



Faculty of Science Cognitive and Human Development

**THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD
EXPERIENCE (ACE) AND LEADERSHIP COMPETENCY AMONG
TRAINEE COUNSELLORS IN HIGHER EDUCATION INSTITUTION
(HEIs) IN MALAYSIA.**

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THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCE AND LEADERSHIP
COMPETENCY AMONG TRAINEE COUNSELORS IN HIGHER EDUCATION INSTITUTIONS
IN MALAYSIA

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In The Name Of Allah

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ABSTRACT

THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCE (ACE) AND LEADERSHIP COMPETENCY AMONG TRAINEE COUNSELLORS IN HIGHER EDUCATION INSTITUTION (HEIs) IN MALAYSIA.

ZALINA BINTI MOHAMAD JEFFRY

The study aimed to investigate the relationship between adverse childhood experience and leadership competencies among trainee counsellors in higher education institutions in Malaysia. This study utilised quantitative study with correlational research design to study the connection between adverse childhood experience and leadership competencies among trainee counsellors in higher education institutions in Malaysia. There were 85 respondents from UNIMAS, UMS and UPM involved in this study. Stratified random sampling was applied to determine the required sample size from the target population. Adverse Childhood Experience Questionnaire (ACE-Q) and Counselling Self-Estimate Inventory (COSE) were used as instruments in this study. Theory of Erik Erikson Psychosocial Approach and John Bowlby Attachment Theory was applied to as the basis for this whole study. The data obtained were collected through questionnaires that were distributed online and computed into IBM Statistical Package for Social Science (SPSS) and analysed using Spearman Rank-Order Coefficients. Based on the findings, the results of the relationship between adverse childhood experience (ACE) and overall leadership competency (Micro-skills, Counseling process, Dealing with difficult client behavior, Cultural Competence, and Awareness of Value) was $p = -.046$, $p = .676$. Meanwhile for each aspects of leadership competency, the result were as follow; Micro-skills ($p = -.016$, $p = .883$), Counseling process ($p = -.010$, $p = .928$), Dealing with difficult client behavior ($p = -.010$, $p = .930$), Cultural competence ($p = -.034$, $p = .759$), and Awareness of value ($p = -.035$, $p = .754$). Overall, all the null hypotheses were accepted which concluded that there is no significant correlation between both variables. Therefore, it recommended for future researcher to employ larger and more diverse samples, use longitudinal designs, employ mixed-methods approaches, explore more granular and nuanced assessments of adversity, and critically examine potential mediating and moderating variables that might explain the complex interplay between ACEs and leadership competency. Overall, the recommendation can assist future researchers.

CHAPTER 1

INTRODUCTION

1.0 Introduction

This study focuses on investigating the relationship between adverse childhood experience (ACE) and leadership competency (leading session and decision making) among trainee counsellors in higher education institutions. Other than that, this study aims to uncover how adverse childhood experiences relate to trainee counsellor's psychological and emotional development, especially their leadership ability such as empathising, decision making ability and professionalism. This chapter will cover a few features such as background of study, problem statement, research objective, research hypothesis, statement of problem, definition of terms and significance of study as well as ethical consideration that has to be followed by the research along the way to run the research. Target respondents of this research are registered counsellors in Malaysia.

1.1 Background of study

The counselling field is increasingly pivotal in advancing mental health awareness and support, especially within Malaysia, where mental health services are steadily gaining attention. Counsellors not only require strong therapeutic skills but also leadership qualities that enable them to manage complex situations, guide clients, and serve as exemplars within the mental health field. Leadership abilities among counsellors include empathy, resilience, effective decision-making, and the capacity to foster client trust—all crucial elements for achieving positive therapeutic outcomes.

As cited in Watters and Wojciak (2020), child maltreatment is associated with a reduced ability to form secure attachment relationships, meaningful interpersonal relatedness and drop in social competency. Moreover, they stated that adolescents who experience mistreatment often have a low competency; forming interpersonal relationships, secure attachment relationships. Not only that, as cited in Watters and Wojciak (2020), due to the maltreatment, it might cause structural and functional brain abnormalities that affect their executive functional ability including prolonged focus and problem-solving, as well as memory development issues. Additionally, as cited in Cook et al. (2019), trauma's aftereffects might include diminished quality of life, interpersonal relationships, poor occupational functioning, and self-disorders.

Moreover, adverse childhood experience, developed by Vincent Felliti, examined the long-term effects of childhood adversity on health and well-being. Adverse childhood experiences include emotional, physical, and sexual abuse; physical and emotional neglect; household dysfunction such as living with a family member who is incarcerated, has a substance abuse problem, or has a mental illness; and parental separation or divorce (Subramaniam et al., 2020). Adverse childhood experiences, such as abuse, neglect, and household dysfunction, have been shown to have a significant impact on an individual's physical and mental health, as well as their social and educational outcomes (Knifton & Inglis, 2020) (Subramaniam et al., 2020). Childhood adversity is one mechanism through which poverty and deprivation have an impact on mental health.

Leadership competencies and counseling competencies share a significant overlap, particularly in the context of effective communication, emotional intelligence, and decision-making skills. Leadership in counseling requires the ability to guide, inspire, and support clients and colleagues, fostering environments of trust and growth. These competencies are essential in academic and professional counselling settings, where counselors often assume leadership roles in supervising trainee counsellors, developing intervention strategies, and advocating for client needs. Research has highlighted that strong leadership competencies in counseling, such as adaptability, empathy, and self-awareness, are closely linked to enhanced counseling outcomes and the ability to navigate complex interpersonal dynamics (Mullen et al., 2019). For instance, the supervisory working alliance, a critical aspect of counsellor training, relies heavily on leadership competencies to build mutual respect and collaborative goal-setting between supervisors and trainees. Moreover, leadership competencies in counseling extend to the ability to manage diverse client needs, address cultural sensitivities, and uphold ethical standards (Prasath et al., 2021).

Approximately 60% of adults in the United States report experiencing at least one ACE during childhood, and around 16% report four or more ACEs, which are strongly associated with adverse adult outcomes (Centers for Disease Control and Prevention, 2020). Specifically, 64% of adults have experienced at least one ACE before age 18, while nearly 17.3% of adults report experiencing four or more types of ACEs (Centers for Disease Control and Prevention, 2024). As stated in Finkelhor (2020), adults with higher ACE scores are at increased risk for chronic illnesses such as cardiovascular diseases and diabetes, as well as mental health challenges like

depression and substance use disorders. Additionally, ACEs correlate with negative social outcomes, including lower educational attainment and increased unemployment rates. Adverse childhood experiences (ACE) is defined as potential events that are traumatising in their childhood such as abuse, neglect and household dysfunction (Finkelhor, 2020).

Adverse Childhood Experiences (ACEs) are shaped by a variety of social, environmental, and structural conditions, such as gender, age, socioeconomic status, education level, and racial or ethnic background (Moon & Han, 2022). Research has identified women, younger adults, individuals with lower educational attainment, and those from multi-racial backgrounds as being at greater risk for ACEs. The impact of ACEs is profound, significantly affecting both social and health outcomes. For instance, ACEs have been linked to school-related issues, academic failure, and socio-emotional maladjustment, which can further manifest as compromised psychosocial well-being later in life, increased morbidity, and premature mortality. Common signs of ACEs include fear of others, difficulty sleeping or frequent nightmares, mood instability, challenges in expressing emotions, and learning difficulties. Furthermore, ACEs cause long-term damage to the nervous, endocrine, and immune systems, as well as cognitive development, ultimately leading to poor health and unfavorable adult outcomes.

1.2 Problem Statement

Adverse childhood experiences (ACEs) have been recognized as directly linking traumatic childhood events to adult outcomes (Brigg et al., 2021). Such experiences are associated with behavioral issues (Petrucelli et al., 2019) and psychological challenges, including persistent anxiety, unmanageable anger, poor social interactions, and a lower quality of life (Venter et al., 2020). This issue might affect the leadership competency of a trainee counsellor as they are still a novice counsellor that is still learning to adapt with theories, conducting a session and the way to deal with a client effectively. Being a counsellor should require characteristics such as high emotional intelligence (EI), strong reflective functioning, high resilience and well-developed interpersonal and intrapersonal qualities (Heinonen & Nissen-Lie, 2020).

Moreover, achieving adequate leadership competence which is known as counselling competence is the key to a therapeutic counselling process (Setiyowati et al., 2019). The issue here is ‘Will a trainee counselor with ACE be able to create a therapeutic counselling process when they experience such a traumatic event in their past?’ In fact, a competence counsellor should be able to help their client to maximise their self-development, give benefits to clients and be able to improve the quality of counselling services (Setiyowati et al., 2019). Knowing the long term effect of adverse childhood experience to a trainee counsellor, it might hinder their counseling competence in creating successful services in leading their clients to growth.

Not only that, the key of a high competence in leadership is the ability of a counsellor to regulate their emotions. This ability is the key to prevent countertransference from occurring where they might lash onto clients emotionally due to their past trauma or unfinished business in the past. This conflict might impact the dynamic of the therapeutic session as the counsellors

might be biased to making personal decisions, difficulty in maintaining their boundaries regarding clients' problems and reduce the effectiveness of counselling services. Relatively, eccentric and evocative patients might elicit feelings of detachment or disconnection in the therapist (Prasko et al., 2022). Thus, having ACE in the first place might build an individual with low tolerance or endurance in stress. This will challenge their emotional regulation or interpersonal skills, potentially impacting their counselling effectiveness.

Last but not least is the lack of research in ACE in counseling competencies in terms of leadership competence. Most existing research has definitely discussed ACE (Petrucelli et al., 2019, Bethell et al., 2019) and leadership competency (Heinen et al., 2019) as a separate research. Petrucelli et al. (2019) is making research on the association of ACE and health outcomes while Bethell et al. (2019) investigate the impact of positive childhood experiences on adult mental and relational health. Heinen et al. (2019), study about leadership competency and its relation to advanced nursing practices. Yet, there is still limited to no research that studies about the relationship of both variables especially in the counselling profession.

This study aims to address the impact of ACE on counselling competency among trainee counsellors. By doing this research, this study intended to contribute in developing targeted interventions to enhance counseling competencies and ensure effective client care. Addressing this gap is fundamental to designing strategies that support counselors in training, thereby improving the overall quality of counseling services. Moreover, this will help mental health and educational strategies in enhancing their support systems especially for counsellors.

1.3 Research Objective

To identify the relationship between adverse childhood experience and leadership competency among trainee counsellors in higher education institutions.

1.4 Research Questions

Is there any relationship between adverse childhood experience and leadership competency among trainee counsellors in higher education institutions?

1.5 Research Hypothesis

H_{01} : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

H_{02} : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Micro Skills Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

H_{03} : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Counselling Process Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

H_{04} : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Dealing With Difficult Client Behavior) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

Ho₅: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Cultural Competence) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

Ho₆: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Awareness of Values) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

1.6 Definition of terms

1.6.1 Adverse Childhood Experience (ACE)

1.6.1.1 Conceptual Definition

Adverse Childhood Experiences are traumatic events that occur in a child's life, such as abuse, neglect, and household dysfunction (Carlson, 2019). These experiences can have a significant impact on a child's development and their ability to thrive in various life domains, including academic achievement and personal well-being (Carlson, 2019) (Lee et al., 2020). Researchers have found that exposure to multiple adverse childhood experiences can lead to a range of negative outcomes, including mental health issues, physical health problems, and social and behavioural difficulties. (Lee et al., 2020) (Carlson, 2019).

1.6.1.2 Operational Definition

Adverse childhood experiences in this study context is the mistreatment that a person faces since childhood that leads to impairment of cognitive, emotional and social function. It can also be concluded as past traumatic events or traumatising unfinished business that influences adult behaviour. This can be calculated or examined through Adverse Childhood Experiences

Questionnaire (ACEs-Q). The ACE-Q consists of 10 core items addressing experiences such as abuse, neglect, and household dysfunction before the age 18.

1.6.2 Leadership Competencies

1.6.2.1 Conceptual Definition

Leadership competencies are defined as the knowledge, skills, and abilities required for effective leadership in an organisation. These competencies are the essential elements that define an individual's capacity to assume a leadership role within various organisational contexts, whether in education, business or other settings (Pham et al., 2022). Leadership competencies encompass a range of skills, knowledge, and abilities that enable an individual to effectively lead and motivate others towards the achievement of shared objectives (Low et al., 2019). As cited in Goodermote (2020), leadership involves effectively conveying to individuals their value and potential in a way that enables them to recognize it within themselves.

1.6.2.2 Operational Definition

Leadership competencies in this study context is the ability of trainee counsellor to lead, make decisions, communicate, and problem solving. The way they influence and guide their clients to be able to gain insight or make a decision for themselves is leadership competencies in the context of counselling. Leadership competencies will be calculated or examined through Counseling Self-Estimate Inventory (COSE). It is a self direct assessment and responses are typically rated on a likert scale. (e.g., 1 = strongly disagree to 5 = strongly agree).

1.6.3 Trainee Counsellor

1.6.3.1 Conceptual Definition

According to the British Association for Counselling and Psychotherapy (BACP, 2024), a trainee counsellor is an individual who provides services that meet the basic professional standards when working with the public. These standards are upheld with the help of appropriate professional guidance, such as from a supervisor. Additionally, the same source highlights that trainee counsellors are expected to follow relevant training requirements and exercise professional and ethical judgement, particularly regarding whether to disclose their trainee status to clients. They work alongside professional trainers to ensure the services they provide are performed with the necessary care, skill, and in accordance with established standards.

1.6.3.2 Operational Definition

The trainee counsellor is the individual who is still a student or a learner in an academic or certification-based program. They are a counsellor that is still not registered and on the way to adapting how the world of counselling works. Trainee counsellors usually are guided by a professional supervisor to assist them in their sessions or services. Trainee counsellors are still learning in applying theory, ethical practices, and clinical skills to pursue the ability required for full certification or licensure. This research will collect respondents from trainee counsellors of various universities such as UMS, UNIMAS & UPM. The targeted year for this population is Year 4.

1.6.4 Higher Education Institutions (HEIs)

1.6.4.1 Conceptual Definition

Higher education institutions (HEIs) involve teaching and learning with various creative deployment of learning and communication. HEIs provide education either in physical state or online-based learning (Turnbull et al., 2021). Higher education institutions (HEIs) are organisations providing advanced education and training beyond secondary school. Their primary purpose is to deliver structured academic programs, conduct research, and foster innovation to develop specialised knowledge and skills. HEIs aim to prepare individuals for personal growth, professional careers, and societal contribution by offering degrees, certifications, and opportunities for intellectual engagement.

1.6.4.2 Operational Definition

In this study, a higher education institution refers to an accredited university or college offering formal training programs in counselling, where trainee counsellors participate in supervised academic and practical experiences. The institutions are identified by their accreditation status, ability to provide structured curricula, and facilities supporting professional counselling education.

1.7 Significance of Research

The significance of this study lies in its examination of the relationship between adverse childhood experiences (ACEs) and counseling competencies, particularly leadership competencies, among trainee counselors. By exploring this relationship, the study highlights the long-term effects of ACEs on the professional development and decision-making skills of trainees, an area that remains under-researched in the field of counseling. Understanding these effects is essential, as ACEs may hinder a trainee's ability to regulate emotions, maintain boundaries, and effectively manage client interactions—skills critical for ethical and effective counseling practices. This research aims to identify specific challenges posed by ACEs, offering insights into how these experiences influence resilience, interpersonal skills, and the ability to lead therapeutic processes.

Furthermore, this research has implications for policy development and institutional practices in higher education. By investigating the links between ACEs and leadership competencies, the study provides evidence to support the creation of holistic counselor training frameworks that address both personal and professional growth. These frameworks can be instrumental in preparing trainees to navigate complex client needs and improve therapeutic outcomes effectively.

The findings of this study are expected to contribute significantly to counseling education and training by addressing the unique needs of trainees with ACEs. Insights derived from the research can inform the development of targeted interventions, including trauma-informed training modules and tailored supervision strategies, to enhance the competencies of trainee counselors. Moreover, the study will provide actionable recommendations for improving

counselor training curricula by integrating strategies that foster resilience, enhance emotional regulation, and strengthen leadership abilities. These improvements aim to prepare future counselors for the complexities of real-world practice, ensuring they can provide high-quality and unbiased therapeutic services.

Lastly, the study contributes to the broader discourse on mental health and education by bridging the gap between ACEs and leadership competency research, advancing the understanding of how past adversities impact professional efficacy in the counseling profession.

1.8 Ethical Consideration

Ethical considerations are significant in research, especially when studying human behaviour and psychosocial. Ethical consideration should not be neglected so the well-being of the participants will be secured and protected. Not only that, it can help enhance the credibility and validity of this study, and uphold the reputation of the university and counselling field. Following ethical guidelines demonstrates respect for human subjects and responsible research practices. This will foster public trust and strengthen the credibility of this study. There are several ethical considerations to be considered when doing this research. First and foremost is informed consent. Informed consent is a crucial ethical practice that ensures transparency, voluntary participation, and full understanding. It is essential that participants, particularly students, engage in the study voluntarily, with a clear comprehension of its objectives, procedures, and any potential risks involved. Researchers must provide a consent form that explains the study in accessible language and guarantees anonymity. By prioritising informed consent, confidentiality, and sensitivity in questioning, researchers protect participants from emotional harm or exploitation, fostering trust and creating a positive and ethical research environment.

Furthermore, is confidentiality regarding the clients information. Confidentiality is a fundamental ethical principle that ensures participants' privacy and protects their sensitive information from unauthorised access. By maintaining confidentiality, researchers promote trust and allow participants to feel secure in sharing honest and personal responses. This practice involves safeguarding personal data through secure storage and anonymisation, which ultimately fosters a respectful and professional research environment. By attending to this ethical consideration, it will enhance the willingness of participants to engage in study, thereby

enhancing the reliability of the data collected and ensuring ethical integrity in the research process. Last but not least is cultural sensitivity. Cultural sensitivity in research is crucial to ensure that participants' diverse backgrounds, values, and beliefs are respected throughout the study. It is important for researchers to adapt their approaches to suit the cultural context of the participants, which can be achieved through culturally appropriate communication and methods. This approach not only improves participant comfort and engagement but also ensures that the research findings are valid and relevant to all groups involved. By incorporating cultural sensitivity, researchers can foster inclusivity and avoid bias, thus enhancing the credibility and applicability of the study results.

1.9 Summary

In conclusion, this study is to investigate the relationship between adverse childhood experiences (ACEs) and leadership competencies among trainee counsellors in higher education institutions. It aims to uncover how ACEs relate to trainee counsellors leadership competencies to lead sessions, maintain good communication and make valuable decision making, which is crucial for clients growth and development. This study will use established tools to measure adverse childhood experience and leadership competencies. The problem statement highlights the need to address the gap in research on finding more factors that might impact counselling competencies. Thus, ACEs will be studied to see if it might directly or indirectly impact counselling competencies, particularly leadership competencies. By exploring this area, the study seeks to enhance counsellor training programs and contribute to new insights in counselling competency.

CHAPTER 2

LITERATURE REVIEW

2.0 Background

In this chapter, researchers explain the past studies that have been found according to two variables; Adverse Childhood Experience (ACEs) and Leadership Skills. The studies are collected through various countries, organisations and researchers.

2.1 Literature Review

2.1.1 Adverse Childhood Experiences (ACEs)

Adverse childhood experiences have emerged as a significant factor in understanding the well-being and development of individuals across the lifespan (Brown et al., 2020). Not only that, ACEs are rising rapidly on policy agendas, and there is a drive within public health and education to prevent ACEs, develop and implement interventions to improve resilience, and promote ACE-aware services (Houtepen et al., 2020). There is increasing awareness of the role that adverse childhood experiences can play in influencing educational attainment, physical and mental health (Houtepen et al., 2020, Moon & Han, 2022). For example, in the Environmental Risk Longitudinal Twin Study, child maltreatment was associated with a doubling in the odds of having low educational qualifications or of not being in education, employment, or training at age 18 years (Houtepen et al., 2020). Additionally, in this sample of adults, ACEs were significantly associated with lower life satisfaction, lower psychological well-being, and lower social well-being, especially for those who report abuse and household dysfunction during childhood (Mosley-Johnson et al., 2018, Moon & Han, 2022).

In addition, ACEs, including verbal, physical, and sexual abuse, as well as family dysfunction, are linked to neurodevelopmental disruptions and various adverse outcomes in adulthood (Lee et al., 2017). These experiences often result in reduced cognitive performance, impaired social skills, and a heightened risk of personality disorders, potentially driven by dysregulation of the hypothalamic-pituitary-adrenal axis (Kundaković & Champagne, 2014). Severe neglect, such as that experienced by institutionalized infants, has been associated with developmental delays, deficits in executive functioning, increased autistic-like behaviors, and elevated salivary cortisol levels, further underscoring the long-term impact of ACEs on mental health and functioning (Kundaković & Champagne, 2014). Abuse can include physical, emotional, or sexual harm inflicted upon a child, often leading to deep psychological scars. Neglect, whether emotional or physical, occurs when a child's basic needs are consistently unmet, fostering feelings of abandonment or inadequacy. Household dysfunction refers to adverse family dynamics, such as the presence of substance abuse, untreated mental illness, domestic violence, incarceration of a household member, or parental separation or divorce. Each of these factors can disrupt a child's sense of safety and stability, potentially resulting in lifelong challenges in mental health, relationships, and overall resilience.

2.1.2 Leadership In The Context Of Counselling Competencies

In the context of counseling competencies, leadership refers to the ability of counselors to guide, influence, and inspire clients and other professionals, while maintaining ethical standards, fostering a supportive environment, and promoting personal and professional growth. According to Brashear & Thomas (2020), effective leadership requires counselors to demonstrate strong interpersonal skills, critical thinking, and an understanding of the broader social and cultural factors influencing clients' experiences. This includes the ability to advocate for clients and

implement systemic changes when necessary, thereby extending the counselor's role beyond individual sessions to a more proactive and transformative approach (Brashear & Thomas, 2020). The article also highlights the importance of cognitive flexibility—a leader's ability to shift perspectives and approaches based on changing circumstances or client needs. This adaptability is vital in crisis situations, where counselors must make quick, informed decisions while maintaining cultural sensitivity and ethical standards (Brashear & Thomas, 2020). Cultural competence, another cornerstone of leadership in counseling, ensures that interventions are appropriate and effective for clients from diverse backgrounds, thereby fostering trust and rapport (Brashear & Thomas, 2020).

Based on an article by Singh et al (2020), it highlighted the integral role of leadership within the framework of the Multicultural and Social Justice Counseling Competencies (MSJCC). It was stated that leadership in counseling is demonstrated through the counselor's ability to apply self-awareness, cultural competence, advocacy, and action to address inequities and injustices within the counseling relationship and broader societal contexts. The implementation of the MSJCC has demonstrated promising outcomes in enhancing the counselor's ability to engage in culturally responsive and socially just practices. The key results include improved counselor-client relationships through heightened sensitivity to privilege and oppression dynamics and the integration of advocacy into counseling interventions. Counselors who adopt these competencies are better equipped to address mental health disparities, support marginalized groups, and enact systemic change.

2.1.3 Adverse Childhood Experiences and Leadership

Emerging research suggests that adverse childhood experiences, such as exposure to abuse, neglect, or household dysfunction, may have a profound impact on the development of leadership competencies among individuals (Obligado et al., 2023). Specifically, these early life adversities have been linked to deficits in emotional intelligence, social skills, and self-regulation, all of which are critical for effective leadership (Parrish, 2013) (Henfield et al., 2017). The relationship between ACEs and leadership competencies remains an emerging area of research, but connections can be drawn from studies examining trauma and its influence on adult functioning. ACEs have been shown to affect health-related quality of life (HRQOL), encompassing physical, mental, emotional, and social functioning. For example, the CDC Health Days study revealed a strong association between ACEs and poor HRQOL, which may extend to competencies required for leadership and decision-making (Moon & Han, 2021). However, counter arguments suggest that adult outcomes may not be universally impaired by ACEs; individuals with resilience or a strong will to support others can overcome these adversities and develop strong leadership capabilities (Anderson et al., 2022) (Merrick et al., 2018). This underscores the need for further investigation into the nuanced interplay between childhood adversity, resilience, and leadership competencies.

Lockhart (2023) investigated the relationship between adverse childhood experiences (ACE) and leadership competencies among entrepreneurs and executive leaders through a quantitative survey approach. The study found no significant correlation between most leadership competencies and participants' ACE scores. This highlights the possibility that other factors, such as personal development or environmental influences, might mediate this relationship. Similarly, Lopez et al. (2024) examined childhood trauma, attachment, and adult

leadership styles, finding that attachment avoidance and childhood trauma were unrelated to leadership styles. However, attachment anxiety was significantly associated with transformational and laissez-faire leadership styles, suggesting that specific attachment dimensions may play a role in shaping leadership behaviors. In another related study, Moon and Han (2021) explored the moderating effects of physical activity on the relationship between ACE and health-related quality of life (HRQOL). While the study reported no direct relationship between ACE and HRQOL, it found a positive link between physical activity and improved HRQOL, underscoring the potential for external factors to mitigate the long-term impacts of ACE. These findings collectively suggest that the effects of ACE on adult outcomes, including leadership competencies, may be context-dependent and influenced by mediating or moderating variables. This gap in understanding highlights the need for further investigation into how ACE impacts trainee counselors' leadership competencies, particularly within the cultural and professional context of Malaysia.

Adverse childhood experiences (ACEs) are strongly linked to increased risks of adverse mental and physical health outcomes in adulthood, including chronic conditions such as cancer, diabetes, heart disease, and mental illness (Ferro et al., 2023). This association is partially explained by the dysregulation of the body's stress response system, a mechanism highlighted by Moon and Han (2021). Prolonged exposure to stress during critical developmental periods can impair the hypothalamic-pituitary-adrenal (HPA) axis, leading to heightened physiological stress reactivity. Over time, this dysregulation predisposes individuals to adopt unhealthy coping mechanisms, such as substance use or overeating, which further exacerbate health decline. While these findings provide critical insights into the long-term impacts of ACEs, they are often studied in general populations, leaving gaps in understanding specific professional contexts, such as

trainee counselors. For instance, maladaptive coping strategies may not only affect physical health but could also hinder the development of essential leadership competencies, such as emotional regulation and effective decision-making. Situating these outcomes within Erikson's psychosocial development theory, unresolved conflicts during stages such as trust versus mistrust or autonomy versus shame/doubt may further compound these challenges, emphasizing the need for targeted interventions and resilience-building strategies.

2.2 Theories underlying this research

2.2.1 Erikson's Psychosocial Approach

Erik Erikson proposed a model of eight developmental stages, each characterized by a psychosocial conflict that individuals must navigate. The resolution of these conflicts leads to either a positive or negative outcome, which influences the individual's psychological growth. According to Erikson's theory, a negative resolution in one stage predicts a negative outcome in subsequent stages (Samsanovich, 2021). Specifically, individuals who experience negative outcomes in earlier stages are less likely to achieve a positive resolution in the final stage of late adulthood. This is because the successes or failures in earlier stages are believed to significantly shape personality development, ultimately impacting overall life outcomes. In addition, successful mastery of personal and relational tasks at each stage of development shows that an individual has progressed into a healthy personality and behavior. Each of these personal and relational tasks is a turning point where it is the vital phase to increased vulnerability and strengthening potential (Erskine, 2019). As children grow, early experiences lay the groundwork for adolescent identity. Erikson emphasized that success in each stage isn't a permanent

achievement, but a momentary sense of accomplishment, felt physically as security, agency, or self-esteem, which influences progression to later stages.

2.2.2 Bowlby's Attachment Theory

John Bowlby's attachment theory provides another significant lens for understanding the potential impact of adverse childhood experiences (ACEs) on leadership competencies among trainee counselors. Bowlby's theory posits that early relationships with primary caregivers form the foundation for emotional and psychological development, influencing how individuals approach relationships throughout their lives. The theory emphasizes the importance of secure attachment in childhood, which fosters emotional regulation, trust, and the ability to form healthy interpersonal relationships.

In infancy, identity is physiological, shaped by the baby's sensory interactions with caregivers, as seen in Bowlby's bonding theories (Erskine, 2019). John Bowlby theory is closely related to the study as it mentions the importance of caregiver presence in securing healthy attachment for a child and becoming a self-assured, communicative, strong emotional availability and reliable. In fact, an early caregiver's relationship with an individual shaped their emotional regulation, trust and social outcomes. Failing in providing a secure environment for a child will hinder the development of leadership competencies in their adult outcomes as they are unable to maintain a dynamic relationship with their clients. As trainee counsellors, a good leadership requires a secure attachment to build trust with clients, mentoring or guiding clients in decision making, and being able to manage interpersonal dynamics.

Moreover, it can be concluded that Bowlby's theory has divided attachment into three styles which is secure attachment, anxious attachment and avoidant attachment. Individuals with

a secure attachment style are connected to being self-assured, a direct person and responsive individual. Caregivers are very attentive when they are a child and give them emotional and physical support throughout their growth. Meanwhile, individuals with anxious attachment styles are prone to the inconsistency of a caregiver presence. They might fulfill the child's needs and be very attentive at a time and sometimes can be ignorant and emotionally unavailable leading to a child feeling unsafe and anxious of being left out. Avoidant attachment style is driven by the absence of a caregiver in terms of physical and emotional. They tend to be emotionally distant, unresponsive and dismissive to the child's needs. It might be due to their struggles emotionally or belief that a child should be self-reliant which will lead to a child feeling rejected and having to stand up by themselves.

2.3 Framework

2.3.1 Conceptual Framework

This study utilised a non-experimental design, specifically a correlational research design. A correlational design is a research that examines the statistical relationship between two or more variables without manipulating them. The researcher's objective is to study whether the IV had any relationship with DV by investigating multiple groups of individuals. Therefore, in this study, the type of research design could be explained by adverse childhood experience (ACE) (Abuse, Neglect, and Family Function) as the IV while the leadership competencies in context of counselling competencies is the DV which involved trainee counsellors who were undergoing a training as a counselor in Malaysia. Below is the conceptual framework between adverse childhood experiences and leadership competencies;

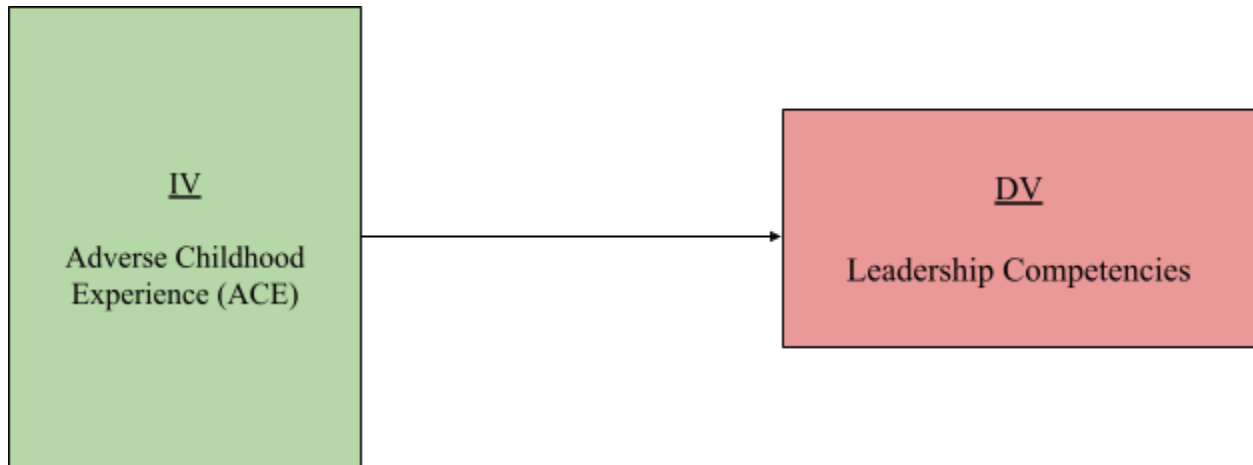


Figure 1: The relationship of adverse childhood experiences and leadership competencies

Based on the findings from previous studies and the existence of ACE, a framework was developed to examine the connection of the role of ACE in terms of abuse, neglect and household dysfunction in shaping adult leadership competencies, especially relating it to trainee counsellors among the higher institutions in Malaysia. More importantly, will ACE have any impact on shaping the development of leadership in adult outcomes. It is stated in many studies that ACE has impacted a lot of adult outcomes especially in terms of behavioral issues, social function and mental health as it was linked to the long term effect of a crisis. Thus, this study is focusing on the ability of a trainee who experiences ACE in giving out to society and how their social ability functions. The relevant is that as a trainee counsellor social function is highly needed because a counsellor is not far from approaching society and building connections.

In this study, adverse childhood experience (ACEs) are hypothesised to interrupt the development process, leading to challenges in acquiring leadership competencies. Leadership competencies quality include decision-making and communication skills, are influenced by the quality of the growth environment during early childhood. It is assumed that individuals with

higher ACE scores or encountering ACE in their childhood will demonstrate lower leadership competencies due to the disruption of psychosocial development. Leadership competencies is used to clarify counselling competencies that are needed to access clients and build a dynamic relationship with clients. The conceptual framework in Figure 1 illustrates the relationship of ACE and leadership competencies among trainee counsellors in higher education institutions in Malaysia.

2.3.2 Theoretical Framework

2.3.2.1 Erikson's Psychosocial Approach

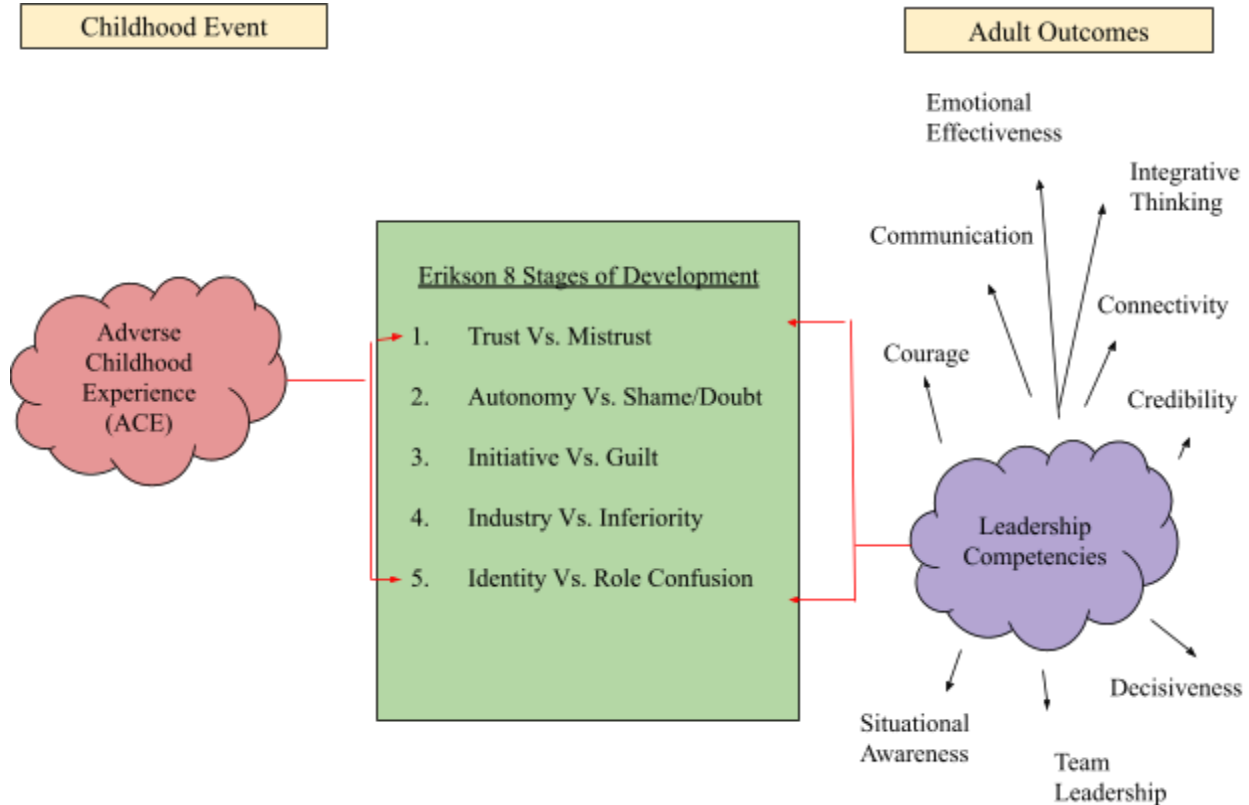


Figure 2: The association of Erikson's Psychosocial Approach and the relationship of ACE and leadership competencies among trainee counsellors

In examining the relationship between adverse childhood experiences (ACE) and leadership competencies among trainee counselors, Erik Erikson's psychosocial development theory offers a valuable framework for understanding how early experiences can shape personality, emotional regulation, and leadership abilities. Erikson's theory proposes that individuals pass through eight stages of psychosocial development, with each stage characterized by a specific conflict that must be resolved for healthy psychological growth (Orenstein & Lewis, 2022). Stages that are relevant and closer to the influence of adversity in childhood that

involve the development of leadership competencies is the first stage (*Trust Vs. Mistrust*), second stage (*Autonomy Vs. Shame/Doubt*), third stage (*Initiative Vs. Guilt*) fourth stage (*Industry Vs. Inferiority*) and fifth stage (*Identity Vs. Role Confusion*). This is due to the concepts of ACE that occur during childhood or adolescence only.

Based on the first stage (*Trust Vs. Mistrust*), ACE might hinder the element of trust in a child. Neglect in emotion and physically for infancy, especially emphasising the significant role of a mother, will cause disruption in developing trust (Sun & Sun, 2021), resulting in them experiencing fear and constant anxiety. Without the support or the presence of the mother, the infant will have difficulty in trusting others as they feel like it is not safe and dangerous to involve themselves. Thus, it is brought to the adult outcomes where they are unable to develop connection, create emotional effectiveness and trigger situational effectiveness issues. These outcomes will decrease the effectiveness of trainee counsellor's leadership competencies as they themselves might have difficulty in building trust and exploring client issues.

Moreover, moving to the second stage where ACE impacted the element of *Autonomy Vs. Shame/Doubt* in children. Experiencing such unfortunate events such as physical neglect and emotional abuse in their early age will have great negative consequences in leadership competencies among trainee counsellors. Allowing a child to experience themselves, discover everything and accept themselves as their own helps to build their sense of autonomy which leads to self-confidence (Sun & Sun, 2021). Yet, in this case, ACE will obstruct individual self-confidence resulting in them feeling shame or having doubt of themselves. Thus, it will affect their adult outcomes where a trainee counsellor has low courage and perseverance,

decisiveness in making decisions and inability of leading their client into growth which impacts their effectiveness of leadership competencies.

In addition, the presence of ACE in the third stage also gives a significant impact in developing leadership competencies among trainee counsellors. This stage emphasises *Initiative Vs. Guilt* where a child should be encouraged in taking initiative and trying out new things. Not only that, a child should be taught basic principles such as ‘How does a ball roll?’. It will lead to them becoming independent and having strong abilities to follow their own interests (Sun & Sun, 2021) rather than just waiting for others to ask them to do things. Without the support and encouragement, where they are told to hold back or being told that what they do is nonsense, it will cause a feeling of guilt which will lead to decisiveness, depleted courage and perseverance, low integrative thinking and low credibility as a trainee counsellor as an adult.

Besides that, fixation in the Industry vs. *Inferiority* phase might also hinder the development of leadership competencies in trainee counsellors. This stage emphasises the phase where a child is exploring their own interest and realising them as a unique person or different from others. A child will be excitedly wanting to show their significant others about the things they could do, to receive praise and recognition which will lead to industrious behavior (Sun & Sun, 2021). However, the presence of ACE will inhibit this behaviour where they will develop inferiority instead. This is due to the amount of emotional and physical abuse, emotional and physical neglect and household dysfunction that affect the possibilities of them becoming a great adult and a capable trainee counsellor.

Last but not least, *Identity vs. Role Confusion*, which typically occurs during adolescence. According to Erikson, the resolution of this conflict leads to a stable sense of personal identity.

As cited in Orenstein & Lewis (2022), in this phase an individual aspires to establish values and find themselves. However, ACEs, such as childhood abuse, neglect, or household dysfunction, can significantly disrupt this stage, leading to challenges in forming a coherent sense of self. This disruption may carry over into adulthood, impacting a counselor's ability to establish a clear and confident professional identity, which is crucial for leadership.

2.3.2.2 Bowlby's Attachment Theory

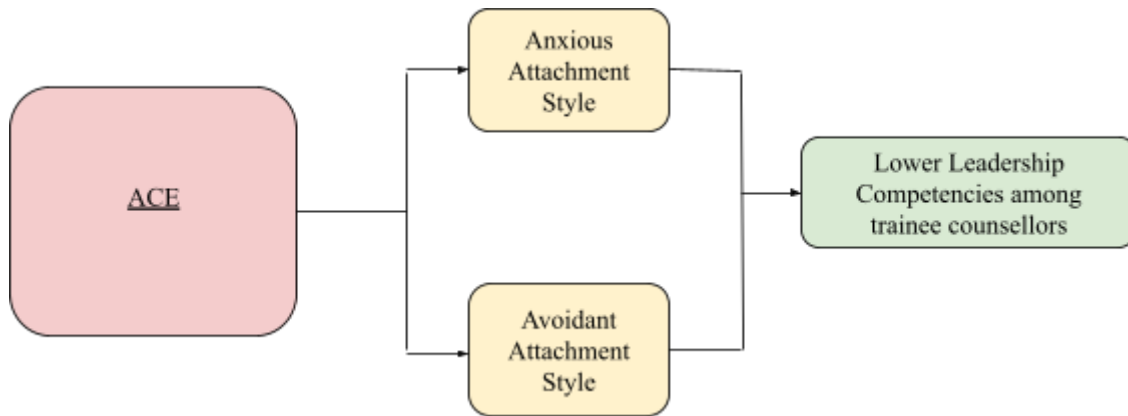


Figure 3: The association of Bowlby's Attachment Theory and the relationship of ACE and leadership competencies among trainee counsellors

In this research, the theory of John Bowlby's Attachment Theory was used to explain the relationship of ACE and leadership competencies among trainee counsellors in higher education institutions in Malaysia. In this study, the researcher wanted to investigate the influence of ACE in creating adult attachment style and the effect of the attachment to leadership competencies.

In the context of ACEs, disruptions in early attachment relationships, such as neglect, abuse, or household dysfunction, can lead to insecure attachment styles, which manifest as anxious and avoidant (Dismissive or Fearful) behavior in adulthood. These attachment patterns may significantly affect a counselor's leadership competencies, particularly in areas such as empathy, communication, and the ability to manage conflicts within professional relationships. For example, a counselor with an anxious attachment style may struggle with feelings of inadequacy and uncertainty, potentially undermining their leadership effectiveness in a supervisory or therapeutic role. Such individuals might experience difficulties in providing clear direction or offering constructive feedback due to fears of rejection or inadequacy. On the other

hand, those with an avoidant attachment style might have challenges with emotional intimacy and trust, making it difficult to connect with clients or colleagues, which are essential traits for leadership in counseling. Bowlby's work also highlights the role of attachment in coping with stress and adversity. Securely attached individuals tend to manage stress more effectively, relying on adaptive coping strategies. In contrast, those with insecure attachment may be more prone to maladaptive coping mechanisms, such as withdrawal or emotional overreaction, which can hinder effective leadership in challenging counseling situations.

In addition, childhood experiences, such as exposure to adversity, violence, or maltreatment, can have a significant impact on an individual's ability to form healthy relationships and develop effective leadership skills which are often linked to the family environment (Gloria et al., 202). The family is usually a source of direct threats to the child's personal safety and a context for children witnessing violence. Traumatic experiences tend to increase problems with focus and emotions, which in turn can cause problems with that phase of the child's development (Gloria et al., 2022).

2.5 Summary

In conclusion, while a substantial body of research has explored ACEs and their influence on adult outcomes, as well as leadership and leadership styles, there remains limited investigation into the intersection of ACEs and leadership competencies. This gap is particularly evident in the context of counseling, where competencies are critical for effective practice. This study aims to address this gap by focusing on trainee counselors, a group that may face unique challenges due to ACEs, and by examining the implications for their counseling abilities. Furthermore, this chapter has provided a comprehensive review of existing literature on ACEs,

leadership competencies, and relevant psychosocial theories, such as Erikson's psychosocial development theory. It highlights the scarcity of studies connecting ACEs with counseling competencies and the need to consider cultural influences in Malaysia, underscoring the importance of advancing research in this area to enhance the quality of counseling services.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

Research methodology represents a structured approach and strategy designed to address research questions or evaluate hypotheses (Lopez et al., 2021). It serves as the foundation of any academic or scientific investigation, detailing the techniques and procedures employed to gather, examine, and interpret data (Lopez et al., 2021; Gloria et al., 2022). Therefore in this part, researcher will be elaborating and explaining about the aspects of research design, sampling procedure, instrumentations used together with procedure for data collection and analyses.

3.1 Research Design

This research will be using quantitative research design which is correlational study. A correlational research design is a key method used in social sciences to investigate the relationships between two or more variables without altering them. This approach is particularly useful when the independent variable cannot be manipulated experimentally or when the focus is on studying non-causal associations (Chiang et al., 2015). Often referred to as field studies or survey designs, correlational research involves measuring multiple variables and analyzing their interrelationships (Chiang et al., 2015). In this study, researcher are conducting quantitative research in order to study the relationship of adverse childhood experiences (ACE) and leadership competencies among trainee counsellors in higher education institutions in Malaysia. Numerical data will be recorded in terms of adverse childhood experiences and leadership competencies. Correlational study is a research methodology that is implemented to find the connection or link between independent variable and dependent variable. Therefore, under this

research design, researchers will be able to examine whether ACE has a significant correlation towards leadership competencies among trainee counsellor in higher education in Malaysia.

3.2 Sample Size

Sample size determination will be implementing Cohen (1988) formula. Below is the formula for this sample size:

$$N = \frac{(Z_{\beta} + Z_{\alpha})^2}{r^2}$$
$$N = \frac{(0.8 + 0.05)^2}{(0.30)^2}$$
$$= 85 \text{ participants}$$

Z_{β} - Power

Z_{α} - Significant Level

r^2 - effect size

The researcher used a typical power level which is 0.80 (80%), meaning the researcher is hoping to at least achieve an 80%, 0.80, chance of detecting a significant relationship. The standard level that the study used is 0.05, which means the researcher accepts a 5% chance of a Type I error (false positive). In addition, researchers decided the strength of the relationship expected is medium effect, $r = 0.30$. Therefore, the minimum sample size for this study based on Cohen (1988) formula is 85.

3.3 Sampling Procedure

In this study, the researcher employs a probability sampling method, specifically the stratified random sampling to ensure specific subgroups within a population are represented proportionally. Stratified random sampling is suitable for a population consisting of several subgroups (different institutions) and the number of undergraduates differs from one institution to another (Hassan, 2024). In this study, the population includes students counselling from selected universities. The populations will be divided into subgroups based on their characteristics relevant to this research which is, trainee counsellors from selected universities who undergo practicum or have done counseling session. Then, from each stratum, the researcher will randomly select 85 respondents proportionally to ensure representation across the trainee counsellors. Data of each strata will be collected at first to ensure the calculations are accurate and fair. Lastly, the samples from all strata will be combined and research will be conducted. In the meantime, this sampling method is highly practical for this study, as the population is divided into several subgroups (universities) with varying numbers of undergraduate trainee counselors within each institution.

In the study, the population involved is undergraduate trainee counsellors in Malaysia. Inclusion criterion for this population is undergraduate trainee counsellors who are studying at selected public universities that offer bachelor degree in counselling. There are 3 selected public universities that offer bachelor degrees in counselling in Malaysia which are Universiti Malaysia Sarawak (UNIMAS), Universiti Putra Malaysia (UPM), and Universiti Malaysia Sabah (UMS). Besides, it also involves only second, third, and fourth year counselling students who are undergoing bachelor of counselling in the specific universities. Hence, for the exclusion criteria,

this study will not involve a bachelor under another programme and other than the year of study that are specified before, and trainee counsellors under another public or private universities in Malaysia. This study included all of the trainee counsellors in selected universities because all of them are assumed to have their own childhood experience and struggle in creating a dynamic service session. Other than that, post-graduation under counselling in selected universities also excluded from being the participants in this study.

3.4 Instrumentation

There are two instruments used in this study to achieve the objectives of the study that have been set. The instruments used are also instruments that have been officially published by experts in the relevant field and had good reliability and validity requirements.

The first instrument used is the Adverse Childhood Experiences Questionnaire (ACE). This instrument was developed by Felitti and Anda. The aim of this study is to examine the relationship between ten childhood stressors and various health and social issues, including experiences of abuse, neglect, exposure to domestic violence, and household dysfunction during childhood (Anda et al, 2020). This instrument is available in English and consists of 10 questions addressing aspects of neglect, abuse, and household dysfunction. It has been shown to exhibit a strong, graded, dose-response relationship with various health and social outcomes, including mental health disorders, substance abuse, suicide risk, and chronic diseases. The scale utilises two alternative responses, rated as Yes or No. Additionally, reliability coefficient for this scale is at $\alpha = 0.88$ (Felitti et al, 1998, Clinicom, 2024) which is considered as good reliability.

The second instrument used to measure leadership competencies in counselling is The Counselling Self-Estimate Inventory (COSE) which was developed by Larson et al (1992) as cited in (Yuen et al, 2004). Due to the existence test for leadership is not relatable in counsellor perspective, researcher are using this instrument instead. The purpose of this study is for training, supervision, and research relating to the development of self-efficacy. The instrument is available in English. In terms of structuring, COSE utilises sixty-seven items including positive and negative statements about counselling self-efficacy. Each variable employs a scale with six alternative answers, ranging from 1 (strongly disagree) to 6 (strongly agree) indicating their performance in a counselling situation at the present time. Moreover, reliability coefficient for this scale is at $\alpha = 0.83$ which indicates good reliability.

Moreover, the study will distribute the questionnaire using a survey method. Surveys are defined as collecting data from samples of respondents by involving the collection of data and responses through questionnaires (Draugalis et al., 2008). In addition, the data collection will adopt a current-based approach, focusing on gathering information relevant to issues that are actively occurring among the society. In this study, researchers will be focusing on collecting the data about ACE and leadership competencies among trainee counsellors who are continuing their bachelor in higher education institutions in Malaysia.

3.5 Pilot Test

Conducting a pilot test is an essential step for researchers in qualitative data collection, as it helps refine and improve the actual interview process (Gani, Rathakrishnan and Krishnasamy, 2020). Moreover, pilot tests are carried out in research to ensure validity is achieved. It serves as

a preliminary version of a research instrument tested prior to the main study (Gani et al, 2020). As cited in Gani et al (2020), several authors have emphasized the importance of conducting a pilot test, as it helps identify potential flaws early on by detecting issues and highlighting areas that may need adjustments in the research instrument. Additionally, a pilot test contributes to the added value and credibility of the research.

The purpose of the pilot test in this study is to assess the effectiveness of the intervention or research methods, as well as the clarity and relevance of the survey questions. The pilot test will include 30 undergraduate trainee counselors from UNIMAS who are currently undergoing their bachelor in counselling and all years can be included as the respondents. According to Mohamad Adam Bujang et al (2024), at least 30 respondents is sufficient to determine the reliability of the survey. A minimum of 30 respondents is adequate to evaluate the reliability of the questionnaire. This pilot test will be conducted online by distributing the survey link through WhatsApp groups for UNIMAS trainee counselors. The collected data will then be analyzed using descriptive and inferential statistics with IBM SPSS version 26.0.

3.5.1 Reliability Analysis From Pilot Test

The pilot study involved a sample size of 35. The Cronbach's Alpha for the Adverse Childhood Experience (ACE) was 0.87, and for the Leadership Competency that utilise Counseling Self-Estimate Inventory (COSE) was 0.93 [Refer to the Table 1 Below].

The instrument for ACE fell into the 'Good' or 'Reliable' range in Alpha Coefficient while instrument COSE that used to measure leadership competency fell into the 'Excellent' or 'Very Reliable' range in Alpha Coefficient. Hamoudah et al (2021), defines that it is considered

excellent when the Cronbach's Alpha Coefficient is more than 0.90 and considered good when it is approximately 0.8.

Table 1
Reliability Statistic of Instruments in Pilot Test

Information	N of Items	Cronbach's Alpha
ACE	10	0.87
Leadership Competency [COSE]	37	0.93

3.5.2 Reliability Analysis From Data Collection

The study involved a sample of 85 participants. The reliability analysis showed that the Cronbach's Alpha for the Adverse Childhood Experiences (ACE) instrument was 0.88, while the Cronbach's Alpha for the leadership competency measure using the Counselling Self-Estimate Inventory (COSE) was 0.83 (refer to Table 2 below).

Both the ACE and COSE instruments demonstrated good internal consistency, with values falling within the 'Good' range of reliability coefficients. According to Hamoudah et al. (2021), a Cronbach's Alpha value of approximately 0.8 or above is generally considered acceptable and indicates good reliability.

Table 2
Reliability Statistic of Instruments in Data Collection

Information	N of Items	Cronbach's Alpha
ACE	10	0.88
Leadership Competency [COSE]	37	0.83

3.6 Procedure of Data Collection

In this quantitative study, data collection will be conducted through an online questionnaire. This approach allows respondents from across Malaysia to participate regardless of their location, providing flexibility to complete the survey at their convenience. Furthermore, online data collection can help minimize coverage errors by ensuring all individuals have an equal chance of being included in the sample (Abirin, 2023).

The data collection process was designed to gather quantitative data to examine the relationship between adverse childhood experiences (ACEs) and leadership competency among trainee counsellors in Malaysia. Respondents were recruited using stratified random sampling techniques from selected universities. The inclusion criteria required respondents to be trainee counsellors in year 4 who undergo practicum. Online consent form was obtained prior to participation. Data collection conducted in the second semester through an online survey platform to ensure accessibility for participants across various locations. Researchers will contact the faculty's dean in every selected university chosen to ensure the survey is delivered safely. Additionally, the researchers aim to expand the reach of the survey by encouraging researcher's acquaintance from other universities to share it with trainee counselors from their universities' counseling programs to gather as many responses as possible.

Data will be collected using a self-administered online questionnaire comprising three sections, which is demographic information, the Adverse Childhood Experiences (ACE) Questionnaire, and the Counselling Self-Estimate Inventory (COSE). All respondents will receive a link to the survey via their online group platform such as Whatsapp or Telegram. Upon

accessing the link, they were directed to a consent form. After agreeing to participate, they will proceed to complete the questionnaire. No estimated time needed for completion as respondents can answer it anytime. Surveys will be sent weekly to ensure enough respondents are collected. Moreover, respondents will be ensured of the confidentiality of their responses, and all the information will only be used to conduct the research. In addition, participation is entirely voluntary, and participants withdraw at any time. Lastly, survey responses were securely stored in an encrypted database. Data will be cleaned and coded prior to statistical analysis using SPSS software.

3.7 Procedure for data analysis

The data collected in this study will be analyzed using both descriptive and inferential statistical methods. For descriptive analysis, IBM SPSS version 26.0 will be utilized. Firstly, respondents' demographic data will be summarized using frequencies (f) and percentages (%). Secondly, the Adverse Childhood Experiences (ACE) scale will be analyzed to calculate the mean (m), standard deviation (SD), and degrees of freedom (d.f). Similarly, the Leadership Competencies scale will also be analyzed to obtain the mean (m), standard deviation (SD), and degrees of freedom (d.f).

For inferential analysis, Spearman Rank-Order Coefficients will be conducted to examine the relationship between Adverse Childhood Experiences (ACE) and leadership competencies among trainee counselors in higher education institutions in Malaysia who are pursuing their bachelor's degree. According to Turney (2022), it can be used to test a significant relationship between two variables. All data analysis will be conducted anonymously, and results were

reported in aggregate to protect respondents' identities. All statistical results will be reported following APA guidelines, including effect sizes and confidence intervals where applicable.

3.9 Summary

In conclusion, this study aims to examine the relationship between Adverse Childhood Experiences (ACE) and leadership competencies among trainee counselors in higher education institutions in Malaysia. The study seeks to gather responses from a diverse group of trainee counselors through an online platform, ensuring broad representation. The use of two standardized scales will facilitate objective data collection and analysis. Ultimately, the findings from the data analysis will determine whether the research hypothesis is accepted or rejected.

CHAPTER 4

FINDINGS

In this chapter, both descriptive and inferential analysis were presented. The demographic data was utilised for the descriptive analysis, while the inferential analysis was focused on addressing the one stated objective and testing the hypothesis. The chapter concludes with a summary of the analysis and draws conclusions based on the findings.

4.1 Overview

The purpose of this study is to investigate the relationship between adverse childhood experience (ACE) and leadership competency among trainee counsellors in higher education institutions (Heis) in Malaysia. One objective was established, and from this objective, six hypotheses were formulated. In the findings, it would reveal whether adverse childhood relationships do give significant relationship with overall leadership competency and 5 different aspects among trainee counsellors or not.

This chapter details the study's findings based on the hypothesis. Demographic information is presented and elaborated upon using tables. Moreover, the chapter includes explanations and elaboration of the mean and standard deviation for both the independent and dependent variables. The concluding section will discuss the relationship between ACE and leadership competency among trainee counsellors in higher education institutions in Malaysia.

4.2 Descriptive Information

4.2.1 Descriptive Analysis on the Demographic Information

Based on the responses of 85 respondents, the distribution in terms of gender was 25.9% (N=22) for male respondents and 74.1% (N=63) for female respondents. Female respondents were the predominant gender among the participants (see Table 3).

Table 3
Descriptive Analysis of Gender

Gender	Frequency (<i>f</i>)	Percentage (%)
Male	22	25.9
Female	63	74.1

In terms of age, the distribution of respondents were as follows: 29.4% (N=25) were 21-22 years old, 54.1% (N=46) were 23-24 years old, 16.5% (N=14) were 25-26 years old, and 0 for 27-28 years old. This indicates the majority of the respondents, accounting for 54.1% (N=46), fell into the 23-24 years old age group range. This age group dominates the largest segment of participants in the study (see Table 4).

Table 4
Descriptive Analysis of Age

Age	Frequency (<i>f</i>)	Percentage (%)
21-22	25	29.4
23-24	46	54.1
25-26	14	16.5
27-28	0	0

In addition, the distribution includes year 2, year 3, and year 4 of counseling students with a distribution of 9.4% (N=8), 60.0% (N=51), and 30.6% (N=26) for each. This reveals the largest distribution for year of study is year 3 with 60.0% (N=51) segment (see Table 5).

Table 5

Descriptive Analysis of Year Of Study

Year Of Study	Frequency (f)	Percentage (%)
Year 2	8	9.4
Year 3	51	60.0
Year 4	26	30.6

Moreover, the distribution of race were as follows: 47.1% (N=40) were Malay, 21.2% (N=18) were Chinese, 0 distribution for Indian race, and 31.8% (N=27) were others which include kadazan, bidayuh, melanau and other race. The distribution showed that the largest group of race that become the respondents of the study is Malay participants which constitute 47.1% (N=40) (see Table 6).

Table 6

Descriptive Analysis of Race

Race	Frequency (f)	Percentage (%)
Malay	40	47.1
Chinese	18	21.2
Indian	0	0
Others	27	31.8

Furthermore, the distribution of religion that took part in this study were as follows: 56.5% (N=48) for Islam, 30.6% (N=26) for Chirstian, 12.9% (N=11) for Buddha, and 0 for

Hindu. Looking at Table 7, it demonstrates the largest segment of respondents is Islam religion which shows a great number of partitions, 56.5% (N=48).

Table 7
Descriptive Analysis of Religion

Religion	Frequency (f)	Percentage (%)
Islam	48	56.5
Christian	26	30.6
Buddha	11	12.9
Hindu	0	0

Lastly, based on the responses of 85 respondents, the distribution of undergraduate students from various universities is as follows: 51.8% (N=44) from University Malaysia Sabah, and 48.2% (N=41) from University Putra Malaysia. It showed a slight imbalance in the respondents' divisions from each university. The largest group of respondents , constituting 51.8% (N=44), were undergraduate counseling students from University Malaysia Sabah, indicating their significant representation in the research study (see Table 8).

Table 8
Descriptive Analysis of University Of Study

University of Study	Frequency (f)	Percentage (%)
UMS	44	51.8
UPM	41	48.2

4.2.2 Description of Means and Standard Deviation of Independent and Dependent Variables

Table 9 presented the mean and the standard deviations of the variables. The descriptive statistics for the two primary variables, Adverse Childhood Experiences (ACE) and Leadership Competency (Micro Skills, Counselling Process, Dealing with difficult client behavior and Cultural competence), were calculated using the mean and standard deviation. A total of 85 trainee counselors participated in this study.

The results indicated that the mean score for ACE was $M=1.35$ with a standard score of $SD=1.32$. On average, trainee counselors in this sample reported a relatively low number of ACEs. The observed maximum, 6, suggest that while some participants experienced no ACEs, none reported more than six, indicating a sample with generally lower exposure to the measured adversities compared to the full possible range (see Table 9).

The mean self-estimated overall leadership competency score among trainee counselors was $M=4.00$. The maximum score is 5.65, on a scale of 1 (Strongly Disagree) to 6 (Strongly Agree). The standard deviation is $SD=0.49$, indicating a relatively small spread of scores, suggesting that participants' overall self-estimated leadership competency scores were generally clustered around the mean. A mean of $M=4.00$ suggests that, on average, trainee counselors in this sample tended to 'Slightly Agree' with the statements describing overall leadership competency, leaning towards moderate agreement. The narrow standard deviation implies a fair degree of homogeneity in perceived overall competency within the group (see Table 9).

The mean for Micro-Skills Competency was $M=4.48$ ($SD=0.68$), with the maximum scores of 5.92. Trainee counselors reported the highest mean self-estimated competency in Micro-skills ($M = 4.48$, $SD = 0.68$). Given the 6-point Likert scale where 4 is 'Slightly Agree' and 5 is 'Moderately Agree,' this average indicates that participants generally perceive themselves as being moderately competent in fundamental counselling micro-skills, such as active listening, empathy, and summarization (see Table 9).

Meanwhile, the mean for Counseling Process Competency was $M=3.36$ ($SD=0.74$), with the maximum scores of 5.40. This indicates that trainee counselors reportedly have a moderate level in this aspect. Conversely, self-estimated competency in Counselling Process was reported as the lowest among the subscales ($M = 3.36$, $SD = 0.74$). With a mean falling between 'Slightly Disagree' (3) and 'Slightly Agree' (4), this suggests that trainee counselors feel less confident or perceive more challenges related to the broader dynamics of the counselling process, such as managing stages of therapy or handling client resistance, compared to other competency areas (see Table 9).

The mean for Dealing with Difficult Client Behaviors Competency was $M=3.83$ ($SD=0.63$), with maximum scores of 6.00 (on a 1-6 scale). This average, positioned close to 'Slightly Agree,' indicates a moderate level of self-perceived competency in handling challenging client interactions. The full range observed, including some participants scoring the maximum of 6.00 ('Strongly Agree'), suggests variability in confidence within this area (see Table 9).

Moreover, Self-estimated Cultural Competence had a mean score of 3.93 (SD = 0.81). This places the average just below 'Slightly Agree,' indicating a moderate self-perception of competency in working with diverse client populations. The relatively larger standard deviation compared to some other subscales suggests a wider spread of self-reported cultural competency among the trainee counselors (see Table 9).

Finally, Awareness of Values showed a mean score of 3.61 (SD = 0.81). This mean falls between 'Slightly Disagree' and 'Slightly Agree,' indicating a moderate, perhaps slightly lower, level of self-perceived competency regarding awareness of personal and client values in the counselling context. Similar to cultural competence, the standard deviation suggests noticeable variation in this self-assessment among trainees (see Table 9).

Table 9

Descriptive Information On Means and Standard Deviations for Independent and Dependent Variables.

Variables	Maximum	Mean (M)	Standard Deviation (SD)
Adverse Childhood Experience (ACE)	6.00	1.35	1.32
Leadership Competency	5.65	4.00	0.49
Micro Skills	5.92	4.48	0.68
Counseling Process	5.40	3.36	0.74
Dealing With Difficult Client Behavior	6.00	3.83	0.63
Cultural Competence	6.00	3.93	0.81
Awareness Of Values	5.25	3.61	0.81

4.2.3 Normality test

A normality test was conducted using both the Kolmogorov–Smirnov and Shapiro–Wilk tests to examine whether the distributions of the variables met the assumptions of normality (see table 10). The Shapiro–Wilk test was used as the primary reference, given its suitability for small sample sizes ($n < 2000$). Results indicated that the variables Adverse Childhood Experience (ACE) ($W = .851, p < .001$), Leadership Competency ($W = .916, p < .001$), Dealing with Difficult Client Behavior ($W = .962, p = .013$), Cultural Competence ($W = .916, p < .001$), and Awareness of Values ($W = .969, p = .040$) significantly deviated from a normal distribution. However, the variables Micro Skills ($W = .986, p = .507$) and Counseling Process ($W = .983, p = .350$) were found to be normally distributed, as their Shapiro–Wilk test results were not statistically significant ($p > .05$). Given that the majority of variables violated the assumption of normality, non-parametric statistical tests were deemed more appropriate for subsequent analyses. Spearman's rank-order correlation was chosen as the appropriate non-parametric statistical test to examine the relationships between the variables.

Table 10

Normality Test for Independent and Dependent Variables.

Variables	Kolomogrov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Adverse Childhood Experience (ACE)	.205	85	.000	.851	85	.000
Leadership Competency	.133	85	.001	.916	85	.000
Micro Skills	.064	85	.200*	.986	85	.507
Counseling Process	.083	85	.200*	.983	85	.350
Dealing With Difficult Client Behavior	.122	85	.003	.962	85	.013
Cultural Competence	.181	85	.000	.916	85	.000
Awareness Of Values	.119	85	.004	.969	85	.040

*. This is lower bound of the true significance

^a. Lilliefors Significance Correction

4.3 Inferential Analysis Based on Research Hypothesis

H₀₁: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

To examine the relationship between Adverse Childhood Experiences and overall leadership competency, a Spearman's rank-order correlation was conducted. The results, as presented in Table 11, indicated a statistically non-significant correlation between Total ACE Score and Overall Leadership Competency ($\rho = -.046, p = .676$). This finding suggests that, in this sample of trainee counselors, there is no evidence of a monotonic relationship between the number of adverse childhood experiences reported and their self-estimated overall leadership competency. Therefore, the null hypothesis for this relationship is failed to be rejected

Table 11
Spearman Rank Correlation Coefficient Between Adverse Childhood Experience (ACE) and Leadership Competency

Variables Correlated	Correlation Coefficient, (ρ)	Significance, p	N
Adverse Childhood Experiences (ACE) and Leadership Competency	-.046	.676	85

H₀₂: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Micro-Skills Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

A Spearman's rank-order correlation was also performed to assess the relationship between Adverse Childhood Experiences and Micro-skills Competency. As shown in Table 12, the correlation was found to be statistically non-significant ($\rho = -.016, p = .883$). This indicates that there is no statistically significant monotonic relationship between the number of reported ACEs and perceived competency in micro-skills among the trainee counselors in this study. Consequently, the null hypothesis for this specific relationship has failed to be rejected.

Table 12
Spearman Rank Correlation Coefficient Between Adverse Childhood Experience (ACE) and Leadership Competency (Micro-Skills Competency)

Variables Correlated	Correlation Coefficients, (ρ)	Significance, p	N
Adverse Childhood Experiences (ACE) and Leadership Competency (Micro-Skills Competency)	-.016	.883	85

H₀₃: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Counseling Process Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

A Spearman's rank-order correlation was performed to assess the relationship between Adverse Childhood Experiences and Counselling Process Competency. As shown in Table 13, the correlation was found to be statistically non-significant ($\rho = -.010, p = .928$). This indicates that there is no statistically significant monotonic relationship between the number of reported ACEs and perceived competency in the counselling process among the trainee counselors in this study. Consequently, the null hypothesis for this specific relationship has failed to be rejected.

Table 13
Spearman Rank Correlation Coefficient Between Adverse Childhood Experience (ACE) and Leadership Competency (Counseling Process Competency)

Variables Correlated	Correlation Coefficients, (ρ)	Significance, p	N
Adverse Childhood Experiences (ACE) and Leadership Competency (Counseling Process Competency)	-.010	.928	85

H₀₄: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Dealing With Difficult Client Behavior) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

The Spearman's rank-order correlation between Adverse Childhood Experiences and Dealing with Difficult Client Behaviors Competency was also examined. As detailed in Table 14, the correlation was not statistically significant ($p = -.010, p = .930$). This finding suggests an absence of a statistically significant monotonic relationship between the number of ACEs and self-estimated competency in dealing with difficult client behaviors. Therefore, the null hypothesis has failed to be rejected for this specific competency area.

Table 14
Spearman Rank Correlation Coefficient Between Adverse Childhood Experience (ACE) and Leadership Competency (Dealing With Difficult Client Behavior)

Variables Correlated	Correlation Coefficients, (ρ)	Significance, p	N
Adverse Childhood Experiences (ACE) and Leadership Competency (Dealing With Difficult Client Behavior)	-.010	.930	85

H₀₅: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Cultural Competence) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

To investigate the relationship between Adverse Childhood Experiences and Cultural Competence, a Spearman's rank-order correlation was conducted. As presented in Table 15, the results indicated a non-significant correlation ($\rho = -.034, p = .759$). This suggests that there is no statistically significant monotonic relationship between the number of ACEs reported and perceived cultural competence among trainee counselors. Consequently, the null hypothesis for this relationship failed to be rejected.

Table 15
Spearman Rank Correlation Coefficient Between Adverse Childhood Experience (ACE) and Leadership Competency (Cultural Competence)

Variables Correlated	Correlation Coefficients, (ρ)	Significance, p	N
Adverse Childhood Experiences (ACE) and Leadership Competency (Cultural Competence)	-.034	.759	85

H₀₆: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Awareness of Values Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

Finally, a Spearman's rank-order correlation was performed to assess the relationship between Adverse Childhood Experiences and Awareness of Values Competency. As shown in Table 16, the correlation was not statistically significant ($p = -.035, p = .754$). This indicates no statistically significant monotonic relationship between the number of reported ACEs and self-estimated awareness of values in the counselling context. Therefore, the null hypothesis for this competency also failed to be rejected.

Table 16
Spearman Rank Correlation Coefficient Between Adverse Childhood Experience (ACE) and Leadership Competency (Awareness of Values Competency)

Variables Correlated	Correlation Coefficients, (ρ)	Significance, p	N
Adverse Childhood Experiences (ACE) and Leadership Competency (Awareness of Values Competency)	-.035	.754	85

Table 17

The Summary of Findings

Research Hypothesis	Findings
H ₀₁ : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.	Fail to reject/Accept the null hypothesis
H ₀₂ : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Micro-Skills Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia	Fail to reject/Accept the null hypothesis
H ₀₃ : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Counseling Process Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.	Fail to reject/Accept the null hypothesis
H ₀₄ : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Dealing With Difficult Client Behavior) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.	Fail to reject/Accept the null hypothesis
H ₀₅ : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Cultural Competence) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.	Fail to reject/Accept the null hypothesis
H ₀₆ : There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Awareness of Values Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia	Fail to reject/Accept the null hypothesis

4.4 Summary

In conclusion, the descriptive analysis has been thoroughly examined, and the inferential analysis revealed that all the null hypotheses were accepted or failed to be rejected. This indicates that Adverse Childhood Experience has no significant relationship with Leadership Competencies among the respondents. Chapter 5 provides detailed discussion and interpretations of these findings, encompassing discussions on the significance of the results, implications for counseling practice and education, limitation of the study, recommendation for future research, and overall conclusions drawn from the study.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATION

5.0 Conclusion and Recommendation

5.1 Introduction

The present study aimed to investigate the relationship between Adverse Childhood Experiences (ACEs) and self-estimated leadership competency among trainee counselors. Specifically, it sought to determine if a monotonic relationship existed between the total number of ACEs reported by individuals and their overall leadership competency, as well as its five distinct sub-dimensions: Micro-skills, Counselling Process, Dealing with Difficult Client Behaviors, Cultural Competence, and Awareness of Values.

The key findings of this research indicated that no statistically significant monotonic relationships were observed between the total number of Adverse Childhood Experiences and any of the measured aspects of self-estimated leadership competency. This chapter will delve into a detailed discussion of these findings, interpreting their implications in the context of existing literature. Furthermore, the limitations inherent in this study will be acknowledged, and recommendations for future research will be proposed, culminating in a comprehensive conclusion.

5.2 Discussion

H₀₁: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

The first hypothesis of this study proposed that there would be no significant monotonic relationship between Adverse Childhood Experiences (ACEs) and overall leadership competency among trainee counselors. The results of the Spearman's rank-order correlation indicated a statistically non-significant correlation between Total ACE Score and Overall Leadership Competency ($\rho = -.046, p = .676$). This finding suggests that, in the present sample, the number of ACEs reported by trainee counselors is not significantly associated with their self-estimated overall leadership competency. The failure to reject the null hypothesis implies that, based on the collected data, there is no statistically discernible trend where an increase or decrease in ACEs is consistently accompanied by a corresponding change in overall self-perceived leadership competency. The extremely low correlation coefficient ($\rho = -.046$) further underscores the negligible nature of this observed association, suggesting that ACEs, as measured in this study, do not serve as a significant predictor or indicator of overall leadership competency in this specific population.

This finding stands in contrast to some literature that suggests a potential link between early life adversity and later life outcomes, which could theoretically manifest in professional competencies. For instance, some theories like Erikson's Stages of Psychosocial Development and John Bowlby Attachment Theory propose that early adversity might negatively impact developmental pathways crucial for leadership. Supporting this theoretical expectation, research

indicates that childhood trauma can negatively correlate with self-esteem (Li et al., 2023), suggesting that individuals with a history of ACEs often struggle with self-perception and emotional regulation. This diminished self-esteem can hinder a leader's ability to trust their judgment, particularly in high-pressure situations, which is essential for effective decision-making and organizational success. Furthermore, consistent with attachment theory, exposure to abuse during childhood can lead to a negative self-image and emotional difficulties, ultimately threatening future psychological health. Individuals who have experienced childhood adversity are less likely to view themselves as valuable or capable, which can impede their ability to navigate emotional challenges effectively. Therefore, while a theoretical basis exists for ACEs to adversely affect self-esteem and, consequently, leadership competencies, the present study found a negligible negative correlation, highlighting the complexity of this relationship in the context of trainee counselors in higher education institutions in Malaysia.

However, it is also plausible that the unique characteristics of trainee counselors, such as their engagement in a helping profession, may involve inherent resilience factors or the development of robust coping mechanisms that mitigate the potential adverse effects of ACEs on their professional development. A growing body of literature supports the concept of post-traumatic growth (PTG), where individuals experience positive psychological changes and personal improvements as a result of confronting highly challenging life events. For instance, a study by Gloria et al. (2022) specifically found that leaders who had experienced trauma often utilized these experiences as a foundation for transformational leadership, inspiring others and driving positive change. These leaders demonstrated heightened resilience and empathy directly shaped by their traumatic experiences. They effectively leveraged their personal narratives to

advocate for others facing similar challenges, showcasing how adversity can culminate in prosocial behaviors and a profound sense of responsibility (Gloria et al., 2022).

This perspective aligns with the understanding that experiencing adversity can indeed serve as a catalyst for the development of prosocial behaviors, including increased compassion and empathy, which are essential traits for effective leadership, particularly in the helping professions (Lim & DeSteno, 2016, as cited in Gloria et al., 2022). Furthermore, trauma, when processed adaptively, can contribute to heightened self-awareness and the cultivation of authentic leadership qualities (Gardner, Avolio, Luthans, May, & Walumbwa, 2005, as cited in Gloria et al., 2022). Individuals pursuing a career in counseling often possess or develop strong interpersonal skills, self-awareness, and a commitment to personal growth, which may buffer any potential negative influences of past adversities on their self-estimated competencies, and indeed, may enhance them through the lens of post-traumatic growth.

Some individuals may have developed effective coping mechanisms or benefited from protective factors such as supportive mentors, strong social networks, or opportunities for personal growth that help buffer the negative effects of childhood adversity and foster leadership skills (Breslin et al., 2025). Individuals pursuing a career in counseling often possess or develop strong interpersonal skills, self-awareness, and a commitment to personal growth, which may buffer any potential negative influences of past adversities on their self-estimated competencies.

This outcome may reflect the complexity of leadership development, which is likely influenced by a wide range of factors beyond early life adversity, including personal resilience,

access to support systems, educational experiences, personality traits, and institutional environments (Gomes & Morais, 2025). It is possible that the relationship between ACEs and leadership competency is not direct, but rather mediated or moderated by other factors. For example, the quality of counseling training, access to supervision, personal therapy experiences, individual coping styles, or the presence of protective factors during childhood and adolescence (e.g., supportive adult relationships, community resources) may play a more significant role in shaping a trainee counselor's self-perception of their professional capabilities, overriding any direct impact of ACEs. The COSE, as a measure of self-estimated competency, might also be more reflective of current training experiences and self-efficacy beliefs rather than direct impacts of past adversity. The assessment of ACEs typically relies on retrospective data collected from adults, often with a significant time lapse since the actual experiences, which can introduce recall bias and limit the accuracy of the information (Crouch et al., 2019).

H₀₂: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Micro-Skills Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia

The second hypothesis proposed that there would be no significant monotonic relationship between Adverse Childhood Experiences and Micro-skills competency among trainee counselors. Consistent with the first hypothesis, the Spearman's rank-order correlation revealed a statistically non-significant relationship between Total ACE Score and Micro-skills Competency ($p = -.016, p = .883$). This finding indicates that the number of ACEs reported by trainee counselors in this sample is not significantly associated with their self-estimated proficiency in fundamental microcounseling skills.

The failure to reject this null hypothesis suggests that, despite the potential impact of early adversity on an individual's development, the mastery of essential counselling micro-skills (such as active listening, empathy, and summarization) does not appear to be directly influenced by a history of ACEs in this population. Micro-skills are often emphasized early and extensively in counselor training programs, where they are systematically taught, practiced, and refined through structured exercises, role-playing, and direct feedback. This focused and practical training environment may serve as a powerful compensatory factor, enabling all trainees, regardless of their past adverse experiences, to develop a baseline level of competency in these foundational areas. A study by Bybyk (2020) further emphasizes that leadership development, especially within helping professions like counseling and social work, is profoundly shaped by a range of internal and experiential factors. These include a strong desire to help others, a sense of belonging in the professional community, and positive experiences during training or practice.

Additionally, the discovery of effective coping strategies and the process of forming a renewed sense of purpose contribute to the emergence of empathetic and resilient leadership qualities (Bybyk, 2020).

Furthermore, the development of micro-skills may be more amenable to direct instruction and repeated practice, making them less susceptible to the long-term, indirect effects that ACEs might have on broader, more abstract competencies. The self-selection into a helping profession, characteristic of trainee counselors, might also mean that individuals are already predisposed with certain interpersonal strengths that facilitate the acquisition of these skills, irrespective of their past. Therefore, while ACEs can impact various aspects of an individual's life, their direct influence on the technical acquisition and self-perception of micro-skills competency appears negligible in this context.

H₀₃: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Counseling Process Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

The third hypothesis posited no significant monotonic relationship between Adverse Childhood Experiences and Counselling Process competency among trainee counselors. The Spearman's rank-order correlation analysis, as presented in Table 13, yielded a statistically non-significant finding ($\rho = -.010, p = .928$). This outcome indicates that there is no statistically discernible monotonic association between the number of ACEs reported by trainee counselors and their self-estimated proficiency in managing the overall counselling process. Unlike micro-skills, which are often taught as discrete techniques, the 'Counselling Process' encompasses a broader, more integrative understanding of therapy from beginning to end, including conceptualizing client issues, structuring sessions, and managing therapeutic relationships. This management of the therapeutic encounter itself represents a crucial form of in-session leadership.

The extremely weak correlation coefficient, close to zero, suggests that a trainee's history of adverse childhood experiences does not consistently predict or influence their perceived ability to navigate the complex stages and dynamics of a counselling session. Theoretically, one might anticipate a negative correlation here. Childhood trauma has been shown to profoundly impact an individual's capacity to form healthy relationships, leading to commonly reported issues such as trust difficulties, intimacy challenges, and broader interpersonal problems (Sarode & Wasu, 2023). Moreover, research by Lam et al. (2024) specifically found an association between childhood betrayal trauma and perceived leadership competence, emphasizing that leadership, rooted in social-emotional competencies and interpersonal skills, can be profoundly

affected by early developmental environments like caregiver-child relationships (Lam et al., 2024; Chan, 2021; Day et al., 2014; Zacharatos et al., 2000; Font & Berger, 2015). These profound challenges could logically impede a counselor's ability to establish strong therapeutic alliances, manage emotional boundaries, or express consistent empathy—all vital components of effective counselling process management.

However, the non-significant finding in this study implies that this broader competency is shaped more predominantly by current professional training, supervised practice, theoretical integration, and experiential learning, serving as powerful compensatory strengths that enable trainees to develop effective process management skills despite past adversity. This aligns with recent findings by Li (2024), which suggest that while vicarious trauma may impact Counselor in Training (CITs) self-efficacy, their own personal traumatic experiences may not significantly affect their perceived counseling abilities. Furthermore, trainee counselors' capacity to manage the counselling process may be heavily influenced by their academic learning, the theoretical frameworks they adopt, and the continuous feedback received during practicum or internship. Li (2024) further highlights the vital aspect of building a strong rapport in the supervisory relationship, which contributes to better Counselor Self-Efficacy (CSE) in CITs, leading to greater confidence and efficacy in their counseling abilities. While ACEs can affect an individual's personal emotional regulation or interpersonal patterns, the structured and theoretical nature of mastering the counselling process might effectively decouple it from a direct, significant link with past adversities. The skills required for successful process management (e.g., case conceptualization, treatment planning, ethical decision-making) are often intellectual and strategic, cultivated through formal education and ongoing professional development, which appear to exert a stronger influence than the residual effects of childhood trauma.

H₀₄: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Dealing With Difficult Client Behavior) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

The fourth hypothesis posited no significant monotonic relationship between Adverse Childhood Experiences and Dealing with Difficult Client Behaviors competency among trainee counselors. The Spearman's rank-order correlation revealed a statistically non-significant relationship between Total ACE Score and Dealing with Difficult Client Behaviors Competency ($\rho = -.010$, $p = .930$). This finding indicates that the number of ACEs reported by trainee counselors in this sample is not significantly associated with their self-estimated proficiency in managing challenging client behaviors.

However, theoretically, one might anticipate a negative correlation between a history of ACEs and this specific competency. The impact of childhood trauma can be profound and long-lasting, manifesting in various negative outcomes in adulthood, including frequently reported anxiety disorders (Sarode & Wasu, 2023). Individuals with such a history may experience heightened levels of anxiety in social situations, general anxiety, and panic attacks (Sarode & Wasu, 2023). These manifestations could logically impede a counselor's ability to remain composed, objective, and effective when confronted with highly distressed, aggressive, or boundary-testing clients. Successfully dealing with difficult client behaviors often demands a high degree of emotional regulation, self-possession, and the ability to tolerate ambiguity and intense affect without becoming overwhelmed or dysregulated.

However, the non-significant finding in this study implies that this broader competency is shaped more predominantly by current professional training, supervised practice, theoretical

integration, and experiential learning, serving as powerful compensatory strengths that enable trainees to develop effective process management skills despite past adversity. This aligns with recent findings by Li (2024), which suggest that while vicarious trauma may impact Counselor in Training (CITs) self-efficacy, their own personal traumatic experiences may not significantly affect their perceived counseling abilities. Li (2024) further highlights the vital aspect of building a strong rapport in the supervisory relationship, which contributes to better Counselor Self-Efficacy (CSE) in CITs, leading to greater confidence and efficacy in their counseling abilities. Furthermore, consistent with the concept of post-traumatic growth (Gloria et al., 2022), it is also plausible that when personal traumatic experiences are effectively processed and integrated, they can paradoxically lead to enhanced empathy, a deeper understanding of human suffering, and increased resilience in navigating the intense emotions often encountered when dealing with difficult client behaviors. While ACEs can affect an individual's personal emotional regulation or interpersonal patterns, the structured and theoretical nature of mastering the counselling process might effectively decouple it from a direct, significant link with past adversities. The skills required for successful process management (e.g., case conceptualization, treatment planning, ethical decision-making) are often intellectual and strategic, cultivated through formal education and ongoing professional development, which appear to exert a stronger influence than the residual effects of childhood trauma.

H₀₅: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Cultural Competence) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia.

The fifth hypothesis proposed no significant monotonic relationship between Adverse Childhood Experiences and Cultural Competence competency among trainee counselors. The Spearman's rank-order correlation revealed a statistically non-significant relationship between Total ACE Score and Cultural Competence Competency ($\rho = -.034, p = .759$). This finding indicates that the number of ACEs reported by trainee counselors in this sample is not significantly associated with their self-estimated ability to work effectively across diverse cultural contexts.

However, theoretically, one might anticipate a negative correlation between a history of ACEs and cultural competence. Childhood trauma can lead to more rigid thinking patterns, difficulty with cognitive flexibility, or even a greater propensity for out-group bias due to a perceived need for safety or control. This could hinder openness to diverse worldviews, potentially creating barriers to intercultural interactions (Kesner & Horáček, 2022). Furthermore, while well-processed trauma can indeed enhance empathy, unresolved trauma or specific types of ACEs might lead to self-preoccupation, difficulty accurately perceiving others' emotional states (especially across cultural divides), or a more guarded and distrustful stance in new or different social situations. Such impacts could impede genuine cross-cultural understanding and lead to misattributions of behavior, an increased likelihood of conflict, or the unintentional perpetuation of stereotypes rooted in fear or misunderstanding (Theodoratou et al., 2023). Developing cultural competence necessitates openness, a willingness to engage with unfamiliar

perspectives, and the capacity for nuanced social perception, all of which could be theoretically compromised by the lingering effects of unaddressed trauma.

Furthermore, the non-significant finding in this study suggests that cultural competence, while potentially vulnerable to past adversities, is largely fostered through intentional and structured professional development. Multicultural counseling courses, diversity training, and various forms of experiential learning are known to effectively build cultural awareness, knowledge, and skills in counseling students, actively promoting openness to diverse worldviews (Cohen et al., 2022; Hays, 2008). This systematic cultivation of cultural competence, which often includes critical self-reflection on one's own biases and cultural background, may serve as a powerful compensatory mechanism. The emphasis in counselor education on cultural humility—an ongoing commitment to self-awareness, learning, and advocacy in cross-cultural interactions—could effectively mitigate any predispositions towards rigid thinking or distrust stemming from past ACEs. This suggests that the robust training environment in higher education equips future counselors with the necessary tools and perspectives to transcend personal histories in the development of their cultural competence.

H₀₆: There is no significant relationship between Adverse Childhood Experience (ACE) and leadership competency (Awareness of Values Competency) Among Trainee Counsellors In Higher Education Institutions (Heis) In Malaysia

The sixth hypothesis posited no significant monotonic relationship between Adverse Childhood Experiences and Ethical Decision-Making Competency among trainee counselors. The Spearman's rank-order correlation revealed a statistically non-significant relationship between Total ACE Score and Ethical Decision-Making Competency ($\rho = -.035, p = .754$). This finding indicates that the number of ACEs reported by trainee counselors in this sample is not significantly associated with their self-estimated ability to navigate and resolve ethical dilemmas.

However, theoretically, one might anticipate a negative correlation between a history of ACEs and ethical decision-making competency. Trauma, especially complex or chronic trauma, can impact the development of frontal lobe functions related to impulse control, planning, problem-solving, and abstract reasoning – all cognitive skills critical for sound ethical decision-making (Theodoratou et al., 2023). Beyond these cognitive aspects, ethical dilemmas often involve high emotional stakes and require clear boundaries. If ACEs contribute to emotional dysregulation or difficulties with interpersonal boundaries, a counselor might struggle to remain objective, manage personal biases, or adhere to professional standards when faced with complex ethical challenges. Therefore, the lingering effects of unaddressed trauma could theoretically compromise a counselor's judgment, integrity, and ability to prioritize client welfare in ethically ambiguous situations.

In addition, the non-significant finding in this study suggests that ethical decision-making competency in trainee counselors is largely fostered through rigorous and systematic professional

education. Specific ethics courses, comprehensive training in ethical decision-making models, and thorough discussions of professional codes are highly effective in cultivating ethical awareness, knowledge, and problem-solving skills in counseling students (McIntosh et al., 2020). This structured learning environment and the emphasis on ethical reasoning within counselor education may serve as a powerful compensatory mechanism, equipping trainees with the necessary frameworks and cognitive tools to navigate complex ethical challenges independently of their past experiences. Furthermore, continuous supervision during practicum and internship provides opportunities for trainees to apply ethical principles to real-world scenarios under guidance, further reinforcing their ethical judgment and professional integrity, which can effectively decouple it from any potential lingering effects of childhood trauma.

5.3 Implications

5.3.1 Theoretical Implications

The findings from this study indicated a failure to reject the null hypothesis, suggesting that adverse childhood experiences (ACEs) and leadership competencies are not significantly associated. The correlation between the two variables was very weak, implying that while ACEs may influence aspects of individual well-being, leadership competence appears to be more strongly shaped by environmental, relational, or experiential factors developed later in life. These results do not align with the proposed theoretical framework outlined in Chapter 2, specifically Erikson's Psychosocial Development Theory (Erikson, 1950) and Bowlby's Attachment Theory (Bowlby, 1969). Erikson's theory posits that unresolved developmental crises in early life, particularly during the stages of trust, autonomy, and initiative, can lead to difficulties in emotional regulation and personality development, traits that are critical for effective leadership. Similarly, Bowlby emphasized that early exposure to adversity, such as neglect or violence, can impair one's ability to form secure attachments and establish trusting, empathic relationships, which are foundational to leadership in helping professions.

The non-significant results highlighted that these early adverse experiences do not directly predict lower leadership competencies. This implies that mediating variables, such as resilience, mentorship, coping strategies, or educational interventions, may buffer the long-term effects of early adversity and allow individuals to develop leadership skills despite challenging childhood backgrounds. As such, while the theoretical models remain valuable in explaining potential developmental vulnerabilities, they may not fully account for the compensatory strengths that contribute to leadership development in adulthood.

While previous studies have often emphasized the long-term developmental consequences of early adversity, guided by theories such as Erikson's Psychosocial Development Theory and Bowlby's Attachment Theory, this study presents findings that challenge those theoretical assumptions and deterministic views. Both Erikson and Bowlby suggest that adverse childhood experiences (ACEs) have a lasting impact on emotional development, personality formation, and social functioning, which are crucial components of leadership (Duncan, 2024). However, the results of this study indicate that ACEs were not significantly associated with leadership competency among trainee counselors, thereby suggesting a limitation in the direct applicability of a purely deterministic view proposed by these foundational theories for this context. Unlike prior research that typically assumes a linear path from early adversity to adult dysfunction, this study highlights the potential for resilience, environmental buffering, and later-life growth to mediate those early effects. By situating this investigation within the Malaysian higher education context, the study also contributes a culturally relevant perspective often missing from Western-centric theoretical models, thereby inviting a more nuanced understanding of how leadership competencies are formed and expressed across diverse populations.

In summary, since this research found no significant relationship between adverse childhood experiences and leadership competencies, it suggests that early adversity alone may not determine leadership development among trainee counselors. While theories such as Erikson's and Bowlby's emphasize the formative role of early psychosocial experiences, the findings of this study highlight the limitations of applying these models universally. The lack of a strong association weakens the theoretical expectation that unresolved early developmental stages or insecure attachments inherently hinder leadership potential. This reinforces the idea

that leadership competency is likely shaped more by ongoing environmental, educational, and relational factors than by childhood adversity alone. Based on the study by Gomes and Morais (2025), the findings indicate that leadership interventions are effective and lead to positive outcomes which emphasizes the importance of an integrative approach in leadership development programs. Thus, while the theoretical framework served as a guiding lens, the empirical data from this study calls for a reevaluation or expansion of these traditional models to account for resilience, personal growth, and context-specific influences in leadership development.

5.3.2 Practical Implications

The findings of this study carry significant practical implications, particularly for counseling training programs, supervisors, and aspiring counselors themselves. The consistent observation that Adverse Childhood Experiences (ACEs) did not significantly correlate with trainee counselors' self-estimated competencies across various critical domains offers valuable insights that can inform educational practices and professional development.

Firstly, these results provide a crucial reassurance for individuals with a history of ACEs who aspire to enter the counseling profession. Contrary to a deterministic view of trauma's impact, this study suggests that one's past adversities do not inherently impede the development of essential professional competencies. This finding should actively counter any implicit biases or self-doubt that might deter resilient individuals with lived experiences of trauma from pursuing a career in counseling. Instead, it underscores that their personal journey, when effectively navigated, can potentially become a unique foundation for empathy and understanding.

Secondly, the study emphatically reinforces the pivotal role and transformative power of comprehensive counselor education and clinical supervision. Given that the rigorous training environment appears to mitigate or compensate for potential ACE-related vulnerabilities, counseling programs should continue to invest in and strengthen their curricula. This includes robust multicultural counseling courses (Cohen et al., 2022; Hays, 2008), thorough ethics training (McIntosh et al., 2020), and experiential learning opportunities that cultivate all core competencies. More specifically, the findings underscore the vital importance of high-quality, supportive clinical supervision. As highlighted by Li (2024), a strong supervisory rapport fosters counselor self-efficacy and confidence. Supervision provides a crucial context for corrective relational experiences, potentially modifying insecure internal working models (rooted in Bowlby's Attachment Theory) and offering reparative developmental opportunities for Eriksonian psychosocial stages disrupted by early trauma. Programs should ensure adequate resources for supervision and encourage supervisors to prioritize the relational aspect of their work.

Thirdly, these findings highlight the practical importance of fostering ongoing self-awareness, personal growth, and self-care practices among trainee counselors. While ACEs may not directly impair competence, the demanding nature of counseling can still be personally challenging, especially when encountering client trauma or intense emotional material. The capacity for post-traumatic growth (Gloria et al., 2022), where individuals transform adversity into strengths like enhanced empathy and resilience, is a powerful asset. Therefore, counseling programs should actively promote and integrate self-care strategies, encourage engagement in personal therapy as part of professional development, and cultivate a culture where self-reflection on one's own experiences is seen as integral to ethical and effective practice. This

ensures that personal histories become integrated sources of strength rather than unaddressed vulnerabilities.

Finally, these results have implications for admissions and recruitment processes within counselor education. A history of ACEs should not be viewed as a disqualifying factor. Instead, admissions committees are encouraged to focus on a candidate's motivation, capacity for resilience, commitment to personal and professional growth, and their ability to engage with the rigorous training process. Prioritizing these qualities over a purely deficit-based view of trauma's impact can enrich the profession with diverse perspectives and experiences, ultimately benefiting future clients.

5.4 Limitations of Study

Despite contributing valuable insights into the relationship between Adverse Childhood Experiences (ACEs) and leadership competency among trainee counselors, this study is subject to several limitations that warrant consideration when interpreting its findings.

Firstly, the sample size of 85 trainee counselors is relatively small, which may affect the statistical power to detect subtle relationships and limits the generalizability of the findings. Furthermore, the study's focus on trainee counselors within a specific Malaysian higher education context means that the results may not be directly transferable to experienced counselors, other professional populations, or individuals in different cultural or educational settings. The self-selection bias inherent in individuals pursuing a helping profession could also mean that the sample possesses unique characteristics, such as inherent resilience or a strong drive for personal growth, that may not be representative of the general population exposed to ACEs.

Secondly, the cross-sectional research design utilized in this study captures data at a single point in time, precluding the establishment of causal relationships. While correlations were examined, this design does not allow for inferences about how ACEs might influence the *development* of leadership competencies over time, nor can it determine if other variables mediate or moderate such a relationship.

Thirdly, the reliance on self-report measures for both Adverse Childhood Experiences and self-estimated leadership competency introduces potential biases. Participants may have responded in a socially desirable manner, or their self-perceptions might not fully align with objectively observable competencies. Specifically, the retrospective nature of the ACEs

questionnaire is susceptible to recall bias, where individuals may inaccurately remember or underreport past traumatic events. Additionally, the ACEs score represents a count of exposure and does not account for the severity, duration, or specific context of each adverse experience, which could significantly influence an individual's long-term development. Similarly, the self-estimated nature of the COSE means that the reported leadership competencies reflect personal perceptions rather than external assessments by supervisors or peers.

Finally, the lack of statistically significant findings for the direct correlations between ACEs and leadership competencies, while a key result, means that this study could not illuminate the specific mechanisms or pathways through which ACEs might indirectly influence or be buffered in the development of these competencies. Future research employing different methodologies (e.g., qualitative or longitudinal designs) may be necessary to uncover the complex interplay of factors involved.

5.5 Recommendation

Building upon the current study's findings and acknowledging its inherent limitations, several recommendations for future research emerge to further elucidate the complex relationship between Adverse Childhood Experiences (ACEs) and professional competencies, particularly in the context of counseling.

Firstly, to enhance the generalizability and statistical power of future investigations, it is recommended that studies employ larger and more diverse samples. This could involve recruiting trainee counselors from multiple institutions, across different regions, or even expanding to include experienced counselors, which would provide a broader representation of the professional landscape and allow for more robust statistical analyses.

Secondly, given the cross-sectional nature of the present study, future research would significantly benefit from longitudinal designs. Tracking the same cohort of trainee counselors over time, from the beginning of their training through graduation and into their early practice, could provide invaluable insights into the developmental trajectory of leadership competencies and how, if at all, ACEs might indirectly influence this progression. Such designs could help to identify critical periods or mediating factors that emerge over time.

Thirdly, to address the reliance on self-report data, future studies should consider adopting mixed-methods approaches. Complementing quantitative measures with qualitative data collection methods, such as in-depth interviews or focus groups with trainee counselors, could provide rich, nuanced insights into their lived experiences with ACEs, their personal growth journeys, and their subjective perceptions of how their past has (or has not) impacted their professional development and leadership identity. Furthermore, incorporating objective measures of leadership competency, such as supervisor ratings, peer evaluations, or behavioral observations in simulated or real-world clinical settings, would offer a more comprehensive and triangulated assessment of competence beyond self-perception.

Fourthly, while this study used a cumulative ACEs score, future research should explore more granular and nuanced assessments of adversity. This could involve investigating the impact of specific types of ACEs, the severity or duration of exposure, or the developmental timing of adverse experiences, as these factors may have differential impacts on various aspects of professional functioning.

Finally, given the consistent non-significant correlations observed in this study, future research should critically examine potential mediating and moderating variables that might explain the complex interplay between ACEs and leadership competency. This includes rigorously testing the roles of resilience, specific coping mechanisms, social support systems, the quality and type of counseling training received, personal therapy experiences, and personality traits. Understanding these buffering or enhancing factors would contribute significantly to both theoretical models of professional development and practical strategies for supporting counselors in training. Additionally, continued research within the Malaysian higher education context or other diverse cultural settings is crucial to ensure that theoretical models and practical implications are culturally relevant and responsive.

5.6 Summary

This study set out to explore the complex relationship between Adverse Childhood Experiences (ACEs) and self-estimated leadership competency among trainee counselors within a Malaysian higher education context. Utilizing a quantitative, cross-sectional design, the research aimed to determine if a monotonic relationship existed between the cumulative number of ACEs reported by participants and their overall leadership competency, as well as its five distinct sub-dimensions.

The findings consistently revealed no statistically significant monotonic relationships between Adverse Childhood Experiences and any of the measured aspects of self-estimated leadership competency. This indicates that, within the examined sample, a history of ACEs alone does not directly predict or significantly associate with a trainee counselor's perceived professional leadership capabilities.

These results hold notable implications, prompting a re-evaluation of purely deterministic theoretical models that might presume a direct, negative linear impact of early adversity on adult professional functioning. Instead, the study implicitly underscores the profound influence of resilience, protective factors, and the structured, supportive environment of professional counseling training in shaping an individual's competencies. Practically, these findings advocate for counselor education programs to adopt a universalist approach to skill development, focusing on robust, comprehensive training for all trainees, while simultaneously integrating trauma-informed care and fostering supportive environments to enhance overall well-being.

In conclusion, this research contributes to a more nuanced understanding of how leadership competencies are formed, suggesting that while ACEs are undeniably critical to

individual well-being and development, they do not appear to directly hinder the acquisition or self-perception of professional leadership skills in a cohort dedicated to a helping profession. The study highlights the adaptive capacity of individuals and the powerful role of education and professional development in mitigating past adversities, ultimately empowering trainee counselors to emerge as competent and impactful leaders in the field, irrespective of their childhood experiences.

5.7 Overall Conclusion

Overall, the results provide insightful information on the research issued based on the thorough analysis conducted during this quantitative study. Chapter 1 outlined the search problems, objectives, questions, and hypothesis, and also highlighted the significance of the study. In Chapter 2, the literature review on adverse childhood experiences, leadership in the context of counselling competencies and adverse childhood experiences and leadership. It also introduced the Erickson Psychosocial Approach and Bowlby's Attachment Theory as a foundation for this study. Chapter 3 detailed the approach used, including a correlational research design with 85 respondents who are undergraduate trainee counsellors from UNIMAS, UMS, and UPM, using stratified random sampling to determine the required sample size from the target population. The study utilised the Adverse Childhood Experience Questionnaire (ACE) and Counselling Self-Estimate Inventory (COSE) as instruments. Data were collected through online surveys and analyzed using IBM Statistical Package for Social Sciences (SPSS) and Spearman's Rank-Order Correlation. Chapter 4 presented and interpreted the findings. The results showed no statistically significant monotonic relationships were observed between the total number of Adverse Childhood Experiences and any of the measured aspects of self-estimated leadership competency. In Chapter 5, discussion covered the key findings, the theoretical and practical implications, limitations, and recommendations for future researchers. These findings provided insights for leadership competencies among trainee counsellors and future research in this field. With the null hypothesis being accepted, it demonstrates an important implication of environmental factors and the process of growth after childhood that might promote resilience for individuals and come back strong with good leadership competencies. Future researchers are recommended to employ larger and more diverse samples, use longitudinal designs, employ

mixed-methods approaches, explore more granular and nuanced assessments of adversity, and critically examine potential mediating and moderating variables that might explain the complex interplay between ACEs and leadership competency. In summary, the recommendations provided by the current researcher can assist future researchers in improving the studies.

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APPENDICES

INFORMATION SHEET AND CONSENT LETTER

Peace be upon you!

My name is Zalina Binti Mohamad Jeffry (Matric number: 86126), year 3 Counselling Student. This study is conducted as part of my final year project KMC3104 under the supervision of AP Dr. Nor Mazlina binti Ghazali, from the Faculty of Cognitive Sciences and Human Development, University Malaysia Sarawak (UNIMAS).

This study consists of a consent form and 3 sections

Consent Form

Section A: Demographic

Section B: Adverse Childhood Experiences (ACE)

Section C: Leadership Competencies through Counselling Self Estimate Inventory (COSE)

Any inquiries or help, please do reach me out:

Whatsapp: 01136397674

Email: 86126@siswa.unimas.my

Consent:

I acknowledge that I have read and understood the purpose of this survey, and I voluntarily consent to participate and their exclusive use for academic purposes. I also understand that I can withdraw from the survey at any time without penalty. By clicking 'Yes, I agree'.

I agree to participate in this survey.

☐ Yes, I agree

☐ No, I disagree

SECTION A: DEMOGRAPHY OF RESPONDENT

Gender	
Male	
Female	

Age	
21-22	
23-24	
25-26	
27-28	

University of Study	
University Of Malaysia Sabah	
University Putra Malaysia	

Religion	
Islam	
Christian	
Buddha	
Hindu	

Race/Etnicity	
Malay	
Chinese	
Indian	
Others	

**SECTION B: ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE (ACE-Q)
(10-ITEMS)**

Instructions:

While you were growing up, during your first 18 years of life:

	No	Yes
Did a parent or other adult in the household often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	0	1
Did a parent or other adult in the household often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	0	1
Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?	0	1
Did you often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	0	1
Did you often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	0	1
Were your parents ever separated or divorced?	0	1
Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	0	1
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	0	1
Was a household member depressed or mentally ill or did a household member attempt suicide?	0	1
10 Did a household member go to prison?	0	1

SECTION C: COUNSELING SELF-ESTIMATE INVENTORY (COSE) (37-ITEMS)

		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1	When using responses like reflection of feeling, active listening, clarification and probing, I am confident I will be concise and to the point						
2	I am likely to impose my values on the client during the interview.						
3	When I initiate the end of a session, I am positive it will be in a manner that is not abrupt or brusque and that I will end the session on time						
4	I am confident that I will respond appropriately to the client in view of what the client will express (e.g., my questions will be meaningful and not concerned with trivia and minutia)						
5	I am certain that my interpretation and confrontation responses will be concise and to the point.						
6	am worried that the wording of my responses lack reflection of feeling, clarification, probing, and may be confusing and hard to understand.						
7	I feel that I will not be able to respond to the client in a nonjudgmental way with respect to the client's values, beliefs, etc.						
8	I feel I will respond to the client in an appropriate length of time (neither interrupting the client nor waiting too long to respond)						
9	I am worried that the type of response I use at a particular						

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	time, i.e., reflection of feeling, interpretation, etc., may not be the appropriate response.						
10	I am sure that the content of my responses, i.e., reflection of feeling, clarification, and probing, will be consistent with and not discrepant from what the client is saying						
11	I feel confident that I will appear competent and earn the respect of my client.						
12	I am confident that my interpretation and confrontation responses will be effective in that they will be validated by the client's immediate response.						
13	I feel confident that I have resolved conflicts in my personal life so that they will not interfere with my counselling abilities.						
14	I feel that the content of my interpretation and confrontation responses will be consistent with and not discrepant from what the client is saying						
15	I feel that I have enough fundamental knowledge to do effective counselling.						
16	I may not be able to maintain the intensity and energy level needed to produce client confidence and active participation.						
17	I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand						
18	I am not sure that in a counselling relationship I will express						

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	myself in a way that is natural, without deliberating over every response or action.						
19	I am afraid that I may not understand and properly determine probable meanings of the client's nonverbal behaviours.						
20	I am confident that I will know when to use open or closedended probes and that these probes will reflect the concerns of the client and not be trivial						
21	My assessment of client problems may not be as accurate as I would like them to be						
22	I am uncertain as to whether I will be able to appropriately confront and challenge my client in therapy						
23	When giving responses, i.e., reflection of feeling, active listening, clarification, probing, I'm afraid that they may not be effective in that they won't be validated by the client's immediate response						
24	I do not feel that I possess a large enough repertoire of techniques to deal with the different problems my clients may present.						
25	I feel competent regarding my abilities to deal with crisis situations that may arise during the counselling sessions –e.g., suicide, alcoholism, abuse, etc.						
26	I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals						
27	I may have difficulty dealing with clients who do not						

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	verbalise their thoughts during the counselling session						
28	I am unsure as to how to deal with clients who appear noncommittal and indecisive						
29	When working with ethnic minority clients, I am confident that I will be able to bridge cultural differences in the counselling process						
30	I will be an effective counsellor with clients of a different social class.						
31	I am worried that my interpretation and confrontation responses may not, over time, assist the client to be more specific in defining and clarifying their problem.						
32	I am confident that I will be able to conceptualise my client's problems.						
33	I am unsure as to how I will lead my client towards the development and selection of concrete goals to work towards						
34	I am confident that I can assess my client's readiness and commitment to change						
35	I feel I may give advice						
36	In working with culturally different clients, I may have a difficult time viewing situations from their perspective.						
37	I am afraid that I may not be able to effectively relate to someone of lower socioeconomic status than me						

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KMC3104 Final Year Project (II) Assessment Rubrics – Supervisor (80%)

Name of Student: ZALINA BINTI MOHAMAD JEFFRY

Matric Number: 86126

Program of Study: BACHELOR OF COUNSELING

Title of FYP: *The Relationship Between Adverse Childhood Experience (Ace) And Leadership Competency Among Trainee Counsellors In Higher Education Institution (Heis) In Malaysia.*

Categories	Exemplary 4	Good 3	Developing 2	Insufficient 1
Title & Abstract (5%)				
Title	Title is informative, succinct, and descriptive of key issues/topic, context, and methodology of the proposed study.	Title is relevant, descriptive of key issues/topic, context, or methodology of the proposed study.	Title is relevant but lacks description of key issues/topic, context, or methodology of the proposed study.	Title is irrelevant or fails to offer appropriate details of the proposed study.
Abstract	Concisely states the background, research question, objectives, methodology, results, and conclusion.	Clearly states the background, research question, objectives, methodology, results, and conclusion.	States the background, research question, objectives, methodology, results, and conclusion. but includes vague or confusing information.	- Does not clearly state background, research question, objectives, methodology, results, and conclusion. - Information provided is inaccurate or irrelevant to the study.

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Chapter 1, 2 & 3 Introduction, Literature Review & Methodology (15%)				
Introductory paragraph(s), research questions, or hypotheses	- Clearly identifies and discusses research focus/purpose of research - Research focus is clearly grounded in previous research/ theoretically relevant literature - Significance of the research is clearly identified (how it adds to previous research) - Research questions/hypotheses are clearly articulated.	- Limited discussion of research focus/purpose of research - Research focus is less well-grounded in previous research/ theoretically relevant literature - Significance of the research is not as clearly identified (how it adds to previous research) - Research questions/ hypotheses are described but not as well articulated.	- Minimal discussion of research focus/purpose of research - Research focus is not well-grounded in previous research/ theoretically relevant literature - Significance of the research is not clearly identified (how it adds to previous research) - Research questions/hypotheses are not well articulated.	- Little or no discussion of research focus/purpose of research - Research focus not grounded in previous research/ theoretically relevant literature - Significance of the research is not identified (how it adds to previous research) - Research questions/hypotheses are poorly articulated or are absent altogether.
Literature Review/Theoretical Framework	Comprehensive literature review. Includes current and landmark literature highly relevant to the topic. Establishes an advanced theoretical/conceptual framework for the research topic.	Complete literature review with sound organization. Includes very few non-referred sources and provides current research relevant to the field and the topic. Establishes a sound and proficient theoretical/conceptual	Partially complete and somewhat disorganized. Includes few non-refereed sources. Establishes a basic theoretical/conceptual framework for the research topic.	Incomplete or disorganized. Includes an inappropriate number of non-refereed sources. Fails to establish an appropriate theoretical/conceptual framework for the research topic.

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		framework for the research topic.		
Methodology	- Provides accurate, thorough description of how the data was collected, what/how many data sources were analysed, plan of analysis or measurement instrument, research context. - Methods are highly appropriate and are directly linked to the purpose and research questions.	- Description of how the data was collected, what/how many data sources were analysed, plan of analysis or measurement instrument, research context is adequate but limited. - Methods appear sound, appropriate, and related to purpose and research questions.	- Description of how the data was collected, what/how many data sources were analysed, plan of analysis or measurement instrument, research context is somewhat confusing/not clearly articulated. - Methods appear to be appropriate and related to purpose and research questions	- Description of how the data was collected, what/how many data sources were analysed, plan of analysis or measurement instrument, research context is very confusing/not articulated sufficiently. - Methods appear inappropriate or unrelated to purpose and research questions. Data analysis is incomplete and inappropriate.
Chapter 4 Findings/Results & Discussion (20%)				
Presentation (Tables, Figures)	Data are clearly organized using appropriate styles (tables, graph, chart, etc).	Data are organized using appropriate styles (tables, graph, chart, etc.).	Data are moderately organized using appropriate styles (tables, graph, chart, etc.).	Data are not organized using appropriate styles (tables, graph, chart, etc.).
Accuracy of Results Interpretation	Results are accurate and scientifically presented.	Results are mostly accurate and scientifically	Results are partially accurate and scientifically presented.	Results are inaccurate, and not scientifically presented.

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	Statistical analyses (if used) are appropriate tests and are accurately interpreted.	- presented. - Statistical analyses (if used) are appropriate tests but are not accurately interpreted.	Statistical analyses (if used) are inappropriate tests and/or are not accurately interpreted.	Statistical analyses (if used) are inappropriate tests and/or are not accurately interpreted.
Addressing Research Objectives/Questions	Interpretations/analysis of results are thoughtful and insightful, are clearly informed by the study's results, and thoroughly address how they supported, refuted, and/or informed the research questions/hypotheses	Interpretations/analysis of results are sufficient but somewhat lacking in thoughtfulness and insight, not as clearly informed by the study's results, and do not as thoroughly address how they supported, refuted, and/or informed the research questions/hypotheses.	Interpretations/analysis of results lacking in thoughtfulness and insight, are not clearly informed by the study's results, and do not adequately address how they supported, refuted, and/or informed the research questions/hypotheses	Interpretations/analysis of results severely lacking in thoughtfulness and insight, are not informed by the study's results, and do not address how they supported, refuted, and/or informed the research questions/hypotheses.
Discussion	Able to explain the strength and weakness, justify the main results, compare, and criticise results with previous studies/literature to satisfy and support the objectives of the study.	Able to explain the strength and weakness of the results in line with the objectives of the study and compare the results with previous study or standard.	Able to explain the strength and weakness of the results in line with the objectives of the study. No comparisons with other study.	Able to discuss but limited to current findings. Not able to explain the strength and weakness of the results.

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Chapter 5 Summary, Conclusion & Recommendation (20%)				
Implication	Potential implications of study clearly outlined.	Potential implications of study outlined.	Potential implications of study not clearly outlined.	Little or no discussion of the potential implications of the study.
Limitation	Discusses the limitations of the study and how these limitations moderate conclusions; offers appropriate solutions.	Discusses the limitations of the study and how these limitations moderate conclusions; offers reasonable solutions.	Minimal discussion of the limitations of the study and how these limitations moderate conclusions; does not offer solutions.	Little or no discussion of the limitations of the study and does not offer solutions.
Further Recommendations	- Recommendations for using this research in other fields of study is considered and examples of potential uses are given. - Consideration is given to how this research might be continued in the future.	Recommendations are made and consideration is given to how this research might be continued but there is little to no discussion of the potential use of the study.	The need for future research is included yet the discussion is vague and does not address other fields of research.	Little or no mention of future research.
Summation and Conclusion	- Have a basic conclusion to the chapter and thesis. - Re-articulates research question. - Summarize key concepts in chapter.	- Have a basic conclusion to the chapter and thesis. - Re-articulates research question. - Summarize key concepts in chapter.	- Have a basic conclusion to the chapter and thesis. - Re-articulates research question.	Have a basic conclusion to the chapter and thesis.

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	Provides a profound ending, make it engaging and meaningful to the reader.			
Writing and Formatting (10%)				
Writing Style, Clarity & Formatting	- The FYP is very well written. Sentences and flow of content are easy to read and understand. - No spelling & grammar mistakes - FYP follows standard APA format.	- The FYP is well written but occasionally some points are difficult to understand. - Minimal spelling & grammar mistakes - Standard APA format is fairly used.	- The FYP is well written but occasionally some points are difficult to understand. - Noticeable spelling and grammar mistakes - Standard APA format is fairly used.	- The FYP is too difficult to understand, or plagiarized works are presented. - Excessive spelling and/or grammar mistakes - FYP does not follow standard APA format.
Citation & References	All facts and information are clearly cited with references.	- Some facts and information are not clearly cited. - Some missing references.	- Minimal citations - Missing references	- No citations - Missing references
Aptitude & Logbook (10%)				
Meeting Frequency (The minimum number of formal contacts between FYP students and Supervisor(s) is 6 per semester)	=> 6 meetings	5 meetings	< 5 meetings	Hardly meet, < 2 meetings

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Logbook Report	• Comprehensive description of progress from the beginning of the FYP. Process.	• Adequate description of progress from the beginning of the FYP process.	• Brief description of progress from the beginning of the FYP process.	• Does not include any description of progress from the beginning of the FYP process.
Work Ethic	• Student has kept continuous contact during the work and has been on time in sending deliverables	• With only a few exceptions, the student has been on time in sending deliverables and in reporting their progress.	• The student has been late in sending deliverables in a way that have hampered the process. • The supervisor had to prompt the students with questions about the status of the work.	• The student has a serious problem with keeping to deadlines. • The supervisor has not been able to get a picture of the status of the work during the FYP.
Initiative & Effort	• Student has an excellent initiative to complete the FYP, with extra ideas exploration, two-way discussion, and exchange of information.	• Student has a good initiative to complete the FYP and demonstrated effort to explore ideas outside the proposed idea by supervisor.	• Student has adequate initiative and effort to complete the FYP.	• Student lacks initiative and effort to complete the FYP.

Notes:

Mark calculation:

If mark given is 1: $1/4 \times 10 = 2.5$
%

If mark given is 2: $2/4 \times 10 = 5.0$
%

If mark given is 3: $3/4 \times 10 = 7.5$
%

If mark given is 4: $4/4 \times 10 = 10.0$ %

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General Comments (Suggestion for Improvement)	

Supervisor: _____

Date: _____

	Marks awarded
Title & Abstract (5%)	
Chapter 1, 2 & 3: Introduction, Literature Review & Methodology (15%)	
Chapter 4: Findings/Results & Discussion (20%)	
Chapter 5: Summary, Conclusion & Recommendation (20%)	
Writing & Formatting (10%)	
Aptitude & Logbook (10%)	
Total	