

Faculty of Cognitive Sciences and Human Development

Development of Healthy Coping Intervention Framework for Childhood Trauma Among Malaysian Young Adults

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Development of Healthy Coping Intervention Framework for Childhood Trauma Among Malaysian Young Adults

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A thesis submitted

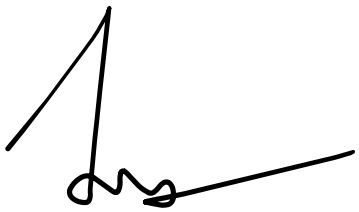
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DECLARATION

I hereby declare that the work entitled “The Impact of Workplace Challenges on Suicidal Ideation among Correctional officers” is my original work. I have not copied from any other students’ work or from any other sources except where due reference or acknowledgement is made explicitly in the text, nor has any part been written for me by another person. The thesis has not been accepted for any degree and is not concurrently submitted in candidature of any other degree.



_____

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ABSTRACT

Childhood trauma has enduring effects on young adults' emotional well-being, coping patterns, and resilience. In Malaysia, culturally grounded and accessible trauma-informed interventions remain limited. This study examines coping mechanisms among Malaysian young adults with childhood trauma and develops a validated Healthy Coping Framework. Guided by the Transactional Model of Coping, Narrative Theory, and Resilience Theory, an explanatory sequential mixed-methods design was applied across three phases. Phase 1 involved a needs assessment with 205 survey responses and 10 interviews. Quantitative findings showed that individuals with higher trauma exposure reported significantly greater maladaptive coping. Qualitative thematic analysis generated ten themes—such as self-doubt, intergenerational trauma, emotional neglect, identity conflict, and cultural dissonance—highlighting the psychosocial complexity of trauma experiences. Integrated findings informed the construction of the Healthy Coping Framework. Phase 2 focused on developing the framework and psychoeducational module. Expert evaluation indicated strong content validity (S-CVI/Ave = 0.835), while a pilot study with 28 participants demonstrated high treatment fidelity (94.6%) and feasibility of implementation. Phase 3 implemented the final module across nine workshops involving 227 participants. Pre–post assessments showed statistically significant improvements in coping awareness, emotional regulation, and resilience, with a large effect size (Cohen's d = 1.00). This study addresses a critical gap in Malaysian mental health research by providing an empirically supported, culturally responsive trauma-informed coping framework. It offers practical tools to enhance coping and resilience among young adults and holds potential for broader application in community, educational, and clinical settings.

Keywords: Childhood Trauma, Young Adults, Malaysia, Coping Strategies, Resilience

Pembangunan Rangka Intervensi Kerja Daya Tindak Sihat dalam Menangani Trauma Zaman Kanak-kanak dalam Kalangan Dewasa Muda Malaysia

ABSTRAK

Trauma zaman kanak-kanak memberikan kesan jangka panjang terhadap kesejahteraan emosi, corak daya tindak, dan daya tahan dalam kalangan dewasa muda. Di Malaysia, intervensi trauma yang berasaskan budaya dan mudah diakses masih terhad. Kajian ini meneliti mekanisme daya tindak dalam kalangan dewasa muda Malaysia yang mengalami trauma zaman kanak-kanak serta membangunkan Kerangka Daya Tindak Sihat yang sah secara empirikal. Berpandukan Model Transaksional Daya Tindak, Teori Naratif dan Teori Ketahanan, reka bentuk kaedah campuran penjelasan berperingkat digunakan merentasi tiga fasa. Fasa 1 melibatkan penilaian keperluan melalui 205 respons soal selidik dan 10 temu bual. Dapatan kuantitatif menunjukkan bahawa individu dengan pendedahan trauma yang lebih tinggi melaporkan penggunaan daya tindak maladaptif yang ketara. Analisis tema menghasilkan sepuluh tema—antaranya keraguan diri, trauma antara generasi, pengabaian emosi, konflik identiti dan disonans budaya—yang menggambarkan kerumitan psikososial pengalaman trauma. Dapatan bersepadu ini membentuk asas pembinaan Kerangka Daya Tindak Sihat. Fasa 2 memberi tumpuan kepada pembangunan kerangka dan modul psikoedukasi. Penilaian pakar menunjukkan kesahan kandungan yang kukuh (S-CVI/Ave = 0.835), manakala kajian rintis bersama 28 peserta menunjukkan kesetiaan rawatan yang tinggi (94.6%) serta kebolehlaksanaan modul. Fasa 3 melibatkan pelaksanaan modul melalui sembilan bengkel bersama 227 peserta. Penilaian pra–pasca menunjukkan peningkatan ketara dalam kesedaran daya tindak, regulasi emosi dan daya tahan, dengan saiz kesan yang besar (Cohen's d = 1.00).

Kajian ini menangani jurang kritikal dalam penyelidikan kesihatan mental Malaysia melalui penyediaan kerangka trauma-informasi yang sah dan berasaskan budaya. Ia menawarkan alat praktikal untuk meningkatkan daya tindak dan daya tahan dalam kalangan dewasa muda serta berpotensi diaplikasikan secara meluas dalam komuniti, pendidikan dan perkhidmatan klinikal.

Kata kunci: *Trauma Zaman Kanak-kanak, Dewasa Muda, Malaysia, Strategi Daya Tindak, Daya Tahan*

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Childhood trauma has long-term implications for emotional well-being, psychological resilience, and the development of coping strategies among young adults. In Malaysia, trauma survivors often navigate these experiences without adequate trauma-informed support or culturally grounded interventions. This study aims to examine the coping mechanisms of Malaysian young adults who have experienced childhood trauma and to develop a Healthy Coping Framework tailored to their needs. This chapter discusses the background of the study, problem statement, operational definitions, significance, and limitations.

1.2 Background of the Study

Childhood trauma and its consequences have increasingly become a subject of discussion within academic, professional, and public spheres. Survivors and mental health advocates frequently highlight the long-term impact of trauma and the need to break cycles of intergenerational harm. Childhood trauma is associated with incarceration, substance use, psychiatric disorders (Dye, 2018), and long-term systemic dysfunction in adulthood (Copeland et al., 2018).

The landmark Adverse Childhood Experiences (ACE) study (Felitti et al., 1998) demonstrated a dose–response relationship between trauma exposure and adverse outcomes such as chronic illness, suicidality, mental health disorders, substance abuse, and premature mortality.

Individuals with four or more ACEs were significantly more likely to encounter lifelong challenges, emphasizing the need for early trauma-informed intervention.

Globally, one in eight adults reports childhood sexual abuse, and one in four reports physical abuse (Stoltenborgh et al., 2015). The World Health Organization (2024) estimates that one billion children experience violence annuallyunderscoring the urgency for prevention and targeted intervention.

1.2.1 Coping Among Young Adults with Childhood Trauma

Young adults with childhood trauma commonly develop coping styles shaped by earlier experiences. While adaptive coping can support resilience, trauma survivors often rely on maladaptive strategies such as avoidance, suppression, substance use, or self-harm to manage distress (Huh et al., 2006; Afifi et al., 2011). Without timely intervention, these patterns may persist into adulthood, influencing emotional regulation, self-concept, relationships, and functioning.

1.2.2 Malaysian Context

In Malaysia, although legal protections exist (Child Act 2001), enforcement challenges persist, and many cases of abuse remain unreported (Cheah, 2013). Weak inter-agency coordination and limited trauma-informed services further hinder effective support (Ibrahim et al., 2019). UNICEF Malaysia highlights that significant numbers of children experience abuse, yet stigma and underreporting obscure the true extent of the issue.

Mental health concerns among youth are increasing, with rising rates of depression, anxiety, emotional neglect, and interpersonal difficulties. Survivors often reach young adulthood without adequate emotional regulation skills, coping strategies, or access to trauma-sensitive interventions.

1.2.3 Current Gaps in Research and Practice

Despite existing legal frameworks, challenges remain. While Malaysian scholars and practitioners have begun addressing childhood trauma (Cheah & Choo, 2016), there remains insufficient research on (1) how Malaysian young adults cope with unresolved childhood trauma, (2) how maladaptive coping evolves and persists, (3) what culturally relevant interventions can support trauma recovery, (4) whether existing trauma-informed frameworks apply meaningfully within local contexts. Recent literature emphasizes the necessity of early intervention, resilience-building, and culturally attuned trauma-informed frameworks (SAMHSA, 2014; van der Kolk, 2014). There is a growing need to translate empirical insights into practical frameworks that address Malaysian survivors' experiences.

Although local and international literature highlight the long-term consequences of childhood trauma and the importance of healthy coping strategies, limited research has explored how Malaysian young adults specifically navigate and cope with such experiences. Existing frameworks and interventions are largely Western-based and may not align with Malaysian cultural norms, family structures, or help-seeking patterns. Therefore, there is a critical need for a culturally grounded, empirically informed framework to guide healthy coping among young adults with childhood trauma. This study aims to address this gap through the development and validation of a Healthy Coping Framework tailored to the Malaysian context.

1.3 Problem Statement

Childhood trauma contributes to long-term emotional, psychological, and behavioural challenges among young adults. While existing research documents maladaptive coping such as avoidance, substance use, and self-harm (Huh et al., 2006; Afifi et al., 2011), limited studies explore how these coping strategies evolve specifically among Malaysian young adults. Research

on other populations, such as orphans (Mohammadzadeh et al., 2018), adolescents with depression (Qian et al., 2022), and adults with high ACE scores (Nicoletti, 2024) which indicates persistent links between childhood trauma and maladaptive coping. However, similar studies focusing on Malaysian young adults remain scarce, creating a sample gap in the literature.

Moreover, although international frameworks and trauma-informed models exist (e.g., SAMHSA's trauma-informed care, CBT-based coping models, resilience-based interventions), these are not culturally adapted to Malaysian values, collectivistic family dynamics, or help-seeking norms. This creates a framework gap, as no local healthy coping framework exists for Malaysian young adults with childhood trauma.

Without a clear understanding of how young adults cope or a culturally relevant framework to guide intervention, practitioners lack structured tools to support healing and resilience. Therefore, this study aims to examine coping mechanisms among Malaysian young adults with childhood trauma and develop an empirically grounded Healthy Coping Framework that fits local cultural contexts.

1.4 Aim

The aim of this research is to evaluate the coping mechanisms and develop intervention framework for Malaysian young adults on childhood trauma.

1.5 Objectives of the Study

1. To identify the coping strategies of Malaysian young adults on childhood trauma.
2. To develop an intervention framework for healthy coping on childhood trauma among young adults in Malaysia.

3. To identify the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.
4. To identify the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.

1.6 Research Questions

1. What are the coping strategies of young Malaysian adults?
2. What are the components of healthy coping mechanisms framework on childhood trauma among young adults in Malaysia?
3. What is the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia?
4. What is the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia?

1.7 Research Hypothesis

H_{01} The Healthy Coping Intervention Framework will significantly improve coping awareness, emotional regulation, and resilience among Malaysian young adults who have experienced childhood trauma.

1.8 Definition of Terms

1.8.1 Childhood Trauma

1. Conceptual Definition

   Childhood trauma is defined as experiences of significant adversity, harm, or maltreatment occurring before the age of 18 including emotional, physical, and sexual abuse, as well emotional and physical neglect (Felitti & Anda, 2010).

2. Operational Definition

In this study, childhood trauma is assessed as a construct representing participants' past adverse experiences. It is measured using Childhood Trauma Questionnaire- Short Form (CTQ-SF; Bernstein and Fink, 1998) which consists of five subscales: emotional neglect, physical neglect, emotional abuse, physical abuse, and sexual abuse. The scores from these subscales reflect the severity and type of childhood maltreatment experienced by Malaysian young adults participating in the study.

1.8.2 Coping Strategies

1. Conceptual Definition

Coping strategies are conscious methods individuals employ, whether behavioural or cognitive, to handle stress, adversity, or challenging situations, presenting a diverse range of both adaptive and maladaptive responses to these stressors (Lazarus & Folkman, 1984).

2. Operational Definition

In this study, coping strategies refer to the ways Malaysian young adults respond to the effects of childhood trauma. Coping strategies are measured using the Brief COPE (Carver, 1997), which includes 14 coping subscales such as active coping, planning, acceptance, denial, self-blame, substance use, and emotional support. These subscales represent both adaptive and maladaptive coping tendencies used by participants.

1.8.3 Framework

1. Conceptual Definition

A framework is a structured model used to conceptualise and organise understanding of a phenomenon. In intervention research, it integrates principles, theories, and

methods to guide the development of interventions (Imenda, 2014; Miles & Huberman, 1994).

2. Operational Definition

   In this study, the framework refers to the Healthy Coping Intervention Framework developed through three phases of a mixed-methods design. The framework integrates quantitative findings on coping and trauma (phase 1), qualitative thematic analysis (phase 1), expert validation and CVI evaluation (phase 2), and pilot testing and treatment fidelity (phase 2). The framework guides the structure of the psychoeducational module implemented with Malaysian young adults in Phase 3.

1.8.4 Young Adults

1. Conceptual Definition

   Young adults are individuals in the transitional stage from adolescence to early adulthood, characterised by identity development and increased independence, as described in Erikson's theory of psychosocial development (Erikson, 1968).

2. Operational Definition

   In this study, young adults refer to Malaysians aged 18–40, following the age range recognised in the *Malaysian Youth Policy (2015)* and regional classifications that consider youth and emerging adulthood extending up to 35–40 years in Asian contexts. This broader age range reflects sociocultural realities in Malaysia, including prolonged education, financial dependence, and delayed psychosocial development among trauma survivors.

1.9 Significance of Study

This study could address a critical gap in literature where it develops a culturally relevant framework tailored specifically for Malaysian young adults, which fills a theoretical and practical void. The use of the Transactional Model of Stress and Coping can be adapted to Malaysian context. This could contribute to future research by showing an adaptation of the Transactional Model of Stress and Coping in issues in Malaysian context and help with future adaptation for Malaysian cultural-relevant research.

Enhancement of therapeutic interventions could be made as it provides mental health professionals with a structured, culturally sensitive framework to improve intervention effectiveness. With a framework, practitioners can get training and skill enhancement when it comes to trauma-informed care on childhood trauma among young adults. Framework that comes from this study could help with measuring the outcomes of interventions done. This is especially helpful when improvements and necessary adjustments need to be made. It gives an idea for practitioners on a point to start and when to make any changes.

The study also informs policy and supports targeted programs. This research hopes to be the guide for policymakers in developing targeted mental health programs and resources that address the specific needs of young adults. This study also hopes to encourage evidence-based practices in the field of trauma-informed care and could help with incorporating effective intervention in existing practices of resilience and healing. A framework could provide a more systematic implementation of interventions that can be done for childhood trauma coping which could help organisations and practitioners to prioritise and sort their resources according to the needs of their clients.

Finally, it also empowers Malaysian young adults in a way that it offers effective coping strategies that could reduce the long-term psychological impact of childhood trauma. The young adults could apply the interventions in their daily lives for self-help. Overall, having a framework for healthy coping promotes resilience in the community and hopefully establishes a society that is aware of the adversity of childhood trauma and lifts stigma off the community.

1.10 Scope of Study

This study focuses on Malaysian young adults aged 18 to 40 who have experienced childhood trauma. Although some international literature defines young adulthood as 18 to 29 years old, the broader age range used here is informed by Malaysian sociocultural and policy contexts. The Malaysian Youth Policy (2015) defines youth as individuals aged 15 to 30, but various national reports and regional classifications extend the transitional period of youth and emerging adulthood up to 35–40 years, reflecting prolonged financial dependency, extended education pathways, and delayed social role transitions within Malaysian society.

This wider definition is particularly relevant for trauma survivors as unresolved trauma, emotional dysregulation, and disrupted developmental processes may delay psychosocial maturity and prolong reliance on family systems well into the late 30s. Therefore, the chose age range captures the lived realities of Malaysian young adults who continue to navigate identity formation, emotional challenges, and coping development beyond the narrow 18-29 bracket.

The study focuses specifically on coping mechanisms, emotional regulation, and resilience among young adults with childhood trauma. Data were collected from Malaysian participants across multiple settings to capture diverse backgrounds. The research investigates coping patterns using a mixed-methods design and evaluates a psychoeducational intervention tailored to

Malaysian cultural contexts. The scope excludes clinical populations diagnosed with psychiatric disorders and individuals concurrently receiving psychotherapy.

1.11 Limitation of Study

There are several limitations worth mentioning in this study. Firstly, it takes a longer process to test the objectives and findings of the study. Need assessment requires a lot of effort to recruit participants and it takes a longer time to conduct thorough findings before analysis is done to draft a framework. Stigma around the topic is where researchers have to learn how to communicate and discuss about the topic without prejudice and with more compassion. Since most of the respondents preferred anonymity and flexibility, an online approach is taken and there could be limited findings especially when it comes to conducting interviews with more openness and rapport building. Virtual data collection also means that there could be limitations in terms of possible technical issues or lack of access to reliable internet for some participants. There is also a limitation for sample size and generalisability where there's a limit to approximately 200 participants for quantitative phase and 10 participants in the qualitative phase. The findings from this amount may not be generalisable to all Malaysian young adults when we compare it to their population. With self-reported data, it is worth mentioning that the reliance on self-reported data may introduce bias. This is where the participants may underreport or overreport their experiences on childhood trauma.

1.12 Summary

In summary, this chapter mentioned about the consequences that could haunt an individual's life if no further intervention is to be taken. The issues surrounding childhood trauma

and legal act for children in Malaysia are also discussed in this chapter. The objectives, research questions, definitions, significance and limitations are explained.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter provides the review of past literature related to childhood trauma, coping strategies, and the theoretical perspectives that underpin this study. It synthesises past work on childhood trauma, its effects in young adulthood, and the coping mechanisms that survivors adopt, including maladaptive and adaptive responses. This chapter also highlights the role of cultural context in shaping coping patterns and introduces existing frameworks and interventions relevant to childhood trauma. Chapter 2 presents the conceptual and theoretical frameworks that guide the development of the Healthy Coping Intervention Framework for Malaysian young adults.

2.2 Literature Review

This literature review aims to evaluate existing research on childhood trauma and coping strategies of the adults. This chapter consists of literature review of concepts of childhood trauma, the effects of childhood adversity, coping responses to trauma, cultural influences on coping, and healthy coping characteristics. It also discusses relevant theories and existing frameworks that inform present study.

2.2.1 Childhood Trauma

Childhood trauma are the distressing events and experiences that happened in a person's childhood which can have a long-term impact on their physical, emotional and psychological well-being. These experiences may encompass various forms of abuse that threaten children's safety or welfare. There are several types of childhood trauma that are identified across the studies of this

topic according to past literatures such as physical abuse, sexual abuse, emotional abuse, neglect, and witnessing domestic violence.

According to WHO (2024), there is an estimated one billion children who experience violence annually. UNICEF Malaysia (2022) mentioned that there is a significant underreporting and social stigma under child abuse. UNICEF Malaysia has highlighted significant issues related to the underreporting of child abuse, driven by factors such as social stigma and the discomfort surrounding discussions of sexual abuse. Stigma within communities, particularly concerning sexual abuse, remains a major barrier. According to UNICEF, 82% of frontline workers in Malaysia have expressed that community stigma negatively influences the reporting of child sexual exploitation and abuse. Additionally, social taboos surrounding discussions about sex and abuse further complicate the reporting process, leaving many cases unreported (UNICEF Malaysia, 2022).

The World Health Organisation has long recognised child maltreatment as having significant implications for human development and public health. Despite the existence of laws and ongoing efforts to address childhood trauma, it is important to acknowledge that these experiences can lead to neurobiological changes that influence human development and alter brain function. Structural alterations in the brain have direct consequences on both cognitive abilities and physical functioning. Research shows that childhood trauma is associated with physical, mental, and emotional effects that can persists into adulthood (Dye, 2018). Perry et al. (2006) in their book delved into the neurobiology of childhood trauma and presented numerous case studies, shedding light on the long-term impact on child development. It is evident that childhood trauma can have a lasting impact on an individual's development, with implications that extend throughout their lifetime. Perveen and Hua (2021) highlighted that individuals who experienced childhood

trauma may struggle with regulating negative emotions, which could impact mental health and social interactions in adulthood.

The CDC–Kaiser Adverse Childhood Experiences (ACE) Study is a landmark project examining the long-term effects of childhood trauma on health and social outcomes. Individuals with higher ACE scores which indicates cumulative exposure to adverse experiences such as abuse, neglect, and household dysfunction and faces significantly elevated risks for physical and mental health problems in later life. High ACE scores are strongly correlated with chronic conditions (e.g., heart disease, cancer, diabetes), depression, anxiety, and substance abuse, as well as risky behaviours, social problems, and early mortality (Felitti et al., 1998). These findings underscore the importance of early intervention and trauma-informed care.

By clarifying the significance and consequences of child maltreatment, the literature emphasises the urgent need to address this issue and implement preventive measures to support healthy development. It is extensively documented that abused children are at risk of sadness, anxiety, regressive or withdrawal behaviours, self-harm, and post-traumatic stress disorder (Cheah & Choo, 2016).

In Malaysia, the prevalence of child abuse and neglect is a growing concern. The National Health and Morbidity Survey (NHMS, 2017) reported that nearly 10% of Malaysian children have experienced abuse or neglect. This figure highlights the need for urgent intervention, especially given rising mental health issues among adolescents. Adolescents who have faced abuse are at heightened risk of depression, anxiety, and PTSD. The impact of early traumatic experiences is long-lasting, with many struggling with emotional regulation, relationship difficulties, and academic challenges.

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2.2.1.1 Childhood Trauma Among Young Adults

Recent research suggests that young adults' mental health is closely linked to the nature and pattern of ACE exposure rather than the sheer number of adversities. Ho et al. (2020), in a study on students in East Asia, used latent class analysis to identify three main patterns of ACE exposure: Class 1 (Low ACEs), Class 2 (Household Violence), and Class 3 (Household Dysfunction), constituting 76.0%, 20.6%, and 3.4% of the sample respectively. When controlling for age and sex, those in Class 2 exhibited higher rates of depression and maladjustment compared to Class 1, while individuals in Classes 2 and 3 showed higher anxiety levels and were more likely to meet criteria for PTSD.

Zhang et al. (2020) conducted a meta-analysis on the prevalence of childhood trauma among adults with affective disorders, using the Childhood Trauma Questionnaire. The analysis supports strong associations between adverse childhood experiences and adult mental health issues, aligning with broader literature linking childhood trauma to long-term emotional challenges.

In Malaysia, Ghazali, Chen, and Aziz (2018) examined childhood maltreatment among delinquent adolescents and found that those with histories of abuse or neglect were at increased risk of PTSD and depression. The compounding impact of trauma and delinquent behaviour contributes to a cycle of mental health challenges that complicate recovery. If left unaddressed, trauma-related mental health issues can persist into adulthood, increasing the risk of chronic psychological distress and behavioural problems. These findings reinforce the need for early trauma-specific interventions and trauma-informed care within Malaysian juvenile and mental health systems.

Perveen and Hua (2021) investigated the effects of childhood trauma on emotional regulation among Malaysian adults. They reported that adults with a history of ACEs often have

difficulty managing negative emotions, which may lead to heightened stress sensitivity and long-term emotional difficulties. This supports the link between ACEs and emotional dysregulation and highlights the importance of developing coping interventions for young adults with childhood adversity.

2.2.2 Effects of Childhood Trauma

The literature consistently shows that childhood adversity has long-term psychological, emotional, and behavioural consequences. Studies by Anda et al. (2006) and Edwards et al. (2003) demonstrate that cumulative ACEs increase the risk of anxiety, depression, and other psychiatric disorders in adulthood. Anda et al. (2003) argued that ACEs disrupt emotional development, contributing to maladaptive coping strategies and emotional instability. Edwards et al. emphasised that ACEs are among the strongest predictors of adult depressive disorders.

Childhood adversity can affect survivors' worldview and sense of safety. The Theory of Shattered Assumptions (Janoff-Bulman, 1992) proposes that traumatic experiences may challenge beliefs that the world is benevolent, meaningful, and that the self is worthy. For survivors of childhood trauma, early experiences of betrayal, powerlessness, or violence may disrupt their basic sense of safety and trust, leading to persistent feelings of vulnerability and worthlessness. Studies show that the shattering of core beliefs is associated with emotional dysregulation and difficulties forming secure interpersonal relationships in adulthood (Dekel, Ein-Dor, & Solomon, 2012).

In Malaysian context, the cultural values emphasise familial loyalty and silence around trauma, conflicts between idealised family narratives and lived experiences may further deepen the psychological impact of adversity. Literature highlights that unresolved childhood trauma contributes to emotional overwhelm, chronic stress, and impaired functioning, which reinforces the need for interventions that address both the emotional and meaning-making aspects of trauma.

2.2.3 Coping Strategies

Coping strategies refer to the conscious efforts, behavioural responses, and psychological techniques individuals use to manage and adapt to stressful or challenging situations. According to Folkman and Lazarus (1980), coping aims to alleviate emotional distress, resolve problems, and regain a sense of control in the face of adversity. Coping mechanisms significantly influence how individuals navigate stress and trauma, affecting their overall well-being and resilience.

Carver et al. (1997) identified various coping strategies that can be broadly classified as adaptive or maladaptive. Adaptive coping strategies such as problem-solving, seeking social support, and positive reframing help individuals manage stress effectively. Maladaptive coping, including substance abuse, avoidance, and rumination, may cause stress and increase vulnerability to mental health problems. Understanding these coping mechanisms provides insight into how survivors of childhood trauma respond to ongoing stressors.

2.2.3.1 Coping Mechanisms in Response to Trauma

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) offers a comprehensive understanding of how people evaluate and manage stress. The model distinguishes between primary appraisal (assessing whether an event is a threat, challenge, or neutral) and secondary appraisal (evaluating available coping resources). It also differentiates between problem-focused coping (addressing the source of stress) and emotion-focused coping (managing emotional responses).

While originally developed in the context of acute stress, subsequent research has extended the model to trauma-related contexts. However, some limitations remain when applying it to

chronic trauma, as it does not fully account for survival-based responses commonly seen in individuals with histories of childhood maltreatment.

Trauma-specific literature illustrates how chronic adversity shapes coping. Cicchetti and Toth (2005) discussed how chronic childhood maltreatment disrupts typical coping processes and fosters survival-oriented strategies such as hypervigilance and emotional numbing. These strategies may be adaptive short-term but can become maladaptive over time. Fan et al. (2023) examined childhood trauma and suicidal ideation among Chinese adolescents, highlighting that while character strengths may buffer some effects, unresolved trauma and perceived stress can contribute to maladaptive outcomes, including increased suicide risk. Cloitre, Cohen, and Koenen (2011) emphasised that avoidance and withdrawal often emerge as defence mechanisms but lead to long-term challenges in emotional regulation and relationships.

Thompson et al. (2014) explored the "fight, flight, and freeze" responses among survivors of chronic childhood maltreatment. They found that heightened threat sensitivity and instinctual survival reactions complicate emotional regulation and can manifest as aggression, dissociation, or numbness, affecting adult functioning and relationships. These survival-based coping mechanisms highlight the need for trauma-informed interventions that explicitly address emotional regulation and safety.

2.2.3.2 Cultural Influences on Coping Strategies

Coping strategies are shaped not only by individual factors but also by cultural values and social norms. Han et al. (2022) found that individualistic cultures such as Canada tend to favour problem-focused coping, while collectivist cultures such as Japan rely more on relational and acceptance-based strategies. Ungar (2013) emphasised that resilience is often community-based in collectivist societies, where social support and shared coping practices play a central role.

Lehrner and Yehuda (2018) suggested that cultural and historical contexts can shape stress responses across generations, particularly in communities exposed to collective trauma. Raghavan and Sandanapitchai (2024) reported that resilience to trauma varies based on cultural values, which may promote either community-focused or individualised resilience. Rizzi et al. (2023), in their review of coping among displaced Ukrainian populations, highlighted the protective role of community support.

In Malaysia, Cheah and Choo (2016) discussed how cultural practices and beliefs influence coping and mental health. They highlighted the importance of community support, religious coping, and family dynamics in shaping how individuals respond to trauma. They also underscored the need for culturally sensitive frameworks in trauma intervention, where traditional values, familial expectations, and stigma around mental health are carefully considered.

2.2.3.3 Previous Studies on Strategies of Coping with Childhood Trauma

Research has examined how individuals with childhood trauma employ different coping mechanisms and how these relate to mental health outcomes. Coping strategies that focus on avoidance, denial, or substance use have been linked with higher rates of depression, anxiety, and PTSD, whereas strategies such as seeking support, positive reframing, and problem-solving are associated with better adjustment (Compas et al., 2001; Folkman & Moskowitz, 2004).

Cicchetti and Toth (2005), Cloitre et al. (2011), and Thompson et al. (2014) collectively show that many trauma survivors initially rely on survival-based strategies that may later become maladaptive. Malaysian-based studies (e.g., Ghazali et al., 2018; Perveen & Hua, 2021) further emphasise the link between childhood maltreatment, emotional dysregulation, and maladaptive coping, reinforcing the need for interventions that promote healthier coping patterns.

2.2.3.4 Healthy Coping Characteristics of Young Adults

Healthy coping among young adults with childhood trauma is closely linked to resilience, emotional regulation, and access to supportive relationships. Masten (2001) described resilience as "ordinary magic," emphasising that adaptive coping skills, supportive family or peer networks, and a sense of purpose contribute to positive adaptation after adversity. Masten et al. (1999) and Skinner and Zimmer-Gembeck (2007, 2016) highlighted that coping strategies develop across childhood and adolescence, and early patterns can influence later responses to stress.

In emerging adulthood, new life stressors require flexible coping strategies to maintain mental health and stability. Leipold et al. (2019) and Liu et al. (2023) noted that adaptive coping in young adulthood can mitigate anxiety, depression, and stress. Adaptive coping includes problem-solving, help-seeking, cognitive restructuring, and acceptance, while humour, meaning-making, and narrative reframing can further support resilience. Recognising these characteristics is important for designing interventions that strengthen healthy coping among young adults with childhood trauma.

2.2.4 Theoretical Perspectives on Trauma and Coping

The literature on trauma and coping is grounded in several key theoretical perspectives that explain how individuals appraise stress, respond to adversity, and build resilience over time. These include the Transactional Model of Stress and Coping, Resilience Theory and Narrative Theory. These perspectives provide a foundation for understanding how Malaysian young adults with childhood trauma cope and how an intervention framework can support healthier outcomes.

2.2.5 Existing Framework/Interventions for Childhood Trauma Survivors

Existing interventions for childhood trauma survivors commonly draw from Cognitive Behavioural Therapy (CBT), trauma-focused CBT, resilience-based programs, and psychoeducational approaches. CBT, as introduced by Beck (1967), equips individuals with tools to identify and modify maladaptive thoughts and behaviours related to trauma. Trauma-focused adaptations of CBT incorporate exposure, cognitive restructuring, and skills training to address PTSD symptoms and trauma-related beliefs.

Resilience-based interventions emphasise strengthening protective factors including emotional regulation, problem-solving skills, and supportive relationships (Masten, 2001). Some programs incorporate psychoeducation on trauma and coping, helping survivors understand their reactions and develop healthier strategies. However, the literature indicates that many of these frameworks are developed in Western contexts and may not fully align with Malaysian cultural norms, family structures, or help-seeking patterns. Cheah and Choo (2016) highlighted the need for culturally sensitive intervention models that consider local beliefs, community dynamics, and stigma.

To date, there is limited evidence of a structured, culturally grounded coping framework specifically tailored for Malaysian young adults with childhood trauma. This gap further supports the need for the present study, which aims to develop and evaluate a Healthy Coping Intervention Framework suited to the Malaysian context.

2.3 Conceptual Framework

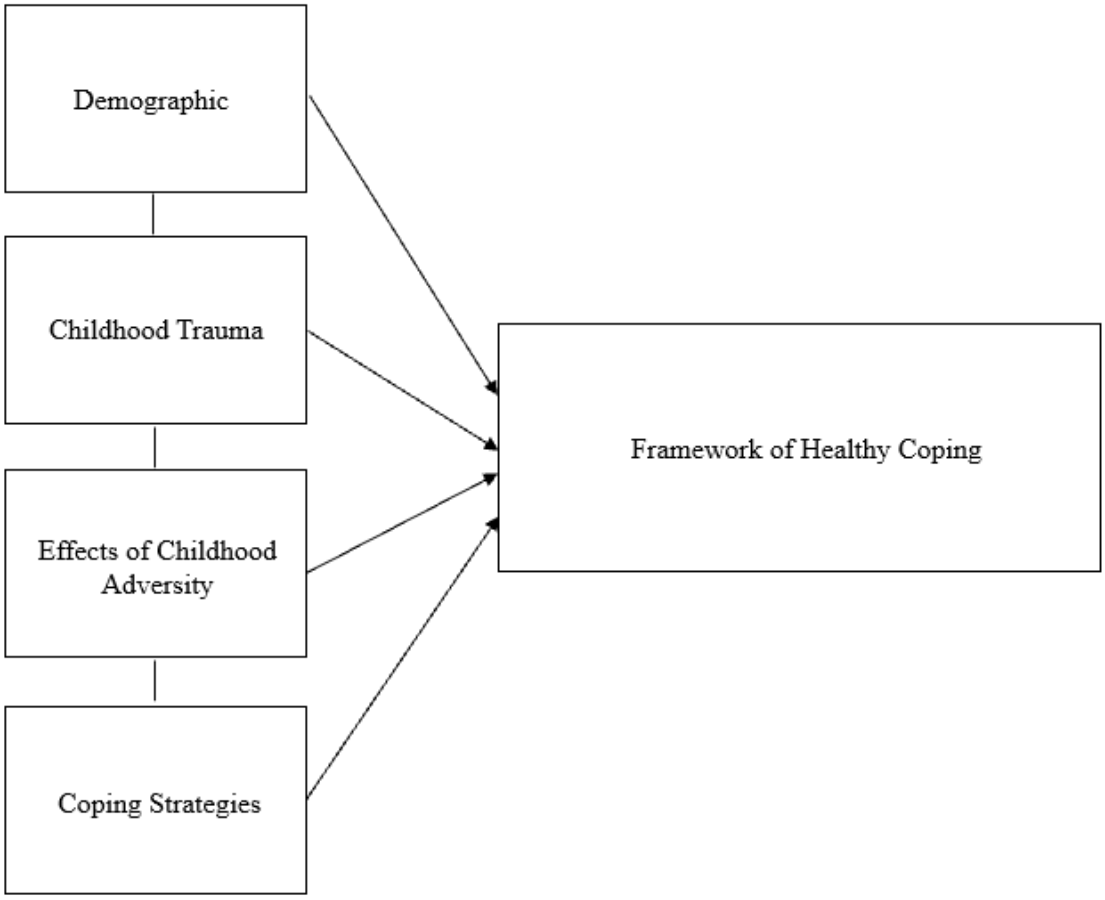


Figure 2.1: Conceptual Framework of Healthy Coping

Figure 2.1 shows the conceptual framework of healthy coping. The conceptual framework of this study outlines the main constructs examined: childhood trauma, effects of childhood adversity, and coping strategies. It illustrates how these constructs interact to aid development of the Health Coping Intervention Framework for Malaysian young adults. The framework is grounded in the premise that childhood trauma influences emotional, psychological, and behavioural functioning, which in turn shapes the coping strategies young adults use. These constructs are assessed in Phase 1 through validated measures, and the integrated findings form

the foundation for the framework development in Phase 2 and intervention implementation in Phase 3.

2.3.1 Demographic Information

Demographic variables (age, gender, ethnicity, education) provide contextual information essential for interpreting trauma patterns and coping behaviours. Young adults in this study are defined as ages 18–40, based on the Malaysian Youth Policy (2015) and regional interpretations of emerging adulthood.

2.3.2 Childhood Trauma

Childhood trauma is assessed using the Childhood Trauma Questionnaire-Short Form (CTQ-SF). The CTQ-SF is a validated tool that measures different dimensions of childhood trauma, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect (Bernstein et al., 2003). These dimensions reflect the severity and patterns of trauma exposure among Malaysian young adults. They serve as a primary input into understanding the long-term psychological effects explored in this study.

2.3.3 Effects of Childhood Adversity

The effects of childhood adversity represent the emotional, psychological, and relational challenges that may persist into young adulthood. These effects include emotional dysregulation, maladjustment symptoms, relationship difficulties, and negative beliefs about the self. All of the elements identified in the literature as consequences of ACEs. are evaluated using a custom set of questions derived from relevant literature. In this study, these effects are explored through

researcher-developed items based on past literature, allowing the study to capture context-specific indicators relevant to Malaysian young adults.

2.3.4 Coping Strategies

Coping strategies encompass the behavioural and cognitive responses used to manage stress or trauma-related distress. They are measured using the Brief COPE, which identifies 14 coping subscales representing adaptive and maladaptive strategies.

By examining coping strategies quantitatively and qualitatively, the study captures how childhood trauma influences coping tendencies and how certain strategies may reinforce or mitigate trauma effects.

2.4 Theoretical Framework

This study is guided by three theoretical perspectives that explain how individuals understand, respond to, and recover from childhood trauma: (1) Transactional Model of Stress and Coping, (2) Resilience Theory, and (3) Narrative Theory. The theories provide a comprehensive understanding of how individuals appraise, respond to, and make sense of stress and adversity, as well as how well they build resistance and re-author their narratives in life.

The Transactional Model of Stress and Coping, Resilience Theory, and Narrative Theory form the foundation of the Healthy Coping Intervention Framework. The Transactional Model guides the understanding of coping processes and informs the assessment of coping strategies. Resilience Theory highlights the importance of strengthening protective factors and adaptive systems to support recovery from early adversity. Narrative Theory provides insight into how young adults make meaning of their traumatic experiences and how these narratives influence coping and identity. These perspectives guide the development of a culturally relevant intervention

framework that promotes coping awareness, emotional regulation, resilience, and healthier meaning-making among Malaysian young adults affected by childhood trauma.

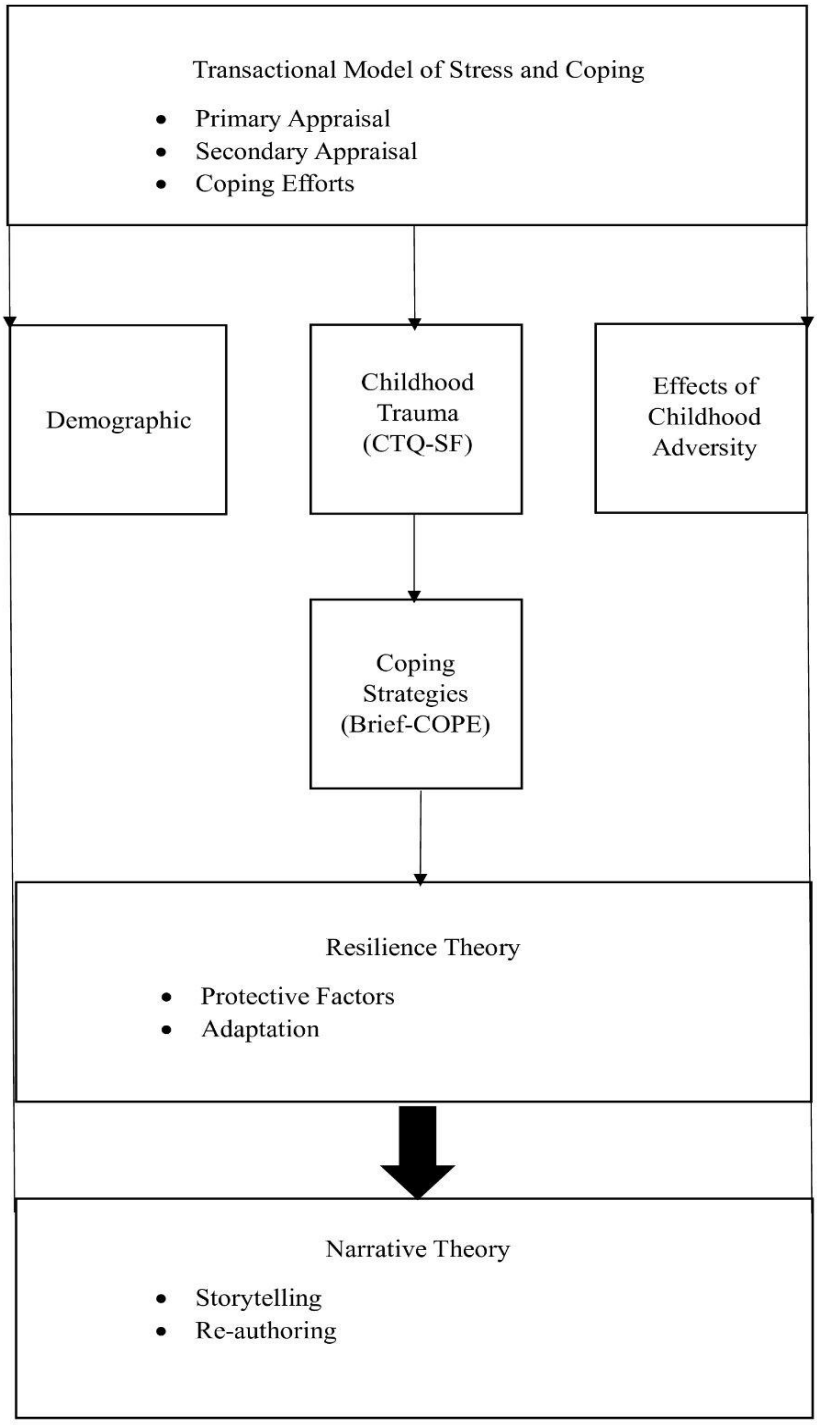


Figure 2.2: Theoretical Framework of Healthy Coping

2.4.1 Transactional Model of Stress and Coping (Lazarus & Folkman, 1984)

The first framework to be discussed is the Transactional Model of Stress and Coping (Lazarus & Folkman, 1984). The Transactional Model of Stress and Coping, proposed by Lazarus and Folkman (1984), has been instrumental in shaping stress and coping research over the past five decades (Biggs et al., 2017). This model emphasises that coping is not a static response but rather a dynamic process that involves continuous interaction between individuals and their environments. The model suggests that an individual's ability to cope with stress is highly influenced by their cognitive appraisal of stressors and the coping strategies they employ to manage these stressors.

The Transactional Model of Stress and Coping proposes that stress is not inherent in events themselves but arises from how individuals appraise and interpret those events. Coping occurs through two major appraisal processes:

1. Primary Appraisal: Individuals evaluate whether an experience is threatening, harmful, or challenging.
2. Secondary Appraisal: Individuals assess whether they have sufficient resources to manage the stressors.
3. The model identifies two major categories of coping:
    - Problem-focused coping includes strategies aimed at addressing the stressor directly, such as problem-solving, planning, and taking action.
    - Emotion-focused coping, on the other hand, seeks to manage the emotional distress associated with the stressor and includes strategies such as avoidance, minimization, and seeking social support.

Although the model was originally developed for acute stress, it has been widely adapted to understand trauma-related responses, where survivors may appraise traumatic memories or emotional triggers as ongoing threats.

2.4.2 Resilience Theory (Masten, 2001)

The next framework is the Resilience Theory by Masten (2001). Resilience Theory conceptualises resilience as a dynamic process through which individuals adapt positively despite significant adversity. Rather than viewing resilience as a trait, Masten emphasises the role of protective factors (e.g., supportive relationships, problem-solving skills), adaptive systems (e.g., emotional regulation, self-efficacy), and positive adaptation despite adversity. Childhood trauma can disrupt these protective systems, but resilience can be strengthened through targeted interventions.

2.4.3 Narrative Theory

The theory that can be discussed is the Narrative Theory in viewing childhood trauma which can help individuals to make sense of and cope with their experiences. Narrative Theory suggests that humans are natural storytellers (Sugiyama, 2001). Narrative is used in counselling in which the prominent figures that used the said theory in therapy are Michael White and David Epston (1990). White (1992) mentioned that the meaning of life is constructed by individuals in the way of interpretative stories which are treated as the ‘truth’. Individuals tend to internalise the messages from dominant culture narratives because of their power. This usually happens against the life opportunity of the individual. This develops an emphasis on the importance of understanding how children construct narratives about their traumatic experiences and their meanings The questions that could be explored with this theory is what is the dominant narrative

that the child has developed around the trauma, similar to what has been mentioned by White (1992).

Narrative Theory suggests that individuals make sense of their lives through the stories they tell about themselves. Traumatic experiences can lead to the development of negative or restrictive narratives such as “I’m not safe”, “it was my fault”, and “I am unworthy”.

2.5 Summary

This chapter has discussed the literature on childhood trauma, its effects during young adulthood, coping strategies and their cultural influences, and theoretical perspectives relevant to trauma and coping. It also highlighted existing frameworks and interventions, noting the lack of a culturally grounded coping framework for Malaysian young adults with childhood trauma. These gaps provide the foundation for the current study, which aims to develop and evaluate a Healthy Coping Intervention Framework informed by the Transactional Model of Stress and Coping, Resilience Theory, and Narrative Theory.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodology used to develop the Healthy Coping Intervention Framework for Malaysian young adults with childhood trauma. A sequential explanatory mixed-methods design was employed across three phases. Phase 1 involved a needs assessment using quantitative surveys and qualitative interviews. Phase 2 involved integrating findings to develop the conceptual framework and module, followed by expert validation, face and construct validity, and a pilot study. Phase 3 involved the full implementation of the refined module with pre- and post-assessment. This chapter details the research design, sampling procedures, instruments, translation process, validity and reliability strategies, treatment fidelity, ethical procedures, and data analysis techniques used in each phase.

3.2 Research Design

Explanatory sequential mixed method research design is used in this study, which integrates quantitative and qualitative data to understand trauma, coping strategies, and intervention effectiveness. This design is appropriate because childhood trauma involves complex psychological and social dimensions that cannot be captured through a single method (Creswell & Plano Clark, 2018). Both quantitative and qualitative elements are used in mixed method research which continuously adopts both methodologies which finds the truth and helps better understand a research problem better (Navarro et al., 2019). The research is divided into three phases, which they are all interconnected:

1. Phase 1: Quantitative surveys and qualitative interviews were used to identify trauma patterns, coping strategies, and psychological effects.
2. Phase 2: Findings from Phase 1 were integrated to construct the conceptual framework and draft the intervention module. Expert validation and a pilot study ensured clarity, cultural relevance, and feasibility.
3. Phase 3: The final module was implemented with new participants using pre–post assessments.

This process reflects mixed-method integration. The aim was not to create an instructional design package, but to develop an empirically grounded psychological coping framework informed by trauma literature, expert input, and mixed-method evidence.

Table 3.1: Methodology of Each Objective

Phase	Objective	Research Question	Method
1	To identify the coping strategies of Malaysian young adults on childhood trauma.	What are the coping strategies of young Malaysian adults?	Quantitative Survey: A survey with a standardised coping scale (e.g., Brief COPE Inventory) will be distributed to collect data on common coping strategies. Descriptive analysis will help identify prevalent coping methods among respondents.
1 & 2	To develop an intervention framework for healthy coping on childhood trauma among young adults in Malaysia.	What are the components of healthy coping mechanisms framework on childhood trauma among young adults in Malaysia?	Qualitative Interviews and Focus Groups: Semi-structured interviews with selected participants to explore in-depth coping experiences and gather insights on framework components. Followed by focus groups to refine framework components based on collective insights.

Table 3.1 Continued

Phase	Objective	Research Question	Method
3	To identify the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.	What is the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia?	Content validity (Expert Panel) and Construct Validity: An expert panel will review the framework for content validity, while for the construct validity, it is established through theoretical mapping and expert content validation. Internal consistency reliability is assessed using Cronbach's alpha.
4	To identify the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.	What is the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia?	Reliability Testing (Internal Consistency and Test-Retest Reliability): Conduct internal consistency testing using Cronbach's alpha on the framework components to evaluate how well the items are related.

3.3 Research Procedure

Figure 3.1 depicts the detailed research flow for the development of a framework for healthy coping strategies tailored to the Malaysian context. Each phase of the research is described below, outlining the specific actions, tools, and methodologies to be employed.

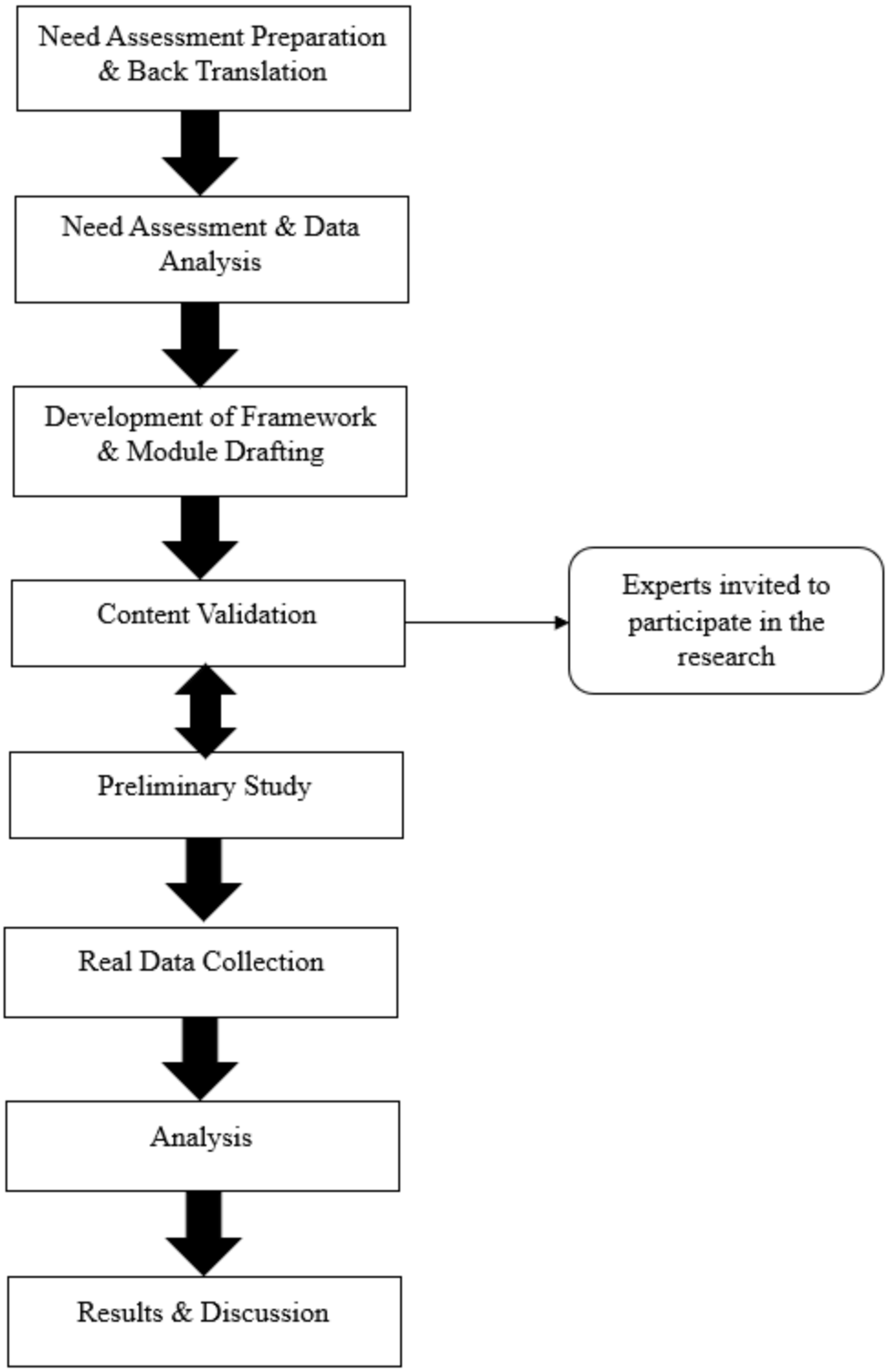


Figure 3.1: Research Flow for Development of Framework

3.3.1 Phase 1

3.3.1.1 Population and Sample

3.3.1.1.1Population

The target population for the first phase of this research is young adults according to Erik Erikson's Stages of Development which is the age range between 18 to 40 years old. The population comprised Malaysian young adults aged 18–40, consistent with the Malaysian Youth Policy (2015) and regional conceptualisations of emerging adulthood. Individuals who had experienced childhood trauma before age 18 were the target population. The Department of Statistics Malaysia (DOSM) mentioned in 2019 that the population of young adults consists of 9,072,200 out of the total of 33,401,800 Malaysians which is an estimate of 27.14% young adults in Malaysia.

3.3.1.1.2 Sample Size

To ensure the reliability and validity of the study, a sample size of 205 participants has been determined. The sample size is chosen based on several considerations such as to capture a diverse range of experiences and perspectives. A larger sample size enhances the statistical power of the study and increases the generalisability of the findings (Creswell & Creswell, 2017). A sample size of 200 is large enough to allow for meaningful subgroup analysis. For the qualitative component, 10 participants were selected for in-depth interviews. These sample sizes are acceptable for mixed-method needs assessments (Creswell, 2014) and sufficient to achieve thematic saturation for qualitative interviews (Guest et al., 2006).

3.3.1.1.3 Sampling Technique

The sampling technique used in this study is purposive sampling. Purposive sampling involves selecting participants who meet specific criteria relevant to the research objectives (Patton, 2014).

Verification of trauma exposure was carried out using CTQ-SF trauma cut-off scores. Recruitment occurred through social media postings, youth networks, and mental health community platforms. The inclusion criteria includes Malaysian citizens, aged 18-40, has childhood trauma experience which is validated using CTQ-SF, and communicate in English or Malay. No participants withdrew during this phase.

3.3.1.2 Need Assessment

The research begins with an intensive needs assessment preparation phase, which includes designing and translating the research instruments. The steps in this phase are as follows:

1. **Selection for Questionnaires:**

   The Childhood Trauma Questionnaire-Short Form (CTQ-SF) and Brief-COPE have been selected as primary instruments for assessing childhood trauma and coping mechanisms, respectively.

2. **Development of Additional Survey:**

   A custom survey, specifically designed to assess the effects of childhood adversity in Malaysian young adults, is developed. This survey incorporates culturally relevant factors and experiences, aiming to capture nuances that may not be reflected in standardised instruments.

3. **Target Population and Sample Size Determination:**

   The study will focus on Malaysian young adults who have experienced childhood trauma. The sampling technique will be purposive, and sample size calculations will be performed using G*Power to ensure adequate power for both the needs assessment and the final intervention phases.

4. **Back Translation of Instruments:**

   To ensure cultural and linguistic accuracy, all questionnaires, including the newly developed survey, will undergo a rigorous back translation process. As Van de Vijver and Leung (1997) emphasise, back translation ensures conceptual equivalence by translating the instruments from the source language (English) to the target language (Malay), and then back into the source language by an independent translator. This process helps identify discrepancies and ensures that the meaning of items is preserved across languages.

3.3.1.2.1 Need Assessment (Quantitative)

There are two parts of need assessment: quantitative and qualitative. The quantitative part of the need assessment will include the use of compiled surveys and questionnaires, while the qualitative part will be the protocol interview. The instrumentation that will be used in this research is a set of questionnaires that consists of four sections: demographic survey, Childhood Trauma Questionnaire (CTQ-SF), and Brief Coping Orientation to Problems Orientation (Brief-COPE). A set of questionnaires to view the effects of childhood trauma is also created. This set of questionnaires is then sent for back translation by Malaysian Institute of Translation & Books (ITBM). The questionnaires and surveys will be compiled into an online format (e.g., Google

Forms) and advertised through social media platforms to recruit participants. Inclusion criteria will be clearly outlined, and efforts will be made to ensure a diverse sample of Malaysian young adults.

3.3.1.2.1.1 Demographic Profile

The respondents will fill in demographic information such as age, gender, ethnicity, religion, occupation, level of education, age when childhood trauma started, duration of childhood trauma and perpetrator. The targeted respondents need to be between 15 to 40 years old and identified as Malaysians.

3.3.1.2.1.2 Childhood Trauma Questionnaire (CTQ-SF)

In this study, the Childhood Trauma Questionnaire Short Form (CTQ-SF), developed by Bernstein and Fink in 1998, is used as the main tool for assessing childhood trauma. This questionnaire consists of 28 items, with 25 dedicated to evaluating different aspects of childhood trauma and three focusing on potential denial or bias in responses. These items are grouped into five subscales, each containing five items: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Respondents rate their experiences on a 5-point Likert scale, ranging from "never true" to "always true." The scoring ranges from 1 (never true) to 5 (very often true). The interpretation has subscale scores are categorised into None, Low, Moderate, and Severe. By using this structured approach, the CTQ-SF allows this study to explore various dimensions of childhood trauma, providing valuable insights into its prevalence and impact on individuals' lives. Internal consistency for CQ-SF ranged from 0.70-0.89. Using CTQ-SF helps researchers with finding the types and levels of abuse that have been faced by the young adults in Malaysia.

3.3.1.2.1.3 Brief Coping Orientation to Problem Experienced (Brief-COPE)

The Brief-COPE, developed by Carver et al. in 1997, is a widely used tool for examining how people handle stress. It consists of 28 items that tap into 14 coping strategies, including Active Coping, Use of Instrumental Support, Positive Reframing, Planning, Use of Emotional Support, Self-Distraction, Venting, Humour, Acceptance, Religion, Self-Blame, Denial, Substance Abuse, and Behavioural Disengagement. The scoring is from 1 (I haven't been doing this at all) to 4 (I've been doing this a lot). Internal consistency ranged from 0.70-0.89. This questionnaire allows individuals to express how they typically deal with challenges they face. With Meyer's methodology, the scores can be analysed to understand both adaptive and maladaptive coping methods. This approach offers valuable insights into how individuals navigate stress, guiding the development of targeted interventions to support them better.

3.3.1.2.1.4 Effects of Childhood Adversity

A set of 11 items was developed to assess the psychological, emotional, behavioural, and functional impacts associated with childhood adversity among Malaysian young adults. These items were adapted from existing literature that highlights common adverse outcomes linked to early trauma exposure (Noor Azaf et al., 2022; De Bellis et al., 2014). The items capture domains frequently reported in trauma research, including emotional distress, interpersonal functioning, behavioural patterns, and academic or occupational performance. All items were presented in binary format ("Yes/No"), enabling participants to indicate whether they currently experience each effect. This format is appropriate for exploratory needs assessment, where the objective is to identify the prevalence of trauma-related difficulties rather than to diagnose or measure severity.

The 11 items reflect four main categories:

1. Do you face mental struggles? (such as stress, suicidal ideation, suicidal plans, or even suicide attempts)
2. Do you act aggressively in some days?
3. Do you tend to withdraw yourself from your social circle?
4. Do you feel depressed?
5. Do you feel anxious all the time?
6. Do your childhood trauma affect your academic / work performances?
7. Do you have sexual desires or sexual experiences that are deemed different from other people?
8. Do you have difficulty in handling social and psychological challenges?
9. Do you feel angry all the time?
10. Do you think childhood adversity contributes to some issues in your adulthood?
11. Do you suffer from persistent health problems (that has never occurred before your childhood traumatic events)?

3.3.1.2.2 Need Assessment (Qualitative)

In this part of the need assessment, protocol interviews will be carried out. Protocol interviews are widely used in need assessments within research because they provide structured, in-depth insights into specific behaviours, attitudes, and needs of a target population. This method allows researchers to gather qualitative data that can offer a deeper understanding of the participants' experiences, perspectives, and contexts, which is critical for identifying needs and designing effective interventions.

In a need assessment, protocol interviews help researchers systematically collect data on key issues, such as challenges, resources, and gaps in services or knowledge. Witkin & Altschuld

(1995) emphasised the value of structured data collection methods, like protocol interviews, in ensuring consistency across interviews. They stress that this structured approach helps maintain reliability while still allowing researchers the flexibility to explore participants' individual experiences in depth. This flexibility is critical when identifying the needs of a population, ensuring that interventions can be tailored effectively.

The protocol interview in this study is set to be a semi-structured interview. 10 participants from the young adults category will be invited to contribute to the research as interviewees. The interview will consist of the questions based on the participants' background, childhood, childhood traumatic experiences, the effects from the setbacks, their coping mechanisms and the things that could be done to help individuals like themselves.

Participant Information Sheet and informed consent forms will be handed out and signed by the participants before the interview. Participants should fully acknowledge the detail of the interview and how the data that they contributed will be handled throughout the research.

3.3.1.2.3 Data Analysis

3.3.1.2.3.1 Quantitative Data Analysis

Quantitative data from the CTQ-SF, Brief-COPE, and the Effects of Childhood Adversity questionnaire were analysed using SPSS Ver 29. The analysis allows identification of trauma-related coping trends and informed the construction of the intervention framework. The analysis involved three key steps:

1. Data Cleaning and Screening: Missing values, outliers, and response patterns were checked. Bootstrapping procedures were used because trauma data typically show non-normal distribution.

2. Descriptive Statistics: Frequencies, means, standard deviations, and percentage distributions were calculated to summarise demographic patterns, trauma exposure levels, and coping strategy tendencies.
3. Inferential Analysis: A bootstrapped independent samples t-test was used to compare coping scores between groups with low and high trauma exposure, as recommended for non-normally distributed psychological datasets. Bootstrapping allowed for more stable p-values and confidence intervals. Effects sizes (Cohen's d) were calculated to determine magnitude of group differences.

3.3.1.2.3.2 Qualitative Data Analysis

Interviews were analysed using Thematic Analysis following Braun and Clarke (2006) which includes familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. To ensure the trustworthiness, the study used peer debriefing with the supervisor, member checking with the participants, and cross-verification with quantitative data (triangulation). These procedures strengthened the credibility and confirmability of Phase 1 findings.

3.3.1.2.4 Validity and Reliability

Validity and reliability procedures were incorporated throughout Phase 1 to ensure that the instruments and procedures accurately captured the constructs under investigation.

Validity looks into the extent an instrument measures what it is intended to measure which ensures the accuracy and appropriateness of the research findings. Roberts & Priest (2006) mentioned that it is the closeness of what is one measuring to what is intended to measure. The validity of the Phase 1 survey is established through literature alignment, and a pilot test to ensure face and content validity. Instrument validity refers to how well a tool measures what it intends to

measure (Roberts & Priest, 2006). The CTQ-SF and Brief COPE were selected due to their extensive psychometric support across diverse populations. Both instruments demonstrate strong structural validity and are commonly used in trauma and coping research.

For the researcher-developed "Effects of Childhood Adversity" questionnaire, content validity was established through a literature-driven item development process and expert consultation. According to DeVellis and Thorpe (2021), content validity is strengthened when items comprehensively represent the conceptual domain. Each item was mapped to constructs supported by trauma literature.

Construct validity was supported by aligning all instruments with the theoretical framework guiding the study (Transactional Model of Coping, Resilience Theory, Narrative Theory). This ensures that items reflect underlying trauma and coping processes as described in existing models (Mitchell & Jolley, 2004).

Internal reliability for quantitative instruments was assessed using Cronbach's alpha, with all subscales meeting or exceeding the recommended $\alpha \geq .70$ threshold, indicating acceptable to excellent reliability.

For participants completing Malay versions of the instruments, a forward–backward translation procedure was conducted to maintain conceptual and linguistic equivalence. The translation was performed by a qualified expert, and a verification step ensured no loss of meaning.

There are several procedures support the credibility and dependability of the qualitative findings. To ensure rigor in the qualitative phase, the study employed:

4. Member Checking: Participants verified the accuracy of summary interpretations of their responses.

5. Peer debriefing: Coding decisions and emerging themes are discussed with the research supervisor to enhance reflexive clarity.
6. Data triangulation: Qualitative themes are compared with quantitative findings (e.g., patterns of maladaptive coping, trauma severity) to strengthen interpretive coherence across data sources.

3.3.1.2.4 Ethical Consideration

Prior to participation, all potential respondents will be provided with a detailed participant information sheet, which outlines the purpose of the study, the procedures involved, potential risks and benefits, and measures to ensure confidentiality. Participants will sign an informed consent form, explicitly agreeing to the use of their data and the recording of interviews for transcription and analysis.

3.3.2 Phase 2

3.3.2.1 Data Integration

From the data gathered in the first phase, quantitative trends and qualitative themes will be emerged to form clear domains of healthy coping. Themes that are found from the data are used to design the framework and structure the psychoeducational module. The results from both quantitative and qualitative analyses will be synthesised to create a holistic understanding of how Malaysian young adults cope with childhood trauma. Common themes, patterns, and significant statistical findings will be combined to guide the development of the framework. Thematic integration synthesises data from quantitative surveys and qualitative interviews. For example, coping strategies such as “self-distraction” found in the Brief-COPE inventory align with themes from qualitative interviews, such as participants’ descriptions of “avoiding triggers.” This

integration provides a complete view of adaptive and maladaptive coping, ensuring that the module addresses both.

3.3.2.2 Framework Development and Module Drafting

Based on the integrated data, a framework for healthy coping is drafted. The Healthy Coping Framework is developed by synthesising empirical findings from Phase 1, theoretical foundations (Transactional Model of Stress and Coping, Resilience Theory, Narrative Theory), Trauma-informed care principles (SAMHSA, 2014), and cultural considerations relevant to Malaysian youth. The draft module included psychoeducation, emotional regulation skills, reflective exercises, grounding techniques, and narrative-based meaning-making activities.

3.3.2.3 Expert Review and Content Validation

Three experts were selected for the content validation process in accordance with methodological recommendations stating that 2–10 experts are acceptable for establishing content validity in early-stage intervention development (Lynn, 1986; Yusoff, 2019). The choice of three was intentional, as a panel of this size is considered adequate for achieving consistent ratings while ensuring feasibility in an applied research setting. Each expert possessed specialised experience in clinical psychology, counselling, or trauma research, ensuring that the review captured multidisciplinary perspectives necessary for evaluating conceptual clarity, cultural appropriateness, trauma sensitivity, and intervention feasibility.

A panel of 3 experts (counsellor, psychologist and academician) is to review the framework and draft module. A structured content validation form is to be completed by the experts to look at the relevance of content, cultural and ethical appropriateness, and practical feasibility. Expert Review 3 is conducted as a detailed verbal consultation due to logistical constraints, which results in narrative feedback instead of a returned rating form. The expert provides clear, specific feedback

on both the framework and theoretical grounding, structure, and delivery feasibility of the module. Ratings for each criterion is based on the explicit content of the expert's feedback. The draft of Health Coping Framework and module are reviewed using a structured expert rating form divided into two parts. Part A assesses the framework's clarity, cultural relevance, theoretical foundation, and alignment with trauma-informed practice. While Part B assesses the practical elements of the module, including clarity of objectives, cultural fit, engagement of activities and tools, and delivery flow. Each criterion is rated on a 4-point scale (1- Strongly Disagree to 4- Strongly Agree). Item-level CVI (I-CVI) is calculated for each criterion, with a minimum acceptable value of 0.78. The Scale-level CVI (S-CVI/Ave) is then computed for the overall framework and module. Written and verbal suggestions from experts are integrated to refine wording, local context, and delivery flow.

3.3.2.4 Face and Construct Validity

For face validity, it is assessed through peer review and a cognitive debriefing process involving a small group of 5-20 target participants who would evaluate the clarity, structure, and perceived relevance of survey items and module components. Face validity assesses whether the content appears to measure what it is supposed to measure (Johnson, 2021). This is also done based on superficial examination of the items by experts and non-experts. As for construct validity, it is established through alignment between module content and core theoretical frameworks mentioned above. Additionally, non-expert individuals could review the content and provide feedback on the clarity and relevance of the content (Haynes et al., 1995).

3.3.2.5 Pilot Testing and Treatment Fidelity

A pilot test is conducted with 30 participants who meet the inclusion criteria (Malaysian young adults aged 18-40 with a history of childhood adversity, and not in active crisis). The

purpose of the pilot was to examine feasibility, clarity of materials, and treatment fidelity before large-scale implementation. Treatment fidelity is used to measure the degree to which an intervention or treatment is delivered as intended by the its developers (Bellg et al., 2004). This step ensures that the treatment is implemented consistently and accurately across different setting, provider, and participants. Fidelity is critical in both research clinical practice to determine whether outcomes are truly due to the intervention and not variations in its delivery (Breitenstein et al., 2010). The key components of treatment fidelity are including adherence, dose, quality of delivery, participant responsiveness, and program differentiation. This method is essential for a few reasons:

1. Validity of research findings: It would be unclear whether outcomes are due to the intervention or poor implementation without fidelity checks (McKenna et al., 2014).
2. Reproducibility: If high fidelity is obtained, it ensures successful interventions can be replicated in other settings.
3. Clinical Effectiveness: In practice, fidelity monitoring helps maintain treatment integrity which leads to better patient outcomes. (Kimber, 2019).
4. Accountability: Treatment fidelity ensures that providers adhere to evidence-based protocols, which reduces drift or modifications that may weaken effectiveness.

Treatment fidelity is assessed and assured in this study using several key strategies:

1. Pre-Workshop Preparation: Standardised manuals and scripts can provide facilitators with detailed session outlines, slide decks, and talking points to ensure consistency (Bellg et al, 2004). “Train-the-trainer” session is conducted to standardise delivery before the actual workshop (Elraldi et al., 2024).
2. Real-time Monitoring During the Workshop: A structured checklist is used to track whether all key components of the module are delivered as planned (Breitenstein et al., 2010). Live

observation is done to score facilitator adherence and competence. Post-workshop survey is used to assess whether the content is clear and consistently delivered.

3. Post-workshop Verification: Facilitators are to give a simple logs on fidelity. Participants' learning outcomes is compared with the workshop goals to assess the knowledge and competency.

Data collection includes a self-developed pre-workshop survey that assesses participants' baseline perceptions, expectations, and current coping challenges. A facilitator checklist and observational notes to ensure treatment fidelity (if the sessions are delivered as intended), and a post-workshop survey that measures satisfaction, perceived learning, feedback on content delivery, and self-reported change. Both pre- and post- surveys are reviewed by experts for content and face validity and tested during the pilot for reliability. Based on the findings of the preliminary study, necessary amendments will be made to the module to ensure it is effective and appropriate for the target population. Based on the findings of the preliminary study, necessary amendments will be made to the module to ensure it is effective and appropriate for the target population.

3.3.2.6 Reliability

Internal consistency of survey sections is assessed using Cronbach's alpha, with a minimum threshold of $\alpha \geq 0.70$, which indicates acceptable reliability. The feedback from the pilot is also used to refine survey items, flow, and module delivery.

3.3.3 Phase 3

Phase 3 involves the full implementation of the finalised Healthy Coping Module with a new group of participants. The aim is to evaluate the acceptability of modules, practical outcomes, and treatment fidelity in a real-world setting.

3.3.3.1 Participants and Sampling

A sample of 200–250 participants was recruited using purposive and convenience sampling through social media, community groups, and youth networks. Inclusion and exclusion criteria remained consistent with Phase 2.

3.3.3.2 Procedure

3.3.3.2.1 Pre-workshop Survey

A revised version of the self-developed survey is administered to assess participants' baseline knowledge, coping challenges, and readiness to engage.

3.3.3.2.2 Module Implementation

The workshop or group sessions are delivered according to the final module structure, facilitated by trained professionals. A fidelity checklist is used to ensure consistent delivery across groups.

3.3.3.2.3 Post-workshop Survey

Participants complete the post-workshop survey, providing feedback on effectiveness, satisfaction, and perceived personal impact. Several open-ended questions are added in to allow for qualitative insight into participants' experience and suggested improvements.

3.3.3.2.4 Data Analysis

Phase 3 focused primarily on feasibility, acceptability, and descriptive outcomes rather than hypothesis testing. The analysis conducted in this phase was descriptive and interpretive.

For quantitative data analysis, the pre-post survey responses were summarised using frequencies and percentages (e.g., perceived understanding, perceived awareness, perceived improvement) and mean comparison trends to observe directional changes at the group level. Since Phase 3 did not aim to test statistical hypotheses, no inferential statistical tests (e.g., t-test, ANOVA) were conducted. Results from this phase were used to evaluate the clarity of the module, participant engagement, perceived relevance, and practical feasibility, which aligns with the purpose of implementation studies and prioritise acceptability and usability rather than statistical efficacy testing.

As for qualitative analysis, open-ended responses were summarised using a content-based thematic summary that identifies common feedback patterns related to module strengths, areas for improvement, perceived personal impact, cultural fit, and emotional safety. The feedback informed the refinement of the final intervention framework.

3.3.3.2.5 Validity and Fidelity in Phase 3

Both face and content validity are confirmed through revised expert reviews and participant feedback. Construct validity is maintained through theoretical alignment. The treatment fidelity is ensured by trained facilitators using a structured delivery checklist, and notes.

3.4 Ethics of Study

Ethical considerations in research are important to ensure the protection of participants and the integrity of the research process. Ethical guidelines are needed to provide a sense of responsibility in researchers to conduct their study, which they would need to balance the pursuit

of knowledge and the rights and well-being of the participants. According to Creswell & Creswell (2018), ethical considerations include obtaining informed consent, ensuring confidentiality, and minimising harm faced by participants. Informed consent means that the participants are provided with comprehensive information about the study, including its purpose, procedures, potential risks, and benefits of contributing. Ensuring confidentiality is also promising anonymity, which could foster trust and openness between researchers and participants.

In this study, data collection will be done in full confidentiality by protecting the participants' privacy and information. Anonymity of both participants of quantitative and qualitative study will be assured and participants' willingness to take part in this study will be prioritised. Participants are not forced to take part in this study. Participants' identity or personal information will not be disclosed in this study. Participants will sign informed consent forms and be informed about their involvements in this research. Confidentiality is strictly maintained, with all data being anonymised and securely stored.

Since this research involves sensitive discussions related to childhood trauma, specific steps are in place to minimise emotional distress for participants:

1. Risk Identification and Assessment: Before beginning data collection, a preliminary assessment will be conducted to identify any emotional risks that may arise, particularly regarding participants' potential distress or discomfort when discussing traumatic memories. This assessment will help shape strategies to reduce risks and will inform participants about potential emotional impacts related to the study.
2. Supportive Environment: The interviews will be conducted in a safe and supportive setting, with researchers who are trained to recognize signs of emotional distress. The sessions will

proceed at a pace that respects each participant's comfort level, allowing them to pause or withdraw at any point without providing an explanation.

3. Mitigation Strategies: Participants will have the option to skip any questions that cause discomfort or to withdraw from the study at any time. To further minimise any emotional impact, researchers will undergo sensitivity training, equipping them with the skills to communicate with compassion throughout the interview process.
4. Access to Support Services: Participants will be provided with information about available support resources, including counselling services, in case they experience emotional distress during or after the study. Contact information for mental health services and support hotlines will be made available, and participants will be encouraged to seek assistance as needed.
5. Multicultural Sensitivity: This study is mindful of Malaysia's cultural diversity, and all materials and procedures will be developed to respect and reflect participants' cultural backgrounds. The research aims to create an inclusive environment that is sensitive to and respectful of each participant's unique cultural context.

Researchers will be as transparent as possible in regard to the study and its processes. Multicultural factors will also be taken into consideration as participants come from different backgrounds and this research aims to be inclusive to all cultures and races in Malaysia. Therefore, the information and materials needed for this study will be tailored with this aspect in mind to promote inclusivity and making sure that it adheres to multicultural context in Malaysia. This study will follow all standards of procedure required to ensure its ethicality, ensuring that the rights of all participants are protected throughout the research process.

3.5 Summary

In summary, this chapter explains the research design of the study. The need assessment processes will be done for the first phase of the study, continued by framework and module drafting, and continue with module testing. The population and sample of the study are also discussed which mainly focuses on Malaysian young adults who are childhood trauma survivors. Research validation and reliability are explained in this chapter. Research procedure and ethical consideration are mentioned in Chapter 3 as well.

CHAPTER 4

DATA COLLECTION AND ANALYSIS

4.1 Introduction

This chapter presents the analysis of data collected across the three phases of the study. Phase 1 involves a mixed-methods needs assessment, Phase 2 focuses on framework and module development with expert validation, and Phase 3 evaluates feasibility and treatment fidelity through real-world implementation. Quantitative and qualitative findings from Phase 1 form the empirical foundation for the Healthy Coping Intervention Framework.

4.2 Phase 1: Needs Assessment

Research Objective 1: To identify the coping strategies of Malaysian young adults on childhood trauma.

4.2.1 Quantitative Results

4.2.1.1 Descriptive Analysis

Descriptive analysis is done for phase one to summarise the needs assessment survey results: participant demographics, frequency and means for coping styles, childhood trauma experiences, and effects of childhood adversity. This is to show the scope and patterns in the quantitative data before integrating with qualitative findings, which also helps to justify the reason certain coping domains are used in the framework. A total of 205 participants were included in this study. The sample consisted predominantly of female participants (89.2%), with male participants comprising 10.8%. The participants' ages ranged from 18 to 40 years, with a mean age of 25.63 years (SD = 5.895), indicating a relatively young adult population and represent the Malaysian youth category as defined by the Malaysian Youth Policy.

In terms of ethnicity, the majority of participants identified as Malay (43.6%), followed by Chinese (24.0%), Sarawak Native (15.7%), Sabah Native (10.8%), Indian (4.9%), and Others (1.0%). Regarding religious affiliation, Islam (15.7%) and Christianity (12.3%) were the most commonly reported, followed by Buddhism (3.4%), Hinduism (1.0%), non-religious (2.0%), and other religions (0.5%). For occupation, more than half of the sample (51.0%) were categorized as students or unemployed. The remainder were distributed across various professional fields, including Business & Management (12.3%), Healthcare (7.8%), Education (4.9%), Administrative & Support (4.9%), and Technical & Engineering (4.4%), with smaller proportions in Creative & Media (2.9%), Sales & Marketing (2.9%), Domestic & Household (3.4%), and Retail & Customer Service (2.0%). On educational attainment, the largest proportion of participants held a Bachelor's degree (49.5%), followed by those with a Certification/Diploma (19.6%) and Secondary school qualifications (19.1%). A smaller percentage had Master's degrees (9.3%), while 2.5% held a Doctorate degree. These findings provide a general overview of the sample, showing that the majority were young, highly educated females, with a diverse ethnic and occupational background.

These descriptive findings contextualise the subsequent inferential analyses and support the selection of coping domains used later in the framework development.

Table 4.1: Phase 1 Descriptive Information

Descriptive Information	Frequency	Percent (%)
Gender		
Female	182	89.2
Male	22	10.8
Age		
	Mean (SD)	25.63 (5.895)
Ethnicity		
Malay	89	43.6
Chinese	49	24.0
Indian	10	4.9
Sarawak Native	32	15.7
Sabah Native	22	10.8
Others	2	1.0
Religion		
Islam	32	15.7
Christianity	25	12.3
Buddhism	7	3.4
Hinduism	2	1.0
Non-religious	4	2.0
Others	1	.5
Occupation		
Student & Unemployed	104	51.0

Table 4.1 continued

Healthcare Professionals	16	7.8
Education	10	4.9
Business and Management	25	12.3
Administrative & Support	10	4.9
Sales & Marketing	6	2.9
Technical & Engineering	9	4.4
Creative & Media	6	2.9
Domestic & Household	7	3.4
Retail & Customer Service	4	2.0
Miscellaneous	7	3.4
Educational Level		
Secondary School	39	19.1
Certification/ Diploma	40	19.6
Bachelor's Degree	101	49.5
Master's Degree	19	9.3
Doctorate	5	2.5

4.2.1.2 T-test for Quantitative Data

To address Research Objective 1, independent samples t-tests were performed to compare adaptive and maladaptive coping between two trauma exposure groups (Low Trauma vs High Trauma). There is no universal cutoff for total CTQ-SF scores, but High Trauma and Low Trauma are categorised based on their Childhood Trauma Questionnaire-Short Form (CTQ-SF) using the

highest subscale score. If a participant scores in Moderate-Severe or Severe-Extreme category of any subscale, they are classified as 'High Trauma'. For participants who score None-Minimal or Low-Moderate range for most subscales are considered as 'Low Trauma'. The objective of using the t-test is to test between-group differences in coping scores. The t-test is appropriate for comparing group means when assumptions of normality and equal variances are met. The t-test provided insight into whether trauma severity predicted significant differences in coping patterns, which the findings directly informed the initial construction of the Healthy Coping Framework. In cases where assumptions were borderline, bootstrapped t-tests (1,000 resamples) were used to provide robust confidence intervals and reduce sampling bias which is a method suitable for psychological datasets that may deviate slightly from normality (Field, 2018).

Trauma exposure classification was based on CTQ-SF subscale severity categories. Participants scoring Moderate–Severe or Severe–Extreme on any subscale were classified as "High Trauma," reflecting literature recommendations for trauma group comparisons. This technique allowed the study to test whether trauma severity is associated with differences in adaptive or maladaptive coping, directly informing framework development.

The test examined how individuals with different levels of trauma exposure use adaptive (healthy) and maladaptive (unhealthy) coping strategies. Adaptive coping includes the use of active coping, planning, positive reframing, acceptance, emotional support, instrumental support, and religion in one's coping strategies, while maladaptive coping on the other hand includes self-distraction, denial, substance use, behavioural disengagement, and self-blame. The element of humour is categorised individually as it has been discussed in several studies on its role of coping, and whether it is seen suitable to be classified as adaptive or maladaptive depending on context. Humour as adaptive coping strategy works when it helps to buffer stress and supports

psychological well-being (Martin el al., 1983). Martin (2003) however differentiates positive (affiliative and self-enhancing) humour from negative (self-defeating and aggressive) humour, making it applicable to both adaptive and maladaptive.

4.2.1.2.1 Adaptive Coping

Independent T-test with bootstrapping is conducted to examine whether individuals with high trauma exposure differ in adaptive coping strategies compared to those with low trauma exposure. Low trauma group (N = 29, M = 2.75, SD = 0.70) has slightly lower score compared to high trauma group (N = 175, M = 2.82, SD = 0.58). However, the 95% confidence intervals overlaps which means that there is no difference. The assumption test is not significant, F(1, 203) = 1.083, p = .299, and this indicates that the assumption of equal variances is met.

Contrary to expectations, the results indicates no significant difference between the two groups $t(202) = 0.653$, p = .257 (one-tailed) / $p = .514$ (two-tailed), The mean difference between the groups is 0.078 (SE = 0.199), suggesting that individuals with high trauma exposure had slightly higher adaptive coping scores than those with low trauma exposure, but the difference was not statistically significant. Bootstrapping with 1000 resamples is done to provide a more robust estimate of the mean difference. The 95% confidence interval (-0.325 to 0.178) includes zero, reinforcing the conclusion that the difference between groups is not statistically significant. A small effect size (Cohen's d = -0.131). The findings suggest that while trauma exposure may impact coping strategies, it does not strongly differentiate the use of adaptive coping mechanisms. It is also aligned with studies that suggest trauma exposure as not the sole determinant for adaptive coping, but also by individual resilience, personality traits, and social support (Bonanno et al, 2004; Carver, 1997). Some research however, suggested that trauma exposure may lead to more maladaptive coping rather than a reduction in adaptive coping (Weinrib, 2011). Individuals in the

high trauma group can still engage in adaptive coping but may also rely more heavily on maladaptive strategies to manage distress. The small effect size suggests that while trauma may have some level of influence in coping, but it is not a dominant factor in determining adaptive coping levels. Personal coping resources such as emotional regulation skills, supportive networks, and previous coping experiences might play a more significant role than trauma history alone. Coping styles may also be influence by other variables such as psychological flexibility or cultural factors, a factor beyond trauma exposure.

Table 4.2: *Group Statistic for Adaptive Coping*

Trauma_Group		Statistic
Low Trauma	N	29
	Mean	2.75
	Std. Deviation	.698
	Std. Error Mean	.130
High Trauma	N	175
	Mean	2.82
	Std. Deviation	.575
	Std. Error Mean	.043

Note. M = Mean; *SD* = Standard Deviation; *N* = Sample Size.

Table 4.3: *Independent Samples t-test and Effect Size for Adaptive Coping*

			Significance					
	t	df	One-Sided p	Two-Sided p	Mean Difference	SE Diff.	95% Cl (MD)	Cohen's d (95% CI)
Adaptive_ coping	-.653	202	.257	.514	-.078	.119	[-0.325, 0.178]	-0.131 [-0.524, 0.262]

Note. *Negative values of d indicate slightly lower adaptive coping in the high trauma group, but differences are not statistically significant.*

4.2.1.2.2 Maladaptive Coping

An independent samples t-test with bootstrapping (1000 samples) was conducted to examine the relationship between trauma exposure and maladaptive coping strategies. Results indicate that the high trauma group (M = 2.45, SD = 0.509, N = 175) reported significantly higher maladaptive coping scores compared to the low trauma group (M = 2.17, SD = 0.616, N = 29).

Levene's test for equality of variances was non-significant, $F(1, 203) = 2.204$, $p = .139$, indicating that equal variances can be assumed. The independent t-test revealed a significant difference between the groups, $t(202) = -2.608$, $p = .010$ (two-tailed), suggesting that individuals with high trauma exposure engage in more maladaptive coping strategies than those with low trauma exposure. The mean difference was -0.274 (SE = 0.105), with a bootstrapped 95% confidence interval (-0.482 to -0.067), reinforcing the reliability of the results.

Effect size calculations indicate a moderate effect, with Cohen's d = -0.523 (95% CI: -0.918 to -0.126). These findings align with previous research suggesting that trauma exposure increases reliance on maladaptive coping mechanisms, such as avoidance, denial, and substance use (Weinrib, 2011; Hasking et al., 2011). Other psychological or environmental factors may also contribute to these coping patterns.

Table 4.4: Group Statistics for Maladaptive Coping

Trauma_Group		Statistic
Low Trauma	N	29
	Mean	2.17
	Std. Deviation	.616
	Std. Error Mean	.114
High Trauma	N	175
	Mean	2.45
	Std. Deviation	.509
	Std. Error Mean	.038

Note. *M* = Mean; *SD* = Standard Deviation; *N* = Sample Size.

Table 4.5: Independent Samples t-test and Effect Size for Maladaptive Coping

			Significance				
	t	df	One-Sided *p*	Two-Sided *p*	Mean Difference	95% Cl	Cohen's *d* (95% Cl)
Maladaptive_coping	-2.608	202	.005	.010	-.274	-0.482, -0.067	-0.523

Note. Bootstrapping (1000 samples) confirmed the robustness of the estimates. A negative mean difference indicates that the high-trauma group reported greater maladaptive coping than the low-trauma group.

4.2.2 Qualitative Results (Thematic Analysis)

This section presents the qualitative findings obtained through thematic analysis of in-depth interviews with childhood trauma survivors. The analysis aimed to uncover patterns in experiences, coping mechanisms, and the long-term psychological and emotional impact of

childhood trauma. Several recurring themes emerged, which provide valuable insights into survivors' lived experiences and inform the development of the framework for healthy coping.

4.2.2.1 Identified Themes

4.2.2.1.1 Self-Doubt and Imposter Syndrome

Many participants expressed persistent feelings of inadequacy and self-doubt, often rooted in childhood emotional neglect and verbal abuse. They described difficulty recognizing their achievements and feeling undeserving of success.

"I always feel like I don't deserve my achievements. Even when people praise me, I think they are just being polite." (Interviewee 1, personal communication, June 2024).

It aligns with persistent self-doubt and difficulty accepting positive feedback, often rooted in early experiences of feeling emotionally overlooked or subjected to verbal mistreatment. This echoes Krause et al. (2003), who found that childhood emotional invalidation can significantly predict psychological distress in adulthood, indirectly through patterns of emotional suppression.

4.2.2.1.2 Enduring Impacts of Parental Mental Health

Participants reported growing up in homes where a parent suffered from untreated mental health issues, leading to emotional neglect and an unpredictable home environment.

"My father had depression since I was a child. His mood swings were unpredictable, and we had to walk on eggshells every day." (Interviewee 3, personal communication, June 2024)

This is consistent with findings by Zitzmann et al. (2024), who highlighted that young children of parents struggling with mental health often face difficulties in emotional regulation and heightened anxiety, largely due to disrupted parenting and impaired emotional socialisation.

4.2.2.1.3 Maladaptive and Adaptive Coping

Participants demonstrated a mix of both adaptive (therapy, self-care) and maladaptive (avoidance, substance use, overworking) coping mechanisms.

"I used to skip school just to play games all day because it was the only way I could escape." (Interviewee 5, personal communication, June 2024)

"I started prioritizing sleep and therapy as part of my healing." (Interviewee 7, personal communication, June 2024)

This duality aligns with the understanding that trauma survivors may oscillate between contrasting coping styles, such as avoidance, emotional suppression, and an active self-care approach—depending on their present psychological resilience and the resources available to them (Bonanno et al., 2011).

4.2.2.1.4 Severe Childhood Abuse and Lack of Protection

Many participants described experiences of excessive discipline, physical punishment, and verbal abuse. Some were subjected to extreme punishments and threats.

"If you don't do the housework, that means you are not allowed to sleep." (Interviewee 1, personal communication, June 2024)

"My dad tried to throw me out the window when I was 10 years old." (Interviewee 2, personal communication, June 2024)

This theme aligns with findings from trauma psychology literature, which show that harsh disciplinary practices contribute to long-term emotional distress and heightened fear responses (Gershoff, 2002).

4.2.2.1.5 Sibling Favouritism and Emotional Neglect

Some participants experienced emotional neglect due to parents favoring another sibling, leading to feelings of rejection and unworthiness.

"Before he was born, everything was peaceful. After he was born, he took all the attention, care, and love away from me." (Interviewee 8, personal communication, June 2024)

This is in line with the findings of Finzi-Dottan and Cohen (2010), who showed that perceived parental favouritism significantly influences sibling dynamics and emotional development in late adolescence.

4.2.2.1.6 Deep-seated Feelings of Unworthiness and Existential Doubt

Several participants struggled with a sense of alienation due to parental expectations, cultural differences, or a lack of personal autonomy.

"I felt like I was just my father's daughter, not an individual." (Interviewee 2, personal communication, June 2024)

"My dad broke the bridge with his family. I felt like a black sheep because he was the only one who married outside his race." (Interviewee 10, personal communication, June 2024)

These disruptions in identity build on earlier work about cultural dissonance and intergenerational conflict, yet they differ from Western cultural models, which often prioritise individualism over other relational or communal orientations (Bowlby, 1988).

4.2.2.1.7 Unresolved Trauma and Fear of Repeating Cycles

A common concern among participants was the fear of unconsciously repeating harmful family patterns, particularly in relationships and future parenting.

"I avoid relationships because I don't want to become like my parents." (Interviewee 7, personal communication, June 2024)

This aligns with broader research on intergenerational trauma, which shows that unresolved parental trauma can deeply affect a child's stress-sensitive brain, emotional wellbeing, and relationships, thereby perpetuating trauma across generations (Bowe et al., 2025).

4.2.2.1.8 Feeling Like an Outsider in Family due to Cultural Differences

Several participants struggled with a sense of alienation due to parental expectations, cultural differences, or a lack of personal autonomy.

"I felt like I was just my father's daughter, not an individual." (Interviewee 2, personal communication, June 2024)

"My dad broke the bridge with his family. I felt like a black sheep because he was the only one who married outside his race." (Interviewee 10, personal communication, June 2024)

This finding aligns with attachment theory, which emphasizes the role of parental validation in shaping identity and belonging (Bowlby, 1988).

4.2.2.1.9 The Toxic Culture of "One-Upping" Trauma

Participants noted that rather than acknowledging trauma, society often turns discussions into comparisons, making it difficult to feel validated.

"Even if we say society is more accepting of mental illness, everyone just one-ups each other. Instead of validating, it becomes a competition." (Interviewee 10, personal communication, June 2024)

This finding suggests the need for more compassionate and inclusive discussions on mental health, free from competition and judgment.

4.2.2.1.10 Systemic Barriers to Mental Health Support

Participants expressed frustration about the lack of accessible mental health services and ineffective institutional responses to trauma, particularly in schools and community settings.

"Therapy in Malaysia is expensive. I wish mental health care was more accessible."

(Interviewee 5, personal communication, June 2024)

This underscores the structural inequities in access to trauma recovery, as mental health services in low- and middle-income countries continue to be severely under-resourced, with few trained professionals and a lack of culturally relevant interventions (Collins et al., 2011).

A few participants reported experiencing sexual abuse and expressed frustration with institutional failures when seeking help.

"I was sexually assaulted in school, but no one helped me." (Interviewee 5, personal communication, June 2024)

This echoes Lind et al. (2020), who critiqued institutional neglect as a form of secondary trauma that further compounds emotional wounds.

4.3 Phase 2

Research Objective 2: To develop an intervention framework for healthy coping on childhood trauma among young adults in Malaysia.

4.3.1 Integration of Data

The development of the framework is grounded in the findings from Phase 1: Needs Assessment, which combined quantitative (T-test) and qualitative (thematic analysis) approaches to understand coping mechanisms among individuals with childhood trauma.

The quantitative results indicate that while trauma exposure does not significantly differentiate the use of adaptive coping strategies, individuals with high trauma exposure engage in significantly more maladaptive coping strategies. These findings provide an important basis for understanding how childhood trauma influences coping mechanisms, but when integrated with qualitative insights, additional nuances emerge.

The qualitative analysis revealed that many participants engaged in both adaptive and maladaptive coping strategies, depending on their circumstances, resources, and psychological resilience. Some trauma survivors reported relying on self-distraction, avoidance, and emotional disengagement, which aligns with the quantitative finding that individuals in the high trauma group tend to engage in more maladaptive coping strategies. However, qualitative data also highlighted the role of resilience, personal growth, and social support, which were not explicitly captured in the quantitative results.

For framework development, these findings emphasize that coping is not solely determined by trauma history but is shaped by multiple factors, including resilience, emotional regulation,

social support, and psychological flexibility. Thus, an effective intervention framework must integrate protective factors alongside trauma-informed strategies to reduce maladaptive coping.

The integrated findings suggest that trauma-informed interventions should focus not only on reducing maladaptive coping mechanisms but also on strengthening personal resilience and adaptive coping skills.

- Enhancing Emotional Regulation: Teaching trauma survivors how to manage emotions effectively could reduce reliance on maladaptive coping.
- Fostering Social Support: Programs that encourage peer support groups, community interventions, and therapy access could improve coping outcomes.
- Building Psychological Flexibility: Training individuals in cognitive reappraisal, mindfulness, and problem-solving skills may help them shift from avoidance-based coping to healthier strategies.

By integrating both quantitative and qualitative data, this study provides a holistic understanding of how trauma exposure influences coping strategies. While trauma is associated with increased maladaptive coping, some individuals still develop adaptive coping mechanisms, highlighting the role of resilience, support, and psychological flexibility. These insights underscore the need for tailored trauma interventions that not only address maladaptive coping but also strengthen protective factors that foster emotional well-being.

4.3.1.1 No Significant Difference in Adaptive Coping

Quantitative findings showed no significant difference between the high and low trauma groups in their use of adaptive coping strategies ($t(202) = 0.653$, $p = .257$ (one-tailed) / $p = .514$

(two-tailed), d = -0.131). This contradicts the expectation that individuals with high trauma exposure might struggle more with engaging in healthy coping strategies. The qualitative findings help to explain this unexpected result:

- Resilience and Intentional Healing: Many participants in the high trauma group described a deliberate effort to engage in adaptive coping mechanisms, often as a means of breaking the cycle of generational trauma.

"I avoid relationships because I don't want to become like my parents." (Interviewee 7, personal communication, June 2024)

- Social Support as a Protective Factor: Some individuals with high trauma histories had access to supportive relationships, therapy, or religious beliefs, which encouraged them to develop positive coping strategies such as acceptance and reframing.

"I started prioritizing sleep and therapy as part of my healing." (Interviewee 7, personal communication, June 2024)

- Personality and Psychological Flexibility: The ability to adapt and regulate emotions may play a more significant role in determining coping styles than trauma exposure alone.

This suggests that while trauma exposure can be a risk factor, it does not dictate coping capacity—many survivors actively seek and develop healthy coping mechanisms through self-awareness, therapy, or external support systems.

4.3.1.2 A Stronger Relationship with Trauma in Maladaptive Coping

Unlike adaptive coping, the quantitative results showed a significant difference in maladaptive coping strategies, with the high trauma group scoring.The qualitative findings

strongly reinforce this pattern, revealing that individuals with childhood trauma frequently turned to avoidance-based coping mechanisms such as self-distraction, emotional detachment, and substance use:

- Escapism as a Defense Mechanism:

"I used to skip school just to play games all day because it was the only way I could escape." (Interviewee 5, personal communication, June 2024)

- Self-Blame and Emotional Numbing:

"I just eat my meds and go to sleep. That's it. Because yeah, my family wonders why I sleep a lot. But yeah, I get stressed and overwhelmed very easily." (Interviewee 2, personal communication, June 2024)

- Avoidance and Denial:

"I don't think about it. If I don't think about it, it doesn't affect me." (Interviewee 4, personal communication, June 2024)

This aligns with previous research (Weinrib, 2011; Hasking et al., 2011), which suggests that trauma survivors often rely on maladaptive coping strategies such as avoidance, denial, and substance use as a way to manage distress. However, the qualitative analysis also showed that some individuals were aware of these patterns and actively trying to shift towards healthier coping mechanisms. Trauma-informed coping, cognitive restructuring and self-regulation strategies are the components that can be integrated in the framework.

4.3.1.3 The Role of Other Contributing Factors

While trauma exposure plays a significant role in determining coping mechanisms, the qualitative data reveals additional factors that influence how individuals respond to adversity:

- Emotional Regulation Skills: Participants with better emotional regulation tended to rely on adaptive coping strategies, while those struggling with regulation were more prone to maladaptive behaviours.
- Social Support and Cultural Influences: Some survivors with strong support systems (friends, family, or therapists) found healthier ways to cope, while those who lacked support tended to isolate themselves or develop avoidant coping styles.
- Psychological Flexibility: The ability to adapt to stressors and shift perspectives seemed to be a protective factor against trauma-related maladaptive coping.

These findings emphasize that trauma alone is not the sole determinant of coping mechanisms—individual resilience, personality traits, and environmental factors also play a critical role. Through this finding, the framework has to include psychological flexibility and personalised coping to aid the trauma survivors.

4.3.2 Framework Development

The framework is designed to provide structured interventions that enhance adaptive coping, reduce reliance on maladaptive strategies, and promote psychological resilience among individuals with childhood trauma. Findings from this study suggest that while trauma exposure does not significantly determine adaptive coping, it is associated with increased maladaptive coping behaviours. However, qualitative insights highlight the role of resilience, emotional

regulation, social support, and psychological flexibility in shaping coping mechanisms. Therefore, an effective intervention framework must incorporate both trauma-responsive approaches and strength-based interventions to foster long-term psychological well-being.

4.3.2.1 Key Components of the Framework

4.3.2.1.1 Trauma-Informed Emotional Regulation Strategies

The first key component of the framework is Trauma-Informed Regulation Strategies where survivors are taught distress techniques such as mindfulness and grounding exercises. This component aims to develop emotional awareness through self-reflection and guided therapy. Practitioners can implement gradual exposure techniques to help survivors process distressing emotions safely.

4.3.2.1.2 Cognitive Restructuring for Self-Belief Shifts

The second key component of the framework is Cognitive Restructuring for Self-Belief Shifts, which focuses on challenging maladaptive thought patterns associated with self-blame and unworthiness. This component helps survivors reframe negative self-perceptions and cultivate a more positive self-image. Practitioners implement cognitive restructuring exercises to promote self-compassion and positive self-talk, allowing individuals to counteract internalized negative beliefs. Additionally, techniques from Acceptance and Commitment Therapy (ACT) are introduced to encourage cognitive flexibility and adaptive thinking patterns.

4.3.2.1.3 Strength-Based Resilience Interventions

The third key component of the framework is Strength-Based Resilience Interventions, which aim to help survivors recognize and utilize their inner strengths to foster long-term resilience.

This component emphasizes the importance of identifying personal strengths and coping resources as a foundation for self-efficacy. Practitioners guide participants in setting realistic personal goals that reinforce motivation and adaptability. Additionally, structured problem-solving activities are integrated to enhance decision-making and stress management skills, ensuring that survivors develop adaptive coping mechanisms in response to adversity.

4.3.2.1.4 Reducing Maladaptive Coping Through Alternative Strategies

The fourth key component of the framework is Reducing Maladaptive Coping Through Alternative Strategies, which focuses on replacing avoidance-based behaviours and self-destructive habits with healthier coping techniques. This component provides structured routines to help individuals reduce reliance on avoidance and emotional disengagement. Survivors are introduced to expressive coping strategies, including journaling, creative arts, and movement-based therapies, as alternative outlets for emotional processing. Practitioners also address substance use and behavioural disengagement by implementing targeted behavioural interventions that encourage healthier coping mechanisms.

4.3.2.1.5 Social Support and Trauma-Informed Community Engagement

The final key component of the framework is Social Support and Trauma-Informed Community Engagement**,** which highlights the role of safe relationships and peer support networks in the healing process. This component aims to foster a sense of belonging by developing peer-support networks where survivors can share experiences and find mutual encouragement. Practitioners facilitate family and relational counselling to help individuals rebuild trust and establish healthy boundaries in personal relationships. Additionally, this component emphasizes

the need for increased accessibility to professional mental health services, advocating for policy changes that promote trauma-informed care within communities.

Table 4.6: Integration of Data

Research Objectives	Quantitative Data	Qualitative Data	Integration of Data
To identify the coping strategies of Malaysian young adults on childhood trauma.	Independent samples T-test showed that there was no significant difference in adaptive coping strategies between high and low trauma groups ($t(203) = 1.06$, $p = .290$, $d = 0.254$). However, high trauma individuals engaged significantly more in maladaptive coping ($t(202) = -2.73$, $p = .006$, $d = 0.525$).	Participants engaged in both adaptive (e.g., therapy, self-care) and maladaptive (e.g., avoidance, substance use) coping. Many described resilience, social support, and personal growth as key factors influencing coping.	Trauma exposure alone does not determine coping styles. Personal resilience, emotional regulation, and social support influence how individuals cope with childhood trauma. Interventions should strengthen adaptive coping while reducing reliance on maladaptive coping.

To develop an intervention framework for healthy coping on childhood trauma among young adults in Malaysia.	Trauma survivors in the high trauma group used more maladaptive coping strategies, highlighting a need for intervention. Emotional regulation skills, social support, and psychological flexibility are key determinants.	Many participants showed awareness of their maladaptive coping and attempted to shift towards healthier strategies. Factors like emotional regulation, support systems, and personality influenced coping styles.	The framework should integrate trauma-informed coping, emotional regulation training, and psychological flexibility. Social support and structured interventions are crucial for fostering adaptive coping.
To identify the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.	Construct validity is shown through expert review and CVI. Reliability will be assessed through a pilot test before full implementation.	Participants emphasised the importance of culturally relevant interventions and personalized coping strategies. Some strategies effective in Western contexts may	Expert validation will be conducted using the Sidek formula. The framework should incorporate cultural considerations and ensure alignment with

		not align with Malaysian cultural norms.	young adults' coping experiences.
To identify the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.	The framework's reliability will be assessed through internal consistency (Cronbach's alpha) and test-retest reliability during pilot testing.	Participants expressed that consistency and accessibility of coping resources influenced their long-term effectiveness. Support networks played a major role in maintaining healthy coping.	Reliability testing will determine the stability of the framework over time. Ongoing feedback from participants will ensure practical applicability and long-term effectiveness.

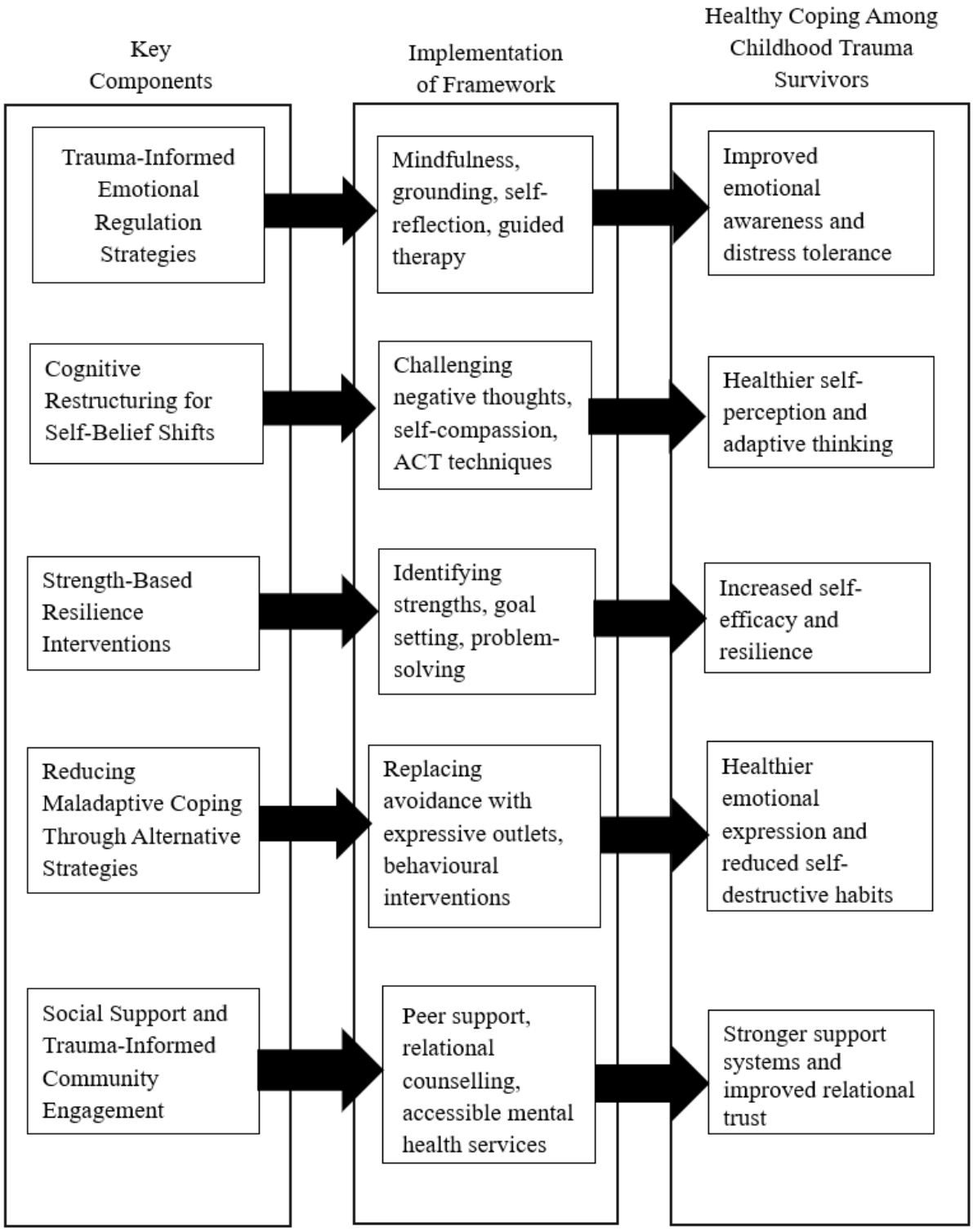


Figure 4.1: Framework for Healthy Coping

4.3.2.2 Implementation of framework

This framework can be applied in clinical, community, and self-help contexts through:

- **Psychoeducation programs** to teach adaptive coping skills.
- **Therapeutic interventions** that integrate trauma-informed care into counselling sessions.
- **Community-based initiatives** such as peer-led support groups and mentorship programs.

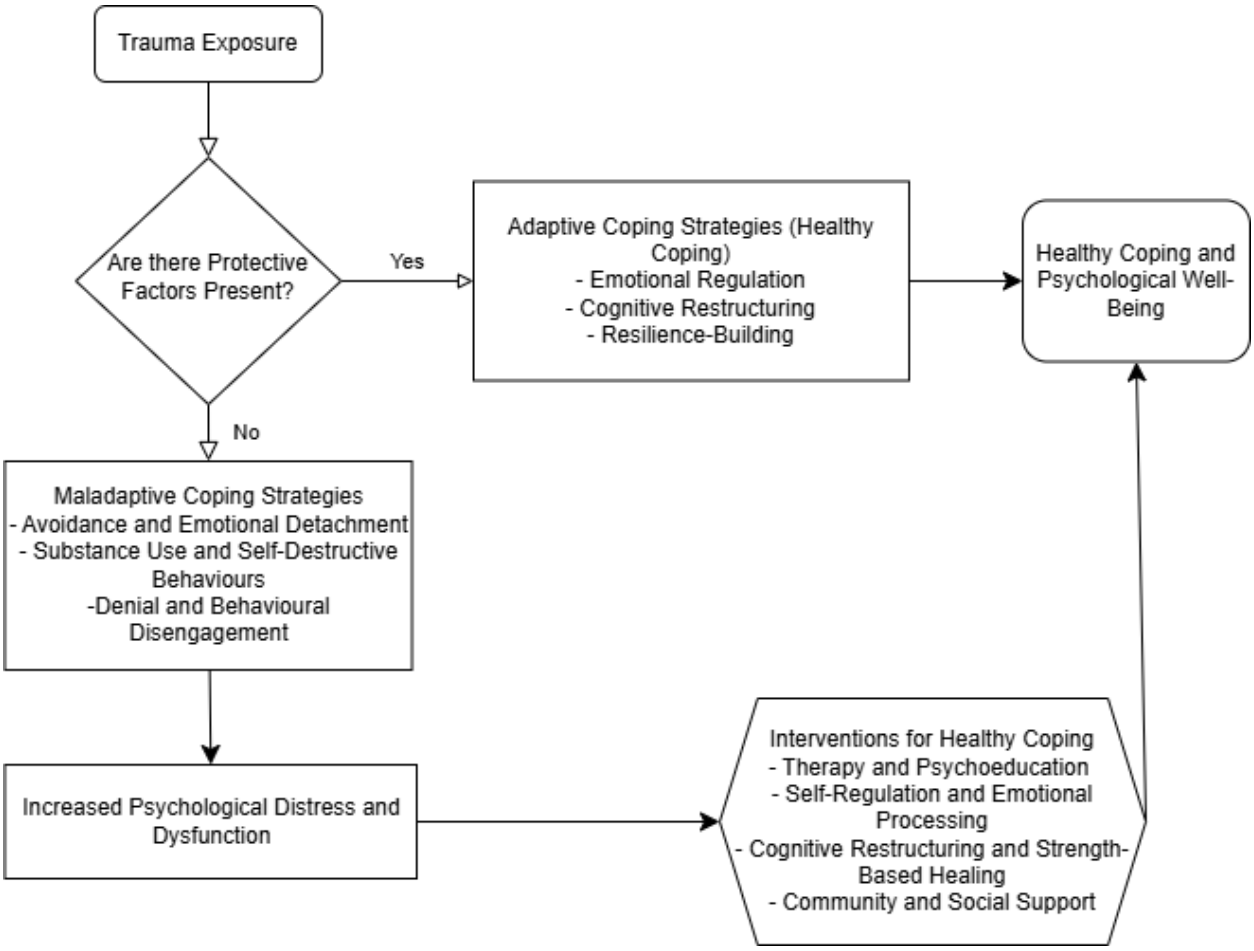


Figure 4.2: Flowchart for Framework Implementation

4.3.3 Module Development

Based on the integrated finding from Phase 1 and the conceptual Healthy Coping Framework, a structured trauma-informed psychoeducational pilot module named Trauma-Informed Coping and Resilience Workshop is developed. This module aims to increase participants' awareness of trauma impacts, equip them with practical coping tools and promote resilience.

The pilot module was delivered as a 3-day hybrid workshop, combining physical and online sessions to increase accessibility. Table 4.7 shows the core structure and flow of the pilot module. Psychoeducation, reflection exercises, skills practice, and safety check-ins are incorporated in the module. Sessions included welcoming and grounding, understanding trauma, identifying triggers, creative expression, cognitive reframing, interpersonal support mapping, and practical resilience planning.

Key trauma-informed elements are embedded throughout: safe space agreements, confidentiality, grounding breaks, normalising distress reactions, and emphasis on participant choice. The components are based on expert review as well.

Table 4.7: Summary of Workshop Structure and core sessions

Session	Objective	Core Activity
Welcome and Grounding	Build safety and rapport	Grounding technique and emotional check-ins
What is Trauma and How it Shows Up	Understand trauma and the brain	Psychoeducational talk
Emotional Triggers	Explore triggers	Self-check and sharing
Unpacking Patterns	Reflect inner critic and inner child	Trigger tracker worksheet
Breaking the Blame Loop	Address self-blame	Reframing activity (discussion)
Interpersonal Wounds and Support System	Understand relational trauma and support mapping	Group mapping exercise
Thought Reframing	Challenge unhelpful thoughts	ABC model practice
Healthy Coping Toolbox	Develop personal coping tools	Coping toolkit worksheet
Tree of Resilience	Visualise strengths and growth	Creative drawing/reflection
Commitment to Healing	Integrate learning and next steps	Personal commitment statement

4.3.4 Expert Review (CVI)

Expert review is done by individually interviewed expert panel consists of a registered counsellor, a clinical psychologist and an academician to review the framework and module for overall clarity, relevance, and cultural appropriateness. An expert review rating form is also distributed prior to the interviews. The review consists of two components: (a) an evaluation of the framework's conceptual clarity, cultural relevance, theoretical grounding, and alignment with trauma-informed and resilience-based principles, and (b) an evaluation of the module's objectives, content, activities, and overall flow and structure. Experts provide both quantitative ratings for each criterion using a 4-point scale (1= Strongly Disagree to 4=Strongly Agree) and qualitative feedback to strengthen the framework and module. Two experts returned completed rating forms with their written comments. The third expert provided detailed verbal feedback during structured consultation meeting but was unable to return physical rating form. To maintain consistency and transparency, the research derives the third expert's rating directly from the explicit content of her verbal review.

Key strengths are highlighted by all three experts included the framework's clear presentation, its cultural relevance for Malaysian young adults, and its grounding in evidence-based principles consistent with trauma-informed care and resilience-building practices. The experts confirm that the module's objectives, content, and activities are appropriate and practical for the target group. Specific suggestions for improvement focus on strengthening safety protocols, such as clear exclusion criteria, emergency contacts, and co-facilitator roles, managing potential emotional triggers through grounding and debriefing activities, ensuring facilitators' own safety, and including follow-up support. Additionally, recommendations are made to refine the module's

theoretical positioning by clearly acknowledging its Cognitive Behavioural Therapy (CBT) basis, and to consider a more thematic flow with potential expansion to a longer format where feasible.

The item-level Content Validity Index (I-CVI) for each criterion is calculated based on the number of experts who agree to each item. All framework criteria achieves an I-CVI of 1.00, which indicates perfect agreement among the experts on the framework's clarity, cultural relevance, theoretical grounding, and its alignment with trauma-informed and resilience-based principles.

For the criteria of the module, two out of four items achieve I-CVI of 1.00, while the 'Objective clear and measurable' and 'Flow logical and organised' items have the score of 0.67 due to one expert rating them slightly lower. The scale-level CVI (S-CVI/Ave) for the module is therefore 0.835, which indicates strong overall content validity.

The results demonstrate the framework and module are considered relevant, appropriate, and feasible for the target population by experiences practitioners and academics.

Table 4.8: Content Validation Index (CVI) for Framework

Criterion	**I-CVI**
Clearly presented	1.00
Relevant to Malaysian youth	1.00
Grounded in evidence and theory	1.00
Supports trauma-informed resilience	1.00

Note: Expert 3's ratings are derived from her structured verbal feedback, Full reviewer comments are included in Appendix J.

Table 4.9: Content Validation Index (CVI) for Module

Criterion	I-CVI
Objective clear and measurable	0.67
Content relevant and culturally appropriate	1.00
Activities engaging and practical	1.00
Flow logical and organised	0.67

Note: Expert 3's ratings are derived from her structured verbal feedback, Full reviewer comments are included in Appendix J.

4.3.5 Pilot Participant Demographics

A total of 30 participants has joined the pilot workshop. Two participants withdrew from the study. Both withdrawals occurred before module completion and were not related to study procedures. Their data were excluded from analysis, consistent with ethical guidelines and inclusion criteria. Table 4.10 shows the age group of the pilot participants with the age group 18-24 being the most, taking up 46.4% of the group, followed by age group 25-30 (25%), 35+ (21.4%) and lastly age group 31-35 (7.1%). The participants made up of mostly female (82.1%). The occupation or industry the participants are involved in vary, with students taking up the majority (28.6%). Table 4.10, 4.11, and 4.12 show the demographic profile of the participants.

Table 4.10: Age Group of Pilot Participants

		Frequency	Percent
Valid	18-24	13	46.4
	25-30	7	25.0
	31-35	2	7.1
	35+	6	21.4
	Total	28	100.0

Table 4.11: Gender of Pilot Participants

		Frequency	Percent
Valid	Female	23	82.1
	Male	5	17.9
	Total	28	100.0

Table 4.12: Occupation of Pilot Participants

		Frequency	Percent
Valid	Student	8	28.6
	Business/Corporate	4	14.3
	Education/HR	4	14.3
	Mental Health Professional	4	14.3
	Healthcare/Medical	7	25.0
	Prefer not to say	1	3.6
	Total	28	100.0

4.3.6 Pilot Survey Results

Descriptive statistics are computed for each item of the pilot study (pre-workshop survey and post-workshop surveys) to examine the baseline levels of participants' knowledge and confidence related to trauma-informed coping, and to assess immediate changes following the workshop.

In Table 4.13, pre-workshop survey's mean score indicated moderate baseline levels across most items. For example, participants' ability to recognise when they are emotionally triggered (M = 3.68, SD = 0.91) and their confidence in calming themselves when overwhelmed (M = 3.43, SD = 0.88) are moderately high. In contrast, the mean score for the tendency to avoid feelings or experiences are lower (M = 2.29, SD = 1.15), which suggests that some participants may have been aware of their maladaptive coping patterns.

Following the pilot workshop, descriptive analysis (Table 4.13) demonstrates increased mean score across all post-workshop items. Participants report high level of understanding of emotional

triggers (M = 4.21, SD = 1.00) and improved ability to identify their own triggers (M = 4.07, SD = 1.05). They also indicate stronger knowledge of grounding techniques (M = 4.29, SD = 1.01) and greater awareness of the link between childhood experiences and current coping patterns (M = 4.00, SD = 0.94). Mean scores for practicing self-compassion (M = 4.14, SD = 0.85) and feeling supported in applying trauma-informed coping strategies (M = 4.11, SD = 1.03) also increased compared to baseline.

These results suggest positive shifts in participants' self-reported knowledge and confidence, which supports the preliminary feasibility of the Healthy Coping Framework and module.

Table 4.13: Descriptive Analysis for Pilot Pre-workshop Survey

	N	Mean	Std. Deviation
Pre_RecognizeTrigger	28	3.68	.905
Pre_CalmSelf	28	3.43	.879
Pre_HealthyCoping	28	3.39	.956
Pre_Avoiding	28	2.29	1.150
Pre_SupportNetwork	28	3.43	1.168
Valid N (listwise)	28		

Table 4.14: Descriptive Analysis for Pilot Pre-workshop Survey

	N	Mean	Std. Deviation
Post_UnderstandTrigger	28	4.21	.995
Post_IdentifyTrigger	28	4.07	1.052
Post_GroundingTechniques	28	4.29	1.013
Post_ManageEmotions	28	3.82	.945
Post_LinkChildhood	28	4.00	.943
Post_SelfCompassion	28	4.14	.848
Post_SelfCarePlan	28	3.82	.945
Post_EmotionsLabel	28	3.93	1.086
Post_Resilient	28	3.89	.994
Post_Supported	28	4.11	1.031
Valid N (listwise)	28		

4.3.7 Treatment Fidelity

Treatment fidelity for the pilot implementation is assessed using a structured delivery checklist which covers all planned module sessions and activities. A total of 15 planned sessions

or key activities are tracked across the pilot run. 15 out of 15 activities (93%) are delivered as originally planned, resulting in an overall treatment fidelity rate of 93%.

The activity that is not delivered exactly as planned was the 'Tree of Resilience' session. Due to time constraints and the nature of the online delivery format of Day 3, it was not feasible to conduct full creative drawing exercise. Instead, an adaptation is implemented whereby participants are guided to visualise their 'Tree of Resilience' through verbal reflective exercise. This ensures that the core objective of fostering strengths-based is maintained, despite the modification.

4.3.8 Reliability

Internal consistency reliability is assessed using Cronbach's Alpha. For the pilot pre-workshop survey, the five-item scale yields an $\alpha = 0.69$, which is marginally acceptable for an early-stage measure with a small sample (Polit & Beck, 2006). The alpha marginally increases to 0.75 if the 'avoiding' item is excluded, which suggests minor conceptual spread in how participants interpreted this item at baseline. The item is retained to maintain alignment with the overall framework but may be refined in future iterations. The ten-item post-workshop survey has an excellent internal consistency with an $\alpha = 0.98$ which indicates that participants' perceived learning and coping confidence are highly consistent across items.

4.3.9 Feedback and Improvements

Feedback from the pilot indicated that certain activities, such as the Tree of Resilience drawing, were meaningful but challenging to run online due to time and material constraints. Participants also requested more time for self-reflection and clearer guidance on practical tools.

As a result, the module was refined for Phase 3. For online delivery, creative expression activities (e.g., drawing) were adapted into guided visualisations or reflective discussions to maintain the experiential element without needing physical materials. The pacing was adjusted into shorter evening or weekend blocks to suit participants' availability. The final session flow retained all key psychoeducational elements, but with greater emphasis on verbal reflection and simplified handouts.

Participants also provided open-ended feedback in their experience in the pilot workshop. Analysis of responses highlighted several consistent themes regarding helpful aspects, self-insights gained, areas found difficult or emotionally challenging, and suggestions for improvement. Many participants report that the grounding techniques, creative activities, and small-group sharing session are the most meaningful parts of the workshop. For example, one participant noted, 'The volcano and resilience tree really helped me express my emotions,' while another shared, 'The group sharing session helped me realise that I am not alone and that my struggles are valid.'

Participants commonly described increased awareness of their emotional triggers, coping patterns, and the connection between childhood experiences and current behaviours. As one participant stated, 'I realised that my behaviours were greatly influenced by my family and relatives,' while another reflected, 'I learned to accept myself and practice gratitude to reframe my negative thoughts.'

Participants suggested more time for specific coping techniques, deeper exploration of topics such as self-love, queer support, PTSD, attachment styles, and practical ways to deal with family dynamics. One participant wrote, 'I wish to understand more about coping mechanisms and

maybe have topics like queer support. I know a lot of my friends and myself would benefit from it.'

These revisions ensured the final module remained feasible and accessible for both physical and online delivery, while retaining core trauma-informed principles such as participant choice, cultural relevance, and safety. This refined module is then implemented in Phase 3 through one physical workshop and seven online sessions. Table 4.7 shows the refined version used for final data collection.

Table 4.15: Final Refined Version of Module

Session	Objective	Core Activity
Welcome and Grounding	Build safety and rapport	Grounding technique and emotional check-ins
What is Trauma	Understand trauma and the brain	Psychoeducation (slides, discussion)
Emotional Triggers	Explore triggers	Self-check, sharing
The Volcano Inside Me (Physical) OR Guided Visualisation (Online)	Express emotional buildup	Drawing or guided imagery
Unpacking Emotional Patterns	Reflect inner critic / inner child	Journaling/reflection
Grounding Techniques	Learning grounding tools	Practice 54321, object focus, visual grounding
Interpersonal Wounds and Support System	Reflect on relational trauma	Mapping safe / unsafe people
Thought Reframing	Learn ABC model	ABC worksheet, pair activity
Strengths and Resilience	Identify strengths	Strengths spotting, toolkit
Closing Circle	Consolidate learning	Group reflection, commitment

4.4 Phase 3

Research Objective 3: To identify the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.

Research Objective 4: To identify the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.

4.4.1 Final Participant Demographics

Descriptive statistics are used to summarise the demographic characteristics of the participants who take part in final implementation of the module. A total of 227 individuals completed the final workshop cycle, including both physical and online sessions.

Table 4.16 shows almost half of the participants are aged between 18 and 24 years, which reflects the primary target group of Malaysian young adults. Participants aged 25-30 made up 18.1% of the sample, while 7% are aged 31-35. 26.4% of the participants are aged 36 years and above, which indicates that the workshop also attracted older individuals who are interested in developing healthy coping skills.

Table 4.17 shows that majority of the participants identify as female (88.1%), with male participants account to 8.4% and non-binary participants representing 3.5% of the total sample.

Table 4.18 presents the occupations of the final participants. 49.3% are students, consistent with the workshop's relevance for university-aged adults. A substantial portion (25.1%) reports working in the mental health sector, which may reflect the interest of peer helpers, counsellors, or psychology graduates in applying trauma-informed approaches within their own practice or communities. Other participants are employed in diverse sectors including healthcare (3.1%), education (5.7%), various corporate roles (combined total across sub-categories), civil service,

community and NGO work, freelance or writing, and sales or retail. A small proportion (4%) reported being currently unemployed.

The participant demographics show that the final workshop series successfully engaged a diverse group of Malaysian young adults and related community members, which spans across a range of age groups, genders, and occupational backgrounds.

Table 4.16: Age Group of Final Participant

		Frequency	Percent
Valid	18-24	110	48.5
	25-30	41	18.1
	31-35	16	7.0
	36+	60	26.4
	Total	227	100.0

Table 4.17: Gender of Final Participant

		Frequency	Percent
Valid	Female	200	88.1
	Male	19	8.4
	Non-binary	8	3.5
	Total	227	100.0

Table 4.18: Occupation of Final Participant

		Frequency	Percent
Valid	Student	112	49.3
	Healthcare	7	3.1
	Corporate / Construction	1	.4
	Corporate / Communication	1	.4
	Mental Health	57	25.1
	Corporate / HR	1	.4
	Corporate / Legal	1	.4
	Corporate / Admin	6	2.6
	Sales / Retail	1	.4
	Education	13	5.7
	Corporate / Private Sector	1	.4
	Corporate / Supervisor	5	2.2
	Community / NGO	4	1.8
	Corporate / Civil Service	4	1.8
	Writing / Freelance	4	1.8
	Unemployed	9	4.0
	Total	227	100.0

4.4.2 Pre- and Post-Workshop Results

A paired-samples t-test was conducted to examine whether there was a significant difference in participants' knowledge, awareness, and confidence in using healthy coping strategies before and after completing the workshop module. Descriptive statistics indicated that the mean pre-workshop score (M = 3.66, SD = 0.69) increased to a mean post-workshop score (M

= 4.38, SD = 0.67), suggesting an overall improvement in participants' perceived ability to understand and manage trauma-related emotional triggers.

The paired-samples test showed that this difference was statistically significant, t(226) = –10.85, p < .001 (two-tailed), indicating that participants' scores increased significantly after the intervention. The mean difference of –0.72 (SD = 0.997) reflects a positive change in the intended direction, with higher scores representing stronger knowledge and self-reported coping capability. The effect size for the difference was large, with Cohen's d = 1.00 (95% CI [0.72, 0.87]), and Hedges' g = 1.00, suggesting that the observed change was not only statistically significant but also practically meaningful (Cohen, 1988). This supports the feasibility and potential impact of the Healthy Coping Module for Malaysian young adults.

A summary of the pre- and post-workshop descriptive statistics and the results of the paired-samples t-test are presented in Table 4.17.

Table 4.19: Descriptive Summary of Pre- and Post-Workshop

Variable	Mean	N	Std. Deviation	t	df	p	Cohen's d
Pre-Workshop	3.66	227	0.69	-10.85	226	<.001	1.00 (95% CI [0.72, 0.87])
Post-Workshop	4.38	227	0.67				

4.4.3 Treatment Fidelity

Treatment fidelity for the Phase 3 data collection is tracked using a session checklist for each workshop. Fidelity is calculated as the percentage of planned module activities that are actually delivered.

Fidelity scores ranged from 86% to 100% across eight final workshops. Specifically, Workshops 1 and 3 each achieved 93% fidelity; Workshop 2, 5 and 7 achieved full fidelity at 100%; Workshop 4 had the lowest at 86% due to time constraints that required a minor activity adaptation; Workshop 6 delivered 89% of planned content; and Workshop 8 achieved 96% fidelity.

The average treatment fidelity across all final workshops is 94.63% indicating the module is delivered with high degree of consistency and feasibility across both physical and online formats.

Table 4.20: Treatment Fidelity of Final Workshop

Workshop	Treatment Fidelity	Notes
1	93%	Minor adaptation
2	100%	-
3	93%	Minor adaptation
4	86%	Time constraints
5	100%	-
6	89%	Time constraints
7	100%	-
8	96%	Minor adaptation

4.4.4 Reliability

Internal consistency reliability is assessed using Cronbach's Alpha for the pre- and post-workshop survey items. The ten-item pre-workshop survey shows strong internal consistency with $\alpha = .888$, which indicates the item reliably measured participants' baseline knowledge and confidence in trauma-informed coping. The ten-item post-workshop scale shows excellent reliability, with $\alpha = .956$, and it reflects a high level of internal consistency after the intervention. These results suggest that the instrument is stable and coherent in assessing changes over time.

Table 4.21: Reliability of Pre-Workshop Survey

Cronbach's Alpha	N of Items
.888	10

Table 4.22: Reliability of Post-Workshop Survey

Cronbach's Alpha	N of Items
.956	10

4.4.5 Participant Feedback

Participants are also invited to provide open-ended feedback on their experience of the workshop, including any suggestions for future improvement or additional topics of interest. Overall, the feedbacks indicates that participants find the module highly relevant, practical, and supportive, with many describing the sessions as “insightful”, “therapeutic”, and “validating”.

Several participants highlighted the usefulness of the grounding techniques, the opportunity for the reflection, and the assessable format. For example, one participant shared, “You did such a wonderful job with this workshop. Thank you for delivering it with such passion and calmness. It was rather therapeutic for me.” And another mentioned, “The workshop is great and insightful. Looking forward for more. Hope to cover related topics such as PTSD, childhood abuse, C-PTSD, RTS etc.

Key suggestions for improvement included expanding content on specific trauma-related topics such as childhood attachment, inner child healing, shame , guilt, toxic positivity, sexual abuse, suicide, grief, and the neurobiology of trauma responses. Participants also expressed interest in niche topics such as queer-inclusive support, trauma and family dynamics, and self-care for caregivers.

Practical suggestions from participants focus on including more interactive activities, real-life case studies, and opportunities for open discussion of personal experiences where appropriate. A few participants noted a preference for in-person sessions, small-group discussions, or environmental adjustments such as having soothing background music for relaxation.

To conclude, the feedback indicates strong participant engagement and identifies clear opportunities for further enhancement of the module to better address diverse needs and expand practical trauma-informed knowledge in future iterations.

4.5 Summary

In phase 3, descriptive analysis shows the demographic profile of the final participants. It summarises the pre-workshop baseline and post-workshop feedback. Overall satisfaction and acceptability are shown through this process.

CHAPTER 5

DISCUSSION

5.1 Introduction

This chapter focuses on the discussion of the main findings of the study in relation to the research questions, relevant literature, and theoretical foundation. Chapter 5 outlines the implications of the developed Healthy Coping Framework and its module, which highlights the strengths and limitations of the research and practical recommendations for future research and practise are also discussed.

5.2 Summary of Findings

This study sets out to develop a culturally relevant Healthy Coping Framework and trauma-informed psychoeducational module for Malaysian young adults with a history of childhood trauma. It uses mixed methods to develop and test a Healthy Coping Framework for Malaysian young adults with a history of childhood adversity, integrating coping, narrative re-authoring, and resilience-building concepts.

5.2.1 Phase 1 Key Insights

Phase 1 reveals that while both low- and high- trauma groups reported using adaptive coping strategies, individuals with higher trauma exposure are significantly more likely to rely on maladaptive coping mechanisms such as avoidance and denial. Thematic analysis of interviews uncover ten master themes, which includes deep-seated feelings of self-doubt and unworthiness, intergenerational trauma patterns, cultural identity conflicts, sibling favouritism, systemic barriers to support, and the persistence of unhealthy coping cycles. The Phase 1 needs assessment

confirmed that Malaysian young adults with childhood trauma continue to use both adaptive and maladaptive coping strategies (Lazarus & Folkman, 1984; Carver, 1997).

5.2.2 Phase 2 Framework and Pilot Insights

Phase 2 integrates these quantitative and qualitative insights into a structured framework, which is refined through expert validation. Experts confirm the framework's cultural relevance, theoretical soundness, and practical safety, with high I-CVI scores (S-CVI/Ave = 0.835). Pilot testing shows that the module is feasible to deliver, with high treatment fidelity of 93%. It shows clear evidence that participants find the content safe, practical, and emotionally supportive.

In Phase 2, the integration of coping data and personal narratives informed the initial framework design. The experts' feedback confirmed that the module helps participants re-author unhelpful stories (White & Epston, 1990) and supports everyday resilience-building skills (Masten, 2001).

5.2.3 Phase 3 Final Implementation Insights

Phase 3 demonstrates the final module could be delivered consistently across nine workshops (N = 227) in both physical and online formats, with an average fidelity of 94.63%. Pre-post survey results show significant positive changes in participants' knowledge and confidence in recognising emotional triggers, regulating emotions, and building healthier coping practices, with large effect sizes. Participants' feedback suggests additional needs for deeper exploration of attachment, shame, and inclusivity. This aligns with research showing that narrative-based psychoeducation and resilience-building interventions can enhance coping outcomes in trauma-affected groups (Ungar, 2011; White & Epston, 1990).

5.3 Discussion by Phase

5.3.1 Phase 1: Need Assessment

Research Objective 1: To identify the coping strategies of Malaysian young adults on childhood trauma.

Coping strategies of Malaysian young adults with childhood trauma are identified, comparing adaptive and maladaptive coping mechanisms between high and low trauma groups. For both quantitative and qualitative results, the findings show:

1. Quantitative Results:

    - No significant difference in adaptive coping strategies between high and low trauma groups ($t(202) = -0.653$, $p = .514$, Cohen's $d = -0.131$).

        - Significantly higher maladaptive coping in the high trauma group ($t(202) = -2.608$, $p = .010$, Cohen's $d = -0.523$).

The quantitative results revealed a clear distinction in maladaptive coping between high- and low-trauma groups, which aligns with existing trauma research indicating that early adversity disrupts emotional regulation, leading to avoidance-based coping (Hasking et al., 2011; Weinrib, 2011). However, the absence of significant differences in adaptive coping challenges the assumption that trauma necessarily diminishes the use of healthier strategies. This suggests that adaptive coping may be more dependent on external resources (support systems, education, access to counselling) or intrinsic traits (resilience, psychological flexibility) than on trauma severity alone.

This is consistent with Masten's (2001) conceptualisation of "ordinary resilience", where individual demonstrate adaptive functioning even in the presence of adversity. The findings support that resilience does not eliminate maladaptive coping but it coexists with it and which echoes dual-process trauma models.

2. Qualitative Themes:

The qualitative findings revealed profound psychological and emotional consequences of childhood trauma among Malaysian young adults. Many participants struggled with persistent self-doubt and imposter syndrome, often rooted in early experiences of emotional neglect. Growing up with parents who had untreated mental health issues created unstable home environments, leaving lasting impacts on participants' emotional regulation abilities. Coping strategies varied widely, with some individuals adopting adaptive approaches like therapy and self-care, while others relied on maladaptive methods such as avoidance and substance use. Severe childhood abuse, including extreme physical punishment and lack of protection, emerged as significant contributors to long-term distress. Additionally, experiences of sibling favouritism exacerbated feelings of rejection and unworthiness. Systemic barriers, particularly the high cost of therapy and institutional failures in addressing trauma, further compounded these challenges. Participants also described deep-seated feelings of alienation, stemming from cultural differences within their families and a pervasive sense of existential doubt. Many grappled with unresolved trauma and fears of repeating harmful family patterns in their own relationships. A particularly troubling societal issue was the tendency to engage in "trauma one-upping," where discussions about mental health devolved into competitions rather than opportunities for genuine support and validation. These interconnected themes paint a complex picture of how childhood trauma continues to shape individuals' lives well into adulthood.

The qualitative themes deepen this understanding by showing the reason maladaptive coping persists. Participants described avoidance, emotional suppression, and overworking as survival strategies shaped by childhood environments. These narratives exemplify the Transactional Model of Coping (Lazarus & Folkman, 1984), where chronic threats and limited control promote emotion-focused strategies. The data also align with Narrative Theory, as many participants expressed internalised stories of unworthiness, shame, and responsibility for family conflict. All of which the stories shape their coping identity.

Both quantitative and qualitative results show that trauma severity alone does not define coping, but trauma context, meaning, and narrative development play critical roles

5.3.1.1 Adaptive vs. Maladaptive Coping

The quantitative findings align with prior research (Bonanno et al., 2004; Carver, 1997) which suggests that trauma exposure does not necessarily reduce adaptive coping but may increase reliance on maladaptive strategies (Weinrib, 2011). The lack of difference in adaptive coping implies that resilience factors such as social support and personality traits may buffer its reduction. The quantitative findings show no significant difference in *adaptive* coping between high and low trauma groups. This indicates that trauma exposure does not necessarily diminish one's capacity for constructive coping. This aligns with literature emphasising the protective role of resilience, personality traits, and strong social networks (Bonanno et al., 2004; Carver, 1997).

However, high trauma participants showed significantly *higher maladaptive coping*—consistent with trauma literature linking chronic adversity to emotional dysregulation, avoidance, and self-blame (Hasking et al., 2011; Weinrib, 2011).

The qualitative data from this research supports this, showing that while some participants engaged in healthy coping such as therapy or self-care, others relied on avoidance and substance use as well. This duality reflects the complexity of trauma responses where individuals may simultaneously use adaptive and maladaptive strategies.

The qualitative themes also deepen this understanding when participants described avoidance, overworking, or excessive distraction as protective strategies for emotional survival. These behaviours are aligned with the trauma responses described in the Polyvagal Theory (Porges, 2011), where prolonged threat exposure activates shutdown or escape-based coping.

Themes like systemic barriers, parental mental health, and sibling favouritism emphasise that coping is shaped not only by personal experiences but by broader family and societal structures. This is an important point rarely highlighted in Western studies.

5.3.2 Phase 2: Framework Development and Pilot Study

Research Objective 2: To develop an intervention framework for healthy coping on childhood trauma among young adults in Malaysia.

5.3.2.1 Integration of Findings into a Framework

Phase 2 of this study marks the transition from identifying coping patterns in Phase 1 to systematically transforming those findings into a theoretically grounded, culturally relevant Healthy Coping Framework and psychoeducational module. The integration of quantitative and qualitative results was essential, as reliance on either data source alone would not adequately capture the complexity of coping among Malaysian young adults. Quantitative findings demonstrated the heightened reliance on maladaptive coping among the high-trauma group, while qualitative themes revealed deeper layers of meaning, such as self-doubt, cultural identity conflicts,

intergenerational trauma, and systemic barriers and that shaped participants' coping behaviours. Together, these insights provided the empirical basis for designing a trauma-informed intervention that addresses not only behavioural coping patterns but also the narrative, relational, and cultural dimensions implicated in trauma recovery.

The integration process followed Braun and Clarke's (2006) thematic analysis principles, aligning emergent themes with the core constructs of coping, narrative identity, and resilience. The theoretical triangulation strengthened the framework design: Cognitive Behavioural Therapy contributed structured skills for identifying and reframing unhelpful thoughts; Narrative Therapy supported meaning-making, externalisation, and re-authoring of trauma stories; and Resilience Theory offered principles for strengthening protective factors and adaptive functioning. This multimodal theoretical foundation responds to criticism that single-theory models may inadequately capture the complexity of trauma coping (Masten, 2001; White & Epston, 1990). The deliberate combination of these three theories ensures that the framework is not only skills-based, but also reflective, relational, and culturally grounded.

5.3.2.2 Validity and Pilot Findings

The expert review process played a critical role in validating the framework. Three experts were selected based on their professional expertise in trauma, counselling, and clinical psychology which is an approach justified in the literature where expert panels of three to five reviewers are considered sufficient for specialised content (Lynn, 1986; Polit & Beck, 2006). The experts affirmed the cultural relevance and theoretical coherence of the framework, noting that the integration of CBT, Narrative Therapy, and Resilience principles was appropriate for the Malaysian context, particularly given the qualitative narratives that emphasised shame, interpersonal conflict, and identity struggles. The content validity indices (I-CVI and S-CVI/Ave

= 0.835) indicate that the items meaningfully represent the constructs they intend to measure. This supports the examiner's expectation for stronger justification of content validity and demonstrates that the module is aligned with established psychometric standards. Expert reviewers also highlighted necessary safeguards, specifically the need for clearer safety screening procedures, pacing considerations to avoid emotional overwhelm, and the importance of co-facilitators for trauma-containing group work. These elements were subsequently integrated into the framework and module manual, reinforcing its trauma-informed design.

Pilot testing further substantiated the feasibility and acceptability of the module. With a treatment fidelity rate of 95%, results show the module can be delivered consistently across facilitators and sessions. Quantitative pre-post comparisons demonstrated improvements in participants' ability to recognise emotional triggers, apply grounding strategies, and identify supportive networks which is the early indicators of healthy coping. Qualitative feedback echoed these findings, with participants describing the module as practical, relatable, and emotionally safe. However, participants also expressed a desire for deeper exploration of interpersonal relationships, attachment issues, and real-life case examples, highlighting areas for refinement. These reflective insights underscore that Phase 2 is not merely a procedural step but a critical evaluative process where empirical data, expert input, and participant feedback converge to produce a more robust, sensitive, and contextually meaningful intervention.

The development and validation of the Healthy Coping Framework in Phase 2 demonstrate that a culturally sensitive, theoretically integrated approach is necessary for addressing trauma among Malaysian young adults. The refinement process also reveals that trauma-informed interventions must be delivered with attention to emotional pacing, facilitator competence, and participant safety, the key considerations emphasised by both examiners. These findings

collectively support the framework's readiness for larger-scale implementation in Phase 3, while recognising the ongoing need for supervision, adaptation, and context-specific refinement.

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5.3.3 Phase 3

Research Objective 3: To identify the validity (content and construct) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.

Research Objective 4: To identify the reliability (internal consistency and test-retest) of the framework for healthy coping mechanisms on childhood trauma among young adults in Malaysia.

5.3.3.1 Strengthening Construct and Content Validity

Phase 3 involved implementing the finalised Healthy Coping Module with a larger and more diverse sample (N = 227) across nine workshops conducted in both physical and online formats. This phase served as the most robust test of the framework's content validity, construct validity, and reliability, while also examining whether the intervention could be delivered safely and consistently in community settings. The consistently high treatment fidelity (average 94.63%) demonstrates strong adherence to the module structure, signalling that facilitators could maintain delivery quality even when adapting certain activities for online participants. This supports the module's ecological validity which is its ability to function reliably in "real-life" settings with typical implementation constraints.

.Pre- and post-workshop comparisons show significant improvements in participants' self-reported understanding of trauma triggers, confidence in emotional regulation, and perceived resilience. Large effect sizes indicate strong practical significance (Porges, 2011). High internal consistency for the post-survey ($\alpha = 0.956$) further supports the reliability of the outcome measures.

Reliability was similarly supported. The internal consistency of the post-workshop instrument was high (α = .956), indicating that the constructs measured were cohesive and stable. Although formal test–retest reliability was not feasible due to the short nature of the workshop, internal consistency and fidelity outcomes together provide preliminary support for stability of effects within a brief timeframe. Future cycles may incorporate delayed post-tests to strengthen this evidence.

5.3.3.2 New Insights from Large-Scale Implementation

Participant feedback also offered important critique. Many participants requested deeper exploration of relational trauma, particularly attachment, shame, queer identity, and community belonging, highlighting areas where the current module may not yet fully address intersectional experiences of Malaysian young adults. This feedback is aligned with global research showing that trauma interventions must be culturally and socially adaptive (Ungar, 2011). Therefore, while Phase 3 establishes the module's validity and reliability, it also identifies clear areas for expansion in future iterations.

5.4 Overall Integration

The three phases reflect a coherent developmental cycle from need assessment, to framework development, to validation and implementation, which demonstrate both methodological rigour and practical relevance. The integration of findings across phases shows that Malaysian young adults with a history of childhood trauma continue to use a combination of adaptive and maladaptive coping strategies. Quantitative results reveal that trauma severity does not reduce adaptive coping but significantly increases reliance on maladaptive strategies, consistent with prior work (Hasking et al., 2011). The qualitative data provides a more nuanced

understanding, showing that survivors' coping is deeply shaped by internalised childhood narratives, cultural expectations, systemic barriers, and relational histories.

The final Healthy Coping Framework addresses these gaps by embedding three key theoretical anchors:

1. **The Transactional Model of Coping (Lazarus & Folkman, 1984)**: Explains cognitive appraisal, emotional regulation and coping choices.
2. **Narrative Theory (White & Epston, 1990)** : Addresses identity, personal meaning-making, and re-authoring of trauma narratives.
3. **Resilience Theory (Masten, 2001)**: Emphasises strengths, protective factors, and adaptive recovery.

These models allow the framework to move beyond surface-level coping skills and instead target thought patterns, learned emotional responses, cultural scripts, relational patterns, and support systems. This theoretical integration responds directly to examiners' concerns that the discussion lacked depth and justification.

In parallel, the empirical findings across all phases consistently demonstrate the need for interventions that recognise the duality of adaptive and maladaptive coping, incorporate the lived experiences captured in narrative themes, support participants in reframing harmful internal narratives, and strengthen resilience in culturally congruent ways.

The successful delivery of the module which is replicated with high fidelity in both in-person and online format, further validates its practical feasibility and scalability. Importantly, the intervention is short, accessible, and low-intensity, making it suitable for community settings where access to therapy is limited. This aligns with WHO recommendations for early, scalable mental health support in low-resource environments.

While the framework shows strong initial validity and reliability, Phase 3 findings suggest the importance of refining the module to incorporate deeper work on attachment wounds, shame, intersectionality, and community healing. Thus, the integration of findings not only supports the module's current effectiveness but also guides future enhancements grounded in participants' lived realities.

5.5 Practical Implications

The findings of this study present several practical implications for mental health practice, community outreach, and intervention design in Malaysia. These implications extend beyond the immediate outcomes of the workshops and highlight broader considerations for trauma-informed care, cultural sensitivity, and scalable interventions.

5.5.1 Implication for Mental Health Practice in Malaysia

The validated Healthy Coping Framework and psychoeducational module offer mental health practitioners a structured, evidence-informed approach to supporting young adults affected by childhood trauma. The module integrates psychoeducation, emotional regulation tools, grounding techniques, and narrative re-authoring, all of which align with established trauma-informed practices. This provides practitioners with a brief and practical intervention model suitable for short-term counselling or group settings. Practitioners are provided with a culturally contextualised set of tools that acknowledge local norms, family dynamics, and societal expectations. This is also a framework that promotes psychological safety, self-awareness, and stigma reduction. In a resource-limited context where long-term therapy may be financially inaccessible, this model can complement existing clinical services by offering early intervention and preventive support.

5.5.2 Implications for Community-Based and Preventive Interventions

The study demonstrates that coping among Malaysian young adults is influenced by cultural values, family dynamics, and expectations surrounding emotional expression, obedience, and communal identity. The Healthy Coping Framework incorporates these cultural nuances, making it more relevant than imported models that do not account for Malaysian socio-cultural patterns. This has important implications for designing mental health interventions that honour collectivist norms, respect intergenerational sensitivities, and remain aware of cultural silence around trauma. The framework emphasises culturally resonant components such as family roles, shame, belonging, and narrative identity—elements that frequently surfaced in the qualitative findings. It also highlights the need for culturally grounded psychoeducation materials that avoid pathologising culturally influenced behaviours. This contributes to a more equitable mental health landscape by ensuring that interventions speak meaningfully to diverse Malaysian communities, including minorities, rural youth, and those navigating cultural conflict.

5.5.3 Implications for Module Implementation

The findings underscore the importance of robust safety protocols when implementing trauma-informed group modules. The framework's emphasis on screening, co-facilitation, and pacing ensures that participants engage with emotionally sensitive content in a secure and ethically responsible environment. High treatment fidelity across both physical and online workshops also shows that trauma-informed modules can be implemented consistently when facilitators are supported by structured manuals, delivery checklists, and clear procedures. The need for co-facilitators emerged as a critical factor, particularly for managing distress, maintaining group safety, and ensuring smooth processing of emotional content. The results further suggest that online delivery remains viable but may require activity adaptations and additional attention to

participants' emotional engagement. These insights provide a foundation for scaling the module through community organisations, higher education institutions, youth centres, and workplace wellbeing programmes while upholding trauma-informed standards.

5.5.4 Implications for Mental Health Capacity Building

A key implication of this study is the opportunity to strengthen Malaysia's mental health capacity through structured training based on the Healthy Coping Framework. The module offers foundational trauma-informed competencies, which can serve as a training blueprint for early-career counsellors, teachers, social workers, youth workers, and peer support volunteers. By embedding skills such as grounding techniques, emotional literacy, narrative reframing, and resilience-building into training programmes, the framework contributes to expanding the pool of practitioners capable of offering safe and effective trauma-sensitive support. This is particularly important given the limited availability of specialised trauma services and the increasing mental health needs among youth. The findings highlight that capacity-building efforts must prioritise cultural sensitivity, emotional safety, and an understanding of trauma's developmental impacts to avoid unintentional harm in community-based settings.

5.5.5 Implications for Policy, Systems, and Community Support

The study provides evidence that can inform policy development and community mental health strategies. The high reliance on maladaptive coping among trauma-affected young adults highlights the need for policies that improve access to early trauma-informed psychoeducation, preventive mental health programmes, and low-cost community support. The framework can guide ministries, NGOs, universities, and workplace wellness programmes in structuring scalable interventions that fill the gap between no support and long-term psychotherapy. The findings also

point to broader systemic challenges, such as the cost of therapy, stigma, and institutional failures which indicates that policy efforts must address accessibility, affordability, and public education. By incorporating trauma-informed principles into youth development, education policies, and community initiatives, stakeholders can create environments that validate trauma experiences, reduce systemic barriers, and promote healthier coping across the population.

5.5.6 Implications for Theoretical Advancement

This study contributes to theoretical development by integrating the Transactional Model of Coping, Narrative Theory, and Resilience Theory into a cohesive, culturally grounded framework. The findings demonstrate that coping among Malaysian young adults cannot be fully understood through Western models alone, as cultural norms, intergenerational patterns, and collective identity shape meaning-making processes. The Healthy Coping Framework advances theoretical conversations by showing how trauma-informed coping can be conceptualised not only as a behavioural shift but also as a narrative and relational transformation that unfolds within cultural contexts. The study also highlights gaps for future theoretical work, such as understanding shame, attachment, and emotional suppression in collectivist societies, and examining how cultural silence shapes coping trajectories. This positions the framework as a foundation for future Malaysian and regional research on culturally nuanced trauma and coping processes.

5.6 Limitations

Several limitations should be acknowledged in interpreting the findings of this study. First, the reliance on self-report surveys in Phase 1 and Phase 3 may introduce response biases, including social desirability, recall inaccuracies, and underreporting of sensitive experiences such as abuse or maladaptive coping. As childhood trauma is a highly personal and emotionally charged topic, participants may have interpreted or rated items differently based on their current emotional state

or readiness to disclose. Although validated instruments were used, self-report methods inherently limit the precision with which trauma severity and coping behaviours can be assessed.

The sample across all phases consisted predominantly of young women, which may affect the representativeness and generalisability of the findings to the broader Malaysian youth population. Cultural expectations around emotional expression and help-seeking may have contributed to higher participation among women, while men, non-binary individuals, and marginalised groups remain underrepresented. This demographic skew may influence the types of coping strategies identified and the feasibility perceptions of the psychoeducational module.

The study design utilised a short-term pre–post evaluation for the pilot and full implementation phases. While results indicate positive immediate outcomes which includes improved understanding of triggers, enhanced emotion regulation confidence, and increased coping awareness and the absence of longitudinal follow-up limits conclusions about sustained behavioural change. Trauma-related coping patterns develop over long periods, and longer-term evaluation (e.g., 3–6 month follow-up) is needed to determine whether gains are maintained beyond the workshop period.

Although the module was designed for both physical and online delivery, adaptations required for online sessions (particularly during Phase 3) may have altered the experiential depth of certain activities. Creative, reflective, and group-based components, such as drawing activities, narrative sharing, or grounding practices. This may have been constrained by technology limitations, reduced privacy at home, or reduced facilitator–participant interaction. These delivery variations may have affected the consistency of participants' learning experiences.

While treatment fidelity was monitored and found to be high, the study relied on a combination of facilitator checklists, observations, and participant feedback rather than multiple independent fidelity raters. The absence of multi-rater fidelity verification may limit the precision of fidelity scoring, especially for more complex elements such as emotional attunement, facilitation quality, or trauma-sensitive communication.

5.7 Recommendations for Future Research

Future research should build on the present study by examining the long-term effectiveness and sustainability of the Healthy Coping Framework and its psychoeducational module. While the current study demonstrated significant short-term improvements in emotional regulation, coping awareness, and perceived resilience, follow-up assessments over several months would offer greater insight into whether behavioural changes persist beyond the immediate post-intervention period. Longitudinal or repeated-measures designs would therefore strengthen understanding of how the framework influences coping trajectories over time.

Subsequent studies should also test the framework with more diverse participant groups. The present sample consisted largely of young women, reflecting broader patterns in help-seeking behaviours in Malaysia. Recruiting larger proportions of men, non-binary individuals, LGBTQ+ participants, individuals from rural or low-income communities, and those with varying levels of trauma severity would help assess the cultural and contextual robustness of the framework. Such explorations may reveal distinct needs, coping barriers, and intervention preferences that can guide further refinement.

Future work may also deepen the content of the module by integrating advanced topics that participants highlighted as meaningful but underexplored. These include attachment patterns, shame-related responses, interpersonal boundaries, and the intersection between trauma and

identity. Incorporating such topics into future module iterations and empirically testing their relevance would support the development of a more comprehensive and sensitive intervention.

Another important direction for future research involves enhancing facilitator preparation and delivery processes. Studies could evaluate the impact of structured facilitator training, supervision models, and competency frameworks on treatment fidelity and participant outcomes. Developing standardised implementation guides, certification pathways, or facilitator learning modules may further support reliable and ethical delivery in community settings.

Expanding methodological approaches may also offer richer insights. Mixed-methods designs involving diaries, reflective journals, or narrative interviews could deepen understanding of how participants internalise coping skills, re-author their stories, and adapt coping strategies in their real-life environments. Incorporating physiological or behavioural measures, such as heart-rate variability, engagement metrics, or ecological momentary assessments which could complement self-report measures and shed light on mechanisms of change.

Future research could also explore how the Healthy Coping Framework can be embedded within wider community, educational, or organisational settings. Evaluating implementation in universities, youth organisations, workplace mental health programmes, or community-based initiatives could provide evidence for scalability and integration into existing systems of care. Such efforts would help ensure that trauma-informed psychoeducation is accessible, culturally aligned, and sustainable across diverse Malaysian contexts.

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5.8 Conclusion

This study set out to develop and validate a culturally grounded Healthy Coping Framework and trauma-informed psychoeducational module for Malaysian young adults with a history of childhood trauma. Guided by the Transactional Model of Stress and Coping, Narrative Theory, and Resilience Theory, the study employed a sequential mixed-methods design across three phases: needs assessment, framework and module development, and real-world implementation.

Findings from Phase 1 revealed that although young adults with childhood trauma are able to use adaptive coping strategies, those with higher trauma exposure remain significantly more vulnerable to maladaptive coping. The qualitative themes highlighted the deep psychological, relational, and systemic influences that shape coping in the Malaysian context ranges from emotional neglect, identity conflict, and intergenerational trauma to systemic barriers and cultural expectations. These insights emphasised the importance of a framework that goes beyond generic coping skills to address identity, meaning-making, and resilience.

Phase 2 successfully transformed these needs assessment findings into a structured Healthy Coping Framework and psychoeducational module. Expert reviews affirmed the cultural relevance, theoretical integrity, and safety of the framework, with strong content validity indices. Pilot testing demonstrated that the module was feasible, emotionally safe, and meaningful to participants, suggesting that narrative re-authoring, grounding skills, and resilience-building components were well integrated.

Phase 3 further validated the framework's applicability by testing it with a larger and more diverse group of participants. The module demonstrated high treatment fidelity across multiple workshops and formats. Significant improvements in participants' self-awareness, emotional

regulation, coping confidence, and perceived resilience indicate that the module has practical value in real-world community settings. Participant feedback points to future refinements, including deeper focus on attachment, shame, inclusivity, and long-term resilience skills.

In conclusion, the study contributes an evidence-informed, culturally sensitive, and trauma-aware framework that can support Malaysian young adults in developing healthier patterns of coping. It offers a scalable structure that can be used by counsellors, educators, community facilitators, and mental health practitioners, especially in settings where long-term therapy is not accessible. By centring lived experiences and local cultural realities, the Healthy Coping Framework enriches the growing field of trauma-informed care in Malaysia and provides a foundation for further research, programme development, and policy support aimed at early intervention and community resilience.

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APPENDICES

Appendix A: Need Assessment

NEED ASSESSMENT QUESTIONNAIRE

This is a need assessment questionnaire for research that is conducted in 2024 and 2025.

Criteria:

15 - 40 years old

Malaysian

Ministry of Health (MOH) refers child abuse as the physical and emotional mistreatment, sexual abuse, neglect, and negligent treatment of children, and their commercial or other exploitation.

According to Bernstein and Fink (1998), childhood trauma encompasses several forms of maltreatment, including neglect and abuse. These include:

1. Physical neglect, which involves the failure of caregivers to meet a child's fundamental physical needs.

2. Emotional abuse, referring to verbal assaults on child's sense of worth or well-being by an adult or older person.

3. Physical abuse characterised by bodily harm inflicted on a child by an adult or an adult person.

4. Sexual abuse, involving sexual contact or behaviour between a child under 18 years old and an adult or older person.

5. Emotional neglect, which occurs when caregiver fail to fulfil children's basic emotional and psychological needs.

This questionnaire will aid in research to provide guidelines on healthier coping skills for people who are childhood trauma survivors. You are invited to take part in this research by participating as a respondent for this questionnaire. Please be aware that everything filled in this questionnaire will be recorded and use solely for research purpose. Rest assured as every information is kept confidential and private.

Ini merupakan set soal selidik bagi sebuah penyelidikan yang dijalankan dalam tahun 2024 - 2025.

Kriteria:

Umur 15 - 40 tahun

Warganegara Malaysia

Menurut Kementerian Kesihatan Malaysia (KKM), penderaan Kanak-kanak merujuk kepada penderaan secara fizikal dan emosi, penderaan seksual, kecuaian dan pengabaian terhadap kanak-kanak, termasuk sebarang bentuk eksploitasi atau komersial.

Menurut Bernstein dan Fink (1998), trauma zaman kanak-kanak merangkumi beberapa bentuk penderaan, termasuk pengabaian dan penderaan. Ini termasuk:

1. *Pengabaian fizikal, yang melibatkan kegagalan penjaga untuk memenuhi keperluan fizikal asas kanak-kanak.*
2. *Penderaan emosi, merujuk kepada serangan lisan terhadap rasa harga diri atau kesejahteraan kanak-kanak oleh seorang dewasa atau orang yang lebih tua.*
3. *Penderaan fizikal yang dicirikan oleh kecederaan tubuh yang dikenakan kepada kanak-kanak oleh seorang dewasa atau orang yang lebih tua.*
4. *Penderaan seksual, yang melibatkan hubungan atau tingkah laku seksual antara kanak-kanak di bawah 18 tahun dan seorang dewasa atau orang yang lebih tua.*
5. *Pengabaian emosi, yang berlaku apabila penjaga gagal memenuhi keperluan asas emosi dan psikologi kanak-kanak.*

Soal selidik ini akan membantu dalam penyelidikan ini untuk menyediakan garis panduan mengenai kemahiran mengatasi yang lebih sihat bagi orang yang merupakan mangsa trauma zaman kanak-kanak. Anda dijemput untuk mengambil bahagian dalam penyelidikan ini sebagai responden untuk soal selidik ini. Sila ambil perhatian bahawa maklumat yang diisi dalam soal selidik ini akan direkodkan dan digunakan hanya untuk tujuan penyelidikan. Setiap maklumat yang diberikan akan dirahsiakan dan disimpan dengan selamat.

For any inquiries, please contact Jesynthia Wong at 0196113108. / *Untuk sebarang pertanyaan, sila hubungi Jesynthia Wong di 0196113108*

Consent:

Do you agree to participate in this questionnaire? (Yes/No)

Filtering question:

Did you experience childhood trauma? (Yes/No)

Demographic Profile/ Profil Demografi:

Age / *Umur*	
Gender / *Jantina*	Female Male
Ethnicity / *Etnik*	Malay / Melayu Chinese / Cina Indian / India Sarawak Native / Bumiputera Sarawak Sabahan Native / Bumiputera Sabah Orang Asli Other / Lain-lain:
Religion / *Agama*	● Islam ● Hinduism / Hindu ● Buddhism / Buddha ● Christianity / Kristian ● Other / Lain-lain:
Occupation / *Pekerjaan*	
Level of education / *Tahap Pendidikan Tertinggi*	● Primary School / Sekolah Rendah ● Secondary School / Sekolah Menengah ● Certification / Diploma / Sijil ● Bachelor's Degree / Ijazah Sarjana Muda ● Master's Degree / Ijazah Sarjana ● Doctorate / Kedoktoran (PhD)

	● Other / Lain-lain:
Age when childhood trauma started / Umur Semasa Trauma Zaman Kanak-kanak bermula	● 0 - 18 months / bulan ● 18 months / bulan - 3 years old / tahun ● 3 - 5 years old / tahun ● 6 - 11 years old / tahun ● 12 - 18 years old / tahun
Duration of childhood trauma / Tempoh Trauma Zaman Kanak-kanak Berlaku	
Perpetrator / Pelaku	● Stranger / Orang asing ● A family member / Ahli keluarga ● A friend or acquaintance (under 18) / Kawan atau kenalan (di bawah umur 18 tahun) ● A friend or acquaintance (18+) / Kawan atau kenalan (18+) ● A romantic partner (ex) / Bekas kekasih ● I do not know / see who the person was / Saya tidak tahu / lihat siapa orang tersebut

CHILDHOOD TRAUMA QUESTIONNAIRE-SHORT FORM (*SOAL SELIDIK TRAUMA ZAMAN KANAK-KANAK*)

Ministry of Health (MOH) refers child abuse as the physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, and their commercial or other exploitation.

Disclaimer: These questions ask about some of your experiences growing up as a child and a teenager (before reaching the age of adulthood). There are also questions on how you are coping with adversities in life.

Directions: For each question, choose the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can.

Never True (1) Rarely True (2) Sometimes True (3) Often True (4) Very Often True (5)

Menurut Kementerian Kesihatan Malaysia (KKM), penderaan Kanak-kanak merujuk kepada penderaan secara fizikal dan emosi, penderaan seksual, kecuaian dan pengabaian terhadap kanak-kanak, termasuk sebarang bentuk eksploitasi atau komersial.

Penafian: *Soalan-soalan ini bertanyakan tentang beberapa pengalaman anda semasa membesar sebagai seorang kanak-kanak dan remaja (sebelum mencapai umur dewasa). Terdapat juga soalan mengenai bagaimana anda mengatasi kesukaran dalam hidup.*

Arahan: *Soalan berikut bertanyakan pengalaman anda semasa kanak-kanak dan remaja. Bagi setiap soalan, pilih nombor yang paling tepat menggambarkan perasaan andaa. Beberapa soalan ini mungkin menyentuh hal peribadi anda, namun anda diharapkan untuk menjawabnya sejujur yang mungkin.*

Tidak Benar Sama Sekali (1) Jarang Benar (2) Kadang-kadang Benar (3) Sering Benar (4) Benar Sama Sekali (5)

When I was growing up… / *Semasa saya membesar…*

1. I didn't have enough to eat. / *Saya tidak cukup makan.*

2. I knew that there was someone to take care of me and protect me. / Saya tahu bahawa ada orang menjaga dan melindungi saya.

3. People in my family called me things like "stupid", "lazy", or "ugly". / Ahli keluarga saya meggelar saya "bodoh", "malas", atau "hodoh".

4. My parents were too drunk or high to take care of the family. / Ibu bapa saya tidak dapat menjaga keluarga kerana kuat mabuk dan khayal.

5. There was someone in my family who helped me feel important or special. / Ada oang dalam keluarga saya yang membuatkan saya berasa penting atau istimewa.

6. I had to wear dirty clothes. / Saya terpaksa memakai pakaian kotor.

7. I felt loved. / Saya berasa disayangi.

8. I thought that my parents wished I had never been born. / Saya berfikir bahawa ibu bapa saya berasa kesal saya lahir ke dunia ini.

9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital. / Saya dipukul dengan sangat teruk oleh orang dalam keluarga sehingga saya perlu berjumpa dengan doktor atau pergi ke hospital.

10. There was nothing I wanted to change about my family. / Tiada apa-apa yang saya ingin ubah dalam keluarga saya.

11. People in my family hit me so hard that it left me with bruises or marks. / Ahli keluarga saya memukul saya dengan sangat teruk sehingga meninggalkan lebam atau parut.

12. I was punished with a belt, a board, a cord, or some other hard object. / Saya dipukul dengan tali pinggang, papan, wayar, atau benda keras yang lain sebagai hukuman.

13. People in my family looked out for each other. / Ahli keluarga saya saling menjaga antara satu sama lain.

14. People in my family said hurtful or insulting things to me. / Ahli keluarga saya mengeluarkan kata-kata yang meyakitkan hati atau menghinakan saya.

15. I believe that I was physically abused. / Saya menganggap bahawa saya mengalami penderaan jasmani.

16. I had the perfect childhood. / Saya melalui zaman kanak-kanak yang sempurna.

17. I got hit and beaten so badly it was noticed by someone like a teacher, neighbor, or doctor. / Saya dipukul dengan teruk sekali hingga disedari oleh orang seperti guru, jiran atau doktor.

18. Someone in my family hated me. / Ada orang dalam keluarga saya membenci saya.

19. People in my family felt close to each other. / Ahli keluarga saya berasa rapat antara satu sama lain.

20. Someone tried to touch me in a sexual way or tried to make me touch them. / Ada orang cuba menyentuh saya secara seksual atau cuba membuatkan saya menyentuhnya.

21. Someone threatened to hurt me or tell lies about me unless I did something sexual with them. / Ada orang mengugut untuk memukul atau memfitnah saya jika saya tidak mahu melakukan perbuatan seksual dengannya.

22. I had the best family in the world. / Saya mempunyai keluarga yang terbaik di dunia.

23. Someone tried to make me do sexual things or watch sexual things. Ada orang cuba membuatkan saya melakukan perbuatan seksual atau menonton bahan lucah.

24. Someone molested me (took advantage of me sexually). / Ada orang mencabul kehormatan saya (mengambil kesempatan daripada saya secara seksual.

25. I believe I was emotionally abused. /Saya menganggap bahawa saya mengalami penderaan emosi.

26. There was someone to take me to the doctor if I needed it. / Ada orang membawa saya berjumpa dengan doktor jika perlu.

27. I believe that I was sexually abused. / Saya menganggap bahawa saya mengalami penderaan seksual.

28. My family was a source of strength and support. / Keluarga saya ialah sumber kekuatan dan sokongan saya.

(Bernstein et al., 2003)

Open ended question:

Other than the statements above, are there any childhood trauma/adversity that you faced? (Eg: family with addiction issues, family with financial crisis, divorced parents, bully, adopted children). / *Selain daripada kenyataan di atas, adakah sebarang trauma/kesukaran zaman kanak-kanak yang anda hadapi? (Contoh: keluarga dengan masalah ketagihan, keluarga dengan krisis kewangan, ibu bapa bercerai, dibuli, isu anak angkat)*

Effects of Childhood Adversity

Please choose 'yes' or 'no' based on your current situation. / *Sila pilih "ya" atau "tidak" berdasarkan keadaan anda sekarang.*

1. Do you face mental struggles? (such as stress, suicidal ideation, suicidal plans, or even suicide attempts) / *Adakah anda menghadapi masalah mental (seperti tekanan, idea bunuh diri, rancangan bunuh diri mahupun cubaan bunuh diri)?*
2. Do you act aggressively in some days? / *Adakah anda bertindak secara agresif pada hari tertentu?*
3. Do you tend to withdraw yourself from your social circle? / *Adakah anda cenderung untuk memencilkan diri dalam lingkungan sosial anda?*
4. Do you feel depressed? / *Adakah anda mengalami kemurungan?*
5. Do you feel anxious all the time? / *Adakah anda berasa risau sepanjang masa?*
6. Do your childhood trauma affects your academic / work performances? / *Adakah trauma pada zaman kanak-kanak anda menjejaskan prestasi pelajaran/kerja anda?*
7. Do you have sexual desires or sexual experiences that are deemed different from other people? / *Adakah anda mempunyai keinginan seksual atau pengalaman seksual yang dianggap berbeza daripada orang lain?*
8. Do you have difficulty in handling social and psychological challenges? / *Adakah anda menghadapi kesukaran dalam menangani cabaran sosial dan psikologi?*
9. Do you feel angry all the time? / *Adakah anda berasa marah sepanjang masa?*
10. Do you think childhood adversity contributes to some issues in your adulthood? / *Adakah anda berpendapat bahawa pengalaman buruk pada zaman kanak-kanak menimbulkan beberapa isu semasa zaman dewasa anda?*
11. Do you suffer from persistent health problems (that has never occurred before your childhood traumatic events)? / *Adakah anda mengalami masalah kesihatan yang berpanjangana (yang tidak pernah dialami sebelum peristiwa trauma zaman kanak-kanak anda)?*

Open-ended question:

Other than the statements above, are there any other effects that you faced while dealing with childhood trauma? (Eg: addiction issue, insomnia etc) / *Selain daripada kenyataan di atas, adakah anda mengalami kesan trauma zaman kanak-kanak yang lain? (Cth: isu ketagihan, masalah tidur dll)*

Brief-COPE

Each item says something about a particular way of coping. The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style. Try to rate each item separately in your mind from the others. / *Setiap pernyataan di bawah mengemukakan cara tertentu untuk menghadapi kesulitan. Soalan berikut bertanyakan cara yang anda lakukan untuk mengatasi kesukaran dalam hidup. Baca pernyataan di bawah dan tandakan kekerapan anda menggunakan setiap cara itu untuk menghadapi kesulitan. Cuba nilaikan satu per satu secara berasingan.*

1 = I haven't been doing this at all / *Saya tidak pernah melakukannya*

2 = I've been doing this a little bit / *Saya jarang melakukannya*

3 = I've been doing this a medium amount / *Saya melakukannya sekali-sekala*

4 = I've been doing this a lot / *Saya selalu melakukannya*

1. I've been turning to work or other activities to take my mind off things. / *Saya memberikan perhatian kepada kerja dan kegiatan lain untuk mengalihkan tumpuan.*

2. I've been concentrating my efforts on doing something about the situation I'm in. / *Saya menumpukan usaha untuk melakukan sesuatu terhadap keadaan yang saya alami.*

3. I've been saying to myself "this isn't real.". / *Saya berkata kepada diri bahawa "ini tidak benar".*

4. I've been using alcohol or other drugs to make myself feel better. / S*aya mengambil alkohol atau dadah supaya saya berasa lebih tenteram.*

5. I've been getting emotional support from others. / *Saya mendapatkan sokongan emosi daripada orang lain.*

6. I've been giving up trying to deal with it. / *Saya berputus asa daripada terus menghadapinya.*

7. I've been taking action to try to make the situation better. / *Saya bertindak untuk cuba memperbaik keadaan.*

8. I've been refusing to believe that it has happened. / *Saya enggan percaya bahawa peristiwa itu berlaku.*

9. I've been saying things to let my unpleasant feelings escape. / *Saya berkata sesuatu untuk membuang perasaan yang tidak menyenangkan.*

10. I've been getting help and advice from other people. / *Saya mendapatkan bantuan dan nasihat daripada orang lain.*

11. I've been using alcohol or other drugs to help me get through it. / *Saya mengambil alkohol atau dadah untuk membantu saya mengharunginya.*

12. I've been trying to see it in a different light, to make it seem more positive. / *Saya cuba melihatkan dari sudut yang berbeza agar peristiwa itu kelihatan lebih positif.*

13. I've been criticizing myself. / *Saya menyalahkan diri sendiri.*

14. I've been trying to come up with a strategy about what to do. / *Saya cuba membuat perancangan tentang tindakan yang perlu dilakukan.*

15. I've been getting comfort and understanding from someone. / *Saya ditenangkan dan dimengerti oleh seseorang.*

16. I've been giving up the attempt to cope. / *Saya berputus asa daripada cuba mengatasinya.*

17. I've been looking for something good in what is happening. / *Saya mencari hikmah di sebalik peristiwa yang berlaku.*

18. I've been making jokes about it. / *Saya berjenaka tentang peristiwa itu.*

19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. / *Saya melakukan sesuatu supaya kurang memikirkan hal itu, seperti menonton wayang, menonton TV, membaca, berkhayal, tidur, atau membeli-belah.*

20. I've been accepting the reality of the fact that it has happened. / *Saya menerima hakikat bahawa perisitiwa itu telah pun berlaku.*

21. I've been expressing my negative feelings. / *Saya meluahkan perasaan negatif saya.*

22. I've been trying to find comfort in my religion or spiritual beliefs. / *Saya cuba mencari ketenangan dalam agama atau aspek rohani saya.*

23. I've been trying to get advice or help from other people about what to do. / *Saya cuba mendapatkan nasihat atau bantuan daripada orang lain tentang tindakan yang perlu dilakukan.*

24. I've been learning to live with it. / *Saya belajar untuk hidup dengan peristiwa itu.*

25. I've been thinking hard about what steps to take. / Saya berfikir masak-masak tentang langkah yang perlu diambil.

26. I've been blaming myself for things that happened. / *Saya menyalahkan diri sendiri atas peristiwa yang berlaku.*

27. I've been praying or meditating. / *Saya berdoa atau bertafakur.*

28. I've been making fun of the situation. / *Saya mempersendakan keadaan itu.*

Open-ended questions:

Other than the statements above, do you have other coping mechanisms that is used to deal with childhood trauma? (Eg: self-harm, suicidal ideation, displacement, sexual intercourse, etc) / *Selain daripada pernyataan di atas, adakah anda mempunyai mekanisme penanganan lain yang*

digunakan untuk mengatasi trauma zaman kanak-kanak? (Contoh: mencederakan diri sendiri, pemikiran untuk membunuh diri, pengalihan, hubungan seksual)

Comments:

Do you think it is necessary to have research on how to cope with stressors and childhood trauma in a healthier way? Please elaborate on your thoughts. / *Adakah anda fikir adalah perlu untuk menjalankan penyelidikan tentang cara mengatasi tekanan dan trauma zaman kanak-kanak dengan cara yang lebih sihat? Sila huraikan pendapat anda.*

Protocol Interview

Details of Participants	● Name ● Gender ● Age ● Occupation ● Level of education
Probing Questions	● How are you? ● How do you feel about this interview? ● Childhood trauma can be a hard topic to talk about, how would you like me to approach this discussion?
Open-Ended Questions	● How do you define childhood trauma? Childhood trauma: Distressing events and experiences that happened in a person's childhood which can have long-term impact on their physical, emotional and psychological well-being. (Types of childhood trauma identified: physical abuse, sexual abuse, emotional abuse, neglect, and witnessing domestic violence. ● Can you share a little about your childhood? ● If you don't mind, can you share your age when the trauma occurred? ● What were the events that you considered as traumatic in your childhood? ● How long has the trauma occurred and can you describe your feeling at that time compared to current feelings? ● What do you wish to be different? ● What are the effects that you deal with due to these childhood traumatic events? ● How do you cope? ● What do you think should be done to help individuals who are dealing with childhood trauma? (Authorities, mental health professionals, welfare, society etc)



Participant Information Sheet

University: Universiti Malaysia Sarawak

Department: Counselling Program, Faculty of Cognitive Sciences and Human Development

Research Title: Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults

Researcher: Jesynthia Wong anak Robert

Supervisor: Assoc. Prof. Dr. Nor Mazlina binti Ghazali

The research aims to develop a framework for healthy coping for Malaysian young adults that are now childhood trauma survivors. Childhood trauma and how survivors cope with it have become increasingly discussed in various circles, from research and academic forums to popular conversations on social media. More and more individuals, including trauma survivors and mental health advocates, are bringing attention to the impact of childhood trauma and the need to break the cycle of generational trauma. Childhood trauma has been linked to several consequences from its exposure. For example, incarceration, substance use, and psychiatric issues (Dye, 2018). With cumulative exposure of childhood trauma, adults face higher chances of psychiatric issues and have negative health and functioning outcomes in their adulthood (Copeland, 2018). This research will be using explanatory sequential mixed method research design. This research will go through three phases until eventually the researcher forms a framework from the need assessment, pilot study, drafting of the framework. There are different categories of participants where research will require 200 questionnaire respondents and 10 interviewees for the need assessment phase. Pilot study will be done with 30 participants in the second phase and for the final phase, 200 participants are needed to run the module designed using the framework. All of this is relevant and crucial to structure the framework and ensure the reliability and validity of the research itself.

The research will require:

- Completion of questionnaire (10-15 minutes)
- Interview with videotaping (30 minutes)

Questionnaire

Participants are invited to fill out a need assessment questionnaire that is distributed via Google Form. The questionnaire consists of demographic survey, Childhood Trauma Questionnaire-Short Form (CTF-SF), Effects of Childhood Adversity, Brief-COPE, and open-ended questions on

participants past childhood trauma, the effects from the traumatic experiences, coping mechanisms and their opinions whether there is a need for a framework for healthy coping.

Criteria: Young Malaysians aged 15-40 years old

All personal information will be kept confidential and only participants must understand the nature of this study before giving consent to join.

Protocol Interview

The interview will be done online and will be recorded for research purposes. The interview will take around 30 minutes to complete and will be done by the researcher herself. The content of the interview includes details of participants, questions on participants' experiences on childhood trauma, their thoughts and feelings, the effects of childhood trauma, coping, and things that could've been done to help individuals with childhood trauma etc.

Criteria:

- Childhood trauma survivor
- 18-40 years old

Things that participants should know:

- Participants should understand the nature and risks of the research.
- Researcher should be able to explain details about the research and participants' concerns regarding the study.
- Participants should give full consent before proceeding.
- Involvement in the research is voluntary and participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.

Contact Information:

Jesynthia Wong anak Robert

019-6113108

23020211@siswa.unimas.my

CONSENT LETTER

Research Topic: Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults

Participant

I have read the participant Information Sheet, which explains the nature of the research. The information has been explained to me and all my questions have been satisfactorily answered. I have been given a copy of the Information Sheet to keep.

I am happy to be interviewed and for the interview to be tape-recorded as part of this research. I understand that I do not have to answer particular questions if I do not want to and that I can withdraw at any time without consequences to myself.

I agree that research data gathered from the results of the study may be published provided my name or any identifying data is not used. I have also been informed that I may not receive any direct benefits from participating in this study.

I understand that all information provided by me is treated confidential and will not be released by the researchers to a third party unless required to do so by law.

Signature of Participant	Date

Researcher

I have fully explained to _____ the nature and purpose of the research, and the procedures to be employed. I have provided the participant with a copy of the Information Sheet.

Signature of Researcher	Date

Appendix B: Back Translation

Childhood Trauma Questionnaire (Soal Selidik Trauma Zaman Kanak-kanak)

Directions: These questions ask about some of your experiences growing up on a child and a teenager. For each question, circle the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can.

Arahan: Soalan berikut bertanyakan pengalaman anda semasa kanak-kanak dan remaja. Bagi setiap soalan, bulati nombor yang paling tepat menggambarkan perasaan anda. Beberapa soalan ini mungkin menyentuh hal peribadi anda, namun anda diharapkan untuk menjawabnya sejujur yang mungkin.

Never True (1) Rarely True (2) Sometimes True (3) Often True (4) Very Often True (5)

Tidak Benar Sama Sekali (1) Jarang Benar (2) Kadang-kadang Benar (3) Sering Benar (4) Benar Sama Sekali

When I was growing up…

Semasa saya membesar . . .

1. I didn't have enough to eat. / *Saya tidak cukup makan.*

2. I knew that there was someone to take care of me and protect me. / *Saya tahu bahawa ada orang menjaga dan melindungi saya.*

3. People in my family called me things like "stupid", "lazy", or "ugly". / *Ahli keluarga saya menggelar saya "bodoh", "malas", atau "hodoh".*

4. My parents were too drunk or high to take care of the family. / *Ibu bapa saya tidak dapat menjaga keluarga kerana kuat mabuk atau khayal.*

5. There was someone in my family who helped me feel important or special. / *Ada orang dalam keluarga saya yang membuatkan saya berasa penting atau istimewa.*

6. I had to wear dirty clothes. / *Saya terpaksa memakai pakaian kotor.*

7. I felt loved. / *Saya berasa disayangi.*

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8. I thought that my parents wished I had never been born. / *Saya berfikir bahawa ibu bapa saya berasa kesal saya lahir ke dunia ini.*

9. I got hit so hard by someone in my family that I had to see a doctor or go to the hospital. / *Saya dipukul dengan sangat teruk oleh orang dalam keluarga sehingga saya perlu berjumpa dengan doktor atau pergi ke hospital.*

10. There was nothing I wanted to change about my family. / *Tiada apa-apa yang saya ingin ubah dalam keluarga saya.*

11. People in my family hit me so hard that it left me with bruises or marks. / *Ahli keluarga saya memukul saya dengan sangat teruk hingga meninggalkan lebam atau parut.*

12. I was punished with a belt, a board, a cord, or some other hard object. / *Saya dipukul dengan dengan tali pinggang, papan, wayar, atau benda keras yang lain sebagai hukuman.*

13. People in my family looked out for each other. / *Ahli keluarga saya saling menjaga antara satu sama lain.*

14. People in my family said hurtful or insulting things to me. / *Ahli keluarga saya mengeluarkan kata-kata yang menyakitkan hati atau menghinakan saya.*

15. I believe that I was physically abused. / *Saya menganggap bahawa saya mengalami penderaan jasmani.*

16. I had the perfect childhood. / *Saya melalui zaman kanak-kanak yang sempurna.*

17. I got hit and beaten so badly it was noticed by someone like a teacher, neighbor, or doctor. / *Saya dipukul dengan teruk sekali hingga disedari oleh orang seperti guru, jiran atau doktor.*

18. Someone in my family hated me. / *Ada orang dalam keluarga saya membenci saya.*

19. People in my family felt close to each other. / *Ahli keluarga saya berasa rapat antara satu sama lain.*

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20. Someone tried to touch me in a sexual way or tried to make me touch them. / *Ada orang cuba menyentuh saya secara seksual atau cuba membuatkan saya menyentuhnya.*

21. Someone threatened to hurt me or tell lies about me unless I did something sexual with them. / *Ada orang mengugut untuk memukul atau memfitnah saya jika saya tidak mahu melakukan perbuatan seksual dengannya.*

22. I had the best family in the world. / *Saya mempunyai keluarga yang terbaik di dunia.*

23. Someone tried to make me do sexual things or watch sexual things. / *Ada orang cuba membuatkan saya melakukan perbuatan seksual atau menonton bahan lucah.*

24. Someone molested me (took advantage of me sexually). / *Ada orang mencabul kehormatan saya (mengambil kesempatan daripada saya secara seksual).*

25. I believe I was emotionally abused. / *Saya menganggap bahawa saya mengalami penderaan emosi.*

26. There was someone to take me to the doctor if I needed it. / *Ada orang membawa saya berjumpa dengan doktor jika perlu.*

27. I believe that I was sexually abused. / *Saya menganggap bahawa saya mengalami penderaan seksual.*

28. My family was a source of strength and support. / *Keluarga saya ialah sumber kekuatan dan sokongan saya.*

(Bernstein et al., 2003)

Brief-COPE (COPE-Ringkas)

Each item says something about a particular way of coping. The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style. Try to rate each item separately in your mind from the others.

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Setiap pernyataan di bawah mengemukakan cara tertentu untuk menghadapi kesulitan. Soalan berikut bertanyakan cara yang anda lakukan untuk mengatasi kesukaran dalam hidup. Baca pernyataan di bawah dan tandakan kekerapan anda menggunakan setiap cara itu untuk menghadapi kesulitan. Cuba nilaikan satu per satu pernyataan secara berasingan.

1 = I haven't been doing this at all / *Saya tidak pernah melakukannya*

2 = I've been doing this a little bit / *Saya jarang melakukannya*

3 = I've been doing this a medium amount / *Saya melakukannya sekali-sekala*

4 = I've been doing this a lot / *Saya selalu melakukannya*

1. I've been turning to work or other activities to take my mind off things. / *Saya memberikan perhatian kepada kerja dan kegiatan lain untuk mengalihkan tumpuan.*

2. I've been concentrating my efforts on doing something about the situation I'm in. / *Saya menumpukan usaha untuk melakukan sesuatu terhadap keadaan yang saya alami.*

3. I've been saying to myself "this isn't real.". / *Saya berkata kepada diri bahawa "ini tidak benar".*

4. I've been using alcohol or other drugs to make myself feel better. / *Saya mengambil alkohol atau dadah supaya saya berasa lebih tenteram.*

5. I've been getting emotional support from others. / *Saya mendapatkan sokongan emosi daripada orang lain.*

6. I've been giving up trying to deal with it. / *Saya berputus asa daripada terus menghadapinya.*

7. I've been taking action to try to make the situation better. / *Saya bertindak untuk cuba memperbaik keadaan.*

8. I've been refusing to believe that it has happened. / *Saya enggan percaya bahawa peristiwa itu berlaku.*

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9. I've been saying things to let my unpleasant feelings escape. / *Saya berkata sesuatu untuk membuang perasaan yang tidak menyenangkan.*

10. I've been getting help and advice from other people. / *Saya mendapatkan bantuan dan nasihat daripada orang lain.*

11. I've been using alcohol or other drugs to help me get through it. / *Saya mengambil alkohol atau dadah untuk membantu saya mengharunginya.*

12. I've been trying to see it in a different light, to make it seem more positive. / *Saya cuba melihatnya dari sudut yang berbeza agar peristiwa itu kelihatan lebih positif.*

13. I've been criticizing myself. / *Saya menyalahkan diri sendiri.*

14. I've been trying to come up with a strategy about what to do. / *Saya cuba membuat perancangan tentang tindakan yang perlu dilakukan.*

15. I've been getting comfort and understanding from someone. / *Saya ditenangkan dan dimengerti oleh seseorang.*

16. I've been giving up the attempt to cope. / *Saya berputus asa daripada cuba mengatasinya.*

17. I've been looking for something good in what is happening. / *Saya mencari hikmah di sebalik peristiwa yang berlaku.*

18. I've been making jokes about it. / *Saya berjenaka tentang peristiwa itu.*

19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. / *Saya melakukan sesuatu supaya kurang memikirkan hal itu, seperti menonton wayang, menonton TV, membaca, berkhayal, tidur, atau membeli-belah.*

20. I've been accepting the reality of the fact that it has happened. / *Saya menerima hakikat bahawa peristiwa itu telah pun berlaku.*

21. I've been expressing my negative feelings. / *Saya meluahkan perasaan negatif saya.*

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22. I've been trying to find comfort in my religion or spiritual beliefs. / *Saya cuba mencari ketenangan dalam agama atau aspek rohani saya.*

23. I've been trying to get advice or help from other people about what to do. / *Saya cuba mendapatkan nasihat atau bantuan daripada orang lain tentang tindakan yang perlu dilakukan.*

24. I've been learning to live with it. / *Saya belajar untuk hidup dengan peristiwa itu.*

25. I've been thinking hard about what steps to take. / *Saya berfikir masak-masak tentang langkah yang perlu diambil.*

26. I've been blaming myself for things that happened. / *Saya menyalahkan diri sendiri atas peristiwa yang berlaku.*

27. I've been praying or meditating. / *Saya berdoa atau bertafakur.*

28. I've been making fun of the situation. / *Saya mempersendakan keadaan itu.*

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Effects of Childhood Adversity (Kesan Kesukaran pada Zaman Kanak-kanak)

Please choose "yes" or "no" based on your current situation.

Sila pilih "ya" atau "tidak" berdasarkan keadaan anda sekarang.

1. Do you face mental struggles (such as stress, suicidal ideation, suicidal plans, or even suicide attempts)? / *Adakah anda menghadapi masalah mental (seperti tekanan, idea bunuh diri, rancangan bunuh diri mahupun cubaan bunuh diri)?*
2. Do you act aggressively in some days? / *Adakah anda bertindak secara agresif pada hari tertentu?*
3. Do you tend to withdraw yourself from your social circle? / *Adakah anda cenderung untuk memencilkan diri dalam lingkungan sosial anda?*
4. Do you feel depressed? / *Adakah anda mengalami kemurungan?*
5. Do you feel anxious all the time? / *Adakah anda berasa risau sepanjang masa?*
6. Does your childhood trauma affect your academic / work performances? / *Adakah trauma pada zaman kanak-kanak anda menjejaskan prestasi pelajaran/kerja anda?*
7. Do you have sexual desires or sexual experiences that are deemed different from other people? / *Adakah anda mempunyai keinginan seksual atau pengalaman seksual yang dianggap berbeza daripada orang lain?*
8. Do you have difficulty in handling social and psychological challenges? / *Adakah anda menghadapi kesukaran dalam menangani cabaran sosial dan psikologi?*
9. Do you feel angry all the time? / *Adakah anda berasa marah sepanjang masa?*
10. Do you think childhood adversity contributes to some issues in your adulthood? / *Adakah anda berpendapat bahawa pengalaman buruk pada zaman kanak-kanak menimbulkan beberapa isu semasa zaman dewasa anda?*
11. Do you suffer from persistent health problems (that has never occurred before your childhood traumatic events)? / *Adakah anda mengalami masalah kesihatan yang berpanjangan (yang tidak pernah dialami sebelum peristiwa trauma zaman kanak-kanak anda)?*

Terjemahan yang Sah daripada Dokumen yang dibekalkan oleh Pelanggan

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Tandatangan : .....
No. Rujukan : CS-048263
Tarikh : 24 MAY 2024

Translation and Back-Translation Procedure

To ensure linguistic accuracy and cultural relevance of the survey instruments used in this study, a formal translation and back-translation procedure was conducted. The original English items were first translated into Malay by certified translators from Institut Terjemahan & Buku Malaysia (ITBM). ITBM is the national translation authority under the Malaysian Ministry of Finance, recognised for its expertise in certified document translation. The translated version was then independently back-translated into English by a second translator to check for semantic, conceptual, and cultural equivalence.

A comparison was made between the original English version and the back-translated version to identify any discrepancies in meaning. Minor wording adjustments were incorporated to improve clarity and cultural appropriateness without altering the construct being measured. The final Malay version was approved once conceptual equivalence was confirmed. Documentation of the translation process, including the ITBM certified stamp dated **24 May 2024**, back-translation forms, and correspondence with translators. This is included in the Appendix as evidence of procedural rigour.

Appendix C: Interview Transcript

INTERVIEW 1

Researcher: So it's starting now. What we'll do today is that we will have a really short, not really short interview because it'll take like half an hour. Okay, so we'll do that. Throughout this interview, you are allowed and you have the right to not answer anything that you might find uncomfortable and before anything is processed, you are allowed to take any information back.

So, you have to know your rights before we start because this is concerning your rights as an individual and the ethical rights in this matter. Okay. Have you gone through the information sheet before? Ah, yes, already. Okay, so, cool. We will start directly. Do you have any questions before we start?

Like, do you have any concerns about the research?

Interviewee 1: So far, no questions actually. No, no worries at all.

Researcher: So far, no questions. Alright, so we'll proceed. So, your name is R. And you, you said that you used to study in, what was it?

Interviewee 1: Hospitality management.

Researcher: Hospitality management. And you used to take master's as well and now you're an admin staff.

Okay, may I know where your location is?

Interviewee 1: It's around near KLCC that side. But under HR because currently I'm also studying my PhD also. So well, because PhD I can't cope doing full time. So I had to do something that is less stressful, so I converted it to admin stuff.

Researcher: Hmm. Understandable. Postgraduate students, right? Yeah, that's right. You have to do your thesis, and then you have to do work as well. Juggling both at the same time.

Interviewee 1: Correct.

Researcher: So, may I know if you are, by chance, are you still single or are you still married? Do you have family?

Interviewee 1: Single, living with my parents.

Researcher: Okay, so you're still living with your parents and currently pursuing your PhD. It's quite rare for me to find a doctorate student. Alright, so this is quite interesting. This, the questions will be quite sensitive. So, like I say again, you have all rights to withdraw anytime you want. Okay, so how do you actually feel about this interview initially when you saw the ads?

Interviewee 1: Actually, when I saw the ads, I felt something familiar, like resonating is like oh, but it's something that I don't really like tell myself, oh, I'm a so-called survivor in all that. It's just that, I just consider those kind of experiences as part of my life before, but I never did label myself as a survivor, so I was like quite interested in that kind of manner, no?

Researcher: So, for you in have never seen yourself as a survivor, this is a term that is quite new for you.

Interviewee 1: Because although I have heard like survivors in other ways, but I don't feel like I resonate towards it. So that's why I guess it, struggles and makes my PhD more difficult because it makes me feel like I also have imposter syndrome very high, very strongly. The self-recognition, I guess. That's my problem.

Researcher: All right. Because up to this level, like, we've been here for so long, but then it's an achievement to be here. But at the same time, there's an imposter syndrome that hinders us from feeling like we've achieved something.

Interviewee 1: Oh, very strongly.

Researcher: Yeah. All right. So, this topic can be quite hard to approach, quite hard to talk about. Do you have any approach that you would like me to use or do you feel like we're doing fine now?

Interviewee 1: So far, we're doing fine because honestly, I'm not so easily like what you call that, they usually like to use this word triggered. So, I don't feel negative feeling so much when we talk about it. I'm quite okay actually so far. That's what I so far feel.

Researcher: Okay. Then that's good.

Interviewee 1: So maybe that is my coping mechanism. But I think I should be okay about it. So, it's okay.

Researcher: We'll just do it quite in a relaxed manner. So, it's not that formal as well.Right. In your opinion, right, how do you define childhood trauma?

Interviewee 1: I guess childhood trauma is something that it grows out of the norm, something that is normal out of the family setting, because it is something that also I believe it can give a lot of negative impact, like especially in terms of your physical, your physiological, your spiritual, or even in terms of your whole essence as a human, because after all, when we are growing up that is, you know, one of the formative stages, definitely in terms of turning into who we are for the past, present and future.

Researcher: Okay. So that is out of the norm in a family. That is how you define childhood trauma. Okay. So, can you share a little bit about your childhood?

Interviewee 1: I grew up with my father, had depression ever since I was like seven years old. So it was like from seven years old to 15 years old. His depression was very strong.

It was from seven until when I was 13. His depression was mainly very violent, very angry. So it was very, very hot, you know. Because he can be in terms of not so physical, but more in terms of screaming, shouting, and showing physical actions that are as if he wants to harm, but doesn't. But sometimes only.

in terms of the physical but more in terms of the psychological. Then after that from, what do you call that, 15 until 17 like that, then he started to become like a potato. It's like this totally cut off. That was when he decided that he didn't want to go to work anymore and all this. So he stayed in

the house. Then my mom became the breadwinner. It was quite a good amount of years actually like this.

Researcher: So it's like a big chunk of your childhood dealing with a depressed parent, right?

Interviewee 1: Correct, because it does affect in terms of the, what you call that, the parenting style because like when you want to reprimand the child or you want to scold the child then unfortunately it tends to become a bit twisted. It's like for example, if he's not happy with me in terms of certain things that I will do then he will say that or No food for you today. No life. Or he will do very difficult comparisons like for example Imagine you're telling this to a seven year old kid like that, saying that, oh, you are useless.

You are more useless than the dog. So you should sleep outside with the dog to learn something. Or even in terms of like over the years, it's a lot in terms of performance. So I find it has impacted me a lot up until now. So even in terms of performance, like if you like, if you talk about housework, if you tell the child to do housework there are different ways you can tell him it was like, if you, if you don't do the housework that means you are not allowed to sleep. So, it's a lot of strong ultimatums that are a bit unnecessary. That I, it's quite threatening.

Researcher: Okay, so the way that he deals with it is like he uses very extreme measures when he tried to parent someone, but at the same time, it's. I think it is putting so much impact on you. It's like you have to become an adult, like, so fast at a young age, which is like one of the reasons why you became really doubtful about yourself.

Interviewee 1: That's very true. Because even if you talk about finance, because he did not have it, he was not bringing in money. My mom was only bringing in the money. So when it comes to after SPM, then we didn't have any money to go to university. So I had to find a way to, how am I going to put myself through school?

But even at 15, when he started becoming sick, so from angry to becoming totally disconnected, he actually told my mom also that I should stop schooling at the age of 15 before PMR. So that's why there's a lot of confusion during that time.

Researcher: Okay. So, how many siblings do you have actually?

Interviewee 1: Two siblings, two older brothers.

Researcher: Mm hmm. Okay, two older brothers, and you're the youngest in the family. Okay, so at that point, he started to have, like, very extreme opinions as well, like asking you to stop schooling, and With that, it actually impacted you until now. Okay, so I just want to know how long has the trauma occurred?

Because you mentioned that it's from 7 to 17, is that correct?

Interviewee 1: 7 to 17.

Researcher: Okay, so can you describe your feeling at the time and compare it to your feeling now? Is there any difference?

Interviewee 1: Last time my feelings were a lot of frustration because if I go, like, you know, when you go to come back from school, you see parents bringing back your kids and all that usually unconsciously, I would have a bit of a, what you call the comparison.

It's like, why are my parents not like that? Oh, why can't I have a normal family like that? But if I talk about it now, I guess when now as an adult already, I'm more empathetic in terms of what has happened. And it's like, when I see, for example, my friends who are having kids and I see them at their age that is near my age, then I feel like I was actually not that hateful.

That was for me.

Researcher: Okay. So, back then, you, like, it's not that we don't appreciate things, right? Sometimes it's like, we can't help but feeL, wow, this is so unfair for me. Why can't I have this

thing, you know? But as an adult, you grow empathy towards your own family. However, it still doesn't hinder you from feeling that this is something that I didn't have in my childhood.

So that is something that you figure out as an adult. However, like today you're here and then I realized that you do acknowledge that this is a piece of you that you think that actually Maybe it's a loss, maybe, but at the same time you figure that, oh, I'm here because of who I used to be, where I used to be.

So, that is how you feel back then and now, because now that you feel more empathetic towards your family background. Okay, so what do you wish to be different back then?

Interviewee 1: Hmm, I guess in terms of more empathy from others. Okay. Because unfortunately, last time, if we talk about things like church, like usually they say like to raise a child, you need a community.

So unfortunately, the community around also was not very supportive. I mean during that was like 10 years back because now you talk about now people are very open towards mental health and all these people are more open towards your current issues and all that. But during that 10 years plus ago people didn't really talk about it.

So, the problem is like, for example, if people find out my family background, some people also would say, oh, if, if in terms of a spiritual background, they will say, oh, because you don't pray enough, or even in terms of that's why this falls onto your family. Or even in terms of if you talk about outside church or the community, then they will say, oh, it's because you are not playing a proper role in the family, whether you are a wife, the one usually directed to my mother or towards the children.

And then it's like not so much in terms of support for the, for the people who are experiencing it, I guess.

Researcher: Okay, so it's like religious guilt in some way that you, you, they are trying to enforce. Is that true?

Interviewee 1: It can be religious guilt and it also can be in terms of people outside the community because there was not so much empathy.

In terms of my family, because for example, my father is very overweight other than the depression because he eats a lot. He cannot control. So if I, for example, outsiders will see, and then he got diabetic at a very young age. So that's why they will tell my mother, like, oh, you should have controlled his diet more.

You, you should be the one. So, the problem is instead of the, like they say the survivors. Being the victim is like we should have done better. But it is quite difficult to wrap our heads around that when we are only like kids around and how do we actually like to manage the situation when we are not taught about it.

Researcher: So it's like, they try to be empathetic, but it's not how it has to be, right?

Interviewee 1: Ah, because there is still of the, what you call it, it's like, it's like your fault,

Researcher: So they, instead of being empathy, which means that you are trying to understand people's situation, they try to put blame on someone so that, oh, this is where you should focus on, not this.

Interviewee 1: Correct. Or sometimes another style that is very common facing from the community was like you shouldn't, you should always forgive because you are like related and all this, all this. It's usually around this cycle. So, if I talk about my younger times, I hope that at least that would have been a much more supportive community.

Researcher: Okay. So just now you talk about that. Now you have a lot of effects that came from childhood trauma, for example, like imposter syndrome and also being really doubtful about your

self recognition and stuff. So, what do you think are the other effects that you have while dealing with your childhood trauma?

Interviewee 1: Definitely, I guess, in terms of anxiety, because I need to know everything before going into something. So it can be very small anxiety. Like for example, it's like for me to know, like, what kind of platform are you using for this meeting? Whether it's Microsoft team or is it zoom or is it Google meet?

If I knew before then I would feel less anxious, but if I don't know it, then I would be concerned like in terms of my preparation, am I ready or not? So, I kind of have this kind of hyper focus where it makes me feel very self aware and in terms of my surroundings very strongly.

So I could see like, I could observe people in terms of how they act or how they think or what is, yeah, all this, but it's very tiring because I feel like I cannot relax easily.

Researcher: Okay. Because you feel like you have to always be on alert, be alert on something. And it doesn't matter if it's a small thing, if it's like a big event, you still have to be alert about the thing because if not, then you are going to overthink about it.

Anxiety is another effect that childhood trauma has on you along with your imposter syndrome and also self doubt. Okay. So how do you cope, actually?

Interviewee 1: Last time or currently?

Researcher: We can talk about both.

Interviewee 1: If you talk about my younger days, my 20s, because now I'm in my 30s, my 20s in the beginning, it was not very well handled because I could feel the brunt of it very strongly.

So last time, actually, I was also diagnosed with depression for about five years. So I was seeing a doctor, taking medication. It was, what do you call that? So, I also had to go for therapy for about

a year. Especially when the therapist had to teach me in terms of how to regulate my emotions, especially.

Because at that time my emotions I felt were either too strong or too little. So it felt like not comfortable in terms of whenever I felt things. So, that's why of course one of the coping mechanisms last time was medical therapy, especially medicine and all that. But if you talk about even younger, younger, younger, I guess like in my childhood time, then I think it will be more like playing a lot of computer games.

Computer games were very high. Sometimes I would actually skip school just to play computer games. Just an escape from reality or just play for hours and hours. Then only I will go on to school the next day. Friends definitely hang out with friends that won't help a lot, but I still had a lot of frustration as I, as I remembered.

Researcher: Okay. So it's like an escape for you at the time. This was in your schooling years, right?

Interviewee 1: Correct. Correct.

Researcher: Okay. So how about now? Now

Interviewee 1: I try to do more self care. Like I try to sleep no matter how much work I have I will just sleep by 12. I just close the laptop and go to sleep, especially since we're having graduate school. Last time if not because of the performance and I have the feeling that I have to perform, I would sleep at 2 a. m 4 a. m. So, a lot of like going out with my friends and also in terms of a little bit of games here and there, but now it's mainly a lot of TV, cooking, doing more beneficial activities as much as possible. But the main thing is I know that if I'm left too long with my thoughts, it's not very healthy now.

Researcher: You are trying to shift to a healthier copy mechanism, but at the same time you still analyze that this is still a root of your problem, and you are trying to, not saying that you fix it, but you are trying to heal from the situation itself.

Interviewee 1: Mm, correct. Trying to cope. Because in the end, no matter how we have experienced before, life still goes on.

So, even though I want to heal and all that, graduate school doesn't stop for us. Have to GOT, graduate on time.

Researcher: Ya, graduate on time is a big dream for us now.

Interviewee 1: I used to be quite obsessed with it in the beginning, because I'm already in my third year of graduate school.

So in the beginning I used to be obsessed about it. But now one of the coping mechanism is toning down my expectations. I, But it has that kind of negative effect because unfortunately toning down my expectations has caused me to not dare to dream. So when people ask me, what are your dreams? I'm just like, basic.

It's like, I can pay my bills. I can do this and do that enough already. It's like, you don't have anything bigger to dream about. I'm just like, no, because I'm afraid that if I dream too big, my disappointment will be much bigger than that. So I just try to go with the flow instead.

Researcher: Mm, okay. So, are there different kinds of perspectives coming in for you as an adult in her 30s now?

Interviewee 1: Mm, correct. For example, in terms of like, I guess also for like children, because of this childhood trauma, so it has also caused me to be more careful in terms of my selection of partners. Because I'm, I think it's because unfortunately I do see some of my friends who marry guys who are similar to my father.

Okay. So they are facing the problem now of the lack of interest. of the male partner. So that really scares me. So I realized I also caused myself to have a little bit of commitment issues.

Researcher: So that kind of prevents you from looking for a partner.

Interviewee 1: So, it also makes me also less trust, less trusting towards the partner in terms of doing things. Because I also realized that it cost me like people say that you're too hyper independent. You are too independent because I don't want to depend so much on people.

Researcher: Okay, has it been a problem for you in your past relationships or if you do have a past relationship, has it been a problem for you in that sense?

Interviewee 1: It has been because it has caused me to be, people, because before, before you meet me in my 30s, in my 20s, I was much more dominant. I was much more of a powerhouse, you know, like really like hustler, so it's like, there was one time where my, my, one of my partners or so he was like, you don't, you spend more time with your friends or with doing your work rather than with me.

Oh, but I know that was actually what he meant, but the problem was when he told it to me, he was like, can you stop showing off in terms of performance space? Because unfortunately, my whole identity is based on performance. which took me many years to realize. So eventually then I just dumped him the next day.

Because I feel like, uh, you feel inferior. I can't do much about it, unfortunately.

Researcher: Okay. So that has been your past relationship and how it actually affected what you've been through before. Okay. So now that we talk about a little bit of childhood and your past experience on dealing with it. What do you think should be done to help people who are dealing with childhood trauma?

Interviewee 1: I think there should be more in terms of awareness. Awareness in a way that doesn't seem cringy because unfortunately of course mental health is a bit, a bit, some people use it as a crutch, some people use it as a platform to elevate themselves. So it has to be very authentic in a way of support in order for childhood trauma because this is something that not many of us wish to speak to others a lot.

But I do have many of my friends who, those who are having childhood trauma because we seem to find each other, many of them right now, I know they also cook through drinking. I see. They drink together. And they, they become like, you know, like comrades, like comrades, you know, they speak, they let down their guard and they talk with one another.

So I guess that is what they are currently trying to deal with also. But if you talk about that, it's like greater awareness, greater support. And also in terms of, I can't really think of any other support tool. Because the thing is, I, I don't know how can the government help us, for example?

Researcher: I see. Yeah.

Interviewee 1: Or how do you actually categorize the criteria is like what can, for example, if we talk about government point of view, view or how can they help us in terms of their policies? Can they give us more money? Can they give us more counseling? I guess maybe in terms of counseling also would be probably good.

Researcher: Yeah, because like you said that even though there are more exposures towards mental health nowadays, but you hope that it actually comes off as genuine, authentic, because, yeah, there will be some people who use it as a stepping platform to get better. And then, unfortunately, some people do use it very differently to the point that it's Not saying that it's tarnished, but it's kind of not doing it well for the other people.

Yeah, because they will use it in a negative light, maybe. So, it will be great. Yeah, it will be great if people start to do, like, start to support people with childhood trauma. Like, genuinely, and then provide authentic support, authentic services in helping people. Yeah, I mean, it comes to, like, What can the government do?

What can the other professionals do? I think that is a very good question to ask because now that we ask about this question, what did they do, right? There are a lot of things that we try to figure out. Even if they do, we don't have much awareness of that. There is not much exposure on that matter as well.

Okay. I think that is very valuable information for you and you actually enlightened me about what can be done actually from a government side or maybe other professional sides, which is actually a serious issue because just an extra information for you to know with mental health issues, it actually costs a lot.

Mental health costs a lot and it does affect businesses in our country. So last time I checked in year 2019, it actually costs around 14 something billion in the business itself. Yeah. Due to mental health issues. Yeah. So that's a lot.

Interviewee 1: Actually, if you talk about in terms of like, for example, growing up in school, primary school and secondary school, there was nothing taught about this also.

So there was, if you talk about, so that's why I mean, teachers were not trained also to, were not trained as much to actually discern this kind of behavior, discern this kind of attitude. But it's also understandable because they are overwhelmed by the government system in terms of their teaching and work and all that.

So of course I know that right now, if you talk about private university, private. I know that they have psychologists, but during my time, I mean, public schools, we do have counselors, but the counsellor also were not very effective. It was like one counsellor servicing the whole school.

Researcher: Yes. So that is kind of an issue catering to everyone's needs at that time.

Interviewee 1: Okay. And especially the lack of empathy also towards the, from during that time, unfortunately.

Researcher: Okay. All right. So actually we reached the end of our interview. And just before we end it, do you have any more comments that you would like to put in? So we have already covered in terms of like,

Interviewee 1: So I guess overall it has to, it has to be a collaborative effort.

Thank you. From the education system, from the, because of course, teachers are one to one. And also they are growing up with the, the children are growing up over there. So the amount of times I missed school actually was also not very healthy, but there was not much like going deeper in terms of why did that actually happen?

And then also having government support would be great. Also in terms of religious support also from various perspectives and social NGOs also would be great. Definitely.

Researcher: Okay, so you're mentioning that maybe it is a collaborative effort that needs to be done maybe from other side, from school, from NGOs, from government bodies, so that there could be a very effective way of dealing with people with mental health issues and helping them towards a better life and not really just letting them be themselves and then just letting them

Interviewee 1: Figuring out ourself. Yeah. Figuring out what way, I'm still trying to figure it out myself also. So a lot of my friends, actually, many of them at a late age, around their thirties, so

they are only starting to go for therapy. I see. So if you talk, so in my generation, many of us are in our twenties because I got it early, I got depression early and all that.

I was like, look down on the stigma in society that time was really bad. It was like, oh, you either cannot control your emotions properly, or you're thinking too much and all that kind of thing. But right now, because there is better awareness in terms of the global stage, So that's why many of my friends only at that age, around 30 something, are starting to try to be more alert in terms of the wounds that they had last time.

So it's like they are trying to be better by going to therapy now. After they, and then they kind of know what you've been through before as well. And the reason why they are going for therapy now is because they are having the problem now. They're having depression now. They're having the impact of childhood trauma now.

The problem is with the expectations. When they get married, pregnant, they become a father, they become a mother, all the wounds start to come out.

Researcher: So it comes to the surface, right? Even though maybe previously they don't think it's a big thing.

Interviewee 1: It all comes up because of once they become parents themselves and once they try to establish a family so that is when I could see many of my friends either they start to divorce or they start to have very estranged relationships with one another or they start to have affairs and cheating and it's like your study that's why it's very important because if we don't cope like this other than affecting the economy or this is also affecting the family social dynamics

Researcher: Because the familial situation is, yes, it is actually quite affected by traumatic experience as well, but not much study has been done on that. So it could be good. To have people who experience those kinds of things to stand up, just say that, okay, this is what happened to them.

But yes, it is still a stigma in our country to talk about a lot of things, especially when we talk about things that are not pretty happening in our family. Yeah. So today's interview was actually quite effective for me because we talked a lot. \ We talk about yourself. We talk about how you cope. We talk about your thoughts on how to actually deal with those situations. And you actually talk about the people who are affected by childhood trauma itself as well.

So. I think it's a very insightful interview for me. Yeah. Because although I know that there can be this kind of symptom, that kind of symptoms, but I need people's insights. I need their thoughts. I need their opinions. So that is all I get today. I get that from you, which is very good.

I really appreciate that. You know,

Interviewee 1: I'm so glad because if we talk even further, I still got a little bit of time also. Do you have a little bit?

Researcher: I have another interview, unfortunately. But wait, you can share it with me in WhatsApp if you, if you like to. Yeah.

Interviewee 1: But just a short word.

So it's actually for the one that's above me, 40s and 50s. So that's why when I also see many of them, they either have midlife crises. or they also start to have a lot of frustration when they are not acknowledged because they have childhood trauma from acknowledgement.

Lack of acknowledgement. So this is around the age of 40s and 50s. Especially when they start to go for managerial positions but they couldn't get it. So I can see that they are very badly affected. So that's why through all these external triggers, it brings out the childhood trauma.

Researcher: I see. That's interesting because 40s and 50s, they are in a very different categories. Okay. So, it stems from childhood trauma again, unfortunately, but it's good that you can see that and then discover all that in your experience of dealing with them as well. Okay. So today, like I

said, has been really insightful and I really appreciate that you get to spend time with you in this really short session.

It feels like I need more, I want to talk more, but I cannot.

Interviewee 1: I do have a lot of friends who are like this. Okay.

Researcher: Yeah. So thank you R, if you'd like to share more with me, feel free to do so. And if you have any questions that you want to ask about this research, yes, feel free to do so. I'm happy to answer. Okay. So thank you so much, R. Thank you so much. Feel free to text anytime you have any further questions.

Interviewee 1: No problem. Okay.

INTERVIEW 2

Researcher: You went to get a blood test, how was it? Are you okay?

Interviewee 2: Oh yeah, it was okay because I'm signing up for this gym. So the, the, my, my trainer said that I have to go through he wants to see my blood test to see like what's going on inside my body before they assign the types of exercises. that are suitable for me.

Researcher: Okay, so this is like the first phase of getting to know your own body, I assume.

Interviewee 2: Yes.

Researcher: All right, that's cool. So previously you mentioned that you were a student in IIUM. Yes. And then you are now not looking for any jobs. I, or are you looking for one?

Interviewee 2: I am actively looking for jobs. Yeah, I'm just hoping that I get the right job where the commute is not too far, where the salary matches my expertise, where the platform allows me to show my talent.

Without how do I say this? Because right now during, in the job mark market, they're looking for people with two to four experience, two to four years of experience. So I have yet to go there because I just graduated last November. So I would say the job market is quite tough. I have applied to over 80 jobs.

Researcher: Oh, that's a lot.

Interviewee 2: Yeah, but I haven't got I, okay. I actually got a job last March, but because of my big, maybe because I was so unstable and I needed the money. So, I tried to be present, tried to work, but however, I failed to meet their expectations because I was always, like, depressed. So it's hard to get out and get up, and there has been a lot of miscommunication.

So well, technically, I was let go by the company.

Researcher: So, it didn't work out for you last time?

Interviewee 2: Yeah, it didn't work out for me. I even tried, like, TikTok Live Host. Also that one, I asked to resign because I don't think that I'm doing the company justice. Because, like, even during live stream, I look very, very sleepy.

Because it's, I would say it is fun. The nature of the job, I don't know. is fun for me because I get to speak about skincare, which is my ultimate interest. But to speak to a camera for two hours, two to four hours I, I don't think I can do that on a daily basis. So, yeah, I stopped that job too. And I did work as a warehouse assistant at this one local fashion company.

Also, I quit because I don't think I can reach their KPI. So, yeah, there's a lot to unpack in this interview because of childhood trauma, right? So There are many things that I look forward to

answer from you, from your end because I try not to blame my dad too much. Mm-Hmm. . But I feel that the person that I am today, the progress in life that I managed to do to make

Researcher: mm-Hmm.

Interviewee 2: is heavily impacted from the way I was raised .

Researcher: Mm hmm. Okay. All right. So, just now you were talking about the progress that you've made for your job searching. And I feel like that's a phase of exploration, which you are still doing now, trying to find the one that suits you. Maybe it, maybe, Because, like, all of the situations that you've mentioned just now, it's just that you realize that you don't meet their expectations.

It's not that they mention that, oh, you cannot be here. It's not, it's always that you, you feel like, oh, maybe I'm not doing them justice. Yeah. Okay. So. That's very insightful information from you regarding your occupation because like you, I actually graduated last November as well.

Interviewee 2: Yeah.

Researcher: So we're, we're kind of the same, but instead of getting a job, I'm continuing my master's while trying to like do a side job of counseling here and there.

Yeah. So I, I was a I was a student in degree of counseling as well. So I'm just continuing the same path, which I really respect people who are trying to go out and then do works that may be not really in your expertise, but they are trying to explore. You have my respect, honestly. Yeah.

Interviewee 2: Thank you.

Researcher: So, actually, how do you feel about this interview?

Interviewee 2: I am looking forward to it because well, I am a chronic oversharer. The minute that I feel that that person No matter if they are not, they don't have a certain ethos to listen to my

stories. But back then I overshared a lot to a lot of people, which accounts to unexpected responses, you know?

Some of them just spoke their mind like, Oh, I'm lucky that I don't have parents like you. Okay maybe you should just keep that in your head.

Researcher: That's a very direct response.

Interviewee 2: I know that's a very direct response. So tak cukup lagi. Actually, dia cakap Oh, I'm so lucky that I did not grow up with parents like yours because I couldn't imagine if I would still be here.

Researcher: Oh, oh, that's heavy.

Interviewee 2: That's very heavy. Yes, I understand. So from then on, I try to be selective, a bit more selective with people. And I realized that I should only overshare towards people who have the ethos and the capacity to understand. And the capacity to do something with that information because these people, these normal strangers that I meet, that I just vaguely connected with them, I believe that they don't deserve to know me like that because apa benefit from this.

But for this interview, it's like, I would say a win win situation where you can use this data for your, for your master's studies. And I can use this golden opportunity to overshare for the good. Yeah. Okay. Because I am a chronic oversharer. Yeah,

Researcher: So as a chronic oversharer, this is like a good platform for you to share.

Interviewee 2: Yes, because at least something can, can be done from this. So yeah, I'm very happy to do this interview. I was looking forward to it. I mean, the minute I saw it from Instagram and I'm like, yeah, I should sign up. So I immediately signed up but it took time with the consent letter because I Always use adobe sign and fill From my phone, but now it's not working the whole night.

I was like how why is this file not merging with my app? So just now I just found out that you can only do it through desktop Through not through desktop through laptop At least for my phone.

Researcher: Oh luckily you can do it because if not then I was about to ask you to like sign it physically, take a photo maybe.

Yeah. Which will take a multiple step. Yeah. So childhood trauma, this can be a hard topic to talk about for some people, and I would like to ask you beforehand, like, how would you like me to approach this? Are we doing okay, or you want me to approach it in the other way?

Interviewee 2: Oh, so far we're doing okay. I just, I just think that the approach is, Very slow settling.

Okay. Sorry for the noise. That's like, there's a construction behind my house. So yeah.

Researcher: Oh, it's not affecting me. So it's good. It's good.

Interviewee 2: Oh, okay. All right. Okay. So I I'm looking forward to it. Sorry. The noise is affecting me. I see. So I'm looking forward to this. And so far the approach is okay because of course this, there is no easy way, in my opinion, to approach this topic, but I feel very comfortable and I'm ready for all the questions that you want to ask.

Researcher: Okay, good to hear that. So once we started, you have your own rights to withdraw anytime you want. You have your own rights to not answer any questions that you might feel uncomfortable with. And even, even if we like finish this interview and you wanted to like withdraw any questions, any answers to you, you feel like, Oh, this, I don't think I should share this.

You can, you can talk to me about it. Just before everything is processed, you can, type anything out, okay? Okay. So, right, so we'll start. How do you actually define childhood trauma in your own opinion?

Interviewee 2: That is an easy question, but let me find the right way to frame it, okay? What is the definition of childhood trauma in my opinion? It is a traumatic, intense, heavy, abnormal experience that a child goes through throughout the developing years. And by developing years, I mean from the ages like 3 to 12 years old.

That's for me, from my, from my opinion. Yeah. Yeah, that's it.

Researcher: So it's heavy and traumatic and also abnormal experience coming from their childhood years, all right?

Interviewee 2: Yeah, abuse i. e. okay, i. e. abuse yeah, just, just, just abuse to me. Yeah.

Researcher: Yeah, because child trauma, even though it can be vast, but usually the one that is quite general, the quite, the one is quite common.

It's basically abuse. Yes, you're correct. Okay, because I think even though we have like a specific way of defining childhood trauma, but everyone's experience with child trauma is different. So I would like to hear, like, how they actually define child trauma and what they think about child trauma beforehand, you know? So, when we talk about childhood, how was your childhood

Interviewee 2: Lfhike? Huh, it was, it was, how do I put this into words?

I barely have any good memories about it. I just remember studying, And getting, like, punished by my dad because I did not meet his expectations. It was just the two of that, and it was just studying just to, like, get, give you an idea of how heavily I was studying throughout. Maybe it's because we're Asians I don't know, but my parents took it literally.

So I went to Smart Reader classes, that English tuition classes from the age of four, from the age of four until 11 years old. I remember going to gymnastic classes, going to horse riding classes, Kumon going to evening religious classes. So just to give you an idea of what it's like when I was 11, when I was 10 to 11 years old.

Okay. So I would start the day by waking up at 6. 30 or 6, and then I would have breakfast And then by seven, I am already transported to my school. Then school starts from 7. 30 until 1. 30. Okay. So from one so Sekolah Agama or religious classes. It starts around 2. 30 or 3 or 2. So I have like around like one hour to wash myself up, get lunch and then get there.

So it ends around 5 to 5. 30 and then I come back, wash up again to go to night classes. So night classes, it always starts at 8. So after praying Maghrib I would go to the classes. So it's either smart reader classes, Kumon classes, or piano classes. Oh. And it ends around 9. 30 to 10. And then I go to sleep at 11.

Researcher: Oh, right. So you alternate between all those classes at night.

Interviewee 2: Yeah, and I have classes at night every day in the week except on weekends. So from Monday to Friday, that's my schedule. So despite going to so many classes, it doesn't reflect in my results because I, I believe that I cannot work too much, too well.

under stress. So to answer your question on how my childhood was like, so I think that the schedule has already gave you an idea of how academically driven it was. However, the results that I've able, that I've been able to gain was only 2A, 2B, 1C or 3As, 2Bs. And that was not enough for my dad. My mom okay, we'll talk about my mom later, but for my dad he would beat us up.

I'm not kidding when he said, when I say he beat us up, but I remember very vividly. It was August or September 2008, and I had to give my report card to my dad. My mom was not around. I think she was on a course. She's a doctor, but she's not a practicing doctor. She is a doctor that works in the admin side.

As, yeah, she holds an official post in the admin side. So she doesn't do like the doctor stuff. Yeah. The original doctor job, which is attending to patients and such. Okay. So I remember, I think she

was away for a course and I need to submit the report card the next day. So I had no choice but to ask my dad.

To sign that report card letter, so I still remember the fear of like walking into his room. And then when I managed to overcome that fear he started cursing at me. Okay. He started screaming profanities to me. And then the next thing you know, I got beat up. I got beat up. He started like punching me, slapping me, rotan me. He took me by my pants and shook me because I was pretty small as a 10-year-old kid and I was very fragile and my body frame was quite small, so it's easy to shake a kid using one hand. Plus he's a man, he's like a grown man. So he started slap, slapping me left and right. And I'm not sure but I feel so far.

That most of my friends yang pernah kena physically abuse can, can react to this next statement that I'm going to give you. So when you get beaten up, you feel a bit lightheaded. You feel a bit lightheaded. You don't know what's going on. You just know that you feel a bit lightheaded. So suddenly I feel that there was like this cold sensation from my bottom waist to down.

The next thing I knew, my dad was lifting me up. And I kid you not, he tried to throw me out the window. So it was a so we live in a bungalow that is only one floor. So it doesn't have a second floor. So what I mean that he wants to throw me at the window, like out the window, was that the windows are closed.

Okay, the windows are closed. He did not even open the window. He just felt so grim and so angry at me that I wasn't doing well. So he tried to throw me. So I remember thinking would my back be broken or would those windows be broken? So I remember like, wow, this is the end of my life. Wow, so much. that I have yet to achieve.

Yeah, I think today's my day. So suddenly, well, because I'm like a spiritual person I don't remember thinking like this that way, but as I looked back, I remember thinking no, no, I remember

thinking sorry I just like thought to myself. Oh, I wouldn't have survived this because I believe that god only tests you with what you can bear because what happened next Just as he was about to throw me to the window.

My auntie came My auntie came to the room and my auntie is my dad's sister my dad's elder sister So he was like, what are you doing? And he's like 'tak lah dia ni bodoh, bangang, And everything, like he just couldn't listen to, she just couldn't listen to me, something like that. Yeah. And then they negotiated to put me down. And I remember running.

And I remember, like, seeing all these, like, bruises, I guess. I don't remember that much. But I remember feeling very weak. Very, very weak. And I remember feeling hungry. So I changed my clothes. And I went to the dinner table and there he was and I'm like, Oh my God, not this man again. Can I see someone else?

But I had no choice because I was so hungry. I mean for my other sisters of course I cannot share on behalf of them, but all of us have felt what it's like to be physically abused and mentally abused by my dad. And their reactions are quite different because there's the five of us and I'm the middle child.

All of us are daughters. All of us are girls. We have no boys. My dad is the sole father and male figure in our, in our household. Yeah. So For my other sisters, they would say, Oh, I would starve myself. And I wouldn't care if I had to rot in the room, but I'm not like you, because all I thought was that I'm hungry and I feel weak and I want to eat.

So there I was walking into the lion's den, AKA the dinner table. And I saw my dad and my dad wasn't finished. He was like, keep this up and I'll marry you off.

I was 10. Oh my gosh, like I was 10? You want to marry off a 10 year old without her consent? Ugh. Okay, so the next year, I did somehow improve. Okay, just, just to make you understand this context. When I was Standard three. Okay.

Researcher: Yeah.

Interviewee 2: When I was standard three, I was in the second class. You know how like I went to sekolah kebangsaan and I would say that the normal like arrangement in sekolah kebangsaan is that you have the class like number satu, the most pandai one and then number five, the most like Less academically inclined one.

Yeah, so we have five classes, a. k. a. five classes lah. One, two, three, four, five. So I was in the second class when I was darjah tiga. And I got number one in my class. I got number one. So because it is peperiksaan akhir tahun and I got number one, I was moved to the first class. All right. Okay. So I was moved to the first class and it was culture shock for me because none of them studied.

None of them at least showed that they were studying, but they just keep getting all those results. They were very playful. They were very playful. They were, they were a bit like not respecting the teachers, but however, it didn't reflect in their results. They just I would say they're kind of genius, because they didn't even have to try hard to study, they played so hard.

So I was influenced by them, I played too. But it didn't reflect in my studies. So, my dad wasn't just mad that I got two A's, two B's and one C's. He was mad because I got the last place in the class. Mm.

Researcher: Mm-Hmm.

Interviewee 2: So he was like but he was like, why are you so stupid? Or why do I have a daughter that's, that is so stupid.

That is so worthless. I spent all that money into you, but none of the value that I get back. So my dad basically treats us like investments, like business ventures. Mm-Hmm. . So because he's a businessman and a politician, however, that is no way to treat your daughter. So we have come to a conclusion that my dad has mental illness, but undiagnosed even till this day.

He doesn't accept my mental health, mental illness diagnosis. He doesn't accept it. And he dreads not he dreads, sorry. He waits for the one day that I will be off my meds, which is never because I have to consume my meds forever, till the day I die. It's just the way that it is. And my whole family has accepted that, except my dad.

Yeah. So we believe he is quite narcissistic, very abusive. So back then when he was a bit younger, and this was during 2008. So, which is like when he was about 40. 40 years old. He still had that much vigor, rigor, energy inside of him. So he would use his hands a lot. He would he would beat us up and everything.

But now as he gets older, he mentally abuses us by constantly screaming profanities and like continuously cursing at us, telling us that we are no good. Like piglets. Basically he would say like, Oh, anak babi pun tak macam ni, anak kucing pun tak macam ni, korang ni tak guna, apa je yang abah dapat selepas invest in you and everything.

So I don't know which one is worse. But definitely the physical abuse is very scary lah. But I would. rather not get any of those, but I can't remember when I did not get any of those. Because all I could remember from my childhood was getting punished, getting beaten up, being him physically abusing me, and studying so hard and not getting the results that he wanted.

And I can barely remember the friendships, the bonds, the good memories that I had. .

Researcher: Yeah, because like all the experience that overshadows all the good things.

Interviewee 2: Yeah.

Researcher: Okay. Because you mentioned that your father, he is actually abusive in the family, and then it's not only you that got affected, your, the other family members also as well, they, you affected by it, actually.

Interviewee 2: yeah.

Researcher: And you, it's up to the point that you feel like. Actually, you know what? Dad might have some mental illness going on, but he doesn't want to admit it. And, cause it's to the point that he doesn't believe. in mental illness or maybe he doesn't believe that you can get one. Yeah. And he's the type of person that sees children as investment.

Interviewee 2: Yeah. Yeah, true.

Researcher: Okay. So it actually affected you a lot to the point that You still remember because the way that you describe things, right? It's very vivid. It's very real It's like you can imagine, you can even like think of the sensation. You can even think of how you felt It's just so clear to you until now.

You're 26 now You still can remember all those things from like 10 when you are still 10 years old I can't remember things when I'm 10 Okay, you see, it's so, it's so vivid, it's so real for you up to this day. That is how traumatizing it is for you, okay? So now that you've shared a bit of your childhood, I just want to know, like, when did this start?

Because I know that you mentioned it's until now, you're still being mentally abused by your father, but when did it start for you?

Interviewee 2: Well for me, when did it start for me?

I still remember that it started when I was seven or eight years old. So my dad, because of his like odd hours of working, sometimes we can expect and sometimes we cannot expect when he will come home. So one day I wanted to watch TV at his room. I wanted to watch TV at his room.

So back then, when we were at another place in Taiping Perak, so Initially I am from Taiping, Perak actually. Okay, so we moved twice when we were in Taiping. So I'm just going to give you the names. So first we stayed at Taman Sentosa. Next, the second house that we have until now is at Taman Pegawai. Okay, so what happened was at Taman Sentosa, when I was 8 years old I wanted to watch TV in my dad's room because the TV there is much more fancy and it has better resolution than the TV downstairs for everyone to watch.

So I convinced my little sisters, who, by the way, are only 4 and 2 years old, Okay, so I told them that, hey, I want to eat biscuits while watching TV at Abah's room. So during that time, nobody was home except the three of us kids. So I brought like the Jacob tin. the jacob biscuits tin and i started eating it with my little sisters in our dad's room and then we were so engrossed in the tv that we didn't hear any car sound approaching our garage just suddenly i remember thinking i remember seeing my dad at the door and he was furious He was so mad.

So he's I tried to run or maybe I was too scared. The next thing you know, dia rotan kita orang semua. And let me tell you I was eight years old. My younger sisters were four and two years old. But every one of us kena, kena rotan. And, kita orang okay. Sorry. Can, can I speak also? Dwibahasa, right? ?

Researcher: Yes. You, you can. I'm okay with that.

Interviewee 2: Okay. All alright. Okay. So we got canned wow. So he was, he's like very tall. He's like 170cm.

Researcher: Mm-Hmm.

Interviewee 2: And during that time I was very small. I was eight years old, so I was still like, I don't know, this height. I can't explain it to you. So I was very small, so I remember him caning.

He waved that cane like very high up and then he caned us. So, At like 8 years old, I was already exposed to that kind of abuse. I cannot imagine how it would impact my little sisters, who were still so small, but got beaten up, got kena rotan macam tu. So I remember that was my first experience of being physically abused by my dad.

Dia rotan kita orang, and dia rotan kita orang bagai tiada hari esok. He was like, gong, gong, gong, like that, you know what I'm saying, he was like just smashing that cane on us and he was screaming at us, he was screaming profanities, and then we were scared shitless, we ran after that, we didn't even, we didn't even have the courage to, And the, and the energy to run out of the room, we just like slowly walked away because we felt weak.

I remember me feeling very weak and I felt pity for my little sisters because I brought them into the situation and I caused them to bear the brunt of the punishment. So that was my first experience with that.

Researcher: So that was the first experience and that was 8, when you were 8 years old.

Interviewee 2: Yeah, when I was 8 years old.

Researcher: Okay, so these are the, these are the events that you feel like can be signified as a childhood trauma events that happened in your childhood. And then it's mostly caused by your dad, because he physically abused you. And then he does. Mentally abuse you by screaming profanities and also like trying to downgrade you as a individual.

Interviewee 2: Yeah, true. Okay.

Researcher: So, you mentioned that it has been a long time since it occurred, and it, it was since when you were eight up until now, I figure that it's almost 20 years, is it?

Interviewee 2: Yes.

Researcher: So twenty years. And how would you describe your feeling back then? And you're feeling now? Is there any difference?

Interviewee 2: Well, there is a difference

somehow. So I don't have much agency to my individual individuality. I just felt that I'm my father's daughter. I do not have a sense of individualism. So, due to that, I try to be good at one thing, which is English, to kind of like earn some individuality. Yeah, because when I was a child, I just, Remember living in fear.

But the thing is that when I discuss with my friends, when I discuss with my family members, they said that I was a bright kid. They said that I was a bright kid because I was very fast at learning the things from my tuition. I'm a fast learner and I always was a very chatty. I was very chatty kid. Which is.

Like how do I say this? So they perceived my chattiness for confidence. So they think that I was a very bright and confident kid. But actually I was masking. I was actually, I was in so much pain, actually, that the only way to distract myself from that pain is to be confident. and to chat it all away.

So what broke me was that when I was standard five, my dad dropped me from all of those tuition, including the smart reader one. And let me tell you why it's so sad and why does it really affect me till this day? So I love going to all this tuition because it's an escape from home, honestly. So at least during these times, I don't have to face my dad.

So I don't have to be at home with him. So I would I would usually really love attending these classes. And plus it's so fun learning English, in my opinion. Yeah. So I remember one day again, when I was Standard five, I had to give the report card to my dad because my mom was away. And he started beating me up again.

And this time he, he beat me up. Like, I think he punched me and then he slapped me and then he wrote on me. And then, you know, that penggaru belakang tu, that has a fork like structure at the end. Yeah. So he whipped me with that until yang, yang, yang garpu itu tercabut. So I remember thinking like, wow, I don't know. Honestly, at that point I was like, wow, kuatnya my back, that benda itu tercabut.

I didn't hear dah macam what my dad was saying because I was too stunned by that. I was like, wow, he did hit me really hard until benda itu tercabut kot. And then, But believe it or not, what he said was more hurtful than me getting beaten up because he dropped me from all those tuitions. No more piano classes.

No more English classes, and no more academic classes that I used to take abacus classes and every and every that everything no more. So, I remember, like, asking him in my very frail voice, I remember asking him, smartreader tu, before he could answer, he whipped me again with a rotan and he's like especially that.

Macam lagi-lagilah yang tu I remember he said like that lah, macang lagi lagi smartreader, I'm gonna quit it all of you, okay. Why is it so sad? Was because my mom enrolled me in smartreader since I was four years old. So I own my English. capabilities and abilities to my mom because she has been speaking to me in English ever since I was a baby and officially enrolled me in a smart reader class since I was four.

Okay. So there are levels. There are levels. In a smart reader. So it starts with like preliminary or like three levels during kindergarten. And then you start official level, level one, level two, level three, all the way up until level 10. So I technically got enrolled in smart reader class for seven years.

For seven years, it took me seven years to get to level 10, and I have already developed this bond with my teachers, with my classmates, even with the per, even with the counter person, even with the clerk that at the office, at my tuition office, it was so sad because I worked on this. I earned this, this is a sense of my individ individuality.

I, I really worked to get this. To level 10. I may use his money to go to tuition, but I worked on this and suddenly. There goes my tuition. I was no longer, like, driven to my Macam tak ada siapa dah bawa me to my tuition because my dad firmly says that I won't be going to tuition again. And it was so sad because abruptly I cannot contact my friends anymore, my teachers anymore, it was done.

And tambah pulak for that level 10, there is a graduation ceremony to celebrate our years of like, being with the tuition.

There's a graduation ceremony, a graduation party for them to like say goodbye to each other, to the teachers and everything. So suddenly I left and it was so sad because I couldn't give my last farewell or give my last goodbye to my teachers and friends, someone, some people that I really connected with over the years because we grew up together.

Researcher: Because you basically found who you are in the centre, but it got taken away from you. But as a child, thinking that, oh, I use my dad's money, but the thing is, parents provide for us. Yeah. So that is where it started to be unstable as a child to think about those kind of things, which it made you grow up faster than you should.

Like the fact that. As a child, when you got beaten up, you would cry, you would do, like, things that try to rebel against those things. But as a child who was growing up too fast, they were thinking rationally, trying to think rationally, trying to, like, help themselves, heal themselves in those kind of situations.

Which, it wouldn't seem like a big thing for them back then, but once they grow up, those things would resurface again, and became a really big, impact, that it brought a really big impact onto them when they are adults. And I can feel like you actually realize all those, all of those things because you are able to talk about it now.

And then you are able to like put it in sentence and talk to me about it. Because I would say it wouldn't be easy for one to say it. But maybe because you, you said that chattiness is a way for you to mask it mask it off for what you've been through all this time. But, well, that may be true, but I still feel like it still takes courage for you to be here today.

Yeah. Because I'm a stranger, you know?

Interviewee 2: Thank you. Yeah.

Researcher: So, We've talked about your feelings, you know, as a child and now, because as a child, you feel like this shouldn't be happening, but you feel like you are your dad's daughter. That's it. None, nothing else. But now you, you're trying to find that individualism, that piece of you that wasn't found in your childhood.

That's it. So that is basically how you feel now. Okay, so what do you wish to be different back then?

Interviewee 2: There's only one thing in my head right now and it would be

I wish my dad did not exist in the first place. Of course, I wish I can't why that I, I don't talk a lot for this statement is because I have been told for my whole life to accept things the way it is, to accept the fact that he's my dad, to accept the fact that I can't change things, but I wonder how it would be like if my dad was never present.

So that was, that's the only thing that I wish because you know, I did some readings and I did some observation comparison that there is no way for me to be confident because my dad has already

crushed that confidence ever since I was a child. So it's. It's bad because I don't have the confidence actually to fight for myself in situations where I was discriminated.

I just was told to accept things. ever since I was a child. So I wasn't just traumatized, but till this day I'm very angry. Like, I wonder I wonder how things would have been like if he has never been present in the first place. Yeah.

Researcher: So it's like, maybe you will have a different reality and then you will turn out to be a different person from now.

Yeah. Because like, because you touched on confidence, which has been gone since when you were a child. And maybe if he doesn't exist back then, or if he isn't your dad back then, it would have been different. So that is why you wish to be different. And maybe you can see that. You have so much potential in yourself that you can bring out to the world. Okay. Right.

Interviewee 2: And might I add sometimes, okay. So, just to give you context, I don't live in a house with my dad. We all don't live in a house with my dad. So, my dad still stays at Taiping while the rest of us. are all stationed in KL. Yeah. So we have this very weird dynamic where we don't live with our dad, but I feel that that's for the better because I think we will be dead if we were to still continuously live with our debts because I think we would have gone crazy.

Of course, it's very hard. to tell and to relay this information on people because they will be like, why are you not living with your dad? That's not normal. And I'm, and I really well, I just say that, oh, it's because of work purposes. He does come here once in a while. Yeah. Because he has his own issues too, I believe because he just wouldn't want to stay here with us. He chose to stay alone at Taiping and yeah, I live, I have a very dysfunctional dynamic in my family dynamic. We are a dysfunctional family. And yeah, so we live apart. So whenever he's around, everyone's mental health, especially me, is not okay.

Researcher: Okay. Yeah.

Interviewee 2: Thank So, sorry, sorry. What I want and I just like, wait, I was yapping so much I forgot to tell you.

There are some point where I feel like maybe I'm better off. Not alive, not okay. Not- okay, Alhamdulilah. I have gone past that. Suicidal thoughts because I am consistently taking my meds. But there are, there's always this thought that I never wanted to exist in the first place, that I wouldn't mind not existing in the first place.

Because if I knew that I had to go through this much pain, then I would have choose to not exist in the first place. Exists in the first, firstly, what's that English word? Oh my god. Yeah, I would have, I wouldn't have chose to exist in the first place. Yeah. So there are always these thoughts that I would rather not exist rather than go through all this pain.

Researcher: Because it was that bad to the point. Yeah. Why, why was I born to this world just for you to like abuse, right?

Interviewee 2: Yeah.

Researcher: Okay. Yeah. Feels like all this while you were talking about your dad, I was just wondering where is your mom in this context?

Interviewee 2: Sometimes she would shield us, but on days that she was not there, she kept telling us that she felt remorse and she felt regret for not being there.

But there is this anger that I feel towards her that why not you just divorce that you know what we can live separately I don't care. I just want to live away from him the one thing that stopped her from getting that damn divorce is is because she said that my dad has never laid a hand on her. Like, tak pernah angkat tangan kat my mom.

She would say that. That macam, oh, mama takkan ceraikan abah sebab abah tak pernah angkat tangan kat mama. She would say that. So, there's this anger that I feel towards her. Oh, you? I, I love her. Okay, I love my mom, no doubt about that, and I feel so much affection for her, but it doesn't conceal the anger where I feel like, oh, you're okay.

You're, you're technically okay with your husband beating us up, but you're not okay with him beating you up. Like, what kind of mother thinks that because it does give me a standard lah that I feel that nauzubillah if I were to Get married and I see my husband beating up my kid I'm leaving that man, seriously.

Like, because that's my child. I wouldn't want anyone to hurt my child, but my mom is okay with that. So, which is why till this day I feel anger. Yeah. I feel like this confused anger of like wondering how could you allow that?

Researcher: Yeah. It's like, it's unfair for you. Sorry. It's unfair for you because it's.

She, she only thinks about herself at the point of time and you feel like, right, you were doing this to me and you're leaving me with this person who are abusing me saying that you won't leave him because he's not abusing you. Yeah. So it's an unfair statement for you, which. I, I hear you because like you said, as a mother, we thought that a mother would protect her child, her children from danger and then unfortunately the danger here is your dad, you know.

So your mother plays a role as a mediator but not so much in this sense.

Interviewee 2: Yeah, true. I understand that actually my mom, of course, Betul cakap dia, dia tak pernah, my dad tak pernah angkat tangan kat my mom. Tapi there are moments till this day that my dad humiliates my mom in front of everyone, tells everyone that she is incompetent as a mother, tells everyone that she is no good and worthless.

And she felt like the only thing that she feels is that, oh, it's too sad and too unfortunate that he's dominant. He couldn't listen to me and he couldn't listen to anyone.

I'm like, dude, leave.

Researcher: It's that bad to the point that she felt like it's her responsibility to bear that humiliation.

Interviewee 2: Yeah, somehow, I just don't understand what goes on in her mind, and I do not wish to understand, because, like I said, we have a very dysfunctional dynamic in our family.

Researcher: So there was a bit of information regarding your mom. So what are the effects that you deal with due to child trauma?

Interviewee 2: Okay, so I have low confidence. I have this all or nothing mindset. This is something that has been imprinted in my mind ever since I was a child by my dad. You either do it well or don't do it at all.

So it heavily it heavily impacts the way that I work. That it's either I deliver perfectionism or nothing. So on some days I do deliver nothing and that didn't sit well with my employers and then my mental health deteriorates as a result of that all childhood trauma that I went through. That when he is around I, I rasa macam, I rasa tak selamat, I rasa macam takut and always so stressed.

I have very I would say I, I don't have, I don't handle my stress very well. I don't know how to manage it. I have difficulty in consistency. I have difficulty in expressing myself well, even though I express myself well, but when it comes to, like, truly communicating my feelings. with my employers, with my friends, even with my family.

There has always this, there has always been this difficulty and confidence. I think I've, I have reemphasized this early on, but yes confidence because I'm at this age where your twenties, Oh, I

mean, in your twenties, I heard that confidence can bring you places. So I have yet to build my confidence.

in that part. I often feel that I am insufficient, like, incapable of so many things, and I don't have discipline because my dad hasn't really taught me that, and I always do things out of fear. So when that fear is absent, I feel like, why should I be disciplined? I don't know, because I read that fathers are supposedly the people who teaches you discipline, but he's not there.

He basically sent everyone of his daughters to hostel and delegate the hostels to teach us what we need in life. Because he said that none of us are capable of learning things on our own.

Yeah. When actually he is responsible to be teaching those skills. Yes. And my I often fall for people who are, I mean, I had, because of, because there was no father figure in my life, I constantly look for male figures in my life other than my dad. Yeah. Any old man to seem like. Because let me just tell you what happened back in high school.

I rapat dengan this vice principal. I went to MRSM. So, I rapat dengan this vice principal in MRSM. So, I texted him a lot. And, I really looked up to him as a dad. Until, I texted him. I think he was hitting on me. Yeah, wow, right? So, I was naive as a kid, like form 5 kid. So, having like your vice principal backing you up to get out of like the, the hostel for like tuition reasons I felt Invincible.

Like, wow, I have some backing of a vice principal. Until one night, he texted me and I could feel there's like sexual innuendos in his text messages because he was like, what are you doing? He texted me at midnight. Like, I'm not kidding you, like 12 midnight, kind of midnight. So he was like, what are you doing?

And I'm like no, I'm not doing anything. I'm just sitting down and then he said are you in your bed? And I'm like, No, why would you ask me that? He was texting. So he was asking me these like weird questions that I immediately, Okay, this guy. Wow.

Researcher: Like it's immediate red flag for you.

Interviewee 2: Yeah, true. It was so weird.

And maybe because I don't have that much confidence, I am often attracted to the wrong person. Yeah, because there is no male figure in our life and we don't know how to say no properly to men. And I keep on getting attracted to the wrong men like that. Basically it's like that vice principle. Yeah.

Researcher: But it does affect your relationship when it comes to finding a partner, is it? Yeah.

Interviewee 2: So far, believe it or not, I've never been in a relationship. I only have crushes and like, those men do not have the same feelings towards me. Yeah.

Researcher: I see.

Interviewee 2: So I have male best friends.

Researcher: So that's basically like the effects that you faced, you know, during your childhood and then how you actually felt about it. And up to the point that you feel like confidence is one of the things that should have been important in your life but was not taught. And as a father figure, your, your dad is kind of lepas tangan like in this sense, even though he said that I've done so much for you, but in reality, it's usually just financial investment in some way and not really a hands on teaching all of you how to be a person, how to grow up in a proper way.

But yeah, so that is the effects. But how do you really cope throughout your, these years?

Interviewee 2: I'm not kidding you. I just eat my meds and go to sleep. That's it because yeah, my family wonders why I sleep a lot. But yeah, I get stressed and overwhelmed very easily, so I would just take my meds and go to sleep. That's it.

Researcher: So medication is your coping mechanism, basically.

Interviewee 2: Okay, so I take my meds 8 p. m. every night, and kalau tidur, tidur lah. Kalau tak I main phone, I tengok. I, I main phone, I listen to music, I watch my favorite music videos, I like K pop. So, I would turn to these arts, I call it arts, and yeah this yeah, I don't have that much coping mechanism, therapy is mahal, the cheap therapist, takut tak cukup, and that's it.

These are like, I'm sorry lah but I'm just going to be honest, because like for this like 50 ringgit therapy, I'm just afraid that it is sustainable, but I'm not sure if they are capable in handling. My case as a person with, like, I would say intense childhood trauma and ongoing, like, ongoing mental health issues, because I've heard from my friends, yang mentally ill juga, that these, like, trainee counsellors, they're not really good at managing these cases.

And their advice is, like, very, diorang macam blame balik kita tau. So, ah yeah, they would say that, why not you try to think a bit more positive or think about the bright side in life. Yes, so I'm like, eh takut lah, macam nak pergi through this like trainee counsellors. Sebab there's this thing, okay. Me and my friends, we trauma bond. Yes. And we share our resources with each other. And I did realize that when I talked to neurotypicals, I would say to these normal people who just study counselor without this Conviction to make the world a better place, you know, they're just, I know they're just trainee counsellors, but their answers can be very disappointing.

Researcher: Yeah. I mean, your feelings are valid in this point because as an individual looking for therapies or counsellors, basically, you have your rights to search for the right one. And it's

very unfortunate that your friend made one that said such statements, which actually shouldn't be said at all, because that was really unethical in our book.

And they can be reported if your friend did that, you know? Yeah. Yeah, it's quite bad. It's quite bad. So again, if you're actually looking for therapist, there will be, unfortunately, there will be the same kind of person in this industry, but hopefully you don't feel discouraged by it. Cause I believe that there will be some people who wanted the best for their clients.

And yeah, if you actually met one, meet one like that the trainee counselors that we mentioned before, leave, don't be in that state. Yeah, because it won't be good for anyone. Yeah, because like you said that you won't, you wouldn't know if they can handle it. And then you wouldn't know if their words can actually bring impact on you.

So it will be best for you to leave and find a better, or a more suitable person to be in charge of your case. So, yeah, I, I will say that I've met those kind of people as well, even in my journey of healing before. So I can, I can hear, I hear you, I hear you. It's like, Yeah, unfortunately, these people do exist and it's sometimes we have to do our own efforts to filter out this kind of services.

Interviewee 2: Yeah. Yeah.

Researcher: So hopefully if you're looking for one in the future, you'll find one that that suits you, that suits your needs.

Interviewee 2: I found actually one that suits me, but her prices to me, if I'm working, I might. Be able to afford going to her because her rate per hour is 300 ringgit to me. It's it's reasonable because she's great at what she does.

I went there when I was working. I used my salary To go to her, but I only managed to get like one session with her because the next month I was already jobless. So yeah I, yeah, I'm, I'm hoping to get a job soon so that I can pay for my commitments.

Researcher: Okay, so hopefully you get that. And we come to our final questions for this interview. So what do you think should be done to help individuals who are dealing with child trauma? This can be coming from the perspective of governments, NGOs, maybe from professionals, society, anything.

Interviewee 2: So. Let me just gather my thoughts for a while. Okay first of all, to avoid it, I think parents should somehow, okay, to be honest, Before couples get married, I wish there is some sort of like test that they have to go through before they decide to have a kid. You know, check for any underlying mental health issues, check for any, you know, if they are capable of being parents. Because I know, okay, I'm just like saying all these things with hope that it could be applied in the future because it's sad that this country still allows child marriages just to get them out of poverty or there's like also period poverty where Women from underserved communities get pregnant because they could not afford sanitary products, which is very, very sad, very that's very disheartening as I learn about those statistics, I feel that the government should invest more and work to subsidize mental health services for insurance.

Get, get a way to get I, I wish that governments can come up with initiatives to make mental health services more accessible because even though it was. unfortunate that COVID happened, but COVID did make the rest of us feel what it's like to be cooped up and to deal with demons inside our head, which has enabled and opened many people's eyes towards what, what's it like to be living with depression?

What's it like to live with a mental illness? They only have a glimpse of it, but they have already felt what it's like to live with it. So that's good. It's just that the government, I feel that there's a lot that could be done, such as what I said just now. And I just feel that, and, and I wish that mental health services are more accessible, especially towards students, teachers, people from

underserved communities, because the social media role in spreading awareness of mental health is already there. Of course, it comes with its cons, which is that there is an influx of self diagnosis, there's an influx of like people, there's this debate. It's good because people are talking about it. It's good in that sense. It's just that I hope that people can take action from this social media awareness and translate it into action to help people to get mental health services and make it more accessible.

Researcher: So basically it's like accessible mental health services. Yeah. Helpful for more awareness, exposures about these things.

Because like you said that it's unfortunate that people still think that it's okay to be abusive. It's okay to be like the traditional way of thinking. It's nothing wrong with traditions. But when the traditions actually affect someone's life, then I don't think that's okay. Yeah. For example, child marriage.

Yeah. Child marriage is kind of a big thing now. Personally, I am also in one of the committee in an NGO in Sarawak. So, yes, we are talking about child marriage a lot and I felt I resonate with what you said when you talk about child marriage, we talk about mental health. This is the things that unfortunately, maybe still look down upon in our country, but we're hopeful that more exposure will be gained through Maybe future research, maybe future programs, because I do see a progress, but.

We are still in the very early phases of getting it done. So there's that. So today has been really insightful, S, actually. We talk about a lot. You talk about a lot of things that you, from the start, from the beginning till the end, you were sharing about your childhood, you were sharing about your experience, the difficult ones, maybe the good ones, even though you mentioned that you didn't remember much.

But you did tell me the good ones, like your smart readers classes, which I really appreciate that you still hold on to the good memories with your friends, with the people in the center. And also we talk about how you cope, and I really, truly appreciate your honesty throughout our session. This has been really helpful, and I hope you know that I appreciate you as a person.

And this thing, okay. Like I said, again, if you feel like there are things that you feel uncomfortable going into my research, you can tell me before anything get processed. And yeah, I think that is all. Thank you.

Interviewee 2: Hey, thank you. What you do is so important. I just really want to like re emphasize this for so, so many times that what you do and what you work on is so important.

And I can't wait to see what more will you do in the future with this.

Researcher: Okay, thank you so much. So if you have anything to ask, if you have anything to say, you can always look for me in WhatsApp. So I guess there's that. Alright, thank you.

Interviewee 2: Thank you. Have a good day.

Researcher: Yeah, you too. Bye.

INTERVIEW 3

Researcher: H sebelum ini pernah belajar sampai tahap apa ya?

Interviewee 3: Degree. Degree , degree food science and technology. UPM.

Researcher: Jadi dah berapa lama dah H bekerja?

Interviewee 3: 3 tahun. Saya graduate 2021.

Researcher: Jadi H bekerja right after graduation, macam itu?

Interviewee 3: Ah, betul.

Researcher: Okay. Jadi hari ini kita akan tanya pasal Childhood Trauma lah mostly dan semasa H nampak yang iklan yang saya buat tu, apa yang H rasa ?

Interviewee 3: Saya rasa macam simple to study lah sebab the way you cope, kalau you belajar coping mechanism itu healthy way daripada awal you boleh prevent lah mental illness.

Researcher: Jadi yang prevention tu penting lah? Okay, baik. Jadi memandangkan yang ini interview yang kita tengok balik kan, masa silam, pastu mungkin kita akan touch on tentang trauma kanak-kanak. Jadi saya akan tanya dulu dekat H lebih selesa apabila kita berbual macam ini ataupun ada cara lain yang H rasa nak pakai supaya H dapat proceed dengan interview, adakah sekarang ni H selesa ataupun okay sahaja?

Interviewee 3: Okay sahaja.

Researcher: Alright, so kita proceed. Okay, bagi H dalam pendapat H lah bagaimana H dapat define childhood trauma. Apa trauma zaman kanak -kanak bagi H?

Interviewee 3: Erm... Saya dibesarkan dengan ayah yang sangat tegas, tegas yang tegas lah. Dia kalau dia marah, bila dia marah dia akan pukul dan akan maki lah macam banyak bagi carutan macam-macam. So I grew up with those.

Researcher: Hmm. Jadi trauma kanak -kanak bagi H adalah daripada physical abuse dengan itu lah, verbal abuse daripada ayah sebenarnya.

Interviewee 3: Ya, betul.

Researcher: Okay, baik. Jadi boleh cerita sikit tak pasal pengalaman zaman kanak-kanak H dengan bagaimana H membesar?

Interviewee 3: Hmm, saya selalu mula dengan macam ini. Mak ayah saya baik, hmm... Tapi daripada kecil, parents selalu gaduh, selalu gaduh, selalu sangat, pastu ada selalu sangat sebut nak bercerai, pastu ayah saya tu macam erm... erm... ada salah pun dia marah teruk sangat, mungkin

sebab dia stress dengan kerja dia akan lepas dekat anak-anak dia punya marah tu. Tapi saya rasa yang paling memberi kesan, dia pukul saya masa saya kecil, maksudnya macam sampai sekolah rendah bila sekolah menengah dia dah tak pukul tapi he hurt me with his word lah. Memang dia selalu cakap “anak tak guna” , “menyusahkan” , “bodoh” macam tu lah.

Researcher: Tapi cuma dalam zaman sekolah rendah dulu memang dia pukul lah, ayah pukul dulu?

Interviewee 3: Cuma pukul, masih pukul walaupun tak ada lah sampai lebam- lebam, tapi pukul lah, pukul dengan cubit.

Researcher: Cuma yang terkesan bagi H itu lebih kepada pukulan itu ke atau lebih kepada kata - kata ayah itu?

Interviewee 3: Perkataan.

Researcher: Perkataan lah, sebab H dah bagi contoh juga, contoh maki-makian daripada ayah apa yang dia cakap dulu pastu bagaimana H terkesan. okay, dalam lingkungan umur berapa agaknya H rasa trauma kanak-kanak ini berlaku?

Interviewee 3: Saya rasa yang paling start rasa eh, masa saya kecil bukan masa kecil masa tu saya tak rasa yang it was traumatizing. Saya rasa macam I deserve that, but I feel like very strong bila saya mula umur 17 keatas, saya rasa lah yang effect dia cakap saya tak guna tu I really believe yang saya memang tak guna, macam tu lah, dan saya menganggap semua orang sekeliling saya rasa saya tak guna.

Researcher: okay yang itu adalah masa H dah mencapai umur 17 tahun, okay, kalau sekarang adakah H rasa benda yang sama ataupun tak?

Interviewee 3: Hmm , saya pergi therapy tapi at times masih rasa lah disappointment tu.

Researcher: Hmm, okay apa yang berubah buat masa sekarang?

Interviewee 3: Apa yang berubah?

Researcher: Hmm, sebab dulu mungkin H cakap H pernah rasa macam, okay, apa yang ayah kata tu “betul lah saya tak guna” tapi H dah pergi therapy, H dah dewasa dah, daripada perbezaan umur 17 dengan 27 tahun ini bezanya 10 tahun, dalam 10 tahun ini apa yang berubah bagi H ?

Interviewee 3: Actually I still feel like disappointment, sebab selepas, lepas saya grad saya rasa okay dah. Saya dah stable 2 tahun dalam 2020, 2021, 2022 and then i have job dari QC , and then I was married then bila ada rasa macam ada achievement tu saya dah rasa macam okay yang ini membuktikan yang saya disappointment ke I am failure ke, prove that statement wrong la kan , but then my depression relapsed. So saya punya performance kerja pun tak okay, and then I was divorced, so rasa balik la dia rasa balik macam mungkin aku ni betul lah tak berjaya, mungkin betul lah apa yang ayah aku cakap yang mengecewakan ke, I’m failure ke dan rasa tu start datang balik.

Researcher: Jadi yang ni berlaku selepas graduation? Semua berlaku dalam sekaligus ke macam tu?

Interviewee 3: Ya, betul.

Researcher: Jadi bagi H sekarang adakah H masih merasa yang kesan childhood trauma tu kepada H?

Interviewee 3: Sebelum ni ada satu part yang start daripada saya masuk universiti umur 20, 20 macam tu, tak kisah 18 kot saya rasa benci sangat dekat ayah saya, saya rasa marah, saya rasa macam tak patut lah apa yang dia buat, tapi lepas saya pergi therapy apa semua tu rasanya umur dalam 20 , 24 , 25 lah 25 baru lah saya dapat let go rasa marah dan benci dekat ayah saya.

Researcher: Erm, jadi dia memang bertahun juga lah untuk rasa let go tu?

Interviewee 3: Erm betul.

Researcher: Okay, jadi dulu kiranya pernahlah sesuatu ketika dulu dia memberi kesan yang sangat ketara lah bagi H. Contoh kesan dia adakah dia beri impak dalam segi self-esteem H ataupun dari segi keyakinan je, ada lagi tak kesan yang nampak dalam diri H?

Interviewee 3: Hmm, selain daripada tu.. Memang dia sangat bagi kesan kepada self-esteem dan confidence lepas tu saya ada masalah self image, macam mana saya pandang diri sendiri, sama lah dengan lebih kurang dengan yang esteem kan.. Erm, saya ada masalah dengan dari segi social pun ada lah sebab saya rasa macam bila ada mood orang tu berubah, saya rasa macam saya bertanggungjawab dengan mood orang sekeliling.

Researcher: Hmm.

Interviewee 3: And then mungkin juga ialah salah satunya dia menambahkan saya punya anxiety dengan saya punya pasangan, and dulu ex husband saya.

Researcher: Maaf sangat maaf sangat saya stuck kejap, maaf ya. tadi saya dengar tentang H cakap tentang anxiety dengan pasangan, okay. Jadi yang tu adalah kesan, dan sebenarnya dia lebih kepada keyakinan, self-esteem dan juga how you see yourself lah basically. sebab daripada perkongsian H tadi banyak yang cakap tentang bagaimana ayah dulu menggunakan perkataan untuk menyakitkan H lah dan juga sampai satu tahap tu H percaya yang benda ni adalah betul dan you kind of is still there, yang kepercayaan tu dalam diri sendiri, okay. Jadi yang ni sehingga dia memberikan kesan dalam hubungan H juga lah, adakah ini hubungan dengan pasangan sahaja ataupun hubungan dengan orang lain pun terkesan?

Interviewee 3: Hmm, dengan pasangan terkesan dengan orang lain, yang saya nampak kesan dia ermmmm people pleaser kot.

Researcher: People pleasing, okay. Jadi yang ni tendency lah untuk terjadi people pleaser dalam satu situasi itu.

Interviewee 3: Ya.

Researcher: Okay, adakah yang ni sama juga dalam tempat kerja H, adakah H ada tendency untuk jadi people pleaser apabila bergaul dengan rakan sekerja?

Interviewee 3: Tak ada.

Researcher: Okay, jadi to this point H lagi dapat bezakan kerja dengan personal life, is that so?

Interviewee 3: Erm, sebab saya rasa dari segi people pleasing tu, mungkin sebab saya dah belajar kot dalam the way kalau masa saya dulu masa sekolah ada juga people pleasing dari segi macam apa, ker bukan lah dengan study la kan ataupun group work, tapi bila saya dah kerja saya dah belajar untuk apa ? Untuk dahulukan diri sendiri lah jangan nak ambil semua benda itu something yang saya dah belajar lah. tapi kalau dalam penerimaan sosial tu ataupun macam kawan itu saya masih lagi ada lah people pleasing tu.

Researcher: Daripada perkongsian H tadi lebih kepada ada certain part in your life yang H dah tahu macam mana nak deal, macam mana nak buat yang priority utamakan diri sendiri dahulu, tapi ada juga ada certain part in your life yang masih juga mungkin masih, masih belajar lah untuk utamakan diri sendiri dan juga dalam proses tu boleh nampak yang ini daripada kesan trauma zaman kanak-kanak dulu. Okay, jadi apa yang H harap boleh tukar ataupun boleh berbeza daripada zaman kanak- kanak, contohnya kalau dulu what do you wish to be different? Apa benda yang boleh tukar ataupun benda yang boleh jadi berbeza supaya dia boleh bagi impak yang berbeza juga bagi H?

Interviewee 3: Saya harapkan, saya mengharapkan ayah saya accept saya kot. Erm, sebab saya rasa macam sepanjang membesar tu saya kena buat macam-macam benda just to earn love . Ataupun macam dia rasa bangga dengan saya, saya nak acceptance lah daripada dia dan , dan bukan marah, marah teruk-teruk.

Researcher: Jadi H sebenarnya tak minta banyak sangat lah], cuma mintakan kasih sayang dan juga acceptance daripada pihak tertentu itu sahaja. Maaf eh, H dapat dengar ke tak?

Interviewee 3: Okay sahaja, okay.

Researcher: Okay je eh, saya takut saya lagging. Okay, jadi H sebenarnya harapkan, benda yang H harapkan tu sebenarnya tak banyak, tapi up to this point itulah benda yang kurang daripada zaman kanak-kanak H dulu, iaitu acceptance dengan rasa kasih sayang lah daripada ayah lah macam tu? Okay, sepanjang H menghadapi trauma ni macam mana H cope? Macam mana H dapat deal dengan masalah masalah sebegini.

Interviewee 3: Kalau masa kecil memang saya pendam je kot, pendam je, nangis erm sebab cerita kat orang pun orang tak faham, memang banyak banyak pendam sahaja.

Researcher: Banyak pendam, kalau sekarang ni?

Interviewee 3: Sekarang ni, saya cari kawan untuk cerita pastu saya banyak tulis, tulis macam puisi tapi yang membantu so far yang membantu menangis dan cerita dengan orang lah.

Researcher: Erm , jadi H perlukan tempat meluah?

Interviewee 3: Oh, lagi satu coping saya. Saya tidur.

Researcher : Okay, tidur. Bagaimana tidur dapat membantu H?

Interviewee 3: Sebab saya tak nak fikir, so tidur je. Dia sebab macam saya perlukan, kena marah teruk-teruk apa semua tu and then saya masa tu perasaan dia rasa macam nak lari, rasa macam tak tahu nak cakap macam mana, tapi dia rasa macam something inside yang nak keluar tapi tak boleh keluar. So that's why lah saya memilih untuk tidur ataupun kalau macam teruk sangat sebab saya selalu ada self harm punya thoughts, pastu kalau teruk sangat saya pergi mandi, yang jadi bila macam ada dia punya stress tu teruk sangat.

Researcher: Okay, jadi yang tu mandi tu membantu H dalam distract H daripada self harm lah begitu. Jadi yang ni merupakan coping mechanism untuk H lah oh , jadi buat masa sekarang, meluah dengan tidur, meluah,dengan menulis puisi mandi. Most of it dia macam membantu untuk distract lah, tapi sebab kadang-kadang meluah bagi H ada benda lagi yang tak dapat nak dikeluarkan so yang tu still stay within yourself lah kiranya cuma daripada perbezaan sekarang dengan dulu, adalah dulu mungkin H tak ada channel pun nak keluarkan benda-benda ni. So H masa tu hanya dapat pendam tapi dah berbeza dah sekarang. So, it just means that you are going to a better way of coping lah cumanya H adakah H masih rasa yang trauma kanak- kanak tu masih sekuat apa yang H pernah rasa ataupun dah berbeza dah sekarang?

Interviewee 3: Dah berbeza kot, sebab sekarang ayah saya dah berubah. Kira-kira dalam macam 4 tahun lepas kot. Erm, he knows that I have mental illness, tiba tiba dia tahu masa tu, lepas tu mak saya cakap lah dengan dia kan yang ayah antara punca yang saya depressed dengan apa yang dia cakap kat saya selama ini, and then he tried to change and he changed. Mula-mula kan saya cakap kan yang saya ada rasa benci dan marah tu kan, walaupun dia berubah saya rasa masih lagi benci dengan dia, tapi as time goes by, saya dah tak rasa dah macam tu dan effect childhood tu dia dah macam dah kurang lah tapi walaupun dia tak lagi fade dekat saya punya self-esteem, I still have low self- esteem tapi suara -suara negatif ayah saya, macam saya rasa macam ayah saya rasa saya ni anak yang mengecewakan ke ataupun ayah saya rasa saya ni tak guna ke tu tak ada, the voices faded tapi the effect on self esteem is still there lah.

Researcher: Jadi kiranya H on the way of healing lah cumanya ada certain part tu mungkin dah tak ada tapi still masih juga berasa kesan-kesan lebihan daripada trauma tu. Okay, alright. Jadi H rasa apa lagi yang perlu diperlukan untuk bantu individu-individu yang berhadapan dengan trauma

zaman kanak- kanak ini? Yang ini boleh daripada perspektif kerajaan, NGO, badan professional ataupun masyarakat yang dalam pandangan H.

Interviewee 3: Dari segi masyarakat kan, dia kena bagi didikan kepada masyarakat yang it's not the child's fault for the abuse to happen. Sebab, saya membesar dengan rasa I deserve such treatment sebab saya nakal sedangkan budak budak, itu lah budak-budak. So that's why I grew up blaming myself even more. Lepas tu, dari segi erm counsellors sekolah they should be a better listener tak tahu lah macam mana tak sure sebab kalau macam adik saya kan dekat sekolah kebangsaan dia cakap kaunselor sekolah tak boleh dipercayai, sebab kaunselor sekolah tu dia macam awak cerita masalah and the whole school know.

Researcher: Oh, okay.

Interviewee 3: But children they do need a safe space to speak kan. and then, dari segi kaunselor lepas tu normalise kan kaunseling untuk daripada, dekat umur sekolah menengah kot saya rasa. Sebab masa kecil mungkin dia tak perasaan it’s an abuse tapi bila sekolah menengah tu baru macam kesan daripada abuse tu manifest. Macam mungkin ada a few weekend activities tapi tu lah yang ini aaa lebih kepada verbal and visual abuse bukan physical. Support group kot untuk saya rasa dekat yang teens lah umur remaja, ada support group ni untuk dewasa kan macam dah jauh sangat, maybe we can start dengan teens.

Researcher: So, dari awal dulu.

Interviewee 3: Kesan dekat saya bila saya dah masuk universiti, so dah besar baru rasa teruk sangat and relate to depression apa semua, sedangkan benda tu kita boleh atasi masa sekolah menengah.

Researcher: Sebab dari awal dulu, awal yang sesi kita ni H pernah kata pasal prevention lah, H lebih kepada prevention rather than kita tunggu sampai dia dah erm melarat baru kita nak treat macam tu.

Interviewee 3: Hmm, betul.

Researcher: Sebab prevention ni betul, selalunya kita buat masa dia masih kanak-kanak cuma unfortunately apa yang berlaku sekarang ni kadang-kadang kita tak tahu seseorang itu dia dapat trauma kanak-kanak sampai lah dia dewasa baru dia nampak sebenarnya yang ini adalah kesan daripada trauma dia, jadi H cerita tadi lah, macam yang H cerita yang sampailah masuk ke uni baru faham yang ini sebenarnya staining from your childhood trauma. Okay, jadi dia lebih kepada support daripada masyarakat lah pandangan masyarakat terhadap kanak-kanak yang menghadapi physical abuse ni basically dan juga dengan kaunselor sekolah, guru kaunselor yang sebenarnya perlu memainkan peranan untuk membantu kanak-kanak yang menghadapi penderaan ini sebenarnya.

Interviewee 3: Lepas tu, support group kalau contohnya untuk yang dewasa kan, support group membantu tapi guided punya support group sebab saya pernah masuk join dekat facebook punya group lah kan, untuk orang yang ada masalah mental tapi dia tak membantu sebab semua orang dekat situ macam trauma dumping, so tak membantu. Jadi perlu ada, kalau nak buat support group kena guided lah by professional.

Researcher: Sebab kalau guided at least ada .. jadi yang tu sebenarnya last question lah untuk interview kita, cuma sebelum kita berakhir ni ada tak apa-apa lagi yang H nak tambah dalam ni?

Interviewee 3: Hmm, untuk orang yang ada childhood trauma it takes time to heal but it's never too late. Maybe macam tu lah.

Researcher: Walaupun kita cakap prevention lah kan, tapi tak terlambat untuk seseorang itu untuk healing untuk menghadapi experience tu. Okay, jadi terima kasih H yang tu sebenarnya sangat informatif lah daripada pihak H untuk cerita sebab saya faham yang ini bukan lah untuk cerita, kalau kita nak buka cerita kisah-kisah lampau ni kan dia ibarat kita melihat kembali kepada luka-luka lama lah. Jadi, dia tak senang dan juga sebab saya pun sangat berterima kasih dengan H sebab sanggup duduk bersama saya hari ini, dapat kita cerita lah pasal benda ini, sebab kenapa saya cakap macam ini sebab yang ini memang tak senang dan saya nak dapat participant ini pun saya faham bukan semua orang dia berminat untuk mencerita kisah-kisah lampau. Dan H boleh duduk dengan saya dekat sini, H memang jujur lah, jujur dengan saya, yang tu bagus sebab walaupun benda ni tak di-publish keluar ataupun tak dinampak oleh orang lain tapi saya appreciate, I really appreciate you today to seat with me and just talk about what you feel and what you wish to be different, yang itu sebenarnya memberikan impak yang besar juga lah dalam kajian saya ini, okay. Jadi, kalau H ada soalan nanti boleh chat je lah bila-bila masa dan saya sampai sini je lah. Terima kasih H.

Interviewee 3: Sama-sama

INTERVIEW 4

Researcher: Okay, so how do you feel today? Do you have class today?

Interviewee 4: No, I don't have any class today.

Researcher: Oh, okay. So, are you in your dorm or do you live in your own house?

Interviewee 4: I'm in my dorm.

Researcher: Oh, okay. So you're still in dorms, right? I don't know. I think it's the second half of the semester, I guess.

Interviewee 4: Yeah.

Researcher: Okay. So how do you feel about this interview? Do you think that you'll be hard?

Interviewee 4: I'm actually kind of nervous about the questions, but other than that, I feel okay. Yeah.

Researcher: Okay. So, yeah. Since we're talking about childhood trauma, right, these things. It might be quite heavy for some people, yeah, but like mentioned in the participant information sheet and also like the previous things, the consent form, I just hope that you know that you have the right to refuse to answer anything that you find uncomfortable with.

And also you have the right to withdraw any questions, any answers that you already answered in this presentation. interview before everything gets processed, basically. So, you have the right to do that, and I hope you know your rights to do that. Okay.

Interviewee 4: Yeah.

Researcher: So, since this is a hard topic to talk about how would you like me to approach this discussion?

Are you comfortable with us discussing this way, or do you think that there's a more comfortable way for you to do it?

Interviewee 4: I think, I think this is, this is fine. Yeah.

Researcher: Okay, so this is fine for you. All right, so then we'll go right away. Right, N, how do you define child trauma, like in your own words? What do you think about child trauma?

Interviewee 4: Well, I'm not sure about it. It's like something

I remember it I teringat ke . It's just, it's hard for me, you know.

Researcher: Mm hmm. Okay. It's quite hard to pinpoint what is the childhood trauma for you.

Interviewee 4: Yeah.

Researcher: Alright. So, basically, childhood trauma, we were talking about the distressing events or experiences that happens in someone's childhood. Today someone told me that she defined childhood trauma as an abnormality that happened in her childhood, plus that it can have a long-term effect in your physical, mental, or emotional wellbeing because Yeah, everyone with childhood trauma, they have like different kind of way of expressing it and different kind of way that they deal with it.

So it's kind of special in a way or unique in a way that everyone's different. Okay. So, N, can you share a little bit about your childhood? How was your childhood like?

Interviewee 4: Well, it wasn't that good. Because after my mom got divorced, everything changed. He met Yeah, several persons. Ah, it was, it was it was good, yeah.

Researcher: So, it started from a divorce, is it?

Interviewee 4: Yeah, yeah.

Researcher: Okay. So, when the divorce happened, is there like a lot of changes? Is it between, is it about communication or is it about how people or how your parents treat you?

Interviewee 4: I grew up in a very strict family. So, when my mom got divorced She was she, she put me aside first and she met, like I said, she met several men bring their home and did some things that I shouldn't see as a child.

And I think after the divorce things that changed between us is when I, that, that, that time everything changed. Yeah.

Researcher: Mm hmm. Okay. So, if you don't mind, right, when did this happen? Can I know?

Interviewee 4: My mom got divorced when I was six. Yeah, but the things that happened, the, the sexual abuse or the things, other things is from I was 10 until I was 15. Yeah.

Researcher: Mm hmm. John. Yeah, just some things that you were aware about since a very young age, like a divorce at six, and then sexual abuse when you got to the age of 10 and above. Was it 10? Yeah, 10 and above. So these are the experiences that you would say like a mix of childhood trauma happening throughout those years. Okay, so were you Was your mom aware that you were in this situation before?

Interviewee 4: No, my mom didn't. I actually confided about my sexual harass to my mom when I was 18.

But then eventually, she, she didn't take any changes in it. She didn't do anything.

Yeah, she just got mad, but she didn't do anything about it.

Researcher: Hmm. So she chose to be ignorant about the matter, even though that she knows about it now. Okay. Alright. So these are the things that you consider traumatic, that's, the events actually happen frequently throughout the years, or do you think that it actually happened a few times but it lingers until now.

Interviewee 4: It actually happened very often. I feel like it happened more than 20 times throughout my life. And I think other than sexual assault my stepdad, he used to have a drinking problem. So sometimes he'll come home and, you know get into a fight with my mom or just beat us.

Yeah.

Researcher: Okay, so not only that he did sexual abuse, you and your mom were being verbally and physically abused as well throughout the years.

Interviewee 4: Yeah.

Researcher: Okay. So, what do you wish to be different back then?

Interviewee 4: For now, I don't, I don't wish, sorry, do I wish apa?

Researcher: Do you wish for what do you wish to be different back then?

Interviewee 4: I didn't really think about it. Nothing. I wouldn't wish anything to be different. I just wish that my mom wouldn't have known him.

Since for you, it's like the starting of everything that happened in your childhood. Okay. Right. So throughout these years, right? Do you feel like it's affecting you in some ways?

Yes. The childhood trauma, I mean.

Interviewee 4: Sometimes, it's hard for Some people to get to know me, or, you know, sometimes like when I meet my biological father, like, or my uncles, like they want to get along with me or something, but I feel like, are you going to do something bad to me? Are you going to rape me? Oh, it's hard sometimes.

I, on my studies and I'm, it's not a good feeling.

Researcher: So it's affecting your relationship with your biological father and your uncles as well which couldn't have happened if the sexual assault would, would it not happen at all? Okay. All right. So. You are traumatized by the situation and then your relationship with men basically is distorted due to that traumatizing event.

Is there other things like other relationships that were affected by this as well?

Interviewee 4: No, no, I don't think so.

Researcher: Okay, all right. So as a child, how do you cope with this back then?

Interviewee 4: Back then I was, I'll just cry at the corner of my room. And yeah, I just, just cry that some things will change, but eventually nothing changed.

Yeah, I just hope that maybe People will treat me better Yeah, I didn't really have any coping mechanism when I was a child. All I know was cry. Yeah

Researcher: Then do you feel like the things that happened to you back then affect you now? Like how do you see it manifest to your daily life?

Interviewee 4: St that it's affecting my life in a certain way.

I don't know. It's hard for me to think positive to, you know, little girls with their dads. I feel like, like your dads. treating you well. Did he do something to you? I feel like I need to give protection to those kids, but eventually it's just nothing. It's just that I'm overthinking about it. Yeah. And my relationship with my family is not so good right now.

Yeah. Because of my past. Yeah. That's. affecting Me a lot. Yeah.

Researcher: Mm-Hmm. Okay. So, it's like you are constantly aware if the other children face the same thing as you. So,

Interviewee 4: Mm-Hmm.

Researcher: you are like, try to be cautious about a lot of things that maybe for some people it wouldn't be that serious, but for you, it's like this thing shouldn't be taken so lightly.

Okay?

Interviewee 4: Mm-Hmm, .

Researcher: All right. What do you think should be done now for you? Like, how do you actually want to cope as a person when you talk about trauma?

Interviewee 4: Personally, I, the way I cope now is that I'm, I am trying to do new things. Sorry. Trying to do new things. Actually, when for I actually went to hospital to get some help. Yeah, a few years back. It was, it was amazing experience and process, but I wouldn't say it's 100%. 100 percent good. Yeah.

Researcher: Would you say that it's working for you?

Interviewee 4: It's working for me, especially that therapy session or anything. But eventually, sometimes the events, My past events will come, come also yeah.

Researcher: Okay. So it's kind of like asking you to relapse, but at the same time you are trying to be a better version or like to help yourself to heal better. Okay. All right.

So, in your opinion, right. Is there other ways or what do you think should be done to help people with childhood trauma? This can be coming from a perspective of the government, NGOs, maybe authorities, society, anything that you might feel like relevant in this matter.

Interviewee 4: Yeah, I feel like, you know, like some people talk about, you know, spreading awareness to the victims or to other people, but I feel like the pendekatan in doing that is, is low. Yeah, maybe I don't know, like you say government or NGOs, I think they can make a better pendekatan in that to those victims or to those girls out there. Especially, yeah I think society now is like when some things happen for childhood trauma, they always blame child. Maybe you should understand your parents, where your parents are I think there's better pendekatan in saying that to parents as well by how to treat your children better.

Yeah.

Researcher: So that's coming from if it's coming from the government or the NGOs, they could have prepared a more suitable approach to help people.

Interviewee 4: Yeah.

Researcher: And while for the society, it's like we should stop victim blaming and focus on the real problem instead. Okay. So these are the things that we can see, like, it's quite lacking in some sense, especially in our country.

Right. And even though it's like, we see like some things that help with mental health, sometimes we see some awareness posts, we see awareness campaigns, but not much has been done, or should I say not much study has been done in terms of how people can actually help these people. So, right. For you do you think that it's necessary for researchers to do research on childhood trauma itself?

Interviewee 4: Yes. When I saw your ads on Instagram, I was like, oh my God, there was someone that's actually doing this. I feel very grateful that somebody actually step and do this kind of research because Sometimes the society will think it's like a taboo thing to talk. Yeah, but I feel like if no one do research on things like this, then we, we never know, you know.

Researcher: Okay. Thank you. I think that. It's a lot of information as well coming from you because this can be quite tough to talk about, especially when you talk about the old past, the past events, sexual abuse, physical abuse and emotional abuse. Sometimes it can be triggering for anyone in this situation, even though it has passed some years, like you said, the first time it happened, it was when you were six and it's almost, it's like more than 10 years, more than a decade since it happened. It still affected you in some ways. And as a childhood trauma survivor, you are able to sit with me and talk about all these things while giving suggestions about how to help people. People like you, so that is actually a really big deal if you think about it.

Yeah, yeah. Just to, to be able to talk about trauma. That's one thing that's really that that is, was something that I really appreciate. Yeah, and the fact that even though the fact that you're saying that I'm kind of nervous. What, what questions you're about to ask, but I see that you're doing well in delivering what you wanted to say.

And I really hope that you go on with your journey of healing. And I hope that you, you'll get what you want in the journey as well, because I know it's not easy. But I commend you for being brave

today and just share with me what you have throughout your lives. Okay, so that was actually our last question.

Do you feel like you have anything to add in this study?

Interviewee 4: No, I don't, but I just want to say thank you for doing this, and I really appreciate it. Yeah.

Researcher: Okay, I appreciate you as well, N. If anything, you can just contact me through WhatsApp, the same number. So again, I just wanted to say thank you for contributing to my study and I really hope that you get what you want in your healing journey. Okay. Thank you so much, N. All right. Thank you.

Interviewee 4: Thank you so much.

Researcher: See you.

Interviewee 4: See you.

INTERVIEW 5

Researcher: All right, we'll just dive right away. So just now you talked about that your friend also had a rough childhood, and you guys think that maybe it would be beneficial to talk about this topic. So This topic might be a little bit difficult for some people to handle. So, I just want to remind that you have all right to not answer any questions that you find intrusive or very difficult for you. And just before everything gets processed, you have the right to withdraw any answers that you've given in this session as well. Okay. All right. So. If you're comfortable with this approach, we'll just continue. Are you okay?

Interviewee 5: Yeah, yeah, it's fine.

Researcher: So R, I just want to know, in your own words, what do you think about childhood trauma?

Interviewee 5: As in what my experience is or what it what I feel about it in general.

Researcher: It's like how you define it.

Interviewee 5: Okay, I think to me childhood trauma would be a long term or short-term event that happened during childhood that is still affecting you to this day or that has had a huge impact to how your brain works now, I think.

Researcher: Okay, So it's the past events that alter our cognitive function, for example.

Interviewee 5: Yes.

Researcher: So that means that the thing that happened in the past doesn't usually just stay in the past, but it will bring over to your adulthood. Is that so?

Interviewee 5: Mm hmm. Yes.

Researcher: Okay. So can you share a little bit of your childhood? How was it like?

Interviewee 5: My childhood was very on and off that I remember the stuff, but now that I'm getting older, I remember. My dad divorced my mom, like, very early on when I was young. And my mom has schizophrenia. So, there were times as a kid, like, I would witness those episodes, and I think there's been a point where there was police involved and all of that, and I think I didn't understand why she was, like, abusive, or shouting, or yelling, like I had my brother along, but once he turned 18, he left immediately, so I still had to witness some of the events.

And then later onwards, in high school, I experienced, in middle school, sorry, when I was 13, I experienced sexual assault in the school, and I think what affected me the most wasn't the assault, it was how it was handled from the school. And eventually, I had to leave the school.

Researcher: Mm hmm. Okay. So, when did this happen, actually? From the divorce and the sexual assault?

Interviewee 5: The divorce happened when I was around two years old. I think my mom's episodes, like, were very, very prominent until I was 13. And the sexual assault happened when I was 13 as well.

Researcher: Mm hmm. Okay. So, through all your childhood years, you witnessed how your mom acted a certain way when she had a schizophrenia episode, and at that point, you didn't know, you didn't really know what happened to her, but it can be quite traumatizing for you to witness. You know, it's because at last it got police involved in the situation. So in that situation, may I know who else is involved? Usually is it you and your mom only or your brother is involved as well?

Interviewee 5: My brother is involved, but I think I don't remember much of him. Like we aren't so close now as well. And which is why I cannot confirm anything with him and be like, did this happen or not? It's just me that can recall. But when the police was involved, I think my dad this was when I was still very young and they were forcing her to take the medicine because she didn't want to admit she had a problem. So my dad called them and then they came and she like, I think she had to get hospitalized.

Researcher: Okay, so she was actually in denial in terms of her issues. Alright, and what made it change? Like, did she finally realise that she had to take medication for it?

Interviewee 5: Yes, but I think once she started taking her medication, the abuse still continued. So, I'm not too sure if that's still because she's still experiencing symptoms or because she thinks it's discipline. And when the abuse continued, she only stopped when I was like physically taller and bigger than her.

Researcher: Okay, so the abuse only happened when, not saying it's only happened, it happened more prominently when you were still in a smaller figure than her.

Interviewee 5: Yes.

Researcher: And what would the event say you will consider as a traumatic one back in the days?

Interviewee 5: I think when it was abuse for no reason, like I said something wrong and I would get beaten up and the beaten up wouldn't leave bruises, but I would remember like just begging for her to stop. And like, it would be like pulling my hair or just like trying to hit me in my sleep. I think there was instances where it was just like, I didn't understand why she was hitting me.

Researcher: Okay, so it's without reason and those are the one that you think it's unacceptable and at the same time you don't understand why it happened. But she continued it anyways because she didn't have a reason to back up her behavior at the time.

Interviewee 5: Yeah.

Researcher: Okay. Did she never like talk to you about it? Like why she did it or it's like she just did it?

Interviewee 5: I confronted her a while back, like quite recently, and I was like, Hey, do you know that you did this? Like, and she would just deny it. And I think she did forget. I think she, it causes her to forget because the medicine, I think the side effect is to be more forgetful. But one time I had like hard evidence that she did it to me and it was like a diary when I was young saying like she beat me and all of that. And I confronted her about it and she was like, you're just focusing on the bad of me and stuff like that. So. I think she is aware, but she doesn't want to accept it.

Researcher: Mm hmm. So, may I know when the physical abuse stopped at some point?

Interviewee 5: When I was 14.

Researcher: When you were 14?

Interviewee 5: Yeah, it stopped, I think fully when I was like 14 to 15.

Researcher: Okay. So by chance other than physical abuse, do you, do you face other kind of abuse as well during the time?

Interviewee 5: Hmm. I'd say verbal. verbal abuse and the yelling and everything. But I don't think so.

Researcher: Okay, but it was quite traumatizing for you as well, when you say that you can't even remember certain things, but you still remember the beatings, police coming, even though you are, you were actually quite young at the time. Usually as we grow older, we hardly remember all of these events. But you still remember so vividly that police got involved, your dad coming over, so it's still, it's still quite prominent, so it's quite vivid for you to remember. Okay, so this happened when you were young until like when you're in your mid-teens, right?

Interviewee 5: Yes.

Researcher: And then now you, now it, is it safe to say that you are dealing with the after effects of the childhood trauma?

Interviewee 5: Yes, now only I'm starting to remember what happened and it's been so long because I think I was always aware that I was abused, but I never remembered the memories from it. So now when I'm like, I'm, I think I'm quite stable in a sense of like where I am in life, but suddenly the memories would pop up.

Researcher: So it's like asking you to remember something now. It's coming out of nowhere or why didn't you come out a few years ago, but now. Okay. So what do you wish to be different back then?

Interviewee 5: I think, like, education on how abuse affects people, for sure, because I think a lot of parents justify it with, like, it's Asian parenting, it's normal. I think just teaching them how bad,

like, abuse in parenting can be because I think because of that she didn't realize it was a problem because when she was hitting me maybe I didn't see the reason but in her head it was probably like I'm disciplining you.

Researcher: So we do see a problem within this tiger parenting or Asian parenting and usually they justify abuse as a way of teaching the children discipline. Yes. Okay. Yeah, I feel you when you say that Asian parenting is somehow an excuse for certain parents to use physical abuse, you know, like we've often heard that, oh, Asian parenting, why do you, why do you remember a hanger? Yeah. It's like this random things that made me realize that when other people or other culture look into our culture, it's like, Oh, is it so normal within Asian household to be beaten up, you know?

Interviewee 5: Yeah.

Researcher: Yeah. So maybe there's a point you, you, when you say that, because unfortunately that's why very obvious in our culture, but at the same time, what really works when you try to grow up. When you try to, like, help a child grow, is it really Is it things that help or is it other things that help the child? Yeah. So that's a really good topic to talk about when we talk about parenting. Right?

Interviewee 5: Yes.

Researcher: So, right, R, like you said that you feel that you are affected by the childhood trauma since you, now that you remember things. What are the effects that you feel coming to you when you try to deal with this trauma?

Interviewee 5: Yeah. I think I'm very sensitive with touch that is aggressive. Like, to this day, I think if someone's I like physical touch as a love language, but whenever someone's a little bit aggressive, I just react really badly. There was an instance where a few weeks ago, like, I heard

the hanger swishing sound. I think someone was playing with it. And immediately I started crying because it reminded me of, like, what happened. Yeah, so I'd say that that is a huge thing. And it's also like, I'm very reactive towards violence in movies and stuff like that. I would say I've gotten way more sensitive to this kind of things. And not everyone has, but for me, I've definitely been more sensitive to violence now. So it's the way, it's the trigger actually.

Researcher: Mm. You, you sense that you get, you are getting triggered by certain noises, certain actions by people.

Interviewee 5: Yes.

Researcher: And even though you mentioned that physical touch is actually your male love language, that you actually like people touching you like in a, in a loving way. But when they start to get aggressive it can get bad. With you, you will, it will become a trigger for you to remember all those things that happen. And even a sound of swinging hanger can be a trigger for you. So you can see that this is like a real trigger for you to remember all those traumatic events. You can say that it's quite, it's the point that you are quite sensitive towards certain things in life, which other people might not have. Yeah. Okay. So does it actually affect your relationship with others as well?

Interviewee 5: I think so, yes. I think other than touch, I've been someone who, because I was the only one who remembers experiencing it. I cannot talk to my brother about it. It feels that I am, Lying about it sometimes that like it didn't really happen and I think I'm very sensitive when I'm in Relationships. I'm in a relationship right now and it's in small things where if he says like, oh you're Like I don't remember doing this I would instantly think that he is telling me you are lying just like how my mom used to tell me I didn't abuse you And I would get so sensitive and like very defensive about it. And I think this applies to friendships and everything as well, but it's very prominent in relationships where I am so sensitive to, like, not being believed in my trauma.

Researcher: Because at some point you when you're younger, you need people to believe you that you were abused. Yes. I think this is related to your case where you were sexually assaulted in school as well. Mm hmm. Where you feel like, oh, you should have believed me, you should have helped me. But at the point that happened, you didn't get the help that you need as a child.

Interviewee 5: Mm hmm.

Researcher: So now that you're in adulthood you're saying that you're getting sensitive when similar things or similar patterns that you can see happen, especially with your partner. And maybe when you're communicating with your partner, right, is it by chance that you see a lot of patterns that are similar and then you will be reacting to the patterns as well?

Interviewee 5: Yes, those patterns where it's like, it reminds me of a very specific instance in my childhood where maybe they're saying that, oh, I don't remember saying this, like, I don't remember this happening. Even though it's not related to abuse or anything, it can be completely unrelated. I would get sensitive.

Researcher: Okay. So I think now that you were saying that do you feel like you have a way of dealing with the sensitivity that you face now?

Interviewee 5: The sensitivity? I think surrounding myself with people who understand the sensitivity and like, if I say that something is too much or like, oh, let's not do this, they would understand. And I think I've learned way better to communicate Like, I think sometimes I lash out when I realize something's a trigger. And then once I realize, I tell, like, friend or partner, like, Hey, like, I'm sorry I lashed out. This was a trigger to me. And I'll tell them how I would prefer them to approach it.

Researcher: Okay, so choosing the right support system is important to you.

Interviewee 5: Yes.

Researcher: Yeah. And it's good that they understand what you went through and then they were there for you. Because some people wouldn't understand what we went through. And we'll just assume, make assumptions, unfortunately. Yeah, it's good that you, you have some really good, important people in your life that are willing to be with you in, in some rough times in your life. So, okay. Support system. And what do you think are the others, other coping mechanisms that you have for your child trauma?

Interviewee 5: I am taking therapy now, so for sure that is helping me process it. And I think for me, a little bit of exposure therapy but in a safe place is super helpful for me. Okay. Like when I got triggered with the hangers and stuff, it was when my mum was there with me.

Like, she was in the room where someone was playing with the hangers and all, and the next time, like, my friends were playing with something, not particularly a hanger, but something else, like sticks and something, and it was the exact same sound, but it reminded me that I was safe, like, nothing's gonna happen, so I think, I don't know if that's called exposure therapy, but it was something that, like, letting me experience it again, but safer.

Researcher: I see. I think it's, yeah, the name is similar to that. You were getting exposed with certain trigger that you have, but in a safer place. So even though that you might get triggered, but you are getting used to certain things that make you feel like irrational sometimes. So yeah, it's good that you are getting help for this. And so therapy is one of your coping and it's good to me that you have a really good support system as well that helps you to go through this rough time. And I just want to know, like, what do you think should be done to help people like you or childhood trauma survivors as a whole?

Interviewee 5: I would say more accessible therapy. I think in Malaysia accessible therapy is still something that is. A little bit more harder to get, or at least get into, and I think more price friendly

options too. Mm hmm. But I also think understanding is very important for childhood survivors, because I think it often gets dismissed, again, in a country where abuse is very normal. There's not, there's a lot of childhood trauma survivors, but they just don't realize it, I think.

Researcher: Mm hmm, I see. So it's, first, it's accessible therapy, accessible mental health assistance for people who actually deal with trauma, but couldn't get a therapy session due to a high cost. Yeah, I feel you when you say that, because therapy costs a lot in certain private sectors. It's like 200 to 300 ringgit sometimes per session. So yeah, that's something to be considered about. And even with the government sectors, the numbers of patients are actually quite overwhelming for the numbers of mental health patients for mental healthcare workers in the situation.

Interviewee 5: Yeah.

Researcher: Right. And also as society, we should be more understanding, more empathetic towards people who survive the whole thing.

Interviewee 5: Yes.

Researcher: Yeah. Because previously I, not previously, I'm still doing another questionnaire on this whole thing about childhood trauma. And I do collect some responses saying that, Yeah, sometimes childhood trauma survivors didn't know they went through so much.

Until to the point that they reach a breaking point themselves and then find that they were actually dealing with some demons inside themselves. Yeah. So this is something that quite big as well to talk about. Because as adults, sometimes we don't understand, oh, my life is going well, everything is going well, why am I feeling a certain way, you know, and a lot of times when we explore back to our childhood trauma or childhood as a whole, it's like, this is what happened.

Interviewee 5: Yeah. Yeah.

Researcher: So we talk about a lot of things today. From your point of view about childhood trauma, your experience during your childhood, and basically with the hard topics and the more extensive topics we talk about, talk about it all today. So just before we end, because that was the last question.

Just before we end, do you have anything to add right now?

Interviewee 5: No, I don't have anything to add.

Researcher: Okay, so I just want to conclude everything that we've talked about today. So, R, you are one strong childhood trauma survivor today because you were able to talk about this with me. As a complete stranger about your past experience, and you actually told me about the whole process.

It was really insightful for me as a researcher, as a person as well. Okay, and you were talking about how you actually get help from people. And you are getting supported by a group of amazing people around you. So, that is really good. And I'm happy for you, R, that you are on this journey of healing.

So, for me, I really thank you for your contribution in my study. And I really hope that you will continue on your journey of healing and get what you wanted in life. So, If you have any questions, if you have anything to ask later, you can just to my WhatsApp and ask me. Okay. Okay. And I'm really thankful for you, R.

Interviewee 5: Thank you so much. And what you're doing is also a really good cause. So that's great.

Researcher: Okay. Yeah. Thank you. Bye bye.\

INTERVIEW 6

Researcher : So, just now we said that you might be able to contribute or talk about it more now. So this is, this will be a hard topic for some people since we will be talking about some really bad experience or traumatic experience that happened back in the days when you were still a child. How would you like me to approach this discussion or would you be comfortable with the way we're doing it now or do you want me to approach it in a different way?

Interviewee 6: I'm fine with how it is now.

Researcher: OK, you're fine with it now. Ok, so then we will just start right away. So, Lee, how do you see childhood trauma like, how do you personally define childhood trauma?

Interviewee 6: Hmm, for me it's probably something like it'll still come back to you even when you are like an adult, you are an adult now. But it still comes back with like those little triggers and it brings you back to how you were treated before. So, ya I think childhood trauma is like that.

Researcher: Ok, so childhood trauma is something that happened back then but it still has a certain effect for you until now. So, this is um how do you define childhood trauma, since childhood trauma I don't think there is really a specific definition nowadays, because they all have their own research and we have our own definition so it's good to know from a survivors perspective of what a childhood trauma is. Alright, so Lee can you share a little bit of your childhood? What was it like, what was it like for you?

Interviewee 6: I think it was ok, but I feel like it was rather, I feel like I grew up too fast kind of? I feel like I had to be more mature and young age, because there was so many expectations on me. Because I joined a lot of activities and I think it eventually took a toll on me and so that kind of built an expectation from other people for me to actually do well and then if I would not meet the expectation then. Ya.

Researcher: So, you have expectations from others and it feels like you have to but then you have to admit those expectations if not then they would be certain circumstances ?

Interviewee 6: Yes , I would be called names basically like Um. It makes me feel down, like downgrading myself or make me feel less, less worthy or I would be um there would be physical circumstances.

Researcher: Physical circumstances as well.

Interviewee 6:Ya.

Researcher: Would that be being beaten or something else? Physical punishment?

Interviewee 6: Ya. I used to get beaten.

Researcher: Alright so, was this by an educator or by parents or by family members?

Interviewee 6 : Aa, both haha.

Researcher: So, Lee just now you mention that you are expected to do a lot of things Um as a child and in the process you have to meet those expectations if not that you will be getting physical punishment or verbal abuse basically for not meeting peoples expectations.

Interviewee 6: Yes.

Researcher: Um, ok. May I know how you describe your environment in your family as a child?

Interviewee 6: Um, it's not very consistent I say it would be sometimes their actually ok and I feel like not like I feels different on them like I can be myself but then when if I would to take a,a,a wrong step then It would suddenly everything would ya, and all be very different.

Researcher: Would be like your working on actual side kind of?

Interviewee 6:Yes.

Researcher: I see, so sometimes you feel safe when everything is right with them but Um it could be triggering for you when, it's just doesn't feels right at the moment, is that so?

Interviewee 6: Yes, feels like I, I'm read like how they feel instead of how I feel because I don't want to suddenly have to deal with Um their obverse so I have to walk on actual so prevent that from happening.

Researcher: So, other any events that do you think its really prominent as a aa as a child and consider that as a childhood trauma or like a very traumatic experience for you that you remember till this day, was there any?

Interviewee 6: Um I think I remember like all like almost all of it Um. The verbal things to get to me until now if I do something wrong then I would tell myself, I would basically downgrade myself instead of other people doing it. Like downgrade myself in my head or like and even that I remembered that was quite traumatic and its quite aa that quite affected me was Um,m at 14 a,a,a I think Um my dad was a,a,a basically my mom was just not Um quite happy about my dad drinking so a,a,a we left the house for a little while and my dad was shocked to see us gone and then when we got back , a,a,a I saw that he attempted suicide. Um,m so I , I quite remember that because around that time I, myself I would say I was quite suicidal at the time. Because around that time also my parents started fighting a lot and it, it kind of affected me because it wasn't really a suitable environment that I would like to be in.

Researcher: Ok, so pass the stress before is just that you were 14 at the time you are still basically a child but Um you have to witness aa a suicide attempt from a parent at the young age plus you were having suicidal thoughts as well as a, as a teenager so it go tall on you at the time and you still can remember .. like what happen the process and everything. Ok, alright so that was verbal abuse and also Um one of the prominent event was that your father try a suicide attempt and also the drinking problem that cause your mother was to be not happy about it and leaves the house,

alright. Ok , so we will say that the age that you face childhood trauma was about probably primary school to secondary school, do you feel like you have a better range to goes that?

Interviewee 6: Um, from primary school is it Um.

Researc**her**: Like when it is start like do you remember how it started or when it is tough for you?

Interviewee 6: A,a,a , it's started from home and then in primary school it just quite stayed with me because I was also kind of bullied and then and so it would be aa a reminder a daily reminder when you know that keeps happening. Um,m it was, I kept going until primary school as well because Um I would actually a,a if I didn't do well in an exam I would get beaten but there was this one time when I went to school with the marks on my legs and arms and the teacher would ask me but not, not take action.

Researcher : Um, I see. So even them, you was quite obvious that you are beaten up as a child its left marks on your skin till the next day of school but then teachers didn't take any actions that it is that be needed to be taken at the time. Alright, so you was saying that it happen at home at first until in school it still happen at the time. So, we do say that is before at the age of six when it started.

Interviewee 6 : Before sorry what?

Researcher: We do say that it was before at the age of six when it started?

Interviewee 6 : Yes.

Researcher: Ok, alright. It's been quite a long time since you been dealing with Um the abuse or the traumatic events.

Interviewee 6 : Ya, so I assumed that It was normal until a,a,a Um high school transitioning to uni life I have friends to talk to and they were like something not right I don't think that's ok. So ya.

Researcher: I see, so that is the point where you realize that oh maybe that was not the right thing to do that was quite different from other people's childhood. Ok, alright so what do you wish to be different if you can make a difference like back then?

Interviewee 6 : Ah, probably be braver to stand up for myself and so that I don't get so affected now and you know, being able to voice up what I actually want instead of what they want and try to please them instead of myself.

Researcher: Because of your experience, you have a kind of people pleasing tendency in yourselves which is the opposite to what you wanted which was standing out for yourself.

Interviewee 6 : Ya.

Researcher: Ok, do you think you have other effects from childhood trauma that you have until now?

Interviewee 6: Um, the effects probably um I'm not so close to my parents but I think they would think that we are close because I think they start to regret what they did so they tried to make up for it now when I don't really wanted anymore, ya and um I think I still feel scared to voice up sometimes but has been better nowadays or like when I don't do well on myself I feel guilty for not being able to achieve what I wanted.

Researcher: Ok, so now you being an adult, a young adult now you realize that your family started to like make amend with things here and there even though at this point you feel like maybe it's kind of late ya, but like, but at the same time you try to make things better for yourself, you're trying to voice up your opinions for yourself and it has been working for you slowly and also that sometimes you are you still feel scared if you don't achieve something that you wanted. Alright, would you say that things that in the past like expectations, the stress that people put on you as a

child actually affect you in terms of trying to achieve something or kind of impostor syndrome, do you feel like it?

Interviewee 6 : Um, I feel like it, it helps me build the resistance that actually go try to achieve but it ends up me torturing myself instead cause I would do anything to achieve that. As in like losing sleep I would choose not to sleep and ya.

Researcher: So, would you say that you will go to an extreme measure to get what you wanted?

Interviewee 6: Ya, or sometimes I would actually be confused if it is actually something that I want or it something I want so that they don't judge me.

Researcher : Hmm, ya. Ok, so you're not really sure about that yet. Ok, alright so how do you cope with all this for now?

Interviewee 6 : Um, I think I have really good friends who I can talk to or actually like. Before this I would kind of drink my problems away, but, but I think it's such less now because I realized that drinking wouldn't solve your problems. So, I resorted to going out with friends, getting myself out there. Basically involving myself in activities which I love and going for doing it like dance also.

Researcher: Ok, so you did acknowledge... you use a less healthier choice or less healthier coping but now Um you resorted to a better support system and also do activities that you like. Ok, alright which is good you know you realize that things have to be changed for you to be better or feel better and then you find a better coping in the sense and its been working for you. It is working?

Interviewee 6 : Yes, been great but it has sometimes still come back but I have been doing much better.

Researcher: That's good to hear, Lee. So now that we are reaching the end and there is one last question about this interview, what opinion would you think should be done to help childhood

trauma survivors? Do you think that the government should do something, maybe the NGO, some certain professionals, society. What do you think?

Interviewee 6 : Um, I think maybe try to maybe everyone around try to understand where the person is coming from instead of straight away judging their personality. I think not only NGO I think ya I just basically think everyone around takes a huge part or I think or making sure that they shouldn't be afraid to reach out.

Researcher: So it goes both ways, the childhood trauma survivors and also the environment, the society and also for childhood trauma survivors we hope that they wouldn't be afraid of getting help and the society we hope for a more empathetic and less prejudiced society, is that what you mean Lee?

Interviewee 6 : Yes.

Researcher: Ok, so ya that's true that um if we have a more empathetic society it would feel so much better and I feel like because you mention that verbally, verbal abuse is something that that brought a huge impact on a person as well so unfortunately with technology, with social media, and all of the things that can be accessed by everyone it's very easy to see people misuse the technology and instead try to bring a person down by words ya. So, ya it's quite sad and I feel maybe, maybe like you said you hope the way people be more empathetic and more understanding in a way before judging. Ok, I think, I think that is all for our interview, and I feel like I really get a lot from you Lee. It's has been really insightful and be really informative from your side and I feel like you have been really brave to step forward and then just to talk to me like this like you know. I'm a complete stranger but you are able carry out this conversation so smoothly and I really, really want to praise you for that. Alright, and I really hope that you will continue on your journey of healing and I hope you get what you wanted, you get to be more patient for yourself, you will

be able to get what you wanted, alright. So, thank you again Lee, so if you have any questions about anything you want me to add you can still find me on WhatsApp and if you feel like there are certain things that you might you want to take back or like edit out you can still tell me because you have the right to do so alright.

Interviewee 6 : Alright.

Researcher: Ok, thank you Lee.

Interviewee 6: Thank you, see you.

INTERVIEW 7

Researcher : Alright, let's start. Ok, we will just go right away. Alright, S you are now in year 3?

Interviewee 7 : Yes.

Researcher : And you were studying and you had quite a few things this year, this semester right? A lot of things, a lot of work, and it has to be like one of the busiest semesters in your degree ok.

Interviewee 7 : Betul.

Researcher : How do you feel? Do you feel like it's overwhelming?

Interviewee 7 : Um for me, from now dia tak terlalu, it is ok if I talk in Malay?

Researcher : Ya, boleh jak, boleh jak.

Interviewee 7 : Ah setakat ini tak rasa, dia macam belum start lagi semua aktiviti itu cuma just in paper work tapi dia macam quite frustrating tapi I think I can handle it for now.

Researcher: Ok, ada lah frustrating sikit kan tapi boleh still go with the flow and stuff. Ok, so how do feel about this interview macam first, first nampak yang iklan itu kan, how do you feel actually?

Interviewee 7: It's quite interesting to share my past trauma, haha sebab I jarang cerita dekat orang and sometimes benda itu macam terlalu macam apa, eat me. A,a,a\ dia macam makin lama memakan diri I, so I think it's such a new opportunity for me, maybe to cope, to release the traumatic experience.

Researcher: Ok, so this is like another way to release keluarkan lah daripada diri S dan juga like and a way you are using that traumatic experience for a course. Ok, so since this topic can be quite difficult for some people I just want to know if you are ok with the flow now like the way

that I approach the topic or do you feel like you are comfortable with another way? What do you think?

Interviewee 7: Ok je.

Researcher: Ok je eh. Jadi kita mula lah, alright jadi dalam pendapat S kan how do you define childhood trauma like personally in your own words, what do you think about childhood trauma?

Interviewee 7: for me childhood trauma ini dia macam something yang actually keep it ignore when you are a child tapi dia bagi a big impact bila kita dah besar. Dia macam sometimes ben, a,a dia macam, dia macam sorry I have difficulty in talking right now so I might a,a,a quite some time to answer.

Researcher: It's ok, we can take your time. No worries.

Interviewee 7: Ok, macam yang saya cakap tadi childhood trauma is something yang masa kita kecil we find it sometimes confusing, sad ,m,m, menakutkan tapi kita just ignore tapi bila kita besar kita tak tahu yang actually benda yang dekat past ex, masa dekat childhood actually my affect our behavior our mental and emotion.

Researcher: Maksud S dia macam tetap aware lah masa kecil itu yang benda itu yang memakan diri sendiri until we finally realize yang kita dah aware baru effect tu datang.

Interviewee 7: A,a,a,a, dia macam, macam contoh kalau macam masa kecil-kecil selalu kena tinggal, kita kan macam selalu kena tinggal dengan parents, parents pergi kerja ke apa macam itu kan, kan kita macam ada rasa takut tapi kita just go through it sebab bagi kita benda itu normal and then bila kita besar we find it , buatkan kita ada attachment issue, contoh macam itu.

Researcher: So nampak effect itu prominent lah lepas kita dah besar?

Interviewee 7: Yes.

Researcher: Alright, jadi a just little bit of information la kan. How is your childhood? Macam mana S membesar dulu? Like how your childhood looks like?

Interviewee 7: My childhood punya hidup, dia macam lonely. Full of loneliness, sadness, chaos er,r do I need to tell story?

Researcher: If you comfortable with it, it's ok.

Interviewee 7: A,a,a ok. Sebab masa I kecil- kecil, line I ok kan? Masa I kecil-kecil I always kena apa my family, my family dia ada, my, especially my parents dia orang macam selalu macam ada problem between them and then menjadikan my mom always lari rumah and then bila mak I selalu lari rumah, dia since I kecil yang I, I think 5,6,7 years old. Err, apa bila mak I selalu tinggal kan I kecil lagi kan so I tengah membesar yang memerlukan a mother figure. And, benda itu always buatkan I trauma sebab setiap malam I akan apa meroyan macam mengigau yang mencari mak I and then, and then bap, and then my father pula jenis yang garang, garang and dia pun suka tinggalkan macam ok my mom dah lari rumah and dia, dia tinggalkan I dengan I punya abang. Abang I, I ada tiga orang adik beradik, I anak bongsu then I punya dua orang abang so selalunya kita orang survive sendiri-sendiri and bapa I pula garang yang selalu macam pukul ataupun a,a kalau contoh menangis, kalau kita, kalau contoh I menangis atau abang – abang I menangis ke dia akan kun, kunci kita orang dekat luar. So, benda itu buatkan I jadi selalu ketakutan, lonely macam itu lah and then and then macam kan mak I banyak kali lari rumah so ada one time, ada certain time dia akan bawa I tapi kalau dia bawa I pun dia akan tinggalkan I dekat rumah orang lain. So, a,a dia macam benda, I sentiasa ditinggalkan. Hmm. At some point I have a mental issue since I was a child sebab macam, macam I, macam I can see things, I develop macam psychosis I start, I started to hear things macam kalau contoh I bercakap I rasa macam beribu-ribu orang tengah bercakap dengan I, and I selalu nampak macam kalau I tengah tengok something I rasa macam

benda itu bergerak walaupun benda itu tak bergerak and benda itu berubah bentuk and I sentiasa suka cakap sorang-sorang a,a yang I ada my own friend, my own imaginary friend. and then my parents divorce yang officially divorce bila I dah darjah 4 and then I tinggal dengan my father. I tak dapat contact my mom for years sebab a,a ayah I macam larang kan and then I cuma tinggal seorang sebab my oldest brother tinggal dengan nenek I dekat, a,a tinggal dengan nenek I and then my second brother dia duduk asrama, so tinggal I sorang so I hadapi my childhood sorang-sorang with my family problem kiranya macam semua adik beradik I tak tahu apa yang berlaku dalam family kecuali I. Even until now hanya I je yang tahu and kan bapa I kan garang, so I sentiasa, I kena lalui benda tu seorang-seorang so it's quite difficult but I find it normal things but its actually not normal at all. Tapi I rasa benda tu normal macam oh apa maybe this is the way every family lalui macam tu. And then even masa I tinggal dengan ayah I pun macam apa, dia selalu tinggal I juga sebab dia suka pergi memancing so everytime dia akan keluar I akan sentiasa lalui malam - malam hari, malam-malam hari I seorang-seorang tidur seorang-seorang sebab ayah I memang tak ada. Dia balik esok pagi ke kadang tak balik langsung berhari ke and left me alone when I was a child. And kalau contoh I menangis nak ikut pun dia kan, dia pernah macam dia pernah ikat I dekat luar rumah malam-malam and tinggalkan I a,a macam tu , so a,a macam tu lah, that is how my childhood.

Researcher : Jadi macam yang S cerita tadi memang sunyi lah, boleh kata kan sunyi sebab dari dulu mungkin memang dari kecil kita perlukan kasih sayang dan juga masa dengan family dengan parents terutama, lagi-lagi masa kita dalam umur yang masih kecil seperti S cakap tadi tu memang kita akan ada separation anxiety when you are a kid we will look for a parent we will look for our mom, tapi unfortunately semasa kecil dulu S come from a family with chaotic background which mother, ibu S tinggalkan S, lari rumah and then it's up to the point when they are getting divorce

you are unable to contact her anymore and that includes your father yang sepatutnya jadi caretaker ataupun care giver sepanjang childhood selepas divorce tersebut tetapi hakikatnya adalah neglect lah berlaku and as a child even though you haven't mention about physical abuse and stuff but I feel like it is already mention since S ada sebut S ditinggalkan di luar rumah, diikat, and all that. So, that is something that like you said masa aa kecil dulu mungkin rasa benda ni normal mungkin, mungkin a,a adik sebelah rumah itu pun dia lalui benda sama tapi apabila kita look back dia macam apa, ok actually this is not something that look, that is normalize in our, in our place you know. Jadi, daripada apa yang cerita-cerita tadi itu adakah are those events that you think are the most prominent? Maksudnya yang paling obvious yang itu trauma bagi S?

Interviewee 7 : Maksudnya ada tak yang lagi trauma?

Researcher : Macam adakah event-event macam itu considered bagi S ataupun ada lagi has a really strong impact on you.

Interviewee 7 : Hmm saya rasa saya tak tahu but bila saya besar ni saya rasa, saya rasa my past my childhood past macam tak memberi trauma pun dekat saya, dekat I. I pun tak tahu macam mana nak sebut trauma tu, dia macam sometimes I rasa a,a,a benda itu tak salah and bagi I kan dia macam bukan ke trauma yang trauma itu jadi yang macam, bila, bila something trigger kita pun macam jadi ketakutan, anxious kan. Tapi saya rasa biasa je. Faham tak? Oh sorry. I don't know what im talking about a,a,a, ,m maybe ada one part bila saya pernah nampak ayah saya pernah cuba bakar mak saya kot. A,a,a sebab on that time, hmm I masih kecil yang sangat-sangat kecil, I don't remember how old am I, tapi yang kita orang naik kereta sama-sama tiba-tiba mak I cekik ayah I masa dia tengah driving and then ayah stop and dia orang keluar bergaduh and ayah I macam apa? Tuang petrol dekat mak I and nak try untuk bakar tapi luckily macam ada orang-orang dekat situ yang nampak kan, halang lah.

Researcher : So to the point tu dah macam as a child S dah Nampak the witness kan, mereka saling mencederakan dan juga sebenarnya parent figure, parents yang saling mencederakan infront of their child, so it would be quite traumatizing as well. Ok, saya pun faham apabila S cakap yang aa at first you feel like you don't know how to define trauma tu sebab kadang-kadang rasa macam normal tak ada effect ataupun dia tak membawa banyak sangat impak kepada S tapi aa you mention you face physosis, begin hallucination and stuff like that yang tu boleh jadi daripada kanak-kanak, kanak-kanak ni mereka sangat resilient lah ok, sebab mereka pun membesar cuba untuk survive and at some point, like I said resilience ni mungkin dia memang try really hard to survive in that situation jadi its quite related to what you said like ada imaginary friend untuk cope dan mungkin kadang-kadang terdengar suara, so that is the side effect of being in that situation as a child alright. Ok, jadi how long has been the trauma could, adakah dah lama dalam lingkungan umur apa bila yang berlaku ni?

Interviewee 7: A,a,a,a , saya tak ingat tapi saya rasa memang yang saya ingat memang daripada kiranya tadika? Maybe 5 years old, dia accursed until now. My parents still macam tu.

Researcher: Ok, S still in contact dengan parents ke dengan mak?

Interviewee 7 : Yes.

Researcher: Ok cuma tu lah, walaupun still in contact they are still fighting lah, they are still same as back then la macam tu.

Interviewee 7 : Sorry a,a tak kiranya sebab saya dah duduk mak saya sekarang a,a dia orang dah tak bergaduh sebab dah bercerai kan tapi dia punya behavior still the same a,a macam itu. Dia punya personality the way they treat me sama je, a,a macam itu macam saya cakap macam tadi macam meninggalkan itu, suka neglect a,a,a dia still sampai sekarang a,a macam tu.

Researcher: Ok. Jadi dia tak berubah in the sense that cara mereka melayan S lah, ok. Jadi how do you feel back then when you face this kind of thing? Dan ada tak perbezaan dengan apa yang S rasa sekarang ni?

Interviewee 7 : , kalau dulu saya rasa macam saya cakap tadi saya rasa normal rasa lonely kan tapi I, lama-lama saya rasa macam mungkin saya just being in denial all the time yang saya rasa macam dan saya rasa nak mengamuk sebab saya find it abnormal, saya rasa benda ni tak normal tapi saya kena, I have to think yang benda ini normal sebab kalau tak macam I will be confused seb, sebab bila saya tengok family orang lain, bila saya datang jumpa kawan-kawan ke, and I tengok dia punya family kan, kan macam berbeza sebab family dia orang macam happy macam tu kan. So, benda tu macam buat saya rasa sakit hati kan so saya always letak dalam diri saya macam ignore everything yang saya find it tak normal, so bila saya besar bila saya besar baru macam saya dapat fikir baru saya stop yang benda ini tak normal, eh macam mana saya stop fikir, saya stop fikir untuk saya apa block diri saya untuk jadi ok. Sekarang dah tak ada dah wall tu, before this ada wall tu untuk saya sentiasa ignore, sekarang dah tak ada. A,a,a, macam itu lah.

Researcher: So you macam at last you trying to grasp yang benda ini tak normal and benda ini how do you try, how you try to correct your perspective dengan trauma ini lah basically and then yang itu pun bukan proses yang senang bagi S sebab dia boleh jadi benda yang sangat kontra lah macam perbezaan family S dengan family kawan dan benda itu boleh jadi macam mana eh sangat shocking, it can be quite shocking to see sebab sangat berbeza sangat unfamiliar lah bagi S and to the point S rasa marah apabila nampak perbezaan itu. Ok, alright. So if we talk about kita dah cerita yang pengalaman S dulu then perasaan S, what do you wish to be different if you can have something different back then?

Interviewee 7: I wish, I wish my parents doesn't met each other ya sebab sometimes orang tanya soalan yang macam do you wish your parents to get back together ke macam itu kan sebab saya tak pernah wish saya tak rasa yang they belong to each other, so benda yang saya harapkan ialah they haven't met each other at all. So, I don't really have to exist.

Researcher: Sebab yang ini, mereka got together but at the end it's not a really good marriage and it causes a lot of bad things to happen within the family as well. Because they have their own unresolved issue and they kind of inflict that they hate towards the children. Ok, alright since we talk about long things now, apa kesan yang S kesan yang paling ketara lah daripada childhood trauma ini?

Interviewee 7: Kesan yang paling ketara mungkin attachment issue, I jadi people pleaser sebab saya, sebab I sangat takut kalau orang tinggalkan I. A,a,a tak kesah lah in relationship yang with my partner ke, with my friendship even orang yang I tak kenal pun I jumpa kat luar ke apa ke I still takut kalau orang tu tinggalkan I. And I always try my best to give in hundred percent to everyone yang I jumpa and actually kesan paling ketara I have a mental issue now. a,a macam tu lah.

Researcher: Sebab dia datang daripada abandonment itu kan and then what it does is that now you are afraid of left behind dan juga kalau boleh S cuba untuk menyenangkan semua orang di sekeliling and you are trying to give your one hundred percent to everyone so that they wouldn't think bad of you they wouldn't leave you yang itu adalah benda yang quite obvious, quite prominent within you now due to childhood trauma tu and plus you are dealing with mental health issue due to that event as well. Ok, alright S pernah kena diagnosed ke? Kalau S tak comfortable untuk cerita tak apa.

Interviewee 7: It's okay. A,a,a yes, I have been diagnosed with PDD, Persistent Depressive Disorder with major depressive episode a,a,a, apa with cluster b personality traits. I have admitted to ward, psychiatric ward for two times already and I baru je keluar actually. I baru discharge. Ada lah.

Researcher : So, it's been a while lah ataupun baru je S tahu yang ini diagnosis dia?

Interviewee 7 : I dah tahu since sebab I first seek help tahun lepas bulan 10 and on that time I terus kena admit dekat ward pastu baru I tahu I punya diagnosis.

Researcher : Ok. Thank you for telling me that. Jadi, macam mana S cope selama ini?

Interviewee 7: Saya rasa saya selama ni saya cope saya ignore kot. saya keep dia macam saya keep going, keep going macam itu kan dia macam a,a kalau contoh, macam mana eh selama ini saya just kalau saya cope tu dengan cara saya attempt suicide always, and macam, and then I just go through kot yang macam but in a negative way a,a macam itu.

Researcher: Sebab dari dulu S memang dah dalam in a survival mode lah it can say since you are young kid you know, you are in a survival mode until sekarang. Sekarang it gotten the point that you are finally looking for help and the instant help for your mental health issues. So dalam masa ini juga you realize you are coping by ignoring the things that happened dan juga self-harm lah basically. In ts ia dah mungkin dah tak dapat nak content that feeling and that is like trigger there are some trigger that cause you to use this coping which in your, in your case its really big on you, its very big on you to the point that you have to resolved to a more helpful but in the sense unhealthy coping. Ok, jadi we got to the last question now ok, so I just want to know lah dalam perspektif S, what do you think should be done to help individual like you, individual who are also childhood trauma survivors? Yang ini boleh daripada segi Kerajaan, NGO, professionals or society anything.

Interviewee 7 : Saya rasa for individual yang ada childhood trauma ni, walaupun I sendiri tak buat tapi I think benda ini membantu I rasa everyone yang ada benda ini kena join support group macam dia orang jumpa each other and then talk about the issues a,a cara dia orang handle and support each other sebab I believe orang-orang yang ada childhood trauma yang macam sekarang macam ada attachment issue ke always need reassurance from everyone. Kalau contoh dia orang upset dengan partner dia orang, dia orang perlukan reassurance daripada partner dia orang. Kalau dia orang upset dengan dia orang punya friendship dia orang memerlukan reassurance daripada kawan-kawan dia orang sendiri tapi I first rasa macam itu rasa macam kalau I upset dengan yang ini, yang ini boleh tolong bagi reassurance macam itu kan tapi lama-lama I rasa benda itu a,a,a, akan burden everyone and not everyone boleh bagi kita the energy yang macam yang kita memerlukan kan. So saya rasa support group sebab dia orang faham you punya situation and dia orang ada issue macam itu. Sebab kalau macam contoh kawan-kawan ke partner ke dia orang tak ada issue macam, macam mana yang you hadap kan, dia orang tahu you ada mental issue tapi dia orang tak faham macam mana your brain works, how you feel macam tu lah so I rasa support group itu ok lah sebab dia orang faham apa-apa pun yang you rasa macam itu.

Researcher: Sebab yang ini supportive environment memang ada lah kan, you have friends, you have partner that knows that you are in that situation tetapi we have more need towards that contohnya macam orang yang betul-betul faham, the pain that you could going through and maybe the situation and mental health issue that you have been through jadi support group is a really how to say maybe a really therapeutic and also an understanding environment juga bagi survivors just to talk their issue, just to talk about their day maybe. Yang itu yes maybe it should be one of the, one of the good intervention as well for people who are dealing with childhood trauma because

support system as we know is a really big deal when we are trying to heal, ya, ok so before we end is there anything you wanted to add, S?

Interviewee 7 : Itu je.

Researcher : Itu je eh, ok. So, thank you very much S actually your experience your sharing your thoughts has been helpful for me, you are very inside full today and I gain a lot actually from you like how you went through as a kid and then you told me about your thought on certain thing, your feeling, those are really helpful in helping others as well, and I hope that you know that you have been really amazing throughout this entire interview and I wish you all the best in your healing, healing journey. Ok, S. Thank you so much S.

Interviewee 7 : OK, thank you. Thank you bagi I peluang ini I really I feel ease sebab lately ini I tak rasa berapa ok, and this time I rasa ringan sikit I punya bahu. Thank you.

Researcher : Thank you S.

Interviewee 7 : Have a nice day. Bye-bye.

Researcher : You too.

INTERVIEW 8

Researcher: Okay, so S, if I'm not mistaken, you are from third year, right? You're now in your third year, is that so? No, fourth. Fourth. Oh, sorry, you're in your fourth year. I keep confusing these two years. Okay, so you're in your fourth year. Are you doing your internship?

Interviewee 8: No, I'm not. I'm gonna do my internship next semester because of some family issues that I'm having currently.

Researcher: I see. So now you're going to do it next semester. All right. Okay. So since you saw my post quite, not quite frequently, I posted two times in the group.

Interviewee 8: Because my mom is in the hospital, so I need to be in the hospital at around six. So I hope that we can be quick on this. Yeah. Cause I'm in a rush.

Researcher: Oh, I'm so sorry. I'll make it quick for you. So we'll just jump right, right to it. Just that it can be a hard topic and I just want you to, I just want to remind you that You can withdraw any questions, any answers that you would like to withdraw if you feel uncomfortable sharing it. All right. Okay. So S, I just want to know how personally, how do you define childhood trauma?

Interviewee 8: I would define it as an experience that you actually cannot get rid of from your mind that you cannot look out from. And you will always look back and tell people how bad your life is, how bad you experience your childhood. Why am I not like you? Why am I that unlucky compared to you, you or you?

So you keep on comparing you, myself to people and will like myself as a person that is not blessed and keep questioning myself that if you guys. actually just using me or trying to, or say like don't actually love me that much, then why would you even give birth to me?

Researcher: Yeah. So it's like an experience from the past that made you question yourself until now, which is like a question a lot of people's decision and people's action towards you.

Interviewee 8: And yes, and you will not just questioning yourself, but questioning the family.

Researcher: Okay, so can you share a little bit about your childhood? What was it like for you?

Interviewee 8: So, because I have a little brother. So, I have a little brother that is six years younger than me. And sorry, my grandfather interrupted. So I'm a bit like lost of track. So before, before he was born, everything's okay for me, just peace. And after he's born, I feel like he took away all the attention, all the care, all the love away from me, from my parents.

Researcher: So did you feel like you were neglected as a child?

Interviewee 8: Yes, very much so.

Researcher: So, what kind of differences that they have between you and your brother?

Interviewee 8: He would say something like, Oh, I guess you're a sister, you are way you're the elder sister. So you should give way. You should help, help him. Or you should, you know, be considerate. You should tolerate and say anything that, you know, Just can help him out, just to protect him.

Well, never did they ever think that I was just a little kid too. When I was his age, he would say the same thing to me, right? So, I would say it's more to a, not physically abused, but mentally abused and verbally abused.

Researcher: As a child, you were forced to grow up very fast just to, just so that you can protect or give way to your brother, right?

Interviewee 8: And also in a way that they'll, I mean, I used to see that because he's the male in the family. So, people will keep on like, giving him more chances, giving him more opportunities, give him more of the attention, for example, I did not want to be in UNIMAS. I, I feel like I'm a good scorer. I score quite well in my SPM, but my brother, he, cause he just finishes SPM this

year, so he just got his result. So my parents. Wasn't really okay with the result. So he appealed with, of course we paid to appeal.

He appealed and then from fell to pass his Sejarah. So everyone is so overwhelmed by the news that he passed his Sejarah already. And then he can actually get into uni. They never consider UNIMAS as one of the options. I think. Cause they came on saying that giving excuses, like, cause he cannot understand BM, he's not good in his BM.

I mean, UNIMAS wasn't my first choice too, I would die to get into private universities or like to go to KL just because I want to get away from my family, but I felt, I feel so depressed that year when I finished SPM, I went to AUG of all sorts of education centers, all by myself, just. To be sure that I can get away, but I feel like they did not even try to make it happen to me, but they try so hard, so hard, make my brother be able to get into a private university.

Researcher: So it's a very unfair, it's a very unfair comparison.

Interviewee 8: Yes. Mm-Hmm. But I'm like quite numbed with already, so I feel like it's not really that important.

Researcher: Mm. Okay.

Interviewee 8: More examples are like when my brother just entered secondary. Because my results are always quite not quite, but better than my brother. But a lot, so they see me as okay, I should reach the school.

I should reach the goal. It's just something usual for me. I don't even need to study that much to be smart. That kind of mentality, my parents. So they asked me to introduce tuition BM tuition for him. So I introduced him to go to a tuition that I used to be. Then he cried all the way back, saying that the teacher is a Malay, he cannot understand why, why, why, why did I want to send him over, he cannot understand, he's, he cannot follow the pace in the class, something like that. And then

my father immediately scold me for introducing him and to the tuition and not relating his ability. Towards fast pace and everything so I was like I was wrong for introducing him to a tuition that I feel like it's good

That's why I feel like everything that I did for the family, I will be blamed.

Researcher: So it's kind of unfair that they do not do not even think of that you are, you tried to help, but they are putting the blame on you because you help him, but it's not working out for him.

Interviewee 8: Yes.

Okay. More examples are like Huh, what else?

Actually because of my brother and because okay, let me introduce the background before I continue the story because my mother, she used to be a kindy teacher. Before she was admitted to the hospital, so she was diagnosed with colon cancer stage 4 last year. So she stopped teaching. So before this, she was a full time teacher lah.

So when she was teaching, ever since that, my brother get into kindy. So because of my brother, she went into kindy to teach. Just to be sure that the son can be okay. So, I got very depressed and jealous of kids. And whenever I see kids now, I feel like they are here to snatch away my mother. And take away the care from my mother, from me.

So, even until I see kids as devils. But surprisingly, this doesn't, doesn't apply to every, every single kids. Just applying to some of them. Because my mom used to give tuition to the kids, and whenever they come to the house, I will find a way to make them cry or make them feel very bad. But that time I was still little, quite young, but I started to have the mentality of, I want to, I want to just chase them out of the house.

I want to make them cry. I want to destroy their life or something like that. I just don't want them to feel good.

Researcher: Because as a child, you were neglected, right?

Interviewee 8: Yeah. Yes. Until today, I just cannot get over it. I still feel the same. Whenever I see a kid's crying, I see kids crying. I still feel very anxious. I feel very stressed. Why are they so annoying? What do they want? They, they will grow up until, until becoming a person that might be ruining someone else's life.

So why would everyone be caring about a kid?

Researcher: And can you tell me, like, when did this happen? Like, did this, like, traumatic events usually happen when you are still before 10 years old? Or, like, what is the age range for you?

Interviewee 8: Ever since I think since my mother get into kindy, to teach, which is around when I was, so when my brother's four, or around 10.

Researcher: Around 10. Okay.

Interviewee 8: My mother, she, really, really like children. So even before I was 10, she would get children to come to the house. Like, invite the children to come to the house and tell me that, oh, you see how good or how caring the kid is and why you are not comparable to them.

She'll compare me to the children. So, for me, I feel like, okay, I'm not good enough. Since young, my, my mother will compare me. She just doesn't notice. So what I did was I was snatched the remote. I don't want to let them watch the TV or actually I did try to get along with them, but I just cannot. When I grew older, I tried to get along with the kids, but I just cannot.

I bought them stickers, but a minute later I would get back the sticker. I just cannot get along with them, especially my mom's kids from the kindy. Okay.

Researcher: So back then you will feel like you wouldn't like them. And then there are a lot of mixed feelings towards children.

Interviewee 8: Why? Because I actually, I swear to God that I actually wanted to be nice to them, but I just cannot.

Researcher: Yeah. And how do you feel now about it?

Interviewee 8: For now, for some children that are crying, I would still give them that, like, I would just stare at them until they stop, they'll just look at me, and I'll look at them, and I feel like even until today, there are still hatred or some mixed feelings inside that I still don't know what is it, I still feel like they are not innocent, they are not as innocent as we think.

Okay. For example, if comparing a death of a kid and a death of a dog. I will be more empathy towards the dog than the kid. That's how bad it is. Because I feel like I have a dog at my place, my house. I love the dog very much. That I feel like I love the dog more than my parents. Because I feel like the dog is always here for me.

She is loyal. I love dogs. That's why my parents keep on questioning me. They ask like, why would you care for Belle more than us? Why, why you are so nice towards Belle, comparing to towards your family? I don't know how to answer them. Just see how you guys treated me.

Researcher: Because you feel more connected to your, because your pet is like a family to you now compared to your real family. All right, so what do you think are the effects of the childhood trauma? Is it like only the mixed feelings or only the relationships, issues that you have with your family or are there any others?

Interviewee 8: I won't talk about family connections because I feel like I'm, like I said, I feel quite numb towards it already.

Anything that's fine, just like absorb and then try not to overthink about it. But I feel like most of the effects that I have is on myself. For example, when I was young, I used to be chubby. So my

dad would say things like, Why are you not like your brother? Because my brother used to be very thin and like him lah, who is like sporty kind.

So he likes that kind of personality and that kind of body. Kept asking me like, Why are you so fat? Why are you so chubby? Why are you not like your brother? So since then, I understand, oh, I'm fat, which I think around the age that I reached my puberty, which is around 12 or 13, I stopped eating rice until today.

I don't dare to eat rice. It's not that I don't want to, and I will vomit out whatever that I ate. If it's heavy, if someone, okay, for example, if someone forced me to eat a meal that contains rice or two pieces of chicken, chicken chop, or fish and chips, I will sure definitely vomit it out. Mm hmm.

Researcher: Okay. So it does bother.

Interviewee 8: Because I'm scared to be fed. And of course, my father isn't the only person that used to verbally abuse me saying that I'm fat. Because part of it came from my father. My primary friends that used to say that, Oh, you're fat, you're fat, you're fat, and you have a lot of pimples. And I feel like my father supported the idea of saying that I'm fat, which, lead to who I am today. I don't dare to eat rice. I will vomit whatever that I eat.

Researcher: So it's the point that verbal bullying even though you got verbally bullied by your parents, your father actually supported the idea and which in the end causes you to have Relationship problem with food. Okay. All right. And all these years, S, how do you cope with this situation? Like just now you mentioned that you just don't want to think about it.

Is that the only way that you cope?

Interviewee 8: I will cry out and then I used to seek for counselling, but I feel like every time it just doesn't answer the question. That I have in my heart, for example, why would they want to

treat me like that? Why is my life like this? Why I just cannot move on? Why am I still questioning myself like that?

Am I really that bad?

Researcher: So these are all the questions that haven't been answered or rather than or rather it's like, yes, it has been always on your mind.

Interviewee 8: That's correct.

For now, all I did was, I mean, until today, what I can do is just cry it out. And that's the only output that I have. There are no other alternatives that I can do much, because people will tell me the same thing. They are your family. What you can do, you can only bear with it because he's your father, he's your mother.

You cannot do much.

Researcher: So it seems to me that the channel is quite small. It's not that much of a channel to help you to cope. Is that so, S? Okay, so S, I just want to know your opinion. Like, what do you think should be done? To help people who are facing the same issues as you. Is there, it can be from a perspective of authority, NGOs, society, anything.

What do you think should be done?

Interviewee 8: I would say give talks to the parents instead of giving counselling to the kids or the children that is abused, bullied. Oh, like neglected by the parents. For me, I kept on telling my parents that one day I want to become a lawyer because I feel like you guys are so unfair towards me, but of course I didn't become a lawyer.

So I become a counselor. So for me, it's not okay. Giving counseling towards the bullied children. I feel like it's not a long term solution for me. I feel like it should be given towards. Talks, speeches, and counselling, family counselling should be given to the parents, but not just to children.

Researcher: I think I got to the point that you mentioned giving talks with parents is more important than counseling towards the children. And may I know, like, what else do you mean by giving talks to parents? Do the parents need more guidance before they have children or they have to like be aware of what is abuse or something like that?

Interviewee 8: Not just talks, but I feel like family counseling. It's a very major step to stop this kind of family relationship issues that we are having. And also I feel like, because people nowadays, they realize this kind of issues, actually, it's not just family issues. Within this country, or this kampong, or this community, it's actually everywhere in the whole world.

So, I actually watch a lot of dramas and related story of movies, and I feel like all those movies and dramas actually give us It's always trying to give the parents some moral values or trying to teach them actually, daughters, we have our own feelings too, not just sons.

Yeah. So, it's important. Yeah. I feel like it's important, especially for Asian parents to realize that whatever their children. Very impactful.

Okay. Yes. And also like, for example, giving them examples and teaching them what are the right ways to talk to children. And my mom came on saying that, Oh, after she dealt with children, she understand that how sorry she is towards me. I feel it's a bit too late already because.

The harm is already did, yeah, she already and did the harm towards me already. It's not just one or two sentences of sorry that can be settled.

Researcher: Okay, so because the harm has been done and then the pain is has already been inflicted towards you. So it's still an unfair situation. for you to grow up in that kind of environment because it actually brought a big impact towards who you are today and all of the things that you have to heal from you have to restart a journey from it's just a lot it's a lot it's a lot to take at a young age and now that you are a young adult you have to deal with all of this childhood trauma

again Which, slowly, I wish, hopefully, you heal slowly, but, at this time, I hear you, I really hear you when you say that a lot of things happened back then, and you still feel, you still feel angry, you still feel anxious, I really hear you, okay?

And, today I really thank you for coming to my interview. I know this is quite rushing. I'm, I'm really sorry. I tried to make this quite late. Okay. But I really thank you for your patience. Thank you for your contribution for this research as well. And we, we are reaching the end of the interview before we end.

Do you have anything to add S?

Interviewee 8: So far, no, but I think that is part of the story that I have. Do you think that is enough or sufficient?

Researcher: I feel like it's insightful for me. Yeah, because what I need is your experience as a survivor.

Interviewee 8: Is it related? I'm not sure if this is considered as a survivor or not. Do you think so?

Researcher: You are surviving, S. I feel like you are surviving, and you are very strong to survive until today, all right? So I hope that you can be more patient. Yeah, because you did great. You did great. You do whatever you can to survive to this day, you know? Mm hmm. All right, S, so much. I think that's all I think, right?

So thank you so much, S, for your contribution. Like, if you have anything to ask, if you have anything to add, you can still contact me through that WhatsApp. And If anything, just find me. No problem. Thank you so much, S.

Alright, thank you.

Interviewee 8: Okay. Thank you. Bye-Bye.

INTERVIEW 9

Interviewee 9: I think you have mentioned before that this is going to be confidential and whatever the result will be presented may not specifically on individual. But I need assurance again that, that this will not be disclosed. Yeah.

Researcher: Every interaction that we have it will kept, it will be kept confidential and private. And even if the data or the transcript written in a research, I wouldn't put in your personal details, like where you work, like your name. Maybe. If there are certain things that you mentioned are quite personal, I will edit it out, so no worries. And then you can also withdraw any answers before everything gets processed, so no worries about it, yeah.

So, we're just gonna dive right in. Right, Z, how do you actually define childhood trauma? in your personal opinion?

Interviewee 9: Well, this is a bit tricky because I was about to ask the same thing. Because when, when I saw the ad on IG, I thought that this is just gonna be like okay, maybe it's just a questionnaire or something.

You know, I, I, I, I didn't thought because I rarely see people, you know, advertise things like that on, on IG. So it's just coming back from work and I, da, da, da. And I saw, you know, like certain categories of, of whatever happened to you since you're a child and all. So for me, to be honest, I wouldn't say that, you know, what happened to me was very like harsh Because I myself couldn't define it but if you put Whatever that happened in childhood and trauma side by side I think it comes to a point that I still remember it and I as I grow older.

I've been to you know, psychologist psychiatrist and all You It's just something that I couldn't be, um, point at, I mean, on, on why I have certain behaviors, why I have this certain outlook in life

and as I grew up it kind of matched with how I felt when I was a child, and like, this is what I learned dari dulu, and I couldn't shake it off.

Researcher: So it's like something that happened in your childhood. Back then, you wouldn't think it's harsh, but now you figure that some of your behaviors, some of your actions are controlled by the effects of trauma.

Interviewee 9: Yeah, yeah. Control by expense that even though I am aware what might happen to do that might have caused me to react or behave in a certain way.

But it's hard to change. It's hard to deviate from acting or responding in a certain way.

Researcher: I see. Okay. So, childhood trauma, if it has a certain exact definition, it will be distressing events and experiences that happen in a person's childhood which can have long term impact on their physical, emotional, and psychological well being.

So, it's similar to what you have said that, Something that happened, you can find it distressing or maybe traumatizing and it will bring you a long-term impact that you'll felt, that you'll feel in your adulthood. Right. Okay. So z can you share a little bit about your childhood? What was it like?

Interviewee 9: I'm not sure. I'm not sure how to share it daripada dulu , because I think that that self-awareness phase came when I was first refers referred to hkl so, at first when they diagnosed me they mentioned that I might be bipolar but then it turns out it was borderline because as they went through several sessions with me and They they noticed a pattern that I always talk about my mom so I think up until now my mom has been like a very, I think, love and hate figure.

I remember like I wanted to get her validation so much. I first cut myself when I was 12. And then it was just, when you think about it, it was just over very simple thing. I just want to get like 5A, UPSR. And I, I, I was very stressed out about it. And then I think I, I grew up. I think I, I love her, even up until now I still love her, but I don't see that mother figure.

I remember bila I sekolah rendah, bila sekolah menengah, I reach out to counsellors and I ask you know, like, what, what a mother is or should be towards her daughter, because sometimes she's like so nice, like I cannot deny she give me, you know, food, clothes, you know, she, she sent me for degree and all, but at the same time, the pressure is too much.

And I remembered if I couldn't get straight A's or anything. So she was just like, kurung me dalam bilik air or like, hit me or there's one time where I couldn't. Apa ni like do whatever she wants. So, balik rumah, bila tak ada apa apa, like nothing, nothing, there's no storm, there's no nothing. And then she would just like go straight dari dapur and ambil chili and letak kat mulut, macam itulah. It's that small, small thing, I think. But because it's a small, small thing, it's not direct physical abuse per se. So I think I've always been left wondering whether, you know, those things are appropriate or not. And whether I deserve to be like that. To be treated like that. So I think it it stretches to my degree is when I think somewhere snap, so I, I was admitted in HKL, at the psychiatric ward and then I remembered that I felt safe.

Because I know that there are people there that are gonna jaga and monitor me and all. So they have to inform my guardian at that time. So when she came in, she didn't ask how I was. She didn't like want to know what is it about. So she just go straight to the doctor and then she just, okay, can I just take my daughter out?

And that's it. And she didn't do anything at home. She just, for the sake of getting me out lah. Yeah, so that was, that was it lah. I mean, if you want to be specific about it. But in general I don't, I don't feel like I have my mother presence with me. So that's what happened in childhood lah.

Researcher: So basically, you've mentioned that your mom is a love and hate figure for you because like, As a child her punishment might be a little bit extreme, and even though she treated you well in a sense that she provided you with the basic necessities, maybe about clothes and stuff

like that, but at the same time, you're facing a mental abuse as a child, and it's like a random punishment out of nowhere.

Okay. And. When you finally, like you, you said, snap, snap, right, in degree she, you mentioned that she did not do anything and just wanted to get you out of the hospital, right? Do you feel like she's in denial in terms of what happened?

Interviewee 9: I mean, for me, from my perspective, I think she is. Because I reached out to many, many mediators of some sort, you know, when I was sekolah rendah, sekolah menengah, I reached out to counsellors and they keep on wanting to, you know, have her at schools.

So she doesn't want to. So it comes to a point where she didn't come for my report card. She didn't even come for any, anything at school, because she doesn't want to, you know, have that coincidence meet up with any teachers or wardens at school. So I, I think I was just curious. Dulu, so I did read, you know, like, counseling books and all.

So I did wanted to make things better with her. So, we came from Malay, Malay conservative family of some sort, right? But it was really funny because during Raya, so usually orang akan bermaafan-maafan apa semua but we didn't. We, we, we didn't have that. And It took, it took myself to, to like, tarik tangan dia at, at one point.

And, you know, start to have that lah. And then I think she just, I'm not sure whether in denial is what she sees herself because when when, for example, I was, I was going through a very rough timeline. She did came to me and then you should just focus on what is important. You, you shouldn't be, you know, be mindful towards these things.

Yeah. So we, we had this timeline during schools and, and in degree years where we kinda duduk sama selalu because she, she send me, she send me to duduk with my aunt, Darjah Enam. And

from one and from two until from five, she sent me to boarding schools and then I have my foundations and degree what to degree by rule.

So in this two years in, in, in this some years where I'm memang dengan dia, we, my mom selalu gaduh. Like, gaduh yang memang, like, screaming and then campak-campak barang like, she broke my doors and all, but after that kan, there's no, there's no consolation, there's no macam, okay, you know, I'm wrong or you are wrong, let's talk about this, no, it's just Being pushed under the rug which I like every after storm that came and then my dad will, will kemas whatever it is.

And then the next thing I know, she'll be cooking and then just panggil I makan and everyone will act like nothing had happened.

Researcher: So it's like, even though everything happens, very bad. you throw things, you were shouting at each other, but in the end of the day, no one wants to talk about it. And then like you say, it's, it was swept under the rug.

And were you affected by it when that happened?

Interviewee 9: I think I was confused because macam mana nak cakap because she made it as if it was never happened. I mean, even for myself, I macam. Okay, we just gaduh and then why there's no like a proper discussion or proper macam, why you do certain things to me and she never addressed that.

And then she did try to send me to this Islamic psychologist, something I don't think she's a psychologist. I think she's a counselor. I think it was, it was very abrupt. I, I wasn't being told by it. She just, okay, we're going to go out. So we went to this person house and apparently she had this one office.

So, okay. Oh, because I just wanted to meet her and I was being being in a counseling session for like two hours, three hours. And then I asked that person, I mean, why am I here? Oh, because

your mom said that something is wrong with you. So you need to be guided to the right path. So I'm macam, yes? But this is, I think, mostly caused by family matters.

Why my whole family is not here. Why is only me? And then, macam, oh, maybe that is for another session, or that will be tackled later, but we just want for you to change as of now. Yeah.

Researcher: Oh, okay. That was very sudden, too.

Interviewee 9: Yeah.

Researcher: And then, to be kept in a room with a stranger for two or three hours straight, talking about family matters?

Interviewee 9: Yeah, so that's that's when I think it was a very confusing timeline growing up because she, she mostly don't want to talk about it. She mostly don't want to attend any counseling meetings and all. I had, I had a psychotherapy session with HKL for one year. She didn't even want to send me, she didn't want to.

Come in in session. It was my dad who who hantar me apa semua and he knows he tried to talk to her. She didn't came and then this happened and she spends thousand for it for two And three hours, so I I don't I don't understand. I think at one point it just I think it's become too much.

And I, I decided for myself that whatever I, bila I dah habis degree and all, so I have to move out. So I think being at a distance is better for me, like, even as of now I still pergi jumpa dorang every once in a while lah but that is because out of responsibility instead of, you know, I want to see them If you were to ask whatever happened from now, continue until, eh, daripada dulu, continue until now it is sometimes she would just, bila kita berbual apa semua, she would just randomly marah, she would just randomly macam become defensive about it so, I think being at a distance helped me lah.

Researcher: Okay, so how have you been moving out?

Interviewee 9: I move out since I graduated in 2016. So for me, that was the end of it lah. I mean, she wants me to get a degree and all, so I got it for her. When I was warded when I was hospitalized in degree years I still managed to graduate on time and all.

So I macam, okay, this is what you want, right? So I secured a job and then I go and it has been like that ever since. But when it comes to coping I think it has been a very colorful journey. I will say colorful because I, I don't have any other words to call it. I'm not sure whether this is relevant to you because what we have discussed just now it's just on the surface matter. It might sound easy but along the lines I started smoking. I started to hang out with the wrong crowds. I was I think in 2016 until 2018 during my first three years of working so apparently I work with an organization that she doesn't like. So the first three months of me working, she just like texting me every day, asking me to quit.

So that, that was something that I have to live with because at the end of the day, she said, if you don't quit and now, so I won't help, I won't be helping you. You shouldn't be coming back home. So when I did. Go back home. And then Kalau, kalau Melayu Usually, macam, we give some money to our parents every time kita dapat gaji, right?

So I, I did give some to her. And dia macam, Oh, I don't want your duit haram. Like, I don't want, I don't want this money from you. Macam itulah. And, I think I was very sad about it. Lah. So it comes to a point where I go clubbing every night. I need to have like at least a drink before I sleep. I started my day with tequila. And then I started doing drugs. But not, not like drug drugs. I think I started with weed. Like I smoked first. But looking back at back then, I, I didn't see myself as very dependent to it. But I think people around me sees it like just to give you a rough calculation, my my monthly spend would go up until thousand something per month just to buy that stuff.

Yeah, so when you look back at how much is the amount I spend, so I think it makes sense why my friends are started saying like, you know, you need to slow down, you need to knee. So I think it has been going on for a few years. And I think I built a tolerance over it, so it doesn't work for me anymore.

Like when you smoke, it doesn't get you high anymore. It doesn't make you forget. So I started, I started to venture to another type of drugs. I'm still processing this, this situation. This happened back in 2019. Where, you know, I felt that I couldn't go home.

I couldn't go to my parents because I mean, I don't think I will be able to talk about this with my parents or my dad. I couldn't go to my friends, so I reached out to one of this person who's supposed to be selling this stuff. So, he just, macam, okay lah, you know what, if you're stressed and all, maybe you could just lepak with me.

So, it started to just doing buzz, and then it goes to doing ecstasy and then it goes to doing k And before I knew it I was I was really lost in the session and I woke up with like two guys on the same bed. I think there was there was the point where I felt that maybe I should stop. Yeah, it doesn't it doesn't really get better by doing it because I think it's just for a moment that I'm gonna forget about it.

And then whenever I'm, you know, the morning hits, you know, and I'll be remembered by it. So, so that was me trying coping. I think I've been sober for maybe almost one year. Yeah. But still on cigarettes though. So those, those are the things, I mean, when the, when the, when it comes to the heavy stuff and no, my parents don't know, I'm quite close to my dad.

So things are doing better with my dad it has been like several years where we had this conversation where, you know, like we are adult now, like I am, I am reaching 30 plus, I, I cannot live like this

anymore. So, you know, I don't want either of us meninggal or die, you know, with regrets and stuff. So it's nice to actually see my dad put that effort.

You know, he, he never like say I love you and stuff. He never like Do this physical touching, peluk ke apa ke, but he started to do it recently. So like Hari Raya or like birthdays even. So, memang dia ada text cakap, okay, I love you. I'm proud of you. Things like that lah. So, things has been moving okay. But if you look at the timeline, like, I am 32.

And bila I in my 30s, baru I nak rasa like, you know, whatever happen. that you're supposed to get when you're in your childhood. So it's still like a bittersweet feeling, I guess.

Researcher: Because you mentioned that throughout the years, I feel like it's quite lonely to deal with it alone with no support. And you're especially coming from your own family, since your mom, she was in denial for whatever that happened to you.

And then It's only until recent years that your dad is getting closer to you and you feel like he's filling the emptiness that's been there since your childhood. Or rather I say it's something that should have been there during your childhood, but it's, it only happens now. And that was a support that you, you've gained in, maybe at the age of 33, you know, and I'm really proud of you for being sober, you know, for being sober for one year, that has been a real journey, you know, and I know it's quite hard for you to remember all those things, and then those are not pretty memories. Those are, like you said, it has been something that has been bothering you, and sometimes when you think about it, It actually impacted you a lot.

And then now it's like you've got to the point you were saying that I should stop, I should be better. I should leave no regrets behind, you know? And I feel like that is. A really brave move coming from a person who initially did not have the support from their closest family members. So, I'm really proud of you with that one, you know?

Interviewee 9: Thank you.

Researcher: Yeah. So, Z, I just want you to just want to ask, like I'll clarify. Throughout the years, right, How do you actually gauge the age range of you being mentally abused or being in a situation with your mom? Was it starting from when you are still in kindergarten or something?

Interviewee 9: When, when I started to felt that there's something wrong with the relationship, I think started in Sekolah Rendah.

Yeah, because Sekolah Redah I, I had trouble in, in, in blending in I guess. I, I used to have a very severe eczema. So yang memang like, memang berdarah darah and all. But she put me in Islamic school. So Islamic school, you kena memang macam pakai tudung labuh lah, apalah. So it doesn't make me my condition better. So I, I didn't get any friends and all. So I was bullied. Bila I bagitahu dia so she was like, Oh, this is just, you know, petty things and all you should be able to solve it yourself. So I take it into my hands. So I started to, you know, whoever yang bully I did, I'll just go physical with them. And then it didn't help.

I think things went very rough I'm not sure why up until now when I got my period early. So, I started to get my period darjah tiga, I think that was nine, nine years old. Yeah, so I remembered when I macam very panic in the toilet and I was like screaming for my mom and all. And then she's like, oh, okay.

Okay. So you've got your period and all. So she didn't say anything. She didn't explain to me anything. She just asked me to clean up and then hand me over this underwear with pads on it. Dah siap letak apa semua. And then she put this like four Big books of Fiqh Wanita and you know, all this Islamic woman thing on the table and she asked me to read it and that's it.

That was, that was the help that she been giving to me it comes, it comes to a very bitter part where I'm not sure, I think somehow, dia pun macam like I think she wanted to, she wanted to regard me

as a child at that time, but because I got my period, you know, so she just She showed me that she kind of frustrated that I getting my period early That dia macam cakap now

I have to take care of you more And then now you know, you know you dah besar, so you have to take care of yourself. You cannot do this You're gonna do that. And then I'm, not sure why she just didn't like me back then. Like even sometimes, I mean, of course, I, I would justify at that point of time. I didn't know how to wear pads.

You know, I didn't know how long it's gonna be. I didn't know how to clean up myself and all, and she didn't say to me. But every time I did something wrong, macam I bocor kat sekolah ke, and then the school have to call her to pick me up, duh, duh, duh. She, yes, don't want to deal with it. Like I spend time dekat bilik guru and that, that's when I, reach out, I mean, have, have this relationship with the counsellor teacher because she's the one who gave me like baju ganti. She's the one yang macam explain to me, oh, but now you're different, now you're ni. I'm also not sure why bila I dekat sekolah agama. So, kalau orang period, so they will call you kotor.

So, perempuan tu kotor. So, it doesn't help much on me. When I came back, and then macam tanya my mom why they been calling me like this and that. And then, dia macam, ya lah, of course lah. Because you, you, you are on your period, you are kotor. So, yeah, it doesn't help that. So I became more open up with my counselling teacher at that time.

So that was until Darjah 5. So all of a sudden Darjah 6 and then she transferred me to another school. And then I live with my aunt lah.

Researcher: Okay, since it happened in a religious school, right? And it kind of, again, give you if, if it has been affecting you because Things are not explained to you as a child and when it does get explained it's not something really positive.

So as a child, you wouldn't know how to take it as well, right? And it's to the point that you have been, you have to be transferred to other school, right? Okay? So Z, I just want to know what do you think should be done to help people who have been surviving like you? to people who are also childhood trauma survivors.

This can be coming from organizations, authorities, things like that.

Interviewee 9: Well, my first job is actually for a woman empowerment organization. So it's like an NGO. So I work in outreach and empowerment. So that's where I felt that you know, there's a lot of things to be learned. There's a lot of stigma still going around.

So I mean, as cliche as it sounds, education is, is, is what matters, but education in the sense that I think during childhood People like me will spend like so much time, like maybe eight hours, you know, daily at school. So perhaps I, I, but I've seen, people letak pad dalam tandas semua, but we are still not discussing discussing period.

As, as something yang, you know, like knowing yourself, for example, and getting support from your sisters or mothers, that involvement didn't really happen. You'll see that whenever parents hantar anak pergi sekolah ke apa ke it is as if they transfer their accountability to the teachers, to, to the peers, or tak kisahlah siapa siapa dekat sekolah.

So I think dalam peringkat sekolah, If, if it's possible to have that parents involvement in, that would be better. But I know that's too idealistic. Yeah. I think another way of maybe a simpler way to do it. Um, I don't know how to get people around you to a counseling session or, you know, like therapy session and all, because The challenges I know the dates, time availability.

So the things that I've mentioned is yes. I don't know. ideal on paper. But if, if you ask me if I will stand alone like orang yang dibuang tak ada any support system and all, what would be very helpful is actually a friendly rate counseling support and all. Yeah, because I survive through that.

I actually make use of Befrienders. I actually went for, you know, HKL punya session apa semua , but back then it was less packed. Like right now if you go and you wanna get a session and all, you have to wait like six months, you know, like three months. So I ended up pergi dekat a more expensive session. Mm-Hmm, . So let's say if it's just for university student , it would be very helpful if it's subsidized sessions, for example. I think the most expensive session I paid was 375 per session. Yeah, so that, that was a lot for someone that just like, I was, I was earning around 2000 something my first job. So that's why for me at that time, the logical reasoning for me is doing drugs, go to clubs and all is so much cheaper than going for therapy.

So this is the stigma that perhaps you need to tackle among the youngsters. Because even for my friends, right? When I'm like, why didn't you find a counsellor? Why didn't you find a psychiatrist? If it's like cost you a hundred something. I mean, if you beli barang right, the hundred something, if you buy weed and all, it could last you a week.

But if you pay a hundred something for a counselling session, it lasts you an hour. And, and sometimes because it takes several sessions, right? So it doesn't really move you some, anywhere. For me, as I understand the way therapy, the way counseling works, you have to takes like two people that, that have the dynamic together.

I've met quite a few sessions. It doesn't work for me. So it's like a trial error, but basically for someone with limited financial capability, that will affect their perception of on, on how to get help.

Researcher: Yeah, because like you said, you just started working or you have limited financial stability and it could be that it would be better if at first Yeah, the basic would be getting educated with these kind of things.

Like you said, students or children spend eight hours a day in school, but why, what do they, what do they get, you know? And parents as a whole, are they aware that their children are facing certain difficulties in school, certain difficulties in their age of growing? Yeah. So it's very complicated, but at the same time, like you said, if you want to do it, It might, it can be done, but sometimes it can be a little bit idealistic to talk about it.

Yeah, because it takes more perspective, more effort to get it done, like even to get really stubborn people, stubborn parents, stubborn leaders to get to know that this issue is actually real. It will bring it will take a toll on a person, like you say that therapy costs too much. Right. The traffic was too much, the RM375 is very crazy for me.

It's like, one session, you know? And you have to spend it just, just in case the counsellor is good for you, you have to spend multiple RM375 for the sessions, yeah. And I couldn't deny that sometimes it's due to that, or due to the expensive cure or healing sessions, people will resort to drugs, resort to other things that help them to feel better.

Yeah. So I feel like that's probably something that is quite insightful, because I know therapy is expensive, but I never, like, it's not that I never But coming, knowing that you've mentioned it from your own experience, it's very insightful for me. Because this is coming from your own experience, like the effects, impact, and also like things that could have been avoided, you know? But then since as a young adult at the time, you are facing things that you can say that it's, you're trying, you're trying to grasp. The things that helped you the most at the time. Okay, Z, and before we end, do you have anything to add?

Interviewee 9: Nothing. I'm just saying, I just want to say sorry because I just like merokok tiba tiba still have this as my coping mechanism.

But I think, I think I want to take this chance since you are doing your research and all I think what's missing in, in, in most research is actually. That financial stability when it comes to intervention because as much as you know, we are focusing on I, I know that the dekat sekolah menengah and dekat universities, whenever you want to prepare these graduates or, or people that when to end their school term to another dimension lah working practice, you know, resume class, you have this sahsiah diri class apa semua. Perhaps we can talk about, you know, preparing mentally when you want to go out there. And also that, that social financially able disparities within communities. Because you can see that this might not be a, a, a problem, maybe, untuk macam sekolah sekolah yang kaya or international schools where they speak openly about it, but if you consider sekolah kebangsaan, you know, sekolah sekolah Tahfiz, for example, they don't really see this as an issue.

And also I think bila go out and meet people in PPRT when we talk about women's right and all. I have to tell you from my experience they don't even have time to think about it. Because you know, between survival and fixing themselves, survival is way much matters to them by getting the food on the table.

So how do we can incorporate thinking about being better for themselves is actually the same. Important as mencari makan lah.

Researcher: Yeah, because even though it might not seem like a basic necessity, but in the long run, it will actually brought an impact to a person. And all in all, it will cause other issues to branch out and it wouldn't be better for the person as well.

Yeah.

Interviewee 9: Yep. Yep. I think. Yeah. Because if, if woman, right, you become a mother, I mean, you, you are like a nucleus in the family. So if you don't sort yourself, then it will like being passed on to your sons and daughters and it will be like a whole society problem.

Researcher: Okay, so it will become like a generational trauma that doesn't seem to end. Yeah. Okay. It's a vicious cycle as well. Okay.

Interviewee 9: Yeah. Yeah. I think it's, it's, it's important to like, for example, I, when I grow up as, as I, you know, tap into this mental health thing, how generational trauma works and all, I couldn't help to see that perhaps my mom has also, you know, unsettled things that, that she have experienced way, way before, but whether it is mindful or not, you know, she didn't have any choice, but just to pass it on because she doesn't have that knowledge. She doesn't have that you know, maybe classes to learn, you know, how to be a better mom or something. She, she doesn't have that self-awareness. So I am, I, I think at least one of the product of generation trauma that had happened. So I would like to see that this.

Memang akan berpanjangan lah. Like, even I myself now, I am very afraid to have kids, I am very afraid to have partner. Because I don't see myself, I think, as a separate entity from my mum. I would afraid if I become her. So, that is the, the consequences that's gonna happen in the long term lah.

Researcher: Because it has been scarring you since you were younger and to the point that you are being empathetic towards your mom, that you understand that maybe things happened to her back then, that she has to pass it on to you her children, you know?

But yeah, like you said, as a product of that generational trauma or like the final line of the generational trauma, you will feel like my, what am I supposed to do next? I don't feel like I have the capability to foster another children in this situation. So, okay, this interview actually is quite

insightful for me because previously with my previous interviewees, I discussed about their perception.

Most of them are being physically abused. So it's very different. In terms of what you have been through, and then things that you use as coping mechanism, because some of them, they do have negative copying mechanism as well, but the difference is that they We'll talk about it, but on a very surface level.

Yeah. Okay. So, Z, this has been a really helpful and insightful interview, and I'm really thankful for you today. I really appreciate you for being here to sit down with me, even though we just met, you know, and to be able to talk about this, to be able to look back at your trauma. They, this are not, this is not easy for you and I understand that and I truly appreciate your time being here and your information that's been given to me.

I will use it wisely and I will try to put it in a way that it will help more people with what you've said. So thank you so much

Interviewee 9: okay, thank you. If you need anything, like follow ups and all, just feel free to reach out.

Researcher: All right. Same, same. Okay. Thank you.

Interviewee 9: Thank you. Bye.

INTERVIEW 10

Researcher: Okay, the recording has started. Okay, C, uh, just now we've talked about, like, you're still a student. and then currently in UMS and you're still studying, uh, your, in your early 20s as well, you have a 2 in, and at first you feel like it's quite interesting to see this kind of interview out there because, um, you didn't know that UNIMAS has this kind of research going on in our field. Um, but I think that, um, UMS has similar courses as well, I think, because I've met my friends in UMS, they are doing, um, counseling psychology, I feel. Yeah,

Interviewee 10: yeah, because most of the time, because UMS, I'm not sure if you guys Because I never saw post grad students, so it's always undergrad students and they only do counselling, you know, counselling sessions.

So to me, it was quite like, yeah, we do talk about mental illness, but you know, being, being an undergrad student, you're not allowed to diagnose any of them. So it's like, yeah, so to me, this is like, oh, wow, it's a post grad student and only that they're talking about. Because the last interview I have was with University of Nottingham.

They were talking about twins and like how they are like how they are same and or different like they want to research how twins and how similar our twins are and like their cognitive function. So to me, this is quite nice. I get to be part of a local university.

Researcher: All right. It seems like you are actively participating in interviews, uh, for the local universities.

Interviewee 10: Yes, I'll try to join in as much as I can because to me is you as a person even if you cannot contribute money at least you can contribute yourself because you're part of the society so you can contribute at least something that's why to me like even donating blood is like to me as a part of contributing to society because

I can't contribute money, I'm broke.

Researcher: Okay, all right, so again childhood trauma can be quite difficult to talk about. May I know if you feel like this is a comfortable way of approach for us to continue or you have other approach that you would like to take? Is this okay?

Interviewee 10: Like, just casual talking, yes, uh, I will be much more open because I'm very, how to say, I'm very open about my trauma in general.

Because, yeah, but if it's too serious, I will feel like, oh, I'm lying to make it so serious that I feel like, oh, no, I feel like I'm undermining the research research.

Researcher: All right, so we'll take it lightly. Um, just pretend I were doing a simple discussion, you know? So for in your opinion, right? Um, what do you think about childhood trauma?

Like, how do you define it personally?

Interviewee 10: It's, uh, I'll say like a conflict in your mind that happened in childhood. Like, how to say, like, Something that happened in your childhood end up growing up into a, like, slowly integrated part of your adulthood, like, your habits, your beliefs, your biases. That's, like, how you grew up with, and trauma is, like, just part of it, but it's in a conflict sense.

So yeah, that's how I would describe childhood trauma, like the conflicts that you experience when you're young becoming part of you in your adult life or adolescence.

Researcher: Okay, so it's a conflicting element from your childhood that you bring up to your adulthood. And unfortunately, it will also be part of you with your other like beliefs, your behavior, all that.

All right. Okay. So, um, how was your childhood? What does, how does it look like? Can you share a little about your childhood?

Interviewee 10: It's a reactive mom and an unresponsive dad. I know that's just a fact, but when you know your parents are not capable of being parents, that feeling in a very young age, like when you're 12, uh, sorry if I overwhelmed you, feel free to stop me whenever you can.

I tend to talk a lot. I tend to swerve off, so do stop me if you can. So all my childhood is, my mom is a reactive person. She loves me. She can show me when she loves me. But when we do something wrong, it's a different I know she's there. I know she's there. When it's a different person, you're like, I'm scared by the second, you're like, you cannot.

And my dad, can someone say enabler? Also at the same time, when during those childhood, uh, like the olden times is, hitting your kids is a way of discipline, but you need to know when, like, when the hitting can become something traumatic. Uh, let's say for example, because this is my most, like, this is when I found out that, this is kind of, excuse my language, f'ed up, is because when I was 12, I forgotten what was it, I think I forgotten, I think I went against my mom or something, and she got very angry and reactive, she took the PVC pipe, And hit me and it was the thing was very scary is because there were workers like there were people who were fixing the house They saw me getting hit by my mom with a PVC pipe and one person like one of the workers had to stop her like They had to physically hold her arms from my reach so I could run away and hide from my room in my room So yeah, but after that my mom feels bad And then she's crying, like, saying that she's a useless mom, like, she's not a good mom.

And, and then, I have to be the adult there saying, no, you're not a bad mom, you know, like, you have to be adult in the situation. And the other thing like, oh, uh, like, uh, kind of think of it, I'm 12, like, I'm 12. If an adult had to stop you for doing that thing, only for your kid to apologize for that thing, it's gonna F them up.

I think that kind of shaped me, like, I couldn't trust my parents. I loved them. I loved them dearly. Even until now, I loved them dearly. I still call them once in a while. But, it doesn't, in the fact, it kind of fucked me up inside. Sorry, my language. So, yeah, that hits. And when I told my dad, my dad has no reaction to it.

And he's like, ah, you know, your mom just being your mom, crazy bitch, menacing. Yes, my, my, my dad sometimes will call my mom a crazy ass person. That's why I said I'm responsive. Because it doesn't help my dad has to work until like very late afternoon, uh, late night. And sometimes he has to kind of avoid the police, uh, not the police, like the loan sharks.

So, yeah. So yeah, that's about it. Like, a reactive mom and a very unresponsive dad. Because my dad can love. My dad really can love. But when you need him the most, he cannot do anything because he doesn't know how to do it. Like, my parents, I know they are human. But you know, that moment you're like, oh, you should have had kids.

You have four and all four of them F'd up very bad. So yeah, uh, that's how I would say about my parents. Sorry, it feels like I went off topic a bit.

Researcher: Okay, so basically, it's like you're in a. Not really a good environment to grow up in, as a child.

Interviewee 10: I like to think, I like to think, It doesn't help my mom likes to isolate, because She's Pinoy, uh, she's Pinoy and our small town is much more Not racist, it's kind of biased.

Nah, still racist, to be honest, because It doesn't help my My dad's family wasn't very welcoming. They're not welcoming people, so my mom isolated herself. She couldn't go out. That's why, like, she feels like the need to discipline us, uh, I'm going to put a quotation in that because sometimes it's just menial stuff.

In order for us to not get effed up in the future. So yeah.

Researcher: Because she feels like she has the responsibility to make you, to shape you into something that she visualized that you'll eventually fit in in the family. And, um, By that, what she did is that basically, um, do it in a way that it's her thing, you and your siblings.

And, but at the same time, you and your dad is like, um, not giving a really good response or like, not really protecting you from the harm as well, because he didn't know, when he didn't know how to do it, it's second that he is, um, not really at home or like, have to run away from the loan sharks? Is that so?

Interviewee 10: Uh, it's not like run away. It's more like He, he's owing them. So it's like, there's this tense of anxiety among all, uh, among the family about that. Like, oh, we're gonna get, we're gonna get killed by the loan sharks kind of thing. So it's like, kind of like dodging them in a sense. So yeah, that's about it.

Like, I don't blame my dad. My dad is from another generation. I don't blame my mom because my grandfather is also equally very abusive. because my mom will tell stories about how she will get the belt from the grandfather when when he's drunk or something so yeah to me is generation it's it seems like generation i'm gonna assume but it feels like generation that's why I feel like why my mom my mom wants loves us but she cannot teach us because she herself is brought up that way this is a normal thing Yeah, I'm not trying to excuse her anything, by the way.

It's just more like, I think that this is my reality. It's like, I can forgive, but I'll never forget it because of the trauma.

Researcher: Yeah, because empathy is usually different. Empathy just means that you understand what she's been through. And also in this sense that you're saying, it's almost like a generational trauma if you think of it, because it started from your grandfather and now it's continuing to the next generation.

Yeah. Okay. And you kind of see the pattern as well, um, in this process. Right?

Interviewee 10: Yeah, because the thing is, I think the only problem is, like, this trauma thing, it didn't make me a better, not a better person, like, it's like, it never taught me emotion regulation, it just taught me that I'm not worthy of anything if I I would be very reactive like I cannot be a contributing like I cannot contribute to society I always react to everything like to me my emotion means nothing in that sense But therapy taught me a lot by the way so that's why i'm trying to be More emotion because what because I always assumed that my emotions are very regulated because I was next to a reactive mom, you know But when I started to be more separate than my mom, I just found out and then I went to therapy I found out all my emotions were never regulated. It was just Suppressing, suppressing, suppressing, suppressing, suppressing. That's what my mom did. It's more like suppressing, suppressing. You know? So yeah. It's kind of, ugh.

Researcher: Right, so now that you've learned how to regulate one instead of suppressing, is that so?

Interviewee 10: Yeah. Um, I think I should clarify something. I just recently finished, uh, therapy. DBT? I think you know DBT, right? Yeah, uh, I did it for a year and a half. So, I just recently finished. So, yeah, like, that's why this kind of stuff, it's like very, very new to me. I guess, new to me. So, yeah. Like, I get to say this stuff. It's because, like, when I started out, it was really very bad. Because to me, I really, really thought that my emotion was like, Oh, I'm so good at emotions, you know?

Like, I have a reactive mom. I am so good with my emotions. And then, I found out later on, True therapy is, I never did go through regulating it. It was more like, this emotion bad, this emotion bad, this emotion good. Only have this emotion every time.

Researcher: I see. It's kind of reminding me of this one new movie that came out, you know?

Like, it's suppressing emotions, suppressing memories. I don't know if you've watched it, Inside Out 2.

Interviewee 10: Oh, I want to watch it with my friends soon, but I watched the first one, um, Inside Out. It didn't really affect me that much, I can say that, even though I did cry a bit about the imaginary friend, because I did have an imaginary friend.

But, then other than that, it was like, alright, like, that's nice, your childhood. It's more like jealousy, uh, envy, it's like, wow, that's so nice, you only have this kind of problems. I had to deal with my trauma and that kind of thing lah. I'm kind of excited for Inside Out 2 actually. Being a, what is it, uh, being an art enthusiast myself, so, yeah.

Researcher: Yeah, I feel like you'll like it, because it has something that, um, similar to what you've mentioned. I'm not gonna, like, spoil it for you. I hope that you'll get excited to watch it. So, for you, I feel, um, may I know, like, um, what age range were you in when you faced childhood trauma? Can you, like, kind of estimate it for me?

Interviewee 10: Um, I, uh, nine. I can remember almost nine. It doesn't help the bullying. So, like, the bullying got bad when it was nine. So, that, and including my house family, like, my family's situation. So, it's like, ugh. So, why it's, like, very, very heavy for me. Yeah, I can say nine. Nine is the one I can remember clearly, lah.

Maybe it could be earlier than that, but nine. Because that's when the hitting becomes memorable, I guess. The hitting gets memorable. I mean, the punishment gets memorable. Because, uh, like, much younger is just memories of my sisters getting the punishment, but like, mine is like, a very big, like, how I've experienced, starting to experience all the things I feel like.

Researcher: Okay, and just like you mentioned that you remember this one time that your mom hit you with a PVC pipe that someone had to stop her, and you have to run for your life because

of it. Was it the most, like, Um, like you said, the most prominent physical abuse that you can think of right now, or it's like one of the prominent things.

Interviewee 10: That is one of the prominent things because her methods are different. Uh, because one time, because I can say food scarcity has played a very big factor. So to me, I ate this plate of prawn because I love prawn and I didn't share it with my family. So as a punishment, my mom forced me to eat everything in the fridge.

And my dad had to stop me because I'm not going to go against my mom's words. So I had to eat everything in the fridge, especially there was a big loaf of bread. I had to eat, I had to eat and swallow a big loaf of bread. I cannot recall, was it 10, that I was biting on rubber bands. I like to bite on rubber bands.

I have a very biting issue. I have a biting issue. But I think that is a coping mechanism. Because right now I don't have. Now when I keep thinking of it as a coping mechanism, is I like to bite things. I like to chew. Like that sensation. Just to stop the feeling. And my mom saw it, and she took a bunch of rubber bands and like,

Researcher: Was it the rubber band thing? Yeah, you were saying that your mom gave you a bunch of rubber bands.

Interviewee 10: Yeah, and she told me to try to swallow it. I couldn't swallow it, by the way. I just stopped. Like, I couldn't swallow it. I was just more like, biting it.

And then my sister was like, don't bite it. Uh, I can consider myself lucky because I have my tājié. I have my tājié. So, my tājié was kind of an adult in that whole adolescent years. So yeah, like, I, I feel bad for her. So, yeah, uh, uh, sorry I'm a bit emotional, I'll come to think of it, ugh. Because, uh, what is it, uh, ugh, I'm sorry, it's like, uh, very weird relationship.

So, yeah, don't like the most part, but, uh, there was one, I think I was nine? I can't recall, nine or, uh, 13. It was during that time, like my preteen, we were supposed to lend a comic book to my nephew, but we couldn't find a comic book. So the punishment was every 10 it, we're gonna get hit with the rotan 10 times in the butt.

10 times. So every 10 minutes, 10 times. 10 minutes, 10 times. Um, turns out the comic book was lent to them already. So we got hit for nothing, by the way. We got hit for nothing. It was very aggressive because we were looking for it, we were crying, like, it was very, it was very scary in a sense because we were like, oh no, we're gonna get hit.

We gotta find a book. So yeah. So, yeah. Those are the most prominent ones. Cause, uh, during my teenage years, I was like, much more mellowed out. Like, I tried not to make a scene in front of my mum. Cause she is, at that time, her depression got super bad. So, I told myself I had to, like, ease my mum. You know, I had to ease my mum a bit.

By, like, not being a grade 8 anyhow, I guess. I had my teen, I didn't, I know, I do have my teenage ex, but it was only occurring in school.

Researcher: And then those were the, um, the prominent memories that you had while you were still a child, basically. Yeah.

Interviewee 10: Ah, and then I said, like, my teenage years were, there was angst. But it's all the react, like, I noticed my reactiveness only occur in school. Like, I feel like it's because I feel the need to be seen.

Mm hmm. So, why my reactiveness only occur in school, like, in house, it's very rare. We still have fights, by the way, because my mom usually use the cold shoulder, which is like, the cold treatment, actually, she practically doesn't want to talk to us, by the way, so it's like, not very good.

It's practically, to us, it's like solidarity, uh, solidarity confinement, because you need to know, throughout our childhood, we're being isolated.

During, like, our, like, when I was a kid, I wasn't even allowed to go out to friends house, like, friend's house, sorry for the spell, friend's house. Because, when I was not, like, when, like, I accidentally watched a scary movie, or in a friend's house, and then my mom stopped me from going to a friend's house after that.

So, yeah. Only, like, my teenage years, I was able to go out a bit. So, yeah. Like, those are the prominent ones I can recall. There were much more worse. I think, like, I consider myself lucky. Because, because my teenage years wasn't as bad as my twins, because my twin was much more rebellious at the teenage years, so she got it pretty bad.

And so yeah, I feel like, that's why I feel like my diagnosis was considerably lucky that my sister is, I'm gonna say it, because my diagnosis currently is bipolar, bipolar plus, sorry, borderline personality disorder with major depressive disorder, which is like currently being medication for it, while my, while my sister is bipolar stage one, stage two, I don't know which one is the serious one, it's not the serious one So, like, yeah, it was like, Yeah, it wasn't good.

I don't, it's very funny because at that moment, like, you know, like when the self harm, I don't self harm by the way, I never self harm, but the suicide ideation was very strong. It was like, I'll never see past 17, I'll never see past 18, I'll never see past 20, kind of thing. Or, heck, I, I, even, I will never, I never see past myself 15.

So, I think that's where the unworthiness come from. Because my mom is always like, oh, you're not gonna, is it? You gonna do Well, at school, I'm not one like, oh, you gonna be fucked up, like para. It's like, uh, you're such a bad kid. It's like, oh, nobody wants you, kind of thing. But I, because my mom heard it from her dad, so you're such a, like, why can you do this?

Is it so hard? And yeah. And I think this is, uh, her, her words are like, like the, this girl is, is very rare. During my teenage years, it just made verbal because my mom depression got so bad, she never even leave her room. She doesn't even leave the bed. So, yeah. So yeah, that's why it's like, kind of awkward.

Sorry, uh, here it is, my coping mechanisms currently. So yeah, yeah, yeah, those are the most traumatic ones. To me, I don't think that's the reason why I have a bad relationship with food. Like, I don't have a bad relationship with my food, I have a bad relationship with my weight. Because my mom will always complain about the weight thing.

But currently, it's more like I'm raising my own weight. Myself, like I am raising my weight and I got healthier. I guess I got healthier, like I don't get so caught up on diets and such. It's like, as long as I can keep myself active, that's good enough for me. It's like, yeah, those are the ones I can remember, I guess.

Yeah, yeah. Sorry for that. I'm off topic again?

Researcher: It's good, it's good. I feel like you're still giving me the information that I need. So don't, no worries. Yeah, because you talk about, um, the events, the prominent events that you were saying. Yeah. be considered as child trauma and also you were also telling me about the effects that you got from the trauma itself for example like a mental health diagnosis and also um, eating disorder, not really a disorder but it's like eating problems, eating problems and also some coping mechanism that you're currently using now and also like how you deal with your family like family relationship basically it's like all of them are impacted by childhood.

Interviewee 10: Yeah yeah yeah that's that's about it i can keep up like I try not to think negative about it.

It's like, okay, this is a growing development, kind of thing. My mom currently, because I'm really far from my mom, my mom is back in the Philippines, she's working, she has much more out there, so she understands what she's done. Because among her four daughters, one decided to cut off from her, one decided really to cut off from her, and yeah, that really like boggles me, but at the same time I don't understand why, you cannot live off that expectation, so yeah, even though it helped, like my mom helped her in a lot of ways, but yeah.

The trauma is too big, you know, the trauma, they're gonna see past each other for all the things they've done with each other. So yeah, that's, that's why it's like, oh, I consider myself lucky. I can say I consider myself lucky because I can see past it. I guess, like, consider seeing past it. I feel like it's just putting more boundaries, huh?

Researcher: Because, like, um, At this point, you're still able to talk about your mom with me. And even though you're saying that, okay, I can forgive, but I don't really forget because of all those things. And then you also went for therapy. You try to see it from your mom's perspective as well, which I can say it's not easy for a lot of people, but you're able to do that.

Interviewee 10: I think that's the sad part because I always think oh it's because of therapy I can see my mom's perspective but that was like how it was when I was 15 because I told myself if I had to survive I had to see my mom's perspective like 15 was a very big age like the most like when I decided to be more conscious about it it's just that I wasn't very emotionally regulated so yeah like I knew I had to see my mom's perspective even though she can be um very reactive I can say it was I can remember she threw plates Like throwing plates at us and my dad.

Yeah, and then you have to be the adult there and you're like, please don't throw the plates or else we have no place to eat because there was actually ceramic and, or is it tempered glass? So it's like, please don't break it. We're broke. We cannot afford anymore plates. It's like, and then like, it

sounds like, oh, it's kind of nice, but at the same time it's kind of sad because at 15 you, you would think, yeah, you should be thinking about boy, you should think about your studies, you should think about like your stuff, you know, you'll think that, oh, you're going to be like all self centered. You know, like, it's all about you, like, like, you won't understand me, but 15 was like, I grew up a little too fast, I can say, I think the trauma is still there, like, I had to go to damage control every time, that was still a bad habit of me, but it's still like, if somebody's angry at me, like, my mind is not, oh, it is how it is, and then I can understand the perspective, it's more like, how do I fix this? How do I not stop feeling this? Because it doesn't help my mom was very active, because she, we don't know what was her problem, and she won't say it unless you do it yourself, so it was like, how do I fix this? I think that's one of the traumas that I get a lot. It's like, until now, even if it was just a disagreement with my friends, I would like, how do I fix this so they don't hate me?

Even though my friends, uh, God bless my friends, because they could just say like, no, it's just like that. Nothing to it. I can be mad at you for stupid reasons. And, it will be like that. You don't have, you don't need a reason to fix things, you know. It's like, if you understand the situation and you think, oh, I did, uh, what is it called?

Ah, check the facts. So, it was like, right now, I could handle it a bit better because of the therapy. Uh, in DBT, we learned this thing called check the facts. So, yeah. Because, as I said before, right, I will always constantly think, it's like, It could hinder me for weeks or for days to think what did I done wrong?

How should I fix this? Oh, should I beg should I grovel my knees because that was the only thing I knew because my mom was always like that She was so reactive. She was so angry cold treatment, but you need to know I couldn't not I couldn't have friends It's just like I had no friends to talk to at that time.

We were young We were a kid. The only person you could trust was your parents So to me, I didn't have my dad wasn't there my dad even if my dad was there He would just think it's oh, it's just female feelings, you know, female being emotional just get over it the only person I could He, in this isolating house, was my mom, so the only thing I had to do was damage control, constantly damage control.

Like, one wrong move, it is doom for all. It's like, yeah, oh my god, that was a trauma, sorry, sorry. The way I talk about it is like, oh, that is a trauma.

Researcher: Yes, you have to grow up very fast, you know, like you said, you couldn't feel what mid teenagers should feel back then, and then you have to do things that weren't so like teenagers, you know, and if you can, right, you wanted to think about other things, you wanted to be, to feel like other kids as well, but in the end, you were given no chance to do so, and the more that you think about it, it's like, yeah, how do I fix this, which usually is, um, something that is out of your control, but.

And in the meantime, you are so used to being in that situation, to being in, um, wanting to save yourself and others, so that nobody hurts themselves in this situation. So it's like an automatic reaction to it?

Interviewee 10: Oh yeah, yeah, it is, it is. Because it doesn't help my sister, my twin, Sally, she does do self-harm.

And I feel guilty in a sense, I do feel guilty, because that's why I say I consider myself the lucky one, because she's been doing it since 8. I didn't know it until I was 18. So it was like 10 years. So I feel kind of bad, you know, like. Uh, if only I grew up a little bit, you know, I grew up a little bit, be that pillar of support that my sister needed, maybe she wouldn't do a lot of the crazy stuff, you know, because it was like, scratching herself, and like, I think she ever used a knife , but it's like,

mostly sharp project to scratch herself, like, it was kind of horrible, and then my mom is there, one upping us, like, oh, I've been wanting to kill myself when I was like, in the teenage years, because her it's Self harm was hanging.

She wanted to hang herself, by the way, but wasn't able to, so yeah. So that's about it. Sorry, got a little bit emotional.

Researcher: No, we're cool. Yeah, because these are the things that can be traumatizing as well, because you know, if you see your family members hurt themselves in the sense that, you know, it's, it's not like they fell down and then they got some bruises.

They are actively trying to hurt themselves, which is like trying to And their lives. So this is something big for a person, that is something heavy for a person to take in. Especially if you personally witness someone doing that, that is even worse, I feel.

Interviewee 10: Yeah, it was very traumatizing because 18, because we lived, like, I found out all the stuff.

That's when I saw the signs. When she's very reactive, because she wants to stop the feeling of the reactiveness, she will self harm. Which is like, when I saw it first hand, it was a night, it was, to me, scary. Because my thought was just suicide ideation. It was really just suicide ideation because to me it's like, Ah, everybody just wants to think about them dying.

Nobody wants to live in this world. It's stupid. But yeah, I'm sorry to cut you off by the way. I do have a bad tendency to cut myself off. So do tell me to stop. My therapist had to like cut me off and like please don't cut like, you know, or else there's nothing going to be done.

Researcher: But you're still giving me the right information so I don't feel the need to cut you off yet, so don't worry.

Alright, so C, this one we talked a lot about. the traumatic experience and stuff, right? Like, okay, so now what do you wish to be different? And do you feel like your feelings back then and your feelings now are different?

Interviewee 10: Um, change as in what? Like, what, if I could go back to the past and change stuff, or like, what could change, you know?

If I can go back to the past, there's nothing I could change, to be honest. When I think about it, not much can be changed. I cannot ask my mom to stop hitting me. to, like, get over it, you know? You're not the only one, you know? But at the same time, you're like, I hope my mom was a bit kinder to me, you know?

Like, If my mom just didn't know how to regulate her emotion, like, and then it, it circles back to, I wish my grandparents, my grand, my grandfather wasn't such a big a hole, like, such a big a hole towards my mom, for her to have this much reactiveness, you know? Because, I think, in binoy culture, family is everything, even if they treated you as bad as possible.

That is the thing. It's embedded in the culture. Even if they cheated, eh, they hate you physically. They verbally abuse you to them,

they are still your family, they are still your mother, your father. But no kid should go through that. You know, no kid should go through the part of, oh, the only way I could discipline you is to violence and hurt. If you know the hurt, you will not do it. That could be said for people who lose extreme sport and get hurt, but is still doing it. The thing is it stop being painful.

The feelings stop being painful, I think. That's why, to me, like, after getting hurt, cry it out. Then, okay, well, this is just my life. What I don't wish I was Oh, no, no, no. Actually, there's nothing I could change. I couldn't change anything. Because how do you tell a teenager to, like, their feelings matter? If their own parents don't even think their own feelings matter, you know?

They're like, I'm an adult, you should listen, don't listen. Yeah, so, yeah, there's nothing I could change. To be honest, there's nothing I could change. Even if I tell my younger self, Hey, can you, like, stop being so reactive? I'm just a teenager. The time, everything, emotions come out. It doesn't help that I have my period, I have PMS, I have cramps.

I have a very weird friendship. I have weird friendships here and there. Everybody has those weird friendships. And you're like, everything's happening so fast. And it's very funny, by the way, because I became chronically into TV shows. I was very obsessed with TV. That's why to me, the only way I thought that Life is was through the TV.

So a lot of like my reactiveness is really from the drama Those drama shows like that, you know, those TV shows to me like it's very dramatic like I constantly test my friends like if they're loyal or not and then they're like Oh, you're such a bad friend. Like you're such an like like I'm from a TV show, by the way So it wasn't good I can say because to me that was how real life is because I knew my life My family life wasn't good and Emotion, uh, what was the second question, which is like, what was my emotion back then and now, what's the difference, right?

I, I, I won't say anything changed. I still have those emotions, but it's just lessened through the medication and also the one. Because, okay, like, my early diagnosis was schizophrenia because I heard voices. I did hear voices, but I think at the time, it was like, a very high reactive energy, so I thought that my voices was outside voices.

Because I do experience paranoia. I do experience paranoia, and yeah, I couldn't relate to schizophrenia. I really couldn't relate to schizophrenia. I asked the general hospital, because my first diagnosis was in Sarawak General Hospital, I asked them for a re diagnosis. They didn't want, uh, they were like, we couldn't allow it unless you go to the supervisor, so I had to eat a lot of medication.

I feel like it wasn't necessary. Because at that time, I still don't understand why my emotions are so reactive. It's still very active no matter what. And by the time when I go to Sabah, I got one. I asked, please give me a re diagnosis. They gave me borderline personality disorder, which I relate more, which is the constant feeling of emptiness.

That was the thing. The constant feeling of emptiness. Like, I feel like no matter what I do, it's always empty. So yeah, I could relate to that more than schizophrenia. So yeah, like, As in all the emotions, I could, like, oh, this emotion is this, this emotion is that. To me, the emotions are still the same. It's just that I know what they are.

And I know how to, I divert, and not think too much, like, how do I divert and how do I help, help myself to deal with the situation. Even when I got the diagnosis, during my first and second year was, and not the second year, more like the second year was a nightmare for me because it, from online, offline, like, physical, and then everything was like, oh, I'm such a stupid person, why am I in university, my parents should have this on me, like, oh, I should have just worked, you know, yeah.

At that time, the emotional regulation wasn't good. But after the therapy, it's really much more regulated because I could say, I'm feeling this, and the reason I'm feeling this is because of that. So therefore, Feelings validated, but you still had to do something about it, you know? It's more like creating destruction.

For a while, when I went with the emotion thing, with the therapy thing, I kind of, halfway through, I kind of hated it, a little bit. Because it was like, why should I be the one? Regulating these emotions. Why can't other people understand it? It's like why do I have to experience so much hardship only just to me like just to change another person But after the therapy and made me

realize that it's not about changing myself, you know, it's not about the one everybody changes Everybody does change if everybody's opinion change every few months every few years.

So nothing that would change, you know It's not a bad thing Like I always thought to be because to me like if everything doesn't stay the same then it's not worth living for Why why should because like you see my dysfunction family You There's nothing, like, even in my mindset, like, even in my mindset was everything's gonna leave me so I might as well don't hold anything.

So it's like, yeah, kind of, kind oi mad. By the way, so it's like, yeah, right now I can talk about it, but the emotions still there. I'm not gonna like say, oh, so sorry, like, I just thought I was kind of invalidating those feelings, but trauma, trauma, everybody's gonna feel something. So yeah, yeah, that's about it.

Like, I won't change anything. And my emotion, my before emotion and now emotion is still the same. Which is much more regulated

Researcher: because now you want to acknowledge them more than. How you feel back then. All right. And then, um, from what I can conclude as your coping mechanism here is that you tend to be really reactive in times, at times, and then, and those reactiveness comes from a distorted sense of reality, which, which you say that, okay, maybe the things happen in TV, uh, the real reality, which you kind of adopt them in your real life as well.

It was your coping back then. And now it's like, uh, your coping is to go for therapy. And then try to learn more about your reality. Um, situation and in a sense that you are trying to feel you're trying to find your own identity as a coping as well.

Interviewee 10: Yeah, I think so. That's why I was kind of like, it's kind of like a bittersweet when me and my twin separated.

Because it was like, I could find myself more, but I'm so separated from my family because it doesn't help it. Like I said. Isolated. We were an isolated family. It doesn't help. Both sides of the family wasn't, wasn't quite good because my mother's side is in the Philippines. My father's side didn't talk much, by the way, because they're Chinese.

Not only they're Chinese, but my dad kind of break the bridge. So, yeah, it's like a black sheep kind of moment lah. It doesn't help black sheep lah, because my dad was the only person who married outside of the race, you know. So, yeah, black sheep.

Researcher: Mm hmm. Okay. All right. So, C, we're reaching the final question of this interview. We didn't realize, right? So, what do you think should be done to help people, who is also a childhood trauma survivor like you? This can be coming from the perspective of authorities, mental health professionals, welfare, society, anything. Anything that you can think of, like, what should be done?

Interviewee 10: Uh, I think acknowledgement comes first.

It's really the acknowledgement because, you know, Even if we say, uh, in this society, we're much more accepting of mental illness, but everybody's just going to one up each other. Like, Oh, your parents hate you. My mom, uh, my mom threw like my stuff away when I was younger. Like, you know, I, that's why it's like, everybody's one upping each other because people feel like it ended up being invalidating, you know?

It's like, you want to acknowledge, okay, no matter how big or small, everybody experienced it, you know? Because sometimes when that acknowledgement, like, Oh, I could understand you. I could understand you. My mom once like threw me out of the house. Like, that's like, Like, to me, because I do have a friend, she really, really does not, she does have trauma by the way, she has trauma, but she just doesn't want to admit it, she's always like, ah, just eat it out, you know, why

so, being a pussy about it, but to me it's like, no, no, I'd rather not do that because it did not work for me for the past 20 years, uh, 22 years, might as well just take it out, you know, nothing bad will happen.

So yeah, like, acknowledgement, second of all, I, I, that, this is a post trip right away, be a better parent. I feel like parents, you know, Like, I think that's why this newer generation, they have no kids, because they know the stress of it. Because, right away, four kids, and a menial wage, and a housewife, hmm, not a good combo.

I feel like, that's why a lot of them are like, no, I'm not having kids. Not that I don't want to, it's because I know the stress of it. Because, one of the reasons why my mom becomes so reactive is because of money. So, yeah. Like, I could understand that, you know, I could understand that feeling, like, as much as I say I want to be a mom, but I understand the stress that's come with it, you know, like, people didn't get, and, like, people are like, why don't you give birth to a son, why don't you give birth to this and that, like, who's gonna want, yeah, I could understand that, but, yeah, apparently, like, they need to really think this through, even if they think, oh, this man, this kid is gonna save our marriage, they're not gonna save your marriage, sorry, like, four kids didn't save that marriage, not one kid wouldn't do that too.

And third, like, just be nicer. But, not too nice though, because I understood some people, like, I'm a trauma survivor. They can turn from just, like, a survivor or straight up become a perpetrator themselves. You know, we can acknowledge it. We can, and such. Like, educate them. I feel like education is a very big deal, because at that time, not even my counsellors knew how to deal with my shit.

Sorry, my language. Because I was going to the counsellor every single month. During my high school, and even from 6th, I was going to the consulate because my emotion was like, like, what

am I doing wrong, you know? So it was like, yeah, there was more trained profession, but I feel like if there was more trained profession, I feel like my mom would have been in jail for a long time.

Like, I love her, but a lot of the stuff she does could put her in jail. The PVC pipe was kind of traumatic because it got me a little bit blueish grey, like, or tanned like that. Yeah, so, like, like, I love them, but at the same time, oh gosh, a lot of their stuff would have landed them in jail.

Researcher: I see, because of how bad it is.

Interviewee 10: Yeah, yeah. At that time, the counselors didn't know what to do and such, yeah, like, education. Or, like, even if you say, oh, how do you handle stress, um, That's different from different people. Uh, like, bipolar is a different thing because bipolar is they're emotion high, emotion low, it's all complex. If you're very deep, complex.

So, like, me and my sister are different. So, like, even in education, it's very hard. You know, we kind of say, oh, we should teach kids about mental health. Yeah, but there's so many mental health, how are you going to teach them? Yeah, it's better to teach them how to acknowledge those emotions and it's okay to have those emotions.

Because when I was in therapy, I found that to me, being sad is a very bad emotion. Like, to me, I thought being sad is a very bad emotion. And then my therapist is like, why? Why do you think like that? It's just an emotion. There's no good and bad in an emotion. Because, I can say happy is a bad emotion also.

Like, too happy. You know, happy go lucky. Also a bad emotion. So, it's like, there's no such thing as a bad emotion, you know, it's just emotions. You shouldn't have labeled it. And I shouldn't have, like, you don't need to label them as good or bad. So, yeah. Like, because, even with DBT skills, because I do train it with my sister.

My sister is not in DBT skills, by the way. She cannot cope with it, I can say. She can't cope with it, because sometimes her emotions are different from mine. But, what I can do is I acknowledge it. I cannot help much, I can only acknowledge it. It's not like, oh, like, I understand you babes, I've been through this.

No. Everybody's been through something, but it's just gonna be different. You know, but everybody's got a culture to say because when she's still, when, because currently it's a few months since she's self harmed, which is a very, I don't know, one year plus she's self harmed, it's kind of great, but. Every time she does something wrong or her emotion gets high, she really wanted to do it.

What I can do is like just stay with her, next to her, and just like talk it out, you know? So yeah, I cannot just say, it's okay, I learned this in therapy. In therapy, right? You do this and do that. No, you cannot just say that. Because it's just like, oh, saying that your emotion's wrong, like your thinking's wrong.

Because sometimes I accidentally did that, you know? I was like, you see me therapy one year, and you been three years, and I'm like perfectly better than you. Kind of, kind of sloppy lah. Yeah, so, so yeah, education. And go a long way, I guess. It's kind of hard, because it's really more like, it really depends on any person, like, we can tell them how to handle stress.

Everybody knows how to handle stress. They will always say, I don't know how to handle stress. Yeah, no, no, no, nobody knows how to handle stress. When you're at that stress moment, nobody can think of anything. So what you always do is like, stressful. Yeah, so education, education does help a lot. Or maybe just put like, a professional therapist in every school, but that is also a cost range.

Based on like, The government money, so yeah, because that was like the one thing I was like, I wish, because I was thinking if I could have gotten an earlier diagnosis, maybe I wouldn't be this effed up as before. Because you need to know Lawas is such a small town, there's no mental health facilities. And the closest one was Limbang, and I had to go through two customs, at one custom. So it's like, no. I'd rather suffer through the pain, I guess.

Researcher: I see. Because it's not as accessible back in the day, you know? And now, even though it's more accessible, maybe it's expensive. Yeah,

Interviewee 10: yeah. Oh, okay, it's facilities. Facilities is important for trauma survivors. You know, trauma survivors, I feel like they will like to say, Oh, because I survived it, therefore I know how to handle this kind of stuff.

That was what my mindset was, by the way. But, you need to know, even in Menial Pass, right, I go straight to Damage Control. Something as menial as somebody was just disagreeing with me. I was like, Damage Control, I need them to like me. I have to get them to like me, so I was like, yeah. Because to them, it's like, emotions?

No. No, no emotions here. Like, we had, like, we survived with the emotion thing. Like, the emotion did not go, like, was not good. Because, trauma survivors, of to be that one family member that is like, Emotional. And it was this possessed feeling, so to us, emotion became a very bad connotation, I guess? So, yeah.

Yeah, so it became a bad connotation to us, and we're like, okay, this feeling is bad because it became, because of this past moment, because that's why I feel like being sad and angry is a bad thing, because, by the way, the reason why I say that is because my mom will get angry first! sad and angry again.

So to me, it was angry and sad is a bad thing, but right now it's more like it's a natural response. You can get to be angry. It's just that you don't get, you don't get to be destructive. Yeah. Yeah. That's why I say therapy, you helped me a lot because it's kind of like a wise mindset, which is you can get to be angry, but you need to know you cannot be this destructive because you're just going to hurt someone else in a sense.

So yeah. I guess they maybe teach a little bit of therapy stuff, but then it's also a far fetch. Because there's CPT, DBT, there's a lot of T's. There's a lot of T's out there. Yeah, so it's like There's just too much

things to consider. Yeah, like, that's why it's like very different stuff. And then they're like, oh, if only I learned this, if I only learned that.

That's why, like, when I got therapy, I was like, oh, if only I learned this when I was like a teenager, maybe people would like me more. Even then, even then, it was a way to control myself. Right now, I think of therapy as To much more regulate myself, you know, it's not like control, it's much more regulate. I can still live like me, I can still be like me, it's just that I can live less stressful and less, you know, less sad about it because, uh, like, BPD is more like loneliness.

Like, I don't like loneliness. I really don't. Like, sometimes I cry about loneliness, but I don't need to live lonely, I guess. Trying not to live lonely is just like, yeah, yeah, in the sense. Then I feel like loneliness does play a part sometimes because, you know, like, oh, I'm dysreactive, so therefore I, I think a lot of trauma survivor is that because my friend is over like that, like, trying to separate himself.

And even my, my, my sister, my sister right now have a boyfriend, right? But she, uh, she does always feel bad about the boyfriend because of her background. Because the highs and lows, it's

not easy dating a bipolar. And yeah, like, it's, it's always like, oh, we have to self isolate ourselves for the better of the people, but in the expense of our happiness and, you know.

And because we're social creatures, so, but we force ourselves to isolation because of how we think, we perceive ourselves, you know, the self righteousness. Like, even us, uh, adult, like something, you know, because that time I couldn't do a project very well. I felt like, oh, it was my fault. If only I could control this.

But there was this one member, he was like, it's not your fault. It really wasn't. It was a lot of stuff. It was especially the higher ups. I cried. I bawled in the library, by the way. I was like, I'm so sorry. But like, it's, it's very rare for me to hear that because that trauma is still there. Because you always think People are like this, it's because of you.

So, yeah.

Researcher: just feel like people need, maybe people, if they are more supportive, then, you know, your thoughts on like, being harsh on yourself isn't going to be that strong, because that, you know, that one sentence, it broke you at a point, it's like, oh, right, I don't have to be sad about this. Things like that.

Okay, yeah. So, I think, I think we've reached the end of the interview. Okay, sorry to talk so much. No, but actually I feel like you gave me a lot of information and your insights actually are quite helpful for me as well. Right, so you don't have to feel bad about it. And I'm actually quite happy that you are here with me today.

You know, we've never met before and then you're like, Um, at first I was kind of worried if I'm really going to scare you or something, but it's good that you are able to talk about a lot of stuff with me, and even with, like, about all those, like, really deep, really hurtful parts that you have,

but I'm just really, um, grateful for what you have said, what you've done today, which I really commend for your braveness, like, I know this is not easy, right?

This is not easy. This is something that you have to reflect upon. You have to like, went through all of those databases in your brain. It's like, Oh, this happened, that happened. And then this is what I did. And usually when you do all of this, sometimes people will consider that as like flipping through like all of those bad memories in which I really appreciate that you did it.

And you are able to talk about it with me. So I also want to praise you for being really, really active during our session and just really be there as yourself and talk about it. Because you've mentioned it in the beginning of the session. I'm a certified yapper. I'm a certified yapper. And because in the beginning of the session, you mentioned that you're afraid that if we're going to be formal or things like that.

But I'm going to say you did very well, C, right? You did well. Again, I'm happy for you for being able to heal and trying to heal at this moment because you said that you you look for help, you went for therapy, you look for counsellors, you are trying to give back to the community, which I think that is a really beautiful effort that you are trying to put in, you know?

Interviewee 10: It's not easy, you know, it's really not easy because you're trying to give Okay, what is it, how many percent of us have mental health? It's almost like, even, especially the Gen Zs, it doesn't help. Gen X, Gen Millennial, if we've been through a lot of crisis, it doesn't help. So, by the way, I do have a trauma, I feel kind of bad in the sense of, because I do trauma dump.

It's to my friends. I, I kind of feel much more comfortable talking to you like this is because like you said it's a research because I rather share this with a researcher than a friend. I do still share with a friend but I just feel kind of bad more because to them is that this kind of like uh it's just going to be depressing they're going to like oh that's bad like like they're going to treat me that oh

she's been through this when I'm going to make her go through this like to me it's there's something for having the trauma but I still feel, because due to the fact I'm a certified yapper, so it's kind of like, kind of good.

I at least can yap and contribute to the site.

So it's like hitting two birds with one stone in a sense.

And the more I talk about it, the more people are more comfortable about it. You know, like, I don't want them to think, oh, I have this trauma. I couldn't have done more. No, you couldn't have done more.

What's done is done. You cannot like go to the past and say, oh, if only I did this, did that. No, no, you, you, you did what you can. to survive at the time. Right now, it's time for you not to feel bad, like time for you to let those feelings go out, because yeah, it's not easy being a child and grow up very soon.

Like, yeah, because even my best friends, my friends, they all go through that kind of sense of unworthiness. Like to the point of, oh, if only if I could die, you know, so yeah, at least with this paper, by the way, uh, if you're going to publish this paper, would it be okay for you to send it to me? Because I do, I am interested in the paper, like how you, how the paper going.

Researcher: Oh yeah, sure, because, um, but then you have to bear with it, bear with me, because it'll take some time. Because this is the early phase of my work.

Interviewee 10: Oh, it's okay. Yeah. Like, even with the twinning one, the twins. She did say it'd like take two years, so yeah, I'm very excited in a sense. Like, if it's okay, if it's okay, I kind of like, very interested.

Like, would it be okay for me to add you in LinkedIn in a sense, so I could like, ask you like, oh, like, how's the, yeah, I'm like, yeah. I'm also, thank you so much. By the way, I really wanted to

say thank you so much, you as an interviewer, because I can say I am still practicing how to be a better conversationalist.

So you can see I still have a little bit of problems with how I interrupt in the setting. So I don't want to do that. Any hard feelings? So sorry.

Researcher: Uh, it's okay. It's okay. I feel like you are doing really well, despite, you know, you have to talk to a stranger. And I feel if you are trying to do better in the future, you can always do better, you know.

But then, now for now. I feel like I'm just really thankful that you are just being you and then you bring the real essence of C into the session. Yeah. Yeah. So, okay. So now that we've reached the end of this interview, again, I just want to thank you and I'll give you my link, my information, like social media and stuff, because, uh, maybe I haven't said this, but I am a registered counselor myself.

Yeah. So, so I will be giving you the social media stuff just for you to see, um, to stay connected. So I will be also. If I made any articles or any publishment, publishing some stuff with this interview or with this, um, topic, I'll let you know too, if that's okay.

Interviewee 10: Oh, that is great, actually, because I'm more, because right now I'm in a path of self healing, not self improvement anymore, because the improvement stuff, I just found out that it was much more self destructive.

So it's more like self healing.

Researcher: Okay, alright, I'll give you right after this. Alright, again, thank you so much for your time. And again, if you have any questions, just ask me, right? Okay,

Interviewee 10: Okay, so much for the interview today. I really did have a great time.

Researcher: Yeah.

Interviewee 10: Thank you. Uh, good luck in your paper. Thank you.

Appendix D: SPSS Output

D1: Demographic

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	183	89.3	89.3	89.3
	Male	22	10.7	10.7	100.0
	Total	205	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16	7	3.4	3.4	3.4
	17	10	4.9	4.9	8.3
	18	13	6.3	6.3	14.6
	19	5	2.4	2.4	17.1
	20	12	5.9	5.9	22.9
	21	8	3.9	3.9	26.8
	22	9	4.4	4.4	31.2
	23	15	7.3	7.3	38.5
	24	13	6.3	6.3	44.9
	25	15	7.3	7.3	52.2
	26	11	5.4	5.4	57.6
	27	14	6.8	6.8	64.4
	28	9	4.4	4.4	68.8
	29	10	4.9	4.9	73.7
	30	7	3.4	3.4	77.1
	31	11	5.4	5.4	82.4
	32	6	2.9	2.9	85.4
	33	5	2.4	2.4	87.8
	34	7	3.4	3.4	91.2
	35	6	2.9	2.9	94.1
	37	4	2.0	2.0	96.1
	38	4	2.0	2.0	98.0
	39	2	1.0	1.0	99.0
	40	2	1.0	1.0	100.0
	Total	205	100.0	100.0	

Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	90	43.9	43.9	43.9
	Chinese	49	23.9	23.9	67.8
	Indian	10	4.9	4.9	72.7
	Sarawak Native	32	15.6	15.6	88.3
	Sabah Native	22	10.7	10.7	99.0
	Others	2	1.0	1.0	100.0
	Total	205	100.0	100.0	

Religion

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Islam	32	15.6	45.1	45.1
	Christianity	25	12.2	35.2	80.3
	Buddhism	7	3.4	9.9	90.1
	Hinduism	2	1.0	2.8	93.0
	Non-religious	4	2.0	5.6	98.6
	Others	1	.5	1.4	100.0
	Total	71	34.6	100.0	
Missing	System	134	65.4		
Total		205	100.0		

Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student & Unemployed	104	50.7	50.7	50.7
	Healthcare Professionals	16	7.8	7.8	58.5
	Education	11	5.4	5.4	63.9
	Buisness and Management	25	12.2	12.2	76.1
	Administrative & Support	10	4.9	4.9	81.0
	Sales & Marketing	6	2.9	2.9	83.9
	Technical & Engineering	9	4.4	4.4	88.3
	Creative & Media	6	2.9	2.9	91.2
	Domestic & Household	7	3.4	3.4	94.6
	Retail & Customer Service	4	2.0	2.0	96.6
	Miscellaneous	7	3.4	3.4	100.0
	Total	205	100.0	100.0	

Education Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary School	39	19.0	19.0	19.0
	Certification/ Diploma	40	19.5	19.5	38.5
	Bachelor's Degree	102	49.8	49.8	88.3
	Master's Degree	19	9.3	9.3	97.6
	Doctorate	5	2.4	2.4	100.0
	Total	205	100.0	100.0	

D2: Adaptive Coping and Maladaptive Coping (Bootstrapped T-test)

Group Statistics

				Bootstrap[a]			
						95% Confidence Interval	
	Trauma_Group		Statistic	Bias	Std. Error	Lower	Upper
Adaptive_coping	0	N	29				
		Mean	2.75	.00	.12	2.51	2.99
		Std. Deviation	.698	-.019	.092	.500	.860
		Std. Error Mean	.130				
	1	N	175				
		Mean	2.82	.00	.04	2.74	2.91
		Std. Deviation	.575	-.002	.025	.523	.625
		Std. Error Mean	.043				

[a]. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means							
						Significance				95% Confidence Interval of the Difference	
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Adaptive_coping	Equal variances assumed	1.083	.299	-.653	202	.257	.514	-.078	.119	-.312	.157
	Equal variances not assumed			-.569	34.574	.287	.573	-.078	.137	-.356	.200

Bootstrap for Independent Samples Test

			Bootstrap[a]				
						95% Confidence Interval	
		Mean Difference	Bias	Std. Error	Sig. (2-tailed)	Lower	Upper
Adaptive_coping	Equal variances assumed	-.078	.002	.131	.556	-.325	.178
	Equal variances not assumed	-.078	.002	.131	.568	-.325	.178

[a]. Unless otherwise noted, bootstrap results are based on 1000 bootstrap samples

Independent Samples Effect Sizes

				95% Confidence Interval	
		Standardizer[a]	Point Estimate	Lower	Upper
Adaptive_coping	Cohen's d	.594	-.131	-.524	.262

[a]. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

Bootstrap Specifications

Sampling Method	Simple
Number of Samples	1000
Confidence Interval Level	95.0%
Confidence Interval Type	Percentile

Group Statistics

	Trauma_Group		Statistic
Maladaptive_coping	0	N	29
		Mean	2.17
		Std. Deviation	.616
		Std. Error Mean	.114
	1	N	175
		Mean	2.45
		Std. Deviation	.509
		Std. Error Mean	.038

Independent Samples Test

				Significance				95% Confidence Interval of the Difference	
		t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Maladaptive_coping	Equal variances assumed	-2.608	202	.005	.010	-.274	.105	-.482	-.067
	Equal variances not assumed	-2.273	34.605	.015	.029	-.274	.121	-.520	-.029

Independent Samples Effect Sizes

			95% Confidence Interval	
		Standardizer[a]	Point Estimate	Lower	Upper
Maladaptive_coping	Cohen's d	.525	-.523	-.918	-.126
	Hedges' correction	.527	-.521	-.915	-.126
	Glass's delta	.509	-.540	-.936	-.142

a. The denominator used in estimating the effect sizes.

Cohen's d uses the pooled standard deviation.

Hedges' correction uses the pooled standard deviation, plus a correction factor.

Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

Appendix E: Participant Information Sheet (Pilot)

Title of Study:
Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults

1. Introduction
You are invited to participate in a research study conducted as part of a postgraduate thesis. Before you decide, it is important for you to understand why the research is being conducted and what your participation will involve. Please read the following information carefully. You may ask questions if anything is unclear or if you would like more information.

2. Purpose of the Study
The purpose of this study is to explore the effectiveness of a trauma-informed coping and resilience module designed for Malaysian young adults with childhood adversity experiences. This study aims to assess whether the module enhances emotional regulation, reduces maladaptive coping, and promotes resilience and healthy support system engagement.

3. Why Have I Been Invited?
You have been invited because you are within the chosen range of sample, and you have consented to participate in a trauma-informed workshop intended to support emotional coping and resilience. You are not required to disclose your trauma history to participate.

4. What Will Participation Involve?
If you choose to participate in this study, you will be involved in the following:

- Attend a 3-day workshop (Day 1 and 2 in-person; Day 3 online via Microsoft Teams)
- Complete a pre-workshop and post-workshop survey (15–20 minutes each)
- Engage in interactive activities and workbook-based reflections during the workshop
- Submit a filled-in workbook for analysis at the end of the program

The workshop will cover themes such as emotional regulation, self-compassion, cognitive reframing, coping skills development, and building social support.

5. Potential Risks and Discomforts
Some workshop topics may bring emotional discomfort or distress. This is a normal part of emotional processing. The facilitators will provide grounding exercises and support, and you may take a break or withdraw at any time without consequences. Co-facilitators will be present to assist participants who experience distress.
Inclusion and exclusion criteria have been established to prioritize participant safety. Individuals who are currently experiencing active crisis (e.g., self-harm, suicidal ideation) are advised to seek individual therapy instead of group-based programs.

6. Potential Benefits

Participation in this study may provide you with:

- Increased self-awareness and emotional regulation strategies
- Enhanced understanding of personal coping patterns
- Improved resilience-building and support system identification
- Access to a trauma-informed and supportive group environment

While there may be no direct personal benefit, your participation will contribute to research on mental health interventions for young adults in Malaysia.

7. Confidentiality and Data Protection

All data collected will be treated with strict confidentiality. Your name and identity will not appear in any publication or report. Data will be anonymised and stored securely. Only the principal investigator and research supervisor will have access to the raw data.

8. Voluntary Participation and Withdrawal

Participation in this study is entirely voluntary. You may decline to answer any question or withdraw from the study at any point without giving a reason. Withdrawal will not affect your relationship with the facilitators or institution in any way.

9. Follow-Up Support

One week after the workshop, participants will be contacted via email or phone for a brief check-in to offer continued emotional support and receive optional feedback. Emergency mental health contact information will also be provided. You are also given a list of available helplines to reach out to.

10. Contact Information

For any questions, concerns, or further information regarding this study, please contact:

Jesynthia Wong Robert
MSc by Research in Counselling
Faculty of Cognitive Sciences and Human Development
Email: jesynthia@gmail.com / 23020211@siswa.unimas.my
Phone: 01110593108

Appendix F: Participant Information Sheet (Physical- Real Data Collection)

Title of Study:
Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults

1. Introduction
You are invited to participate in a research study conducted as part of a postgraduate thesis. Before you decide, it is important for you to understand why the research is being conducted and what your participation will involve. Please read the following information carefully. You may ask questions if anything is unclear or if you would like more information.

2. Purpose of the Study
The purpose of this study is to explore the effectiveness of a trauma-informed coping and resilience module designed for Malaysian young adults with childhood adversity experiences. This study aims to assess whether the module enhances emotional regulation, reduces maladaptive coping, and promotes resilience and healthy support system engagement.

3. Why Have I Been Invited?
You have been invited because you are within the chosen range of sample, and you have consented to participate in a trauma-informed workshop intended to support emotional coping and resilience. You are not required to disclose your trauma history to participate.

4. What Will Participation Involve?
If you choose to participate in this study, you will be involved in the following:

- Attend a 2-day workshop
- Complete a pre-workshop and post-workshop survey (15–20 minutes each)
- Engage in interactive activities and workbook-based reflections during the workshop
- Submit a filled-in workbook for analysis at the end of the program

The workshop will cover themes such as emotional regulation, self-compassion, cognitive reframing, coping skills development, and building social support.

5. Potential Risks and Discomforts
Some workshop topics may bring emotional discomfort or distress. This is a normal part of emotional processing. The facilitators will provide grounding exercises and support, and you may take a break or withdraw at any time without consequences. Co-facilitators will be present to assist participants who experience distress.
Inclusion and exclusion criteria have been established to prioritize participant safety. Individuals who are currently experiencing active crisis (e.g., self-harm, suicidal ideation) are advised to seek individual therapy instead of group-based programs.

6. Potential Benefits

Participation in this study may provide you with:

- Increased self-awareness and emotional regulation strategies
- Enhanced understanding of personal coping patterns
- Improved resilience-building and support system identification
- Access to a trauma-informed and supportive group environment

While there may be no direct personal benefit, your participation will contribute to research on mental health interventions for young adults in Malaysia.

7. Confidentiality and Data Protection

All data collected will be treated with strict confidentiality. Your name and identity will not appear in any publication or report. Data will be anonymised and stored securely. Only the principal investigator and research supervisor will have access to the raw data.

8. Voluntary Participation and Withdrawal

Participation in this study is entirely voluntary. You may decline to answer any question or withdraw from the study at any point without giving a reason. Withdrawal will not affect your relationship with the facilitators or institution in any way.

9. Follow-Up Support

One week after the workshop, participants will be contacted via email or phone for a brief check-in to offer continued emotional support and receive optional feedback. Emergency mental health contact information will also be provided. You are also given a list of available helplines to reach out to.

10. Contact Information

For any questions, concerns, or further information regarding this study, please contact:

Jesynthia Wong Robert
MSc by Research in Counselling
Faculty of Cognitive Sciences and Human Development
Email: jesynthia@gmail.com / 23020211@siswa.unimas.my
Phone: 01110593108

Appendix G: Participant Information Sheet (Online)

Title of Study:
Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults

1. Introduction
You are invited to participate in a research study conducted as part of a postgraduate thesis. Before you decide, it is important for you to understand why the research is being conducted and what your participation will involve. Please read the following information carefully. You may ask questions if anything is unclear or if you would like more information.

2. Purpose of the Study
The purpose of this study is to explore the effectiveness of a trauma-informed coping and resilience module designed for Malaysian young adults with childhood adversity experiences. This study aims to assess whether the module enhances emotional regulation, reduces maladaptive coping, and promotes resilience and healthy support system engagement.

3. Why Have I Been Invited?
You have been invited because you are within the chosen range of sample, and you have consented to participate in a trauma-informed workshop intended to support emotional coping and resilience. You are not required to disclose your trauma history to participate.

4. What Will Participation Involve?
If you choose to participate in this study, you will be involved in the following:

- Attend a series of online workshop
- Complete a pre-workshop and post-workshop survey (15–20 minutes each)
- Engage in interactive activities and workbook-based reflections during the workshop
- Submit a filled-in workbook for analysis at the end of the program

The workshop will cover themes such as emotional regulation, self-compassion, cognitive reframing, coping skills development, and building social support.

5. Potential Risks and Discomforts
Some workshop topics may bring emotional discomfort or distress. This is a normal part of emotional processing. The facilitators will provide grounding exercises and support, and you may take a break or withdraw at any time without consequences. Co-facilitators will be present to assist participants who experience distress.
Inclusion and exclusion criteria have been established to prioritize participant safety. Individuals who are currently experiencing active crisis (e.g., self-harm, suicidal ideation) are advised to seek individual therapy instead of group-based programs.

6. Potential Benefits

Participation in this study may provide you with:

- Increased self-awareness and emotional regulation strategies
- Enhanced understanding of personal coping patterns
- Improved resilience-building and support system identification
- Access to a trauma-informed and supportive group environment

While there may be no direct personal benefit, your participation will contribute to research on mental health interventions for young adults in Malaysia.

7. Confidentiality and Data Protection

All data collected will be treated with strict confidentiality. Your name and identity will not appear in any publication or report. Data will be anonymised and stored securely. Only the principal investigator and research supervisor will have access to the raw data.

8. Voluntary Participation and Withdrawal

Participation in this study is entirely voluntary. You may decline to answer any question or withdraw from the study at any point without giving a reason. Withdrawal will not affect your relationship with the facilitators or institution in any way.

9. Follow-Up Support

One week after the workshop, participants will be contacted via email or phone for a brief check-in to offer continued emotional support and receive optional feedback. Emergency mental health contact information will also be provided. You are also given a list of available helplines to reach out to.

10. Contact Information

For any questions, concerns, or further information regarding this study, please contact:

Jesynthia Wong Robert
MSc by Research in Counselling
Faculty of Cognitive Sciences and Human Development
Email: jesynthia@gmail.com / 23020211@siswa.unimas.my
Phone: 01110593108

Appendix H: Facilitator Workshop Manual (Pilot)

Facilitator Manual

Trauma-Informed Coping & Resilience Workshop

Designed by Jesynthia Wong

PURPOSE OF THIS MANUAL

This manual is a guide for facilitators of the 3-Day **Trauma-Informed Coping & Resilience Workshop**, aimed at helping Malaysian young adults recognize emotional triggers, process difficult emotions, and build sustainable coping strategies in a safe, supportive environment.

It outlines your responsibilities, safety procedures, session structures, and facilitation tips, ensuring a trauma-informed, person-centered experience for all.

WORKSHOP OVERVIEW

Day	Theme	Mode	Time
Day 1	Recognising Emotional Triggers	Physical	9:00 AM – 2:00 PM
Day 2	Processing Difficult Emotions	Physical	2:00 PM – 5:00 PM
Day 3	Sustainable Coping & Moving Forward	Online (Zoom)	2:00 PM – 5:00 PM

FACILITATOR ETHOS

As a trauma-informed facilitator, your role is to:

- Hold **psychological safety** as your highest priority.
- Encourage **gentle self-reflection**, never force sharing.
- Model **self-awareness** and boundaries.
- Recognize that **everybody processes differently** — some express, some observe.
- **Regulate the room's emotional energy**: Ground in, ground out.

SAFETY & ETHICAL PROTOCOLS

Inclusion & Exclusion

- Participants with **active suicidal ideation or self-harm** without professional support should not join group sessions (refer to appropriate services).
- Accept participants aged **18–40** with **basic emotional stability**.

Emergency Plan

- Print and display emergency contact sheet.
- Identify co-facilitators and their roles clearly.
- If someone is overwhelmed:

- A **co-facilitator** supports them to step out.
- Offer grounding activities outside.
- Log the incident gently in the facilitator reflection notes.

Facilitator Wellbeing

- You are a container, not a sponge. Take breaks, hydrate, breathe.
- Take turns to debrief with a co-facilitator post-session.

MATERIALS CHECKLIST

For Each Participant:

- The Quiet Pages (Take-home workbook)
- Returned Workbook (Program workbook)
- Pens

For Facilitators:

- Daily schedule
- Attendance sheet
- Emergency contact & protocol sheet
- Timer or clock
- Self-care box (tea, sensory items for grounding, tissues- optional, depending on your style)

SESSION FLOW GUIDE

Start of Every Day

- Welcome gently, encourage settling in.
- Housekeeping: Emergency plan, opt-out culture, space boundaries.
- Emotional Check-in (feelings wheel or "in 3 words").

During Activities

- Stay present with the group. Watch facial expressions, posture, withdrawal.
- Validate gently: “Thank you for honouring us with that.”
- Allow silence.
- Let participants lead their pace.

End of Each Day

- End with **grounding exercise**: breathwork, music, or a stretch.
- Offer time for anonymous questions or quiet journaling.

- Emotional Check-out (one word, emoji, or short sentence).

DAY-BY-DAY SNAPSHOT

Day 1: Recognising Emotional Triggers

- Activity: Trigger Tracker, Emotional Volcano, Safe Zones Mapping
- Reminder: This day can bring up early memories or hidden emotions. Validate and ground often.
- Tip: Normalize emotional confusion without pathologizing.

Day 2: Processing Difficult Emotions

- Activity: Breaking the Blame Loop, Guided Letter Writing
- Tip: Letter writing can be heavy. Watch for signs of fatigue or shutdown.
- Ensure co-facilitators are available to support those who need breaks.
- Wrap up with group visualization: "Letting Go & Keeping What Serves".

Day 3 (Zoom): Sustainable Coping & Moving Forward

- Activity: Tree of Resilience, Support Map, Coping Tools Carousel
- Keep energy light but reflective.
- Use breakout rooms or chat for more private sharing.
- Send e-certificates and thank-you message after the session.

DOCUMENTATION & EVALUATION

- Gather participant evaluations via Google Form or printed sheet (end of Day 3).
- Store returned workbooks securely for research purposes.
- Debrief with the full team post-workshop.

LANGUAGE YOU CAN USE

- “It’s okay to feel heavy. That means something is being touched, and we’re here with you.”
- “You can take a pause anytime. Grounding tools are outside.”
- “Your story matters. You are not your coping. You are not your past.”
- “No need to explain if you don’t want to share. You being here is enough.”

DAY 1 (Physical) | 9:00 AM – 2:00 PM

Theme: *Recognising Emotional Triggers & Emotional Awareness*

Time	Module	Activity	Notes
9:00 – 9:30 AM	Opening & Safety Briefing	Welcome, safety agreements, group norms	Include emergency contacts & grounding intro
9:30 – 10:15 AM	What is Trauma & How It Shows Up	Psychoeducation + group discussion	Normalize trauma responses
10:15 – 11:00 AM	Recognizing My Triggers	Trigger tracker worksheet	Use simple real-life prompts
11:00 – 11:10 AM	Break	-	Light refreshments + grounding break
11:10 – 12:00 PM	The Volcano Inside Me	Art-based emotional expression	Gentle and reflective
12:00 – 1:00 PM	Lunch		
1:00 – 1:30 PM	Unpacking My Emotional Patterns	Guided journaling + optional sharing	Link triggers to patterns
1:30 – 2:00 PM	Reflection & Grounding	"Today I noticed…" + 5-sense grounding	Use The Quiet Pages or journal page

DAY 2 (Physical) | 2:00 PM – 5:00 PM

Theme: *Processing Difficult Emotions & Self-Compassion*

Time	Module	Activity	Notes
2:00 – 2:15 PM	Welcome & Grounding	Check-in circle + deep breathing	Keep tone gentle
2:15 – 3:00 PM	Breaking the Blame Loop	self-compassion page	Guided, reflective
3:00 – 3:45 PM	Interpersonal Wounds & Support Systems	Support mapping activity	Inspired by Marly's input
3:45PM – 4:00PM	15 Minute break		
4:00PM – 4:30 PM	Thought Reframing (CBT Light)	Thought-challenging worksheet	Keep it simple and safe
4:30 – 5:00 PM	Grounding + Reflection	Body scan or visualization + group check-out	Optional closing ritual (e.g., gentle song, sharing word)

DAY 3 (Online – Zoom) | 2:00 PM – 5:00 PM
Theme: *Sustainable Coping & Commitment to Healing*

Time	Module	Activity	Notes
2:00 – 2:15 PM	Check-in & Grounding	Breathwork + visual grounding	Can use chat/mic
2:15 – 3:00 PM	Healthy Coping Toolbox	My Coping Plan	Reflect on what helps personally
3:00 – 3:45 PM	Tree of Resilience	Creative strength mapping activity	Art, collage, or journaling
3:45 – 4:30 PM	My Commitment to Healing	Sharing: "One small step I'll take…"	Can be verbal or in chat
4:30 – 5:00 PM	Final Grounding & Closure	Gratitude circle + self-hug + closing note	Gentle and empowering tone

Appendix I: Facilitator Workshop Manual

Facilitator Manual: 2-Day Trauma-Informed Coping & Resilience Workshop (Physical Format)
Overview
This manual provides detailed instructions and guidelines for facilitators to ensure the effective and safe delivery of the 2-day trauma-informed workshop. It includes timing, objectives, content summaries, facilitator notes, materials required, and trauma-informed practice tips.

DAY 1: RECOGNIZING & PROCESSING EMOTIONS (9:00 AM – 4:00 PM)
9:00 AM – 9:30 AM
Session: Welcome & Grounding
Objective: Establish safety, rapport, and introduce the workshop structure
Facilitator Notes:

- Greet participants warmly, introduce yourself and any co-facilitators.
- Discuss safe space agreements (confidentiality, respect, voluntary participation).
- Conduct grounding activity (54321 technique or deep breathing).
  Materials Needed: Flipchart or slide with ground rules

9:30 AM – 10:15 AM
Session: What is Trauma?
Objective: Build understanding of trauma and its effects on brain and behavior
Facilitator Notes:

- Present content on types of trauma, brain science (amygdala, hippocampus, prefrontal cortex), and prevalence.
- Use accessible language with relatable Malaysian context.
  Materials Needed: Slides, handouts, whiteboard.
  TI Tip: Normalize responses to trauma and validate lived experiences.

10:30 AM – 11:15 AM
Session: Emotional Triggers
Objective: Explore how triggers arise and impact emotions
Facilitator Notes:

- Define emotional triggers, give relatable examples.
- Lead a self-check-in to identify participants' personal triggers.
  Materials Needed: Trigger handout, emotion wheel.
  TI Tip: Encourage sharing only if comfortable; allow silence.

11:15 AM – 12:00 PM

Session: The Volcano Inside Me (Creative Expression)
Objective: Express emotional buildup through drawing and reflection
Facilitator Notes:

- Provide drawing materials; guide participants to visualize and draw emotional patterns.
- Debrief in small voluntary groups.
  Materials Needed: Paper, markers/crayons.
  TI Tip: Emphasize process over artistic skill.

1:00 PM – 2:15 PM
Session: Unpacking My Emotional Patterns
Objective: Reflect on emotional suppression, inner critic vs. inner child
Facilitator Notes:

- Brief teaching on emotional suppression and inner dynamics.
- Lead journaling/reflection exercise.
  Materials Needed: Journals, pens, inner child prompt sheets.
  TI Tip: Allow privacy in journaling. Invite optional sharing.

2:30 PM – 3:15 PM
Session: Grounding Techniques
Objective: Teach participants simple grounding tools
Facilitator Notes:

- Demonstrate 54321, object focus, breath work, and guided visualization.
- Practice together.
  Materials Needed: Objects for grounding, visualization script.
  TI Tip: Normalize the use of grounding in daily life.

3:15 PM – 4:00 PM
Session: Reflections + Calm Down Plan
Objective: Integrate learning and create a Calm Down Plan
Facilitator Notes:

- Guide participants through the creation of a personal Calm Down Plan using workbook.
- End with grounding circle and reflection.
  Materials Needed: workbook, pens.
  TI Tip: End on a calm note. Affirm effort and resilience.

DAY 2: REBUILDING & RESILIENCE (9:00 AM – 4:30 PM)
9:00 AM – 9:15 AM
Session: Welcome Back & Grounding
Objective: Re-establish safety and check-in emotionally
Facilitator Notes:

- Welcome participants back, quick mood check-in.
- Brief grounding (e.g., breath or stretching).

9:15 AM – 10:00 AM
Session: Breaking the Blame Loop
Objective: Address self-blame and introduce reframing tools
Facilitator Notes:

- Teach how self-blame forms and how to replace it with accountability.
- Use examples to illustrate inner narratives.
  Materials Needed: Slides, handout
  TI Tip: Avoid pathologizing; focus on compassion and choice.

10:00 AM – 10:45 AM
Session: Interpersonal Wounds & Support Systems
Objective: Reflect on relational trauma and map support systems
Facilitator Notes:

- Discuss safe vs. unsafe people, trust, and boundaries.
- Guide mapping activity.
  Materials Needed: Support system template, markers.

11:00 AM – 12:00 PM
Session: Thought Reframing Practice
Objective: Teach ABC Model and practice reframing thoughts
Facilitator Notes:

- Introduce ABC Model: Activating Event, Beliefs, Consequences.
- Pair or group activity for practice.
  Materials Needed: Worksheet
  TI Tip: Acknowledge resistance or discomfort. Encourage small wins.

1:00 PM – 2:00 PM
Session: Strengths & Resilience Building
Objective: Identify personal strengths and build a resilience toolkit
Facilitator Notes:

- Use strengths spotting and reflection prompts.
- Begin creating a personalized toolkit.
  Materials Needed: Worksheets, pens.

2:00 PM – 2:45 PM

Session: Emergency Self-Care Plan
Objective: Prepare practical responses to stress and crisis
Facilitator Notes:

- Guide through workbook template to identify triggers, calming tools, support contacts.
  Materials Needed: Worksheet
  TI Tip: Remind participants to keep it realistic and accessible.

2:45 PM – 4:00 PM
Session: Closing Circle & Reflections
Objective: Consolidate learning and celebrate progress
Facilitator Notes:

- Invite voluntary sharing on what they're taking home.
- Distribute certificates.
- Closing grounding activity (music, breath, or circle check-out).
  Materials Needed: -
  TI Tip: Emphasize collective support and resilience.

Post-Workshop:

- Facilitate post-surveys.
- Debrief with co-facilitators.
- Log feedback and critical incidents.

2-Day Trauma-Informed Coping & Resilience Workshop (Physical Format)
Day 1: Recognizing & Processing Emotions (9:00 AM – 4:00PM)

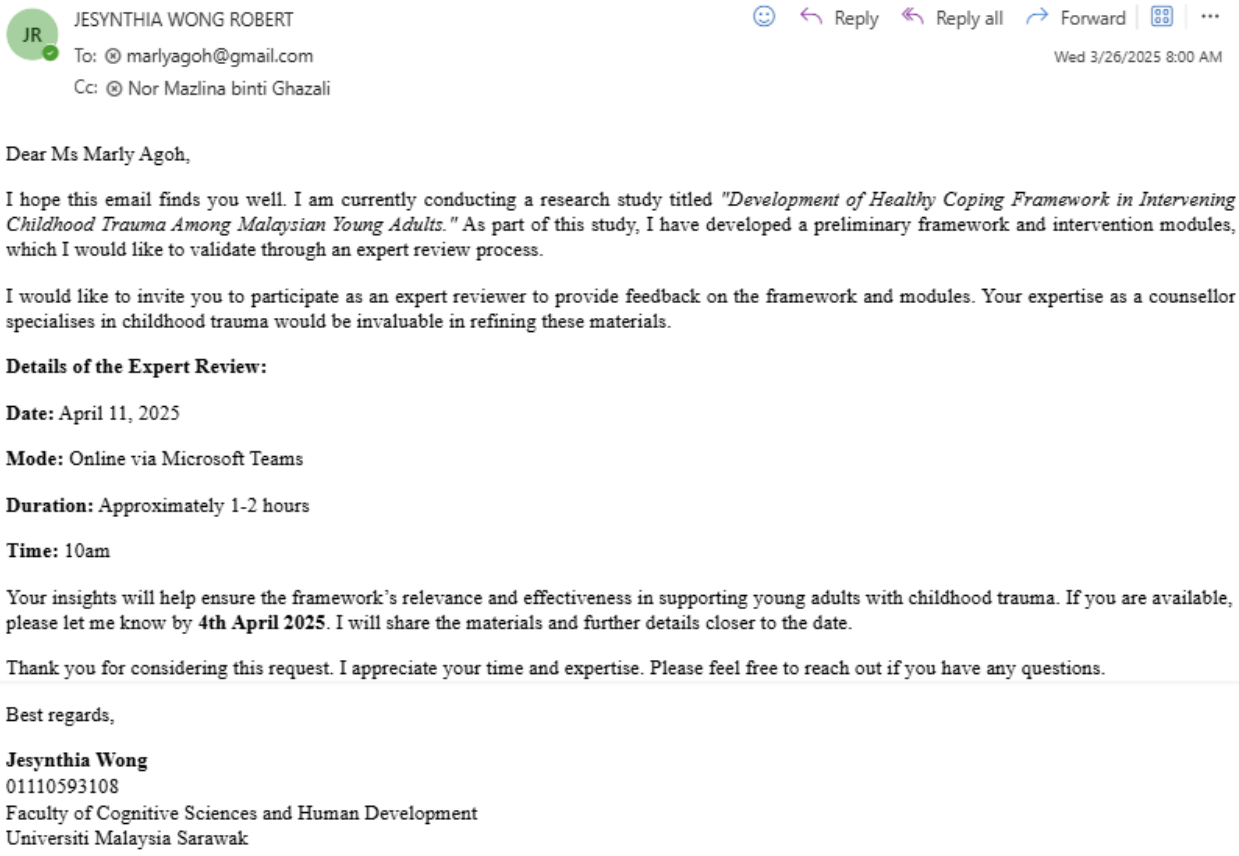
Time	Agenda	Note
9:00 AM – 9:30 AM	Welcome & Grounding	Warm welcome, workshop overview, set safe space agreements Light grounding activity (e.g., 54321 or deep breathing)
9:30 AM – 10:15 AM	What is Trauma?	- Understanding trauma, types, effects on brain and body - Brain science: amygdala, hippocampus, and prefrontal cortex - Prevalence stats (global + Malaysian context)
10:15 AM – 10:30 AM	Break	
10:30 AM – 11:15 AM	Emotional Triggers	- What are emotional triggers? - How they relate to trauma - How to identify them and self-check-in
11:15 AM – 12:00 PM	The Volcano Inside Me (Creative Expression)	- Guided drawing activity to express emotional patterns - Group reflection (voluntary sharing)
12:00 PM – 1:00 PM	Lunch Break	
1:00 PM – 2:15 PM	Unpacking My Emotional Patterns	- Exploring emotional suppression, anger, sadness, fear - Inner child vs. inner critic - Exercises: Journaling, reflective writing
2:15 PM – 2:30 PM	Break	
2:30 PM – 3:15PM	Grounding Techniques	- Practical demo of grounding skills - 54321, object focus, breath work, guided visualization
3:15 PM – 4:00PM	Reflections + Calm Down Plan	- Participants build their own Calm Down Plan - End with a short reflection and group grounding circle

Day 2: Rebuilding & Resilience (9:00 AM – 4:30 PM)

Time	**Agenda**	**Note**

9:00 AM – 9:15 AM	Welcome Back + Grounding	
9:15 AM – 10:00 AM	Breaking the Blame Loop	• Self-blame vs. accountability • Understanding core beliefs and inner narratives • Gentle CBT-based reframing
10:00 AM – 10:45 AM	Interpersonal Wounds & Support Systems	- How trauma affects relationships - Theory of Shattered Assumptions - Identifying safe vs. unsafe people - Mapping personal support systems
10:45 AM – 11:00 AM	Break	
11:00 AM – 12:00 PM	Thought Reframing Practice	- *ABC Model (Activating Event, Beliefs, Consequences – only if facilitators prefer* - Group practice with real-life examples - Affirmation creation
12:00 PM – 1:00 PM	Lunch Break	
1:00 PM – 2:00 PM	Strengths & Resilience Building	- Strength spotting - What has helped you survive so far? - Building your self-care and support toolkit
2:00 PM – 2:45 PM	Emergency Self-Care Plan	- Walkthrough using workbook template - Identify red flags, calming tools, who to reach out to - Commitment to Healing
2:45 PM – 4:00 PM	Closing Circle & Reflections	- Share what they're taking home (voluntary) - Healing Space closing activities - Grounding activity, emotional check-out

Appendix J: Expert Appointment Emails



JESYNTHIA WONG ROBERT

To: marlyagoh@gmail.com

Cc: Nor Mazlina binti Ghazali

Reply | Reply all | Forward

Wed 3/26/2025 8:00 AM

Dear Ms Marly Agoh,

I hope this email finds you well. I am currently conducting a research study titled *"Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults."* As part of this study, I have developed a preliminary framework and intervention modules, which I would like to validate through an expert review process.

I would like to invite you to participate as an expert reviewer to provide feedback on the framework and modules. Your expertise as a counsellor specialises in childhood trauma would be invaluable in refining these materials.

Details of the Expert Review:

Date: April 11, 2025

Mode: Online via Microsoft Teams

Duration: Approximately 1-2 hours

Time: 10am

Your insights will help ensure the framework's relevance and effectiveness in supporting young adults with childhood trauma. If you are available, please let me know by **4th April 2025**. I will share the materials and further details closer to the date.

Thank you for considering this request. I appreciate your time and expertise. Please feel free to reach out if you have any questions.

Best regards,

Jesynthia Wong
01110593108
Faculty of Cognitive Sciences and Human Development
Universiti Malaysia Sarawak

JESYNTHIA WONG ROBERT

To: Azzahrah Binti Annuar

Cc: Nor Mazlina binti Ghazali

Reply | Reply all | Forward

Wed 3/26/2025 8:00 AM

Dear Dr Azzahrah,

I hope this email finds you well. I am currently conducting a research study titled *"Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults."* As part of this study, I have developed a preliminary framework and intervention modules, which I would like to validate through an expert review process.

I would like to invite you to participate as an expert reviewer to provide feedback on the framework and modules. Your expertise as a counsellor and an academician would be invaluable in refining these materials.

Details of the Expert Review:

Date: April 11, 2025

Mode: Online via Microsoft Teams

Duration: Approximately 1-2 hours

Time: 10am

Your insights will help ensure the framework's relevance and effectiveness in supporting young adults with childhood trauma. If you are available, please let me know by **4th April 2025**. I will share the materials and further details closer to the date.

Thank you for considering this request. I appreciate your time and expertise. Please feel free to reach out if you have any questions.

Best regards,

Jesynthia Wong
01110593108
Faculty of Cognitive Sciences and Human Development
Universiti Malaysia Sarawak

JESYNTHIA WONG ROBERT

To: sharlenesl.teo@moh.gov.my

Cc: Nor Mazlina binti Ghazali

Reply | Reply all | Forward

Thu 4/10/2025 8:51 AM

Expert_Review_Form_Jesynthi... 73 KB | Framework_Document_Jesyn... 83 KB | PILOT MODULE.pdf 159 KB

3 attachments (316 KB) Save All Attachments

Dear Sharlene,

Warm greetings. I hope this message finds you well.

I would like to express my deepest gratitude for agreeing to participate in the **expert review session** for my postgraduate research project titled: **"Development of Healthy Coping Framework in Intervening Childhood Trauma Among Malaysian Young Adults"**

Our review session is scheduled for:

Date: Thursday, 10 April 2025

Time: 4 PM

Platform: Microsoft Teams (link below)

I have attached the following documents for your kind review:

1. **Framework Document –** A conceptual overview and diagram of the framework.
2. **Module Overview** – Summary of the intervention modules developed based on the framework.
3. **Expert Review Form –** For structured feedback on the content, relevance, and applicability of both the framework and modules.

Your insights and professional expertise will be instrumental in refining the framework and ensuring its cultural and clinical relevance for the Malaysian context. Kindly review the documents at your convenience before the session. If you prefer to provide written feedback, feel free to complete the Expert Review Form and return it via email or Google Form.

Click here for meeting link

If you have any questions or need clarification before the review, feel free to contact me directly. Thank you once again for your generous support and contribution to this research.

Warm regards,
Jesynthia Wong

Appendix K: Expert Review Form

Expert Review Form

Healthy Coping Framework and Modules

Part A: Framework Evaluation

Please rate the following statements using the scale below:

1 – Strongly Disagree | 2 – Disagree | 3 – Agree | 4 – Strongly Agree

Criteria	1	2	3	4	Feedback
The framework is clearly presented.	☐	☐	☐	☐	
The components are relevant to the Malaysian young adult population.	☐	☐	☐	☐	
The framework is grounded in evidence and theory.	☐	☐	☐	☐	
The framework supports trauma-informed and resilience-based intervention.	☐	☐	☐	☐	

Comments/Suggestions on the Framework:

_____

_____

_____

Part B: Module Evaluation

Please rate the following statements using the scale below:

1 – Strongly Disagree | 2 – Disagree | 3 – Agree | 4 – Strongly Agree

Criteria	1	2	3	4	Feedback
The module objectives are clear and measurable.	☐	☐	☐	☐	
The module content is relevant and culturally appropriate.	☐	☐	☐	☐	
The activities and tools are engaging and practical.	☐	☐	☐	☐	
The delivery flow and session structure are logical and organized.	☐	☐	☐	☐	

Comments/Suggestions on the Module(s):

_____

_____

_____

Part C: Additional Feedback / Recommendations

_____

_____

_____

Appendix L: Expert Review Feedback Summary

Expert 1: Clinical Psychologist

Framework Feedback

- Agreed the framework is clearly presented and relevant for Malaysian young adults (rated 4/4 on all framework criteria).
- Confirmed the framework is grounded in evidence and theory and supports a trauma-informed, resilience-based approach.

Key Qualitative Suggestions

- Noted that age groups spanning 18–40 may have different life stage issues: younger participants often face study or early relationship stress; older participants may deal with relationship dynamics involving children, spouses, in-laws, or workplaces.
- Recommended specifying clear exclusion criteria for participant safety (e.g., active self-harm, severe maladaptive coping).
- Emphasised the need for clear safety procedures, including:
    - Screening and evaluation.
    - Emergency contacts and referral pathways.
    - Counsellors' and facilitators' own emotional safety and support.
- Suggested adding grounding activities at the end of each day to ensure emotional closure.
- Highlighted that certain reflective activities, such as writing letters, could feel heavy; recommended supporting participants to regulate emotions during these parts.
- Advised using co-facilitators to help manage participant overwhelm (e.g., accompanying someone outside the room for grounding).
- Suggested a brief follow-up check-in one week after the workshop to address any delayed emotional reactions.
- Noted the module's duration could feel lengthy for busy adults; recommended considering session pacing.

Expert 2: Registered Counsellor

Framework Feedback

- Agreed the framework is clearly presented, relevant to Malaysian young adults, evidence-based, and aligned with trauma-informed resilience work (rated 4/4 on all framework criteria).

Key Qualitative Suggestions

- Emphasised the importance of addressing interpersonal relationship struggles, as these are common issues for childhood trauma survivors.
- Recommended integrating content to help participants:
    - Identify and build healthy support systems.
    - Recognise relationships that are genuinely supportive vs. potentially harmful.

Module Ratings

- Minor suggestion that module objectives could be clearer/measurable (rated 3).
- Other module elements (content, activities, flow) rated highly (4/4).

Expert 3: Counselling Lecturer & Registered Counsellor

Framework Feedback

- Confirmed the framework is clear, relevant, and grounded in evidence/theory (implied 4/4).
- Agreed it is trauma-informed and resilience-based.

Key Qualitative Suggestions

- Highlighted that the module content can be emotionally heavy; suggested the ideal structure would expand to 4–5 days to allow deeper, safer processing:
    - Day 1: Recognising emotional triggers.
    - Day 2: Processing difficult emotions.
    - Day 3: Breaking self-blame cycles.
    - Day 4: Developing sustainable coping strategies (replacing maladaptive coping, building resilience).
    - Day 5: Long-term support building (creative expression, support systems, commitment to healing).
- Noted that delivery duration depends on participants' availability and practical constraints.
- Recommended clearly acknowledging the CBT foundation of the module so its theoretical basis is explicit and fair.
- Suggested rearranging module flow to align with the above thematic structure.

Module Ratings (derived)

- Objectives, content, and activities inferred as clear, relevant, and appropriate (4/4).
- Flow and structure suggested for improvement → conservatively derived as 3/4.

Additional Notes

- All experts' recommendations were incorporated where feasible, including clearer safety screening, enhanced grounding and closure practices, stronger emphasis on support systems, explicit CBT framing, and optional session extensions if context allows.
- Minor delivery adjustments (co-facilitators, follow-up support) were documented in the final module guide.

Appendix M: Treatment Fidelity Rating Form

Session:
Facilitator:
Date:

Day 1: Recognising & Processing Emotions

Component Delivered as Intended	Yes/No	Notes
Welcome & Grounding (9:00–9:30 AM) ☐ Warm welcome, safe space agreements ☐ Grounding activity (e.g., 54321 or deep breathing)		
What is Trauma? (9:30–10:15 AM) ☐ Definition and types ☐ Brain science (amygdala, hippocampus, prefrontal cortex) ☐ Prevalence (global + Malaysian context)		
Emotional Triggers (10:30–11:15 AM) ☐ Explanation of emotional triggers ☐ Link to trauma ☐ Self-check-in activity		
The Volcano Inside Me – Creative Expression (11:15–12:00 PM) ☐ Guided drawing activity ☐ Group reflection (voluntary)		
Unpacking My Emotional Patterns (1:00–2:15 PM) ☐ Inner child vs. inner critic ☐ Journaling/reflective writing		
Grounding Techniques (2:30–3:15 PM) ☐ Practical demos (54321, breathwork, visualization) ☐ Participant practice encouraged		
Calm Down Plan + Reflections (3:15–4:00 PM) ☐ Workbook section completed ☐ Final grounding activity		

Day 2: Rebuilding & Resilience

Component Delivered as Intended	Yes/No	Notes/Adaptation
Welcome Back & Grounding (9:00–9:15 AM) ☐ Brief emotional check-in ☐ Grounding		
Breaking the Blame Loop (9:15–10:00 AM) ☐ Core beliefs vs. self-blame ☐ Gentle CBT reframing		
Interpersonal Wounds & Support Systems (10:00–10:45 AM) ☐ Identifying safe/unsafe people ☐ Mapping support system		
Thought Reframing Practice (11:00–12:00 PM) ☐ ABC Model (Activating Event–Belief–Consequence) ☐ Group activity ☐ Affirmation card creation		
Strengths & Resilience Building (1:00–2:00 PM) ☐ Strength spotting ☐ Building self-care and support toolkit		
Emergency Self-Care Plan (2:00–2:45 PM) ☐ Guided walkthrough ☐ Identifying red flags, coping tools		
Closing Circle & Reflections (2:45–4:00 PM) ☐ Quiet Pages reflection ☐ Voluntary sharing ☐ Certificates, check-out activity		

Facilitator Confidence (1–5): ____
Participant Responsiveness (1–5): ____

Appendix N: Workshops Session Summary

Session	Date	Format	Duration (Total)	No. of Participants	Notes
Pilot Workshop	19, 20, 27 April	Hybrid (2 In-person, 1 online)	10 hours	28	• No time for Tree of Resilience, adapted to visualisation instead. • A lot of time spent of group discussion.
Workshop 1	6, 7, 8 May	Online	4.5 hours	36	• A bit rushed during exploration of emotional pattern • Time constraint on healthy vs unhealthy coping
Workshop 2	12, 14, 15 May	Online	4.5 hours	28	• Went smoothly
Workshop 3	17, 18 May	In-person	12 hours	15	• Participants requested last part to be group sharing
Workshop 4	21, 22, 23 May	Online	4.5 hours	26	• Time constraint on coping tools explanation and tree of resilience activity
Workshop 5	24, 25 May	Online	6 hours	24	• Went smoothly
Workshop 6	27, 28, 29 May	Online	4.5 hours	35	• Spent some time in previous activity, time constraint on coping tools explanation • Resilience building rushed through
Workshop 7	31 May, 1 June	Online	6 hours	31	• Went smoothly
Workshop 8	10, 11, 12 June	Online	4.5 hours	32	• Time constraint on coping toolkit explanation- participants are encouraged to explore