



National Survey of Child
and Adolescent Well-Being

NSCAW II BASELINE REPORT

Child Well-Being

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NSCAW II BASELINE REPORT: CHILD WELL-BEING

FINAL REPORT

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Introduction

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system. The study is sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS). It examines the well-being of children involved with child welfare agencies; captures information about the investigation of abuse or neglect that brought the child into the study; collects information about the child's family; provides information about child welfare interventions and other services; and describes key characteristics of child development. Of particular interest to the study are children's health, mental health, and 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 report, Introduction of this NSCAW II Baseline series.

Guide to the Report

The purpose of this second NSCAW II Baseline Report is to describe the well-being of children during the first wave of data collection (baseline). Included are descriptions of their physical and mental health, substance use, sexual behavior, illegal activity, cognitive development, academic achievement, and social competence. A separate section describes the well-being of young children in the areas of social-emotional development, neurodevelopment, cognitive development, and language development. The report is organized into several sections that include the following constructs of child well-being:

- Child characteristics at NSCAW II baseline
- Physical health and special health care needs (physical health status, health conditions, special health care needs)
- Well-being of young children (social emotional development, neurocognitive development, early cognitive development, language development)

- Social, emotional, and behavioral well-being (behavior problems, depression, trauma, adaptive behavior, and social skills)
- Cognitive functioning (grade repetition, cognitive status, and school achievement)
- Well-being of adolescents (substance use and abuse, sexual experience, and delinquency)

The topics covered in other baseline 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)
- 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)
- Caregiver Characteristics and Services (caregiver physical and mental health, substance use, intimate partner violence, involvement with the law, and services received by in-home parents)
- 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)
- Overview of local agencies that participated in the study, the policy environment of the agencies, and their work with other agencies and services providers

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 Report Findings

This report summarizes the well-being of children at NSCAW II baseline. Children reported for maltreatment in 2008 were at higher risk for poor health, mental health, and cognitive and social outcomes than children in the general population. Overall, 32.2% of children from birth to 5 years old had a score indicating developmental problems. Among school-aged children and adolescents, 10.3% showed some risk of cognitive problems or low academic achievement; 43.3% had emotional or behavioral problems, and 13.3% had both. Adolescents’ report of risky behaviors appeared higher than their same-aged normative peers; close to one half of adolescents had used alcohol at some time during their lives, and more than one fifth had ever used other substances. About one fifth had a score indicative of a substance use disorder.

Child well-being outcomes differed by gender, race/ethnicity, and the child's living situation. Females had better indicators than males of well-being in the cognitive area, school achievement, and daily-living skills, but had worse indicators than males in the emotional area (externalizing behaviors and depression). Hispanic children had worse indicators than all other children in the cognitive, adaptive, social, and language areas. Children living in foster care had mixed indicators, with some areas better than children in-home with parents or living with kin (e.g., less self-report of behavioral problems, better language development among young children) and other areas with worse indicators than children living in-home with parents (cognitive development and living skills).

This report focused exclusively on indicators of child well-being. Complementary information on the NSCAW II cohort of children's access to health, behavioral health, and special education services may be found in the *NSCAW II Baseline Report: Children's Services*.

Child Characteristics at NSCAW II Baseline

Exhibit 1 gives an overview of some of the key characteristics of children in the NSCAW II cohort. Approximately one half of the sample was male (50.8%). One fifth (20.6%) of the children were 0 to 2 years old, 22.6% were 3 to 5 years old, 27.4% were 6 to 10 years old, and 29.5% were 11 to 17 years old. Four out of 10 children (41.5%) were White (41.5%), 28.3% were Hispanic, 22.4% were Black, and 7.7% described their race/ethnicity as "Other."

At the time of the baseline interview, the majority of children were living at home with parents (87.3%), while 8.5% were living with a kin primary caregiver. A kin caregiver may be a grandparent, aunt or uncle, sibling, or other relative; 6.1% were in an informal kin care arrangement and 2.4% were in formal kin care. In formal kin care living arrangements, the caregiver receives some financial support. A smaller proportion of children were living in foster care (3.4%) and in group homes (0.5%).

Child Physical Health and Special Health Care Needs

Physical Health. According to caregivers' report, the majority of children (76.9%) were in *very good* to *excellent* health (Exhibit 2). This percentage is lower than the percentage of children (birth to 17 years old) nationally who were reported to be in *very good* or *excellent* health (84.0%) in the National Health Interview Survey (NHIS) (Sondik, Madans, & Gentleman, 2010). There were significant differences in *very good/excellent* health status by age, race/ethnicity, and setting. Younger children (0 to 2 years old and 3 to 5 years old) were significantly more likely to be in *very good* or *excellent* health than children 6 years and older. Caregivers of White children were more likely to report *very good* or *excellent* health for their children than the caregivers of Black and Hispanic children. Children living in-home with parents were significantly more likely to be reported in *very good* or *excellent* health than children living in kin or foster care.

Health Conditions. The three most common health conditions reported by caregivers were Attention-Deficit/Hyperactivity Disorder (ADHD; 16.4%), asthma (16.1%), and emotional problems (14.4%; Exhibit 3). The percentages of children in NSCAW II with ADHD and asthma were higher than the proportion nationally: in the 2009 NHIS, 9% of children younger than 18

years old had ADHD, and 10% had asthma (Sondik et al., 2010). The most common health conditions experienced by U.S. children younger than 18 years old are very similar to those experienced by children in NSCAW II. They are: allergies (not queried in NSCAW II), asthma, ADHD, and emotional problems (U.S. Department of Health and Human Services, 2008). Other common health conditions reported by NSCAW II caregivers included dental problems (8.1%), mental retardation or developmental delay (4.7%), repeated ear infections (6.8%), and migraine or frequent headaches (6.3%).

Special Health Care Needs. The Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) defines children with special health care needs (SHCN) as "...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (McPherson et al., 1998). Using this definition, the National Survey of Children's Special Health Care Needs II (2005) estimates that 13.9% of U.S. children younger than 18 years old have special health care needs (U.S. Department of Health and Human Services, 2008).

NSCAW II assessed SHCNs by parent report on 12 items from the Questionnaire for Identifying Children with Chronic Conditions-Revised (QuICCC-R; see Technical Appendix). Since NSCAW II contains an abbreviated version of the QuICCC-R, this report describes item-specific findings as opposed to a summary score. Responses to the 12 QuICCC-R items are presented in Exhibit 4. Many children received services related to an SHCN. For instance, 11.1% of children received services such as physical therapy, occupational therapy, speech or mobility training; 23.2% received special arrangements in school or daycare because of an SHCN. Other common responses included having been hospitalized because of a current, chronic medical, behavioral, or other health condition (8.3%) or being told by a doctor of a serious delay in emotional growth or development (8.2%).

Indicators of Early Development

Social-Emotional Development. Social-emotional/behavioral problems and delays in social competences among children 12 to 18 months old were assessed with the *Brief Infant Toddler Social and Emotional Assessment (BITSEA)* (Briggs-Gowan & Carter, 2002). The BITSEA has two main subscales: Problem Behavior and Competence. Higher scores in the Problem Behavior subscale represent negative outcomes and indicate that problem behaviors may be clinically significant requiring additional assessment. Higher scores in the Competence subscale represent positive outcomes (appropriate social-emotional competencies). Low scores in the Competence subscale indicate that children may not have acquired the social-emotional competencies expected for their age and sex and, therefore, require additional assessment.

Children assessed in NSCAW II had a mean score of 11.0 on the Problem Behavior subscale; 34.6% had a score in the *possible problem* range (Exhibit 5). No significant differences by gender, race/ethnicity, or setting were noted on the BITSEA Problem Behavior subscale mean scores or in the percentage classified at risk due to a score in the possible problem range. In the BITSEA national standardization sample, the mean Problem Behavior subscale score was 8.0 (*SD* 5.0) among children 12 to 17 months old and 9.6 (*SD* 6.1) among children 18 to 23 months old; 25% had a score in the possible problem range (Briggs-Gowan & Carter, 2002).

The mean BITSEA Competence subscale score was 14.7; 21.2% of children had a score in the possible deficit/delay range. Black children were significantly more likely to have a higher (better) mean Competence score than Hispanic children and children of “Other” race/ethnicity. Children living in-home with parents were significantly more likely to have a higher mean Competence score than children in foster care. In the national BITSEA standardization sample the mean for the Competence score was 15.6 (*SD* 3.0) among children 12 to 17 months old and 17.5 (*SD* 2.8) among children 18 to 23 months old; 15% had a score in the Competence delay range (Briggs-Gowan & Carter, 2002).

Neurodevelopment. The *Bayley Infant Neurodevelopmental Screener (BINS)* (Aylward, 1995), a screening tool, was used to identify infants between 3 and 24 months old with developmental delays or neurological impairments who need further diagnostic testing. Only 13.1% of infants and toddlers had a score indicating low or no risk for delay or neurological impairment. More than one third (36.1%) had a score indicative of moderate risk, while 50.8% had a score indicative of high risk for developmental delay or neurological impairment (Exhibit 6). No significant differences by gender, race/ethnicity, or setting were noted on the percentage classified at high risk. In the BINS nonclinical standardization sample, between 9% and 16% of children in most age groups were classified as high risk; in the BINS clinical standardization sample of (mostly composed by infants born premature, or low birth weight, and/or with respiratory distress syndrome), between 40% and 60% of children were classified as high risk (Aylward, 1995). Thus, NSCAW II children, with 50.8% at high risk, have scores similar to the BINS clinical sample.

Early Cognitive Development. The cognitive domain of the *Battelle Developmental Inventory, 2nd Edition (BDI-2)* was used to assess cognitive development in children 3 years old and younger (Newborg, 2005b). The cognitive domain consists of three subdomains: (1) Attention & Memory for children 0 to 47 months old, (2) Reasoning & Academic Skills for children 24 to 47 months old, and (3) Perception & Concepts for children 0 to 47 months old. Based on the subdomains, a total Cognitive Developmental Quotient (CDQ) is estimated. The mean CDQ score for the NSCAW II children (92.2) was about one half of one standard deviation below the normative mean (BDI normative mean is 100, standard deviation is 15; Exhibit 7). The mean Attention and Memory score was 8.9, 8.0 for Reasoning and Academic, and 7.4 for Perception and Concepts. These are lower than the BDI subdomain normative mean score, which is equivalent to a score of 10. Females were significantly more likely than males to have higher mean scores for the CDQ and all subdomains. In general, children younger than 18 months old were more likely to have higher mean scores than children 18 months and older in CDQ, Attention & Memory scores, and Perception & Concepts scores. Black children were significantly more likely to have higher CDQ scores than Hispanic children, and to have higher Attention & Memory scores than White and Hispanic children. Children of “Other” race/ethnicity were significantly more likely than Hispanic children to have higher CDQ, Attention & Memory, and Perception & Concepts scores; they were also significantly more likely to have higher Reasoning & Academic Skills scores than Black children. Children living in foster care were significantly more likely than children living in-home with parents to have higher CDQ and Perception & Concepts scores.

The percentage of children with very low BDI scores (defined as scores -2 standard deviations or more below the mean for all standardized measures) ranged from 17.0% for

Reasoning & Academic Skills to 28.5% for Perception & Concepts. Almost one-fifth of children (18.7%) had a very low CDQ score (Exhibit 8). Males were significantly more likely than females to have very low CDQ scores and Attention & Memory scores. In general, children 18 to 47 months old were significantly more likely to have very low CDQ scores and subdomain scores than children 0 to 17 months old. Black children were significantly less likely to have very low scores in the Attention & Memory subdomain than White and Hispanic children. Children living in-home with parents were significantly more likely than children in foster care to have very low scores in the Perception & Concepts subdomain.

Language Development. The *Preschool Language Scale-3 (PLS-3)* was used to measure language development, and precursors of language development, among children 5 years old and younger. The PLS-3 has two subscales. The Auditory Comprehension subscale, which measures receptive communication skills, and the Expressive Communication subscale, which measures expressive communication skills. Based on the subscales, a Total Language Standard Score is estimated. Mean scores for NSCAW II children were 86.3 for the Total Language Standard Score, 89.0 for Auditory Comprehension, and 85.6 for Expressive Communication (Exhibit 9). Overall, the mean PLS-3 scores were about one standard deviation below the normative mean (PLS-3 mean for the normative population is 100, standard deviation is 15). Females were significantly more likely than males to have higher mean PLS-3 Total scores, Auditory Comprehension scores, and Expressive Communication scores. In general children 18 to 47 months old were more likely to have lower mean Total and subscales scores than children younger than 18 months old and children 48 to 71 months old. White children were significantly more likely to have lower mean Auditory Comprehension scores than children of “Other” race/ethnicity. Hispanic children were significantly more likely to have lower mean PLS-3 Total, Auditory Comprehension, and Expressive Communication scores than all other children.

The percentage of children with very low PLS-3 scores (2 standard deviations or more below the mean) was 18.7% for Total Language, 15.1% for Auditory Comprehension, and 20.2% for Expressive Communication (Exhibit 10). Males were significantly more likely than females to have very low PLS-3 Total scores, Auditory Comprehension scores, and Expressive Communication scores. In general children 18 to 47 months old were more likely to have very low Total and Auditory Comprehension scores than children younger than 18 months old and children 48 to 71 months old. For Expressive Communication, children 12 months and older were more likely to have very low scores than the youngest children. Hispanic children were significantly more likely to have very low PLS-3 Total and Expressive Communication scores than Black children and children of “Other” race/ethnicity.

Young Child Developmental Need. Overall, about a third of children birth to 5 years old had a medical condition or a score on one or more measures indicating some developmental need.¹ More information on young child developmental need and the relationship of need to service access may be found in the *NSCAW II Baseline Report: Children’s Services*.

¹ Please see the *NSCAW II Baseline Report: Children’s Services* for details on these variables by gender, age, race/ethnicity, and setting.

Under Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) developmental need among young children is defined as “(i) experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in 1 or more of the areas of cognitive development, physical development, communication development, social or emotional development, and adaptive development; or (ii) a diagnosed physical or mental condition which has a high probability of resulting in developmental delay” (IDEA 2004, §632(5)(A)) (Shackelford, 2006).

More than two thirds of states define developmental need as having 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Based on this definition and using available assessments (BDI, K-BIT, PLS-3, and Vineland Daily Living Skills) and the caregivers’ report of diagnosed mental or medical conditions (e.g., Down Syndrome), a small percentage of young children had a established medical condition associated with developmental problems (1.4%); 26.1% showed risk of developmental delay on standardized measures; and 5.4% had both a established medical condition and developmental delay.² Overall, 32.2% of children had some developmental need and may be eligible for early intervention services under Part C of IDEA.

Social, Emotional, and Behavioral Well-Being

Children’s Behavioral Problems. Scores on the behavioral checklists developed by Achenbach and colleagues were used as indicators of children’s mental health and behavioral and emotional functioning. Externalizing, Internalizing, and Total Problem behaviors are reported here for the parent-reported (caregivers) Child Behavior Checklist (Achenbach, 1991b), the Youth Self-Report (adolescents; Achenbach & Rescorla, 2001), and the Teacher’s Report Form (adolescents; Achenbach & Rescorla, 2001). Based on caregivers’ reports (Exhibit 11), the percentage of children in the clinical range of scores (defined as a T score of 64 or more) was 21.3% for Externalizing behaviors, 17.9% for Internalizing behaviors, and 22.9% on the Total Problems scale. These percentages are higher than those found in the normative sample for each of these scales (8%; Achenbach & Rescorla, 2001). Males (20.6%) were significantly more likely to have an Internalizing score in the clinical range than females (15.2%). In general, children 1.5 to 2 years old were significantly less likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than older children; while children 3 to 5 years old were significantly less likely to have CBCL Total and Externalizing scores in the clinical range than older children. Children living in foster care and those living in group home or residential programs were significantly more likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than children living in-home with parents, and children living with kin.

Based on self-reports from children and adolescents 11 years and older on the YSR (Exhibit 12), the proportion with scores in the clinical range was 23.9% for Externalizing behaviors, 12.5% for Internalizing behaviors, and 20.7% on the Total Problems scale. Female adolescents (30.8%) were significantly more likely to have an Externalizing score in the clinical range than male adolescents (13.9%). Adolescents living in foster care were significantly less

² Results for the K-BIT and Vineland are presented in the next section along with results for older children.

likely to have CBCL Total and Internalizing scores in the clinical range than children living in all other settings.

Based on Teachers' report (Exhibit 13), the proportion of children with scores in the clinical range was 19.9% for Externalizing behaviors, 23.5% for Internalizing behaviors, and 18.8% on the Total Problems scale. Males (27.8%) were significantly more likely to have an Internalizing score in the clinical range than females (18.8%). Children 5 years old (10.0%) were significantly less likely to have CBCL Internalizing scores in the clinical range than children 6 to 10 years old (23.9%) and 11 to 17 years old (25.2%).

Depression and Trauma. Depression in children 7 years old and older was assessed with the Children's Depression Inventory (CDI; Kovacs, 1992b). Following the CDI manual scoring, 11.4% of children had a score in the clinical range for depression, according to their reported feelings for the previous 2 weeks (Exhibit 14). Female adolescents (15.7%) were more likely to have a score in the clinical range than male adolescents (6.5%). Estimates of depression are higher than national estimates drawn from the general population of children 8 to 15 years old (Merikangas et al., 2010); the estimate for mood disorders (major depression or dysthymia) was 3.7%. In the general population, 4.9% of females had a mood disorder in the past year, compared to 2.5% of males (Merikangas et al., 2010).

Trauma was measured among children 8 years old and older with a clinical scale (Posttraumatic Stress) from the Trauma Symptom Checklist for Children (Briere, 1996). The Posttraumatic Stress scale evaluates posttraumatic symptomatology in children and adolescents, including the effects of child abuse (sexual, physical, and psychological) and neglect, other interpersonal violence, witnessing trauma to others, major accidents, and disasters (Briere, 1996). The percentage of children who had a score in the clinical range on the Posttraumatic Stress scale was 11.6% (Exhibit 15). Children 8 to 10 years old (18.0%) were more likely to have a score in the clinical range than those were 11 to 17 years old (8.7%). The percentage in the clinical range among children 8 to 10 years old on the posttraumatic stress subscale was more than double the normative sample (6.7%) for the full TSCC measure (Briere, 1996).

Adaptive Behavior. Children's daily-living skills were measured with the Vineland Adaptive Behavior Scale (VABS) Screener—Daily Living Skills domain (Sparrow, Carter, & Cicchetti, 1993a), which was administered to caregivers. Overall scores for children (mean 92.8) were about one half of one standard deviation below the mean on the Daily Living Skills domain (Vineland mean for the normative population is 100, standard deviation is 15; Exhibit 16). Females scored significantly higher than males on the Daily Living Skills domain. Children 0 to 2 years old and 6 to 12 years old scored significantly higher than children 3 to 5 years old and adolescents 13 to 18 years old. White children scored significantly lower than Black children. Hispanic children scored lower than all other children. In addition, Daily Living Skills scores differed by setting. Children in group homes or residential programs had significantly lower mean scores than all other children, while children living in foster care had significantly lower mean scores than children living in-home with parents.

Exhibit 16 provides the percentage of children with very low scores on the Daily Living Skills domain. This information provides an estimate of risk for functional disabilities and a potential indicator of service need according to the definition of *disability* in the federal

Individuals with Disabilities Education Improvement Act of 2004. The percentage of children with very low scores was 11.1%. Males (13.8%) were significantly more likely than females (8.3%) to have very low scores. Children living in foster care were significantly more likely to have very low scores than children living in-home and with kin, while children living in group home or residential programs were significantly more likely to have very low scores than children living in-home. In the Vineland normative sample, which is meant to represent the general population, 2.3% had a score of -2 standard deviations.

Social Competence. Children's social competence was measured with the Social Skills Rating System (SSRS; Gresham & Elliott, 1990), which was administered to caregivers. The mean total social skills score (91.8) was about one half of one standard deviation below the mean (SSRS mean for the normative population is 100, standard deviation is 15; Exhibit 17). Children 11 to 17 years old scored significantly higher than younger children. Hispanic children scored lower than Black and children of "Other" race/ethnicity. Children in group homes or residential programs had significantly lower mean scores than children living in-home with parents and children living with kin.

Two times as many children were rated as having "fewer" social skills than those in the general child population (34.3%, as opposed to 15.9%; Exhibit 17). Younger children were significantly more likely than children 11 to 17 years old to be rated as having fewer social skills. Hispanic children were significantly more likely than Black and children of "Other" race/ethnicity to be rated as having fewer social skills. Children living in group home or residential programs were significantly more likely to be rated as having fewer social skills than children living in-home with parents.

Cognitive Functioning

Grade Repetition. Caregivers of all children except for those in group homes or residential programs were asked if the child had ever repeated a grade. Caregivers reported that more than one fourth (25.9%) of NSCAW II children had repeated at least one grade (Exhibit 18). Children 15 to 17 years old were significantly more likely than either those 6 to 10 years old or those 11 to 14 years old to have repeated a grade. Children living in foster care were significantly less likely to have repeated a grade than either those living in-home with parents or those living in kin care. Nationally, the proportion of children who have repeated a grade is less than half as high (10.6%; U.S. Department of Health and Human Services, 2009).

Cognitive Development. Cognitive development was measured with the *Kaufman Brief Intelligence Test* (K-BIT; Kaufman & Kaufman, 2004). It includes two subtests: Vocabulary (expressive vocabulary and knowledge of word definitions) and Matrices (a nonverbal assessment of the ability to perceive relationships and to complete analogies). A third scale provides a total score (Composite). Overall, children's scores were about one half of one standard deviation below the mean on the Matrices scale (mean 93.0; Exhibit 19), and nearly a full standard deviation below the mean on the Composite and on the Vocabulary scale (mean scores of 89.0 and 86.4, respectively).

Mean scores on all of the scales generally decreased with age. Children 6 to 10 years old scored significantly higher than older children (11 to 17 years old) on all three K-BIT scales, and

children 4 to 5 years old scored significantly higher than children 6 to 10 years old, and 11 to 17 years old on the K-BIT Vocabulary. Children of “Other” race/ethnicity had a significantly higher mean score on all three K-BIT scales than Black, White, or Hispanic children. White children had a significantly higher score than Black or Hispanic children on the K-BIT Vocabulary. The only significant difference by setting was that children who were living in-home with parents scored higher on the K-BIT Vocabulary than children living in foster care.

Exhibit 20 provides the percentage of children with very low scores on the K-BIT scales. This information provides an estimate of risk for cognitive disabilities and a potential indicator of service need according to the definition of *disability* in the federal Individuals with Disabilities Education Improvement Act of 2004. The percentage of children with very low scores was 13.2% for the Composite scale, 16.9% for Vocabulary, and 10.2% for Matrices. The proportion of children who had very low scores was higher among those 11 to 17 years old on all three K-BIT scales than among younger children. For the K-BIT Matrices, a significantly lower proportion of children 6 to 10 years old had very low scores, compared to the other age groups. In the K-BIT normative sample, which is meant to represent the general population, between 3.0 and 3.5% had very low scores. In NSCAW II, the proportion of children who had very low scores was higher, ranging from 10.2% to 16.9% across the three K-BIT scales.

Academic Achievement. The *Woodcock-Johnson III Tests of Cognitive Abilities* (Woodcock, McGrew, & Mather, 2001) were used to assess academic achievement (see Technical Appendix). Two subtests were used for children 5 to 17 years old (*Letter-Word Identification* and *Applied Problems*); for children 5 to 11 years old, an additional subscale, *Passage Comprehension*, was included with the other two. The *Letter-Word Identification* subtest measures a basic reading skill involving naming letters and reading words aloud from a list. *Applied Problems* is a subtest of math reasoning requiring the individual to solve oral word-problems. *Passage Comprehension* is a subtest of reading comprehension in which the individual has to orally supply the missing word removed from each sentence or very brief paragraph.

For children 5 to 17 years old, the mean score for Letter-Word Identification was 92.4, and for Applied Problems it was 87.1—both at least one half of one standard deviation below the normative mean of 100 (Exhibit 21). On both subtests, children 5 to 11 years old scored significantly higher than those 12 to 17 years old, and children of “Other” race/ethnicity scored higher than Black, White, or Hispanic children. The percentage with very low scores was 11.1% for both Word Identification and Applied Problems (Exhibit 22). For both subtests, children 5 to 11 years old were significantly less likely to have very low scores than children 12 to 17 years old. For Word Identification, children of “Other” race/ethnicity were significantly less likely to have very low scores the mean than Black, White, or Hispanic children.

For children 5 to 11 years old, the mean score for Passage Comprehension was 87.9 (Exhibit 23). Children of “Other” race ethnicity scored significantly higher than Blacks, Whites, or Hispanics. Children living in a group home or residential program scored significantly lower than children living in-home with parents. The percentage with very low scores was 12.1% for Passage Comprehension (Exhibit 24). Children of “Other” race/ethnicity were significantly less likely to have very low scores on Passage Comprehension than Black, White, and Hispanic children.

As with the K-BIT, for the Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001), the proportion of children in the general population who had a very low score was 2.3%. In NSCAW II, the proportion of children who had very low scores was much higher, ranging from 11.1% to 12.1% across the three Woodcock-Johnson subscales.

Risk of Behavioral/Emotional or Cognitive Problems. Based on instruments described above, 66.8% of children 6 to 17 years old were estimated as having an elevated risk for cognitive or behavioral problems: 10.3% had a risk of cognitive problems, 43.3% had a risk of behavioral or emotional problems, and 13.3% had both types of risk.³ Children were considered to be at risk if they met any of the following criteria: (1) Behavioral/emotional problems: Total Problem, Internalizing, or Externalizing *T* scores were equal or greater than 64 on either the CBCL, Teacher's Report Form, or Youth Self-Report (Achenbach & Rescorla, 2001), or a clinically significant score on the CDI (Kovacs, 1992a), or a clinically significant score on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996); (2) Cognitive problems: an overall score on the composite Kaufman Brief Intelligence Test or on any of the subscales of the Woodcock-Johnson III Tests of Cognitive Abilities of 2 or more standard deviations below the mean. More information on child risk of behavioral/emotional or cognitive problems and the relationship of risk to service access may be found in the *NSCAW II Baseline Report: Children's Services*.

Youth Risk Behaviors

Substance Use. Alcohol and drug use were measured by self-report for youth 11 to 17 years old on items from the Monitoring the Future (Johnston, O'Malley, Bachman, & Schulenberg, 2007) and Youth Risk Behavior (Centers for Disease Control and Prevention, 1999) surveys. A large percentage of adolescents (41.9%) reported that they had used alcohol at some time during their lives (Exhibit 25). The proportions who reported ever using other substances were 22.1% for marijuana, 7.8% for inhalants, 5.8% for ecstasy, and 5.1% for cocaine, crack, or freebase. Fewer adolescents reported ever using methamphetamines (3.6%), nonprescription steroids (2.8%), or heroin (2.2%).

Adolescents also reported on their use of cigarettes, alcohol, and marijuana in the 30 days preceding the interview: 12.0% had smoked cigarettes, 21.6% had used alcohol, and 11% had used marijuana in the 30-day period (Exhibit 26). Use of these substances varied by age: adolescents 11 to 12 years old were less likely to have smoked cigarettes in the past 30 days than either those 13 to 14 years old or those 15 to 17 years old, and they were less likely to have drunk alcohol in the past 30 days than those 15 to 17 years old. Adolescents 15 to 17 years old were more likely to have used marijuana in the past 30 days than either those 11 to 12 years old or those 13 to 14 years old.

Lifetime substance use appears comparable to the general population of adolescents. Nationally, among adolescents 12 to 17 years old, 26.8% had ever used marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or nonmedical use of prescription medications (Office of Applied Studies, 2010). Current substance use is lower in the general

³ Please see the *NSCAW II Baseline Report IV: Children's Services* for details on these variables by gender, age, race/ethnicity, and setting.

population of adolescents than in the NSCAW II sample: 8.9% of U.S. adolescents reported having used cigarettes in the 30 days preceding the interview, 14.2% used alcohol, and 7.3% used marijuana (Substance Abuse and Mental Health Services Administration, 2010).

Substance Use Disorders. The CRAFFT screening test (Knight et al., 1999) was used to assess substance use disorders. A score of 2 or higher on the test is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. Nearly one fifth (19.3%) of adolescents had a score of 2 or higher (Exhibit 27). This proportion was significantly higher among adolescents 15 to 17 years old than among those 13 to 14 years old or those 11 to 12 years old. No national data are available for comparison. However, a study of 2,133 primary care patients in New England, 12 to 18 years old, found that the proportion of adolescents that scored 2 or higher on the CRAFFT was slightly lower (14.8%) (Knight et al., 2007). NSCAW II rates of substance use disorders based upon the CRAFFT were also higher than other national estimates. The national rate of substance dependence or abuse among youths 12 to 17 years old in 2009 was 7%; the rate of adolescent alcohol dependence was 4.6% (Substance Abuse and Mental Health Services Administration, 2010).

Sexual Behavior. Adolescents reported whether they had ever had sex, whether they had had sex in the past 12 months, whether they had ever had forced sex, and whether they had ever been pregnant (females) or gotten someone pregnant (males). Sex was defined as vaginal intercourse.

Among females, 28.4% reported that they had ever had sex, and 23.5% had had sex in the past 12 months (Exhibit 28). More than one in ten (11.1%) had had forced sex, and 4.9% had been pregnant. Girls 11 to 12 years old were significantly less likely than either girls 13 to 14 years old or those 15 to 17 years old to have ever had sex or to have had sex in the past 12 months; they were also significantly less likely than those 15 to 17 years old to have ever had forced sex or to have ever been pregnant. Girls 13 to 14 years old were less likely than those 15 to 17 years old to have ever had sex or to have had sex in the past 12 months.

Among males, 30.5% reported that they had ever had sex, and 21.6% had had sex in the past 12 months (Exhibit 29). Just over one in 20 (5.6%) had had forced sex, and 4.1% had gotten a partner pregnant. Boys 15 to 17 years old were significantly more likely than either boys 13 to 14 years old or those 11 to 12 years old to have ever had sex or to have had sex in the past 12 months. Boys who were living in-home were significantly more likely to have ever had forced sex than those living in kin care or foster care. None of the outcomes differed significantly between males and females.

Sexual activity among adolescents in NSCAW II is substantially higher than in the general population. For example, in the 2006–2008 National Survey of Family Growth (NSFG) (Abma, Martinez, & Copen, 2010) only 27.7% of females and 28.8% of males 15 to 17 years old reported ever having sexual intercourse, compared to 49.0% of females and 59.8% of males 15 to 17 years old in NSCAW II. Similarly, the proportion who had had sex in the past 12 months in the NSFG was 25.3% of females and 25.3% of males 15 to 17 years old, compared to 43.9% of females and 46.7% of males 15 to 17 years old in NSCAW II. The proportion of adolescents who reported ever having forced sex was higher in NSCAW II than nationally, however. In the 2009 Youth Risk Behavior Surveillance System (YRBSS), 10.5% of female and 4.5% of male high

school students reported that they had had forced sex (Centers for Disease Control and Prevention, 2010); in NSCAW II among 15- to 17- year-olds, 14.8% of females and 8.5% of males reported having had forced sex. Data suggest that pregnancy is also more common among adolescents in the NSCAW II sample than nationally. According to data from the 2002 NSFG, correcting for underreporting of abortions, the past year pregnancy rate among females 15 to 17 years old was 40.2 per 1,000 (approximately 4%). In comparison, 10.3% of females 15 to 17 years old in NSCAW II reported having ever been pregnant.

Contraceptive use among adolescents in NSCAW II (not shown) is lower than in the general population. Among adolescents in NSCAW who reported having had sexual intercourse in the past year, 14.3% of males and 30.0% of females reported that they had used no contraceptive method at last intercourse. In comparison, nationally, the proportion of sexually active teens 15 to 19 years old who reported no contraceptive use at last intercourse was approximately half as high: 6.7% of males and 16.5% of females (Abma et al., 2010). Of all sexually active adolescents in NSCAW II, 75.2% of males and 59.5% of females reported using a condom at last intercourse, slightly higher than national data: 68.6% of male and 53.9% of female high school students reported condom use at last intercourse (Centers for Disease Control and Prevention, 2010). However, the proportion who used oral contraceptives or an injectable contraceptive was lower: 10.2% of male and 13.9% of female adolescents in NSCAW II, compared to 18.3% of male and 27.4% of female high school students nationally (Centers for Disease Control and Prevention, 2010).

Illegal Activity. Adolescents were asked to report any illegal activity they had engaged in, using the Self-Report Delinquency Scale developed for the National Youth Survey (Elliott, Huizinga, & Ageton, 1985). Each type of delinquent act is reported in Exhibit 30. The most common delinquent act was “skipping” school (18.3%), followed by running away (15.1%), being “loud, rowdy, or unruly in a public place so that people complained about it or [the adolescent] got in trouble” (14.6%), hitting someone “with the intention of hurting him or her” (13.4%), shoplifting (10.7%) and stealing things worth less than \$5 (10.0%). The most common type of illegal activity was a status offense (28.1%), followed by public disorder (22.3%), minor theft (19.7%), and simple assault (16.1%). Fewer than 11% had damaged property, sold drugs, or committed either serious property crime or felony assault.

Illegal activity varied somewhat by age and setting (Exhibit 31). Adolescents 11 to 12 years old were less likely than older adolescents to have committed a status offense, and adolescents 15 to 17 years old were more likely than younger adolescents to have sold drugs, and adolescents living in kin care were more likely to have engaged in public disorder than those living in-home with parents or in foster care.

National-level data on self-reported illegal activity is available for adolescents through the National Longitudinal Survey of Youth (NLSY97; McCurley, 2006). Data from the NLSY97, however, report illegal activity in the past year, whereas NSCAW II data are for the past 6 months. Some delinquent acts were more common in the NSCAW II population for both males and females. In the general population, only 5% of males and 8% of females reported running away in the past 12 months (compared to 11% of males and 18% of females in the past 6 months in NSCAW II, not shown); in addition, 5% of males and 3% of females in the general population reported major theft (similar to “serious property crime”), compared to 12.1% of

males and 9.8% of females in the past 6 months in NSCAW II. Two delinquent acts were more common in the NSCAW population for females but not males: in the general population, only 11% of females engaged in minor theft (compared to 21.9% of females in the past 6 months in NSCAW II), and 8% in assault, (compared to 17.1% of females in the past 6 months in NSCAW II).

Adolescent Involvement with the Law. Adolescents also reported whether they had been arrested or picked up by the police for something other than a minor traffic offense: 6.0% reported that they had been arrested or picked up by the police at least once in the 6 months before interview (Exhibit 32). Adolescents 11 to 12 years old were much less likely to have been arrested than those 13 to 14 years old or those 15 to 17 years old. No significant differences in arrest were found by gender, race/ethnicity, or setting.

Caregivers also reported on children's involvement with the law (Exhibit 33). Caregivers reported on court appearances for misbehaving (i.e., delinquency, running away, truancy, or other offenses, excluding probation review hearings), probation, and time spent in correctional facilities. Among children 11 years old and older, 12.2% had a court appearance in the previous 12 months, 6.2% were placed on probation, and 1.1 % had spent time in a detention center or correctional facility. Adolescents 15 to 17 years old were more likely than younger adolescents to have had a court appearance. Adolescents living in-home with parents were significantly more likely to be placed on probation for a behavioral offense than those living in foster care. No significant differences were found by gender or race/ethnicity.

Summary of Standardized Measures of Child Well-Being

Exhibit 34 summarizes the proportion of children who had very low scores (2 standard deviations below the mean), scores in the clinical range, or were identified as being "high-risk" (or in the group with the lowest skill level) on the standardized measures of well-being included in this report. This exhibit also provides information on the proportion of children in the general population, or a comparable norm, expected to have a score in the very low or clinical range on these measures. In general, NSCAW II children were below the same-aged general child population average on social-emotional, cognitive, behavioral, and social skill-based domains.

The CWS plays a role in referring children to services. The extent to which they receive services and the relationship of need to service access may be found in the *NSCAW II Baseline Report: Children's Services*.

EXHIBITS

Exhibit 1. Child Characteristics

	<i>N</i>	Total <i>N = 5,873</i>	
		%	<i>SE</i>
Total	5,873	100.0	0.0
Gender			
Male	3,017	50.8	1.4
Female	2,856	49.2	1.4
Age (years)			
0–2	2,937	20.6	1.0
3–5	829	22.6	1.2
6–10	1,053	27.4	0.9
11–17	1,054	29.5	1.3
Race/ethnicity			
Black	1,827	22.4	2.6
White	2,004	41.5	3.9
Hispanic	1,614	28.3	3.5
Other	407	7.7	1.0
Setting			
In-home	3,636	87.3	1.1
Formal kin care	495	2.4	0.4
Informal kin care	540	6.1	0.7
Foster care	1,105	3.4	0.3
Group home or residential program	68	0.5	0.1
Other out-of-home	29	0.3	0.1
Insurance status			
Private	549	15.3	1.5
Public	4,834	72.0	1.8
Other	130	3.1	0.7
Uninsured	324	9.6	0.9

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.

Exhibit 2. Child Health by Caregiver Report

	N	In “Very good” or “Excellent” health	
		%	SE
Total	5,836	76.9	1.3
Gender			
Male	2,998	76.3	1.6
Female	2,838	77.5	2.0
Age (years)		***	
0–2	2,933	82.8 ^a	2.3
3–5	829	84.0 ^b	1.8
6–10	1,052	74.6	2.8
11–17	1,022	69.3	3.0
Race/ethnicity		**	
Black	1,818	75.4	2.5
White	1,997	82.0 ^c	1.7
Hispanic	1,600	71.8	2.8
Other	402	75.1	6.2
Setting		***	
In-home	3,618	78.3 ^d	1.3
Kin care	1,029	68.5	3.7
Foster care	1,100	65.2	3.1
Group home or residential program	62	65.3	12.3

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 (** $p < .01$, *** $p < .001$).

^a Children 0 to 2 years old were significantly more likely to be in *very good* or *excellent* health than children 6 to 10 years old ($p < .01$) and 11 to 17 years old ($p < .001$).

^b Children 3 to 5 years old were significantly more likely to be in *very good* or *excellent* health than children 6 to 10 years old ($p < .01$) and 11 to 17 years old ($p < .001$).

^c White children were significantly more likely to be in *very good* or *excellent* health than Black children ($p < .05$) and Hispanic children ($p < .01$).

^d Children living in-home with parents were significantly more likely to be in *very good* or *excellent* health than children living in kin care ($p < .01$) or foster care ($p < .01$).

Exhibit 3. Child Health Conditions by Caregiver Report

	<i>N</i>	<i>%</i>	<i>SE</i>
Health conditions			
ADHD	5,725	16.4	1.0
Asthma	5,797	16.1	1.0
Depression, anxiety, eating disorder or other emotional problem	5,802	14.4	1.4
Other health problems	5,826	9.1	1.1
Dental problems	5,827	8.3	0.7
Repeated ear infections	5,831	6.8	0.8
Migraine or frequent headaches	5,824	6.3	0.6
Mental retardation/developmental delay	5,792	4.7	0.6
Chronic bronchitis	5,822	2.6	0.5
Back or neck problems	5,836	2.5	0.3
Arthritis or other joint problems	5,828	2.0	0.4
Autism	5,779	2.0	0.5
Blood problems such as anemia or sickle cell	5,821	1.6	0.3
Heart problem, including congenital health disease	5,822	1.3	0.3
Hypertension or high blood pressure	5,830	1.2	0.3
Epilepsy or other seizure disorder	5,814	1.1	0.2
Cerebral palsy	5,824	0.7	0.2
Diabetes	5,822	0.4	0.2
Down syndrome	5,831	0.4	0.2
AIDS	5,823	0.1	0.1
Muscular dystrophy	5,829	0.1	0.1
Cystic fibrosis	5,823	0.0	0.0

Note: 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.

Exhibit 4. Child Special Health Care Needs by Caregiver Report

Questionnaire for identifying children with chronic conditions— Revised (QuICCC-R) items	<i>N</i>	%	<i>SE</i>
Child has life threatening allergic reactions because of a current, chronic ^a medical, behavioral, or other health condition	5,789	3.9	0.6
Child receives services such as physical therapy, occupational therapy, speech or language therapy, or orientation and mobility training on a regular basis	5,834	11.1	1.0
Child has ever been hospitalized because of a current, chronic medical, behavioral, or other health condition	5,642	8.3	0.9
Child has ever needed medical, health-related, or mental health services that he/she has been unable to get	5,797	6.8	0.7
Parent has been told by a medical doctor or specialist that child has a serious delay in his/her physical growth or development	5,830	5.6	0.7
Parent has been told by a medical doctor or specialist that child has a serious delay in his/her mental or emotional growth or development	5,808	8.2	0.7
Child needs to reduce the amount of time or effort that he/she can exert in any activity compared to other child his/her age because of a current, chronic medical, behavioral, or other health condition	5,769	6.9	0.8
Child is blind, nearly blind, or has difficulty seeing	5,792	0.9	0.2
Child is deaf, nearly deaf, or has difficulty hearing	5,809	1.8	0.3
Child receives special arrangements ^b in school or day care because of a current, chronic medical, behavioral, or other health condition	5,840	23.2	1.4
Except for occasional words, child has trouble understanding simple instructions (only for children older than 2 years)	5,732	16.9	1.2
Except for occasional words, when child talks, others outside the family have trouble understanding him/her (only for children older than 3 years)	5,647	21.1	1.1

Note: 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.

^a “Chronic” is defined in the QuICCC-R as a condition that has been going on or is it expected to go on for at least 1 year.

^b “Special arrangements” include modification of class schedule, having the classroom made accessible for child’s use, child getting and using special equipment, child being provided special lunches or snacks, using special transportation, or child receiving tutoring by another teacher or other professional.

Exhibit 5. Social Emotional Development of Young Children 12 to 18 Months Old by Caregiver Report

	<i>N</i>	BITSEA problems				BITSEA competence			
		Mean	<i>SE</i>	% at risk ^a	<i>SE</i>	Mean	<i>SE</i>	% at risk ^b	<i>SE</i>
Total	618	11.0	1.0	34.6	6.4	14.7	0.3	21.2	4.9
Gender									
Male	326	10.7	1.2	36.5	9.9	14.7	0.4	23.0	6.1
Female	292	11.3	1.3	32.5	7.5	14.7	0.6	19.1	7.7
Race/ethnicity						*			
Black	195	9.6	1.5	18.4	6.8	15.5 ^c	0.4	16.4	7.4
White	187	10.3	0.8	40.2	9.3	14.6	0.7	27.5	7.9
Hispanic	197	11.3	1.4	31.0	7.6	14.2	0.5	23.6	8.0
Other	37	16.5	3.9	74.3	17.0	13.6	0.6	13.9	11.7
Setting						*			
In-home	409	11.1	1.1	35.6	6.9	14.8 ^d	0.4	19.6	5.3
Kin care	97	8.8	0.8	19.6	7.3	14.4	0.5	32.7	8.8
Foster care	109	11.7	1.9	29.7	8.6	13.0	0.7	45.5	11.2

Note: Instrument used was the Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan & Carter, 2002). 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. Wald F and Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance ($*p < .05$). An asterisk in a column applies to the subsequent results for the covariate.

^a “% at risk” for the problems scale represent children with scores in the *possible problem* range, indicating that a child’s behavior may be clinically significant and merit additional assessment. Problem total score greater than or equal to the cut score reflects the 25th percentile.

^b “% at risk” for the competence scale represent children with scores in the *possible deficit/delay* range, indicating that a child may not have acquired the social-emotional competencies that are expected for his or her age and sex. Competence scores less than or equal to the cut score correspond to the 15th percentile.

^c Black children were significantly more likely to have higher mean competence scores than Hispanic children ($p < .05$) and children of “Other” race/ethnicity ($p < .01$).

^d Children living in-home with parents were significantly more likely to have higher mean competence scores than children living in foster care ($p < .05$).

Exhibit 6. Risk for Neurodevelopmental Delay Among Young Children 3 to 24 Months Old

	<i>N</i>	BINS low risk^a		BINS moderate risk		BINS high risk	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	2,177	13.1	2.1	36.1	4.1	50.8	5.1
Gender							
Male	1,129	13.4	2.5	32.8	3.8	53.8	5.4
Female	1,048	12.8	2.9	40.0	6.9	47.2	7.2
Age (months)							
3–5	670	11.3	4.9	27.0	6.1	61.7	7.8
6–11	864	14.0	3.6	27.6	5.6	58.5	7.3
12–17	469	16.6	4.9	49.1	6.9	34.3	6.8
18–24	174	9.8	4.5	41.1	10.4	49.1	9.3
Race/ethnicity							
Black	691	11.2	3.3	41.7	8.8	47.0	10.1
White	647	17.6	4.6	32.2	3.0	50.2	5.2
Hispanic	699	9.9	2.5	37.5	9.3	52.6	8.3
Other	129	9.9	7.0	24.9	12.6	65.3	14.6
Setting							
In-home	1,228	13.8	2.5	35.9	4.7	50.3	5.9
Kin care	418	7.8	1.8	53.6	5.3	38.6	5.2
Foster care	521	9.3	2.9	22.5	2.4	68.2	3.4

Note: Instrument used was the Bayley Infant Neurodevelopmental Screener (BINS; Aylward, 1995). 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.

^a A low risk score indicates that the infant is at low or no risk for developmental delay or neurological impairment. Infants classified in the other two columns are at moderate and high risk (respectively) for developmental delay or neurological impairment.

Exhibit 7. Cognitive Development of Young Children Birth to 47 Months Old

	BDI Total Cognitive Developmental Quotient ^a			BDI Attention & Memory domain			BDI Reasoning & Academic domain			BDI Perception & Concepts domain		
	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>
Total	2,421	92.2	1.3	2,476	8.9	0.3	477	8.0	0.3	2,522	7.4	0.3
Gender		***			**			***			**	
Male	1,269	89.0	1.5	1,303	8.3	0.4	272	7.2	0.3	1,323	6.8	0.3
Female	1,152	96.6	1.7	1,173	9.8	0.4	205	9.1	0.5	1,199	8.2	0.4
Age (months)		***			***						***	
0–5	636	108.2 ^b	1.9	650	10.9 ^c	0.4	—	—	—	669	11.5 ^b	0.2
6–11	780	112.3 ^d	1.7	792	13.0 ^e	0.4	—	—	—	803	10.7 ^d	0.1
12–17	418	99.8 ^f	1.6	418	11.4 ^f	0.3	—	—	—	431	8.5 ^f	0.3
18–23	148	87.2	2.5	152	8.5	0.5	—	—	—	153	7.2 ^g	0.4
24–29	126	81.9	2.2	132	6.8	0.6	137	7.8	0.4	135	5.1	0.5
30–35	109	85.2	3.5	111	8.1	0.9	116	7.8	0.5	113	5.7	0.8
36–41	105	82.9	2.8	108	7.0	0.5	108	8.3	0.6	107	5.4	0.7
42–47	107	84.8	4.2	113	6.5	0.9	114	8.0	0.7	111	6.6	0.9
Race/ethnicity					**							
Black	781	95.9	1.9	796	10.2 ^h	0.4	133	7.3	0.5	823	7.9	0.4
White	791	92.0	1.4	813	8.7	0.4	196	8.1	0.4	817	7.4	0.3
Hispanic	705	87.9	2.4	717	7.9	0.5	125	8.0	0.6	729	6.7	0.5
Other	136	98.4	3.4	142	9.7 ⁱ	0.5	23	9.4 ⁱ	0.9	144	8.9	0.9
Setting											***	
In-home	1,427	91.8	1.4	1,459	8.9	0.3	343	8.0	0.4	1,495	7.3	0.3
Kin care	444	94.2	3.9	455	9.2	1.3	70	8.3	0.9	463	8.2	0.7
Foster care	537	96.4	1.6	549	9.2	0.5	62	8.4	0.4	551	8.8 ^j	0.3

Note: Instrument used was the Battelle Developmental Inventory (BDI; Newborg, 2005a). 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. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Battelle’s Cognitive Developmental Quotient has a mean of 100 (*SD* 1), and a range of 55 to 145. For the domains, the range is 1 to 19, the 50th percentile corresponds to a score of 10.

^b Children 0 to 5 months were significantly more likely to have higher Cognitive Developmental Quotient and Perception & Concepts scores than children 12 to 17 months old ($p < .001$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .01$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).

^c Children 0 to 5 months old were significantly more likely to have higher Attention & Memory scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .01$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).

^d Children 6 to 11 months old were significantly more likely to have higher Cognitive Developmental Quotient and Perception & Concepts scores than children 12 to 17 months old ($p < .001$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).

^e Children 6 to 11 months old were significantly more likely to have higher Attention & Memory scores than children 0 to 5 months old ($p < .001$), 12 to 17 months old ($p < .001$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).

- ^f Children 12 to 17 months old were significantly more likely to have higher Cognitive Developmental Quotient, Attention & Memory scores, and Perception & Concepts scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).
- ^g Children 18 to 23 months old were significantly more likely to have higher Perception & Concepts scores than children 24 to 29 months old ($p < .01$) and 36 to 41 months old ($p < .05$).
- ^h Black children were significantly more likely to have higher Attention & Memory scores than White children ($p < .01$) and Hispanic children ($p < .001$).
- ⁱ Children of “Other” race/ethnicity were significantly more likely to have higher Attention & Memory scores than Hispanic children ($p < .05$) and to have higher Reasoning & Academic Skills scores than Black children ($p < .05$).
- ^j Children in foster care were significantly more likely to have higher Perception & Concepts scores than children living in-home with parents ($p < .001$).

Exhibit 8. Very Low Cognitive Development Scores Among Young Children Birth to 47 Months Old

	BDI Total Cognitive Developmental Quotient			BDI Attention & Memory domain			BDI Reasoning & Academic domain			BDI Perception & Concepts domain		
	-2 SD or less ^a			Percentile rank of 2 or less			Percentile rank of 2 or less			Percentile rank of 2 or less		
	N	%	SE	N	%	SE	N	%	SE	N	%	SE
Total	2,421	18.7	2.6	2,476	20.7	2.4	477	17.0	3.2	2,522	28.5	3.0
Gender		**			*							
Male	1,269	24.4	3.7	1,303	26.0	3.6	272	21.1	4.8	1,323	32.8	3.8
Female	1,152	11.1	2.7	1,173	13.6	3.0	205	11.6	3.6	1,199	22.7	3.7
Age (months)		***			***						***	
0–5	636	1.9	0.6	650	4.9 ^a	1.3	—	—	—	669	1.2	0.6
6–11	780	2.3	0.6	792	2.7	0.7	—	—	—	803	0.9	0.3
12–17	410	2.9	1.5	418	1.7	0.5	—	—	—	431	6.9 ^b	3.0
18–23	148	13.1 ^c	5.6	152	15.7 ^d	6.6	—	—	—	153	18.0	5.4
24–29	126	21.6 ^c	7.5	132	22.9 ^e	7.7	137	8.5	4.8	135	45.9 ^f	9.5
30–35	109	23.1 ^c	8.1	111	22.9 ^e	8.1	116	15.3	5.4	113	49.6 ^f	9.3
36–41	105	31.4 ^c	7.9	108	33.4 ^e	7.1	108	16.4	4.5	107	52.2 ^f	8.2
42–47	107	38.9 ^g	9.2	113	47.4 ^g	10.2	114	25.0	6.6	111	38.4 ^f	8.8
Race/ethnicity					**							
Black	781	12.5	3.2	796	10.4 ^h	2.3	133	25.8	7.3	823	22.6	4.9
White	791	20.5	3.7	813	24.5	3.6	196	14.9	3.7	817	28.4	3.9
Hispanic	705	22.7	4.7	717	27.5	4.9	125	16.0	5.6	729	35.8	4.0
Other	136	14.4	8.5	142	10.6	5.6	23	6.9	6.9	144	22.0	10.0
Setting											*	
In-home	1,427	19.2	2.7	1,459	20.7	2.4	343	18.3	3.6	1,495	30.0 ⁱ	3.3
Kin care	444	19.9	10.6	455	23.2	10.4	70	2.4	1.8	463	23.1	6.6
Foster care	537	8.3	2.1	549	15.8	3.5	62	13.9	7.3	551	11.0	3.1

Note: Instrument used was the Battelle Developmental Inventory (BDI; Newborg, 2005a). 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 (* $p < .05$, ** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Children 0 to 5 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 6 to 11 months old ($p < .05$) and 12 to 17 months old ($p < .01$).

^b Children 12 to 17 months old and 18 to 23 months old were significantly more likely to have very low scores on the Perception & Concepts domain than children 0 to 5 months old ($p < .001$) and 6 to 11 months old ($p < .001$).

^c Children 18 to 23 months old, 24 to 29 months old, 30 to 35 months old, and 36 to 41 months old were significantly more likely to have very low scores on the Cognitive Developmental Quotient than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), and 12 to 17 months old ($p < .001$).

^d Children 18 to 23 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 6 to 11 months old ($p < .001$) and 12 to 17 months old ($p < .001$).

^e Children 24 to 29 months old, 30 to 35 months old, and 36 to 41 months old were significantly more likely to have very low scores on the Attention & Memory domain than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), and 12 to 17 months old ($p < .001$).

- ^f Children 24 to 29 months old, 30 to 35 months old, 36 to 41 months old, and 41 to 47 months old were significantly more likely to have very low scores on the Perception & Concepts domain than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .001$), and 18 to 23 months old ($p < .05$).
- ^g Children 42 to 47 months old were significantly more likely to have very low scores on the Cognitive Developmental Quotient and Attention & Memory domain than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .001$), and 18 to 23 months old ($p < .05$).
- ^h Black children were significantly less likely to have very low scores on the Attention & Memory domain than White children ($p < .01$) and Hispanic children ($p < .001$).
- ⁱ Children living in-home with parents were significantly more likely to have very low scores on the Perception & Concepts domain than children living in foster care ($p < .001$).

Exhibit 9. Language Development Among Young Children Birth to 71 Months Old

	PLS-3 Total score			PLS-3 Auditory Comprehension score			PLS-3 Expressive Communication score		
	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>
Total	2,982	86.3	1.0	3,032	89.0	0.9	3,007	85.6	1.0
Gender		***			**			***	
Male	1,566	82.9	1.1	1,595	86.2	1.2	1,578	82.2	1.2
Female	1,416	90.3	1.3	1,437	92.4	1.1	1,429	89.7	1.4
Age (months)		***			***			***	
0–5	685	97.5 ^a	1.5	694	99.7 ^b	2.7	686	95.6 ^a	1.9
6–11	810	96.3 ^c	2.4	818	97.4 ^d	2.6	814	95.9 ^c	2.6
12–17	440	87.7 ^e	2.5	449	89.1 ^f	2.3	444	88.7 ^e	2.5
18–23	155	77.9	1.8	156	79.8	1.6	155	80.3	2.2
24–29	135	78.5	3.3	136	81.8	3.0	140	79.5	3.3
30–35	109	79.6	3.4	118	81.3	3.3	111	82.0	3.1
36–41	102	78.9	2.4	108	81.8	2.6	104	79.7	2.1
42–47	114	80.8	3.6	116	83.2	3.3	117	81.0	3.5
48–53	100	88.7 ^g	3.0	101	93.8 ^h	3.4	101	85.1	2.9
54–59	127	87.0 ⁱ	3.7	128	91.6 ^j	3.5	127	84.1	3.7
60–65	111	88.0 ^k	2.3	113	93.2 ^l	2.5	113	84.2	2.8
66–71	94	96.7 ^m	2.9	95	99.8 ^m	2.4	95	93.4 ⁿ	3.5
Race/ethnicity		***			**			**	
Black	957	88.9	1.5	978	91.4	1.6	963	87.8	1.4
White	1,025	86.7	1.3	1,040	89.1 ^o	1.2	1,035	86.4	1.5
Hispanic	815	81.6 ^p	1.5	829	85.0 ^p	1.4	822	81.3 ^p	1.5
Other	176	90.5	2.7	176	94.4	2.0	178	88.2	3.4
Setting									
In-home	1,815	86.0	1.1	1,853	88.7	1.0	1,832	85.4	1.1
Kin care	537	88.6	2.2	539	92.6	2.4	540	86.6	1.9
Foster care	616	86.9	1.4	625	89.2	1.1	621	86.9	1.7

Note: Instrument used was the Preschool Language Scale-3 (PLS-3; Zimmerman, Steiner, & Pond, 1992). 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. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Children 0 to 5 months old were significantly more likely to have higher PLS-3 Total and Expressive Communication scores than children 12 to 17 months old ($p < .01$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), 42 to 47 months old ($p < .001$), 48 to 53 months old ($p < .01$), 54 to 59 months old ($p < .01$), and 60 to 65 months old ($p < .001$).

^b Children 0 to 5 months old were significantly more likely to have higher PLS-3 Auditory Comprehension scores than children 12 to 17 months old ($p < .01$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).

^c Children 6 to 11 months old were significantly more likely to have higher PLS-3 Total and Expressive Communication scores than children 12 to 17 months old ($p < .05$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), 42 to 47 months old ($p < .001$), 48 to 53 months old ($p < .05$), 54 to 59 months old ($p < .05$), and 60 to 65 months old ($p < .01$).

^d Children 6 to 11 months old were significantly more likely to have higher PLS-3 Auditory Comprehension scores than children 12 to 17 months old ($p < .05$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .001$).

- ^e Children 12 to 17 months old were significantly more likely to have higher PLS-3 Total and Expressive Communication scores than children 18 to 23 months old ($p < .05$), 24 to 29 months old ($p < .05$), and 36 to 41 months old ($p < .01$).
- ^f Children 12 to 17 months old were significantly more likely to have higher PLS-3 Auditory Comprehension scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .05$), and 36 to 41 months old ($p < .05$).
- ^g Children 48 to 53 months old were significantly more likely to have higher PLS-3 Total scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .05$), and 36 to 41 months old ($p < .05$).
- ^h Children 48 to 53 months old were significantly more likely to have higher PLS-3 Auditory Comprehension scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .05$), 30 to 35 months old ($p < .05$), 36 to 41 months old ($p < .05$), and 42 to 47 months old ($p < .001$).
- ⁱ Children 54 to 59 months old were significantly more likely to have higher PLS-3 Total scores than children 18 to 23 months old ($p < .05$).
- ^j Children 54 to 59 months old were significantly more likely to have higher PLS-3 Auditory Comprehension scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .05$), 30 to 35 months old ($p < .05$), and 36 to 41 months old ($p < .05$).
- ^k Children 60 to 65 months old were significantly more likely to have higher PLS-3 Total scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .05$), 30 to 35 months old ($p < .05$), and 36 to 41 months old ($p < .01$).
- ^l Children 60 to 65 months old were significantly more likely to have higher PLS-3 Auditory Comprehension scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .05$), 30 to 35 months old ($p < .05$), 36 to 41 months old ($p < .01$), and 42 to 47 months old ($p < .01$).
- ^m Children 66 to 71 months old were significantly more likely to have higher PLS-3 Total scores and Auditory Comprehension scores than children 12 to 17 months old ($p < .05$), 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .001$), 30 to 35 months old ($p < .001$), 36 to 41 months old ($p < .001$), 42 to 47 months old ($p < .001$), and 60 to 65 months old ($p < .05$).
- ⁿ Children 66 to 71 months old were significantly more likely to have higher PLS-3 Expressive Communication scores than children 18 to 23 months old ($p < .001$), 24 to 29 months old ($p < .01$), 30 to 35 months old ($p < .05$), 36 to 41 months old ($p < .001$), and 42 to 47 months old ($p < .05$).
- ^o White children were significantly more likely to have lower PLS-3 Auditory Comprehension scores than children of “Other” race/ethnicity ($p < .05$).
- ^p Hispanic children were significantly more likely to have lower PLS-3 Total, Auditory Comprehension, and Expressive Communication scores than Black children ($p < .001$), White children ($p < .05$), and children of “Other” race/ethnicity ($p < .05$).

Exhibit 10. Very Low Language Scores Among Young Children Birth to 71 Months Old

	PLS-3 Total score			PLS-3 Auditory Comprehension score			PLS-3 Expressive Communication score		
	<i>N</i>	<i>-2 SD or less</i>	<i>SE</i>	<i>N</i>	<i>-2 SD or less</i>	<i>SE</i>	<i>N</i>	<i>-2 SD or less</i>	<i>SE</i>
Total	2,982	18.7	1.9	3,032	15.1	1.7	3,007	20.2	2.2
Gender		***			***			***	
Male	1,566	23.9	2.7	1,595	19.4	2.2	1,578	26.2	3.1
Female	1,416	12.4	2.2	1,437	9.9	2.2	1,429	12.8	2.2
Age (months)		***			***			***	
0–5	685	1.7	0.7	694	2.9	0.9	686	0.0	0.0
6–11	810	4.3	1.7	818	2.0	0.6	814	1.5	0.4
12–17	440	8.9 ^a	3.1	449	3.8	1.6	444	11.7 ^a	3.9
18–23	155	27.3 ^b	7.1	156	15.6 ^b	4.8	155	27.7 ^b	5.8
24–29	135	36.0 ^c	8.0	136	26.9 ^c	6.7	140	40.2 ^c	7.9
30–35	109	26.3 ^d	7.4	118	31.4 ^d	6.5	111	17.6 ^d	8.1
36–41	102	35.1 ^e	6.5	108	31.7 ^e	6.8	104	25.6 ^e	7.2
42–47	114	25.7 ^f	6.7	116	26.5 ^f	7.2	117	27.4 ^f	7.1
48–53	100	9.5	4.3	101	8.1	4.2	101	13.6 ^g	5.4
54–59	127	25.4 ^h	6.9	128	10.3	5.7	127	28.2 ^h	6.7
60–65	111	10.9	5.1	113	7.7	4.8	113	28.4 ⁱ	6.6
66–71	94	4.6	2.6	95	3.0	2.2	95	15.2 ^j	5.0
Race/ethnicity		*						*	
Black	957	13.3	2.9	978	10.5	2.6	963	14.3	2.9
White	1,025	19.3	3.0	1,040	15.6	2.8	1,035	22.4	3.3
Hispanic	815	25.6 ^k	3.4	829	20.7	3.9	822	25.0 ^k	4.1
Other	176	9.6	4.4	176	8.3	4.0	178	11.8	4.0
Setting									
In-home	1,815	19.3	2.2	1,853	15.7	1.9	1,832	21.2	2.5
Kin care	537	12.6	3.7	539	9.6	2.9	540	13.4	3.5
Foster care	616	18.6	3.3	625	13.5	2.8	621	12.9	2.7

Note: Instrument used was the Preschool Language Scale-3 (PLS-3; Zimmerman et al., 1992). 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 (* $p < .05$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a Children 12 to 17 months old were significantly more likely to have very low PLS-3 Total scores than children 0 to 5 months old ($p < .05$), and significantly more likely to have very low PLS Expressive scores than children 0 to 5 months old ($p < .01$) and 6 to 11 months old ($p < .01$).

^b Children 18 to 23 months old were significantly more likely to have very low PLS-3 Total scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .01$), 12 to 17 months old ($p < .05$), 48 to 53 months old ($p < .05$), and 66 to 71 months old ($p < .01$); significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 0 to 5 months old ($p < .05$), 6 to 11 months old ($p < .01$), 12 to 17 months old ($p < .05$), and 66 to 71 months old ($p < .05$); and significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), and 12 to 17 months old ($p < .05$).

- ^c Children 24 to 29 months old were significantly more likely to have very low PLS-3 Total and Auditory Comprehension scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .01$), 48 to 53 months old ($p < .05$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .05$), 30 to 35 months old ($p < .05$), 48 to 53 months old ($p < .01$), and 66 to 71 months old ($p < .05$).
- ^d Children 30 to 35 months old were significantly more likely to have very low PLS-3 Total scores than children 0 to 5 months old ($p < .01$), 6 to 11 months old ($p < .01$), 12 to 17 months old ($p < .05$), and 66 to 71 months old ($p < .01$); significantly more likely to have very low Auditory Comprehension scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .001$), 18 to 23 months old ($p < .05$), 48 to 53 months old ($p < .01$), 54 to 59 months old ($p < .05$), 60 to 65 months old ($p < .01$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low Expressive Communication scores than children 0 to 5 months old ($p < .05$) and 6 to 11 months old ($p < .05$).
- ^e Children 36 to 41 months old were significantly more likely to have very low PLS-3 Total scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .001$), 48 to 53 months old ($p < .01$), 60 to 65 months old ($p < .01$), and 66 to 71 months old ($p < .001$); significantly more likely to have very low PLS-3 Auditory Comprehension scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), 12 to 17 months old ($p < .001$), 18 to 23 months old ($p < .05$), 48 to 53 months old ($p < .01$), 54 to 59 months old ($p < .05$), 60 to 65 months old ($p < .01$), and 66 to 71 months old ($p < .001$); and significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months old ($p < .001$) and 6 to 11 months old ($p < .01$).
- ^f Children 42 to 47 months old were significantly more likely to have very low PLS-3 Total and Auditory Comprehension scores than children 0 to 5 months old ($p < .01$), 6 to 11 months old ($p < .01$), 12 to 17 months old ($p < .05$), 48 to 53 months old ($p < .05$), 60 to 65 months old ($p < .05$), and 66 to 71 months old ($p < .01$); and significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months old ($p < .001$) and 6 to 11 months old ($p < .001$).
- ^g Children 48 to 53 months old were significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months ($p < .05$) and 6 to 11 months ($p < .05$).
- ^h Children 54 to 59 months old were significantly more likely to have very low PLS-3 Total scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .01$), 12 to 17 months old ($p < .05$), 48 to 53 months old ($p < .05$), and 66 to 71 months old ($p < .01$); and significantly more likely to have very low PLS Expressive Communication scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), and 12 to 17 months old ($p < .05$).
- ⁱ Children 60 to 65 months old were significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months old ($p < .001$), 6 to 11 months old ($p < .001$), and 12 to 17 months old ($p < .05$).
- ^j Children 66 to 71 months old were significantly more likely to have very low PLS-3 Expressive Communication scores than children 0 to 5 months old ($p < .01$) and 6 to 11 months old ($p < .01$).
- ^k Hispanic children were significantly more likely to have very low PLS-3 Total and Expressive Communication scores than Black children ($p < .01$) and children of “Other” race/ethnicity ($p < .05$).

Exhibit 11. Behavioral Problems Among Children 1.5 to 17 Years Old by Caregiver Report

	CBCL Total score in clinical range ^a			CBCL Internalizing score in clinical range			CBCL Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	3,417	22.9	1.2	3,417	17.9	1.4	3,420	21.3	1.4
Gender					*				
Male	1,753	24.5	1.7	1,753	20.6	1.9	1,756	23.3	1.8
Female	1,664	21.2	1.5	1,664	15.2	1.6	1,664	19.3	1.7
Age (years)		***			***			***	
1.5–2	522	9.7 ^b	1.9	522	6.2 ^b	1.2	523	9.0 ^b	1.6
3–5	828	15.7 ^c	2.2	828	15.5 ^c	2.0	828	12.2 ^c	2.5
6–10	1,047	25.8	2.0	1,047	20.4	2.4	1,047	26.0	1.8
11–17	1,020	30.4	2.6	1,020	21.6	2.4	1,022	28.4	2.5
Race/ethnicity									
Black	973	24.3	2.3	973	17.2	2.5	973	20.3	2.3
White	1,308	24.2	2.1	1,308	17.4	1.7	1,309	22.5	2.3
Hispanic	879	19.2	1.9	879	17.9	2.3	881	19.2	2.2
Other	252	26.4	4.4	252	23.5	4.4	252	26.5	4.7
Setting		*			*			*	
In-home	2,341	22.4 ^d	1.5	2,341	17.1 ^d	1.5	2,343	20.8 ^d	1.6
Kin care	540	21.9 ^e	3.1	540	21.9 ^e	2.9	540	22.4 ^e	3.3
Foster care	463	32.2	3.6	463	25.7	3.6	463	29.9	3.6
Group home or residential program	56	47.3	11.3	56	42.9	10.1	57	52.3	10.6

Note: Instrument used was the Child Behavior Checklist (CBCL; Achenbach, 1991a; Achenbach & Rescorla, 2001). 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 (* $p < .05$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a“Clinical range” was defined as a standardized score of 64 or more.

^bChildren 1.5 to 2 years old were significantly less likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than children 6 to 10 years old ($p < .001$) and 11 to 17 years old ($p < .001$). Children 1.5 to 2 years old were significantly less likely to have CBCL Total and Internalizing scores in the clinical range than children 3 to 5 years old ($p < .05$).

^cChildren 3 to 5 years old were significantly less likely to have CBCL Total and Externalizing scores in the clinical range than children 6 to 10 years old ($p < .001$) and 11 to 17 years old ($p < .001$). Children 3 to 5 years old were significantly less likely to have a CBCL Internalizing score in the clinical range than children 11 to 17 years old ($p < .05$).

^dChildren living in-home with parents were significantly less likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than children living in foster care ($p < .05$) and children living in a group home or residential program ($p < .05$).

^eChildren living with kin were significantly less likely to have CBCL Total scores in the clinical range than children living in foster care ($p < .05$), and less likely to have CBCL Total, Internalizing, and Externalizing scores in the clinical range than children living in a group home or residential program ($p < .05$).

Exhibit 12. Behavioral Problems Among Adolescents 11 to 17 Years Old by Adolescent Report

	YSR Total score in clinical range ^a			YSR Internalizing score in clinical range			YSR Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,047	20.7	1.7	1,047	12.5	1.6	1,047	23.9	2.7
Gender								***	
Male	469	18.7	3.0	469	13.7	3.1	469	13.9	2.4
Female	578	22.1	2.3	578	11.4	1.9	578	30.8	4.0
Age (years)									
11–13	486	18.0	2.4	486	11.5	2.1	486	22.8	4.5
14–17	561	23.5	2.5	561	13.2	2.7	561	25.0	2.8
Race/ethnicity									
Black	283	17.1	3.6	283	11.9	2.9	283	21.2	4.0
White	400	21.1	2.5	400	12.5	1.8	400	20.5	2.5
Hispanic	252	24.2	4.2	252	13.6	4.6	252	30.7	7.2
Other	109	16.3	5.2	109	9.5	3.7	109	25.3	6.5
Setting		*			*				
In-home	708	20.0	1.7	708	11.1	1.3	708	23.6	3.0
Kin care	145	29.5	7.1	145	24.4	7.8	145	30.9	7.2
Foster care	130	8.7 ^b	2.9	130	5.0 ^c	2.0	130	12.9	2.9
Group home or residential program	55	31.9	11.4	55	24.8	11.6	55	26.3	12.0

Note: Instrument used was the Youth Self-Report (YSR; Achenbach, 1991a; Achenbach & Rescorla, 2001). 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 (* $p < .05$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a “Clinical range” was defined as a standardized score of 64 or more.

^b Children living in foster care were significantly less likely to have YSR Total scores in the clinical range than children living in-home with parents ($p < .01$), kin care ($p < .01$), and a group home or residential program ($p = .05$).

^c Children living in foster care were significantly less likely to have YSR Internalizing scores in the clinical range than children living in-home with parents ($p < .01$) and children living in kin care ($p < .05$).

Exhibit 13. Behavioral Problems Among Children 5 to 17 Years Old by Teacher Report

	TRF Total score in clinical range ^a			TRF Internalizing score in clinical range			TRF Externalizing score in clinical range		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Total	1,055	18.8	1.9	1,054	23.5	1.9	1,055	19.9	2.0
Gender					*				
Male	537	18.1	2.6	537	27.8	2.9	537	18.8	2.7
Female	518	19.6	2.3	517	18.8	2.7	518	21.0	2.4
Age (years)					*				
5	80	13.1	4.6	80	10.0 ^b	4.0	80	28.4	7.4
6–10	519	17.8	2.5	519	23.9	2.9	519	18.5	3.1
11–17	456	20.7	2.8	455	25.2	2.8	456	19.9	2.6
Race/ethnicity									
Black	257	18.0	3.4	257	21.4	4.1	257	26.6	3.9
White	452	20.2	2.7	452	28.1	2.6	452	18.7	2.3
Hispanic	252	15.8	3.4	252	17.0	3.1	252	16.3	3.7
Other	92	22.1	5.4	91	20.9	6.2	92	23.9	5.9
Setting									
In-home	799	19.6	2.1	798	24.1	2.1	799	20.0	2.2
Kin care	142	11.2	5.5	142	13.2	6.0	142	19.5	6.0
Foster care	93	9.4	3.6	93	14.7	4.5	93	13.4	5.1
Group home or residential program	15	44.0	21.9	15	58.4	19.8	15	50.8	19.9

Note: Instrument used was the Teacher’s Report Form (TRF; Achenbach, 1991a; Achenbach & Rescorla, 2001). 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 ($*p < .05$). An asterisk in a column applies to the subsequent results for the covariate.

^a “Clinical range” was defined as a standardized score of 64 or more.

^b Children 5 years old were significantly less likely to have TRF Internalizing scores in the clinical range than children 6 to 10 years old ($p < .05$) and 11 to 17 years old ($p < .01$).

Exhibit 14. Depression Among Children 7 to 17 Years Old by Child Report

	<i>N</i>	CDI Total score in clinical range ^a	
		%	<i>SE</i>
Total	1,720	11.4	1.6
Gender		***	
Male	830	6.5	1.3
Female	890	15.7	2.5
Age (years)			
7–10	684	11.4	2.0
11–17	1,036	11.4	1.9
Race/ethnicity			
Black	462	5.9	1.5
White	656	11.2	1.7
Hispanic	431	16.6	5.0
Other	168	8.1	2.9
Setting			
In-home	1,202	11.6	1.8
Kin care	247	8.5	3.3
Foster care	199	13.2	4.1
Group home or residential program	61	20.1	9.6

Note: Instrument used was the Children’s Depression Inventory (CDI; Kovacs, 1992a). 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 (***) $p < .001$.

^a “Clinical range” was defined as a standardized score of 65 or more.

Exhibit 15. Trauma Among Children 8 to 17 Years Old by Child Report

	<i>N</i>	TSCC Posttraumatic Stress subscale in clinical range ^a	
		%	<i>SE</i>
Total	1,530	11.6	1.5
Gender			
Male	718	13.0	2.7
Female	812	10.4	1.9
Age (years)		**	
8–10	490	18.0	3.3
11–17	1,040	8.7	1.5
Race/ethnicity			
Black	415	10.5	2.7
White	571	13.4	1.8
Hispanic	393	9.8	3.9
Other	148	11.3	3.9
Setting			
In-home	1,048	11.6	1.4
Kin care	224	12.7	6.1
Foster care	186	7.3	2.6
Group home or residential program	60	7.6	3.1

Note: Instruments used was the Posttraumatic Stress subscale from the Trauma Symptom Checklist for Children (TSCC; Briere, 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. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$).

^a “Clinical range” was defined as a standardized score of 65 or more.

Exhibit 16. Child Adaptive Behavior Skills by Caregiver Report

	<i>N</i>	Vineland Screener Daily Living Skills domain			
		Score		-2 <i>SD</i> or less	
		Mean	<i>SE</i>	%	<i>SE</i>
Total	5,836	92.8	0.6	11.1	1.0
Gender		***		**	
Male	2,996	90.9	0.7	13.8	1.4
Female	2,840	94.7	0.8	8.3	1.5
Age (years)^a		***			
0–2	2,936	96.5 ^b	1.3	9.2	2.3
3–5	828	87.9	1.1	13.0	1.8
6–12	1,372	96.0 ^b	1.0	10.9	1.3
13–17	700	88.1	1.1	11.3	2.5
Race/ethnicity		***			
Black	1,818	96.0	1.0	8.6	1.3
White	1,996	92.9 ^c	0.8	11.4	1.5
Hispanic	1,603	89.6 ^d	1.0	13.7	2.6
Other	400	94.9	1.3	6.7	1.7
Setting		***		***	
In-home	3,615	93.2	0.6	10.8	1.2
Kin care	1,031	92.0	1.9	9.4	1.9
Foster care	1,101	87.1 ^e	2.0	20.0 ^f	2.6
Group home or residential program	62	79.2 ^g	2.2	22.8 ^h	6.8

Note: Instrument used was the Daily Living Skills domain of the Vineland Screener (Sparrow, Carter, & Cicchetti, 1993b), a shortened version of the Vineland Adaptive Behavior Scale (VABS; Sparrow, Balla, & Cicchetti, 1984). 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 (** $p < .01$, *** $p < .001$). An asterisk in a column applies to the subsequent results for the covariate.

^a The Vineland has different age-dependent versions for children 0 to 2 years old, 3 to 5 years old, 6 to 12 years old, and 13 to 18 years old.

^b Children 0 to 2 years old and children 6 to 12 years old were significantly more likely to have higher Daily Living Skills scores than children 3 to 5 years old ($p < .001$) and 13 to 18 years old ($p < .001$).

^c White children were significantly more likely to have lower Daily Living Skills scores than Black children ($p < .05$).

^d Hispanic children were significantly more likely to have lower Daily Living Skills scores than Black children ($p < .001$), White children ($p < .05$), and children of “Other” race/ethnicity ($p < .001$).

^e Children living in foster care were significantly more likely to have lower Daily Living Skills scores than children living in-home with parents ($p < .01$).

^f Children living in foster care were significantly more likely to have very low Daily Living Skills score than children living in-home with parents ($p < .01$) and children living with kin ($p < .01$).

^g Children living in a group home or residential program were significantly more likely to have lower Daily Living Skills scores than children living in-home with parents ($p < .001$), living with kin ($p < .001$), and living in foster care ($p < .01$).

^h Children living in a group home or residential program were significantly more likely to have very low Daily Living Skills scores than children living in-home with parents ($p < .05$).

Exhibit 17. Social Skills Among Children 3 to 17 Years Old by Caregiver Report

	SSRS Social Skills Rating System								
	N	Total		Fewer skills		Average skills		More skills	
		M	SE	%	SE	%	SE	%	SE
Total	2,778	91.8	0.6	34.3	1.7	55.9	1.5	9.7	1.0
Gender									
Male	1,391	92.4	0.8	32.0	2.0	57.6	1.8	10.4	1.6
Female	1,387	91.2	0.8	36.6	2.7	54.3	2.6	9.1	1.3
Age (years)		***		*					
3–5	797	89.9	1.0	39.0 ^a	2.8	53.5	2.9	7.5	1.9
6–10	1,013	90.4	1.0	36.7 ^b	2.4	54.6	2.4	8.7	1.5
11–17	968	94.7 ^c	0.9	28.4	3.0	59.1	3.1	12.5	2.1
Race/ethnicity		**		*					
Black	782	93.9	0.9	27.5	2.0	60.6	2.6	11.9	2.6
White	1,078	92.0	1.0	34.3	2.8	55.9	2.2	9.8	1.5
Hispanic	692	89.2 ^d	1.3	41.6 ^e	3.4	51.4	3.2	7.1	2.0
Other	221	95.6	1.8	24.4	5.7	62.0	6.3	13.7	3.3
Setting		*		*					
In-home	1,966	91.9	0.7	34.1	1.9	56.1	1.6	9.9	1.0
Kin care	405	92.7	1.3	32.5	4.2	58.7	4.7	8.9	2.4
Foster care	339	88.3	1.8	43.3	5.5	47.6	6.1	9.1	4.0
Group home or residential program	53	84.5 ^f	2.5	43.8 ^g	12.9	53.8 ^g	14.2	2.4	1.6

Note: Instrument used was the Social Skills Rating System (SSRS; Gresham & Elliott, 1990). The SSRS standardized scores are based on a mean of 100 with an *SD* of 15. Total scores were categorized as suggested in the SSRS manual (Gresham & Elliott, 1990): fewer social skills (< 85), average social skills (85 to 115), or more social skills (> 115). The proportion showing “more” skills in the normative sample was 16%. 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. Wald *F* and Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children 3 to 5 years old were significantly more likely than children 11 to 17 years old to have SSRS scores in the *fewer skills* range compared to *average skills* ($p < .05$) and *more skills* ($p < .05$).

^b Children 6 to 10 years old were significantly more likely than children 11 to 17 years old to have SSRS scores in the *fewer skills* range compared to *more skills* ($p < .05$).

^c Children 11 to 17 years old had significantly higher mean SSRS scores than children 3 to 5 years old ($p < .001$) and 6 to 10 years old ($p < .001$).

^d Hispanic children had significantly lower mean SSRS scores than Black children ($p < .01$) and children of “Other” race/ethnicity ($p < .01$).

^e Hispanic children were significantly more likely than Black children and children of “Other” race/ethnicity to have SSRS scores in the *fewer skills* range compared to *average skills* ($p < .05$) and *more skills* ($p < .05$).

^f Children living in a group home or residential program had significantly lower mean SSRS scores than children living in-home with parents ($p < .01$) and living with kin ($p < .01$).

^g Children living in a group home or residential program were significantly more likely than children living in-home with parents to have SSRS scores in the *fewer skills* range compared to *more skills* range ($p < .05$), and to have SSRS scores in the *average skills* range compared to *more skills* range ($p < .05$).

Exhibit 18. One or More Repeated Grade Among Children 6 to 17 Years Old by Caregiver Report

	<i>N</i>	%	<i>SE</i>
Total	1,845	25.9	1.9
Gender			
Male	895	27.9	2.9
Female	950	24.9	2.5
Age (years)		*	
6–10	921	21.2	2.4
11–17	924	30.2	2.7
Race/ethnicity			
Black	486	29.6	3.1
White	710	28.4	2.7
Hispanic	473	21.8	4.0
Other	174	19.6	6.3
Setting		*	
In-home	1,336	24.8	2.0
Kin care	286	38.0	7.5
Foster care	212	14.2 ^a	3.0

Note: Caregivers in group home and residential treatment were not asked about children’s grade repetition. 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 in a column apply to the subsequent results for the covariate.

^a Children living in foster care were significantly less likely to have repeated a grade than children living in-home with parents ($p < .05$) or living in kin care ($p < .01$).

Exhibit 19. Cognitive Test Scores for Children 4 to 17 Years Old

	K-BIT composite			K-BIT vocabulary			K-BIT matrices		
	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>	<i>N</i>	Mean	<i>SE</i>
Total	2,270	89.0	1.0	2,347	86.4	1.0	2,286	93.0	1.1
Gender									
Male	1,116	89.8	1.1	1,161	87.3	1.0	1,124	93.5	1.3
Female	1,154	88.2	1.3	1,186	85.5	1.4	1,162	92.5	1.3
Age (years)		***			***			***	
4–5	420	89.8	1.4	433	90.9	1.1	428	90.5	1.7
6–10	841	92.0 ^a	1.0	869	88.8 ^b	1.0	848	96.6 ^c	1.2
11–17	1,009	86.2	1.5	650	82.8 ^d	1.5	630	91.1	1.6
Race/ethnicity		***			***			***	
Black	631	86.2	1.6	644	83.3	1.5	637	91.4	1.7
White	889	89.4	1.8	929	88.4 ^e	1.6	895	91.1	1.9
Hispanic	545	88.4	1.4	563	83.8	1.7	548	95.0	1.2
Other	201	96.5 ^f	0.7	207	92.8 ^g	0.9	202	101.0 ^h	1.3
Setting					*				
In-home	1,595	89.1	1.1	1,657	86.5 ⁱ	1.0	1,608	93.3	1.1
Kin care	331	88.6	1.7	336	86.7	2.0	333	91.6	1.6
Foster care	269	87.3	2.6	278	84.7	3.0	270	90.8	2.1
Group home or residential program	62	84.7	2.6	63	82.3	1.9	62	90.0	3.3

Note: Instrument used was the Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 2004). All analyses were on weighted data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children 6 to 10 years old had a significantly higher mean K-BIT composite score than children 11 to 17 years old ($p < .001$).

^b Children 6 to 10 years old had a significantly lower K-BIT vocabulary mean score than children 4 to 5 years old ($p < .05$).

^c Children 6 to 10 years old had a significantly higher K-BIT matrices mean score than children 4 to 5 years old ($p < .01$) or 11 to 17 years old ($p < .001$).

^d Children 11 to 17 years old had a significantly lower K-BIT vocabulary mean score than children 4 to 5 years old ($p < .001$) and 6 to 10 years old ($p < .001$).

^e White children had a significantly higher K-BIT vocabulary mean score than Black children ($p < .05$) or Hispanic children ($p < .05$).

^f Children of “Other” race/ethnicity had a significantly higher mean score on the K-BIT composite than Black children ($p < .0001$), White children ($p < .001$), or Hispanic children ($p < .001$).

^g Children of “Other” race/ethnicity had a significantly higher K-BIT vocabulary mean score than Black children ($p < .0001$), White children ($p < .05$), or Hispanic children ($p < .001$).

^h Children of “Other” race/ethnicity had a significantly higher K-BIT matrices mean score than Black children ($p < .0001$), White children ($p < .001$), or Hispanic children ($p < .01$).

ⁱ Children living in-home with parents had a significantly higher K-BIT vocabulary mean score than children living in foster care ($p < .05$).

Exhibit 20. Very Low Cognitive Test Scores for Children 4 to 17 Years Old

	K-BIT composite			K-BIT vocabulary			K-BIT matrices		
	<i>N</i>	% -2 <i>SD</i> or less	<i>SE</i>	<i>N</i>	% -2 <i>SD</i> or less	<i>SE</i>	<i>N</i>	% -2 <i>SD</i> or less	<i>SE</i>
Total	2,270	13.2	1.6	2,347	16.9	1.9	2,286	10.2	1.5
Gender									
Male	1,116	13.0	1.9	1,161	16.3	2.1	1,124	9.9	1.7
Female	1,154	13.3	2.4	1,186	17.5	2.6	1,162	10.5	1.7
Age (years)		*			*			***	
4–5	420	11.4	2.6	433	10.8	2.6	428	13.3	2.8
6–10	841	9.1	1.6	869	13.3	2.0	848	4.2 ^a	1.4
11–17	1,009	17.1 ^b	2.9	650	22.0 ^c	2.9	630	13.9	2.6
Race/ethnicity		**			**			**	
Black	631	18.0	3.6	644	22.2	3.4	637	11.4	2.5
White	889	13.9	3.0	929	14.2	2.8	895	13.6	3.0
Hispanic	545	11.2	2.2	563	20.8	3.8	548	6.5	1.3
Other	201	2.7 ^d	1.4	207	4.7 ^e	2.0	202	1.8 ^f	0.6
Setting									
In-home	1,595	13.3	1.8	1,657	17.0	2.0	1,608	10.2	1.6
Kin care	331	10.2	3.8	336	15.3	4.1	333	8.2	2.7
Foster care	269	17.3	5.6	278	20.9	5.3	270	10.3	3.4
Group home or residential program	62	15.2	4.6	63	10.7	2.9	62	12.7	4.5

Note: Instrument used was the Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 2004). 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 (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children 6 to 10 years old were significantly less likely to have scores -2 *SD* or more below the mean on the K-BIT matrices than children 4 to 5 years old ($p < .01$) or 11 to 17 years old ($p < .001$).

^b Children 11 to 17 years old were significantly more likely to have scores -2 *SD* or more below the mean on the K-BIT composite than children 6 to 10 years old ($p < .01$).

^c Children 11 to 17 years old were significantly more likely to have scores -2 *SD* or more below the mean on the K-BIT vocabulary than children 4 to 5 years old ($p < .001$) or children 6 to 10 years old ($p < .01$).

^d Children of “Other” race/ethnicity were significantly less likely to have scores -2 *SD* or more below the mean on the K-BIT composite than Black children ($p < .01$), White children ($p < .01$), or Hispanic children ($p < .01$).

^e Children of “Other” race/ethnicity were significantly less likely to have scores -2 *SD* or more below the mean on the K-BIT vocabulary than Black children ($p < .001$), White children ($p < .01$), or Hispanic children ($p < .01$).

^f Children of “Other” race/ethnicity were significantly less likely to have scores -2 *SD* or more below the mean on the K-BIT matrices than Black children ($p < .01$), White children ($p < .01$), or Hispanic children ($p < .01$).

Exhibit 21. School Achievement for Children 5 to 17 Years Old

	<i>N</i>	WJ-III Word Identification		WJ-III Applied Problems	
		Mean	<i>SE</i>	Mean	<i>SE</i>
Total	2,115	92.4	1.5	87.1	1.6
Gender					
Male	1,054	92.2	1.6	88.0	2.0
Female	1,061	92.6	1.7	86.2	1.5
Age (years)		**		***	
5–11	1,241	95.7	1.2	92.4	1.3
12–17	873	88.0	2.7	79.7	2.4
Race/ethnicity		**		**	
Black	582	91.2	1.7	87.1	1.5
White	826	89.4	2.8	84.4	2.9
Hispanic	510	95.2	1.5	89.0	1.4
Other	193	102.7 ^a	1.3	95.2 ^b	1.7
Setting					
In-home	1,483	92.8	1.6	87.2	1.6
Kin care	309	89.2	2.6	86.9	2.2
Foster care	248	93.6	2.8	84.6	2.7
Group home or residential program	63	86.7	3.4	83.1	2.1

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock 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. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children of “Other” race/ethnicity had a significantly higher mean score on Word Identification than Black children ($p < .001$), White children ($p < .001$), or Hispanic children ($p < .01$).

^b Children of “Other” race/ethnicity had a significantly higher mean score on Word Identification than Black children ($p < .001$), White children ($p < .01$), or Hispanic children ($p < .01$).

Exhibit 22. Very Low School Achievement Test Scores Among Children 5 to 17 Years Old

	WJ-III Word Identification			WJ-III Applied Problems		
	<i>N</i>	% <i>-2 SD</i> or less	<i>SE</i>	<i>N</i>	% <i>-2 SD</i> or less	<i>SE</i>
Total	2,115	11.1	1.7	2,115	14.0	2.3
Gender						
Male	1,054	11.3	2.1	1,055	15.4	3.5
Female	1,061	10.9	2.1	1,060	12.7	2.2
Age (years)		*			**	
5–11	1,241	8.0	1.4	1,241	9.4	2.1
12–17	873	15.3	3.1	873	20.3	3.5
Race/ethnicity		***				
Black	582	14.0	2.4	582	13.0	3.0
White	826	13.9	3.2	825	18.5	4.1
Hispanic	510	7.4	2.4	511	10.0	2.9
Other	193	1.2 ^a	0.5	193	5.6	2.1
Setting						
In-home	1,483	11.1	1.9	1,486	14.3	2.5
Kin care	309	10.7	3.3	305	11.6	3.6
Foster care	248	10.0	2.7	249	12.9	3.7
Group home or residential program	63	22.4	11.4	63	13.3	5.8

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). 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 (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children of “Other” race/ethnicity were significantly less likely to have scores $-2 SD$ or more below the mean on Word Identification than Black children ($p < .001$), White children ($p < .01$), or Hispanic children ($p < .05$).

Exhibit 23. School Achievement Test Scores for Passage Comprehension (WJ-III) for Children 5 to 11 Years Old

	<i>N</i>	WJ-III Passage Comprehension	
		Mean	<i>SE</i>
Total	1,240	87.9	1.2
Gender			
Male	669	87.0	1.2
Female	571	89.2	1.8
Race/ethnicity		*	
Black	358	88.2	1.5
White	490	86.9	2.2
Hispanic	294	88.0	1.4
Other	97	94.3 ^a	1.3
Setting		**	
In-home	906	88.1	1.3
Kin care	187	89.4	1.5
Foster care	134	81.9	3.9
Group home or residential program	10	71.1 ^b	6.6

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Wald F tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children of “Other” race/ethnicity had a significantly higher mean score on WJ-III Passage Comprehension than Black children ($p < .01$), White children ($p < .01$), or Hispanic children ($p < .01$).

^b Children living in a group home or residential program had a significantly lower mean score on Passage Comprehension than children living in-home with parents ($p < .05$) or children living in kin care ($p < .01$).

Exhibit 24. Very Low School Achievement Test Scores for Passage Comprehension (WJ-III) for Children 5 to 11 Years Old

	<i>N</i>	WJ-III Passage Comprehension	
		% -2 <i>SD</i> or less	<i>SE</i>
Total	1,240	12.1	2.1
Gender			
Male	669	12.8	2.5
Female	571	11.1	2.8
Race/ethnicity		*	
Black	358	12.3	2.9
White	490	13.4	3.8
Hispanic	294	12.3	3.0
Other	97	2.0 ^a	1.5
Setting			
In-home	906	12.2	2.3
Kin care	187	6.4	2.5
Foster care	134	17.7	6.3
Group home or residential program	10	48.4	21.7

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Woodcock et al., 2001). 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 ($*p < .05$). Asterisks in a column apply to the subsequent results for the covariate.

^a Children of “Other” race/ethnicity were significantly less likely to have scores -2 *SD* or more below the mean on WJ-III Passage Comprehension than Black children ($p < .01$), White children ($p < .05$), or Hispanic children ($p < .01$).

Exhibit 25. Substance Use for Adolescents 11 to 17 Years Old by Adolescent Report

Substance	<i>N</i>	Ever used	
		%	<i>SE</i>
Alcohol	1,010	41.9	2.9
Marijuana	1,008	22.1	2.4
Inhalants	1,016	7.8	1.4
Ecstasy	1,012	5.8	1.1
Cocaine, crack, or freebase	1,017	5.1	1.0
Methamphetamines	1,013	3.6	0.9
Nonprescription steroids	1,016	2.8	0.6
Heroin	1,015	2.2	0.6

Note: Items used were from Monitoring the Future (Johnston et al., 2007) and Youth Risk Behavior (Centers for Disease Control and Prevention, 1999). 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.

Exhibit 26. Use of Cigarettes, Alcohol, or Marijuana in the Past 30 Days for Adolescents 11 to 17 Years Old by Adolescent Report

Substance	N	Cigarette use in past 30 days		Alcohol use in past 30 days		Marijuana use in past 30 days	
		%	SE	%	SE	%	SE
Total	1,014	12.0	1.5	21.6	2.7	10.9	2.4
Gender							
Male	446	9.8	2.3	17.2	3.3	11.6	2.1
Female	568	13.6	2.2	24.5	4.1	10.4	2.6
Age (years)		***		*		***	
11–12	309	4.2 ^a	2.2	11.1 ^b	4.2	3.8	1.3
13–14	319	13.3	3.0	20.9	3.5	8.1	2.5
15–17	385	18.3	3.3	32.1	5.4	20.0 ^c	3.3
Race/ethnicity							
Black	271	11.5	3.4	17.0	3.4	11.4	3.1
White	388	12.0	2.5	13.5	2.3	8.8	2.1
Hispanic	245	11.2	2.5	36.0	7.6	12.7	2.5
Other	108	16.5	6.6	22.8	7.2	14.2	5.8
Setting							
In-home	693	12.1	1.6	21.1	3.2	10.3	1.5
Kin care	137	13.8	5.0	28.7	8.3	17.5	5.5
Foster care	126	7.6	2.5	16.3	6.1	7.1	2.5
Group home or residential program	50	8.1	3.4	13.3	5.1	11.6	5.3

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 initial significance tests. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 11 to 12 years old were significantly less likely to have smoked cigarettes in the past 30 days than adolescents 13 to 14 years old ($p < .05$) or 15 to 17 years old ($p < .01$).

^b Adolescents 11 to 12 years old were significantly less likely to have drunk alcohol in the past 30 days than adolescents 15 to 17 years old ($p < .01$).

^c Adolescents 15 to 17 years old were significantly more likely to have smoked marijuana in the past 30 days than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .01$).

Exhibit 27. Substance Use Disorder for Adolescents 11 to 17 Years Old by Adolescent Report

	<i>N</i>	CRAFFT Screening Test score of 2 or higher	
		%	<i>SE</i>
Total	1,010	19.3	2.3
Gender			
Male	443	17.8	3.6
Female	567	20.2	2.8
Age (years)		***	
11–12	310	5.3 ^a	2.2
13–14	317	19.3 ^b	3.7
15–17	382	32.5	5.1
Race/ethnicity			
Black	270	18.7	4.5
White	388	17.6	2.9
Hispanic	242	20.6	4.3
Other	108	25.0	8.3
Setting			
In-home	686	17.2	2.0
Kin care	139	34.6	9.7
Foster care	126	28.5	6.9
Group home or residential program	51	21.9	5.6

Note: Instrument used was the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) substance abuse screening test (CRAFFT; Knight, Sherritt, Shrier, Harris, & Chang, 2002). A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. 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 (***) $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 11 to 12 years old were significantly less likely to abuse substances than adolescents 13 to 14 years old ($p < .01$) or 15 to 17 years old ($p < .001$).

^b Adolescents 13 to 14 years old were significantly less likely to abuse substances than adolescents 15 to 17 years old ($p < .05$).

Exhibit 28. Sexual Experience and Pregnancy by Female Adolescent Report

	<i>N</i>	Ever had sex		Had sex in past 12 months		Ever had forced sex		Ever been pregnant	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	566	28.4	2.7	23.5	3.3	11.1	2.1	4.9	1.5
Age (years)		***		***		*		*	
11–12	158	6.5 ^a	2.5	2.4 ^b	1.6	3.8 ^c	2.0	0.2 ^d	0.2
13–14	178	29.1 ^e	6.5	23.6 ^f	5.1	15.3	5.2	3.9	3.2
15–17	230	49.0	6.2	43.9	5.8	14.8	3.8	10.3	3.3
Race/ethnicity									
Black	143	34.0	4.6	25.7	5.1	12.0	5.3	1.0	0.6
White	220	27.4	5.4	21.7	4.1	12.3	3.6	8.1	3.1
Hispanic	143	21.5	5.0	19.3	4.5	7.3	3.6	2.6	1.8
Other	60	44.4	10.2	39.8	11.5	16.7	7.3	5.6	5.0
Setting									
In-home	397	26.8	2.9	22.8	2.5	9.8	2.2	4.7	1.5
Kin care	63	34.3	10.9	26.1	11.1	20.6	11.3	5.8	3.8
Foster care	81	49.7	8.9	32.1	9.0	18.2	5.2	3.5	2.1
Group home or residential program	20	51.8	19.6	25.1	11.7	36.4	15.9	17.6	11.8

Note: “Sex” was defined as vaginal sex. 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 (* $p < .05$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 11 to 12 years old were significantly less likely to have ever had sex than adolescents 13 to 14 years old ($p < .01$) or 15 to 17 years old ($p < .001$).

^b Adolescents 11 to 12 years old were significantly less likely to have had sex in the past 12 months than adolescents 13 to 14 years old ($p < .01$) or 15 to 17 years old ($p < .001$).

^c Adolescents 11 to 12 years old were significantly less likely to have ever had forced sex than adolescents 15 to 17 years old ($p < .05$).

^d Adolescents 11 to 12 years old were significantly less likely to have ever been pregnant than adolescents 15 to 17 years old ($p < .01$).

^e Adolescents 13 to 14 years old were significantly less likely to have ever had sex than adolescents 15 to 17 years old ($p < .05$).

^f Adolescents 13 to 14 years old were significantly less likely to have had sex in the past 12 months than adolescents 15 to 17 years old ($p < .05$).

Exhibit 29. Sexual Experience and Partner Pregnancy by Male Adolescent Report

	N	Ever had sex		Had sex in past 12 months		Ever had forced sex		Ever got someone pregnant	
		%	SE	%	SE	%	SE	%	SE
Total	448	30.5	3.5	21.6	3.3	5.6	1.7	4.1	1.5
Age (years)		***		***					
11–12	151	13.2	1.0	7.0	3.5	7.2	3.4	2.5	2.0
13–14	142	15.8	5.8	8.3	2.6	1.1	1.0	1.9	2.0
15–17	155	59.8 ^a	3.8	46.7 ^b	5.9	8.5	3.3	7.8	3.3
Race/ethnicity									
Black	129	39.1	7.2	30.7	7.0	14.6	7.0	11.7	6.0
White	171	28.0	3.7	19.8	8.0	3.1	1.6	2.3	1.6
Hispanic	102	28.6	8.9	17.6	7.6	4.4	2.9	2.6	2.4
Other	45	32.4	11.0	26.6	10.7	1.7	1.3	0.0	0.0
Setting						*			
In-home	296	29.5	3.8	19.9	3.7	6.8 ^c	2.1	4.3	1.8
Kin care	75	38.8	12.5	33.3	12.7	0.4	0.4	1.2	1.2
Foster care	46	21.6	8.4	14.4	7.1	0.7	0.7	5.7	5.7
Group home or residential program	29	46.8	14.0	34.0	13.3	5.2	4.1	18.5	13.9

Note: “Sex” was defined as vaginal sex. 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 (* $p < .05$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 15 to 17 years old were significantly more likely to have ever had sex than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .001$).

^b Adolescents 15 to 17 years old were significantly more likely to have had sex in the past 12 months than adolescents 11 to 12 years old ($p < .001$) or 13 to 14 years old ($p < .001$).

^c Males living in-home with parents were significantly more likely to have ever had forced sex than males living in kin care ($p < .05$) or males living in foster care ($p < .05$).

Exhibit 30. Delinquent Acts Committed by Adolescents 11 to 17 Years Old in the Previous 6 Months by Adolescent Report

Delinquent act	<i>N</i>	%	<i>SE</i>
Status offense			
Ran away	1,012	15.1	2.5
Skipped school	1,010	18.3	2.6
Lied about age for movie admittance	1,010	8.4	1.2
Public disorder			
Hitchhiked	1,010	1.9	0.7
Was loud, rowdy, or unruly in public	1,008	14.6	2.5
Was drunk in a public place	1,010	4.2	1.0
Begged for money or things	1,011	4.9	0.9
Carried a hidden weapon	1,008	6.0	1.0
Paid for having sex	1,011	2.4	0.7
Damaged property			
Damaged property	1,011	7.0	1.2
Minor theft			
Stole things worth less than \$5	1,008	10.0	1.9
Went joyriding	1,009	3.8	0.8
Stole things worth more than \$5 but less than \$50	1,007	7.3	1.3
Avoided paying for things such as movies, bus rides, or subway rides	1,005	7.8	1.0
Took something from a store without paying for it	1,005	10.7	1.9
Pickpocketed (snatched wallet or purse)	1,008	1.1	0.5
Serious property crime			
Stole vehicle or attempted to steal vehicle	1,008	1.4	0.5
Stole items worth more than \$50 but less than \$100	1,007	4.4	1.2
Bought or sold stolen goods	1,008	2.8	0.8
Entered or tried to enter a building to steal	1,010	5.5	1.1
Stole items worth more than \$100	1,008	3.2	1.2
Took items from a car	1,009	2.2	0.6
Set fire to a house, building, car, or other property	1,011	1.1	0.4
Used false checks	1,009	0.8	0.5
Used credit cards without permission	1,008	1.5	0.7
Deliberately sold an item above its value	1,008	3.1	0.7
Simple assault			
Threw objects, such as rocks or bottles, at another person	1,009	5.2	1.4
Hit someone with the intention of hurting him or her	1,008	13.4	2.3
Felony assault			
Attacked someone with the intention to hurt, harm, or kill	1,007	1.8	0.6
Used threats or weapon to take money or things from another person	1,010	2.4	1.1
Had or tried to have sexual relations with someone against his or her will	1,008	0.7	0.3
Physically hurt or threatened another to have sex against his or her will	1,009	1.0	0.4
Was involved in a gang fight	1,007	6.4	1.3
Sold drugs			
Sold marijuana or hashish	1,009	3.1	0.8
Sold hard drugs	1,010	1.1	0.4

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). 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.

Exhibit 31. Types of Delinquent Acts Committed by Adolescents 11 to 17 Years Old in the Previous 6 Months by Adolescent Report

	<i>N</i>	Status offense		Public disorder		Damaged property		Minor theft		Serious property crime		Simple assault		Felony assault		Sold drugs	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,015	28.1	2.8	22.3	2.6	7.0	1.2	19.7	2.0	10.7	1.5	16.1	2.6	9.0	1.8	3.2	0.8
Gender																	
Male	446	26.4	3.8	21.0	3.9	8.2	1.9	16.4	2.5	12.1	2.0	14.5	2.8	8.1	1.9	4.4	1.8
Female	569	29.3	3.4	23.2	3.1	6.2	1.4	21.9	3.1	9.8	1.8	17.1	3.5	9.6	2.8	2.4	0.9
Age (years)		***														**	
11–12	307	13.4 ^a	2.7	16.2	5.7	6.3	2.0	16.0	4.4	6.1	1.8	14.4	5.5	5.4	2.0	0.8	0.4
13–14	319	29.8	3.0	21.3	3.0	7.5	2.2	20.4	3.0	13.5	2.9	12.6	2.4	7.8	1.8	0.4	0.2
15–17	388	40.2	5.1	28.8	3.4	7.1	2.0	22.6	3.3	12.5	2.6	20.8	4.1	13.4	3.9	8.0 ^b	2.2
Race/ethnicity																	
Black	273	23.1	4.0	23.2	4.4	10.3	3.8	23.0	5.2	13.7	3.5	13.7	3.6	12.4	4.3	2.6	1.7
White	388	24.5	3.4	17.9	2.3	5.9	1.5	14.5	2.0	10.4	2.2	16.8	4.1	7.5	2.4	2.8	1.4
Hispanic	245	34.5	6.9	25.4	6.7	6.2	1.8	25.8	4.1	10.0	3.4	18.4	6.2	8.5	3.0	4.3	1.6
Other	107	35.4	6.7	32.2	7.2	8.3	4.2	19.5	6.4	8.8	3.9	10.9	4.8	11.5	7.6	3.1	1.4
Setting				*													
In-home	692	26.3	3.0	19.5	2.6	6.2	1.3	19.1	2.1	10.5	1.7	14.7	2.8	8.4	2.0	2.3	0.7
Kin care	138	45.0	8.9	47.4 ^c	8.6	12.6	5.2	25.1	8.2	11.6	4.9	29.7	9.0	15.7	6.6	10.9	5.3
Foster care	126	25.1	6.1	23.8	6.2	11.9	3.6	23.2	6.9	14.8	5.8	16.3	3.5	7.1	2.7	5.7	2.5
Group home or residential program	51	29.1	8.1	21.4	5.2	5.2	2.1	15.2	5.9	7.4	3.2	9.9	3.5	6.9	3.1	3.9	1.9

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). 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 (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Adolescents 11 to 12 years old were significantly less likely to have committed a status offense than adolescents 13 to 14 years old ($p < .001$) or 15 to 17 years old ($p < .0001$).

^b Adolescents 15 to 17 years old were significantly more likely to have sold drugs than adolescents 11 to 12 years old ($p < .01$) or adolescents 13 to 14 years old ($p < .01$).

^c Adolescents living in kin care were significantly more likely to have engaged in public disorder than those living in-home with parents ($p < .01$) or in foster care ($p < .05$).

Exhibit 32. Arrest in Past 6 Months by Adolescents 11 to 17 Years Old by Adolescent Report

	<i>N</i>	Arrested or picked up by police in past 6 months	
		%	<i>SE</i>
Total	1,009	6.0	1.1
Gender			
Male	441	7.1	2.0
Female	568	5.3	1.2
Age (years)		***	
11–12	305	0.3 ^a	0.1
13–14	318	7.4	2.1
15–17	385	10.1	1.9
Race/ethnicity			
Black	271	7.8	3.2
White	385	5.3	1.6
Hispanic	246	5.6	1.8
Other	105	8.0	4.9
Setting		*	
In-home	688	4.9 ^b	1.0
Kin care	137	13.9	6.1
Foster care	126	10.8	3.0
Group home or residential program	50	10.7	4.2

Note: All analyses are 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. No significant differences were found for race/ethnicity or age. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). Asterisks in column apply to the subsequent results for the covariate.

^a Adolescents 11 to 12 years old were significantly less likely to have been arrested in the past 6 months than adolescents 13 to 14 years old ($p < .001$) or 15 to 17 years old ($p < .0001$).

^b Adolescents living in-home with parents were significantly less likely to have been arrested in the past 6 months than those living in foster care ($p < .05$).

Exhibit 33. Involvement with the Law for Adolescents 11 to 17 Years Old in the Previous 12 Months by Caregiver Report

	<i>N</i>	Had a court appearance for behavioral problem		Was placed on probation for behavioral offense		Spent time in detention center or correctional facility	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1020	12.2	1.8	6.2	1.4	1.1	0.5
Gender							
Male	454	14.8	3.4	8.1	2.4	2.3	1.2
Female	566	10.6	1.9	4.9	1.5	0.4	0.2
Age (years)		*					
11–12	322	6.0	3.4	2.3	1.2	1.3	1.2
13–14	319	10.1	1.9	5.9	1.7	0.5	0.3
15–17	379	20.3 ^a	3.8	10.3	3.0	1.6	0.8
Race/ethnicity							
Black	278	10.7	3.4	3.4	2.8	2.5	2.2
White	393	15.2	2.9	8.3	2.5	0.7	0.4
Hispanic	243	7.2	2.4	3.8	2.4	1.3	0.9
Other	104	19.0	8.4	10.5	4.9	0.2	0.2
Setting				*			
In-home	694	12.6	2.1	6.0 ^b	1.4	1.3	0.6
Kin care	143	10.1	5.8	8.0	5.8	0.0	0.0
Foster care	126	6.8	2.9	1.1	0.9	0.0	0.0
Group home or residential program	49	22.3	12.9	18.2	13.1	0.0	0.0

Note: All analyses are 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 ($*p < .05$). Asterisks in column apply to the subsequent results for the covariate.

^a Adolescents 15 to 17 years old were significantly more likely to have had a court appearance for behavioral problem than adolescents 11 to 12 years old ($p < .05$) or 13 to 15 years old ($p < .05$).

^b Adolescents living in-home with parents were significantly more likely to be placed on probation for a behavioral offense than those living in foster care ($p < .05$).

Exhibit 34. Proportion of Children with Very Low or Clinical Levels on Standardized Measures as Compared with General Population

Standardized Measure	Age	Proportion “clinical”^a (%)	Comparable Norm^b (%)
Brief Infant Toddler Social and Emotional Assessment (BITSEA; Problems)	12–18 months	34.6	25
Brief Infant Toddler Social and Emotional Assessment (BITSEA; Competence)	12–18 months	21.2	15
Bayley Infant Neurodevelopmental Screener (BINS)	3–24 months	50.8	14
Battelle Developmental Inventory, 2nd Edition (BDI-2; cognitive developmental quotient)	0–47 months	18.7	2.3
Preschool Language Scale-3 (PLS-3; language skills total)	0–71 months	18.7	2.3
Child Behavior Checklist (CBCL; problem behaviors total)	1.5–17 years	22.9	8
Teacher’s Report Form (TRF; problem behaviors total)	5–17 years	18.8	8
Youth Self-Report (YSR) (problem behaviors total)	11–17 years	20.7	8
Children’s Depression Inventory (CDI; depression)	7–17 years	11.4	6.7
Trauma Symptom Checklist for Children (TSCC; post traumatic subscale)	8–17 years	11.6	6.7
Vineland Adaptive Behavior Scale (VABS; Screener Daily Living Skills Domain)	0–17 years	11.1	2.3
Social Skills Rating System (SSRS; social skills)	3–17 years	34.3	15
Kaufman Brief Intelligence Test (K-BIT; cognitive composite)	4–17 years	13.2	2.3
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Word Identification)	5–17 years	11.1	2.3
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III; Applied Problems)	5–17 years	14.0	2.3
Woodcock-Johnson III Tests of Cognitive Abilities (WJ-II; Passage Comprehension)	5–11 years	12.1	2.3

^a Proportion of children in NSCAW II who had very low scores (2 standard deviations below the mean), or scores in the clinical range, or were identified as being “high-risk,” or in the group with the lowest skill level).

^b Proportion of children in the general population or a comparable norm, expected to have a score in the very low or clinical range.

REFERENCES

- Abma, J. C., Martinez, G. M., & Copen, C. E. (2010). Teenagers in the United States: sexual activity, contraceptive use, and childbearing, National Survey of Family Growth 2006-2008. *Vital Health Stat 23(30)*, 1–48.
- Achenbach, T. M. (1991a). *Integrative guide for the 1991 CBCL/4-18, YSR, and TRF profiles*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Achenbach, T. M. (1991b). *Manual for the Child Behavior Checklist/4-18 and 1991 profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Achenbach, T. M. (1991c). *Manual of the Teacher's Report Form and 1991 Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth & Families.
- Aylward, G. P. (1995). *Bayley Infant Neurodevelopmental Screener*. San Antonio, TX: Psychological Corporation.
- Briere, J. (1996). *Trauma Symptom Checklist for Children: Professional manual*. Lutz, FL: Psychological Assessment Resources.
- Briggs-Gowan, M. J., & Carter, A. S. (2002). *Brief Infant-Toddler Social and Emotional Assessment (BITSEA) manual, version 2.0*. New Haven, CT: Yale University.
- Centers for Disease Control and Prevention (1999). *YRBSS: Youth Risk Behavior Surveillance System*. Retrieved October 2007, from <http://www.cdc.gov/HealthyYouth/yrbs/>
- Centers for Disease Control and Prevention (2010). *Youth Risk Behavior Surveillance--United States, 2009*.
- Elliott, D. S., Huizinga, D., & Ageton, S. (1985). *Explaining delinquency and drug use*. Beverly Hills, CA: Sage Publications.
- Gresham, F. M., & Elliott, S. N. (1990). *Social Skills Rating System manual*. Circle Pines, MN: American Guidance Service.
- Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2006. (NIH Publication No. 07-6202)*. Bethesda, MD: National Institute on Drug Abuse.
- Kaufman, A., & Kaufman, N. (1990). *Kaufman Brief Intelligence Test (K-BIT)*. Circle Pines, MN: American Guidance Service.

- Kaufman, A. S., & Kaufman, N. L. (2004). *Kaufman Assessment Battery for Children manual* (2nd ed.). Circle Pines, MN: American Guidance Service.
- Knight, J. R., Harris, S. K., Sherritt, L., Van Hook, S., Lawrence, N., Brooks, T., Carey, P., Kossack, R., & Kulig, J. (2007). Prevalence of positive substance abuse screen results among adolescent primary care patients. *Archives of Pediatrics & Adolescent Medicine, 161*(11), 1035–1041.
- Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. *Archives of Pediatrics & Adolescent Medicine, 156*(6), 607–614.
- Knight, J. R., Shrier, L. A., Bravender, T. D., Farrell, M., Vander Bilt, J., & Shaffer, H. J. (1999). A new brief screen for adolescent substance abuse. *Arch Pediatr Adolesc Med, 153*(6), 591–596.
- Kovacs, M. (1992a). *Children's Depression Inventory*. North Tonawanda, NY: Multi-Health Systems.
- Kovacs, M. (1992b). *The Children's Depression Inventory (CDI) manual*. Toronto: Multi-Health Systems.
- McCurlley, C. (2006). *Self-reported law violating behavior from adolescence to early adulthood in a modern cohort*. Retrieved January 8, 2008, from <http://www.ncjrs.gov/pdffiles1/nij/grants/217588.pdf>
- McPherson, M., Arango, P., Fox, H., Lauver, C., McManus, M., Newacheck, P. W., Perrin, J. M., Shonkoff, J. P., & Strickland, B. (1998). A new definition of children with special health care needs. *Pediatrics, 102*(1 Pt 1), 137–140.
- Merikangas, K. R., He, J. P., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics, 125*(1), 75–81.
- Newborg, J. (2005a). *Battelle Developmental Inventory—Second Edition*. Itasca, IL: Riverside.
- Newborg, J. (2005b). *Battelle Developmental Inventory, Second Edition: Examiner's manual*. Itasca, IL: Riverside.
- Shackelford, J. (2006). *State and jurisdictional eligibility definitions for infants and toddlers with disabilities under IDEA (NECTAC Notes No. 21)*. Chapel Hill, NC: The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.
- Sondik, E. J., Madans, J. H., & Gentleman, J. F. (2010). Summary health statistics for U.S. children: National Health Interview Survey, 2009. National Center for Health Statistics. *Vital Health Statistics, 10*(247).

- Sparrow, S. S., Balla, D. A., & Cicchetti, D. V. (1984). *Vineland Adaptive Behavior Scales (VABS)*. Circle Pines, MN: American Guidance Service.
- Sparrow, S. S., Carter, A. S., & Cicchetti, D. (1993a). *Vineland screener: overview reliability, validity, administration and scoring*. New Haven, CT: Yale University Child Study Center.
- Sparrow, S. S., Carter, A. S., & Cicchetti, D. V. (1993b). *Vineland Screener: Overview, reliability, validity, administration, and scoring*. New Haven, CT: Yale University Child Study Center.
- Stein, R. E., Silver, E. J., & Bauman, L. J. (2001). Shortening the questionnaire for identifying children with chronic conditions: what is the consequence? *Pediatrics*, *107*(4), E61.
- Substance Abuse and Mental Health Services Administration (2010). *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.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (2008). *The National Survey of Children with Special Health Care Needs Chartbook 2005–2006*. Rockville, MD: U.S. Department of Health and Human Services.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (2009). The National Survey of Children's Health 2007 Available from <http://mchb.hrsa.gov/nsch07/national/1child/3schoolactivities/pages/04rg.html>
- Woodcock, R. W., McGrew, K. S., & Mather, N. (2001). *Examiner's manual: Woodcock-Johnson III Tests of Cognitive Abilities*. Itasca, IL: Riverside.
- Zimmerman, I. L., Steiner, V. G., & Pond, R. E. (1992). *PLS-3: Preschool Language Scale-3*. San Antonio, TX: The Psychological Corporation.

APPENDIX

Scales. Following is a descriptive list of the instruments used as measures of child well-being in NSCAW II.

- *Battelle Developmental Inventory & Screening Test, 2nd Edition (BDI-2)*. The BDI-2 is a standardized, individually administered assessment battery of key developmental skills in children. The Cognitive domain was administered, which consists of the following three subdomains: (1) Attention and Memory for children 0 to 47 months old, (2) Perception and Concepts for children 0 to 47 months old, and (3) Reasoning and Academic Skills for children 24 to 47 months old. A Cognitive Development Quotient is estimated based on the subdomains. It is normed to have a mean of 100 and standard deviation of 15 (Newborg, 2005b).
- *Bayley Infant Neurodevelopmental Screener (BINS)*. BINS is a screening tool to identify infants between 3 and 24 months old with developmental delays or neurological impairments for further diagnostic testing. It has four conceptual assessment areas: Basic Neurological Functions/Intactness (of the infant's central nervous system), Receptive Functions (sensation and perception), Expressive Functions (fine, oral, and gross motor skills), and Cognitive Processes (memory/learning and thinking/reasoning) (Aylward, 1995).
- *Brief Infant Toddler Social and Emotional Assessment (BITSEA)*. The BITSEA (Briggs-Gowan & Carter, 2002) is a 42-item screener for measuring social-emotional/behavioral problems and delays in competence. It was administered to caregivers of children 12 to 18 months old. Problem Behavior scores greater than or equal to the cut score reflect the 25th percentile. Scores in the Possible Problem range indicate that a child's behavior may be clinically significant and merit additional assessment. Competence scores (Possible Deficit/Delay total) less than or equal to the cut score correspond to the 15th percentile. Scores in the possible deficit/delay range indicate that a child may not have acquired the social-emotional competencies that are expected for his or her age and sex. Cutoff scores to identify children with possible problems/deficits corresponded to 13 points or greater (15 points or greater for boys 18 months old) for the Problem Behavior subscale, and 12 points or lower (14 points or lower for children 18 months) for the Competence subscale.
- *Child Behavior Checklist for Ages 1.5–5 (CBCL 1.5–5)*. CBCL was “designed to provide standardized descriptions of behavior rather than diagnostic inferences” (Achenbach, 1991b, p. iii) about competencies, problem behaviors, and other problems. It contains 100 items for 1.5- to 5-year-olds, the problem scale is composed of seven syndromes (Emotionally Reactive (1), Anxious/Depressed (2), Somatic Complaints (3), Withdrawn (4), Sleep Problems (5), Attention Problems (6) Aggressive Behavior (7)) and an Other Problems category. Behaviors are categorized as Externalizing (containing the Attention Problems and Aggressive Behavior syndromes) or Internalizing (containing the Emotionally Reactive, Anxious/Depressed, Somatic Complaints, and Withdrawn syndromes). A Total Problems score is derived from the total of the syndromes and Other Problems items

(Achenbach, 1991b), behavior ratings were considered clinically significant if scale *T* scores were at or above 64.

- *Child Behavior Checklist for Ages 6-18 (CBCL 6-18)*. The checklist for children 6 to 18 years old consists of 118 items related to behavioral problems. For each item, the child's caregiver indicates how well the behavior describes the child, either now or within the past 6 months, on a 3-point scale: 0, *not true* of the child; 1, *somewhat/sometimes true*; or 2, *very/often true*. The caregiver also reports on 20 social competency items, such as the amount and quality of the child's participation in sports, hobbies, jobs and chores, and organizations; friendships; and school functioning. For this report, the CBCL Total Problem, Internalizing, and Externalizing behavior standardized (*T*) score was used to measure the behavioral well-being of children. In keeping with recommended procedures for classifying the Total Problems, Internalizing, and Externalizing scales (Achenbach, 1991b; Achenbach & Rescorla, 2001), behavior ratings were considered clinically significant if scale *T* scores were at or above 64.
- *Children's Depression Inventory (CDI)*. The CDI measures depression by asking various questions of children 7 to 17 years old about their engagement in certain activities or their experience of certain feelings (e.g., sad, enjoyment around other people). CDI contains 27 items, each with a 3-point Likert-type scale (0 = *absence of symptom*, 1 = *mild symptom*, 2 = *definite symptom*) that addresses a range of depressive symptoms as indicated by five factors: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. Children were determined to have a clinically significant total score on CDI if the total depression standard *T* score was greater than or equal to 65. This clinical cutoff is based on the CDI normative sample's rates of depression in the CDI manual (Kovacs, 1992b); it corresponds to a raw score of 19 for girls and 24 for boys.
- *CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)*. Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT (CRAFFT; Knight et al., 2002). There are six CRAFFT items: have you ridden in a *Car* driven by someone (including yourself) who had been drinking? Do you use alcohol to *Relax*, feel better about yourself, or fit in? Do you use alcohol while you are by yourself, *Alone*? Do you *Forget* things you did while using alcohol? Do your family or *Friends* tell you that you should cut down on your drinking? Have you gotten into *Trouble* while using alcohol? Each item endorsed is given a score of "1." The total number of item endorsed is the score. The CRAFFT has been found to perform best at a cut score of 2 when used to identify adolescents with a DSM-IV substance use disorder in a medical clinic setting. A Total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment. The CRAFFT was only administered to children 11 to 17 years old.
- *Kaufman Brief Intelligence Test (K-BIT)*. The K-BIT is a brief, individually administered screener of verbal and nonverbal intelligence; it is designed for individuals 4 years old or older (Kaufman & Kaufman, 1990). It includes two subtests: Vocabulary (expressive vocabulary and definitions) and Matrices (ability to

perceive relationships and complete analogies). NSCAW II used the standard score for Vocabulary, Matrices, and Total IQ Composite. Each is normed to have a mean of 100 and standard deviation of 15.

- *Preschool Language Scale-3*. (Zimmerman et al., 1992). The PLS-3 measures language development, and precursors of language development, in infants and young children (2 weeks old to 6 years, 11 months old. In this study it was administered to children from birth to 5 years old). PLS-3 measures language development of children from birth to 6 years old (in this study it was administered to children from birth to 5 years old). The Auditory Comprehension subscale measures receptive communication skills. The Expressive Communication subscale measures expressive communication skills. A Total Language score combines these two subscales. Each is normed to have a mean of 100 and standard deviation of 15.
- *Questionnaire for Identifying Children with Chronic Conditions-Revised (QuICCC-R)*. The QuICCC-R is a shortened version of the QuICCC, an instrument endorsed for use in implementing the definition of children with special health care needs adopted by the Maternal and Child Health Bureau. The instrument asks that a parent assess the presence of chronic conditions based upon the child's functional limitations, reliance on assistive devices and service use or need. A child is considered to have a special health care need if the caregiver responds "yes" to each question in any item series. For instance, in one item series the caregiver is asked (1) if a child has life-threatening allergic reactions, (2) if this is because of a medical condition that the child still has, and (3) if this condition has been going on for at least 1 year. Secondary analysis determined that the 16-item QuICCC-R identified more than 95% of children identified by the full QuICCC as having a special health care need (Stein, Silver, & Bauman, 2001). The NSCAW II baseline instrument included 12 of the original 16 QuICCC-R items. The following QuICCC-R items were not included in the NSCAW II baseline instrument due to partial overlap with other items in the NSCAW II survey: child is taking medicine or drugs prescribed by a doctor, child needs to follow a special diet or avoid certain foods, child goes to a medical doctor or specialist on a regular basis, and child goes to a counselor, psychiatrist, psychologist, or social worker on a regular basis. Since NSCAW II contains an abbreviated version of the QuICCC-R, this report describes item-specific findings as opposed to a summary score. A summary score from the abbreviated version would under-represent the presence of special health care needs in the NSCAW population when compared to national estimates based upon the full 16-item QuICCC-R.
- *Self-Report Delinquency Scale*. Adolescents reported any illegal activity, using the Self-Report Delinquency Scale developed for the National Youth Survey (Elliott et al., 1985). Respondents were asked if they had committed several illegal acts in the 6 months prior to interview. According to type of crime and level of severity, illegal activities were divided into the following categories (Elliott et al., 1985): Status Offense (ran away, skipped school, or lied about age for movie admittance), Public Disorder (hitchhiked; was loud, rowdy, or unruly in a public place; begged for money or things; was drunk in a public place; carried a hidden weapon; or paid for having sex), Damaged Property, Minor Theft (stole things worth \$50 or less; went joyriding;

- avoided paying for things such as movies, bus or subway rides, food, or clothing; shoplifted; or pickpocketed), Serious Property Crime (arson; stole things worth over \$50; burglary or attempted burglary; motor vehicle theft or attempted motor vehicle theft; or fraud), Simple Assault (threw objects such as rocks or bottles at people; or hit someone, with the intention of hurting him or her), and Felony Assault (attacked someone with a weapon, with the intention of seriously hurting or killing him or her; was involved in a gang fight; or had or tried to have sexual relations with someone against his or her will).
- *Social Skills Rating System (SSRS)*. The SSRS measures caregiver and teacher perception of the social skills of children between 3 and 18 months old. Separate versions have been developed for preschool, elementary school, and secondary school (Gresham & Elliott, 1990). The scores used in this report are based on the caregiver report. The SSRS assesses social skills in four domains—cooperation, assertion, responsibility, and self-control—and provides standard scores and competence categories for the total, as well as competence categories for the individual domains. The SSRS standardized scores are based on a mean of 100, with a standard deviation of 15. Total scores were categorized as suggested in the SSRS manual (Gresham & Elliott, 1990): Fewer Social Skills (standard scores < 85), Average Social Skills (standard scores 85 to 115), or More Social Skills (standard scores > 115).
 - *Teacher Report Form (TRF)*. The TRF, from the Achenbach System of Empirically Based Assessment, uses the same constructs as the CBCL to evaluate a child’s behavioral problems (Achenbach, 1991c; Achenbach & Rescorla, 2001). The TRF is different in that it is completed by the child’s teacher, rather than a caregiver, and it includes some items specifically related to behaviors displayed in school. As with the CBCL, two versions of the form have been developed: one for children 1.5 to 5 years old and another for children 6 to 18 years old. Each item on the Problem Section of the TRF contains a statement about a child’s behavior. The teacher selects the response that assesses how well each statement describes the child, either currently or within the previous 2 months. Response options include *not true* (0), *somewhat or sometimes true* (1), and *very true or often true* (2). For this report, the TRF Total Problem, Internalizing, and Externalizing behavior standardized (*T*) scores were used. In keeping with recommended procedures for classifying the Total Problems, Internalizing, and Externalizing scales, behavioral ratings were considered clinically significant if scale *T* scores were at or higher than 64. The TRF was administered to children 5 years old and older.
 - *Trauma Symptom Checklist for Children (TSCC)*. The TSCC evaluates posttraumatic symptomatology in children and adolescents (8 to 16 years old, with normative adjustments for 17-year-olds), including the effects of child abuse (sexual, physical, and psychological) and neglect, other interpersonal violence, witnessing trauma to others, major accidents, and disasters. Each symptom item is rated according to its frequency of occurrence using a four point scale ranging from 0 (“never”) to 3 (“almost all of the time”). All clinical scales yield gender- and age-normed *T* scores. One clinical scale was used: Post Traumatic Stress (PTS). Clinically significant

scores on the PTSD subscale were defined as those standardized scale scores at or higher than 65.

- *Vineland Screener*. (Sparrow et al., 1993a). For this report, we used the daily-living skills domain of the Vineland Screener, a shortened version of the Vineland Adaptive Behavior Scale. The scale is administered via a structured interview with the child's caregiver to determine the frequency with which the child typically performs a given behavior. Skills assessed include basic eating and drinking, dressing, toileting, hygiene, housekeeping, time and money concepts, telephone use, and basic safety (Sparrow et al., 1984). Standardized scores are based on a mean of 100, with a standard deviation of 15.
- *Woodcock-Johnson III Tests of Cognitive Abilities*. The W-J is a brief, wide-range test of basic skills and knowledge, including tests of reading, mathematics, writing, and factual knowledge (science, social studies, and humanities). The following three tests were utilized: Word Identification; Passage Comprehension; and Applied Problems. Children 5 to 11 years old were administered all three tests. Children 11 years old and older were administered the Word Identification and Applied Problems tests only. (Woodcock et al., 2001). Letter-Word Identification is a basic reading skill involving naming letters and reading words aloud from a list. Passage Comprehension is a measure of reading comprehension in which the individual has to orally supply the missing word removed from each sentence or very brief paragraph. Applied Problems is a test of math reasoning requiring the individual to solve oral word-problems. Standardized scores are based on a mean of 100, with a standard deviation of 15.
- *Youth Self-Report (YSR)*. The YSR was designed to assess self-reported feelings and behavior for comparison to normative groups of 11- to 18-year-olds (Achenbach, 1991a; Achenbach & Rescorla, 2001). The YSR is almost identical to the CBCL in content and structure, including the competence scales, problem syndromes, and other problems. For this report, the YSR Total Problem, Internalizing, and Externalizing behavior standardized (*T*) scores were used to measure adolescent behavioral well-being. In keeping with recommended procedures for classifying the Total Problems, Internalizing and Externalizing scales (Achenbach, 1991a; Achenbach & Rescorla, 2001), behavioral ratings were considered clinically significant if scale *T* scores were at or higher than 64.

Derived Variables. Following is a descriptive list of the variables derived for the NSCAW II Baseline Report: Child Well-Being.

- *Developmental Need*. Developmental problems were defined based on young children having a diagnosed mental or medical condition that has a high probability of resulting in developmental delay (e.g., Down syndrome) and/or being 2 standard deviations below the mean in at least one developmental area or 1.5 standard deviations below the mean in two areas. Areas included cognitive development based on the BDI or K-BIT, communication development based on the PLS-3, and adaptive development based on the Vineland Daily Living Skills.

- Risk of Cognitive or Behavioral/Emotional Problems.* Children were considered to be at risk for a cognitive problem or low academic achievement if they had a score 2 standard deviations or more below the mean for the K-BIT or Woodcock-Johnson III (considered a cognitive need) (Kaufman & Kaufman, 2004; Woodcock et al., 2001). Children were considered to be at risk for a behavioral/emotional problems if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the CBCL (Achenbach & Rescorla, 2001); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the YSR (Achenbach & Rescorla, 2001); (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the TRF (Achenbach & Rescorla, 2001); (4) a clinically significant score was obtained on the CDI (Kovacs, 1992a), or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).
- Setting.* The setting variable includes six levels: in-home, formal kin care, informal kin care, foster care, group home/residential program, or other out of home. *In-home* caregivers include living situations where the primary caregiver is either a biological, adoptive, or stepmother/father. *Formal kin care* includes situations where the primary caregiver has a kin relationship to the child and where the caregiver is receiving payments from the child welfare system. *Informal kin care* is where the primary caregiver has a kin relationship to the child, but is not receiving payments from the child welfare system. *Foster care* indicates that the child primary caregiver was identified as a foster parent. *Group home/residential program* indicates that a child was currently living in a group home or residential facility. *Other out of home* includes situations where the primary caregiver was identified as “other nonrelative” and where the primary caregiver was not receiving foster parent payments.