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Examining the Presence of Childhood Trauma Among Patients Diagnosed with Borderline Personality Disorder in Malaysia

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Abstract

Childhood trauma is a silent epidemic, often leaving a lasting impact on numerous lives and potentially leading to severe psychological conditions such as borderline personality disorder (BPD). In Malaysia, the complex interplay between past trauma and BPD is not well-documented, highlighting the need for comprehensive research to understand and alleviate its consequences. This study aimed to explore the prevalence, severity, and types of childhood trauma among individuals with borderline personality disorder (BPD) in Malaysia, using the Childhood Trauma Questionnaire (CTQ) and Borderline Evaluation Severity over Time (BEST) scale. A total of 39 participants were recruited for this study. Descriptive statistics revealed emotional abuse (M = 18.31, SD = 2.912) and emotional neglect (M = 18.15, SD = 4.356) as the most commonly reported traumas, followed by physical abuse and neglect, with sexual abuse being the least prevalent. A high percentage of participants reported severe emotional and physical abuse, indicating the significant role of emotional trauma in individuals with BPD. However, simple linear regression showed no significant relationship between childhood trauma and BPD (R = 0.057, p = .730), suggesting that childhood trauma does not strongly predict BPD severity in this sample. Due to the small sample size, it is recommended to conduct further studies with a larger, more representative sample to obtain more significant and generalizable results. These findings highlight the need to address emotional trauma in therapeutic and preventive contexts.

Keywords: childhood trauma, borderline personality disorder (BPD)

Introduction

Borderline Personality Disorder (BPD) is characterized by intense mood swings, instability in relationships, and impulsive behavior. Those affected may experience an intense fear of abandonment and have difficulty managing emotions, especially anger. They may also engage in hazardous activities, such as reckless driving and self-harming threats, which can significantly hinder their ability to maintain relationships. BPD falls within Cluster B personality disorders, known for involving dramatic, unpredictable behavior. Personality disorders, including BPD, represent persistent patterns of behavior that are inflexible and disruptive, leading to social difficulties and personal distress. Many individuals with BPD may be unaware of their condition and may not realize that there are healthier ways to interact and relate to others (Cleveland Clinic, 2020).

Similar to other mental health disorders, the exact causes of BPD remain unclear. Nevertheless, certain developmental factors, such as a challenging childhood, can increase the risk of developing the disorder. Many individuals with this condition report experiences of sexual or physical abuse, neglect, or early separation from caregivers. Additionally, some may have parents or

caregivers battling with substance abuse or mental health challenges, while others may have been exposed to hostile environments and experienced instability in family relationships (Mayo Clinic, 2019).

This study seeks to examine the presence of childhood trauma among Malaysian BPD patients. This study utilized the Childhood Trauma Questionnaire (CTQ) to measure the extent of trauma experienced by participants and the Borderline Evaluation Severity over Time (BEST) to measure the severity of BPD symptoms. Through these instruments, this study aims to shed light on the link between childhood trauma and BPD within the Malaysian context, contributing to better treatment and support for those affected.

Extensive research has been conducted on the link between childhood trauma and the development of BPD. This connection has been explained by various theoretical frameworks, such as emotion dysregulation, attachment theory, biosocial theory, and schema theory. These perspectives suggest that early adverse experiences may contribute to the formation of maladaptive schemas, insecure attachment styles, emotional vulnerability, and emotion regulation difficulties, which are characteristic of BPD (Levy et al., 2006).

Studies have consistently shown a strong association between early life trauma and BPD. Notably, childhood emotional and sexual abuse are strong predictors of BPD in adulthood (Zanarini et al., 1998). The analysis of trauma parameters like polytrauma, repeated exposure, early onset, and the identity of the perpetrators has shed light on the trauma BPD individuals experience. These insights are crucial for clinical practice, highlighting the necessity for professionals to deeply understand their patients' trauma histories to customize interventions effectively (Linehan et al., 2006). Incorporating trauma-informed care into mental health professionals' training programs is essential, underscoring the need for a sensitive approach when treating patients with BPD.

Despite extensive research, certain limitations remain to be addressed in future studies. These include the need for longitudinal research to prove causation, larger sample sizes for broader applicability, and the inclusion of culturally diverse populations to ensure global relevance (Haller & Miles, 2004). In Malaysia, where mental health research is still burgeoning, exploring childhood trauma among BPD patients promises to bridge a significant gap in the literature. Such investigations could also inform clinical practices and aid in creating culturally sensitive interventions, potentially enhancing the quality of life for individuals with BPD.

Biosocial Theory

The Biosocial Theory, proposed by Marsha Linehan, suggests that BPD is the result of the interaction between biological and psychosocial factors.

This theory highlights the interaction between biological vulnerabilities and environmental factors, including childhood trauma, in the development of BPD. Linehan (1993) and Millon (1969) emphasize the role of familial influences, early childhood experiences, and broader cultural and social impacts, suggesting that personality traits are learned strategies to navigate reinforcement and punishment within one's environment.

This theory posits that borderline personality disorder (BPD) is a result of a biological predisposition towards emotional sensitivity and impulsivity, combined with an invalidating environment during childhood.

According to the Biosocial Theory, individuals with BPD have a biological predisposition towards emotional sensitivity, high emotional reactivity, and a slow return to emotional baseline. This predisposition can make these individuals more susceptible to the effects of childhood trauma. In the context of this research, the severity of BPD symptoms, as measured by the Borderline Evaluation of Severity over Time (BEST), can be seen as an indicator of this biological predisposition.

The Biosocial Theory also posits that an invalidating environment during childhood, characterized by a disregard for the individual's experiences and emotions, can interact with the biological predisposition to contribute to the development of BPD. Childhood trauma, as measured by the Childhood Trauma Questionnaire (CTQ), can be seen as a form of invalidation.

The Biosocial Theory emphasizes the interaction between the biological predisposition and the invalidating environment. This research aims to explore this interaction by examining the correlation between CTQ scores and BEST scores. A significant positive correlation would provide support for the Biosocial Theory's proposition that childhood trauma (an aspect of an invalidating environment) and BPD symptoms (an indicator of biological predisposition) are interrelated.

By applying the Biosocial Theory, this research aims to provide a deeper understanding of the complex interplay between biological and environmental factors in the development of BPD following childhood trauma. This could potentially inform more effective, tailored interventions for those affected by this disorder in Malaysia.

This theoretical approach was referred to as a guide in deciding on research design, data collection, and analysis, ensuring a comprehensive exploration of the research questions and objectives. It also provided a framework for interpreting the findings and their implications for theory, practice, and policy.

Presence of childhood trauma in BPD patients

The presence of childhood trauma in individuals with borderline personality disorder (BPD) is a well-documented phenomenon. Numerous studies have established a clear and significant correlation between experiences of early adverse events and the likelihood of developing BPD.

Research indicates that individuals with BPD frequently report higher levels of childhood trauma

compared to those without BPD controls. For instance, Van Heel et al. (2019) found that BPD patients scored significantly higher on measures of childhood trauma, suggesting that early adverse experiences are prevalent among this population. Similarly, Ghinea et al. (2021) reported that adolescents with a history of childhood maltreatment exhibited higher BPD symptoms and more severe depression compared to those without such experiences.

Different forms of childhood trauma, including emotional abuse, emotional neglect, and sexual abuse, are notably present in BPD patients. Studies by Wu et al. (2022) and Eszter Kenézlői et al. (2023) highlight that emotional abuse and neglect are strongly associated with BPD, with emotional abuse being a particularly significant predictor of BPD features. This aligns with findings from Yuan et al. (2023) and Zashchirinskaia & Isagulova (2022), which emphasize the role of emotional abuse in the development of BPD symptoms.

Furthermore, research by Seitz et al. (2021) and Mielke et al. (2023) provides additional insight into how childhood trauma influences BPD. Seitz et al. (2021) found that BPD patients with a history of adverse childhood experiences were more likely to misclassify facial expressions as angry, indicating a trauma-related anger bias. Mielke et al. (2023) explored the role of oxytocin dysregulation in BPD and found that early life trauma could influence BPD symptoms through its effects on oxytocin levels.

In short, the presence of childhood trauma is a prevalent and significant factor in individuals with BPD. The consistent findings across various studies underscore the importance of understanding and addressing early adverse experiences in the context of BPD.

Childhood Trauma and the development of BPD

The development of borderline personality disorder (BPD) has been strongly associated with experiences of childhood trauma. Research consistently demonstrates that early adverse experiences significantly contribute to the onset and progression of BPD symptoms.

Several studies highlight how different types of childhood trauma, such as emotional abuse, emotional neglect, and sexual abuse, play a critical role in the development of BPD. For instance, Wu et al. (2022) found that emotional maltreatment, including emotional abuse and neglect, was a significant predictor of BPD, with emotional abuse being particularly influential. Similarly, Eszter Kenézlői et al. (2023) emphasized that various forms of childhood trauma, including emotional neglect, emotional abuse, and sexual abuse, are integral to the development of BPD.

The role of childhood trauma in BPD development is also supported by findings that underscore the impact of trauma on various psychological processes. For example, Arranz et al. (2021) suggest that childhood trauma may influence epigenetic alterations, which could contribute to the development of BPD and explain gender differences in presentation. Furthermore, findings from Back et al. (2022) and Ehrenthal et al. (2018) indicate that childhood trauma may affect autonomic nervous system development and stress regulation processes, respectively, which can perpetuate symptoms associated with BPD.

Additionally, research indicates that trauma-related alterations in cognitive and emotional processes contribute to BPD symptomatology. Studies such as those by Duque-Alarcón et al. (2019) and Khosravi (2020) show that higher levels of childhood maltreatment are linked to impaired social cognitive performance and dissociative symptoms, which are relevant to the development of BPD.

The accumulated evidence suggests that childhood trauma is a pivotal factor in the development of BPD. The interplay between various forms of trauma and their impact on emotional regulation, cognitive processes, and stress response systems underscores the complex role that early adverse experiences play in shaping the trajectory of BPD.

Childhood Trauma and the severity of BPD

The severity of borderline personality disorder (BPD) symptoms is closely linked to the experience of childhood trauma, with numerous studies illustrating how early adverse experiences exacerbate the intensity and complexity of BPD symptomatology.

Research consistently demonstrates that individuals with a history of childhood trauma exhibit more severe BPD symptoms compared to those without such experiences. For example, studies by Ghinea et al. (2021) and Schaich et al. (2021) show that higher levels of childhood trauma are associated with increased severity of BPD symptoms, including self-harm behaviors and difficulties in emotion regulation. These findings underscore the significant impact of childhood trauma on the overall severity of the disorder.

Additionally, trauma's influence on specific symptom domains of BPD has been documented. For instance, Kaplan et al. (2016) found that childhood trauma, especially physical and sexual abuse, significantly increases the risk of non-suicidal self-injury (NSSI) and suicidality among individuals with BPD. Similarly, Pohl et al. (2020) identified self-compassion as a significant moderator that weakens the association between childhood trauma and BPD severity, suggesting that while trauma exacerbates symptoms, certain factors may mitigate this impact.

Moreover, the interplay between trauma and BPD symptoms is evident in the role of emotion regulation. Research by Krause-Utz et al. (2019) and Rüfenacht et al. (2021) indicates that difficulties in emotion regulation mediate the relationship between childhood trauma and BPD symptom severity. This suggests that trauma-related impairments in emotion regulation contribute to the heightened severity of BPD symptoms.

Neurobiological findings further support this connection. Metz et al. (2019) observed that childhood trauma is associated with increased activation in brain regions related to stress and memory processing in BPD patients, potentially impacting symptom severity. Similarly,

Rosada et al. (2021) found that childhood trauma is linked to reduced brain volume, though not specific to BPD, suggesting that trauma affects broader neurobiological systems that may contribute to symptom severity.

The evidence indicates a robust relationship between childhood trauma and the severity of BPD symptoms. Trauma not only contributes to the development of BPD but also exacerbates its severity, affecting various aspects of the disorder, from self-harm behaviors to emotion regulation and neurobiological functioning.

In Malaysia, the incidence of BPD is a growing concern. Despite this, the link between BPD and childhood trauma has not been thoroughly investigated within the Malaysian healthcare context. This gap in knowledge hinders the development of effective treatment strategies and preventive measures that are culturally and contextually appropriate. The proposed study aimed to bridge this gap by employing the Childhood Trauma Questionnaire (CTQ) and the Borderline Evaluation of Severity over Time (BEST) to examine the presence of childhood trauma among patients diagnosed with BPD. By establishing a clearer understanding on this link, this research aims to contribute to the improvement of mental health services and outcomes for individuals affected by BPD in Malaysia.

Method

This study is a quantitative study that utilizes a cross-sectional survey approach, allowing us to collect data at a single point in time. The cross-sectional design refers to a study conducted on individuals of different age groups at a single point in time (Salkind, 2006). Cross-sectional studies provide a snapshot of variables without manipulating them over time. Childhood trauma experiences and borderline personality disorder severity are measured concurrently. A survey study refers to research based on collecting information from individuals through responses to a set of questions (Check & Schutt, 2012). Data was collected through online distribution of Google Form consisting only closed-ended questions to ensure the process of the data collection is efficient. This design enables researchers to explore the relationship between childhood trauma and BPD symptoms simultaneously.

Subjects involved in this study consist of BPD patients all around Malaysia. The inclusion criteria focused on individuals who meet the diagnostic criteria for BPD. Using convenience sampling methods, participants were aimed towards those coming from clinical settings, psychiatric hospitals, and community support groups. This approach allows for practical data collection while ensuring representation across different contexts.

This section outlines the step-by-step procedures for data collection, informed consent, and ethical considerations. By implementing these research procedures, this study aimed to collect robust and reliable data on the presence of childhood trauma among patients diagnosed with borderline personality disorder in Malaysia, while upholding ethical standards and ensuring participant confidentiality and welfare.

Prior to participation in the study, potential participants were provided with a detailed explanation of the research objectives, procedures, potential risks, and benefits. This information was presented in the participant information sheet accompanying the online survey. Participants are informed that their participation is voluntary, and they have the right to withdraw from the study at any time without penalty. They were also assured of the confidentiality and anonymity of their responses. Informed consents were obtained electronically, with participants required to indicate their agreement before proceeding with the survey.

Recruitment was conducted through clinical settings, psychiatric hospitals, and community support groups across Malaysia. Participants who met the diagnostic criteria for borderline personality disorder (BPD) were invited to participate in the study.

The data collection was facilitated through an online survey platform. Participants received a unique link to the survey via email or through support group channels. The survey consisted of closed-ended questions, including demographic information (age, gender, race, state, treatment), childhood trauma experiences measured using the Childhood Trauma Questionnaire (CTQ), and borderline personality disorder severity assessed using the Borderline Evaluation Severity over Time (BEST) scale. Participants were provided with an estimated completion time for the survey to manage expectations and encourage participation.

Contact information of the researchers and relevant support services were provided in case participants had questions or required assistance during the survey completion process.

All participant data are kept strictly confidential. Responses were all anonymized and stored securely on password-protected servers accessible only to the research team. Specific measures were implemented to ensure the security of participant data during transmission and storage. The study adheres to the General Data Protection Regulation (GDPR) guidelines to safeguard participants' privacy and data protection. It was ensured that the researchers conducted the study with integrity and adhered to ethical guidelines throughout the research process.

Data analyses were processed using the Statistical Package for the Social Sciences (SPSS) version 29. Data analysis was conducted in several stages to test the hypotheses and answer the research questions. The initial step involved cleaning the raw survey data to ensure accuracy and reliability. This process included identifying and rectifying inconsistencies, errors, or missing values. Once cleaned, the data was prepared for analysis by organizing it into a format suitable for statistical analysis. Descriptive statistics are used to summarize the demographic information of the participants, as well as the scores on the CTQ and BEST. This included measures of central tendency (mean, median) and dispersion (standard deviation, range). Inferential statistics were used to test the hypothesis.

Once the data analysis was completed, the results were interpreted in the context of the research objectives and relevant theoretical frameworks. The strengths, limitations, and implications of the findings are discussed, including their significance for clinical practice, policy development, and future research directions. This study aimed to provide a comprehensive analysis of the data, shedding light on the relationship between childhood trauma and BPD severity among individuals diagnosed with BPD in Malaysia.

Results

As shown in Table 1, the participants consisted of 39 participants, with the majority being female (87.2%), and only 12.8% male. The ages of participants ranged from 20 to 40 years, with the highest frequency observed at age 24 (23.1%), followed by age 22 (15.4%), and age 23 (10.3%).

Table 1 Gender Distribution

Gender	**N (*f*)**	**(%)**
Male	5	12.8
Female	34	87.2
Total	39	100

Note: (N = 39)

In terms of racial distribution, the majority of participants identified as Malay (82.1%), with smaller proportions identifying as Chinese (2.6%) or other races (15.4%). Participants were raised in various locations, with the largest group coming from Perak (28.2%), followed by Selangor (15.4%), and both Sabah and Sarawak (12.8% each). Other locations included Kedah (10.3%), Pulau Pinang (2.6%), Johor (2.6%), Terengganu (2.6%), Pahang (7.7%), W.P. Kuala Lumpur (2.6%), and W.P. Labuan (2.6%).

Regarding the treatment received for borderline personality disorder (BPD), a significant portion of the participants (71.8%) reported receiving both medication and psychotherapy. Only 17.9% received medication alone, and 10.3% received only psychotherapy.

To evaluate the commonalities of childhood trauma among individuals with borderline personality disorder (BPD) in Malaysia, the exposure of different trauma categories was analyzed. The categories include Physical Abuse, Emotional Abuse, Sexual Abuse, Physical Neglect, and Emotional Neglect. Table 2 summarizes the frequencies and percentages of exposure to different categories of childhood trauma.

The descriptive statistics revealed that a significant proportion of the sample reported positive exposure to different types of childhood trauma. Specifically, 82.1% of participants reported experiencing physical abuse, and 84.6% reported emotional abuse. In contrast, positive exposure to sexual abuse was reported by 38.5% of participants, indicating a lower prevalence compared to other trauma types. Additionally, 53.8% of individuals experienced physical neglect, while 66.7% reported emotional neglect. These findings support Hypothesis 1 (H01), indicating that positive exposure to various forms of childhood trauma is common among individuals with BPD in Malaysia. The high prevalence rates, particularly in emotional abuse and neglect, underscore the need for targeted therapeutic interventions and preventive measures to address these adverse childhood experiences.

Table 2 Types of Childhood Trauma

Childhood Trauma Category	N	%
Physical Abuse	32	82.1
Emotional Abuse	33	84.6
Sexual Abuse	15	38.5
Physical Neglect	21	53.8
Emotional Neglect	26	66.7

N=39

Descriptive statistics reveal that certain types of traumas were reported more frequently than others. Emotional abuse had the highest mean score (M = 18.31, SD = 2.912), indicating it as the most commonly reported trauma. This was closely followed by emotional neglect with a mean score of 18.15 (SD = 4.356). Physical abuse and physical neglect had lower mean scores of 16.97 (SD = 5.003) and 12.33 (SD = 4.318), respectively, while sexual abuse had the lowest mean score of 10.15 (SD = 5.793). These findings support Hypothesis 3 (H03), suggesting that emotional abuse and emotional neglect are more commonly reported among individuals with BPD in Malaysia compared to other types of childhood trauma. This highlights the significant impact of emotional trauma on this population, underscoring the importance of addressing these issues in therapeutic and preventive contexts.

The descriptive statistics reveal a high prevalence of severe childhood trauma among individuals with borderline personality disorder (BPD) in Malaysia, as measured by the Childhood Trauma Questionnaire (CTQ). As presented in Table 3, the majority of participants reported severe levels of physical abuse (79.5%) and emotional abuse (79.5%). In contrast, while 28.2% of participants reported severe sexual abuse, a significant portion (43.6%) reported no sexual abuse at all. Regarding neglect, 43.6% of participants experienced severe physical neglect, with another 23.1% reporting low levels of physical neglect. Emotional neglect was also notably high, with 61.5% of participants reporting severe emotional neglect. These findings indicate that severe childhood trauma, particularly in the form of physical and emotional abuse and neglect, is prevalent among individuals with BPD in Malaysia. This supports the hypothesis that the severity of childhood trauma among individuals with BPD in Malaysia, as indicated by the CTQ, is significantly high

Table 3 Severity based on Category

Childhood Trauma Category	**N**	**%**
Physical Abuse		
None	1	2.6
Low	6	15.4

Moderate	1	2.6
Severe	31	79.5
Emotional Abuse		
None	1	12.8
Low	5	5.1
Moderate	2	2.6
Severe	31	79.5
Sexual Abuse		
None	17	43.6
Low	7	10.3
Moderate	4	43.6
Severe	11	28.2
Physical Neglect		
None	9	23.1
Low	9	10.3
Moderate	4	23.1
Severe	17	43.6
Emotional Neglect		
None	4	10.3
Low	9	23.1
Moderate	2	5.1
Severe	24	61.5

Note. N = 39

A simple linear regression was conducted to examine the relationship between childhood trauma and BPD. The predictor variable was childhood trauma (T_CTQ), and the criterion variable was borderline personality disorder (T_BPD). The results of the regression indicated that the model explained 0.3% of the variance and that the model was not a significant predictor of BPD, $F(1, 37) = 0.121$, $p = .730$. As shown in Table 4, the regression coefficient (B) for childhood trauma was 0.032, which was not statistically significant ($p = .730$). This indicates that for each unit increase in childhood trauma, the BPD score increased by 0.032 units. However, this effect was not statistically significant.

Table 4 Regression Analysis Summary for Predicting Borderline Personality Disorder from Childhood Trauma

Variable	***B***	***SE B***	***β***	***t***	***P***
Constant	49.261	7.088		6.950	<0.001
T_CTQ	.032	.091	.057	.348	.730

Note. $R = 0.057$, $R^2 = 0.003$, $F(1, 37) = 0.121$, $p = .730$

The analysis revealed no significant relationship between childhood trauma and borderline personality disorder. The weak correlation ($R = 0.057$) suggests that childhood trauma does not significantly predict the variance in borderline personality disorder scores. Therefore, the null hypothesis that there is a correlation between childhood trauma and borderline personality disorder in this sample is rejected.

The findings indicate that other factors might be contributing to the development of borderline personality disorder, and further research is needed to explore these potential factors. Hence, the current study did not find evidence to support a significant relationship between childhood trauma and borderline personality disorder. Future research should consider other potential predictors and use larger sample sizes to verify these findings.

Discussion

The high prevalence of severe childhood trauma among individuals with BPD in Malaysia aligns with existing literature, which emphasizes the role of adverse childhood experiences in the development of BPD. The predominance of emotional abuse and neglect highlights the critical impact of emotional trauma, which often leaves deep psychological scars and influences the development of maladaptive coping mechanisms associated with BPD.

The lack of a significant correlation between childhood trauma and BPD in the regression analysis suggests that while childhood trauma is prevalent among individuals with BPD, it may not be the sole or direct predictor of the disorder. This finding indicates the complexity of BPD's etiology, which likely involves a combination of genetic, biological, and environmental factors. The null result might also reflect limitations such as the sample size or the specific measures used to assess trauma and BPD.

The findings underscore the need for comprehensive assessment and treatment approaches that address the multifaceted nature of BPD. Clinicians should consider the high prevalence of emotional abuse and neglect when developing therapeutic interventions. Trauma-focused therapies, such as Dialectical Behavior Therapy (DBT) and Eye Movement Desensitization and Reprocessing (EMDR), may be particularly beneficial for this population.

Preventive measures and early intervention strategies should also be emphasized to mitigate the long-term impact of childhood trauma. Public health initiatives aimed at raising awareness about the signs of emotional abuse and neglect, and providing support resources for affected children and families, are crucial.

Limitations and Future Recommendations

While the study provides important insights into the profiles and trauma histories of individuals with borderline personality disorder (BPD) in Malaysia, several limitations must be acknowledged.

The relatively small sample size ($N = 39$) limits the generalizability of the findings. A larger sample would provide more robust and representative data, potentially revealing significant correlations that were not detected in this study. Future studies should aim to include a larger and more diverse sample to enhance the generalizability of the results.

The study relies on self-reported data for both childhood trauma and BPD symptoms. Self-reported data can be subject to biases, such as recall bias and social desirability bias, which may affect the accuracy of the responses. Participants might underreport or overreport their experiences due to memory limitations or a desire to present themselves in a certain way. Incorporating multiple

data sources, such as clinical assessments and reports from family members, could provide a more comprehensive and accurate picture.

The cross-sectional design of the study limits the ability to draw causal inferences. While the study examines the relationship between childhood trauma and BPD, it cannot establish causality due to the lack of temporal data. Longitudinal studies that track individuals over time would be more effective in establishing causal links and understanding the developmental trajectories of BPD.

The use of specific measurement tools, such as the CTQ and the BEST, may also present limitations. These tools, while validated, may not capture all dimensions of trauma and BPD symptoms. Additionally, cultural differences may influence how trauma and BPD are experienced and reported, which could affect the findings. Future research should consider using a variety of measurement tools and incorporating cultural adaptations to ensure the validity and reliability of the data.

The study primarily focuses on childhood trauma as a predictor of BPD, potentially overlooking other significant variables that contribute to the disorder. Factors such as genetic predisposition, neurobiological influences, and other environmental stressors were not examined. Including these variables in future research could provide a more comprehensive understanding of the etiology of BPD.

The sample predominantly consisted of Malay participants (82.1%), which may not fully represent the ethnic diversity of Malaysia. This homogeneity limits the ability to generalize findings across different ethnic groups. Future studies should aim to include a more ethnically diverse sample to better understand the experiences of individuals with BPD across different cultural backgrounds.

To sum up, while this study offers valuable insights into the participant profiles and trauma histories of individuals with BPD in Malaysia, addressing these limitations in future research will be crucial for obtaining a more nuanced and comprehensive understanding of the disorder. By overcoming these limitations, researchers can contribute to the development of more effective and culturally sensitive interventions for individuals with BPD.

Future research should explore additional factors that may contribute to the development of BPD, such as genetic predispositions, neurobiological mechanisms, and other environmental influences. Larger sample sizes and longitudinal study designs would enhance the generalizability and robustness of findings. Additionally, qualitative studies could provide deeper insights into the personal experiences and coping strategies of individuals with BPD, offering a more nuanced understanding of the disorder.

Conclusion

In conclusion, this study addresses a critical gap in the understanding of BPD within the Malaysian context. By assessing the commonality of childhood trauma in Malaysian BPD patients, this study shed light on the extent to which these experiences contribute to the disorder. The examination of the level and types of childhood trauma among individuals with BPD will provide clinicians with deeper insights, potentially leading to more effective and personalized treatment strategies. The findings offer empirical data that can support strategic planning and initiatives for enhancing mental health services for those impacted by childhood trauma and BPD. This research adds valuable knowledge to the existing literature on BPD and childhood trauma, encouraging further research and intellectual discussions in this area. Ultimately, the study contributes to improved mental health outcomes for individuals affected by BPD in Malaysia, through a better understanding of the role of childhood trauma. This research holds significance not only for its academic contribution but also for its potential to impact clinical practice and the broader societal understanding of BPD and childhood trauma.

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