

## **Efficacy of Cognitive Behavioural Therapy in Curbing Peer-Victimization Among Secondary School Students In Niger State.**

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**Abstract:** Peer-victimization poses a colossal hazard to the physical, social and psychological well-being and personality development of school children. This study was carried out to assess the efficacy of Cognitive Behavioural Therapy (CBT) in curbing peer-victimization among secondary school students in Niger State. The study adopted a Quasi- experimental research design. The population of the study consisted of 2,152 Senior Secondary II students, who were identified as bullies. A sample size of 70 students from intact groups in two secondary schools was, purposively selected to serve as participants in the study. The first 35 bullies in each intact group from each of the two schools formed the experimental and control groups respectively. The Adolescent Peer Relations Instrument (APRI) was adapted and used for this study. The reliability co-efficient was ascertained at index value of 0.82. The experimental group was treated with Cognitive Behavioural Therapy for 12 weeks. The post-test mean scores were 1.15 and 2.28, for the experimental and control groups respectively. This shows that the Cognitive Behavioural Therapy had some influence on the experimental group. Two research questions guided the researcher in this study and two null hypotheses were tested at 0.05 significant levels. Descriptive statistics and t-test were used to analyze the data generated in the study. Findings from the study indicated among others that there was a significant difference in peer victimization by the control and experimental groups after the treatment, with overall calculated t-value of 19.3. It was, therefore concluded that, CBT was efficacious in curbing peer victimization among secondary school students in Niger State. Among the recommendations were that; functional guidance and counselling units should be established in all government schools in Niger State to render guidance services to the students. Also, Cognitive Behavioural Therapy should be adopted by school counsellors in assisting students with maladaptive behaviour to readapt and interact harmoniously with their peers.

**Keywords;** Peer-victimization; Cognitive Behavioural Therapy.

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### **I. INTRODUCTION**

In Nigeria, like in most other nations of the world, there had been an alarming increase in the rate and dimension of peer-victimization among secondary school students.(Federal Ministry of Education, 2007; Omoteso, 2010; Ichechi, 2016). Peer-victimization is any persistent and undesirable physical or non-physical behaviour meted out against another by one of unequal power, with the aim to hurt or humiliate the vulnerable. Someone may be tempted to wave it aside as a common phenomenon among school children but it leaves behind scars of intimidation, complexity, physical deformity or death of the victims.

Peer-victimization is also known as bullying in the literature of educational researches (Popoola, 2005). Peer-victimization takes two major forms namely; physical and non-physical forms. Physical victimization is more commonly observable and it ranges from fighting, punching, hitting, physical assault and direct vandalism (Aluede, Fajoku, Omoike&Afen-Akpa, 2008; Antiri, 2016). The non-physical form of peer-victimization is not very easily observed, but has more severe psychological and emotional effects on the victims. This includes a wide range of behaviour such as verbal abuse, gossips, teasing, hurtful remarks, social exclusion and calling names. In the recent times cyber bullying is making a wave in peer-victimization( Coloroso, 2008; Ehindero. 2010; Antiri; 2016 ). Usually, peer-victimization takes place either within the school compound or outside(Fekkes, Pijers&Verloove-Vanhorick, 2005). At times it will involve two gangs from different schools

The high prevalence of peer-victimization calls for concern as it may have far-reaching effects on the psycho-social stability of the victim especially and the entire Nigeria society. It is an anti-social behaviour which is contrary to the rules and regulations of the school system. Also, the students that display peer-victimization traits, if not helped to readjust and readapt their thinking pattern and disposition towards others, will gradually become social misfits. In other words, they might end up getting involved in more cruel social crimes in form of criminality, marital violence, sexual harassment and abuse (Popoola, 2005).Lipsey, Landenberger and Wilson (2007) opined that anti-socialbehaviour among youth stems from distorted cognition, self-justificatory thinking, misinterpretation of social cues, displacement of blames and deficient moral reasoning. Others include schemas of dominance and entitlement, low self-esteem, poor family relationship or ties, entrenchment of an antisocial sub-culture, for instance, leaving home to live in the streets and slumps. In addition, there is dysfunctional assumption about how one should behave (that is, you have to punish the people for messing up with you or they won't respect you)

The school is an educational institution designed to develop the learner through the acquisition of knowledge, values, attitudes and skills in order to become a social being; more civilized in character, polished in self-expression and having mutual respect for others' opinions. However, when the learners engage in undesirable behaviour such as peer-victimization, the objectives of secondary education as a preparatory ground for positive character formation and advancement of educational pursuit will be jeopardized (Ichechi, 2016). This implies that students should learn and adapt positively, not only to have a very cordial relationship with fellow students, teachers and other people, but also to live harmoniously in the society (Aluede, 2011). However, as Fajoju (2009) rightly stated, only few students or pupils can harmoniously interact with their mates in schools without experiencing violence in one form or the other.

Many behavioural modification strategies abound as intervention for effective treatment of anti-socialbehaviour. Corporal punishment, suspension and expulsion from school had been common measures which are usually adopted by school management on perpetrators of peer-victimization, to serve as deterrents to other students (Busienei,2012; Ichechi, 2016). Rather than reducing, the frequency of peer-victimization had assumed thestatus of a colossal monster being more cruel and mean.Thus, newer and more effective strategies should be implemented in schools.Hence, the CognitiveBehavioural Therapy.Cognitive Behavioural Therapy was developed by Aaron Beck in the 1960s. Cognitive Behavioural Therapy is a psychotherapeutic approach that addresses maladaptive behaviours through a number of goal oriented systematic procedures.It is a series of guidance that emphasizes individual accountability and an attempt to teach clients to understand the thinking process and choices that immediately preceded their maladaptive behaviours(Lipsey, Landenberger&Wilson, 2007).

Cognitive Behavioural Therapy has proved to be among the more promising rehabilitative treatments for behaviour deviants ranking it in the top tier with regard to effects on recidivism (Lipsey& Wilson, as cited in Lipsey, Landeberger& Wilson, 2007). Cognitive BehaviourTherapy, as opined by Lipsey et.al (2007), typically involves techniques such as cognitive skill training, anger management and various supplementary components, relating to social skills, moral development and relapse prevention. One major weakness of CBT lies in its uncritical acceptance of any new technology. Proponents assume that change is progress and the newer the change, the better. They claim that CBT is essentially Behavioural Therapy (BT), but with some modification in technique and approach (Sa'ad, 2012). Furthermore, there is some evidence of greater generalization and durability of behavioural changes resulting from CBT; but the evidence is inconclusive. However, the claim that CBT results in greater generalization is overly broad and empirically unjustified (Sa'ad, 2012).Another weakness of CBT in school is in the cost effectiveness. Many of its techniques or interventions involve intensive and expensive child training. In other words, cognitive behavioural therapist must invest much time, resources, effort and efficiency in order to achieve the set-goal (Sa'ad, 2012). To reduce cost, therapist may have to eliminate training components that do not necessarily contribute to treatment effectiveness.

Despite the criticisms against CBT, it is worthy of note that its potentialities far outweigh its pitfalls. There is no gainsaying, that CBT approaches are congruent with a preventive orientation to children's adjustment and learning. In other words, CBT does not only help to prevent problem behaviours but also has the potential to curb recidivism.Again, a CBT therapist plays the role of an educator and consultant which is in consistence with the training of many school professionals. Sa'ad (2012) aptly described the role of the Cognitive Behavioural Therapist as a consultant who is professionally trained to negotiate with the client on how to go about an expected changeand develop general repertoires for dealing with future problem situation.One can unequivocally say that the role of a Counsellor as motivator, instructor, coach and role model in CBT technique is equally consistent with teacher's roles and expectancies. They not only focus on teaching children needed social and life skills, but they also through self-instruction and cognitive learning, enhance children's autonomy and competence. By implication, the CBT arms a counsellor with appropriate techniques that will aid him or her to assist perpetrators of peer-victimization in secondary schools to modify their behaviour. This, the counsellor does by instilling in bullies general self-control and problem solving strategies

for handling a wide range of future problem situation, instead of doing so through external contingencies, as evident in many other therapies.

In a nutshell, cognitive behavioural therapy teaches clients how to identify distorted cognition through the process of re-evaluation (ie learning to discriminate between their thought and reality). CBT assists persons with problem behaviour to develop alternative ways of thinking and behaving, thereby overcoming their weakness. CBT enhances a lasting change in problem behaviour because the therapy goes beyond identifying and challenging irrational beliefs and distorted thoughts, to dealing with the schema within which they are embedded (Ichechi, 2016)

## **II. STATEMENT OF THE PROBLEM**

In Niger State, peer-victimization and violent gang fighting among secondary school students go on, mostly at the end of the day's school activities and end of the term. Often, one sees students fighting with dangerous weapons such as daggers, cutlasses and special sticks with hockey-stick shape, called *gora* in Hausa language. At times, even teachers fall victim of these violent intra and inter gangs fight within the school premises or outside it. This is an indication that other more emotionally tormenting forms of peer-victimization are rife among the students. The dimension which peer-victimization had assumed, the inherent danger it portends for the schools and the need to assist the perpetrators of peer-victimization affect a more effectual change in social interaction become issues of concern. Punishments such as flogging, weeding grasses, digging pit and suspension have not led to any significant change on problem behaviour in the bullies. Many schools usually employ the services of the police or vigilante to scare away students from victimizing one another, especially at the end of the term.

The above observation calls for redress because the maladaptive behavioural disposition of the bullies, if not modified, will eventually turn them into callous criminals, assassins, cultists, militants and terrorists, which will be more difficult to contend with. On the other hand, their victims will continually live with fear, depression, low self-esteem, low school engagement, school avoidance, low school achievement and helplessness. This study, therefore, intends to curb the students' maladaptive behaviour (peer-victimization) by exposing them to psychotherapeutic training such as Cognitive Behavioural Therapy.

### **Purpose of the Study**

This study aimed at investigating the efficacy of Cognitive Behavioural Therapy (independent variable) in curbing peer-victimization (dependent variable) among secondary school students in Niger State.

### **Research Questions**

In this study, the following research questions guided the researcher to achieve the purpose of the study:

1. What is the difference in peer-victimization between the control and experimental groups at pre-test?
2. What is the difference in peer-victimization between the control and experimental groups at post-test?

### **Hypotheses**

The following null hypotheses were formulated and tested at 0.05 level of significance.

#### **Ho<sub>1</sub>**

There is no significant difference in peer-victimization between the control and experimental groups at pre-test.

#### **Ho<sub>2</sub>**

There is no significant difference in peer-victimization between the control and experimental groups at post-test.

## **III. METHODOLOGY**

The study used a quasi-experimental research design. This design was considered appropriate since the study aimed at influencing the cognitive system of bullies, with a view to observing the changing perceptions of issues and events that trigger their peer-victimization. Also, the design is appropriate due to the nature of the sample which was hinged on the fact that intact groups from two schools with high prevalence of peer-victimization served as experimental and control groups. This study, therefore, adopted a pre-test and post-test design. This design involved the use of pre-test, post-test, control and experimental groups. This research design was to enable the researcher to determine the effects of the independent on the dependent variables. The population of the study comprised of 2,152 Senior Secondary two (SSII) students, who exhibited tendencies of victimizing their peers in the 12 government-owned secondary schools within Minna, Niger State, Nigeria. The sample size of this study comprised 70 bullies in senior secondary II. The students were purposively selected from two schools, whose students yielded the highest number and rate of bullying, according to Illinois Bully Scale scores. Scoring was achieved by summing the respective items for each individual. The range of 0 to 18 indicated no bullying, 19 to 36 indicated moderate bullying while scores above 36 indicated high rate of bullying perpetration (Espelage & Holt as cited in Hamburger, Basile & Vivolo, 2007). The first 35 bullies randomly selected from each of the two schools formed the participants. The bullies from the first school with

highest rate of peer-victimization made up the experimental group, while those from the second school formed the control group.

In this study, the researcher adapted two instruments namely Illinois Bully Scale (IBS) and Adolescent Peer Relations Instrument (APRI). The former was adapted and used solely to identify bullying students in order to get the population of the study. The latter, being the main instrument for this study, was adapted and used in the actual study, to assess the level of peer- victimization among secondary school students in Niger State. The Adolescent Peer Relations Instrument was designed by Parada in 2000, while Espelage and Holt designed the Illinois Bully Scale in 2001 (Hamburger, et. al 2011). The Adolescent Peer Relations Instrument is a theoretical and empirical tool for measuring a participant’s role in victimizing peers. Only section A of the instrument which measured one’s role in victimizing others was used. The instrument was modified to have four-point Likert-type scales. The four-point scales solicited responses that ranged from 1= never, 2 = sometimes, 3 = often, 4 = very often. Illinois Bully Scale was modified from a bully/victim scale to a solely bully scale by modifying statements 4, 5, 6 and 18, which erstwhile were meant for victims of peer-victimization. Also, the responses were reduced to 4-point scales such as never =1, sometimes =2, often =3, very often =4. This was to make the responses more distinct and precise. The use of this instrument was necessitated by lack of adequate documentation of the prevalence of peer-victimization in secondary schools in Niger state.

The instruments were validated by experts and experienced professionals in the Department of Counselling and Educational Psychology, University of Abuja, Nigeria. A pilot test was conducted and the reliability of the instruments was established through a test re-test technique. Reliability co-efficient indices 0.82 and 0.86 were obtained for APRI and IBS respectively. These are good indicators that the instruments are reliable for this study. The researcher personally administered the instrument, (APRI), to the participants. Firstly, the researcher sought and got the permission and co-operation of the school authority, counsellors and disciplinarians (where there was no school counsellor); who helped to make the participants available. In administering the instrument, Adolescent Peer Relations Instrument (APRI), the researcher adequately explained to the participants the import of each item of the instrument. After their responses, the researcher collected the questionnaire according to their groups (i.e. control and experimental groups). The scores obtained served as pre-test scores.

The researcher then took the experimental group through sessions of cognitive behavioral therapy treatment, which lasted for 12 weeks. Each session was a 40 minutes of brief, structured and collaborative therapeutic relationship between the researcher (therapist) and the participants (clients). Meanwhile, the control group was taken on weekly guidance on active listening and study habits, for the period of treatment. Subsequently, the researcher carried out a post-test on both the experimental and control groups, by re-administering the instrument. The scale for the interpretation of the students’ scores was as follows: Key: mean; 1.0--1.4= Never; 1.5 – 2.4= Sometimes; 2.5 – 3.4= Often; 3.5 – 4.0= Very often. The data generated for the study was analyzed, using descriptive statistics. Also, t-test statistics was used to test the 2 null hypotheses raised at 0.05 level of significance.

### Test of Hypotheses

**Ho<sub>1</sub>** There is no significant difference in peer-victimization between the control and experimental groups at pre-test.

**Table 1: t-test of Difference in Peer- Victimization by Control and Experimental Groups**

Group	N	Mean	Standard Deviation	t	df	Sig.	Decision
Experimental	35	2.28	.306	-1.37	34	.177	Accepted
Control	35	2.18	.281				

The t-test analysis above shows that, there was no significant difference, at 0.05 level, in peer- victimization by the control and experimental groups at pre-test. Although the mean score of the experimental group is slightly higher, the overall calculated t-value of -1.37 indicated that there was no significant difference in peer-victimization by the control and experimental groups, before the application of Cognitive Behavioural Therapy. The null hypothesis was, therefore, accepted

**Ho<sub>2</sub>** There is no significant difference in peer- victimization between the control and experimental groups at post-test.

**Table 2: t-test of Differences in Peer-victimization by the Control and Experimental Groups at post-test.**

Group	N	Mean	Standard Deviation	t	df	Sig	Decision
Experimental	35	1.15	.129	23.47	34	.000	Rejected
Control	35	2.29	.255				

Table 2 above shows a significant difference in peer- victimization by the control and experimental groups at post-test. Analyzing the differences, at 0.05 level, the results show that peer- victimization reduced substantially among the students in the experimental group, from pre-test mean score of 2.28 to 1.15 in the post-test. Conversely, the peer- victimization by the control group rose from pre-test mean score of 2.18 to 2.29 in the post-test. The overall calculated t-value of 23.47 indicated that the difference in peer- victimization by the two groups was significant. The null hypothesis was, therefore, rejected.

#### **IV. DISCUSSIONS OF FINDINGS**

This study made some interesting findings. The control and experimental groups, operating on similar cognitive and behavioural patterns, sometimes victimized their peers. This was indicated by the pre-test mean scores of 2.18 and 2.28 for the control and experimental groups respectively. However, the above variations in the mean score of peer-victimization did not produce any significant differences in peer-victimization between the control and experimental groups at pre-test. The calculated t-value was -1.37. As Lipsey et al (2007) rightly opined, the subjects in the placebo and treatment groups must be matched, statistically controlled or compared on one or more of the related variables, before ascertaining the eligibility of a quasi- experimental research. Such variables include prior offences (problems), risk, sex, age, recidivism, etc.

The findings of the post-test result on both the control and experimental group of this study are very remarkable. While the peer-victimization by the experimental group dropped sharply from a pre-test mean score of 2.28 to 1.15 at post-test; peer-victimization by the control group increased from pre-test means score of 2.18 to 2.29 at post-test. The overall calculated t-value was 23.47. This is worrisome because, if the peer-victimization by the control group should record such increase within 3- month study period; one can best imagine what will happen in the next one year of their study in secondary school. This finding does not only confirm the high prevalence rate of peer-victimization among secondary school students, but also, peer-victimization is increasing at an alarming rate in Nigeria (Egbochuku, 2007; Ichechi, 2016). The implication is that if urgent and adequate attention is not given to curbing peer-victimization among secondary school students in Nigeria, peer-victimization will eventually culminate in youth restlessness, violence and criminalities. This finding is also remarkable, because, though the researcher occupied the control group with guidance and interaction on topical issues such as: active listening and good study habits throughout the period of treatment, these activities could not influence their peer-victimization. Simply put, therapeutic guidance of active listening and good study habit can only influence their academic performance without necessarily effecting positive changes in their behaviour.

Interestingly on the other hand, the experimental group, which erstwhile had a pre-test means score of 2.28, demonstrated that it benefited from the intervention (Cognitive Behavioural Therapy). The post-test mean score was 1.15. This indicates that the therapeutic sessions on cognitive skills, cognitive restructuring, interpersonal and social skills, anger control, moral reasoning, victim impact and relapse prevention, must have imparted greatly on the participants. Hence, they saw no justification to continue victimizing their peers. The overall calculated t-value of 23.47 was a good indication that there was a significant difference in the peer victimization between the experimental and control at post-test. The implication of the finding is that, Cognitive Behavioural Therapy played a significant role and therefore, was efficacious in curbing peer- victimization among secondary school students. The reason is not far-fetched because of the interplay among thoughts, feelings and behaviour. Just as antisocial behaviour can be learnt through the way one thinks and feels, so it can be unlearned, through cognitive restructuring (positive thinking and feeling), facilitated by using behavioural technique. Also, the result led weight to the assertions by previous studies like those of Dattilo and Freeman (2007); Sa'ad (2012); Eweniyi et al (2013); Modo, et.al and Ichechi (2016) that recorded the effectiveness of Cognitive Behavioural Therapy in resolving the problem behaviours of students.

#### **V. CONCLUSION**

In view of the grievous negative outcomes of peer- victimization on its perpetrators, victims and bystanders, it can be concluded that, there is a dire need to assist the bullies achieve a better social adjustment and interaction; and by extension good academic performance. From the one-on-one interaction with the participants, the researcher deduced that most bullies are also truants. They would always stop coming to school, whenever they had victimized others, because, they feared that the school authority might be after them. The application of Cognitive Behavioural Therapy greatly aided the students to restructure their thinking pattern and began to interact harmoniously with their peers in school. The findings of the study have indicated that, although the guidance on active listening and good study habits received by the control group might help to improve their academic performance in school; the guidance did not in any way impart positively on their behaviour. While acquiring tip-bits for successful academic performance, they failed to realize that good character formation, transformation and positive interpersonal relationship are manifestations of good education. One can

conclusively report that Cognitive Behavioural Therapy was very efficacious in curbing peer victimization among secondary school students in Niger State.

## VI. RECOMMENDATIONS

The following recommendations are not only pertinent in order to curb peer-victimization among the secondary school students to the barest minimum, but also, to prevent incidence of recidivism.

1. Since CBT is a cross cultural behaviour modification technique, it is therefore recommended for use for all ages, levels of education, gender and diverse problem behaviour by counsellors and psychologists.
2. The three tiers of government, especially the state and local governments should as a matter of compulsion, deploy trained and adequate number of guidance counsellors to all the schools across the nation. As it stands now, it is mostly the Unity or Federal Government Colleges that have functional guidance and counselling units. Even at that, the number is inadequate to handle the ever increasing challenges of learners, education and educational institution.
3. Students who exhibit any form of problem behaviour, especially peer- victimization, should be encouraged or referred to the counsellor for psychotherapeutic training. A cognitive restructuring and behaviour modification strategy, such as Cognitive Behavioural Therapy, will leave a long lasting impact on the students, rather than any corporal punishment or security presence in the school.

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