



# Relationships Between Early Life Experiences and Health Risk Behaviors in Adulthood

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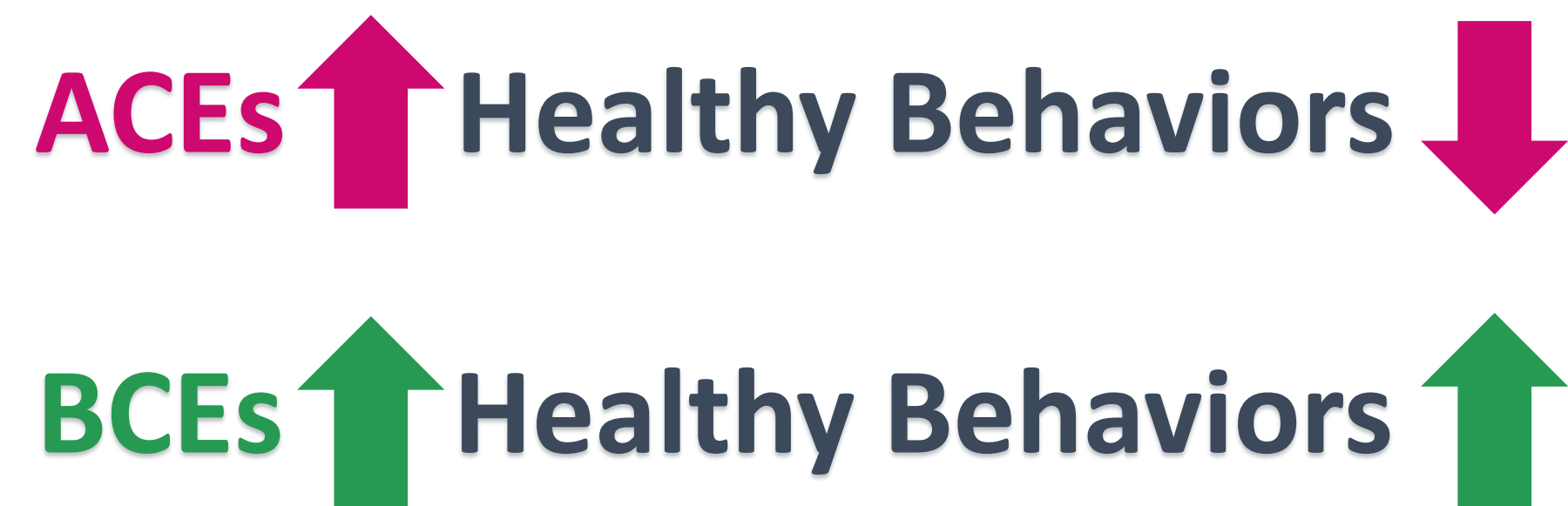
## Background:

### Adversity

- Adversity in childhood has been linked to higher prevalence of a range of chronic diseases, as well as mental disorders <sup>1,3</sup>

### Benevolence

- Positive childhood experiences may act as a protective factor during development, and are associated with more favorable developmental trajectories<sup>9</sup>



### Sex Differences

- Physical, psychological, and behavioral adaptations to adversity often differ between men and women

## Study Objectives:

**Hypothesis:** As exposure to ACEs increases and exposure to BCEs decreases, the odds of current smoking, poor sleep, poor dietary and exercise habits increase significantly

**Research Question 1:** Do different aspects of early childhood uniquely predict adult behaviors?

**Research Question 2:** Do the above relationships differ between men and women?

## Methods:

**Survey Battery:** ACE, BCE, Three HRB surveys

### Early Life Adversity

Adverse Childhood Experiences Survey (ACE)

Benevolent Child Experiences (BCE)

### Health Risk Behaviors

Exercise: IPAQ Sleep: PSQI, PROMIS-SF Diet: FNPA

## Demographics

<b>Number of Participants</b>	<b>161</b>
<b>Male</b>	44.7%
<b>Female</b>	54.8%
<b>Not Listed/Not Disclosed</b>	1.8%
<b>White/Non-Hispanic</b>	90.7% 146

## Results:

- Positive correlations between ACEs and poor sleep quality and sleep impairment scores (.238, <.01; .192, <.05)
- Negative associations between BCEs and poor sleep quality and sleep impairment scores (-.322, <.01, -.244, <.01)
- Childhood unpredictability, low SES, and violence were all associated with poorer sleep quality and increased sleep impairment
- No significant associations were found between BCEs and ACEs and Physical Activity and Dietary Habits
- No evidence of any significant sex differences between these interactions

	1	2	3	4	5	6	7	8	9	10	11
1. BCE	Correlation 1										
2. Conventional ACE	Correlation -.456**	1									
3. Expanded ACE	Correlation -.415**	.535**	1								
4. Childhood Instability	Correlation -.463**	.755**	.497**	1							
5. Childhood SES	Correlation .244**	-.331**	.388**	-.383**	1						
6. Childhood Violence	Correlation -.265**	.514**	.543**	.460**	-.239**	1					
7. Sleep Related Impairment	Correlation -.244**	.192*	.228**	.237**	-.083	.158*	1				
8. Poor Sleep Quality	Correlation -.322**	.238**	.307**	.259**	-.093	.231**	.621**	1			
9. Poor Dietary Behaviors	Correlation -.170**	.001	.103	.131	-.018	.018	.315**	.245**	1		
10. Physical Activity Level	Correlation .110	.064	-.044	.020	-.038	-.088	-.096	-.113	-.243**	1	
11. Age at First Nicotine Use	Correlation .125	-.338**	-.036	-.210	.259*	-.132	.047	-.011	.097	.147	1
	N	72	72	70	72	72	72	72	72	72	64

Key  
ACEs/HBs  
BCEs/HBs  
HBs/HBs

\*\* Correlation is significant at the .01 level (2-tailed)

\* Correlation is significant at the .05 level (2-tailed)

## Conclusions:

- Partially replicated previous findings related to adverse childhood experiences and poor health behaviors
- ACEs and BCEs were both positively and negatively correlated with poor sleep quality and sleep impairment (respectively)
- Age at first nicotine use was correlated with adverse childhood experiences
- No significant correlations for exercise and physical activity variables and their relation to ACEs and BCEs
- We found no evidence of sex differences between these relationships

## Limitations:

- Limited Generalizability due to:
  - Small Sample Size (N=161)
  - Highly Educated Sample (70% Held 4 year Degrees)
  - Race Demographics (91% White)
- Self-selected and self-reported bias

## Future Directions:

- Further exploration of unique childhood experiences
- Neurodevelopmental mechanisms (stress functioning, emotional regulation, cognitive adaptations)
  - The WHY
- Further exploration of potential sex differences

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