A LEGACY OF LOVE DURING TROUBLED TIMES

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Research suggests that adverse events during childhood are associated with poor physical health in adulthood. One challenge, however, is that much of this research relies on retrospective reports of childhood adversity – meaning that adults, relying on their memory, describe their adversities when they were children (you can read our recent research highlight for more about why this matters: Seeing Childhood Through Rose-Tinted Glass). Another challenge is identifying the protective factors that may buffer the association between childhood adversity and health problems in adulthood.

In a recently published study, members of our research team examined the extent to which cardiovascular disease (CVD) risk was predicted by childhood adversity, whether reported during childhood or retrospectively as adults. Additionally, the authors assessed whether parental emotional support during childhood and during adulthood buffered the association between childhood adversity and CVD risk. These research questions were explored using a sample of 454 African American men and women.

Results from the study showed that childhood adversity had an association with CVD risk, regardless of whether childhood adversity was reported during childhood or retrospectively as adults. When reported during childhood, a unit increase in adversity was associated with a 4.8% increase in the odds of long-term CVD risk. Similarly, when reported retrospectively, a unit increase in adversity was associated with a 5.9% increase in the odds of long-term CVD risk.

**KEY FINDING #1:** CHILDREN WHO GROW UP IN ADVERSE SOCIAL ENVIRONMENTS HAVE AN ELEVATED RISK OF LONG-TERM CARDIOVASCULAR DISEASE.

The study findings also indicate that parental emotional support moderates, or buffers, the association between childhood adversity and CVD risk (see Figure 1). In fact, the results revealed that “childhood adversity only had a significant positive association with adult CVD risk in the context of weak parental emotional support during adolescence” (pg. 8-9). When parental emotional support was high, there was no association between childhood adversity and CVD risk. Importantly, this buffering effect of parental emotional support on the relationship between adversity and CVD risk was also found regardless of whether childhood adversity was reported during childhood or retrospectively as adults.

**KEY FINDING #2:** WARM, SUPPORTIVE PARENTING DURING CHILDHOOD BUFFERS THE ADVERSE HEALTH EFFECTS OF CHILDHOOD ADVERSITY.

While parental emotional support during childhood was a protective factor, findings from this study also suggest that parental emotional support during adulthood did not buffer the association between childhood adversity and CVD risk. The authors suggest that this may be because young adults have less contact with their parents than adolescents.

This published study offers further evidence that childhood adversity is associated with long-term adverse health effects, such as cardiovascular disease risk. Moreover, the finding that parental emotional support during childhood buffers the link between childhood adversity and health has important implications for policy and intervention. As the authors note, “identifying such protective factors may help inform future interventions designed to reduce the deleterious impact of childhood adversity for CVD health” (pg. 9).

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Figure 1. Childhood Adversity and Cardiovascular Disease Risk, by Parental Support

Source: Adapted from Figure 1 of Lei et al. (2020:8).