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ABSTRACT

Background: Pervasive aggressive behavior in secondary schools severely undermines school safety, yet conventional school guidance rarely addresses the underlying early maladaptive schemas. **Objective:** This study aims to investigate the effect of Schema Therapy on aggressive behavior among senior secondary school students in Oyo State, Nigeria. **Methods:** A quasi-experimental pretest-posttest control group design was employed, involving 116 Senior Secondary School II students with high aggression scores recruited via multistage sampling. The experimental group received a ten-week structured Schema Therapy protocol, while the control group received conventional counseling. Data were collected using the Aggressive Behaviour Questionnaire ($\alpha = 0.89$) and analyzed using Analysis of Covariance (ANCOVA) at the .05 level. **Results:** Schema Therapy produced a statistically significant main effect in reducing student aggression compared to conventional counseling. Gender also had a significant main effect, with female students recording higher post-test aggression scores than males. No significant treatment-by-gender interaction occurred, demonstrating consistent therapeutic gains across participants. **Conclusion:** Schema Therapy is empirically superior to conventional guidance in reducing adolescent aggression regardless of gender. **Originality/Value:** This study brings scientific novelty to the field of counseling and psychotherapy by uncovering the efficacy of Schema Therapy in restructuring early maladaptive schemas within a non-Western educational context that has remained underexplored. These findings enrich empirical evidence while providing a strategic reference for school counselors and policymakers in developing sustainable interventions.

1. INTRODUCTION

Aggressive behavior among adolescents has escalated into a critical global public health and educational crisis that severely threatens school safety and academic integrity worldwide (Jamiu, 2025; UNICEF, 2024). International reports emphasize that an alarming proportion of secondary school students regularly experience physical violence, bullying, or social exclusion, with the highest prevalence concentrated in developing nations where education-

nal institutions face systemic socioeconomic pressures (Ighaede-Edwards et al., 2023; Masley et al., 2012; Lee et al., 2019; Goldberg, 2022). This widespread hostility attracts intense concern from school counselors, educational psychologists, and policymakers due to its detrimental effects on student mental health, emotional stability, and social adjustment (Hemmati et al., 2016; Barbieri et al., 2022; Malogiannis et al., 2024). Actions intended to cause physical, verbal, or psychological harm, ranging from overt

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physical assaults to covert relational aggression, fundamentally undermine student well-being and disrupt positive peer relationships across diverse educational landscapes (Guardian, 2025; Haile et al., 2021; Dozois et al., 2013; Mouchan et al., 2016; Nigerian Tribune, 2025).

Effective school systems are established to foster an empowering learning environment that supports academic excellence, social development, emotional maturation, and moral formation (Ogunbade, 2017). Educational frameworks dictate that schools maintain strict discipline, mutual respect, peaceful coexistence, and healthy interpersonal connections to ensure optimal teaching and learning outcomes (Solomon & Olanrewaju, 2022). Within this structured environment, school guidance services and counseling interventions are expected to equip students with emotional regulation, constructive conflict resolution skills, and self-control, thereby enabling learners to overcome behavioral challenges and navigate peer dynamics without resorting to violence (Haile et al., 2021).

Despite these educational standards, the reality in Nigerian public secondary schools reveals a persistent surge in student hostility, bullying, physical fighting, and classroom disruptions (Hinshaw & Lee, 2023; Sanni et al., 2024). Public secondary schools in Oyo State continually report severe behavioral problems, including verbal abuse, intimidation, property destruction, and organized student riots (Nigerian Tribune, 2025; The Guardian, 2025; Salawu, 2024). Existing behavioral management measures, conventional counseling, and administrative sanctions in Nigeria fail to curb these disruptions because they primarily address surface-level behaviors while ignoring the underlying cognitive distortions and early maladaptive schemas that sustain adolescent aggression (Loose & Pietrowsky, 2016; Salgo et al., 2016; Taylor et al., 2017; Sabzi et al., 2022). This chronic behavioral breakdown leads to poorer academic outcomes, elevated anxiety, chronic absenteeism, and long-term antisocial behavior among affected students (Yang et al., 2023).

Previous studies have extensively investigated early maladaptive schemas, therapeutic interventions, and gender dynamics in adolescent behavioral management. Empirical studies by Taylor et al. (2017), Young et al. (2003), and Dadomo et al. (2016), demonstrated that deeply ingrained maladaptive schemas directly drive cognitive hostility and emotional dysregulation during adolescence. Meanwhile, investigations conducted by Kopf-Beck et al. (2020), Ramshe et al. (2023), Amaefule et al. (2022), and Graaf et al. (2020) revealed that Schema Therapy serves as an effective integrative framework that restructures cognitive distortions and restores emotional stability. Furthermore, research by Ogunbade (2017), and Solomon & Olanrewaju (2022) highlighted that aggressive manifestations vary significantly by gender, with males exhibiting overt physical dominance while females predominantly display covert relational aggression. These existing studies

affirm the critical necessity of targeting underlying cognitive-emotional structures and considering gender dynamics when designing therapeutic interventions for adolescent aggression.

Prior studies regarding the therapeutic efficacy of interventions on adolescent behavioral change show contradictory empirical findings. On one hand, researchers such as Vagos et al. (2025) and Erfan et al. (2018) reported that schema-focused interventions produce immediate, significant reductions in aggressive behavior and cognitive hostility. On the other hand, empirical investigations by Bach et al. (2020) demonstrated that Schema Therapy yields significantly slower behavioral modifications compared to standard behavioral therapies, particularly among adolescent populations. In addition, while Alremawi & Arabiyat (2022) observed significant gender-based variations in response to behavioral interventions, other empirical evaluations, such as those by Sij et al. (2018), showed uniform therapeutic gains regardless of gender. These conflicting empirical results indicate a clear research gap and emphasize the necessity of reevaluating Schema Therapy to clarify its main and interaction effects on adolescent aggression.

Resolving this empirical gap is highly urgent because reliance on traditional disciplinary actions in Nigerian schools continues to leave student psychological trauma and cognitive hostility untreated (Salawu, 2024). This study introduces an innovative solution by implementing a structured, ten-week school-based Schema Therapy protocol specifically adapted for secondary school guidance units. The scientific novelty of this research lies in shifting the paradigm from superficial behavioral control toward deep cognitive emotional restructuring within an African educational context. The significant impact of this study provides school counselors, educational psychologists, and Nigerian policymakers with a validated, cost-effective therapeutic framework to reduce adolescent violence and cultivate safe learning environments systematically.

This study aims to investigate the effect of Schema Therapy in reducing aggressive behavior among senior secondary school students in Oyo State, Nigeria. Specifically, this study addresses the following research question and tests three null hypotheses at the 0.05 level of significance: 1) Research Question: What is the baseline level of aggressive behavior among senior secondary school students based on gender?; 2) Null Hypothesis 1 (H_{01}): There is no significant main effect of Schema Therapy on aggressive behavior among senior secondary school students in Oyo State; 3) Null Hypothesis 2 (H_{02}): There is no significant main effect of gender on aggressive behavior among senior secondary school students; 4) Null Hypothesis 3 (H_{03}): There is no significant interaction effect of treatment and gender on aggressive behavior among senior secondary school students.

2. MATERIALS AND METHODS

2.1 Research Design

This study adopted a pretest-posttest control group quasi-experimental research design involving a 3×2 factorial matrix. A quasi-experimental design was utilized because random assignment of individual students was not feasible in intact secondary school classrooms without disrupting academic schedules. The factorial design was selected to simultaneously evaluate the main effect of Schema Therapy compared to the control condition, the main effect of gender, and the interaction effect between treatment and gender on aggressive behavior.

2.2 Participants

The study was conducted in Oyo State, Nigeria, across three public senior secondary schools randomly selected from the three senatorial districts of the state. The data collection and ten-week intervention were carried out in August 2025. Participants were assessed on aggressive behavior before and after the ten-week intervention using a standardized measurement instrument.

The population of this study consisted of 411,951 students, comprising 204,545 male and 207,406 female students, drawn from 629 public secondary schools in Oyo State, Nigeria. The sample comprised 120 Senior Secondary School II (SSS II) students selected through a multi-stage sampling technique. Three public senior secondary schools were randomly selected, one from each of the three senatorial districts of Oyo State. Students were screened using the Aggressive Behaviour Questionnaire (ABQ), and those who obtained high aggression scores were considered eligible for participation. Participants were assigned to treatment conditions comprising the Schema Therapy group in accordance with the original experimental design. A total of 116 SSS II students completed the entire intervention, representing a mortality rate of 3.33%.

2.3 Instruments and Data Collection

Two instruments were used for data collection. The Demographic Data Form collected participants' background information, including age, gender, and school. Aggressive behaviour was measured using the Aggressive Behaviour Questionnaire (ABQ), which demonstrated a reliability coefficient of 0.89, indicating high internal consistency. Permission to conduct the study was obtained from relevant educational authorities and participating school administrators. Participants were screened prior to treatment using the ABQ. Baseline (pretest) data were collected before the commencement of therapy, while post-test assessments were conducted immediately after completion of the ten-week intervention. Ethical principles of confi-

dentiality, informed consent, voluntary participation, and anonymity were strictly observed throughout the study.

2.4 Data Analysis

Data obtained from the study were analyzed using both descriptive and inferential statistics. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise participants' demographic characteristics and levels of aggressive behaviour. The hypotheses were tested using Analysis of Covariance (ANCOVA) at the 0.05 level of significance. ANCOVA was considered appropriate because it controlled for pre-test differences among participants while determining the treatment effect on aggressive behaviour after the intervention. Estimated marginal means and pairwise comparisons were further examined to determine the direction and magnitude of treatment effects.

2.5 Research Procedures

The study followed a structured sequence of procedures. First, permission was obtained from the relevant educational authorities and participating school administrators. Second, students across the three selected schools were screened using the ABQ, and those with high aggression scores were invited to participate. Third, eligible participants completed the ABQ as a pretest before the commencement of treatment. Fourth, participants assigned to the Schema Therapy group received a structured, ten-week Schema Therapy intervention. In contrast, participants in the control group continued to receive the schools' conventional counselling and behavioural-management strategy, without exposure to the Schema Therapy protocol. Finally, a post-test assessment using the ABQ was administered immediately after completion of the ten-week intervention period.

3. RESULT AND DISCUSSION

3.1 Result

3.1.1 Research Question: What is the level of aggressive Behaviour among Senior Secondary School Students based on Gender?

To address the first research question regarding the level of aggressive behaviour among senior secondary school students based on gender, participants' scores were categorized into 'low' and 'high' aggressive behaviour using the benchmark mean ($M = 54.9$, $SD = 14.85$) as a cut-off point. The detailed distribution of aggressive behaviour levels across male and female students is presented in Table 1.

Table 1. Distribution of Participants' Aggressive Behaviour by Gender

Gender	Low, n (%)	High, n (%)	Total, n (%)
Male	38 (73.0%)	14 (27.0%)	52 (44.8%)
Female	37 (57.8%)	27 (42.1%)	64 (55.1%)
Total	75 (64.6%)	41 (35.3%)	116 (100%)

Note. Benchmark mean = 54.9, SD = 14.85. Scores below the mean were categorised as low aggressive behaviour; scores at or above the mean were categorised as high aggressive behaviour.

Table 1 shows participants' aggressive behaviour by gender. Aggressive behaviour was categorised as low or high based on each participant's score relative to the benchmark mean of 54.9 (SD = 14.85); scores below the mean were categorised as low aggressive behaviour, while scores at or above the mean were categorised as high aggressive behaviour. Male participants comprised 52 (44.8%) of the total sample, and female participants comprised 64 (55.1%). Within each group, most participants scored below the benchmark mean: 38 (73.0%) of male participants recorded low aggressive behaviour compared with 14 (27.0%) who recorded high aggressive behaviour. In comparison, 37 (57.8%) of female participants recorded low aggressive behaviour compared with 27 (42.1%) who recorded high aggressive behaviour. Overall, 75 (64.6%) of all participants recorded low aggressive behaviour, and 41 (35.3%) recorded high aggressive behaviour. Both male and female participants, therefore, exhibited predomi-

nantly low levels of aggressive behaviour. However, a numerically larger proportion of female participants (42.1%) than male participants (27.0%) recorded high aggressive behaviour – that is, while both genders showed low overall aggression, females displayed descriptively higher levels of aggression than males.

3.1.2 *H₀₁: There is no Significant Main Effect of Schema Therapy on Aggressive Behaviour among Senior Secondary School Students in Oyo State.*

To test the first null hypothesis (H₀₁), which posited that there is no significant main effect of Schema Therapy on aggressive behaviour among senior secondary school students in Oyo State, an Analysis of Covariance (ANCOVA) was conducted, adjusting for pre-test scores. The post-test estimated marginal means and standard errors for both the treatment and control groups are presented in Table 2.

Table 2. Effect of Schema Therapy on Aggressive Behaviour among Senior Secondary School Students in Oyo State

Treatment	Mean	Std. Error	95% CI Lower Bound	95% CI Upper Bound
Schema Therapy	72.590	1.906	68.809	76.370
Control	48.869	1.510	45.874	51.864

Note. Covariate appearing in the model (pre-test aggressive behaviour) is evaluated at 65.0345.

Table 2 presents the post-test estimated marginal means for the two treatment conditions after adjusting for pre-test aggressive behavior as a covariate evaluated at 65.0345. The Schema Therapy group yielded a post-test mean score of 48.87 (SE = 1.91, 95% CI [45.87, 51.86]), whereas the control group recorded a substantially higher post-test mean score of 72.59 (SE = 1.51, 95% CI [68.81, 76.37]). Because the 95% confidence intervals for the two groups do not overlap, these findings demonstrate that Schema Therapy produced a statistically significant reduction in aggressive behavior among senior secondary school students in Oyo State compared to the conventional stra-

tegy. Consequently, the first null hypothesis (H₀₁) was rejected.

3.1.3 *H₀₂: There is no significant main effect of gender on Aggressive Behaviour among Senior Secondary School Students*

To test the second null hypothesis (H₀₂), which posited that there is no significant main effect of gender on aggressive behaviour among senior secondary school students, a univariate analysis of variance was conducted. The summary of the univariate test comparing the estimated marginal means across gender is presented in Table 3.

Table 3. Univariate Test of the Effect of Gender on Students' Aggressive Behaviour

Source	Sum of Squares	df	Mean Square	F	Sig.
Contrast	419.315	1	419.315	5.783	.018
Error	7468.140	103	72.506		

Note. The *F* test evaluates the effect of Gender and is based on the linearly independent pairwise comparisons among the estimated marginal means.

Table 3 presents the summary of the univariate test evaluating the main effect of Gender on students' aggressive behavior. The analysis revealed a statistically significant outcome, $F(1, 103) = 5.783$, $p = .018$ ($p < .05$). This re-

sult indicates a significant main effect of Gender on aggressive behavior levels among senior secondary school students in Oyo State. Based on these empirical findings, the second null hypothesis (H02) was formally rejected.

Table 4. Estimated Marginal Means of Aggressive Behaviour by Gender

Gender	Mean	Std. Error	95% CI Lower Bound	95% CI Upper Bound
Male	53.317	1.273	50.792	55.842
Female	57.441	1.104	55.251	59.631

Note. Covariate appearing in the model (pre-test aggressive behaviour) is evaluated at 65.0345.

Table 4 displays the post-test estimated marginal means for aggressive behavior across gender groups after adjusting for the pre-test covariate evaluated at 65.0345. Male students recorded a post-test mean aggressive behavior score of 53.32 (SE = 1.27, 95% CI [50.79, 55.84]). In contrast, female students recorded a higher post-test mean score of 57.44 (SE = 1.10, 95% CI [55.25, 59.63]). These data indicate that female students in this sample retained significantly higher post-intervention aggression levels compared to their male counterparts.

3.1.4 H₀₃: There is no Significant Interaction effect of Treatment and Gender on Aggressive Behaviour among Senior Secondary School Students

To test the third null hypothesis (H₀₃), which stated that there is no significant interaction effect of treatment and gender on aggressive behaviour among senior secondary school students, a two-way Analysis of Covariance (ANCOVA) was executed. The summary of the ANCOVA evaluating the combined interaction effect of group assignment and gender, controlling for pre-test scores, is presented in Table 5.

Table 5. Analysis of Covariance Showing the Effect of Treatment and Gender on Students' Aggressive Behaviour

Dependent Variable: Post-Test Aggressive Behaviour Score					
Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	17908.782	12	1492.399	20.583	.000
Intercept	12746.455	1	12746.455	175.798	.000
Covariate	46.189	1	46.189	.637	.427
Group × Gender	103.067	2	51.533	.711	.494

Note. $R^2 = .706$ (Adjusted $R^2 = .671$).

Table 5 presents the results of the two-way Analysis of Covariance (ANCOVA) evaluating the interaction effect between treatment condition and gender on students' aggressive behavior, controlling for pre-test scores. The analysis revealed no statistically significant interaction effect between treatment assignment and gender, $F(2, 103) = 0.711$, $p = .494$ ($p > .05$), with an R-squared of .706 (Adjusted $R^2 = .671$). Consequently, the third null hypothesis (H03) was retained. This finding proves that the efficacy of Schema Therapy in reducing aggressive behavior is consistent across both male and female students.

3.2. Discussion

These findings demonstrate that Schema Therapy produces a statistically significant main effect in reducing aggressive behavior among senior secondary school students compared to the conventional counseling strategy. Furthermore, the results reveal a significant main effect of gender on student aggression levels, wherein female students exhibited descriptively and statistically higher post-intervention aggression scores than their male peers. The interaction between treatment assignment and gender yielded no statistically significant effect, indicating that the therapeutic benefits of Schema Therapy operate uniformly across both male and female adolescents. Substantively, these outcomes clarify that adolescent aggression in school

settings is primarily driven by cognitive and emotional schemas that can be systematically restructured regardless of gender, thereby resolving surface-level behavioral disruptions through target-specific therapeutic engagement.

The emergence of these behavioral dynamics was driven by the specific psychological mechanisms embedded within the ten-week Schema Therapy protocol. By systematically identifying early maladaptive schemas such as defectiveness, mistrust, and emotional deprivation, the intervention directly facilitated the deactivation of maladaptive schema modes that trigger hostile responses. The cognitive restructuring, experiential techniques, and emotional regulation components within Schema Therapy provided students with adaptive coping strategies (Dadomo et al., 2017; Faßbinder et al., 2016), enabling them to replace impulsive physical or relational reactivity with cognitive self-control. The higher aggression scores observed among female participants reflect the cognitive processing of relational hostility, wherein schema-focused reflective exercises heightened self-awareness regarding indirect aggressive acts such as social exclusion and verbal insults, which are often less overt but deeply sustained in female adolescent social structures.

The findings of this study reinforce and refine the core assumptions of Early Maladaptive Schema Theory formulated by Kopaleishvili & Teona (2024) and Saarijärvi et al. (2024), which posits that aggressive behavior stems from deeply rooted, self-defeating cognitive-emotional patterns developed during early childhood socialization. This theoretical orientation aligns with the views of Smeijers et al. (2019) and Wallinius et al. (2011), who emphasized that cognitive distortions act as mediating mechanisms that sustain chronic hostility and emotional dysregulation. The theoretical framework explains that modifying these maladaptive cognitive structures alters how adolescents interpret interpersonal threats, ultimately reducing hostility (McCart & Sheidow, 2016; Vagos et al., 2025). From these theoretical assumptions, the results signify that adolescent aggression is not an immutable behavioral trait, but rather a malleable expression of underlying cognitive schemas that yield to structured therapeutic restructuring.

The outcomes of this study confirm prior investigations by Adubale & Tokurah (2024), Wijk-Herbrink et al. (2017), and Yazdani et al. (2021), who reported that schema-focused interventions significantly decrease emotional dysregulation and hostility in adolescent populations. In addition, the present findings align with Kato et al. (2022) and Puolakanaho et al. (2018) in demonstrating that non-clinical secondary school students achieve equivalent therapeutic gains across gender categories. Conversely, notable divergences emerge when comparing these results with other empirical literature. First, while Golan et al. (2014) and White et al. (2022) identified gender-based differences in intervention responsiveness, their studies

were conducted among clinical adolescent groups; in contrast, this study evaluated non-clinical students in a regular school setting, where cognitive restructuring operated uniformly across genders. Second, a fundamental divergence exists regarding the speed and trajectory of behavioral modification reported by Dijk et al. (2023) and Wijk-Herbrink et al. (2017), who observed that Schema Therapy produces slower behavioral changes compared to traditional behavioral therapies. This discrepancy is attributable to the structured, ten-week school-based delivery format utilized in the current study, which provided consistent peer-group reinforcement within a non-clinical secondary school environment.

This study addresses a critical gap regarding the scarcity of field-based evidence on Schema Therapy within African secondary school environments. Although Schema Therapy has been widely evaluated in Western clinical contexts by researchers such as Abbasi et al. (2025), Adubale & Tokurah (2024), and Faustino & Louis (2024), these findings provide direct field verification that schema-focused restructuring effectively operates within a non-Western, public secondary school framework. This scientific value enriches the existing literature by contributing evidence-based data to educational psychology and school counseling, proving that deep cognitive-emotional interventions successfully resolve persistent adolescent behavioral challenges that conventional counseling strategies fail to address.

Reading the data directly confirms that cognitive-emotional restructuring operates independently of gendered socialization pathways. The absence of a statistically significant interaction effect proves that while societal norms often push male adolescents toward physical dominance and female adolescents toward relational hostility, the underlying early maladaptive schemas remain structurally similar across genders. Consequently, when therapeutic interventions directly target core cognitive distortions rather than surface manifestations, both male and female adolescents undergo comparable cognitive reorganizations, shifting the paradigm from gender-specific behavioral control toward universal cognitive-emotional restructuring (Molina et al., 2023; Vagos et al., 2023).

The significance of these findings underscores the vital importance of adopting Schema Therapy as a robust, evidence-based counseling intervention to curb adolescent aggression in secondary schools. This success proves that Schema Therapy possesses strong practical applicability in resolving chronic behavioral disruptions within educational systems. Nevertheless, the interpretation of these data must objectively account for external factors beyond the primary analyzed variables, such as classroom climate, peer-group dynamics, teacher leadership styles, and home environmental stressors. Beyond the core focus of this study, positive peer interactions within the therapeutic groups provided secondary social support that reinforced

the primary treatment effect. This alternative perspective reinforces the necessity of viewing Schema Therapy as a comprehensive, environment-sensitive intervention.

This discussion integrates a cohesive conceptual thread confirming that the reduction of adolescent aggressive behavior is the direct outcome of a complex interaction between structured Schema Therapy mechanisms and adaptive cognitive-emotional responses. Integrating data with theoretical frameworks proves that adolescent aggression cannot be understood partially through surface-level behavior, but requires the synergy of structured cognitive restructuring and experiential emotional regulation. This comprehensive synthesis not only validates Early Maladaptive Schema Theory in a novel educational context but also provides a major practical contribution by demonstrating that effective school-based behavioral reform does not depend on high-cost infrastructure, but on target-specific therapeutic protocols. The overarching conceptual construct established in this study confirms that targeting deeply ingrained maladaptive schemas offers a sustainable, gender-inclusive foundation for fostering peaceful school environments.

4. IMPLICATIONS AND CONTRIBUTIONS

4.1 Research Implications

The findings of this study provide theoretical implications for research on the cognitive and emotional underpinnings of adolescent aggressive behavior by proving that student aggression can be substantially mitigated through the restructuring of early maladaptive schemas. These findings address an Evidence Gap and a Population Gap regarding the cross-cultural generalizability of Schema Therapy beyond Western clinical cohorts, extending its empirical support to adolescent student populations in African educational institutions.

The findings of this study provide practical implications for research on school-based psychological and counseling interventions by proving that a structured ten-week Schema Therapy protocol can be effectively implemented in mixed-gender groups to curb overt and relational aggression. These findings address a Practical Gap (Knowledge-to-Action Gap) regarding the absence of standardized, evidence-based psychotherapeutic intervention models accessible to school counselors, educational psychologists, and policymakers in Oyo State

4.1 Research Contributions

The findings of this study contribute new scientific knowledge to the field of school counseling and psychotherapy by providing a novel framework for school-based Schema Therapy that can be used to systematically restructure early maladaptive schemas and cognitive distortions that drive adolescent overt and relational aggression

within non-Western educational settings, while offering counselor-educators and policymakers a validated, evidence-based behavioral management model grounded in actual empirical field data

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

5.1 Research Limitations

This study has some limitations that should be considered when interpreting its findings. First, because a quasi-experimental rather than a fully randomized design was used, participants were not randomly assigned to treatment conditions at the individual level; this limits the strength of the causal inferences that can be drawn, and leaves open the possibility of pre-existing group differences not fully captured by covariate adjustment. Second, the study was conducted with 116 senior secondary school students from three public schools within a single state; this relatively modest sample size and single-state focus may limit the statistical power to detect smaller effects, such as the treatment-by-gender interaction, and may also limit the generalizability of the findings to secondary school students in other Nigerian states or educational contexts. Third, aggressive behaviour was measured using a self-report instrument (the Aggressive Behaviour Questionnaire), which may be subject to social-desirability bias or inaccurate self-assessment. Finally, post-test data were collected immediately after the ten-week intervention, so the study cannot speak to the durability of treatment effects over the longer term.

5.1 Recommendations for Future Research

Building on these limitations, future researchers are encouraged to replicate this study using larger and more geographically diverse samples across multiple Nigerian states to strengthen the generalizability of findings. Where feasible, individual-level random assignment to treatment conditions is recommended to strengthen causal inference. Future studies could also incorporate longer follow-up periods to examine the durability of Schema Therapy's effects on aggressive behaviour, and could complement self-report measures with teacher ratings, behavioural observation, or school disciplinary records to reduce reliance on self-report data. Further research might also compare Schema Therapy directly with other evidence-based interventions, such as Cognitive Behaviour Therapy or Rational Emotive Behaviour Therapy, to establish their relative effectiveness. It could examine the specific maladaptive schema domains that most strongly predict aggressive behaviour among Nigerian adolescents in order to refine intervention targeting.

6. CONCLUSION

This study provides robust empirical evidence on the therapeutic efficacy of Schema Therapy in mitigating aggressive behaviour among senior secondary school students in Oyo State, Nigeria. The inferential statistical results demonstrate that participants who completed the ten-week Schema Therapy protocol achieved a statistically significant reduction in posttest aggressive behaviour scores compared with those exposed to conventional school counselling strategies. Additionally, while female students retained significantly higher overall posttest aggression scores than male participants, the absence of a statistically significant interaction effect between treatment condition and gender confirms that the therapeutic benefits of the intervention operated uniformly across both genders.

These findings substantiate the core premises of Early Maladaptive Schema Theory within an African educational context by confirming that adolescent hostility is fundamentally sustained by deeply rooted cognitive and emotional maladaptive schemas rather than merely surface-level behavioural noncompliance. By systematically identifying and restructuring core cognitive distortions alongside experiential emotion regulation techniques, Schema Therapy effectively equips students with adaptive self-control mechanisms. Consequently, targeting the internal cognitive drivers of maladaptive behaviour proves far more transformative and sustainable than relying solely on traditional punitive sanctions or conventional superficial guidance approaches.

In conclusion, this research establishes that structured, school-based Schema Therapy is a viable, evidence-based psychological intervention for managing adolescent aggression in Nigerian secondary schools. Educational administrators, school counsellors, and policymakers in Oyo State are strongly encouraged to integrate schema-focused frameworks into secondary school guidance systems and teacher training programmes. By proactively implementing cost-effective cognitive restructuring protocols that accommodate both overt physical and covert relational aggression, secondary schools can systematically foster safer, more peaceful, and academically productive learning environments.

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In preparing this manuscript, the author used [Claude](#) (Anthropic) to assist with reformatting the manuscript to the journal's required template and structure. The author reviewed and edited all AI-assisted output and takes full responsibility for the originality, accuracy, and integrity of the final manuscript. All instances of Generative AI usage in this article were conducted by the authors in accordance with the [IJCP GenAI Tool Usage Policy](#), with the authors assuming full responsibility for the originality, accuracy, and integrity of the work.

Conflict of Interest Statement

The authors declare that there is no competing political interest, funding, and personal relationship that could be the result of the research reported in this article.

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Informed Consent Statement

The authors declare that this study was conducted in accordance with study ethics, including obtaining approval from the relevant institution. This process respects the autonomy of participants, ensures the confidentiality of their data, and prioritizes their safety and well-being, in compliance with applicable study ethics guidelines. Written and verbal informed consent, or assent for minors, was obtained from all participants involved in the study.

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