The Role of Adverse Childhood Experiences on Psychological Well-being among College Students: The Mediating Role of Emotional Intelligence

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Abstract

This study aims to examine the effect of Adverse Childhood Experiences (ACEs) on Psychological Well-Being (PWB) among college students, with Emotional Intelligence (EI) as a mediating variable. Although ACEs are widely known to affect mental health, research exploring the psychological mechanisms underlying this relationship in Indonesian college student populations remains limited. Using a quantitative explanatory design and purposive sampling, 440 students aged 18–25 years completed standardized measures of ACEs, EI, and PWB. Data were analyzed using PROCESS Macro Model 4 with 5,000 bootstrap resamples. Results showed that ACEs had a significant negative effect on PWB (B = -0.651, t = -5.464, p < .001), whereas EI had a significant positive effect on PWB (B = 0.722, t = 12.475, p < .001). EI also partially mediated the effect between ACEs and PWB, emphasizing the importance of enhancing emotional intelligence in educational settings. These findings highlight the importance of strengthening emotional intelligence to mitigate the adverse impact of early negative experiences on psychological well-being.

Keywords: Adverse childhood experiences; emotional intelligence; psychological well-being; mediation.

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Introduction

The 2023 *World Happiness Report* ranks Indonesia 84th out of 137 countries, with an average well-being score approximately 5.25% lower than that of several other Southeast Asian countries, including Singapore (25th) and Malaysia (55th) (Helliwell et al., 2023). National data further indicate substantial mental health concerns: *Riskesdas* (2018) reported a 6.1% prevalence of depression among individuals aged ≥15 years, while a survey by PDSKJI (2021) found that more than 60% of students experienced symptoms of anxiety and depression. In addition, World Population Review (2021) estimated that 2.1 per 100,000 men and 1.05 per 100,000 women in Indonesia died by suicide.

Low psychological well-being (PWB) heightens vulnerability to depression, anxiety, and a range of other mental disorders, and is associated with reduced functional capacity; cross-national studies similarly show that individuals with low PWB are more prone to psychopathology and experience declines in overall quality of life (B & Hamzah, 2020; Fink, 2014; Koppenborg et al., 2024; Lamers et al., 2015; Ng et al., 2020; Paramita & Faradiba, 2020; Paramita et al., 2021). PWB is also closely linked to physical health, with lower levels of PWB associated with increased risk of cardiovascular disease,

chronic inflammation, and immune system dysregulation (Diener et al., 2018; Ryff, 2013). Furthermore, low PWB constitutes a major risk factor for fatal behaviors such as self-harm and suicide (Gold et al., 2022; Harmer & Ladiwala, 2024). Taken together, these data underscore the urgency of advancing understanding of PWB, particularly by identifying psychosocial risk and protective factors in young adults. One well-established risk factor associated with lower PWB is adverse childhood experiences (ACEs).

Adverse Childhood Experiences (ACEs) and *Psychological Well-Being*

Adverse Childhood Experiences (ACEs) are defined as potentially traumatic events occurring before the age of 18, including abuse (psychological, physical, and sexual) and family dysfunction (substance abuse, mental illness, intimate partner violence against mothers, and criminal behavior) (Felitti et al., 1998; Hustedde, 2021). These experiences are associated with a wide range of negative outcomes in adulthood. Prior research has shown that approximately 88% of adults report at least one ACE, which contributes to elevated levels of depression, anxiety, and suicidal ideation (Alsawafi et al., 2024). ACEs have a detrimental impact on psychological well-being (PWB) (Putri et al., 2024), including heightened resentment, reduced emotional awareness, increased feelings of hurt (Khalid et al., 2024), and a significant increase in social anxiety symptoms (Heshmati et al., 2024).

Extending this line of evidence, the negative influence of ACEs on PWB can be understood through several core mechanisms. Early traumatic experiences foster maladaptive self-schemas and insecure attachment orientations, which erode self-acceptance and weaken individuals' perceived capacity to cope with life demands (Felitti et al., 1998). ACEs also disrupt the development of emotion regulation, increasing vulnerability to negative affect and internalizing psychopathology and, in turn, compromising key dimensions of well-being such as autonomy and environmental mastery (Cole & Diaz, 2024). Consistent with these mechanisms, meta-analytic findings show that greater exposure to ACEs is associated with more pronounced declines in mental health and psychological well-being (Hughes et al., 2017).

In Indonesia, the 2021 National Survey on the Experiences of Children and Adolescents (SNPHAR) reported that approximately two out of three children aged 13–17 years had experienced at least one form of violence in their lifetime, with the prevalence of emotional abuse at 41.1%, physical abuse at 34.5%, and sexual abuse at 10.7% (KemenPPPA et al., 2021). These findings are reinforced by the SIMFONI-PPA system, which in 2022 recorded more than 12,000 reports of child abuse, most of which occurred within the family environment (KemenPPPA, 2022). Together, these data indicate that exposure to ACEs is a concrete and widespread reality in Indonesia. Although population-based, these figures imply that many of these children will eventually enter higher education, bringing the psychological sequelae of ACEs into early adulthood and potentially hindering the development of PWB.

However, the impact of ACEs on PWB is not deterministic. Not all individuals with a history of ACEs show diminished well-being; some demonstrate notable adaptation and resilience. For instance, Putri et al. (2024) found that the majority of young adults exposed to moderate levels of ACEs still reported high levels of psychological well-being. This discrepancy suggests the presence of psychological mechanisms that may buffer or mediate the relationship between adverse childhood experiences and quality of life in adulthood.

Adverse childhood, Emotional Intelligence, and Psychological Well-being

One prominent psychological mechanism that may buffer the impact of ACEs on psychological well-being is emotional intelligence (EI). Emotional intelligence refers to the ability to recognize, understand, and manage one's own emotions as well as the emotions of others (Salovey & Mayer,

1990). Individuals with higher EI are generally better able to cope with stress, maintain satisfying interpersonal relationships, and foster psychological well-being (Goleman, 1995; Schutte et al., 2007). Empirical evidence also indicates that EI can function as a mediator in the association between negative childhood experiences and various mental health outcomes (Armstrong et al., 2011). For example, Zhao et al. (2019) found that EI mediates the relationship between childhood maltreatment and symptoms of depression and anxiety, while Li et al. (2022) showed that individuals with higher EI demonstrate greater readiness to cope with emotions arising from childhood maltreatment.

Emotional intelligence further contributes to psychological resilience, which plays a crucial role in enabling individuals to adapt positively to adverse childhood experiences (Ortiz, 2019; Türk-Kurtça & Kocatürk, 2020). EI is linked to psychological well-being through several key pathways, including its robust associations with emotion regulation, perceived social support, and resilience (Ugwu et al., 2024; Xiang et al., 2021; Zhao et al., 2019). Individuals with higher EI are more capable of regulating their emotions, thereby reducing the risk of emotional dysregulation—a central mechanism underlying increased internalizing psychopathology (Armbruster-Genc et al., 2024; Cole & Diaz, 2024). In addition, higher EI is associated with stronger perceived social support, which acts as a protective factor against the negative effects of ACEs. EI has also been shown to mediate the relationship between ACEs and life satisfaction, underscoring its central role in shaping psychological well-being.

Within the present research framework, emotional intelligence is conceptualized as a mediating variable that helps explain how ACEs influence PWB. Accordingly, this study proposes the following hypotheses: (1) ACEs have a negative effect on PWB; (2) ACEs have a negative effect on EI; (3) EI has a positive effect on PWB; and (4) EI mediates the effect of ACEs on PWB among college students. Although previous studies have examined EI as a mediator, most of this work has been conducted outside Indonesia, and there is currently no empirical evidence specifically investigating EI as a mediator between ACEs and PWB among Indonesian college students. Given that exposure to ACEs may impede the development of EI, thereby reducing PWB in adulthood, this study aims to examine the effect of ACEs on PWB through the mediating role of EI in a sample of Indonesian college students. The findings are expected to provide theoretical contributions to the understanding of PWB dynamics and to offer practical implications for the design of interventions that promote psychological well-being by strengthening emotional intelligence.

Method

Design

This study employed a non-experimental quantitative approach with an explanatory survey design. A quantitative approach was chosen because it is suitable for testing hypotheses about relationships among variables based on numerically measured data (Creswell, 2014). The explanatory survey design allowed the researchers to test a theoretically derived model involving an independent variable, a mediator, and a dependent variable using data collected at a single point in time (cross-sectional). In this study, Adverse Childhood Experiences (ACEs) served as the independent variable, Psychological Well-Being (PWB) as the dependent variable, and Emotional Intelligence (EI) as the mediating variable. Data were collected in September 2025 using an online self-report questionnaire administered via Google Forms. Participants were recruited through purposive sampling by distributing the survey link across multiple platforms, including WhatsApp groups, WhatsApp status posts, Instagram direct messages, and personal chats.

The research model was specifically designed to examine whether EI mediates the effect of ACEs on PWB. A mediation design was chosen because, theoretically, adverse childhood experiences can disrupt the development of emotional capacities, which in turn impacts psychological well-being

(Hayes, 2018). Thus, the study not only aimed to confirm the negative association between ACEs and PWB, but also sought to provide a theoretical contribution by elucidating the underlying psychological mechanism through the mediating role of EI.

Participants

The target population comprised students enrolled at University X in Malang, Indonesia, with a total population of 69,129. Students were selected as the population because they are typically in early adulthood (18–25 years), a transitional period characterized by heightened academic, social, and emotional demands (Arnett, 2014). At this stage, individuals begin to consolidate a relatively stable sense of identity and more mature emotion regulation skills (Steinberg, 2017), making it a critical developmental window in which the long-term psychological impact of ACEs on well-being is likely to manifest (Felitti et al., 1998; Hughes et al., 2017).

Accordingly, college students represent an appropriate group for examining the relationships among ACEs, EI, and PWB, as they are at a developmental stage that permits the fuller expression of the psychological sequelae of childhood adversity. The minimum required sample size was calculated using Slovin's formula with a 5% margin of error, yielding a minimum of 397 participants. The final sample consisted of N = 440 students, thus exceeding the minimum requirement. Purposive sampling was employed using the following inclusion criteria: (1) currently registered as an undergraduate or graduate student at University X; (2) aged 18–25 years; (3) willing to participate; and (4) completion of all questionnaires. Students aged 17 years or those who did not complete the survey were excluded. Participants were recruited by disseminating the online questionnaire link via WhatsApp groups, WhatsApp status posts, personal chats, and Instagram direct messages.

Research Instruments

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences were measured using the Adverse Childhood Experiences International Questionnaire (ACEs-IQ), adapted into Indonesian by Rahapsari et al. (2021). The instrument comprises 13 categories of childhood adversity, including emotional, physical, and sexual abuse; emotional and physical neglect; household dysfunction (substance abuse, mental illness, domestic violence, parental separation, criminal household member); bullying; community violence; and collective violence. In this study, each ACE category was dichotomized following standard ACE scoring procedures, with responses coded as 0 = no exposure and 1 = exposure based on whether the participant reported experiencing the event at least once. The total ACE score was obtained by summing the endorsed categories, resulting in a score range of 0–10, consistent with prior research using the ACEs-IQ. Descriptive results in the current sample showed a mean ACE score of 4.11 (SD = 2.19), with scores ranging from 0 to 10.

The Indonesian adaptation has demonstrated good reliability (Cronbach's α = .742) and strong convergent validity with the ACE-Q (r = .807, $p < .01$). In the present study, internal consistency was re-evaluated and again showed acceptable reliability (Cronbach's α = .742), consistent with the original adaptation findings.

Psychological Well-Being (PWB)

Psychological well-being was assessed using the short version of Ryff's Psychological Well-Being Scale (18 items), adapted into Indonesian by Humaidah and Mulyono (2021). This instrument covers six dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Each dimension is represented by three items; for example, "I

like my personality" reflects self-acceptance. Participants responded on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). Confirmatory factor analysis (CFA) of the adapted version indicated good model fit (RMSEA = .06), with all items showing t-values greater than 1.96.

In the present study, internal consistency was re-examined and showed acceptable reliability (Cronbach's α = .761), consistent with the original adaptation. Overall reliability was adequate, although some subscales showed moderate consistency, which is commonly observed in short-form measures.

Emotional Intelligence (EI)

Emotional intelligence was measured using the Brief Emotional Intelligence Scale (BEIS-10) developed by Davies et al. (2010) and adapted into Indonesian by J. E. Putri (2024). The scale consists of 10 items reflecting five key dimensions: self-emotion appraisal, other-emotion appraisal, self-emotion regulation, other-emotion regulation, and use of emotion. Because BEIS-10 is a brief instrument designed to assess EI as a unidimensional construct, the present study used the total EI score as the mediator variable. The short-form structure does not permit reliable separate analysis of the five dimensions; therefore, EI was treated as a single composite indicator representing overall emotional intelligence.

Responses were given on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The Indonesian adaptation has demonstrated good construct validity ($p < .001$) and high reliability (Cronbach's α = .900), indicating that the scale is suitable for measuring EI in student populations. In the present study, internal consistency was re-evaluated and showed acceptable reliability (Cronbach's α = .828), consistent with the original adaptation findings.

Data Collection Procedure

This study adhered to standard ethical research procedures. Prior to participation, students received information about the purpose of the study, the procedures involved, confidentiality of their responses, and their right to withdraw at any time, in line with APA ethical principles (APA, 2017). Informed consent was obtained electronically, and all responses were treated as confidential and used solely for research purposes.

Data were collected online in September 2025 using a self-administered questionnaire hosted on Google Forms. The survey link was distributed via WhatsApp groups, WhatsApp status posts, personal chats, and Instagram direct messages. Participants completed three instruments: the ACE-IQ to assess Adverse Childhood Experiences (ACEs), the BEIS-10 to measure Emotional Intelligence (EI), and the short form of Ryff's Psychological Well-Being Scale to assess Psychological Well-Being (PWB).

Following data collection, descriptive analyses were conducted to summarize participant characteristics and distributions of ACEs, EI, and PWB. Inferential analyses were then performed using linear regression and mediation testing with PROCESS Macro Model 4. These analyses examined (a) the effect of ACEs on PWB, (b) the effect of ACEs on EI, (c) the effect of EI on PWB, and (d) the mediating role of EI in the relationship between ACEs and PWB. A significance level of $p < .05$ was applied in all hypothesis tests.

Data Analysis

Data were analyzed quantitatively using IBM SPSS Statistics version 26 with the PROCESS Macro version 4.2 (Hayes, 2018) to test the mediation model. Before conducting the main analyses, classical

assumption tests—normality, linearity, and multicollinearity—were performed to ensure that the regression model met statistical assumptions.

Descriptive statistics were used to describe participants' demographic characteristics and the distribution of scores on ACEs, EI, and PWB. Inferential analyses were then carried out using Model 4 of the PROCESS Macro to test the mediating role of EI in the relationship between ACEs (independent variable) and PWB (dependent variable). A bootstrapping procedure with 5,000 resamples and a 95% confidence interval was employed to evaluate the significance of the indirect effect. Mediation was considered significant if the confidence interval for the indirect effect did not include zero. Results are reported using regression coefficients (B), p-values, and coefficients of determination (R^2) to indicate the strength and explanatory power of the relationships among ACEs, EI, and PWB within the proposed model.

Result

Based on Table 1, most respondents in this study were female (74.4%), while males accounted for 25.6%, indicating that female students were more strongly represented in the sample. Respondents were between 17 and 26 years old; two 17-year-old students were excluded because they did not meet the age-based inclusion criteria. The largest age group was 21 years (34.7%), followed by 20 years (25.9%) and 22 years (17.7%). This distribution shows that the majority of respondents were in early adulthood, consistent with the characteristics of the target population.

With respect to faculty, the largest proportion of respondents came from the Faculty of Psychology (27.8%), followed by the Faculty of Tarbiyah and Teacher Training (20.4%) and the Faculty of Science and Technology (14.3%). The smallest proportions were from the Faculty of Humanities (6.1%) and the Faculty of Medicine and Health Sciences (6.6%), indicating representation from a range of disciplines, although students from psychology- and education-related faculties were somewhat overrepresented.

In terms of educational level, almost all respondents were undergraduate students (99.5%), with only 0.5% enrolled in master's programs. Thus, the sample primarily reflects the psychological profile of undergraduate students in a transitional developmental phase into early adulthood, which is pertinent for examining psychological well-being in the context of academic demands.

Based on Table 2, the mean Adverse Childhood Experiences (ACEs) score was 4.11 (SD = 2.20), with scores ranging from 0 to 10. The median score of 4.00 suggests that most respondents experienced approximately four types of adverse childhood experiences. The 95% confidence interval (CI = 3.90–4.32) falls within a relatively narrow range, indicating good stability of the mean estimate. The skewness value of 0.436 and kurtosis of −0.558 indicate that the ACEs distribution is approximately normal, with a slight positive skew but still within acceptable bounds for parametric analysis. The variance of 4.83 reflects meaningful variability in exposure to adverse childhood experiences among respondents.

Table 1.
Distribution of Respondents

Characteristic	Category	n	%
Gender	Male	113	25.6%
	Female	329	74.4%
Age	17	2	0.4%
	18	13	2.9%
	19	55	12.5%
	20	114	25.9%
	21	153	34.7%
	22	78	17.7%
	23	22	5%
	24	1	0.2
	25	1	0.2%
	26	1	0.2%
Faculty	Education and Teacher Training	90	20.4%
	Sharia	50	11.3%
	Humanities	27	6.1%
	Psychology	123	27.8%
	Economics	49	11.1%
	Science and Technology	63	14.3%
	Medicine and Health Sciences	29	6.6%
	Others	11	2.5%
Education Level	S1	440	99.5%
	S2	2	0.5%

Table 2.
Descriptive Statistics of Total Adverse Childhood Experiences (ACEs)

			Statistic	Std. Error
Total ACEs	Mean		4.11	**.105**
	95% Confidence Interval for Mean	Lower Bound	3.90	
		Upper Bound	4.32	
	5% Trimmed Mean		4.03	
	Median		4.00	
	Variance		4.831	
	Std. Deviation		2.198	
	Minimum		0	
	Maximum		10	
	Range		10	
	Interquartile Range		4	
	Skewness		.436	**.116**
	Kurtosis		-.558	**.232**

Table 3
Distribution of Adverse Childhood Experiences

ACEs Dimensions	n (Yes)	% (Yes)	n (No)	% (No)
Emotional Abuse	120	27.3%	320	72.7%
Physical Abuse	95	21.6%	345	78.4%
Sexual Abuse	40	9.1%	400	90.9%
Emotional Neglect	150	34.1%	290	65.9%
Physical Neglect	70	15.9%	370	84.1%
Household Substance Abuse	80	18.2%	360	81.8%
Household Mental Illness	60	13.6%	380	86.4%
Parental Separation/Divorce	110	25.0%	330	75.0%
Domestic Violence	85	19.3%	355	80.7%
Criminal Household Member	30	6.8%	410	93.2%

Based on Table 3, respondents reported various forms of Adverse Childhood Experiences (ACEs) with differing prevalence rates. The most frequently reported type was emotional neglect (34.1%), followed by emotional abuse (27.3%) and parental separation or divorce (25%). In addition, approximately 18.2% of respondents reported substance abuse within the family, and 13.6% indicated that a family member had a mental health disorder. Both conditions reflect exposure to a dysfunctional family environment that may contribute to lower psychological well-being in adulthood. The least commonly reported ACEs were having a family member involved in criminal activity (6.8%) and experiences of sexual abuse (9.1%).

Overall, the prevalence of non-physical forms of adversity—such as neglect and emotional abuse—was higher than that of physical or sexual abuse. This pattern suggests that, within this student population, adverse childhood experiences were more often psychological and relational in nature than overtly physical.

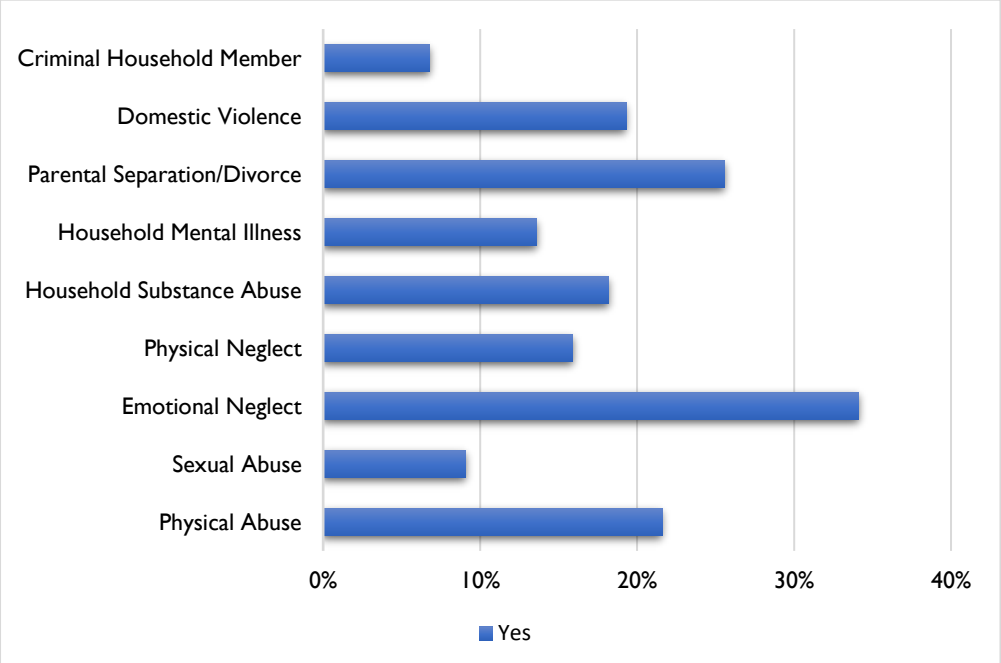

Figure 1. Distribution of Adverse Childhood Experiences

Table 4
Descriptive Statistics of BEIS and PWB

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error
Total BEIS	440	10.00	40.00	32.07	4.52	-.622	.116
Total PWB	440	29.00	69.00	52.07	6.58	.013	.116
Self-Acceptance	440	3.00	12.00	8.27	1.90	-.050	.116
Positive Relations	440	3.00	12.00	8.43	1.87	.021	.116
Autonomy	440	3.00	12.00	8.29	1.73	-.104	.116
Environmental Mastery	440	3.00	12.00	8.49	1.68	-.155	.116
Purpose in Life	440	5.00	12.00	8.4182	1.35251	-.042	.116
Personal Growth	440	3.00	12.00	10.1636	1.59027	-.973	.116
Valid N (listwise)	440						

Table 5
Reliability Statistics BEIS-10 and PWB

	Cronbach's Alpha	N of Items
BEIS-10	0.828	10
PWB	0.761	18

Table 5 presents the reliability coefficients for the Brief Emotional Intelligence Scale (BEIS-10) and the Psychological Well-Being (PWB) scale. The Cronbach's alpha for the BEIS-10 was .828, indicating good internal consistency and a high level of reliability. This suggests that the items consistently measure the construct of emotional intelligence in line with the instrument's intended purpose. The Cronbach's alpha for the PWB scale was .761, which reflects acceptable reliability. Although this value is slightly lower than that of the BEIS-10, it remains above the commonly used threshold of .70, indicating that the PWB scale is sufficiently reliable for research use.

Table 6
One-Sample Kolmogorov-Smirnov Test Results for Equation 1

		Unstandardized Residual
N		440
Normal Parameters[a,b]	Mean	0.00
	Std. Deviation	4.484
Most Extreme Differences	Absolute	0.045
	Positive	0.41
	Negative	-0.45
Kolmogorov-Smirnov Z		.943
Asymp. Sig. (2-tailed)		.336

a. Test distribution is Normal.
b. Calculated from data.

Table 7
Multicollinearity Diagnostics Results for Equation 1

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	**VIF**
1	(Constant)	33.142	.454		72.973	0.00		
	Total ACEs	-.260	.097	-.126	-2.663	0.00	1.00	**1.00**

Dependent Variable: Total EI

Table 8
One-Sample Kolmogorov-Smirnov Test Results for Equation 2

		Unstadarized Residual
N		440
Normal Parameters[a,b]	Mean	0.00
	Std. Deviation	5.428
Most Extreme Differences	Absolute	0.039
	Positive	0.022
	Negative	-0.39
Kolmogorov-Smirnov Z		.813
Asymp. Sig. (2-tailed)		.522

a. Test distribution is Normal
b. Calculated from data

Based on Table 6-9, the analysis results show that Normality tests (Kolmogorov–Smirnov) indicated that residuals were normally distributed in both models ($p > .05$). Multicollinearity indices were acceptable (VIF ≈ 1.00; Tolerance > .90).

Table 9
Multicollinearity Diagnostics Results for Equation 2

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	31.581	1.996		15.818	.000		
	Total ACEs	-.651	.119	-.217	-5.464	.000	.984	1.016
	Total EI	.722	.058	.496	12.475	.000	.984	1.016

a. Dependent Variable: Total PWB

Table 10.
Pearson Correlation Matrix among ACEs, PWB, and BEIS

		Total ACEs	Total PWB	Total BEIS
Total ACEs	Pearson Correlation	1	-.28**	-.12**
	Sig. (2-tailed)		.00	.00
	N	440	440	440
Total PWB	Pearson Correlation	-.28**	1	.52**
	Sig. (2-tailed)	.00		.000
	N	440	440	440
Total EI	Pearson Correlation	-.12**	.52**	1
	Sig. (2-tailed)	.00	.00	
	N	440	440	440

**. Correlation is significant at the 0.01 level (2-tailed).

Based on Table 10, the Pearson correlation analysis shows significant associations among the study variables at the 99% confidence level ($p < .01$). Adverse Childhood Experiences (ACEs) were significantly and negatively correlated with Psychological Well-Being (PWB), $r = -.28$, $p < .001$, indicating that higher levels of ACEs are associated with lower psychological well-being. ACEs also showed a significant negative correlation with Emotional Intelligence (EI), $r = -.12$, $p < .01$, suggesting that greater exposure to adverse childhood experiences tends to be linked to reduced ability to perceive and manage emotions.

Conversely, EI demonstrated a moderate-to-strong positive correlation with PWB, $r = .52$, $p < .001$, indicating that individuals with higher emotional intelligence tend to report higher levels of psychological well-being. The magnitude of this correlation is substantially larger than the association between ACEs and PWB, highlighting the potential importance of EI as a protective factor. Overall, these findings support the study's hypotheses that ACEs are negatively related to both PWB and EI, whereas EI is positively related to PWB. Taken together, the pattern and size of these effects provide a robust empirical basis for conducting mediation analysis, in which EI is expected to mediate the negative relationship between ACEs and psychological well-being (Armstrong et al., 2011; Hayes, 2018).

Table 11
Direct and Indirect Effects of ACEs on PWB via BEIS

Effect type	Estimate	SE	95% CI LL	95% CI UL	p
Direct effect (ACEs on PWB)	-0.65	0.12	-0.88	-0.42	**<.001**
Indirect effect (ACEs via EI on PWB)	-0.19	0.08	-0.34	-0.04	**—**

Bootstrap sample = 5000; confidence interval = 95%

Based on the mediation analysis using PROCESS Macro Model 4 (Hayes, 2018) with 5,000 bootstrap samples and a 95% confidence level, the results are presented in Table 15. The direct effect of Adverse Childhood Experiences (ACEs) on Psychological Well-Being (PWB) was significant and negative ($B = -0.65$, $SE = 0.12$, 95% CI $[-0.88, -0.42]$, $p < .001$), indicating that higher levels of ACEs are associated with lower levels of psychological well-being.

In addition, there was a significant indirect effect of ACEs on PWB through Emotional Intelligence (EI) ($B = -0.19$, $SE = 0.08$, 95% CI $[-0.34, -0.04]$), with a confidence interval that did not include zero. This finding indicates that EI partially mediates the relationship between ACEs and PWB. In other words, ACEs reduce psychological well-being both directly and indirectly by lowering individuals' emotional intelligence.

Table 12
Model Fit Indicators

Model	Predictor(s)	Outcome	R^2
Mediator Model	ACEs	EI	**0.78**
Indirect effect (ACEs via EI on PWB)	ACEs with EI	PWB	**0.27**

Type of Mediation: *Partial mediation*
Proportion of total Effect Mediated: 22.6%

Based on Table 12, the R^2 values further support the mediation findings by indicating the proportion of variance explained in each model. In Model 1, ACEs accounted for 7.8% of the variance in EI, suggesting a small but meaningful influence of childhood adversity on emotional abilities. In Model 2, the inclusion of EI increased the explained variance in PWB to 27.4%, indicating that EI substantially

enhances the model's predictive power. This increase underscores EI as an important psychological resource that contributes to well-being beyond the direct effect of ACEs.

The results are consistent with partial mediation, with EI explaining approximately 22.6% of the total effect of ACEs on PWB. This implies that emotional intelligence attenuates—but does not eliminate—the negative impact of ACEs. Taken together, these findings highlight EI as a meaningful mechanism linking early adversity to psychological well-being and provide a theoretical basis for interventions aimed at strengthening emotional skills among students with a history of ACEs.

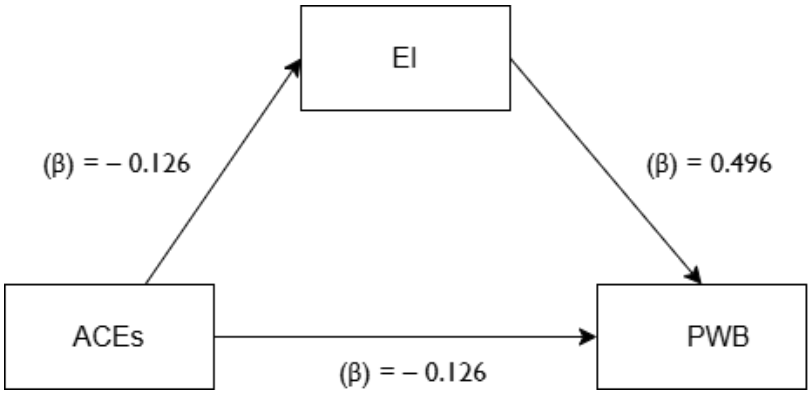

Figure 2. Path Diagram Showing Standardized coefficients (β)

Based on Figure 2, Adverse Childhood Experiences (ACE) have a negative effect on Emotional Intelligence (EI) (β = – 0.126) and Psychological Well-Being (PWB) (β = – 0.217), while EI positively affects PWB (β = 0.496). These findings suggest that emotional intelligence plays a mediating role in the relationship between childhood adversity and well-being, implying that higher emotional intelligence can buffer the negative impact of adverse experiences on psychological well-being.

Discussion

The results of this study indicate that Adverse Childhood Experiences (ACEs) have a significant negative effect on Psychological Well-Being (PWB), with Emotional Intelligence (EI) acting as a partial mediator in this relationship. Regression analyses showed that higher levels of ACEs were associated with lower PWB, whereas individuals with higher EI reported better well-being even when they had experienced adverse childhood events. Specifically, ACEs had a significant negative effect on EI ($B = -0.26$, $p < .01$), such that for every one-unit increase in ACEs, EI decreased by 0.26 units. In addition, a one-unit increase in ACEs was associated with a 0.65-unit decrease in PWB ($B = -0.65$, $p < .001$). By contrast, EI had a significant positive effect on PWB, with each one-unit increase in EI predicting a 0.72-unit increase in PWB ($B = 0.72$, $p < .001$). The indirect effect of ACEs on PWB through EI was −0.19 (95% CI [−0.34, −0.04]), confirming statistically significant partial mediation. Taken together, these findings demonstrate that emotional intelligence functions as an important psychological bridge linking early adverse experiences to later psychological well-being.

These results are consistent with prior research highlighting the protective role of EI against the psychological impact of childhood adversity. Armstrong et al. (2011) found that individuals with higher EI reported fewer symptoms of psychological distress following early traumatic experiences. Similarly, Xiang et al. (2021) showed that EI enhances coping capacity and reduces the long-term emotional

burden of adverse childhood events. More recently, Shengyao et al. (2024) reported that EI promotes adaptive emotion regulation and higher life satisfaction among college students with elevated ACE exposure. Complementing these findings, Ugwu et al. (2024) found that EI moderates the association between early adversity and depressive symptoms, underscoring its buffering role in maintaining psychological well-being. Collectively, these studies reinforce the present findings that EI functions as a key resilience factor in the relationship between ACEs and PWB. By demonstrating similar patterns in Indonesian university students, this study extends the existing literature to a non-Western, collectivist context and supports the notion that individuals with high EI are better able to manage stress, reinterpret negative experiences in a more constructive manner, and maintain psychological equilibrium despite exposure to early adversity.

Theoretically, these findings align with both Emotion Regulation Theory (Gross, 2014) and the Broaden-and-Build Theory of Positive Emotions (Fredrickson, 2001). ACEs—particularly emotional neglect and emotional abuse—may impair emotional learning through insecure attachment, punitive parenting, and limited emotional validation (Mikulincer & Shaver, 2019). As a result, individuals with extensive ACE histories often struggle to recognize, understand, and regulate their emotions effectively. Nevertheless, some individuals develop higher EI later in life through education, social relationships, and deliberate self-reflection, thereby compensating for early deficits (Nelis et al., 2009; Schlegel & Mortillaro, 2019; Schutte et al., 2013).

Emotional intelligence enables individuals to manage negative emotions, build positive psychological resources (e.g., optimism and meaning in life), and foster supportive social relationships, which together enhance PWB. This process is also consistent with the notion of post-traumatic growth, whereby adversity can catalyze psychological strength and resilience (Tugade & Fredrickson, 2004). Findings by Shengyao et al. (2024) and Ugwu et al. (2024) further support this mechanism, demonstrating that higher EI reduces the risk of depression and enhances life satisfaction in students with ACE exposure. These results are in line with Ryff's (1989) model, which links self-awareness, empathy, and self-regulation to psychological well-being.

Although EI significantly mediates the ACE–PWB relationship, the mediation is partial, indicating that other mechanisms also contribute to well-being outcomes. Factors such as resilience (Luthar, 2015), social support (Keyes, 2007), and religiosity or spiritual meaning-making (Park, 2010) may serve as additional protective resources that buffer the impact of ACEs. This highlights the need for further research that integrates these constructs into a more comprehensive model of psychological adaptation following adversity.

Beyond the hypothesized relationships, descriptive results revealed that emotional neglect (34.1%) and emotional abuse (27.3%) were the most prevalent ACEs in this sample, followed by parental separation (25%) and indicators of family dysfunction (18.2%). This pattern mirrors findings from East and Southeast Asia, where non-physical ACEs are often more common than physical or sexual abuse (Hughes et al., 2017). The predominance of non-physical adversity may be partly explained by cultural norms that prioritize academic achievement, discipline, and social harmony over emotional validation (Chen et al., 2021; Kim & Park, 2021). In collectivist contexts, expressions of negative emotion are frequently discouraged, leading children to rely on emotional suppression as a habitual regulation strategy. Over time, such suppression impedes the development of emotional clarity and understanding (Denham et al., 2015; Gross & John, 2003), contributing to lower EI and reduced PWB. Other ACE dimensions, such as family dysfunction and substance abuse, likely exert additional effects on well-being. Emotional abuse can directly undermine self-concept and self-esteem (Schore, 2020),

whereas family dysfunction may disrupt secure attachment patterns. Nevertheless, individuals who develop high EI can counteract these risks through empathy, reflective insight, and adaptive coping, reinforcing the view that EI is not a fixed trait but a malleable capacity that can be cultivated through learning and relational experience.

Despite these risks, average PWB scores remained relatively high even among students reporting moderate ACE exposure, echoing findings by Putri (2024), who argued that religiosity, social support, and emotion regulation help Indonesian students adapt effectively despite adversity. Future research is therefore warranted to explore the interaction between EI, resilience, and religiosity in explaining PWB among populations with ACE histories. In this way, the current study not only contributes empirical evidence regarding the interplay between ACEs, EI, and PWB, but also underscores the urgency of developing educational systems and social policies that are more attuned to psychological factors.

Limitation

Several limitations should be acknowledged. First, the cross-sectional design precludes strong causal inferences regarding the directionality of the relationships between ACEs, EI, and PWB. Second, ACEs were assessed via retrospective self-report, which introduces potential recall bias and common method variance. Third, participants were drawn from a single university, limiting the generalizability of the findings to other institutions or regions in Indonesia. Fourth, the unequal representation of students across faculties may have influenced the variability of PWB and EI scores; a more balanced sample would likely provide stronger generalizability and better reflect the diversity of the broader student population.

Future research is therefore encouraged to employ longitudinal designs, incorporate multi-informant or multi-method assessments of ACEs and well-being, ensure more proportional representation across faculties, and recruit more diverse samples. Such methodological refinements would strengthen causal interpretations and enhance the external validity of findings. Despite these limitations, the present study adds to the growing body of literature identifying EI as a key mediating mechanism that promotes psychological well-being among individuals with histories of childhood adversity.

Conclusion

The findings of this study confirm that Adverse Childhood Experiences (ACEs) exert a significant negative influence on Psychological Well-Being (PWB) among university students, and that Emotional Intelligence (EI) serves as a partial mediator in this relationship. Individuals with higher ACE exposure tend to report lower EI, which in turn reduces their PWB. At the same time, the results also show that high EI can mitigate part of the detrimental impact of ACEs on PWB, functioning as a protective mechanism that helps individuals maintain adaptive functioning despite adverse childhood experiences.

Theoretically, these results strengthen the propositions of Emotion Regulation Theory and the Broaden-and-Build Theory of Positive Emotions by highlighting that effective emotion regulation and positive emotional experiences are essential for building psychological resources such as optimism, meaning in life, and supportive relationships. Practically, the findings underscore the importance of integrating emotional intelligence training into educational and counseling programs to foster resilience and well-being among students with ACE histories.

For future research, it is recommended to examine additional factors—such as resilience, social support, and other psychological constructs beyond EI—that may help explain PWB in populations exposed to ACEs. Such an approach is expected to yield a more comprehensive understanding of the mechanisms of psychological adaptation to traumatic childhood experiences and to inform more targeted interventions.

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Ethical Statement
This research was conducted in accordance with the principles of psychological research ethics, including confidentiality, voluntary consent, and no physical or psychological risk to participants.

Informed Consent Statement
All participants provided *informed* consent prior to participating in this research. Participation was voluntary, and participants had the right to withdraw at any time without negative consequences.

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Conflict of Interest
The author declares that there is no potential conflict *of interest* related to the research, writing, or publication of this article.

Data Availability
Data supporting the findings in this study are available from the first author upon reasonable request. Data are not publicly available to protect participant confidentiality in accordance with research ethics guidelines.

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