

The Influence Of Childhood Trauma And Aggressive Behaviors On Mental Health Of Bullies

Mishal Mehmood¹, Nazia Iqbal², Allah Nawaz³, Sundas Shakoor⁴, Kanwal Zahra⁵, Sana Shaheen⁶, Amna Ramzan⁷

Abstract:

The objective of the current study was to investigate the impact of childhood trauma and bullying on mental health among bully perpetrators and role of relational aggression as a mediator. A sample of 220 educated adolescents was taken including males (n = 125) and females (n = 95). Purpose of the study was briefed to participants. The scales used for the study were, childhood trauma questionnaire, Illinois bullying scale, strength and difficulty questionnaire and diverse adolescent relational aggression scale. A significant negative correlation was found between childhood trauma and mental health as well as bullying and mental health among bully perpetrators. Meanwhile, the mental health of bully perpetrator and fighting perpetrator is predicted negatively i.e., $-.30^$ & $-.51^*$, respectively. Relational aggression partially mediated the impact of childhood trauma along with bullying on mental health. Additionally, childhood trauma and bullying directly describe the variation in mental health and indirectly through relational aggression. The study holds practical implications for adolescents to improve their mental health. Counselors and educational psychologists should be hired in all educational institutes to facilitate young people in an effort to help them with self-awareness, emotional regulation and behavioral management.*

Key words: childhood trauma, bully perpetrators, mental health, relational aggression.

Introduction

Mental health of an adolescent has been affected by multiple factors such as childhood trauma, bullying, and relational aggression. These elements when combined have seen to be impacting perpetrators, commonly known as bullies. Although the mental health of bully victims has been well documented, however, the data on perpetrators is scarce. Aggressive behaviors are deeply rooted in early childhood experiences (Pozo et al, 2021). Predominance of relational aggression

¹ Clinical Psychologist, Email: mishalmehmood@outlook.com

² Assistant Professor, International Islamic University Islamabad, Email: nazia.iqbal@iiu.edu.pk

³ Clinical Psychologist, Foundation University School of Science and Technology, Email: drazaad143@gmail.com

⁴ Senior Lecturer, Bahria School of Professional Psychology, Bahria University Islamabad Campus, Email: sundasshakoorbasi@gmail.com

⁵ Senior Lecturer, Bahria School of Professional Psychology, Bahria University Islamabad Campus, Email: kanwalzahra444@gmail.com

⁶ Senior Lecturer, Bahria University E8 Islamabad / PhD Scholar, National University of Modern Languages (NUML), Islamabad Email: sanashaheen@gmail.com

⁷ Student, University of Gujrat, Email: amnaramzan93@gmail.com

is believed to be essential clinical and social issues among adolescents (Voulgaridou & Kokkinos, 2015). The major reason for their behavior is hurt and unresolved traumas from eye witnessing violence at their home or their peer group and could be both (Daly et al, 2021). Some of the studies in Pakistan predicted the prevalence of childhood trauma in different areas of Pakistan and their association with the mental health, adjustment and personality problems. The study by Ghaza (2022) discovered severe mental illnesses inclination are linked to childhood trauma, maladjustment, emotional management as well as layout of parental acceptance-rejection directed to their young children and impact of demographic variables in socio-cultural framework of Pakistan.

Childhood trauma is one of the major risk factor in development of aggressive behavior among adolescents such as bullying (Katembu et al., 2022). Among adolescents it is a strong indicator of social, emotional and psychological problems leading to cynical outcomes (Connel et al., 2018). Childhood trauma often leads to emotional regulation problems which further cause a number of overt and inward issues (Zafar et al., 2021). In addition to that, it was also found that the trauma experience leads to behavioral problems such as bullying, substance abuse, and risky behaviours (Ruchkin et al., 2017). Externalizing behaviors such as anger outbursts are more likely to be exhibited by children who have been a victim of early life trauma, these outburst are manifested as bullying (van Geel et al., 2017). Adolescents who have experienced adverse childhood experience are more inclined towards antisocial behaviors pertaining to abnormal brain growth and unhealthy coping strategies (Darnell et al., 2019).

Relational aggression is a non-tangible type of aggression that occurs when an individual damages the relationships and social honor (Crick & Grotpeter, 1995; Leff & Crick, 2010). Relational aggression in childhood is an indicator of poor adjustment during adolescent and in future (Card et al., 2008). Children with insecure attachment styles tend to use relational aggression as a coping strategy to manage their feelings of inadequacy such as insecurity, powerlessness that paves way for advancements in bullying behaviors (Crick & Grotpeter, 1995). In addition to that, there is a strong association between relational aggression and a range of negative mental health issues such as anxiety, depressive symptoms, and maladjustment (William et al., 2009). Finally, relationally aggressive behavioral acts are frequent among adolescents (Voulgaridou et al., 2023). Evidence in literature has stated that relational aggression can be as harmful as overt physical aggression (Li et al., 2023). In Pakistan, relational aggression has been predicted among emerging adolescents. Relational aggression has been positively predicted by age among educated adolescents of Pakistan (Mukhtar & Mehmood, 2018). Khan and Qureshi (2018) conducted the study on relational aggression among the adolescents in Pakistan and found that the family maladjustment was the prominent problem in children with relational aggression. Additionally, this behavior also became more prominent when there is an absence of social support or there are mental health issues among the adolescents.

A number of researches support social cognitive theory by predicting a strong relationship between acute mental health and bullying (Perry-Parrish & Zeman, 2011). Bullying accompanies a number of undesirable consequences during adulthood, including self-perception issues, physical health issues; desire the stay isolated and development of psychological disorders (Klomek & Elonheimo, 2015). Bully perpetrators are at a very high risk for a number of mental health issues (Ttofi et al., 2011). Unresolved trauma, aggressive behaviors and peer rejection as a result of being a bully are linked to psychological distress among them, additionally; stress directly linked to maintenance of aggressive behaviors leads to long term mental health outcomes (Olweus, 1993). The trends remained disturbing for the mental health among the adolescents in the world and in Pakistan specifically. Adolescence is

a period of turmoil for the majority of the population and the subjects are more prone to develop any mental health condition at this period of time (Arnett, 2014). The prevalence of mental health disorders has increased worldwide and it is confirmed by many studies (Kessler & Wang., 2024; WHO, 2016). According to these reports, the worldwide estimates of children and adolescents who experienced mental health disorder is 10% and half of these problems start by age 14. The condition further make matters worse that these children do not get proper supervision and guidance they need (Greenwald, 2013). It is because of the fact that mental health is measured only in term of disorders and illnesses that are encountered by the adolescents. However, the dimension of mental health has a broader overview. World Health Organization states, which defines mental health as a condition in which people evolve their potential and not just as a mental disorder. In their daily life, facing pressure, execute positively and productively at work while adding the uplifting of the society (WHO, 2004). This description entails that well-being of the adolescents should be measured in various categories to understand the impact of the childhood traumas and stressors.

It is essential to gain insight on the influence of childhood trauma, bullying, and relational aggression among bully perpetrator for development of tailored intervention approaches. Traditionally, bully victims are the one who are studied and offered anti-bullying programs; however, the perpetrators remain at neglect. Though understanding resolved trauma and dynamics of relational aggression actively contributing to bullying, effective interventions can be developed to promote mental health and to reduce aggressive behaviors. The aim of the present study is to investigate the prevalence of bullying, childhood trauma that causes mental health problems among bully perpetrators, and relational aggression's role in it. Present study has an objective to establish the extent of mental health problems among adolescents that involve bullying and childhood trauma and to assess the outcomes of relational aggression on mental health. Current study aims to examine whether mental health has a direct relationship with bullying and childhood trauma, and its impact on mental health while examining mediating role of relational aggression.

Research Questions

1. There is a negative correlation between bullying, childhood trauma and mental health among bully perpetrators.
2. Bullying and childhood trauma significantly predict mental health among bully perpetrators.
3. Relational aggression mediates the relation of bullying and childhood trauma with mental health among bully perpetrators.

Method

Correlational survey research design was used for the study with the incorporation of two-phase sequential design. To gather data, technique of purposive sampling was used. Adolescent from age range 13-19 and middle and high school students were included. Any student suffering from a psychological illness or had history of being in therapy were excluded from the study.

Operational Definition

Childhood Trauma. Childhood trauma is defined as a maltreatment which includes physical and emotional maltreatment, sexual abuse, physical and emotional neglect (Bernstein & Fink, 2010). It can be operationalized using childhood trauma questionnaire, which includes 25 statements to measure five areas of maltreatment i.e. emotional, physical, and sexual abuse, and emotional and physical neglect

Bullying. An undesirable aggressive verbal and physical action(s) by an adolescent or group of adolescents who are not related via blood or not in a romantic relationship, observe teasing, threatening, fighting and harassing, and is done more than one times or is highly likely to be occur again (Espelage & Holt, 2001). It can be operationalized using Illinois bullying scale which constitutes subscales such as bullying perpetrator and fighting perpetrator.

Mental Health. Mental health is an explicit condition of wellbeing where each person understands their capability, manage stressful events, stay productive and certainly remain an asset to the public (Goodman et al, 1998). It can be operationalized using strength and difficulty questionnaire which consists of 5 subscales: hyperactivity, emotional symptoms, conduct problems, peer problems, and pro social behavior.

Relational Aggression. Relational aggression (RA) includes spreading gossip, no social interaction, back biting, staring, warnings to quit social circle and friends, verbal and physical aggression (Horton, 2010). It can be operationalized using diverse adolescent relational aggression scale, which consists of 28 items to measure diverse relational aggression among adolescents.

Instruments

Demographic Sheet. The demographic sheet includes gender, age, education, and birth order.

Childhood Trauma Questionnaire (CTQ). Through employing childhood trauma questionnaire, childhood trauma was assessed (Bernstein & Fink, 2010). It is a self-report measure comprised of 25-items and is further divided into 5 subscales named; emotional, physical, and sexual abuse, emotional and physical neglect. It is a 5 point likert type scale ranging from never true to very often true with an alpha reliability of .92.

Illinois Bullying Scale (IBS). To measure bullying Illinois bullying scale was used (IBS). The scale has three subscales including victimization, bullying, and fighting. The latter two were used for the study.

Strengths and Difficulties Questionnaire. Mental health was assessed through a teenager oriented reliable scale ($\alpha = 0.73$) called strength and difficulty questionnaire (SDQ) (Goodman et al, 1998). It is a 3-point likert type scale comprised of 25 items and 5 subscales including hyperactivity, emotional symptoms, conduct problems, peer problems, and prosocial behavior. The

Diverse Adolescent Relational Aggression Scale (DARAS). It is a valid instrument to determine relational aggression among adolescents; it assesses the presence of relational aggression among students. Measure includes 28 items. Cronbach's alpha reliability of the scale is .79. It is 4-point Likert type scales varying from strongly agree to strongly disagree.

Procedure

The study was bi sequential, during the first phase; screening of 628 students was done through application of Illinois bullying scale (IBS). Identifies bullies were subjected to second state. 220 adolescents ($n = 125$) and females ($n = 95$) filled Childhood Trauma Questionnaire, Strength and Difficulty Questionnaire and Diverse Adolescent Relational Aggression Scale (DARAS) to assess childhood trauma, mental health, and relational aggression. This procedure was operationalized after obtaining ethical approval from ethical body of international Islamic university. Furthermore, it was made very clear that participation is entirely voluntary and it was made clear that data would remain confidential.

Results

Table 1: Demographics of Bully Perpetrators (N=220)

Characteristic	f %	M (SD)
Age (14-19)		17.05 (1.64)
Gender		
Male	125 (56.8)	
Female	95 (43.2)	
Birth order		
Elder	62 (28.2)	
Middle	95 (43.2)	
Younger	63 (28.6)	
Education level		
Matriculation	95 (43.2)	
Intermediate	125 (56.8)	

Note: f= frequency, %= Percentage, M= Mean, SD= Standard deviation

Table 2: The Pearson Correlation among Study Variables (N=220)

Sr#	Variables	1	2	3	4	5
1	CTQ	-	.52**	.08	.15*	-.67**
2	IBS	-	-	.66**	.88**	-.41**
3	BP	-	-	-	.24**	-.30*
4	FP	-	-	-	-	-.51*
5	SDQ	-	-	-	-	-

Note. ***p < .001, **p < .01, *p < .05 IBS= Illinois Bullying Scale, SDQ= Strengths and Difficulties Questionnaire, BP= Bullying Perpetrator, FP= Fighting Perpetrator, CTQ= Childhood Trauma Questionnaire.

Table 2 shows a significant negative relationship between childhood trauma, bullying and mental health. Meanwhile, the mental health of bully perpetrator and fighting perpetrator is predicted negatively i.e., -.30* & -.51*, respectively.

Table 3: Regression Analysis Predicting Effect of Childhood Trauma, Bullying and Relational Aggression on Mental Health (N= 220)

Variables	SDQ		DARAS	
	B		B	95%CI
CTQ	-.49		-.11	[-.08, -.15]
IBS	-.31		-.20	[-.09, -.30]
DARAS			-.08	[-.03, -.14]
R ²	.46		.94	
F	78.21***		54.71***	
ΔR			.10	
ΔF			9.21***	

Note. β = Standard coefficient, ** $p < 0.01$, B= Unstandardized Co efficient, ΔR^2 = R^2 Square Change, ΔF = FF change, CI= Confidence Interval, CTQ= Childhood Trauma, DARAS= Diverse Adolescent Relational Aggression Scale, IBS= Illinois Bullying Scale.

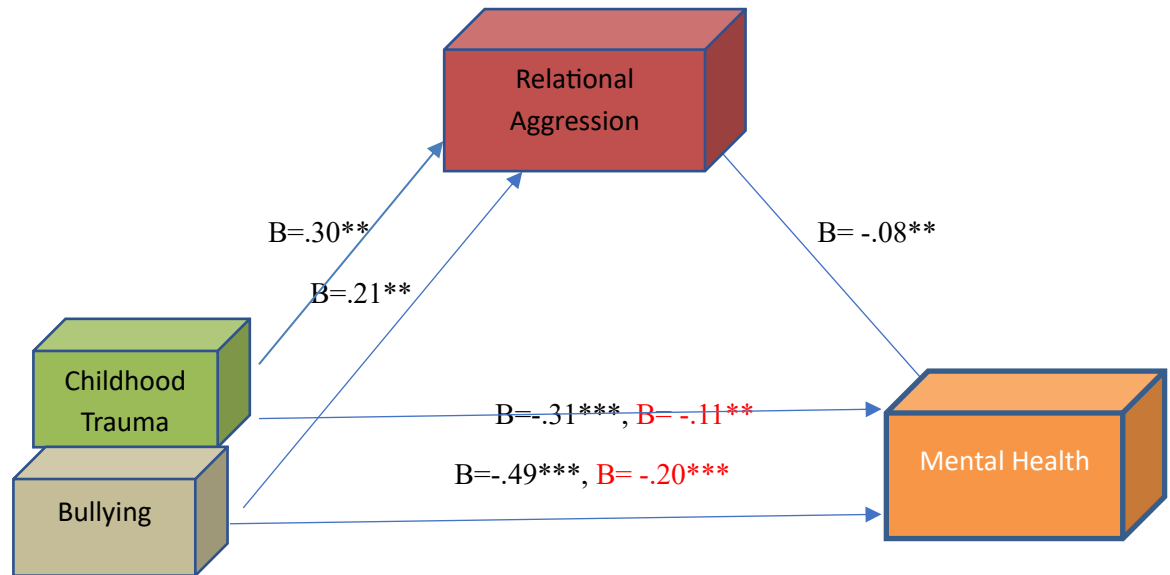
Regression analyses was run to investigate if relational aggression mediates the relationship between childhood trauma, bullying and relational aggression. Analysis show that childhood trauma ($B = -.04$, $\beta = -.30$, $t = -3.89$, $p < .001$), and bullying ($B = -.04$, $\beta = -.21$, $t = -3.31$, $p = .002$) significantly predicted mental health.

In the first step, a hierarchical regression analysis was performed by keeping mental health as the outcome variable, while childhood trauma and bullying were predictors, followed by a second step where the predictor was relational aggression. This analysis facilitates the investigation that either childhood trauma or bullying predict mental health and if relational aggression weakens the relationship between these variables as a mediator. The result indicated that, in the first step, both childhood trauma ($B = -.49$, $p < .001$) and bullying ($B = -.31$, $p < .001$) predicted mental health. While keeping relational aggression (i.e., the mediator) controlled, there was a reduction in predictability somehow, however, it was still significant childhood trauma ($B = -.11$, $p < .001$) and for bullying ($B = -.20$, $p < .001$). Relational aggression, as a mediator, predicted mental health even when both childhood trauma and bullying were controlled for ($B = -.08$, $p = .005$). The prediction of mental health was significantly improved by relational aggression among both independent variables (i.e., childhood trauma and bullying) ($\Delta R^2 = .10$, $F(1, 198) = 9.21$, $p = .003$).

In order to assess indirect effect of relational aggression Sobel test was run. Findings indicated that the whole pathway from childhood trauma to relational aggression to mental health was significant ($z = 3.01$, $p = .001$), furthermore, the whole pathway from bullying to relational aggression to mental health was also significant ($z = 2.91$, $p = .004$). This indicated that relational aggression partially mediates the impact of childhood trauma along with bullying

on mental health. Moreover, it was also calculated that childhood trauma and bullying directly describe the variation in mental health and indirectly through relational aggression.

Figure 1: Mediation Analysis Showing Impact of Childhood Trauma and Bullying on Mental Health and Relational Aggression as A Mediator.



Note: Changes in Beta in the presence of mediator can be visualized via highlighted red color.

Discussion

This research intended to explore the impact of childhood trauma and aggressive behaviors on mental health among bullies. To score bullying, childhood trauma, relational aggression and mental health Illinois bullying scale, childhood trauma questionnaire, strength and difficulty questionnaire and diverse adolescent relational aggression scales were used, respectively (Espelage & Holt, 2001; Bernstein & Fink, 1998; Goodman et al., 1998; Horton, 2010).

To test first hypothesis Pearson product moment correlation was run and findings revealed that there is a significant negative relationship between childhood trauma, bullying and mental health. These results support the existing body of literature that emphasizes the harmful influence of early life adversities on mental health (McKay et al., 2021). Particularly, the findings indicated that mental health also negatively correlates with bully perpetrators and fighting perpetrators, with coefficients of $-.30^*$ and $-.51^*$, respectively. This indicates that involvement in bullying and fighting has a significant impact on mental health. It shows bullies are experiencing mental health issues likely originating from unhealed traumas and mental pressure in upholding aggressive behaviors. This is consistent with the study conducted by Ttofi et al. (2011) that stressed the link between lasting mental health issues and bullying. Moreover, early life adversities tend to bring a range of negative outcomes including anxiety, anger outbursts, and emotional dysfunction (Varese et al., 2012).

Another purpose of the study was to analyse if childhood trauma and bullying acts as predictor of mental health among bully perpetrators and if relational aggression acts as a mediator (hypotheses 2 & 3). Findings indicate that relational aggression directly contributes and describes the variance in mental health, meanwhile, childhood trauma and bullying directly

contribute in explaining the variance in mental health and indirectly with relational aggression among bully perpetrators. Evidence has been provided in literature that childhood trauma is a predictor of poor mental health (Davis et al., 2005), as well as, it's been reported that bullying during later adolescence leads to depression (Winding et al., 2020). Studies have also suggested that relational aggression became more prominent when there is an absence of social support or there are mental health issues among the adolescents (Hussain & Zafar, 2018). Findings of the current study are consistent with the existing literature.

Limitation and Suggestions

Dependency on self-reported data may have paved way for biasness, in addition to that, the causal relationship between childhood traumas, bullying and mental health might have been limited as a result of cross sectional study design. In future, a longitudinal study to gain deeper insight on these interactions and their temporal dynamics through incorporation of objective measures can validate present findings. To enhance the generalizability of results, expansion of sample size can be done.

Practical Implications

It is significant to establish tailored intervention addressing bully behaviors while catering unresolved early life traumas and aggressive behaviors, as all these elements play a direct role in impacting mental health of bullies. Trauma-informed programs needs to be implemented in schools and by mental health professional to help with behavioral management and emotional regulation. In addition to that, bully behaviors can be significantly reduces through early identification and through supporting a child to minimize long term mental health outcomes.

Conclusion

In essence, the findings suggested that childhood trauma and bullying impact mental health negatively, similarly, the mental health of bully perpetrators and fighting perpetrators is at the risk of distress. Moreover, relational aggression acts as a mediator between childhood trauma, bullying and mental health.

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