

Aggression and Depression among Orphanages resident Children

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Abstract:

Background: aggression and depression are common problems among children in orphanages. Occur in the form of disobedience, anger, verbal hostility and self blame, and affected on academic achievement, less concentration and cause withdrawal from society. **The aim** of these study aim was to assess aggression and depression among orphanages' resident children. **Sample & setting:** A descriptive cross sectional design was selected in carrying out this study on a sample of 97 orphan child residing 5 orphanages; Epnaty, Phagr El Eslam, El Safa. El Amal and Tahsin El Seha Shelters). **Tools:** the main tools used for data collection were; aggression scale and depression scale. **The results** of the present study revealed that 29.9% of orphans children had depressive symptoms and 35.1% had aggressive symptoms. Additionally, males had more depressive symptoms than females, while females had aggressive symptoms more prevalent than males. Physical aggression was recorded among 20.0% of orphans children having depression and a total aggression was recorded among 20.6% of orphans children having depression. **It can be concluded** that females orphans were more aggressive than males and male ones were more depressive than females. Increased aggression and depression among orphans was related to increase time spent in orphanage. The study **recommended** that health educational programs should be given to caregivers in orphanages and teachers regarding how to deal appropriately with those children.

Keywords: Orphanages, school age orphans, aggression, depression

Introduction:

Parents are, without doubt, the most important caregivers and attachment figures providing emotional support and consistent nurture to children. The relationship between caregivers, in particular parents, and their children is important in shaping subsequent development and personality. Losing a parent during childhood is a traumatic event that shapes child development beyond purely economic consequences. Above all, parental death can have a lasting effect on children's emotional status which, in turn, can keep them from studying or attending school altogether.⁽¹⁾

Children raised without an adequate primary caregiver can face numerous psychological challenges. Being raised in a state home can contribute to the inability of children to make smooth and harmonious life transitions. Orphaned children were shown to be less adequate in making decisions about lifestyle and life goals. They were also found to suffer from more anxiety and guilt related to personal actions and appeared to hold less realistic views about normal

parenting roles in general society. These attributes can lead to emotional disturbances and various psychiatric

disorders, most commonly stemming from feelings of abandonment or low inherent self esteem.⁽²⁾

Orphans were found to internalize behavior changes, such as depression, especially those between the ages of 6 and 12, anxiety, and decreased self-esteem, rather than to exhibit acting out or sociopath behavior such as stealing, truancy, aggression, and running away. Stigmatization, social isolation, dropping out of school, moving away from friends, and bearing an increased workload in the home all heighten the stress and trauma that accompanies the death of a parent.⁽³⁾

Every child without parental guidance carries a heavy burden of its own past and faces stigmatism and limitations in every aspect of life and children, who have recently lost a parent, have moved and lost contact with their homes and their brothers and sisters, may be very aggressive or disobedient out of grief or anger.⁽⁴⁾

The psychiatric and mental health nurses play an important role with orphans; that the nurse does not criticize the child's behavior. If the child feels that the nurse is being critical, the nurse is help may be refused. Giving the child plenty of opportunities to talk out his/her feelings and fears during the day with an understanding and caring adult. Reassure the child that he/she is loved and will be cared for and that his sadness will get better with time, also the nurse encourages lots of physical activity as this will help to relax the child, work out some of his/her feelings, and tire him/her out to sleep better.⁽⁵⁾

Significance of the study:

One of the most traumatic events a child can experience is the death of

the parent. The loss of a parent causes emotional distress and deprives the orphaned child of love, nurturing, values, information and discipline. In addition, any resulting reduction in income following a death of a parent and lack of care and attention introduced from orphanages could limit the household's ability to provide its children with material well-being. In this case, the loss of a parent can have long lasting implications for bereaved child's future, quality of life and livelihood, all these affect on mood and behavior of these children and cause aggression and depression. These problems make these children become burden and have destructive effect on the community and early detection of these problems, leads to early management and decrease its hazards and worse consequences on the community. Therefore this study was conducted to assess aggression and depression among orphan children.

Aim of the study:

The aim of this study was to assess aggression and depression among orphanages resident Children.

Research questions:

- Is aggression present among orphanage resident children at Dakahlia Governorate?
- Is depression present among orphanage resident children at Dakahlia Governorate?

Subjects and methods:

Research Design:

A descriptive cross sectional design was utilized in this study.

Setting:

The study was conducted at five orphanages in Dakahlia governorate (Epnaty, Phagr El Eslam and Tahsin Elseha ,Elamal & Elsafa shelters).

Sample:

97 children were selected from the previously mentioned settings according to the following inclusion criteria:

- Ages from 6 to 12 years (school age).
- Both sexes.
- Free from physical disability or chronic illness

Sample size:

The total population in the 5 orphanages equals 120 children at Dakahlia Governorate.⁽⁶⁾ The prevalence rate of depression ranged from 20-22% and prevalence rate of aggression ranged from 30-35%⁽⁷⁾, with a 95% level of significance and a 95% level of confidence (α error = 5%) and a study power of 80% (β error = 20%). Accordingly the estimated sample assuming 100 child.

Tools of data collection:

The data collected by three tools as following:

1. **Personal characteristics of orphan children structured interview schedule:** It was designed by the researcher to assess data related to the personal characteristics of orphan children. It includes: age, gender, level of education, and duration of stay in orphanage, causes of entering orphanage, presence of siblings, their number and location if present.
2. **Aggression scale:** This tool was originally constructed by Mounir (1983)⁽⁸⁾ to assess the aggressive behavior among children. It consists of 32 items divided into three subscales verbal, indirect and physical aggression. Each child was asked to answer with 'yes' or 'No'. Phrases are suitable for children from 6-12 years.

3. **Depression scale:** This tool was originally designed by Elbasiony (2006)⁽⁹⁾ to assess depression of children. This tool covers groups of depressive symptoms that include disturbance in mood, self esteem, behavior of children with others and effect of depression on education. It consists of 24 items, each consists of 3 responses (some times, most of time, not occur) for the children to choose between them.

Validity of the tools:

Validity of the tools was tested for the content validity by Jury of five experts in the field of psychiatric and mental health nursing and community health nursing.

Pilot study:

A pilot study was conducted on 10% of study sample to test the applicability and the feasibility of the data collection tools. Those who shared in the pilot study were excluded from the study sample.

Field work:

After obtaining permission from responsible authorities, the researcher started to approach targeted children who fulfilled the criteria, and explained the purpose of the study to them, to get their verbal consent to participate. Children were notified that they can withdraw at any stage of the research; also they were assured that the information obtained during the study will be confidential and used for the research purpose only. The children were met individually to assess their aggressive and depressive level. The researcher scheduled these meetings 3 days/week. The duration needed to assess each child took about from 45 to 60 minutes. Data collection took approximately a period of five

months, from middle of July 2011 to the end of December 2011.

Administrative and ethical Considerations:

After obtaining permission from responsible authorities, the researcher started to approach targeted children who fulfilled the criteria, and explained the purpose of the study to them, to get their verbal consent to participate. Children were notified that they can withdraw at any stage of the research; also they were assured that the information obtained during the study will be confidential and used for the research purpose only. Children were interviewed individually in the orphanages to ensure privacy and each participant was informed about having complete freedom to withdraw at any time from the study with out giving any reason. Total confidentiality of any obtained information was also ensured. Professional help was provided to children whenever needed.

Statistical design:

Data entry and statistical analysis were done using (SPSS) version 16.0. The statistical package for social sciences. Scoring of depression and aggression were done according to original tools guidelines. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviation for quantitative variables. Qualitative categorical variables were compared using Chi-square test. Whenever the expected values in one or more of the cells in 2*2 tables was less than 5, Fisher exact test was used instead. Pearson correlation analysis was used for assessment of the inter-relationship among quantitative variables, and spearman rank correlation for rank ones. Statistical significance was considered at $P\text{-value} < 0.05$.

Results:

Table (1): shows that regarding age slightly less than three fifths of study sample were younger than 10 years (59.8%) and the rest of study sample (40.2%) were 10 years or more, with mean and standard deviation equal 8.9 ± 2.0 . As for gender, less than three fifths of children were males (57.7%). Concerning number of siblings; the majority of orphans children have no siblings (87.6%) while orphan children who had one sibling were 8.2%. However, residence for around two fifths (41.7%) of siblings of orphan was unknown their sibling's places, while siblings in the same place and those in another places represented an equal percentage of 16.7%.

Table (2): shows details of orphanage admission among children in the study sample. Regarding duration in orphanage, about half orphan children (50.5%) reside orphanage from 5-<10 years and more than one third of orphan children (36.1%) reside orphanage from 10 years or more. Concerning age of admission, majority of orphan children (81.4%) entered orphanage at less than one year, with mean and standard deviation of 0.8 ± 1.9 . Meanwhile, the majority of children were of unknown parents (81.4%).

Table (3): demonstrates the prevalence of depression and aggressiveness symptoms among children in study sample. It is evident that depression was recorded among 29.9% of orphan children and about one third (35.1%) of orphans children were aggressive. Physical aggression constitutes 41.2% of orphan children, while verbal aggression represents 33.0% and indirect aggression accounted for 44.3%.

Table (4): shows the relation between depressive symptoms among children and their personal

characteristics. Concerning age, more than one fifth (22.4%) of orphan children were less than 10 years had depression and more than two fifths (41.0%) of orphans children had 10 years or more had depression symptoms with highly statistically significant difference ($P=0.049$). Regarding gender, males more depressed than female (33.9% & 24.4%) respectively. As for duration in orphanages, about one third (30.8%) of orphan children entered orphanage from less than five years were depressed also almost one quarter (24.5%) of orphans, children stayed at orphanage from five years to less than ten years had depression. Meanwhile age on admission to orphanage for less than half of children (44.4%) to whose age was one year or more had depression, while slightly more than one fourth of orphan children (26.6%) who entered orphanage on age less than one year had depression.

Table (5): displays the relation between total aggression symptoms among children and their personal characteristics. Concerning age, less than one half (46.2 %) of orphan children were have 10 years and more had aggression. Regarding gender, females more aggressive than males (41.5 % & 30.4%) respectively. As for duration in orphanages, about one fifth (23.1%) of orphan children entered orphanage from less than five years were aggressive also less than one half (42.9 %) of orphans, children stayed at orphanage more than ten years had aggression. Meanwhile age on admission to orphanage more than one third (38.9%) of orphan children entered orphanages on age one year and above had aggression.

Table (6): presents relation between depression and aggression symptoms among children. Physical aggression was recorded among 20.0%

of orphan children having depression. One quarter (25.0%) of orphan children had verbal aggression and had depression. Concerning indirect aggression, more ten years had depression. Meanwhile age on admission to orphanage for less than half of children (44.4%) to whose age was one year or more had depression, while slightly more than one fourth of orphan children (26.6%) who entered orphanage on age less than one year had depression.

Than one quarter (27.9%) of orphan children had indirect aggression and had depression. Total aggression was recorded among approximately one fifth (20.6%) of orphan children had depression.

Discussion:

Considering prevalence of depression among orphan children, the present study result showed that more than one fifth of orphans children had depression. This finding might be due to that children, considered orphanage as the closed and worse place which deprived them from love and security, they suffer from stigma and worry from view of the others and community to them. This result in congruent with Hasanovic et al.⁽⁷⁾ who found similar result. Additionally, On the other hand, Mutiso⁽¹⁰⁾ found on his research about "Common Psychological disorders among institutionalized children in rural and urban settings in Kenya" and mentioned higher prevalence of depression among orphans children.

As regards prevalence of aggression among orphan children, the current study result revealed that one third of orphan children had aggressive symptoms. This occurrence could be due to that the caregivers, in orphanages, are treating these children

with aggressive manner that reflected on children's behavior. This finding agrees with Azoulay⁽¹¹⁾ who in a study about "Study reveals health problems among orphans" found that double percent of current study were showed to have aggressive behavior. Concerning physical and indirect aggression, the present study finding revealed that, prevalence of indirect aggression exceeded that of physical aggression among orphans. This occurred due to fear of children from punishment of caregivers in orphanage because physical aggression is clear and visible to anyone and they not be able to cover it. On the same way, Ayash⁽¹²⁾ in study about " the effectiveness of programme to relieve of aggressive behavior among institutionalized children in Gaza" showed that orphan children had indirect aggression more than physical aggression

Regarding personal characteristics of orphan children, the current study result showed that the highest percentage of orphan children was males. On the same way, Farooqi, and Intezar⁽¹³⁾ studying the "Differences in self esteem of orphan children and children living with their parents" found that orphan males were higher than orphan females. On the contrary, Musisi⁽¹⁴⁾ found in a study about "A comparison of the behavioral and emotional disorders of primary school-going orphans and non-orphans in Uganda", his study revealed that the majority of orphan children were females.

Amazingly, the current study result revealed that the majority of orphan boys had more depressive symptoms than girls. These findings may be attributed to the fact that females generally gain sympathy and receive more nurturing, attention and care from others but male orphans feel

helplessness, loneliness and feeling of burden on society when excited from orphanage, putting them at a higher risk of depression.

On the same way, Ghosh⁽¹⁵⁾ found in study a about "Uganda: Orphaned boys at greater risk of depression" that orphaned boys have higher levels of depression than orphaned girls. These findings are similar to a study carried out in Tanta entitled "Study of Behavioral and Emotional Problems among Institutionalized Children"⁽¹⁶⁾ and with another study in Russia, about "Behavioral problems in children adopted from socially emotionally depriving orphanages".⁽¹⁷⁾

On the contrary, in Kenya, in study about "The prevalence of depressive symptoms among adolescents in Nairobi public secondary schools: Association with perceived maladaptive parental behavior" the study emphasized that the occurrence of depressive symptoms was higher in girls than it was in boys.⁽¹⁸⁾

Surprisingly, the present study showed that the majority of female orphans were more aggressive than male orphans. This is in fact because female need special care from others, but they lost it in orphanage and feel loneliness and isolated, so, they try to gain attention of others by aggressive behavior. This finding is congruent with Colderbank,⁽¹⁹⁾ in Amazon in a study about "Social support and behavioral outcomes among orphans". On the contrary, in England in study about "The Psychological Difficulties of orphans" revealed that males were more affected by aggression than females orphans.⁽²⁰⁾

As regards age, the current study revealed that the majority of

orphans who's their age more than 10 years, had aggressive and depressive symptoms and increase aggression and depression among orphans children that with increasing age. This was possibly due to that with increasing age, the children understand meaning of orphan hood and its consequences fear from stigma and view of their schoolmates to them who look to him as bad children and refuse to talk and play with them, and children in orphanages tend to feel helpless that they cannot fix the situation themselves. Helplessness often leads to other feelings of isolation, depression and loneliness. Additionally, with increase in age, the size of the problems of children increases to a degree that enables to cope and adapt to them, which makes children become sad and frustrated and express this sadness in form of aggressive behavior, that increases with sadness and inability to get rid off this stress.

On the same point, ElEbiary, et al.,⁽¹⁶⁾ mentioned that the majority of children had depressive symptoms in orphanages were in the age group above 10 years while minority of them were in the age group under 10 years. This finding is similar to that, Megan⁽²¹⁾ in Cambridge, in a study about " Behavior problems in post institutionalized internationally adopted children", and reported increase aggressive behavior with increase age of children.

On the contrary, the death of a parent before the age of 10 has more severe psychological consequences as depression and aggression than parental loss later in childhood or adolescence because older children and adolescents, might be more capable of coping with the associated psychological burden.⁽²²⁾

Concerning duration in orphanages, the current study revealed that aggression and depression increase among orphan children with increase duration in orphanage. This was possibly due to the severity of the orphanage environment also caregivers treating these children by aggressive way reflected on children's behavior and make them learned this behavior on their life and with others. As well, children in orphanages are exposed to abuse and are spoken to only harshly or are disciplined with frequent or harsh beatings; they can become depressive, aggressive and disobedient. Additionally, this occurs due to that children in orphanages suffer from neglect, orphan children are left alone most of the day without protection and with no one to talk to, and nothing to do, this causes frustration and then children may become depressed.

This result is similar to those achieved by Merz⁽¹⁷⁾ in Russia. On the same point Rutter et al.,⁽²³⁾ in study about " Testing hypotheses on specific environmental causal effects on behavior" found the same result .However Groza, and Ryan⁽²⁴⁾ in study about "Pre-adoption stress and its association with child behavior in domestic special needs, and international adoptions." found that the more time children spent in an orphanage the higher their rates of externalized behaviors as aggression and disobedient.

Concerning reasons for admission to orphanages, the present study result revealed that the majority of orphan children entered orphanages due to unknown parents. This may be due to the expense of marriage, the shortage affordable housing, decrease chance of work to youth and decrease income that help them to marry.

Similar findings were also reported by Zaki,⁽²⁵⁾ in Mansoura in a study about "Screening of psychiatric disorders among inhabitants of orphans homes and school children", who found that most of children in orphanages were the outcome of illegal pregnancy.

The current study result showed that the majority of orphans children having aggression and depression are those who entered orphanages because of divorce. This finding may be due to that they are worried and have anger, believing that their parents don't love them anymore and they feel abandoned, they feel powerless and helpless because they can't get their parents back together and their parents didn't return and sacrifice for them. As well, they experience conflicts of loyalty and may "act out" in some way that harm themselves and others and acquired negative behaviors. In addition to this could be attributed to the fact that children who entered orphanage related to divorce lived with their parent for a period of time, enjoyed that their love, warmth and care of their parent. As well as it is difficult situation to them to leave in orphanage while their parents were present, and divorce is new stress to them. However, for children of unknown parent, the orphanage considered the only place they leave and old situation to them therefore habituated to it and their parent already not existent. Surprisingly, most children believe that they are somehow responsible for the divorce and that they had to be removed from their mothers or fathers because they were not good enough. Children often believe this message subconsciously and it has a negative effect on their mood and behavior.

On the same way, Baykara,⁽²⁶⁾ in Turkey in his study about "Socio-demographic features and emotional-

behavioral problems in orphanage in Turkey." reported that orphan children enter orphanages because of divorce had depression more than those whose entrance was related to illegitimacy. Divorce is a painful and stressful event on children emotional state and causes feeling of sadness, loneliness, helplessness and depression.⁽²⁷⁾

Regarding age on admission, the present study result showed that orphan children who entered orphanage on age more than one year had higher aggression and depression than those who entered on age less than one year. Because children more than one year begin to realize differences that occurred in surrounding environment and observe differences in their mothers and unsteady faces and caregivers around them, these fear them and so they became anxious, depressive and aggressive. Additionally this occurs because of with increase age on admission, orphan child understand meaning of parents deprivation and fear from atmosphere of orphanage and considered it isolated and closed society.

This study finding is similar to that of study made by Simşek,⁽²⁸⁾ in Turkish orphanages about "Prevalence and predictors of emotional and behavioral problems reported by teachers among institutionally reared children and adolescents in Turkish orphanages compared with community controls" who mentioned that with old age on admission in orphanage, there is increase in occurrence of depressive symptoms.

This study finding is in agreement with that of MacLean,⁽²⁹⁾ about "The impact of institutionalization on child development." and suggested that children who enter orphanages after 12 months may be at increased risk of

later aggression higher than children who enter before age 12 months.

However, this result is in disagreement with Kreppner et al.,⁽³⁰⁾ in their study about "Normality and impairment following profound early institutional deprivation: A longitudinal follow-up into early adolescence." they reported that orphan children who enter orphanages with age more than 1 year had aggression equal to those whose entrance to orphanages was less than 1 year.

Conclusion:

Based on the findings of the present study, it can be concluded that:

Prevalence of depression was recorded among more than fifth of study sample and about one third of study sample were aggressive. Physical aggression constitutes two fifths of orphan children, while verbal aggression represents one third and indirect aggression accounted for less than one half of study sample.

Aggression was recorded among females more than males orphans and increases with age. Aggression increases among children with increased duration of residency in orphanages. Orphans entering orphanage from age one year and more had aggression more than children entering less than one year. Children of parent's divorce and death had aggression more than orphans from unknown parents.

Recommendations:

Based on the main study findings, the following recommendations are suggested:

- Health educational programs should be given to caregivers in orphanages and teachers regarding how to deal appropriately with those children.
- Further researches should be developed to address the orphan problems in the community, and enhancing social support services.
- Providing health educational programs to children to enhance self esteem and self confidence.
- Ministry of Social Affairs must establish rules to caregivers in caring for Orphan children appropriately and supervising them consciously.

Table (1): Distribution of personal characteristics of children in study sample (n=97)

Items	Frequency	Percent
Age (years):		
▪ <10	58	59.8
▪ 10+	39	40.2
Range	6.0-12.0	
Mean ±SD	8.9±2.0	
Gender:		
▪ Male	56	57.7
▪ Female	41	42.3
Have siblings:		
▪ No	85	87.6
▪ Yes	12	12.4
No. of siblings:		
▪ 0	85	87.6
▪ 1	8	8.2
▪ 2	2	2.1
▪ 3+	2	2.1
Siblings (n=12):		
▪ In same orphanage	2	16.7
▪ In another orphanage	2	16.7
▪ Live with relatives	3	25.0
▪ Not known	5	41.7

Table (2): Details of orphanage admission among children in study sample (n=97)

Items	Frequency	Percent
Duration of stay in orphanage (years):		
▪ <5	13	13.4
▪ 5-	49	50.5
▪ 10+	35	36.1
Range	1.0-12.0	
Mean±SD	8.1±2.8	
Age on admission (years):		
▪ <1	79	81.4
▪ 1+	18	18.6
Range	<1-8	
Mean±SD	0.8±1.9	
Reason for admission:		
▪ Father death	6	6.2
▪ Mother death	4	4.1
▪ Both parents death	3	3.1
▪ Unknown parents	79	81.4
▪ Divorced parents	5	5.2
Reason for admission:		
▪ Parents' divorce/ death	18	18.6
▪ Unknown parents	79	81.4

Table (3): Prevalence of depression and aggression among children in study sample (n=97).

Items	Frequency	Percent
Depressed:		
▪ No	68	70.1
▪ Yes	29	29.9
Aggressiveness:		
Physical:		
▪ No	57	58.8
▪ Yes	40	41.2
Verbal:		
▪ No	65	67.0
▪ Yes	32	33.0
Indirect:		
▪ No	54	55.7
▪ Yes	43	44.3
Total:		
▪ No	63	64.9
▪ Yes	34	35.1

Table (4): Relation between depression among children and their personal characteristics

Personal characteristics	Depression				X ² Test	p-value
	Absent		Present			
	No.	%	No.	%		
Age (years):						
▪ <10	45	77.6	13	22.4	3.85	0.049*
▪ 10+	23	59.0	16	41.0		
Gender:						
▪ Male	37	66.1	19	33.9	1.03	0.31
▪ Female	31	75.6	10	24.4		
Duration in orphanage (years):						
▪ <5	9	69.2	4	30.8	1.57	0.46
▪ 5-	37	75.5	12	24.5		
▪ 10+	22	62.9	13	37.1		
Age on admission (years):						
▪ <1	58	73.4	21	26.6	2.23	0.14
▪ 1+	10	55.6	8	44.4		
Reason for admission:						
▪ Parents' divorce/ death	10	55.6	8	44.4	2.23	0.14
▪ Unknown parents	58	73.4	21	26.6		
Have siblings:						
▪ No	60	70.6	25	29.4	Fisher	0.75
▪ Yes	8	66.7	4	33.3		

(*) Statistically significant at $p < 0.05$

Table (5): Relation between total aggression among children and their personnel characteristics

Personal characteristics	Total aggression				X ² Test	p-value
	Absent		Present			
	No.	%	No.	%		
Age (years):						
▪ <10	42	72.4	16	27.6	3.53	0.06
▪ 10+	21	53.8	18	46.2		
Gender:						
▪ Male	39	69.6	17	30.4	1.28	0.26
▪ Female	24	58.5	17	41.5		
Duration in orphanage (years):						
▪ <5	10	76.9	3	23.1	1.88	0.39
▪ 5-	33	67.3	16	32.7		
▪ 10+	20	57.1	15	42.9		
Age on admission (years):						
▪ <1	52	5.8	27	34.2	0.14	0.71
▪ 1+	11	61.1	7	38.9		
Reason for admission:						
▪ Parents' divorce/ death	11	61.1	7	38.9	0.14	0.71
▪ Unknown parents	52	65.8	27	34.2		
Have siblings:						
▪ No	56	65.9	29	34.1	Fisher	0.75
▪ Yes	7	58.3	5	41.7		

Table (6): Relation between depression and aggression among children

Item	Depression				X ² Test	p-value
	Absent		Present			
	No.	%	No.	%		
Physical aggression:	36	63.2	21	36.8		
▪ No						
▪ Yes	32	80.0	8	20.0	3.18	0.07
Verbal aggression:	44	67.7	21	32.3		
▪ No						
▪ Yes	24	75.0	8	25.0	0.55	0.46
Indirect aggression:	37	68.5	17	31.5		
▪ No						
▪ Yes	31	72.1	12	27.9	0.15	0.70
Total aggression:	41	65.1	22	34.9		
▪ No						
▪ Yes	27	79.4	7	20.6	2.16	0.14

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