

Resilience as a shield: Moderating the impact of adverse childhood experiences on emotion regulation in Jakarta's Generation Z

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Abstract

Generation Z is growing up amid rapid globalization and digital transformation, conditions that shape their psychological well-being and emotion regulation abilities. Nevertheless, Adverse Childhood Experiences (ACEs) remain a significant risk factor. This study aims to examine the moderating role of resilience in the relationship between ACEs and emotion regulation among Generation Z in Jakarta. A total of 227 participants were recruited through purposive sampling, using the ACE-IQ, DERS-SF, and CD-RISC as instruments. Data were analyzed with Moderated Regression Analysis (MRA). The results demonstrate that resilience significantly weakens the negative impact of ACEs on emotion regulation. These findings underscore the importance of resilience-based interventions and open further discussion on practical strategies to enhance adaptive capacity and emotional well-being in young adults who have experienced childhood adversity.

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INTRODUCTION

Generation Z, born between 1995 and 2012 (Stillman & Stillman, 2017), has grown up in the midst of globalization, rapid technological progress, and shifting social dynamics. These factors strongly influence their psychological well-being and ability to regulate emotions. Emotion regulation, defined as the capacity to recognize and manage emotions adaptively, is essential for mental health, building relationships, and coping with stress. Research highlights that this skill develops through cognitive maturity, brain development, and sociocultural influences such as parenting and digital exposure (Modecki et al., 2017; Twenge, 2010). Difficulties in this area have been linked to anxiety, depression, impulsivity, and substance use among Gen Z (Compas et al., 2017; Modecki et al., 2017).

An exploratory study of 41 Gen Z respondents revealed notable challenges in emotion regulation, with parenting style, parental divorce, adverse childhood experiences (ACEs), and social environment emerging as significant factors. Disruptions such as stressful parenting and family separation were found to hinder emotional development, limiting the ability to regulate emotions effectively (Sembiring et al., 2022; Travelancya et al., 2024).

ACEs, including abuse, neglect, and household dysfunction, are recognized as key contributors to long-term emotional and psychological difficulties (CDC, 2023). Individuals with greater ACE exposure face higher risks of emotion regulation problems, which in turn heighten vulnerability to mental health and

behavioral disorders (Diajeng et al., 2021; Ion et al., 2023; A. Perveen & Hua, 2021). In Indonesia, the Ministry of Women's Empowerment and Child Protection (KemenPPA) reported 19,628 cases of child violence in 2024, underscoring the prevalence of ACEs (Kemenppa, 2024).

Despite these risks, not all individuals with ACEs exhibit poor emotional regulation. Resilience—the ability to adapt and recover from adversity—plays a protective role. Studies demonstrate that resilience can buffer the negative effects of ACEs, enabling individuals to regulate emotions more effectively and preserve psychological well-being (H. Hu et al., 2023; Schnarrs et al., 2020; Zhu & Chang, 2025). By enhancing emotional adaptability, resilience reduces susceptibility to distress and supports healthier adjustment in the face of past trauma (Alismail & Almulla, 2023; Harjuna & Renaldi, 2022; Surzykiewicz et al., 2022).

A study in Jakarta by (Dewi, 2022) found that individuals with ACE scores ranging from 1 to 10 generally showed moderate to low levels of emotional intelligence, especially in interpersonal functioning and stress management. In Tangerang, (Putri, 2024) reported that although 84.2% of participants experienced moderate ACE exposure, most still demonstrated high psychological well-being. Meanwhile, (Wahdah & Akbar, 2025) observed that adolescents in Bandung with higher ACEs, particularly emotional neglect, had poorer emotion regulation and were more likely to engage in self-injury. These findings indicate that while ACEs are linked to difficulties in emotion regulation, outcomes vary across individuals, suggesting the presence of protective factors. Resilience may be one such factor, yet limited research in Indonesia has explicitly examined its moderating role, especially among Generation Z in Jakarta who face unique urban stressors and sociocultural dynamics. This gap underscores the importance of investigating how resilience influences the relationship between ACEs and emotion regulation in this population.

Jakarta serves as a strategic location to study Generation Z due to its diverse social, cultural, and economic landscape (BPS DKI Jakarta, 2023). As Indonesia's most populous city, it presents relevant psychological stressors such as high living costs and intense job competition, aligning with Deloitte's (2022) findings on Gen Z's economic concerns. High internet penetration (APJII, 2023) supports online data collection, while Jakarta's role as an education and career hub provides insight into factors influencing emotion regulation. Additionally, urban challenges like traffic congestion and pollution contribute to psychosocial stress (McKinsey Health Institute, 2022), making Jakarta a pertinent context for examining emotional regulation among Generation Z.

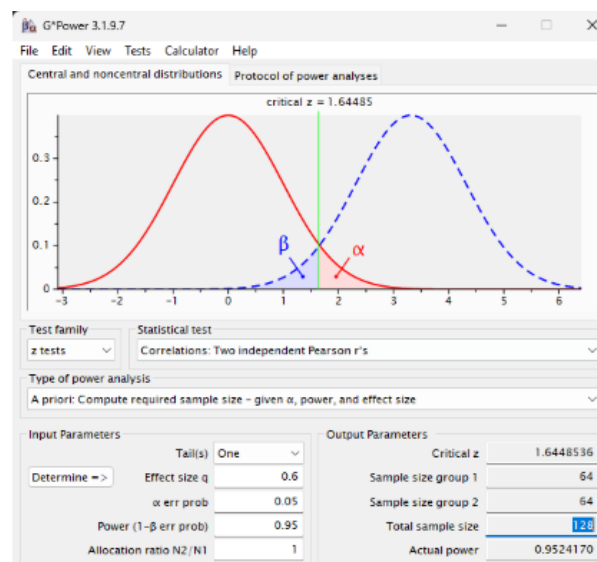
Despite growing research on ACEs, resilience, and mental health, few studies specifically examine emotion regulation as the primary outcome. Even fewer explore how ACEs and resilience interact to influence this ability, particularly in urban Indonesian contexts such as Jakarta, where psychosocial stressors are intensified by rapid urbanization and economic pressures. To address this gap, the present study focuses on emotion regulation as the central outcome and investigates the role of resilience in mitigating the adverse effects of ACEs among Generation Z in Jakarta. Based on this framework, the study hypothesizes that resilience functions as a moderator by weakening the impact of ACEs on emotion regulation.

METHOD

This research uses a quantitative approach with the moderation regression analysis method. The population in this study is Generation Z in Jakarta. Data was obtained using purposive sampling technique on Generation Z aged 20-28 years, the inclusion of participants up to age 28 was intended to capture a broader representation of young adults at the transitional stage of emerging adulthood. This age group was also selected based on developmental theories suggesting that individuals in their twenties are progressing toward emotional maturity. For instance, Erikson's psychosocial development framework places individuals aged 20–40 in the stage of intimacy versus isolation, where emotional regulation and the ability to form close relationships become more prominent (Orenstein & Lewis, 2022).

To ensure sufficient statistical power, G*Power software was used to calculate the minimum required sample size, which indicated that at least 128 respondents were needed. Data collection was carried out using a questionnaire distributed online and 227 respondents were obtained. The present study has been deemed to have met the ethical standards from Konsorsium Psikologi Ilmiah Nusantara (KPIN) set with number 215/2024 Etik/KPIN.

Figure 1. Moderation Graph



The instruments in this study used adaptations of the Difficulties in Emotion Regulation Scale - Short Form (DERS-SF) (Danasasmita, et al. 2024), the World Health Organization Adverse Childhood Experiences International Questionnaire (WHO ACE-IQ) (Rahapsari, 2021), and the Connor-Davidson Resilience Scale (CD-RISC) (Wahyudi et al., 2020). All adopted measurement instruments have been validated and standardized for use in the Indonesian context.

Emotion regulation was measured using an adaptation of the DERS-SF consisting of 18 items that examined 6 dimensions of emotion regulation, namely (1) awareness, (2) clarity, (3) non-acceptance, (4) goals, (5) impulse, and (6) strategies. The following examples of adapted items in (1) the awareness dimension: “When I’m upset, I acknowledge my emotions (Ketika kesal, saya mengakui perasaan kesal

tersebut), (2) the clarity dimension: “I am confused about how I feel (Saya bingung dengan yang sedang saya rasakan), and (3) the non-acceptance dimension: “When I’m upset, I become embarrassed for feeling that way (Ketika kesal, saya menjadi malu karena perasaan kesal tersebut). This instrument uses a Likert scale with the highest score of 5 (almost always) to 1 (almost never). The Goodness of Fit test for the emotion regulation variable indicated a well-fitting measurement model, with CFI = 0.961, TLI = 0.946, RMSEA = 0.0518. This instrument also has an alpha Cronbach reliability of 0.795, which indicates that this instrument is reliable.

Adverse Childhood Experiences were measured using an adaptation of the WHO ACE-IQ consisting of 27 items measuring 13 dimensions of Adverse Childhood Experiences, namely (1) emotional neglect, (2) physical neglect, (3) Alcohol and/or drug abuser in the household, (4) family member who is chronically depressed, mentally ill, (5) incarcerated family member, (6) one of or both parents passed away, separated, or divorced, (7) family member received abuse, (8) psychological/emotional abuse, (9) physical abuse, (10) sexual abuse, (11) bullying, (12) community violence, and (13) collective violence (Rahapsari, 2021). The following examples of adapted items in (1) the emotional neglect dimension: “Did your parents/guardian understand your problems and worries (Orangtua/wali mengerti permasalahan/kegelisahanmu), (2) the physical neglect dimension: “How often did your parents/guardian not give you enough food (Tidak diberi cukup makan), and (3) the Alcohol and/or drug abuser in the household dimension: “Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs (Anggota keluarga alkoholik atau penyalahguna obat)”. The Goodness of Fit test for the Adverse Childhood Experiences (ACEs) variable demonstrated a good model fit, with CFI = 0.929, TLI = 0.901, RMSEA = 0.0622, and a p-value < 0.001. The instrument also has a Cronbach's alpha reliability of 0.941, which indicates that the instrument has high reliability.

Resilience was measured using an adaptation of the CD-RISC consisting of 25 items that examined 5 aspects of resilience, namely (1) personal competence, (2) faith in instinct, (3) positive acceptance, (4) self-control and (5) spirituality (Wahyudi et al., 2020). The following examples of adapted items in (1) the personal competence dimension: “Think of self as strong person (Memiliki pandangan bahwa saya individu yang tangguh), (2) the faith in instinct dimension: “Have to act on a hunch (Dapat bertindak berdasarkan firasat), and (3) the positive acceptance dimension: “Able to adapt to change (Mampu beradaptasi dengan perubahan). The instrument uses a 5 Likert scale from 0 (very untrue) and 4 (almost every time true). Similarly, the Goodness of Fit test for the resilience variable showed an acceptable model fit, with CFI = 0.913, TLI = 0.900, RMSEA = 0.0650, and a p-value < 0.001. This instrument has an alpha Cronbach reliability of 0.950, which indicates that this instrument has high reliability.

The data obtained were analyzed using SPSS version 27, where an assumption test was carried out consisting of a normality test, a linearity test, a multicollinearity test, and a heteroscedasticity test. Then, hypothesis testing was carried out using Moderated Regression Analysis (MRA) with the help of Process

Macro Hayes V4.2 to see the moderating role of resilience on adverse childhood experiences and emotion regulation.

RESULTS AND DISCUSSION

Table 1 shows demographic data consisting of gender, age, marital status, latest education, occupation, and domicile. It can be seen that respondents are dominated by women (65.9%). While based on age, the majority of respondents are 25 years old (17.6%). Based on marital status, most respondents are single (75.8%) and have the latest education Bachelor's Degree (43.6%). Most respondents work as private employees (40.1%) and students (34.8%). The majority of respondents live in Jakarta Barat (28.2%).

The discussion of article aims to: (1) answer the problems and research questions; (2) show the ways the findings obtained; (3) interpret the findings; (4) relate the finding results to the settled-knowledge structure; and (5) bring up new theories or modify the exist theories.

Table 1. Respondent Demographic Data

Demographic Data	n	%
Gender		
Male	83	36.4
Female	144	63.6
Total	227	100
Age (in year)		
20	14	6.2
21	23	10.1
22	37	16.3
23	31	13.7
24	32	14.1
25	40	17.6
26	17	7.5
27	26	11.5
28	7	3.1
Total	227	100
Marital Status		
Married	48	21.1
Single	172	75.8
Widower	7	3.1
Total	227	100
Lastest Education		
Elementary School	2	.9
Junior High School	1	.4
Senior High School	96	42.3
Diploma 1/2/3	27	11.8
Bachelor's Degree	99	43.6
Master's Degree	2	.9
Total	227	100
Occupation		
Private Employees	91	40.1
Government Employees	26	11.5
Entrepreneurs	30	13.2
College Students	79	34.8
Total	227	100

Before conducting the moderation regression test, an assumption test is carried out. Normality test shows that the research data is normally distributed. The linearity test shows that there is a linear relationship between variables with an R value of 0.365 on the relationship between adverse childhood experiences and emotion regulation and an R value of -0.704 on the relationship between resilience and emotion regulation. In the multicollinearity test, the VIF value is $1.154 < 10$ and the tolerance value is $0.867 > 0.1$. In the heteroscedasticity test using Spearman Rho, the significance of adverse childhood experiences is $0.972 > 0.05$, and in resilience the value is $0.122 > 0.05$. It can be concluded that the basic assumptions are met.

Table 3. Linear Regression Test of Adverse Childhood Experiences and Emotion Regulation

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	32.134	3.452		9.308	0.000
	<i>ACEs</i>	.324	.055	.365	5.875	0.000

Based on the regression test results Table 2, the Adverse Childhood Experiences variable has an R^2 of 0.133, which means that this variable affects emotion regulation difficulties by 13.3%. The B value is 0.324 (sig. < 0.001), which means that the Adverse Childhood Experiences variable has a significant effect and every 1% increase in this variable will increase the difficulty of emotional regulation by 0.324. From this regression result, it can be concluded that H1 is accepted.

Figure 2. Moderation Graph

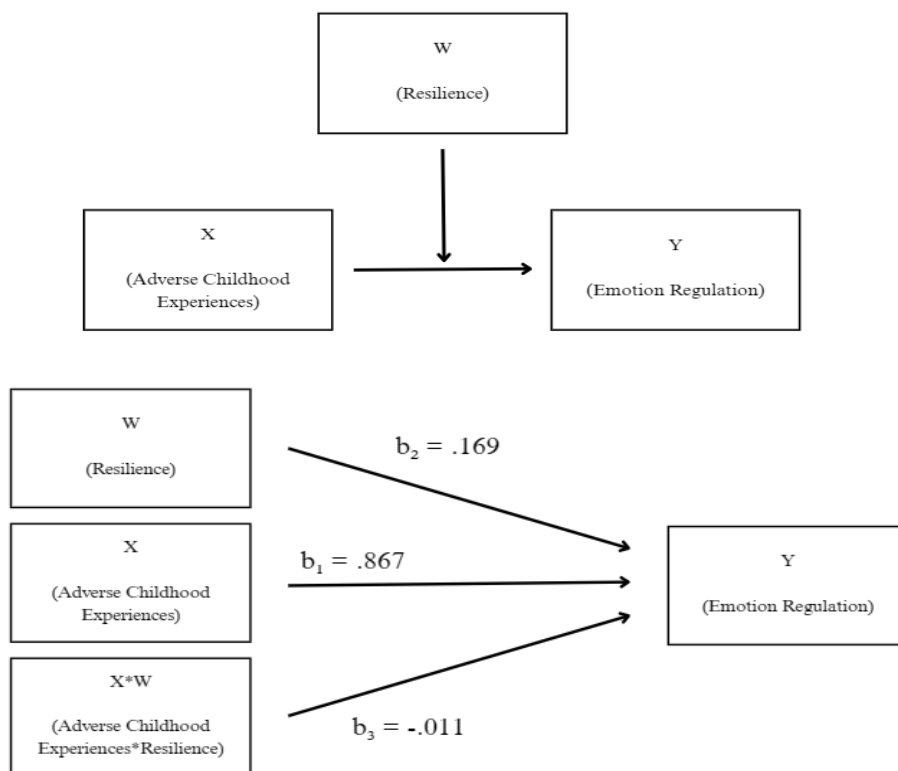


Table 4. Moderated Regression Analysis

		<i>Coeff</i>	<i>se</i>	<i>t</i>	<i>p</i>
Constant	<i>iy</i>	28.513	12.921	2.207	.028
ACE	<i>b₁</i>	.867	.195	4.435	.000
RS	<i>b₂</i>	.169	.173	.979	.328
ACE*RS	<i>b₃</i>	-.011	.003	-3.969	.000

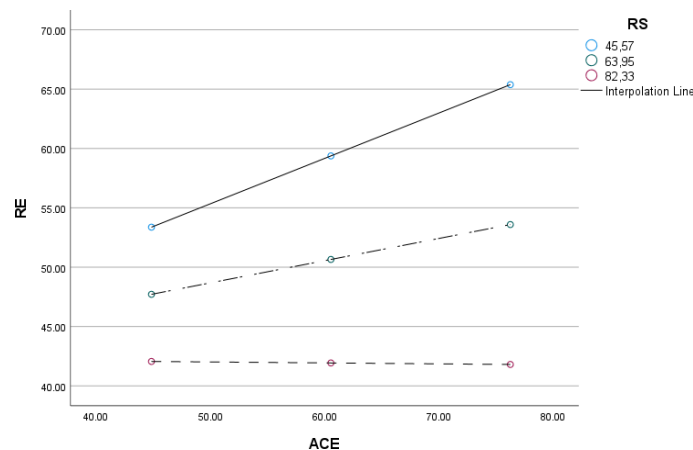
ACE = Adverse Childhood Experiences
RS= Resilience

$R^2 = .541$ MSE = 90.541 F = 87.656 p<.001

The coefficient of determination explains the extent to which the independent variable influences the dependent variable. The R^2 value is 0.541, which indicates that the Adverse Childhood Experiences variable can explain 54.1% of emotion regulation difficulties moderated by resilience, while other causes outside the model explain the remaining 45.9%.

The value of 0.867 is the coefficient of the Adverse Childhood Experiences variable, which means that with every 1% increase in the Adverse Childhood Experiences variable, the difficulty of emotional regulation will increase by 0.867. Likewise, the coefficient value of the resilience variable means that for every 1% increase in resilience, the difficulty of emotional regulation will increase by .169. Meanwhile, the coefficient value of the interaction between Adverse Childhood Experiences and resilience is -.011, which means that Resilience as a moderator will weaken the effect of Adverse Childhood Experiences by -.011. It can be concluded that Resilience has a moderating role between Adverse Childhood Experiences and emotion regulation.

Figure 3. Moderation Interaction Graph



Based on Figure 2, it can be seen that in the high resilience category, there is a strong relationship between Adverse Childhood Experiences and emotion regulation where the higher the level of Adverse Childhood Experiences, the lower the difficulty of emotion regulation experienced, which means the higher the ability of Emotion Regulation. However, in the low resilience group, the higher the Adverse Childhood Experiences, the higher the emotion regulation problems experienced, which means the lower the emotion regulation ability.

Table 5. Variable Categorization

Variable	Category	Hypothetic			Empiric		
		Reference	F	P	Reference	F	P
Difficulties in Emotion Regulation	Low	< 41,5	68	30%	< 37	46	20.3%
	Moderate	42 - 65,5	114	50,2%	37,8- 65,5	136	59,9%
	High	> 66	45	19,8%	> 65,7	45	19,8%
Adverse Childhood Experiences	Low	< 37	26	11,5%	< 44,5	54	23,8%
	Moderate	37,4 - 56	52	22,9%	44,8 – 76	147	64,8%
	High	> 56,6	149	65,6%	> 76,2	26	11,5%
Resilience	Low	< 33	9	4%	< 45	48	21,1%
	Moderate	33,4 - 66	104	45,8%	45,5 - 82	138	60,8%
	High	> 66,6	114	50,2%	> 82,3	41	18,1%

Hypothetical categorization of emotion regulation difficulties shows the highest score in the moderate category, namely 114 or 50.2% of respondents who have moderate emotional regulation. Hypothetical categorization on the Adverse Childhood Experiences variable has the highest score in the high category, namely 149 or 65.6% of respondents have high Adverse Childhood Experiences. Furthermore, the hypothetical categorization of the resilience variable shows a high score in the high category, namely 114 or 50.2% of respondents who have high resilience.

Meanwhile, empirical categorization on emotion regulation difficulties also shows a high score in the moderate category with 136 or 59.9% of respondents who have moderate emotion regulation. In the empirical categorization of the Adverse Childhood Experiences variable, the highest score was shown by the moderate category, with 147 or 64.8% of respondents who experienced moderate Adverse Childhood Experiences. Furthermore, the empirical categorization of the Resilience variable shows a high score in the moderate category with 138 or 60.8% of respondents who have moderate resilience.

Table 6. Test of Variance Based on Demographics

	Gender		Ages		Marital Status		Lastest Education		Occupation	
	w	p	w	p	w	p	w	p	w	p
ACE	.810	.419	1.537	.146	1.748	.176	1.1	.362	.736	.568
RS	-.127	.899	.612	.768	.897	.409	.873	.5	.780	.539
ER	-.365	.716	.527	.835	.254	.776	.718	.718	.539	.611

The T-test and ANOVA results showed that there were no significant differences in the levels of Adverse Childhood Experiences (ACEs), resilience, and emotion regulation based on demographic factors such as gender, age, marital status, latest education, occupation, and domicile. This finding indicates that these demographic factors do not significantly affect the level of ACEs, resilience ability, or emotion regulation ability of individuals in the sample studied.

Adverse Childhood Experiences (ACEs) have long-term consequences that extend beyond childhood, particularly in the domain of emotion regulation. The results of this study indicate that ACEs significantly predict difficulties in managing emotions, where higher levels of childhood adversity are associated with greater challenges in regulating emotional responses. This supports previous findings which showed that various forms of trauma, such as abuse, neglect, and household dysfunction, impair individuals' ability to suppress negative emotions and engage in adaptive strategies such as cognitive reappraisal (A. Perveen & Hua, 2021; Sehgal & Kumar, 2023; Silva et al., 2024).

Other studies also highlight that verbal bullying, psychological trauma, and childhood maltreatment contribute to low emotional control, reduced positive affect, and limited use of adaptive regulation strategies (Diajeng et al., 2021; Ion et al., 2023). These findings illustrate that traumatic experiences continue to influence individuals into adulthood and may vary across factors such as age and gender, with adolescents and women often demonstrating greater vulnerability to emotional difficulties.

This research further identifies resilience as a crucial moderator in the relationship between ACEs and emotion regulation. Results show that higher resilience reduces the negative impact of ACEs, allowing individuals to manage stress and regulate emotions more effectively. These findings align with previous studies emphasizing the protective role of resilience, which serves as a buffer against psychological distress and fosters better adaptation despite adversity (Alismail & Almulla, 2023; Bornscheuer et al., 2024; T. Hu et al., 2015; Schnarrs et al., 2020). Resilient individuals are more capable of maintaining mental health, building supportive relationships, and achieving greater life satisfaction even when exposed to childhood trauma (Kusristanti et al., 2020; Surzykiewicz et al., 2022).

In this study, Generation Z demonstrated moderate levels of ACEs, resilience, and emotion regulation. This aligns with previous findings suggesting that this generation faces a higher risk of multiple ACEs compared to earlier cohorts, with emotional abuse, parental separation, and domestic substance abuse being the most common (Giano et al., 2020; Hughes et al., 2022). However, their moderate level of resilience may also reflect increased awareness and advocacy for mental health issues, which supports resilience-building. While effective regulation enables adaptive decision-making and stress management, difficulties in this domain heighten vulnerability to stress and anxiety, particularly in the context of social media exposure (Panjaitan et al., 2023; Pratama & Jannah, 2024).

Interestingly, demographic variables in this study did not significantly influence ACEs, resilience, or emotion regulation. This contrasts with other research that has identified gender and age as contributing factors, with men often reporting higher resilience and better emotional regulation (Alismail & Almulla, 2023; Pratama & Jannah, 2024; Ramdani, 2025; Wardhani & Widyastuti, 2023). One possible explanation is that the participants in this study were in a relatively similar stage of development and exposed to shared cultural and urban contexts, such as mental health resources and shifting gender norms in Jakarta, which may have minimized demographic differences.

The findings confirm that ACEs play a significant role in shaping emotion regulation among Generation Z, while resilience serves as a protective factor that reduces these negative effects. In the context of Jakarta, the unique pressures of academic competition, technology use, and urban social dynamics further highlight the importance of resilience for psychological well-being. Strengthening resilience through early interventions, both in schools and digital platforms, may provide young people with accessible tools to manage stress and adaptively regulate emotions.

This study has several limitations that must be acknowledged. First, the use of purposive sampling restricts the generalizability of the findings. Second, the study did not distinguish between participants with high and low levels of ACEs, which limits the ability to capture more nuanced differences in emotional outcomes. Third, the reliance on self-reported online questionnaires may have affected data accuracy, as responses could be influenced by social desirability bias or incomplete honesty in reporting childhood experiences, resilience, and emotion regulation. Future research could address these limitations by employing random sampling, mixed methods, and incorporating clinical assessments to provide a more comprehensive understanding of these relationships.

CONCLUSION

The findings of this study indicate that adverse childhood experiences negatively affect emotion regulation among Generation Z. However, this vulnerability is neither consistent across individuals nor unchangeable. Resilience emerges as a key protective factor, with higher levels of resilience significantly reducing the emotional impact of ACEs. Participants generally exhibited moderate levels of ACE exposure, emotion regulation ability, and resilience, reflecting both potential risks and opportunities for intervention. In contrast to previous research, demographic factors such as gender did not significantly influence these outcomes, possibly due to shared urban experiences and increased exposure to mental health awareness in Jakarta. Overall, the results highlight two critical implications for policy and practice: (1) the importance of addressing and preventing childhood trauma, and (2) the need for accessible, culturally relevant, and technology-based interventions that foster resilience early in life to support long-term emotional well-being.

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