

## Mini project

### Mapping the overlap between experiences and memories of childhood adversity and their impact on health

#### Investigators

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#### Background

For several decades a series of reports have documented the association between *retrospective* recall of childhood adversity and the heightened risk of adult mental and physical ill health. More recently *prospective* studies, where assessment of adversity is obtained in childhood, also documented heightened risk of adult mental and physical ill health. It is unclear if these two approaches to assessing adversity identify the same cohort of at-risk individuals or two different cohorts. A few studies have addressed this fundamental question. Preliminary evidence suggests that these two cohorts might overlap somewhat above chance levels but may, in large measure, be distinctive groups.

Neither method is error-free. Prospective assessments rely on parental, observer or agency reports that may be biased by social desirability (e.g., for parent reports) and have low sensitivity for detection of risk (underestimate prevalence). Retrospective assessments rely on adult recall of childhood experiences that may be inaccurate or biased by respondent's personality and psychopathology (recall bias). In the context of these limitations, it is unclear how we can use information on childhood adversity in order to securely identify adults who are at risk of illness or accelerated aging and, as a consequence of that risk, would benefit from effective preventive intervention.

## **Aims**

To undertake systematic database search and literature review, and to contact experts in the area with the aim to identify studies that [1] have ascertained childhood adversity both prospectively and retrospectively in the same individuals and [2] have tested health risk in individuals with prospectively-identified and retrospectively identified childhood adversity.

## **Outputs and other benefits to the 'Reversibility' Network**

- The project aims to build a database of studies meeting the above criteria to inform further activities of the Network listed below.
- The database of studies will facilitate future qualitative (and possibly quantitative) synthesis of the published evidence on the overlap between experiences and memories of childhood adversity and their impact on health. Contacted PI will be requested to provide data tables for meta-analysis or to take part in a multi-study paper.
- The database of studies will produce key information for Network meetings (including identifying participants) and will identify knowledge gaps that could be addressed by future funding initiatives.
- The project will provide an opportunity to enrich the UK-US collaboration and capacity building.

## **How this project will contribute to the Network Agenda**

- The project will clarify whether individuals who retrospectively report history of childhood adversity are the same individuals who are deemed to have experienced childhood adversity by virtue of prospectively-collected information.
- The project will clarify whether certain personality traits or psychopathology differentially bias retrospective versus prospective measures of childhood adversity.
- The project will clarify whether, independent of the overlap between the two samples, individuals who retrospectively report childhood adversity are at similar risk of ill health and of accelerated aging as individuals who have been prospectively identified to have experienced childhood adversity.