



Impact of Adverse Childhood Experiences on Subjective Well-Being and Emotional Regulation in Young Adults

Tanushka Mary Jaggi, Master's in Arts, Clinical Psychology, Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh, Noida, India.

marytanushka@gmail.com

Nisha Kumari, Assistant Professor, Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh, Noida, India.

Nkumari5@amity.edu

Abstract

This research investigates the impact of adverse childhood experiences (ACEs) on the subjective well-being (SWB) and emotional regulation of young adults. The study aimed to examine the relationship between ACEs, emotional regulation difficulties, and SWB, with a focus on understanding the mediating role of emotional regulation. A sample of 150 young adults aged 18-27 participated in the study, providing data on ACEs, emotional regulation, and SWB. Data were

analyzed using correlation analyses and regression models. Results revealed significant associations between ACEs, emotional regulation difficulties, and SWB, supporting the hypothesis proposed. The findings underscore the importance of considering emotional regulation as a critical mechanism through which ACEs influence psychological well-being. These results have implications for the development of targeted interventions aimed at mitigating the impact of ACEs on individuals' well-being.

Keywords: Adverse Childhood Experiences (ACEs), Subjective Well-Being (SWB), Emotional Regulation, Young Adults, Psychological Well-Being.

Introduction

The widespread and long-lasting effects that adverse childhood experiences (ACEs) have on people's physical and mental health concerns. The term "ACEs" refers to potentially traumatic events that happened in childhood or adolescence. These events can include physical, emotional, or sexual abuse; neglect which can be emotional or physical; and dysfunction in the home, which includes things like parental substance abuse, mental illness, domestic violence, or separation or divorce (Felitti et al., 1998). Several studies have shown that being exposed to adverse childhood experiences (ACEs) is linked to a wide range of negative consequences, such as a higher chance of mental health issues (such as depression, anxiety, and PTSD), physical health issues (such as obesity and cardiovascular disease), drug abuse, and even an earlier death (Felitti et al., 1998; Anda et al., 2006; Hughes et al., 2017).

The significant effects of adverse childhood experiences (ACEs) on emotional regulation and subjective well-being (SWB) have come to light in recent years, especially in young people. According to Diener et al. (1998), SWB is the term used to describe people's cognitive and affective assessments of their overall level of happiness and life satisfaction. In contrast, emotional regulation refers to how people control and adjust their feelings, reactions, and experiences (Gross, 1998). Resilience, adaptive coping mechanisms, and SWB are crucial elements of psychological health and functioning (Gross & John, 2003; Diener et al., 2017)

There are several facets and a complex link between ACEs and SWB. On the one hand, a growing body of research indicates that people with more ACEs tend to report lower levels of SWB than people with fewer ACEs (Bellis et al., 2014; Merrick et al., 2017). Several factors such as heightened susceptibility to mental health issues, unhelpful coping mechanisms, and disturbances in social connections and support systems, could potentially moderate this correlation (Hughes et al., 2017). Moreover, ACEs may have a long-lasting effect on people's perception of their value, self-worth, and general attitude toward life, which may lead to enduring feelings of unhappiness and despair (Bellis et al., 2014).

On the other hand, it has been shown that emotional control has a significant moderating role in the association between ACE and SWB. Those who have had adverse childhood experiences (ACEs) frequently display deficiencies in their ability to identify, express, and control their emotions (Heleniak et al., 2016). According to McLaughlin et al. (2014), these deficiencies may result from early attachment connection disruptions, maladaptive coping strategies acquired in reaction to trauma, and changes in the brain circuitry involved in emotional processing and regulation. Crucially, poor emotional regulation can intensify emotional distress, undermine effective coping mechanisms, and make it more difficult for people to find meaning and fulfillment

in their experiences in life, all of which can worsen the detrimental effects of ACEs on SWB (Heleniak et al., 2016).

While there is an increasing body of research on the relationship between ACEs, SWB and emotion regulation, there are still several gaps and limitations. First, much of the current literature focuses on the prevalence and correlation of ACEs, while relatively few studies have explored their specific implications on SWB and emotions in young adults. Second, longitudinal research is needed to better understand the temporal dynamics of these relationships and their developmental trajectories over time. Third, the mechanisms that underlie the association between ACEs, emotional regulation and SWB are poorly understood. These gaps need to be addressed to better understand the mediating and moderating factors involved. This knowledge is essential to inform targeted interventions and preventative strategies that can help build resilience and improve well-being in children with a history of adversity.

In light of these considerations, the present study seeks to advance our understanding of the impact of ACEs on SWB and emotional regulation in young adults. Specifically, the study aims to address the following research objectives: (1) To examine the association between ACEs and SWB in a sample of young adults, (2) To investigate the relationship between ACEs and emotional regulation difficulties, and (3) To explore the mediating role of emotional regulation in the link between ACEs and SWB. By employing a comprehensive approach that integrates both quantitative and qualitative methods, this study seeks to provide a nuanced understanding of the complex interplay between childhood adversity, emotional functioning, and subjective well-being in young adulthood. Ultimately, the findings of this research are expected to inform the development of evidence-based interventions aimed at promoting resilience and enhancing the well-being of individuals affected by ACEs.

Methodology

Aim

The present study aims to examine the relationship between adverse childhood experiences (ACEs) on the subjective well-being (SWB) of young adults with a focus on understanding the mediating role of emotional regulation.

Ethics

All research procedures adhered to ethical guidelines, ensuring the protection of participants' rights, confidentiality, and welfare. Informed consent was obtained from each participant, outlining the purpose of the study, potential risks and benefits, and their right to withdraw from the research at any time. Participants were assured of anonymity, and their personal information was kept confidential throughout the study. Any sensitive or identifying information was securely stored and accessible only to research personnel.

Research Design

The study employed a quantitative research design, specifically utilizing a simple random sampling technique to select participants. This approach involved randomly selecting participants from the target population, ensuring each member had an equal chance of being included in the sample. The usage of simple random sampling enhanced the representativeness of the sample and minimized selection bias, allowing for more generalizable findings. This design facilitated the exploration of relationships between variables of interest, including adverse childhood experiences (ACEs), subjective well-being, and emotional regulation.

Participants

The study recruited participants from a diverse range of backgrounds, including different age groups, genders, ethnicities, and socioeconomic statuses. Inclusion criteria stipulated that participants must be young adults aged between 18 to 27 years. Recruitment efforts were conducted through various channels, such as community centres, educational institutions, and online platforms. Participants who expressed interest in the study were provided with detailed information about the research objectives, procedures, and their rights as participants. Only individuals who provided informed consent were included in the study.

Hypothesis

1. Young adults who experience higher levels of adverse childhood experiences (ACEs) will report lower levels of subjective well-being compared to those with fewer ACEs.
2. Emotional regulation difficulties among young adults will be positively associated with the severity of adverse childhood experiences (ACEs) they have encountered.
3. The relationship between adverse childhood experiences (ACEs) and subjective well-being (SWB) in a young adult will be mediated by their levels of emotional regulation skills.

Data Collection

The study recruited 150 young adults utilizing convenience sampling from various settings such as university campuses, community centers, and online platforms. This sampling strategy aimed to ensure a diverse representation across different demographic factors, including gender, socioeconomic status, and ethnic backgrounds, enhancing the generalizability of the findings.

Research Tools

The following standardized tests were used:

1. **Adverse Childhood Experiences (ACEs) Questionnaire** is used to assess participants' exposure to adverse childhood experiences, a validated ACEs questionnaire was administered. This comprehensive tool encompassed various forms of childhood adversity, including physical, emotional, and sexual abuse, as well as household dysfunction, providing a nuanced understanding of participants' early life experiences.
2. **Subjective Well-Being (SWB) Scale** is an evaluation of participants' overall well-being. This instrument captured multiple dimensions of well-being, including life satisfaction, positive affect, and negative affect, allowing for a holistic assessment of participants' psychological functioning and quality of life.
3. **Emotional Regulation Questionnaire (ERQ)** evaluates participants' habitual use of cognitive reappraisal and expressive suppression as strategies for regulating their emotions. By assessing individuals' emotion regulation tendencies, this instrument provided valuable insights into their adaptive or maladaptive coping mechanisms and emotional well-being.

Data Analysis

Descriptive Statistics: Descriptive statistics, including means, standard deviations, and frequencies, were computed to summarize the demographic characteristics of the sample and key study variables. This analysis provided a comprehensive overview of the participants' profiles and the distribution of scores on the measured constructs.

Correlation Analysis: Pearson correlation coefficients were calculated to examine the associations between ACEs, SWB, and emotional regulation. By analyzing the strength and direction of these relationships, this statistical approach elucidated the interplay between adverse childhood experiences, emotional functioning, and subjective well-being among young adults.

Multiple Regression Analysis: Multiple regression analysis was employed to explore the predictive power of ACEs on SWB while considering the potential mediating role of emotional regulation. This statistical technique allowed for the identification of significant predictors of subjective well-being, while controlling for other relevant variables, contributing to a deeper understanding of the mechanisms underlying the impact of ACEs on emotional well-being in young adulthood.

Rationale for Methodological Choices

The adoption of quantitative methods in this study facilitated a systematic examination of associations and patterns within a sizable sample of young adults. By administering standardized questionnaires, the research team could efficiently collect quantitative data on ACEs, SWB, and emotional regulation, ensuring consistency and comparability across participants. Moreover, the utilization of descriptive statistics, correlation analysis, and multiple regression enabled rigorous data analysis and hypothesis testing, enhancing the robustness of the study findings. These statistical techniques provided a nuanced understanding of the complex relationships among variables, while also accounting for potential confounding factors and mediating pathways. Overall, the methodological approach adopted in this study was well-suited to address the research objectives and hypothesis, offering valuable insights into the impact of ACEs on subjective well-being and emotional regulation in young adults. By employing rigorous quantitative methods, the

study aimed to contribute to the existing literature on childhood adversity and its long-term implications for psychological health and well-being.

Results

Table 1

N, Mean, Standard Deviation, Skewness, Kurtosis

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	statistics	Statistics	Statistics	Statistics	Statistics	statistics	Std. Error	statistics	Std. Error
ACEs (Adverse Childhood Experiences)	150	0	9	1.94	2.250	1.111	.198	.359	.394
The Well-being Scale (Psychological well-being)	150	11	51	30.22	9.324	.266	.198	-.590	.394
The Well-being Scale (Physical Health and well-being)	150	11	33	22.39	5.149	.001	.198	-.505	.394
The Well-being Scale (Relationship Scale)	150	5	25	15.63	4.655	-.017	.198	-.393	.394

Table above provides valuable insight into variables examined in the research, which focuses on the impact of adverse childhood experiences (ACEs) on the subjective well-being of young adults. The first variable ACE, represents the reported number of adverse childhood experiences, ranging from 0 to 9, with an average of 1.94 and a standard deviation of 2.250, these statistics indicate that, on average, participants in the study reported experiencing fewer than two adverse childhood experiences events, though there is notable variability in the reported experiences across the sample. Moving on to subjective well-being measures, the table presents scales: The well-being

scale for psychological well-being, Physical well-being, and relationships. The mean score for psychological well-being is 30.22, with the standard deviation of 9.324, showcasing a generally positive perception of psychological well-being among the participants. Similarly, the mean scores for physical well-being (22.39) and relationships (15.63) indicate positive perception in three domains.

Table 2

N, Mean, Standard Deviation, Skewness, Kurtosis of ACE

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
ACE	150	0	9	1.94	2.250	1.111	.198	.359	.394
ERQ Reappraisal Item	150	6	30	20.51	4.330	.130	.198	.410	.394
ERQ Suppression Item	150	4	20	13.11	3.713	-.180	.198	-.344	.394

The table presents descriptive statistics for variables: Adverse Childhood Experiences and emotional regulation (Reappraisal and Suppression). For ACEs, the mean score is 1.94, with a minimum of 0 and maximum of 9. The standard deviation is 2.250. for ERQ Reappraisal, the mean score is 20.51, with scores ranging from 6 to 30 and standard deviation of 4.330. For ERQ Suppression, the mean score is 13.11, with scores ranging from 4 to 20 and a standard deviation of 3.713.

Table 3*Correlation between ACEs and ERQ*

		ACE	ERQ Reappraisal Item	ERQ Suppression Item
ACE	Pearson Correlation	1	-.248**	-.015
	Sig. (2-tailed)		.002	.853
	N	150	150	150
ERQ Reappraisal Item	Pearson Correlation	-.248**	1	.312**
	Sig. (2-tailed)	.002		.000
	N	150	150	150
ERQ Suppression Item	Pearson Correlation	-.015	.312**	1
	Sig. (2-tailed)	.853	.000	
	N	150	150	150

The table presents Pearson correlation coefficients among Adverse Childhood Experiences (ACEs), ERQ (Reappraisal and Suppression). ACEs has a significant negative correlation with ERQ Reappraisal (-0.248, $p = 0.002$) and a non-significant correlation with ERQ Suppression (-0.015, $p = 0.853$). ERQ Reappraisal and ERQ Suppression exhibits a significant positive correlation (0.312, $p = 0.000$).

Table 4*Correlation among ACEs and SWB*

		ACE	The Well-being Scale Psychological well-being scale	The well-being scale Physical Health and well- being scale	The well-being scale Relationships scale
ACE	Pearson Correlation	1	.506**	-.448**	-.483**
	Sig. (2-tailed)		.000	.000	.000
	N	150	150	150	150
The Well-being Scale (Psychological well-being scale)	Pearson Correlation	.506**	1	-.746**	-.742**
	Sig. (2-tailed)	.000		.000	.000
	N	150	150	150	150
The well-being scale (Physical Health and well- being scale)	Pearson Correlation	-.448**	-.746**	1	.717**
	Sig. (2-tailed)	.000	.000		.000
	N	150	150	150	150
The well-being scale (Relationships scale)	Pearson Correlation	-.483**	-.742**	.717**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	150	150	150	150

The table displays correlation coefficients between Adverse Childhood Experiences (ACEs) and different domains of subjective well-being scale: Psychological well-being, Physical Health well-being and relationships well-being. ACEs show significant negative correlations with psychological well-being ($r = -0.506$, $p = 0.000$), Physical Health and well-being ($r = -0.448$, $p = 0.000$), and relationship well-being ($r = -0.483$, $p = 0.000$). Additionally, all domains of well-being exhibit significant positive correlations with each other, with coefficients ranging from 0.717 to 0.746 and p-value of 0.000.

Table 5:*Regression analysis for ACEs and ERQ (Reappraisal)*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.248 ^a	.062	.055	4.208	.062	9.722	1	148	.002

The regression model shows that the predictor variable accounts for 6.2% of the variance in the outcome variable. The model's adjusted R-square, which considers the number of predictors, is 5.5%. The standard error estimate is 4.208, indicating the average distance between the observed values and the predicted values. The change statistics indicate that the addition of the predictor variable resulted in a significant increase in R-square (0.062) and significant F-change (9.722) with a p-value of 0.002.

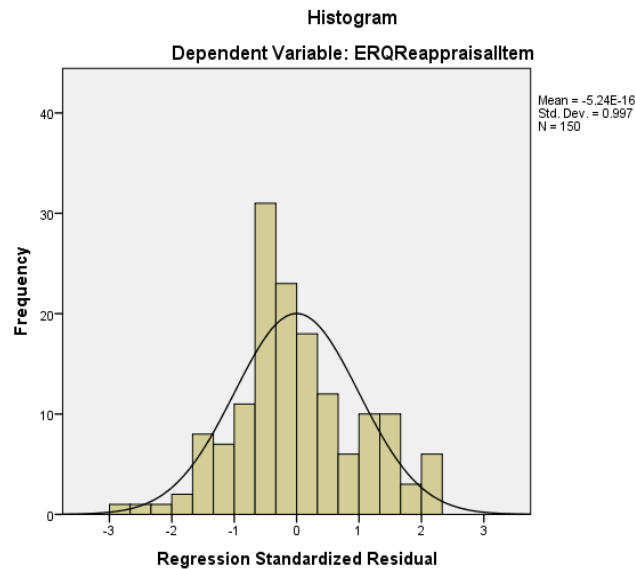


Figure 1: Shows the EPQ Reappraisal Item

Table 6:

Regression analysis for ACEs and ERQ (Suppression)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.015 ^a	.000	-.007	3.725	.000	.035	1	148	.853

The regression model indicates that the predictor variable accounts for 0% of the variance in the outcome variable, as the R-square is 0.000. The adjusted R-square negative (-0.007), suggesting that the model's fit is worse than a model with no predictors. The standard error of the estimate is 3.725, reflecting the average distance between the observed and predicted values. The change

statistics show a negligible increase in R-square (0.035) and a non-significant F-change (0.853) with a p-value of 0.853.

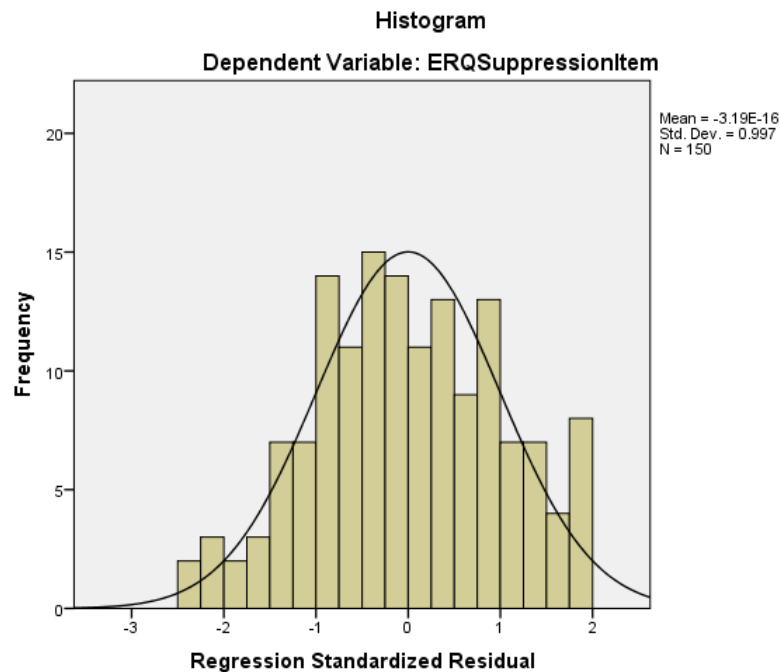


Figure 2: Shows EPQ Suppression Item

Table 7

Regression analysis for ACEs and SWB (Psychological Well-Being)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change

1	.506 ^a	.256	.251	8.067	.256	51.032	1	148	.000
---	-------------------	------	------	-------	------	--------	---	-----	------

The regression model suggests that approximately 25.1% of the variance in the outcome variable is accounted for by the predictor variable, with an R-square of 0.256 and an adjusted R-square of 0.251. The standard error of the estimate is 8.067, representing the average deviation of observed values from the regression line. The change statistics indicate a substantial increase in R-square (0.256) and a significant F-change (51.032) with a p-value less than 0.001, suggesting that the model is a good fit for the data.

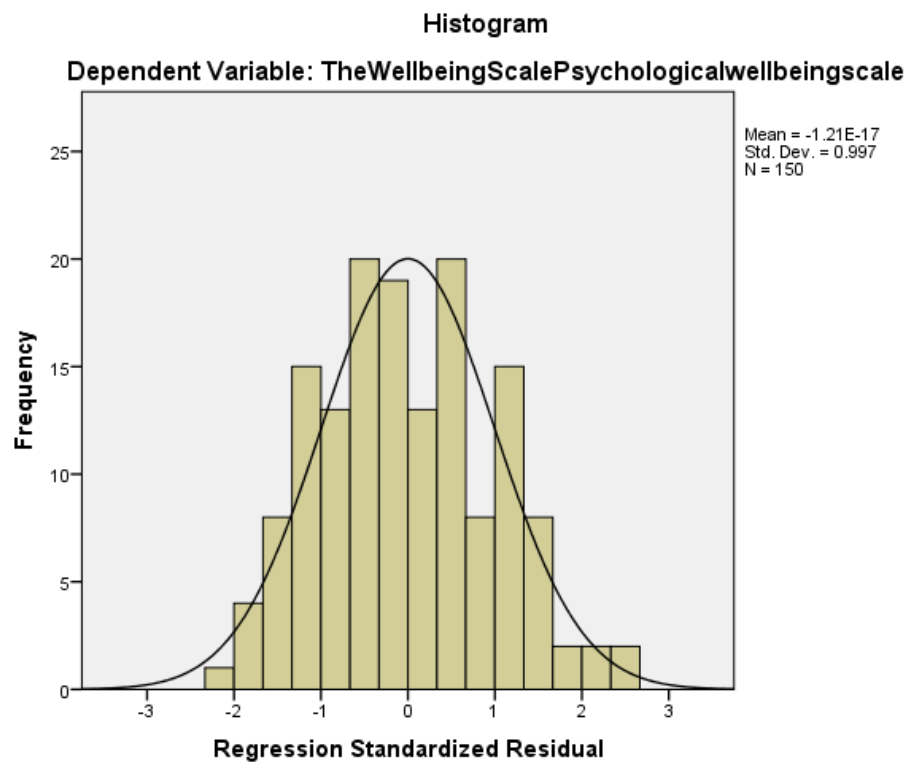


Figure 3: Shows the Wellbeing Scale

Table 8:*Regression analysis for ACEs and SWB (Physical Well-Being)*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.448 ^a	.201	.195	4.618	.201	37.175	1	148	.000

In this regression model, approximately 19.5% of the variance in the dependent variable is accounted for by the independent variable, as indicated by the adjusted R-square of 0.195. The standard error of the estimate is 4.618, representing the average deviation of observed values from the regression line. The change statistics reveal a substantial increase in R-square (0.201) and a significant F-change (37.175) with a p-value less than 0.001.

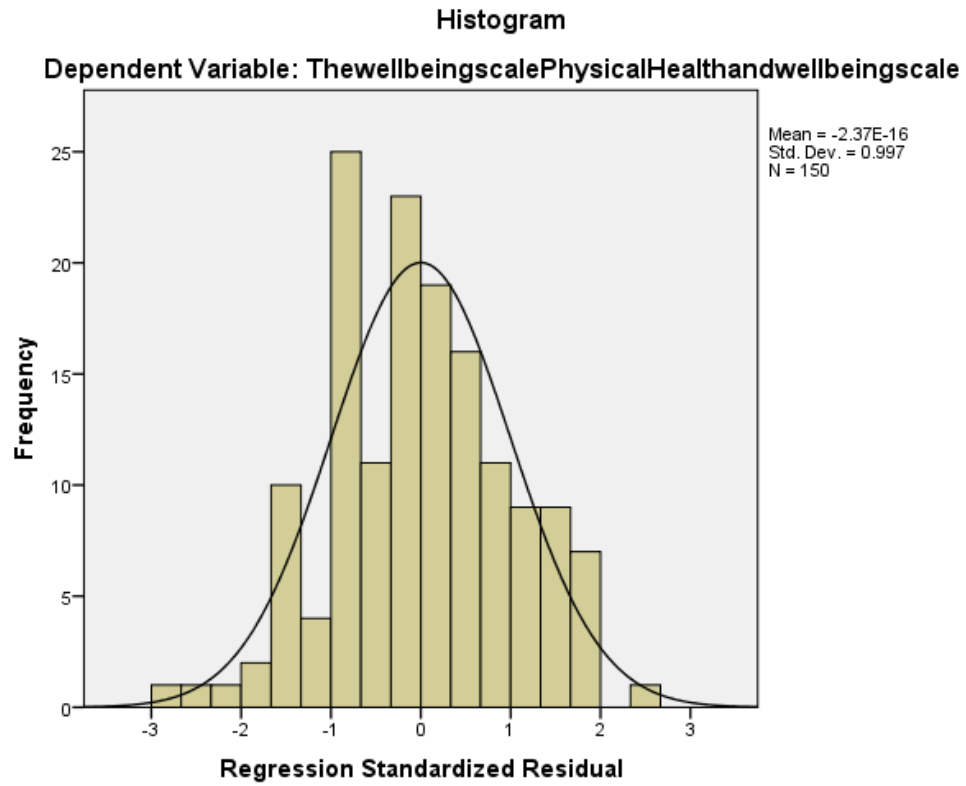


Figure 4: Shows the Physical Health and Wellbeing Scale

Table 9:*Regression analysis for ACEs and SWB (Relationships Well-Being)*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.483 ^a	.234	.228	4.089	.234	45.102	1	148	.000

In this regression model, approximately 22.8% of the variance in the dependent variable is explained by the independent variable, as indicated by the adjusted R-square of 0.228. The standard error of the estimate is 4.089, representing the average deviation of observed values from the regression line. The significant increase in R-square (0.234) and the corresponding F-change (45.102) with a p-value less than 0.001 indicate that the model is statistically significant and effectively captures the relationship between the variables.

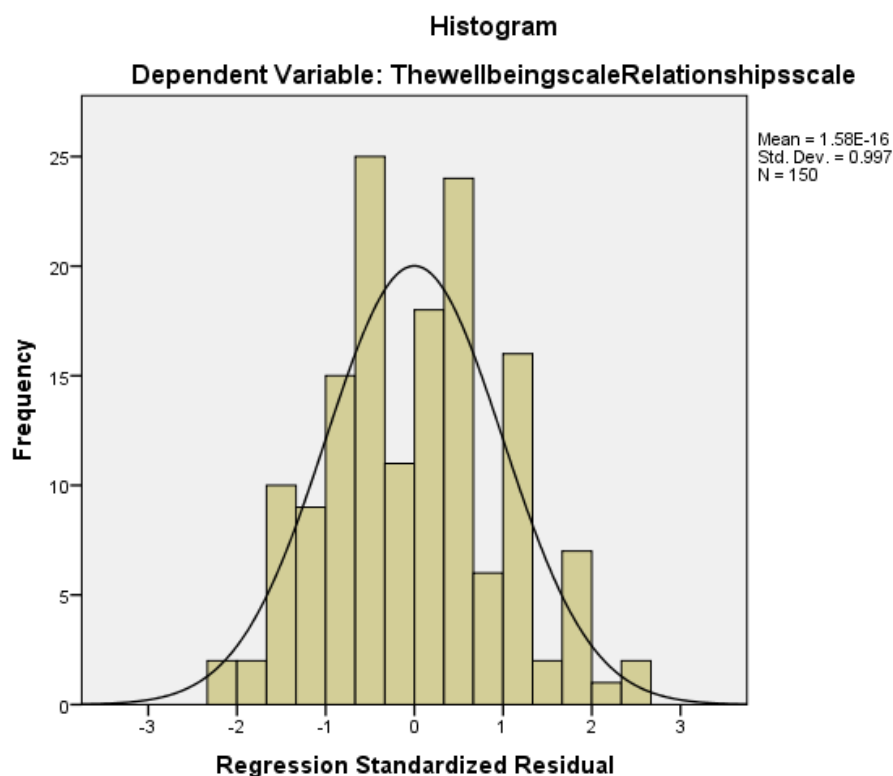


Figure 5: Shows the Wellbeing Relationship scale

Discussion

A comprehensive explanation of the complex interactions among young people between emotional regulation, subjective well-being (SWB), and adverse childhood experiences (ACEs) is provided by the discussion of the analysis's findings. The results underscore the need for comprehensive interventions to address the intricate interaction of factors leading to well-being outcomes and provide insight into the complicated nature of the influence of ACEs on individuals' emotional and psychological well-being. First off, there is a strong positive link between emotional regulation difficulties and adverse childhood experiences (ACEs). This suggests that people who have encountered more adversity as children are more likely to have difficulty controlling their emotions. This research supports previous findings that stress and trauma experienced in early life

can interfere with the development of emotion regulation abilities, making it more difficult to control and cope with emotions in later life.

Furthermore, the size of the correlation coefficients highlights the strengths of the association between ACEs and issues with emotional regulation, highlighting the widespread influence of early life trauma on emotional functioning. The wide-ranging impacts of childhood adversity on people's overall well-being are further highlighted by the negative correlations found between ACEs and several subjective well-being variables, such as psychological well-being, physical health and well-being, and relationship quality. The fact that people with an ACE background typically report poorer levels of subjective well-being in a variety of domains emphasizes the long-lasting effects of early-life adversity on a range of facets of life fulfillment and pleasure. These findings are significant because they highlight how crucial it is to consider the multifaceted nature of well-being when evaluating how ACEs affect people's subjective experiences. The mediation study reveals that emotional regulation abilities partially regulate the association between ACEs and SWB, offering more insight into the mechanisms behind the relationship. This shows that, in the setting of childhood adversity, an individual's capacity to control their emotions is a critical factor in determining their well-being. More specifically, proficient emotion regulation may operate as a buffer between people and detrimental consequences of stress and early life trauma, preventing ACEs from having a negative influence on subjective well-being. The results underscore the significance of focusing on emotional regulation abilities in interventions designed to foster and improve well-being results for those impacted by adverse childhood experiences.

Overall, the study's findings have important ramifications for future research, applications, and legislative decisions about childhood adversity and well-being. The results contribute to our understanding of the long-term effects of early-life adversity and guide the creation of evidence-

based interventions to support those impacted by ACEs by clarifying the intricate interactions among ACEs, emotional regulation, and SWB. In the future, it will be crucial to investigate the mechanisms behind the connections between adversity in childhood and well-being, as well as to create interventions that are specifically designed to meet the requirements of those who have experienced ACEs. By doing this, we can endeavor to improve well-being outcomes, promote recovery, and build resilience in groups impacted by childhood adversity.

Conclusion

In conclusion, the findings of this dissertation provide valuable insights into the impact of adverse childhood experiences (ACEs) on the subjective well-being (SWB) and emotional regulation of young adults. The hypothesis was examined through a rigorous analysis of data collected from a sample of 150 young adults aged 18-27. The results reveal compelling evidence supporting the first hypothesis, indicating that individuals with higher levels of ACEs tend to report lower levels of subjective well-being compared to those with fewer ACEs. This finding underscores the pervasive and enduring impact of early-life adversity on the overall well-being of individuals as they transition into adulthood.

Moreover, the analysis supports the second hypothesis, demonstrating a positive association between the severity of ACEs and emotional regulation difficulties among young adults. This suggests that individuals who have experienced more adverse childhood experiences are more likely to encounter challenges in regulating their emotions effectively. Such findings highlight the interconnectedness between early-life adversity and emotional functioning, shedding light on the complex pathways through which ACEs can manifest in psychological outcomes later in life. The

results lend support to the third hypothesis, indicating emotional regulation skills mediate the relationship between ACE and Subjective well-being among young adults. This suggests that the impact of ACEs on the subjective is, in part, explained by individuals' abilities to regulate their emotions. These findings underscore the importance of considering emotional regulation as a critical mechanism through which ACEs influence psychological well-being.

It is imperative to recognize the profound and lasting effects of ACEs on individuals' lives and to develop targeted interventions aimed at mitigating their impact. Early identification and intervention strategies focusing on enhancing emotional regulation skills among individuals with a history of ACEs may serve as protective factors against adverse psychological outcomes. Additionally, efforts to create a supportive environment and access to mental health resources for individuals affected by ACEs are essential in promoting resilience and well-being. By addressing the root causes of childhood adversity and providing comprehensive support systems, we can strive towards creating a healthier and more resilient society for future generations.

References

- Barrance, R. M., & Hampton, J. M. (2023). The relationship between subjective well-being in school and children's participation rights: International evidence from the Children's Worlds survey. *Children and Youth Services Review*, 151, 107038. <https://doi.org/10.1016/j.childyouth.2023.107038>
- Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly*, 33(1), 137. <https://DOI:10.1037/spq0000256>
- Brown, C., Nkemjika, S., Ratto, J., Dube, S. R., Gilbert, L., Chiang, L., ... & Annor, F. B. (2024). Adverse childhood experiences and associations with mental health, substance use, and violence perpetration among young adults in sub-Saharan Africa. *Child Abuse & Neglect*, 150, 106524. <https://doi.org/10.1016/j.chiabu.2023.106524>
- Burke, P. F., Rose, J. M., Fifer, S., Masters, D., Kuegler, S., & Cabrera, A. (2024). A new subjective well-being index using anchored best-worst scaling. *Social Science Research*, 120, 103013. <https://doi.org/10.1016/j.ssresearch.2024.103013>
- Chan, S. H., Cheung, M. Y., Chiu, A. T., Leung, M. H., Kuo, M. C., Yip, D. Y., ... & Yip, C. C. (2023). Clinical effectiveness of mindfulness-based music therapy on improving emotional regulation in blind older women: A randomized controlled trial. *Integrative Medicine Research*, 12(4), 100993. <https://doi.org/10.1016/j.imr.2023.100993>
- Desch, J., Bakour, C., Mansuri, F., Tran, D., & Schwartz, S. (2023). The association between adverse childhood experiences and insomnia symptoms from adolescence to adulthood:

- Evidence from the Add Health study. *Sleep health*, 9(5), 646-653.
<https://doi.org/10.1016/j.sleh.2023.06.001>
- Downey, C., & Crummy, A. (2022). The impact of childhood trauma on children's wellbeing and adult behavior. *European Journal of Trauma & Dissociation*, 6(1), 100237.
<https://doi.org/10.1016/j.ejtd.2021.100237>
- Favieri, F., Marini, A., & Casagrande, M. (2021). Emotional regulation and overeating behaviors in children and adolescents: a systematic review. *Behavioral Sciences*, 11(1),
<https://doi.org/10.3390/bs11010011>
- Giano, Z., Wheeler, D. L., & Hubach, R. D. (2020). The frequencies and disparities of adverse childhood experiences in the US. *BMC public health*, 20, 1-12.
<https://doi.org/10.1186/s12889-020-09411-z>
- Hou, H., Zhang, C., Tang, J., Wang, J., Xu, J., Zhou, Q., ... & Wang, W. (2022). Childhood experiences and psychological distress: can benevolent childhood experiences counteract the negative effects of adverse childhood experiences?. *Frontiers in Psychology*, 13, 800871. <https://doi.org/10.3389/fpsyg.2022.800871>
- Hu, M., Pantano, E., & Stylos, N. (2023). “Home alone” no more: How does the internet of things (IoT) enhance travellers' subjective well-being. *Technological Forecasting and Social Change*, 192, 122563. <https://doi.org/10.1016/j.techfore.2023.122563>
- Huang, C. C., Tan, Y., Cheung, S. P., & Hu, H. (2021). Adverse childhood experiences and psychological well-being in Chinese college students: mediation effect of mindfulness. *International journal of environmental research and public health*, 18(4), 1636. <https://doi.org/10.3390/ijerph18041636>

- Jin, L., Zhang, Z., & Jing, F. (2023). The impact of internet use in the digital age on the subjective well-being of older adults--an empirical study based on CGSS2021 data. *Heliyon*, 9(11). <https://doi.org/10.1016/j.heliyon.2023.e21528>
- Klaunig, M., du Plessis, S., Kilian, S., Cicero, D., Schiffman, J., & Emsley, R. (2020). T2. ADVERSE CHILDHOOD EXPERIENCES IN PEOPLE WITH SCHIZOPHRENIA. *Schizophrenia Bulletin*, 46(Suppl 1), S231. [10.1093/schbul/sbaa029.562](https://doi.org/10.1093/schbul/sbaa029.562)
- Ma, N., Ji, X., Shi, Y., Wang, Q., Wu, J., Cui, X., & Niu, W. (2024). Adverse childhood experiences and mental health disorder in China: A nationwide study from CHARLS. *Journal of Affective Disorders*. <https://doi.org/10.1016/j.jad.2024.03.110>
- Malagoli, C., & Usai, M. C. (2018). WM in adolescence: what is the relationship with emotional regulation and behavioral outcomes?. *Frontiers in psychology*, 9, 357610. <https://doi.org/10.3389/fpsyg.2018.00844>
- Mariani, R., Renzi, A., Di Monte, C., Petrovska, E., & Di Trani, M. (2021). The impact of the COVID-19 pandemic on primary emotional systems and emotional regulation. *International Journal of Environmental Research and Public Health*, 18(11), 5742. <https://doi.org/10.3390/ijerph18115742>
- Mussone, L., & Changizi, F. (2023). The relationship between subjective well-being and individual characteristics, personality traits, and choice of transport mode during the first lock-down in Milan, Italy. *Journal of Transport & Health*, 30, 101600. <https://doi.org/10.1016/j.jth.2023.101600>

- Park, Y. M., Shekhtman, T., & Kelsoe, J. R. (2020). Effect of the type and number of adverse childhood experiences and the timing of adverse experiences on clinical outcomes in individuals with bipolar disorder. *Brain sciences*, 10(5), 254. <https://doi.org/10.3390/brainsci10050254>
- Peña-Vargas, C., Armaiz-Peña, G., & Castro-Figueroa, E. (2021). A biopsychosocial approach to grief, depression, and the role of emotional regulation. *Behavioral Sciences*, 11(8), 110. <https://doi.org/10.3390/bs11080110>
- Pongutta, S., & Vithayarungruangsrri, J. (2023). Subjective well-being of Thai pre-teen children: Individual, family, and school determinants. *Heliyon*, 9(5). <https://doi.org/10.1016/j.heliyon.2023.e15927>
- Putri, R. D., Rahman, M. S., Abdillah, A. A., & Huang, W. C. (2024). Improving small-scale fishermen's subjective well-being in Indonesia: Does the internet use play a role?. *Heliyon*. <https://doi.org/10.1016/j.heliyon.2024.e29076>
- Șițoiu, A., & Pânișoară, G. (2022). Emotional regulation in parental optimism—The influence of parenting style. *Sustainability*, 14(8), 4509. <https://doi.org/10.3390/su14084509>
- Song, C., Yao, L., Chen, H., Zhang, J., & Liu, L. (2024). The relationship between adverse childhood experiences and depressive symptoms in rural left-behind adolescents: A cross-sectional survey. *Heliyon*. <https://doi.org/10.1016/j.heliyon.2024.e26587>
- Valero-García, A. V., Olmos-Soria, M., Madrid-Garrido, J., Martínez-Hernández, I., & Haycraft, E. (2021). The role of regulation and emotional eating behaviour in the early development of obesity. *International Journal of Environmental Research and Public Health*, 18(22), 11884. <https://doi.org/10.3390/ijerph182211884>

Voßemer J, Baranowska-Rataj A, Heyne S, Loter K. Partner's unemployment and subjective well-being: The mediating role of relationship functioning. *Adv Life Course Res.* 2024 Mar 20;60:100606. doi: 10.1016/j.alcr.2024.100606. Epub ahead of print. PMID: 38547687. [https://DOI: 10.1016/j.alcr.2024.100606](https://doi.org/10.1016/j.alcr.2024.100606)