# Voices of Survival: A Qualitative Study On Childhood Trauma, Identity Fractures, and the Quest for Mental Health Validation

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**ABSTRACT**

*Psychological development and coping among adult survivors of childhood trauma provides important insight into the nature of childhood abuse, yet culturally situated of Malaysian survivors still remain underrepresented. In this qualitative study, the lived experiences of ten Malaysian young adults with childhood trauma are explored, by employing thematic analysis method, to understand how they are sense-making from their experiences. Four master themes emerged: (1) Erosion of Self (imposter syndrome, alienation), (2) Survival Coping (avoidance vs. adaptation), (3) Structural Betrayal (cost barriers, cultural incompetence), and (4) Trauma Minimization (comparative invalidation). Notably, participants described trauma as "an inherited language of pain"—shaping identity through internalized stigma and systemic abandonment. Findings challenge Western-centric trauma models by highlighting familial collectivism and religious taboos as unique barriers. Trauma-informed policies that center survivor voices in Malaysia's mental health reform is to be argued for. This research positions survivors' narratives not as peripheral stories, but as essential blueprints for decolonising trauma recovery in Malaysia and similar contexts.*
*Keywords: Childhood Trauma, Young Adults, Cultural Context, Coping*

## INTRODUCTION

Childhood trauma is becoming a major public health issue with far-reaching implications throughout a person's lifetime. The groundbreaking Adverse Childhood Experiences (ACE) Study identified a dose-response phenomenon between childhood adversity and health-risk behaviors (such as alcohol and substance abuse), diseases (e.g., mental illness and cancer), and early death in adults (Felitti et al., 1998). On a global scale, one in eight adults has experienced physical or sexual abuse during childhood (Stoltenborgh et al., 2015), while the WHO (2024) estimates that one billion children experience violence annually. Despite this prevalence, process of trauma recovery remains beset by structural impediments especially in Global South settings such as Malaysia, where cultural stigma and fragmented mental health services heighten survivors' marginalisation.

Despite Child Act 2001, Malaysia has a very high rate of underreporting child abuse which is attributed to social stigma. Reports of such cases are reportedly often underreported; 82% of frontline workers reported that stigma as a highly influencing factor (UNICEF Malaysia, 2022) followed by systemic loopholes in enforcement (Ibrahim et al., 2019). It is estimated that nearly 10% of children suffering from abuse (NHMS, 2017), with many of them developing Post-traumatic Stress Disorder (PTSD) and depression (Ghazali et al., 2018). Here, trauma responses are culturally mediated as collectivist norms demand silence ("Pain is a family secret"), while religious taboos pathologise help-seeking (Perveen & Hua, 2021).

Malaysian trauma survivors are struggling in an extremely difficult and often conflicting area of healing. From a neurobiological standpoint, early trauma dysfunction stress-regulatory systems, manifesting as reflexive/fight and flight/and freeze type responses, which may be maladaptive (Cicchetti & Toth, 2005). In our system, mental health care is scarce for the masses. Survivors also faced cultural barriers. In collectivist environments, attachment insecurity is easily defeated by family loyalty and the hurt trauma generates is exacerbated by societal pressures of harmony over healing. Internalisation of silence, underwritten by religious interdicts and culture of shame, would deepen the chasm of reluctance to seek help and silently allow trauma to fester in personal and relational realms. the internal struggle between needing help and being socialized to be silent on such matters often prevents it, or at best delays recovery (Olson, 1994).

Although the global evidence has strongly confirmed the association between childhood adversities and adult psychopathology, there are substantial gaps in knowledge in Malaysia. The question is, what could the cultural schema, such as that with the importance of keeping your family proud of you and respecting your elders, influence the survivor's construction process in trying to make sense of and deal with the trauma. Second, many of the trauma-informed care models in Malaysia are Western-based with imported approaches, for example Cognitive Behavioural Therapy (CBT), and may not be well connected with local culture values and spiritual belief systems. This lack of alignment is at risk for cultural iatrogenesis, wherein incompatible coping systems promote emotional pain (Raghavan & Sandanapitchai, 2024). Finally, the combined barriers of financial strain and social stigma still contribute to the continued unmet need for mental health care and policy-level responses may not suffice. These voids highlight the need for culture-grounded, context-tailored investigation that is informed not just by translations of current models but by re-imagining from base principles.

**Research Questions:**
1. How does childhood trauma disrupt identity formation?
2. What coping strategies emerge in contexts of cultural stigma?
3. How do survivors navigate systemic barriers to care?

**METHODOLOGY**

**Participant Selection**

This research uses purposive sampling to recruit ten Malaysian young adults aged 19 to 40 years old who identified themselves as having a history of childhood trauma. Maximum variation is sought for the sampling strategy, including diversity in ethnicity, gender, socio-economic status, urban versus rural site, and trauma types (e.g., emotional, physical, sexual abuse, neglect). Participant recruitment Participants were recruited via community networks and social media (Facebook). Inclusion criteria included those who: (1) experienced a traumatic event before the age of 18; (2) are currently functioning in daily life; and/or (3) are able and willing to reflect on and talk about their experiences in either English or Bahasa Malaysia. Exclusions were current suicidal thoughts, severe psychological distress that would hinder the interview.

**Data Collection**

The data will be collected by semi-structured and in-depth interview which is recorded by audio equipment, on average 45-90 min long in each session and performed by participant's desired language (English or Bahasa Malaysia). This dual language method provides language comfort and cultural appropriateness. You will be interviewed remotely using a secured video conferencing app. The interview protocol was trauma-informed and adaptive, and gives participants agency over the dialogue. Some of the key prompts in the interview: "Could you describe a specific instance when your trauma from childhood impacted a significant decision in your adult life?" and "Which coping strategies have been most helpful for you in the meantime, and how do you find them?".

Ethical principles were adhered to (informed consent, confidentiality, the right to withdraw, and we provided emotional support resources post-interview). With permission from the participants, all interviews were audio-recorded and transcribed verbatim.

**Data Analysis**

The qualitative data present on semi-structured interview transcripts is analysed using Thematic Analysis and the six-step methodology suggested by Braun and Clarke (2006). This strategy was selected because it is more flexible and appropriate for coding meaning between participants' responses, leaving room for cultural and contextual interpretation.

The analysis included the following steps:
1. Familiarisation with the data through repeated reading of transcripts and notes.
2. Generating initial codes to capture meaningful features across the data set.
3. Searching for themes by grouping codes into potential overarching themes related to trauma and coping.
4. Reviewing themes collaboratively with the supervisor and co-author to ensure internal consistency and relevance.
5. Defining and naming themes to reflect the deeper meaning of each pattern, particularly within the Malaysian cultural context.
6. Producing the report, using illustrative quotes to support and contextualize each theme.

The disciplined and structured nature of this process facilitated the discovery of commonalities between coping strategies, ensuring that the qualitative data reports were both consistent with and elaborative of the quantitative results derived from the wider survey. Rigour in the analysis was supported through ongoing dialogue with the supervisor to reconfirm interpretations and the reflexivity journal was also used to document emergent thoughts, possible prejudices and rigour in decision making at various stages of the process of inquiry.

## FINDINGS

### Theme 1: Fractured Identity

**Eroded Self-Worth**

Many participants described persistent self-doubt, often rooted in experiences of emotional neglect or verbal abuse. This often manifested as imposter syndrome or feelings of not-being-good-enough- despite excelling externally.

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

It is consistent with self-doubt and struggle in the absorption of positive feedback, typically originating from early experiences of feeling emotionally unseen or verbally mistreated. This is in line with the result of Krause et al. (2003), who demonstrated that a history of childhood emotional invalidation is an important predictor of adult psychological distress indirectly through emotional inhibition.

**Cultural Alienation**

Some participants had felt like outsiders in their own immediate families because of cultural, racial or philosophical differences – particularly when interethnic family formations or religious traditions were at odds.

"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, June 2024)

These identity disruptions extend the previous literature on cultural dissonance and intergenerational conflict, but are different from the Western cultural models that typically favour individualism over other orientations (Bowlby, 1988).

### Theme 2: Coping as a Double-Edged Sword

**Maladaptive and Adaptive Coexistence**

Both adaptive and maladaptive coping types were exhibited by participants. Useful avoidance tactics included gaming and emotional suppression, while therapy, journaling and prioritizing sleep were among healing efforts.

"I used to skip school just to play games all day because it was the only way I could escape." (Interviewee                                    5,                                    June                                    2024)
"I        started        prioritising        sleep        and        therapy        as        part        of        my        healing."
(Interviewee 7, June 2024)

This duality is consistent with the realization that trauma survivors may veer back and forth between these opposing coping patterns, such as avoidance versus emotional suppression versus active self-care approach, depending on their level of current psychological resilience and resource availability (Bonanno et al., 2011).

**Fear of Repeating Cycles**

Many expressed the fear that they will turn into their parents, which encompasses their current relationships or potential parenting.

"I        avoid        relationships        because        I        don't        want        to        become        like        my        parents."
(Interviewee 7)

This is consistent with general research on intergenerational trauma, which has found that untreated parental trauma can have a profound impact on the stress-sensitive brain, emotional life, and relational life of the child thereby passing trauma across generations (Bowe et al., 2025).

### Theme 3: Systemic Betrayal and Silencing

**Institutional Failure**

Participants shared experiences where schools, religious institutions, or community figures failed to intervene in trauma disclosure.

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

This echoes Lind et al. (2020) critique of institutional neglect as a secondary trauma that deepens emotional wounds.

### Mental Health Inaccessibility

The cost of therapy and lack of culturally sensitive services were significant barriers.

"Therapy in Malaysia is expensive. I wish mental health care was more accessible." (Interviewee 5, June 2024)

This highlights the structural inequity in trauma recovery access, as mental health services in low- and middle-income countries remain severely under-resourced, with limited availability of trained professionals and culturally appropriate interventions (Collins et al., 2011).

### Theme 4: Family Dynamix and Invisible Wounds

### Sibling Favouritism and Neglect

Unequal parental attention made child feel insignificant and out of place.

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

This is consistent with the results of Finzi-Dottan and Cohen (2010), indicating that perceived parental favouritism plays a substantial role in sibling relationships and emotional development during late adolescence.

### Parental Mental Illness

Participants raised in homes with untreated parental mental illness described emotional instability and role-reversal parenting.

"His mood swings were unpredictable, and we had to walk on eggshells every day." (Interviewee 3, June 2024)

This is in accordance with the observations by Zitzmann et al. (2024), who showed that young children of mental health experiencing parents frequently have problems with emotional regulation and anxiety, mainly as a result of disruptive parenting practices and compromised emotional socialisation.


## DISCUSSION

### Key Contribution

### 1. Cultural Nuance in Trauma Response

The present investigation reveals the Malaysian survivors to experience and manage the phenomenon of trauma in uniquely collective ways as their stories reflect a tension between filial loyalty, cultural silence, and inner emotional suffering. While Western models foster independence and expression of self, participants in these interviews frequently repressed trauma to protect family harmony.

### 2. Systemic Betrayal as Trauma Multiplier

In addition to personal trauma, many were victimized by institutional betrayal. Schools, religious leaders and officials showed little interest, compounding the sense of helplessness. These results indicate a critical need for trauma training across many sectors, particularly in education.

### Theoretical Integration

### Transactional Model of Stress and Coping

Lazarus and Folkman's transactional model of the stress and coping (1984) proposes that people evaluate stress via primary appraisal (the evaluation of an event as threatening or meaningful), and secondary appraisal (the assessment of coping resources). At this point, coping responses are divided into problem-focused (e.g., taking action) and emotion-focused (e.g., avoidance, reappraisal). In this research Malaysian cultural beliefs (collectivism, filial piety) were strong factors that influenced how the respondents appraised and responded to trauma. For example, many of the emotional problems experienced were minimized to protect family honour and participants were in many cases discouraged from seeking therapy because of religious or family stigma, an approach that led to participants defaulting to internally focused coping (such as prayer or silence) rather than to approaching a mental health professional. This culturally embedded assessment process indicates that interventions should take into consideration social burden and stigma related to the disclosure of trauma.

### Narrative Theory

Narrative Theory highlights how we come to understand our experiences and identities through story-telling. In the current study, an 'exploded self' was a reality for many of the partic1pants. Their

experiences of trauma had exploded core ideas about family, worth and belonging. Prevalent culture narratives ("Good girls forgive their families") silenced hurt and morality the pain, often resulting in self-blame. But counter-narratives emerged when participants started to recontextualise their experiences: "I realized that my pain is valid," or "I don't want my future kids to experience this cycle." These survivor stories were linked to healthier forms of coping, like going to therapy, maintaining boundaries, or advocating for change. This highlights the role that narrative therapy has in aiding survivors of trauma to construct positive identities in culturally responsive structures.

## Practical Recommendations

1. Community Interventions
o Train religious leaders and community resources as trauma-informed first responders.
o Create peer-led support circles in schools and at universities.
2. Clinical Adjustments
o Broaden sliding-scale therapy services to reduce financial barriers for those who are not able to pay full price.
o Incorporate cultural brokers into mental health contexts to increase relevance and trust,
3. Educational Reform
o Introduce ACEs screening and psychoeducation in secondary schools.
o Embed emotional regulation modules into school curriculums.

## Limitation & Future Research

Although this qualitative report provides useful information, poor generalisability due to the small sample is noted. But this is within the framework of qualitative research that more depth is favoured (Braun & Clarke, 2006). The longitudinal effect of narrative therapy in Malaysian context and the cross-over effect of culturally tailored interventions with mixed-methods or a community participatory method should be considered in future research.

## Acknowledgment

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