

The Role of Social Support and Mindfulness on The Posttraumatic Growth of Young Adults Surviving Childhood Maltreatment

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Abstract

Recent research has found that negative experiences due to childhood maltreatment do not always persist; survivors can experience positive growth, which is called posttraumatic growth (PTG). Two of the protective factors that encourage PTG are social support and mindfulness. Social support through empathy, giving new perspectives, and appreciation can help survivors deal effectively with traumatic events and lead to the PTG process. In addition, survivors who have mindfulness can also practice direct involvement with their thoughts and feelings, not judge traumatic events, and help survivors rebuild the meaning of the world. This correlational and quantitative study examined the role of social support and mindfulness in posttraumatic growth (PTG) among 114 young adult survivors of childhood maltreatment aged 20–40 years ($M = 24.84$, $SD = 4.55$). The measuring tools used in this study were the Posttraumatic Growth Inventory—Short Form (PTG-SF), the Multidimensional Scale of Perceived Social Support (MSPSS), the Tarumanagara Five-Facet Mindfulness Questionnaire (TFFMQ), and the Childhood Trauma Questionnaire—Short Form (CTQ-SF). Using multiple regression analysis, results showed that social support ($\beta = .350$ $p < .01$) and mindfulness ($\beta = .336$ $p < .01$) had a positive effect on PTG in young adults who survived childhood maltreatment, with the higher support and mindfulness felt by the survivors, the higher the PTG they experienced. This research shows the importance of social support and mindfulness in shaping positive changes in the lives of young adults who have survived childhood maltreatment.

Keywords: Social Support; Mindfulness; Childhood Maltreatment; Posttraumatic Growth

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INTRODUCTION

Childhood maltreatment is a phenomenon that continues to occur today. WHO (2002) stated that "childhood maltreatment" refers to any action or series of actions towards a child (under 18 years of age) that endangers, has the potential to harm, or poses a threat to the child. Acts of violence include physical violence, emotional violence, sexual violence, and physical and emotional neglect. Several earlier studies have linked childhood maltreatment to a variety of poor outcomes that have left an effect on survivors. This is evident from the large number of studies conducted with survivor populations, which tend to highlight the various negative effects of childhood maltreatment, such as individuals experiencing posttraumatic stress symptoms namely avoidance, hyperarousal, disturbing thoughts, and negative mood swings due to anxiety, depression, and PTSD (Howell et al., 2016). In addition, this negative impact is not only felt when survivors are experiencing violence but can last into adulthood. According to Beilharz et al. (2020), adult individuals who have a history of childhood violence and neglect have lower self-esteem and worse social functioning, accompanied by maladaptive interpersonal skills such as shyness and vulnerability to danger, putting them at a higher risk for various symptoms of psychological disorders.

Although survivors of childhood maltreatment can experience various negative impacts as previously described, several other studies have also shown that there is evidence of positive psychological changes in people who have experienced traumatic events (Calhoun & Tedeschi, 2006; Linley & Joseph, 2004; Werdel & Wicks, 2012b). In contrast to previous studies' findings, it was discovered that 30%-70% of survivors of traumatic events reported positive psychological changes in themselves after coping with the traumatic event. This transformation includes a greater awareness of personal strength than before, as well as relief from the excruciating pain associated with the traumatic event (Joseph et al., 2012). The existence of several individuals who are able to go through negative events or there is a special phenomenon where a person experiences positive psychological changes, as a result of his struggle to face traumatic events that really challenge his well-being is known as posttraumatic growth or post-traumatic growth (PTG) (Tedeschi & Calhoun, 2004). Individuals who experience PTG not only survive but also experience an improvement in themselves after facing a traumatic event, even beyond what they were before the traumatic event occurred (Tedeschi et al., 2018). Individuals who develop PTG may experience positive changes such as a greater appreciation of life and changes that are prioritized, warmer and more intimate relationships with those closest to them, greater perceptions of personal strength, awareness of various possibilities and paths—a new path for life in the future—and the development of spirituality or religiosity.

Currently, one of the protective factors that can encourage positive changes in childhood maltreatment survivors is perceived social support. Barrera (1986) stated that social support is a condition in which social interaction can provide assistance to individuals in the form of attention, empathy, and availability of time when the individual requires the assistance of others. Furthermore, perceived social support can be defined as a form of evaluation that reflects the degree to which individuals believe they are loved and valued and can depend on others for support when facing stressful or challenging situations. Positive social support, in all of its forms, has been shown in research on survivors of childhood maltreatment to act as an important buffer against negative impacts on health, well-being, and quality of life, as well as to increase community resilience (Fuller-Thomson et al., 2020; Machisa et al., 2018).

In particular, Tedeschi et al. (2018) also stated that emotional closeness with other people, especially individuals who have the same problems, can encourage a sense of security so that adolescents and young adults who experienced childhood maltreatment are encouraged to share emotions and receive appreciation, which in turn can increase the possibility to reinterpret negative events and increase the opportunity to reassess the survivor's experience and lead to PTG. Supporting this statement, several previous studies have also attempted to investigate the direct relationship between perceived social support, whether received by family, friends, or special people (significant others), and PTG.

Research conducted by Zhou, Wu, and Zhen (2017) shows that social support has a significant direct relationship with PTG. Social support through providing emotional support such as listening, sharing emotions with survivors, and providing confidence that survivors are not alone can increase positive emotions, and in turn help adolescents to experience cognitive change processes to rethink themselves, others and the world positively and help survivors to better experience psychological growth. However, research by Žukauskienė et al. (2021) shows that a direct relationship between social support and PTG is weak. The results of this study support previous research conducted by Linley and Joseph (2004) which stated that the entire literature on PTG and social support shows a weak relationship between the two variables, requiring further research on other factors.

The inconsistency of the results of this study can occur due to social support, although it allows individuals to gain empathy, new views, encourages changes in the meaning of traumatic experiences that lead to PTG, it is also necessary to realize that traumatic events are something that is very disturbing and creates intense negative emotions within people who experience it, such as sadness, grief, regret, anger, anxiety, and guilt (Calhoun & Tedeschi, 2006). The process of sharing emotions and understanding traumatic events that occur due to social support can cause intense emotional stress and lead to posttraumatic stress symptoms, therefore, survivors need other abilities to reframe the meaning of traumatic events in a positive way so that they lead to PTG.

Previous research has found that the ability to positively construct meaning in PTG formation can also be associated with mindfulness (Klainin-Yobas et al., 2016; Mettler et al., 2017; Wilson & Shook, 2020). Brown and Ryan (2003) state that mindfulness is the acceptance of attention and awareness of current events and experiences. Mindful persons can stimulate good self-regulation so that individuals can be more adaptive in dealing with stressful experiences. Mindfulness increases awareness that negative thoughts and emotions are only temporary and allows people to respond to negative events in a flexible and objective manner (Leyland, Rowse, & Emerson, 2019). According to the mindfulness-to-meaning theory (Garland et al., 2015), a positive assessment of mindfulness can increase one's appreciation of adversity as an opportunity for transformation and personal growth. Mindfulness allows individuals to have a stronger focus on experiencing the present moment and to practice greater acceptance. When compared to those with less mindful skills, more aware individuals have increased psychological growth from post-traumatic depression and lower levels of emotional discomfort through active and more adaptive readjustment of undesirable cognitions resulting from negative experiences.

Furthermore, a study by Klainin-Yobas et al. (2016) showed that individuals with high levels of mindfulness may experience more positive well-being and be more responsive to perceived positive social support. Individuals who are more mindful have a stronger focus on present experiences with greater compassion and therefore are more likely to experience positive resources more deeply, leading to more meaning and growth in survivors of traumatic events. A supportive social environment can provide not only the

necessary resources for individual response but also a safe environment for individuals, encouraging them to think positively about traumatic events and thus triggering individual integration regarding the meaning of traumatic events.

Based on the explanation above and seeing that there are weak findings between the direct relationship between social support and PTG and the presence of other factors, namely mindfulness, which is thought to influence PTG, This study will re-investigate the effect or role of social support and the mindfulness simultaneously on PTG among young adults who have specifically experienced childhood maltreatment. Researchers hypothesize that social support and mindfulness can play a positive role as predictors of PTG formation in young adults who have survived childhood maltreatment.

METHOD

Design

This research is a correlational study in which the researchers will explain the associations and relationships among three variables: posttraumatic growth, social support, and mindfulness. The study is also non-experimental because no manipulation is given to participants to elicit responses. Furthermore, the approach in this research is quantitative since variables will be measured and calculated to answer research questions. Data collection in this study is retrospective as the data obtained from respondents refer to their past experiences or are based on the past.

Participants

This study's population consists of young adults (20-40 years old) in Indonesia, both men and women, who have experienced one or more forms of violence perpetrated by family or closest relatives from childhood to adolescence. In addition, this study only involved young adults who were survivors of childhood maltreatment and were characterized as having moderate or severe/high levels of violence based on the results of the Childhood Trauma Questionnaire (CTQ) screening tool. In this study, data was collected using a purposive sampling strategy by disseminating research posters on social media for one month after the ethics committee authorized and enabled the implementation of this research. The measuring tool is filled out online using a Google form. The Google form includes an introduction, informed consent (consent form), demographic data, data on childhood maltreatment experienced, the CTQ-SF screening tool and several measuring instruments that measure the variables of this study.

In the introductory part, it is explained that participants can stop filling out the questionnaire at any time if they are experiencing emotional discomfort and can contact the researcher to receive social support from the main researcher. Furthermore, the researcher also included names and contacts that participants could contact if they wanted to send recommendations, complaints, or questions. After the data collection process was complete, the researcher checked the data that had been collected from the Google form. The researcher checked the suitability of the participant criteria and the completeness of filling out the questionnaire. Data that does not match the criteria is not included in the data processing.

After screening, there are 114 data participants that can be used in this study. The majority of participants in this study were from Java (85%), employed (71%), and female (66.7%), with ages ranging from 20 to 40 years ($M = 25.84$, $SD = 4.90$). Then, based on their level of education, most participants had completed S1/Diploma 4 or equivalent

(55.3%). Furthermore, based on the results of the CTQ measuring instrument screening, it is known that in the category of severity of childhood maltreatment in the medium/moderate category, the participants experienced the most physical neglect with a percentage of 30.7% ($M = 12.58$, $SD = 3.98$) and in the high category, the most violence experienced was emotional abuse at 67.5% ($M = 17.92$, $SD = 4.84$). In addition, the data also show that most childhood maltreatment was carried out by fathers (34.2%), followed by a combination of mothers and fathers (18.4%), and most participants experienced childhood maltreatment with a duration of 1-3 years (31.6%).

Tabel 1. Categorization of Participant Childhood Maltreatment Severity

Categori	Emotional Abuse		Physical Abuse		Sexual Abuse		Emotional Neglect		Physical Neglect	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
None	5	4.4	15	13.2	11	9.6	5	4.4	11	9.6
Mild	8	7.0	12	10.5	18	15.8	17	14.9	15	13.2
Moderate	24	21.1	18	15.8	42	36.8	16	14.0	35	30.7
Severe/High	77	67.5	69	60.5	43	37.7	76	66.7	53	46.5

Instrument

Posttraumatic growth was assessed using the Posttraumatic Growth Inventory-Short Form (PTG-SF), developed by Cann et al. (2010) and adapted to Indonesian by Nabilah and Kurisanti (2021). This self-report measurement tool measures five dimensions of a person's growth, namely appreciation of life, relationships with others (relating to others), personal strength, new possibilities, and spiritual development. This measuring instrument consists of 10 items rated on a 6-point Likert scale, representing responses to adversity, from a scale of "does not experience change" to a scale of "experiencing changes on a large scale." In this study, researchers again tested the reliability using Cronbach's alpha and the validity using the corrected item-total correlation. The test results show that the PTGI-SF measuring instrument has a reliability value of 0.89 and a validity value with a range of .314 – .735, so it can be concluded that the PTGI-SF in this study is a reliable and valid measuring instrument.

Social support is measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, & Farley (1988) and has been adapted into Indonesian by Lim and Kartasasmita (2019). The MSPSS consists of 12 items, all of which are positive items that identify perceptions of social support from three sources, namely friends, family, and special people (significant others). The highest total score was 84, and the lowest was 12. Furthermore, in this study, the researchers also again conducted reliability tests using Cronbach's alpha, and validity tests were carried out using the corrected item-total correlation. The test results show that the PTGI-SF measuring instrument has a reliability value of .936 and a validity value with a range of .604 – .823, so it can be concluded that the MSPSS in this study is a reliable and valid measuring instrument for measuring social support experienced by participants.

The Five Facet Mindfulness Questionnaire by Baer et al. (2006) was used to measure mindfulness, and it was adapted into Indonesian by Mutiara and Suyasa (2021) to become the Tarumanagara Five Facet Mindfulness Questionnaire (TFFMQ). The total

FFMQ items are 40, representing five aspects of mindfulness, which consist of acting with awareness (being present in current activities and able to concentrate), non-judging of experience (a non-evaluative attitude towards thoughts and feelings), observing (paying attention to or accompanying internal and external experiences), non-reactivity of inner experience (not trapped by thoughts and feelings), and describing with words (can label internal experiences through words). The responses varied from 1 to 5, with the majority of statements being positive. The results of the reliability test in this study showed that the measuring instrument had a Cronbach alpha value of 0.940. However, there was one item, item 4, which had a corrected item-total correlation value of .183 r .20, so the researchers decided to eliminate items. After elimination, there was an increase in the Cronbach alpha value to .942, so it can be concluded that the TFMMQ measuring instrument in this study was reliable and had good internal consistency.

Furthermore, the history of childhood maltreatment was measured using the Childhood Trauma Questionnaire—Short Form (CTQ-SF), which consists of 28 items and measures 5 dimensions of trauma based on violence that occurred in childhood, namely physical violence, emotional abuse, sexual abuse, physical neglect, and emotional abandonment. In addition, this measuring tool also measures the minimization or denial subscale, which aims to detect individuals who do not report violence in childhood. CTQ is measured using a scale of 1, which is "never" to a scale of 5, which is "very often". This research will use the CTQ, which has been adapted into Indonesian (Rahma et al., 2020). Furthermore, to ensure that the CTQ-SF measuring tool has good reliability and validity, the researchers again conducted psychometric testing, which showed that the CTQ-SF measuring tool had a Cronbach alpha value of .894, but there were 4 items that had a corrected item value (total r .20), namely item numbers 20, 21, 23, and 27, so the researcher decided to eliminate these items and get the Cronbach alpha value increased to .920. These results indicate that the CTQ-SF measuring instrument is valid and can consistently measure the level of childhood maltreatment experienced by individuals.

Data Analysis

The data was analyzed quantitatively using the SPSS Statistics program (version 23.0). Descriptive analysis techniques are used to characterize research participants. In addition, the researcher performed a preliminary study utilizing Cronbach's alpha and corrected item total correlation to assess the research questionnaire's reliability and validity. In addition, the researcher also conducted a preliminary analysis using Cronbach's alpha and corrected item total correlation to check the reliability and validity of the research questionnaire. After the research questionnaire was proven to be valid and reliable, the researcher conducted multiple regression analysis to examine the relationship and influence between the three variables and conducted the Kruskal-Wallis Test to carry out additional analysis.

RESULT

Based on the results of the descriptive analysis, it was found that the participants in this study had high posttraumatic growth. This is because the hypothetical mean value of the total score of the PTG measuring instrument is 2.5, lower than the mean PTG total scale of 3.54, with a standard deviation of 9.49. Based on the analysis, of all the PTG domains participants have the highest mean value in the personal strength domain. Furthermore, based on the analysis of the MSPSS measurement tool, it is known that the mean value of the total social support scale obtained by participants is 4.36, greater than the hypothetical mean value of 4 with a standard deviation of 17.41, so that it can be said that the social support received by participants is high. The analysis also shows that when compared to other sources of social support, the participants in this study receive higher social support from special persons (significant others). The participants in this study were also discovered to have low to moderate levels of mindfulness because the mean value of the overall mindfulness scale, 2.98, was lower than the hypothetical mean value, 3, with a standard deviation of 27.34. Furthermore, the participants in this study had the highest mean value on the observation dimension and the lowest on the non-reactivity of the inner experience dimension, according to the analysis of the mindfulness dimension.

Tabel 2. Description of Research Variables

Variable	Max	Min	Mean	Scale Mean	Hypothetical Means	Standard Deviation
Posttraumatic Growth	50	0	35.36	3.54	2.5	9.49
Social Support	84	12	52.29	4.36	4	17.41
Mindfulness	192	39	116.51	2.98	3	27.34

In addition, before evaluating the hypothesis, the researcher performed an assumption test that included normality and multicollinearity tests. The one-sample Kolmogorov-Smirnov test and the asymptotic only technique were used to do the normality test. The test findings showed the value of *Asymp. Sig (2-tailed)* $p = .155$ ($p > .05$), implying that the data in this study were normally distributed. Furthermore, the multicollinearity test was performed by examining the tolerance value and VIF (variance inflation factor) on the analysis findings, which were $.808$ (*tolerance* $> .10$) and 1.238 (*VIF* < 10). As a result, there is no multicollinearity among the independent variables in this study.

Furthermore, researchers tested the hypothesis using multiple regression data analysis to examine the effect of social support and mindfulness (an independent variable) on PTG (a dependent variable). The results of the analysis showed that PTG was positively predicted by social support and mindfulness together, or stimulants, by 33.90%, $F(2.111) = 28.4160$, $p < 0.01$. Furthermore, the value of social support is $.350$, which means that for every 1% increase in the social support variable, the PTG variable increases by $.350$, or, in other words, the higher the level of social support for young adults who are survivors of childhood maltreatment, the higher the level of PTG survivors. Furthermore, the mindfulness value is $.336$, implying that every 1% increase in the mindfulness variable increases the PTG variable by $.336$. According to these findings, the greater the amount of mindfulness among young adult survivors of childhood maltreatment, the greater the level of PTG reported by survivors. Based on this analysis, it can be concluded that the research

hypothesis, social support and mindfulness can play a positive role in PTG young adults survivors of childhood maltreatment, is supported by data.

Tabel 3. Regression Coefficient of Social Support and Mindfulness

Predictor	B	SE	β
Constant	11.774	3.338	
Social Support	.191**	.047	.350
Mindfulness	.117**	.030	.336

$F = 28.416$, $R^2 = .339$, $*p < .05$ (1-tailed), $**p < .01$ (1-tailed)

In addition, researchers also tried to see the effect of the severity of childhood maltreatment experienced by participants on PTG. Previous research stated that the severity of a traumatic event can affect a person's PTG (Tedeschi et al., 2018). The PTG variable difference test in terms of the severity of childhood maltreatment was tested using the Kruskal-Wallis test technique. The results showed that the chi-square value was 3.745, $p = .442 > .05$, not significant, which meant that there was no difference in the mean PTG score in each group for the severity of childhood maltreatment experienced by the participants.

DISCUSSION

The results of this study show several things: First, social support has a positive effect on PTG in young adults with a history of childhood maltreatment. Furthermore, this study also found that most survivors have a moderate level of social support, which means that survivors get enough social support, especially from special people and friends. This first finding is in line with previous research, which stated that there was a positive direct relationship between social support and PTG (Jia et al., 2015; Wang et al., 2021; Zhou, Wu, & Zen, 2017). Social support refers to a person's perception and belief that he is cared for, loved, and respected by the people around them. Wang et al. (2021) stated in the trauma literature that traumatic events can reduce the psychological well-being of survivors. This is because traumatic events can disrupt survivors' social feelings about themselves and their relationships with the environment, other people, or the world in general. Traumatic events can destroy an individual's core beliefs or positive view of the world, so that they do not trust other people, feel unloved and helpless, and believe that there is no help for themselves.

Using the same logic, Wang et al. (2021) stated that recovery or resilience from traumatic events can occur when an individual's sense of self and relationships with others are restored or enhanced. This is also known as "social causation," a theory proposed by Johnson et al. (1999) regarding how social resources (in this case, social support) predict well-being and the lack of them can cause psychological distress. In line with this statement, Xiang, Wang, and Guang (2018), young adults with childhood maltreatment experience who perceive themselves as receiving various supports from friends, family, and special people will create a sense of security, which is one of the components important in the positive life transformation of childhood maltreatment survivors. A sense of security allows survivors to be open to internal experiences, accept traumatic events, and direct themselves toward good emotional regulation.

Furthermore, Tedeschi et al. (2018) stated that sharing thoughts and feelings about childhood maltreatment experiences with someone they trust can help survivors think about things in new ways, develop new schemes and with awareness, understand the violent events they experienced. This encourages survivors not to rush into decisions and to be aware of the various sources of support they require. Furthermore, emotional support helps survivors feel less alone and can help them deal with traumatic events, reduce stressors, and in turn, can lead to the realization of PTG.

This study also found that mindfulness plays a positive role in PTG childhood maltreatment survivors. This finding is consistent with previous studies showing that mindfulness has been associated with less posttraumatic stress and greater PTG (Hanley, Garland, & Tedeschi, 2017; Mc-Cracken & Yang, 2008; Smith et al., 2011; Vujanovic et al., 2013). Mindfulness can help facilitate individuals' cognitive flexibility. In this study, on average, survivors of childhood maltreatment had the most ability to observe or attend to sensations as an aspect of mindfulness. This ability allows survivors to be aware of various stimuli and phenomena that they encounter, such as violence and neglect. Survivors can understand their feelings, body sensations, thoughts, and the impact of the violent experience on them. Van der Westhuizen, Walker Williams, and Fouché (2022) state that having a deep understanding of what happens to oneself as a result of traumatic experiences allows survivors to be careful, act with awareness, and know more about the resources that can be utilized to overcome the various negative impacts of violence and neglect.

In line with the statement above, Vujanovic et al. (2013) stated that the mindfulness aspect of non-judgmental experiences will make survivors experience fewer posttraumatic stress symptoms. Furthermore, survivors who do not overreact to negative experiences tend to use more positive coping strategies. The synergy of these processes, combined with high emotional awareness, facilitates the effective management of an individual's mind or cognitive content after a traumatic event and thereby helps create positive changes within the individual. Furthermore, Garland, Farb, Goldin, and Fredrickson (2015) proposed that the contemplative practice of mindfulness can aid in the reassessment of traumatic events by distancing or "decentering" individuals from the negative impact or intrusive stress responses associated with these traumatic events.

Intrusive stress can narrow the focus of cognition (survivors of traumatic events may tend to persist or rethink negatively about the traumatic event) and contribute to inflexibility in behavior. Conversely, by practicing mindfulness, survivors can deal with their negative thoughts by not judging them, accepting them, and slowly reducing negative thoughts and reactions, thereby expanding the scope of cognition. Survivors can see different points of view as a result of the impact of violent events, produce reassessments and overcome habitual avoidance coping in thinking and behaving related to traumatic events so that it will lead to positive growth.

This positive growth can occur in several aspects of survivors' lives. In this study, the average survivor experienced the greatest positive change in the aspect of personal strength. When a survivor is able to go through a difficult situation as a result of negative experiences from childhood maltreatment, it is assumed that they are strong enough to deal with it. Tedeschi et al. (2018) stated that individuals who experience growth in this domain will be able to deal with other situations that are relatively neutral because survivors already have self-reliance, which not only influences how individuals evaluate their competence in dealing with difficult situations but also increases the tendency for individuals to deal with difficult situations assertively in the future. Furthermore, positive

changes occur when survivors realize new possibilities in life, such as interests, activities, and various life decisions; appreciate life and the people around them more; and strengthen their spiritual aspects.

Furthermore, through additional analysis, it was found that there was no significant difference in the average PTG score at various levels of severity of child abuse experienced by participants. This finding is different from several previous studies, which found that the severity of trauma can affect PTG (Tedeschi et al., 2018). The inconsistency of research results can be caused by differences in event centrality among individuals who have experienced traumatic events. Berntsen and Rubin (2006) state that "event centrality" (EC) is the extent to which an individual feels a certain event has become central in organizing his identity, or, in other words, EC is the extent to which a person perceives himself. have been exposed to a traumatic event, such as considering themselves to have experienced mild trauma or experiencing partial or severe trauma. Henson, Truchot, and Canevello (2021), in a systematic review study, found that several studies positively associated EC with high rates of PTSD. This shows that the higher the level of EC, the higher the level of post-traumatic stress in traumatized individuals. Regardless of the severity of the trauma survivor, high EC can cause people to exaggerate or emphasize the negative impact of the trauma experienced.

Finally, this study has several limitations. First, this study has a non-experimental design with a cross-sectional data collection period, or only one data collection. This causes caution when making judgments from research findings and generalizing findings beyond the scope of this study. Furthermore, because this research is retrospective in nature, it is investigating the participants' past experiences, which can lead to several errors due to one of which is the susceptibility of participants to bias or errors in recalling past events. Finally, because this study did not consider the event centrality aspect experienced by survivors in their childhood maltreatment experiences, additional analysis did not find differences in PTG in aspects that had previously been shown to affect PTG.

CONCLUSION

The study concludes that social support and mindfulness play vital roles in post-traumatic growth (PTG) among young adults who have survived childhood maltreatment. Perceived social support, including feelings of comfort, assistance, security in sharing experiences, and non-judgmental acceptance of negative experiences, can lead to positive changes. Additionally, using mindfulness as an internal resource can contribute to PTG. These findings suggest that childhood maltreatment's negative effects can be mitigated by viewing social support as an external resource and using mindfulness internally. The study recommends further research to explore the interaction between social support and mindfulness in overcoming childhood trauma and fostering PTG, particularly focusing on participants' initial age during trauma, as it can influence the understanding and formation of PTG.

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