# EFFECTS OF TRAUMA TREATMENT MODELS ON SCHOOL BULLYING BEHAVIOUR AND ACADEMIC PERFORMANCE OF STUDENTS IN IMO STATE, NIGERIA

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**Abstract**
*Bullying is an act of uncontrollable behaviour among secondary schools, especially in Nigeria. The study, therefore, examined the effects of trauma treatment models on bullying behaviour and academic performance of students in Imo State, Nigeria. A quasi-experimental pre-test, post-test, control group was adopted for the study. The population of the study comprised 3,258 students. The sample size consisted of 164 (89 -Males, 75-Females) Senior Secondary One students was randomly selected from Owerri Municipal, in Imo State. Four research questions and two null hypotheses were addressed. Two instruments titled: Bullying Behaviour and Tendencies to Trauma Questionnaire (BBTTQ) and Students' Academic Performance Questionnaire (SAPQ) were used to generate data for the study. The questionnaire was rated on 4-point type scale of Strongly Agree (SA) Agree (A) , Disagree (D) and Strongly Disagree (SD) respectfully. The baseline for acceptance or rejection of a statement was 2.50. The collected data were analyzed using mean and Standard Deviation for the research questions while t-test was used to test the null hypotheses at 0.05 level of significance. The findings of the study revealed the following: Accelerated and Resolution Therapy (ART), and Acceptance and Commitment Therapy (ACT) effectively reduced bullying behaviour among the students. Both ART and ACT significantly reduced bullying behaviour of students based on gender. Based on the result, conclusion was drawn and it was recommended, among others, that the two treatment models should be applied to reduce trauma among bullied students.*

**Keywords:** Bullying, academic performance, trauma treatment models.

## Introduction

Bullying is an act of disruptive behaviours and one of the problem behaviours among secondary school students. Mc Dougall and Vailliancourt (2015) defined school bullying as an intentional hurtful action directed towards another person or individuals, by one or more people, which could also involve a complex interplay of dominance and social status. Bullying is an intentional behaviour that hurts, harms, or humiliates a student, either physically, psychologically or emotionally, and can happen while at school, in the community, or online etc. In addition, New

South Wales Department of Education (2015) described bullying as repeated verbal, physical, social, or psychological behaviour that is harmful and involves misuse of power by an individual or group towards one or more persons. Dickerson (2005) also, considered bullying as a common form of violence in schools. Various studies indicated that bullying makes schools unsafe places for students and therefore, requires urgent attention. The researchers in this context, defined bullying as any act done with the intention of hurting, over-powering, threatening, abusing, influencing and controlling an individual or group whom the bully. Bullying behaviour often has more social or physical "power", while those targeted have difficulty stopping the behaviour. Bullies perceive their victims as vulnerable and inferior. They feel that they are in control, superior, powerful, energiased and bigger than the victims who are considered as harmless.

According to Bennett (2016), bullying ranges from one-to-one individual bullying to group bullying and manipulate their victims in several ways namely; physical size and strength, status within the peer group, knowing the victims' weakness, and gaining support from other children as in group bullying (Olweus, 2011). On the other hand, Levinson (2014) pointed out that some bullies may bully out of jealousy or as a result of being bullied. In the same vein, Cardemil and O'Donnell (2010) noted that some bullies are arrogant and egoistic and can use bullying as a tool to cover shame, anxiety or to boost self-esteem. According to Patterson (2015), some factors that lure some individuals into bullying include: depression, personality disposition , personality disorder, anger, quick temper, use of force, addiction to aggressive behaviour, misinterpreting others, being hostile, and concern with preserving self-image among others. All these may affect students' academic performance. For instance, Konishi, Hymel and Zumbo (2010) found that school bullying affects negatively academic performance of students. The researchers further assert that bullying prevents concentration and subsequent academic performance since bully victims lose interest in learning and experience a drop in academic grades because of distracted attention.

Academic performance of the child refers to the learning result of the child which embraces knowledge, skills, and ideas among others; learnt in the course of studying either within or outside. When the child is able to study and equally remembers what was taught and is able to express the knowledge to others either in writing or verbally, that child is said to have performed well academically. Bullying may hinder academic performance of both the bully and the bullied students. British Association of Counselling and Psychotherapy (2015) observed that an environment characterised by threat, anger, anxiety and unusual dismissive creates problems hinder teaching and learning. Verbal and emotional bullying, such as teasing and social exclusion, as well as physical bullying, have the potential to negatively impact on a student's overall academic performance and health, along with their sense of well-being. Hobbies (2016) also observed that sometimes, bullying prevents children from participating in educational activities and hinders learning, make children withdraw from their peers and reduces opportunities for involvement in ordinary community activities, place excusive demands upon teachers and other resources and makes future placement difficult (Hobbies (2016). All these affect learning as well as hinder academic performance of the students. Bullying and its trauma can result to poor academic performance in a male or female student. Infact, symptoms resulting from bully trauma can directly affect a student's ability to learn. Students might be distracted by intrusive thoughts about the event that prevents them from paying attention in class, studying, or doing well in a test. Craig and Pepler (2012) posited that boys report more physical forms of bullying than girls, while girls tend to bully in indirect ways such as gossiping and exclusion.

Bullies are generally aggressive towards their peers, teachers, parents, siblings and others.  Since the bullied had no control or power over the bully, he or she sometimes experiences trauma.  The researches see a traumatic event, as an incident that causes physical, emotional, spiritual, or psychological harm or distress to the victim of bully.  Responses to a traumatic event may vary from individual to individual.  However, common responses  may include: repeated memories of the event or flashbacks, nightmares, intense fear that the traumatic event will recur, particularly around anniversaries of the event (or when going back to the scene of the original event), withdrawal and isolation from day-to-day activities, continued avoidance of reminders of the event, shifts in mood or changes in thought patterns, anxiety and nervousness, anger, denial,  fear, sadness, shame, confusion, anxiety,  guilt, depression,  hopelessness, difficulty concentrating, altered sleeping or insomnia, physical symptoms of stress among others.  (Snipes, 2015).

The well-being of the Nigerian child is dependent to a large extent, upon the information that goes into his or her mind, which can affect the individual's thinking, attitude value and perceptions. For instance, a student who experiences bullying may be traumatised which can equally hinder his or her academic performance. American Psychological Association (2012) identified long term reactions to trauma as: unpredictable emotions, flashbacks, strained relationships, poor academic performances and physical symptoms. Trauma is experienced when thought, feelings and emotions affect the mental well-being of individuals. In addition, recent neurobiological, epigenetics, and psychological studies have shown that traumatic experiences in childhood can diminish concentration, memory, and the organisational and language abilities children need to succeed in the school. In the same vein, Newman-Carlson (2014) observed that whether a child who has experienced traumatic events externalises or internalise is traumatised, frozen, or depressed. A child's behavioural response to traumatic events can lead to poor academic performance and strained relationships with teachers and peers. Other researchers such as: Bjornsson (2020), argued that severe and threatening acts of bullying are a type of interpersonal trauma that needs to be considered within the trauma literature. It is against this background that the researchers sought to examine the effects of the two traumatic treatment models namely; Accelerated Resolution Therapy (ART) and Acceptance Committed Therapy (ACT) in the reduction of bullying among students.

Trauma-focused therapy is a cognitive behavioural therapy that brings together the knowledge and understanding of how trauma affects the lives of those clients. During trauma counselling sessions, the trauma-informed therapists use psychotherapy techniques that are focused on understanding how the trauma triggers behaviours that seem unrelated. They also address the underlying trauma that triggers undesired thoughts, behaviours, and emotions that surface.  The therapists dwell on the physical, emotional, psychological, social, and biological effects of trauma on those who are seeking therapy and mental health services. Trauma-informed care acknowledges the need to understand a patient's life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provide for the victim's wellness.  In the context of this study, the researchers adopted two trauma treatment models namely: Accelerated Resolution Therapy (ART) and Acceptance and Commitment Therapy (ACT) in order to reduce trauma bullying behaviour among secondary school students.

Accelerated Resolution Therapy (ART) was developed in 2008 by Laney Rosenzweig.  ART is  a developed trauma-focused psychotherapy that integrates features of a number of techniques such as mindful awareness of emotional feelings, rapid-eye-movement therapy imaginal exposure,

desensitisation, visual cognitive restructuring therapy, brief psychodynamic therapy (BPP) and gestalt-style interventions, to reduce negative physical and emotional effects of how stress provoking images are deposited in the brain. (ART) also improves the treatment of trauma, anxiety, depression, sleep problems, self-esteem problems, stress, test, social anxiety disorder, obsessive-compulsive disorder, psychosis and other related psychological stressors. In this regards, bullied victims are encouraged to replace the traumatic memory with a more positive one using voluntary memory/image replacement during the process. The model helps bullied students to change the feelings associated with traumatic memories. According to Newma (2014), the use of (ART) therapy includes helping children, adolescents and adults to explore their emotions, improve self-esteem, manage addiction, relieve stress, improve symptoms of anxiety and depression and cope with physical illness or disability. At the end of the treatment, victims may recall the details of the trauma but no longer experience strong physical and emotional reactions.

The second model is called Acceptance and Commitment Therapy (ACT). It was developed in 1986 by Steven Hayes, Kelly Wilson and Kirk Strosahl. ACT It is a mindfulness-based cognitive-behavioural therapy that has a way to deal with negative thoughts and feelings and assist clients to focus their attention on living well, in line with their deepest values. As observed by Hayes (2013), ACT aims at helping one move forward through difficult emotions so that the person can put one's energy into healing instead of dwelling on the negative. Hayes et al pointed out six fundamental therapeutic processes of (ACT) namely: contacting and connection with the present moment, cognitive defusion, expansion and acceptance, the observing self, values clarification and committed action. (ACT) encourages the clients to embrace their thoughts and feelings rather than fighting or feeling guilty for them. The counsellor assists the client in the use of broad categories of techniques of ACT such as: slow and relax breathing, a quick and simple mindfulness practice, taking note of what the client is experiencing in the present moment, client trying to open up, allowing self to feel without judgment or avoidance and deciding the best course of action based on the client's most important values. Powers, Vörding & Emmelkam (2009) reviewed 18 randomised control trials (RCTs) for ACT as an intervention for depression, physical health difficulties, distress problems, and other mental health difficulties. The researchers concluded that (ACT) was significantly more effective than control conditions. Hayes, Levin, Plumb-Vilardaga and Pistorello, (2013), noted that ACT was significantly effective in the prevention and intervention of psychological difficulties.

**Statement of the problem**
Bullying is a maladaptive behaviour that may cause physical, emotional and psychological trauma and possibly poor academic performance among school students. Researchers such as (Hobbies, 2016, Konishi, Hymel and Zumbo, 2010) have confirmed that bullying at school level results in traumatic experience which has negative impact on students' academic performance since bullied children are fearful and weak in challenging the bullies. This affects the victim's personality traits, self-confidence and at times results in traumatic experience. The incidence of bullying is a daily occurrence among secondary school students in Nigeria despite the strategies that have seen devised to curb the menace. It is against this backdrop that the researchers employed the two trauma treatment models namely ART and ACT in order to reduce the rate of trauma on bullied students and enhance increase in their academic performance.

**Purpose of the study.**
The main purpose of the study was to examine the effects of trauma treatment models on school bullying behaviour and academic performance of secondary school students in Imo State. Specifically, the study investigated:
1. The effect of ART on bullying behaviour among the  students
2. The effect of ACT on bullying behaviour among the students.
3. The gender effect of ART on bullying behaviour among the students.
4. The gender effect of ACT on bullying behaviour among the students.

**Research Questions:   The following questions were raised to achieve the objectives of the study.**
1. What is the effect of ART on bullying behaviour among the students at pre-test, post-test and controlfi
2. What is the effect of ACT on bullying behaviour among the students at pre-test, post-test and controlfi
3. What is the gender effect of ART on bullying behaviour among the students at post-test and controlfi
4. What is the gender effect of ACT on bullying behaviour among the students post-test and controlfi

**Hypotheses**
**Ho₁:** Gender has no significant effect on bullying behaviour among students exposed to ART
**Ho₂:** Gender has no significant effect on bully behaviour among students exposed to ACT

## Methodology
The study examined the relative effectiveness of trauma treatment models on bullying behaviour among the students.  It adopted a quasi-experimental pre-test, post-test, control group design. The population of the study comprised 3,258 students. The sample size consisted of 164 (89 -males), (75-females) SS1 students randomly selected from Owerri Municipal in Imo State, during the 2020/2021 academic session. The study adopted three experimental groups, two treatment and one control group. The treatment groups were exposed to training packages on Accelerated Resolution Therapy (ART) and Acceptance and Commitment Therapy (ACT). The control group did not receive any treatment rather, they were engaged with a topic on good behaviour of the Nigerian students which served as placebo.  Four research questions were raised, while two null hypotheses were formulated.   Two instruments titled Bullying Behaviour and Tendencies to Trauma Questionnaire (BBTTQ) and Students' Academic Performance Questionnaire (SAPQ), were used to generate data for the study.  The questionnaire has 40 items, and it was rated on 4-point scale of Strongly Agree (SA) Agree (A), Disagree (D) and Strongly Disagree (SD).  A score from 2.50 above was considered acceptable while a score below the 2.50 was not accepted. The instrument was carefully validated by three experts in the field  and its reliability tested on SS I students who were not part of the study sample.  The reliability co-efficient yielded a value of 0.83.  The instrument was administered with the assistance of three trained personnel. The research questions were answered using mean and Standard Deviation, while the hypotheses were tested using t-test on 0.05 levels of significance.

**Experimental procedure**
The six-week treatment training session was given to the two experimental groups and the control group.

**Session one:** The researchers established rapport and relationship with the clients and equally assured them of confidentiality. The researchers explained the relevance of the study and application of the trauma treatment package to the clients.

**Session two**: The researchers explained the concepts and the planning strategies to the clients.

**Session three:** Accelerated and Resolution Therapy (ART) package was administered. The researchers exposed the clients to the models; eye movement, and image describing among others and lastly gave the clients take home assignment. Those who did well were reinforced.

**Session Four**: The researchers exposed the clients to the second model, Accepted and Commitment Therapy (ACT), using the three broad categories of technique namely: mindfulness, including being present in the moment and defusion techniques; acceptance; and commitment to value-based living. Both the clients and the counsellors were able to internalise the package. Take home assignment was equally given to the clients and they were asked to design their own models to cope with bullying and related bullying tendencies.

**Session Five:** The researchers exposed the clients to the combination of the two treatment packages. The clients asked questions and a new assignment was given.

**Session Six**: The researchers summarized the whole training sessions. Opportunity was given to encourage clients to freely ask questions. Lastly, the researchers appreciated the clients and equally encouraged them to be available anytime they are called upon. The training session came its end post-test administration.

## Result

**Research Question 1:** What is the effect of ART on bullying behaviour among the studentsfi

**Table 1: Pre-test, Post-test Mean, and Standard Deviation on the Effect of ART on Bullying Behaviour among the Students.**

| Experimental group | No. of bullying students | Pre-test | | Post-test | | Types of Test   Mean diff. |
|---|---|---|---|---|---|---|
| | | $\overline{X}$ | SD | $\overline{X}$ | SD | |
| ART | 82 | 47.10 | 6.25 | 17.76 | 13.32 | 29.34 |
| | | | | | | **29. 32 Effective** |
| Control | 82 | 47.11 | 6.34 | 47. 09 | 6.43 | 0.02 |

Result in Table 1 reveals that bullied students taught using ART has mean score of 47.10 and standard deviation of 6.25 at pre-test and mean score of 17.76 and standard deviation of 13.32 at post-test. while those in the control group had mean score of 47.11 and standard deviation of 6.34 pre-test and 47.09 and standard deviation of 6.43 at post-test making a mean difference of 29.32. This implied that ART model was very effective in reducing the rate of trauma on bullied students. Hence, when bullying was reduced, the academic performance of the clients increased.

**Research Question 2:** What is the effectiveness of ACT on bullying behaviour among the students at pre-test, post-test and controlfi

**Table 2:   Pre-test, Post-test Mean, and Standard Deviation of the Effectiveness of ACT on Bullying Behaviour among the Student?**

| Experimental group | No. of bullying students | Types of Test | | | | Mean diff |
|---|---|---|---|---|---|---|
| | | **Pre-test** | | **Post-test** | | |
| | | $\overline{X}$ | **SD** | $\overline{X}$ | **SD** | |
| ACT | 82 | 49.88 | 5.16 | 16.79 | 12.38 | 33.09 |
| Control | 82 | 49.83 | 5.25 | 49.81 | 6.23 | **33.07** 0.02 **Effective** |

Result in Table 2 indicates that bullied students taught using ACT had mean score of 49.88 and standard deviation of 5.16 at pre-test. It also had a mean score of 16.79 and 12.38 at post-test. On the other hand, those in the control group had mean score of 49.83 and standard deviation of 5.25 at pre-test and mean score of 49.81 and standard deviation of 6.23 at post-test, making a mean difference of 33.07. This implied that ACT model was very effective in reducing the rate of trauma on bullied students and also, increased their academic performances.

**Research Question 3:** What is the gender effect on ART on bullying behaviour among the students at pre-test, post-test and controlfi

**Table 3:   Mean and Standard Deviation of Gender Effect on ART on Bullying Behaviour among the Students.**

| EXP. GROUP | TYPE OF TEST | GENDER | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Male No. of students | | | Mean Diff. | Female No. of students | | | Mean Diff. |
| | | | X | SD | | | X | SD | |
| ART | Pre-test | 41 | 43.74 | 3.90 | **19.59** | 27 | 40.18 | 2.80 | **26.09** |
| | Post-test | 41 | 24.15 | 3.52 | | 27 | 14.09 | 2.11 | |
| CONTROL | Pre-test | 41 | 43.71 | 3.92 | **0.03** | 27 | 40.20 | 2.77 | **0.17** |
| | Post-test | 41 | 43.68 | 3.88 | | 27 | 40.03 | 2.54 | |

Result in Table 3 indicates that male students exposed to ART treatment model has mean score of 43.74 at pre-test and 24.15 at post-test with mean diff of 19.59. Female students exposed to same ART had mean score of 40.18 at pre-test and 14.09 at post-test, making a difference of 26.09. On the other hand, male students exposed to control group had mean score of 43.71 at pre-test and 43.68 at post-test, making a difference 0.03. Also, at control, female students exposed to ART had mean score of 40.20 at pre-test and 40.03 at post-test, making a mean difference of 0.17. This implied that ART model significantly reduced trauma on females bullied victims more than the males. Also, as a result of the bullying reduction, clients can now concentrate, which can bring increase to their academic performance.

**Research Question 4:** What is the gender effect on ACT on bullying behaviour among the students at pre-test, post-test and controlfi

**Table 4:** **Mean and Standard Deviation of Gender Effect on ACT on Bullying Behaviour among the Students.**

| EXP. GROUP | TYPE OF TEST | GENDER | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Male No of studs | | | Mean Diff. | No of students | Female | | Mean Diff. |
| | | | X | SD | | | | X | SD | |
| ACT | Pre-test | 41 | 42.67 | 3.11 | | 27 | 41.88 | 3.04 | |
| | Post-test | 41 | 19.22 | 3.06 | **23.45** | 27 | 13.87 | 3.01 | 28.01 |
| CONTROL | Pre-test | 41 | 42.34 | 3.65 | 0.14 | 27 | 41.82 | 3.07 | 0.64 |
| | Post-test | 41 | 42.02 | 3.64 | | 27 | 41.18 | 3.11 | |

Result in Table 4 shows that male students exposed to ACT treatment model had mean score of 42.67 at pre-test and 19.22 at post-test with mean diff of 23.45. Female students exposed to same ACT had mean score of 41.88 at pre-test and 13.87 at post-test, making a difference of 28.01. On the other hand, male students exposed to control group had mean score of 42.34 at pre-test and 42.02 at post-test, making a difference 0.14. Also, female students exposed to control had mean score of 41.82 at pre-test and 41.18 at post-test, making a mean difference of 0.64. The findings of the study shows that ACT model significantly reduced trauma on female bullied victims more than the males.

**Hypothesis One:** Gender has no significant effect on bullying behaviour among the students exposed to ART.

**Table 5: T-test Analysis of Gender Effect on ART on Bullying Behaviour among the Students**

| Groups | Number | $\overline{X}$ | SD | df | t. | P-value | Decision |
|--------|--------|-----|-----|------|------|---------|----------|
| Male | 89 | 24.15 | 3.52 | 19.55 | 5.98 | 0.012 | Significant |
| Female | 75 | 14.09 | 2.11 | | | | |

The data on Table 5 reveals the t- value of 5.98 which is more than 2.50 and the p-value of 0.012 which is less than 0.05 level of significance. This implied that the null hypothesis which states that there is no significance gender effect on ART on bullying behaviour and academic performance of students was rejected. Therefore, the study holds that gender has significant effect on bullying behaviour of students exposed to ART.

**Hypothesis Two:**    Gender has no significant effect on bullying behaviour among the students exposed to ART

**Table 6: T-test Analysis of Gender Effect on ACT on Bullying Behaviour among the Students.**

| Groups | No of | $\overline{X}$ | SD | dF | t | P-value | Decision |
|--------|-------|-----|-----|------|------|---------|----------|
| Male | 89 | 19.22 | 3.06 | 22.67 | 6.01 | 0.003 | Significant |
| Female | 75 | 13.87 | 3.01 | | | | |

The data on Table 6 shows the t-test value of   6.01 which is more than 2.50 and the p-value of 0.003 is less than 0.05 level of significance. This implied that the null hypothesis which states that there is no significant gender effect on ACT on bullying behaviour and academic performance of students was rejected. The study revealed    gender has significant effect on bullying behaviour of students exposed to ACT.

**Discussion of Findings**

Research question 1, Table 1, shows mean score of students exposed to ART as 47.10 at pre-test and 17.76 at   post-test. It also revealed mean score of students exposed to control, has means score of 47.11 at pre-test and 47.09 at post-test, making a mean difference of 29.32. This implied that ART treatment model was effective in reducing trauma and improved academic performance among bullied students. The findings of the present study are in agreement with the findings of  Newma (2014) who pointed out the uses of ART therapy to   include: helping children, adolescents, and adults  to explore their emotions, improve self-esteem, reduce trauma, manage addictions, relieve stress, improve symptoms of anxiety and depression, and cope with a physical illness or disability. At the end of the treatment, victims may recall the details of the trauma, but no longer experience strong physical and emotional reactions.  Research from Jovonen, Wang & Espinoza (2011) confirmed that bullied students who experience trauma show poor performance in their learning.

The study is also in line with Hobbies (2016) who observed that sometimes, bullying prevents children from participating in educational activities and hinders learning, makes children withdraw from their peers and reduces opportunities for involvement in ordinary community activities, places excusive demands upon teachers and other resources and makes future placement difficult. Also, American Psychological Association (2012) pointed out that longer term reactions of trauma to include: unpredictable emotions, flashbacks, strained relationships, poor academic performances and even physical symptoms.

Research question 2, Table two, shows mean score of students exposed to ACT as 49.88 at pre-test and 1679 at post-test. It also revealed that mean score of students exposed to control, had a mean score of 49.83 at pre-test and 49.81 at post-test, making a mean difference of 33.07. This implied that ART treatment model was effective in reducing trauma and improved academic performance among bullied students. The result of the study is in agreement with the study of Hayes et al.,2011, who pointed out that ACT has value in both the prevention and intervention of psychological difficulties. Also, Powers et al. (2019) reviewed 18 randomised control trials (RCTs) for ACT as an intervention for depression, physical health difficulties, distress problems, and other mental health difficulties. They concluded that ACT is significantly more effective than control conditions.

Result in table 3 indicates that male students exposed to ART treatment model has mean score of 43.74 at pre-test and 24.15 at post-test with mean difference of 19.59. Female students exposed to same ART had a mean score of 40.18 at pre-test and 14.09 at post-test, making a difference of 26.09. On the other hand, male students exposed to control group had mean score of 43.71 at pre-test and 43.68 at post-test, making a difference 0.03. Also, female students exposed to ART had a mean score of 40.20 at pre-test and 40.03 at post-test, making a mean difference of 0.17. This implied that ART model significantly reduced trauma and as a result of the reduction, the academic performance of bully female students were increased more than that of the males. The corresponding null hypothesis one which stated that gender has no significant effect on bullying behaviour of students exposed to ART was rejected. The hypothesis revealed t- value of 5.98 which is more than 2.50 and the p-value of 0.012 which is less than 0.05 level of significance. The study agreed therefore, that ART model significantly reduced trauma on female bullied victims more than the males and as a result in the reduction, students' academic performance improved. The result of the present study is in line with the study of Craig and Pepler (2012) who posited that boys report more physical forms of bullying than girls while girls, tend to bully in indirect ways such as gossiping and exclusion.

Result in Table 4 indicates that male students exposed to ACT treatment model had mean scores of 42.67 at pre-test and 19.22 at post-test with mean difference of 23.45. Female students exposed to same ACT had mean score of 41.88 at pre-test and 13.87 at post-test, making a difference of 28.01. On the other hand, male students exposed to control group had mean score of 42.34 at pre-test and 42.02 at post-test, making a difference 0.14. Also, female students exposed to control had mean score of 41.82 at pre-test and 41.18 at post-test, making a mean difference of 0.64. This implied that ACT model significantly reduced trauma and increased the academic performance on bully female students more than males too. However, the corresponding null hypothesis two which stated that, there is no significant gender effect on ACT on bullying behaviour of students was also rejected. The data on table 6 revealed t value of 6.01 which is more than 2.50 and the P-value of 0.003 which is less than 0.05 level of significance. The study showed that gender has significant effect on bullying behaviour of students exposed to ART.

## Conclusion

The study examined effects of trauma treatment models on school bullying behaviour and academic performance of students. From the result of the study, related literature revealed that bullying has the potential to negatively impact a student's overall academic performance and health, along with their sense of well-being. The present study concluded that traumatic treatment models such as ART and ACT are effective in the reeducation of bullying behaviour.   Equally when trauma as a result of bullying is reduced, students' academic performance is increased. The study further concluded that gender has significant effect on bullying behaviour of students exposed to both ART and ACT traumatic treatment models

## Recommendations

Based on the findings of the study, the researchers recommended the following:

1. The use of Accelerated Resolution  Therapy (ART) and Acceptance  and Commitment Therapy (ACT)  traumatic treatment models in the reduction of  school bullying.
2.  Counsellors should concentrate more on the male students since the females were had better reduction
3. Teachers and Parents should identify children who are prone to bullying behaviour and present them to the counsellors for assistance.
4. Counsellors should create awareness in schools on the physical, emotional, social and psychological dangers of bullying behaviour and trauma, and physically injured bullied students should be treated immediately to avoid future damages.

## References

Albert, F.S., Olga, M.S., Martínez,G., Whitney, S.,  McCracken, L.M, &  Luciano, J.V. (2021). Current status of Acceptance and Commitment Therapy for Chronic Pain:  A Narrative Review *Journal of Pain Research*. Downloaded from https:/www.devepress.com/by 197.210.55.120 0n 07-November, 2021.

Allen, K. P. (2010). Classroom Management, Bullying, & Teacher Practices. *The Professional Educator, 34*(1), 1-15.

American Psychological Association. (2012). The Impact of Trauma on Learning> Helping Traumatised Children Learn.

Bennett, E. (2016). Peer Abuse know more. Bullying form a Psychological Perspective Infinity. ISBN 978-0-7414-3265-0.

Bjornsson, G. (2020) Achievement. *Canadian Journal of School Psychology, 25*(1), 19-39.

Cardemil,A.R.,Cardemil, E.V. & O'Donnell, E.H (2010). Self-Esteem in Self in pure Bullies and Bull/victims: A Longitudinal analysis. *Journal of Interpersonal Violence.* 25(8), 1489-1502.

Dickerson, D. (2005). Cyberbullies on Campus. University of Toledo Law Review, 37 estudiantes y desempeño escolar. *Revista Cepal, 104*, 37-54

Hayes,S.C., Levin, M. E., Plumb-Vilardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and Commitment Therapy and Contextual Behavioral Science: Examining the Progress of a Distinctive Model of Behavioural and Cognitive Therapy. *Behavior Therapy*, *44*(2), 180-198.https://doi.org/10.1016/j.beth.2009.08.002

Hobbies,M.J.(2016). Disruptive Behavior in School. Retrieved on 5th June, 2018 from webcache.googleussercontentcom/searchfi

Jovonen J.,Wang,Y., & Espinoza, G.(2011).  Bullying Experiences and Compromised Academic Performance Across Middle School Grades. *Journal of Early Adolescence.* 31, 152-173

doi;10.1177/0272431610379415.

Konishi,C.,Hymel, S.,Zumbo, B.D., & Li, Z.(2010). Do school bullying and student teacher and academic

Levinson, E.M. (2014). Assessment of Bullying: A Review of Methods and Instruments. *Journal of Counselling and Development,* 82(4), 496-503.

Mc Dougall, P.,& Vailliancourt,T. (2015). Long Term Adult Outcomes of Peer Victimization In Childhood and Adolescence: Pathways to Adjustment And Maladjustment. *American Psychologist.* 70,300-310. Retrieved August 15th, 2021 from http:// dx.doi.org/ 10.1037a0039174.

Newman-Carlson,D.(2014). Bully busters: A Psycho-educational Intervention for Reducing Bullying Behaviour in Powers, M. B., Vörding, M.B.Z.,& Emmelkamp, P. M. (2009). Acceptance and commitment Therapy: A meta-analytic review. *Psychotherapy and Psychosomatics*, *78*(2), 73-80.https://doi.org/10.1159/000190790middle school students. *Journal of Counselling and Development.* 82(3),259-267.

Olweus, D.(2011). School Bullying: Development and Some Important Challenges. Annual Review of Clinical Psychology 97:51- 80.

Patterson,G.(2015). The Bully as Victim. Pediatric Nursing Journal 17(10),27-30.

Snipes,D.E.(2015). Neurological Impact of Psychological Trauma. A Collaborative Project with Jbs International Inc and Gergetown University National --- Assistance Center For Children's Mental Health.

Ume, N.F & Ndubuaku,N.S.(2013). Bullying Among School Children: Problems and Solutions. The Behaviour Problems of the Nigerian Child. Nigerian Society for Educational Research