



National Survey of Child
and Adolescent Well-Being

NSCAW II BASELINE REPORT

Caregiver Health and Services

**OPRE Report #2011-27d
September 2011**

NSCAW II BASELINE REPORT: CAREGIVER HEALTH AND SERVICES

FINAL REPORT

OPRE Report 2011-27d

September 2011

Heather Ringeisen, Cecilia Casanueva, Keith Smith, and Melissa Dolan, RTI International.

Submitted to:

Mary Bruce Webb, Project Officer
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Contract Number: HHS P2320062930YC

Project Director: Kathryn Dowd
RTI International
3040 East Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

This report is in the public domain. Permission to reproduce is not necessary. Suggested citation: Ringeisen, H., Casanueva, C., Smith, K., & Dolan, M. (2011). *NSCAW II Baseline Report: Caregiver Health and Services*. OPRE Report #2011-27d, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at <http://www.acf.hhs.gov/programs/opre/index.html>.



TABLE OF CONTENTS

INTRODUCTION	1
GUIDE TO THE BRIEF REPORT	1
SUMMARY OF BRIEF REPORT FINDINGS	2
CAREGIVER AND HOUSEHOLD CHARACTERISTICS	3
CAREGIVER HEALTH.....	4
Physical Health	4
Mental Health	4
Depression	5
IN-HOME PARENTS’ SUBSTANCE ABUSE, INTIMATE PARTNER VIOLENCE, INVOLVEMENT WITH THE LAW, AND SERVICE RECEIPT.....	5
SUBSTANCE ABUSE	6
Hazardous or Harmful Alcohol Consumption	6
Risk for Substance Abuse Problems.....	6
DOMESTIC VIOLENCE	7
INVOLVEMENT WITH THE LAW	7
SERVICE RECEIPT AND INSURANCE STATUS.....	7
SERVICES TO ADDRESS FAMILY NEEDS.....	8
Services for Basic Living Needs.....	8
Services Required by CWS or the Court	8
Federal and State-Supported Services	9
PARENTING SKILLS TRAINING	10
Parents’ Referral to and Receipt of Parent Skills Training.....	10
Characteristics of Parenting Skills Training Received	10
DOMESTIC VIOLENCE SERVICES	10
BEHAVIORAL HEALTH SERVICES.....	11
Parents’ Need for and Receipt of Substance Abuse Services.....	11
Parents’ Need for and Receipt of Mental Health Services	12
EXHIBITS	14
REFERENCES	40
APPENDIX.....	42

LIST OF EXHIBITS

Number	Page
V-1. Caregiver and Household Characteristics.....	15
V-2. Caregiver Physical Health by Self-Report.....	19
V-3. Caregiver Physical and Mental Health Status by Self-Report.....	20
V-4. Caregiver Major Depression by Self-Report.....	22
V-5. In-Home Parents' Risk for Hazardous or Harmful Alcohol Consumption in Past Year by Self-Report.....	23
V-6. In-Home Parents' Risk for Substance Abuse Problems by Self-Report.....	24
V-7. Intimate-Partner Violence Against Female In-Home Parents by Self-Report.....	25
V-8. In-Home Parents' Involvement with the Law by Self-Report.....	26
V-9. In-Home Parents' Current Insurance Status by Self-Report.....	27
V-10. In-Home Parents' Service Receipt to Address Family Needs in Past 12 Months by Self-Report (<i>N</i> = 3,580).....	29
V-11. Services for In-Home Parents Required by the Child Welfare System or Court by Self-Report.....	30
V-12. In-Home Parents' Receipt of Federal or State-Supported Services by Self-Report.....	31
V-13. In-Home Parents' Need, Referral to, and Receipt of Parenting Skills Training in Past 12 Months.....	33
V-14. Characteristics of Parenting Skills Training Received in Past 12 Months by In- Home Parents' Self-Report (<i>N</i> = 868).....	34
V-15. In-Home Mothers' Need, Referral to, and Receipt of Domestic Violence Services in Past 12 Months.....	35
V-16. In-Home Parents' Need for and Receipt of Substance Abuse Services in Past 12 Months.....	36
V-17. In-Home Parents' Need for and Receipt of Mental Health Services in Past 12 Months.....	38

Introduction

The National Survey of Child and Adolescent Well-Being II, or NSCAW II, is a longitudinal study intended to answer a range of fundamental questions about the outcomes of abused and neglected children and their involvement in the child welfare system. The study is sponsored by the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services. It examines the well-being of children involved with child welfare agencies, the ability of those agencies to find permanent living arrangements for children unable to stay with their families of origin, the children's health and mental health, as well as developmental risks, especially for those children who experienced the most severe abuse and exposure to violence.

The study includes 5,873 children ranging in age from birth to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009 in 83 counties nationwide. The cohort includes substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups. Face-to-face interviews or assessments were conducted with children, parents and nonparent adult caregivers (e.g., foster parents, kin caregivers, group home caregivers), and investigative caseworkers. Baseline data collection began in March 2008 and was completed in September 2009. Additional information about the NSCAW II history, sample design and methods, instrumentation, as well as a summary of differences between the NSCAW I and NSCAW II cohorts can be found in the first Brief Report Introduction of this NSCAW II Baseline series¹.

Guide to the Brief Report

The purpose of this fifth NSCAW II Baseline Brief Report is to describe the health of caregivers during the first wave of data collection (baseline). This Brief Report describes the health, well-being, and services received by caregivers of a nationally representative sample of children reported for maltreatment when they were birth to 17.5 years old. The Brief Report is organized into several sections that describe caregiver outcomes, which include the following constructs:

- Caregiver and household characteristics
- Health (general health, mental health, depression)
- Substance abuse (hazardous or harmful alcohol consumption, risk for substance abuse problems)
- Exposure to intimate partner violence

¹ Comparisons between NSCAW I and NSCAW II estimates require statistical testing. Analysis for comparison purposes requires a different set of weights; these will be released with the 18-month follow-up of NSCAW II (Wave 2).

- Involvement with the law
- Service receipt (insurance status, services to meet family needs, parenting skills training, domestic violence services, and behavioral health services)

The topics covered in other brief reports in this series include:

- Overview of the history and progression of the NSCAW study (detailed discussion of the sample design, methods, and instrumentation implemented for NSCAW II, and a summary of the characteristics of children and caregivers who participated in the baseline data collection effort)
- Child Well-Being (physical health and special health care needs, cognitive functioning and academic achievement, social, emotional, and behavioral health, developmental assessments of young children, and risky behavior in adolescents)
- Maltreatment (nature of alleged abuse, risk assessment, substantiation status, exposure to violence, aggression, and conflict)
- Children's Services (insurance status, health and mental health services, and special education)
- Caseworker Characteristics, Child Welfare Services, and Experiences of Children Placed in Out-of-Home Care (investigative caseworker characteristics, child and family service needs, satisfaction with caseworkers and the child welfare system, children in out-of-home placement)

The data analyzed in this report have been released through the National Data Archive for Child Abuse and Neglect (NDACAN) in NSCAW II data version 1-1.

Summary of Brief Report Findings

This Brief Report summarizes the health, well-being, and services received by caregivers at NSCAW II baseline. The majority of caregivers were parents living in-home with their children (87.9%). Out-of-home caregivers included informal kin caregivers (6.2%), formal kin caregivers (2.4%), and foster caregivers (3.5%). Many caregivers reported living below the federal poverty level (57.3%). This report presents general health information for all caregivers. Approximately half of caregivers (44.8%) were in very good or excellent health. Caregiver scores on a standardized measure of health and mental health status fell within the national norms for U.S. adults on the mental health domain and slightly below national norms on the physical health domain. Slightly more than a fifth (22.6%) of caregivers had a score within the clinical range for major depression. In-home parents had worse mental health status scores and higher rates of depression than the three types of out-of-home caregivers. Informal kin caregivers had lower self-reported health status than other groups of out-of-home caregivers and in-home parents.

Several other issues were assessed among parents living in-home with their children; these included substance abuse, involvement with the law, and intimate partner violence. Standardized measures were used to assess hazardous drinking and risk for a substance abuse problem. More than 9 percent of in-home parents reported alcohol consumption habits that indicated some risk of harmful use. The responses of 15% of in-home parents showed a moderate risk for a substance abuse problem; 4.3% appeared to be at high risk. Of in-home parents, 32.7% reported that they have ever been arrested; male parents were more likely to have been arrested than females. Female in-home parents reported on their experience with physical intimate partner violence. Nearly a quarter (24.2%) were victims of intimate partner violence in the past year.

In-home parents reported on their use of services to address their family's basic needs, parenting skills training, domestic violence services, and behavioral health services. Many families had received some type of federal or state-supported services, most commonly food stamps (57.8%) or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC; 35.6%). In-home parents reported on the receipt of mental health, substance abuse, parenting, and domestic violence services. The most commonly received services were related to mental health: 28.3% of in-home parents reported the receipt of inpatient services, outpatient services, or prescription medication for a mental health problem in the past year. According to parents' reports, 13.1% received parenting skills training in the past year. Only 2.8% reported the receipt of inpatient or outpatient alcohol or substance abuse services. And, 4.9% of female parents reported having stayed in a shelter for battered women. The most common services required by the Child Welfare System or court were peer support groups, parenting skills training, child care services, and services for a drug or alcohol problem.

Caregiver and Household Characteristics

Exhibit V-1 provides an overview of the primary caregivers and households representing the cohort. The majority of caregivers were biological (n=3,536) or adoptive (n=100) parents living at home with their children at NSCAW II baseline (87.9%), followed by informal kin caregivers (6.2%), formal kin caregivers (2.4%) and foster caregivers (3.5%). Most caregiver respondents were female (90.7%). Over half of the caregivers were 30 to 49 years old (54.4%), with many fewer caregivers in the youngest and oldest age groups of 19 years old and under (1.5%) and 60 years and older (2.4%). Nearly one half of caregivers were White (48.5%), 24.8% were Hispanic, 20.2% were Black, and 6.5% described their race/ethnicity as "Other."

The majority of caregivers (44.9%) reported having a high school education, while 27.8% reported educational attainment beyond high school. Many caregivers (57.3%) reported living below the federal poverty level. Nearly one half of caregivers had full-time or part-time employment (47.2%), while 17.7% reported being unemployed and looking for work. Approximately one third of caregivers reported being currently married (33.2%) or never married (32.2), respectively. Regardless of marital status, more than half of caregivers reported living with other adults in the home (70.6%). Almost a quarter (23.4%) had four or more children living in the home.

Exhibit V-1 also describes these characteristics by type of caregiver (biological and adoptive parent, informal kin caregiver, formal kin caregiver, and foster caregiver). Pairwise comparisons were conducted to identify significant differences between foster caregivers

(reference group) and all other caregiver types. Comparisons revealed significant differences for age, education, poverty level, employment status, marital status, number of children in the home, and number of adults in the home. For example, in-home parents were more likely to be younger than foster caregivers. Additionally, in-home parents, as well as informal kin caregivers, were more likely to live below the federal poverty level than foster caregivers. All other caregiver types (i.e., in-home parents, informal kin, formal kin) were less likely to have a high school education than foster caregivers. Foster caregivers were more likely than other caregiver types to report having five or more children in the household. Significant differences are detailed in the exhibit footnotes.

Caregiver Health

Physical Health. Caregivers were asked to rate their own physical health from *poor* to *excellent*. According to their own self-reports, about half (44.8%) of caregivers were in very good or excellent health (Exhibit V-2). This percentage is lower than that for comparably aged adults in the National Health Interview Survey (NHIS; Centers for Disease Control and Prevention, 2009). In the NHIS, 64.8% of adults 18 to 64 years old and 41.7% of adults 65 years old and older reported being in very good or excellent health. Self-report of caregiver's health varied by type of caregiver. In-home parents (45.0%) were less likely to be in good or excellent health than foster caregivers (61.5%). Informal kin caregivers (33.4%) were less likely to be in good or excellent health than in-home parents (45.0%), formal kin caregivers (45.6%), foster caregivers (61.5%), and group home/residential treatment caregivers (59.8%).

Another measure of overall health, the 12-Item Short Form Health Survey (SF-12; see Technical Appendix), suggests that caregivers' physical health was slightly below that of the U.S. adult population. The mean score on the Physical Health Component of the SF-12 was 47.6. This score is within the national norm for the SF-12 (national norm of 50, standard deviation of 10). Consistent with the previous findings, report of caregivers' health on the Physical Health Component of the SF-12 varied by caregivers' age and by type of caregiver. Caregivers 20 years old or younger (mean score 51.0) and caregivers 20 to 29 years old (mean score 49.7) were more likely to have a better physical health score than caregivers 30 to 49 years old (mean score 46.6), 50 to 59 years old (mean score 45.9), and 60 years old or older (mean score 39.9). Caregivers 60 years old or older were more likely to have a worse physical health score than caregivers 30 to 49 years old, and 50 to 59 years old.

Foster caregivers (mean score 50.7) and group home or residential program caregivers (mean score 53.3) described themselves as significantly healthier than in-home parents (mean score 47.8), formal kin caregivers (mean score 46.4), and informal kin caregivers (mean score 42.5) described themselves. Informal kin caregivers described themselves as less healthy than all other caregivers on both measures.

Mental Health. Caregivers' mental health was assessed via the Mental Health Component of the SF-12. The mean score on the Mental Health Component of the SF-12 was 48.8 (Exhibit V-2). This score falls within the national norm (national norm of 50, standard deviation of 10), indicating caregivers' mental health was comparable to that of the U.S. adult population. Caregiver report of mental health on the SF-12 varied by gender and type of caregiver. Male caregivers (mean score 52.4) were more likely to have a better mental health

score than female caregivers (mean score 48.4). In-home parents (mean score 48.4) described themselves as in significantly worse mental health than informal kin caregivers (mean score 50.8), foster caregivers (mean score 55.4), and group home/residential treatment caregivers (mean score 53.2) described themselves. Foster caregivers (mean score 55.4) were more likely to have a better mental health score than formal kin (mean score 49.7) and informal kin caregivers (mean score 50.8).

Depression. Depression in caregivers was assessed with the Composite International Diagnostic Interview Form, Short-Form (CIDI-SF), a screening scale of the World Health Organization (Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998; see Technical Appendix). Slightly more than a fifth (22.6%) of caregivers had a score in the clinical range for major depression in the 12 months prior to interview (Exhibit V-4). This rate of depression is higher than that found through the National Comorbidity Survey Replication (NCS-R; Wang, Lane, Olfson, Pincus, Wells, & Kessler, 2005), which used the long form of the CIDI to assess depression among U.S. adults 18 years old or older. The NCS-R based on 2007 data showed a 6.8% prevalence of major depressive disorder in the past 12 months and 9.7% prevalence of any mood disorder in the 12 months preceding the interview; 8.6% of females and 4.9% of males experienced a major depressive disorder in the past 12 months (National Comorbidity Survey Replication, 2011). Caregiver report of depression varied by gender, age, and type of caregiver. Female caregivers (23.5%) were more likely to have a score in the clinical range for major depression than male caregivers (15.3%). Caregivers 60 years old or older (5.7%) were significantly less likely to have a score in the clinical range for major depression than caregivers 20 years old or younger (27.1%), 20 to 29 years old (22.0%), 30 to 49 years old (24.6%), and 50 to 59 years old (15.8%). Caregivers 50 to 59 years old (15.8%) were significantly less likely to have a score in the clinical range for major depression than caregivers 30 to 49 years old (24.6%). In-home parents (24.8%) were more likely to have a score in the clinical range for major depression than formal kin caregivers (6.3%), informal kin caregivers (8.4%), foster caregivers (6.1%), and group home/residential treatment caregivers (1.3%).

In-Home Parents' Substance Abuse, Intimate Partner Violence, Involvement with the Law, and Service Receipt

Brief Report V descriptions of alcohol dependence, drug dependence, involvement with the law, domestic violence, and services received focus exclusively on data from in-home parents. Different caregivers in both NSCAW I and II were presented with different survey questions depending on whether or not the caregiver at baseline was considered the child's permanent caregiver. Specifically, only caregivers considered ~~per~~permanent" were administered the audio computer-assisted self-interview (ACASI) portions of the caregiver interview as well as the caregiver module on services received. The ACASI section included alcohol dependence, drug dependence, involvement with the law, discipline and child maltreatment, and domestic violence (administered only to female permanent caregivers). This decision was based on two primary factors: (1) these constructs were considered conceptually most relevant when a child was living with a permanent caregiver, and (2) some participating agencies objected to questions being administered to foster caregivers, in particular, about illegal behaviors without imposing required action if certain responses were recorded (e.g., illegal drug use, corporal punishment). The interviewer made the distinction between a ~~per~~permanent" and ~~non~~nonpermanent" caregiver at two times: prior to the NSCAW II interview and midway through the interview. If an interviewer

coded a child's living arrangement as "permanent," that code triggered administration of the ACASI and "services received" modules of the caregiver interview.

Almost all (98.8%) of the in-home parents were administered the caregiver interview designed for permanent caregivers; 59 in-home caregivers were not administered these modules. The majority of out-of-home caregivers were not coded as permanent caregivers by the NSCAW II interviewers and, consequently, did not receive these instrument modules; however, 413 out-of-home caregivers did complete the permanent caregiver interview modules. Out-of-home caregivers coded as "permanent" included only kinship or foster providers; this group included no group home or residential program caregivers. Since these responses do not reflect the majority of out-of-home caregivers, data for that group are not reported in this portion of the brief report. References to "in-home parents" or "parents" in the remainder of this Brief Report refer to the in-home parents of children living at home at NSCAW II baseline who were administered the those portions of the caregiver interview designed for permanent caregivers.

Substance Abuse

Hazardous or Harmful Alcohol Consumption. Hazardous or harmful alcohol consumption was measured by the Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The AUDIT manual recommends considering a total score of 8 or higher as evidence of harmful use or alcohol dependence. However, a recent review of studies using the AUDIT recommends that the cutpoint be lowered to 5 to adequately detect harmful use or alcohol dependence in women (Reinert & Allen, 2007). Furthermore, other research has examined the ability of the AUDIT to detect hazardous drinking (as opposed to harmful use or alcohol dependence). In a general population sample, Rumpf et al. (2002) recommended a cutpoint of 5 as optimal for identifying at-risk drinkers of both genders. Based on this research, Exhibit V-5 presents the percentage of parents with AUDIT Total scores greater than or equal to 5. More than 9 percent (9.7%) of in-home parents had an AUDIT Total score greater than or equal to 5. AUDIT Total scores differed by gender and age. Males were more likely to have AUDIT Total scores ≥ 5 (19.5%) than females (8.7%). Parents 20 to 29 years old (6.3%) and 30 to 49 years old (12.1%) were each more likely to have AUDIT Total scores ≥ 5 than parents 60 years and older (0.0%). Parents 30 to 49 years old (12.1%) were also more likely to have AUDIT Total scores ≥ 5 than parents 20 to 29 years old (6.3%).

Risk for Substance Abuse Problems. Parent risk for a substance abuse problem was measured in NSCAW II by the Drug Abuse Screening Test (DAST-20). The DAST-20 is a self-report measure of problematic substance use that can be used for clinical screening and treatment evaluation research. While the cutoff score for abuse/dependence is generally 6 or above, different cutoff scores are recommended for different populations. Staley and El-Guebaly (1990) suggest that using a range of cutoff scores on the DAST-20 offer researchers a choice of valid cutoff points, depending on the need for high test sensitivity or specificity. In this study, a cutoff of 5/6 had the maximum sensitivity, or ability to detect substance abuse cases. Analysis conducted with a psychiatric population found that to maximize sensitivity with acceptable specificity, cutoff scores on the DAST-20 of 2 or 3 through 5 or 6 might be most appropriate (Cocco & Carey, 1998). Based on this literature, Exhibit V-6 presents DAST-20 scores between 2 and 4 as well as 5 or higher to demonstrate varying degrees of risk for a substance abuse problem.

Approximately 15% (15.6%) of in-home parents had a DAST-20 Total score between 2 and 4; 4.3% had a DAST-20 Total score greater than or equal to 5 (Exhibit V-6). DAST-20 scores differed significantly by gender, age, and race/ethnicity. Among those with an elevated DAST-20 Total score, male parents were more likely to have a score between 2 and 4 (25.3% versus 14.6% for females); females were more likely to have a score of 5 or more (4.7% versus 0.7% for males). The youngest (under 20) and oldest (60 years and older) parents were the least likely to have elevated DAST-20 scores (see Exhibit V-6 for more detail). Hispanic parents were more likely to have a DAST-20 Total score between 2 and 4 (22.5%) than a score of 0 or 1 (71.4%) when compared to Black and White parents (see Exhibit V-6 for more detail).

Domestic Violence

Female in-home parents reported on their experiences of physical intimate-partner violence (IPV), using the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Nearly a quarter of female parents (24.2%) were victims of IPV during the 12 months prior to interview: 21.2% suffered acts of less severe violence, and 18.4% had suffered severe physical violence (see Exhibit V-7). Nationally, the annual prevalence of IPV reported for females of all ages is lower (1.3%; Tjaden & Thoennes, 2000). More than a third (34.2%) of female parents had been victims of physical IPV at some point in their lives. This finding is higher than the national 22.1% lifetime prevalence for IPV among adult females (Tjaden & Thoennes, 2000).

Involvement with the Law

In-home parents were asked whether they had ever been arrested, convicted, or put on probation in the past 12 months (Exhibit V-8); 32.7% of permanent caregivers reported that they had ever been arrested. The rate differed by gender, age, and race/ethnicity. Males (53.6%) were more likely to have ever been arrested than females (30.6%). Parents under 20 years old (18.2%) were less likely to have been arrested than parents 20 to 29 years old (35.6%). Parents 60 years old and older (0.2%) were significantly less likely to have been arrested than parents under 20 years old (18.2%), 20 to 29 years old (35.6%), 30 to 49 years old (31.4%), and 50 to 59 years old (31.8%). Hispanic in-home parents (23.0%) were significantly less likely to have ever been arrested than Black (35.5%) and White (36.4%) parents.

Service Receipt and Insurance Status

This NSCAW II Baseline Brief Report V describes services in-home parents received across a variety of domains: federal or state-supported services, services to address family needs, parenting skills training, domestic violence services and behavioral health services. Because insurance coverage is often an important factor in predicting service receipt, this section begins with a summary of parent's insurance status at NSCAW II baseline. Parents were asked about their current insurance status. Responses were categorized into the following groups: (1) private insurance obtained through an employer or purchased directly, (2) public insurance, including those who did not have private coverage at the time of interview, but who had Medicare, Medicaid, coverage through a state-funded program, or military health insurance, and (3) currently uninsured, including parents not covered at the time of interview as well as parents

only covered through the Indian Health Service (IHS).² These categories were derived to provide comparability to annual adult insurance status estimates provided through NHIS data.

Public insurance was the most commonly held type of parent health insurance (49.1%; Exhibit V-9). Slightly more than 21% of parents (21.3%) reported currently having private insurance. The 2009 NHIS showed a very different distribution of insurance status in the general population of adults 18 to 64 years old: 65.8% of adults had private insurance and 14.4% had a public plan (Cohen, Martinez, & Ward, 2010). Among parents at NSCAW II baseline, 29.6% were currently uninsured, a rate slightly higher than the national estimate for adults 18 to 64 years old (21.1%), according to the 2009 NHIS (Cohen et al., 2010). The percentage of NSCAW II parents who were uninsured at baseline was lower than the 42.5% of *poor* adults 18 to 64 years old who did not have insurance at the time of the NHIS interview, a subgroup more similar to the socioeconomic characteristics of the NSCAW II sample of in-home parents (Cohen et al., 2010). Exhibit V-9 shows variations in current parent insurance status by gender, age, and race/ethnicity. For example, female caregivers were more likely to have public insurance (50.6%) than private insurance (20.4%) or to be currently uninsured (29.0%) when compared with male caregivers (34.4% public, 29.6% private, 36.0% uninsured). Detailed comparison information for age and race/ethnicity can be found in the footnotes of this exhibit.

Services to Address Family Needs

Services for Basic Living Needs. In-home parents reported on a number of different services that they might have received to address their family's basic living needs (e.g., housing, child care, food). The most commonly reported service was food from a community source (25.7%), followed by regular help with child care (16.6%), and attendance at any organized support group (11.4%; Exhibit V-10). Other services included family counseling (9.2%) legal aid (5.8%), job-related services (4.4%), home management training (3.7%), emergency shelter or housing (3.1%), and in-home respite care for a child (1.6%).

Services Required by CWS or the Court. In-home parents also reported whether they were required by the Child Welfare System (CWS) or court to seek certain services for themselves or their family (see Exhibit V-11). The most common services required by the CWS were peer support groups (8.9%), parenting skills training (8.7%), child care services (4.5%), and services for a drug or alcohol problem (3.3%). Other services required by CWS or the court included mental health services (1.8%) or home management training (1.0%). Services required by CWS or the court differed by substantiation case status. The parents of children with a substantiated case status were more likely than parents of children with an unsubstantiated case status to be required by CWS or the court to attend peer support groups (17.4% versus 6.6%), parenting skills training (19.6% versus 5.8%), child care services (6.3% versus 3.5%), services for an alcohol or drug problem (5.5% versus 2.5%), or mental health services (4.8% versus 1.0%). The parents of children with a ~~substantiated~~ case status were also more likely than

² The leading national dataset on health, the National Health Interview Survey (NHIS), categorizes adults with insurance coverage exclusively through the Indian Health Service (IHS) as ~~uninsured~~. For purposes of national comparison, we established insurance coverage categories to be consistent with the NHIS. Only nine NSCAW II in-home parents at baseline had insurance exclusively through the IHS and were included in the ~~uninsured~~ category.

parents with an “indicated” case status to have been required to receive parenting skills training, regular child care services, and services for an alcohol or drug problem (see Exhibit V-11).

Federal and State-Supported Services. In-home parents were asked about having received several federal or state-supported services to assist in meeting basic family needs in the 12 months prior to interview. For some of these services—e.g., Temporary Assistance for Needy Families (TANF) or Special Supplemental Nutritional Program for Women, Infants and Children (WIC) benefits—one criterion for eligibility is being a poor parent raising children; other services are associated with poverty (such as food stamps) or having a disability (such as SSI benefits). More than half (57.3%) of in-home parents were living below 100% of the federal poverty level at baseline. More than quarter were living below 50% of the federal poverty level.

Almost three quarters of parents (74.1%) had received some type of federal or state supported service in the past year (Exhibit V-12): 14.9% had received TANF, or welfare, and 35.6% had received WIC benefits. Receipt of food stamps was reported by 57.8% of parents. Twenty-two percent (21.7%) of parents reported household receipt of Supplemental Security Income (SSI), and 12.9% reported having received housing support. The percentages of caregivers receiving TANF, food stamps, and SSI were higher than the national rates of 1.5% for TANF, 8.9% for food stamps, and 2.2% for SSI among all U.S. adults 18 to 64 years old (Administration for Children and Families, 2008).

Receipt of federal or state-supported services differed by gender, age, and race/ethnicity. Female parents were more likely to receive TANF (16.0% versus 4.7%), WIC (37.6% versus 15.5%), food stamps (59.6% versus 40.3%), housing support (13.9% versus 2.7%), and any federal or state-supported service (76.3% versus 52.5%) than male parents. Parent age was related to the receipt of WIC, food stamps, housing support, and the receipt of any federal or state-supported service. Younger parents were generally more likely to receive services than older parents. Specifically, parents under 20 years old were more likely to receive WIC (77.8%) than parents of all other age groups. Parents under 20 years old were more likely to receive food stamps (72.9%) than parents 30 to 49 years old (49.4%) and 60 years and older (13.7%). Parents under 20 years old were also more likely to receive any federal or state-supported service (91.7%) than parents 30 to 49 years old (67.4%) and 50 to 59 years old (61.5%). Parents 20 to 29 years old were more likely to receive WIC (48.1%) and food stamps (70.3%) than all groups of parents 30 years and older. Parents 20 to 29 years old (17.9%) were more likely to receive housing support than parents 30 to 49 years old (9.7%) and 60 years and older (0.0%). Parents 20 to 29 years old were more likely to receive any federal or state-supported service (84.2%) than parents 30 to 49 years old (67.4%) and 60 years and older (40.0%). Parents 30 to 49 years old were more likely to receive WIC (27.1%) than parents 50 to 59 years old (2.6%) and 60 years and older (20.3%); they were also more likely to receive housing support (9.7%) than parents 60 years and older (0.0%). Race/ethnicity was related to the receipt of WIC, food stamps, SSI, housing support, and the receipt of any federal or state-supported service. Black parents were more likely to receive food stamps (72.1%), housing support (27.8%), and any federal or state-supported service (83.1%) than either White or Hispanic parents (see Exhibit V-12). Black (42.2%) and Hispanic parents (44.0%) were also more likely to receive WIC than White parents (27.6%). Black (25.9%) and White parents (25.2%) were more likely to receive SSI than Hispanic parents (14.4%) or parents of “Other” race/ethnicity (12.5%).

Parenting Skills Training

Parents' Referral to and Receipt of Parent Skills Training. In-home parents reported on whether or not they had been referred to or offered parenting skills training in the past year as well as whether or not they received parenting services. According to parents' reports, 15.2% had been referred to or offered parenting skills training; 13.1% reported having received parenting skills training services in the past 12 months (Exhibit V-13). There were no significant differences in referral to or receipt of parenting services by gender, age, or race/ethnicity.

Characteristics of Parenting Skills Training Received*Error! Bookmark not defined..* Parents who received parenting skills training in the past year were asked to describe the characteristics of those services received (see Exhibit V-14). The characteristics assessed were intended to measure the degree to which parent skills training services received by in-home parents are consistent with what might be expected to occur within evidence-based parenting programs. Parenting services are one of the most common services provided by the CWS for biological families; however, one study found that the most frequently used programs typically failed to adhere to evidence-based approaches (Hurlburt, Barth, Leslie, Landsverk, & McCrae, 2007). To better understand this, parents at NSCAW II baseline were asked about whether certain activities (e.g., direct coaching, homework assignments, role plays with other parents) occurred for at least 10 minutes during parenting skills training and about the topics (e.g., how to ignore misbehavior) that were covered in a "substantial way" during the training.

Most parenting skills training characteristics assessed occurred less than 50% of the time, with a few exceptions. Most parents reported having listened to a presentation about parenting skills or child development (74.6%) and slightly more than half (54.9%) reported having completed homework assignments that involved things to practice. Only 40.0% reported having coached directly as they practiced skills with their child and 32.3% reported having practiced skills with other parents in role-play situations. Most parents reported that the following topics were covered in a substantial way: how to praise and reward positive behavior (81.7%), establishing daily routines for children (77.4%), communication or problem-solving with children (74.0%), and maintaining a child-safe home environment (74.1%). However, only 50.5% of parents reported that their parenting skills training substantially covered how to play effectively with their child, how to ignore misbehavior (52.6%), or nonviolent approaches to discipline (68.5%; Exhibit V-14).

Parents who received parenting skills training reported that on the average they received this training for 8.8 weeks (2.2 hours/week). Most parents received these services at an agency or community organization (59.0%); a few received parenting services in their home (23.3%). Slightly more than half of the services were provided by the parent's caseworker or someone else from the child welfare agency (57.2%). Most parenting services were provided in a group setting (63.1%).

Domestic Violence Services

In-home mothers reported on whether or not they had been referred to or received domestic violence services (or stayed in a shelter for battered women) in the past year. According to maternal report, 11.5% had been referred to domestic violence services; 4.9%

reported having stayed in a shelter for battered women or received some other domestic violence services in the past 12 months (Exhibit V-15). There were no differences in referral to or receipt of domestic violence services by age or race/ethnicity. Mothers' need for domestic violence services was examined to determine whether domestic violence services received were adequate to meet potential need. Mothers were determined to be "in need of domestic violence services" if they met any one of three criteria: (1) caseworker report at the time of the maltreatment investigation that a parent had active domestic violence in the home, (2) a Conflicts Tactics Scale-2 (CTS-2) score indicating at least one incident of severe or less severe physical interpersonal violence suffered in the past 12 months, or (3) the mother's self-reported need ("a lot" or "somewhat") for domestic violence services in the past year, if she had not received any such services. By these criteria, 33.7% of mothers were determined to be in need of domestic violence services (Exhibit V-15). Need for domestic violence services differed by race/ethnicity. Hispanic mothers were more likely to be in need of domestic violence services (44.0%) than Black (26.4%) and White (31.7%) mothers. Of those determined to need domestic violence services, only 12.1% had received such services in the past year.

Behavioral Health Services

Parents' Need for and Receipt of Substance Abuse Services. In-home parents reported on their receipt of alcohol or substance abuse services provided through inpatient (i.e., admission to a hospital, emergency room, or other medical facility for an alcohol or drug problem) and outpatient (i.e., having been to a clinic or doctor regarding an alcohol or drug problem) settings in the past 12 months. Only 2.8% of parents reported the receipt of inpatient or outpatient alcohol or substance abuse services. This rate is slightly higher than the 2009 estimates for U.S. adults: 1.0% of adults 26 years and older both needed and received treatment at a specialty facility for an illicit drug or alcohol problem in the past year; 1.7% of parents 18 to 25 years old needed and received specialty substance abuse treatment (SAMHSA, 2010b). At NSCAW II baseline, 1.4% of parents reported having received inpatient substance abuse services; 1.8% reported having used outpatient substance abuse services in the past 12 months (Exhibit V-17).

Receipt of alcohol or substance abuse services differed significantly by gender, age, and race/ethnicity. Female parents were more likely to have used inpatient alcohol or substance abuse services (1.5%) than male parents (0.1%). Parents 20 to 29 years old were more likely to have used inpatient alcohol or substance abuse services (1.8%) than parents under 20 years old (0.1%) and all age groups over 30 years old. Parents 30 to 49 years old were more likely to have used inpatient services (1.2%) than parents under 20 years; they were also more likely to have used inpatient (1.2%) and outpatient alcohol or substance abuse services (1.9%) than parents 50 years and older (see Exhibit V-17). White parents were more likely to have used outpatient alcohol or substance abuse services in the past 12 months (2.8%) than Black (0.8%) and Hispanic parents (0.5%).

Parents' need for alcohol or substance abuse services was examined to determine whether substance abuse service receipt adequately addressed potential service needs. Parents were determined to be "in need of alcohol or substance abuse services" when they met any one of four criteria: (1) caseworker report of a parent's alcohol or drug problem at the time of investigation, (2) AUDIT Total score ≥ 5 , indicating the presence of hazardous drinking, (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent's self-reported need ("a lot" or "somewhat") for

alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service. By this definition, 29.5% of parents were determined to be in need of alcohol or substance abuse services (Exhibit V-17). Need for substance abuse services differed by parents' race/ethnicity. Black parents were significantly less likely to need substance abuse services (25.1%) than Hispanic parents (33.5%) and parents of "Other" race/ethnicity (45.4%). The 2009 National Survey of Drug Use and Health (NSDUH) found a 20.0% rate of substance dependence or abuse (alcohol or illicit drugs) among adults 18 to 25 years old and 7.3% among adults 26 years and older, rates lower than the NSCAW II baseline estimate of parent substance abuse service need across age groups. Of those parents at NSCAW II baseline determined to need substance abuse services, 8.6% had received some alcohol or substance abuse service in the past year. Estimates from the 2009 NSDUH show that 12.8% of U.S. adults 26 years or older who needed substance abuse treatment received it; this was true of 8.4% of adults 18 to 25 years old (SAMHSA, 2010b).

Parents' Need for and Receipt of Mental Health Services. In-home parents reported on receipt of mental health services provided through inpatient (i.e., admission to a hospital or use of the emergency room for a mental health problem) and outpatient (i.e., psychological counseling for emotional problems, day treatment, or partial hospitalization for mental health problems) care as well as the use of prescription medication for a mental health problem in the past 12 months. More than a quarter of parents (28.3%) reported the receipt of inpatient services, outpatient services, or prescription medication for a mental health problem in the past 12 months. This rate is higher than the 2009 estimate of U.S. adults 18 years and older who had received inpatient care, outpatient mental health care, or used prescription medication for a mental health problem in the past year (13.3%; SAMHSA, 2010a). Specifically, 2.6% of parents at NSCAW II baseline reported having received inpatient mental health services in the past 12 months; 15.9% reported having used outpatient services in the past 12 months; and slightly under a quarter of NSCAW II parents (23.3%) reported having used prescription medication for a mental health problem in the past year (Exhibit V-17). These percentages are higher than the 2009 rates of inpatient mental health service use (0.8%), outpatient service use (6.3%), and prescription medication use for a mental health problem (11.3%) among adults participants 18 years and older in the NSDUH (NSDUH; SAMHSA, 2010a).

Receipt of mental health services differed significantly by gender, age, race/ethnicity, and insurance status. Female parents were more likely to have used prescription medication (24.2%) than male parents (15.1%). Parents 20 to 29 years old (3.3%) and 30 to 49 years old (2.2%) were more likely to have received inpatient mental health services than parents 50 to 59 years old (0.2%) and 60 years and older (0.0%). White parents were more likely to have used outpatient mental health services and prescription medication for a mental health problem (20.5% and 32.9%, respectively) than Black (8.5% and 8.8%) and Hispanic parents (12.6% and 16.2%). Parents who were currently uninsured were less likely to have received outpatient mental health services (9.9%) and prescription medication (13.5%) than parents with private (17.7% and 27.6%, respectively) or public insurance (18.9% and 27.6%, respectively; Exhibit V-17).

Parents' need for mental health services was examined to determine whether mental health service receipt adequately addressed service needs. Parents were determined to be "in need of mental health services" when they met any one of four criteria: (1) caseworker report of a parent's serious mental health problem at the time of investigation, (2) self-reported scores

were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score ≤ 35) on the Mental Health Component of the SF-12, or (4) the parent's self-reported need ("a lot" or "somewhat") for mental health services in the past year, if she or he had not received a mental health service. By this definition, 35.7% of parents were determined to be in need of mental health services (Exhibit V-17). Need for mental health services differed by gender and race/ethnicity. Female parents were more likely to be determined to need mental health services (37.2%) than males (21.2%). White parents were more likely to be in need of mental health services (40.8%) than Black (27.6%) and Hispanic parents (30.6%). Of those parents determined to need mental health services, 52% had received some mental health service (inpatient, outpatient, or prescription medication) in the past year. The 2009 NSDUH found that 19.9% of adults 18 years and older had a diagnosable mental, behavioral, or emotional disorder (excluding substance abuse disorders); 37.9% of those had received inpatient, outpatient, or prescription medication for a mental health problem in the past year (SAMHSA, 2010a). The proportion of NSCAW II parents determined to need mental health services is higher than the 2009 estimate for U.S. adults with a diagnosed mental disorder. It is worth noting also that the NSCAW II baseline estimate of parents with a mental health need who received a mental health service is also higher than the 2009 NSDUH estimate.

EXHIBITS

Exhibit V-1. Caregiver and Household Characteristics

Caregiver characteristics	N	Total n = 5,776		In-home parents n = 3,636		Informal kin caregivers n = 540		Formal kin caregivers n = 495		Foster caregivers n = 1,105	
		%	SE	%	SE	%	SE	%	SE	%	SE
Total	5,776	100	0	87.9	1.0	6.2	0.8	2.4	0.4	3.5	0.3
Gender											
Male	461	9.3	0.8	9.2	0.8	11.5	3.5	8.7	2.7	7.0	1.5
Female	5,291	90.7	0.8	90.8	0.8	88.5	3.5	91.3	2.7	93.0	1.5
Age (years)***											
19 and under	200	1.5	0.3	1.7 ^a	0.3	0.1	0.0	0.0	0.0	0.0	0.0
20–29	1,795	36.0	1.4	39.9	1.6	6.0	2.1	7.6	2.3	8.2	3.4
30–49	2,828	54.4	1.4	55.6	1.6	39.6 ^b	4.3	48.5	6.5	53.0	4.4
50–59	609	5.7	0.5	2.4	0.4	31.2	2.9	31.8	6.3	27.4 ^c	3.5
60 and older	297	2.4	0.4	0.4	0.1	23.1	4.1	12.1	2.7	11.4	3.1
Race/ethnicity											
Black	1,623	20.2	2.7	19.8	2.7	20.6	4.0	27.4	6.2	25.0	5.0
White	2,490	48.5	3.9	48.0	4.0	57.1	6.0	39.6	7.8	51.2	5.0
Hispanic	1,294	24.8	3.2	25.4	3.3	19.7	5.4	27.6	9.8	19.0	3.8
Other	333	6.5	0.9	6.8	1.0	2.6	1.2	5.5	1.9	2.6	1.2
Education***											
Less than high school	1,383	27.3	1.7	28.5 ^d	1.7	24.1 ^e	5.1	17.4 ^f	3.8	10.0	2.8
High school	2,469	44.9	1.8	44.8	1.9	45.2	6.8	46.4	6.5	44.8	4.3
More than high school	1,892	27.8	1.5	26.7	1.6	30.7	3.5	36.3	5.5	45.2 ^g	3.9
Percentage of federal poverty level***											
< 50	1,189	24.7	1.6	26.7 ^h	1.7	13.7 ⁱ	2.7	5.6	1.8	5.2	1.3
50–99	1,442	32.6	1.3	33.7	1.3	28.6	4.5	27.9	7.4	13.2	3.3
100–200	1,416	25.7	1.3	24.8	1.3	27.1	5.3	39.1	8.1	39.4	4.7
>200	1,253	17.0	1.3	14.9	1.4	30.6	5.6	27.4	5.0	42.3 ^j	4.1

(continued)

Exhibit V-1. Caregiver and Household Characteristics (continued)

Caregiver characteristics	N	Total n = 5,776		In-home parents n = 3,636		Informal kin caregivers n = 540		Formal kin caregivers n = 495		Foster caregivers n = 1,105	
		%	SE	%	SE	%	SE	%	SE	%	SE
Employment status***											
Work, full time	1,816	32.2	1.5	31.8	1.6	34.9	5.0	35.3	6.9	36.5	3.2
Work, part time	863	15.0	1.0	15.2	1.0	12.5	2.3	9.7	3.1	16.3	3.1
Unemployed, looking for work	957	17.7	0.9	19.4 ^k	1.0	6.7 ^l	2.6	4.9	1.9	2.0	0.5
Does not work	1,913	32.5	1.5	31.1	1.6	42.9	4.8	45.8	6.8	40.1	4.4
Other	198	2.6	0.6	2.5	0.7	3.0	1.7	4.4	2.3	5.1	1.4
Marital status***											
Married	2,018	33.2	2.0	30.5	2.1	48.5	5.0	52.1	6.9	63.5 ^m	4.5
Separated	567	13.2	1.1	14.1	1.2	8.9 ⁿ	2.4	5.6	1.5	3.5	1.1
Divorced	913	18.8	1.1	18.5	1.2	23.2	3.2	19.4	5.3	16.8	3.9
Widowed	168	2.6	0.5	1.8	0.5	10.9	2.6	6.5	1.9	5.5	2.6
Never married	2,077	32.2	2.0	35.1 ^o	2.1	8.5	2.4	16.5	3.1	10.7	1.8
Number of children in home***											
1	1,848	29.8	2.5	29.4	2.5	43.2	5.1	24.9	5.0	19.4	2.8
2	1,303	24.4	1.6	25.2	1.7	21.0	4.0	17.5	3.7	14.7	2.1
3	1,142	22.4	1.3	22.4	1.4	21.0	4.4	34.8	7.9	15.9	1.9
4	720	11.8	11.6	11.8	1.1	4.5	1.3	13.8	4.7	23.9 ^p	3.8
5 or more	739	11.6	1.2	11.3	1.3	10.2	3.1	8.9	2.5	26.0 ^q	3.7
Number of adults in home***											
1	1,653	29.4	1.8	30.9 ^r	2.0	16.6	2.8	19.6	4.2	20.0	3.2
2	2,758	46.5	1.6	46.5	1.7	35.0	3.6	60.0	5.7	58.7 ^s	3.9
3	911	16.3	1.3	15.2	1.4	32.8	5.5	12.4	2.6	18.1	2.7
4 or more	430	7.8	0.9	7.4	0.9	15.7 ^t	4.2	8.0 ^u	2.8	3.3	0.8

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$ for the covariate. Follow-up pairwise tests were limited to comparisons of foster caregivers to in-home parents, informal kin caregivers, and formal kin caregivers.

- ^a In-home parents were significantly more likely to be 19 years old and younger or 20 to 29 years old than foster caregivers who were more likely to be 30 years old or older ($p < .001$).
- ^b Informal kin caregivers were significantly more likely to be 60 years old and older than to be 30 to 49 years old when compared to foster caregivers ($p < .05$).
- ^c Foster caregivers were significantly more likely to be 50 to 59 or 60 years old and older than to be 30 to 49 years old when compared to in-home parents ($p < .01$).
- ^d In-home parents were significantly more likely to have less than a high school education than to have a high school education ($p < .05$) or more than a high school education ($p < .01$) when compared to foster caregivers.
- ^e Informal kin caregivers were significantly more likely to have less than a high school education than to have more than a high school education ($p < .01$) when compared to foster caregivers.
- ^f Formal kin caregivers were significantly more likely to have less than a high school education than to have more than a high school education ($p < .01$) when compared to foster caregivers.
- ^g Foster caregivers were significantly more likely to have more than a high school education than to have a high school education ($p < .01$) when compared to in-home parents.
- ^h In-home parents were significantly more likely to have incomes below the poverty level than incomes at or above the poverty level ($p < .001$) when compared to foster caregivers.
- ⁱ Informal kin caregivers were significantly more likely to have incomes below the poverty level than incomes at or above the poverty level ($p < .01$) when compared to foster caregivers.
- ^j Foster caregivers were significantly more likely to have incomes $>200\%$ of the federal poverty level than to have incomes at 50–99% of the poverty level ($p < .05$) when compared to formal kin caregivers or at 100–200% of the poverty level ($p < .05$) and when compared to in-home parents.
- ^k In-home parents were significantly more likely to be unemployed than to work full time ($p < .001$), part time ($p < .001$), not work by choice ($p < .001$), or have “Other” employment status ($p < .01$) when compared to foster caregivers.
- ^l Informal kin caregivers were significantly more likely to be unemployed than to report “Other” employment status ($p < .05$) when compared to foster caregivers.
- ^m Foster caregivers were significantly more likely to be married than to be separated, divorced, or never married ($p < .001$) when compared to in-home parents.
- ⁿ Informal kin caregivers were significantly more likely to be separated than to be married or never married ($p < .05$) when compared to foster caregivers.
- ^o In-home parents were significantly more likely to have never married or to be separated than to be divorced ($p < .05$) when compared to foster caregivers.
- ^p Foster caregivers were more likely to have four children in the household than to have one ($p < .01$), two ($p < .001$), or three children ($p < .05$) in the household when compared to in-home parents, and informal kin caregivers.
- ^q Foster caregivers were significantly more likely to have five or more children in the household than to have one ($p < .001$), two ($p < .001$), or three ($p < .01$) children when compared to in-home caregivers, informal kin caregivers, and formal kin caregivers.
- ^r In-home caregivers were more likely to have one adult in the household or four or more adults in the household, than to have two adults ($p < .01$) or three adults ($p < .05$) when compared to foster caregivers.
- ^s Foster caregivers were significantly more likely to have two adults in the household than to have three adults ($p < .001$) when compared to informal kin caregivers.

^t Informal kin caregivers were significantly more likely to have four or more adults in the household than to have one or two adults ($p < .001$) when compared to foster caregivers.

^u Formal kin caregivers were significantly more likely to have four or more adults in the household than to have three adults ($p < .05$) when compared to foster caregivers.

Exhibit V-2. Caregiver Physical Health by Self-Report

	<i>N</i>	In very good or excellent health ^a	
		%	<i>SE</i>
Total	5,766	44.8	1.3
Caregiver gender			
Male	459	52.1	5.0
Female	5,306	44.1	1.4
Caregiver age (years)			
Under 20	198	60.9	9.1
20–29	1,795	47.1	2.0
30–49	2,837	43.6	2.0
50–59	616	43.3	4.9
60 and older	297	35.0	7.4
Caregiver race/ethnicity			
Black	1,628	46.9	3.2
White	2,495	45.9	1.7
Hispanic	1,298	41.4	2.8
Other	333	44.9	6.9
Type of caregiver		***	
Biological or adoptive	3,609	45.0 ^b	1.4
Formal kin	495	45.6	5.8
Informal kin	535	33.4 ^c	3.8
Foster	1,100	61.5	3.6
Group home or residential program	58	59.8	9.2

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (***) $p < .001$). Asterisks in the column apply to the subsequent results for the covariate.

^a “Very good or excellent health” was defined as caregivers who reported that they were in “very good or excellent” health.

^b In-home parents were significantly less likely to be in *very good* or *excellent* health than foster caregivers ($p < .001$).

^c Informal kin caregivers were significantly less likely to be in *very good* or *excellent* health than in-home parents ($p < .05$), formal kin caregivers ($p < .05$), foster caregivers ($p < .001$), and group home/residential program caregivers ($p < .05$).

Exhibit V-3. Caregiver Physical and Mental Health Status by Self-Report

	<i>N</i>	SF-12 Physical Health Component		SF-12 Mental Health Component	
		<i>M</i>	<i>SE</i>	<i>M</i>	<i>SE</i>
Total	5,774	47.6	0.3	48.8	0.3
Caregiver gender				***	
Male	454	48.5	1.1	52.4	0.8
Female	5,264	47.5	0.4	48.4	0.4
Caregiver age (years)		***			
Under 20	195	51.0 ^a	1.3	48.7	1.9
20–29	1,776	49.7 ^b	0.4	48.6	0.5
30–49	2,819	46.6	0.5	48.7	0.5
50–59	613	45.9	0.9	49.6	0.9
60 and older	293	39.9 ^c	2.1	52.1	1.7
Caregiver race/ethnicity					
Black	1,617	47.6	0.7	49.2	0.6
White	2,474	47.0	0.5	48.4	0.4
Hispanic	1,286	48.8	0.6	49.3	0.9
Other	329	46.7	0.8	48.2	1.3
Type of caregiver		***		***	
Biological or adoptive	3,575	47.8	0.4	48.4 ^d	0.4
Formal kin	492	46.4	1.2	49.7	2.5
Informal kin	530	42.5 ^e	1.2	50.8	1.0
Foster	1,094	50.7 ^f	0.5	55.4 ^g	0.4
Group home or residential program	56	53.3 ^h	1.2	53.2	1.2

Note: Instrument used was the 12-Item Short-Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996). All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. *T* tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (***) $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Caregivers 20 years old or younger were significantly more likely to have a better Physical Health Component score than caregivers 30 to 49 years old ($p < .001$), caregivers 50 to 59 years old ($p < .001$), and caregivers 60 years or older ($p < .001$).

^b Caregivers 20 to 29 years old were significantly more likely to have a better Physical Health Component score than caregivers 30 to 49 years old ($p < .001$), caregivers 50 to 59 years old ($p < .001$), and caregivers 60 years or older ($p < .001$).

^c Caregivers 60 years old or older were significantly more likely to have a worse Physical Health Component score than caregivers 30 to 49 years old ($p < .001$) and caregivers 50 to 59 years old ($p < .001$).

^d In-home parents were significantly more likely to have a worse Mental Health Component score than informal kin caregivers ($p < .05$), foster caregivers ($p < .001$), and group home/residential program caregivers ($p < .001$).

^e Informal kin caregivers were significantly more likely to have a worse Physical Health Component score than in-home parents ($p < .001$), formal kin caregivers ($p < .01$), foster caregivers ($p < .001$), and group home/residential treatment caregivers ($p < .001$).

^f Foster caregivers were significantly more likely to have a better Physical Health Component score than in-home parents ($p < .001$) and formal kin caregivers ($p < .01$).

^g Foster caregivers were significantly more likely to have a better Mental Health Component score than formal kin caregivers ($p < .01$) and informal kin caregivers ($p < .001$).

^h Group home/residential treatment caregivers were significantly more likely to have a better Physical Health Component score than in-home parents ($p < .001$), formal kin caregivers ($p < .001$), and foster caregivers ($p < .05$).

Exhibit V-4. Caregiver Major Depression by Self-Report

	N	CIDI-SF Depression score in clinical range ^a	
		%	SE
Total	5,642	22.6	1.4
Caregiver gender		*	
Male	448	15.3	3.5
Female	5,140	23.5	1.5
Caregiver age (years)		***	
Under 20	191	27.1	8.3
20–29	1,724	22.0	2.2
30–49	2,752	24.6	1.7
50–59	605	15.8 ^b	3.6
60 and older	293	5.7 ^c	2.2
Caregiver race/ethnicity			
Black	1,571	16.8	2.1
White	2,423	25.7	2.3
Hispanic	1,258	20.3	2.6
Other	325	26.1	6.0
Type of caregiver		***	
Biological or adoptive	3,460	24.8 ^d	1.7
Formal kin	487	6.3	1.4
Informal kin	522	8.4	1.9
Foster	1,092	6.1	2.4
Group home or residential program	54	1.3 ^e	1.3

Note: Instrument used was the Composite International Diagnostic Interview Form, Short-Form (CIDI-SF; Kessler et al., 1998; Kessler & Merikangas, 2004) module for depression. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$).

^a For the CIDI-SF, to meet the probable diagnostic requirement for the 12-month prevalence of major depression, the respondent has to report three or more symptoms of depression (e.g., loss of interest in usual activities, tiredness, changes in weight, trouble sleeping or excessive sleeping, difficulty concentrating, feelings of low self-worth, thoughts about death) and respond affirmatively in at least one of the following areas: (1) experiencing 2 or more weeks of dysphoric mood, (2) experiencing 2 or more weeks of anhedonia (lack of enjoyment of any activity), and (3) using medication for depression.

^b Caregivers 50 to 59 years old were significantly less likely to have a clinical score indicative of major depression than caregivers 30 to 49 years old ($p < .05$).

^c Caregivers 60 years or older were significantly less likely to have a clinical score indicative of major depression than caregivers 20 years old or younger ($p < .05$), caregivers 20 to 29 years old ($p < .001$), caregivers 30 to 49 years old ($p < .001$), and caregivers 50 to 59 years old ($p < .05$).

^d In-home parents were significantly more likely to have a clinical score indicative of major depression than formal kin caregivers ($p < .001$), informal kin caregivers ($p < .001$), foster caregivers ($p < .001$), and group home/residential program caregivers ($p < .001$).

^e Group home/residential treatment caregivers were significantly less likely to have a clinical score indicative of major depression than formal kin caregivers ($p < .01$) and informal kin caregivers ($p < .01$).

Exhibit V-5. In-Home Parents' Risk for Hazardous or Harmful Alcohol Consumption in Past Year by Self-Report

	<i>N</i>	AUDIT Total score ≥ 5	
		%	SE
Total	3,531	9.7	1.1
Parent gender		*	
Male	309	19.5	4.4
Female	3,222	8.7	1.1
Parent age (years)		*	
Under 20	194	8.9	6.8
20–29	1,600	6.3 ^a	1.0
30–49	1,648	12.1 ^b	1.7
50–59	63	13.2	6.4
60 and older	11	0.0	0.0
Parent race/ethnicity			
Black	899	6.5	1.5
White	1,567	10.6	1.2
Hispanic	832	7.5	1.4
Other	227	20.0	9.0

Note: Instrument used was the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001). All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for initial significance tests. There were no significant differences.

^a Parents 20 to 20 years old were significantly more likely to have an AUDIT Total score ≥ 5 than parents 60 years and older ($p < .05$).

^b Parents 30 to 49 years old were significantly more likely to have an AUDIT Total score ≥ 5 than parents 20 to 29 years old ($p < .01$) and 60 years and older ($p < .01$).

Exhibit V-6. In-Home Parents' Risk for Substance Abuse Problems by Self-Report

	<i>N</i>	DAST-20 Total score 0–1		DAST-20 Total score 2–4		DAST-20 Total score 5 or more	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	3,310	80.1	1.2	15.6	1.2	4.3	0.8
Parent gender***							
Male	294	74.0	4.6	25.3 ^a	4.7	0.7	0.3
Female	3,016	80.8	1.1	14.6	1.0	4.7 ^b	0.8
Parent age (years)**							
Under 20	186	88.1 ^c	4.1	5.7	2.2	6.2	3.5
20–29	1,499	79.1	1.9	14.3	1.8	6.6	1.6
30–49	1,540	80.5	1.6	16.9	1.5	2.7	0.5
50–59	59	88.3	5.7	9.5	5.6	2.2	1.8
60 and older	11	86.2 ^d	13.4	13.8	13.4	0	0
Parent race/ethnicity**							
Black	848	82.8	2.8	15.1	2.6	2.2	0.8
White	1,478	84.6	1.2	11.5	1.1	3.9	0.7
Hispanic	768	71.4	2.9	22.5 ^e	2.4	6.1	2.7
Other	210	69.5	6.9	22.9	6.2	7.6	3.2

Note: Instrument used was the 20-item Drug Abuse Screening Test (DAST-20; Skinner, 1982). All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$) for the covariate.

^a Male parents were significantly more likely to have a DAST-20 Total score between 2 and 4 than a score of 0 or 1 when compared to female parents ($p < .05$).

^b Female parents were significantly more likely to have a DAST-20 Total score of 5 or more than a score of 0 or 1 ($p < .001$) and a score between 2 and 4 ($p < .001$) when compared to male caregivers.

^c Parents 20 years or younger were significantly more likely to have a DAST-20 Total score of 0 or 1 than a score between 2 and 4 when compared to parents 20 to 29 years old ($p < .05$), and caregivers 30 to 49 years old ($p < .01$).

^d Parents 60 years or older were significantly more likely to have a DAST-20 Total score of 0 or 1 than a score of 5 or more ($p < .05$) when compared to parents 30 to 49 years old ($p < .05$).

^e Hispanic parents were significantly more likely to have a DAST-20 Total score between 2 and 4 than a score of 0 or 1 when compared to Black parents ($p < .05$), and White parents ($p < .001$).

Exhibit V-7. Intimate-Partner Violence Against Female In-Home Parents by Self-Report

Conflict Tactics Scale 2, Physical Assault Subscale items	N	At least one incident of IPV suffered in past 12 months		Ever suffered IPV	
		%	SE	%	SE
Total (any violence—less severe or severe)	3,533	24.2	1.6	34.2	1.6
Any less severe violence	3,528	21.2	1.4	30.8	1.5
Had something thrown at her	3,513	14.3	1.4	22.4	1.5
Was pushed, grabbed, or shoved	3,518	18.4	1.2	27.0	1.5
Was slapped	3,522	8.5	0.8	15.9	1.1
Any severe violence	3,528	18.4	1.5	26.6	1.5
Was kicked, bitten, or hit with fist	3,522	5.5	0.7	9.5	0.9
Was hit with something (or such hitting was attempted)	3,521	8.4	0.9	14.8	1.1
Was beaten up	3,523	5.6	0.7	10.5	1.0
Was choked	3,523	6.1	1.1	11.0	1.2
Was threatened with knife or gun	3,522	3.8	0.7	6.6	0.8
Knife or gun was used against her	3,523	1.4	0.5	2.5	0.6
Twisted arm	3,519	7.2	0.9	12.5	1.0
Slammed against a wall	3,520	9.3	0.9	15.5	1.2
Burned/scalded on purpose	3,521	1.3	0.6	1.9	0.6
Grabbed	3,521	14.6	1.2	22.2	1.4

Note: Instrument used was the Conflict Tactics Scale 2 (CTS2), Physical Assault Subscale (Straus et al., 1996). All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Only female caregivers were asked about intimate-partner violence. IPV = intimate-partner violence.

Exhibit V-8. In-Home Parents' Involvement with the Law by Self-Report

	<i>N</i>	Ever arrested	
		%	<i>SE</i>
Total	3,515	32.7	1.8
Parent gender		***	
Male	313	53.6	5.7
Female	3,202	30.6	1.7
Parent age (years)		**	
Under 20	195	18.2 ^a	6.3
20–29	1,595	35.6	3.6
30–49	1,639	31.4	1.7
50–59	60	31.8	8.8
60 and older	11	0.2 ^b	0.2
Parent race/ethnicity		*	
Black	898	35.5	3.4
White	1,560	36.4	2.0
Hispanic	825	23.0 ^c	3.4
Other	227	34.1	5.6

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). Asterisks indicate statistical significance ($*p < .05$, $**p < .01$, $***p < .001$).

^a Parents under 20 years old were significantly less likely to have been arrested than parents 20 to 29 years old ($p < .05$).

^b Parents 60 years and older were significantly less likely to have been arrested than parents under 20 years old ($p < .05$), 20 to 29 years old ($p < .01$), 30 to 49 years old ($p < .01$), and 50 to 59 years old ($p < .01$).

^c Hispanic parents were significantly less likely to have been arrested than Black ($p < .05$), and White parents ($p < .001$).

Exhibit V-9. In-Home Parents’ Current Insurance Status by Self-Report

	<i>N</i>	Private ^a		Public		Currently uninsured	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	3,568	21.3	1.4	49.1	2.0	29.6	2.0
Parent gender*							
Male	315	29.6	4.5	34.4	5.5	36.0	4.7
Female	3,253	20.4	1.4	50.6 ^b	2.0	29.0	2.0
Parent age (years)***							
Under 20	195	10.8	5.5	80.7 ^c	5.8	8.5	2.8
20–29	1,614	15.0 ^d	1.8	54.4	2.9	30.7	2.4
30–49	1,668	25.7	1.9	44.3	2.2	30.0	2.2
50–59	64	31.8	9.5	49.1	8.6	19.1	6.9
60 and older	12	30.6	21.1	67.5	21.1	1.9	2.0
Parent race/ethnicity**							
Black	911	14.6	1.5	59.1 ^e	4.4	26.3	3.6
White	1,579	26.1	2.0	47.0	3.1	27.0	2.6
Hispanic	841	16.3	2.7	44.2	3.8	39.5 ^f	5.0
Other	230	25.9	6.1	52.1	7.0	22.0	4.4

Note: The term “in-home parents” refers to both the parents of children living at home at NSCAW II baseline. Only permanent caregivers were asked about insurance status; responses here reflect only those of in-home parents. All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .05$, ** $p < .01$, *** $p < .001$) for the covariate.

^a “Private insurance” includes parents who had any private insurance plan at the time of interview either obtained through an employer or purchased directly. “Public” includes parents who did not have private coverage at the time of interview, but who had Medicare, Medicaid, coverage through a state-funded program, or military health insurance. “Currently uninsured” includes parents not covered at the time of interview under private, public, or other insurance. Also includes parents only covered through the Indian Health Service ($n = 9$).

^b Female caregivers were significantly more likely to have public insurance than private insurance ($p < .05$) or to be currently uninsured ($p < .05$) when compared to male caregivers.

^c Caregivers under 20 years old were significantly more likely to have public insurance than to be currently uninsured when compared to caregivers 20 to 29 years old ($p < .01$) and 30 to 49 years old ($p < .001$). Caregivers under 20 years old were significantly more likely to have public insurance than private insurance when compared to caregivers 30 to 49 years old ($p < .01$).

^dCaregivers 20 to 29 years old were significantly less likely to have private insurance than public insurance ($p < .001$) ($p < .001$) when compared to caregivers 30 to 39 years old.

^eBlack caregivers were significantly more likely to have public insurance than private insurance when compared to White caregivers ($p < .001$).

^fHispanic caregivers were significantly more likely to be currently uninsured than to have public insurance when compared to Black caregivers ($p < .05$).

Hispanic caregivers were significantly more likely to be currently uninsured than to have private insurance when compared to White caregivers ($p < .05$) and caregivers of "Other" race/ethnicity ($p < .05$).

Exhibit V-10. In-Home Parents' Service Receipt to Address Family Needs in Past 12 Months by Self-Report (N = 3,580)

Type of service	Received service	
	% Yes	SE
Food from a community source	25.7	2.1
Child care on a regular basis	16.6	1.6
Any organized support group	11.4	1.0
Family counseling	9.2	0.7
Legal aid	5.8	0.7
Job-related services	4.4	0.6
Any home management training	3.7	0.5
Emergency shelter or housing	3.1	0.4
In-home respite care for child	1.6	0.3

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about services to address family needs; responses here reflect only those of in-home parents who reported having received services to address family needs in the past 12 months. Parents who indicated that they had not ever received a particular service were included as not having received a service in the past 12 months. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand.

Exhibit V-11. Services for In-Home Parents Required by the Child Welfare System or Court by Self-Report

	<i>N</i>	Peer support groups		Parenting skills training		Child care services		Services for an alcohol or drug problem		Mental health services		Home management training	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	2,822	8.9	0.7	8.7	0.9	4.5	0.6	3.3	0.4	1.8	0.4	1.0	0.3
Substantiation status		***		***		***		**		*			
Substantiated	883	17.4	2.2	19.6	2.5	6.3	1.2	5.5	1.0	4.8	1.7	2.2	0.7
Indicated	631	11.1	3.0	10.9	2.8	9.1	1.6	6.1	1.8	2.4	1.1	0.9	0.5
Unsubstantiated	1,308	6.6 ^a	0.8	5.8 ^b	1.0	3.5 ^c	0.6	2.5 ^d	0.5	1.0 ^e	0.3	0.7	0.3

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about these services; responses here reflect only those of in-home parents. Responses here also reflect only those in-home cases for whom a caseworker reported substantiation status (excluding categories of high/medium/low risk). All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$) for the covariate.

^a In-home parents with an unsubstantiated maltreatment status were significantly less likely to have been required to attend peer support groups than those with a substantiated status ($p < .001$).

^b In-home parents with an unsubstantiated maltreatment status were significantly less likely to have been required to seek parenting skills training than those with a substantiated ($p < .001$) or indicated status ($p < .05$).

^c In-home parents with an unsubstantiated maltreatment status were significantly less likely to have been required to seek child care services than those with a substantiated ($p < .01$) or indicated status ($p < .001$).

^d In-home parents with an unsubstantiated maltreatment status were significantly less likely to have been required to seek services for an alcohol or drug problem than those with a substantiated ($p < .01$) or indicated status ($p < .05$).

^e In-home parents with an unsubstantiated maltreatment status were significantly less likely to have been required to seek mental health services than those with a substantiated status ($p < .05$).

Exhibit V-12. In-Home Parents' Receipt of Federal or State-Supported Services by Self-Report

	<i>N</i>	TANF		WIC		Food stamps		SSI ^a		Housing support		Any federal or state-supported service ^b	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	3,615	14.9	1.8	35.6	1.8	57.8	2.0	21.7	1.6	12.9	1.4	74.1	2.0
Parent gender		**		***		***				***		***	
Male	321	4.7	2.6	15.5	2.8	40.3	4.5	15.7	3.6	2.7	0.9	52.5	4.3
Female	3,294	16.0	1.9	37.6	1.9	59.6	2.1	22.3	1.7	13.9	1.5	76.3	2.1
Parent age (years)				***		***				**		***	
Under 20	196	22.5	8.3	77.8 ^c	8.9	72.9 ^d	8.2	28.0	7.5	7.2	3.9	91.7 ^e	4.8
20–29	1,626	16.7	2.6	48.1 ^f	2.7	70.3 ^g	2.6	16.2	1.9	17.9 ^h	2.4	84.2 ⁱ	1.8
30–49	1,697	13.6	1.8	27.1 ^j	2.1	49.4	2.4	25.0	2.3	9.7 ^k	1.3	67.4	2.6
50–59	69	14.9	7.4	2.6	1.9	45.5	10.3	32.3	8.4	9.1	5.1	61.5	9.8
60 and older	12	0.3	0.3	0.3	0.3	13.7	13.2	26.0	16.6	0.0	0.0	40.0	18.5
Parent race/ethnicity				**		***		**		**		**	
Black	928	17.7	3.6	42.2 ^l	4.1	72.1 ^m	3.0	25.9 ⁿ	2.3	27.8 ^o	4.2	83.1 ^p	2.7
White	1,589	12.5	2.0	27.6	2.3	54.1	2.7	25.2 ^q	2.3	7.7	1.1	69.7	2.9
Hispanic	856	15.8	3.0	44.0 ^r	3.6	54.5	4.5	14.4	2.7	9.6	2.1	74.7	3.6
Other	234	20.9	8.2	40.1	7.3	56.1	7.2	12.5	3.4	17.8	4.7	76.6	4.9

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about receipt of federal and state services; responses here reflect only those in-home parents. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$) for the covariate. TANF = Temporary Assistance for Needy Families. WIC = Special Supplemental Nutritional Program for Women, Infants, and Children. SSI = Supplemental Security Income.

^a SSI reflects household receipt.

^b —“Any federal or state supported service” indicates the receipt of TANF, WIC, food stamps, SSI, or housing support.

^c Parents under 20 years old were significantly more likely to receive WIC than parents 20 to 29 years old ($p < .01$), 30 to 49 years old ($p < .001$), 50 to 59 years old ($p < .001$), and 60 years and older ($p < .01$).

^d Parents under 20 years old were significantly more likely to receive food stamps than parents 30 to 49 years old ($p < .05$) and in-home parents 60 years and older ($p < .05$).

^e Parents under 20 years old were significantly more likely to receive any federal service than parents 30 to 39 years old ($p < .01$) and 50 to 59 years old ($p < .01$).

- ^f Parents 20 to 29 years old were significantly more likely to receive WIC than parents 30 to 49 years old ($p < .001$), 50 to 59 years old ($p < .001$), and 60 years and older ($p < .01$).
- ^g Parents 20 to 29 years old were significantly more likely to receive food stamps than parents 30 to 49 years old ($p < .001$), 50 to 59 years old ($p < .05$), and 60 years and older ($p < .05$).
- ^h Parents 20 to 29 years old were significantly more likely to receive housing support than parents 30 to 40 years old ($p < .01$) and parents 60 years and older ($p < .01$).
- ⁱ Parents 20 to 29 years old were significantly more likely to receive any federal services than parents 30 to 49 years old ($p < .001$) and 50 to 59 years old ($p < .05$).
- ^j Parents 30 to 49 years old were significantly more likely to receive WIC than parents 50 to 59 years old ($p < .001$) and 60 years and older ($p < .05$).
- ^k Parents 30 to 49 old were significantly more likely to receive housing support than parents 60 years and older ($p < .01$).
- ^l Black parents were significantly more likely to receive WIC than White parents ($p < .01$).
- ^m Black parents were significantly more likely to receive food stamps than White parents ($p < .001$), Hispanic parents ($p < .01$), and parents of “Other” race/ethnicity ($p < .05$).
- ⁿ Black parents were significantly more likely to receive SSI than Hispanic parents ($p < .01$) and parents of “Other” race/ethnicity ($p < .01$).
- ^o Black parents were significantly more likely to receive housing support than White ($p < .001$) and Hispanic parents ($p < .001$).
- ^p Black parents were significantly more likely to receive any federal service than White parents ($p < .001$) and Hispanic parents ($p < .05$).
- ^q White parents were significantly more likely to receive SSI than Hispanic parents ($p < .01$) and parents of “Other” race/ethnicity ($p < .05$).
- ^r Hispanic parents were significantly more likely to receive WIC than White parents ($p < .01$).

Exhibit V-13. In-Home Parents’ Need, Referral to, and Receipt of Parenting Skills Training in Past 12 Months

	<i>N</i>	Referred to or offered parenting skills training		<i>N</i>	Received parenting skills training	
		%	<i>SE</i>		%	<i>SE</i>
Total	3,575	15.2	1.0	3,580	13.1	0.9
Parent gender						
Male	316	12.1	3.1	316	9.0	2.8
Female	3,259	15.6	1.0	3,264	13.5	0.9
Parent age (years)						
Under 20	195	25.9	6.5	195	24.5	7.9
20–29	1,619	17.0	1.3	1,623	13.6	1.2
30–49	1,670	13.8	1.3	1,671	12.5	1.4
50–59	64	10.1	4.9	64	8.6	4.9
60 and older	12	25.5	21.5	12	25.6	21.5
Parent race/ethnicity						
Black	913	14.1	1.9	915	13.1	1.8
White	1,581	15.0	1.5	1,583	12.8	1.3
Hispanic	844	14.7	2.0	845	12.5	1.9
Other	230	22.7	5.3	230	18.0	4.3

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about referral to and use of parenting skills training; responses here reflect only those of biological and adoptive parents. Parents who indicated that they had not ever received a parenting skills training were included as not having received this service in the past 12 months. All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. There were no significant differences.

**Exhibit V-14. Characteristics of Parenting Skills Training Received in Past 12 Months by In-Home Parents' Self-Report
(N = 868)**

Parent skills training characteristics	% Yes	SE
Which of the following occurred for at least 10 minutes on many of the days in which you received these services?		
You watched videotape examples of parents and children doing things together (e.g., playing, working, solving problems, disciplining, etc.) as a way of learning and talking about parenting skills.	49.0	4.3
You were coached by someone directly as you practiced skills with your child or children.	40.0	4.5
You listened to a presentation of information about parenting skills or child development.	74.6	3.2
You practiced skills with other parents in role-play situations.	32.3	3.7
You completed or reviewed homework assignments that involved things to practice.	54.9	4.0
You read or learned things about parenting on a computer.	21.3	3.9
Which of the following topics would you say were discussed in a substantial way?		
How to play effectively with one's child.	50.5	3.9
How to praise and reward positive behavior	81.7	2.9
How to ignore misbehavior	52.6	3.8
Nonviolent approaches to discipline	68.5	3.9
Establishing daily routines for children	77.4	2.7
Feeding, sleeping, or toilet training habits	37.2	4.2
Communication and/or problem-solving with children	74.0	4.5
Supporting children's success in school	61.0	4.9
Providing medical care for children	44.1	3.9
Maintaining a child-safe home environment	74.1	3.2

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about parenting skills services received; responses here reflect only those of in-home parents who reported have received parenting skills training. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand.

Exhibit V-15. In-Home Mothers’ Need, Referral to, and Receipt of Domestic Violence Services in Past 12 Months

	<i>N</i>	Need for domestic violence services ^a		<i>N</i>	Referred to domestic violence services		<i>N</i>	Stayed in a shelter for battered women or received some other domestic violence services	
		%	<i>SE</i>		%	<i>SE</i>		%	<i>SE</i>
Total	3,263	33.7	1.9	3,199	11.5	1.2	3,199	4.9	0.8
Parent age (years)									
Under 20	189	38.1	9.0	188	8.6	4.5	188	1.8	1.0
20–29	1,531	37.5	3.5	1,505	11.4	1.5	1,509	5.0	0.9
30–49	1,493	31.5	2.4	1,465	11.8	1.7	1,464	5.0	1.3
50–59	44	14.2	7.2	36	10.9	6.7	36	1.2	0.9
60 and older	—	—	—	—	—	—	—	—	—
Parent race/ethnicity		**							
Black	856	26.4	4.1	835	9.9	2.0	838	4.3	1.6
White	1,428	31.7	2.1	1,410	9.8	1.3	1,409	3.3	0.6
Hispanic	785	44.0 ^b	3.3	763	16.8	2.9	764	8.5	2.4
Other	202	32.0	6.6	200	9.4	2.8	200	4.2	1.7

Note: The term “in-home mother” refers to the mothers of children living at home at baseline. Only permanent caregivers were asked about domestic violence services; responses here reflect only those of in-home mothers. Mothers who indicated that they had not ever received domestic violence services were included as not having received this service in the past 12 months. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Estimates are not presented for subpopulations with fewer than 10 cases.

^a Mothers were determined to be “in need of domestic violence services” if they met any one of three criteria: (1) caseworker report at the time of the maltreatment investigation that a parent had active domestic violence in the home, (2) a Conflicts Tactics Scale-2 (CTS-2) score indicating at least one incident of severe or less severe physical interpersonal violence suffered in the past 12 months, or (3) the mother’s self-reported need (“a lot” or “somewhat”) for domestic violence services in the past year, if she had not received any such services.

^b Hispanic mothers were significantly more likely to be in need of domestic violence services than Black ($p < .01$) and White mothers ($p < .01$).

Exhibit V-16. In-Home Parents’ Need for and Receipt of Substance Abuse Services in Past 12 Months

	<i>N</i>	Need for substance abuse services ^a		<i>N</i>	Received inpatient alcohol or substance abuse service ^b		<i>N</i>	Received outpatient alcohol or substance abuse service ^c	
		%	<i>SE</i>		%	<i>SE</i>		%	<i>SE</i>
Total	3,609	29.5	1.4	3,576	1.4	0.3	3,580	1.8	0.4
Parent gender					***				
Male	321	39.3	5.5	316	0.1	0.1	316	1.9	1.6
Female	3,288	28.5	1.4	3,260	1.5	0.4	3,264	1.8	0.4
Parent age (years)					*			*	
Under 20	196	30.6	8.5	195	0.1	0.1	195	3.6	3.3
20–29	1,626	29.0	2.0	1,621	1.8 ^d	0.7	1,623	1.8 ^e	0.6
30–49	1,691	30.1	1.8	1,669	1.2 ^f	0.4	1,671	1.9 ^g	0.5
50–59	69	20.8	6.9	64	0.2	0.2	64	0.2	0.2
60 and older	12	13.9	13.2	12	0.0	0.0	12	0.0	0.0
Parent race/ethnicity								**	
Black	926	25.1 ^h	2.9	914	1.3	0.6	915	0.8	0.3
White	1,587	27.0	1.8	1,580	1.6	0.5	1,583	2.8 ⁱ	0.7
Hispanic	855	33.5	2.5	845	1.4	0.9	845	0.5	0.3
Other	233	45.4	8.1	230	1.0	0.5	230	2.9	1.2
Parent insurance status									
Public	1,977	28.5	2.3	1,974	1.9	0.5	1,977	2.7	0.6
Private	591	25.5	4.2	591	0.9	0.7	591	0.9	0.7
Uninsured	999	34.1	2.1	1,000	0.9	0.4	1,000	1.1	0.4

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about substance abuse service receipt; responses here reflect only those of in-home parents. Parents who indicated that they had not ever received substance abuse services were included as not having received these services in the past 12 months. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Parents were determined to have a need for substance abuse services if they met any one of four criteria: (1) caseworker report of a parent’s alcohol or drug problem at the time of investigation, (2) AUDIT Total score ≥ 5 , (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent’s self-reported need (“a lot” or “somewhat”) for alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service.

- ^b Inpatient alcohol or substance abuse services include having been admitted overnight to hospital or medical facility for alcohol/drug problem in the last 12 months, having stayed overnight in a facility that provides alcohol or drug treatment in the last 12 months, or having used an emergency room for alcohol/drug abuse in past 12 months.
- ^c Outpatient alcohol or substance abuse services include having been to a clinic or doctor regarding an alcohol or drug problem in the past 12 months.
- ^d Parents 20 to 29 years old were significantly more likely to have used inpatient alcohol or substance abuse services in the past 12 months than parents under 20 years old ($p < .05$), 30 to 49 years old ($p < .05$), 50 to 59 years old ($p < .05$), and 60 or more years old ($p < .05$).
- ^e Parents 20 to 29 years old were significantly more likely to have used outpatient alcohol or substance abuse services in the past 12 months than parents 60 years and older ($p < .05$).
- ^f Parents 30 to 49 years old were significantly more likely to have used inpatient alcohol or substance abuse services in the past 12 months than parents under 20 years old ($p < .05$), parents 50 to 59 years old ($p < .05$), and parents 60 years and older ($p < .05$).
- ^g Parents 30 to 49 years old were significantly more likely to have used outpatient alcohol or substance abuse services in the past 12 months than parents 50 to 59 years old ($p < .01$) and parents 60 years and older ($p < .05$).
- ^h Black parents were significantly less likely to need substance abuse services than Hispanic parents ($p < .05$) and parents of “Other” race/ethnicity ($p < .05$).
- ⁱ White parents were significantly more likely to have used outpatient alcohol or substance abuse services in the past 12 months than Black ($p < .01$) and Hispanic parents ($p < .01$).

Exhibit V-17. In-Home Parents’ Need for and Receipt of Mental Health Services in Past 12 Months

	Need for mental health services ^a			Received inpatient mental health service ^b			Received outpatient mental health service ^c			Used prescription medication for mental health problem ^d		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	3,614	35.7	1.9	3,575	2.6	0.4	3,580	15.9	1.3	3,580	23.3	2.1
Parent gender		**									*	
Male	321	21.2	4.9	315	1.2	0.8	316	11.8	3.5	316	15.1	4.1
Female	3,293	37.2	2.0	3,260	2.7	0.4	3,264	16.4	1.4	3,264	24.2	2.1
Parent age (years)					***							
Under 20	196	33.9	8.5	195	1.6	1.1	195	13.3	7.1	195	25.2	9.4
20–29	1,625	32.6	2.5	1,621	3.3 ^c	0.8	1,623	15.1	2.1	1,623	21.7	2.8
30–49	1,697	38.2	2.2	1,668	2.2 ^f	0.4	1,671	16.1	1.5	1,671	24.6	2.3
50–59	69	37.8	9.4	64	0.2	0.2	64	27.3	8.6	64	21.0	7.6
60 and older	12	3.6	3.4	12	0.0	0.0	12	25.4	21.5	12	28.7	21.2
Parent race/ethnicity		*						**			***	
Black	928	27.6	3.2	914	2.0	0.8	915	8.5	2.2	915	8.8 ^g	2.6
White	1,589	40.8 ^h	2.3	1,580	3.0	0.5	1,583	20.5 ⁱ	1.8	1,583	32.9 ^j	2.2
Hispanic	855	30.6	3.2	844	2.2	0.9	845	12.6	1.6	845	16.2	3.4
Other	234	41.1	7.2	230	2.7	1.2	230	18.5	4.7	230	25.7	5.2
Parent insurance status								**			***	
Public	1,976	38.2	2.6	1,974	2.9	0.7	1,977	18.9	2.2	1,977	27.6	3.1
Private	591	32.1	3.1	591	2.7	1.0	591	17.7	3.1	591	27.6	3.0
Uninsured	1,000	34.4	2.9	1,000	2.0	0.6	1,000	9.9 ^k	1.4	1,000	13.5 ^l	2.1

Note: The term “in-home parents” refers to the parents of children living at home at baseline. Only permanent caregivers were asked about mental health service receipt; responses here reflect only those of in-home parents. Parents who indicated that they had not ever received mental health services were included as not having received these services in the past 12 months. All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

- ^a Parents were determined to have a need for mental health services if they met any one of four criteria: (1) caseworker report of a parent's serious mental health problem at the time of investigation, (2) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score ≤ 35) on the Mental Health Component of the SF-12, or (4) the caregiver's self-reported need ("a lot" or "somewhat") for mental health services in the past year, if she or he had not received a mental health service.
- ^b Inpatient mental health services include having been admitted overnight to hospital or medical facility for a mental health problem in the last 12 months or having used the emergency room for a mental health problem in past 12 months.
- ^c Outpatient mental health services include having had one or more sessions of psychological counseling for emotional problems with any type of professional in the past 12 months or day treatment or partial hospitalization for mental health problem in past 12 months.
- ^d This includes the use of prescription medication for one's emotions, nerves, or mental health from any type of professional in past 12 months.
- ^e Parents 20 to 29 years old were significantly more likely to have received inpatient mental health services in the past 12 months than parents 50 to 59 years old ($p < .001$) and parents 60 years and older ($p < .05$).
- ^f Parents 30 to 49 years old were significantly more likely to have received inpatient mental health services in the past 12 months than parents 50 to 59 years old ($p < .001$) and parents 60 years and older ($p < .01$).
- ^g Black parents were significantly less likely to have used prescription medication for a mental health problem in the past 12 months than Hispanic parents ($p < .05$) and parents of "Other" race/ethnicity ($p < .01$).
- ^h White parents were significantly more likely to be in need of mental health services than Black ($p < .01$) and Hispanic parents ($p < .05$).
- ⁱ White parents were significantly more likely to have received outpatient mental health services in the past 12 months than Black parents ($p < .001$) and Hispanic parents ($p < .01$).
- ^j White parents were significantly more likely to have used prescription medication for a mental health problem in the past 12 months than Black ($p < .001$) and Hispanic parents ($p < .001$).
- ^k Parents who were currently uninsured were significantly less likely to have received outpatient mental health services in the past 12 months than parents with private ($p < .05$) or public insurance ($p < .01$).
- ^l Parents who were currently uninsured were significantly less likely to have used prescription medication for a mental health problem in the past 12 months than parents with private ($p < .001$) or public insurance ($p < .001$).

REFERENCES

- Administration for Children and Families (2008). Indicators of welfare dependence: Annual report to congress 2008. Retrieved March 10, 2009, from <http://aspe.hhs.gov/hsp/indicators08/index.shtml>
- American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: the alcohol use disorders identification test, guidelines for use in primary care* (2nd ed.). Geneva: World Health Organization.
- Centers for Disease Control and Prevention (2009). Early Release of Selected Estimates Based on Data From the January-June 2009 National Health Interview Survey. Retrieved January 19, 2011, from http://www.cdc.gov/nchs/data/nhis/earlyrelease/200912_11.pdf
- Cocco, K. M., & Carey, K. B. (1998). Psychometric properties of the Drug Abuse Screening Test in Psychiatric Outpatients. *Psychological Assessment, 10*(4), 408–414.
- Cohen, R. A., Martinez, M. E., & Ward, B. W. (2010). Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2009. National Center for Health Statistics. Retrieved June, 2010, from <http://www.cdc.gov/nchs/nhis.htm>
- Hurlburt, M. S., Barth, R. P., Leslie, L., Landsverk, J. A., & McCrae, J. (2007). Building on strengths: Current status and opportunities for improvement of parent training for families in child welfare In R. Haskins, F. Wulczyn & M. B. Webb (Eds.), *Child protection: Using research to improve policy and practice* (pp. 81–106). Washington, DC: Brookings Institution.
- Kessler, R. C., Andrews, G., Mroczek, D., Ustun, T. B., & Wittchen, H.-U. (1998). The World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF). *International Journal of Methods in Psychiatric Research, 7*, 171–185.
- Kessler, R. C., & Merikangas, K. R. (2004). The National Comorbidity Survey Replication (NCS-R): Background and aims. *International Journal of Methods in Psychiatric Research, 13*(2), 60–68.
- National Comorbidity Survey Replication (2011). 12-month prevalence of DSM-IV/WMH-CIDI disorders by sex and cohort, 2007. Retrieved January 20, 2011, from http://www.hcp.med.harvard.edu/ncs/ftpdir/NCS-R_12-month_Prevalence_Estimates.pdf
- Reinert, D. F., & Allen, J. P. (2007). The alcohol Use Disorders Identification Test: An update of research findings. *Alcoholism: Clinical and Experimental Research, 31*(2), 185–199.

- Rumpf, H., Hapke, U., Meyer, C., & John, U. (2002). Screening for alcohol use disorders and at risk drinking in the general population: Psychometric performance of three questionnaires. *Alcohol, 37*, 261–268.
- Skinner, H. A. (1982). The drug abuse screening test. *Addictive Behaviors, 7*(4), 363–371.
- Staley, D., & El-Guebaly, N. (1990). Psychometric properties of the Drug Abuse Screening Test in a psychiatric patient population. *Addictive Behaviors, 15*, 257–264.
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scale. *Journal of Marriage and the Family, 41*, 75–88.
- Straus, M. A. (1990). *Measuring physical and psychological maltreatment of children with the Conflict Tactics Scale*. Durham, NH: University of New Hampshire Family Research Laboratory.
- Straus, M. A., Hamby, S. L., Boney-McCoy, S., & Sugarman, D. B. (1996). The revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues, 17*(3), 283–316.
- Substance Abuse and Mental Health Services Administration (2010a). *Results from the 2009 National Survey on Drug Use and Health: Mental health findings* (NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD: Office of Applied Studies.
- Substance Abuse and Mental Health Services Administration (2010b). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (NSDUH Series H-38A, HHS Publication No. SMA 10-4856Findings). Rockville, MD: Office of Applied Studies.
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice.
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 629–640.
- Ware, J., Jr., Kosinski, M., & Keller, S. D. (1996). A 12-Item Short-Form Health Survey: Construction of scales and preliminary tests of reliability and validity. *Medical Care, 34*(3), 220–233.

APPENDIX

Scales. Following is a descriptive list of the instruments used as measures of caregiver health in NSCAW II.

- *Alcohol Use Disorders Identification Test.* The Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001) was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking. The AUDIT manual states that scores in the range of 8–15 represent a medium level of alcohol problems whereas scores of 16 and above represent a high level of alcohol problems. The scale developers note that responses on the AUDIT may be relatively easily feigned if respondents are motivated to do so. While the AUDIT manual recommends considering a Total score of 8 or higher as evidence of harmful use or alcohol dependence, a recent review of studies using the AUDIT recommends that this cutpoint needs to be lowered to 5 to adequately detect harmful use or alcohol dependence in women (Reinert & Allen, 2007). Other research has examined whether or not the AUDIT can be used to detect hazardous drinking (as opposed to harmful use or alcohol dependence). As of 2007, eight studies had examined this issue and found that lowering the recommended cutpoint below the standard value of 8 was necessary to screen for alcohol problems of lower intensity than dependence or abuse. In a general population sample, Rumpf et al. (2002) recommended a cutpoint of 5 as optimal for identifying at-risk drinkers (for both men and women).
- *Composite International Diagnostic Interview Short Form Depression.* The screening scale of the World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF) (Kessler et al., 1998) was used to assess depression in the caregivers. Caregivers were asked if during the previous 12 months there was a time when they felt sad, blue, or depressed for 2 consecutive weeks or longer. If the answer was “Yes” or “I was on medication/anti-depressant,” then a series of questions would follow regarding the 2-week period when these feelings were worst. For the diagnosis of major depression, the CIDI-SF follows the guidelines of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), which characterizes a major depressive episode as “a sad mood or loss of interest in usual activities persisting for at least two weeks that compromises functioning or causes distress” (American Psychiatric Association, 1994) (p.320). Classification accuracy of the CIDI-SF as compared with the CIDI ranges from 93% to 98% in relation to psychiatric standards (Kessler et al., 1998). For the CIDI-SF, to meet the probable diagnostic requirement for the 12-month prevalence of major depression, the respondent has to report three or more symptoms of depression (e.g., loss of interest in usual activities, tiredness, changes in weight, trouble sleeping or excessive sleeping, difficulty concentrating, feelings of low self-worth, thoughts about death) and respond affirmatively in at least one of the following areas: (1) experiencing 2 or more weeks of dysphoric mood, (2) experiencing 2 or more weeks of anhedonia (lack of enjoyment of any activity), and (3) using medication for depression.

- Conflict Tactics Scale 2.* The original Conflict Tactics Scales (Straus, 1979, 1990), is a self-report or interview measure designed to assess the overt means by which family members respond to conflicts, including intimate partners' engagement in psychological and physical attacks on each other and their use of reasoning or negotiation to deal with conflicts. In NSCAW I, the CTS1's physical violence scale was used to assess caregivers' experiences with intimate partner violence (IPV). This measure is divided into minor and severe subscales, based on the severity of the violent act. The minor violence items include being pushed, grabbed, shoved, or slapped, whereas the severe violence items inquire about experiences that include being choked, beaten, and threatened with a knife or gun. Response categories range from 0 (never) to 6 (more than 20 times), indicating the frequency of occurrence of the violent acts in the preceding 12 months. For events that did not occur in the previous 12 months, the respondent is asked to indicate if they ever happened. NSCAW II uses the physical assault subscale of the revised version, the CTS2 (Straus et al., 1996). In the CTS1, physical assault scale had nine items; the CTS2 added other violent acts to the original nine items. The additional items are: partner twisted arm, partner slammed against a wall, and partner burned/scalded on purpose. The increased number of items enables more facets of the physical abuse construct to be included in the scale and thus increases the likelihood that the scale will be valid. The CTS2 also provides a better operationalization of the distinction between minor and severe acts. The severe violence part of the physical assault scale was strengthened by adding new items and eliminating an overlapping item.
- Drug Abuse Screening Test.* The Drug Abuse Screening Test (DAST-20) is a 20-item self-report measure of problematic substance use that can be used for clinical screening and treatment evaluation research. Responses to DAST items are given as yes/no answers each valued at one point, yielding a total score ranging from 0 to 20. DAST scores are highly diagnostic with respect to a DSM diagnosis of psychoactive drug dependence. The 20-item DAST has demonstrated high internal consistency ($\alpha = .95$). Discriminant validity has been demonstrated by the scale's ability to differentiate individuals with primary alcohol problems, drug problems, or some combination of alcohol and drug problem. While the cutoff score for abuse/dependence is generally 6 or above, different cutoff scores are recommended for different populations. The DAST developer cautions about the generalizability of self-report measures of drug abuse in a clinical setting where respondents may be motivated to conceal or distort drug use behavior (Skinner, 1982). Staley and El-Guebaly suggest that a range of cutoff scores on the DAST offer clinicians and researchers a choice of valid cutoff points, depending on the need for high test sensitivity (true positive rate) or specificity (true negative rate). In this study, a cutoff of 5/6 had the maximum sensitivity, or ability to detect substance abuse cases. Analysis conducted with a psychiatric population found that to maximize sensitivity with acceptable specificity, cutoff scores on the DAST-20 of 2 or 3 through 5 or 6 might be most appropriate. The highest hit rate 81% was achieved at the cutoff score of 5 or 6 (Cocco & Carey, 1998).
- Short Form Health Survey.* The SF-12 is a standardized survey instrument designed to provide an indicator of physical and mental health status (Ware et al., 1996). It

includes 12 items selected from the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36). The SF-12 is collapsed into two summary scales—a Physical Health Component summary and a Mental Health Component summary. Average scores for the two summary scales have been shown to closely reflect those from the original 36-item form. Furthermore, the SF-12 has demonstrated adequate reliability and validity (Ware et al., 1996). The scale is standardized with a mean of 50 and SD of 10.

Derived Variables. Following is a descriptive list of the variables derived for the NSCAW II Brief Report V (Caregiver Health and Services).

- *Inpatient Mental Health Services.* Inpatient mental health services include having been admitted overnight to hospital or medical facility for a mental health problem in the last 12 months or having used the emergency room for a mental health problem in past 12 months.
- *Inpatient Substance Abuse Services.* Inpatient alcohol or substance abuse services include having been admitted overnight to hospital or medical facility for alcohol/drug problem in the last 12 months, having stayed overnight in a facility that provides alcohol or drug treatment in the last 12 months, or having used an emergency room for alcohol/drug abuse in past 12 months.
- *Need for Domestic Violence Services.* Mothers were determined to be “in need of domestic violence services” if they met any one of three criteria: (1) caseworker report at the time of the maltreatment investigation that a parent had active domestic violence in the home, (2) a CTS-2 score indicating at least one incident of severe or less severe physical interpersonal violence suffered in the past 12 months, or (3) the mother’s self-reported need (“a lot” or “somewhat”) for domestic violence services in the past year, if she had not received any such services.
- *Need for Mental Health Services.* Parents were determined to have a need for mental health services if they met any one of four criteria: (1) caseworker report of a parent’s serious mental health problem at the time of investigation, (2) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score ≤ 35) on the Mental Health Component of the SF-12, or (4) the caregiver’s self-reported need (“a lot” or “somewhat”) for mental health services in the past year, if she or he had not received a mental health service.
- *Need for Substance Abuse Services.* Parents were determined to have a need for substance abuse services if they met any one of four criteria: (1) caseworker report of a parent’s alcohol or drug problem at the time of investigation, (2) AUDIT Total score ≥ 5 , (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent’s self-reported need (“a lot” or “somewhat”) for alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service.

- *Outpatient Mental Health Services.* Outpatient mental health services include having had one or more sessions of psychological counseling for emotional problems with any type of professional in the past 12 months or day treatment or partial hospitalization for mental health problem in past 12 months.
- *Outpatient Substance Abuse Services.* Outpatient alcohol or substance abuse services include having been to a clinic or doctor regarding an alcohol or drug problem in the past 12 months.
- *Parent Insurance Status.* Parent insurance status includes three types: *private*, *public*, and *uninsured*. *Private* includes parents with insurance obtained through an employer or purchased directly. *Public* includes parents who did not have private coverage at the time of interview, but who had Medicare, Medicaid, coverage through a state-funded program, or military health insurance. *Uninsured* includes parents who were not covered at the time of interview under private or public insurance. This category also includes the small number of parents (n=9) only covered through the Indian Health Service (IHS). These categories were derived to provide comparability to annual adult insurance status estimates provided through National Health Interview Survey (NHIS) data.
- *Federal Poverty Level.* The percentage of federal poverty level variable examines caregiver household income in the context of the 2009 Department of Health and Human Services poverty level guidelines. Household income represents the caregiver's self-reported combined income of all family members from all sources in the previous 12 months. Combined household income was collected directly from the caregiver or computed by examining the income ranges endorsed by the caregiver (e.g., more than \$40,000, but less than \$45,000 resulted in an estimated income of \$42,500). To calculate poverty level, this household income figure was then divided by the total number of household members dependent on that income. Four categories of federal poverty level were created: <50%, 50–99%, 100–199%, and >200%.
- *Type of Caregiver.* The type of caregiver variable includes five levels: *biological or adoptive parent*, *formal kin caregiver*, *informal kin caregiver*, *foster caregiver*, or *group home or residential program caregiver*. *Biological or adoptive parent* represents a biological parent, adoptive parent, or stepmother/father who lived at home with his/her child at NSCAW II baseline. A *formal kin caregiver* is a primary caregiver with a kin relationship to the child and who is receiving payments from the Child Welfare System. An *informal kin caregiver* is a primary caregiver with a kin relationship to the child, but who is not receiving payments from the Child Welfare System. A *foster caregiver* indicates a primary caregiver identified as a foster parent. A *group home/residential program caregiver* indicates the child's primary caregiver in a group home or residential facility.