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A COMPARATIVE EFFICACY OF TRAUMA-FOCUSED AND ACCEPTANCE COMMITMENT THERAPIES ON THE PSYCHOSOCIAL WELL-BEING OF CHILDREN FROM ABUSIVE HOUSEHOLDS IN NIGERIA

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Abstract

Most children exposed to spousal abuse in the home often endure psychological trauma in silence, with limited access to effective interventions. This study investigated the comparative effectiveness of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT) in improving the psychosocial experiences of primary school pupils living in spousal abusive households in Lagos State, Nigeria. Grounded in Social Learning Theory and Psychosocial Theory, the study employed a quasi-experimental pre-test/post-test design involving 144 pupils selected through multistage sampling. Participants were randomly assigned to two experimental groups (TF-CBT and ACT) and one control group. Two validated instruments; Pupils in Spousal Abusive Households Assessment Inventory (PSAHAI, $\alpha = 0.81$) *and* Pupils in Spousal Abusive Household Scale (PSAHS, $\alpha = 0.88$) *were used for data collection. Data were analyzed using descriptive statistics, ANCOVA, and Post-Hoc tests. Results revealed a significant treatment effect in reducing psychosocial distress among participants* [$F(2,140) = 661.083$, $p < 0.001$, $\eta p^2 = 0.904$], *with ACT showing the most substantial reduction in post-test mean scores (ACT = 19.54; TF-CBT = 26.16; Control = 42.12). No significant gender effect was observed* [$F(1,134) = 0.029$, $p = 0.865$, $\eta p^2 = 0.001$]. *We conclude that both interventions are highly effective, with ACT proving more impactful. The study recommends the integration of ACT and TF-CBT into school counselling programs and the deployment of trained counsellors in Nigerian primary schools to support children from abusive households.*

Keywords: Acceptance and Commitment Therapy, Trauma-Focused Cognitive Behavioural Therapy, Psychosocial Experience, Spousal Abuse, Primary School and Pupils

Introduction

Childhood is often regarded as a period of growth and joy, yet for many Nigerian children in abusive households it is marked by fear, trauma, and silence. Middle childhood (6–12 years), a critical stage for social and emotional development, is disrupted when children witness spousal violence; seeing parents fight, suffer injuries, or retreat into silence. These children, the invisible victims of abuse, endure profound psychological, social, and health consequences. Research has shown that children exposed to domestic violence frequently develop low self-esteem, antisocial behaviour, post-traumatic stress symptoms, and physical ailments such as headaches and stomach pain (Ann-Louise, 2023). The long-term risks are equally troubling, including adult depression, anxiety, heart disease, and the perpetuation of violence across generations (Monnat & Chandler, 2015; McDonald et al., 2006). Boys raised in such environments may adopt abusive behaviours, while girls often become vulnerable to victimization in adulthood (Sabina et al., 2019). Spousal abuse, or Intimate Partner Violence (IPV), encompasses emotional, physical, sexual, and psychological harm (WHO, 2024). Though women are more frequently the victims, male victimization is increasingly acknowledged (Odeniyi, 2023). Cultural norms, economic dependency, and substance abuse further sustain this cycle (Haifley, 2021; Soglin et al., 2020), with the Nigerian Demographic and Health Survey (2013) reporting that one in four women had experienced spousal abuse. Such environments undermine Bowlby's theory of attachment, leaving children at risk of insecure relationships and psychological disorders.

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Studies across Africa and Asia highlight the prevalence and complexity of the problem. In rural North Kerala, nearly 30% of women reported some form of spousal violence, with emotional abuse being most common (Mundodan et al., 2021). Similarly, Abeya (2019) found that emotional, physical, and sexual abuse frequently co-occurred, producing compounded trauma for children. Risk factors such as unemployment, lack of social support, alcohol abuse, and extra-marital relationships destabilize the family environment, leaving children vulnerable to disrupted psychosocial security, poor concentration, memory deficits, and reduced school engagement. Emerging research also underscores the biological embedding of trauma. Dumornay et al. (2023) found that exposure to adversity was associated with differences in gray matter volume in brain regions responsible for emotional regulation and threat detection. Jeong et al. (2021) reported cortical thinning in trauma-exposed children, particularly in areas linked to executive functioning and emotional control. These neurodevelopmental changes demonstrate how psychosocial trauma is etched into brain architecture, producing long-lasting effects.

To address these harms, trauma-informed care has been recommended as an essential framework. This approach emphasizes restoring safety, dignity, and resilience through culturally sensitive interventions, family involvement, and community support (Effiom & Abuo, 2021; Bendall et al., 2021). Evidence-based therapies such as Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT) are especially relevant. TF-CBT combines relaxation, cognitive coping, trauma narration, and caregiver participation to help children process adverse experiences and regulate emotions (Cohen & Mannarino, 2015; Silverman et al., 2011; Watson, 2023). ACT, by contrast, promotes psychological flexibility, encouraging children to accept painful emotions while committing to valued life goals, and has proven effective across trauma, anxiety, and depression (Hayes et al., 2012; Gloster et al., 2020). Together, these therapies offer complementary pathways toward healing.

Despite these promising interventions, trauma-informed practices remain underutilized in Nigerian schools. Many children exposed to spousal abuse present with anxiety, aggression, withdrawal, and poor academic performance, yet receive little structured psychological support. This gap highlights the urgent need for school-based interventions that integrate trauma-informed care and evidence-based therapies such as TF-CBT and ACT.

Statement of the Problem

Spousal abuse is a pervasive global challenge with enduring consequences for children who grow up in violent households. In the United States, over 15 million children are estimated to have witnessed domestic violence at least once, with boys who observe maternal abuse being ten times more likely to become abusers and girls six times more likely to experience sexual victimization (McDonald et al., 2015; Vargas et al., 2005). Globally, more than 10 million individuals are affected annually, a figure that increases significantly when children—the often silent victims—are included (Plumptre, 2023). Exposure to spousal abuse has been consistently linked to anxiety, hypervigilance, emotional dysregulation, and long-term psychosocial impairments (Gilbert et al., 2015). In Nigeria, as in many African contexts, intimate partner violence remains widespread and is often normalized by cultural and patriarchal structures. Reports indicate that its prevalence continues to rise, with little evidence of decline (Kadir, 2023). National statistics are particularly concerning: one in fifteen Nigerian children was exposed to domestic violence in 2010, and one in three had experienced some form of violence at home (Plumptre, 2023). Such experiences compromise children's emotional security, impair self-regulation, and heighten risks of depression, post-traumatic stress, and violent behaviour later in life. Despite the magnitude of the problem, structured psychosocial support for children exposed to spousal abuse in Nigeria remains limited. Schools, which serve as critical environments for child development, are often underutilized as spaces for trauma intervention. There is therefore an urgent need for evidence-based, school-based therapeutic approaches that can mitigate the psychosocial consequences of domestic violence. Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and Acceptance and Commitment Therapy (ACT) have shown effectiveness in addressing trauma-related symptoms among children globally, but their comparative efficacy within the Nigerian context remains unexplored. This study addresses this gap by examining the effectiveness of TF-CBT and ACT in improving the psychosocial well-being of primary school pupils from spousal abusive households in Lagos State.

Research Questions

This study was guided by two research questions as stated:

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i. Which of the two treatments (TF-CBT or ACT) is more effective in improving the psychosocial experiences of primary school pupils from spousal abusive households in Lagos State?
ii. What is the effect of gender on the psychosocial experiences of primary school pupils in spousal abusive households?

Research Hypotheses

At .05 level of significance, this study tested two null hypotheses:

i. There is no significant main effect of treatment (TF-CBT and ACT) on the psychosocial experiences of primary school pupils from spousal abusive households in Lagos State.
ii. There is no significant main effect of gender on the psychosocial experiences of primary school pupils from spousal abusive households in Lagos State.

Methodology

This study employed a pretest-posttest control group quasi-experimental design structured in a **3** × 2 × 3 factorial matrix**.** The design included three treatment conditions, two experimental groups: TF-CBT and ACT and one control group. These treatment conditions were crossed with gender (male and female) and three age categories (7–8 years, 9–10 years, and 11–12 years), allowing for analysis of main effect across treatment type, gender, and age. The target population for this study comprised all pupils enrolled in public and private primary schools across Lagos State, South-West Nigeria. The educational system in Lagos is organized into 20 Local Government Areas and managed by 57 Local Educational Authorities (LEAs). All primary schools in the state fall under the jurisdiction of these LEAs, which provided avenue for easy administration and resources management. The study sample comprised 144 pupils drawn from both public and private primary schools in Lagos State. A multi-stage sampling technique was employed to ensure representativeness. In the first stage, three Local Education Authorities (LEAs): Ikorodu, Ikeja, and Alimosho were randomly selected from the 57 LEAs in the state using a simple balloting method. In the second stage, one school was randomly selected from each of the chosen LEAs, with consideration for variation in school ownership. The selected schools were UPE Ajaguro (a public school in Ikorodu), HOGG Primary School (a private school in Ikeja), and Foreal Dynamic Private School (a private school in Alimosho). In the third stage, the Pupils in Spousal Abusive Households Assessment Inventory (PSAHAI) was administered to all pupils in Primary 4 to Primary 6 in each selected school. These class levels were specifically targeted as pupils in upper primary grades were presumed to possess higher levels of cognitive and emotional maturity, thus facilitating their understanding of and engagement in psychological assessments and interventions. Pupils who scored above 15 on the PSAHAI were identified as having been exposed to spousal abuse and were included in the study. Following identification, the three selected schools were randomly assigned to each of the three groups. Pupils at UPE Ajaguro were assigned to the TF-CBT group. Pupils at HOGG Primary School received ACT intervention. Finally, Foreal Dynamic Private School served as the control group; pupils in this group were placed on a waitlist and were later provided with the two therapeutic interventions, as determined after the study.

Participants were required to meet specific inclusion criteria to ensure appropriateness for the study. Eligible participants were those enrolled in Primary 4 to 6, who scored above 15 on the PSAHAI, and who provided informed assent and obtained guardian consent. Pupils who were outside the specified grade levels, who did not meet the threshold score on the PSAHAI, or who did not provide the necessary consent were excluded from the intervention and subsequent evaluations. This careful selection process was implemented to maintain the study's internal validity and ethical standards by ensuring that all participants were capable of understanding and engaging in the intervention. We developed two instruments for this study, the first instrument is the Pupils in Spousal Abusive Households Assessment Inventory (PSAHAI) which was used to identify children affected by spousal abuse. It has two sections A and B: section A collected demographic data such as age and gender, while section B contained 15 items assessing exposure to and the impact of spousal abuse. Items were scored on a 2-point Likert scale ranging from Yes (2) to No (1), resulting in total scores ranging from 15 to 30. The second instrument is the Pupils in Spousal Abusive Households Scale (PSAHS**)** which measured the psychosocial impact of spousal abuse on children. Like the PSAHAI, it consisted of two sections: Section A collected demographic information, and Section B comprised 20 items assessing emotional, mental, psychological, social, and trauma-related challenges. Responses were measured on a 3-point Likert scale (Yes = 3, Not Sure = 2, No = 1), with possible scores ranging

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from 20 to 60. This scale was administered both before and after the treatment to evaluate changes in psychosocial functioning. To ensure content and face validity, the instruments were subjected to review by two professor who are experts in counselling psychology and psychometric testing respectively. These experts provided feedback regarding the clarity, relevance, and comprehensiveness of the items. Revisions were made to the initial drafts based on their recommendations, ensuring that the instruments accurately captured the constructs of interest (exposure to spousal abuse and its psychosocial impact on children).

A preliminary validation study was conducted to evaluate the practicality and effectiveness of the instruments and procedures before the main study commenced. This involved administering the PSAHAI and PSAHS to 30 Primary 5 pupils from Friendly Gate Primary School in Ikorodu. The goals of this validation study were to determine whether the pupils experienced any difficulty understanding or responding to the items, to estimate the average time required to complete each instrument, and to anticipate any challenges that might arise during the treatment sessions. Based on the feedback obtained, some item modifications were made to improve clarity and alignment with the study's objectives. The participants involved in the validation study were not included in the main study to prevent contamination of the findings. Following the validation study, the data collected were coded into SPSS (version 25). The internal consistency of both instruments was evaluated using Cronbach's alpha**.** The output yielded 0.81 for the PSAHAI and 0.88 for the PSAHS, suggesting high levels of reliability of both instruments.

Prior to the intervention, the Pupils in Spousal Abusive Households Scale (PSAHS) was administered to all participants across the three groups (TF-CBT, ACT, and Control) to establish a baseline measure of psychosocial functioning. The administration was carried out in a quiet, private setting within the respective schools to ensure confidentiality and minimize distractions. Each pupil was given a brief explanation of the purpose of the assessment and was assured that their responses would be kept confidential and used solely for research purposes. The pretest administration was facilitated by trained research assistants with backgrounds in child psychology and counseling. Pupils completed the PSAHS individually, with the facilitators available to clarify any questions or concerns. Each assessment session lasted approximately 20 to 30 minutes. The data collected from the pretests provided the initial metrics for evaluating the psychosocial impact of spousal abuse and served as a comparative benchmark for post-intervention analysis.

Treatment Packages

i. ***Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):*** *Participants in the TF-CBT group (treatment group 1) underwent an eight-week structured therapeutic program*
ii. ***Acceptance and Commitment Therapy (ACT):*** *Participants assigned to the ACT group (treatment group 2) underwent an eight-week intervention based on the principles of Acceptance and Commitment Therapy (ACT).*
iii. ***Control Group (Waitlist):*** *Participants in the control group were placed on a waitlist during the intervention period. They continued with regular school activities and did not receive any intervention.*

At the end of the eight-week intervention, the PSAHS was re-administered as posttest to all participants across the three groups (TF-CBT, ACT and control), allowing for comparative efficacy of the therapies. The same procedures used during the pretest phase were replicated for consistency. Data from the posttests were again coded and analyzed. Mean and standard deviation were used to answer the research questions but to test the two null hypotheses, **Analysis of Covariance (ANCOVA) was used**. In addition, **Tukey's Post Hoc analysis** was employed to determine the specific group differences where significance was observed.

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Results

Research Question 1: ***Which treatment (TF-CBT or ACT) is more effective on the psychosocial experience of primary school pupils in spousal abusive households in Lagos State?***

Table 1: ***Effect of treatments (TF-CBT & ACT) on psychosocial experience of primary school pupils in spousal abusive household in Lagos state***

Treatments	N	Posttest Mean	Std. Deviation	Pretest Mean	SD	Mean Diff
TF-CBT	55	26.16	4.909	47.85	2.240	-21.69
ACT	48	19.54	1.304	49.56	2.902	-30.02
Control	41	46.12	3.187	47.37	2.956	-1.24
Total	144	29.64	11.370	48.28	2.823	-18.65

Table 1 reveals that participants in the ACT group had the highest psychosocial experience reduction level among primary school pupils in spousal abusive household in Lagos state with mean difference of – 30.02; followed by those in the TF-CBT group with mean difference of – 21.69, while participants in the control group had the least psychosocial experience reduction level with mean difference of -1.24.

Research Question 2: ***What is the effect of gender on the psychosocial experience of primary school pupils in spousal abusive households in Lagos State?***

Table 2: ***Effect of gender on psychosocial experience of primary school pupils in spousal abusive household in Lagos state***

Gender	N	Posttest Mean	Std. Deviation	Pretest Mean	SD	Mean Diff
Male	77	29.82	11.280	47.86	2.163	-18.04
Female	67	29.43	11.554	48.78	3.379	-19.34
Total	144	29.64	11.370	48.28	2.823	-18.65

Table 2 shows that the mean difference of female participants on the basis of reduction of psychosocial experience of primary school pupils in spousal abusive household which was – 19.34 is higher, than the mean difference of their male counterpart which was –18.04.

Hypothesis 1: There is no significant main effect of treatments (TF-CBT & ACT) on the psychosocial experience of primary school pupils in spousal abusive households in Lagos State.

Table 3: ***ANCOVA of effect of treatments on the psychosocial experience of primary school pupils in spousal abusive household***

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	16778.931[a]	3	5592.977	458.900	.000	.908
Intercept	124.783	1	124.783	10.238	.002	.068
Pretest	81.543	1	81.543	6.691	.011	.046
Treatments	16114.294	2	8057.147	661.083	.000	.904
Error	1706.292	140	12.188			
Total	144984.000	144				
Corrected Total	18485.222	143				

a. R Squared = .908 (Adjusted R Squared = .906)

Table 3 depicts that the effect of treatments F(2, 140) = 661.083, p= 0.000, n_p^2 = 0.904, was significant at 0.05. This showed that the p-value of the F-ratio is less than 0.05, therefore the null hypothesis was rejected. Hence. Also, the value of partial eta squared (n_p^2) which was 0.904 indicated that treatments accounted for 90.4 % of the variance in psychosocial experience of the primary school pupils. The post hoc in Table 15 showed where the significant effect lies.

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Hypothesis 2: There is no significant main effect of gender on psychosocial experience of primary school pupils in spousal abusive households in Lagos State.

Table 4: ***ANCOVA of effect of gender on the psychosocial experience of primary school pupils in spousal abusive household***

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	668.325[a]	2	334.162	2.645	.075	.036
Intercept	2124.492	1	2124.492	16.813	.000	.107
Pretest	663.005	1	663.005	5.247	.023	.036
Gender	3.688	1	3.688	.029	.865	.001
Error	17816.897	141	126.361			
Total	144984.000	144				
Corrected Total	18485.222	143				

a. R Squared = .036 (Adjusted R Squared = .022)

Table 4 shows that the effect of gender F (1, 134) = 0.029 , p= 0.865, n_p^2 = 0.001, was not significant at 0.05. This showed that the p-value of the F-ratio is greater than 0.05, therefore the null hypothesis two is not rejected. Also, the value of partial eta squared (n_p^2) which was 0.001 indicated that gender accounted for a mere 0.1 % of the variance in the psychosocial experience of the primary school pupils.

Discussion of the Findings

The first null hypothesis, which stated that there is *no significant main effect of treatments (TF-CBT & ACT) on the psychosocial experience of primary school pupils in spousal abusive households*, was rejected based on the results of the ANCOVA in Table 3. The results showed a statistically significant effect of treatment on psychosocial experience, $F(2, 140) = 661.083$, $p < .001$, $partial\ \eta^2 = .904$, indicating that treatment explained 90.4% of the variance in post-treatment psychosocial distress levels. The Tukey HSD Post Hoc test in Table 3 confirmed that these differences were statistically significant, with ACT showing greater efficacy than TF-CBT and both being significantly better than the control group. The main reason for the reduction in participants' psychosocial experience was due to the effectiveness of the treatments administered on the participants. This showed that the treatments were effective and suitable psychological interventions for reducing and ameliorating consequences of psychosocial experience of primary school pupils in spousal abusive household. Therefore, the first hypothesis was rejected. This means there were noticeable reduction impact of the treatments on pupils in spousal abusive household in Lagos state, than their counterparts who were not exposed to any of the treatments.

This finding showed that the two counselling treatments applied which are trauma-focused cognitive behavioural therapy and acceptance commitment therapy were very effective in reducing psychosocial experience of primary school pupils in spousal abusive household. This is because the treatments possessed ability that could assist individuals, especially children process the trauma they have experienced, reframe negative thoughts and emotion, as well as developing healthier coping mechanisms. The treatments equally have capacities to assist individuals focus on promoting psychological flexibility and helping children and adults manage emotions and behaviours. Precisely, the TF-CBT has been shown to be effective in treating post-traumatic stress disorder (PTSD) and other mental health issues resulting from abuse (Watson, 2023). The therapy will integrate trauma- sensitive intervention with cognitive behavioural techniques to help children from spousal abusive households, it will also address the psychological and emotional challenges these children are facing and promote recovery. TF-CBT builds coping skills, teaches children emotional regulations, relaxation techniques, and cognitive coping skills empowering children from spousal abuse homes to manage trauma triggers by anxiety and anger more consecutively (Sulverman et al., 2011).

Collazo (2022) stated that TF-CBT can address distorted thinking, children from abusive households often develop distorted thoughts about blame, safety and self-worth. TF-CBT will help them identify and challenge these cognitive distortions, fostering healthier self-perceptions and beliefs. This therapy also relates to safety Planning and risk assessment to equip children and families with tools to handle potential dangers more effectively. The

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author opined that TF-CBT is an intervention originally designed to help children and adolescents ages 3 to 18 recover from trauma. TF-CBT can be adapted to adults with concerns related to trauma or diagnosed with PTSD. Depending on the individual, components of this approach can be modified or utilized in combination with other trauma-focused therapies. Just like TF-CBT for children, sessions with family members are recommended for additional support and to enhance interpersonal relationships (Skilbeck, et al, 2021).

The ACT which was used in this study focuses on promoting psychological flexibility and helping children and adults manage emotions and behaviours. ACT has been shown to be effective in treating anxiety and depression, both of which are common in individuals exposed to abuse (Coto-Lesmes et al., 2020). ACT is a promising intervention for children exposed to spousal abusive household, it helps them to focus on acceptance, values and mindfulness. ACT can be a better option for counselling children from spousal abusive households when the focus is on long term resilience emotions acceptance and identity while TF-CBT is for acute trauma recovery. ACT teaches children to accept difficult emotions rather than avoid or suppress them, this therapy will be helpful will be helpful for children who have witnessed spousal abuse and feel shame, guilt, anger or fear. (Hayes et al ., 2012) . ACT promotes acceptance rather than control; it promotes acceptance of internal experiences that can reduce the child inner conflict and self-judgment. ACT can help children from abusive households build long term resilience by fostering emotional openness, identity development and purposeful living, it will help children to build resilience beyond symptoms reduction, an essential aspect of recovery from complex trauma (Gillarders et al., 2014).

While, the two counselling treatments used in this research, which are trauma-focused cognitive behavioural therapy (TF-CBT) and acceptance commitment therapy (ACT) are very effective in reducing psychosocial experience of primary school pupils in spousal abusive household, the result of the first hypothesis indicated that acceptance commitment therapy (ACT) was more effective than trauma-focused cognitive behavioural therapy (TF-CBT) due to the fact that ACT promotes acceptance rather than control in individual; it promotes acceptance of internal experiences that can reduce the child inner conflict and self-judgment. This finding is in agreement with Veehof et al. (2016) who stated that acceptance and commitment therapy (ACT) is a therapy used in reducing avoidance and enhance goal-directed behaviour by promoting one's psychological flexibility – the ability to choose to do what matters most, even in the presence of painful obstacles which are usually symptoms of abusive relationships. It is considered to be effective for the treatment of various conditions including somatic health problems and common mental health problems.

Coto-Lesmes et al. (2020), in their study discovered that ACT was significantly effective in reducing depressive symptoms compared to both non-active and active controls. Nash (2022) stated that ACT is based on a model of six core processes called the hexaflex. The key objective of ACT is to alleviate suffering by optimizing psychological flexibility. This is achieved through educating clients about the six core processes and supporting the development of new psychological skills, including mindfulness, cognitive diffusion and acceptance. ACT interventions aim to overcome experiential avoidance using a combination of mindfulness and behavioural change techniques. Each intervention activates at least one of the six core processes, but some interventions activate multiple core processes simultaneously. All these are attributes that made ACT effective counselling intervention for ameliorating consequences of psychosocial experience of primary school pupils in spousal abusive household.

The second null hypothesis**,** which proposed that there is *no significant main effect of gender* on psychosocial experience, was not rejected**,** as shown in Table 6. The ANCOVA revealed no significant gender effect**,** *$F(1, 141) = 0.029$, $p = .865$, partial $\eta^2 = .001$,* indicating that only 0.1% of the variance in psychosocial outcomes was explained by gender. This finding showed that reduction of psychosocial experience of primary school pupils in spousal abusive household in Lagos state was not gender based. Thus, the second hypothesis was not rejected. Therefore, reduction of psychosocial experience of male and female primary school pupils in spousal abusive household in Lagos state could be in the same proportion. Previous studies have shown that influence of demographic variables such as age, gender, type of schools, no of children in the family and others on incidences of pupils' psychosocial experience are of a mixed reaction. While some researchers agreed that demographic variables do have influence, others says no. According to Adjorlolo, et al (2015), some factors that determine the intensity or otherwise of impact of spousal abusive relationship is their demographic variable. Insight into

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demographic differences in childhood maltreatment can provide excellent clues to revisit the socialisation processes of males and females and perhaps institute programmes to correct those practices that potentiate maltreatment. In addition, Meinck et al. (2015) discovered that the predisposing factors to child abuse might be concentrated at child level (e.g., gender), care-giver level (e.g., being raised by a single parent), household level (e.g., number of siblings) and community level (e.g., rural or urban area). In fact, the gender of children plays a significant role in how they are affected by living in spousal abusive households.

On the other hand, Odeniyi (2023) stated that abuse is not limited to one gender. While female are often the victims, there has been an increasing number of cases in which male are also victims of spousal abuse. The impact of abuse is not gender-specific, and both male and female victims suffer in various ways. The author opined that spousal abuse is a hidden issue that people irrespective of their gender are often unwilling to discuss, making it even harder for victims to seek help and support. Spousal abuse can take many forms, including emotional, physical, intellectual, and financial abuse. In fact, boys and girls may respond differently to psychosocial experience in terms of emotional and psychological outcomes, which can be influenced by both biological and social environments. With respect to this study, reason why gender was relegated to the background in the reduction of psychosocial experience of primary school pupils in spousal abusive household in Lagos state could only be attributable to the effectiveness of the counselling treatments which are TF-CBT and ACT.

Conclusion

The results of this study show that both TF-CBT and ACT are effective interventions for reducing psychosocial distress in children exposed to spousal abuse, with ACT showing greater efficacy. Gender was found not to be a significant factor, indicating that therapeutic outcomes were not influenced by whether the child was male or female. These findings reinforce the importance of implementing structured, evidence-based psychological interventions in schools and communities to support vulnerable children exposed to domestic violence.

Recommendations

The following recommendations were made based on the outcome of this study:

i. Counselling should be made compulsory and mandatory in all public and private primary schools. There should be a counselling centres in all primary schools.
ii. Primary School authorities should be mandated to employ qualified counsellors to man various counselling units. They should also make adequate funds and materials available for counsellors in primary schools.
iii. The two counselling treatments applied in this research which are TF-CBT and ACT, should be part of the counselling activities in all primary schools in Lagos Nigeria.
iv. Government should develop policies and programmes that would enhance operational efficiency of counselling in primary school
v. Schools can also use the avenue of Parent Teachers Association meeting, open day and seminars for parent to sensitize parents on the dangers of spousal abuses at homes.

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