

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

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ABSTRACT: Conduct Disorder (CD) is a behavioural disorder characterized by persistent antisocial, aggressive, and rule-breaking behaviours that adversely affect adolescents' academic, social, and emotional functioning. This study investigated the effects of Cognitive Behavioural Therapy (CBT) on conduct disorder among Upper Basic School students in Bauchi State, Nigeria. Specifically, the study examined the effects of CBT on conduct disorder, aggression, multidimensional peer victimisation, rule violation, vandalism, truancy, and gender differences in treatment outcomes. The study adopted a quasi-experimental pretest-posttest non-equivalent control group design. A sample of 25 Upper Basic II students exhibiting conduct disorder characteristics was purposively selected from two schools and assigned to experimental and control groups. Data were collected using the Upper Basic School Students Conduct Disorder Questionnaire (UBSS-CDQ). Mean and standard deviation were used to answer the research questions, while Analysis of Covariance (ANCOVA) was used to test the hypotheses at the 0.05 level of significance. The findings showed that students exposed to CBT recorded reductions in conduct disorder, aggression, rule violation, vandalism, and truancy scores. However, ANCOVA results revealed no statistically significant differences between the experimental and control groups in conduct disorder, aggression, multidimensional peer victimisation, rule violation, vandalism, and truancy. A significant difference was observed in conduct disorder outcomes based on gender, indicating that male and female students responded differently to the intervention. The study also found no significant interaction effect of CBT on conduct disorder. The study concluded that although CBT contributed to observable improvements in behavioural outcomes, its effects were generally not statistically significant within the study period. Nevertheless, CBT remains a promising intervention for managing conduct disorder among adolescents. The study therefore recommends the integration of CBT into school counselling programmes and further research using larger samples and longer intervention periods.

KEYWORDS: Cognitive Behavioural Therapy, conduct disorder, aggression, peer victimisation, truancy, vandalism, Upper Basic School students, Bauchi State, Nigeria.

BACKGROUND

Conduct Disorder (CD) is a disruptive behavioral disorder characterized by a persistent pattern of behavior that violates the rights of others and disregards age-appropriate social norms and societal rules. The disorder commonly emerges during childhood or adolescence and is associated with significant impairments in social, academic, and family functioning. Adolescents with conduct disorder often engage in aggressive acts, property destruction, deceitfulness, theft, and serious violations of rules, which may persist into adulthood if appropriate interventions are not implemented (Fairchild et al., 2019; American Psychiatric Association, 2022). The prevalence of conduct disorder remains a significant public health concern globally. Recent epidemiological evidence indicates that conduct disorder is among the most common disruptive behavior disorders affecting children and adolescents, with prevalence varying across regions and demographic groups. The disorder frequently co-occurs with Attention-Deficit/Hyperactivity Disorder (ADHD), depression, anxiety disorders, and substance-use disorders, thereby increasing the likelihood of school failure, delinquency, and poor psychosocial outcomes (Bicalho et al., 2022; Maughan et al., 2021).

One of the most prominent manifestations of conduct disorder is aggression, which involves intentional behaviors aimed at causing physical or psychological harm to others. Aggressive behaviors may include bullying, intimidation, fighting, verbal abuse, threats, and cruelty toward people or animals. Such behaviors have been associated with poor academic adjustment, reduced peer acceptance, and increased involvement in antisocial activities among adolescents (Lochman et al., 2021; Sukhodolsky et al., 2021). Another significant manifestation is peer victimization, which refers to repeated physical, verbal, relational, or cyber aggression directed toward an individual by peers. Contemporary research indicates that adolescents who experience peer victimization are more likely to suffer from depression, anxiety, emotional distress, low self-esteem, and behavioral maladjustment. The negative

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

consequences of peer victimization can persist into adulthood, affecting both mental health and social functioning (Longobardi et al., 2020; UNESCO, 2023).

Rule violation is also a defining characteristic of conduct disorder. Adolescents exhibiting this behavior frequently engage in activities such as disobeying parents and teachers, running away from home, staying out late without permission, and repeatedly violating established school regulations. Persistent rule-breaking behaviors reflect a disregard for authority and social expectations and are strongly associated with delinquency and adverse developmental outcomes (American Psychiatric Association, 2022; Frick & Ray, 2023). Similarly, vandalism represents another manifestation of conduct disorder and involves the deliberate destruction or damage of public or private property. Adolescents may engage in damaging school facilities, defacing public structures, destroying personal belongings, or committing acts of arson. Such behaviors are often indicators of broader antisocial tendencies and can impose considerable social and economic burdens on individuals, schools, and communities (Fairchild et al., 2024).

Truancy, defined as habitual and unauthorized absence from school, is another behavior commonly associated with conduct disorder. Research suggests that chronic truancy is linked to poor academic performance, school dropout, substance abuse, juvenile delinquency, and later psychosocial difficulties. As a result, truancy is widely recognized as an early warning sign of behavioral and emotional maladjustment among adolescents (Keppens, 2023; Maynard et al., 2022). Given the adverse consequences associated with conduct disorder, CBT has emerged as one of the most effective evidence-based interventions for reducing disruptive and antisocial behaviors among adolescents. CBT focuses on helping individuals identify and modify maladaptive thoughts, beliefs, and behavioral patterns that contribute to conduct problems. Through techniques such as cognitive restructuring, anger management, problem-solving training, self-monitoring, and social-skills development, CBT promotes emotional regulation and prosocial behavior. Recent studies have demonstrated that CBT significantly reduces aggression, improves interpersonal relationships, and enhances behavioral adjustment among adolescents with conduct-related difficulties (McCart & Sheidow, 2023; Sukhodolsky et al., 2021).

Statement of the Problem

Conduct disorder has become an increasingly significant behavioural problem among upper basic school students, manifesting through aggressive behaviours, rule violations, truancy, vandalism, deceitfulness and other antisocial acts that disrupt the educational process and undermine students' social development. Reports from studies indicated that conduct disorder is prevalent among adolescents and often coexists with other psychological and behavioural challenges, thereby making it a serious concern for educators, parents, counsellors, and policymakers (Salmanian et al., 2017; Mohammadi et al., 2014). The educational and social consequences of conduct disorder are profound. Students exhibiting conduct disorder frequently experience poor academic performance, difficulties in interpersonal relationships, school disciplinary sanctions, substance abuse tendencies, and increased risks of school dropout. Their behaviours not only affect their own academic and personal development but also create an unsafe and uncondusive learning environment for other students. Furthermore, if left untreated, conduct disorder may persist into adulthood and result in problems related to employment, social adjustment, and healthy relationships.

Despite the existence of various management approaches, the persistent occurrence of conduct disorder among school-aged adolescents suggests the need for effective, evidence-based interventions. CBT has been identified as a promising therapeutic approach that helps individuals modify maladaptive thoughts and behaviours, develop problem-solving skills, and improve emotional regulation. However, empirical evidence regarding its effectiveness among upper basic school students with conduct disorder in Bauchi State remains limited. This gap necessitates the present study to determine the effects of Cognitive Behavioural Therapy on conduct disorder among upper basic school students in Bauchi State, Nigeria.

Aim and Objectives of the Study

The aim of the study was to investigate the Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi, Bauchi State, Nigeria. Specifically, the objectives were to:

1. find out the effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi State, Nigeria.
2. determine the effects of Cognitive Behavioural Therapy on aggression among Upper Basic School Students in Bauchi State, Nigeria.
3. examine the effects of Cognitive Behavioural Therapy on Multidimensional Peer Victimization among Upper Basic School Students in Bauchi State, Nigeria.
4. find out the effects of Cognitive Behavioural Therapy on Rule Violation among Upper Basic School Students in Bauchi State, Nigeria.
5. ascertain the effects of Cognitive Behavioural Therapy on Vandalism among Upper Basic School Students in Bauchi State, Nigeria.
6. ascertain the effects of Cognitive Behavioural Therapy on Truancy among Upper Basic School Students in Bauchi State, Nigeria.

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

7. find out the effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students based on gender.

Research Questions

The following research questions guided the study:

1. What are the pretest and post-test mean scores of conduct disorder among upper basic school students in the experimental and control groups?
2. What are the pretest and post-test mean scores of aggression among upper basic school students in the experimental and control groups?
3. What are the pretest and post-test mean scores of multidimensional peer victimisation among upper basic school students in the experimental and control groups?
4. What are the pretest and post-test mean scores of rule violation among upper basic school students in the experimental and control groups?
5. What are the pretest and post-test mean scores of vandalism among upper basic school students in the experimental and control groups?
6. What are the pretest and post-test mean scores of truancy among upper basic school students in the experimental and control groups?
7. What are the pretest and post-test mean scores of conduct disorder of male and female upper basic school students in the experimental and control groups?
8. What are the interactive effects of Cognitive Behavioural Therapy on conduct disorder among upper basic school students in Bauchi State, Nigeria?

Hypotheses

The following hypotheses were tested at the 0.05 level of significance:

1. There is no significant difference between the pretest and post-test mean scores of conduct disorder among upper basic school students in the experimental and control groups.
2. There is no significant difference between the pretest and post-test mean scores of aggression among upper basic school students in the experimental and control groups.
3. There is no significant difference between the pretest and post-test mean scores of multidimensional peer victimisation among upper basic school students in the experimental and control groups.
4. There is no significant difference between the pretest and post-test mean scores of rule violation among upper basic school students in the experimental and control groups.
5. There is no significant difference between the pretest and post-test mean scores of vandalism among upper basic school students in the experimental and control groups.
6. There is no significant difference between the pretest and post-test mean scores of truancy among upper basic school students in the experimental and control groups.
7. There is no significant difference between the pretest and post-test mean scores of conduct disorder of male and female upper basic school students in the experimental and control groups.
8. There is no significant interactive effect of Cognitive Behavioural Therapy on conduct disorder among upper basic school students in Bauchi State, Nigeria.

LITERATURE REVIEW

Behavioural disorders are a group of psychological and developmental conditions characterized by persistent patterns of maladaptive behaviours that interfere with an individual's social, academic, emotional, and interpersonal functioning. These disorders are often manifested through disruptive, aggressive, defiant, impulsive, or antisocial behaviours that deviate significantly from age-appropriate expectations. Behavioural disorders commonly emerge during childhood and adolescence and, when left untreated, may result in long-term difficulties in educational achievement, social relationships, and mental health outcomes. Recent literature emphasizes that behavioural disorders arise from complex interactions among biological, psychological, family, and environmental factors, highlighting the need for early identification and intervention (American Psychiatric Association, 2022; Frick & Ray, 2023).

Concept of Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) is a structured, goal-oriented, and evidence-based psychotherapeutic approach that focuses on the relationship among thoughts, emotions, and behaviours. CBT is based on the premise that maladaptive cognitive patterns influence emotional reactions and behavioural responses. Therefore, modifying dysfunctional thoughts can lead to healthier emotions and more adaptive behaviours. In counselling and educational settings, CBT is widely used to address disruptive

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

behaviours, aggression, anxiety, depression, and conduct-related problems among adolescents. Through strategies such as cognitive restructuring, behavioural rehearsal, problem-solving training, self-monitoring, and social skills development, CBT enables individuals to recognize irrational thoughts, challenge negative beliefs, and adopt more constructive behavioural patterns (Beck & Haigh, 2014; David et al., 2024).

Concept of Conduct Disorder

Conduct Disorder (CD) is a serious behavioural disorder characterized by a repetitive and persistent pattern of behaviour in which the basic rights of others and major societal norms are violated. Adolescents with conduct disorder frequently engage in aggressive acts, deceitfulness, property destruction, theft, and severe rule violations. These behaviours often result in significant impairment in family relationships, school adjustment, and peer interactions. Conduct disorder is regarded as one of the most prevalent disruptive behaviour disorders among adolescents and is associated with increased risks of delinquency, substance abuse, academic failure, and antisocial personality traits in adulthood (American Psychiatric Association, 2022; Fairchild et al., 2024).

Types of Conduct Disorder

Conduct disorder manifests through various behavioural patterns that reflect persistent violations of societal norms and the rights of others. The major dimensions include aggression, destruction of property, deceitfulness, and serious violations of rules.

Aggression among Adolescents

Aggression is one of the most visible manifestations of conduct disorder. It involves behaviours intended to inflict physical, emotional, or psychological harm on another individual. Aggressive behaviours among adolescents may include bullying, fighting, intimidation, threatening others, assault, verbal abuse, and cruelty toward animals or people. Such behaviours often disrupt classroom learning, increase peer conflict, and contribute to poor academic and social adjustment. Studies have demonstrated that aggressive adolescents are more likely to experience disciplinary problems, social rejection, and involvement in delinquent activities (Lochman et al., 2021; Sukhodolsky et al., 2021).

Destruction of Property (Vandalism)

Destruction of property, commonly referred to as vandalism, involves the deliberate damage or destruction of public or private property. Adolescents with conduct disorder may engage in acts such as breaking school equipment, damaging infrastructure, defacing walls with graffiti, setting fires, or destroying personal belongings. Vandalism reflects underlying antisocial tendencies and frequently imposes significant economic and social costs on schools, families, and communities. Research suggests that property destruction is often associated with poor impulse control, hostility, and broader conduct-related behavioural problems (Fairchild et al., 2024).

Deceitfulness

Deceitfulness refers to a consistent tendency to engage in dishonest behaviours for personal gain or to avoid obligations. Adolescents exhibiting deceitful behaviours often lie frequently, manipulate others, forge signatures, steal valuables, or engage in fraudulent activities. Such behaviours undermine trust in interpersonal relationships and are considered a hallmark feature of conduct disorder. Persistent deceitfulness has been linked to later criminal involvement, poor social functioning, and difficulties in maintaining healthy relationships (Frick & Ray, 2023).

Rule Violation and Truancy

Serious rule violations constitute another important dimension of conduct disorder. These behaviours include repeatedly disobeying parents and teachers, staying out late without permission, running away from home, and engaging in truancy. Truancy, in particular, refers to habitual and unauthorized absence from school. Persistent truancy is associated with poor academic achievement, school dropout, substance use, and juvenile delinquency. Adolescents who consistently violate rules often demonstrate disregard for authority and established social expectations, which may hinder their successful adjustment to school and society (Keppens, 2023; Maynard et al., 2022).

Factors Contributing to Conduct Disorder

Several factors contribute to the development and maintenance of conduct disorder among adolescents. Parenting styles play a crucial role in shaping children's behavioural outcomes. Harsh discipline, inconsistent parenting, neglect, and inadequate supervision have been associated with increased conduct-related problems, whereas supportive and consistent parenting practices serve as protective factors (Pinquart, 2024). Family factors such as family conflict, parental psychopathology, domestic violence, poor attachment relationships, and family instability contribute significantly to the emergence of conduct disorder. Adolescents raised in highly conflicted or dysfunctional family environments are more likely to exhibit antisocial behaviours (Fairchild et al., 2024).

Socioeconomic status is another important determinant. Poverty, unemployment, overcrowding, and limited access to social resources may increase exposure to stressors that contribute to behavioural difficulties and maladjustment among adolescents (Murray et al., 2021). Peer influence significantly affects adolescent behaviour. Association with delinquent peers often reinforces

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

aggressive, antisocial, and rule-breaking behaviours, whereas positive peer relationships promote healthy social development (Van Ryzin et al., 2020). School environment also contributes to the development of conduct disorder. Factors such as poor teacher-student relationships, academic failure, bullying, inadequate behavioural support systems, and unsafe school climates increase the likelihood of behavioural misconduct among students (UNESCO, 2023).

Risk Factors, Symptoms, and Causes of Conduct Disorder

Conduct disorder develops through a complex interaction of biological, psychological, familial, and environmental influences. Risk factors include genetic vulnerability, neuropsychological deficits, childhood trauma, parental neglect, exposure to violence, association with deviant peers, and adverse community environments. Common symptoms include aggression, deceitfulness, vandalism, theft, truancy, bullying, intimidation, and persistent violations of social rules. The disorder is increasingly understood from a developmental psychopathology perspective, whereby multiple risk factors accumulate over time to increase the likelihood of antisocial behavioural patterns (American Psychiatric Association, 2022; Frick & Ray, 2023).

Prevalence of Conduct Disorder

Conduct disorder remains one of the most prevalent behavioural disorders among adolescents globally. Recent evidence indicates that prevalence rates vary across countries, cultures, and age groups, with males generally exhibiting higher rates than females. Epidemiological studies suggest that conduct disorder affects a substantial proportion of school-aged children and adolescents and continues to represent a major concern for educators, mental health professionals, and policymakers because of its association with academic difficulties, substance abuse, criminal behaviour, and mental health disorders (Maughan et al., 2021; Fairchild et al., 2024).

Empirical studies have extensively examined the effectiveness of Cognitive Behavioural Therapy and its impact on behavioural outcomes among adolescents. Research consistently demonstrates that CBT contributes significantly to reductions in conduct disorder symptoms, aggression, delinquent behaviour, and emotional dysregulation while improving social functioning and problem-solving abilities (McCart & Sheidow, 2023; Sukhodolsky et al., 2021). Studies on conduct disorder have shown that adolescents who participate in structured cognitive-behavioural interventions exhibit greater behavioural improvement than those receiving conventional counselling services. Similarly, investigations into juvenile delinquency reveal that CBT-based interventions reduce recidivism and antisocial behaviours by addressing dysfunctional thinking patterns and enhancing self-control (McCart & Sheidow, 2023).

Research on peer victimization indicates that CBT improves coping skills, emotional resilience, and social competence, thereby reducing the negative psychological effects of bullying and victimization (Longobardi et al., 2020). Studies focusing on aggression report significant declines in aggressive behaviours following CBT interventions due to improved anger management and problem-solving skills (Lochman et al., 2021). Furthermore, empirical evidence suggests that CBT is effective in addressing substance-use behaviours among adolescents by modifying maladaptive beliefs, strengthening self-regulation skills, and reducing engagement in risky behaviours associated with conduct disorder (Hogue et al., 2021).

THEORETICAL FRAMEWORK

This study is anchored on **Aaron Beck's Cognitive Behavioural Theory**. Beck proposed that individuals' emotions and behaviours are influenced primarily by their thoughts and interpretations of events rather than by the events themselves. According to the theory, maladaptive cognitions generate dysfunctional behavioural responses. Consequently, behavioural problems such as aggression, truancy, vandalism, and rule violations may result from distorted thought patterns and irrational beliefs. Cognitive Behavioural Therapy seeks to identify, challenge, and replace these maladaptive cognitions with more realistic and adaptive ways of thinking. As thoughts change, emotional responses and behaviours are expected to improve (Beck & Haigh, 2014).

CONCEPTUAL FRAMEWORK

The conceptual framework for this study is based on the assumption that participation in Cognitive Behavioural Therapy leads to positive cognitive restructuring, which subsequently results in behavioural modification. The framework therefore proposes that: Cognitive Behavioural Therapy (CBT) → Cognitive Change → Reduction in Conduct Disorder Behaviours. Through CBT, adolescents learn to identify irrational thoughts, develop effective coping strategies, improve emotional regulation, and strengthen problem-solving skills. These cognitive and behavioural changes are expected to reduce aggressive behaviours, peer victimization experiences, vandalism, deceitfulness, truancy, and other forms of conduct disorder, thereby improving students' overall social and academic adjustment.

METHODOLOGY

The study adopted a quasi-experimental pretest-posttest non-equivalent control group design. This design was considered suitable because it enabled the researcher to assess the effectiveness of Cognitive Behavioural Therapy (CBT) on conduct disorder among

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

Upper Basic School students by comparing the experimental and control groups before and after the intervention. The population comprised Upper Basic School II (JSS II) students in the Bauchi South Senatorial Zone of Bauchi State, a group considered vulnerable to behavioural problems such as aggression, truancy, rule violation, peer victimization, and other manifestations of conduct disorder. The sample was drawn from two selected schools and divided into experimental and control groups. A purposive sampling technique was used to select schools and students exhibiting conduct disorder characteristics to ensure relevance to the study objectives.

Data were collected using the Upper Basic School Students Conduct Disorder Questionnaire (UBSS-CDQ), which served as the instrument for both pretest and posttest assessments. The questionnaire measured key dimensions of conduct disorder, including aggression, multidimensional peer victimization, rule violation, vandalism, and truancy. Each subscale assessed specific behavioural manifestations associated with conduct disorder. To ensure the quality of the instrument, appropriate validity and reliability procedures were carried out to ascertain that the questionnaire accurately measured the intended constructs and produced consistent results.

Data collection involved three stages: administration of the pretest to both groups, implementation of the CBT intervention for the experimental group while the control group received no treatment, and administration of the posttest to both groups after the intervention. This procedure enabled the determination of behavioural changes attributable to CBT. Data were analysed using descriptive and inferential statistics. Mean scores and standard deviations were used to answer the research questions, while Analysis of Covariance (ANCOVA) and other appropriate inferential statistical techniques were employed to test the hypotheses and examine treatment and gender effects.

RESULTS

Research Question 1: What are the pretest and posttest mean scores of conduct disorder among upper basic school students in the experimental and control groups?

Table 1: Pretest and Posttest Mean Scores of Conduct Disorder

Group	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	14	1.93	1.27	1.57	0.51	-0.36
Control	11	1.73	1.19	1.73	1.42	0.00

Research Question 1 examined the pretest and posttest mean conduct disorder scores of students in the experimental and control groups. The findings showed a reduction in conduct disorder scores among the experimental group (mean difference = -0.36), while no change was observed in the control group (mean difference = 0.00), suggesting that CBT helped reduce conduct disorder among students in the experimental group.

Hypothesis 1: There is no significant difference between the pretest and post-test mean scores of conduct disorder among upper basic school students in the experimental and control groups.

Table 2: ANCOVA Summary of Posttest Conduct Disorder Scores by Group, Controlling for Pretest Conduct Disorder

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	1.834 ^a	2	.917	1.236	.310	.101	
Intercept	5.834	1	5.834	7.862	.010	.263	
PretestCD3	1.830	1	1.830	2.466	.131	.101	
Groups	.016	1	.016	.022	.883	.001	
Error	16.326	22	.742				
Total	79.000	25					
Corrected Total	18.160	24					

a. R Squared = .101 (Adjusted R Squared = .019)

Hypothesis 1 stated that there is no significant difference between the pretest and posttest mean conduct disorder scores of students in the experimental and control groups. The ANCOVA result showed no significant group difference, $F(1, 22) = 0.022$, $p = .883$. Therefore, the null hypothesis was retained, indicating that CBT had no significant effect on conduct disorder.

Research Question 2: What are the pretest and post-test mean scores of aggression among upper basic school students in the experimental and control groups?

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

Table 3: Pretest and Posttest Mean Scores on Aggression

Group	N	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Mean Difference
Experimental	14	2.29	1.20	1.86	0.66	-0.43
Control	11	2.36	1.36	2.09	1.14	-0.27

The results in Table 3 show that students in the experimental group had a pretest mean score of 2.29 (SD = 1.20) and a post-test mean score of 1.86 (SD = 0.66), resulting in a mean reduction of 0.43. Similarly, students in the control group recorded a pretest mean score of 2.36 (SD = 1.36) and a post-test mean score of 2.09 (SD = 1.14), yielding a mean reduction of 0.27. The findings indicate that aggression scores decreased in both groups; however, the reduction was greater among students in the experimental group than those in the control group. This suggests that Cognitive Behavioural Therapy (CBT) contributed to a greater reduction in aggressive behaviour among students exposed to the treatment.

Hypothesis 2: There is no significant difference between the pretest and posttest mean scores of aggression among upper basic school students in the experimental and control groups.

Table 4: ANCOVA Summary of Posttest Aggression Scores by Group, Controlling for Pretest Aggression

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	9.188 ^a	2	4.594	3.770	.039	.255	
Intercept	4.015	1	4.015	3.295	.083	.130	
PretestAggre1	7.526	1	7.526	6.175	.021	.219	
Groups	.674	1	.674	.553	.465	.025	
Error	26.812	22	1.219				
Total	157.000	25					
Corrected Total	36.000	24					

a. R Squared = .255 (Adjusted R Squared = .188)

The ANCOVA result in Table 4 showed that the effect of group on post-test aggression scores was not statistically significant, $F(1, 22) = 0.553, p = .465$, with a partial eta squared of .025. Since the obtained p -value (.465) is greater than the 0.05 level of significance, the null hypothesis was **not rejected**. Therefore, there was no significant difference between the post-test aggression scores of students in the experimental and control groups after controlling for pretest aggression scores. This finding implies that Cognitive Behavioural Therapy (CBT) did not have a statistically significant effect on aggression among the participants during the study period.

Research Question 3: What are the pretest and post-test mean scores of multidimensional peer victimisation among upper basic school students in the experimental and control groups?

Table 5: Pretest and Posttest Mean Scores of Multidimensional Peer Victimization

Group	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	14	2.29	1.07	1.43	0.51	-0.86
Control	11	2.45	1.37	1.55	1.21	-0.90

Research Question 3 examined the pretest and posttest mean multidimensional peer victimisation scores of students in the experimental and control groups. The findings showed reductions in peer victimisation scores in both the experimental group (mean difference = -0.86) and the control group (mean difference = -0.90). These results indicate a decrease in multidimensional peer victimisation among students in both groups.

Hypothesis 3: There is no significant difference between the pretest and posttest mean scores of multidimensional peer victimisation among upper basic school students in the experimental and control groups.

Table 6: ANCOVA Summary of Posttest Multidimensional Peer Victimization Scores by Group, Controlling for Pretest Peer Victimization

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	2.761 ^a	2	1.381	.972	.394	.081	
Intercept	4.280	1	4.280	3.014	.097	.121	

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

PretestVict1	1.976	1	1.976	1.391	.251	.059
Groups	1.000	1	1.000	.705	.410	.031
Error	31.239	22	1.420			
Total	115.000	25				
Corrected Total	34.000	24				

a. R Squared = .081 (Adjusted R Squared = -.002)

Hypothesis 3 stated that there is no significant difference between the pretest and posttest mean multidimensional peer victimisation scores of students in the experimental and control groups. The ANCOVA result showed no significant group difference, $F(1, 22) = 0.705$, $p = .410$. Therefore, the null hypothesis was retained, indicating that CBT had no significant effect on multidimensional peer victimisation.

Research Question 4: What are the pretest and post-test mean scores of rule violation among upper basic school students in the experimental and control groups?

Table 7: Pretest and Posttest Mean Scores of Rule Violation

Group	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	14	2.14	0.66	1.14	0.36	-1
Control	11	2.27	1.10	1.91	1.58	-0.36

The results in Table 7 show that students in the experimental group had a pretest mean score of 2.14 (SD = 0.66) and a post-test mean score of 1.14 (SD = 0.36), resulting in a mean reduction of 1.00. Similarly, students in the control group recorded a pretest mean score of 2.27 (SD = 1.10) and a post-test mean score of 1.91 (SD = 1.58), yielding a mean reduction of 0.36. The findings indicate that both groups experienced reductions in rule violation scores; however, the reduction was greater among students in the experimental group than those in the control group. This suggests that Cognitive Behavioural Therapy (CBT) contributed to a greater improvement in rule violation behaviour among students exposed to the treatment.

Hypothesis 4: There is no significant difference between the pretest and posttest mean scores of rule violation among upper basic school students in the experimental and control groups.

Table 8: ANCOVA Summary of Posttest Rule Violation Scores by Group, Controlling for Pretest Rule Violation

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	7.626 ^a	2	3.813	3.709	.041	.252	
Intercept	2.899	1	2.899	2.821	.107	.114	
PretestRuleV1	4.009	1	4.009	3.900	.061	.151	
Groups	2.186	1	2.186	2.126	.159	.088	
Error	22.614	22	1.028				
Total	85.000	25					
Corrected Total	30.240	24					

a. R Squared = .252 (Adjusted R Squared = .184)

The ANCOVA result in Table 8 showed that group effect was not statistically significant, $F(1, 22) = 2.126$, $p = .159$, with a partial eta squared of .088. Since the obtained p -value (.159) is greater than the 0.05 level of significance, the null hypothesis was **not rejected**. Therefore, there was no significant difference between the post-test rule violation scores of students in the experimental and control groups after controlling for pretest scores. This implies that Cognitive Behavioural Therapy (CBT) did not have a statistically significant effect on rule violation among the participants during the study period.

Research Question 5: What are the pretest and post-test mean scores of vandalism among upper basic school students in the experimental and control groups?

Table 9: Pretest and Posttest Mean Scores of Vandalism

Group	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	14	1.93	1.27	1.14	0.36	-0.79
Control	11	1.55	1.21	1.55	1.21	0.00

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

Research Question 5 examined the pretest and posttest mean vandalism scores of students in the experimental and control groups. The findings showed a decrease in vandalism scores among the experimental group (mean difference = -0.79), while no change was observed in the control group (mean difference = 0.00), suggesting that CBT helped reduce vandalism among students in the experimental group.

Hypothesis 5: There is no significant difference between the pretest and posttest mean scores of vandalism among upper basic school students in the experimental and control groups.

Table 10: ANCOVA Summary of Posttest Vandalism Scores by Group, Controlling for Pretest Vandalism

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	5.023 ^a	2	2.512	4.258	.027	.279	
Intercept	6.345	1	6.345	10.756	.003	.328	
PretestVand1	4.374	1	4.374	7.415	.012	.252	
Groups	.481	1	.481	.816	.376	.036	
Error	12.977	22	.590				
Total	118.000	25					
Corrected Total	18.000	24					

a. R Squared = .279 (Adjusted R Squared = .214)

Hypothesis 5 stated that there is no significant difference between the pretest and posttest mean vandalism scores of students in the experimental and control groups. The ANCOVA result showed no significant group difference, $F(1, 22) = 0.816$, $p = .376$. Therefore, the null hypothesis was retained, indicating that CBT had no significant effect on vandalism.

Research Question 6: What are the pretest and post-test mean scores of truancy among upper basic school students in the experimental and control groups?

Table 11: Pretest and Posttest Mean Scores of Truancy

Group	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	14	1.71	0.73	1.14	0.36	-0.57
Control	11	1.64	1.21	1.91	1.14	0.27

Research Question 6 examined the pretest and posttest mean truancy scores of students in the experimental and control groups. The findings showed that the experimental group recorded a decrease in truancy scores (mean difference = -0.57), whereas the control group recorded an increase (mean difference = $+0.27$), suggesting that CBT contributed to reducing truancy among students in the experimental group.

Hypothesis 6: There is no significant difference between the pretest and posttest mean scores of truancy among upper basic school students in the experimental and control groups.

Table 12: ANCOVA Summary of Posttest Truancy Scores by Group, Controlling for Pretest Truancy

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	16.214 ^a	2	8.107	22.223	.000	.669	
Intercept	1.007	1	1.007	2.760	.111	.111	
PretestTruancy1	15.370	1	15.370	42.134	.000	.657	
Groups	.595	1	.595	1.632	.215	.069	
Error	8.026	22	.365				
Total	82.000	25					
Corrected Total	24.240	24					

a. R Squared = .669 (Adjusted R Squared = .639)

Hypothesis 6 stated that there is no significant difference between the pretest and posttest mean truancy scores of students in the experimental and control groups. The ANCOVA result showed no significant group difference, $F(1, 22) = 1.632$, $p = .215$. Therefore, the null hypothesis was retained, indicating that CBT did not have a significant effect on truancy after controlling for pretest scores.

Research Question 7: What are the pretest and post-test mean scores of conduct disorder of male and female upper basic school students in the experimental and control groups?

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

Table 13: Pretest and Posttest Mean Scores of Conduct Disorder

Group	Gender	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	Male	8	1.38	0.57	1.13	0.13	-0.25
Experimental	Female	6	1.08	0.13	1.08	0.13	0.00
Control	Male	6	1.50	0.80	2.04	0.92	+0.54
Control	Female	5	1.10	0.14	1.25	0.45	+0.15

Research Question 7 examined the pretest and posttest conduct disorder scores of male and female students in the experimental and control groups. The findings showed a reduction in conduct disorder scores among male students in the experimental group, while female students' scores remained unchanged. In contrast, both male and female students in the control group recorded increases in conduct disorder scores. These results suggest that CBT contributed to reducing conduct disorder, particularly among male students. Hypothesis 7: There is no significant difference between the pretest and post-test mean scores of conduct disorder of male and female upper basic school students in the experimental and control groups.

Table 14: ANCOVA Summary of Posttest Conduct Disorder Scores by Gender and Group, Controlling for Pretest Conduct Disorder

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	13.353 ^a	2	6.677	39.840	.000	.784	
Intercept	.396	1	.396	2.362	.139	.097	
PretestCDMF1	10.859	1	10.859	64.795	.000	.747	
Groups	1.547	1	1.547	9.233	.006	.296	
Error	3.687	22	.168				
Total	58.000	25					
Corrected Total	17.040	24					

a. R Squared = .784 (Adjusted R Squared = .764)

Hypothesis 7 stated that there is no significant difference between the pretest and posttest mean conduct disorder scores of male and female students in the experimental and control groups. The ANCOVA result showed a significant group effect, $F(1, 22) = 9.233$, $p = .006$. Therefore, the null hypothesis was rejected, indicating a significant difference in conduct disorder scores between the groups after controlling for pretest scores. The effect size was moderate ($\eta^2 = .296$).

Research Question 8: What are the interactive effects of Cognitive Behavioural Therapy on conduct disorder among upper basic school students in Bauchi State, Nigeria (h1-h3)?

Table 15: Pretest and Posttest Mean Scores of Conduct Disorder Interaction

Group	N	Pretest Mean Score	Pretest SD	Posttest Mean Score	Posttest SD	Mean Difference
Experimental	14	1.50	1.00	1.50	1.00	0.00
Control	11	1.49	0.87	1.21	0.40	-0.28

Research Question 8 sought to determine the interactive effects of Cognitive Behavioural Therapy (CBT) on conduct disorder among upper basic school students in Bauchi State, Nigeria. The results showed that the experimental group had a pretest mean score of 1.50 (SD = 1.00) and maintained the same posttest mean score of 1.50 (SD = 1.00), resulting in no mean difference. In contrast, the control group had a pretest mean score of 1.49 (SD = 0.87) and a posttest mean score of 1.21 (SD = 0.40), yielding a mean difference of -0.28. These findings indicate a slight decrease in conduct disorder interaction scores among students in the control group, whereas no change was observed in the experimental group.

Hypothesis 8: There is no significant interactive effect of Cognitive Behavioural Therapy on conduct disorder among upper basic school students in Bauchi State, Nigeria.

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

Table 16: ANCOVA Summary of Posttest Conduct Disorder Interaction Scores by Group, Controlling for Pretest Conduct Disorder Interaction

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	16.770 ^a	2	8.385	19.646	.000	.641	
Intercept	.976	1	.976	2.286	.145	.094	
PretestInEffCD1	16.656	1	16.656	39.024	.000	.639	
Groups	.056	1	.056	.131	.720	.006	
Error	9.390	22	.427				
Total	87.000	25					
Corrected Total	26.160	24					

a. R Squared = .641 (Adjusted R Squared = .608)

Hypothesis 8 stated that there is no significant interaction effect of CBT on conduct disorder among upper basic school students in Bauchi State, Nigeria. The ANCOVA results revealed that the interaction effect of treatment group was not statistically significant, $F(1, 22) = 0.131$, $p = .720$, indicating that CBT did not produce a significant interaction effect on conduct disorder when pretest scores were controlled. Therefore, the null hypothesis was retained. However, the model explained 64.1% of the variance in posttest conduct disorder scores (Adjusted $R^2 = .608$), suggesting that other factors within the model contributed substantially to the observed outcomes.

Discussion of Findings

This study investigated the effectiveness of Cognitive Behavioural Therapy (CBT) in reducing conduct disorder and its associated behaviours among Upper Basic II students. The findings generally revealed that students in the experimental group recorded greater reductions in conduct disorder, aggression, peer victimization, rule violation, vandalism, and truancy than those in the control group. However, most of these improvements did not reach statistical significance, except for gender, which significantly influenced treatment outcomes. These findings are discussed in relation to existing literature. Regarding conduct disorder, the findings showed a greater reduction among students exposed to CBT than those in the control group, although the difference was not statistically significant. This suggests that CBT contributed to behavioural improvement, but the effect was modest. The finding is consistent with studies showing that CBT often produces small to moderate improvements in conduct-related behaviours, especially in school-based settings (Fordham et al., 2021; Matthys & Schutter, 2023). However, it contrasts with Kumuyi et al. (2022), who reported significant reductions in conduct disorder following CBT intervention. The variation may be attributed to differences in programme duration, treatment intensity, or implementation procedures.

The study further revealed that aggression decreased in both groups, with a greater reduction observed among participants in the experimental group. Although the difference was not statistically significant, the finding suggests that CBT may contribute to reducing aggressive behaviours. This supports previous studies indicating that CBT can help adolescents develop better self-control, emotional regulation, and anger-management skills, leading to reductions in aggression and other externalizing behaviours (Fordham et al., 2021; Matthys & Schutter, 2023). For multidimensional peer victimization, both groups recorded reductions, although the improvement was slightly greater in the control group. The difference was not statistically significant. This finding differs from Ozodinobi et al. (2019), who found CBT to be effective in reducing peer victimization among secondary school students. The result may indicate that peer victimization is influenced by broader social and environmental factors that may not be adequately addressed through CBT alone.

The findings also showed that rule violation decreased more in the experimental group than in the control group. Although the difference was not statistically significant, the magnitude of reduction suggests some practical benefit of CBT. This finding aligns with cognitive behavioural principles, which posit that modifying maladaptive thoughts can improve behavioural compliance and reduce antisocial tendencies (Matthys & Schutter, 2023). Similarly, Kumuyi et al. (2022) reported that CBT can help reduce delinquent and rule-breaking behaviours, particularly when combined with complementary interventions. With regard to vandalism, students who received the CBT intervention recorded greater reductions than those in the control group. However, the difference was not statistically significant. This finding suggests that CBT may help students develop better emotional control and decision-making skills, thereby reducing destructive behaviour. Nevertheless, the result supports previous evidence that stronger outcomes may require the integration of family, school, or community-based interventions alongside CBT (Fordham et al., 2021).

The results on truancy indicated a reduction among participants in the experimental group, whereas truancy increased among students in the control group. Although the group difference was not statistically significant, the result suggests that CBT may positively influence school attendance and engagement. This finding is consistent with research indicating that CBT-based interventions can improve students' behavioural adjustment and academic participation when effectively implemented (Hedman Lagerlöf et al., 2023). A notable finding of the study was the significant influence of gender on conduct disorder outcomes. The

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

results suggest that male and female students responded differently to the intervention, indicating that gender may moderate the effectiveness of CBT. This finding supports studies reporting gender-related differences in behavioural responses and mental health outcomes during adolescence (Herrmann et al., 2023).

Overall, the findings suggest that CBT has positive practical effects on conduct disorder and related behavioural problems among Upper Basic School students. Although most of the observed improvements were not statistically significant, the consistent pattern of behavioural reduction in the experimental group supports the usefulness of CBT as an intervention strategy. The findings further suggest that stronger outcomes may be achieved through longer intervention periods, improved implementation, or the integration of CBT with other behavioural and psychosocial intervention programmes.

CONCLUSION

This study examined the effects of Cognitive Behavioural Therapy (CBT) on conduct disorder among Upper Basic School students in Bauchi State, Nigeria. The findings revealed that students who participated in the CBT programme recorded reductions in conduct disorder, aggression, vandalism, and truancy scores compared to their pretest levels, suggesting that the intervention contributed positively to behavioural improvement. However, the statistical analyses indicated that the observed differences in conduct disorder, multidimensional peer victimisation, vandalism, and truancy between the experimental and control groups were not statistically significant. The study further found that multidimensional peer victimisation decreased among both the experimental and control groups, indicating that factors other than the intervention may have influenced the reduction. In addition, the findings showed a significant difference in conduct disorder scores across gender and group categories, suggesting that gender may play a role in behavioural outcomes following intervention. Overall, the study concludes that CBT remains a promising therapeutic approach for addressing behavioural problems among adolescents and may be useful in promoting positive behavioural adjustment among students with conduct disorder.

RECOMMENDATIONS

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

For Counsellors: School counsellors should incorporate Cognitive Behavioural Therapy techniques into counselling programmes designed for students exhibiting conduct disorder and related behavioural problems. Counsellors should also organize regular behavioural modification sessions aimed at helping students develop effective problem-solving, emotional regulation, and interpersonal skills. Early identification and intervention should be encouraged to prevent the escalation of conduct-related behaviours.

For Schools: School administrators should strengthen guidance and counselling units by providing the necessary resources and support for the implementation of behavioural intervention programmes. Schools should also develop strategies for monitoring students' behavioural patterns and create supportive learning environments that encourage positive conduct and discourage aggression, truancy, vandalism, and rule violations.

For Parents: Parents should work closely with teachers and counsellors in monitoring the behaviour of their children both at home and in school. They should provide adequate emotional support, positive discipline, and supervision to help adolescents develop socially acceptable behaviours. Parents should also seek professional assistance whenever persistent behavioural problems are observed in their children.

For Policymakers: Educational policymakers should support the integration of evidence-based behavioural interventions such as CBT into school counselling services. Government agencies and educational authorities should provide training opportunities for counsellors and teachers in behavioural management techniques and allocate adequate resources for school-based mental health and counselling programmes.

For Future Researchers: Future researchers should replicate the study using larger sample sizes and broader geographical coverage to enhance the generalizability of the findings. Further studies should also explore other therapeutic approaches, compare different intervention strategies, and examine additional variables that may influence conduct disorder among adolescents. Longitudinal studies may also be conducted to determine the long-term effectiveness of CBT in reducing conduct disorder and related behavioural problems.

Effects of Cognitive Behavioural Therapy on Conduct Disorder among Upper Basic School Students in Bauchi Metropolis, Bauchi State, Nigeria

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