



The influences of childhood experiences on undergraduates' self-esteem: the vital role of benevolent childhood experiences

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KEYWORDS

Adverse childhood experiences
Benevolent childhood experiences
Moderating effect
Self-esteem
Vietnamese undergraduates

ABSTRACT

Limited research has explored how childhood experiences impact self-esteem, and none have examined the combined effects of both adverse and positive childhood experiences on self-esteem among Vietnamese undergraduates. The study aimed to explore the direct effects of adverse and benevolent childhood experiences on self-esteem and to determine whether benevolent childhood experiences can mitigate the impact of adverse childhood experiences on self-esteem. A sample of 614 Vietnamese undergraduates ($M = 20.37$ years, $SD = 1.38$), ranging from 19 to 28 years, completed a self-report questionnaire on childhood experiences and self-esteem. Hierarchical regression and moderation analyses were conducted to test the hypotheses. Findings revealed that 79.3% of undergraduates reported at least one exposure to adverse childhood experiences, while 62.2% of participants reported high benevolent childhood experiences; both independently predicted self-esteem in opposite directions. Regarding their combined effects, benevolent childhood experiences not only had a substantial direct impact on self-esteem but also appeared to counteract the negative impact of adverse childhood experiences. The findings highlight the profound impact of benevolent childhood experiences, suggesting that promoting positive childhood experiences is a vital strategy for nurturing self-esteem, complementing efforts to prevent adversity in mental health programs for undergraduates.

Las influencias de las experiencias infantiles en la autoestima de estudiantes universitarios: el papel moderador de las experiencias infantiles benévolas

PALABRAS CLAVE

Experiencias infantiles adversas
Experiencias infantiles benévolas
Efecto moderador
Autoestima
Estudiantes universitarios vietnamitas

RESUMEN

Pocos estudios han investigado la influencia de las experiencias infantiles en la autoestima, y ninguno ha examinado los efectos combinados de las experiencias infantiles adversas y las experiencias infantiles benévolas en la autoestima de estudiantes universitarios vietnamitas. El presente estudio tuvo como objetivo analizar los efectos directos de las experiencias infantiles adversas y las experiencias infantiles benévolas sobre la autoestima y determinar si las experiencias infantiles benévolas pueden mitigar los efectos negativos de las experiencias infantiles adversas en la autoestima. Participaron 614 estudiantes universitarios vietnamitas de entre 19 y 28 años ($M = 20.37$ años, $DT = 1.38$), quienes completaron un cuestionario de autoinforme sobre experiencias infantiles y autoestima. Se realizaron análisis de regresión jerárquica y moderación para testar las hipótesis planteadas. Los resultados revelaron que el 79.3% de los estudiantes universitarios declaró haber sufrido al menos una experiencia adversa durante la infancia, mientras que el 62.2% de los participantes declaró haber tenido experiencias muy positivas durante la infancia; ambos factores predecían de forma independiente la autoestima, pero en direcciones opuestas. En cuanto a los efectos combinados, las experiencias infantiles benévolas tuvieron un impacto directo en la autoestima y contrarrestaron el efecto negativo de las experiencias infantiles adversas. Los hallazgos alcanzados ponen de manifiesto el impacto de las experiencias infantiles benévolas, lo que sugiere que fomentar experiencias infantiles positivas constituye una estrategia fundamental para fortalecer la autoestima. Esta estrategia puede complementar los esfuerzos orientados a prevenir la adversidad en los programas de salud mental dirigidos a estudiantes universitarios.

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Undergraduates who undergo normal aging from late teens to mid-to-late twenties are in the vital period that marks the transition from adolescence to young adulthood. Arnett (2000, 2004) first proposed the term “emerging adulthood” for this period and identified five features that distinguish it: the age of identity exploration, the age of instability, the self-focused age, the age of feeling in-between, and the age of possibilities. The college period is characterized by various environmental changes (e.g., leaving home to attend college in the city, managing daily life independently, adapting to new teaching and learning methods, and forming new relationships), which require undergraduates to have a strong capacity for adaptation. A variety of changes, accompanying the desire to explore their identity and a sensitivity to self-adjustment, present undergraduates with both opportunities and challenges for their development and self-worth. Gaining success can build up their confidence, while experiencing failure when reality does not match their expectations can affect their self-esteem. Andrews (1966) stated that “to a large extent, experiences of success and failure, by which the individual evaluates his worth and adequacy within the world around him, define the way he perceives himself” (p. 47).

According to Rosenberg (1965), self-esteem refers to one’s overall positive or negative attitude toward oneself and one’s evaluation of one’s thoughts and feelings about oneself. On the one hand, studies have reported that low self-esteem is highly likely to develop mental health issues among undergraduates, such as depression and anxiety (Bajaj et al., 2016; Creemers et al., 2013; Gidi et al., 2021; Orth & Robins, 2013), making it a significant risk factor in clinical mental health. On the other hand, numerous researchers have investigated the impact of childhood experiences on the sense of self-worth among undergraduates (Kocatürk & Çiçek, 2023; Shattnawi et al., 2024; Yan et al., 2024; Zhang et al., 2024).

Adverse childhood experiences are stressful or harmful life events, including emotional, physical, and sexual abuse and neglect, and growing up in a household with problems of violence, mental issues, incarceration, and substance misuse (Felitti et al., 1998). According to Bowlby (1969), the emotional bond between a child and their primary caregiver in the early stages of life is crucial. It can significantly impact the child’s self-esteem in adulthood. A child who has experienced secure attachment develops a strong sense of self-worth and confidence in their ability to navigate relationships and challenges (Bowlby, 1988). However, adverse childhood experiences (ACEs) often lead to insecure attachment, reinforcing negative self-perceptions and fostering a belief that they are unworthy of love or incapable of success. Studies have shown that ACEs were significantly negatively correlated with self-esteem (Jadeja et al., 2023; Khodabandeh et al., 2018; Shattnawi et al., 2024; Yan et al., 2024; Zhang et al., 2024). Undergraduates who were exposed to ACEs were six times more likely to suffer from low self-esteem compared to non-exposed undergraduates (Jadeja et al., 2023).

On the contrary, benevolent childhood experiences (BCEs) have protective effects on individuals’ lives. BCEs are positive, supportive, and enabling experiences during childhood

that contribute to a person’s overall well-being and resilience (Narayan et al., 2018). These experiences can include having at least one caregiver with whom one feels safe, enjoying school, having teachers who care, having good friends, living in a safe, secure environment with good neighbors, and so on. Sociometer theory posits that self-esteem serves as a psychological gauge of the extent to which people perceive themselves as relationally valued and socially accepted by others (Leary, 2012). Therefore, the more supportive and loving experiences a person has with others, the higher their sense of self-worth will be. Despite the shortage of research, few studies have reported that BCEs could predict self-esteem (Kocatürk & Çiçek, 2023; Li et al., 2024).

Crandall et al. (2019) mentioned three resilience models, based on Zimmerman’s (2013) framework for resilience in adolescence, which serves as the foundation for understanding the relationship between ACEs and BCEs. The first model is the Compensatory Model of Resilience, which proposes that protective factors have a direct and independent promotive effect on an outcome that is separate from the risk factor and acts in the opposite direction (Zimmerman, 2013). This model suggests that BCEs have independent effects on self-esteem regardless of the presence of ACEs. A study conducted by AlShawi & Lafta (2014) is considered the first to measure both the disadvantages and advantages of childhood experiences on self-esteem. This result highlighted that family bonding was the most important predictor of building self-esteem, irrespective of the experiences of household dysfunction and abuse.

The second resilience model is the Protective Factors Model, which posits that protective factors can mitigate the negative impact of risk factors and promote positive outcomes, particularly during adversity. This model suggests that BCEs can buffer against the effects of ACEs on self-esteem. Few studies have explored the moderating role of BCEs on the relationship between ACEs and persistent insomnia (Wu et al., 2024), adult health (Crandall et al., 2019), and delinquency (Novak & Fagan, 2022). However, the moderating effect of BCEs on the relationship between ACEs and self-esteem remains under researched.

Vietnam provides a culturally distinctive context for examining the effects of ACEs and BCEs on self-esteem. Vietnamese society is shaped by collectivist orientations and Confucian values that emphasize family interdependence, filial piety, respect for authority, and academic achievement (McLeod & Jamieson, 1994; Truong et al., 2017). Within this context, childhood experiences occurring in family and school settings may have a powerful influence on self-esteem, as individuals’ self-worth is closely tied to relational harmony and social approval. In Vietnam, studies on childhood experiences have emerged and gradually attracted attention over the past decade. Few studies have focused on the associations between ACEs and physical and mental health (Tran et al., 2015), suicidal thought (Thai et al., 2020), aggressive behavior (Dang et al., 2025), satisfaction with life (Trinh et al., 2025); whereas studies on the BCEs are still under researched. Understanding the relationship between childhood experiences and self-esteem is important for developing strategies to promote a supportive environment for chil-

dren to grow, as well as intervention programs to boost self-esteem and prevent mental health issues among undergraduates.

The present study

This study aims to investigate the effects of childhood experiences on self-esteem. In line with the Compensatory Model of Resilience, it was hypothesized that BCEs would have independent effects on undergraduates' self-esteem, regardless of the presence of ACEs. Furthermore, consistent with the Protective Factors Model of Resilience, it was hypothesized that BCEs would mitigate the effects of ACEs on undergraduates' self-esteem.

Method

Participants

A total of 634 undergraduates completed the questionnaire, and 20 participants (3.6%) were excluded due to fixed pattern responses. Finally, 614 undergraduates were included in this study. Participants aged 19 to 28 years old ($M = 20.37$, $SD = 1.38$), with 81.3% identifying as female, 18.1% as male, and 0.6% as other. The sample primarily consisted of first-year (40.6%), second-year (13.2%), third-year (32.6%), fourth-year (11.2%), and other (2.4%) students. Nearly three-quarters of all participants (73.1%) originated from urban areas. Among the sample, firstborns were the most prevalent (45.9%), followed by the youngest child (23.3%), and the middle child (20%). In terms of siblings, most participants reported having one or two (68.7%). Regarding the educational level of the parents, 20.8% of the parents had lower secondary education, 28.8% had upper secondary education, 35.8% had university/college degrees, 4.9% had postgraduate degrees, and 9.6% had none of those.

Instruments

Demographic characteristics. Demographic characteristics included gender (male/female/other), age, place of birth (urban/rural), birth order (only child/first born/middle child/youngest child), number of siblings, and parental education (lower secondary/upper secondary/university or college/postgraduate/other).

Adverse Childhood Experiences. The *Adverse Childhood Experiences International Questionnaire* (ACE-IQ) (World Health Organization, 2018) was used to assess adverse childhood experiences that happened during the first 18 years of life. The ACE-IQ assessed 13 types of ACEs, divided into seven domains: 1) abuse (physical, emotional, sexual), 2) neglect (physical, emotional), 3) family dysfunction (e.g. family member who has mental health issues), 4) family violence (witnessing household members treated violently), 5) peer violence (being bullied), 6) community violence (e.g. witnessing people outside the home being attacked), 7) collective violence (exposure to war or gang violence). The Vietnamese version of the scale has been confirmed to have good validity and reliability

and has been widely used in Vietnam (Le et al., 2022; Tran et al., 2015).

The ACE-IQ score, using the frequency version (World Health Organization, 2018) which differed across domains, was used in this study. Specifically, response options varied by domain. Specifically, response options varied by domain. Items related to abuse (physical, emotional, sexual), family violence, peer violence, community violence, and household dysfunction (substance abuse, mental illness, incarceration) were scored on a 4-point scale ranging from 1 = *Many times* to 4 = *Never*. Items related to neglect (physical, emotional) were scored on a 5-point scale ranging from 1 = *Always* to 5 = *Never*. Items related to parental separation or divorce and parental death were scored on a binary scale (0 = *No* or 1 = *Yes*). Besides that, in terms of abuse experience, WHO only reported it as an ACE when it happened "many times" while domestic violence experience was reported when it happened "few times" or "many times". It could lead to findings that did not align well with reality in the Vietnamese context. Therefore, following previous studies (Le et al., 2022; Tran et al., 2015), our study adjusted the scoring with physical and emotional abuse so that they would be reported as ACE when they happened "few times" or "many times".

The total score (range 0-13) was calculated by summing 13 types of experience, with higher scores indicating greater exposure to adverse events. In the present study, experience related to collective violence was excluded since all participants were born after the period of wars in Vietnam. Besides that, questions about conflict with the soldiers and police are considered to be sensitive, and it was advised not to include them (e.g., "Were you ever beaten up by soldiers, police, militia, or gangs?"). Therefore, the highest score was 12. The Cronbach's alpha of the scale was .89 in this study.

Benevolent Childhood Experience. The *Benevolent Childhood Experiences Scale* (BCEs-20), expanded and revised by Narayan et al. (2023) from their original scale developed in 2018, is a 20-item self-report measure that assesses positive childhood experiences during the first 18 years of life. The scale assessed the five key domains of BCE such as: 1) internal and relational safety and security (13 items), 2) a positive and predictable quality of life (2 items), 3) physical and health (3 items), 4) public safety factors (1 item), and 5) environmental factors (1 item). Participants responded 0 = *No* or 1 = *Yes* to items such as "Did you have at least one caregiver with whom you felt safe?". A total BCE score was calculated by summing 20 items (range 0-20), with higher scores indicating more positive childhood experiences.

Since the BCEs-20 had not been validated in Vietnam, with the author's permission, the scale was translated and culturally adapted following the guidelines for cross-cultural validation (Sousa & Rojjanasrirat, 2011). The procedure involved forward translation by two independent bilingual translators, synthesis of the translations, and blind back-translation into English to ensure semantic and content equivalence. The pilot study, conducted with 241 undergraduates, supported the instrument's face validity and demonstrated acceptable internal consistency (Cronbach's $\alpha = .81$). In the main study ($N = 614$), to confirm the factor structure, a confirmatory factor analysis (CFA) was con-

ducted using JASP. Given the dichotomous nature of the data, the Unweighted Least Squares Mean and Variance adjusted (ULSMV) estimator was utilized. The originally proposed five-factor structure could not be estimated in the present study. Specifically, the model failed to converge due to identification issues, as several domains (e.g., public safety, environmental factors) contained insufficient indicators (only 1 item per factor). Consequently, consistent with the scale's nature as a cumulative index, a unidimensional model was tested and showed excellent fit to the data: $\chi^2(170) = 269.55$, $p < .001$; CFI = .93; TLI = .919; RMSEA = .031 (90% CI [.024, .038]); and SRMR = .094. All standardized factor loadings were statistically significant ($p < .001$), ranging from .424 to .732. The scale demonstrated good internal consistency ($\alpha = .788$).

Self-esteem. *Rosenberg Self-Esteem Scale* (RSES), developed by Rosenberg (1965), consists of 10 items measuring global self-esteem (e.g., "On the whole, I am satisfied with myself"). A 4-point Likert scale was used, ranging from 1 = *Strongly agree* to 4 = *Strongly disagree*. Five items were scored in reverse directions (e.g., "At times I think I am not good at all"). The total score ranges from 0 to 30, with scores below 15 indicating low self-esteem, 15 to 25 indicating moderate self-esteem, and above 25 indicating high self-esteem. The Vietnamese version of the scale was widely used in Vietnam, with the internal consistency reliability ranging from .72 to .77 (Ho & Hoang, 2021; Nguyen et al., 2019). In this study, the Cronbach's alpha was .82.

Procedure

The study protocol was reviewed and approved by the Scientific Committee of the VNU University of Education, formalized under Decision No. 3297/QĐ-ĐHGD by the Rector, dated December 28, 2023, before data collection. From December 2024 to February 2025, research introduction and invitation were sent to undergraduates at some universities in three cities of Vietnam (Hanoi, Hue, and Ho Chi Minh City). The research was conducted in accordance with all relevant ethical guidelines and regulations. Before beginning the online questionnaire, participants were presented with an information sheet detailing the study's objectives and the responsible researchers. It was explicitly stated that participation was voluntary and anonymous, that there were no risks or benefits that would affect them personally, and that they had the right to withdraw at any time without penalty. Informed consent was obtained from all individuals before they proceeded with the survey.

Data analysis

Descriptive analysis was used to describe demographic characteristics, ACEs, BCEs, and self-esteem. Correlational analysis was used to examine the relationships among ACEs, BCEs, and self-esteem. Cumulative ACE and BCE scores were then entered into a hierarchical regression analysis to investigate the direct effects of ACEs and BCEs on self-esteem. The moderation analysis (model 1) through Macro Process

v4.2 was conducted to test the role of BCEs in moderating the effects of ACEs on self-esteem. For regression and moderation analyses, unstandardized (b) coefficients, standard errors (SE), 95% confidence intervals (CI), and model fit indices (including R^2 , F, and p -values) were reported. All statistical analyses were based on SPSS v27.

Results

Descriptive statistics

Overall, 79.3% ($n = 487$) of undergraduates reported at least one exposure to ACEs, and 32.2% ($n = 198$) had four or more ACEs. The sample had an average ACEs score of 2.61 ($SD = 2.18$). Additionally, 62.2% ($n = 382$) of participants reported having high BCEs (at least 16 BCEs), with an average BCEs score of 16.07 ($SD = 3.29$). Most undergraduates (68.6%, $n = 422$) had moderate self-esteem, while 28.7% ($n = 176$) reported low self-esteem and 2.7% ($n = 16$) reported high self-esteem.

Regarding the prevalence of specific ACEs, the most commonly reported type was emotional abuse (52.3%), followed by domestic violence (45.1%), emotional neglect (38.3%), and physical abuse (38.1%). Less common forms included sexual abuse (18.6%), parental separation/ divorce (16.6%), and social violence (16.1%).

When it comes to BCEs, the vast majority of participants reported having opportunities to have fun (96.7%), having at least one good friend (95.1%), and having at least one safe caregiver (93.5%). Conversely, a predictable home routine was the least reported positive experience (48.2%).

The direct effects of ACEs and BCEs on self-esteem

Correlation analysis showed that self-esteem was weakly negatively correlated with ACEs ($r = -.18$, $p < .01$) and moderately positively correlated with BCEs ($r = .48$, $p < .01$). Hierarchical regression was conducted to examine the effects of ACEs and BCEs on undergraduates' self-esteem. The study employed a two-step hierarchical approach, introducing predictors in the following order: cumulative ACEs score and cumulative BCEs score. The first step of the regression analysis included only the cumulative ACEs score as a predictor. This model significantly predicted self-esteem ($R^2 = .02$, $Adj R = .02$, $F(1, 612) = 13.36$, $p < .001$). The cumulative ACEs score demonstrated a modest but statistically significant negative association with self-esteem ($b = -.29$, $SE = .08$, 95% CI [-.45, -.14], $\beta = -.15$, $p < .001$). In the second step, the cumulative BCEs score was added to the model. The overall model continued to significantly predict self-esteem ($R^2 = .21$, $Adj R = .21$, $F(2, 611) = 82.98$, $p < .001$). Cumulative BCEs score emerged as a highly significant predictor ($b = .6$, $SE = .05$, 95% CI [.5, .7], $\beta = .47$, $p < .001$). In contrast, the cumulative ACEs score did not retain its predictive value. This finding suggests that BCEs accounted for substantial variance in self-esteem beyond ACEs, rendering the unique contribution of ACEs non-significant.

Table 1
Moderation analysis between ACEs, BCEs, and self-esteem

	B	SE	β	T	P	95% CI	R ²	F
(Constant)	16.47	.16		100.77	<.01			
ACEs	.02	.08	.01	.28	.78	[-.13, .17]		
BCEs	.62	.05	.49	12.46	<.001	[.52, .72]	.22	57.34
ACEs*BCEs	-.04	.02	-.27	-2.23	.03	[-.08, -.01]		
<i>Conditional effects</i>			β	<i>SE</i>	<i>t</i>	<i>P</i>	<i>LLCI</i>	<i>ULCI</i>
Low BCEs			.17	.1	1.74	.08	-.02	.36
Mean BCEs			.02	.08	.28	.78	-.13	.17
High BCEs			-.13	.1	-1.22	.22	-.33	.08

Note. Mean-centred ACEs and BCEs. LLCI: lower limit confidence interval, ULCI: upper limit confidence interval.

The role of BCEs in moderating the effect of ACEs on self-esteem

A moderation analysis was conducted using PROCESS Model 1 to examine whether BCEs moderated the association between ACEs and self-esteem. The overall model was significant, $F(3, 610) = 57.34, p < .001$, explaining 22% of the variance in self-esteem ($R^2 = .22$). The interaction between ACEs and BCEs was statistically significant, $b = -.04, SE = .02, t = -2.23, p = .03, 95\% CI [-.08, -.01]$, indicating that the association between ACEs and self-esteem varied as a function of BCEs. The interaction term accounted for an additional 0.6% of variance in self-esteem ($\Delta R^2 = .006$).

Conditional effects of ACEs on self-esteem were examined at low (-1 SD), mean, and high (+1 SD) levels of BCEs. None of the simple slopes were statistically significant at these levels (see Table 1), but the association between ACEs and self-esteem was conditional on the levels of BCEs, consistent with the significant interaction effect.

Discussion

The study revealed a high prevalence of ACEs among Vietnamese undergraduates, with a notable proportion experiencing multiple forms of adversity. Comparing its prevalence, findings indicated that this result was similar to previous studies in Vietnam and Eastern countries (Dar et al., 2022; Ho et al., 2019, 2020; Tran et al., 2015); higher when compared to studies conducted in America (Merrick et al., 2018), European countries (Broekhof et al., 2022; Velemínský et al., 2020; Witt et al., 2019) and Oceania countries (Fanslow et al., 2021; Loxton et al., 2021); and lower than studies in African countries (Amene et al., 2024; Manyema & Richter, 2019). The most common ACE types were emotional abuse, domestic violence, emotional neglect, and physical abuse. The findings were consistent with previous studies in both Western and Eastern countries (Broekhof et al., 2022; Ho et al., 2019, 2020; Le et al., 2022; Tran et al., 2015; Velemínský et al., 2020; Witt et al., 2019). Regarding BCEs, our findings revealed that a majority of participants had high levels of benevolent childhood experiences. There were few studies to

compare in the context of Vietnam. However, the results were consistent with previous studies in China, which share a similar culture (Guo & Wang, 2023; Hou et al., 2022), and those studies in different cultures (Almeida et al., 2021; Bethell et al., 2019; Merrick et al., 2019; Narayan et al., 2018; Redican et al., 2023). The findings suggest that ACEs and BCEs were common and independent, and that Vietnamese undergraduates experience both. Additionally, the results showed that the majority of participants had moderate self-esteem, which aligns with previous studies in Vietnam (Ho & Hoang, 2021).

Consistent with the Compensatory Model of Resilience, the result showed that BCEs demonstrated a strong, independent association with undergraduates' self-esteem, regardless of the presence of ACEs. Aligning with prior studies, higher cumulative ACEs were initially associated with lower self-esteem when examined in isolation. However, this negative association between ACEs and self-esteem diminished and became statistically non-significant once BCEs were introduced into the model. This finding suggests that BCEs play a more central role in shaping undergraduates' sense of self-worth than ACEs alone, highlighting the importance of positive developmental contexts in nurturing individuals' self-esteem.

The moderation analysis revealed a significant interaction between ACEs and BCEs in predicting self-esteem. Although the interaction accounted for a small increment in explained variance, the significant interaction indicates that the association between ACEs and self-esteem differs across levels of BCEs. This finding aligns powerfully with the Protective Model of Resilience, suggesting that when the influence of a protective factor is sufficiently strong, it can fundamentally alter the outcomes associated with risk factors. Ultimately, the capacity of BCEs to buffer against adversity strongly confirms the study's hypotheses and showcases the power of positive experiences in shaping psychological well-being. It is important to note, however, that the mechanism of this interaction is complex. The finding that the conditional effects of ACEs were not significant at any specific level of BCEs suggests that the buffering effect may be more nuanced than a simple linear moderation, warranting further investigation. Although a few studies have specifically examined the joint effects of ACEs and BCEs on self-esteem,

similar patterns have been observed in prior research examining the moderating role of positive childhood experiences in the context of adversity. Crandall et al. (2023) reported that ACEs were associated with higher self-reports of learned helplessness and lower learned optimism. When positive childhood experiences (PCEs) were added to the model, ACEs retained their association with learned helplessness but no longer showed an association with learned optimism. Recently, Fabio et al. (2025) found that BCEs acted as protective factors, enhancing overall well-being and significantly reducing depressive symptoms and physical discomfort. Additionally, when ACE levels are moderate, positive childhood experiences can largely counteract the negative health effects of ACEs.

Practical implications

The findings suggested that, in addition to preventing children from experiencing adversity as traditionally emphasized, promoting positive childhood experiences is crucial and can nurture an individual's self-esteem. In terms of family environment, traditional disciplines that focused on controlling behavior through punishment and strict demands should be replaced by positive disciplines. In this way, the children can learn to be responsible, cooperative, flexible, and self-disciplined without harming their self-esteem. Besides that, parents should consciously pay more attention to provide emotional support and validation, and to teach children how valuable they are during their formative years. In the educational setting, understanding the importance of teachers' care in fostering self-esteem can inform educational policies or school programs that promote teacher-student relationships and ensure that teachers are trained to provide emotional support. Furthermore, boosting self-esteem should be focused more on mental health care and prevention programs for Vietnamese students and undergraduates.

Limitations and future directions

Despite its contributions, this study has several limitations that should be acknowledged. First, the sample was predominantly female (81.3%) and primarily from urban areas (73.1%), which may limit the generalizability of our findings to male undergraduates or those from rural regions in Vietnam. Future research should aim to recruit a more balanced and diverse sample.

Second, this study relied exclusively on self-report measures. This approach is susceptible to potential biases, such as memory recall errors for childhood events and social desirability bias. While self-report is a common method for these constructs, future studies could benefit from incorporating multi-informant data (e.g., family members' reports) to corroborate findings.

Third, the cross-sectional design of the study allows for the identification of associations but does not permit causal inferences. It is not possible to definitively conclude that childhood experiences cause changes in self-esteem, as the relationship

could be bidirectional or influenced by other unmeasured variables. Longitudinal studies are necessary to establish the temporal sequence and causal nature of these relationships, thereby enabling an empirical test of the challenge model of resilience.

Conclusions

As the first study in this area, our findings provide a broad picture of the prevalence of ACEs and BCEs among Vietnamese undergraduates. This study provides for the Compensatory Model of Resilience and the Protective Model of Resilience. The results indicated that ACEs and BCEs could not only predict self-esteem independently, but also that BCEs could mitigate or even counteract the negative impact of ACEs on self-esteem. This suggests that, in addition to protecting children from ACEs, adults in general –and parents and teachers in particular– should focus more on promoting positive experiences throughout early childhood.

Author contributions

Conceptualization: H.T.N.T.

Methodology: H.T.N.T.

Data curation: H.T.N.T.

Supervision: T.-V.N.

Validation: T.-V.N.

Formal analysis: H.T.N.T.

Investigation: H.T.N.T.

Writing – Original draft: H.T.N.T.,

Writing – Review & editing: T.-V.N.

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Declaration of interests

The authors declare that they have no conflict of interest.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author.

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