

SEEING CHILDHOOD THROUGH ROSE-TINTED GLASSES

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Prior to age 10, would you say there was a lot of violence in your neighborhood? Did you have enough to eat? Were you ever insulted because of your race or ethnic background? Evidence overwhelmingly suggests that adults who report experiencing these adverse childhood events tend to have a heightened vulnerability to worse health that endures through adulthood. But, does it matter if these events are accurately recalled? Does it matter if health is measured subjectively or objectively?

A recently published study by Mark Berg and colleagues examined whether the recollection of childhood adversities varied from childhood to adulthood. Additionally, the authors examined whether these different reports of the same childhood events uniquely predicted subjective and objective indicators of adult health. At age 10, 454 African American men and women were asked to report whether they experienced a variety of negative events during the past year. Two decades later, they were asked again whether they experienced these events during childhood. The study participants, now adults, also self-reported illness symptoms, and provided blood to calculate their cardiovascular disease risk.

KEY FINDING #1: OVERALL, ADULT RESPONDENTS TEND TO RECALL NEGATIVE CHILDHOOD EVENTS LESS OFTEN THAN THEY DO AS CHILDREN

Results from the study showed that there was some disagreement between the reports of adverse childhood events (see table 1). Overall, adult respondents recalled negative events less often than they did as children. For example, as a child, 62% of respondents reported being punished with an object compared to 33% as an adult. The authors suggest this tendency may be due to forgetfulness, memory reconstruction, or developmental differences in how the social environment is perceived. Regardless of the reason, it seems that adults do not recall adverse events the same way they do as children.

Table 1. Childhood Adversity Reported During Childhood and Adulthood

Childhood Adversity	% During Childhood	% During Adulthood
1. I didn't have enough to eat at home.	4%	10%
2. I had to wear old or dirty clothes or clothes that did not fit.	8%	2%
3. People in my family hit me so hard that it left me with bruises or marks.	21%	4%
4. I was punished with a belt, a board, a cord, or some other object.	62%	33%
5. There was a lot of violence in my neighborhood	20%	12%
6. There was a lot of graffiti and run-down buildings in my neighborhood.	27%	17%
7. A family member or friend was the victim of a crime.	20%	8%
8. Did your parents separate or divorce?	22%	38%
9. Someone said something insulting to you because of your race or ethnic background.	62%	35%
10. Members of your family or close friends were treated unfairly.	44%	32%

Source: See Table 2 of Berg et al. (2020: 1300)

KEY FINDING #2: ADVERSE CHILDHOOD EVENTS ONLY PREDICT SELF-REPORTED HEALTH INsofar AS THEY ARE RECALLED IN ADULTHOOD.

The study findings also indicate that “when adult respondents look back on their lives and do not recall, or choose not to report, experiencing adverse childhood events they often do not evaluate their current health profile poorly.” Specifically, the results showed that childhood adversities reported during childhood did not predict self-reported health after accounting for reports during adulthood. An alternative explanation provided by the authors, however, is that perceived health in adulthood may color how respondents view their childhood – adults feeling in poor health may recall childhood more negatively, while adults feeling in optimal health may tend to forget or not report negative events.

KEY FINDING #3: EVEN IF NOT RECALLED IN ADULTHOOD, ADVERSE CHILDHOOD EVENTS PREDICT CARDIOVASCULAR DISEASE RISK.

While the recollection of childhood adversities seems to matter for subjective indicators of health, findings from this study also suggest that childhood adversities predict cardiovascular disease risk (an objective indicator of health) regardless of whether or not those adversities were recalled in adulthood. As the authors emphasize, these results indicate that even if adult respondents reported minimal or no childhood adversities during adulthood, had they reported greater adversities decades earlier, they would have likely registered lower quality cardiovascular health.

The authors conclude that the study offers further evidence that reports during adulthood may not be a valid method to determine the association between childhood adversities and subjective health, and reliance on this method should be done with caution. Still, given the association between childhood adversities (regardless of their recollection) and cardiovascular health risk, adverse childhood experience should continue to be “the target of policy programming including clinical intervention at the federal and local levels.”

This study was part of the project, “Childhood Stressors and Cardiovascular Disease Risk in Adulthood: A Longitudinal Investigation of Divergent Explanatory Models,” supported by the University of Iowa Injury Prevention Research Center and funded by the U.S. Centers for Disease Control and Prevention (CDC). To follow updates from this project, click [here](#). You can also read the full the article [here](#).

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About the Crime & Justice Policy Research Program

The Crime and Justice Policy Research Program conducts research on the causes and consequences of crime, interpersonal violence, and antisocial behavior. The program also considers the implementation and implications of public policies designed to prevent and control criminal offending.

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