

Social Networks & Trauma: The Relationship Between Adverse Childhood Experiences and Mentoring Outcomes

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Introduction

- Adverse childhood experiences (ACEs) are potentially traumatic events that may undermine a child's sense of safety, stability, and bonding
- ACE exposure varies by race and ethnicity, with BIPOC youth reporting more ACEs than their White non-Hispanic peers (Sacks & Murphey, 2018)
- Experiencing ACEs can negatively impact one's physical, mental, emotional, and behavioral development (Hughes et al., 2017)
- Research has demonstrated that strong social bonds may buffer the impact of ACEs; consequently, many children with ACEs are referred to mentoring programs to mitigate negative effects (Craig et al., 2017; Rhodes, 2020)
- However, mentoring may highlight vulnerabilities or evoke negative behavioral patterns established in previous relationships. Little is known on how exposure to ACEs may interact with youth's perceptions of the quality their mentoring relationships
- Understanding these associations may provide insights on how to strengthen mentoring programs and guide mentors who are matched with youth who have experienced ACEs

Hypotheses

- Youth of color in this mentoring program will report higher rates of ACEs compared to White youth.
- Youth entering a large, urban chapter of a Big Brothers Big Sisters (BBBS) mentoring program will report more cumulative ACEs compared to the national average. These youth would also report experiencing specific ACEs (i.e., physical abuse, emotional neglect) at higher rates than the national average.
- ACE exposure will be predictive of youth's reports of strength of relationship with their mentor.

Methods

- Participants:** Youth enrolling in a BBBS mentoring ($N=1217$, Age $M=10.8$, $SD=2.07$)
 - Gender: **57.1%** male, **41.9%** female, **.9%** non-binary/preferred to self-describe
 - Race/Ethnicity: **43.1%** Black, **21.3%** White, **20.1%** Hispanic/Latinx, **12.6%** Multiracial, **2%** Asian, **.6%** Native American/American Indian, **.3%** Middle Eastern
- Measures:**
 - Parents/Guardians of youth reported on youth's exposure to ACEs based on a CDC ACEs checklist (2019), in an interview with BBBS staff upon enrollment
 - 26.5%** of youth reported on the strength of the relationship with their mentors at the 6-month to 1-year mark ($M = 0.56$)
- Statistical Analyses:**
 - A One-way ANOVAs was conducted to compare ACE exposure across racial/ethnic groups.
 - Chi-square analyses and adjusted odds-ratios were conducted to examine the differences in rates of ACE exposure between youth in our sample and the national average.
 - Regression analyses were conducted to examine associations between ACE exposure and youth's reports on strength of relationship.

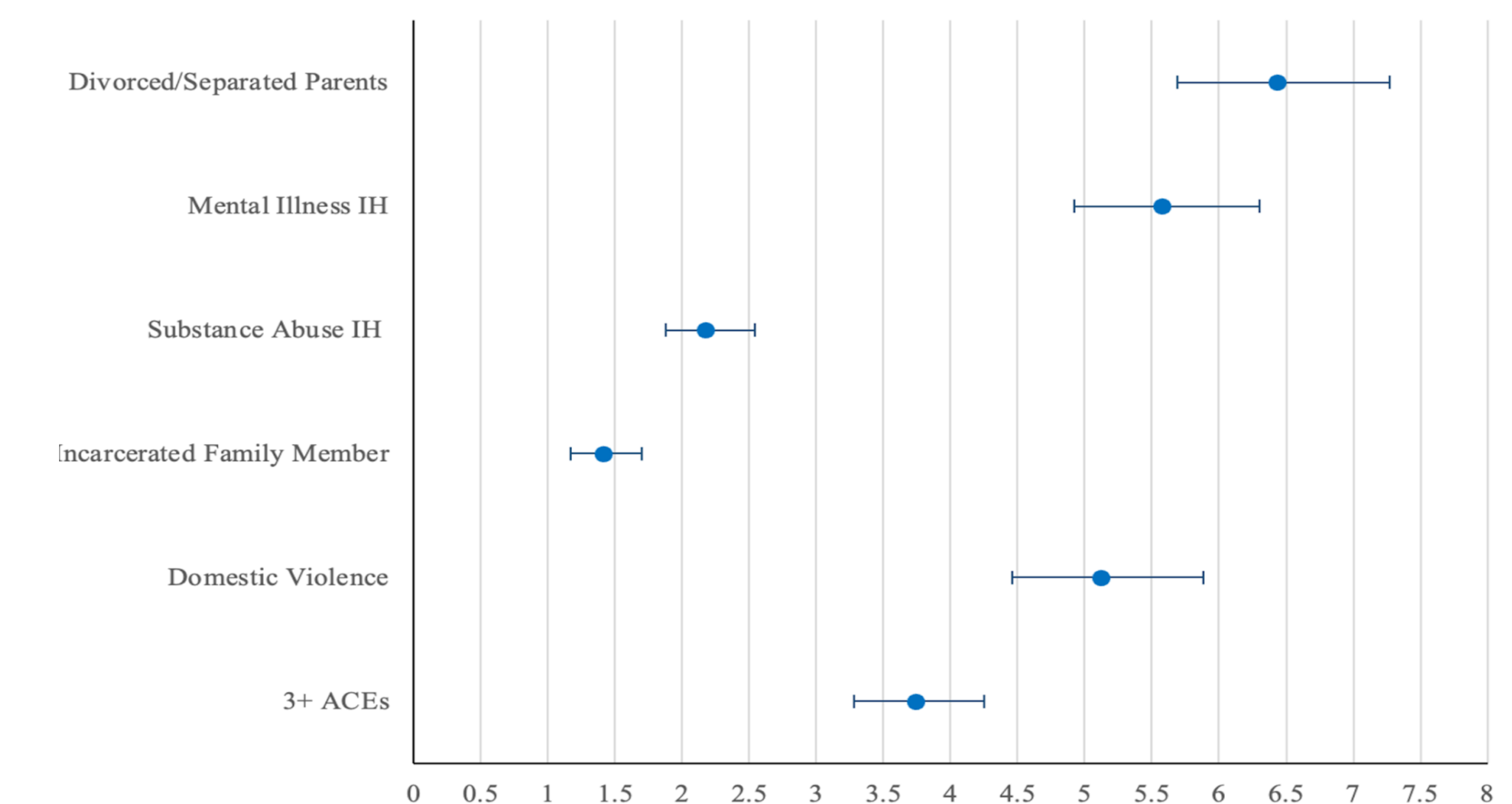
Compared to the national average, youth in a large, urban chapter of a Big Brothers Big Sisters (BBBS) program were more likely to:

- Experience 3+ ACEs
- Witness domestic violence
- Have an incarcerated parent
- Experience substance abuse in the household
- Live with someone with a mental illness
- Have divorced or separated parents

Results

- One-way ANOVA indicated significant differences in total number of ACEs experienced across racial/ethnic groups [$F(6,1136) = 7.11$, $p < .001$]. Post hoc comparisons using Tukey HSD indicate that the mean number of ACEs for White youth ($M = 2.56$, $SD = 2.03$) was significantly different from scores for Black youth ($M = 1.72$, $SD = 1.56$) and Hispanic/Latinx youth ($M = 1.78$, $SD = 1.65$). There were no significant differences between Multiracial, Asian, Middle Eastern, or Native American/American Indian youth
- Chi-Square analyses indicated significant differences between youth in our sample and the national average in exposure to 3 or more ACEs ($\chi^2(1, 51429) = 474.38$, $p < .001$), exposure to domestic violence ($\chi^2(1, 51429) = 685.75$, $p < .001$), having an incarcerated family member ($\chi^2(1, 51429) = 13.736$, $p < .001$), exposure to substance abuse in the household ($\chi^2(1, 51429) = 108.796$, $p < .001$), living with someone with a mental illness ($\chi^2(1, 51429) = 918.022$, $p < .001$), and having divorced or separated parents ($\chi^2(1, 51429) = 1151.917$, $p < .001$)

Figure 1. Adjusted Associations of ACE Exposure for Youth in a BBBS Program



- Regression models were not significant as ACE exposure did not predict mentee reported strength of relationship ($R^2 = .00$, $F(1, 250) = .030$, $p = .863$) and the total number of ACEs did not predict mentee reported strength of relationship ($R^2 = .00$, $F(1, 287) = .028$, $p = .867$)

Discussion

- Contrary to our hypothesis, White youth in our sample reported a greater number of ACEs compared to Black and Hispanic/Latinx youth. This finding challenges the existing literature, which highlights higher rates of ACEs for BIPOC youth. Intersectional factors such as gender and socioeconomic status may contribute to this difference and should be considered in future exploration.
- Consistent with the literature, mentees in this BBBS program reported higher rates of cumulative and specific ACEs than the national average. As more ACEs-exposed youth are being referred to mentoring programs, it is important to consider trauma-informed training for mentors. Research suggests that mentors who are matched with high-risk youth may feel overwhelmed by the depth and complexity of their mentee's needs. Evidence-based approaches may help mentors feel better equipped to support youth. Specific and targeted mentorship, such as trauma-informed SEL mentoring, may also support youth's abilities to form strong relationships with their mentors.
- Although ACE exposure was not found to be related to mentee's ratings of the strength of relationship with their mentors, it would be important to research other pathways ACEs may impact the mentoring relationship, such as mentor's reports of strength of relationship, and match duration.