

## Correlation between Adverse Childhood Experiences and Mental Well-being of Women in Emerging Adulthood

Linda Ernawati<sup>1</sup>, Prita Augusttiarini<sup>2</sup>, Chandra Yudistira P<sup>3</sup>

<sup>12</sup>Universitas Jenderal Achmad Yani

<sup>1</sup>[linda.ernawati@lecture.unjani.ac.id](mailto:linda.ernawati@lecture.unjani.ac.id), <sup>2</sup>[prita7111171176@gmail.com](mailto:prita7111171176@gmail.com)

---

### Artikel history

	<i>Received</i> 2022-02-01	<i>Revised</i> 2022-02-17	<i>Accepted</i> 2022-02-24	<i>Published</i> 2022-02-28
<b>Keyword:</b>	<b>Abstract</b>			
Adverse childhood experiences, mental well-being, emerging adulthood	Adverse childhood experiences (ACEs) are traumatic events experienced by children before the age of 18, generally consisting of violence, neglect, and dysfunctional family conditions. A person's mental well-being can be shaped by past, where traumatic experiences may serve as a separate stressor for individuals in their daily lives, especially for women who are considered more emotional. This research aims to determine the correlation between adverse childhood experiences and the mental well-being of women in emerging adulthood (18-25 years). The subjects were 219 emerging adulthood women who were taken by the incidental sampling process. Data were collected by distributing the Adverse childhood experiences (ACEs) questionnaire modified from the Kaiser Permanente study of the CDC (Felitti, 1998) and the WEMWBS questionnaire (Warwick-Edinburgh Mental Well-being Scale). It was analyzed using chi-square analysis. The results showed that there was a low degree of correlation between adverse childhood experiences and mental well-being. Most of the women in emerging adulthood who were the subjects in this study had a higher category of mental well-being. The category of Adverse childhood experiences (ACE) that the subjects mostly experienced was emotional neglect.			

---

*How to cite:* Linda Ernawati, Prita Augusttiarini, Chandra Yudistira P (2022). Correlation between Adverse Childhood Experiences and Mental Well-being of Women in Emerging Adulthood. *Insight: Jurnal Ilmiah Psikologi*, 24(2), 98-110. DOI: <https://doi.org/10.26486/psikologi.v24i2.2556>

---

## INTRODUCTION

Mental health is a state of mental well-being that serves as the basis for individuals to function effectively. Mental well-being comes from psychological functions, which include the ability to develop and maintain mutually beneficial relationships, feel happy and satisfied with life. In general, mental well-being is defined by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) as more than the absence of mental illness. People who have been diagnosed with mental illness can experience well-being if the illness doesn't make them feel bad or dysfunctional. Past experiences, attitudes, and views can all have an impact on well-being such as the experience of physical or emotional trauma following a particular incident (Stewart-Brown, S., & Taggart 2015).

Adverse Childhood Experiences, abbreviated as ACEs, describe a potentially traumatic event or situation that children may experience during their childhood, occurring between the ages of 0-17 years. Adverse Childhood Experiences (ACEs) was conducted by Felitti entitled "The Relationship between Childhood Abuse and Household Dysfunction to Leading Causes of Death in Adults". Higher levels are

associated with an increase in the leading causes of death in adulthood (including heart disease, cancer, chronic lung disease, fractures, and liver disease). In adults, the probability of death is about 12 times higher for individuals who have experienced four or more ACEs compared to those who have not been exposed to it (Felitti et al. 1998).

Adverse childhood experiences refer to experience of violence, abuse, or neglect; witnessing domestic violence; and having family members who have attempted or committed suicide. These include aspects of a child's environment that can impair security, stability, and bonding such as growing up in a household with substance abuse, mental health problems, or instability due to separation from parents, siblings, or other household members (Felitti et al. 1998).

Adverse childhood and related conditions such as living in an environment that lacks resources, moving frequently, experiencing food insecurity, and other instability can cause toxic stress, namely prolonged activation of the stress response system. Toxic stress is a state of high alert and inability to relax and recover to the previous state due to constant exposure to conditions that cause increased or prolonged stress (Collingwood et al. 2018). Children who grow up with stress may have difficulty forming healthy and stable relationships. They may also have a history of unstable employment as adults and have lifelong financial, family, work, and depression problems, the effects of which can be passed on to their children (Prevention, 2019).

Studies show a strong correlation between certain ACEs and the development of mental disorders, people who experience childhood trauma, such as sexual, emotional, and physical abuse, are more at risk of developing depression or having depressive symptoms later in life (De Venter, Demyttenaere, and Bruffaerts 2013). Sexual abuse, emotional or physical, is on average the most at risk of developing depression or experiencing symptoms of depression in the future. Then child sexual abuse and violence in the family carry greater risk for anxiety disorders or symptoms later in life, compared to other types of ACE. Physical neglect and family violence are significant factors for substance abuse later in life (De Venter et al. 2013).

In a national survey on the life experiences of children and adolescents, it was revealed that Indonesian women aged 13-17 years had experienced experiences in the form of emotional violence and sexual violence. Emotional violence, 52.34%, and sexual violence, 9.96%. *Thematics and Violence* (2017) defined violence as an obstacle for women to advance. A survey conducted in 23 states disclosed that, an estimated 62% of adults reported that they had experienced one ACE during childhood and nearly a quarter reported that they had experienced three or more ACEs. Traumatic childhood experiences can have a negative, lasting impact on health and well-being (Prevention 2019).

Based on "The association between adverse childhood experiences and mental health in adulthood, A systematic literature review", the literature review resulted in 65 references saying that women are more likely to experience traumatic events in childhood (De Venter, Demyttenaere, et al. . and

Bruffaerts 2013). The literature review also says that women who had childhood trauma were more likely to experience depression on average (17%) and anxiety disorders on average (11%).

The article entitled "Does continued trusted adult support in childhood provide lifelong resilience against adverse childhood experiences - a retrospective study of behaviors that are detrimental to adult health and mental well-being" suggests that high ACE is strongly associated with an increased likelihood of reporting low mental well-being up to threefold.

The previous literature has shown that women are vulnerable to trauma from past experiences which may have an impact on their mental well-being. However, this study intends to see how the relationship between the forms of Adverse Childhood Experience and women's mental well-being, which will be measured by Adverse childhood experiences (ACE) modified from the Kaiser Permanente study from the CDC (Felitti, 1998) and the WEMWBS questionnaire (Welfare Scale Warwick-Edinburgh Mentality).

## **METHOD**

This is correlational research, with 219 female respondents in emerging adulthood (age ranging from 18-25 years). Samples were selected using convenience sampling or accidental sampling method. Adverse Childhood Experiences were used as the measuring instrument modified from the Kaiser Permanente study from the CDC (Felitti et al. 1998). This measurement consists of 17 questions with a reliability score of 0.8 and can reveal the presence or absence of traumatic childhood experiences that occurred before the age of 18 years, consisting of violence, neglect, and domestic dysfunction. Violence, can be in the form of emotional violence, physical violence, and sexual violence, while neglect, can be in the form of physical neglect and emotional neglect. Types of household dysfunction can be in the form of experiencing divorce or parental separation, seeing mother or family members being treated harshly by others, living with a family member who has a mental disorder, living with a family member who is taking drugs or is addicted to alcohol, and living with a family member who has been in prison. The second measuring instrument was the WEMWBS (Warwick-Edinburgh Mental Well-being Scale). It is a 14-item scale of mental well-being covering subjective well-being and psychological functioning, where all items are worded positively and address the positive aspects of mental health that mostly describe each other's experience over the past 2 weeks. This scale has a reliability value of 0.9 and the scale is assessed by adding up the responses for each item answered on a Likert scale of 1 to 5. The minimum scale of the score is 14 and the maximum is 70. To find out the relationship between variables, the Chi-Square statistical analysis method was used. It was processed with the assistance of the SPSS application. In addition, descriptive statistical tests were also carried out to determine the distribution of ACE types and demographics.

## RESULTS AND DISCUSSION

The result of correlation, categorization of mental well-being, and demographic of participants is as described below:

**Table 1. Categorization of Mental Well-Being**

Category	F	%
High	158	72.15
Low	61	27.85

The categorization of ACE and mental well-being revealed that 158 people (72.15%) had high mental well-being, while 61 women in emerging adulthood had low mental well-being (27.85%). **Table**

### 2. Result of Correlation Test

<i>Adverse Childhood Experience</i>	N (219)	Mental Wellbeing			Age			Tribe			Last education (ongoing education)		
		X <sup>2</sup>	CC	Pvalue	X <sup>2</sup>	CC	Pvalue	X <sup>2</sup>	CC	Pvalue	X <sup>2</sup>	CC	Pvalue
Emotional Abuse	Yes 45 (20.55)												
	No 174 (79.45)	25.2 37	0.3 21	0.0 00	11.5 43	0.2 24	0.1 17	8.04 1	0.1 88	0.4 29	6.5 89	0.1 71	0.1 59
Physical Abuse	Yes 29 (13.24)												
	No 190 (86.76)	12.4 14	0.2 32	0.0 01	9.05 0	0.1 99	0.2 49	12.9 89	0.2 37	0.1 12	2.3 92	0.1 04	0.6 64
Sexual Violence	Yes 25 (11.42)												
	No 194 (88.58)	3.66 1	0.1 28	0.0 62	3.09 1	0.1 18	0.8 76	5.12 4	0.1 51	0.7 44	2.7 70	0.1 12	0.5 97
Emotional Abandonment	Yes 61 (27.85)												
	No 158 (72.15)	28.9 80	0.3 42	0.0 00	5.31 4	0.1 54	0.6 22	7.94 4	0.1 87	0.4 39	1.4 13	1.4 13	0.8 42
Physical Abandonment	Yes 25 (11.42)												
	No 194 (88.58)	14.5 12	0.2 49	0.0 01	6.23 9	0.1 66	0.5 12	10.1 25	0.2 10	0.2 56	6.8 74	0.1 74	0.1 43

<i>Adverse Childhood Experience</i>	N (219)	Mental Wellbeing			Age			Tribe			Last education (ongoing education)		
		X <sup>2</sup>	CC	Pvalue	X <sup>2</sup>	CC	Pvalue	X <sup>2</sup>	CC	Pvalue	X <sup>2</sup>	CC	Pvalue
Experiencing parental separation or divorce	194 (88.58)												
Yes	23 (10.5)												
No	196 (89.5)	7.564	0.183	0.012	6.883	0.175	0.441	5.964	0.163	0.651	0.994	0.067	0.911
Seeing mother being treated rudely by others	12 (5.479)	5.869	0.162	0.040	10.901	0.218	0.143	6.349	0.168	0.608	2.493	0.106	0.646
Living with family members who consume illegal drugs	207 (94.52)												
Yes	3 (1.37)												
No	216 (98.63)	2.280	0.102	0.188	23.799	0.313	0.001	1.447	0.081	0.994	1.174	0.073	0.882
Living with family members with mental disorders	16 (7.306)												
Yes	203 (92.69)	19.092	0.283	0.000	16.788	0.267	0.019	7.540	0.182	0.480	3.455	0.125	0.485
Living with family members who have been imprisoned	5 (2.28)												
Yes	214 (97.72)	2.631	0.109	0.133	9.609	0.205	0.212	2.219	0.100	0.974	0.356	0.040	0.986
Mental Well-being	High 158(72.15%) low 61 (27.85)				11.723	0.225	0.110	18.088	0.276	0.021	2.549	0.107	0.636

Furthermore, Table 2 shows the results of the correlation test between adverse childhood experiences and mental well-being. Adverse childhood experience was significantly related to mental well-being. Of the 10 types of ACE, seven were significantly associated with mental well-being. Emotional abuse and physical violence have a significant relationship with mental well-being with correlation rates of 0.321 and 0.232 respectively. Emotional abuse resulted in the significance (p-value) of 0.000 ( $0.000 < 0.05$ ), while physical violence resulted in (p-value) 0.001 ( $0.001 < 0.05$ ). Besides, emotional neglect and physical neglect had a significant relationship with mental well-being which was at correlation values of 0.342 (pvalue= $0.000 < 0.05$ ) and 0.249 (p value= $0.001 < 0.05$ ). In addition, experience of parental separation or divorce, seeing the mother being treated harshly by others, and living with family members who had mental disorders had a significant relationship with mental well-being with the correlation values of 0.183 (pvalue= $0.012 < 0.05$ ), 0.16 (pvalue= $0.040 < 0.05$ ) and 0.283 (pvalue= $0.000 < 0.05$ ). The other three types of ACE did not have a significant relationship. Substance abuse had correlation rate of 0.102 (pvalue=  $0.188 > 0.05$ ), living with family members who have been imprisoned obtained correlation rate of 0.109 (pvalue= $0.133 > 0.05$ ), and sexual abuse experience had correlation rate of 0.128 (pvalue= $0.062 > 0.05$ ).

**Table 3. Demographic Data**

<b>Participant Data</b>		<b>F</b>	<b>%</b>
<b>Age</b>			
	18 years old	13	5.94%
	19 years old	14	6.39%
	20 years old	23	10.50%
	21 years old	64	29.22%
	22 years old	74	33.79%
	23 years old	24	10.96%
	24 years old	6	2.74%
	25 years old	1	0.46%
<b>Tribes</b>			
	Bali	1	0.46%
	Banjar	1	0.46%
	Batak	13	5.94%
	Betawi	4	1.83%
	Jawa	77	35.16%
	Madura	1	0.46%
	Melayu	3	1.37%
	Minang	4	1.83%
	Sunda	115	52.51%
<b>Recent Education (Ongoing Education)</b>			
	<b>Middle School/Equivalent</b>	1	0.46%
	High School/Equivalent		
	(student)	158	72.15%
	Diploma 3	8	3.65%
	Diploma 4	4	1.83%
	Undergraduate	48	21.92%

<b>ACE prevalence</b>		
Emotional Violence	45	20.55%
Physical abuse	29	13.24%
Sexual Violence	25	11.42%
Emotional Abandonment	61	27.85%
Physical Abandonment	25	11.42%
Experiencing Parental Separation	23	10.5%
Seeing Mother or Family Member Being Abused	12	5.479%
Living with Family Members Using Drugs or Alcoholics	3	1.37%
Living with Family Members with Mental Disorders	16	7.306%
Living with Family Members Who Have Been Imprisoned	5	2.28%

The data shows that most of the respondents aged 22 were 74 people (33.79%). As seen from respondents' ethnicity, most of them (115 people or 52.51%) were Sundanese. It can also be seen that most of the respondents (158 people or 72.15%) were studying in primary education. The categorization of each type of adverse childhood experience is further explained through diagrams illustrations. Of the several types of adverse childhood experience, the type that has the highest percentage in the experienced category was the emotional neglect with 61 respondents or 27.85%, while the lowest type was living with family members who consume illegal drugs or alcoholics with 3 people or 1.37%.

This section, discusses the correlation between the types of adverse childhood experiences. Consisting of emotional violence, physical violence, sexual violence, emotional neglect, physical neglect, experiencing parental separation, seeing mother or family members being treated harshly by others, living with family members who consume illegal drugs, living with family members who experience mental disorders and living with family members who have been imprisoned with mental wellbeing in women in emerging adulthood.

The correlation test between the type of adverse childhood experience and mental well-being in women in emerging adulthood revealed, that emotional violence, physical violence, emotional neglect, physical neglect, experiencing parental separation, seeing a mother or family members treated rudely by others and living with family members who experience mental disorders were correlated with mental well-being. The correlation between seven types of adverse childhood experiences and mental well-being showed that emotional violence, physical violence, emotional neglect, physical neglect, experiencing parental separation, seeing their mother or family members being treated harshly, and living with family members who had mental disorders for women in emerging adulthood would have an impact on their level of mental well-being.

The finding of the current study is consistent with that of previous researches and research (Hughes et al. 2016), which explained that there was a significant relationship between emotional

violence, physical violence, sexual violence, experiencing parental separation, seeing a mother or family members being treated harshly by others, and living with family members who have mental disorders placing individuals at increased risk of mental well-being at a significantly lower percentage (Hughes et al. 2016). Then, in line with retrospective research (Bellis et al. 2017) regarding adults who endanger their health, behavior, and mental well-being, it is argued that adverse childhood harmed mental and physical health throughout life and harmed mental well-being.

In this research, physical violence, emotional violence, physical neglect, and emotional neglect had a significant relationship with mental well-being, in line with research by Fatimah (2010) that child abuse, such as physical abuse, sexual abuse, sexual violence, emotional abuse, and child neglect can cause physical and psychological harm. Thus, gradually, people who experience violence will lose self-confidence, which made them find it difficult to develop trust in others, feel insecure, and judge themselves as useless (Fatimah 2010). It is in line with the research conducted by (Masuda et al. 2007), which explained that children who feel rejected by their family members usually show poor self-evaluation or tend to be bad, feel helpless, and find it difficult to trust others which can make it difficult for them to relate to their surroundings. The absence of positive interactions between parents and children as a form of emotional neglect can lead children to develop negative attributions about themselves to form negative self-schemas. This will prevent children from forming positive self-confidence, which subsequently will impede the development of self- their resilience.

In this research, the experience of parental separation or divorce was also found to be significantly related to mental well-being. It was in line with a research finding entitled the consequences of divorce for adults and children, which stated that individuals with parental divorce, got significantly lower scores on measures of academic achievement, behavior, adjustment, psychological, self-concept, and social reality (Amato 2001). Parental divorce results in reduced competence of an individual in all aspects of life, including family relationships, education, emotional state, and the ability to earn (Anderson 2014). This will be related to low mental well-being, where individuals having low self-concepts tend to have difficulty in facing social reality.

This research, found that seeing mothers or family members being treated harshly had a significant relationship with mental well-being. This was in line with a research by Anderson (2014) that the implications of this exposure can lead to physical health problems, mental health problems, challenges in social skills development, and changes in cognitive processing. A research conducted by Mufidatu Z and Sholichatun (2016) suggested that disharmonious or problematic families affect self-concept and poor self-acceptance. In this regard, individual having these experiences is likely to have problems with physical, mental, and social skills that will make them have low markers of mental well-being.

Moreover, it was also found that living with family members who have mental disorders had a relationship with mental well-being, which is in line with a research finding by Trondsen (2012), which



showed that adolescents who live with parents with mental disorders feel that their daily lives are strongly influenced by the mental disorders of their parents. There are some emotional and practical challenges that they have to face daily, the instability and unpredictable daily conditions that are closely related to changes in mood, behavior, and other symptoms, and the feeling of fear, either fear of their parents in various ways such as symptoms they have, fear of their appearance, and other dangerous symptoms. The feeling of fear and uncertainty are likely to make them worry about their lives.

In line with the research conducted by Amalia (2015), children having a mother suffering from a mental disorder will have slower development than individuals who have a harmonious family. Such condition will lead to some psychosocial impacts, such as social withdrawal, loneliness, lack of emotional control, feelings of guilt for causing the mother to suffer from mental disorders, despair and anxiety about their future, and lack of self-confidence. Having a mother suffering from a mental disorder will cause problems, such as disobedience, impulsivity, low social competence, decreased frontal brain activity which will decrease interest in external events, and higher emotional reactions in response to events that stimulate emotions.

Furthermore, a research on family relationships and people with mental disorders found that the higher the burden on families caring for people with mental disorders, the lower the quality of life for the family. It covers aspects of the low quality of family life, especially in the psychological and welfare aspects, social relations with friends, and material burdens. The widely shared negative perceptions families having family members with mental disorders have challenged families to be able to build positive relationships with other people (Tristiana et al. 2019).

This research showed a significant but low degree of relationship between the seven types of ACE and mental well-being. This can be caused by other factors as stated in the research by Univer (2000) that a self concept is normally developed upon growing up, particularly due to the support and motivation of others, and by strengthening one's spirituality through praying and multiplying prayers. Well-being consist of, aspects of psychological functions which include self-concept. A research conducted by Yahaya, A.S et.al (2009) delineated that, the development and formation of self-concept are influenced by experience or external contact with the environment and also internal experiences about oneself. This internal experience will affect the response to external experiences, from which a self-concept is formed. The impact of ACE can be reduced by always having the support of a trusted adult in childhood. Developing resilience and reducing childhood difficulties, developing resilience in children, and reducing childhood difficulties are very important to overcome low mental well-being. In addition, having support from trusted people such as parents, family, teachers, and partners can also help improve mental well-being.

In addition, women in emerging adulthood are supposed to have a healthy environment as condition that can support the well-being. A previous research by Bellis et al. (2017) showed that adult

support or trusted people can reduce low mental well-being. Thus, parent-child support can help prevent ACE. Women will obtain a lot of support from family, friends, community, and partners. Women can express what they feel and what they think so that they will have positive feelings and can optimize their psychological functions by being able to maintain a sense of autonomy, and agency to accept themselves despite they the adverse childhood experineces they had ever had such as violence, neglect and having family dysfunction, having self-esteem, self-concept, personal growth and having a purpose in life. In this era of emerging adulthood, women already have broader insights and they are also able to know more about their identities, such as the growth of their emotional, and intellectual functions and abilities.

In emerging adulthood, women have experienced emotional and cognitive changes. They have been able to regulate which direction they will choose, and thus any experience of adverse events, will not have an impact on their life, especially on their welfare. It is because the period of emerging adulthood describes changes in individual cognitive, emotional, physical, and social contexts. The path that will be chosen by emerging adults is determined by dynamic and continuous reciprocal interactions between individuals and their environment. The diverse pathways and exploration of roles in emerging adulthood provide the potential for the growth of emotional and intellectual functioning (Arnett, Wood, et al. 2018) which will cause some changes in individuals.

Such change is also attribute to constantly changing external circumstances. Thus, mental well-being fluctuates from time to time, ranging from having control and influence, a sense of meaning and purpose in life, a sense of belonging and connection as well as the ability to manage problems and grow, learn and develop. (Stewart-Brown, S., & Taggart 2015)

Adverse Childhood Experiences for those living with a family who have substance abuses in the household, such as using illegal drugs, and living with a family who has mental disorders has a significant relationship with the respondent's age, particularly to the age of emerging adulthood. At that age, individuals have experienced emotionally and cognitive changes and has been able to regulate which direction to take. Thus, such as adverse experiences will not have an impact on the life of individuals at the emerging age.

## CONCLUSION

From the explanation, it is clear that the main hypothesis in this research is accepted. The results of this research indicate that there is a low degree of relationship between seven types of adverse childhood experience (emotional abuse, physical abuse, emotional neglect, physical neglect, experiencing parental separation, seeing a mother or family members being treated harshly by others, and living with family members who experience mental disorders) and mental wellbeing in women in emerging adulthood. Besides, emotional neglect is the most common type of adverse childhood experiences for women in emerging adulthood. Most of the women who are in emerging adulthood have high degree of mental well-being.

Women who have Adverse childhood experiences (ACE) should communicate their feelings or experiences that may have an impact on their current condition. Thus, they can make peace with the past and their adverse experience will not have an impact on their current psychological condition. Furthermore, the community should treat women with care, because women are describe as emotional beings, who are more sensitive to things that affect emotions, such as the care they receive, the environment, and even interactions. Most of women having strong emotions. They are more dependent on feelings in decision-making and are more easily influenced by negative emotions when receiving rejection or abandonment. In addition, women who have experienced traumatic experiences before the age of 17, should grow older and increase their social relations so that they will get more motivation and support from others to have positive feelings and to function optimally, in terms of physical and psychological aspect.

Although this study indicate a low degree of correlation between ACEs and mental-wellbeing, this can have practical implications that experience before the age of 17 years, especially in terms of interactions in the family environment, the family background can affect how a person's mental condition, especially in women. Unfortunately, this study only focuses on the predetermined types and does not discuss further about the intensity, frequency or general description of these unpleasant experiences. As a result, it cannot describe in detail the direct impact or distinguish the extent impact it had on the mental condition of women at that time.

## REFERENCES

- Amato, Paul R. 2001. "Children of Divorce in the 1990s: An Update of the Amato and Keith (1991) Meta-Analysis." *Journal of Family Psychology* 15(3):355–70. DOI: 10.1037/0893-3200.15.3.355.
- Anderson, Jane. 2014. "The Impact of Family Structure on the Health of Children: Effects of Divorce." *Linacre Quarterly* 81(4):378–87. doi: 10.1179/0024363914Z.00000000087.
- Bellis, Mark A., Katie Hardcastle, Kat Ford, Karen Hughes, Kathryn Ashton, Zara Quigg, and Nadia Butler. 2017. "Does Continuous Trusted Adult Support in Childhood Impart Life-Course Resilience against Adverse Childhood Experiences - a Retrospective Study on Adult Health-Harming Behaviours and Mental Well-Being?" *BMC Psychiatry* 17(1):110. doi: 10.1186/s12888-017-1260-z.
- Centre, Children's. n.d. "The Importance of Wellbeing." *The Importance of Wellbeing*. Retrieved March 18, 2021 (<https://starjumpz.com/the-importance-of-well-being/>).
- Collingwood, Siobhan, Andy Knox, Heather Fowler, Sam Harding, Sue Irwin, and Sandra Quinney. 2018. *The Little Book of Adverse Childhood Experiences*.
- Dancey, Christine P., and Jhon Reidy. 2011. *Statistics without Maths for Psychology (5th-Ed)*.
- Ellemers, Naomi. 2018. *Gender Stereotypes*. Vol. 69.
- Fatimah, Siti Nur. 2010. "Dinamika Konsep Diri Pada Orang Dewasa Korban Child Abused." *Empathy* 1(1):131–43.
- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie

- Edwards, Mary P. Koss, and James S. Marks. 1998. "Adverse Childhood Experience (ACE) Questionnaire." *National Council of Juvenile and Family Court Judges Website* 24.
- Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks. 2019. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Preventive Medicine* 56(6):774-86. DOI: 10.1016/j.amepre.2019.04.001.
- Goodminds. n.d. "SUKU SUNDA - Sejarah, Karakteristik, Bahasa Dan Kebudayaan." Retrieved July 30, 2021 (<https://goodminds.id/suku-sunda/>).
- Hair, Joseph F., William C. Black, Barry J. Babin, and Rolph E. Anderson. 2010. *Multivariate Data Analysis, Seventh Edition*. Vol. Seventh Ed.
- Hughes, Karen, Helen Lowey, Zara Quigg, and Mark A. Bellis. 2016. "Relationships between Adverse Childhood Experiences and Adult Mental Well-Being: Results from an English National Household Survey." *BMC Public Health* 16(1):1-11. DOI: 10.1186/s12889-016-2906-3.
- Kalmakis, Karen A., and Genevieve E. Chandler. 2014. "Adverse Childhood Experiences: Towards a Clear Conceptual Meaning." *Journal of Advanced Nursing* 70(7):1489-1501. doi: 10.1111/jan.12329.
- Kemen. PPPA. 2020. "Profil Perempuan Indonesia Tahun 2019." *Kementerian Pemberdayaan Perempuan Dan Perlindungan Anak*.
- Masuda, Akinori, Takao Yamanaka, Tadatoshi Hirakawa, Yasuyuki Koga, Ryosuke Minomo, Takao Munemoto, and Chuwa Tei. 2007. "Intra- and Extra-Familial Adverse Childhood Experiences and a History of Childhood Psychosomatic Disorders among Japanese University Students." *BioPsychoSocial Medicine* 1:3-9. doi: 10.1186/1751-0759-1-9.
- McMahan, Ethan A., and David Estes. 2011. "Hedonic Versus Eudaimonic Conceptions of Well-Being: Evidence of Differential Associations With Self-Reported Well-Being." *Social Indicators Research* 103(1):93-108. DOI: 10.1007/s11205-010-9698-0.
- Mufidatu Z, Fatihul, and Yulia Sholichatun. 2016. "Penerimaan Diri Remaja Yang Memiliki Keluarga Tiri." *Psikoislamika : Jurnal Psikologi Dan Psikologi Islam* 13(1):29. doi: 10.18860/psi.v13i1.6407.
- NHS, 2016. n.d. "Five Steps to Mental Wellbeing | NHS Inform." Retrieved July 30, 2021 (<https://www.nhsinform.scot/healthy-living/mental-wellbeing/five-steps-to-mental-wellbeing>).
- Pallant, Julie. 2011. *SPSS Survival Manual Website*. Open University Press.
- Prevention, Center for Disease Control and. 2019. *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*.
- Reifman, Alan, Jeffrey Jensen Arnett, and Malinda J. Colwell. 2007. "Emerging Adulthood: Theory, Assessment, and Application." *Journal of Youth Development* 2(1):37-48. doi: 10.5195/jyd.2007.359.
- Stewart-Brown, S., & Taggart, F. .. 2015. "Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)." *User Guide. Version 2* (May).
- Sugiono. 2012. *Metodelogi Penelitian Kuantitatif Kualitatif Dan R&D*.
- Tristiana, Rr Dian, Bayu Triantoro, Hanik Endang Nihayati, Ah Yusuf, and Khatijah Lim Abdullah. 2019. "Relationship Between Caregivers' Burden of Schizophrenia Patients with Their Quality of Life in Indonesia." *Journal of Psychosocial Rehabilitation and Mental Health* 6(2):141-48. DOI: 10.1007/s40737-019-00144-w.
- Trondsen, Marianne V. 2012. "Living with a Mentally Ill Parent: Exploring Adolescents' Experiences and Perspectives." *Qualitative Health Research* 22(2):174-88. DOI: 10.1177/1049732311420736.
- Univer-, The Pennsylvania State. 2000. "The Consequences of Divorce for Adults and Children." *Journal of Marriage and Family* 62 (November): 1269-87.

- De Venter, Maud, K. Demyttenaere, and R. Bruffaerts. 2013. "The Relationship between Adverse Childhood Experiences and Mental Health in Adulthood. A Systematic Literature Review." *Tijdschrift Voor Psychiatrie* 55(4):259–68.
- Wood, David, Tara Crapnell, Lynette Lau, Ashley Bennett, Debra Lotstein, Maria Ferris, and Alice Kuo. 2018. "Emerging Adulthood as a Critical Stage in the Life Course." DOI: 10.1007/978-3-319-47143-3.