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Religiosity as a Mediator Between Adverse Childhood Experiences and Emotion Regulation in Early Adulthood

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Abstract. *Introduction* Adverse childhood experiences (ACEs) may affect emotion regulation in emerging adulthood, with religiosity potentially serving as a mediator.
Aim This study examined the mediating role of religiosity between ACEs and emotion regulation among emerging adults in Kupang City. A quantitative study involving 383 participants aged 18–25 years was conducted using questionnaires and mediation path analysis.
Results ACEs were positively associated with religiosity ($\beta = 0.1762$, $p < 0.001$) and negatively associated with emotion regulation ($\beta = -0.1138$, $p < 0.001$). Religiosity was negatively associated with emotion regulation ($\beta = -0.5138$, $p < 0.001$). The indirect effect was significant ($\beta = -0.0905$, 95% CI [−0.1227, −0.0605]), indicating partial mediation. The model explained 31.7% of the variance in emotion regulation ($R^2 = 0.317$).
Conclusion Religiosity partially mediated the association between ACEs and emotion regulation among emerging adults in Kupang City.

Introduction

Early adulthood is an important transitional period from adolescence to adulthood between the ages of 18 and 25, during which individuals face various developmental demands such as identity formation, social adjustment, and academic and work pressures (Santrock, 2012). Research by Baun and Rahayu (2023) in Kupang City shows that many young adults experience feelings of low self-esteem, insecurity, and overthinking as a result of comparing their lives with others on social media,

which has a negative impact on their mental health. This condition demonstrates the importance of emotional regulation as an adaptive skill for coping with developmental pressures in early adulthood (Cochrane, 2014).

Emotional regulation itself is an individual's ability to manage their thoughts, behavior, and emotional responses to suit the demands of a situation (Narimani et al., 2013). The inability to regulate emotions can trigger various psychological problems such as anxiety, depression, personality disorders, and risky behavior (Mauliza, 2021). Therefore, this ability is one of the important aspects that early adults need to have in order to face the increasingly complex dynamics of life.

However, emotional regulation skills do not develop in isolation, but are greatly influenced by childhood experiences, including traumatic experiences. Adverse Childhood Experiences (ACEs) such as physical and emotional abuse, neglect, and family dysfunction, have long been identified as strong predictors of emotional regulation difficulties and psychological vulnerability later in life (Felitti et. al., 1998). Research by Phenina, Benu, & Manafe (2025) has shown that Adolescents who commit sexual offenses against children are driven by social and cultural factors, impulsive personalities, and risky behaviour. Data also show that individuals with a history of ACEs are more likely to exhibit impulsive emotional responses, difficulty calming themselves, and a tendency to use maladaptive emotion regulation strategies such as suppression (Thompson, 2011).

This phenomenon is also reflected in young adults in Kupang City. Observations conducted during church activities at the Gunung Sinai Naikolan Church show that individuals who are active in ministry and have high levels of religiosity still experience difficulty controlling their emotions when in stressful situations, such as expressing anger in public and impulsively withdrawing (Observation, July 30, 2025). This indicates that high religiosity is not always associated with good emotional regulation skills.

Religiosity is often referred to as a protective factor that can help individuals cope with psychological stress. Religiosity encompasses the dimensions of belief,

worship practices, spiritual experiences, religious knowledge, and religious consequences (Starl & Glock, 1968). Various studies also show that religiosity can function as a coping mechanism that helps individuals deal with stress and traumatic experiences (Santi et al., 2022). Brandão (2025) asserts that religiosity plays a role in supporting healthy emotional regulation, while Jung (2018) found that religiosity can reduce the negative impact of ACEs on psychological well-being—in line with the reality of young adults in Kupang who live in a strongly religious culture.

However, the dynamics of religiosity are not always adaptive. Some forms of rigid or unhealthy internalized religiosity can actually weaken emotional regulation abilities, as shown in the study by Aliche et al. (2020), which links rigid religiosity with the use of maladaptive emotional regulation strategies such as expressive suppression. This is consistent with the phenomenon of young adults in Kupang City who continue to exhibit aggressive reactions despite being intensely involved in religious activities.

These conditions emphasize the importance of examining the role of religiosity in the relationship between ACE and emotional regulation. Young adults who have had adverse childhood experiences and live in a socially religious context may exhibit unique patterns of emotional regulation, depending on how religiosity is internalized and interpreted in daily life.

Previous research has examined religiosity as a moderator of the relationship between childhood adversity and positive affect (Jung, 2018), religiosity in relation to post-traumatic growth (Baig, 2023), and resilience as a moderator between ACE and emotional regulation (Liviana, 2025). A study by Wahdah and Akbar (2025) examined ACEs and social support in relation to emotional regulation in adolescents. The findings highlight the importance of distinguishing between mediation and moderation mechanisms: mediators explain the pathway of association, while moderators explain the conditions that alter the strength of the association. Specific evidence regarding religiosity as a mediator in the ACE–emotional regulation model among young adults in Kupang City remains limited.

Based on this description, this study was conducted to empirically test the role of religiosity as a mediator in the relationship between Adverse Childhood Experiences (ACE) and emotional regulation in young adults in Kupang City (Baig, 2023). This study is expected to contribute to understanding the psychological dynamics of young adults exposed to ACE and living in a religious environment, as well as to provide a basis for relevant spiritually-based psychological interventions in Kupang City.

Method

This study was conducted in Kupang City from October to November 2025. Sampling was conducted using purposive sampling with the following criteria: participants aged 18–25 years, residing in Kupang City, and having a history of ACE (ACE score ≥ 1). A total of 383 participants were selected using the Krejcie and Morgan (1970) table as a reference for sample size based on a population of 80,648 residents aged 18–29 years.

ACE was measured using the WHO ACE-IQ adaptation cited by Rahapsari et al. (2021), consisting of 29 items and 13 experience categories across three domains: childhood maltreatment, family/household dysfunction, and violence outside the home. Items had response options ranging from 1 to 4 and a reference reliability coefficient of 0.742. Religiosity was measured using a 21-item scale modified from Lusi (2017), based on Huber and Huber (2012), with a four-point response scale. Emotional regulation was measured using the Difficulties in Emotion Regulation Scale–Short Form (DERS-SF), consisting of 18 items across six dimensions, with a 1–5 response scale; items 1, 4, and 6 were reverse-scored. According to DERS-SF criteria, higher scores indicate greater difficulty with emotion regulation (Gratz & Roemer, 2004).

The questionnaire was distributed to eligible respondents, both in person and online via the WhatsApp application. Before completing the questionnaire, respondents signed an informed consent form to confirm their willingness to

participate. Data analysis was conducted using Microsoft Excel and IBM SPSS Statistics for Windows version 25.0 to obtain the required results.

Result

Of the 383 participants, 162 were male (42.29%), and 221 were female (57.71%). This table shows that the proportion of female participants was greater than that of male participants in this study.

Table 1.
Participants Gender Proportion

Gender	Total	Percentage (%)
Male	162	42,29%
Female	221	57,71%
Total	383	100%

Based on age distribution, participants were dominated by the 22-year-old age group, with 90 people (23.5%), followed by 74 people (19.3%) aged 21 and 50 people (13.1%) aged 20. There were 43 participants aged 24 (11.2%), while 39 participants were aged 23 (10.2%). In the younger age group, 34 participants were aged 18 (8.9%), and 20 participants were aged 19 (5.2%). Meanwhile, 33 participants were aged 25 (8.6%).

Table 2.
Participants Age Distribution

Age	Total	Percentage (%)
18 years old	34	8,9%
19 years old	20	5,2%
20 years old	50	13,1%
21 years old	74	19,3%
22 years old	90	23,5%
23 years old	39	10,2%
24 years old	43	11,2%
25 years old	33	8,6%
Total	**383**	**100%**

Table 3.

Emotional Regulation Variabels Categorization

Category	Interval	Frequency	Percentage %
Very Low	X < 36	17	4,4%
Low	36 ≤ X < 48	99	25,8%
Moderate	48 ≤ X ≤ 60	184	48,0%
High	60 < X ≤ 72	72	18,8%
Very High	X > 72	11	2,9%
Total		**383**	**100%**

Based on the table above, it is known that the level of emotional regulation in early adulthood in Kupang City is mostly in the moderate category, namely 184 participants (48.0%).

Table 4.
Categorization of Emotional Regulation Data Based on Gender

Gender	Very Low	Low	Moderate	High	Very High	Total
Male	5 (3,1%)	42 (25,9%)	77 (47,5%)	30 (18,5%)	8 (4,9%)	162 (100%)
Female	12 (5,4%)	57 (25,8%)	107 (48,4%)	42 (19,0%)	3 (1,4%)	221 (100%)
Total						**383**

Based on the table above, it is known that the majority of emotional regulation levels in early adulthood in Kupang City, both women and men, are in the moderate category, namely 77 men (47.5%) and 107 women (48.4%).

Table 5.
Adverse Childhood Experiences Variable in Early Adulthood in Kupang City

Category	Interval	Frequency	Percentage %
Very Low	X < 51	2	0,5%
Low	51 ≤ X < 65	16	4,2%
Moderate	65 ≤ X ≤ 80	85	22,2%
High	80 < X ≤ 94	123	32,1%
Very High	X > 94	157	41,0%
Total		**383**	**100%**

Based on the table above, it is known that the level of Adverse Childhood Experiences in early adulthood in Kupang City is mostly in the very high category, namely 157 participants (41.0%).

Table 6.
Categorization of Adverse Childhood Experiences Variable Data Based on Gender

Gender	Very Low	Low	Moderate	High	Very High	Total
Male	1 (0,6%)	9 (5,6%)	46 (28,4%)	47 (29,0%)	59 (36,4%)	162 (100%)
Female	1 (0,5%)	7 (3,2%)	39 (17,6%)	76 (34,4%)	98 (44,3%)	221 (100%)
Total						**383**

Based on the table above, it is known that the majority of Adverse Childhood Experiences in early adulthood in Kupang City, both women and men, are in the very high category, namely 59 men (36.4%) and 98 women (44.3%).

Table 7.
Categorization of Adverse Childhood Experiences Variable

Domain	Very Low	Low	Moderate	High	Very High
Childhood Maltreatment	1 (0,3%)	12 (3,1%)	83 (21,7%)	114 (29,8%)	173 (45,42%)
Family/House Dysfunction	1 (0,3%)	2 (0,5%)	78 (20,4%)	124 (32,4%)	178 (46,5%)
Violence Outside the House	3 (0,8%)	23 (6,0%)	50 (13,1%)	168 (43,9%)	139 (36,3%)

Based on the above categorization, it is known that the majority of respondents are in the high to very high category in all domains of the Adverse Childhood Experiences (ACE) variable. The highest proportion is found in the Family/House Dysfunction domain, particularly in the very high category (46.5%), followed by the Childhood Maltreatment domain (45.42%) and Violence Outside the Home (36.3%). These findings indicate that family dysfunction is the most dominant form of ACE experienced by young adult respondents in Kupang City.

Table 8.
Categorization of Religious Variables

Category	Interval	Frequency	Percentage %
Very Low	X < 37	0	0%
Low	37 ≤ X < 47	1	0,3%
Moderate	47 ≤ X ≤ 58	29	7,8%
High	58 < X ≤ 68	311	81,0%
Very High	X > 68	42	10,9%
Total		**383**	**100%**

Based on the table above, it is known that the level of religiosity among young adults in Kupang City is mostly in the high category, namely 311 participants (81.0%).

Table 9.
Categorization of religiosity variable data based on gender

Gender	Very Low	Low	Moderate	High	Very High	Total
Male	0 (0%)	0 (0%)	12 (7,4%)	132 (81,5%)	18 (11,1%)	162 (100%)
Female	0 (0%)	1 (0,5%)	18 (8,1%)	178 (80,5%)	24 (10,9%)	221 (100%)
Total						383

Based on the table above, it is known that the majority of religiosity levels among young adults in Kupang City, both women and men, are in the high category, namely 132 men (81.5%) and 178 women (80.5%).

Assumption Test

This study has met all the required classical assumption tests. The results of the normality test using Kolmogorov–Smirnov show that all research variables, namely Adverse Childhood Experiences (ACEs), emotional regulation, and religiosity, have a significance value above 0.05, so the data are declared to be normally distributed. Furthermore, the multicollinearity test shows a Tolerance value above 0.10 and a Variance Inflation Factor (VIF) value of less than 10 for all independent variables, indicating no multicollinearity in the regression model.

In addition, based on the heteroscedasticity test through a scatterplot between standardized predicted values and standardized residuals, the data points were

scattered randomly and did not form a specific pattern, so it can be concluded that the regression model was free from heteroscedasticity. Thus, the analysis model in this study was suitable for testing hypotheses.

Mediation Hypothesis Test

Table 10.
T-Test Results

Research Variable	t	Sig
ACE	-4,206	0,000
Religiosity	-10,649	0,000

The t-test results show that both ACE and Religiosity have a significant effect on Emotional Regulation. ACE produced a t-value of –4.206 and a significance of 0.000, indicating that an increase in adverse childhood experiences is associated with a decrease in an individual's ability to regulate emotions. On the other hand, Religiosity was also significant, with a t-value of –10.649 and a significance level of 0.000, indicating that this variable contributes more to explaining the variation in Emotion Regulation.

Table 11.
Path Analysis Test Result

					95% confidence interval	
	Estimate (β)	**SE**	**z-value**	**p**	**Lower**	**Upper**
Path a X-M	0,1762	0,0273	6,4564	<,001	0,1225	0,2298
Path b M-Y	-0,5138	0,0482	-10,6493	<,001	-0,6087	-0,4189
Path c X-Y	-0,1138	0,0271	-4,2063	<,001	-0,1671	-0,0606

1. **Path a of Adverse Childhood Experiences on Religiosity**

The results show that variable X has a significant effect on M, with a coefficient of 0.1762 ($p < 0.001$). The 95% confidence interval (0.1225 to 0.2298) does not cross zero, indicating that the effect is truly significant. This means that the higher the value of X, the higher the value of M.

2. Path b of Religiosity on Emotion Regulation

The results show that variable M has a significant effect on Y with a coefficient of -0.5138 ($p < 0.001$). The 95% CI (-0.6087 to -0.4189) indicates a stable negative effect. The higher M, the more Y tends to decrease.

3. Path c of Adverse Childhood Experiences on Emotion Regulation

The results show that variable X has a significant effect on Y with a coefficient of -0.1138 ($p < 0.001$). The 95% CI (-0.1671 to -0.0606) does not cross zero. This indicates that X still has a direct effect on Y even though the mediator has been included.

Table 12.
Direct Effect Test Result

Effect	SE	t	p	Lower	Upper
-0,1138	0,0271	-4,2063	<,001	-0,1671	-0,0606

The direct effect test results show that variable X has a negative and significant effect on variable Y even though the mediator has been included in the model ($\beta = -0.1138$; $t = -4.2063$; $p < 0.001$). The 95% confidence interval (−0.1671 to −0.0606) does not cross zero, confirming that the direct effect of X on Y remains significant, thus indicating partial mediation.

Indirect Effect Test

Table 13.
Indirect Effect Test Results

	Estimate (β)	Boot SE	BootLowerCI	BootUpperCI
ACE-Religiosity-Emotion Regulation	-0,0905	0,0159	-0,1227	-0,0605

Based on the table above, there is a significant indirect effect of X on Y through mediator M with a value of -0.0905. The 95% bootstrap interval (-0.1227 to -0.0605) does not cross zero, so mediation is significant. This shows that part of the effect of X on Y is explained through the role of M as a mediator.

Table 14.
Total Effect Test Result

Effect	SE	t	p	Lower	Upper
-0,2044	0,0292	-6,9885	<,001	-0,2619	-0,1469

The total effect analysis shows that overall, ACE has a significant effect on emotion regulation. The total effect coefficient value of −0.2044 ($p < 0.001$) illustrates the magnitude of ACE's influence on emotional regulation when considering the contribution of direct and indirect influences through mediators. This finding indicates that the relationship between ACE and emotional regulation occurs through more than one pathway, strengthening the role of mediation mechanisms in explaining the relationship between the two variables.

Coefficient of Determination

Table 15.
Coefficient of Determination Test Results

Research Variable	R	R Square
ACE, Religiosity – Emotion Regulation	0,563	0,317

Based on the results of the coefficient of determination test, an R value of 0.563 indicates a fairly strong relationship between religiosity and ACE and the dependent variable. An R-squared value of 0.317 indicates that approximately 31.7% of the variation in the dependent variable can be explained by the two independent variables.

Discussion

The results of the analysis show that ACE has a direct negative effect on emotional regulation, indicating that the more traumatic experiences in childhood, the greater the difficulty individuals have in managing their emotions. These findings confirm that adverse childhood experiences leave long-term psychological effects that influence emotional regulation abilities into adulthood, in line with the findings of

Felitti et al. (1998) and McLaughlin et al. (2011), which emphasize the strong direct effect of ACEs on emotional dysregulation.

In addition to direct effects, this study also found that ACEs are significantly positively associated with religiosity. Individuals with higher exposure to ACEs tend to exhibit higher levels of religiosity, which can be understood as an attempt to find meaning, a sense of security, and coping mechanisms in the face of stressful life experiences. These findings are in line with Ellison et al. (2008) and Krause and Ellison (2009), who explain that childhood trauma often drives individuals to turn to religion as a source of psychological and spiritual support. However, this increase in religiosity is moderate and functions more as an adaptive response to stress than as a transformational change in religiosity.

Interestingly, religiosity in this study was negatively associated with emotional regulation. These results indicate that the higher the religiosity, the lower the emotional regulation ability, especially when religiosity is expressed in a maladaptive manner. This pattern can be explained through the concept of negative religious coping, such as feelings of being punished or abandoned by God, rigid internalization of religion, and a tendency toward religious rumination. These findings are consistent with the meta-analysis by Ano and Vasconcelles (2005) and the study by Park and Yoo (2016), which show that certain types of religiosity can worsen emotion management when not accompanied by mature and flexible meaning-making.

Furthermore, the indirect effect test results show that religiosity significantly mediates the relationship between ACE and emotion regulation. This indicates that part of the influence of ACE on emotion regulation works through changes in religiosity. Individuals with high ACE tend to increase religiosity as a coping strategy, but when religiosity develops in a maladaptive form, the ability to regulate emotions actually decreases. Thus, religiosity acts as a psychological pathway that explains how traumatic childhood experiences can worsen emotional regulation in adulthood.

Overall, the findings of this study emphasize the importance of understanding religiosity not only as a psychological resource, but also as a process that can function adaptively or maladaptively. The implications of these findings suggest that psychological interventions for individuals with a history of ACEs need to consider the quality of religious internalization in order to support the development of healthier emotional regulation.

Conclusion

This study found that Adverse Childhood Experiences (ACEs) affect emotional regulation both directly and through religiosity as a mediator. ACEs were found to increase religiosity as a form of meaning-seeking or coping mechanism, but also decreased individuals' ability to regulate emotional responses. In addition, religiosity—particularly maladaptive religiosity—was found to be associated with difficulties in emotional regulation. These findings indicate partial mediation, in which religiosity helps explain the relationship between adverse childhood experiences and emotional management abilities.

This study has several limitations, including a cross-sectional design that cannot explain cause-and-effect relationships in depth, the use of self-report instruments prone to bias, and a sample limited to young adults in Kupang City, which makes the results less generalizable. Furthermore, this study did not consider other variables such as social support, resilience, or adaptive coping mechanisms that may also influence the relationship between ACEs, religiosity, and emotional regulation.

Suggestion

Based on these findings, young adults are expected to understand how childhood experiences influence their current emotional state and develop a more adaptive form of religiosity. The government is expected to strengthen child abuse prevention programs and provide easily accessible mental health services. Parents need to create a supportive family environment and model healthy emotional

regulation. For further research, it is recommended to use a longitudinal design, include additional moderator variables, and use religiosity instruments that distinguish between positive and negative religious coping to gain a more comprehensive understanding.

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Author contribution

SPBB contributed to the conceptualization, methodology, investigation, data collection, formal analysis, and writing of the original draft. BDN, DA, and RPM contributed to the supervision, validation, and critical review and editing of the manuscript. All authors have read and approved the final version of the manuscript.

Competing interest

The authors declare no competing financial interests related to this study or its publication, and no personal relationships that could have influenced the data or findings reported in this paper.

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