

The effectiveness of solution-centered therapy in improving self-esteem in abused children

Preparation

Dr. Elsayed Mansour Mohamed Abdel Aal

Associate Professor of casework department

Higher Institute of Social Work in Cairo

ملخص البحث :

استهدف البحث الحالي اختبار فعالية العلاج المتمركز حول الحل في تحسين تقدير الذات لدى الأطفال المساء معاملتهم حيث تم تطبيقه من خلال المنهج التجريبي الذي يعتمد على مجموعتين أحدهما تجريبية والأخرى ضابطة قوام كل مجموعة (٢٠) طفل من الأطفال المستفيدين من خدمات الجمعية النموذجية لخدمة الفرد والأسرة والمجتمع بالقاهرة الذين تتراوح أعمارهم ما بين (١٢-١٥) سنة ، وقد توصلت نتائج البحث الى فعالية العلاج المتمركز حول الحل في تحسين وتنمية تقدير الذات ومؤشراتها (الكفاءة الشخصية - الهوية الذاتية - الرضا عن الذات) من خلال تطبيق مجموعة من الفنيات العلاجية كتطبيع المشكلة وخريطة العقل - السؤال المعجزة - التشجيع - توجيه النجاح) والتي ساهمت في مساعدة الأطفال على تحديد الأهداف التي يسعون الى تحقيقها بالإضافة الى وضع الحلول المناسبة لمشكلاتهم وأساليب تنفيذها .

الكلمات المفتاحية - الأطفال - إساءة المعاملة - العلاج المتمركز حول الحل - الفعالية - تقدير الذات - الرضا عن الذات

Abstract:

The current research aimed to test the effectiveness of solution-focused therapy in improving self-esteem among abused children. It was applied through the experimental approach that relies on two groups, one experimental and the other control, each group consisting of (20) children from the children benefiting from the services of the Model Association for Individual, Family and Community Service in Cairo, whose ages range between (12-15) years. The research results reached the effectiveness of solution-focused therapy in improving and developing self-esteem and its indicators (personal competence - self-identity - self-satisfaction) through the application of a set of therapeutic techniques such as normalizing the problem and mind map - the miracle question - encouragement - success guidance) which contributed to helping children identify the goals they seek to achieve in addition to developing appropriate solutions to their problems and methods of implementing them.

Keywords - Children - Abuse - Solution-focused therapy - Effectiveness - Self-esteem - Self-satisfaction

First: The research problem and its importance:

Childhood represents an essential stage of human growth and occupies a very valuable and important position by officials and those interested in caring for and raising children in developed and developing countries alike on the one hand, and on the other hand, childhood is half of the present and all the future, and it is the tool of society and its tool for growth and progress, and therefore it is important to pay attention to the study of childhood and direct the necessary care for the growth of the child through the various stages of his life physically, mentally, psychologically and socially so that he can have a sound education and upbringing that contributes In shaping his personality in an integrated manner capable of achieving his hopes and ambitions and building his society and its progress and sophistication.

This interest has increased in recent years in childhood issues and this interest has been translated into many international and local conventions on the care and protection of children, such as the United Nations Convention on the Rights of the Child, and the Universal Declaration on the Survival, Protection and Development of Children. For violence at other times.

The problem of child abuse is one of the modern social problems, and this problem has been exacerbated by the failure of the family to perform its functions in light of the social, economic and cultural changes that have affected societies in general, in addition to the factors of social change and urbanization, women's work, and the complexity and difficulty of family life conditions. Previously, the problems of young people were often overlooked, whether they were guilty or victims of cultural reasons related to their social and legal capacity and social status (Al-Badaina, 2020, 189).

The phenomenon of child abuse is not a recent phenomenon in societies, but has existed since ancient times, but it has spread recently, but is increasing day by day, and children have a share not as a perpetrator of abuse or violence, but as a victim of it, and abuse against children may take multiple forms It may be a physical punishment targeting the child's body such as beating and abuse, and it may be psychologically threatening the child's psychological security, and it may be moral and degrading And the humanity of children and may be an attack on their security, rights and requirements.

Child abuse is the abuse and neglect of children under the age of 18 and includes all forms of physical and/or emotional abuse, sexual abuse, neglect, disparagement, commercial or other exploitation, which cause actual or potential damage to the child's health and threaten the survival, development or dignity of the child in the context of a relationship of responsibility, trust or power (Frag, 2018, 55).

And parents, despite their certain interest in their children, they sometimes may make mistakes and issued them behaviors (between actions and words) may not be aware of the negative impact on the psyche of the child, and the most important of these behaviors abuse of the child physically or emotionally or neglected, especially in light of the patterns of socialization old that still find an echo when many parents in the absence of awareness in the psychological and educational aspect, but these patterns are still Widespread even when a large number of learners

under the name that we were raised by these methods, and these patterns beating, punishment, and imprisonment, as well as the use of methods of command and prohibition with the child without providing an opportunity for discussion and dialogue with him, on the premise that he does not know anything and that the parents are the ones who know the interest, and many other methods fall within the patterns of child abuse, and parents are adhering to these wrong patterns, which affect the mental health of the child and contribute to the decrease His self-level, you find them complaining about the manifestations of the disorder that their child suffers from between anxiety, aggression, rebellion and other manifestations (Al-Madmour, 2020, 193).

The results of scientific studies and research, such as the study of (Al-Otaibi, 2014), (Abu Lamda, 2015), (Al-Fahmy, 2018), (Hasran & Bokaf, 2021), and (Mullender, 2021), as well as the study of (Hill, 2020), in addition to the study of (Belkacemi & Al-Fakir, 2018) indicate that there is a close relationship between child abuse and their low self-level, as the abused child feels that he is an outcast person, whether in his family or in society in general, and then generates He has a sense of inconfidence in himself and his abilities, which affects his ability to accomplish his tasks and work, especially if it comes into contact with the educational side, and this is confirmed by a study (University of Cambridge, 2021), which also confirmed that abuse in childhood can continue to affect for a long time until post-adulthood, and the researchers explained that this comes because of the impact of abuse on the individual's risk of poor physical health and traumatic experiences throughout years His life, especially in the educational stages.

There is no doubt that the same child and his personality are greatly affected by the surroundings of the family in which he grows up, the type of treatment he receives and the different experiences he goes through and the different emotions and emotions that he feels, the child who grows up within the framework of family relations is dominated by cracking, disintegration, separation, instability and weakness in cohesion and parents' awareness of their role in the proper socialization and normal children, all of these factors may contribute to the low level of self has (Amer, 2017, 143).

The importance of self-esteem in the child's entity comes from his self-expression or self-confidence, and these are all essential elements to achieve psychological balance and a sense of satisfaction and sense of self, if the child is treated in a positive way, this will allow him the possibility of doing appropriate reactions and a sense of psychological compatibility, and this is what gives the self the ability to face life difficulties, problems and unexpected events, but if the method Treating him negatively, this leads to a sense of pessimism by losing self-confidence, which hinders communication with other people and his inability to adapt to society (Alawi, 2017, 198).

Self-esteem is formed since childhood through the different stages of growth through certain determinants through which the individual gradually acquires his idea of himself and his appreciation for it, childhood experiences, socialization method, reward and punishment method, parents' attitudes and expectations, culture m and their socio-economic level, and life experiences have an important role In the individual's self-awareness and in the growth and formation of self-esteem in children, which was confirmed by a study (Abdel Aal, 2018), and the

child's high self-esteem achieves psychological compatibility in society, personal competence and self-confidence, and it is a variable trait that is always subject to internal and external influences, and this is confirmed by my study Nortje, E, 2016) as well as a study (Sylvie P. Demers, 2019) Therefore, it is necessary to pay attention to the development of self-esteem in children in general and children who are treated in particular through many therapeutic models in the social work profession, including the solution-centered treatment model, which aims to achieve psychological and social compatibility for the individual by helping him discover his strengths, focusing on his success experiences instead of failure experiences, and helping him develop solutions to his problems where the therapist focuses on During his cooperation with customers on how to find effective ways through which the problem can be solved instead of taking time to identify the root causes that led to the occurrence of the problem, the therapist here does not impose certain solutions on customers, but rather helps them to find solutions to their problems, and encourages them when they walk in a correct way towards these solutions, through the use of a set of therapeutic techniques, including (the method of normalizing the problem, the map of the mind, the miraculous question, talking about the solution, encouragement Homework) and this is confirmed by the study of (Abu Al-Saud, 2015) and (Atman, 2016), and (Hassan, 2020), where these techniques and therapeutic methods contribute to helping customers to identify their goals as well as focus their attention on how to reach solutions to problems instead of searching for factors that contributed to the aggravation of the problem, as well as focusing on investing the capabilities and resources of the client in reaching solutions to the problem, and accordingly the main issue of the current study is determined In testing the effectiveness of solution-centered therapy in developing self-esteem in children treated abusively.

Second: Research Objectives:

- Main Objective:

Testing the Effectiveness of Solution-Centered Therapy in Improving Self-Esteem in Maltreated Children

- Sub-objectives:

- 1- Determine the relationship between the application of a solution-centered treatment program and improving the sense of personal competence in abused children.
- 2- Determine the relationship between the application of a solution-centered treatment program and improving the sense of self-identity in abused children.
- 3- Determine the relationship between the application of a solution-centered treatment program and improving the sense of self-satisfaction in abused children.

Third: Research Concepts:

1- The concept of self-esteem:

William James wrote about the psychology of self-esteem and that it consists of success or major achievements (merit-based achievements). In this expression, James asserts that having the ability to do something correctly (such as personal, professional, or academic tasks) helps build our self-esteem (Abdel Allah, 2016, 212).

From that time until today, the meaning of self-esteem is related to competence, and therefore everything related to competence is an important basis for building your self-esteem, such as mastery, possession of personal and professional skills, personal quality, self-management, and control of feelings and emotions. On the other hand, everything related to failure and failure (inverse efficiency) is a path to low self-esteem such as lack of mastery, failures in the work of life and professional tasks, inability to manage priorities and duties and neglect them (Deeb, 2014, 17).

The concept of self-esteem or as it is called in English (self-esteem) according to the Cambridge Dictionary denotes belief in self-worth and belief in one's own personal abilities, and also refers to positive and actual self-esteem and self-esteem (Shavelson, R, 2021, 15).

Rosenberg defines self-esteem as: an individual's overall attitude— negative or positive— toward himself. It means that the individual determines a trend towards himself after evaluating it, and this trend is either characterized by satisfaction, respect and appreciation, or the individual's dissatisfaction with himself, resulting in a negative trend, which is self-rejection or self-contempt and low level of self-esteem (Ibrahim & Suleiman, 2014, 164).

- **The researcher defines it theoretically in the current research:** it is the feeling of the individual and his sense of self-respect and confidence in himself and his identity, values, goals and ability to achieve them.
- **As defined by the researcher procedurally in the current research:** it is the feeling and possession of children evening transactions by their families and those around them in society of the ability to self-esteem and self-confidence and a sense of personal competence and self-identity and the ability to set goals and accomplish them in a way that generates a sense of satisfaction with themselves.

2- The concept of children being treated:

Child abuse is defined as the repeated use of physical or psychological punishment by the parents, one of them or the employer of children, whether through intentional beating, severe or irregular corporal punishment, through constant ridicule and humiliation of the child, through neglect of his care and failure to provide for his basic health, physical, psychological and social needs, or through exploitation by his caregivers and entrusting him with work beyond his capacity and capabilities (Lawrence, Anne, 2016, 27).

Abuse is also defined as anything that hinders the child's integrated development, whether intentionally or unintentionally by those in charge of it, and includes taking action that results in direct harm to the child, such as physical abuse, early work, practicing behaviors, or taking measures that would prevent satisfying the child's diverse educational, psychological, physical, emotional and social needs and providing opportunities conducive to his full development. (Ibn 'Abd al-Allah, 2000, 92).

The abused child is the one who is subjected to deliberate and repeated physical, psychological or social abuse, whether already or neglected by the family or others, and it is every child under

the age of eighteen years, who is subjected to physical wounds, mental abuse, sexual abuse, neglect, or abuse by the person responsible for his care, which leads to harm to the child and threatens his health and happiness (Salama, 2019, 9)

- **The researcher defines it theoretically in the current research as:** any act by parents or people surrounding the child that leads to verbal, physical, psychological, or sexual abuse, or depriving him of his rights or keeping him away from achieving his future goals.
- **The researcher defines it procedurally in the current research as:** the actions and words practiced by parents and those surrounding the children benefiting from the services of the model association to serve the individual, family and society in the neighborhood of Hadayek El-Kobba in Cairo in a way that contributes to the low level of self they have.

3- The concept of solution-centered therapy:

Solution-centered therapy is one of the therapeutic methods of shortened therapy, as it dates back to the early eighties of the twentieth century by the founder of the American scientist Steve de Shazer, head of the Center for Prisoner Therapy in Milwaukee, Wisconsin, USA (Al-Hajjaji & Al-Qarni, 2008, 24).

It is defined as a therapeutic method that does not take time to search for pathological symptoms or the factors that contributed to its emergence as much as it goes directly to solutions that contribute to eliminating the problem, alleviating it or adapting to its effects (Rashwan, 2007, 213).

It is also defined as a short-term therapeutic approach that focuses on the client's goals, and helps clients build solutions rather than focusing on problems and their causes (Gingerich & E.E. McCollum, 2012, 13 & . Trepper, W.J).

Solution-centered therapy is also known for its focus on building and finding solutions rather than solving problems, and the main therapeutic task is to help the client imagine how he wants things to be different and what it takes to achieve this, and gives negligible attention to diagnosis, medical history and to explore the problem, and solution-centered therapy is a new therapeutic approach that is increasingly being used, as it focuses on helping clients build solutions instead of solving problems, The approach has evolved in a clinical context amid numerous reports of success by therapists and clients alike (Al-Ghannami, 2011, 187).

The researcher defines it procedurally in the current research as: a therapeutic approach based on the application of a set of therapeutic techniques (such as the method of normalizing the problem, the map of the mind, the miraculous question, talking about the solution, encouragement, homework) that aims to help clients of children who are treated to identify and achieve a set of goals and solutions that contribute to the development of their self-esteem, which reflects positively on their positive satisfaction towards themselves.

- **Scientific assumptions of solution-centered therapy (Elliot K and Woods J, 2021,21):**

- A- Clients are the ones who set their therapeutic goals and should not be imposed on them by the therapist.
- B- If you know what achieves change, stick to it and help the client to do more of it, and this means that change, no matter how simple, is the desired goal and access to it, and the customer's sense of what is happening in his life is the core of the treatment, and work must continue through it until complete change is achieved, which is the demise of the problem or at least reducing its effects on the customer.
- C- If the treatment is ineffective and the change does not occur, do not try it again, and this means that the therapist must try to use another method or another solution other than the one that has proven to be a failure, and this is a way out of the frustrations felt by the client and provoking his abilities and capabilities in searching for other solutions more effective in addressing his problem.
- **The therapeutic process in solution-centered therapy** (Abdelaziz, 2021, 43):
 - Discover what the customer wants instead of looking for what they don't want.
 - The therapist should not look for a diagnosis of the problem, but rather support the client to continue in what he can do and succeed in already.
 - Encourage the client to try something different and new, if he is used to an act that does not bring a good result.
 - The therapist should make the treatment brief by approaching each session as if it were the last session with the client.
 - **Foundations of solution-centered therapy** (James M Lightfoot Jr, 2014, 238):
 - The first basis: solution-centered therapy revolves around focusing on what can be achieved according to the client's personality and the surrounding environment, and therefore the general practitioner is responsible for guiding the client towards what can be achieved.
 - If all other treatment models are concerned with the problem, the solution-based treatment model is concerned with the time of no problem, which are the times when the problem does not appear, and can be transformed and treated as solutions to the problem;
 - The third basis: which is based on solution-centered therapy is based on the idea of "snowball" in the sense that a simple change in the client's life leads to greater success to reach the ultimate goal, which is psychological and social compatibility.
 - The fourth basis: revolves around the importance of recognizing that each client has abilities that he can use to overcome the difficulties he faces, and therefore the practitioner must give great attention towards discovering the client's capabilities and avoiding focusing on his weaknesses.
 - The fifth pillar: revolves around the need to formulate the client's goals in a positive way instead of formulating them negatively.

- **Objectives of the solution-centered occupational intervention program with abused children:**
 - 1- Help children treated by members of the experimental group to understand the nature of their problems as well as discover the strengths and weaknesses of their personalities .
 - 2- Helping the research sample to identify the goals they want to achieve and related to the development of their self-esteem through (developing a sense of personal competence and diverse abilities - developing a sense of personal identity - developing a sense of self-satisfaction).
 - 3- Try to help the research sample in formulating a set of exceptions that can contribute to achieving the therapeutic goals associated with the problem of abuse.
 - 4- Helping the study sample also to find and propose solutions that contribute to the development of their self-esteem on the one hand and face the problem of abuse on the other hand.
 - 5- Helping customers to recall positive behaviors that occur in their lives and work to enhance those behaviors in a way that reflects positively on their self-esteem.
 - 6- Continuous motivation and encouragement for the sample members to continue to achieve the goals and benefit from the environmental capabilities and resources available in the community.
- **Therapeutic methods and techniques of solution-centered therapy that have been applied in the professional intervention program with children who are treated to develop their self-esteem:**
 - 1- **Reshaping: Through it, the researcher** helped clients understand their attitudes and formulate their therapeutic goals.
 - 2- **The miraculous question:** In it, the researcher limited a set of exceptions that can occur in the lives of customers from the members of the experimental group and related to the problem of abuse and how it reflects positively on self-esteem, as well as limiting the changes that can occur to them based on these exceptions.
 - 3- **Asking questions about what else:** in order to provoke the sample members to talk about possible solution methods that can be achieved to face the problem and put forward alternatives to solutions.
 - 4- **Mind Map:** In it, the researcher helped the sample members to draw a diverse map of ideas by calling all the positive attitudes and behaviors that they experienced in their lives in order to reinforce and repeat them in order to reach self-esteem and satisfaction with them.
 - 5- **Directing success:** In which the researcher directed expressions of praise, praise and encouragement to the sample members whenever they put forward a new idea or have a positive behavior towards themselves as well as their surrounding environment so that this contributes to the development and self-esteem of them.
 - 6- **Normalization of the problem:** by provoking customers to think of solutions to the problem because it is not the end for them and they are able to overcome it.

A summary of the professional intervention program will be presented in Table (8) at the end of the research.

Fourth: Methodological procedures for research:

- 1- **Research type:** The current research is experimental research, where it tests the effect of the independent variable, a solution-centered treatment on a dependent variable, which is to improve self-esteem in children who are treated abusively.
- 2- **The method used :** The research relied on the experimental approach using two groups, one experimental and the other control, and the pre-measurement was applied to ensure that there are no significant differences between them, which indicates the achievement of homogeneity between the two groups in the degree of self-esteem, and then the dimensional measurement to clarify the significance of the differences between the two groups, if any.
- 3- **Research Areas:**
 - (A) **Spatial field:** The professional intervention program was applied in the model association to serve the individual, family and society in Hadayek El-Kobba neighborhood in Cairo, and the researcher chose this institution as a spatial field to conduct research for the following reasons:
 - Availability of the research sample of children who meet the conditions set by the researcher where they benefit from the services, programs and activities available in the association
 - Availability of the necessary capabilities and resources that facilitate the implementation of the professional intervention program.
 - The welcome of those responsible for the management of the association and their readiness to cooperate with the researcher in the implementation and conduct of the professional intervention program.
 - (B) **Human field:** The general framework of the research sample reached 56 children from the beneficiaries of the services of the association, and the researcher developed a set of conditions for selecting the research sample, namely:
 - 1- The child must be a male who suffers from the problem of abuse, whether from their parents or those around them.
 - 2- To be a normal child and not with special needs.
 - 3- The age of the child should be between (12-15 years), as this age stage is the period during which the level of self-esteem and sense of the value of personal competence and identity on the part of the child can be formed.
 - 4- That the child gets low scores on the scale of self-esteem as a result of abuse by his family and those around him.

5- The child agrees to participate in the vocational intervention program.

Based on the previous conditions and after the exclusion of some children who do not meet the conditions, whether in terms of age or the presence of a mental disability or unwillingness to participate, the number of excluded from the program became 16 children, and thus the research sample became 40 children were randomly divided into two groups, one experimental and the other control strength of each of them 20 cases, and they who got the lowest scores on the scale of self-esteem (prepared by the researcher), as well as met the conditions that Developed by the researcher .

- **Characteristics of the research sample:**

The research sample was determined from (children mistreated) where the self-esteem scale was applied to the children benefiting from the services of the association, and they were arranged in descending order and then the group of children with the lowest grades was determined , and some controls were developed to choose the sample in terms of chronological age, gender, reason for frequenting the association, academic and professional status , the degree of intelligence so that the distinction between normal children and others with special needs, and the characteristics of the sample were determined as follows:

- **In terms of type:** all members of the sample (experimental / control) are males.
- **In terms of the reason for their frequentation of the association:** all members of the sample (experimental / control) benefit from the various services of the institution, whether material, to modify their behavior or to face family problems between parents.
- **In terms of educational or professional status:** All members of the sample (experimental / control) have a similar educational status; they are enrolled in government schools and all of them are in the basic education stage (preparatory stage).
- **In terms of age group:** all members of the sample in adolescence, where their ages ranged from (12: 15) years.
- **In terms of IQ degree:** All members of the sample of normal children whose IQ range from (90: 120) degrees on the Stanford Interdisciplinary test, which was applied to them by the psychologist in the association when they joined it.

The researcher settled on the members of the study sample and the number (40) children of the total children who reviewed their data through the Assembly and who were applied self-esteem scale to them and obtained the lowest scores.

- **Experimental tuning of the search:**

- All members of the experimental and control groups benefit from the services of the association and deal with the same specialists, and most of them have the same social, economic and educational conditions and therefore are exposed to almost the same influences.
- To ensure that the experimental and control groups started the experiment and there were no differences between them in the measure of self-esteem, the researcher

applied the scale to the two groups and then calculated the differences and standard deviation between the averages.

(C) Research time range: The professional intervention program was applied between 18/2/2022 to 25/5/2022

(D) Research Tools:

The research relied on one tool, which is "self-esteem scale for children abused their treatment" and the scale consists of a number (45) phrase measures three dimensions, namely (the first dimension: personal competence, the second dimension: self-identity, and the third dimension: self-satisfaction), has passed the preparation of phrases in the following stages:

- 1- The researcher reviewed the theoretical heritage of the problems of self-esteem, self-decline and lack of sense of importance through some scientific references and academic studies that dealt with it as a topic that all groups suffer from, including children in terms of (self-inferiority - child abuse and its relationship to low self-level - methods and methods that improved the level of self in children)
- 2- The researcher reviewed some of the scales that dealt with self-esteem in children: and see a set of similar scientific measures to benefit from them as the following measures (Self-esteem scale among secondary school students, Abu Al-Wafa, 2018), (Children's self-esteem scale, Farraj, 2014), and (Children's self-concept scale, Mansour, 2017)
- 3- The researcher was able to determine the dimensions of the three scale and their indicators by reviewing the dimensions that make up most of the previous measures, where the researcher noted that the majority of the scales determined an equal relative weight for all dimensions (20%) for each dimension, and thus determined the number of phrases that can consist of each dimension of the dimensions 15 phrases for each dimension.
- 4- The researcher formulated the phrases and the phrases of each dimension consisted of (15 phrases) and the total number of phrases came (45 phrases).
- 5- To identify the validity of the scale, the researcher did the following:

(E) Believe the content:

The researcher presented the items of the scale to 8 arbitrators from the faculty members of social work and psychology, and the items that received the approval of at least 80% of the arbitrators were retained, while the other phrases were deleted.

(F) Scale stability:

The stability of the scale was calculated by Test-Retest by applying the following steps:

- Applying the scale to (15) children , where they were randomly selected from the same characteristics of the research sample in the Association of Sons of Tomorrow, which is in the same vicinity of the association in which the program was applied.
- The first application was made on the dimensions of the scale as a whole and then the second application was repeated again after (15) days of the first application on the same sample.

- Then statistical treatments were conducted to identify the stability of the scale, where the researcher used the correlation coefficient "for Pearson Person to clarify the strength of " the correlation using as shown in the following table :

Table No(١)

It shows the correlation coefficient of the scale dimensions between the first application and the second application in the stability of the scale

Scale dimensions	Correlation coefficient(R)	Morale of association (t)	Morale level
Personal competence	0.96	9.7	d at 0.01
Self-identity	0.98	13.87	d at 0.01
self-satisfaction	0.98	13.87	d at 0.01
Scale as a whole	0.98	13.87	d at 0.01

It is clear from the previous table that the stability coefficient for the scale as a whole is (0.98), which indicates that the high stability ratio of the scale and the calculated value of (T) is $13.87 > T_{(3.250)}$ at a significant level (0.01). Which indicates a strong and statistically significant correlation indicating the suitability of the scale for use.

Fifth: Research Hypotheses:

- The main hypothesis:

- 1- There are no statistically significant differences between the average scores of the experimental and control groups in the pre-measurement on the scale of self-esteem in children treated in different dimensions as a result of the practice of the solution-centered treatment program with them.
- 2- There are statistically significant differences between the average scores of the experimental and control groups in the measurements before and after on the scale of self-esteem in children abused as a result of the practice of the solution-centered treatment program in favor of the dimensional measurement of the experimental group, and the validity of this hypothesis can be tested through the following sub-hypotheses:
 - A- There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement of the dimension of personal competence in the self-esteem scale of children abused as a result of the practice of solution-centered therapy program in favor of the experimental group.
 - B- There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement of self-identity on the self-esteem scale in children who are treated as a result of practicing a solution-centered treatment program in favor of the experimental group.
 - C- There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement of the dimension of

self-satisfaction with the self-esteem scale in children who are treated as a result of practicing a solution-centered treatment program in favor of the experimental group.

- **Statistical methods used:** The researcher used in analyzing the results of this research, the arithmetic mean, standard deviation and value (T) calculated and compared with the value of (T) tabular to find out the differences between the scores of the experimental and control groups in order to identify the effectiveness of the professional intervention program using solution-centered therapy in improving self-esteem in children abused their treatment.

Sixth: Search Results:

The following is a presentation of the search results:

- **The results of the first main hypothesis:** which states: There are no statistically significant differences between the average scores of the experimental and control groups in the pre-measurement on the scale of self-esteem among children who are treated in its different dimensions as a result of the practice of the solution-centered treatment program with them and is illustrated by the following table:

Table No. (2)

Arithmetic mean, standard deviation and value of (T)

For the experimental and control group before the professional intervention of the scale as a whole

Group	N	Mean	Standard deviation	variance	t-value	Degrees of freedom	Statistical significance
experimental	20	86.15	5.62	31.61	0.854	19	Not significant at the (0.01) or (0.05) level
Control	20	87.70	7.38	54.43			

It is clear from the previous table that the calculated value of (T) was (0.854) for the scale as a whole, which is less than (T) tabular (2.861) at the level of significant (0.01), before the professional intervention solution-centered treatment, and this confirms that there are no statistically significant differences between the average scores of the experimental and control groups, which indicates a low level of self-esteem in all children abused their treatment, and indicates the importance of applying therapeutic techniques for solution-centered therapy in improving self-esteem in these children, which earns them confidence in themselves and a sense of importance.

Table No. (3)

The arithmetic mean, standard deviation and value (T) of the experimental and control group before the professional intervention in the dimensions of the scale

The dimension	Group	N	Mean	Standard deviation	variance	t-value	Degrees of freedom	Statistical significance
Personal competence	experimental	20	29.95	2.26	5.10	1.14	19	Not significant at the (0.01)
	Control	20	30.70	2.75	7.59			
Self-identity	experimental	20	29.65	2.23	4.98	1.45	19	Not significant at the (0.01)
	Control	20	28.65	3.30	10.87			
self-satisfaction	experimental	20	26.55	3.25	10.58	1.47	19	Not significant at the (0.01)
	Control	20	28.35	3.63	13.19			

It is clear from the previous table that the value of (T) calculated for the sub-dimensions of the scale before the professional intervention with the children of the evening their treatment was (1.14) for the dimension of personal competence, and (1.45) for the dimension of self-identity, (1.47) for the dimension of self-satisfaction, and all of them are less than the value of (T) tabular (2.8) at the level of significant (0.01), which indicates that there are no statistically significant differences between the experimental and control groups before the professional intervention with solution-centered treatment, which confirms the convergence of the level of children of both groups In the low level of self-esteem due to a variety of factors, including abuse by parents and surrounding members of society.

- **The results of the second main hypothesis: which means:** There are statistically significant differences between the average scores of the experimental and control groups in the pre- and post-measurements on the scale of self-esteem in children who are treated as a result of the practice of the solution-centered treatment program in favor of the dimensional measurement of the experimental group, which is shown in the following table:

Table No. (4)

Arithmetic mean, standard deviation and value (T) for the overall score
For the experimental and control group after the professional intervention of the scale as
a whole

Group	N	Mean	Standard deviation	variance	t-value	Degrees of freedom	Statistical significance
experimental	20	125.85	8.35	69.82	14.097	19	Not significant at the (0.01)
Control	20	88.20	6.66	44.38			

It is clear from the previous table that the calculated value of (T) was (14.097), which is greater than (T) tabular (2.861) at the level of significant (0.01), after professional intervention solution-centered therapy, and this confirms the existence of statistically significant differences between the average scores of the experimental and control groups in favor of the experimental group, which indicates an improvement in the level of self-esteem and the development of a sense of personal competence, self-identity and self-satisfaction among the children of the experimental group compared to the control group through the application of a set of therapeutic techniques such as reshaping, miracle question, mind map and other methods These results are consistent with the findings of (Al-Otaibi, 2014), (Abu Lamadi, 2015), (Atman, 2016), as well as a study (Hassan, 2020), where it indicated the refusal of many social workers to use some long methods that drain time and effort as basic methods in the theory of self-psychology, such as: Evolutionary history, clairvoyance methods and emotional emptying, with the need to pay attention to studying the client's present and the close and realistic causes associated with the problem, as well as the use of direct methods with the fastest effect, the most important of which is solution-centered therapy as one of the most important therapeutic models that aim to focus on the present and future of the client and help him identify appropriate solutions to his problems.

- **View the results of the sub-assignments:**
- **The results of the first sub-hypothesis: which states:** There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement of the dimension of personal competence in the measure of self-esteem in children who are treated as a result of the practice of the solution-centered treatment program for the benefit of the experimental group and is shown in the following table:

Table No. (5)

Arithmetic mean, standard deviation and value (T) for the experimental and control group after the professional intervention of the first dimension

(Personal Competence)

Group	N	Mean	Standard deviation	variance	t-value	Degrees of freedom	Statistical significance
experimental	20	44.90	6.70	44.83	8.367	19	Not significant at the (0.01)
Control	20	28.60	3.65	13.31			

It is clear from the previous table that the calculated value of (T) was (8.367), which is greater than (T) tabular (2.861) at the level of significant (0.01), after professional intervention solution-centered treatment with children abused treatment, and this confirms the existence of statistically significant differences between the average scores of the experimental and control groups in favor of the experimental group in the dimension of personal competence, which indicates the success of the various therapeutic methods of solution-centered treatment (such as the method of encouragement and map of the mind and directing questions) in the awareness of the children of the experimental group and their understanding of the components of their personalities and their possibilities available whether The components (physical, psychological, mental or social) and the importance of investing those ingredients in achieving the goals they wish to achieve in their lives, whether related to education and study or other aspects of life to contribute to overcoming the problem of abuse and overcome, compared to the children of the control group, which confirms the effectiveness of the professional intervention program based on the application of solution-centered treatment with children abused and this is consistent with what was indicated by the study mechanism of both (Rashwan, 2007) and the study (Abd Al-Aziz, 2021) where they stressed the effectiveness of the solution-centered short treatment program in improving social support, as well as in developing professional self-efficacy and reducing students' professional future anxiety with its various techniques and treatment methods that enable students to discover their abilities and skills and strive towards achieving their academic goals without fear of academic failure.

- **The results of the second sub-hypothesis, which states:** There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement on the dimension of self-identity in the self-esteem scale of children who are treated as a result of the practice of the solution-centered treatment program in favor of the experimental group, and the following table shows them:

Table No. (6)

Arithmetic mean, standard deviation and value (T) for the experimental and control group after the professional intervention of the second dimension

(Self ID)

Group	N	Mean	Standard deviation	variance	t-value	Degrees of freedom	Statistical significance
experimental	20	42.00	7.93	62.95	5.547	19	Not significant at the (0.01)
Control	20	29.95	2.93	8.58			

It is clear from the previous table that the calculated value of (T) was (5.547), which is greater than (T) tabular (2.861) at the level of significant (0.01), after professional intervention solution-centered therapy with children abused treatment, and this confirms the existence of statistically significant differences between the average scores of the experimental and control groups in favor of the experimental group in the dimension of self-identity through the application of techniques and therapeutic methods of the therapeutic model such as (mind map method, encouragement, normalization of the problem, and guidance success) to help children, as this contributed to improving the sense of self-identity in Children treated by members of the experimental group by helping them to realize their relationship with themselves as well as those around them as well as their awareness of the meaning of culture, values, customs, traditions and positive behaviors in society that should be possessed, as well as the discovery of self-skills for each child in the group and work to develop them in a way that reflects positively on their achievement of their goals and the achievement of their various tasks and their ability to solve and develop appropriate solutions to their problems because they are able to face them, and this indicates the improvement and development of a sense of self-identity Children of the experimental group compared to the children of the control group, which confirms the effectiveness of solution-centered therapy in improving self-esteem in children abused and this is consistent with the findings of a study (Abu Al-Saud, 2015), and also a study (Mullender, 2021) where they indicated that many solution-centered treatment techniques, including (normalization of the problem) contributed to reassuring students with learning difficulties Some of them and their low self-esteem are not unique problems, but rather general problems that can be overcome.

The results of the third sub-hypothesis: which states: There are statistically significant differences between the average scores of the experimental and control groups in the dimensional measurement of self-satisfaction with the self-esteem scale in children who are treated as a result of the practice of the solution-centered treatment program for the benefit of the experimental group, and the following table shows them:

Table No. (7)

Arithmetic mean, standard deviation and value (T) for the experimental and control group after the professional intervention for the third dimension

(Self-satisfaction)

Group	N	Mean	Standard deviation	variance	t-value	Degrees of freedom	Statistical significance
experimental	20	38.95	9.62	92.58	4.647	19	Not significant at the (0.01)
Control	20	29.65	3.13	9.82			

It is clear from the previous table that the calculated value of (T) was (4.647), which is greater than (T) tabular (2.861) at a significant level (0.01), after the application of the professional intervention program with solution-centered therapy, and this confirms the existence of statistically significant differences between the average scores of the experimental and control groups in favor of the experimental group in the dimension of self-satisfaction, through the development of a sense of self-worth, its components and importance, as well as the ability to set goals and methods of achieving them, as well as acquiring the skills of the ability to develop various solutions to problems and confront them, especially the problem of abuse in individuals. The experimental group through various therapeutic methods (technical scale - guidance of success - map of the mind - and encouragement) where these methods contributed to the children's perception of the fact of their existence in society and that each person in them has a variety of strengths that must be invested and benefited from to achieve future goals and not to be absorbed with the problems of the past, and the technical scale helped to achieve diverse progress in the level of children through continuous evaluations of children's opinions and their ability to put forward various solutions. And innovative problems, the most important of which is the problem of abuse in treatment by giving them motivational scores (from 0 – 10) during the application of the program, compared to members of the control group who still suffer from dissatisfaction with self-satisfaction, which confirms the effectiveness of solution-centered treatment in improving the level of self-esteem in children abused their treatment, and this is consistent with the results of the study of both (Abu Al-Saud, 2015) and the study (Hill, 2020), which found that the success of the techniques of solution-centered therapy in the self-esteem of students, as the scale technique contributed to making the level of progress made in the study sample tangible and visible to customers, making them more aware of the extent of progress achieved and urging them to make more effort to achieve more success.

General results of the research:

- The results found that the application of the professional intervention program with solution-centered therapy had an effective impact in improving the self-esteem of children who are abused through the contribution of therapeutic methods and various techniques such as normalizing the problem, mind maps, miraculous question and encouragement, by spreading a sense of hope, confidence and optimism in the hearts of children to urge them to make more effort to get rid of the problem of abuse they suffer from and cause them a low level of self-esteem, through Establishing a good relationship with children, as this led to interviews in an atmosphere of love, intimacy and frankness, and contributed to the researcher's more in-depth acquaintance with the nature of the

problems that children suffer from and cause them to have low self-esteem, and the foundations through which the researcher focused on the need to reveal the potential, abilities and psychological power inherent in Members of the experimental group, which helped to rebuild their self-confidence by employing this force in a proper way that contributes to resisting the problems they are exposed to and causing a decrease in their level of self-esteem, as well as continuous encouragement for children and attention to the positive changes shown by children, no matter how small, which led to urging children to do more to make further progress in the therapeutic program.

- The results of the research indicated the effectiveness of solution-centered treatment methods in developing a sense of personal competence for children who are treated with abuse, including the method of normalizing the problem and mind maps, as these therapeutic methods helped to reassure children that the problem of abuse they suffer from and contribute to low self-esteem for them is not a unique problem, but rather a general problem that can be overcome and faced, and the researcher has tried through these methods Rebuilding children's self-confidence by training them to develop appropriate solutions to this problem and apply them in dealing with their families, and this contributed to the development of their personal competence.
- The results of the research confirmed the effectiveness of solution-centered treatment methods in developing a sense of self-identity in children who are treated abusively, by helping them to realize their relationship with themselves as well as those around them, as well as their awareness of the meaning of culture, values, customs, traditions and positive behaviors in society, which should be possessed, as well as discovering the self-skills of each child in the group and working to develop them in a way that reflects positively on their achievement of their goals and the achievement of their various tasks.
- The results of the research also indicated the success of therapeutic techniques for solution-centered treatment in improving self-satisfaction in children who are treated by developing a sense of self-worth, components and importance, as well as the ability to set goals and methods of achieving them, as well as acquiring the skills of the ability to develop various solutions to problems and confront them, especially the problem of abuse, as well as the researcher to identify the view of the members of the experimental group about themselves more deeply, and how they will see their future if they get rid of the problem of abuse. The treatment they face, through the application of the technique (the miracle question) to urge children to think about their current situation to assess the extent of the impact of the problem on them, as well as to think about the benefits that may accrue to them if they get rid of the problem of abuse that causes low self-esteem, which urged them to adopt new ways to get rid of the problems that cause low self-esteem for them.

Research References:

- Abdel Aal, Amal Awad (2017), The role of building the self-esteem of the kindergarten child in his social interaction. Scientific Journal of the Faculty of Early Childhood Education , Faculty of Early Childhood Education , Mansoura University, (5) 1.
- Abdelaziz, Asma, (2021), The effectiveness of solution-based brief therapy in improving professional self-efficacy and reducing future professional anxiety among graduate students, Journal of Scientific Research in Education, (22) 3.
- Abdul Allah, Bakr Mohamed Saeed, (2016) Model of relationships between self-efficacy, self-regulation and self-esteem in the light of some demographic factors among university diploma students, research published in the Journal of Educational Sciences, (5), Imam Mohamed bin Saud Islamic University, Riyadh.
- Abu Al-Saud, Shadi Mohamed Al-Sayed, (2015), The effectiveness of a solution-centered abbreviated therapy program in improving the level of self-esteem among students with learning difficulties, Journal of Special Education, (11).
- Abu Al-Wafa, Naglaa Ibrahim, (2018), Psychometric characteristics of the self-esteem scale among secondary school students, research published in the Journal of the Faculty of Education, Aswan University.
- Abu Lamadi, Huda Abdel Khaleq (2015), Childhood abuse among primary school students and its relationship to depression and psychological security, Master's Thesis, Islamic University, Gaza.
- Alaoui, Moulay (2017), An article on self-esteem and school mental health, Journal of Arabic Childhood, Vol. (18) 7.
- Al-Badayeneh, Diab (2020), Child Abuse, The Forgotten Victim, Journal of Police Thought, Police Research Center, (11) 1, U.A.E..
- Al-Ghanami, Massad (2011), The effectiveness of solution-centered therapy in developing motivation to learn among juvenile delinquents, Master Thesis, Imam Mohamed bin Saud University.
- Al-Hajjaji, Abdul Allah & Al-Qarni, Mohamed bin Misfer, (2008), Contemporary therapeutic approaches to working with individuals and families, Riyadh, King Fahd National Library.
- Al-Madmour, Mohamed Al-Muslim, (2020), Child Abuse (Prevention and Treatment), 4th Edition, Oman, Dar Al-Jinan for Publishing.
- Amer, Tarek (2017), Orphan Care, Cairo, Dar Al-Ilm for Publishing.
- Belkasimi, Mohamed Al-Azhar & Lafkir, Ali, (2018), Child Abuse and Neglect: Effects and How to Prevent, research published in the Brahimi Journal for Humanities and Social Sciences, (2).
- Ben Abdel Allah, Saleh (2000), Child Abuse, research published in the annual scientific conference, Institute of Graduate Studies for Childhood, Ain Shams University.

- Cambridge University Press, (2021), Relationship Between Positive Childhood Experiences and Psychological Resilience in University Students: The Mediating Role of Self-Esteem,
- Deeb, Fatiha, (2014), The importance of self-esteem in the life of the individual, Journal of Humanities and Social Sciences, (17), Algeria.
- Elliot K and Woods J (٢٠٢١) Solution-focused approaches in adult mental health research: A conceptual literature review and narrative synthesis. This article was submitted to Social Psychiatry and Psychiatric Rehabilitation, a section of the journal Frontiers in Psychiatry.
- Fahmy, Shaima Mustafa & Hussein, Badawi Mohamed & Abu Al-Wafa, Abeer Ahmed, (2018), Child Abuse – Concept and Prevention Methods, research published in the Journal of Educational Sciences, Faculty of Education in Qena, (34).
- Farag, Hisham Abdel Hamid (2018), Child Abuse, Author, 4th Edition, Cairo.
- Farrag, Sanaa, (2014) Self-esteem scale for children, Cairo, Anglo-Egyptian Library.
- Hasran, Shaima & Bokaf, Rahma, (2021), Child abuse and its effects on psychological and social health, Master's Note, Faculty of Humanities and Social Sciences, 8 May University, Guelma Algeria.
- Hassan, Samia Jamal Ahmed. (2020). Solution-Centered Therapy from the Perspective of Individual Service , Scientific Journal of Social Work - Applied Studies and Research , (12) 1 .
- Hill, -Stephanie (2021), Partners for Protection A future direction for child protection, United Kingdom, Peer-Reviewed-Journal, Vol(14).
- Ibrahim, Follett Fouad & Suleiman, Abdel Rahman Sayed (2014), Studies in the Psychology of Growth, Cairo, 2nd Edition, Zahraa Al-Sharq Library.
- James M Lightfoot Jr, (2014), Solution Focused Therapy, International Journal of Scientific & Engineering Research, Volume 5, Issue 12, December.
- Jerome L, McNamee P, Abdel-Halim N, (2021) , Solution-focused approaches in adult mental health research: A conceptual literature review and narrative synthesis, National Library of Medicine.
- Lawrence, Anne, translation, Islah, Ola Ahmed Islah (2016): Principles of Child Protection "Management and Practice", 4th Edition, Cairo, Nile Group Arabic.
- Mansour, Talaat (2017) Self-concept scale for children in the middle and late childhood .stages, Cairo, Anglo-Egyptian Library
- Mullender, Audrey (2021) Groupwork as a response to a structural analysis of child abuse, United States, Peer-Reviewed-Journal, Vol (3).
- Nortje, E. (2016). Psychotherapists' Experiences of using the Sequentially Planned Integrative Counseling for Children Model. Master Thesis, College of Humanities, University of Free-State.

- Nouf M. Alotaibi, (2014), Perception a Proposal to the Role of Group Work Against Problems Arising from the Abuse of Children, Faculty of Social Work, University of Princess Noura Bent Abdulrahman, Saudi Arabia.
- Rashwan, Abdel Monsef, (2007), The effectiveness of solution-centered therapy in achieving social support for university students, the 20th International Scientific Conference for Social Work, Faculty of Social Work, Helwan University.
- Salama, Mamdouha Mohamed (2019), Psychological counseling from a developmental perspective, 6th Edition, Zagazig University Press.

Table No. (8)

Summary of the Professional Intervention Program

sub-goals	"topics and activities of a professional intervention program	Strategies	Techniques	Researcher roles	Participants	Duration or period	Time by the hour
<p>1- Helping the abused children who are members of the experimental group to understand the nature of their problems as well as discovering the strengths and weaknesses in their personalities.</p> <p>2- Helping the research sample to identify the goals they want to achieve and related to developing their self-esteem through (developing a sense of personal competence and various abilities - developing a sense of personal identity - developing a sense of self-satisfaction).</p>	<p>- Discover what the client wants instead of looking for what he does not want.</p> <p>- The therapist should not look for a diagnosis of the problem, but rather support the client to continue with what he can do and is already successful at.</p>	Knowing and discovering what the Client wants	Normalizing the problem - Reframing - Mind mapping - Miracle question - Success orientation - What next questions	Empathetic - Encouraging - Goal-Oriented - Persevering - Motivating	Researcher Social Workers	"the first month"	"from one and a half hours to two hours"
<p>3- Trying to help the research sample formulate a set of exceptions that can contribute to achieving the therapeutic goals related to the problem of abuse.</p> <p>4- Helping the study sample also to find and suggest solutions that contribute to developing their self-esteem on the one hand and confronting the problem of abuse on the other hand.</p>	<p>- Encourage the client to try something different and new, if he is used to doing something that does not produce good results.</p>	Determining the framework that matches the Client's personality type and repeating it	Normalizing the problem - Reframing - Mind mapping - Miracle question - Success orientation - What next questions	Empathetic - Encouraging - Goal-Oriented - Persevering - Motivating	Researcher Social Workers	Second month	From one and a half hours to two hours
<p>5- Helping clients recall positive behaviors that occur in their lives and working to enhance those behaviors in a way that reflects positively on their self-esteem.</p> <p>6- Continuously motivating and encouraging sample members to continue achieving goals and benefiting from the potential and environmental resources available in the community.</p>	<p>- The therapist should make therapy brief by approaching each session as if it were the last session with the client.</p>	Doing something different, especially in presenting ideas related to solving problems for Clients	Normalizing the problem - Reframing - Mind mapping - Miracle question - Success orientation - What next questions	Empathetic - Encouraging - Goal-Oriented - Persevering - Motivating	Researcher Social Workers	The third month	from one hour to one and a half hours per case