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Understanding The Mental Health Of Bully Perpetrators Through Perspectives Of Childhood Trauma And Personality Traits: A Two-Phase Sequential Design

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Abstract:
*Adolescence is a crucial time filled with several challenges because it acts as a bridge between childhood and adulthood. The significance of the present study involved studying the trend that links childhood trauma, mental health, and personality traits among bully perpetrators. The aim of the study was to investigate the relationship between childhood trauma and mental health, to determine gender differences in reference to mental health, and to examine the moderating role of personality traits between childhood trauma and mental health among bully perpetrators. Two phase sequential design was used to optimise adaptability. Sample was collected from educational institutes. During the first phase screening of 628 adolescents was done to identify bully perpetrators using Illinois Bullying Scale (IBS), In the second step, Childhood Trauma Questionnaire, Strength and Difficulty Questionnaire and Ten Item Personality Inventory were used to measure childhood trauma, mental health, and personality traits respectively on 220 adolescents' males (n = 125) and females (n = 95). Descriptive analysis indicated that the mean and standard deviation of age were 17.05 and 1.64. A significant negative correlation was found between childhood trauma and mental health (-.67**). Mental health of male adolescent (M= 24.46, p < .05) was relatively better as compared to female adolescent (M = 21.07, p < .05). Agreeableness, openness, and conscientiousness positively moderated the relationship between childhood trauma and mental health, whereas extroversion as well as emotional stability moderated the relationship negatively among bully perpetrators. The study provided with practical implications for adolescents to improve their mental health, development of targeted intervention programs for early identification of childhood trauma and individualized treatment plans.*

***Key words**: childhood trauma, bully perpetrators, mental health, personality traits.*

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Introduction

Childhood is considered a delicate and important phase for the development and growth of the child. There are plenty of issues that a child encounters at this developmental stage. Due to its presence globally, World Health Organization (WHO, 2016) has also categorized it as exploitation. Childhood trauma is maltreatment of children involving abuse i.e. physical, emotional and sexual abuse, neglect, manipulation and any type of event that acts as a threat to health, growth, self-identity in the light of responsibility, conviction and strength (Downey & Crummy, 2022). On one hand, these adverse experiences affect the overall security and safety of children specifically their attachment bonds (Marusak et al., 2015). While on the other hand, they lead to emotional and behavioral problems that are ultimately culminated to the risky and threatening behaviors (Holt et al., 2018).

Mental health issues are becoming more prominent in Pakistan as well. The reported prevalence rates among adolescents depicts that mental health issues are far greater in Pakistani adolescent i.e. 35% as compared to global estimated prevalence i.e., 10-20% (Khalily, 2011). Many researchers studied the impact of childhood trauma on the behavior and mental health of children later in their lives. Those who directly encountered trauma appear to be emotionally aloof. Their resilience traits are often low and they also display anti-social behaviors (Connell et al., 2018). Most often trauma survivors also fail to generalize moral behaviors and are reinforced to continue behaviors such as deviant talk, mocking, and hitting (Wen et al., 2019). Evidence supports social cognitive theory by predicting a strong relationship between acute mental health and bullying (Perry-Parrish & Zeman, 2011). Along with all the negative consequences as a result of bullying, individuals report mental health problems, at the time they are being bullied and afterwards as well (Bogart et al., 2014; McDougall & Vaillancourt, 2015). When it comes to gender differences in this age group, opposite to girls, boys generally are reported more with abnormally active and problems of conduct whereas girls have problems such as stress and anxiety along with their own problems (Aebi et al., 2014; Sagatun et al., 2014).

Personality traits show mixed evidence when it comes to traumatic events and later personality developments (Allen & Lauterbach, 2007). However, children who experience trauma remain aloof to their surroundings and are resistant to any change in any domain of their lives (Bertsch et al., 2024). This can explain the bullies who want to maintain an absolute power structure where they always have the upper hand over victims (Allen & Lauterbach, 2007). There is no doubt that the childhood trauma leads to personality disorders and severe mental health issues if the victim is exposed to abuse for a longer period of time (Freier et al., 2022; McLaughlin et al., 2020). Actions of a bully are predetermined by his/her personality traits, motives comprising of narcissistic characters, defensiveness, selfishness and unstable self-esteem (Nail et al., 2016).

Mental health and bullying has been frequently studies, however, individuals directly engaging in bully behaviors are not adequately addressed. Bullying is deeply rooted in complex psychological patterns and is not an isolate behavior, particularly rooted in childhood trauma. Processing and dealing with a situation is deeply ingrained in the personality traits for example certain traits such as impulsivity, agreeableness etc., may worsen the influence of childhood trauma, adding to the bullying behavior and playing an active role in unfortunate mental health outcomes. Present study intends to evaluate the intricate relationship between childhood trauma, mental health, and personality traits among bully perpetrators. The study will have practical implications in development of targeted interventions to specifically address bullying behavior and will also offer insight to parents, teacher, and mental health professionals in developing tailored programs that can help in reduction of bullying and will offer improved mental wellbeing. As it has already been established that a significant ratio of global and

Pakistani adolescent population is involved in bullying, the study will offer framework to promote mental health among this vulnerable group through offering preemptive measures to mitigate the long term influence of childhood trauma and in helping personality development.

Hypotheses

Hypotheses in accordance to the objectives are as follows:

1. There is a negative correlation between childhood trauma and mental health among bully perpetrators.
2. Personality traits work as a moderator between childhood trauma and mental health among study sample.
3. Male adolescents experience more positive mental health as compared to females.

Method

The current study was conducted using correlation survey research design. Two phase sequential design was used to optimise adaptability. Sample was collected from educational institutes via employing purposive sampling. Inclusive criteria of the study involved middle school and high school students; adolescents within age range 13-19 years and data was collected within school settings, whereas, students suffering from any psychological or physical ailment and are/were in therapy were excluded. During the first phase screening of 628 adolescents was done to identify bully perpetrators using Illinois Bullying Scale (IBS), participants demonstrating higher score on perpetrator scale of IBS were subjected to second phase. In the second step, Childhood Trauma Questionnaire, Strength and Difficulty Questionnaire and Ten Item Personality Inventory were used to measure childhood trauma, mental health, and personality traits respectively on 220 adolescents' males (n = 125) and females (n = 95).

Instruments

Demographic Sheet. The demographic sheet includes gender, age, parental status (Alive or death), number of siblings, birth order, educational level and family type (nuclear or joint).

Childhood Trauma Questionnaire (CTQ). To determine childhood trauma, childhood trauma questionnaire short form was used (Bernstein & Fink, 2010). Childhood trauma questionnaire a self-report includes a 25-item test that measures 5 types of maltreatment –emotional abuse, physical abuse, and sexual abuse,, emotional neglect and physical neglect. Responses are recorded using a 5-point Likert scale, with an array from Never True to Very Often True. The scale has satisfactory psychometric properties (a = 0.92).

Illinois Bullying Scale (IBS). Illinois bullying scale was used to determine bullying (Espelage & Holt, 2001). Items are scored through never and up to seven times or more. Each Subscale is calculated by totaling particular statements. Higher score on each subscale depicts high level of bullying, victimization and fighting, respectively. Only bullying and fighting perpetrator subscales will be used in the present study.

Strengths and Difficulties Questionnaire. Mental health was analyzed through Strengths and Difficulties Questionnaire (SDQ) (Goodman et al, 1998), a reliable tool to examine mental health among teenagers. This measure consists of 25 items with five 5 subscales: hyperactivity, emotional symptoms, conduct problems, peer problems, and prosocial behavior. Responses are recorded on 3-point Likert type scale; not true, somewhat true, and certainly true. The internal consistency of the SDQ total difficulties was good, with a Cronbach's alpha of 0.73.

Ten Item Personality Inventory (TIPI). Ten-item personality inventory was used to determine big five personality traits i.e., extroversion, agreeableness, conscientiousness, openness & neuroticism (Gosling et al., 2003), each statement has two descriptions, which are separated through comma, the statement follows as, "I see myself as:". Items are rated on a 7-point Likert scale varying between 1 (disagree strongly) to 7 (agree strongly). The tool takes almost a minute for completion. The reliability of the scale was found to be good i.e. .7.

Ethical Considerations

Ethical approval was acquired by the ethical body of International Islamic University Islamabad. Additionally, only those participants who gave consent were a part of the study and it was ensured that their data will be kept highly confidential.

Results

The collected data underwent statistical analysis using the SPSS software to derive conclusive results. To ensure stability for subsequent analyses, missing value, normality, outliers and multicollinearity checks were run. Furthermore, Pearson Product Moment correlation, regression analysis and independent sample t-test were run to examine predictive relationships, role of study variables as moderator, and demographic differences, respectively.

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)	
Number of siblings		3.10 (1.17)
Birth order		
Elder	62 (28.2)	
Middle	95 (43.2)	
Younger	63 (28.6)	
Education level		
Matriculation	95 (43.2)	
Intermediate	125 (56.8)	
Family Type		
Nuclear	162 (73.6)	
Joint	58 (26.4)	

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	6	7
1	CTQ	-	.61**	.67**	.66**	.34**	.69**	-.67**
2	EA	-	-	.27**	.28**	.12*	.33**	-.07

3	PA	-	-	-	.28**	.11	.26**	-.32*
4	SA	-	-	-	-	-.21*	.35**	-.90**
5	EN	-	-	-	-	-	.25**	-.33**
6	PN	-	-	-	-	-	-	-.64**
7	SDQ	-	-	-	-	-	-	-

Note. ***p < .001, **p < .01, *p < .05 SDQ= Strengths and Difficulties Questionnaire, EA= Emotional Abuse, PA= Physical Abuse, SA= Sexual Abuse, EN, Emotional Neglect, PN= Physical Neglect, CTQ= Childhood Trauma Questionnaire.

Table 2 shows a highly significant negative relationship among childhood trauma and mental health of bully perpetrators.

Table 3: Moderation Table for Childhood Trauma and Personality Traits as Predictor of Mental Health among Bully Perpetrators (N= 220).

	Model 1		Model 2		Model 3	
Construct	β	t	β	t	β	t
Childhood Trauma	-.49**	-71.82	-.47**	-61.74	-.47**	-59.74
Moderator Effect						
Extroversion			-.08**	-12.91	-.07**	-11.32
Agreeableness			.09**	10.46	.09**	8.41
Conscientiousness			.04**	10.47	.04*	10.21
Openness			.05**	7.14	.05**	7.03
Emotional Stability			-.03**	-3.49	-.03**	-3.12
Interaction Effect						
E*CTQ					-.04**	-5.60
Ag*CTQ					.05**	3.48
C*CTQ					.02**	5.24
OP*CTQ					.02**	3.71
ES*CTQ					-.02**	-2.93
R^2	.31		.33		.33	

Note. p= Significant value, df= degree of freedom, LL= Lower Limit, UP= Upper Limit, CI= Confidence Interval, M= Mean, SD=Standard Deviation, n= Sample, CTQ-SF= Childhood Trauma Questionnaire-Short Form, P= Personality, OP= Openness, E= Extroversion, C= Conscientiousness, ES= Emotional Stability, AG=Agreeableness

Moderation analysis by Baron and Kenny (1986) was used to test the hypothesis that personality traits act as a moderator between childhood trauma and mental health among bully perpetrators. Three models were generated. Model 1 calculated the impact of childhood trauma on mental health and results deduced that childhood trauma is a significant predictor of mental health among bullies (β= -.49, p <.00). Model 3 examines the interaction of childhood trauma and personality traits with mental health. Model 3 shows that extroversion and emotional stability moderate the effect between childhood trauma and mental health (E, β= -.04, p <.00, ES, β= .02, p <.00), interaction with childhood trauma negatively affects mental health among bully perpetrators. In other words, maximized interaction between childhood trauma and mental health leads to decreased extroversion and emotional stability among bullies. It was also concluded that agreeableness, openness and conscientiousness positively moderate the impact of childhood trauma on mental health (AG, β= .05, p <.00, C, β= .02, p <.00, OP, β= .02, p <.00). When the interaction between childhood trauma and mental health increases, openness, agreeableness and conscientiousness also increase among bully perpetrators.

Table 4: Independent Sample t-test Analysis for Gender Differences on Childhood Trauma and Mental Health (N=220)

	Male (n = 125)		Female (n = 95)				95% CI	
Variables	M	SD	M	SD	t(218)	P	LL	UL
CTQ	58.42	9.31	54.81	10.39	3.79	.04	1.10	4.24
SDQ	24.46	4.19	21.07	4.71	2.30	.03	1.21	2.57

Note: p= Significant value, df= degree of freedom, LL= Lower Limit, UP= Upper Limit, CI= Confidence Interval, M= Mean, SD=Standard Deviation, n= Sample, CTQ-SF= Childhood Trauma Questionnaire-Short Form, IBS= Illinois Bullying Scale, SDQ= Strengths and Difficulties Questionnaire.

Table 1 shows significant difference between males and females by t (218) = 2.30 on SDQ, indicating that mental health of male participants is higher as compared to female participants. Meanwhile, a significant differences between make and females t (218) = 3.97 was also reported on CTQ, depicting that make tends to experience more childhood trauma as compared to females.

Discussion

Present study had the purpose to measure the association of childhood trauma, personality traits with mental health among bully perpetrators. Bully perpetrator behaves in a manner withholding all the power dynamics leading towards dominance, executed via physical and verbal proceedings (Benítez and Justicia 2006), they have seen to be more inclined towards violence (Falla et al., 2022).

Foremost and the prime principle of the current study was to examine the association between childhood trauma and mental health among bully perpetrators. In order to test this hypothesis Pearson Correlation Test was run, the analyses confirmed a significant negative correlation between childhood trauma and mental health among bully perpetrators. Conclusions indicated that with an increase in childhood trauma and bullying there would be a decrease in mental health. Young people who have been through childhood trauma fail to generalize moral behaviors and are reinforced to continue behaviors such as deviant talk,

mocking, and hitting (Wen et al., 2019). A very high significant negative correlation was calculated between sexual abuse and mental health. Evidence has been provided in literature that sexual abuse is a predictor of poor mental health (Davis et al., 2005). There has been a strong association between childhood sexual abuse and mental health issues such as posttraumatic stress disorder, depression, and even psychosis (Hailes et al., 2019). Moreover, it has been observes that adolescent who have been subjected to sexual violence seek mental health services in high proportion (Oram et al., 2017). Undesired consequences of bullying can be seen through poor mental health as well as adjustment issues at the time of bullying and later in life too (Bogart et al., 2014; McDougall & Vaillancourt, 2015). Particularly, a huge struggle has been seen for them to socialize, enhance their friends circle, maintain relation. Mostly bully victims prefer to stay alone (Ansel et al., 2015). Results indicated that childhood trauma shows a significant positive relationship with conscientiousness and agreeableness, whereas, a significant negative correlation with emotional stability, extraversion, and openness among bully perpetrator. Prior literature has mixed evidence regarding childhood trauma and neuroticism (Allen & Lauterbach, 2007). Current study suggests they are positively related to each other. Despite the prevalence of bullying, there is little evidence about the bully perpetrators' characteristics in the world and in Pakistan. Mental health shows a significant positive correlation with extraversion, agreeableness and openness, in contrast, mental health has a significant negative correlation with conscientiousness and emotional stability among bully perpetrators. Our findings are consistent with the existing literature, neurotic tendencies tend to make a way for distress as well as suicidal ideation (Mohiyeddini et al., 2015), while extraversion is associated with more positive mental health (Kang et al, 2023). Individuals with conscientiousness personality traits are linked to positivity, productivity and well adjusted, but interestingly, our study suggests a negative relationship between the two of them among bully perpetrators.

Next goal of the research was to measure the part of personality traits as a moderator among childhood trauma and mental health in the study sample. There is conflicting evidence around the world about the relationship between childhood trauma, bullying and bully perpetrators characteristics. Literature suggests a string association between traumatic childhood and personality types (Back et al., 2023). Results indicate that adolescents who have been through childhood trauma and have mental health problems also experience lower level of extroversion and emotional stability, teenager exposed to traumatic childhood tends to show emotional instability and openness (Allen & Lauterbach, 2007). As far as the extraversion is concerned, it is the trait associated with the positive life events and outlook; children who experience trauma remain aloof to their surroundings. Study suggests bully perpetrators who have been through childhood trauma and mental health issues also have higher level of openness, agreeableness and conscientiousness. Results were consistent with the prior literature, individuals who have been through childhood trauma reported higher level of openness (Dye, 2018). A high level of conscientiousness and agreeableness has been seen among adolescents who have been through traumatic events in their childhood (Bertsch et al, 2024).

Moreover, another purpose of the study was to find mental health differences between males and females and it was assumed that males experience more positive mental health as compared to females. Results suggest that males and females significantly differ on the scale of mental health and males experience positive mental health as compared to females. Young generation especially girls, along with extraneous factor experience more mental health problems as compared to boys (Yoon et al., 2023). In consistency with the prior research, it was also concluded that boys experience more conduct, hyperactivity and peer problems as compared to girls. Boys who experience violence at home, experience any form of physical

punishment, or witness the violence against their mothers demonstrated the same behaviors (Ashfaq et al., 2018).

Limitations and suggestions

1. An increase in the sample size and collection of data from a broader spectrum i.e., different cities from all over the Pakistan would be advised.
2. As data was collected from private educational institutes, which might have led towards sample bias, it is suggested that data should be collected from local as well as from boarding institutes.

Practical Implications

The study holds practical implications for adolescents to improve their mental health.

1. Counsellors and educational psychologists should be hired in all educational institutes to facilitate young people in order to help them process any trauma they might have experienced.
2. Mental health screening should be done frequently in order to screen out the students who require help with their behavioral or emotional management.
3. Seminars and workshops should be conducted in all educational institutes for mental health awareness, stress and anger management skills, communication skills, self-awareness exercises and breathing exercises, in an effort to help an adolescent with their emotional regulation and behavioral management.
4. Parents and teachers should be educated through campaigns and workshops on the importance of mental health as well as identification of trouble signs among young children at home and in schools, so they can be provided with the help they might require.

Conclusion

In essence, childhood trauma affects mental health negatively among bullies. Moreover, agreeableness, openness and conscientiousness positively moderate the impact of childhood trauma on mental health whereas extroversion as well as emotional stability moderates negatively. Additionally, mental health of males is relatively better as compared to females.

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