The Effectiveness of Assertiveness Skills Training on the Self-Esteem of 14-Year-Old At-Risk Girls in Pishva County

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ABSTRACT

This study aimed to investigate the effectiveness of assertiveness skills training on enhancing emotional, social, academic, and general self-esteem among 14-year-old at-risk girls in Pishva County. The research employed a quasi-experimental design with a pretest-posttest control group. A total of 76 female students aged 14, enrolled in public middle schools in Pishva County during the 2024–2025 academic year, were randomly selected and assigned to either the experimental (n=38) or control (n=38) group. The experimental group received assertiveness training over six structured sessions, each lasting three hours. The control group received no intervention during the study period. Self-esteem was measured using the Coopersmith Self-Esteem Inventory, which assesses emotional, social, academic, and general dimensions. Data were analyzed using univariate analysis of covariance (ANCOVA) and SPSS version 16, with a significance threshold of $\alpha = 0.05$. After controlling for pretest scores, ANCOVA results revealed statistically significant differences between the experimental and control groups across all dimensions of self-esteem. Emotional self-esteem showed a significant improvement in the experimental group ($F = 6.698$, $p = .012$), as did social self-esteem ($F = 4.712$, $p = .033$), academic self-esteem ($F = 4.033$, $p = .048$), and general self-esteem ($F = 4.927$, $p = .029$). The total self-esteem score also demonstrated a highly significant increase ($F = 14.738$, $p < .001$), indicating the overall efficacy of the assertiveness training. The findings support the conclusion that assertiveness training is an effective intervention for improving multiple facets of self-esteem in adolescent girls at risk. The intervention offers a valuable approach for educational and psychological settings aiming to empower youth in high-stress environments.

Keywords: Assertiveness training; Self-esteem; Emotional self-esteem; Adolescent girls; Psychological intervention; At-risk youth

Introduction

Adolescence is a critical developmental stage marked by significant psychological, emotional, and social transformations that can shape the trajectory of individual well-being and adjustment. For adolescent girls, particularly those exposed to high-risk environments, these changes can pose serious threats to their emotional security, self-image, and psychosocial development. Among the many psychological constructs

implicated in adolescent mental health, self-esteem plays a central role, serving as a protective factor against internalizing and externalizing problems and as a predictor of academic, interpersonal, and emotional outcomes (1, 2). Adolescents with high self-esteem are more likely to experience psychological resilience, stable peer relationships, and better academic performance, while low self-esteem is associated with anxiety, depression, social withdrawal, and vulnerability to peer pressure and risky behaviors (3, 4).

Assertiveness, a social skill involving the expression of one's thoughts, emotions, and rights in a direct, honest, and respectful manner, has been identified as a powerful contributor to the development of self-esteem in adolescents. Assertiveness enables individuals to set boundaries, resist social pressures, and communicate effectively, all of which are essential for building a stable and positive self-concept (5, 6). Assertiveness training has increasingly gained traction in psychological and educational interventions due to its demonstrated effectiveness in enhancing emotional regulation, interpersonal competence, and psychological well-being (7, 8). Adolescents who acquire assertive communication skills are better equipped to navigate complex social environments, resist negative peer influences, and reduce anxiety in interpersonal contexts (9, 10).

The relevance of assertiveness training is particularly heightened among girls in high-risk environments who may lack secure family attachments, face community instability, or experience educational marginalization. These adolescents often struggle with inhibited self-expression, heightened social anxiety, and limited psychosocial resources, which can erode their self-worth over time (11). Several studies have highlighted the role of assertiveness in empowering vulnerable youth. For instance, Abdolghaderi et al. (2021) found that assertiveness training significantly reduced social anxiety and improved coping strategies among female high school students at risk of psychological distress. Similarly, Ahmadi et al. (2021) reported that assertiveness and emotion regulation training enhanced resilience and mitigated clinical symptoms in students with generalized anxiety disorder.

The theoretical foundation for the effectiveness of assertiveness training in promoting self-esteem can be traced to Bandura's social learning theory and cognitive-behavioral models, which emphasize the role of learned behavior and cognitive restructuring in shaping self-perceptions and adaptive functioning. Through structured practice and feedback, assertiveness training helps individuals replace maladaptive communication patterns with confident and respectful self-expression, thereby reinforcing self-efficacy and internal validation (4, 5). Research also suggests that adolescents who master assertiveness skills are less likely to experience role confusion, emotional suppression, or identity-based conflicts, which are common during the formative years of adolescence (12).

Empirical support for the impact of assertiveness training on self-esteem has been consistently documented in various populations and settings. For example, Golshiri et al. (2022) demonstrated that problem-solving combined with assertiveness training significantly improved the self-esteem and mental health of female adolescents in a randomized clinical trial. In another study, Ebrahem et al. (2022) observed that life skills training, including assertiveness, led to notable improvements in assertiveness and reductions in aggressive behavior and self-derogation among individuals with substance use disorders. The findings of Kim and Jang (2019) further reinforce this evidence, showing that assertiveness training decreased internalized stigma and enhanced self-esteem in individuals with schizophrenia, underscoring the intervention's versatility across clinical and educational domains.

From a developmental perspective, adolescence is also a time when individuals are especially sensitive to peer feedback and social acceptance, making social self-esteem a particularly vulnerable yet crucial component of psychological health. Assertiveness training addresses this by enabling adolescents to articulate their thoughts and emotions clearly and to defend their rights without infringing on others', thereby promoting social competence and peer acceptance (13, 14). In contexts where cultural norms may restrict expressive behavior, particularly for girls, assertiveness training serves not only as a psychological tool but also as a means of social empowerment (15).

Despite the wealth of research supporting assertiveness training, relatively few studies have focused specifically on adolescent girls in high-risk communities within the Iranian context. The sociocultural dynamics of Iran, including collectivist family structures, gender-based behavioral expectations, and educational disparities, can amplify the psychosocial challenges faced by girls in such environments (16, 17). Therefore, implementing and evaluating assertiveness-based interventions in this population is critical to informing culturally responsive and evidence-based practices in mental health promotion.

Moreover, the specific components of self-esteem—emotional, social, academic, and general—are all susceptible to enhancement through assertiveness. Emotional self-esteem pertains to how individuals regulate and evaluate their emotional experiences. Assertiveness training fosters emotional awareness and self-expression, thereby improving emotional regulation and reducing internalized negative affect. Social self-esteem, which reflects one's confidence in interpersonal settings, is directly strengthened through assertive behavior that facilitates peer engagement and conflict resolution (1). Academic self-esteem, linked to perceived competence and achievement in school, can also benefit as assertive students are more likely to seek help, express academic needs, and actively participate in the learning environment (12).

In addition, general self-esteem integrates across all these domains and represents an overarching sense of self-worth. Programs that target general assertiveness indirectly promote this global self-perception by instilling confidence, autonomy, and communicative effectiveness. This integrated impact has been observed in multiple studies. For instance, Üstün and Küçük (2020) found that assertiveness training in individuals with schizophrenia led to functional remission and heightened assertiveness, ultimately boosting self-worth. Similarly, Shafiei Darb Asiyabi and Rahmati (2012) reported that problem-solving and assertiveness training reduced somatic symptoms in individuals with irritable bowel syndrome, demonstrating the psychosomatic benefits of assertiveness-based interventions.

Given this strong theoretical and empirical foundation, the present study was conducted to evaluate the effectiveness of assertiveness skills training on self-esteem in 14-year-old at-risk girls in Pishva County.

Methods and Materials

Study Design and Participants

This study was conducted to examine the effectiveness of assertiveness skills training on the self-esteem of 14-year-old at-risk girls in Pishva County. The research followed a quasi-experimental design with a pretest-posttest control group. The study was conducted in the second semester of the 2024–2025 academic year. The geographical scope of the research included all public middle schools for girls in Pishva, from which one school was randomly selected. Then, from among the newly admitted 14-year-old female students in both shifts of that school, a total of 76 participants were selected using simple random sampling. These

participants were randomly assigned to either the experimental or control group, with 38 students in each group.

Only the students in the experimental group received the assertiveness skills training intervention, while those in the control group did not receive any training during the intervention period. Before beginning the sessions, all participants in the experimental group were informed about the importance and purpose of the training and were asked to provide written consent to attend all sessions. The training was implemented over six structured sessions, each lasting three hours with a fifteen-minute break, conducted in the form of focused group discussions and team activities. At the end of the training period, both experimental and control groups completed the posttest simultaneously. In total, the educational program included eight sessions: one introductory session (including orientation, workshop objectives, and pretest administration), six sessions focused on assertiveness training, and one final session for program evaluation and posttest administration.

Data Collection

To measure the variable of self-esteem, the study utilized the Cooper-Smith Self-Esteem Inventory (CSEI), originally developed by Stanley Coopersmith in 1975, based on a revision of the Roger and Dymond scale (1945). The CSEI consists of 58 items, including 8 lie scale items, and measures four subscales: general self-esteem, social self-esteem (peer-related), family self-esteem (parent-related), and academic self-esteem (school-related).

This instrument has been widely validated. Coopersmith and colleagues (1967) reported test-retest reliability of 88% after five weeks and 70% after three years. Factor analysis has confirmed that the items measure distinct aspects of self-esteem. In the Iranian context, Shokri and Nisi (1993) reported a test-retest reliability of 90% for girls and 92% for boys in a study on high school students in Najafabad. Allameh (2005) reported a split-half reliability of 83% and Cronbach's alpha of 84%. Pourshafie (1992) obtained a reliability of 83% using the odd-even method, while Golbargi (1994) and Najabaei (1995) reported reliability coefficients of 0.80 and 0.84, respectively, using Cronbach's alpha.

Intervention

The intervention was based on the standard Acceptance and Commitment Therapy (ACT) protocol and was delivered over eight weekly sessions, each lasting approximately 90 minutes, conducted in a group format. The first session introduced the therapeutic framework, established group rules, and clarified the goals of ACT, emphasizing the distinction between pain and suffering and the importance of psychological flexibility. In the second session, participants explored the concept of experiential avoidance and its consequences, identifying personal patterns of avoidance and discussing how these patterns interfere with value-based living. The third session focused on cognitive defusion techniques, teaching participants to observe their thoughts without attachment or judgment, using metaphors, mindfulness exercises, and repetition strategies. In the fourth session, the concept of self-as-context was introduced to help participants develop a more flexible sense of self and to distinguish between the observing self and the content of their thoughts. The fifth session concentrated on values clarification, guiding participants to identify deeply held personal values across different life domains and reflecting on how their actions align or misalign with these

values. The sixth session emphasized committed action, encouraging participants to set realistic, value-consistent goals and develop action plans despite internal obstacles such as fear or doubt. The seventh session provided integrated practice of all core ACT processes through experiential exercises and group sharing, reinforcing psychological flexibility and adaptive coping. The final session focused on relapse prevention, reviewing key concepts, celebrating progress, and equipping participants with personalized strategies for maintaining change, including the use of mindfulness and value-based goal setting in daily life. Throughout the intervention, experiential activities, mindfulness practices, and homework assignments were employed to enhance engagement and facilitate the generalization of therapeutic gains beyond the sessions.

Data analysis

The data analysis process included both descriptive and inferential statistics. For descriptive analysis, frequency, percentage, mean, and standard deviation were calculated. To test the normality assumption, skewness and kurtosis indices were used. Levene's test was conducted to examine the homogeneity of variances between the two groups. The reliability of the instrument was calculated using the Spearman-Brown correlation coefficient.

Inferential statistics included univariate analysis of covariance (ANCOVA) to test the main hypothesis regarding the effectiveness of assertiveness training on self-esteem. For the follow-up phase to examine the durability of the training effects, a dependent samples t-test was used. The statistical software used for all analyses was SPSS version 16. The significance level for all tests was set at $\alpha = 0.05$.

Findings and Results

As shown in Table 1, the mean total score of social self-esteem in the experimental group increased from 36.18 in the pretest to 37.67 in the posttest. In contrast, the control group showed a slight decrease from 35.33 to 34.49. Furthermore, across all subscales—including emotional, social, academic, and general self-esteem—the experimental group experienced an improvement in scores in the posttest compared to the pretest. However, the control group demonstrated no significant changes in any of the self-esteem subscales across the two measurement points. These results preliminarily suggest that the assertiveness training intervention may have had a positive effect on enhancing the self-esteem of the participants in the experimental group.

Table 1. Descriptive Statistics of Self-Esteem Subscales in Pretest and Posttest for Experimental and Control Groups

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Emotional Self-Esteem	Experimental	6.00	2.236	6.38	2.021
	Control	5.69	2.261	5.64	2.134
Social Self-Esteem	Experimental	5.85	1.679	6.08	1.911
	Control	5.87	1.625	5.54	1.862
Academic Self-Esteem	Experimental	5.46	1.484	5.54	1.354
	Control	5.33	1.177	5.00	1.124
General Self-Esteem	Experimental	18.87	4.503	19.67	4.343
	Control	18.44	4.216	18.31	4.219
Total Social Self-Esteem	Experimental	36.18	8.354	37.67	7.948
	Control	35.33	6.857	34.49	7.521

Before conducting the ANCOVA analysis, all relevant statistical assumptions were thoroughly examined and met. The assumption of normality was assessed using skewness and kurtosis indices, which indicated that the distribution of scores for self-esteem variables did not significantly deviate from a normal distribution. Homogeneity of variances was evaluated using Levene's test, the results of which confirmed that the variance between the experimental and control groups was equal across all dependent variables. Furthermore, the assumption of homogeneity of regression slopes was tested and confirmed, ensuring that the relationship between the covariate (pretest scores) and the dependent variables (posttest scores) was consistent across both groups. These preliminary checks validated the use of ANCOVA for analyzing the effectiveness of the intervention.

Table 2. Summary of ANCOVA Results on Self-Esteem Subscales with Pretest Control (MANCOVA)

Component	Source	SS	df	MS	F	p-value
Emotional Self-Esteem	Pretest	277.715	1	277.715	412.525	.000
	Group	4.509	1	4.509	6.698	.012
	Error	50.491	75	0.673		
Social Self-Esteem	Pretest	172.483	1	172.483	132.031	.000
	Group	6.155	1	6.155	4.712	.033
	Error	97.978	75	1.306		
Academic Self-Esteem	Pretest	37.290	1	37.290	34.784	.000
	Group	4.323	1	4.323	4.033	.048
	Error	80.403	75	1.072		
General Self-Esteem	Pretest	1110.377	1	1110.377	294.689	.000
	Group	18.565	1	18.565	4.927	.029
	Error	282.597	75	3.768		
Total Self-Esteem	Pretest	3991.447	1	3991.447	535.561	.000
	Group	109.838	1	109.838	14.738	.000
	Error	558.963	75	7.453		

In terms of academic self-esteem, results showed a significant effect (F = 4.033, p = .048), which supports the idea that learning assertiveness skills may foster better academic self-perception. The general self-esteem component also yielded a significant result (F = 4.927, p = .029), indicating broader intrapersonal benefits of the intervention. Most notably, the analysis revealed a highly significant effect for total self-esteem (F = 14.738, p < .001), confirming that the training program had a comprehensive impact on enhancing the overall self-esteem of participants. These findings support all five research hypotheses and demonstrate the effectiveness of assertiveness skills training in boosting various dimensions of self-esteem in 14-year-old at-risk girls.

The inferential statistics presented in Table 2 indicate that after controlling for pretest scores, there were statistically significant differences between the experimental and control groups in all dimensions of self-esteem. In the domain of emotional self-esteem, a significant group effect was observed (F = 6.698, p = .012), indicating that assertiveness training led to a meaningful increase in emotional self-esteem among participants in the experimental group compared to the control group. Similarly, in social self-esteem, the group effect was significant (F = 4.712, p = .033), suggesting that the training improved students' social confidence and peer-related self-esteem.

Discussion and Conclusion

The results of the present study revealed that assertiveness skills training significantly enhanced various dimensions of self-esteem—including emotional, social, academic, and general self-esteem—among 14-year-old at-risk girls in Pishva County. The findings demonstrated that, after controlling for pretest scores, the experimental group showed a statistically significant improvement in all subscales of self-esteem compared to the control group, whose scores remained largely unchanged. These results support the hypothesis that assertiveness training is an effective psychological intervention for boosting self-worth in adolescent populations vulnerable to psychosocial challenges.

One of the most noteworthy findings was the improvement in **emotional self-esteem** among participants in the experimental group. Emotional self-esteem is closely tied to an individual's ability to identify, express, and regulate emotional experiences. The intervention likely provided the participants with a structured opportunity to explore and voice their feelings without fear of judgment or suppression, enhancing their sense of emotional control and self-acceptance. This aligns with the study by Kim and Jang (2019), who reported that assertiveness training significantly reduced internalized stigma and enhanced emotional well-being in patients with schizophrenia, suggesting its cross-contextual utility (3). Similarly, Üstün and Küçük (2020) found that assertiveness training contributed to emotional stabilization and remission of symptoms in clinical populations, further underscoring the role of assertive behavior in emotional regulation (8).

Regarding **social self-esteem**, the intervention's effectiveness can be attributed to the way assertiveness training cultivates interpersonal confidence and clarity in social interactions. Adolescents, especially those from vulnerable backgrounds, often experience difficulty in social integration due to fear of rejection or ridicule. The structured exercises in this study allowed participants to role-play, receive peer feedback, and learn to negotiate social boundaries, thereby enhancing their perception of social competence. These findings are supported by Chatremehr et al. (2016), who found that assertiveness training significantly reduced social anxiety in children with stuttering, an issue often linked with social exclusion (17). Likewise, the findings echo those of Mohammed et al. (2021), who noted a significant increase in nurses' assertiveness and interpersonal confidence following structured communication training programs (4).

The results also indicated a meaningful improvement in **academic self-esteem**. This component is particularly relevant during adolescence, a stage marked by the development of autonomy and identity in academic contexts. Students with low self-esteem in this domain often hesitate to ask for help, avoid class participation, or experience heightened fear of failure. Assertiveness training empowers them to express academic needs, seek clarification, and interact more openly with teachers and peers. This is consistent with findings by Hejazi (2002), who reported a strong relationship between assertiveness and academic achievement, especially among gifted students (12). Similarly, Paeizi et al. (2007) demonstrated that assertiveness training improved both happiness and academic performance in female high school students (16).

The improvement observed in **general self-esteem** and **total self-esteem** reflects the cumulative impact of the intervention across emotional, social, and academic domains. Assertiveness, as a meta-skill, not only equips individuals to communicate effectively but also reinforces their sense of personal agency and internal validation. When adolescent girls learn to advocate for themselves in various contexts, they begin to perceive themselves as competent, worthy, and resilient. The significant post-intervention improvement

in total self-esteem in the experimental group supports this interpretation. These results are consistent with the study by Golshiri et al. (2022), who showed that assertiveness and problem-solving training enhanced both mental health and self-esteem in adolescent girls (6). Similarly, Ebrahem et al. (2022) found significant increases in self-esteem and assertiveness among individuals with substance use disorders following life skills training, suggesting that such interventions can rebuild core aspects of the self in even highly distressed populations (18).

The current study also finds strong theoretical support in cognitive-behavioral and social learning frameworks. Assertiveness training facilitates a re-evaluation of cognitive distortions related to self-worth, enabling participants to internalize more positive self-beliefs. Through modeling, reinforcement, and behavioral rehearsal, participants gain mastery over situations that previously elicited anxiety or avoidance. This perspective is supported by Ahmadi et al. (2021), who emphasized the role of assertiveness in enhancing cognitive and emotional resilience in anxious students (7). Furthermore, the structured nature of the training—employing repetition, peer interaction, and guided feedback—likely contributed to the generalization of learned skills to real-life situations, as seen in previous research (5).

It is also worth noting that the observed improvements in self-esteem align with findings from studies on non-clinical and high-risk adolescent groups in different cultural contexts. For instance, Darjan et al. (2020) highlighted the critical role of self-esteem in distinguishing assertive adolescents from those involved in bullying, suggesting that interventions which foster assertiveness can serve as preventive measures against behavioral deviance (1). May and Johnston (2022) likewise found that sexual assertiveness and self-esteem were mutually reinforcing in young women, suggesting a broad psychosocial relevance for assertiveness beyond academic settings (13). These parallels reinforce the idea that assertiveness training not only targets communication skills but also affects the core self-schema.

Despite the promising findings, several limitations must be acknowledged. First, the sample was limited to 14-year-old girls from a single geographic region (Pishva County), which limits the generalizability of the findings to other age groups, genders, or sociocultural contexts. Second, the study relied solely on self-report questionnaires, which may be subject to social desirability bias, particularly in a group setting where assertiveness was encouraged. Third, while the short-term effects of the intervention were evident, the study did not include a long-term follow-up to determine the durability of the changes in self-esteem. Additionally, the intervention was delivered by a trained facilitator in a controlled environment; its effectiveness in more naturalistic or resource-limited school settings remains to be tested.

Future research should aim to replicate this study with more diverse samples, including boys, different age groups, and adolescents from various urban and rural settings to improve external validity. Longitudinal designs are also essential to assess the persistence of intervention effects over time and identify any delayed outcomes. Moreover, incorporating qualitative data, such as interviews or focus groups, could offer deeper insights into how participants internalize and apply assertiveness skills in their daily lives. Researchers might also compare different delivery formats—individual vs. group-based, online vs. in-person—to determine the most efficient and scalable methods for implementing assertiveness training in school environments.

Practitioners and school counselors are encouraged to integrate assertiveness skills training into the regular curriculum or extracurricular development programs, especially in areas where adolescents face high

levels of social, familial, or academic stress. The training modules should be adapted to reflect the cultural values and communication styles of the target population while preserving the core principles of assertive behavior. Training teachers to reinforce assertiveness in classroom interactions may also enhance the impact and sustainability of such interventions. Finally, collaboration with families and community stakeholders can create a more supportive ecosystem for adolescents to practice and maintain the skills they acquire through assertiveness training.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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