

A young Black man with short hair and glasses is shown in profile, looking towards the left. He is wearing a white t-shirt. The background is a chain-link fence with some colorful graffiti or paint splatters in shades of green, yellow, and pink. The lighting is bright, suggesting an outdoor setting.

MARCH 2017

BARRIERS TO SUCCESS

Moving Toward a Deeper
Understanding of Adversity's
Effects on Adolescents

Michelle V. Porche, Jonathan F. Zaff,
and Jingtong Pan

INTRODUCTION

All young people have the potential to succeed—to do well academically, socially, and economically. Some young people, though, experience cumulative and chronic adversity along the way—disrupting their opportunities to thrive. Young people have the best chance to realize their potential when communities can intentionally align support with young people’s needs and strengths.¹

Over the past two decades, efforts to support positive youth development have been associated with improved outcomes for America’s youth. High school graduation rates are at an all-time high, college attendance and completion rates continue to rise, and proficiency rates in math and reading have seen steady, if modest, increases. Similarly, the rate of teenagers giving birth is at a historical low and continues to decrease.² Substantially fewer youth are victims of violence,³ and the rate of youth engaging in risky behaviors, such as illicit drug use, has decreased dramatically.⁴

Despite these improvements, too many of America’s young people, particularly youth in low-income communities, are not thriving. Many youth in low-income communities face cycles of adversity and trauma that threaten their social and economic mobility, educational progress, and emotional and social development.

“My mom. . . She was always busy, so we never really saw her, so I was always in charge of my little sister. Going to [middle] school, I did it good, middle school. Then, once I hit high school, I had to step up and get a job and help out. So I started going away from school, and I got a job, and helped my mom out and take care of my little sister. So little by little I fell out of school.”⁵

“I didn’t really care about school because school wasn’t putting clothes on my back and school wasn’t feeding me. So I did what I had to do. . .”

The Adverse Childhood Experiences (ACE) Study⁶ in 1998 was among the first to show the cumulative effects of adversity on long-term life outcomes. Subsequent studies have shown that the cumulative and early exposure to ACEs is associated with increased risk of chronic disease, alcohol and drug use, and mental health concerns in adulthood.⁷ However, because many youth face adversities that extend beyond early and middle childhood, in this study, the term Adverse Life Experiences (ALE) is used to describe the multitude of severe challenges that youth may face throughout their adolescence. While many young people in America continue to be bombarded by severe adversity, few receive the supports and resources they need to succeed in school, work, and life.

Given that so many youth face adversities that undermine their potential, the Center for Promise is intent on learning more about ALEs, their effects, and the kinds of support and resources youth need to thrive in spite of them. This report, a collection of findings from four separate studies with three independent and representative data collections on youth in America, offers insights and recommendations that can be used by practitioners and policymakers to help mitigate the impact that multiple adversities have on the lives of America’s youth.

BACKGROUND AND FINDINGS

Adversity defines the daily lives of most young people who leave school without graduating.⁸ In *Don't Call Them Dropouts*, Center for Promise researchers found that ALEs create a situation in which educational attainment is not the primary goal for young people facing severe adversity; rather, survival and family preservation are more immediate and important.

Similar findings emerged from the Center for Promise's *Don't Quit on Me*⁹ report, in which more than half of young people who left school experienced five or more ALEs. Any one severe adversity could knock most people off an educational pathway. Five or more adverse experiences threw young people off their educational paths with full force, and created complex struggles that made it hard for them to find their way back.

However, the Center's research also found that relationships with adults, interconnecting in a *web of support*,¹⁰ can buffer the effects of adversity and help young people achieve educational and vocational success.

The findings in these two reports inspired this series of four studies, using three nationally representative data sets, to understand more deeply:

- How young people and their families experience adversity.

- The effects that adversity has on the academic attainment, vocational success, and social and emotional well-being of youth.
- The ways that relationships can help young people and families overcome the effects of adversity and thrive.

Three studies, **Constellations, Patterns and Buffers**, and **Trajectories**, focused on the experiences of young people facing adversity, and one, **Caregivers**, examined how a primary caregiver's ability to be responsive to a young person's needs can be compromised by shared adversity.

Three findings emerged:

FINDING 1. Too many young people are experiencing too many adversities, and huge disparities in exposure to adversity exist by income, maternal education, and race and ethnicity.

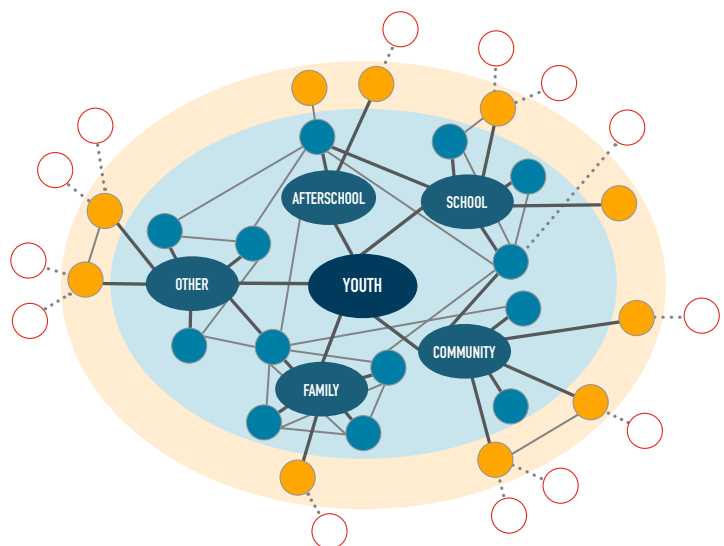
FINDING 2. The number of adversities matters, but so does the types of adversity experienced.

FINDING 3. Relationships—within and outside of families—can buffer the effects of multiple adversities for youth and their caregivers.

Figure 1. What is a web of support?

Center for Promise researchers first used this term in the 2015 report *Don't Quit on Me* to describe the collection of individuals within and outside family that provides a young person with varying levels and types of support.

Supporters may be adults or peers. All are connected to the young person, and may also be connected to one another through formal or informal networks (for example, as members of a program cohort or an alumni group).



FOCUS ON ADOLESCENCE

The series of studies included in this report extend the previous work on ACEs by examining patterns of adversity during adolescence. Previous research on the prevalence of adversity has primarily looked at early childhood, or has examined “childhood” as one group, from 0-17 years old. By contrast, this series zooms in on adolescence, “that awkward period between sexual maturation and the attainment of adult roles and responsibilities.”¹¹

Adolescence differs from early childhood in its unique combination of opportunities and challenges, including biological changes, more responsibilities in school and home, increased autonomy in decision-making, the trying on of different identity hats, and expanded peer networks.¹² Adolescence is a pivotal time for development and also a vulnerable time. The brain is still developing and being shaped by experience, so difficult and challenging interpersonal and environmental experiences could have implications on the architecture of the brain. Those facing severe challenges may also suffer the most physiological damage.¹³

Research suggests that adolescents are likely to encounter a greater number of adversities than younger children.¹⁴ Less supervision coupled with heightened risk-taking and more influence from similarly inclined peers leads to a higher likelihood of accidents, injuries, and traumatic experiences.¹⁵ These developmental transitions can both contribute to experiencing greater levels of adversity and present opportunities to help youth persist through adversity.¹⁶

With age-appropriate supports, youth can successfully navigate through this developmental period and figure out who they are and who they can become. However, with extensive adversity and without enough support,

youth may struggle at home, in school, and throughout their lives.¹⁷ Research suggests that three adversities is a threshold at which children and youth begin to suffer significant psychological, educational, and physiological damage.¹⁸ But not enough is known about the patterns of adversities youth face and the impact these adversities have on their lives.

Adolescents depend on their parents and caregivers, but caregivers exposed to significant adversity in their past or present are less emotionally available to support youth in typical circumstances¹⁹ and much less when youth themselves are suffering from trauma and loss. In addition, economic hardship can add a significant strain on parenting and is often coupled with parental depression.²⁰ Both of these conditions can lead to behavioral problems and depression in youth.²¹ Specifically, maternal stressors and mental illness are often precursors to similar concerns for youth.²²

Experiencing adversities during adolescence is uniquely related to negative outcomes in adulthood, even after accounting for adversity experienced earlier in childhood.²³ Preventing adversities from recurring will help youth reach their potential.

Adolescents are still within reach of the relational support—from their families, schools, community organizations, and others—that might help them. Social support through close relationships that protect children from the negative effects of troubling life experiences, and provide opportunities for growth, can help children overcome adversity and flourish in the face of it.²⁴ These relationships, considered within a system of relationships that the Center for Promise describes as a *web of support*, can buffer the effects of ALEs.²⁵

THE STUDIES: DESIGN AND METHODOLOGY

STUDY 1

Constellations

The research team sought to understand:

- The level of adversity that youth face in the United States.
- Whether different groups of youth experienced different constellations of adversities.
- If so, whether these constellations of adversities were differentially associated with measures of flourishing.

The authors used data from the National Survey of Children's Health (NSCH), a phone-based survey of

34,601 households across all 50 states and the District of Columbia. The survey was conducted from February 2011 to June 2012 by the National Center for Health Statistics. Households were dialed at random and the focal child was chosen at random, designed to reflect a representative national sample for estimation of a variety of indicators of children's health and well-being. Interviewers asked the parent or guardian yes or no questions about a set of eight adversities. The survey may underestimate adversities because it did not ask parents about parental abuse or neglect, and the youth themselves were not the respondents. Interviewers asked for an assessment of the mother's mental and emotional

Table 1. Study Descriptions

SET	DATA USED FOR STUDY	FOCUS OF THE STUDY
Study 1: Constellations		
National Survey of Children's Health	Nationally representative sample of approximately 34,600 12 to 17 year-olds.	Estimated the number of adversities experienced by adolescents within family, including analyses by key demographics. In addition, Latent Class Analysis (LCA) on approximately 10% of the full adolescent sample, who were reported to have had experienced three or more adversities to examine how youth experienced different constellations of adversities.
Study 2: Patterns and Buffers		
National Longitudinal Study of Adolescent Health	Nationally representative sample of 20,000 youth followed from 9-18 years old until they were 24-33 years old.	Analyzed how different constellations of adverse experiences within and outside of the family are related to high school graduation, college attendance, and job stability. In addition, support from a non-parental adult was examined as a buffer of the adversity.
Study 3: Caregivers		
National Survey of Children's Health	Nationally representative sample of approximately 34,600 12 to 17 year-olds and a primary caregiver.	Examined how adversity affects caregivers, how that adversity affects their child's "flourishing" (interest/curiosity in learning, plus self-regulation), and whether community support of caregivers or non-parental social support for youth moderates the adversity effect.
Study 4: Trajectories		
National Survey of Child and Adolescent Well-Being II	A nationally representative study of child welfare-involved 1,423 youth, followed from when they were 8 to 15 years old until they were 11 to 18 years old.	Analyzed trajectories of experiencing adversity and how those trajectories are related to trajectories of academic engagement.

health. The survey also assessed a child's flourishing, based on the child's persistence, self-regulation, and curiosity in learning.

The adolescents in the study were evenly distributed in terms of gender and age. Ethnicities included White, non-Hispanic²⁶ (56.9 percent); Hispanic (20.6 percent); Black, non-Hispanic (13.3 percent; term used by the NSCH, hereafter referred to as Black); and Multi-racial or other (9.2 percent). Nearly two-thirds of mothers (63.9 percent) reported having an education beyond high school. Data was also collected about household composition and household poverty status. Nearly one in six adolescents (16 percent) were at or below the federal poverty level, which was \$23,050 for a family of four in 2012.

To identify patterns in adversity and determine whether different groups of youth experience different constellations of adversities, the authors applied latent class analysis (LCA), a statistical method designed to find subgroups of participants based on the clustering of variables. (See page 9 for more about LCA.) This analysis included data from the 3,762 adolescents, approximately 10 percent of the adolescent sample, who were reported to have had experienced three or more adversities. Statistical weights were included to ensure accurate sample representation of the national population of adolescents.

The Data Resource Center for Child and Adolescent Health's website includes the full [NSCH Survey Methodology](#).

STUDY 2

Patterns and Buffers

The research team examined:

- The unique contribution of experiencing multiple adversities in adolescence to educational and vocational outcomes in early adulthood.
- Whether social support from a non-parental adult in adolescence could buffer the effect of the adversity.

The researchers used the National Longitudinal Study of Adolescent Health (Add Health), a large-scale, nationally representative study of approximately 20,000 adolescents throughout the second and third decades of life.

The participants were originally randomly selected from a representative sample of 80 high schools and 52 feeder middle schools.²⁷ The study involved four "waves" of in-home surveys: Wave 1 in 1994 (when the youth were 9 to 18 years old); Wave 2 in 1996; Wave 3 in 2001-2002; and Wave 4 in 2009. This study uses data from respondents who were interviewed during Waves 1, 3, and 4. For Wave 4, participants were 24 to 33 years old.

At the start of the study, participants were evenly distributed in terms of gender. More than 60 percent were White (62.9 percent), with the more than one-fifth Black (21.3 percent), and the remainder of the sample comprised of Asian (7.4 percent), Native American (2.9 percent), and Multi-racial (4.2 percent) youth. At the beginning of the study, the mean age was 13. Data was also collected about household income. One in ten adolescents (9.8 percent) fell into the lowest bracket of 0-\$19,999 annual income defined by the study. Nearly half (48.3 percent) of participants reported household incomes less than \$30,000 per year.

Adverse life experiences were measured in Wave 3. Interviewers asked participants, ages 17 to 26 at that time, about adverse events experienced since the start of sixth grade. The questions addressed topics including incidents of emotional and physical neglect, physical violence, sexual abuse, being homeless, being in foster care, and being stopped by the police.²⁸ For this study, responses for each type of adversity were recorded as either "never" or "at least once."

Information about each participant's race, biological sex, age, mother's education, and median household income in the neighborhood were collected at the time of the interview. Participants' perceptions of social support received from a non-parental adult was based on their response to the question: "Other than your parents or step-parents, has an adult made an important positive difference in your life at any time since you were 14 years old?" Responses were recoded as either *yes* or *no*.

Outcomes included high school graduation, college attendance, and job stability. Participants reported high school completion and college attendance as of Wave 4 and whether they had ever been fired from their job between Waves 3 and 4.

To identify patterns or groups of adversity, the authors applied latent class analysis. Once groups were identified, the researchers performed statistical analyses to relate these groups to educational attainment and job stability outcomes. Because children are clustered in schools and neighborhoods that have unique characteristics, researchers used “fixed effects” models to account for school and neighborhood effects on the outcomes.

STUDY 3

Caregivers

The researchers wanted to understand more fully:

- How shared adversity affects caregivers.
- How an effect on caregivers is subsequently related to the flourishing of their child.
- Whether community support of caregivers or non-parental social support for youth moderates the effects of family adversity.

The NSCH data used in **Constellations** was also used for this study. The analysis measured flourishing (a composite of interest and curiosity in learning and self-regulation) as the outcome. Maternal health was measured by a question regarding emotional and mental health, and a question on physical health; both were on a five-point Likert scale ranging from poor to excellent health. Parenting stress is defined by three items that reflect quality of relationships and response to the challenges of childrearing.

This study also measured neighborhood support using a 4-point Likert scale (strongly agree to strongly disagree) rating whether people in the neighborhood help each other, watch out for each other’s children, and include the presence of people the caregiver can count on and will help out if the caregiver’s child is hurt or scared. The study also noted whether youth had “at least one adult mentor at school, neighborhood or community, other than adults in the household, who he/she can rely on for advice/guidance.”

STUDY 4

Trajectories

The researchers examined:

- Whether there are different trajectories of experiencing adversities throughout adolescence.
- If so, whether the different trajectories of adversity predict the academic engagement and school enrollment of youth.

This study used data from the second National Survey of Child and Adolescent Well-Being (NSCAW II) to examine trajectories of adversities and academic engagement. NSCAW II is a nationally representative study of child welfare-involved children and youth intended to answer a range of fundamental questions about their functioning, welfare system service needs, and service use. The sample includes youth and families with substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services.

Data was collected in three waves, with the first wave conducted between February 2008 and April 2009. Wave 2 data collection occurred 18 months after the end of Wave 1 and Wave 3 data collection occurred 18 months after Wave 2. The current study draws on data from all waves but from a sub-sample of 1,423 children, ranging from 8 to 15 years old at Wave 1.

A total of 55.2 percent of the weighted sample were females. White youth (58.9 percent) comprised the majority of the sample, with Black (22.0 percent), American Indian (10.6 percent), Asian (4.4 percent), and others (4.2 percent) comprising the remainder of the sample. Nearly 70 percent of the current caregivers reported having an education level beyond high school.

Adverse life experiences within and outside of the family were measured in all three waves. A total of eight items were included in the analysis, including emotional, physical, and sexual abuse, neglect, exposure to violence, household substance abuse, household mental illness, and domestic violence. A sum of adversities was calculated for each of the three waves.

“Then we went homeless . . . We lost our apartment . . . So then I had to stay in the car with them or go into a shelter . . . So I went to the shelter . . . I got home problems. I got traumatic experience issues. I got PTSD.”

School engagement was measured by 11 items, each measured on a 4-point Likert scale. Examples included: “How often do you enjoy being in school?” “How often do you listen carefully at school?” and “How often do you get along with your teachers?” Participant school enrollment status was assessed with a question: “Do you go to school or do your parents teach you at home?”

To identify patterns or groups of the trajectories of adversity, the authors applied latent class growth analysis. Once groups were identified, the researchers performed statistical analyses to relate these groups to trajectories of school engagement. A post-stratified sampling weight that takes into account all three waves of data was used to adjust for nonresponse and undercoverage.²⁹

FINDINGS

FINDING 1

Too many young people are experiencing too many adversities, and huge disparities in exposure to adversity exist by income, maternal education, and race and ethnicity.

Socioeconomic status and identity dramatically influence the likelihood of experiencing multiple adversities.

The results for Finding 1 were drawn from data about all adolescents included in [Constellations](#).

Most youth in the National Survey of Children's Health (NSCH) experienced modest levels of adversity. While nearly half of adolescents in the survey were reported to have experienced none of the listed adversities, over a quarter were reported to have experienced more than one. Rates of adversity were similar between boys and girls, but notable differences emerged across race and ethnicity, income level, and when accounting for the mother's mental health and level of education.

It is important to note that the NSCH most likely underestimates the amount of adversity youth experienced. The data was collected from caregivers, and the survey, therefore, did not include questions about physical, emotional, and sexual abuse or about neglect, which are too

often perpetrated by a child's caregiver. There also may be adversities, such as bullying in school or gang violence, that the NSCH did not assess.

Low socioeconomic status takes a toll.

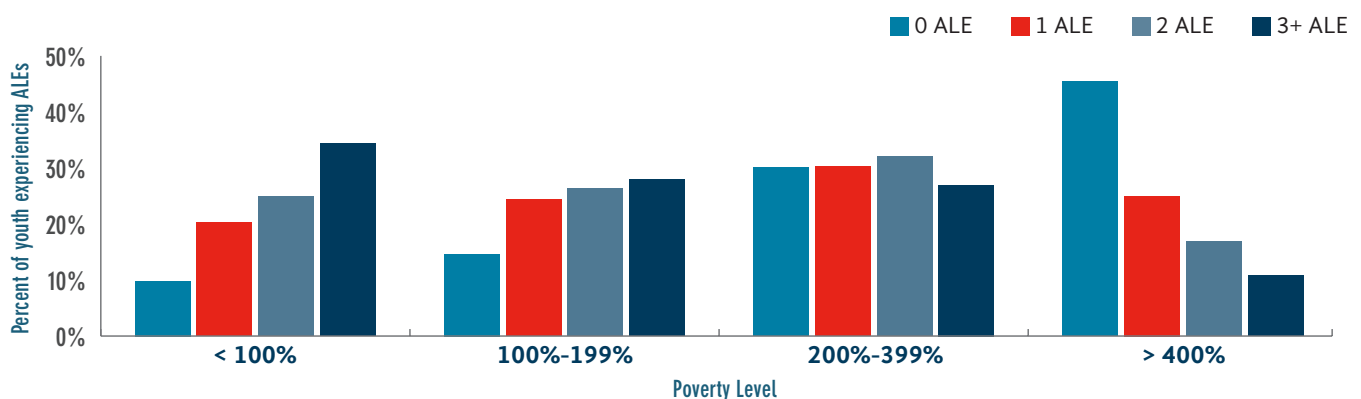
Young people at the highest risk for multiple adversities—and therefore at risk of performing poorly in school or dropping out—were those living below the federal poverty level. For children in poverty, 28 percent experience three or more reported adversities, a rate nearly six times that of their middle and upper class peers.

Only 5 percent of children in families living at four times the poverty level or higher—approximately \$100,000 per year for a family of four, an income level that is comfortable but not necessarily affluent—were reported to experience three or more adversities.

Young people living in families with greater financial resources seem to be more protected from adversity. More than two-thirds of those living at 400 percent of the poverty level or higher did not have any of the adversities assessed in the survey compared to one-quarter of those living below the poverty level.

Young people with mothers who had not finished high school were also more likely to experience multiple adversities. Of those youth, 20 percent experienced three or more adversities while only 12 percent of youth with mothers who had gone beyond high school experienced

Figure 2: ALE index by poverty level



three or more. Only one-third of youth with mothers who had not finished high school did not experience any of the assessed adversities, compared to one-half of youth with mothers who had gone beyond high school.

“I used to steal from the back store. I used to steal beef patties and snacks to feed my brothers. My moms was drinking. I used to take charge. They shouldn’t have to suffer because of someone else.”

Large racial and ethnic disparities exist.

Adversities experienced by youth differ by race and ethnic background. White youth were more likely to grow up without the assessed adversities. Over half of White youth reported none of eight adversities listed compared to a little more than one-third of Black youth.

Youth identified as Black or Multi-racial/Other also had the highest rates of three or more adversities, at 16.6 percent and 15.5 percent, respectively.

FINDING 2

The number of adversities matters, but so does the types of adversity experienced.

Adverse experiences are detrimental to children’s development.

The researchers used a latent class analysis (LCA) method to analyze the data to find different classes, or groups, of youth experiencing different constellations of adversities.

The authors found, through their analysis in **Constellations**, that youth in certain adversity classes had lower scores on persistence, self-regulation, and curiosity in learning (together used as a proxy for “flourishing”). They also found that certain classes of youth had a higher likelihood of using prescribed medications, elevated services, or special therapies, as well as having functional limits or developmental problems. In describing the adversity classes throughout the report, the authors use the adversity or adversities that primarily define the class. However, all of the youth, unless otherwise noted, experience additional adversities.

In addition, according to **Patterns and Buffers**, adolescents who had multiple adverse experiences were less likely to graduate high school, attend college, and have a stable job than others who had experienced fewer adversities.

What is latent class analysis?

Latent class analysis (LCA) is a statistical method to find groups or subtypes (latent classes) based on the extent to which people within a group are similar to each other across multiple variables. For example, one may wish to categorize people based on their behaviors of drinking, smoking, and gambling (observations) into different groupings of risk (latent classes). Thus, the analysis might find a “class” of youth who smoke and drink, but who do not gamble whereas another group might gamble and smoke and a yet another only drinks. Therefore, by applying LCA, the authors are able to determine how different types of relevant observations may (or may not) cluster within a population. Also, this allows the authors to consider the prevalence of different constellations.

For some youth, adversities are short-lived, whereas for other youth adversities persist or become more severe. The authors conducted the **Trajectories** study to understand whether different trajectories of adversities (i.e., whether the amount of adversity increases, decreases, or stays the same over time) are associated with different developmental outcomes for young people. Looking over a 3-year period, the analysis in **Trajectories** revealed that youth who had experienced an increasing number of adversities tended to become more disengaged from school. Likewise, those who had experienced a decreasing number of adversities became more engaged in school. Those who experienced a stable number of adversities over time had a slight, but significant increase in their engagement, possibly because the youth had adapted to this consistency of adversity. The findings from **Trajectories** are consistent with previous research that shows that young people may be too overwhelmed by physical and psychological stress to actively engage in school activities.³⁰

Adversities have a cumulative effect.

In **Constellations**, the authors found that adolescents who had experienced certain combinations, or constellations, of adversities had lower flourishing scores than others who had experienced different constellations of adversities. For example, those in the *Violence and Loss of a Parent* classes were at the most disadvantaged. Adolescents in the *Violence* class had the highest average number of adversities compared to the other adversity classes and had significantly lower flourishing scores than those in the other classes. Adolescents in the *Divorce and Substance Use* and *Economic Hardship* classes were not significantly different from each other on their flourishing scores, but both classes had significantly higher flourishing scores than those in the *Loss of a Parent* class. See Appendix B for a detailed description of the different constellations (“classes”) specific to each study.

Compared to youth who experienced other constellations of adversity, adolescents in the *Violence and Loss of a Parent* classes also had lower levels of persistence, self-regulation, and curiosity in learning, capabilities that help youth thrive. In addition, youth in the *Loss of a Parent* class were 70 percent more likely to have ongoing emotional, developmental, or behavioral conditions than those in the *Violence* class.

In **Patterns and Buffers**, the authors found that youth in the adversity classes with higher numbers of adversities—all of the classes except *Safe*, which is a group defined by not experiencing any of the assessed adversities—were much less likely to complete high school, go to college, or have a stable job. For instance, those in the most severe adversity class, High Adversity, were 78 percent less likely

to graduate from high school, 78 percent less likely to go to college, and 52 percent less likely to have a stable job than those in the least severe adversity class, *Safe*.

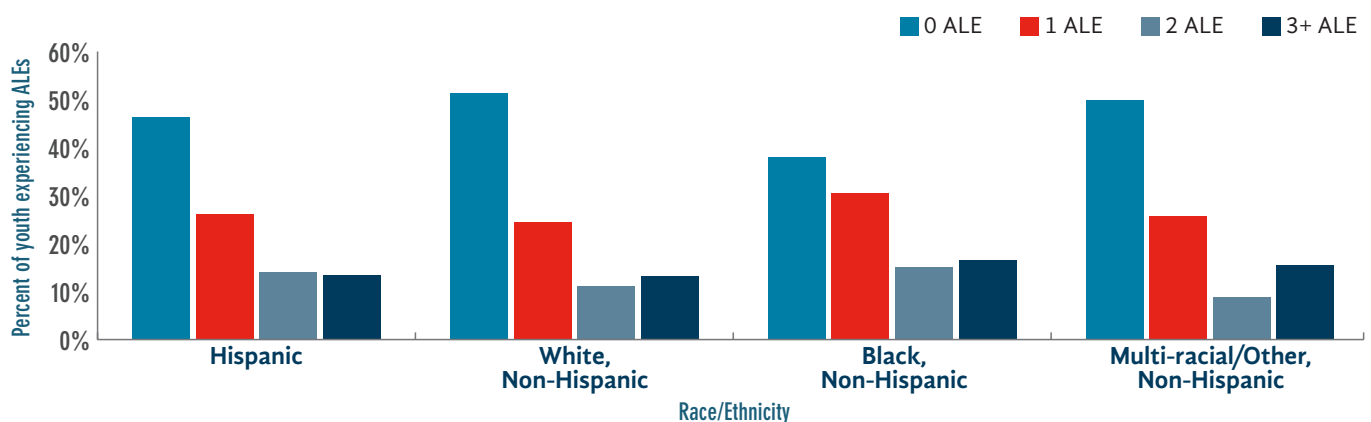
“I had a good life when I was around under eight ‘til my father passed away. Then my mother became depressed. Me and my brother went to the system. My mother got us back after like five years or so. I think right there was the deep journey where I disconnected myself, like I fell down. . . You know my mother was struggling so I couldn’t really focus at school.”

Some constellations of adversity are more difficult to overcome.

In **Constellations**, the researchers found that some constellations of adversities have stronger associations with negative outcomes than others. For example, the findings suggest that adolescents in the *Loss of a Parent* class had the lowest average number of adversities. Yet, youth in this class had significantly lower flourishing scores than those in the *Parental Mental Illness*, *Divorce and Substance Use*, and *Economic Hardship* classes. In addition, adolescents in the *Parental Mental Illness* class had the highest reported flourishing scores of the five groups.

The type and combination of adverse experiences are also important in understanding the probability of high school graduation, college attendance, and job stability. According to findings from **Patterns and Buffers**,

Figure 3: ALE by race/ethnicity



participants in the *Physical Neglect* class were two times more likely than participants in the *Homeless* class to graduate high school, although the difference in number of adversities is modest. In addition, although youth in the *High Adversity* class experienced an average of two more adversities than those in the *Homeless* class, there were no statistical differences between those classes in their high school graduation rates, college attendance, and job stability.

FINDING 3

Relationships—within and outside of families—can buffer the effects of multiple adversities for youth and their caregivers.

Positive adults help, but for some young people, their help is not sufficient to overcome barriers to thriving.

The results of **Patterns and Buffers** show that having a positive relationship with a non-parental adult buffers some constellations of adversity, but not others. For instance, for participants in the *Abused*, *Family Dysfunction*, and *High Adversity* classes, the presence of supportive adults buffered the effect of adversity, leading to a high school graduation rate that is similar to the rate for the youth in the *Safe* class.

However, even when youth have a supportive adult in their lives, the likelihood of graduating high school for participants in Constellation 2 (*Homeless*) and Constellation 4 (*Physical Neglect*) is still significantly lower than for youth in Constellation 1 (*Safe*).

The presence of a supportive non-parental adult did not buffer the effects of adversity on college attendance or job stability. This may be because the non-parental

support occurred too long before these educational and vocational milestones. Consistently having non-parental adults to whom one can turn may result in better outcomes. Another possibility is that more or different supports are needed to keep youth who experience multiple adversities on long-term, positive pathways.

Results of **Caregivers** showed that the greater the adversities that families shared, the worse the caregiver's physical and mental health. But mental health was the only factor that linked the pathway between family adversities and adolescent flourishing. From this finding and previous research,³¹ the authors can conclude that caregivers who are emotionally healthy are better able to support the resiliency in their adolescent children.

“...Cindy will do a home visit and she'll go check on you. 'Cause they want you to come to school. And I think that's motivation, you know—to be wanted at school and have someone care so much about your education. It's really important. I didn't realize how important education was until now.”

Social support is a significant moderator of parenting stress.

In **Caregivers**, the authors found that for each additional adverse family experience, neighborhood support buffered negative effects. There was still an increase in parenting stress, but it was significantly lower for mothers who had neighborhood support than for those who did not. Neighborhood support also moderated the mental health status of mothers.

The existence of a mentor to support youth also lessened the link between adversity and parenting stress.

RECOMMENDATIONS AND CONCLUSIONS

It is simple but hard to hear: Too many young people experience too many adversities with too little support. Ten percent of youth—about four million young people—in the United States experience three or more adversities. Youth living in poverty are nearly six times more likely than their higher-income peers to experience multiple adversities.

Youth who experience multiple adversities are substantially less likely to complete high school, go to college, and have a stable job. In addition, when their parents share in these experiences, a youth's opportunity to thrive is diminished further.

Research from the Center for Promise and others indicates that the ability of young people to persevere through adversities and still achieve a variety of successes is not only possible, but astonishingly ordinary.³² Still, this ability doesn't materialize in a vacuum or by magic. Resilience and thriving are possible when the needs and strengths of the youth are aligned with and supported by the assets of the world around them.³³ Parents, other adults in a youth's life, and community supports are examples of the assets that were found to boost a young person's chances at academic success and social and emotional well-being.

The following recommendations emerge from this report's findings and aim to help others identify youth and families in need of support and provide them with the level of support that they need.

Engage schools as a first line of support.

In each of the four studies, the authors investigated adolescents' exposure to adversity. Since the young people included in these studies attend our nation's middle schools and high schools, these institutions and the people within them can be pivotal in supporting young people experiencing adversity. As the Center for Promise concluded in *Don't Quit on Me*, teachers, administrators, counselors, and other adults in the school building can play small, but essential roles in connecting with

students, understanding the lives of their students, and identifying when something is going wrong in their students' lives. Strong positive relationships with school staff provide opportunities for youth to build their social competencies, and can set and maintain high academic expectations.³⁴

Unfortunately, educators often have limited training in recognizing how adverse experiences may affect a student's academic progress. Investing in professional development and pre-service training on the impact of ALEs on educational outcomes, career preparation, and emotional well-being could be one of the more consequential non-academic actions a school could take.³⁵ [Turn Around for Children](#) and [Building Assets, Reducing Risks](#) are examples of programs that work with schools to identify youth experiencing multiple adversities and to provide options for supporting them. In addition to strengthening the competencies of faculty and staff, providing sufficient resources for school-based mental health programs would enable this resource to adequately support young people who have experienced multiple and chronic adversities.

Adopt two-generation approaches to support caregivers and youth in high-adversity situations.

Adverse life experiences affect adolescents and, depending on the type of adversity, also affect their caregivers. The stress of poverty; loss of a spouse or partner through divorce, separation, incarceration, or death; and the direct experience of domestic violence can severely limit the psychological and material resources caregivers need to provide support to children. Parental mental illness can diminish both effectiveness and closeness, resulting in poorer academic outcomes for children.³⁶

There are multiple ways to address parental stress. Positive relationships with caring adults can be met by formal³⁷ and informal mentoring relationships.³⁸ These mentoring relationships help alleviate parental stress and can result in caregivers being able to provide greater emotional support to their children.³⁹

“Like my father had his background so dramatized with his father and his parents, just as my mother came from a background of being abused from her father. . . So I didn’t have a shoulder to run to, because they’d already been through it and now they’re just going to tell us just to suck it up.”

In addition to the need for increased availability of school-based services, the Center for Promise also recommends expanded development of two-generation programs that support families in response to adversity. For example, two-generation approaches include providing economic supports (assistance for food, housing, transportation, etc.), social capital supports (career coaching, learning communities, etc.), health and wellness supports (accessible healthcare), and educational supports (skills trainings, credentialing programs, etc.).⁴⁰ The [Ascend](#) program at the Aspen Institute has multiple examples of two-generation best practices.

Increase and strengthen opportunities for re-engagement for young people knocked off positive pathways.

When youth experience severe levels of adversity, they are at a particularly high risk for leaving school and disconnecting from the workforce. One adult in a young person’s life may not be enough to keep them on or help them get back on these pathways.

Previous Center for Promise research highlights [re-engagement programs](#)⁴¹ and [career pathways programs](#) that are focused on equipping young people with a diploma, GED, and/or post-secondary credential. Despite serving diverse populations in different geographic regions of the country with different models, these programs share one fundamental characteristic: They provide holistic supports—like childcare and case managers—and focus on eliminating barriers to success.

APPENDIX A

Types of Adversity

Domestic violence and neighborhood violence

Violence is associated with lowered resilience to adversity. Consistent with previous research, exposure to domestic violence is highly correlated with externalizing behaviors, depression, and trauma symptoms.ⁱ Similarly, exposure to neighborhood and school violence has been associated with increased risk of depression and anxiety.ⁱⁱ

Parental divorce or separation, parent died, parent incarcerated

The traumatic loss of a parent is a relatively rare occurrence. However, loss through illness or accidental or intended death (homicide or suicide), can have severe immediate and long-term consequences including diminished academic achievement and increased anxiety, loneliness, and sadness, and lower self-esteem.ⁱⁱⁱ

Children who have lost a parent tend to feel less confident about school and careers,^{iv} and tend to have lower grades or stay back a grade.^v

Family member mental illness

Parental mental illness, such as depression, has been associated with increased risk for depression, anxiety, and conduct problems,^{vi} low self-esteem,^{vii} and lower academic outcomes for the child, particularly for boys.^{viii} Mental illness diagnosis of either parent has also been associated with increased risk for adolescent substance use and for adolescent mental illness.^{ix}

Family member with substance abuse

Children living through divorce and substance use in the home tend to lack attention and monitoring from caregivers. This pair of adversities may co-occur with parental incarceration and poverty, which together increase the risk of delinquent behavior.^x

Economic hardship

Economic hardship likely affects large percentages of households, given that nearly one in five adolescents live in families at or below the poverty level and one in four live in households at twice that level. Families living at such low levels of income often struggle to meet basic needs in certain parts of the country and may face economic hardships frequently. Children living in conditions of economic hardship are more likely to be exposed to unsafe neighborhoods, poor nutrition, and greater family stress and conflict.^{xi}

i Evans, S. E., Davies, C., & DiLillo, D., 2008.

ii Slopen, N., Fitzmaurice, G. M., Williams, D. R., & Gilman, S. E., 2012.

iii Amato, P. R., & Anthony, C. J., 2014.

iv Brent, D. A., Melhem, N. M., Masten, A. S., Porta, G., & Payne, M. W., 2012.

v Ardington C. & Leibbrandt M., 2009.

vi Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D., 2011.

vii Krug, S., Wittchen, H. U., Lieb, R., Beesdo-Baum, K., & Knappe, S., 2016.

viii Murray, L., Arteche, A., Fearon, P., Halligan, S., Croudace, T., & Cooper, P., 2010.

ix Lucenko, B. A., Sharkova, I. V., Huber, A., Jemelka, R., & Mancuso, D., 2015.

x Aaron, L., & Dallaire, D. H., 2010.

xi Jackson, K. M., Rogers, M. L., & Sartor, C. E., 2016.

APPENDIX B

Latent Classes for Study 1: Constellations

CLASS DESCRIPTION	MEAN NUMBER OF ADVERSITIES BY CLASS
Class 1: Violence High probability of experiencing domestic and community violence as well as economic hardship and parental drug use.	4.87
Class 2: Loss of a parent High probability of having had a parent die and experiencing economic hardship.	3.45
Class 3: Household family member mental illness High probability of household family member, often a parent, with mental illness and parent divorce.	3.55
Class 4: Divorce and substance use High probability of parental divorce, household substance use, and having a parent in jail.	3.86
Class 5: Economic hardship High probability of economic hardship.	3.76

Latent Classes for Study 2: Patterns and Buffers

CLASS DESCRIPTION	MEAN NUMBER OF ADVERSITIES BY CLASS
Class 1: Safe Very low probability of experiencing any of the adversities throughout childhood.	0.44
Class 2: Homeless High probability of living outside of home, associated with experiencing physical neglect and being stopped by police.	2.03
Class 3: Abused and neglected High probability of experiencing physical neglect, physical abuse, and sexual abuse.	2.29
Class 4: Abuse from caregivers and negative interactions with police High probability of experiencing emotional abuse, physical abuse, and being stopped by police.	2.37
Class 5: Family dysfunction High probability of experiencing all types of neglect and abuse within the family.	4.14
Class 6: High adversity High probability of experiencing all adversities except for sexual abuse.	4.75

Endnotes

- 1 Zaff et al., 2016.
- 2 Child Trends Databank, 2016.
- 3 Child Trends Databank, 2015.
- 4 Child Trends Databank, 2016.
- 5 The quotes included in this study are from individuals interviewed by the Center for Promise research team as part of the *Don't Quit on Me* study, released in September 2015.
- 6 Felitti et al., 1998.
- 7 Burke, Hellman, Scott, Weems & Carrion, 2011
- 8 Center for Promise, 2014b.
- 9 Center for Promise, 2015.
- 10 Varga & Zaff, 2017.
- 11 Dahl, 2004.
- 12 Arnett, 1999; Dahl, 2004; Steinberg, 2008.
- 13 Center on the Developing Child at Harvard University, 2016; Center on the Developing Child at Harvard University, 2011; National Scientific Council on the Developing Child, 2005/2014; Dahl, 2004.
- 14 Grasso, Dierkhising, Branson, Ford & Lee, 2016.
- 15 Steinberg, 2008.
- 16 Dahl, 2004.
- 17 Center for Promise, 2015.
- 18 Anda et al., 2006.
- 19 van Ee, Kleber, & Jongmans, 2016.
- 20 Goosby, 2007.
- 21 Reising et al., 2013.
- 22 Tannenbaum, Neighbors, & Forehand, 1992.
- 23 Evans, Kim, Ting, Teshler & Shannis, 2007; Gustafsson, Janlert, Theorell, Westerlund, & Hammerstrom, 2012.
- 24 Feeney & Collins, 2015.
- 25 Center for Promise, 2015.
- 26 Term used by the NSCH, hereafter referred to as White.
- 27 Harris, 2013.
- 28 The questions about adverse experiences included: "By the time you started 6th grade, how often had your parents or other adult care-givers left you home alone when an adult should have been with you?" [emotional neglect]; "How often had your parents or other adult caregivers not taken care of your basic needs, such as keeping you clean or providing food or clothing?" [physical neglect]; "How often had your parents or other adult care-givers slapped, hit, or kicked you?" [physical violence]; "How often had one of your parents or other adult care-givers touched you in a sexual way, forced you to touch him or her in a sexual way, or forced you to have sexual relations?" [sexual abuse]; and in addition, we collected more items from Wave 3 data including "How many times have you been stopped or detained by the police for questioning about your activities? Don't count minor traffic violations." [stopped by police], "Have you ever been homeless for a week or longer?" [homeless], and "Did you ever live in a foster home?" [foster care].
- 29 For a full description of the data, see NSCAW II Baseline Report. (https://www.acf.hhs.gov/sites/default/files/opre/nscaw2_intro.pdf).
- 30 Matthews, Dempsey, & Overstreet, 2009; Joe, Joe, & Rowley, 2009.
- 31 Porche, Costello, & Rosen-Reynoso, 2016.
- 32 Masten, 2007.
- 33 Benson, Scales, & Syversten, 2010.
- 34 Brooks, 2006.
- 35 Holt & Grills, 2015.
- 36 Oyserman, Bybee, Mowbray & Hart-Johnson, 2005.
- 37 Chan et al., 2013; Southwick, Morgan, Vythilingam, Charney, 2006.
- 38 Spencer, Tunenberg, Ocean, Schwartz, Rhodes, 2016.
- 39 DeWit, DuBois, Erdem, Larose & Lipman, 2016.
- 40 See the Aspen Institute Ascend Program website for more information on the Two Generation Approach (<http://ascend.aspeninstitute.org/pages/the-two-generation-approach>)
- 41 Center for Promise, 2014a.

References

- Aaron, L., & Dallaire, D. H. (2010). Parental incarceration and multiple risk experiences: Effects on family dynamics and children's delinquency. *Journal of Youth and Adolescence*, 39(12), 1471-1484.
- Amato, P. R., & Anthony, C. J. (2014). Estimating the effects of parental divorce and death with fixed effects models. *Journal of Marriage and Family*, 76(2), 370-386.
- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., Dube, R. Sh., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186.
- Ardington, C. & Leibbrandt, M. (2009). *Parental Loss and Schooling: Evidence from Metropolitan Cape Town*. Cape Town: SALDRU, University of Cape Town.
- Arnett, J. J. (1999). Adolescent storm and stress, reconsidered. *American Psychologist*, 54(5), 317.
- Benson, P. L., Scales, P. C., & Syvertsen, A. K. (2010). The contribution of the developmental assets framework to positive youth development theory and practice. *Advances in Child Development and Behavior*, 41, 197-230.
- Brent, D. A., Melhem, N. M., Masten, A. S., Porta, G., & Payne, M. W. (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. *Journal of Clinical Child & Adolescent Psychology*, 41(6), 778-791.
- Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximizing opportunities through the schools. *Children & Schools*, 28(2), 69-76.
- Burke, N. J., Hellman, J. L., Scott, B. G., Weems, C. F., & Carrion, V. G. (2011). The impact of adverse childhood experiences on an urban pediatric population. *Child Abuse & Neglect*, 35(6), 408-413.
- Center for Promise (2014). *Back to School: Exploring Promising Practices for Re-Engaging Young People in Secondary Education*. Washington, DC: America's Promise Alliance.
- Center for Promise (2014a). *Don't Call Them Dropouts*. Washington, DC: America's Promise Alliance.
- Center for Promise (2014b). *Don't Quit on Me*. Washington, D.C.: America's Promise Alliance.
- Center on the Developing Child at Harvard University (2011). *Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Function: Working Paper No. 11*. Retrieved from www.developingchild.harvard.edu.
- Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*. Retrieved from www.developingchild.harvard.edu.
- Chan, C. S., Rhodes, J. E., Howard, W. J., Lowe, S. R., Schwartz, S. E. O., & Herrera, C. (2013). Pathways of influence in school-based mentoring: The mediating role of parent and teacher relationships. *Journal of School Psychology*, 51(1), 129-142.
- Child Trends Databank. (2015). *Violent Crime Victimization*. Retrieved from www.childtrends.org/?indicators=violent-crime-victimization
- Child Trends Databank. (2016). *Teen births*. Retrieved from www.childtrends.org/?indicators=teen-births.
- Child Trends Databank. (2016). *Illicit drug use*. Retrieved from www.childtrends.org/?indicators=illicit-drug-use.
- Dahl, R. E. (2004). Adolescent brain development: A period of vulnerabilities and opportunities. Keynote address. *Annals of the New York Academy of Sciences*, 1021(1), 9.
- DeWit, D. J., DuBois, D., Erdem, G., Larose, S., & Lipman, E. L. (2016). The role of program-supported mentoring relationships in promoting youth mental health, behavioral and developmental outcomes. *Prevention Science*, 17(5), 646-657.
- Evans, G. W., Kim, P., Ting, A. H., Tesher, H. B., & Shannis, D. (2007). Cumulative risk, maternal responsiveness, and allostatic load among young adolescents. *Developmental psychology*, 43(2), 341.
- Evans, S. E., Davies, C., & DiLillo, D., (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior*, 13(2), 131-140.

- Feeney, B. C., & Collins, N. L. (2015). A new look at social support: A theoretical perspective on thriving through relationships. *Personality and Social Psychology Review, 19*(2), 113-147.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258.
- Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011). Maternal depression and child psychopathology: a meta-analytic review. *Clinical Child and Family Psychology Review, 14*(1), 1-27.
- Goosby, B. J. (2007). Poverty duration, maternal psychological resources, and adolescent socioemotional outcomes. *Journal of Family Issues, 28*(8), 1113-1134.
- Grasso, D. J., Dierkhising, C. B., Branson, C. E., Ford, J. D., & Lee, R. (2016). Developmental patterns of adverse childhood experiences and current symptoms and impairment in youth referred for trauma-specific services. *Journal of Abnormal Child Psychology, 44*(5), 871-886.
- Gustafsson, P. E., Janlert, U., Theorell, T., Westerlund, H., & Hammarström, A. (2012). Social and material adversity from adolescence to adulthood and allostatic load in middle-aged women and men: results from the Northern Swedish Cohort. *Annals of Behavioral Medicine, 43*(1), 117-128.
- Harris, K. M. (2013). The add health study: design and accomplishments. *Chapel Hill: Carolina Population Center, University of North Carolina at Chapel Hill.*
- Holt, M. K., & Grills, A. E. (Eds.). (2015). *Critical Issues in School-based Mental Health: Evidence-based Research, Practice, and Interventions*. Routledge.
- Jackson, K. M., Rogers, M. L., & Sartor, C. E. (2016). Parental divorce and initiation of alcohol use in early adolescence. *Psychology of Addictive Behaviors, 30*(4), 450.
- Joe, S., Joe, E., & Rowley, L. L. (2009). Consequences of Physical Health and Mental Illness Risks for Academic Achievement in Grades K-12. *Review of Research in Education, 33*(1), 283-309.
- Krug, S., Wittchen, H. U., Lieb, R., Beesdo-Baum, K., & Knappe, S. (2016). Family functioning mediates the association between parental depression and low self-esteem in adolescents. *Journal of Affective Disorders, 203*, 184-189.
- Lucenko, B. A., Sharkova, I. V., Huber, A., Jemelka, R., & Mancuso, D. (2015). Childhood adversity and behavioral health outcomes for youth: An investigation using state administrative data. *Child Abuse & Neglect, 47*, 48-58.
- Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19*, 921-930.
- Mathews, T., Dempsey, M., & Overstreet, S. (2009). Effects of exposure to community violence on school functioning: The mediating role of posttraumatic stress symptoms. *Behaviour Research and Therapy, 47*, 586-591.
- Murray, L., Arteche, A., Fearon, P., Halligan, S., Croudace, T., & Cooper, P. (2010). The effects of maternal postnatal depression and child sex on academic performance at age 16 years: a developmental approach. *Journal of Child Psychology and Psychiatry, 51*(10), 1150-1159.
- National Scientific Council on the Developing Child (2005/2014). *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3*. Updated Edition. Retrieved from www.developingchild.harvard.edu.
- Oyserman, D., Bybee, D., Mowbray, C., & Hart-Johnson, T. (2005). When mothers have serious mental health problems: Parenting as a proximal mediator. *Journal of Adolescence, 28*(4), 443-463.
- Porche, M. V., Costello, D., & Rosen-Reynoso, M. (2016). Adverse family experiences, child mental health, and educational outcomes for a national sample of students. *School Mental Health, 8*, 44-60.
- Reising, M. M., Watson, K. H., Hardcastle, E. J., Merchant, M. J., Roberts, L., Forehand, R., & Compas, B. E. (2013). Parental depression and economic disadvantage: The role of parenting in associations with internalizing and externalizing symptoms in children and adolescents. *Journal of Child and Family Studies, 22*(3), 335-343.
- Slopen, N., Fitzmaurice, G. M., Williams, D. R., & Gilman, S. E., (2012). Common patterns of violence experiences and depression and anxiety among adolescents. *Social Psychiatry and Psychiatric Epidemiology, 47*(10), 1591-1605.

- Southwick, S. M., Morgan, C. A., III, Vythilingam, M., & Charney, D. (2006). Mentors enhance resilience in at-risk children and adolescents. *Psychoanalytic Inquiry*, 26(4), 577-584.
- Spencer, R., Tugenberg, T., Ocean, M., Schwartz, S. E. O., & Rhodes, J. E. (2016). 'Somebody who was on my side': A qualitative examination of youth initiated mentoring. *Youth & Society*, 48(3), 402-424.
- Steinberg, L. (2008). A social neuroscience perspective on adolescent risk-taking. *Developmental Review*, 28(1), 78-106.
- Tannenbaum, L., Neighbors, B., & Forehand, R. (1992). The unique contribution of four maternal stressors to adolescent functioning. *The Journal of Early Adolescence*, 12(3), 314-325.
- van Ee, E., Kleber, R. J., & Jongmans, M. J. (2016). Relational patterns between caregivers with PTSD and their nonexposed children: A review. *Trauma, Violence, & Abuse*, 17(2), 186-203.
- Varga, S. & Zaff, J.F. (2017). *Defining webs of support: A new framework for understanding relationships and youth development*. Washington, DC: America's Promise Alliance.
- Zaff, J. F., Aasland, K., McDermott, E., Carvalho, A., Joseph, P., & Pufall Jones, E. (2016). Exploring positive youth development among young people who leave school without graduating high school: A focus on social and emotional competencies. *Qualitative Psychology*, 3(1), 26.



America's Promise Alliance
1110 Vermont Avenue, N.W.
Suite 900
Washington, DC 20005
202.657.0600
www.AmericasPromise.org

About the Center for Promise

The Center for Promise is the applied research institute for America's Promise Alliance, housed at the Boston University School of Education and dedicated to understanding what young people need to thrive and how to create the conditions of success for all young people.

Center for Promise
Boston University School of Education
621 Commonwealth Avenue, 4th floor
Boston, MA 02215
cfp@americaspromise.org
www.AmericasPromise.org/CenterforPromise

About America's Promise Alliance

America's Promise Alliance is the nation's largest network dedicated to improving the lives of children and youth. We bring together more than 400 national organizations and thousands of community leaders to focus the nation's attention on young people's lives and voices, lead bold campaigns to expand opportunity, conduct groundbreaking research on what young people need to thrive, and accelerate the adoption of strategies that help young people succeed. GradNation, our signature campaign, mobilizes Americans to increase the nation's high school graduation rate to 90 percent by 2020. In the past 12 years, an additional 2 million young people have graduated from high school.

Suggested Citation: Porche, M.V., Zaff, J.F., Pan, J. (2017). *Barriers to success: Toward a deeper understanding of adversity's effects on adolescents*. Washington, DC: America's Promise Alliance.

Acknowledgments

Dr. Michelle Porche, Clinical Associate Professor, Boston University School of Education, is the project director for and primary author of the study on which this report is based. Dr. Jonathan Zaff and Jingtong Pan of the Center for Promise, America's Promise Alliance, served as co-investigators. The Center for Promise thanks Elana McDermott for her support throughout the project, Elizabeth Dougherty for writing support, and Dr. Lisa Fortuna for her review and thoughtful feedback.

This research study, *Barriers to Success*, is generously supported by Target.

Design: Lazar Design

