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The effect of social skills training on reducing aggression and increasing the self-esteem of adolescent female under coverage of Welfare Hostel Centers in Tehran

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The purpose of this study was to determine the effectiveness of social skills training in reducing aggression and increasing the self-esteem of adolescent female under coverage of welfare centers in Tehran. In this research, the main hypothesis was that social skills training were effective in reducing general aggression (verbal and physical aggression) and increasing the self-esteem of adolescent under coverage of welfare centers in Tehran. Research method is experimental design with pretest and posttest design with control group. He data collection tool was GQ aggression questionnaire and Coopersmith's self-esteem questionnaire. The statistical population consisted of all adolescents aged 11 to 18 years old covered by Tehran's welfare hostel centers. The sample of the study consisted of 30 people who were selected by pre-test of AGQ aggression questionnaire and Cooper's self-esteem questionnaire. They were randomly divided into two experimental and control groups. The experimental group was exposed to social skills training during 12 sessions and each session according to the timetable of the UNICEF training suite, and the control group did not receive any training. The results indicated that social skills training did not reduce overall aggression and physical aggression and increase the self-esteem of adolescent girls, but this training significantly reduced the verbal aggression of these adolescents.

INTRODUCTION

The family is a primary social context for adolescents; therefore, it is an effective factor in the development of children and adolescents [1]. The institutional life of childless children is a fact that cannot be avoided at least for now. There are many of such centers in our society, and in essence, there is a problem in developing social skills. On the one hand, because of interactions with cultural institutions such as schools or administrative and economic institutions, some of them are employed, and on the other hand, because of interaction with ordinary people to buy or sell, these people are required to have the skills to take their right. At the same time, they respect the rights of others, express feelings, and accept criticism. Finally, they venture to say "No," and because of receiving positive feedback, their self-efficacy capabilities flourish. The issue does not end here as some of them have the opportunity to get married, experience a new life that is less similar to an institution's life. This situation is similar to the transformation of some organisms, which suddenly change their living conditions, but the main difference between these animal beings and such people is that this cycle is not the biological process of their growth while there are major stresses for such individuals. Accommodation with the environment and new conditions always requires adjustment on the part of the individual, and weakness has been considered as a participating factor in the occurrence of psychological illnesses. Therefore, such people find more talent for mental disorders [2, 40-42].

Abortive children form a small community in hostel centers. A community bace view is required for mental health and mental health promotion. The societal view of the last two decades of the twentieth century has been one of the prevailing preventive and health-promoting perspectives globally [3]. It seems that the social capacities of these children in the institute can be exploited and used socially in order to provide mental health and mental health promotion for children without caregiver, as a group vulnerable to harm. Mental health and mental health promotion are two of the most important issues in the field of psychology, both in the field of study and addressed by regional and international health organizations such as the World Health Organization (WHO). One of the strategies to promote mental health is education. Small people and communities can provide their own mental health and community when they are trained. One of the most important teachings that has been introduced in the last two decades for mental health and mental health promotion is life skills training, one of its skills being social skills [4, 43, 44]. Todor [5] believes that mental health is based on eight main elements, and considers mental health promotion to be the promotion of these eight elements. They are coping, managing stress, self-concept and identity, self-esteem, self-development, self-

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Autonomy, social change, and social support. Programs designed to promote mental health need to promote at least one of these eight elements [6].

Another important debate in recent years is the empowerment of individuals and communities. Empowerment was introduced in the 1990s. Eshraft describes empowerment as individual power that can exist in social and individual domains. Crisis defines empowerment so that people or groups can control their lives and their own destinies and decide for themselves. He emphasizes the importance of small communities. The Ottawa Charter was created on the agenda of the small communities in 1986 for promoting health. Finding ways to empower children without dependents is a must. The more powerful these children, the more successful they will be in facing future issues and problems. One way of empowering these children is to learn individual and social skills because these children have been deprived of many vital life experiences of family life and their learning has occurred in a less enriched environment. Learning life skills and social skills can affect their present and future lives [5]. At the same time, adolescence represents a period of profound change that separates a child from an adult. Adolescence is one of the most important stages of human development, which is associated with many stressful factors. This course really is about transformation. An adolescent is constantly changing, and is even faced with a big problem with her situation. If adolescence is being transformed and changed in the first place, but at the same time it is a period of formation and equipping to deal with the problems of life, issues that arise in the daily life of an adult community, but they must take on a definite situation [7]. On the one hand, these trainings have contributed to their mental health if they can empower them to communicate more appropriately with other people or can promote one of the eight elements of mental health [5]. On the other hand, no behavior is as important as aggression in social upbringing of children and adolescents, either in terms of their compatibility or in terms of their impact on society, and failure in education to control aggressive behavior can have serious consequences [8]. In the area of mental disorders, growth disorders that is, childhood and adolescence, are important in terms of the causality and growth mechanism. In the context of age disorders, aggressive behavior disorders are psychosocial, legal, and high prevalence status that have a major role and has always been one of the major factors in referring to mental health centers and counseling [9]. Therefore, the researcher tried to provide a scientific research by providing social skills training to reduce aggression and increase the self-esteem of female adolescents covered by Tehran's hostel centers.

THEORETICAL FOUNDATIONS

Social skills: According to Schlundt and Mcfall, social skills are a complex process that enables a person to behave in a way that others consider to be adequate. Skills are the ability to carry out targeted and successful behaviors [10]. In this research, subjects are transmitted to subjects using the UNICEF training suite.

Aggression: Aggressive behavior refers to damaging or injuring another being excited to avoid similar behaviors. Aggression implicitly intended to harm also implies that this intention must be deduced from the events occurring before and after the act of aggression, in some cases, in order to harm others, and express their disappointment in the event of failure to do so. Aggression is sometimes self-conscious, and in many cases self-consciously finds the shape of injuries or accidents. In this research, aggression is the degree to which a person gets an AGQ aggression questionnaire.

Physical aggression: it harms by damaging the body, such as pushing, beating, kicking others, destroying their property. In this research, physical aggression is a score that a person gains in the AGQ's physical Aggression Questionnaire.

Physical Verbal: It hurts others through threats of physical aggression, naming someone, or hostile humor. In this research, the verbal aggression is a score that a person receives in the AGQ verbal aggression questionnaire.

Self-esteem: The sense of value, the degree of approval, confirmation, acceptance, and value that a person feels towards himself, this feeling may or may not be comparable to others. In this research, self-esteem is a score that a person obtains in Cooper-smith's Self-Esteem Questionnaire. Peer acceptance and the ability to create and maintain close friendships with adolescents help promote social skills and social competence, increase self-esteem and prevent loneliness [11].

Group training: Group education and counseling is a series of organized activities conducted with a limited number of participants at a time, focusing on learning and maintaining cognitive skills to increase effective coping with problem-solving situations [12].

Hostel center: the purpose of hostel center is orphanage. The center is where unmarried children are kept. These children have no relationship with their parents, and usually parents are unknown to these children. The center is supported by government or popular organs and usually referred to centers from infancy and above. The center is run more often through child care providers who work part-time there. Its inhabitants may live together for many years even to adolescence [13].

Adolescents covered by welfare: All persons who are kept in various units of the nursery, day care centers, children's homes, etc. are kept for the purpose of supervision, education, and training [14].

Adolescence: An important period between childhood and adulthood [7]. In the early part of the century, Hall considered adolescence a time of intense "storm" and a period of extreme physical, intellectual, and emotional ability. Aristotle stated that adolescents were "passionate and fiery and ready to set themselves up with instincts".

RESEARCH LITERATURE

Fox and Bolton [15] conducted a research on the impact of social skills training on victims of aggression. To this end, 28 children (aged 9 to 11 years) selected; 15 subjects for the experimental group and 13 subjects for the control group. Then, they implemented social skills training program in the experimental group. To determine the members of the group, they assessed some social skills problem along with a number of psychosocial adaptations (depression, anxiety, and self-esteem) by personal report. The evaluations were carried out three times over a year. The results of the study showed that the sense of worthiness (self-esteem) in the experimental group was increased compared with the control group. They selected the control group and then performed the social skills training program in the experimental group. Elias [16] implemented social skills training programs for students with learning disabilities who had relationship problems. Three key skills in social and emotional skills were identified as the main source of this problem. Identifying emotions in oneself and others, adjusting and managing emotions and identifying the type and severity of the needs, researchers supported these links with learning disabilities and provided comprehensive interventions that were beneficial. Harmen et al. [17] points out that self-esteem reduces the unpleasantness of an event or assessed threat that often results in aggressive behaviors. Tes et al. [18] evaluated the effect of social skills training on a group of adolescents with Aspergro's autism syndrome. The parents of six groups of

adolescents (46 people, 61%, average age of 14.6%) completed the questionnaires immediately before and after educational interventions. The results showed that both social competencies and problematic behaviors associated with autism and asperger have been recovered. The effect was from 34 to 72. Parent reports stated that social skills improvement was also extended beyond the group's sessions. Miakovich et al. [19] conducted a research entitled "The Impact of Domestic Violence on the Psychological Symptoms of Children Who Have Been Exposed to Misbehavior in the Past". The statistical sample included children aged 5 years or older (n = 2,925) and the results showed that, according to children's reports, their external symptoms decreased from 16.1 in the baseline to 14.6%. Keller et al. [20] surveyed the female victims of domestic violence and concluded that 55.5% did not report any domestic violence, 28.9% reported domestic violence in the past year, and 15.6% domestic violence has been reported more than a year ago. In numerous comparisons, any confrontation with domestic violence has been accompanied by a higher rate of physical aggression, psychosocial aggression, and neuroticism. Rubin et al. [21] conducted a research aimed at investigating the effect of relatives care on the behavioral health of children who were raised away from their families. For this purpose, a sample of 50% of children initially cared for by relatives (first category) and 17% of children initially grown up by other caregivers and then by relatives (second category). The children of the first category compared with the children of the second category were slightly above the baseline in terms of behavioral health. (44% vs. 23%) and had less behavioral problems (33% versus 42%) and less than mental health services (42% versus 35%). Children with stable location and raised in family had their behavioral problems during 36 months of face control significantly lower than those who did not have stable location and who had grown up by other caregivers other than their relatives. (49% unstable, 24% fixed and P=7%). Comparison of behavioral health groups showed that 32% for children originally raised by their relatives and 39% for children who were later transferred to their relatives and 46% for children who were only provided by other caregivers other than their relatives (P =3%).

Honarmandzadeh [22] investigated the effectiveness of group positive affective intervention on psychological well-being, resilience, and happiness of derelict female adolescents. To this end, three centers were selected in a targeted sampling method from the maintenance centers of female adolescents in Isfahan province in the fall and winter of 2015 of which 30 persons who had the inclusion criteria who were randomly assigned to two experimental and control groups (each group 15 people). The results of multivariate covariance analysis indicated that psychological well-being, resilience and happiness increased in the experimental group compared to the control group. In addition, in the follow-up phase, this sustained effect. Therefore, positive intervention can be used to promote the psychological well-being, resilience, and happiness of derelict female adolescents [22].

Bahadori Jahromi et al. [23] studied the effect of social behaviors training on improving self-esteem and social skills of adolescents. This quasi-experimental study with pretest-posttest design and control group was selected by multi-stage random cluster sampling of 04 adolescent girls aged 40-41 years old and randomly assigned to one experimental group and one control group so that each group was 04 people. The results of this study showed the effect of social behaviors training program on self-esteem, social skills, and subscales in young adolescents.

Badie-Pour et al. (2016) examined the effect of psychological empowerment on reduction of mother-child conflicts in mothers of health care house in Tehran. The methodology used was a semi-experimental research with a pre-test post-test design with a control group. Of healthcare houses of 25 districts of Tehran, health care house of the North Afsarieh were selected. Using convenient sampling, all qualified mothers referring to healthcare house were tested for mother-child conflict; then 30 of the mothers who had the highest conflict with their children were selected as samples and assigned to experimental and control groups (each 15 participants) using placement. Data was analyzed using one-variable covariance analysis. The results showed that mental empowerment program reduced mother-child conflicts, reduced verbal aggression and physical aggression, and increased reasoning of mothers and their children (39).

Fathollah Zadeh et al., (2016) examined and determined the effectiveness of social skills training on adaptation and self-efficacy of high school female students. The study was a quasi-experimental research with experimental group, control group and pre-test, post-test, and two-month follow-up. The statistical population included 24383 high school students in district 2 of Isfahan Education Organization in the academic year of 2015-2016. First, Azadi High School, Shahid Vahifi 1 High School and Katibeh Hospital were clustered; then, four classes were selected from each high school; among them, 40 samples were selected randomly and assigned to experimental and control groups. Both groups completed the student adaptation scale of Sinha and Singh (2001) and general self-efficiency of Sherer, Maddox, Merrandent, Prentice-Dan, Jacobs, and Rogers (1982) before and after the training and 2 months after the training. For data analysis, repeated measurement ANOVA was used. The results showed that social skills training had an effect on adaptation ($F = 12.55$, $P = 0.001$) and significantly increased self-efficiency ($F = 0.66$, $P = 0.01$); this effect stayed stable in the follow-up. It can be concluded that social skills training is an effective way to improve adaptation and self-efficacy of adolescent girls (38).

RESEARCH METHODOLOGY

The method of this study, based on the subject and purpose, is experimental with pre-test and post-test design with two groups of control and test according to Table (1). The statistical population of this study includes all adolescents aged 11 to 18 years, covered by Tehran's hostel center. The statistical population of this study includes all adolescents aged 11 to 18 years, covered by Tehran's hostel center. The samples of this study were adolescent female covered by Tehran's hostel center. The sample size consists of 30 adolescents in 2 welfare centers in Tehran, 15 of them were in experimental group and 15 of them were included in another control group. To conduct this research, a list of girls in hostel centers in the age group of 11 years old in Tehran was first provided through the welfare department of Tehran. Then two centers (Anderszgou Center and Asieh Center) were randomly selected. Among the girls in these two centers, 30 people who scored high in aggression questionnaire and low in self-esteem and social skills questionnaires were selected as the sample size. They were randomly divided into two groups of 15 and assigned to experimental and control groups. To investigate the research hypotheses, statistical methods including descriptive statistics including mean, standard deviation, and inferential statistics methods including covariance analysis were used using SPSS software.

As shown in Table (1):

A. The level of aggression and self-esteem in both test and control groups was measured in the same conditions before the implementation of the independent variable.

B. The level of aggression and self-esteem is measured in both the test and control groups was measured under the same conditions and after the implementation of the independent variable.
C. Independent variable was applied to the test group. But this variable was not applied to the control group.

Table 1 Pre-test and post-test design with test and control group

Groups	pre-test	Social skills training	post-test
Test group	T1	X	T2
Control group	T1	-	T2

Hypotheses and Research Variables

Research hypotheses are

Main Hypotheses

Hypothesis 1: Social skills training increases the self-esteem of female students covered by hostel centers.

Hypothesis 2: Social skills training reduces the aggression of adolescent female covered by hostel centers.

Exclusive Hypotheses

Hypothesis 1: Social skills training reduces the verbal aggression of adolescent female covered by hostel centers.

Hypothesis 2: Social skills training reduces the physical aggression of adolescent female covered by hostel centers.

The variables studied in this study are,

Independent variable: In this study, an independent variable of social skills training that was assessed during 12 sessions, 2 times a week, in accordance with the schedule of UNICEF curriculum for reducing aggression and increasing self-esteem of girls adolescents covered by hostel centers of well-being department in Tehran.

Dependent variables: In this research, the dependent variable is the total score and scores of the subscales of aggression and verbal and physical aggression questionnaire (AGQ) and Cooper Smith's total Self-Esteem score.

FINDINGS OF THE RESEARCH

Description of the data

Table 2 presents descriptive data including mean, standard deviation of scores. Based on the information in Table (2) on the distribution of the scores of the subjects in the test and control groups in the variables such as self-esteem, aggression, verbal aggression and physical aggression in the pre-test and post-test stages, parametric tests can be used to test the research hypotheses.

Data analysis

The purpose of this study was to compare the performance of the subjects in the test group with the performance of the control group in the verbal, physical, and self-esteem variables after performing the independent variable on the test group. Therefore, the covariance analysis method is used to test the hypotheses proposed as the most appropriate method. One of the main conditions for using the covariance test is that there is a uniform condition for the variances, so after entering the data into the computer, SPSS software tested the same variance test. The results of the Leven test for identical analysis of variances show that the variance of all four dependent variables in the studied groups is statistically the same, because the significance level calculated is greater than 0.05 (Table 2). Therefore, the necessary condition for the implementation of the covariance test is established. After ensuring that the variables of the studied variables were identical, a covariance program was implemented. Comparison of the performance of the subjects in the test and control groups in the post-test variables including verbal aggression, physical, and aggression (total score) and self-esteem were performed separately using one-way plan between the subjects. First, the regression homogeneity was analyzed by the following calculations. Each group included 15 people.

First hypothesis: Social skills training increases self-esteem

As can be seen in Table (3), the probability of confirming the null hypothesis for comparison of the performance of the test and control groups in the pre-test of the variable of the self-esteem is greater than 0.05 (sig = 427). Therefore, it can be concluded that the homogeneity hypothesis of regression slopes is confirmed. To better understand this issue, the scatter plot was drawn between the pre-test and post-test scores (dependent variable).

The scatter plot of Figure 1 shows that there is a linear relationship between two variables. Also, the slope of the regression lines is also approximately parallel. In addition to the form of the scatter plot and analysis that was carried out previously and showed that the homogeneous hypothesis of regressions is not rejected, covariance analysis can be done. In addition, the squared values of R represent the degree and severity of the relationship between the dependent variable scores and the pre-test scores.

As can be seen in Table (4), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test is greater than 0.05 (F=3/0296 sig= 0.081). In other words, the factor does not have a significant effect on the two groups after modifying the pre-test scores. Therefore, it can be concluded that there is not a significant difference between the performances of the two groups in post-test of the variables of the self-esteem. Finally, according to the evidence gathered in this study, it can be concluded that in general, teaching social skills does not increase self-esteem.

Second main hypothesis: Social skill training reduces aggression

As can be seen in Table (5), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test is greater than 0.05 (sig= 0.982). Therefore, it can be concluded that the homogeneity hypothesis of regression slopes is confirmed. To better understand this issue, the scatter plot was drawn between the pre-test and post-test scores (dependent variable).

The scatter plot of Figure 3 shows that there is a linear relationship between two variables. Also, the slope of the regression lines is also approximately parallel. In addition to the form of the scatter plot and analysis that was carried out previously and showed that the homogeneous hypothesis of regressions is not rejected, covariance analysis can be done. In addition, the squared values of R represent the degree and severity of the relationship between the dependent variable scores and the pre-test scores.

As can be seen in Table (6), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test is greater than 0.05 (sig= 0.135). In other words, the factor does not have a significant effect on the two groups after modifying the pre-test scores. Therefore, it can be concluded that there is not a significant difference between the performances of the two groups in post-test of the variables of the aggression. Finally, according to the evidence gathered in this study, it can be concluded that in general, teaching social skills does not increase aggression.

Table 2 Descriptive indicators of the scores of subjects in test and control groups in variables

Variables	Groups		Mean	Standard deviation	Equivalence test for variances (Leven)	P
Self-esteem	pre-test	Test	20.25	54.2	296.2	0.141
		Control	27.00	1.77		
	post-test	Test	66.32	54.4	296.2	0.141
		Control	30.06	3.82		
Aggression	pre-test	Test	51	32.4	33.4	0.052
		Control	49.86	3.62		
	post-test	Test	20.43	34.9	33.4	0.052
		Control	47.33	3.45		
Verbal Aggression	pre-test	Test	80.11	27.3	680.0	0.797
		Control	10.8	1.33		
	post-test	Test	53.8	76.1	680.0	0.797
		Control	10.93	1.57		
Physical Aggression	pre-test	Test	80.9	48.2	055.0	0.816
		Control	10.13	3.22		
	post-test	Test	26.8	96.2	055.0	0.816
		Control	10.46	2.85		

Table 3 Results of tests of effects among subjects (dependent variable: self-esteem)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	P
Groups	681.16	1	681.16	916.0	347.0
Pretest	602.15	1	602.15	856.0	363.0
Groups * Pre-test	12.030	1	12.030	0.660	0.427
Error	473.635	26	18.217		

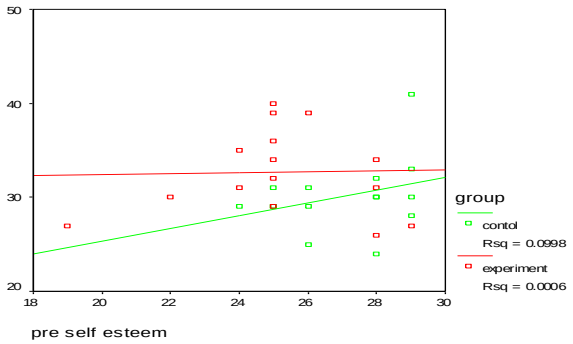

Figure 1 The scatter plot of the relationship between pre-test and post-test scores (dependent variable: self-esteem)

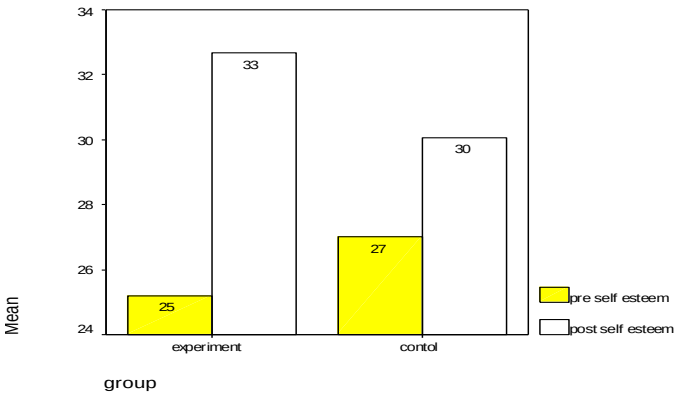

Figure 2 Composite column chart of distribution of mean scores of self-esteem in two groups in post-test and post-test

Table 4 Results of the tests of the effects between the subjects (dependent variable: self-esteem)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	P	Ita square
Pretest	601.8	1	601.8	478.0	495.0	017.0
Groups	294.59	1	294.59	296.3	081.0	109.0
Error	665.485	27	988.17			

Table 5 Results of tests of effects between subjects (dependent variable: aggression)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	P
Groups	1.007	1	1.007	0.019	0.892
Pretest	1.248	1	1.248	0.023	0.880
Groups * Pre-test	027.0	1	027.0	001.0	982.0
Error	**485.1388**	**26**	**403.53**		

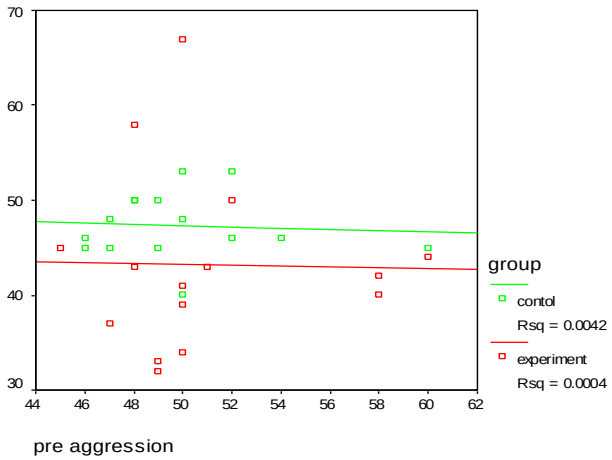

Figure 3 The scatter plot of the relationship between pre-test and post-test scores (dependent variable: aggression)

Table 6 Results of tests of effects between subjects (dependent variable: aggression)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	P	Ita square
Pretest	1.221	1	1.221	0.024	0.897	0.001
Groups	121.848	1	121.848	2.369	0.135	0.081
Error	1388.512	27				

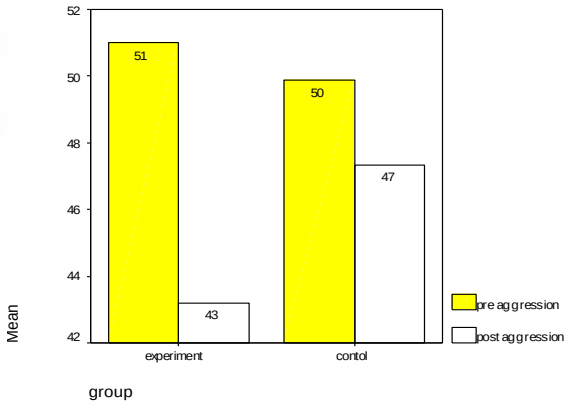

Figure 4 Composite column chart of distribution of mean scores of aggression in two groups in post-test and post-test

Table 7 Results of tests of effects among subjects (dependent variable: verbal aggression**)**

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	p
Groups	11.325	1	11.325	3.928	0.058
Pretest	0.290	1	0.290	0.101	0.754
Groups * Pre-test	3.689	1	3.689	1.279	0.268
Error	74.969	26	2.883		

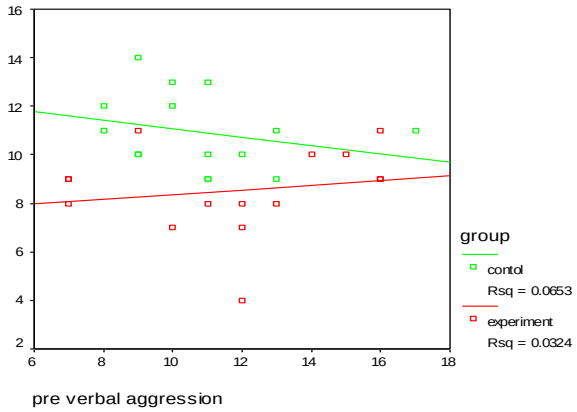

Figure 5 The scatter plot of the relationship between pre-test and post-test scores (dependent variable: verbal aggression)

Table 8 Results of tests of effects among subjects (dependent variable: verbal aggression)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	P	Ita square
Pretest	0.009	1	0.009	0.003	0.957	0.000
Groups	42.033	1	42.033	14.428	0.001	0.348
Error	78.658	27				

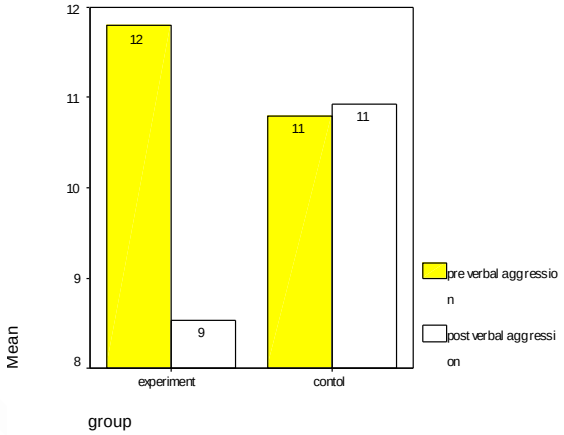

Figure 6 Composite column chart of distribution of mean scores of verbal aggression in two groups in post-test and post-test

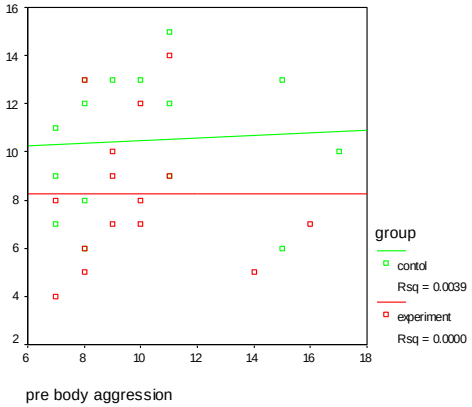

Figure 7 The scatter plot of the relationship between pre-test and post-test scores (dependent variable: physical aggression)

Table 7 Results of tests of effects among subjects (dependent variable: physical aggression)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	p
Groups	1.340	1	1.340	0.148	0.704
Pretest	0.153	1	0.153	0.017	0.898

Groups * Pre-test	0.180	1	0.180	0.020	0.889
Error	236.220	26	9.085		

Table 8 Results of tests of effects among subjects (dependent variable: physical aggression)

Change resources	Sum of squares	Degrees of freedom	Mean Square	F	P	Ita square
Pretest	0.267	1	0.267	0.030	0.863	0.001
Groups	35.800	1	35.800	4.089	0.053	0.132
Error	236.400	27	8.756			

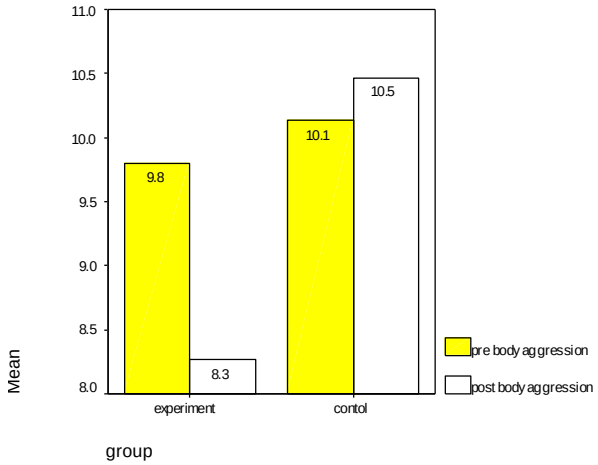

Figure 8 Composite column chart of distribution of mean scores of physical aggression in two groups in post-test and post-test

First Exclusive Hypothesis: Social skill training reduces verbal aggression

As can be seen in Table (7), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test of the verbal aggression variable is greater than 0.05 (sig= 0.268). Therefore, it can be concluded that the homogeneity hypothesis of regression slopes is confirmed. To better understand this issue, the scatter plot was drawn between the pre-test and post-test scores (dependent variable).

The scatter plot of Figure 5 shows that there is a linear relationship between two variables. Also, the slope of the regression lines is also approximately parallel. In addition to the form of the scatter plot and analysis that was carried out previously and showed that the homogeneous hypothesis of regressions is not rejected, covariance analysis can be done. In addition, the squared values of R represent the degree and severity of the relationship between the dependent variable scores and the pre-test scores.

As can be seen in Table (8), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test of the verbal aggression variable is greater than 0.05 (P <0.001, F = 14.242). In other words, the factor has a significant effect on the two groups after modifying the pre-test scores. Therefore, it can be concluded that there is a significant difference between the performances of the two groups in the post-test of the verbal aggression variable. The last column of this table, i.e., the ita square, shows the coefficient of explanation. It is noticeable that about 35% (0.348) of variance of verbal aggression is explained by independent variable i.e. social skills training. Finally, according to the evidence gathered in this study, it can be concluded that in general, social skills training leads to a reduction in the verbal aggression.

Second Exclusive Hypothesis: Social skill training reduces physical aggression

As can be seen in Table (9), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test of the physical aggression variable is greater than 0.05 (sig= 0.889). Therefore, it can be concluded that the homogeneity hypothesis of regression slopes is confirmed. To better understand this issue, the scatter plot was drawn between the pre-test and post-test scores (dependent variable).

The scatter plot of Figure 7 shows that there is a linear relationship between two variables. Also, the slope of the regression lines is also approximately parallel. In addition to the form of the scatter plot and analysis that was carried out previously and showed that the homogeneous hypothesis of regressions is not rejected, covariance analysis can be done. In addition, the squared values of R represent the degree and severity of the relationship between the dependent variable scores and the pre-test scores.

As can be seen in Table (8), the probability of confirming the null hypothesis for the comparison of the performance of the test and control groups in the post-test of the physical aggression variable is greater than 0.05 (F = 4.089, sig=0.053). In other words, the factor does not have a significant effect on the two groups after modifying the pre-test scores. Therefore, it can be concluded that there is not a significant difference between the performances of the two groups in the post-test of the physical aggression variable. Finally, according to the evidence gathered in this study, it can be concluded that in general, social skills training does not reduce physical aggression.

CONCLUSION

The first main hypothesis - Social skills training increases the self-esteem of adolescent girls covered by hostel centers

According to the evidence gathered in this study, it can be concluded that social skills training has not increased the self-esteem of adolescent girl covered by hostel centers.

The results of this study were inconsistent with Brighton [24], Brudworth, Wiesberg, Zinson and Waalberg [25], Pick et al. [26], and the results of Tabataba'i [14], Araste et al. [27], Hemmati [28], and And Abortabi Kashani [29]. Also, the results of Siddiqi [30] showed that the cognitive-behavioral training is not effective in increasing self-esteem and social adjustment in students. Zargerian [31] also evaluated the least statistically significant effect on self-esteem and adolescent's personal qualities in the study "Effectiveness of problem solving skills training on personality characteristics of adolescents covered by hostel houses", which is consistent with the results of this research.

The second main hypothesis - Social skills training reduces the aggression of adolescent girls covered by hostel centers

According to the evidence gathered in this research, it can be concluded that social skills training has not reduced the aggression of adolescent girls covered by hostel centers. The results of this study were inconsistent with Corrigan and Lieberman [32], Pepeler et al. [33], Briton [24], the results of Froudeudin Adl [34], Tabataba'i [14], Hemmati [28], and Abotrabi [29]. They conducted five studies at elementary schools, and their common objectives included improving social skills, solving social problems, and developing community-friendly behaviors to reduce anger and violence. All five studies reported positive effects on behavior, but most of these results were both negligible in terms of clinical significance and in terms of statistical validity, and the extent and severity of the effect of intervention decreased over time (Carroll and Millbern, 1984, quoting Khatibi, 2007). The study is consistent with Anastasio (1996) and Kirk (1975) in which the effect of social skills training in the experimental group between the ages of 18 years old and older was significantly higher than that of the under 18 years old [35].

First exclusive hypothesis - Social skills training reduces the verbal aggression of adolescent girls covered by hostel centers

According to the results, it can be concluded that social skills training has led to a reduction in the verbal aggression of adolescent girls covered by hostel centers. The results of this study are consistent with the results of the study by Corrigan and Lieberman [32] and Pepler et al. [33], Froudeudin Adl [34], Almasian [36], and Vahidi et al. [37]. According to the conducted studies, psychosocial problems in people cause their social incompatibility, and social skills training positively affect their views on the issues around them. So that they can show social compatibility in interacting with others or in disadvantaged situations. One of the reasons for the effect of training is that people with social incompatibilities have intrusive habits because they have learned to incorrectly engage in social interactions. They react to aggressive behavior or passive behavior in dealing with others if they are in trouble. The recipients of these trainings (social skills) learn from the course of their education due to their unwanted and abnormal behavior and learn ways to cope with them. Indeed, these skills enable them to know what to say (proper expression of anger), how to make good choices and how to behave in different situations.

Second exclusive hypothesis - Social skills training reduces the verbal physical of adolescent girls covered by hostel centers

According to the results, it can be concluded that social skills training has not reduced the physical aggression of adolescent girls covered by hostel centers. The results of this study were inconsistent with Corrigan and Lieberman [32], Pepler et al. [33] and the results of Froudeudin Adl's research [34], Almazian [36], and Vahidi et al. [37]. They conducted five studies at elementary schools, and their common objectives included improving social skills, solving social problems, and developing community-friendly behaviors to reduce anger and violence. All five studies reported positive effects on behavior, but most of these results were both negligible in terms of clinical significance and in terms of statistical validity, and the extent and severity of the effect of intervention decreased over time [35]. The study is consistent with Anastasio (1996) and Kirk (1975) in which the effect of social skills training in the experimental group between the ages of 18 years old and older was significantly higher than that of the under 18 years old [35].

The lack of confirmation of the main hypotheses and second sub hypothesis is probably due to the fact that the process of social skills training has been intensively carried out on this group was not enough to reduce physical aggression and increase the group's self-esteem due to their root problems. The reduction of physical aggression and increased self-esteem require a deeper change compared with the reduction of verbal aggression. Also, the lack of reinforcement of the practices learned in hostel centers, the disability phenomenon learned, the limited freedom of action, and the limited vocabulary of subjects are other reasons. Probably the effectiveness of social skills training is more cognitive than behavioral. That is, they cognitively change their attitudes toward social skills, but they do not express it directly and explicitly (Ethical Code: IR.IAU.REC.1132070188102).

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