

Efficacy of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on Improving the Self-Esteem of Undergraduate Victims of Bullying

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ABSTRACT

This study investigated the efficacy of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem of undergraduate victims of bullying. Two research questions were raised and two corresponding hypotheses formulated. The study adopted the pre-test, post-test, non-equivalent control group quasi-experiment 3x2x2 factorial design. The population of the study was 5,882 undergraduates in the Faculty of Education, University of Benin and a sample of 138 participants. The instruments for data collection were the Olweus Bully/Victim Questionnaire (OBVQ) developed by Olweus (1996) and the Rosenberg Self-Esteem Scale (RSES) by Rosenberg (1965). In the present study, the OBVQ yielded a Cronbach's alpha of 0.862 while the RSES was 0.886. Data collected were analyzed using Analysis of Variance Statistics and the hypotheses were tested at 0.05 alpha level of significance. The findings of the study showed that Assertiveness Training was significantly efficacious on improving the self-esteem of undergraduate victims of bullying; likewise, Cognitive Behavioural Therapy. The effectiveness of the two treatments on self-esteem was found to be independent of the sex of the participants. Solution Focused Brief Therapy had no statistically significant effect on improving the self-esteem of undergraduate victims of bullying. Based on the results, it was recommended that Assertiveness Training and Cognitive Behavioural Therapy be adopted by University counsellors to help improve the self-esteem of undergraduate victims of bullying.

Keywords: Assertiveness Training, Bullying, Cognitive Behavioural Therapy, Efficacy, Self-esteem, Solution Focused Brief Therapy, Efficacy



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INTRODUCTION

Bullying is a global problem with lifelong consequences for its victims, irrespective of their sex. It involves deliberate and repeated behaviour intended to harm or intimidate others, often taking the form of physical aggression, verbal

taunts, or social exclusion. According to the American Psychological Association (2004), bullying is a form of aggressive behaviour that is intentional and repeatedly causes another person injury or discomfort, typically

involving an imbalance of power. Bullying may occur through physical contact such as hitting or kicking, verbal abuse, or negative actions like excluding someone from a group. A person is considered bullied when subjected to repeated harassment by an individual or a group (Olweus, 1993). Egbochuku (2007) similarly emphasized that bullying is not an isolated act but a behaviour that occurs repeatedly over time.

Bullying is associated with a wide range of negative consequences that can persist throughout a person's lifetime. Victims often experience social, emotional, psychological, and academic difficulties that may undermine their self-esteem. Moore et al. (2017) noted that bullying can lead to depression, anxiety, low self-esteem, and suicidal thoughts. Similarly, Shemesh and Heiman (2021) found that bullying profoundly affects physical, emotional, and behavioural well-being, often resulting in long-lasting self-esteem issues, difficulties forming healthy relationships, and feelings of inadequacy or helplessness. Studies have consistently shown that victims of bullying exhibit lower self-esteem than their non-bullied peers (Brito & Oliveira, 2013; Tsaousis, 2016). Rigby (2010) observed that a victims' self-esteem tends to decline because they feel unable to defend themselves against bullies.

The undergraduate years represent a formative stage of self-discovery and identity development. However, bullying during this period can erode self-confidence, diminish self-worth, and impair academic motivation. University students may encounter bullying from peers, seniors, or even instructors, leading to emotional distress and reduced self-esteem. This underscores the importance of targeted psychological interventions to help undergraduate victims of bullying rebuild a positive self-image.

To improve self-esteem among victims of bullying, several psychotherapeutic interventions have been applied, including Assertiveness Training (AT), Cognitive Behavioural Therapy (CBT), and Solution Focused Brief Therapy (SFBT). Assertiveness Training (AT), rooted in behavioural and social learning theories, aims to help individuals express their thoughts and feelings confidently and respectfully without infringing on the rights of others (Alberti & Emmons, 1970). It enables individuals to replace passive or aggressive behaviours with assertive communication, thereby improving self-confidence and interpersonal relationships (Speed et al., 2018). Similarly, Herman et al. (2020) found that assertiveness training contributes to a reduction in bullying incidents.

Cognitive Behavioural Therapy (CBT), developed by Aaron Beck in the 1960s, integrates cognitive and behavioural strategies to promote positive change. It is based on the premise that maladaptive thinking patterns contribute to emotional distress and behavioural problems (Beck, 2011). CBT help clients identify and replace irrational or negative thoughts with more adaptive cognitions. Berg et al. (2022) reported that adolescents who underwent internet-based CBT experienced

significant increase in self-esteem and reductions in anxiety and depression. Similarly, Epel et al. (2021) found that school-based CBT sessions significantly enhanced self-esteem among upper-elementary pupils. However, Hyun et al. (2005) observed that while CBT reduced depression and improved self-efficacy among runaway adolescents, it did not significantly improve self-esteem.

Solution-Focused Brief Therapy (SFBT), developed by de Shazer and Berg in the 1980s, emphasizes clients' strengths and resources rather than their problems (Bannink, 2007). This approach assumes that clients are capable of constructing solutions and that therapeutic conversations should focus on what works rather than what is wrong (de Shazer, 1985, cited in Bannink, 2007; Egbochuku, 2012). Malhotra and Suri (2020) found that SFBT significantly improved the self-concept of bullied adolescents, while Franklin et al. (2020) reported its effectiveness in reducing behavioural problems among school children.

Although prior studies have demonstrated the effectiveness of AT, CBT, and SFBT in enhancing self-esteem, their relative efficacy remains inconclusive. While AT and CBT consistently yield positive outcomes across diverse populations, findings on SFBT are mixed. Some studies (Malhotra & Suri, 2020) report notable improvements, whereas others show minimal change. These inconsistencies may stem from variations in sample characteristics, intervention duration, and the inherent nature of SFBT, which depends heavily on client motivation and the ability to visualize solutions. For individuals who have endured prolonged bullying, SFBT's focus on solution-building may be less effective than interventions like CBT that directly address cognitive distortions and behavioural avoidance. When existing findings are compared, it becomes evident that few studies have examined these three interventions within the same population context. Most prior research has focused on adolescents or clinical samples, leaving a gap regarding undergraduate victims of bullying. Therefore, the present study seeks to compare the efficacy of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy in improving the self-esteem of undergraduate victims of bullying. Addressing this gap will contribute to evidence-based counselling practice in higher education settings.

The study is hinged on Albert Bandura's Social Cognitive Theory (1986). Social Cognitive Theory posits that human learning occurs in a social context and that people learn not only through their own experiences but also by observing the actions of others and the consequences of those actions (Bandura, 1986). Bandura further emphasized the role of self-efficacy, which refers to an individual's belief in their ability to organize and execute actions required to achieve specific goals (Bandura, 1997). These beliefs influence thought patterns, motivation, emotional reactions, and behaviour. This theory is relevant to this study because undergraduate victims of bullying often develop low self-esteem and maladaptive coping

behaviours due to negative social experiences. For example, students may avoid social interactions to escape further victimization, which reinforces feelings of inadequacy and maintains low self-esteem. Interventions such as Assertiveness Training, Cognitive Behavioural Therapy, and Solution Focused Brief Therapy can be understood through Social Cognitive Theory, as they aim to build self-efficacy, modify negative thought patterns, and foster strengths and positive outcomes.

Bullying is a pervasive problem in educational settings, with devastating effects on the mental health and well-being of victims. Undergraduate students who are victims of bullying often experience low self-esteem, which can negatively impact their academic performance, social relationships, and overall quality of life. Despite the growing concern about bullying in higher education, there is a dearth of studies examining the efficacy of therapeutic interventions in enhancing self-esteem among undergraduate victims of bullying. Specifically, there is limited research on the effectiveness of Assertiveness Training, Cognitive Behavioural Therapy, and Solution-Focused Brief Therapy on improving the self-esteem among this population. This lack of knowledge makes it challenging for counsellors and mental health professionals to develop evidence-based interventions to support undergraduate victims of bullying. Hence, the researcher seeks to investigate the efficacy of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem of undergraduate victims of bullying. The purpose of the study was to investigate the efficacies of Assertiveness Training, Cognitive Behavioural Therapy, and Solution-Focused Brief Therapy in improving the self-esteem of undergraduate victims of bullying. The study also examined the influence of sex on the efficacy of these therapeutic interventions.

Research Questions

1. Is there a difference in the efficacies of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem of undergraduate victims of bullying?
2. Is there an interaction effect in the treatment by sex on improving the self-esteem of undergraduate victims of bullying?

Hypotheses

1. There is no significant difference in the efficacies of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem of undergraduate victims of bullying.
2. There is no significant interaction effect in the treatment by sex on improving the self-esteem of undergraduate victims of bullying.

METHODOLOGY

Study Design

The study adopted the pre-test, post-test non-equivalent control group quasi experimental design. The study consisted of three independent variables: Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy and a dependent variable, self-esteem in undergraduate victims of bullying with the intervening variable of sex (male and female).

Participants

The sample of the study comprised one hundred and thirty-eight first year undergraduate students in the Faculty of Education, University of Benin, selected through multistage sampling procedure in three steps. First, four departments were randomly selected from the seven departments that make up the Faculty. Thereafter, stratified random sampling technique was used to select one course area from each of the four departments selected: Curriculum and Instructional Technology, Early Childhood Education, Adult Education and Business Education were selected. Intact classes of students in these course areas were then randomly assigned to the four treatment groups.

The Instruments

The Olweus Bully/Victim Questionnaire (OBVQ), developed by Olweus (1996), was used to collect data for the study. For the purpose of this research, only the victimization items (20 items) were employed to assess how often participants experienced different forms of bullying, such as physical, verbal, and relational victimization. Responses were rated on a Likert-type scale ranging from Never to Several times a week. The Olweus Bully/Victim Questionnaire (OBVQ) is among the few instruments with well-established psychometric properties in different countries (Kyriakides et al., 2006). In the present study, the OBVQ victimization items yielded a Cronbach's alpha of 0.862, confirming reliability. The Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965) was also used to measure participants' global self-worth. The scale consists of 10 items rated on a 4-point Likert format from Strongly Agree (4) to Strongly Disagree (1), with items 2, 5, 6, 8, and 9 reverse scored. The reliability of RSES had been confirmed throughout number of studies across variety of cultures reporting alpha reliabilities ranging from 0.72 up to 0.90 (Gray-Little et al., 1997). In the present study, the RSES produced a Cronbach's alpha of 0.886.

Procedure

The participants were first pretested with the victimization scale of the Olweus Bully/Victim Questionnaire (OBVQ-V)

to determine their experiences of being bullied. Items were scored on a 5-point frequency scale (0 = Never; 1 = Once or twice; 2 = 2–3 times a month; 3 = about once a week; 4 = Several times a week). In line with Olweus's definition of bullying as repeated behaviour, participants were classified as victims if they reported a frequency of 2 or higher (That is, "2–3 times a month" or more often) on at least one victimization item. In addition, responses across all items were summed to produce a continuous victimization score, which was used in the analysis. Those classified as victims were then pretested with the Rosenberg Self-Esteem Scale (RSES) to establish baseline self-esteem. Following conventional cut-off points, participants who scored 15 or below were classified as having low self-esteem, those scoring 16–25 as moderate, and those scoring 26–40 as high. For the purpose of this study, only those with low self-esteem (≤ 15) were included in the intervention groups. After the pretesting stage, intact classes of students in the four course areas were assigned to the four groups: Assertiveness Training, Cognitive Behavioural Therapy, Solution Focused Brief Therapy, and the Control group. The treatment groups met once a week for a period of eight weeks. During these sessions, participants were guided through structured group counselling activities specific to each intervention and encouraged to apply the techniques in their daily lives. Each session lasted forty-five minutes. A convenient time and venue was chosen for each group. Confidentiality was emphasized, and members were encouraged to maintain regular attendance. At the end of the treatment period, the OBVQ-V and the RSES were re-administered to the participants. The data collected were collated and analyzed using mean scores and Analysis of Variance (ANOVA). Post Hoc analysis was conducted where necessary to determine the source of significant differences.

Intervention Fidelity

To ensure the standardization and reliability of the intervention process, the researcher, who holds a Master of Education (M.Ed.) degree in Counselling Psychology and has over ten years of experience in teaching and counselling practice, personally conducted all intervention sessions. Three trained research assistants with bachelor's degrees in Guidance and Counselling were engaged to assist with logistics such as attendance recording, note-taking, and timekeeping during sessions. The assistants received a one-week intensive training on the objectives, ethical considerations, and specific procedures of each intervention to ensure procedural consistency. Each intervention followed a structured facilitator manual developed for the study, which specified the goals, content, and sequence of activities for each weekly session lasting 45 minutes, conducted over an eight-week period.

To maintain fidelity, the researcher reviewed the session outlines before each meeting and used a checklist to

ensure full adherence to the treatment protocols. The same procedures, duration, and delivery style were applied across all intervention groups. At the end of each session, brief debriefings were held with the assistants to confirm uniform implementation and record participant's engagement.

Ethical Considerations

The researcher adhered strictly to established ethical standards in conducting this study. Prior to data collection, permission to conduct the study was secured from the authorities of the participating institution. All participants were adequately informed about the purpose of the study, the procedures involved, their right to withdraw at any time, and the voluntary nature of their participation. Each participant signed an informed consent form before the commencement of the study. Confidentiality and anonymity were assured by coding all research instruments and omitting identifying information from the data and report. The researcher ensured that no participant was exposed to physical or psychological harm during the study. Counselling support was made available to participants who might have experienced emotional discomfort during the intervention sessions. All data collected were securely stored and used strictly for research purposes only.

RESULTS

Table 1: Descriptive Statistics of the Effects of the Interventions on Self Esteem Improvement at Post-Test

Pos-test	N	Mean	Std. Deviation
CONTROL	45	33.84	8.12
AT	36	37.29	7.05
SFBT	26	34.18	7.88
CBT	31	38.42	6.54
Total	138	35.93	7.62

Table 1 shows the mean and standard deviation for the groups at post-test. The table reveals that participants in the CBT group had the highest mean score (38.42), followed by AT (37.29), then SFBT (34.18), while the control group had the lowest (33.84). The mean scores for AT (37.29) and CBT (38.42) were higher than the norm for self-esteem (female = 34.37; male = 34.77), thus indicating improved self-esteem in participants in these two groups at post-test. In contrast, the control group (33.84) and the SFBT group (34.18) had mean scores below the norm, indicating no meaningful improvement. This shows that there are observable differences in the post-test self-esteem levels of undergraduate victims of bullying across the four groups. To determine if the differences are significant, Hypothesis 1 was tested at .05 level of significance using ANOVA statistics.

Hypothesis 1: There is no significant difference in the efficacies of Assertiveness Training, Cognitive

Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem of undergraduate victims of bullying.

Table 2: Summary of One-Way ANOVA of the Effects of the Interventions on Improving the Self-Esteem of Undergraduate Victims of Bullying at Post-Test

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	812.47	3	270.82	5.96	.001
Within Groups	6031.58	134	44.99		
Total	6844.05	137			

Table 2 shows that the F value = 5.96, df = 3, and p value = .001. The p value is less than the alpha level of .05. The null hypothesis that states that there is no significant difference in the efficacies of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem in undergraduate victims of bullying is therefore rejected. Consequently, it is concluded that there is a significant difference in the efficacies of Assertiveness Training, Cognitive Behavioural Therapy and Solution Focused Brief Therapy on improving the self-esteem in undergraduate victims of bullying. To ascertain the direction of the difference, a Post Hoc analysis was carried out.

Table 3: Post-Hoc Multiple Comparisons of the Efficacies of the Interventions on Improving the Self-Esteem of Undergraduate Victims of Bullying.

(I)GROUPS	(J)GROUPS	Mean Difference (I-J)	Std.Error	Sig.
CONTROL	AT	-3.45*	1.52	0.02
	SFBT	-0.34	1.63	0.83
	CBT	-4.58*	1.57	0.00
AT	Control	3.45*	1.52	0.02
	SFBT	3.11*	1.74	0.04
SFBT	CB	-1.13	1.66	0.51
	Control	0.34	1.63	0.83
	AT	-3.11*	1.74	0.04
CBT	CBT	-4.24*	1.71	0.01
	Control	4.58*	1.57	0.00
	AT	1.13	1.66	0.51
	SFBT	4.24*	1.71	0.01

Table 3 shows that the mean difference between AT and the control group (3.45) and between CBT and the control group (4.58) are significant in favour of AT and CBT, which had self-esteem mean scores above the norm, indicating improved self-esteem at post-test (Table 3). The table also reveals a significant difference between AT and SFBT (3.11) and between CBT and SFBT (4.24), again in favour of AT and CBT. There was no significant difference between AT and CBT, both of which showed clear evidence of improved self-esteem. In contrast, there was no significant difference between the control group and SFBT, both of which did not show self-esteem improvement.

Table 4: Descriptive Statistics of Treatment by Sex of the Participants.

Treatment Group	Sex	N	Mean	St. Deviation
CONTROL	Male	21	36.57	9.94
	Female	24	35.00	8.01
	Total	45	35.73	8.88
AT	Male	20	31.35	7.10
	Female	16	30.06	6.23
	Total	36	30.78	6.68
CBT	Male	14	38.93	9.31
	Female	17	39.29	8.75
	Total	31	39.13	8.98
SFBT	Male	15	29.67	3.80
	Female	11	29.18	3.90
	Total	26	29.46	3.82

Table 4 shows the number, mean, and standard deviation scores of participants by sex and treatment groups. In the Control group, there were 21 males (M = 36.57, SD = 9.94) and 24 females (M = 35.00, SD = 8.01). The AT group consisted of 20 males (M = 31.35, SD = 7.10) and 16 females (M = 30.06, SD = 6.23). The CBT group had 14 males (M = 38.93, SD = 9.31) and 17 females (M = 39.29, SD = 8.75). The SFBT group had 15 males (M = 29.67, SD = 3.80) and 11 females (M = 29.18, SD = 3.90). These figures indicate that male and female participants scored differently across the treatment groups, but the variations appeared small. To determine whether these differences are statistically significant, a two-way ANOVA was conducted. This is displayed in (Table 5).

Table 5: Two-Way ANOVA of Sex by Treatment Interaction Effect on Self- Esteem.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.(p)
Corrected Model	1760.842	7	251.549	4.209	0.000
Intercept	121772.300	1	21772.300	2033.42	0.000
Treatment	1368.212	3	456.071	7.629	0.000
Sex	4.389	1	4.389	0.072	0.789
Treatment * Sex	108.330	3	36.110	0.604	0.613
Error	6889.411	115	59.904		
Total	146516.000	123			
Corrected Total	8646.699	122			

Table 5 presents the results of the two-way ANOVA, which tested the main effects of treatment and sex, as well as their interaction effect on self-esteem. The results show that the effect of treatment was statistically significant, F (3, 115) = 7.629, p < .05, indicating that the interventions differed in their effects on self-esteem. The main effect of sex was not significant, F (1, 115) = 0.072, p = .789, showing that males and females did not differ significantly in self-esteem overall. Importantly, the interaction effect of treatment by sex was also not significant, F (3, 115) = 0.604, p = .613. Since the p-value is greater than 0.05, the null hypothesis is retained. Therefore, there is no significant interaction effect of treatment by sex on the self-esteem of undergraduate victims of bullying.

DISCUSSION

The results of the study reveal that Assertiveness Training (AT) was effective in improving the self-esteem among undergraduate victims of bullying. This finding corroborates Okoiye et al., who found assertiveness training effective in enhancing self-esteem of female undergraduate victims of relationship violence. Similarly, Golshiri et al. (2023) reported that a combined problem-solving and assertiveness training intervention significantly improved self-esteem and mental health in female adolescents, demonstrating the efficacy of structured assertiveness training programs in boosting psychological well-being. However, not all studies have found significant effects. Eskiyurt and Uysal (2025) examined the effect of assertiveness skills training on nursing students' competencies and reported no statistically significant improvement in self-esteem. This suggests that the impact of assertiveness training may vary depending on factors such as population characteristics, intervention duration, setting, and the measures used to assess self-esteem. Overall, these findings indicate that while assertiveness training can be effective in improving self-esteem among undergraduate victims of bullying, its efficacy is not universal and may depend on contextual and methodological variables.

Cognitive Behavioural Therapy (CBT) was also found to be effective in improving the self-esteem on undergraduate victims of bullying. This finding corroborates Berg et al., who found that internet-delivered CBT significantly improved self-esteem and reduced depression and anxiety among adolescents with low self-esteem. It also agrees with Epel et al., who found that the Child-Self-Esteem CBT protocol delivered in schools significantly improved self-esteem among upper-elementary pupils. However, the finding is in contrast with Hyun et al., who found that cognitive-behavioural group therapy did not significantly improve self-esteem among runaway adolescents in a shelter in South Korea. The present study's finding may differ from Hyun et al.'s due to differences in population characteristics, intervention duration, or specific CBT techniques used.

In the present study, Solution-Focused Brief Therapy (SFBT) was found to be ineffective in improving the self-esteem of undergraduate victims of bullying. This finding is in contrast with Malhotra, who found SFBT effective in enhancing the self-concept of bullied adolescents. However, Franklin et al.'s study supports the effectiveness of SFBT in addressing behavioural problems. The results of the study also show that there was no interactive effect of treatment by sex on the self-esteem status of undergraduate victims of bullying, which is consistent with findings by Kogler et al. (2017) who found that self-esteem impacts stress reactions across both sexes, with individuals of lower self-esteem showing greater activation in brain regions related to emotion and stress regulation, regardless of their sex.

Conclusion

From the results of the study, it can be concluded that Assertiveness Training (AT) and Cognitive Behavioural Therapy (CBT) are effective methods for improving the self-esteem of undergraduate victims of bullying, and that this effectiveness is not sex-biased.

Recommendations

The study has shown that low self-esteem, which negatively affects the psychological well-being and academic adjustment of undergraduates who have experienced bullying, can be improved through the use of Assertiveness Training (AT) and Cognitive Behavioural Therapy (CBT). Counsellors in tertiary institutions should therefore regularly employ these therapeutic approaches to help students who exhibit signs of low self-esteem as a result of bullying experiences. It is also recommended that further studies be carried out using SFBT to test its efficacy in improving the self-esteem of undergraduate victims of bullying. Furthermore, future research should incorporate longitudinal follow-up assessments to determine whether the improvements in self-esteem achieved through AT, CBT, and SFBT are sustained over time. Such follow-up evaluations will help establish the long-term efficacy of these interventions for undergraduate victims of bullying.

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