

INAUGURAL LECTURE

SURVIVING CHILDHOOD TRAUMA:  
A STORY BETWEEN YOU AND ME

SITI RAUDZAH GHAZALI

Arkib  
RJ  
506  
P66  
S623  
2015

P. KHIDMAT MAKLUMAT AKADEMIK  
UNIMAS



1000268462

INAUGURAL LECTURE

**SURVIVING CHILDHOOD TRAUMA:  
A STORY BETWEEN YOU AND ME**

With Compliments  
from

Bahagian Penerbitan, UNIMAS

**Pusat Khidmat Maklumat Akademik  
UNIVERSITI MALAYSIA SARAWAK**

**I N A U G U R A L L E C T U R E**

**SURVIVING CHILDHOOD TRAUMA:  
A STORY BETWEEN YOU AND ME**

**Siti Raudzah Ghazali**

**Universiti Malaysia Sarawak  
Kota Samarahan**

6/922226/0

© Siti Raudzah Ghazali, 2015

All rights reserved. No part of this publication may be reproduced, stored in retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher.

Published in Malaysia by  
UNIMAS Publisher,  
Universiti Malaysia Sarawak,  
94300 Kota Samarahan,  
Sarawak, Malaysia.

Printed in Malaysia by  
Lee Ming Press Sdn Bhd  
No. 48 Jalan Ellis,  
93300 Kuching,  
Sarawak, Malaysia  
Tel: 082-253303

Perpustakaan Negara Malaysia

Cataloguing-in-Publication Data

Siti Raudzah Ghazali, 1971-

INAUGURAL LECTURE ; SURVIVING CHILDHOOD TRAUMA :  
A STORY BETWEEN YOU AND ME / Siti Raudzah Ghazali.

Bibliography : page 41

ISBN 978-967-5527-85-2

1. Post-traumatic stress disorder in children--Treatment.  
2. Child psychotherapy. 3. Psychological child abuse--Prevention.

I. Tittle

616.8521083

## **CONTENTS**

<b>PREFACE</b>	<b>ix</b>
<b>ACKNOWLEDGEMENT</b>	<b>xi</b>
<b>ABOUT THE AUTHOR</b>	<b>xiii</b>
<b>PART 1- PSYCHOLOGICAL TRAUMA</b>	<b>1</b>
Introduction	1
History and Definition of Psychological Trauma	2
Definition of Traumatic Event	3
Definition of Posttraumatic Stress Disorder (PTSD)	6
<b>PART 2- SURVIVING CHILDHOOD TRAUMA: A STORY BETWEEN YOU AND ME</b>	<b>9</b>
Story 1- My Dad Came to Visit Me Every Night. He Passed Away in My Arms	10
Story 2- A Boy with Prolonged History of School Bullying	11
Story 3- A Man with a History of Being Sexually Abused	13

Story 4- A Middle Aged Man With a History of Drowning	13
Story 5- A Girl Who Witnessed a Horrible Car Accident	14
Story 6- A College Student with Ongoing History of Self-Injury	14
Story 7- A Young Woman with 20 Years Experience of Domestic Violence	15
Benefits of Therapy	17
<b>PART 3- SURVIVING CHILDHOOD TRAUMA: WHEN PAIN PERSISTS</b>	19
When Pain Persists: Symptoms of PTSD	19
When Should You Go for Help?	21
The Impact of Childhood Trauma	22
<b>PART 4- SURVIVING CHILDHOOD TRAUMA: YOU ARE NOT ALONE</b>	27
Lifetime Trauma Among Children and Adolescents: Summary of Global Research	27
Lifetime Trauma Among Children and Adolescents in Sarawak: A Summary of Research Findings	29
Surviving Childhood Trauma Following Tsunami 2004 in Kuala Muda Kedah: A Summary of Research Findings	33
What Do We Learn From This Study?	35
<b>PART 5- CONCLUSION</b>	37
<b>TERMINOLOGY</b>	41
<b>REFERENCES</b>	43

## PREFACE

*Surviving Childhood Trauma: a story between you and me* reflects my many years of clinical experience in this field. Although I have been preoccupied, often overwhelmed, by the many things that I have to accomplish as an academician, as the years passed, I find myself enriched by these experiences. This book is a summary of many cases that have been related by my patients, students, research participants, and clients about their childhood trauma. Serving them in a professional capacity as a clinical psychologist, a lecturer, and a researcher has indeed been a privilege and comfort to my soul.

The target audience of this book is the general public, who may not be familiar with the psychological health sciences. Specialist terminology and technical vocabulary has been purposely abandoned where possible in an effort to make this book as easy to read and as accessible to a generalist audience as possible. The background and personally identifying information of the individuals featured in these stories has been withheld or changed as appropriate to uphold confidentiality.

This book is divided into four parts. Part 1 provides background on psychological trauma, traumatic events and posttraumatic stress disorder (PTSD). Part 2 illustrates the width and breadth of traumatic events and their psychological outcomes through the lives of some of my patients/students/research participants and clients. Part 3 describes the symptoms of psychological trauma, PTSD and the effects they have on victims and their families. Finally Part 4 describes prevalence of traumatic events and PTSD among children following disaster and among the general adolescent population, focusing especially on Malaysia and the results of my own research. It is my hope that the reader will gain a greater understanding and sense of compassion for the psychological struggles of those around us.

## ACKNOWLEDGEMENTS

To my dearest husband and best friend Zayn Al-Abideen Gregory: thank you for every morning cup of coffee, the unconditional love, the endless support. To all of my children, Ridhwan, Salihah, Zahidah, Munirah, Najihah, Anisah & Imran, and my mother, bonda Maznah for their understanding and patience.

My sincere thanks to YBhg Professor Dato' Dr Mohamad Kadim bin Suaidi, Vice Chancellor Universiti Malaysia Sarawak, Prof Mohd Fadzil Abdul Rahman, Deputy Vice-Chancellor (Student Affairs & Alumni), Prof Dr Wan Hashim Wan Ibrahim, Deputy Vice-Chancellor (Academic & International), Prof Dr Kopli Bujang, Deputy Vice-Chancellor (Research & Innovation), Prof Dr Ahmad Hata Rasit, Dean, and Prof Dr Lela Su'ut, Deputy Dean of the Faculty of Medicine and Health Sciences for their ongoing encouragement and motivation. To all of my academic and non-academic staff at the Center for Student Development, friends and colleagues at Faculty of Medicine and Health Sciences, thank you for helping.

My deepest appreciation to all of my patients, clients, research participants, students, adolescents, and children whom I have met: thank you for sharing. Life has its trying moments. The stories I have been told I have kept between you and me.

## ABOUT THE AUTHOR

Professor Dr Siti Raudzah Ghazali was born on January 12, 1971 and grew up in Bagan Datoh, Perak as the third of five siblings. She completed her secondary school education at SMK Agama Sultan Azlan Shah. She obtained Bachelor of Human Sciences in Psychology from International Islamic University Malaysia in 1995. After joining Universiti Malaysia Sarawak in 1995, she pursued travelled abroad to earn her Master's of Science (Clinical Psychology) from the Eastern Michigan University in 1997 and her PhD (Clinical Psychology) from The Union Institute and University of Cincinnati, Ohio in the United States. Since 1995, she has remained as a member of the American Psychological Association (APA) and was accepted as a founding member of Malaysian Clinical Psychology Society as soon as it was registered and established.

During her seven years in the United States, she had the opportunity to work as Program Director at Quality Behavioral Health, a *dual-diagnosis* treatment center, serving drug addicts with secondary mental illnesses in downtown Detroit. She came back from the United States in 2002 to serve as a lecturer at the Faculty of Medicine and Health Sciences until today, living in Kuching with her husband and seven children.

recently Petronas PLSB Sdn Bhd, ranging from crisis intervention and treatment to mental health workshops and contracted research.

Dr Siti is deeply committed to conducting research that is recognised internationally while socially locally relevant. To that end, she has proposed, executed and published research at the local, national and international levels that deal with important and contemporary social issues, with a special focus on psychological trauma and children. Her research on PTSD post-tsunami in Kuala Muda, Kedah was recognized in Europe, leading to a new international research partnership with the Danish National Center for Psychotraumatology at the University of Southern Denmark, who have generously funded her research in Sarawak. She has also won several national research grants including RACE, RAGS (in collaboration with Universiti Pendidikan Sultan Idris) and FRGS, the Fundamental Research Grant Scheme.

A capable administrator, Dr Siti was College Principal of Kasturi College for two years before moving to the Center for Student Development. As Deputy Dean of the Center for Student Development, she won RM 1,200,000 in grant funding from the Ministry of Education for improving the employability of UNIMAS graduates, providing training to underperforming students, 89% of whom found work as a result. In January 2015, Dr Siti was appointed Dean of the Center for Student Development. Concurrently, she holds appointments with the Ministry of Higher Education as a Focal Person on Graduate Employability grants, a member for Majlis Kokurikulum Universiti-Universiti Malaysia (UNICC), and a member for Majlis Kaunseling dan Kerjaya Universiti-Universiti Malaysia (MAKUMA).

recently Petronas PLSB Sdn Bhd, ranging from crisis intervention and treatment to mental health workshops and contracted research.

Dr Siti is deeply committed to conducting research that is recognised internationally while socially locally relevant. To that end, she has proposed, executed and published research at the local, national and international levels that deal with important and contemporary social issues, with a special focus on psychological trauma and children. Her research on PTSD post-tsunami in Kuala Muda, Kedah was recognized in Europe, leading to a new international research partnership with the Danish National Center for Psychotraumatology at the University of Southern Denmark, who have generously funded her research in Sarawak. She has also won several national research grants including RACE, RAGS (in collaboration with Universiti Pendidikan Sultan Idris) and FRGS, the Fundamental Research Grant Scheme.

A capable administrator, Dr Siti was College Principal of Kasturi College for two years before moving to the Center for Student Development. As Deputy Dean of the Center for Student Development, she won RM 1,200,000 in grant funding from the Ministry of Education for improving the employability of UNIMAS graduates, providing training to underperforming students, 89% of whom found work as a result. In January 2015, Dr Siti was appointed Dean of the Center for Student Development. Concurrently, she holds appointments with the Ministry of Higher Education as a Focal Person on Graduate Employability grants, a member for Majlis Kokurikulum Universiti-Universiti Malaysia (UNICC), and a member for Majlis Kaunseling dan Kerjaya Universiti-Universiti Malaysia (MAKUMA).

**“The wound is the place where the Light enters you.”**

**- Rumi**

# PART- 1

## PSYCHOLOGICAL TRAUMA

“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds”

~ Laurell K. Hamilton

### Introduction

For most people, childhood experiences are among the best moments in their life. It is an essential psychological truth that early childhood experiences shape our adult behavior, but the subtlety and extent to which that is true continues to be revealed by research. For example, a recent study found that children who were raised in a caring home environment tended to do better in their education and have more positive social relationships (Raby, Roisman, Fraley, & Simpson, 2015). However, some of us have childhood experiences that are quite painful to remember. Adverse life circumstances during childhood can affect the psychological health of an individual person. Many of these experiences continue to exert a profound influence on our day-to-day adult life whether we are aware of it or not.

## **History and Definition of Psychological Trauma**

In the event of major disasters or accidents, efforts are quickly made to restore the physical health of those involved. Restoration of mental health, psychological healing, is more frequently ignored (Ghazali, Elklit, Yaman & Ahmad, 2013). I recall during my field work in Kuala Muda Kedah, we arrived in the late afternoon approximately 40 kilometers from our research area. We were “questioned” by a man when we stopped to ask him for directions. He asked, “Why do you want to research those tsunami affected people? They are richer than ever. The government helped them, everybody helped them. They received mountains of clothing, food, and financial assistance. I don’t think you’ll find useful information from them. They are happier than before.”

His statements reflect a general outlook: if physical needs are met than all is well. And yet, disasters, accidents, wars and other destructive events leave wounds not only on the body but on the mind.

The word “trauma” is derived from a Greek word meaning “wound” (Oxford Dictionary). Physical injury or damage to the body is technically referred to as trauma by physicians and other health professionals. But the word also is used to refer to a psychological phenomenon, an effect on the mind, and it is in the sense of psychological trauma that we use the word here.

The earliest recorded literature on psychological trauma is commonly traced back to 1666 when Samuel Pepys described his personal psychological trauma as a result of the Great Fire of London (Daly, 1983). Pepys recorded in his diary how he suffered from feelings of anger, anxiety, intrusive imagery of the fire, insomnia, and bad

dreams. We could say that witnessing the death and destruction of the fire had “wounded” his state of mind.



Source: Left: Us Army / Lance Corporal James F Cline ([www.article.wn.com](http://www.article.wn.com))  
 Right: [www.oklahomacitybombing.com/oklahoma-city-bombing-pictures-11.html](http://www.oklahomacitybombing.com/oklahoma-city-bombing-pictures-11.html)

In modern times, the word “trauma” has acquired a technical or specialized meaning in professional psychology. The American Psychological Association (2015) describes trauma as “an emotional response to a terrible event like an accident, rape or natural disaster”. Psychological trauma can be a single event such as tsunami or violent physical assault, or a repeated or ongoing event such as being diagnosed with cancer or working in a setting where one is regularly exposed to traumatic events, such as being an emergency room nurse who witnesses horrible accidents every day.

### **Definition of Traumatic Event**

A traumatic event can be defined as:

*An event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or*

*learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate" (American Psychiatric Association, 2000, p.463)*

Previous studies have shown that experiencing traumatic events can be devastating for children. At the same time, an event that is devastating for one person may not be so for another. Among children and adolescents, there are life events that may be considered common place or whose significance may be overlooked such as divorce, sudden death of someone close, attempted suicide, car accident and teenage pregnancy, or even second-hand exposure to events, such as hearing about someone close who was exposed to violent or physical assaults, surgery, and injuries (Ghazali, Elklit, Balang, Sultan, & Kana, 2014). Events of this kind may not cause serious mental issues in adults while having serious effects on the young.

Academic research on childhood psychological trauma in Malaysia is very limited. In fact, only a few studies have been conducted in South East Asia, and most of them were as a result of the tsunami disaster in 2004. Of the few that exist, most are studies conducted by researchers from Western countries (Telford, Cosgrave, & Houghton, 2006).

Experiencing a traumatic event can result in a range of psychological problems, from sleeplessness to depression. Historical events led to the recognition of a cluster of psychological problems that often occur together when an individual experiences a traumatic event. It has been termed Posttraumatic Stress Disorder (PTSD). The symptoms that make up PTSD were first observed in the modern era

during World War I, among veterans returning from war (Glass, 1954). Many terms were used to describe these symptoms (e.g., *shell shock*, *traumatic neurosis*, *war neurosis*). Regardless of the diagnosis, it was agreed that veterans suffered distinctive, problematic behavioral symptoms. Although PTSD syndrome was associated with extreme war exposure, it was also widely attributed to physical trauma or weakness, a function of the veteran's substandard moral character (Glass, 1954).



Source: Left: [http://www.wikiwand.com/en/MG\\_42](http://www.wikiwand.com/en/MG_42)  
Right: <http://www.telegraph.co.uk/men/11891950/Living-with-ghosts-the-PTSD-sufferers-left-to-implode.html>.  
Bottom: [www.veteransatease.org](http://www.veteransatease.org)

Although first recognized in soldiers, it is now clear that PTSD can affect anyone and can be caused by events other than war. There is abundant literature documenting the high prevalence of PTSD among those who have gone through events such as the Holocaust, the Armenian earthquake, the attack of Hiroshima and Nagasaki, war in Palestine, the invasion of Kuwait by the Iraqis, the Oklahoma bombing, and the most devastating natural disaster in human history, the 2004 tsunami in South East Asia (Miller, Kraus, Tatevosyan, & Kamenchenko, 1993; Lev-Wiesel & Amir, 2001; Pfefferbaum, Nixon, Tucker, Tivis, Moore, Gurwitch, Pynoos, & Geis, 1999; Yehuda, Halligan, & Grossman, 2001; Ghazali, Elklit, Yaman, & Ahmad, 2013; Ghazali, Elklit, Balang, Sultan, & Kana, 2014; & Ghazali, 2014).

### **Definition of Posttraumatic Stress Disorder (PTSD)**

Following traumatic experience, it is normal to feel anxious, fearful, or frightened. Others may experience sadness or feelings of depression. However, when these feelings are prolonged, and you seem to feel stuck with it, when your mind is occupied with constant thoughts of being in danger and full of painful memories, you might be suffering from PTSD. Most people who suffer from PTSD feel that the traumatic event threatens their safety and they feel as though life will never be the same again.

According to the American Psychiatric Association (2013), PTSD can affect both those who directly experience the traumatic event and those who are indirectly exposed to a catastrophic event such as fire fighters, hospital emergency room (ER) workers, or even police and law enforcement officers. PTSD can also affect family members, close friends, and relatives of those who faced the actual event. Different

individuals handle traumatic events differently. Some people experience adverse effects a few hours or days after the incident, while there are some people who have PTSD symptoms for weeks, months and even years before they finally recover from it (American Psychological Association, 2015).

While the struggle that adults must go through to resume normal life following traumatic events is now widely recognized, children and adolescents are often mistakenly perceived as “too young to understand” and thus thought to be unaffected. This is simply not borne out by the facts.

In the aftermath of the Armenian earthquake, children expressed fears of vibrations and displayed anticipatory anxiety related to succeeding earthquakes (Miller, Kraus, Tatevosyan, & Kamenchenko, 1993). Children reported fears of darkness, of being alone, or of being placed in orphanages. They also changed their attitudes about life and other persons. They lacked trust in others and felt as if their futures were severely limited.

Following the tsunami of 2004, 8.3% of children and adolescents reported having severe symptoms of PTSD in Kuala Muda Kedah (Ghazali, Elklit, Yaman, & Ahmad, 2012). They reported feelings of fear, nightmares, and persistent worry that the tsunami may come again. When a heavy rain would fall, some children ran out quickly in fear, looking “for a safe place to hide”. This phenomenon was reported even four years after the tsunami.



Source: U.S. Navy photo by Photographer's Mate 3rd Class Tyler J. Clements



Source: Photo by Bradhamton for YachtPals.com

## PART- 2

### **SURVIVING CHILDHOOD TRAUMA: A STORY BETWEEN YOU AND ME**

**“Unexpressed emotions tend to stay in the body like small ticking time bombs – they are illnesses in incubation.”**

**~ Marilyn Van Derbur**

The struggle that survivors of trauma go through is frequently kept as a personal story. Trauma survivors feel hesitant to share their personal and psychological experiences with others, even with family members, relatives, and close friends. Why are they so reluctant to share their traumatic experience with others? Why is it so often kept secret? In the following pages, the stories people keep hidden within themselves are shared so that we may gain an appreciation for the depth and complexity of the challenges people around us carry with them every day. Each of these episodes from my case files are shared with names and other identifying details removed to protect the confidentiality of the individuals involved.

**Story 1- My dad came to visit me every night. He passed away in my arms.**



Source: [www.canstockphoto.com/images-photos/walking-alone.html](http://www.canstockphoto.com/images-photos/walking-alone.html)

A 12-year-old boy came to see me because he was having poor academic performance since his father passed away in 2014. He had five siblings, of which he was the youngest, and the only boy in his family. He was very close to his father, "my dad sent me to school every day, and we ate lunch together in the car when I had my KAFA class." The incident happened when they were having their family dinner. The father was watching news on the television when he suddenly fell off from his chair. The boy quickly rushed to his daddy and put him in his arm as his father died. He reported that the image of having

his daddy in his arms as he turned blue and frothed at the mouth kept coming back in his dreams. Sometimes that moment intruded in his waking thoughts too. While grieving the loss of his father, he described his experience as traumatic. "I have been dreaming about my dad almost every night. Sometimes I saw him on my bedside, or standing up at my bedroom door. I don't want tell my mom. I am afraid that she'll worry about me. I don't tell my sisters, because I don't want them to think that I am a weak boy. But I feel sad and fear that this may happen to my mom too."

### **Story 2 - A boy with prolonged history of school bullying.**



Source: Open source Wikipedia media

This is a case of an 11-year-old boy in Primary 5 who participated in our study to test the validity and reliability of a non-verbal intelligence test. We arranged the schedule for data collection with the school system. Students obtained permission from their parents prior to the scheduled assessments, and so parents did not need to attend. Yet somehow this boy still came with his father, a senior police officer.