

## THE ROLE OF ISLAMIC SPIRITUALITY AS A MODERATOR IN THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCE AND SPOUSAL SOCIAL SUPPORT TOWARD RESILIENCE

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*Adverse Childhood Experience (ACE);*

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*Resilience;*

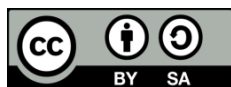
*Moderated Regression Analysis;*

### Abstract

Adverse Childhood Experience (ACE) refers to traumatic experiences occurring during childhood, before the age of 18. Anumerous studies have shown that ACE can have negative impacts on person's adult life, both physically and psychologically. However, other research also suggest that ACE does not always lead to negative outcomes in adulthood, as positive adult experiences can serve as turning points for personal growth. Social support from a spouse and Islamic spirituality may act as protective factors for resilience, thereby reducing the impact of ACE. Therefore, this study examines the relationship between ACE, spousal social support, and Islamic spirituality with resilience among individuals who have experienced ACE. Specifically, this study investigates the role of Islamic spirituality as a moderator in the relationship between ACE, spousal social support, and resilience. This study used a quantitative, cross-sectional, correlational approach. Respondents were selected using purposive sampling and snowball sampling, with a total 108 participants consisting of 88 women and 20 men. To measure ACE, standardized instruments adapted into Indonesian with good validity and reliability were used. The WHO ACE-IQ was used to measure ACE exposure, the Receipt of Spousal Social Support (RSSS) to measure spousal social support, the Daily Spiritual Experience Scale (DSES) adapted for Indonesian Muslims to measure Islamic spirituality, and the Connor-Davidson Resilience Scale (CD-RISC) to measure resilience. Moderated regression analysis was used to analyze the data. The result showed no direct effect of ACE on resilience ( $\beta = -0,014$ ;  $p = 0,884 > 0,05$ ), and Islamic spirituality did not moderate the relationship between ACE ( $\beta = 0,054$ ;  $p = 0,577 > 0,05$ ) and spousal social support on resilience ( $\beta = 0,112$ ;  $p = 0,279 > 0,05$ ). However, both spousal social support and Islamic spirituality had a direct and significant effect on resilience. Implications study this emphasize the complexity of ACE and suggest the need for a larger sample size and the use of mixed methods in future research.

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## 1. INTRODUCTION

Adverse Childhood Experiences (ACEs) are traumatic experiences occurring before the age of 18 that can impair a child's development, health, and well-being into adulthood (Felitti et al., 1998). These experiences fall into three categories: 1. Violence or abuse (physical, emotional, and sexual); 2. Neglect (physical and emotional); and 3. Household dysfunction—negative conditions within the home environment such as domestic violence, parental divorce, substance abuse, and mental health issues. ACEs experienced during childhood can have lasting impacts on an individual's adult life, affecting their social-emotional well-being, behavior, and health.

Numerous studies have demonstrated the negative impact of ACEs on an individual's life. (Felitti et al., 1998) found that individuals exposed to ACEs experience health problems—such as heart disease, cancer, chronic lung disease, fractures, and liver disease—with the severity of these issues depending on the extent of the exposure. Similarly, a study by Lenggogeni, et al (2023) identified a positive

association between ACEs and depression among Asian university students. Research by Paramita, et al (2021) found a positive correlation between ACEs and intentional self-harm among adolescents in Indonesia. Putri, et al (2024) also identified a significant relationship between ACEs and psychological well-being in young adults, noting that higher exposure to ACEs diminishes psychological well-being, and vice versa.

However, other research reveals that not everyone exposed to ACEs will necessarily experience psychological disorders or life difficulties. Studies by Dominguez, M.G., & Brown (2022) and Crandal, et al (2023) indicate that positive experiences in adulthood can serve as opportunities and turning points for individuals who faced ACEs during childhood. Kristanti (2024) concluded that self-compassion can enhance relationship satisfaction. Furthermore, social support—particularly from family and, more specifically, a partner—can transform an individual's traumatic experiences, fostering resilience in their daily life (Rahmasari & Herdiana, 2025). These findings highlight a disparity in the results of existing research regarding the impact of ACEs.

According to Lester et al. (Martauli & Hapsari, 2024), addressing the needs of individuals who have experienced ACEs indeed requires social support. Social support is an interpersonal resource that assists individuals in coping with stressful events or stressors (Cohen & Wills, 1985). Receiving social support fosters a sense of not being alone, as well as feelings of safety and being valued (Sarafino & Smith, cited in Supriyati, 2023). These points demonstrate that social support can help mitigate the impact of ACEs, thereby fostering resilience.

Resilience in adults who have experienced ACEs is influenced by various factors, including independence, cultural values, and social support (Martauli & Hapsari, 2024). Webster (2022) and Leung (2020) found that parental social support plays a role in minimizing the impact of ACEs and enhancing resilience. Research findings from Martauli & Hapsari (2024) and Aminova, et al (2025), indicating that social support from family, friends, and significant others influences the resilience of young adults who have experienced ACEs. Notably, spousal social support—which plays a more significant role than support from friends—serves as a protective factor in fostering resilience among married individuals.

Connor & Davidson (2003) state that spirituality contributes to the development of resilience. Research by Whitaker, et al (2021) and Freeny & Fink (2021) found that an individual's spirituality can reduce the risk of depression resulting from ACEs. Spirituality enables individuals to better accept the problems or trauma they have experienced, thereby allowing them to adapt to the trauma and rise up to achieve personal growth (Kim & Seidlitz, as cited in Hartono, 2021). However, research by Garnsey et al. (2024) indicates that spirituality does not always function as a buffer; moderation patterns vary depending on the type of ACE. A study by Tibo, et al (2024) reinforces the finding of a significant relationship between spirituality and resilience. The aforementioned research [LI2.1][CS2.2] demonstrates that spirituality impacts ACEs and resilience—specifically, that it can mitigate the effects of ACEs and foster resilience. While there is a substantial body of international research on spirituality, such studies remain limited in Indonesia. The scarcity of research linking ACEs and spirituality in Indonesia—particularly studies examining spirituality as a moderator—served as a further motivation for the authors to conduct this study.

Regarding the concept of spirituality, Underwood & Teresi (2002), who define spirituality as an individual's daily experience of sensing the presence of and engagement with something transcendent—an experience that influences how a person responds. Meanwhile, according to Imam Al-Ghazali in his work *Ihya Ulumiddin* (Ghazali, 1998), spirituality is the process of *tazkiyatun nafs* (purification of the soul), wherein acts of worship and the pursuit of knowledge serve as means to attain closeness to Allah SWT. As this study involves Muslim respondents and relates to Islamic psychology, the specific term employed is "Islamic spirituality."

Based on the phenomena and discussion above, the author aims to examine the role of Islamic spirituality as a moderator in the relationship between ACE and spousal social support regarding resilience. The research questions to be investigated are Do ACE, spousal social support and Islamic spirituality play a role in individual resilience?, Does Islamic spirituality moderate the relationship between ACE and individual resilience? and Does Islamic spirituality moderate the relationship between spousal social support and individual resilience?

The aim of this study is to examine whether Islamic spirituality acts as a moderator in the relationship between ACE and spousal social support regarding resilience. Additionally, the study examines the relationships of ACE and spousal social support with resilience, as well as the role of Islamic spirituality in resilience.

Meanwhile, the practical benefits from this study are providing input for the development of appropriate interventions to enhance resilience in individuals who have experienced ACEs and reinforcing the perspective of ACE survivors that childhood trauma does not inevitably lead to negative outcomes; instead, it can yield positive experiences and serve as an opportunity—or a turning point—for leading a better life. Besides that, offering professionals (psychologists, counselors, or social workers) an understanding of the importance of spousal social support for individuals or couples affected by ACEs, as well as the role of Islamic spirituality in mitigating the negative impacts of ACEs and providing insights to spouses of individuals with a history of ACEs regarding factors that strengthen mental health and foster meaningful relationships

## 2. RESEARCH METHOD

A quantitative, cross-sectional correlational approach was employed in this study to examine the relationships between Adverse Childhood Experiences (ACEs) and spousal social support regarding the resilience of adults, as well as to investigate the role of Islamic spirituality in resilience. The study involved four variables: predictor variable 1/X1 (Adverse Childhood Experiences/ACEs), predictor variable 2/X2 (spousal social support), moderator variable Z (Islamic spirituality), and criterion variable Y (resilience).

The participants are Muslim, at least 25 years old, married (with a spouse), and have experienced Adverse Childhood Experiences (ACE). These criteria were established based on the research objectives and problem formulation to ensure a clear research direction and to obtain accurate data aligned with the study's goals. Furthermore, the minimum age of 25 was selected because the prefrontal cortex—a brain region associated with emotional regulation, decision-making, and impulse control—undergoes significant development around this age (Steinberg, 2014). There were no geographical restrictions on the study location, as the focus was on recruiting respondents who met the specific criteria, thereby maximizing the potential number of participants.

Existing literature and research on ACEs have predominantly focused on adolescents or young adults; studies involving individuals who are in a committed relationship remain limited. Yet, the impact of ACEs may be more evident in individuals with spousal, as the various challenges encountered after marriage or within a relationship can trigger the negative consequences of childhood ACEs. Research by Nugraha, Wira & Malueka, (2023) highlights the importance of spousal social support and communication intensity within marriage. Positive outcomes associated with ACEs—specifically regarding social support and resilience—can also be observed in spousal who have experienced ACEs (Martauli & Hapsari, 2024). This is further supported by Harsono, et al (2025), who argue that spousal social support plays a more significant role in psychological well-being due to the social closeness and high frequency of interaction shared with the partner.

The study employed purposive sampling and snowball sampling. Purposive sampling is a technique in which specific considerations or criteria guide the selection of the sample (Sugiyono, 2017). The research also utilized a snowball sampling approach, wherein the initial respondents who completed the questionnaire were asked to assist in distributing the research questionnaire link to relatives, friends, or acquaintances who met the study's criteria.

Roscoe (dalam Sugiyono, 2017, hal.74) offers guidelines regarding research sample sizes, noting that an appropriate sample size ranges from 30 to 500; furthermore, if the study involves multivariate analysis (such as correlation or multiple regression), the minimum sample size should be ten times the number of variables under investigation. This study involves four variables and employs moderated regression analysis, requiring a minimum sample size of 40. Given that the target population consists of individuals who have experienced Adverse Childhood Experiences (ACE)—a sensitive topic where the number of potential participants is not necessarily large—the estimated population size is 200. Based on a population of 200 and a 5% margin of error, the required sample size (number of respondents) is 127. This study required a sample of 127 respondents; however, only 110 were recruited, as finding individuals with ACE experiences proved difficult and the study timeframe was limited. Two respondents provided incomplete questionnaire [LI5.1][CS5.2]data, resulting in a final sample of 108 for analysis. This group comprised 88 females and 20 males. The demographic characteristics of the 108 respondents included gender, age, and duration of marriage.

For the ACE variable, the research instrument utilized the Indonesian version of the WHO ACE-IQ, as adapted by Rahapsari & Puri (2021). This adapted tool comprises 29 items demonstrating good

validity and reliability, with a correlation coefficient of approximately 0.80. Response options for the questions include "often," "several times," "once," and "never," while other items require a "yes" or "no" answer. The total ACE score is calculated by tallying the experiences reported by the respondent across the 13 established categories; thus, the ACE score ranges from a minimum of 0 to a maximum of 13.

To measure the level of spousal social support, the Receipt of Spousal Support Scale developed by Dorio (2008) and adapted by Harsono, et al (2025) was used. This instrument consists of 20 items demonstrating good validity and reliability (composite reliability/CR values above 0.7 and comparative fit index/CFI values above 0.9). The scale employs a 5-point Likert format. For unfavorable items, subjects select one of five response options: (1) Always, (2) Often, (3) Sometimes, (4) Rarely, and (5) Never. Conversely, for favorable items, the response options are: (1) Never, (2) Rarely, (3) Sometimes, (4) Often, and (5) Always. Respondent answers are summed to yield a total score ranging from 20 to 100.

The instrument used to measure Islamic spirituality is the Daily Spiritual Experience Scale (DSES) developed by Underwood & Teresi (2002). This standardized instrument has been validated for Indonesian Muslims by Suharsono & Fatimah (2025); it comprises 16 items and demonstrates robust Confirmatory Factor Analysis (CFA) results, a composite reliability (CR) of 0.94, and an average variance extracted (AVE) of 0.51. Responses for items 1 through 5 are recorded using a frequency-based Likert scale: (1) Never, (2) Rarely, (3) Several times, (4) Often, (5) Almost every day, and (6) Every day. Meanwhile, item 16 utilizes a Likert scale with the following response options: (1) Not close, (2) Somewhat close, (3) Close, and (4) Very close. The Islamic spirituality scores derived from this adapted DSES instrument range from 16 to 100.

Resilience was measured using the 10-item Connor-Davidson Resilience Scale (CD-RISC), adapted into an Indonesian version by Perwitasari & Wulandari (2024). This 10-item CD-RISC demonstrates good validity ( $r = 0.711-0.906$ ) and a Cronbach's alpha of 0.940. The instrument utilizes a 4-point Likert scale: (1) Not at all able, (2) Not able, (3) Able, and (4) Very able. Responses are based on the research subjects' experiences over the past month. Scoring is calculated by summing the scores from all items; the total score ranges from 0 to 40, with higher scores indicating greater resilience.

Based on statistical calculations, the respondents' total scores for each variable were grouped into three categories: low, medium, and high. The statistical analysis utilized the mean (M) and standard deviation (SD) derived from the collected data. By using the distribution of respondents' scores, the category thresholds were determined objectively, rather than based on the researcher's subjectivity.

The criteria for the respondent score categories in this study are presented in Table 1 below:

Table 1. Categorization of variable scores

| Category | Formula                  |
|----------|--------------------------|
| High     | $X \geq M + SD$          |
| Medium   | $M - SD \leq X < M + SD$ |
| Low      | $X < M - SD$             |

Data collection for this study was conducted using a Google Form questionnaire. The questionnaire was distributed online via social media (specifically WhatsApp) and during parenting events, where the organizing committee asked participants meeting the eligibility criteria to complete it. Only individuals who met the criteria and provided informed consent completed the questionnaire. Subsequently, the collected data underwent a screening process to ensure that the submissions met the established criteria and were fully completed.

Data obtained from the questionnaires were analyzed using Pearson correlation (Product-Moment) analysis, a statistical method for measuring the direction and strength of the relationship between two or more independent variables and a single dependent variable (Sugiyono, 2017). The study involved two predictor variables—Adverse Childhood Experiences (ACE) and partner social support—one moderator variable (Islamic spirituality), and one criterion variable (resilience). Software such as SPSS or R can be used to calculate the correlation coefficient ( $r$ ). The calculation yields a correlation coefficient ( $r$ ) value ranging from -1 to +1. A value of +1 indicates a positive correlation or a relationship in the same direction (both variables increase together), while a value of -1 indicates a negative correlation or an inverse relationship (one variable increases as the other decreases). An  $r$ -value of 0 signifies no correlation, whereas an intermediate value (e.g.,  $r = 0.5$ ) indicates a moderate level of correlation.

Multiple linear regression analysis is employed to measure the extent of change in the criterion variable resulting from changes in at least two predictor variables (Sugiyono, 2017). This study involves two predictor variables—ACE and spousal social support—and one moderator variable, Islamic spirituality; consequently, moderated regression analysis is used to analyze the research data. Prior to conducting the moderated regression analysis, tests for instrument validity and reliability are performed, along with classical assumption tests comprising normality, linearity, multicollinearity, and heteroscedasticity tests. These classical assumption tests serve as a prerequisite for the moderated regression analysis used to examine the moderation effect.

The research procedures are grounded in ethical principles aimed at protecting the rights of respondents; therefore, this study adheres to established research ethics standards, namely: Respondents are provided with a full explanation of the research objectives and must indicate their consent before completing the questionnaire, which is distributed online via WhatsApp. respondents' names are masked (using initials), and the confidentiality of all personal data is maintained. the researcher ensures that the research process does not cause psychological trauma, particularly regarding discussions of "past wounds." Consequently, the questionnaire informs respondents that if they feel uncomfortable at any point while completing it, they may take a moment to compose themselves or contact the researcher using the phone number provided in the questionnaire and guarantees that the data processed is authentic and free from the manipulation or fabrication of results.

### 3. RESULT AND ANALYSIS

Based on the primary data obtained, statistical calculations were performed using SPSS software.

#### Descriptive Statistics of Research Variables

Table 2. Descriptive Statistics of Research Variables

| Variable                    | Min | Max | Mean  | SD    |
|-----------------------------|-----|-----|-------|-------|
| ACE (X1)                    | 0   | 9   | 2,53  | 1,64  |
| Spousal Social Support (X2) | 42  | 96  | 74,25 | 11,60 |
| Islamic Spirituality (Z)    | 48  | 94  | 81,14 | 10,56 |
| Resilience(Y)               | 14  | 40  | 28,01 | 5,47  |

ACE scores fell into the low-to-moderate range (averaging approximately 2–3 out of 13 types of adverse childhood experiences); scores for spousal social support and Islamic spirituality fell into the moderate-to-high range (with some Islamic spirituality scores even approaching the theoretical maximum); and resilience scores fell into the moderate-to-high range.

Note:

Five out of the 108 respondents had an ACE score of 0. It is possible that these respondents had indeed experienced ACEs (given that one of the sample criteria was being an ACE survivor) but, at the time of completing the questionnaire—being adults and married—did not perceive themselves as experiencing the effects of the ACEs they had undergone during childhood (Connor & Davidson, 2003; Martauli & Hapsari, 2024; Harsono et al., 2025).

Table 3. Distribution of Score Categories

| Variable                    | Category | Frequency | Percentage |
|-----------------------------|----------|-----------|------------|
| ACE (X1)                    | High     | 12        | 11%        |
|                             | Medium   | 63        | 58%        |
|                             | Low      | 33        | 31%        |
| Spousal Social Support (X2) | High     | 16        | 15%        |
|                             | Medium   | 76        | 70%        |
|                             | Low      | 16        | 15%        |
| Islamic Spirituality (Z)    | High     | 14        | 13%        |
|                             | Medium   | 76        | 70%        |
|                             | Low      | 18        | 17%        |
| Resilience(Y)               | High     | 15        | 14%        |
|                             | Medium   | 74        | 68,5%      |

Low

19

17,5%

Note: The categorization of respondents' scores is descriptive rather than normative regarding psychological aspects, levels of spirituality, or resilience.

Table 3 shows that 89% of respondents' ACE scores fell into the low-to-moderate range (on average, respondents reported 2–3 adverse childhood experiences out of the 13 ACE categories). Regarding social support from spousal, 15% of scores were in the high category, 70% in the moderate category, and 15% in the low category, indicating that spousal social support was relatively high. As for Islamic spirituality scores, 13% fell into the high category, 70% into the moderate category, and 17% into the low category; this means 83% of respondents possessed a relatively strong sense of spirituality (with some scores even approaching the maximum). Meanwhile, 82.5% of resilience scores fell into the moderate-to-high range, while 17.5% fell into the low category, indicating that 82.5% of respondents exhibited relatively high resilience.

Prior to conducting hypothesis testing using hierarchical moderated regression, classical assumption tests—comprising tests for normality, linearity, multicollinearity, and heteroscedasticity—were performed on the baseline regression model of Resilience (Y) against ACE (X1) and Partner Social Support (X2) as a prerequisite. The results of these tests are presented below.

Normality tests using Kolmogorov-Smirnov and Shapiro-Wilk revealed significance values well above 0.05, indicating that the regression model residuals are normally distributed; thus, the normality assumption is met. Regarding the linearity test, the significance values for "deviation from linearity" for both relationships exceeded 0.05, meaning no significant deviation from linearity was detected. Consequently, the relationships between X1 and Y and between X2 and Y are linear, satisfying the prerequisites for regression analysis. In the multicollinearity test, both predictor variables (X1 and X2) exhibited tolerance values greater than 0.10 and VIF values below 10 (specifically, below 2), indicating the absence of multicollinearity among the predictor variables in the regression model. Finally, the heteroscedasticity test (Glejser) showed p-values greater than 0.05 for both variables (X1 and X2), indicating no evidence of heteroscedasticity.

### Hypothesis Testing: Moderated Regression Analysis (MRA)

Hypothesis testing was conducted using a three-stage hierarchical moderated regression analysis on resilience (Y), utilizing variables X1, X2, and Z that had been mean-centered to mitigate multicollinearity arising from interaction terms:

- Model 1:  $Y = a + b1.X1 + b2.X2$  (to test H1 and H2 – direct effects)
- Model 2:  $Y = a + b1.X1 + b2.X2 + b3.Z$  (to test H3 – adding the effect of Z)
- Model 3:  $Y = a + b1.X1 + b2.X2 + b3.Z + b4.(X1 \times Z) + b5.(X2 \times Z)$  (to test H4 and H5 – adding interactions)

### Model Summary

Table 4. Model Summary

| Model           | R <sup>2</sup> | Adj. R <sup>2</sup> | $\Delta R^2$ | F Change | p (Sig. F Change) |
|-----------------|----------------|---------------------|--------------|----------|-------------------|
| 1: X1, X2       | 0,135          | 0,119               | —            | 8,208    | 0,001             |
| 2: + Z          | 0,286          | 0,266               | 0,151        | 21,995   | <0,001            |
| 3: + X1×Z, X2×Z | 0,294          | 0,260               | 0,008        | 0,593    | 0,555             |

Table 4, shows that the addition of Z (Islamic spirituality) to Model 2 significantly increases the model's explanatory power ( $\Delta R^2 = 0.151$ ;  $p < 0.001$ ). This indicates that Z (Islamic spirituality) makes a strong direct contribution to resilience. Conversely, the addition of the interaction term in Model 3 does not significantly increase  $R^2$  ( $\Delta R^2 = 0.008$ ;  $p = 0.555$ ). This suggests that the moderating effect of Z (Islamic spirituality) is not statistically supported.

### Effect Size

Tabel 5  
Effect Size X1 & X2

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|---|----------|-------------------|----------------------------|
|-------|---|----------|-------------------|----------------------------|

|   |                   |      |      |       |
|---|-------------------|------|------|-------|
| 1 | .368 <sup>a</sup> | .135 | .119 | 5.135 |
|---|-------------------|------|------|-------|

a. Predictors: (Constant), Tot\_X2, Tot\_X1

Table 5, shows that An R-square value of 0.135 indicates that X1 and X2 contribute 13.5% to the influence on Y; thus, it is concluded that ACE and spousal social support play no role in resilience.

**Tabel 6**  
*Effect Size X1 & X2 + Z*

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 2     | .543 <sup>a</sup> | .294     | .260              | 4.706                      |

a. Predictors: (Constant), Tot\_Z, Tot\_X2, Tot\_X1

Table 6, shows that An R-squared value of 0.294 indicates that the combined influence of ACEs and spousal social support on resilience—following the moderation by Islamic spirituality—accounts for 29.4% of the variance; thus, it can be concluded that the moderation by Islamic spirituality neither weakens nor strengthens the relationship between ACEs, spousal social support, and resilience.

### Regression Coefficients for Model 1 (Direct Effects of X1, X2)

Table 7. Regression Coefficients for Model 1

| Predictor                   | B      | Std. Error | Beta ( $\beta$ ) | t      | p (Sig.) |
|-----------------------------|--------|------------|------------------|--------|----------|
| Constant                    | 28,009 | 0,494      | —                | 56,690 | <0,001   |
| ACE (X1)                    | -0,048 | 0,329      | -0,014           | -0,146 | 0,884    |
| Spousal Social Support (X2) | 0,171  | 0,046      | 0,362            | 3,674  | <0,001   |

Based on Table 7, the coefficient for X1 is negative and non-significant ( $\beta = -0.014$ ;  $p = 0.884 > 0.05$ ). This indicates that H1 (the role of ACEs in resilience) is not supported; there is no direct role of ACEs regarding the individual.

In contrast, the coefficient for X2 is positive and significant ( $\beta = 0.362$ ;  $p < 0.001$ ). This indicates that H2 (the role of spousal social support in resilience) is supported; spousal social support plays a significant role in individual resilience.

### Regression Coefficients for Model 2 (adding Z)

Table 8. Regression Coefficients for Model 2

| Predictor                   | B      | Std. Error | Beta ( $\beta$ ) | t      | p (Sig.) |
|-----------------------------|--------|------------|------------------|--------|----------|
| Constant                    | 28,009 | 0,451      | —                | 62,100 | <0,001   |
| ACE (X1)                    | -0,063 | 0,300      | -0,019           | -0,209 | 0,835    |
| Spousal Social Support (X2) | 0,094  | 0,045      | 0,198            | 2,056  | 0,042    |
| Islamic Spirituality (Z)    | 0,218  | 0,047      | 0,421            | 4,690  | <0,001   |

Based on Table 8, the Z-coefficient is significant and positive ( $\beta = 0.421$ ;  $p < 0.001$ ). This indicates that H3 (the role of Islamic spirituality in resilience) is supported; in other words, Islamic spirituality plays a significant role in individual resilience.

### Regression Coefficients for Model 3 (adding interactions X1xZ and X2xZ)

Table 9. Regression Coefficients for Model 3

| Predictor | B      | Std. Error | Beta ( $\beta$ ) | t      | p (Sig.) |
|-----------|--------|------------|------------------|--------|----------|
| Constant  | 27,883 | 0,473      | —                | 58,959 | <0,001   |

| Predictor                   | B      | Std. Error | Beta ( $\beta$ ) | t      | p (Sig.) |
|-----------------------------|--------|------------|------------------|--------|----------|
| ACE (X1)                    | -0,036 | 0,304      | -0,011           | -0,118 | 0,906    |
| Spousal Social Support (X2) | 0,100  | 0,046      | 0,211            | 2,167  | 0,033    |
| Islamic Spirituality(Z)     | 0,234  | 0,049      | 0,451            | 4,733  | <0,001   |
| X1 $\times$ Z               | 0,018  | 0,031      | 0,054            | 0,559  | 0,577    |
| X2 $\times$ Z               | 0,004  | 0,003      | 0,112            | 1,088  | 0,279    |

Table 9 shows that the interaction coefficient X1xZ is not significant ( $\beta = 0.054$ ;  $p = 0.577 > 0.05$ ). This means that H4 (Islamic spirituality moderates the relationship between ACE and resilience) is not supported; in other words, Islamic spirituality was not found to moderate the relationship between ACE and resilience.

Similarly, the coefficient for X2xZ is not significant ( $\beta = 0.112$ ;  $p = 0.279 > 0.05$ ). This means that H5 (Islamic spirituality moderates the relationship between spousal social support and resilience) is not supported; in other words, Islamic spirituality was not found to moderate the relationship between spousal social support and resilience.

Based on the hypothesis testing conducted using a three-stage hierarchical moderated regression analysis on resilience (Y), it was found that:

| Hypothesis | Statement                                                                                      | Results                       |
|------------|------------------------------------------------------------------------------------------------|-------------------------------|
| H1         | ACEs play a role in individual resilience                                                      | Not supported ( $p = 0.884$ ) |
| H2         | Spousal social support plays a role in individual resilience                                   | Supported ( $p < 0.001$ )     |
| H3         | Islamic spirituality plays a role in individual resilience.                                    | Supported ( $p < 0.001$ )     |
| H4         | Islamic spirituality moderates the relationship between ACEs and resilience.                   | Not supported ( $p = 0.577$ ) |
| H5         | Islamic spirituality moderates the relationship between spousal social support and resilience. | Not supported ( $p = 0.279$ ) |

Based on the hypothesis testing conducted using hierarchical moderated regression analysis, results were obtained for the five proposed hypotheses.

Regarding Hypothesis 1, the regression coefficient for X1 ( $\beta = -0.014$ ,  $p > 0.05$ ) indicates that ACEs play no direct role in, nor do they have a direct impact on, resilience (H1 is not supported). However, the negative coefficient suggests an inverse relationship, implying that higher ACE levels tend to correspond with lower resilience; yet, because the significance value is  $p > 0.05$ , this relationship is not statistically significant. This suggests that the impact of ACEs on adult resilience may have been compensated for by other psychosocial resources—specifically spousal social support and Islamic spirituality—developed during adulthood. Further research is required to substantiate this possibility. Regarding spousal social support and Islamic spirituality—which serve to provide mutual protection, safeguard privacy, offer comfort and moral support, and foster a virtuous family—reference is made to Surah Al-Baqarah: 187, which states, "...they are a garment for you and you are a garment for them..." and Surah Al-Furqan: 74: "...Our Lord, grant us from among our spouses and offspring comfort to our eyes and make us an example for the righteous." Or from the hadith of the Messenger of Allah which states: "The best of you are those who are best to their families (their wives), and I am the best to my family" HR. Tirmidhi No.3895 (Al-Bugha, Musthafa Dieb & Mistu, 2003).

This aligns with research findings by Dominguez, M.G., & Brown (2022) and Crandal et al. (2023), which indicate that ACEs do not always play a role or exert a negative impact; significant events in adulthood can serve as pivotal milestones for individuals who experienced ACEs during childhood. Alternatively, the relatively low range of ACE scores among the study's respondents ( $M = 2.53$  out of a maximum of 13) may explain why the role or impact of ACEs on resilience did not appear to be direct.

Regarding Hypothesis 2, the coefficient for X2 is significant and positive ( $\beta = 0.362$ ;  $p < 0.001$ ), this means that a spousal social support plays a role in the development of resilience (H2 is supported). This aligns with the views of Cohen & Wills (1985), who posited that social support makes individuals feel valued and happy (Direct Effect Model) and can mitigate the negative impacts of unpleasant events or Adverse Childhood Experiences/ACEs (Buffering Model). The theory proposed by Cohen & Wills has been substantiated by subsequent studies. Research by Isnaini & Muhid (2021), Webster (2022), Leung (2022), Supriyati (2023), and Matauli & Hapsari (2024) demonstrates that social support received in the form of love, attention, appreciation, and assistance fosters a sense of security and being valued—preventing feelings of isolation—thereby helping to reduce the impact of stressors when facing adversity and enhancing resilience. Social support, particularly from family—and specifically from a partner—can transform traumatic experiences and cultivate resilience in daily life. Allah states in Surah Ar-Rum, verse 21: "...He created mates for you from among yourselves that you may find tranquility in them; and He placed between you affection and mercy..." (Sanusi & Syaikh, 2014). Studies by Kristanti (2024), Martauli & Hapsari (2024), Aminova et al. (2025), and Rahmasari & Herdiana (2025) confirm the significant role of social support—especially from a partner—in individual resilience. Harsono et al. (2025) reinforce this view, noting that higher levels of social support provided by a partner yield various outcomes, including the development of resilience.

Similarly, regarding Hypothesis 3, the Z-coefficient was significant and positive ( $\beta = 0.421$ ;  $p < 0.001$ ). This demonstrates that Islamic spirituality plays a role in fostering resilience (H3 is supported). Connor and Davidson (2003) state that, in addition to social support, spirituality contributes to the development of resilience. Spirituality can reduce the risk of depression resulting from Adverse Childhood Experiences (ACEs), thereby enabling individuals to adapt to trauma and rise toward growth or resilience. Surah Al-Baqarah (2:286) reminds us that no trial exceeds a person's capacity to bear it; Surah Al-Inshirah (94:5–6) twice reinforces that ease accompanies hardship; and Surah Ar-Ra'd (13:28) states that the heart finds peace only through the remembrance of Allah. These teachings instill optimism in individuals who have experienced ACEs, encouraging them to engage in activities that bring them closer to Allah and facilitate self-purification, ultimately allowing them to face past issues and navigate daily life with greater tranquility. This aligns with Al-Ghazali's perspective on spirituality, which centers on the purification of the soul (tazkiyatun nafs) and closeness to Allah.

Research findings by Whitaker et al. (2021), Freeny & Fink (2021), Kim & Seidlitz (cited in Hartono, 2021), and Al Balkhi (cited in Rassool, 2024) have demonstrated this. These findings align with the theory proposed by Connor & Davidson (2003), which identifies positive acceptance of change, a high tolerance for negative emotions, the ability to cope with stress, and spiritual influence as key aspects of resilience. Research by Tibo et al. (2024) further confirms and reinforces the existence of a significant relationship between spirituality and resilience.

Hypothesis 4 (that Islamic spirituality moderates the relationship between ACEs and resilience) was not supported, as the interaction coefficient ( $X1 \times Z$ ) was not significant ( $\beta = 0.054$ ;  $p = 0.577 > 0.05$ ). Similarly, Hypothesis 5 (that Islamic spirituality moderates the relationship between partner social support and resilience) was not supported, as the interaction coefficient ( $X2 \times Z$ ) was not significant ( $\beta = 0.112$ ;  $p = 0.279 > 0.05$ ). The non-significant moderation results are likely due to low ACE variation and limited statistical power—such as a less-than-ideal sample size and the fact that the try-out was conducted after data collection. Overall, the study's findings reveal a coherent pattern: Islamic spirituality and partner social support serve as significant direct predictors (main effects) of resilience, whereas ACEs were not found to have a direct effect. However, the role of Islamic spirituality in this study is best understood as a direct predictor of resilience rather than a moderator, given that neither interaction term ( $X1 \times Z$  nor  $X2 \times Z$ ) was significant. In other words, high levels of Islamic spirituality are consistently associated with high resilience across all levels of ACEs and partner social support, yet they do not strengthen or weaken the impact of ACEs or partner social support on resilience. Nevertheless, this indicates that Islamic spirituality can function as a protective factor—providing a value-based foundation, enabling individuals to find meaning in life and practice tawakkul (reliance on God), and serving as a coping mechanism when facing ACEs or adverse childhood experiences (Suharsono & Fatimah, 2025). Furthermore, according to Tibo et al. (2024), Islamic spirituality plays a direct role in fostering resilience in individuals.

Several limitations of this study should be considered when interpreting the results and generalizing the findings:

First, the sample size did not align with the table provided by Isaac & Michael (cited in Sugiyono, 2017); for the given population and a 5% margin of error, the required sample size was 127, whereas this study

included only 108 respondents. Furthermore, there was an imbalance in the gender composition, with a higher proportion of female respondents (81.5%) compared to males (18.5%). This compositional imbalance limits the generalizability of the study's results.

Second, the ACE scale is an experience checklist (yielding nominal data) rather than a scale that produces numerical data; consequently, it is not entirely appropriate to analyze it solely using standard quantitative statistical methods, such as correlation or regression. Additional methods, such as interviews, are needed to gain a deeper understanding of the ACE data.

Third, the Islamic spirituality variable functions not as a moderator variable, but rather as a protective factor and a predictor.

#### 4. CONCLUSION

The study concludes that Adverse Childhood Experiences (ACE) do not play a direct role in resilience. However, it was [LI6.1][CS6.2]found that spousal social support and Islamic spirituality directly influence the resilience of individuals who have experienced ACE. Islamic spirituality serves as a direct predictor of individual resilience but does not moderate the relationship between ACE, partner social support, and resilience.

There are several benefits that can be taken from this research, namely : First, the findings of this study can serve as a source of motivation or reinforcement for ACE survivors, demonstrating that childhood trauma does not inevitably result in negative outcomes; instead, valuable lessons can be drawn from the experience, turning it into a pivotal moment for leading a better life—particularly when supported by a partner and grounded in Islamic spirituality. Inner spirituality can be cultivated through practices such as drawing closer to Allah SWT—for instance, by performing voluntary prayers (sunnah) alongside obligatory ones (such as Tahajjud, Rawatib, or Duha prayers), giving Subuh (dawn) charity, or consistently reciting the Quran and Al-Mathurat daily. Surah Ar-Ra'd (verse 28) states that the heart finds peace through the remembrance of Allah; this fosters optimism, encouraging individuals to engage in activities that bring them closer to Allah and facilitate spiritual purification, thereby enabling them to face past traumas and navigate daily life with greater serenity. This aligns with Al-Ghazali's perspective on spirituality as a process of \*tazkiyatun nafs\* (purification of the s[LI7.1][CS7.2]oul), wherein acts of worship and the pursuit of knowledge serve as means to attain closeness to Allah SWT.

Second, this serves as feedback and reinforcement for spouses of ACE survivors, highlighting that social support from a partner and Islamic spirituality—such as closeness to Allah and consistent, meaningful acts of worship—can bolster resilience when facing hardships or challenges. Consequently, spouses are encouraged to further strengthen their support—for instance, by sharing household chores, acknowledging each other's good deeds or achievements, holding weekly family discussions, and fostering a more conducive home environment through Islamic-oriented activities—thereby ensuring their partner, as an ACE survivor, feels better supported and empowered to lead a better life.

Third, the findings provide additional data for professionals (psychologists, psychiatrists, counselors, or social workers) regarding the importance of spousal social support and Islamic spirituality for resilience. This information can inform the development of appropriate interventions to enhance the resilience of clients or survivors of Adverse Childhood Experiences (ACEs).

Based on the findings and discussion, the following recommendations are made for future research to ensure greater precision and the generalizability of results:

First, a larger sample size is recommended to ensure better population representation and to avoid gender-based imbalances among respondents, thereby enhancing generalizability. Alternatively, recruitment could be conducted directly at locations where individuals are known to experience issues related to caregiving wounds or childhood trauma—such as counseling centers, hospitals, or psychological clinics—to ensure the selected subjects are more precisely aligned with the study's focus.

Second, a more robust methodology is needed. Specifically, the ACE instrument or scale should ideally be redesigned or pilot-tested on ACE survivors before actual use to enhance its validity and reliability.

Third, a mixed-methods approach should be considered to obtain deeper and more varied data—particularly regarding the ACE variable—thereby strengthening the research findings and minimizing bias.

#### References

Al Qur'an Hafalan, Hafazan 8 Blok Perkata. (2021). PT. Al Qosbah Karya Indonesia. Bandung.

- Aminova, Afifah., Sutatminingsih, Raras & Tuapattinaja, Josetta M.R. (2025). Resilience in Adversity : Studi Deskriptif Resiliensi pada Individu Emerging Adulthood dengan Pengalaman Adverse Childhood Experiences. *Jurnal Pengabdian Masyarakat dan Riset Pendidikan*. 4(2), 10934-10941.
- Cohen, Sheldon, & Wills, T.A. (1985). Stress, Social Support, and the Buffering Hypothesis. *Psychological Bulletin*. 98(2). 310-357.
- Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
- Crandall, A., Magnusson, B. M., Barlow, M. J., Randall, H., Policky, A. L. & Hanson, C. L. (2023). Positive adult experiences as turning points for better adult mental health after childhood adversity. *Front. Public Health*. 13, <https://doi.org/10.3389/fpubh.2023.1223953>
- Dominguez, M. G., & Brown, L. D. (2022). Association Between Adverse Childhood Experiences, Resilience and Mental Health in a Hispanic Community. *Journal of child & adolescent trauma*, 15(3), 595–604. <https://doi.org/10.1007/s40653-022-00437-6>
- Dorio, J.M. (2008). The Provision of Spousal Support : Antecedents, Consequences, and Crossover Effects. Department of Psychology College of Arts and Sciences University of South Florida.
- Felitti, V. D., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, & V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experience (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Freeny, Jamie et al. (2021). Adverse Childhood Experiences, Depression, Resilience , & Spirituality in African-American Adolescents. *Journal of Child & Adolescent Trauma*, Vol.14, 209-221.
- Hardani et al. (2020). Metode Penelitian Kualitatif dan Kuantitatif. Penerbit Pustaka Ilmu. Yogyakarta.
- Harsono, Y.T et al. (2025). Adaptation of Spousal Social Support Scale for Married Early Adult Women dalam "The International Conference of Psychology 2025. *KnE Social Sciences*. hal.462-477. <https://doi.org/10.18502/kss.v10i25.19922>
- Ghazali, Imam. (1998). *Ihya' Ulumiddin atau Mengembangkan Ilmu-ilmu Agama*. Pustaka Nasional PTE LTD. Singapura
- Khaurinnisa, Fami Kurnia. (2025). Pengaruh Adverse Childhood Experiences terhadap Kesejahteraan Psikologis dimoderatori oleh Resiliensi pada Mahasiswa Universitas Islam Negeri Maulana Malik Ibrahim Malang. *Skripsi Fakultas Psikologi Universitas Islam Negeri Maulana Malik Ibrahim*. Malang.
- Kristanti, Enrica Natasha. (2024). Peran Self-Compassion sebagai Moderator dalam Hubungan Adverse Childhood Experience dan Relationship Satisfaction pada Dewasa Muda yang Menikah. *Skripsi Fakultas Psikologi Universitas Indonesia*. Depok.
- Lekatompessy, Shella Kristiani., Dimala, Cempaka Putrie., Wulandari, Christina R. (2023). Resiliensi pada Emerging Adulthood Ditinjau dari Dukungan Spisial. *Psikoborneo Jurnal Ilmiah Psikologi*, 11(4), 477-481. Volume 11 No 4 | Desember 2023: 477-481. <http://dx.doi.org/10.30872/psikoborneo.v11i4>
- Lenggogeni, Nadhira Puti, et al. (2023). Adverse Childhood Experience dan Depresi pada Mahasiswa Asia : Systematic Literature Review. *Prosiding Konferensi Nasional Psikologi*, 1(1), 64-87
- Leung, Doris Y.L, et al. (2022). Resilience of Emerging Adults after Adverse Childhood Experiences. *Journals.sagepub.com*, Vol.23, issue 1.
- Martauli, Diella Gracia & Hapsari, Indri. (2024, September). The Use of Trauma-Focused Cognitive Behavioral Therapy Program for Children with Adverse Childhood Experiences. *Psikostudia Jurnal Psikologi*, 13(3), 488-495
- Nugraha, W & Malueka, N. (2023). Peran Intensitas Komunikasi dan Dukungan Sosial Pasangan terhadap Kepuasan Peerkawinan Suami/Istri Ditinjau Berdasarkan Jenis Kelamin. *Jurnal Consulenza : Jurnal Bimbingan dan Konseling*, 6(1), 97-108. <http://ejurnal.uinj.ac.id/index.php/CONS>
- Paramita, Dewi Anindya., Faradiba, Andi Tenri., Mustofa, Khintan Sucitasari. (2021). Adverse Childhood Experience dan Deliberate Self-Harm pada Remaja di Indonesia. *Jurnal Psikologi Integratif*, 9(1), 16-28.
- Perwitasari & Wulandari, Risky Puji. (2024). Validity and Reliability of Connor-Davidson Resilience Scale (CD-RISC) 10 Items on Pregnant Women. *Int.J.Mindwifery Res*, 4(1), 1-8
- Prawita, E., & Heryadi, A. (2023). Analisis validitas konstruk dan analisis konsistensi internal pada skala resiliensi. *PSIMPHONI: Jurnal Ilmiah Psikologi*, 4(1), 8–15.

- Putri, Adilla S.I, et al. (2024). Hubungan Adverse Childhood Experiences (ACEs) dengan Kesejahteraan Psikologis pada Dewasa Awal. *Holistik Jurnal Kesehatan*, 18(8), 957-964.
- Rahapsari, S., Puri, V. G. S., & Putri, A. K. (2021). An Indonesian adaptation of the World Health Organization Adverse Childhood Experiences International Questionnaire (WHO ACE-IQ) as a screening instrument for adults. *Gadjah Mada Journal of Psychology*, 7(1), 115–130. <https://doi.org/10.22146/gamajop.62623>
- Rahmasari, Rafida & Herdiana, Ike. (2025). Pengaruh Dukungan Sosial terhadap Resiliensi pada Emerging Adulthood yang mengalami Adverse Childhood Experience. Repository Fakultas Psikologi Universitas Airlangga. Surabaya.
- Rassool, Ghoolam Hussien & Luqman, Mugheera M. (2024). Dasar-dasar Psikologi Islam dari Al Kindi sampai Psikologi Muslim Masa Kini. Rebebook. Jakarta.
- Steinberg, L. (2014). *Age of Opportunity Lessons from The New Science of Adolescence*. Houghton Mifflin, Harcourt.
- Suharsono, Yudi & Fatimah, Siti. (2025). Validation of the Daily Spiritual Experience Scale (DSES) in the Context of Indonesian Muslims. In the 3rd International Conference of applied Psychology on Humanity, KnE Social Sciences, 231-244
- Sugiyono. (2017). *Statistika untuk Penelitian*. Penerbit Alfabeta. Bandung.
- Supriyati. (2023). Pengaruh Dukungan Sosial dan Harga Diri terhadap Resiliensi Mahasiswa Perantau. *Jurnal Psikologi Malahayati*, 5(1), 15-21.
- Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health related data. *Annals of Behavioral* [https://doi.org/10.1207/S15324796ABM2401\\_04](https://doi.org/10.1207/S15324796ABM2401_04)
- Buletin Riset Psikologi dan Kesehatan Mental (BRPKM) 2021, Vol. 1(1), 930-937
- Medicine, 24(1), 22–33.
- Webster, Erica M. (2022). The Impact of Adverse Childhood Experiences on Health and Development in Young Children. *Global Pediatric Health*. Vol.9, 1-11. <https://doi.org/10.1177/2333794X2>
- Whitaker, R. C., Dearth-Wesley, T., Herman, A. N., Block, A. E., Holderness, M. H., Waring, N. A., & Oakes, J. M. (2021). The interaction of adverse childhood experiences and gender as risk factors for depression and anxiety disorders in US adults: a cross-sectional study. *BMC public health*, 21(1), 2078.
- Yusmi, Ririn Elfia, et al. (2025). Pendekatan Psikologi Transpersonal Terapi SEFT Penyembuhan Luka Batin Inner Child dan Trauma Masa Lalu. *Jurnal Psikologi*, 2(5), 115.
- Zimet, Gregory D et al. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1),30-41.