

Effect of Cognitive Behavioural Therapy on Reducing Bullying Among Secondary School Students

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Abstract

This study is an attempt to determine the efficacy of cognitive behaviour therapy (CBT) on reducing bullying behaviour among secondary school students in Nsukka Education Zone of Enugu State. The population of the study consisted of 653 bullies in all the senior secondary school two (SSII) in Nsukka Education Zone. A sample size of eighty-three (83) students identified as bullies using the Bullying Behavior Inventory (BBI) was used for the study. They were randomized into two equal groups for experimental and control groups. The experimental group was treated with cognitive behaviour therapy for six (6) weeks while the control group received no treatment. The study a quasi-experimental design. Two research questions and two null hypotheses guided the study. BBI had its content validity estimated by the total item cumulative variance of 75.25% while its construct validity estimated by factor loading matrixes ranged between 0.45 and 0.88. The reliability was established using cronbach alpha at $r=0.80$, $p<0.05$ level of significance. Data collected were analyzed with mean, standard deviation. Results showed that cognitive behavior therapy (CBT) had significant efficacy on reducing bullying among secondary school students as determined by their pretest and posttest mean scores. Cognitive behavior therapy had significant efficacy of reducing bullying on the experimental group. Based on the findings, recommendations were made including that students with bullying behaviour should be encouraged to go for counseling sessions and counselors should be trained on the proper application of cognitive behaviour therapy (CBT) and that the government and counseling Association of Nigeria (CASSON) should organize workshops and seminars to sensitize and train counselors on how to use Cognitive Behaviour Therapy to help students subdue their bullying behaviours.

Keywords: Students Bullying Behavior, Cognitive Behavioural Therapy

1. Introduction

Numerous international organizations have identified violence as a pertinent and significant issue. According to Menesini and Salmivalli The World Health Assembly adopted a resolution (WHA 49.25) in 1996 designating violence as a major global public health issue and urging Member States to give the issue urgent consideration [1]. Throughout the world, interpersonal violence has an impact on the lives of millions of children [2]. Up to 50% of all children between the ages of 2 and 17 are believed to have experienced physical, sexual or mental violence in the previous year, which equates to 1 billion children [2]. Violence and hostility in schools, particularly primary and secondary schools, can take many forms, Perhaps the most traditional form of violence in

schools is bullying. Bullying is one of the most prevalent peer-related acts of violence during the school years. According to the Convention on the Rights of the Child, bullying jeopardizes children's rights, especially their access to an education (The United Nations 1989).

According to Olweus bullying is a particularly severe form of aggressiveness in which one or more aggressor students use violence over time against a victim who is at a disadvantage or in a lower position than the aggressor owing to lack of peer support, personality traits, or other factors [3]. Over 40 years ago (Olweus, 1973, 1978), researchers began studying bullying, which they defined as "aggressive, intentional acts carried out by a group or an individ-

ual repeatedly and over time against a victim who cannot easily defend himself or herself” (Olweus, 1993). Chinweuba defined bullying as an act of using one's strength, power position to frighten or hurt another individual for no justified reason [4]. Bullying is a subset of forceful behavior and is defined as the repetition of aggressive and abusive behavior. Multiple attacks on a person leave them unable to properly defend themselves for a variety of reasons. He or she might be weaker than the bullies in terms of numbers, physical strength, or psychological fortitude. Adegboyega et al reports that three characteristics define bullying as an aggressive behavior: (a) unpleasant or malicious behavior meant to hurt or distress; (b) behavior repeated over time; and (c) a relationship in which there is an imbalance in strength or power between the people involved [5]. In consonance with Adegboyega et al, Mishna et al reported that despite some disagreement over the definition, the majority of scholars concur that bullying entails repeated acts of aggression, an imbalance of power between the perpetrator and the victim, and malicious intent [4,6]. Saldiraner and Gizir also reported that despite bullying being classified as a peer-on-peer violent action, bullying is distinguished from other forms of aggression by three important characteristics: intentionality, repetition, and an imbalance of power that benefits the perpetrator. From the definitions and explanations giving by the various researchers it is lucid that for an act of aggression to be labeled bullying, it must meet these three bench marks that is, it must be intentional, it must be repeated and there must be a perceived power imbalance between the aggressor and the victim. In lieu of this bullying in this study is defined as the intentional and repeated act of violence between a stronger aggressor and his weaker victim with intentions cause the victim psychological and/or physical harm.

Bullying includes verbal abuse (e.g. name calling, threats). Verbal bullies utilize remarks, words, and slurs to gain the upper hand and exert control over their victim [7]. Typically, bullies who use their words to harm another person will insult them nonstop. They select their victims based on how they appear, behave, or act. Verbal bullies frequently target children with specific disabilities [8]. Because verbal attacks almost always take place while adults aren't present, they might be challenging to spot. Therefore, it frequently comes down to one person's word against another's. In addition, a lot of people believe that what children say doesn't really matter. As a result, they frequently advise the bullied person to “ignore it.” However, verbal abuse needs to be handled seriously. Gordon (2021) asserts that according to research, name-calling and verbal abuse have major repercussions and can cause lasting emotional damage [9].

Bullying also entails physical acts (such as punching, kicking, and endangering the victim's possessions) [1]. The most evident type of bullying is physical bullying, it happens when youngsters use force to dominate and control their targets [8]. Bullies that apply physical force are typically bigger, stronger, and more aggressive than their peers. Physical bullying is the most obvious type of bullying, in contrast to other types. Due of this, it is probably what

comes to mind when someone mentions bullying. Additionally, compared to other, more subtle kinds of bullying, it has historically gotten more attention from schools.

Relational/social/emotional bullying (such as rumor-mongering and social exclusion) is another form of bullying. Hurley noted that relational bullying is an insidious type of bullying that often goes unnoticed by teachers and adults [10]. When teenagers exhibit relational aggression, they frequently have the power to bully, dominate, and manipulate others while remaining hidden from parents, teachers, and other adults [11]. Emotional bullying could be referred to as indirect bullying. According to a 2009 study on direct and indirect bullying, guys are more likely to engage in direct bullying than girls are in indirect bullying [12]. According to a study carried out by the World Health Organization (WHO, 2021) in North America, it showed that girls are generally more relationally aggressive than males, especially pre-teenagers and adolescents in, particularly in the fifth through eighth grades. Despite the fact that relational aggressiveness and emotional bullying are commonly referred to as the “girl” phenomena, these negative traits can occur in people of any gender. Other notable forms of bullying include Cyberbullying, Sexual bullying and prejudicial bullying among others.

According to PISA report Bullying has been identified as the greatest threat to students' well-being in schools, and the pervasiveness of all forms of bullying has also been highlighted [13,14]. According to these studies, the average student reported being the victim of bullying on at least a few occasions per month in OECD countries and rose from 19 percent in 2015 to over 23 percent in 2018. Hymel and Swearer reported that various studies to date has established bullying's worrisome prevalence and the truth that it is extremely harmful to children's development; several studies indicate the proportion of students who experience bullying at between 10% and 33%. According to the UNESCO research, almost 32% of students have experienced peer bullying at school on one or more days per month [15]. There are considerable variations between regions. The Middle East, North Africa, and Sub-Saharan Africa have the largest percentage of pupils who report bullying, whereas Central America, the Caribbean, and Europe have the lowest percentage [3].

A Unisa study from 2012 found that 1158 students (34.4 percent) out of a research sample of 3371 students had experienced bullying. Additionally, it is clear that emotional bullying is more common, with 55.3 percent of students reporting experiencing it, 38.4 percent reporting physical abuse, 16.9 percent reporting abuse on social media, and 2.8 percent reporting verbal abuse. Additionally, a survey carried out by the National center for educational statistics (2019) demonstrates that 32.2 percent of bullying episodes take place in class, while 29.3 percent happen at school after class. According to studies, bullying has a wide range of adverse effects on both bullies and victims. Numerous intervention strategies are used in the fight against school bullying. The need for psycho-

logical and behavioral therapies can be understood because victims' struggles are more apparent. The use of Cognitive Behavioral Therapies (CBT) has been shown to be useful in treating a variety of issues [16]. Due to this, they are frequently chosen when treating any psychological and behavioral issues in adolescents.

The term cognitive behavior therapy (CBT) can be thought of as an umbrella term, generally used to refer to a group of related therapies that have theoretical roots in behavioristic learning and cognitive psychology and are derivations from these theories' theoretical models that have been scientifically proven. Dozois and Martins defined Cognitive behavioral therapy (CBT) as a form of psychotherapy that teaches patients how to recognize and alter unhelpful or unsettling thought patterns that have an adverse effect on their behavior and emotions [17]. The foundation of cognitive behavioral therapy (CBT) is the idea that dysfunctional cognitions and unhealthy behaviors serve as a mediator for psychological problems [18]. To put it simply, flawed emotions cause distorted cognitions, which in turn cause maladaptive behaviors, which have a detrimental effect on cognitions. Teater reported that by examining and correcting the ways in which service users' thoughts, feelings, and behaviors are integrated, cognitive behavioral therapy (CBT) seeks to lessen psychological suffering and dysfunction.

The three underlying presumptions of CBT are as follows: Emotions and behavior are moderated by thought (cognition); Mental anguish and dysfunction are brought on by flawed cognitions; Modifications to the flawed cognitions and behaviors decrease or ameliorate psychological distress and dysfunction [19]. According to Sargin et al, restructuring the cognitive event, which is based on cognitive theory, and social and interpersonal skill training, which is a behavioral component of cognitive behavior theory, are the two fundamental ways that CBT uses to effect change [20]. Contemporary CBT places more emphasis on what is happening right now and is more concerned with the processes that are keeping the problem from getting any better right now than it was with the processes that might have caused it to emerge years ago [21]. Mathieson noted that automatic thoughts are fleeting cognitive occurrences that arise "without thought" or "automatically" in reaction to external stimuli. Since these "Negative Automatic Thoughts" or "Cognitive Distortions" are believed to have a direct impact on mood, they are crucial to any CBT therapy [22]. Assessment, intervention, and evaluation are the three steps involved in putting CBT into practice. The process of assessment entails discussing with service users the frequency, intensity, and duration of their thoughts, feelings, and behaviors that are contributing to the problem that is currently being presented. The A-B-C model, which asks service users to examine the triggering event, their belief system or attitude in response to the event, and the consequences as manifested in their behavioral or emotional reactions, is frequently utilized during the evaluation stage.

There are certain presumptions that cognitive behavioral therapy will assist people in better understanding their feelings and

thoughts regarding bullying, assist people in changing the bullied person's increasingly negative thoughts and inner monologues about themselves. According to the study carried out by Gokkaya and Sutcu the findings showed that cognitive behavioral therapy was effective in reducing thoughts associated to bullying. This finding is crucial because according to cognitive behavioural therapy, dysfunctional cognition is the root of undesirable conduct, and dysfunctional behavior is anticipated to change in tandem with dysfunctional cognition. In this situation, it is possible to say that non-functional beliefs are what lead to bullying conduct. According to Gokkaya and Sutcu one of the most fundamental methods for reducing bullying behaviour is the cognitive behavior therapy, which focuses on reducing non-functional beliefs and replacing them with functional ones. A study carried out by Abdulkadir aimed at determining how CBT minimizes bullying behavior among schools' teenagers with learning disorder (LD) [23]. The findings of the study showed CBT is an effective technique in combating bullying behaviors among school students. Likewise, it was discovered that bullying has an impact on everyone who interacts with the student, including his classmates, parents, teachers, and administrators. Bullying' after effects can last even after a student enters college, which is bound to lower his motivation, his chances of succeeding in school, and ultimately his educational outcomes [24].

A study carried out by Korkmaz and Cekic revealed that the cognitive behavioral therapy approach program for preventing cyber bullying has an impact on the proportion of children who experience cyber bullying and cyber victimization [25]. Likewise, Wölfer et al, reported participants' levels of cyber bullying are affected by a social learning and cognitive behavioral therapy program for cyber bullying prevention. Establishing a link between thought-emotion-behavior, identifying the thoughts about bullying behavior, and replacing the thoughts that cause these behaviors were studied similarly to this study in the peer bullying intervention program developed by Gökaya, and it was found that cognitive behavioral therapy has a positive impact on the participants' bullying cognition.

It is intelligible to assert that bullying is a cankerworm that has bedeviled the growth and development of Students worldwide. This is a problem that demands immediate attention from all stakeholders and lovers of education. That is why this study is designed to investigate the effect of Cognitive Behavioral Therapy on reducing bullying among secondary school students in Nsukka Education Zone of Enugu State.

No child should be afraid to go to school. But with one in three children bullied at school, our education systems are failing students. Bullying is a problem that impacts all students, including those who bully, those who are bullied, and those who witness the bullying. The consequences are severe and far-reaching for individual students and for societies as a whole. The numbers are startlingly illuminating: bullying in schools as a major issue. Accord-

ing to research, one in seven students bullies others or is bullied themselves. Given all of the potential adverse effects that might emerge from bullying, this number is both excessive and unsettling. Nsukka Education Zone appears to be the new hub of this insolent act. This act of violence called bullying disrupts learning because learning is best suited in a calm environment devoid of any form of violence. Students avoid school, some play truancy, some go as far as making attempts on their life. The magnanimity of the problem calls for the urgent intervention of stakeholders and lovers of education. That is why this study has set out to investigate the Effect of Cognitive Behavioral Therapy on reducing bullying among secondary school students.

1.1. Research Question

The following research questions were answered in this study:

1. What is the effect of cognitive behavioral therapy on reducing bullying among students
2. What is the influence of gender on the mean scores of bullies exposed to cognitive behavioral therapy

1.2. Hypotheses

The following hypotheses were at a 0.05 level of significance:

Ho1: There is no significant difference in the mean score of bullies exposed to cognitive behavioral therapy intervention and those not exposed to the intervention.

Ho2: Gender is not a significant factor in the mean scores of bullies.

2. Methodology

2.1. Design of the Study

The study adopted the quasi-experimental Non-Equivalent Control group Design. This research design was adopted due to its efficacy in assessing the effect of treatment on a variable.

2.2. Population of the Study

The population of the study consisted of 653 bullies in all the senior secondary school two (SS11) in Nsukka Education Zone.

2.3. Participants

The sample for the study consists of 83 bullies from four co-educational schools out of the six co-educational schools in the region. Purposive sampling technique was adopted in selecting four out of the six co-educational schools that made up the twenty-two schools in the area, this decision was informed by the fact that the selected schools has constantly reported severe cases of bullying among their students. The study consists of forty-four (44) four male students and thirty-nine (39) female students.

2.4. Measures

Bullying Behavior Inventory (BBI) was developed from the classification of the nature of bullying by Limber and Nation (1998). The instrument consists of two parts, A and B. Part A is made up of the participants personal data such as age, class and gender, while the B part consist of bullying behavior tendencies, the instrument

contains thirty-three (33) items, three (3) in part A and thirty (30) items in part B. These items were all structured and scored according to the Likert rating scale: Very often (5), Often (4), Sometimes (3), rarely (2), Never (1). The face validity of the instrument was established. The instrument was further subjected to reliability testing using Cronbach Alpha Statistics. The reliability coefficient yielded 0.74 which was considered reliable. The instrument was use for both pre-test and post- test after treatment had been applied.

2.5. Procedure

The researchers visited the schools and met with the administrators and gained permission from the required authorities and guidelines on the timing of the research so as not to impede into the students active learning hours. These bullies were identified by their counselors and whose names appeared more than twice in their counselor's log book. The choice of SS11 students for the study was informed by the fact that these sets of students are not facing any external examinations at the moment therefore would be willing to take part in any intervention program. Chinweuba reported that at this stage the teenagers thought patterns become to a certain level become reasonably coordinated, the adolescent is capable of deep and thoughtful thinking and at such any adolescent identified as a bully or with bullying tendencies requires appropriate psychological intervention [4]. The researchers opted for co-educational schools in order to ensure even gender distribution within the groups. It is worthy to note that throughout the period of implementing the treatment plan, the classes were held in a way that other students would not be aware of what was going on to avoid the participants being subjects of stigmatization from other students and confidentiality was the watch word throughout the duration of the treatment.

The research commenced properly with six weeks cognitive behavioral therapy sessions. The experimental classes were subjected to CBT treatment while the control group was placed on placebo treatment. The sessions were held twice a week, Mondays and Fridays, after the close of school hour. The sessions lasted for forty minutes each. Thereafter the instrument was re administered as posttest at the termination of treatment. Integrity test was also carried out to ensure that the outcome of the study was devoid of bias.

2.6. Ethical Statement

The approval for the conduct of this study was granted by a research committee on ethics of the researchers Faculty of Education. Prior to the commencement of the study consent forms were administered to the participants which was duly filled and signed before the treatment started.

2.7. Data Analysis

The statistical tool used for analysis is SPSS. Data gathered was analyzed in respect to the research questions and hypotheses. Mean and standard deviation will be used to answer the research questions raised, while Analysis of Covariance (ANCOVA) were used to test the null hypotheses.

3. Results

Research Question One: What is the effect of cognitive behavioral therapy on reducing bullying among students?

Period	N	Mean Deviation	Standard
Pre-Test	83	4.0476	.80475
Post-Test	83	1.7619	.70034

Table 1: Showing the Effect of Treatment on Reducing Bullying Behaviors among Students

Data on Table 1 show the mean scores and standard deviation on the Bullying Behavior Inventory of students exposed to Cognitive Behavioral Therapy. The data showed that students exposed to Cognitive Behavioral Therapy intervention had a pre-test mean score of 4.05 and a standard deviation score of .81 and a post-test score of 1.76 with a standard deviation of .70. Data from the table clearly shows that students exposed to cognitive behavioral therapy

intervention had lower post-test mean scores meaning there is a drastic in their bullying behavior. This indicates the efficacy of the intervention program and that the participants benefitted from the program they were exposed to.

Research Question 2: What is the influence of gender on the mean scores of bullies exposed to cognitive behavioral therapy?

Period	N	Mean	Standard Deviation
Males	45	1.6667	.49237
Females	38	1.8889	.92796
Total	83	1.7619	.70034

Table 2

Data from table two above shows that, the males with the mean score of 1.67 and a standard deviation of .49; and the females with a mean score of 1.89 and a standard deviation score of .92. the re-

sult prove that both genders benefitted greatly from the intervention program, however the male gender benefitted slightly more than their female counterparts.

3.1. Hypothesis

Source	sum of square	df	mean square	f	sig
Corrected model	58.805	8	7.351	17.711	.000
Intercept	2.956	1	2.956	7.123	.009
Pre-test	4.539	1	4.539	10.936	.001
Treatment	52.433	1	17.478	42.110	.000
Gender	.319	2	.319	.769	.383
Treatment + Gender	1.045	3	.348	.839	.477
Error	30.713	74	.415		
Total	493.000	83			
Correctional Total	89.518	82			

Table 3

Significant at the 0.05 level

3.1.1. Hypothesis One

There is no significant difference in the mean scores of bullies exposed to cognitive behavioral therapy intervention and those not exposed to the intervention. Data from the table shows that treatment as main has a significant impact on students' manifestation of bullying behavior as measured by the bullying behavior inventory. This is shown by the calculated F value of 42.110 which is significant at .000 and also significant at 0.05 levels. Thus, the null hy-

pothesis of no significant effect of treatment on students bullying behavior is rejected.

3.1.2. Hypothesis Two: Gender is not a significant factor in the mean scores of bullies

Data from the table indicate that there is no significant influence on gender on the bullying behavior of students this is because the F value of .769 is not significant at .383 and also not significant at

0.05 levels. The null hypothesis of no significant effect of gender on the bullying behavior of students as measured by the bullying behavior inventory therefore stands. This shows that the male students bullying behavior were not affected differently from those of the female students. Therefore, gender is not a significant factor influencing bullying behavior of students. The null hypothesis is therefore accepted.

4. Discussion

In table one, the mean score of the participants to engage in bullying behavior was high before the intervention, after the treatment the mean score became low which is a positive indication that cognitive behavioral therapy (CBT) was effective in curbing students bullying behaviour in secondary schools in Nsukka Education Zone of Enugu State. These findings are in tandem with the findings of Gokkaya and Sutcu that cognitive behavioral therapy was effective in reducing thoughts associated to bullying. The findings of the study also correlated the findings of Ichechi who reported that according to the mean scores of the pretest and posttest, of the research carried out cognitive behavior therapy (CBT) significantly reduced bullying among secondary school students [26]. The findings of this study is also in consonance with the findings of Korkmaz and Cekic which reported that cyberbullying prevention program based on cognitive behavioral approach is highly effective in tackling cyberbullying and cyber victimization levels of the children [25].

Data from table two shows that with the mean score generated from both the male and female gender indicated that both genders benefited immensely from cognitive behavioral therapy intervention program, these findings corresponds with the findings of Cantone et al which reported that there was no gender-specific differences in effects. Participation in the cognitive behavioral therapy program for students with bullying behavior improved both boys and girls equally.

Evidence from table three indicates that there is significant difference in students with bullying behavior exposed to the intervention program than those not exposed to the program. This finding corroborate the findings of Muslim, Neviyarni & Karneli which reported that counseling using cognitive behavior therapy significantly enhances students' comprehension of bullying and reduces the behavior. The group as a whole improved from poor and average comprehension scores to high and very high understanding scores as to when compared with the experimental group. Therefore, cognitive behavior therapy is one counseling strategy intended to address the issue of counselees by cognitively rewiring inappropriate behaviors. Evidence from table two also shows that gender does not play any significant role in determining bullying behavior.

5. Conclusion

In conclusion the researchers maintained that cognitive behavioural therapy (CBT) is effective in reducing and modifying

bullying behavior among several secondary school students. Its efficacy in re-wiring mal-adaptive behaviors among students should be properly utilized by school counselors as it will undoubtedly be of immense benefit to the students as it has been empirically proven [26-35].

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Government and other relevant agencies like the Counseling Association of Nigeria (CASSON) should devote more time and channel funds into the training and retraining of counselors on how to practice and apply the CBT intervention program.
2. More counselors should be employed and immediately deployed to curb the rising rate of bullying in our secondary schools
3. Seminars and workshops should become part of the school curriculum to teach both teachers and students how to identify bullying and the necessary steps to take if they identify one

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