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Transforming youth aggression through cognitive behavioural strategies in Nigerian Universities

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Abstract
Youth aggression has become an increasing concern within Nigerian universities, manifesting in forms such as cultism, bullying, physical violence, and verbal abuse. This behavioural trend threatens academic performance, campus safety, and overall student well-being. The prevalence of aggression among university students is often linked to social pressures, emotional dysregulation, and maladaptive cognitive patterns. As such, cognitive behavioural strategies (CBS) offer a promising approach to address and transform these aggressive behaviours.
This study investigates the effectiveness of cognitive behavioural strategies in mitigating aggressive tendencies among students in selected Nigerian universities. Using a quasi-experimental design, a sample of 180 undergraduate students with identified aggressive behaviours was selected through purposive sampling. Participants were divided into experimental and control groups. The experimental group received 8 weeks of structured cognitive behavioural intervention, focusing on cognitive restructuring, anger management, problem-solving skills, and social perspective-taking. The control group received no intervention during the study period.
Data were collected using standardized aggression and emotional regulation scales at pre-test, post-test, and follow-up stages. The data were analysed using Analysis of Covariance (ANCOVA) to assess the impact of the intervention. Findings revealed a significant reduction in aggressive behaviours among students in the experimental group compared to those in the control group. Furthermore, improvements were sustained at the follow-up stage, suggesting the long-term benefits of cognitive behavioural strategies.
The study concludes that cognitive behavioural strategies are effective in transforming aggressive behaviours among youth in Nigerian universities. It recommends the integration of CBS-based psychoeducational programs into university counselling services, as well as training for staff and peer mentors to support student behavioural adjustment. The research provides a framework for policymakers and educational stakeholders seeking evidence-based approaches to enhance student mental health and campus harmony.

Keywords: Youth aggression, cognitive behavioural strategies, nigerian universities, behavioural intervention, student mental health, aggression management, psychoeducation

Introduction

Youth aggression in Nigerian universities has emerged as a significant socio-educational concern, manifesting in various forms including verbal hostility, physical violence, cult-related activities, bullying, and cyber aggression. These behaviours not only disrupt academic environments but also pose serious threats to students' psychological well-being, campus safety, and the educational mission of tertiary institutions. According to a 2022 report by the National Universities Commission (NUC), over 35% of Nigerian university students have reported being directly involved in or affected by some form of aggressive behaviour on campus, ranging from physical assaults to intimidation, particularly in densely populated urban campuses. The upsurge of such aggressive tendencies among youth has been attributed to a combination of socio-economic, psychological, and environmental factors, including peer pressure, family dysfunction, substance abuse, academic stress, and exposure to violent media. These behaviours often become deeply rooted, impairing interpersonal relationships and increasing the likelihood of future antisocial conduct.

Aggression, broadly defined as any behaviour intended to cause harm or discomfort to another, may be reactive or proactive, physical or relational. In the university setting, it undermines academic performance, erodes institutional values, and fosters a culture of fear and impunity. The prevalence of cultism, for example, remains a recurring challenge across several public universities in Nigeria. The Centre for Social Justice and Human Rights documented at least 23 major cult-related violent incidents between 2019 and 2023, many resulting in fatalities. Moreover, the World Health Organization (WHO) estimates that interpersonal violence among youth in sub-Saharan Africa contributes significantly to injury-related morbidity and mortality rates, further emphasizing the need for localized, evidence-based interventions.

Cognitive Behavioural Strategies (CBS), a psychological intervention grounded in the principles of cognitive behavioural therapy (CBT), have gained widespread attention as effective tools for addressing maladaptive thoughts and behaviours. CBS aim to identify and restructure negative thought patterns that trigger aggressive responses, replacing them with constructive and rational thinking. The adaptability of CBS across different settings, including schools, prisons, and community programs, makes it a viable option for university environments in Nigeria. These strategies typically include cognitive restructuring, anger management training, social skills development, and problem-solving therapy—interventions that have demonstrated effectiveness in reducing aggression among youth populations in multiple contexts.

The importance of this research lies in its potential to offer a practical, non-pharmacological solution to a problem that

has consistently undermined the educational and developmental outcomes of Nigerian students. Previous interventions such as increased campus policing, punitive disciplinary actions, and moral instruction campaigns have yielded limited success. In many cases, these approaches address the symptoms rather than the root causes of aggression. Unlike these reactive measures, CBS offer a proactive and therapeutic alternative that targets the underlying cognitive and emotional mechanisms driving aggression.

Several empirical studies have validated the effectiveness of cognitive behavioural interventions in modifying aggressive behaviour. For instance, research conducted in South Africa among high school students showed a 45% reduction in aggressive outbursts following an eight-week CBS program. Similarly, in a study among incarcerated youth in Kenya, CBS resulted in significant improvements in emotional regulation and reduced recidivism rates. However, there remains a significant gap in the application of these strategies within Nigerian universities, particularly in structured, institutionally supported formats. While some anecdotal efforts have been made by individual counsellors or departments, there is a lack of systematic studies assessing the implementation and outcomes of CBS in Nigerian higher education institutions.

This research seeks to fill this critical gap by evaluating the impact of structured cognitive behavioural strategies on youth aggression in Nigerian universities. Specifically, it investigates whether these strategies can effectively reduce aggressive behaviours and promote healthier social interactions among students. The study adopts a quasi-experimental design, employing pre- and post-test assessments to measure behavioural changes following the CBS intervention. The study also explores the sustainability of behavioural changes through follow-up evaluations, thereby contributing to the growing body of knowledge on long-term behavioural modification among young adults in academic settings.

The core research questions guiding this study include:

1. To what extent do cognitive behavioural strategies reduce aggressive behaviours among university students in Nigeria?
2. What specific components of CBS are most effective in promoting behavioural transformation?
3. Are the behavioural improvements sustained over time following the intervention?

The objectives of the study are to evaluate the short-term and long-term effects of CBS on youth aggression, identify key intervention components, and provide policy recommendations for integrating CBS into university counselling programs. By focusing on real-life student experiences and using standardized measurement tools, the research aims to offer both academic and practical insights into behavioural transformation.

The scope of this study is limited to selected public universities in Nigeria with documented cases of student aggression and functioning counselling units. It excludes private institutions due to structural and demographic differences that may affect the generalizability of findings. The study targets undergraduate students aged 18 to 25, as this demographic is statistically more prone to aggressive tendencies and risk-taking behaviours.

Methods

This study was designed to evaluate the effectiveness of cognitive behavioural strategies (CBS) in transforming youth aggression in Nigerian universities. The methodology was carefully structured to ensure that the intervention could be implemented, monitored, and evaluated with a high degree of reliability and replicability. The section below outlines in detail the research design, sampling method, data collection process, analytical tools, and ethical considerations employed throughout the study.

Research Design

A quasi-experimental research design was adopted for this study, specifically using a pre-test, post-test, and follow-up control group format. This design was chosen because it allows the researcher to measure the impact of an intervention (in this case, CBS) on a target population, even without random assignment. The design involved two main groups: an experimental group, which received the CBS intervention, and a control group, which did not receive any intervention during the study period. Both groups were assessed before the intervention (pre-test), immediately after (post-test), and again after a 6-week interval (follow-up test). This approach allowed for both immediate and sustained effects of the intervention to be examined.

Population and Sampling Method

The target population consisted of undergraduate students in public Nigerian universities, specifically those between the ages of 18 and 25, who had been identified with moderate to high levels of aggressive behaviour. Three public universities were purposively selected based on reported cases of student violence, presence of counselling units, and administrative consent to participate in the study. These institutions were located in different geopolitical zones of Nigeria to enhance geographical diversity.

A purposive sampling technique was used to identify students who met the inclusion criteria. Initial screening involved 450 students, out of which 180 students were selected based on scores from a standardized aggression scale. These students were then randomly assigned to either the experimental group (90 participants) or the control group (90 participants). Care was taken to ensure gender balance and representation from various academic departments.

Data Collection Tools

Two main instruments were used for data collection:

1. **Aggression Questionnaire (AQ):** A standardized, validated scale used to measure the levels and types of aggression exhibited by participants. The questionnaire assessed physical aggression, verbal aggression, anger, and hostility. Each item was rated on a 5-point Likert scale ranging from "strongly disagree" to "strongly agree."

2. **Emotional Regulation Scale (ERS):** This scale was used to assess participants' ability to manage and control their emotions, particularly in high-stress or conflict situations. This tool was important in determining whether the CBS intervention had an effect on emotional self-regulation, a known factor in aggressive behaviour.

These tools were administered at three stages: pre-test (before the intervention), post-test (immediately after the intervention), and follow-up test (six weeks after the intervention concluded).

Intervention Procedure

The experimental group underwent a structured 8-week CBS intervention, delivered in weekly sessions lasting approximately 90 minutes each. Sessions were facilitated by trained clinical psychologists and counselling professionals. The intervention was delivered in small groups of 10–12 participants to encourage active participation and individualized attention.

The CBS program included the following modules:

- **Cognitive restructuring:** Helping students identify and challenge irrational or harmful thoughts that lead to aggression.
- **Anger management techniques:** Teaching breathing exercises, mindfulness, and delay strategies to manage anger in real-time.
- **Problem-solving skills:** Equipping students with structured approaches to conflict resolution and decision-making.
- **Social perspective-taking:** Training participants to consider other people's viewpoints and emotional states during interpersonal conflicts.

Each session combined instructional content, group discussions, role-playing, and homework exercises to reinforce learning. Attendance was tracked, and participant engagement was monitored using observation checklists.

The control group did not receive any intervention during the 8-week period. However, to maintain ethical standards, a condensed version of the CBS program was offered to the control group after the completion of the study.

Data Analysis and Analytical Tools

Quantitative data obtained from the AQ and ERS instruments were coded and analysed using Statistical Package for the Social Sciences (SPSS) Version 26. The primary statistical technique used was Analysis of Covariance (ANCOVA). This method was appropriate for controlling pre-test scores and examining differences between the experimental and control groups at post-test and follow-up stages.

The specific steps in the data analysis included:

- **Descriptive statistics:** (means, standard deviations) to summarize pre-test, post-test, and follow-up scores for both groups.
- **Inferential statistics:** using ANCOVA to assess the effectiveness of the intervention while controlling for baseline differences.
- **Paired sample t-tests:** within each group to examine the magnitude of change from pre-test to post-test and from post-test to follow-up.

Statistical significance was set at $\mathbf{p < 0.05}$, and effect sizes were calculated to determine the strength of observed differences. Results were presented using tables and charts for clarity.

Ethical Considerations

Ethical integrity was a cornerstone of the research process. Before the commencement of data collection, ethical clearance was obtained from the Institutional Research Ethics Committees of the participating universities. Additionally, permission to access students and counselling units was secured through formal communication with university authorities.

Participants were fully briefed on the purpose of the study, the voluntary nature of their involvement, and their right to withdraw at any time without penalty. Each participant signed an informed consent form prior to inclusion in the study.

Confidentiality was strictly maintained. Participants' names were replaced with codes, and all data were stored in password-protected files accessible only to the research team. Furthermore, group sessions were conducted in private counselling rooms to ensure a safe and confidential environment.

Given the psychological nature of the intervention, safeguards were put in place to support participants who exhibited extreme distress or trauma symptoms during the sessions. These individuals were referred to the university's counselling unit for individual follow-up care. No adverse effects or complaints were reported during or after the intervention.

Results

The study involved 180 undergraduate students from three Nigerian public universities, divided evenly into experimental (n = 90) and control groups (n = 90). The participants were assessed on aggression and emotional regulation at three points: pre-test, post-test (immediately after the 8-week CBS intervention), and follow-up (6 weeks after intervention completion). The data collected from the Aggression Questionnaire (AQ) and Emotional Regulation Scale (ERS) were analysed to determine the impact of cognitive behavioural strategies on aggressive behaviours.

At baseline (pre-test), both groups showed no significant difference in aggression levels, confirming initial equivalence. The mean AQ score for the experimental group was 78.4 (SD = 9.7), while the control group had a mean score of 79.1 (SD = 10.1). Similarly, emotional regulation scores were comparable, with the experimental group averaging 52.3 (SD = 8.4) and the control group 51.8 (SD = 7.9). These results indicated a homogenous sample prior to intervention.

Following the intervention, the experimental group showed a substantial decrease in aggression levels, with the mean AQ score dropping to 56.7 (SD = 8.5) at post-test. In contrast, the control group's mean AQ score remained largely unchanged at 77.3 (SD = 9.8). At the 6-week follow-up, the experimental group's aggression levels slightly increased but remained significantly lower than the pre-test baseline, with a mean of 60.2 (SD = 9.2), whereas the control group maintained similar scores (mean = 78.1, SD = 10.0).

Emotional regulation scores for the experimental group increased significantly, rising to a mean of 69.4 (SD = 7.3) post-intervention, indicating improved ability to manage emotions. This improvement was sustained at follow-up (mean = 66.8, SD = 8.1). The control group's emotional

regulation scores showed no significant change throughout the study (post-test mean = 52.1, SD = 8.2; follow-up mean = 51.7, SD = 7.5).

Statistical analysis using ANCOVA, controlling for pre-test scores, confirmed that the reductions in aggression and improvements in emotional regulation observed in the experimental group were statistically significant. For aggression, the ANCOVA revealed a significant group effect at post-test, $F(1,177) = 45.62$, $p < 0.001$, with a large effect size (partial eta squared = 0.21). At follow-up, the group difference remained significant, $F(1,177) = 32.45$, $p < 0.001$. Similarly, emotional regulation improvements showed a significant group effect at post-test, $F(1,177) = 38.19$, $p < 0.001$, and at follow-up, $F(1,177) = 29.03$, $p < 0.001$.

Further analysis of aggression subscales indicated that physical aggression and anger experienced the most substantial reductions within the experimental group, with mean decreases of 35% and 30% respectively at post-test. Verbal aggression and hostility also declined, but to a lesser extent (22% and 18% respectively). The control group showed no significant changes across any subscales.

In addition, paired sample t-tests within the experimental group confirmed that the improvements from pre-test to post-test were statistically significant across all measured domains ($p < 0.001$). From post-test to follow-up, while there was a slight decline in gains, scores remained significantly improved compared to baseline ($p < 0.01$), demonstrating sustained behavioural changes.

Attendance and participation rates in the CBS sessions were high, with 85% of participants attending at least 7 of the 8 sessions. Qualitative observations by facilitators noted increased engagement and positive feedback from participants regarding the practical applicability of cognitive restructuring and anger management techniques.

No adverse events or significant dropout due to the intervention were recorded. All participants in the control group completed the study, and upon completion, were offered access to the CBS program.

In summary, the results clearly indicate that cognitive behavioural strategies significantly reduce aggression and improve emotional regulation among university students in Nigeria, with effects maintained at least six weeks post-intervention.

Discussion

The primary objective of this study was to evaluate the effectiveness of cognitive behavioural strategies (CBS) in reducing youth aggression and enhancing emotional regulation among undergraduate students in Nigerian universities. The findings provide compelling evidence that CBS interventions are not only effective in significantly reducing aggressive behaviours but also in promoting sustainable emotional self-regulation among the participants. These results align with the growing body of global literature that supports the efficacy of cognitive behavioural approaches in managing aggression and improving mental health outcomes in youth populations.

At the outset, the equivalence in aggression and emotional regulation levels between the experimental and control groups ensured that the observed post-intervention differences could be confidently attributed to the CBS program. The significant reduction in overall aggression scores among the experimental group compared to the control group demonstrates the transformative potential of CBS. This finding corroborates earlier studies conducted in different cultural contexts, such as those in South Africa and Kenya, where CBS interventions led to notable decreases in youth aggression. The reductions in physical aggression and anger, the most prominent forms of aggression observed, underscore CBS's capacity to directly influence the cognitive processes that trigger reactive aggressive responses. Cognitive restructuring, a core element of CBS, likely played a pivotal role by enabling students to identify and challenge hostile attribution biases and irrational beliefs that exacerbate anger and aggression.

The improvement in emotional regulation scores observed among the experimental group further reinforces the therapeutic impact of CBS. Emotional regulation is critical in moderating impulsive reactions and fostering adaptive coping strategies when confronted with stressful or provocative situations. The enhanced emotional control observed aligns with the theoretical framework underpinning cognitive behavioural therapy, which posits that modifying maladaptive thought patterns can lead to better management of emotions and behaviours. This finding also supports previous empirical work indicating that effective anger management training and problem-solving skills can significantly enhance emotional regulation in young adults, thereby reducing aggressive tendencies.

The sustained improvement in both aggression and emotional regulation at the six-week follow-up highlights the durability of the intervention's effects. Although there was a slight increase in aggression scores post-intervention, the scores remained substantially lower than baseline, suggesting that participants retained many of the skills learned during the CBS sessions. This retention is important because it indicates that CBS can promote long-term behavioural change, a critical factor when designing interventions for youth populations prone to relapse or reverting to prior maladaptive patterns. Sustained effects also suggest that CBS empowers students with internal tools for self-regulation rather than fostering dependence on external controls or punitive measures.

Notably, the control group's stable aggression and emotional regulation scores throughout the study period suggest that without targeted intervention, aggressive behaviours tend to persist. This finding emphasizes the inadequacy of passive or punitive approaches commonly employed on campuses to curb violence. Increased policing or strict disciplinary policies alone may not address the cognitive and emotional underpinnings of aggression, thereby limiting their effectiveness. The present study's results, therefore, advocate for more proactive, psychologically informed strategies like CBS to be integrated into university counselling and student support services.

The intervention's group format and focus on cognitive and behavioural skills also facilitated peer learning and social support, factors known to contribute to successful behavioural change. Group sessions allowed participants to practice social perspective-taking and conflict resolution skills in a safe environment, potentially fostering empathy and reducing relational aggression such as verbal hostility and social exclusion. These softer forms of aggression, although less physically visible, have profound impacts on student mental health and academic engagement. The moderate reductions observed in verbal aggression and

hostility affirm the importance of including social cognitive components in aggression interventions.

While the results are encouraging, several considerations emerge from the study. The purposive sampling method and focus on public universities with established counselling units may limit the generalizability of findings to other institutional contexts, such as private universities or colleges without similar support structures. Additionally, although self-report measures provide valuable insights, they may be subject to social desirability bias, particularly when assessing sensitive behaviours like aggression. Future research could incorporate multi-informant assessments, including peer and staff reports, or behavioural observations to triangulate findings.

Another area for further exploration is the long-term trajectory of behavioural change following CBS interventions. Extending follow-up periods to six months or one year would provide stronger evidence of sustained impact and inform strategies for booster sessions or ongoing support. Moreover, understanding which components of CBS—whether cognitive restructuring, anger management, or social skills training—are most effective could help refine interventions to be more targeted and resource-efficient.

The study also raises important policy and practice implications for Nigerian universities. Integrating CBS-based psychoeducational programs within existing student counselling services offers a scalable and cost-effective approach to tackling campus aggression. Training counsellors, peer mentors, and student leaders in CBS techniques could extend the reach of interventions beyond formal therapy sessions. Additionally, embedding these strategies within orientation programs or academic curricula may proactively equip students with skills for emotional regulation and conflict resolution before aggressive behaviours escalate.

In conclusion, this research provides robust evidence supporting the use of cognitive behavioural strategies to transform youth aggression in Nigerian universities. By addressing both the cognitive distortions and emotional dysregulation that fuel aggression, CBS offers a holistic and sustainable pathway toward safer and more harmonious campus environments. These findings enrich the limited but growing literature on behavioural interventions in sub-Saharan African educational contexts and underscore the need for culturally adapted, evidence-based mental health strategies tailored to youth challenges in Nigeria.

Conclusion

This study demonstrates that cognitive behavioural strategies (CBS) are highly effective in reducing youth aggression and improving emotional regulation among university students in Nigeria. The intervention led to significant and sustained decreases in physical aggression, anger, verbal aggression, and hostility, while enhancing students' ability to manage their emotions constructively. These findings highlight the critical role of addressing cognitive and emotional processes underlying aggressive behaviour rather than relying solely on punitive or reactive measures.

By providing empirical evidence from a Nigerian university context, this research contributes to the limited but growing body of knowledge on effective behavioural interventions for youth aggression in sub-Saharan Africa. It underscores the adaptability and relevance of CBS as a culturally sensitive and practical tool for mental health promotion within higher education settings.

Practically, the study suggests that Nigerian universities should integrate CBS into their counselling and student support services to foster safer, more positive campus environments. Training counsellors and student leaders in these strategies and embedding them within orientation and wellness programs can enhance early prevention and behavioural change.

In closing, sustained investment in cognitive behavioural approaches offers a promising pathway for transforming youth aggression and promoting mental well-being in Nigerian universities, ultimately contributing to more harmonious and productive academic communities.

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