Morin (2019), which proposed that mothers often exhibit decreased levels of support and affection following divorce. Additionally, their disciplinary practices may become less consistent and less effective. This shift in parenting dynamics can lead children to perceive divorce as their fault, thereby increasing feelings of guilt and aggression. In Morin's study, approximately 55% of the children displayed aggressive behavior, highlighting the impact of post-divorce parenting changes on children's behavioral outcomes.

Numerous considerations can be used to explain this result. Foster children could not have frequent visits from their parents and may simply know their names. Hostile-aggressive conduct can be a result of parental rejection, a lack of a family context, and feelings of rejection. This conclusion, however, is in contrast to those published by Ali et al. (2018), who discovered that among institutionalized children, the verbal aggressiveness mean scores were greater than the physical aggression mean scores.

Children with separated or divorced parents have more behavioral issues, and the marital discord that follows a parent's divorce jeopardizes the child's social skills. Children with "fewer behavior problems than those in the disrupted

families, high-conflict " were found in intact homes with low to medium conflict levels. Infighting between parents after a divorce frequently resulted in less adoration, less responsiveness, and a greater desire to punish their children, which makes the kids feel uneasy emotionally (Sillekens & Notten, 2018).

In relation to foster care children's self-esteem; the present study indicated that, foster females had highly significant global self-esteem than foster males. The observed differences could be attributed to several factors. Girls tend to prioritize building and maintaining relationships, seeking social approval more actively than boys. They often possess greater empathy and receive support from both teachers and peers. Conversely, foster boys may struggle with feelings of inadequacy and face challenges in establishing their identity. Without adequate support and acceptance from society, they may experience negative emotions and a decline in self-esteem.

Additionally, foster males may harbor fears about their prospects. Upon reaching 18 years of age, foster boys are typically required to leave the foster home and navigate the challenges of finding external housing and employment. This impending transition can create significant stress and uncertainty, further impacting their self-esteem and contributing to behavioral differences compared to foster girls.

This result aligns with findings from Mcmanus (2011), who noted that girls tend to exhibit higher levels of self-esteem when they have friendships with individuals of the opposite sex. Additionally, research by Ansu & Vidhya (2016) highlighted significant gender differences in self-esteem, with younger girls displaying higher levels of self-esteem compared to boys. Young girls appear to exhibit high levels of confidence regarding their appearance and self-care practices.

Regarding the reasons for entering foster care and self-esteem, orphans and children from broken families exhibited lower scores of self-esteem. This finding can be attributed to several factors. Firstly, these children may have experienced an absence of attachment to one's parents, as a loving family setting is crucial for the development of a child's self-esteem. Additionally, they may have been subjected to abuse or neglect, further undermining their sense of self-worth. Furthermore, stigma towards children in foster care, evident in their social exchanges and circumstances of daily life, may have made them feel undervalued and contributed to their lower self-esteem. Lastly, these children may have had fewer trusting relationships, which are essential for fostering a positive sense of self-esteem.

Indeed, separation from parents can be a deeply distressing experience for children. They may interpret it as a form of punishment for perceived wrongdoing or as evidence of their parents' inadequacy. This separation can also serve as a painful manifestation of rejection, exacerbating feelings of low self-esteem that children may have already harbored. Parental support plays a crucial role in bolstering a child's self-esteem. Positive and supportive feedback, warm encouragement, praise, and physical affection all contribute to building a strong foundation of trait self-esteem. Unfortunately, foster children are often deprived of these essential forms of parental support, which can further exacerbate their struggles with self-esteem and emotional well-being.

The study conducted by Siyad & Muneer (2016) underscores the finding that orphan children tend to have

lower self-esteem compared to children living with their parents. This research sheds light on the emotional well-being and personality development of children residing in orphanages in contrast to those raised in intact family environments. Similarly, the findings are supported by the work of **Sethi & Asghar (2015)**, who found that non-orphan children generally report higher levels of self-esteem than orphan children. These studies collectively highlight the impact of parental presence and family structure on children's self-esteem and underscore the importance of providing adequate support and nurturing environments for children, particularly those in foster care or orphanages.

In relation to the psychoeducational program impact on aggressive behavior, the aggressive behavior level was decreased after the demonstration of the program, at the second time of assessment (from severe to mild level) and at the third time of assessment there was slightly increased to be the moderate level, (figure, 2). On the same line, the present study revealed that, mean scores of aggressive behavior were significantly decreased after the demonstration of the psychoeducational program at posttest assessment.

Indeed, the observed improvement in self-esteem among foster children could be attributed to their participation of the program and its various techniques. The program likely played a significant role in reducing the aggressive behavior level among these children. By providing them with effective strategies and interventions, the program helped foster children to learn and modify their behaviors. The positive impact of the program underscores the notion that human behaviors are learned and can be altered through empathy, warmth, and social support, specifically within group settings. This highlights the importance of implementing programs that address the specific needs of foster children and enhance them with the necessary support to improve their emotional well-being and behavior.

Furthermore, a psycho-educational intervention was implemented to cultivate social skills, enhance self-control, and influence perceived social norms among the participants. Each session of the intervention introduced a new skill and included activities aimed at facilitating the application of these skills by the children. Emphasis was placed on teaching problem-solving, self-control, self-management, communication, conflict resolution skills and peer resistance. Through this structured intervention, participants were equipped with practical strategies to navigate social interactions and effectively manage challenging situations.

These study results are in line with **Asakurta & Morton (2014)** found that the social skills training program significantly decreased hostility. Additionally, it was shown **Jack (2009)** that there was a substantial difference between the aggression total mean scores obtained before and after the test. **Abdelgawad (2006)**, who discovered that institutionalized youngsters reduced their level of aggressive behavior after participating in the program compared to their pre-program levels, lends more credence to these findings. All things considered, these studies demonstrate the efficacy of programs designed to lessen violent behavior and enhance children's social skills.

As well as the present study revealed that; there were highly statistical significant differences between program phases (pre, posttest & follow up) mean scores of all forms of aggressive behavior (at follow up) were slightly began to increase than immediately posttest mean scores. This means;

Continuous programs are required for modifying foster care children's behaviors .

The findings of the present study indicate that the psychoeducational program had a positive impact on self-esteem, as evidenced by highly statistical significant differences in mean scores of all self-esteem subitems between pre, post-implementation, and follow-up of the program. This can be attributed to the effectiveness of the psychoeducational intervention, which employed various techniques to enhance self-esteem among the participants. For example, lectures were used to clarify the objectives of the program, enabling children to broaden their understanding and awareness of the importance of self-esteem. Additionally, the program aimed to educate children about the factors that negatively influence self-esteem, empowering them with knowledge to counteract these influences and build a stronger sense of self-worth.

In addition to lectures, another technique employed in the psychoeducational program was discussion and self-dialogue. During these sessions, the researcher facilitated discussions to monitor negative feelings and misconceptions that shaped the cognitive structure of the children. By encouraging participants to share their opinions and ideas, the researcher guided them in challenging these negative beliefs and fostering more positive self-perceptions. Many group members were found to lack self-assertion and social skills, and this guided discussion method proved instrumental in improving social interaction among the children. Through open dialogue and reflection, participants were able to gain insights into their own thoughts and behaviors, leading to enhanced social confidence and interpersonal skills.

Furthermore, the program increased the participants' efficiency in communication. The sessions were designed to be interactive, fostering an atmosphere of familiarity and mutual trust among group members. Continuous encouragement from the researcher and collaborative efforts between the participants and the facilitator facilitated a deeper understanding of their problems. This collaborative approach helped participants replace negative self-talk with more adaptive and positive self-talk. Overall, the supportive environment and mutual effort within the sessions contributed to enhancing the social self-esteem of the group members.

Furthermore, the program incorporated relaxation techniques to alleviate stress and anxiety, as well as reduce emotional and physiological responses. Role-playing games were also utilized, enabling children to engage in scenarios in front of their peers. This facilitated the development of self-acceptance and fostered positive self-perception among the participants. Through these techniques, children were encouraged to explore and express themselves in a supportive environment, ultimately contributing to their overall emotional well-being and self-esteem.

Similarly, implementing the program offered an avenue for nurturing social relationships and facilitated the opportunity for individuals to unlearn undesirable behaviors, tendencies, and concepts. Moreover, the indicative strategies employed by the researcher during the sessions played a pivotal role in enhancing acceptance and respect among the children. These strategies provided a platform for participants to voice their opinions and define themselves, facilitating the transition from internal support to seeking external support. By creating a supportive environment that encouraged self-expression and mutual respect, the program fostered positive

social interactions and personal growth among the participants.

This result aligns with findings from Mohammadzadeh (2017) emphasized the importance of the confident environment and counseling strategies utilized in the sessions, attributing them to the refinement of self-esteem. Similarly, Younis (2010) highlighted the effectiveness of indicative programs in enhancing the self-understanding of participants in the experimental group, resulting in a positive impact on self-influence. These studies collectively support the notion that structured programs incorporating supportive environments and counseling strategies can lead to improvements in self-esteem among participants.

Conclusion

Foster boys exhibited higher average levels of physical aggression compared to girls. Additionally, there was a highly statistically significant difference in all types of aggressive behavior and self-esteem across the pretest, posttest, and three months after the implementation of the program.

Recommendations

- 1- Ensuring regular psychological screening, assessment, and treatment for children and adolescents in foster care to effectively address their needs.
- 2- Conducting frequent evaluations of aggression levels and self-esteem among children in foster care to monitor their progress and provide targeted support.
- 3- Developing and executing a psycho-educational program for both foster families and supervisors within the system to equip them with the skills to assess and effectively manage aggression in foster children

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