in middle and later adulthood. This symposium addresses a wide range of early adversities, including low socioeconomic status, parental maltreatment, and household dysfunctions. The four presentations also focus on examining various aspects of physical and psychological health outcomes in later adulthood, including measures of body mass index, physical functional ability, somatic symptoms, and clinical risk for rapid declines in kidney function. Furthermore, these presentations will demonstrate the utilization of innovative and robust methodological approaches, including latent class analysis, multilevel structural equation modeling, and latent growth modeling on examining the association between early life adversity on the long-term trajectory of change in health status using large-scale longitudinal data. Lastly, this symposium consists of an outstanding group of multidisciplinary presenters with diverse backgrounds who aim to enhance the understanding of the processes and mechanisms of CDA and how they affect individuals' life courses.

## LATENT CLASS ANALYSIS OF RE-EXPERIENCING VIOLENCE ACROSS THE LIFE COURSE

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Guided by the cumulative disadvantage hypothesis, the present study examines recurrent victimization experiences across the life course and their impact on psychological health in later life. Using data from the 2010-2011 Wisconsin Longitudinal Study, we explored the latent structure of histories of childhood maltreatment (i.e., neglect, emotional/ physical abuse, witness of domestic violence) and elder abuse victimization among 5,968 older adults (average age of 71 years). We also investigated whether membership in specific latent classes, particularly experiencing both childhood and elder victimization, would be associated with psychological functioning in late life. We identified five latent classes: "Never victimized" (66% of respondents), "Abused as child" (16%), "Abused and neglected as child" (9%), "Abused as elder" (6%), and "Abused as child and elder" (2%). Also, the "abused as child and elder" class consistently was associated with negative psychological outcomes (i.e., distress and somatic symptom severity) and lower levels of psychological well-being.

## LIFE COURSE PATHWAYS OF CHILDHOOD SOCIOECONOMIC STATUS TOWARD CLINICAL RISK FACTORS FOR WORSE KIDNEY FUNCTION

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This study examines the roles of daily stress processes as a possible mediator of how life course socioeconomic inequality is reproduced in day-to-day experiences and creates disparities in clinical risk for rapid kidney function declines in adulthood. Data are from 1174 middle and older adults (56% female; ages 40–84, Mage = 56.2) who participated in

the MIDUS study wave 2 and Refresher. We found significant pathways that childhood SES was associated with education and adult SES, adult SES was associated with exposure to daily stressors and daily stressor reactivity to negative affect, positive affect, and somatic symptom. In turn, higher report of daily somatic symptom and lower report of daily positive affect were associated with higher CKD risk factors. Finally, childhood SES was directly associated with CKD risk factors. Childhood SES is associated with clinical risks for rapid kidney function decline through direct association and life course accumulation.

## CHILDHOOD MISFORTUNE PREDICTS LIFESPAN HEALTH INTO LATE ADULTHOOD

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Childhood misfortune encompasses a diverse set of negative early life experiences that have damaging effects on lifespan development. We extended this topic by examining how early life misfortunes predicted changes in measures of physical functioning (FUNC) and body mass index (BMI) in adulthood (ages 25-75). We used 3-wave data (N = 6,000) from the Midlife Development in the U.S. study across 20 years. Unconditional latent growth curve models (adjusting for age, sex, education) suggested significant (p < .05) mean-level change and variability in change for FUNC (Int = 1.47; Slope = 0.24) and BMI (Int = 26.71; Slope = 0.90). Higher levels of childhood misfortune (e.g., abuse, financial strain) significantly predicted worse FUNC (Int = 0.05; Slope = 0.02) and higher BMIs (Int = 0.24; Slope = 0.07) at baseline and steeper increases over time. Findings underscore the need to address adult health problems that emerge much earlier in life.

## EXAMINING CUMULATIVE INEQUALITY IN THE ASSOCIATION BETWEEN CHILDHOOD SES AND BMI FROM MIDLIFE TO OLD AGE

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Socioeconomic status (SES) is among the strongest determinants of body mass index (BMI). For older populations, selection bias is a large barrier to assessing cumulative disadvantages. We investigated the extent to which childhood SES affects BMI from midlife to old age and gender differences in the association. Data come from Midlife in the U.S. We used latent growth models to estimate BMI trajectory over a period of 20 years and examined results under different missing data patterns. Compared to individuals from higher childhood SES, those from lower childhood SES have higher BMI in midlife and experience a faster increase in BMI between midlife and old age. The observed associations remain significant even after controlling for midlife SES. After addressing nonrandom selection, the gap in BMI between high and low childhood SES widens from midlife to old age for women. The findings provide new evidence of cumulative inequality among older adults.