Research Article

Effect of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria

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ABSTRACT

This study examined the effects of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria. It also attempted to find out the gender difference in the effect of client-centred and reality therapies on the coping strategies of sexually harassed students. We employed a quasi-experimental and pretest-posttest design with a control group. The statistical population comprised all 250 sexually harassed students in tertiary institutions, out of which 20 students were selected using convenience sampling. The students who had been sexually harassed were then randomly assigned to the experimental and control groups. The experimental group subsequently underwent six 60-minute sessions of client-centred and reality therapies, while the control group received placebo treatment on drug abuse. The research tool included sexual harassment battery (SHB). Inferential statistics of analysis of covariance (ANCOVA) was used to analyze the data. Cronbach Alpha coefficient was used to estimate the reliability coefficient of 0.79 for the SHB. The following findings were recorded: (i) client-centred and reality therapies had effectively increased the coping strategies of students, and (ii) there is no significant mean difference between male and female students in the effectiveness of client-centred and reality therapies on coping strategies of students. Based on the findings, the following recommendations were made: school counsellors, psychologists, and lecturers should use both CCT (client-centred therapy) and RT (reality therapy) to help students who have been sexually harassed to manage their condition since the intervention is effective in raising the coping strategies of the students. School counsellors, psychologists, and lecturers should give female and male students equal opportunities during therapy sessions and in the school setting.

Keywords: client-centred therapy; reality therapy; coping strategies; sexual harassment; students

1. Introduction

1.1 Introduction

The sexual behavior of students in tertiary institutions has attracted global attention. This is because the behavior has become a major public health concern that is associated with grave consequences for the students, which include unwanted pregnancies, unsafe abortion, early childbearing, sexually transmitted diseases, and even death. Sexual harassment (SH) and sexual abuse (SA), also referred to as sexual violence, sexual harm, or sexual harassment and abuse (SHA), violate personal rights and may have severe and long-term physical,

psychological, social, and performance-related consequences[1].

Despite no universal definition[1-2], there is a general agreement that SHA is based on a subjective experience of a situation as uncomfortable and asymmetric in terms of power, and as unwanted in terms of actions[1,3]. Sexual harassment is defined as unwanted sexual advances, requests for sexual favours, physical, verbal, or nonverbal conduct that requires or rejects submission or rejection of such conduct, either explicitly or implicitly, such as threats, intimidation, taunting, unwanted touching, unwanted kissing, and so on these studies[4,5].

Sexual harassment is a form of discrimination that includes: gender harassment (verbal and nonverbal behaviours that convey hostility to, objectification of, exclusion of, or second-class status of members of one gender), unwanted sexual attention (verbally or physically unwelcome sexual advances, which can include assault), and sexual coercion (when favourable professional or educational treatment is conditioned on sexual activity). Over the past 30 years, the incidence of sexual harassment in different industries has held steady, yet now more women are in the workforce, in academia, and in the fields of science, engineering, and medicine (as students and faculty members), and so more women are experiencing sexual harassment as they work and learn[6].

Sexual harassment is a global issue that has permeated the fabric of higher education institutions and many secondary schools as long as humans (males and females) have reasons to interact. Sexual harassment in universities and other higher education institutions is not limited to Africa[7]. As a global challenge, sexual harassment deserves to be mainstreamed into the academic curriculum, particularly to reduce vulnerability among students and increase access to restorative care for victims. Universities in Ghana and Tanzania have already integrated sexual harassment into course modules on gender, power, and sex to address the challenge of male lecturers demanding sex from female students in exchange for grades as a right.

Academia has not been immune from these headlines and public revelations, as evidenced by the weekly reports in the higher education trade media and by the #MeToo tag being used by many colleges and university faculty and students to share their experiences on social media. Some of the most high-profile cases of sexual harassment in academia have been in the fields of science, engineering, and medicine. In 2017 alone, there were more than 97 allegations of sexual harassment at institutions of higher education covered in the media, and there are likely many more allegations that are working their way through confidential formal reporting processes.

Studies that provide a comprehensive list of sexually harassing behaviors and that ask participants to note which behaviors they have experienced typically find higher rates of SH (Sexual harassment) than studies including more general questions[8]. For example, nationally representative samples using general questions (direct queries) have found that 25% of American women report experiencing workplace SH. The number rises to 40%, however, when respondents report specific harassing behaviors.

Sexual harassment rates also vary by gender. The majority of SH targets are girls and women, and the majority of perpetrators are boys and men[9]. To illustrate, a nationally representative American study using direct query found that 65% of women and 25% of men had experienced street harassment[10]. A 2017 Pew Research Center study employing direct query with a nationally representative American sample found that 22% of women and 7% of men reported personally experiencing workplace SH[11]. Duggan (2017) also found that 21% of women ages 18–29 reported being sexually harassed online, compared to 9% of men in the same age group. Hill and Kearl (2011) used a list of SH behaviors with a representative sample of American middle and high school students and found that 48% had experienced some form of SH; girls (52%) reported higher rates than boys (40%). Notably, the SH of boys and men is most often perpetrated by males who target other

males deviating from traditional heterosexual gender roles or who harass lower-status men to establish dominance in male groups[12-14]. Empirical information is lacking on the gender difference in the effects of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria.

Sexual harassment is becoming a common occurrence among students. The vulnerable group is the weak female students, whom both the lecturers and fellow male students take undue advantage of. This was facilitated by the degree of freedom of social interaction among young men and women, encouraged by the learning environment and a lack of parental supervision because they were away from home. In Nigeria, random observation led to a higher prevalence of sexual assault in our higher institutions of learning than found in any stratum of our society. Sexual harassment is part of a continuum of different forms of actual and potential forms of gender-based violence residing in higher education systems, ranging from bullying and sexist jargon to sexual abuse and rape. This is also in line with the current understanding promoted in a large-scale evaluation of national incentives for sexual harassment in EU member states (SWG GRI 2020).

In Johnson, Widnall, Frazier, and Benya, (2018) research, the report shows that the academic environments in science, engineering, and medicine exhibit characteristics that create high levels of risk for sexual harassment to occur. Higher education, currently and historically, has been a male-dominated environment, with men in most positions of power and authority. Higher education is perceived, and in many cases, accurately perceived, to tolerate sexually harassing behavior. Moreover, the structure of higher education is hierarchical and has very dependent relationships between faculty and trainees (for example, students, postdoctoral fellows, and residents). Finally, and especially in the fields of science, engineering, and medicine, academia often involves work or training in isolated environments.

The development of indigenous Nigerian society hinges mainly on values, norms, and laws, among others, while issues related to sex are regarded as restrained matters because they are hardly discussed openly. However, in contemporary Nigerian society, issues related to sex are now widely discussed without much restraint since the relationship between men and women has taken different dimensions, especially in places of work, worship, hospitals, and educational institutions. In Nigeria, sexual harassment has become a contemporary issue and is prevalent in Nigerian tertiary institutions; it cuts across all cultures and faiths. As a result, Omonijo, Uche, Nwadialor, and Rotimi (2013), Okeyo (2014), and Idris, Adaja, Audu, and Aye (2016) posit that sexual harassment has become the order of the day in Nigerian tertiary institutions as a result of the high number of occurrences and complaints received from victims. They also observed that the recent stories of sexual harassment coming out of the Nigerian tertiary institutions known as fortresses of academic and moral excellence are not encouraging and highly disturbing due to the high rate of reported cases of sexual harassment among female students, which is detrimental to the development of the Nigerian educational system politically, socially and economically[15-21].

Ibe (2021) reported that a Senior Magistrates' Court in Port Harcourt, Rivers State, on Monday remanded a 45-year-old worker of the Ignatius Ajuru University of Education, Mgbechi Wekwa, in the Port Harcourt Custodial Centre for allegedly sexually abusing a 16-year-old girl. The accused was alleged to have had unlawful carnal knowledge of the teenager on 13 January 2021, at Rumuakwunde community, in the Emohua Local Government Area of Rivers State. Prevalence estimates of SH vary depending on the sample, setting, or industry sector and how it is measured. Nevertheless, SH is believed to be common[22].

Evolutionary (biological) perspectives propose that males' biological predisposition mate and widely reproduce drives their SH of females. Sexual harassment (SH) is intended to signal males' sexual interest but is misunderstood by women uninterested in a sexual encounter[23]. Meanwhile, males' harassment of other

males is intended to derogate competitors to reduce their perceived mate value[24]. For example, unwanted sexual attention may sometimes arise out of sexual interest, but this is likely true of some women who are sexually harassed. Also, the evolutionary perspective explains unwanted sexual attention but overlooks other forms of SH (like sexual coercion and gender harassment) and also men's harassment of gender-nonconforming men and women[25]. Female athletes have generally reported more SHA victimization than male athletes[26-28]. The study of Hill and Kearl, (2011), has shown that girls are more exposed to sexual harassment than boys. Also, the findings of Acquadro Maran, Varetto, and Civilotti, (2022), the result showed that women and men who were witnesses were more likely to suffer the emotional and psychological consequences of the experience than non-witnesses. In addition, female witnesses expressed more positive emotions than men, which enabled them to manage their anxiety and emotional states when triggered in response to sexual harassment in the workplace. There is a paucity of literature on the effect of client-centred and reality therapy on the coping strategies of students in tertiary institutions based on gender.

The reports of sexual harassment that have dominated news headlines have illustrated just how pervasive this discriminatory behaviour is in our society. Women who have remained silent for years are now coming forward and sharing their experiences with sexual harassment that include lewd or denigrating comments, hostile or demeaning jokes, professional sabotage, repeated unwelcome sexual advances, groping, demands for sexual favours, and other offensive and discriminatory actions or language (Johnson, Widnall, Frazier, and Benya 2018). Sexual harassment victimization may cause considerable psychosocial strain.

Exposure to sexual harassment leads to physical, psychological, and professional consequences for individuals. Evidence-based research confirms that sexual harassment in academia can lead to depression, anxiety, post-traumatic stress disorder, physical pain, unwanted pregnancies, sexually transmitted diseases, increased alcohol use, impaired career opportunities, reduced job motivation, and more (Swedish Research Council 2018).

Idris, Adaja, and Aye (2016) opined that apart from the physical and psychological trauma it exposes the victims to, their productivity is greatly affected. Burn (2019) opined that SH is of concern to psychologists because it is common and associated with stress-related mental and physical conditions. SH creates unequal, intimidating, hostile, abusive, and offensive environments that erode victims' confidence and sense of safety and interfere with people's performance and aspirations. According to Bread for the City (nd), verbal, physical, or visual forms of harassment, that are sexual, "sufficiently severe, persistent, or pervasive" and unwelcome fall under the category of hostile environment sexual harassment. A single, severe incident, such as a sexual assault, could create a hostile environment. More commonly, a "hostile environment" is created by a series of incidents.

Vyas, Vyas, and Rajasthan (2018) Sexual harassment cause stress: Its effects and consequences. The problem of sexual harassment is increasingly "coming out of the closet". Companies are starting to realize that the problem is real; some managers are admitting that it could affect their staff, and more victims are starting to gather the courage to complain. Sexual harassment has been theorized as a stressor with consequences for the physical and mental health of its targets. SH creates a stressful environment in which victims experience important effects such as loss of trust, confidence, and a sense of justice toward the organization and its leadership, a reality in which workers ultimately conclude that they count for nothing to the organization[29-35].

The study by Harnois and Bastos (2018) investigated the phenomenon of SHW and its consequences in men and women. The results showed that the perception of SHW in women was associated with negative effects on the psycho-physical health of the participants. This supports the concept that the perception of SHW can be theorized as a social stressor[36]. Perceptions of the presence of SHW were positively associated with

negative effects on physical and emotional well-being in both genders. Acquadro Maran, Varetto, and Civilotti, (2022), results also confirm that women and men who witnessed sexual harassment were more likely to suffer the emotional and psychological consequences of the experience than non-witnesses. According to Richman-Hirsch and Glomb as cited in Acquadro Maran, Varetto, and Civilotti, 2022, male witnesses suffered more than women by distancing themselves and expressing negative emotions such as anger and dejection–stress. This would lead to more attention being paid to this phenomenon.

Ford and Ivancic (2020), specifically, organizations that are more tolerant of sexual harassment are associated with higher victim vulnerability to future harassment and harassment fatigue, as well as lower resilience. Additionally, victims who responded to harassment using problem-focused coping were significantly more resilient, while formally reporting sexual harassment was associated with lower victim resilience. Overall, the results illustrate the complexity of addressing sexual harassment from both an organizational and individual perspective. Ford and Ivancic (2020), whose survey results from 187 victims of workplace sexual harassment indicate that organizational tolerance of sexual harassment is a significant predictor of victim vulnerability, resilience, and harassment fatigue. Specifically, organizations that are more tolerant of sexual harassment are associated with higher victim vulnerability to future harassment and harassment fatigue, as well as lower resilience. Additionally, victims who responded to harassment using problem-focused coping were significantly more resilient, while formally reporting sexual harassment was associated with lower victim resilience. Overall, the results illustrate the complexity of addressing sexual harassment from both an organizational and individual perspective.

In addition, in the study of Acquadro Maran, Varetto, and Civilotti, (2022), women who witnessed SHW expressed more positive emotions than men, which enabled them to manage their anxiety and emotional states when triggered in response to SHW events. This result may be related to the findings of the study by Veletsianos et al. (2018). The authors found that women use different coping strategies to deal with harassment. One of these is resistance, a term we have used to describe women's refusal to accept harassment or to remain silent or passive. Resistance is a reactive coping strategy, and strategies in this domain included persistent attempts to talk, persistence in general, asserting one's voice and authority, turning to the community, and using self-protective measures. As Hashmi et al. (2022) point out, thanks to the #MeToo campaign, SHW problems and their coping strategies are increasingly seen as structural problems and not just individual-level problems. The witnesses in our study may have been exposed to the "new deal" for SHW, which influenced how they dealt with the phenomenon[37-44]. In 2016, before the #MeToo momentum, Johnson et al. (2022) surveyed 250 professional women in the US about the prevalence of SHW and its impact on their work; they also interviewed 31 women in the US about their individual experiences. After #MeToo, they conducted a second survey of 263 women in September 2018 and reconnected with some of the previously surveyed women to find out if they had noticed any changes or changed their views. The results show the benefits of #MeToo in reducing sexual harassment over two years; women said the movement helped them realize they were not alone in their experiences.

While it is well addressed in college and university campuses in most developed countries of the world through specific policies and mechanisms of enforcement and some strategies and models, social media platforms like the #MeToo movement, campaigns, seminars, and debates. For instance, universities in Ghana and Tanzania have already integrated sexual harassment into course modules on gender, power, and sex to address the challenge of male lecturers demanding sex from female students in exchange for grades as a right. Empirical information is lacking on how effective these were used. Also, not everybody used social media in tertiary institutions in Taraba State, Nigeria. Therefore, the problem of this investigation put in question form was, what are the effects of client-centred and reality therapies on the coping strategies of sexually harassed

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students in tertiary institutions in Taraba State, Nigeria. These students need to be given appropriate treatment to improve their coping strategies.

The coping strategies include identifying your worries, challenging your worry thoughts, replacing your worry thoughts with deep slow breathing, practicing calming and realistic thinking, talk back to worry thinking. Other positive coping strategies include: normalizing the situation realizing that you are not the only one experiencing the situation, sharing your situation is one positive way of copings it gives solace to worrying person, socially connect with positive minded people, accepting what has happened, avoid self-blame, plan and move forward, learn to set boundaries, positive self-talk, make a gratitude journal, open up to trusted friend or a counselor, destruct your mind by doing something positive that makes you feel good, such as listening to music, reading an inspirational message, engage in some physical activity like games and sport, visiting nature by taking a walk in the forest, park or visiting the lakeside, enrich your spiritual life, schedule a daily hour of prayer, meditation, or any other spiritual activity, believe in a higher power that you can surrender your problems to, and reading spiritual books like the Bible, Quran among others [45-53].

The negative coping skills to avoid include, self-blame, blaming others, self-isolation or withdrawal from others, refusal of help and medication, postponing assignments, using alcohol and other drugs like marijuana, cocaine, and heroin, denial of the problem, aggressiveness, self-harm, suicide attempts, yelling and shouting at other people and driving recklessly among others[54-60]. The findings of other studies have shown that some of these coping strategies during counselling sessions on clients had a positive effect on the clients.

The secret nature of sex and the shame attached to it in the study area, has led to this research. Not much has been known about the effect of client-centred and reality therapy on the coping strategies of students in tertiary institutions. The safety and learning of students in any school depend on the climate created by the administrators of the institution. Students learn effectively when the school environment is safe and secure and devoid of elements capable of infringing on their freedom and comfort. The institution administrator is responsible for protecting the students against danger, treatment, and deprivation. He is responsible for creating a favorable climate for students' safety and discipline so that the mission and vision of the institution can be more fully realized. Re-emphasizing the importance of safety, Graham (2015) expressed that there can be no future in the world without safe schools.

1.2. Conceptual framework

The conceptual framework in **Figure 1**: relates the independent and dependent variables of the study. It is expected that the therapies (client-centred therapy and reality therapies which are the independent variables in this study) will equip the students who have been sexually harassed with coping strategies which is the dependent variable in this study. The coping strategies of students who have been sexually harassed will be influence. Also, the coping strategies of students can be influenced by gender, that is gender differences among students could influence students who are vulnerable to sexual harassment. The figure shows that when a therapist uses two therapies there could be effects. The outcome could reflect on the students' coping strategies. Gender is a moderator variable on the independent variable. However, these phenomena as described in the diagram was tested and proven in the study.
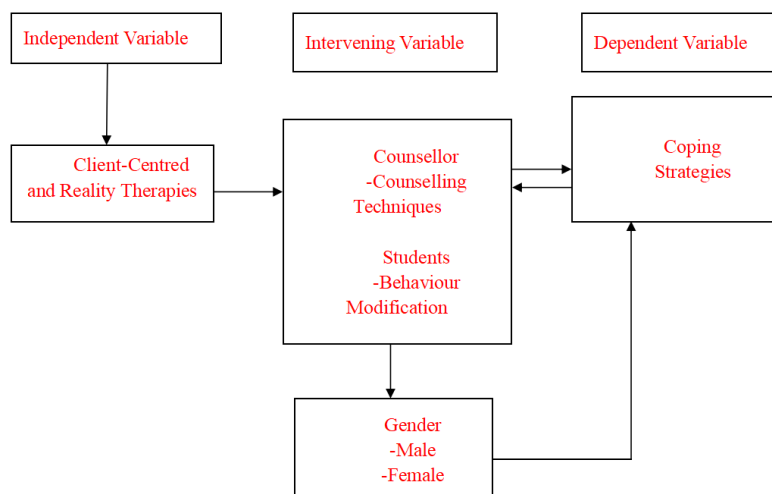
Figure 1. Coping strategies process therapy: the research 2021 (conceptual framework).

Globally, many researchers have conducted studies on client-centred and reality therapies on educational, vocational, and personal-social issues in secondary and tertiary institutions for treatment and it was proven to be very effective. This study used these therapies because client-centred and reality therapies are cognitive interventions, they have information power because they have to do with cognitive restructuring/transformation of the mind, where the students are going to make responsible decisions without anybody interfering with it based on the information they have received and this may be more effective. Several studies have shown that the techniques used in client-centered and reality therapies are beneficial. For instance, genuineness and congruence appear to lead to better outcomes, especially when they are used in school counselling settings, unconditional positive regard is also effective, particularly in improving the overall well-being of people with mood or anxiety disorders, empathetic understanding appears to promote positive outcomes, especially for people experiencing depression and anxiety.

According to Cherry (2017), client-centered therapy is a non-directive form of talk therapy, meaning that it allows the client to lead the conversation and does not attempt to steer the client in any way. This approach rests on one vital quality: unconditional positive regard. This means that the therapist refrains from judging the client for any reason, providing a source of complete acceptance and support. Client-centered therapy, also known as client-centered therapy, is one of the major models of psychotherapy practiced worldwide. The therapist offers support, guidance, and structure to enable the client to discover the solutions to their problems. It is effective for a range of client problems, and primarily for anxiety and depression. Client-centered therapy can be short-term or long-term, depending on the client's needs. Sessions are weekly and last for about one hour each, and costs are comparable with other types of therapy.

Rigby as cited in Jones (2020), identifies that the client-centred approach seeks to understand the client's story, and what bought them to counselling. It looks to enhance the client's self-image and diminish incongruence between the client's own identity and their ideal self. The child would be able to discuss their experiences of bullying within the school setting without fears of repercussion, and for a separate person to offer them a reflection on their experiences. Rogers (1951) further proposes that client-centred counselling offers the person autonomy, as they can choose the direction in which therapy takes. The therapist will be able to understand what the child needs to gain from counselling.

Reality therapy has been used by different researchers on different areas of human needs among which include self-acceptance in adult women with relationship problems, self-regulation, and academic vitality, improving self-esteem, uniqueness, and body image, work-family conflict and psychological well-being of

married women, the results showed that it was effective[61-68]. Some of the techniques used in this therapy include self-evaluation where a therapist will use self-evaluation techniques to help a person recognize his present actions. This serves as a foundation for planning new actions, action planning, after self-evaluation, the therapist will guide the client through action planning. The goal is to plan new actions that better serve your needs, reframing, in reframing, a therapist expresses a concept positively or less negatively. This can help shift your mindset from problem-focused to solution-focused.

Empirical information is lacking on the effect of client-centered and reality therapies on the coping strategies of sexually harassed students in Taraba State, Nigeria. Thus, the thrust of this study, therefore, was to determine the effects of client-centered and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria. The researcher used the techniques of client-centered and reality therapies among which were unconditional positive regard, self-evaluation, action-planning, and, reframing for treatment to increase the coping strategies of sexually harassed students. Thus, the problem of this study put in a question form "What effect does the use of client-centred and reality therapies have on the coping strategies of sexually harassed students?

2. Purpose of the study

The main purpose of this study is to examine the effects of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria. Specifically, this study seeks to determine the:

1) Effect of client-centred and reality therapies on the coping strategies of the sexually harassed students in tertiary institutions in Taraba State, Nigeria.

2) Gender difference in the effects of client-centred and reality therapies on the coping strategies of the sexually harassed students in tertiary institutions in Taraba State, Nigeria.

3. Research questions

Specifically, the study sought to answer the following research questions:

1) What are the effects of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria?

2) What is the mean score difference between male and female students in the effect of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria?

4. Statement of the hypotheses

The following null hypotheses were framed to guide the study and they were tested at a 0.05 level of significance:

H_{01}: There is no significant mean difference between the pretest and posttest in the effectiveness of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria.

H_{02}: There is no significant mean difference between male and female students in the effectiveness of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria.

5. Methodology

The research design that was employed in this study was quasi-experimental in the pretest-posttest control

group. The quasi-experimental research design of the pretest-posttest control group was appropriate for this study, bearing in mind that it could be used on students in a school setting where it is not always possible to use pure experimental design which can be considered a disruption of school activities[69-72]. Furthermore, a quasi-experimental research design is one in which a researcher deliberately interferes with the experimental situations by controlling who is exposed to certain conditions in the study. The use of client-centred therapy and reality therapy to alter the coping strategies of students who are sexually harassed was a deliberate effort to modify the behaviour of the subjects. This means that client-centred and reality therapies are the independent variables and their manipulation was expected to equip students with coping strategies to handle issues bordering on sexual harassment, which is the dependent variable. The unique strength of this design pertains to the use of the pre-test, which allows a researcher to perform various analyses that might help make valid inferences about the effects of the independent variable. The target population for this study was 250 students in the 12 tertiary institutions in Taraba State, Nigeria. The sample of the study comprised 20 students from the selected tertiary institution who have been sexually harassed. Multi-stage random sampling was used in selecting the students for the study. In the first stage, the purposive sampling technique was used to select a school that has a large number of students. Secondly, purposive sampling was used to select the students who have been sexually harassed after the administration of the sexual harassment battery (SHB) and the sexual harassment checklist. The research instruments used for data collection were constructed by the researcher called sexual harassment battery (SHB). The instrument was constructed by the researcher considering the research questions and hypotheses raised for the study. Each column was provided with question items to give the best opinion of the respondent on a 4 Likert point scale such as strongly agree (SA) = 4 points, agree (A) = 3 points, strongly disagree (SD) = 2 points, and disagree (D) = 1 point for positive statements while scoring is reversed for negative statements. The students were required to express their awareness of the coping strategies by ticking (✓) in the most appropriate column against the item stated. The score obtained by a student on the scale indicates the student's level of awareness/coping strategies. The score obtained by the students was used in determining the mean interest score toward coping strategies.

The researcher developed treatment packages for the treatments. Before treatment, the researcher trained and drilled two counsellors all of whom are graduates with M. Ed (Master of Education). Guidance and counselling and who have been in practice for not less than two years. The researcher explained the objectives of the study to them. They were trained as follows:
1) The treatment package was given to all the assistants. Each of the treatments was thoroughly discussed with them.
2) Each of the assistants was required to make presentations in form of micro-teaching, based on the assigned strategy. Thorough discussions were made at the end of each presentation and the areas of weaknesses and strengths of each research assistant were pointed out for improvement or sustenance respectively.
3) The research assistants were trained in the administration of materials.
4) The research assistants used the prepared treatment plans to instruct the designated groups accordingly. The training for the experimental treatment group handled the experimental group, whereas the assistant for the control group handled the control group. The training lasted for two days. The main treatment of the study lasted for four weeks, a post-test was administered to the students. Students in the experimental groups received treatment on client-centred therapy and reality therapy (RT), and in the control group, the students received placebo treatment on the topic of substance abuse. The content of the posttest was the same to the pretest in items and arrangement. The post-test scores were recorded against each group. The pretest was brought forward for each group, after which the scores were analyzed according to the research questions and hypotheses guiding the study. The instruments were validated by presenting them to experts in the field of Guidance and Counselling, Psychologists, and Mathematics Education in the

Faculty of Education, Taraba State University. In the reliability study of the scale, the Cronbach Alpha coefficient was calculated as 0.79. Data collected were classified into pre-test and post-test for both the experimental and control groups. Further classification of the data was that of male and female since the study has gender as the second independent variable. The analysis was done concerning the research questions and hypotheses formulated for the study. Descriptive statistics of means and standard deviations were used to answer the research questions, while the inferential statistics of analysis of covariance (ANCOVA) were used to test the hypotheses of the study at a 0.05 level of significance. In using analysis of covariance (ANCOVA), some extraneous variables may have remained uncontrolled, despite the preventive measures that the researcher put in place. Such possible leakages were taken care of through careful application of the analysis of covariance (ANCOVA) in data analysis, thereby isolating the possible distorting of variables as covariates.

Analysis of covariance was considered appropriate for hypotheses testing because of the design (2×2 factorial) used of data in this study. Analysis of covariance is based on two major assumptions. They are concerned with the nature of the relationship between dependent variables (e.g., coping strategies) and covariates (client-centred and reality therapies). They are: (i) the linearity relationship between the dependent variable and covariate, and (ii) homogeneity of regression slope. Similar slopes on the regression line of each group indicate this. Unequal slopes would indicate that there is an interaction between the covariate and the treatment, but if otherwise, there is no interaction.

6. Results

6.1. Research question 1

What are the effects of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria?

Table 1 shows that the experimental groups' pretest means a score of students' to CCT/RT on the knowledge of sexual harassment among students of tertiary institutions in Taraba State, Nigeria is 2.95 with a standard deviation of 0.40, while the control pretest groups' mean score is 2.86 with a standard deviation of 0.33. The difference between the pretest scores of the experimental group and the control group is 0.1. After the effect of the pretest has been statistically removed, the posttest mean score of the students that were exposed to client-centred and reality therapy stands at 3.43, while that of their counterparts not exposed to the treatment is 2.96. The posttest standard deviation scores of the two groups (Exp = 0.35 and C = 0.40) indicate that the posttest scores of the groups are both homogeneous within the groups. The difference between the posttest mean score of the students in the two groups is 0.47 and in favour of the experimental group.

Table 1. The mean and standard deviation on the effects of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria.

Group	N	Pre-test		Post-test		Mean
		Mean	std. dev (Standard deviation)	Mean	std. dev (Standard deviation)	Gain
Exp group	10	2.95	0.40	3.43	0.35	0.47
Control group	10	2.86	0.33	2.96	0.40	0.1
Mean difference	20	0.09		0.47		0.37

Source: field survey, 2021.

The mean gain (that is, the difference between the pretest and posttest mean scores) of students exposed

to client-centred and reality therapy is 0.47, while that of those not exposed to the treatment is 0.1. The mean gain shows that the experimental group gained higher than the control group by 0.37, which is in favour of the experimental group. These results imply that sexually harassed students exposed to the reality therapy treatment increase their knowledge of sexual harassment in tertiary institutions in Taraba State, Nigeria. This also implies that the sexually harassed students were equipped with coping strategies.

6.2. Research question 2

What is the mean difference between male and female students in the effect of client-centred therapy on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria?

Table 2. The mean and standard deviation on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria difference between male and female students in the effect of client-centred and reality therapies.

Group	N	Pre-test		Post-test		Mean
		Mean	std. dev	Mean	std. dev	Gain
Male	2	3.20	0.11	3.52	0.9	0.32
Female	8	3.05	0.24	3.48	0.19	0.43
Mean difference	10	0.15		0.04		0.11

Source: field survey, 2021.

Table 2 shows that the male students had a pretest knowledge of sexual harassment means score and standard deviation of 3.20 and 0.11 while the female had a pretest mean score and standard deviation of 3.05 and 0.24. The difference between the pretest scores of the male and the female is 0.15. After the effect of the pretest has been statistically removed, the posttest means a score of the male student stands at 3.52, while that of the female is 3.48. The posttest standard deviation scores of the male and female (male = 0.90 and female = 0.19). The difference between the posttest mean score of the male and female students is 0.11 and is in favour of the female students.

The mean gain (that is, the difference between the pretest and posttest mean scores) of the male and female students is 0.11. The mean gain shows that the female gained 0.11, with knowledge of sexual harassment score higher than their male counterparts. This implies that the female knowledge of sexual harassment increases more than their male after the treatment, using client-centred and reality therapies.

6.3. Hypothesis 1

Ho_1: There is no significant mean difference between the pretest and posttest in the effectiveness of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria.

Table 3. One-way analysis of covariance of client-centred and reality therapy on the coping strategies of the sexually harassed students.

Tests of between-subjects effects						
Dependent variable: POST-CCT/RT SH						
Source	Type III sum of squares	df	Mean square	F	Sig.	Partial eta squared
Corrected model	1.609[a]	2	0.805	9.429	0.002	0.526
Intercept	0.669	1	0.669	7.845	0.012	0.316
PRE-CCT & RT SH	0.254	1	0.254	2.978	0.103	0.149
Group	0.800	1	0.800	9.377	0.007	0.355

Error	1.451	17	0.085	
Total	211.072	20		
Corrected total	3.060	19		
a. R squared = 0.526 (adjusted R squared = 0.470)				

Source: field survey, 2021.

Table 3 shows a one-way between-group analysis of covariance to compare the mean scores between the experimental and the control group on the effectiveness of CCT/RT in *t* on the coping strategies of the sexually harassed students tertiary institutions in Taraba State, Nigeria. After adjusting for the pretest scores, there is a significant difference between the two groups on students' posttest scores F(20) = 9377, P = 0.005, with small effect size (partial eta squared = 0.355. The effect size shows that 36% of the variance in the mean scores of the students is based on the treatment used. Similarly, there was a strong relationship between the pretest and posttest scores on the students' mean scores, as indicated by a partial eta squared value of 0.149.

Thus, the hypothesis of no significant mean difference in the effectiveness of client-centred and reality therapies on the knowledge of sexual harassment among students in tertiary institutions in Taraba State, Nigeria between the control group and the experimental group which was exposed to RT after treatment is hereby rejected. That is there is significant mean difference in the effectiveness of client-centred and reality therapies on the coping strategies of the sexually harassed students in tertiary institutions in Taraba State, Nigeria between the control group and the experimental group which was exposed to CCT/RT after treatment.

6.4. Hypothesis 2

Ho₂: There is no significant mean difference between male and female students in the effectiveness of client-centred and reality therapies on the coping strategies of sexually harassed students in tertiary institutions in Taraba State, Nigeria.

Table 4. One-way analysis of covariance of client-centred and reality therapies on the coping strategies of sexually harassed students and gender.

Source	Type III sum of squares	df	Mean square	F	Sig.	Partial eta squared
Corrected model	0.025ᵃ	2	0.013	0.346	0.719	0.090
Intercept	0.799	1	0.799	21.739	0.002	0.756
PRE-CCT & RT SH	0.022	1	0.022	0.587	0.469	0.077
GENDER-CCT & RT	0.010	1	0.010	0.269	0.620	0.037
Error	0.257	7	0.037			
Total	121.755	10				
Corrected total	0.283	9				
a. R squared = 0.090 (adjusted R squared = −0.170)						

Source: field survey, 2021.

Table 4 shows a one-way between groups analysis of covariance mean score between male and female students in the effectiveness of client-centred and reality therapies on the knowledge of sexual harassment among students. After adjusting for the post-test scores, there is no significant difference between male and female students in the effectiveness of reality therapy on the knowledge of sexual harassment F(1, 7) = 0.269, P = 0.620 > 0.05. The effect size (partial eta squared = 0.037). The effect size shows that 3.7% of the variance in the knowledge and coping strategies of the students is based on gender difference. Thus, the hypothesis of no significant mean difference between male and female students in the effectiveness of client-centred and reality therapies on the knowledge of sexual harassment among students is hereby retained. Similarly, there

was a strong relationship between the male and female scores on the effectiveness of the students' knowledge of sexual harassment as indicated by a partial eta squared value of 0.077. Thus, there is statistically significant mean difference between male and female students in the effectiveness of CCT&RT on the knowledge of sexual harassment among students in tertiary. This indicates students' knowledge of sexual harassment is based on their gender.

7. Discussion of findings

7.1. Effects of client-centred and reality therapies on the coping strategies of the sexually harassed students

Client-centred and reality therapies combined had effectively increased the coping strategies of students who are sexually harassed. The mean score indicates that CCT and RT were higher after the post-test. Indicating that students' coping strategies was higher after the treatment. This study is in agreement with the findings of Bibler et al. (2014) used the approach of the choice theory/the reality therapy to determine its effectiveness in relieving women and men who lost their children. The research showed that, at least temporarily, it is possible to improve the feelings of these individuals with the approach of choice theory/the reality therapy. In the reality therapy, accepting the responsibility of behaviour is very important; according to Glaser as cited in Nunez (2020), human perceptions of reality make their behaviour, actions, thoughts and feelings, not reality itself. The reality therapy is based on three principles: acceptance of reality, judgment about being true or not being true of a behaviour, acceptance of the responsibility of actions and behaviour (Corey, 2015). The acceptance of the responsibility for behaviour based on the reality theory of students who have been sexually harassed can be subjective so that they accept this fact they have suffered from sexual harassment and adapt themselves to such unfavourable conditions. What the client-centred and reality therapy sessions have brought to these students is the acceptance of this principle that their perception of reality (having experience sexual harassment) has increased their coping strategies. Therefore, in the regards of changing their attitudes during the client-centred reality therapies sessions, it was expected that they could abandon their negative thoughts and feelings and it would be easier for them to cope with this problem and regain themselves by accepting a better reality.

This study is in agreement with the findings of Gibbard (2014), the study showed that all participants entered therapy with a particular view of reality. In successful therapy this view changed and they went on to manage their lives in a more constructive way. Participants attributed this change to different elements of the therapy (categorised as it did the trick) which brought about a new understanding (categorised as the key). Where therapy was unsuccessful this did not occur. This study is also in agreement with the findings of Mocan (2018), the study showed that both approaches support the presence of basic needs (in RT) or capabilities and primary motivations (in CCT) that leads the individual in the development of the self-concept. Also, the main source of distress and conflict is in both approaches the inconsistency between our perception of reality and the perceptions of others about the same reality as well as the inconsistency between the objective aspects of reality and our perception.

This result conforms to the findings of Murphy (2016), whose results showed CT/RT has much strength, concerning the client, this could be a positive outcome for a client for example if a client was suffering from a mental health issue and they changed their thinking (from negative thoughts) or acting (from staying in) this could naturally lead to better physiology and would result in the client feeling better. This study is in agreement with the findings of Sohrabi, Mikaeili, Atadokht and Narimani (2019), The results of the Tukey test showed that the mean score for plan problem solving, accepting responsibility in reality therapy, and mean score for seeking social support, distancing, and escape-avoidance in the socio-emotional relationship therapy group

were significantly different compared to mean scores in the control group (P 0/01). Both therapies can increase the application of seeking social support, plan-problem solving, and accepting responsibility and can lead to decreasing distancing and escape-avoidance. In addition, socio-emotional relationship therapy was more effective in improving coping strategies. This result conforms to the findings of Torpil and Pekçetin (2021), whose results showed that both groups improved in NMP-Q, TMQ, and COPM within-group comparisons. The interventions can be used to reduce monophobia increase time management skills and increase perceived occupational performance and satisfaction.

7.2. Gender differences in the effects of client-centred and reality therapies on the coping strategies among students

The result of the study shows that there is no significant mean difference between male and female students in the effectiveness of client-centred and reality therapies on psychological wellbeing and the coping strategies among students. The findings of this study also corroborates with that of Mansooreh and Masoomeh (2017) the results showed that, group reality therapy training can be useful and applicable as the psychological therapeutic interventions for increasing academic self-efficacy as well as emotion regulation in the female students. The findings might also support a growing awareness among men and women of the negative effects of sexual harassment. (i) Holland et al.'s (2015) study on sexual harassment as punishment for men who demonstrate "atypical" gender behaviour highlights how sexual harassment affects both men and women, influencing both sexes' awareness of its effect on perceived safety in the workplace. In this study, while an increase in intolerance was associated with an increase in perceived safety from sexual harassment, a significant amount (38%) of overall 85 variability in perceived safety (positive and negative) from sexual harassment could be attributed to perceived workplace sexual harassment climate, for both men and women. (ii) Onoyase (2019) in a study titled, "Prevalence of sexual harassment of female students of tertiary education in Taraba State, North-East Nigeria". The result also revealed that there is no significant difference among the respondents in the universities, polytechnics, and colleges of education on the prevalence of sexual harassment of female students. (iii) Hill and Kearl (2011), in their study found that girls are more exposed to sexual harassment than boys, findings about gender differences in sexual harassment victimization are inconsistent. (iv) Kaltiala-Heino, Frojd, and Marttunen, (2016), a large-scale finish survey of 180,000 14- to 18-year-olds reported that 40% of all boys and 55% of all girls had experienced some form of sexual harassment at some time others have found that boys are more exposed. (v) Vega-Gea et al., (2016) in Spain, 63% of boys and 53% of girls (mean age 16.8 years) reported having been the targets of visual/verbal sexual harassment over the previous 3 months.

Also, (vi) Acquadro Maran, Varetto, and Civilotti, (2022), in a study titled, "Sexual harassment in the workplace: Consequences and perceived self-efficacy", the results showed that women and men who were witnesses were more likely to suffer the emotional and psychological consequences of the experience than non-witnesses. In addition, female witnesses expressed more positive emotions than men, which enabled them to manage their anxiety and emotional states when triggered in response to sexual harassment in the workplace. Finally, a significant association was found between perceptions of mental health and age, gender, experience with SHW, and self-efficacy strategies. The findings underscore the importance of sexual harassment intervention in the workplace, women and men who witness sexual harassment suffer vicarious experiences, psychological impact, exhaustion, disengagement, and negative feelings. (vii) Lind, Adams-Clark, and Freyd (2020), whose findings indicated that both high school gender harassment and high school institutional betrayal are independently associated with trauma symptoms, suggesting that intervention should target both phenomena. (viii) Easton and Kong (2017), reported that negative identity and psychological wellbeing in male CSA survivors have been associated with intense anger, self-harm, and suicidality, issues particularly

pertinent for men Although negative self-perceptions are arguably also an issue for female survivors, the men in this study often referred to not being believed, due to a public perception that CSA only happens to females. In addition, some described a lack of understanding on the issue of male CSA and the overall stigmatization rooted in societal perceptions. Research has identified that issues around trust and negative self-beliefs are associated with experiences of stigma related to masculinity and public opinion towards male victims of sexual abuse (Easton & Kong 2017).

More also, (ix) other studies showed that Easton et al. 2014; Gagnier and Collin-Vezina (2016), being perceived as a perpetrator of sexual abuse if people are aware of their abuse history appears to be a prominent fear for men, compared to women. (x) James et al., (2016), stated that in a survey by United States nearly half of gender minority respondents reported past-year verbal harassment and 10% reported past-year physical harassment and sexual assault. Kaniuka, (2022), opine that, these experiences lead to internalization of minority stress at the individual level, including fear of anticipated rejection or victimization and internalized negative feelings towards one's identity (i.e., internalized homophobia/transphobia). (xi) Viliardos, Murphy, and McAndrew (2022), mental health challenges facing male survivors of child sexual abuse: implications for mental health nurses. Child sexual abuse (CSA) is an issue of epidemic proportions in the United Kingdom (UK) and an international public health problem. Evidence suggests that in the UK one in 20 children have been sexually abused, with one in three not telling anyone about it at the time of the abuse. Conservative estimates suggest that around one in six men have experienced sexual abuse before the age of 18. CSA has been correlated with the development of numerous mental health problems, abused men often displaying externalizing behaviours, including substance misuse, 'risky' sexual behaviours, anti-social behaviour, and offending. (xii) Harnois, and Bastos, (2018), the multivariate analyses show that among women, but not men, perceptions of workplace gender discrimination are negatively associated with poor mental health, and perceptions of sexual harassment are associated with poor physical health. Among men and women, perceptions of multiple forms of mistreatment are associated with worse mental health. Gender discrimination partially explains the gender gap in self-reported mental health. (xiii) this result may be related to the findings of the study by Veletsianos et al. (2018), the authors found that women use different coping strategies to deal with harassment. (xvi) Sølvberg, Torstveit, Rosenvinge, Pettersen, and Sundgot-Borgen (2022), the prevalence of SHA was higher for girls compared with boys, and elite athletes reported less SHA than recreational athletes and reference students, respectively.

8. Conclusion

Based on the outcome of the study, it was concluded that psychological interventions using client-centred and reality therapies successfully increase coping strategies among students in tertiary institutions in Taraba State, Nigeria. There was no difference between the male and female students' coping strategies after using client-centred and reality therapies intervention successfully.

9. Recommendations

Based on the findings, the following recommendations were made:
1) School counsellors, psychologists and lecturers should use both CCT and RT to help students who have been sexual harassed to manage their condition since the intervention is effective in raising the coping strategies of the students.
2) School counsellors, psychologists and lecturers should give female and male students equal opportunities during therapy sessions and in the school setting. This is so because the study's findings indicate that there is no appreciable difference in the efficiency of client-centered and reality therapies on the coping

strategies of tertiary students between male and female students.

3) The National Educational Research and Development Council (NERDC) and other government organizations are urged to support additional studies to ascertain the impact of CCT and RT on secondary and primary school pupils coping strategies.

Author contributions

Matsayi Lucy Aji (MLA) was the principal investigator and contributed in percentage 60%. Adamu Nuhu Naomi was the first supervisor of the project and contributed in percentage 20%. Shiaki Onesimus Bulus (SOB) was one second supervisor of the project and contributed in percentage 20%.

Conflict of interest

The authors declare no conflict of interest.

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