

Children Involved with Child Welfare: A Transition to Adolescence

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The Administration for Children and Families

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Executive Summary

The National Survey of Child and Adolescent Well-Being (NSCAW) is a longitudinal study of a national probability sample of children involved with the child welfare system (CWS). NSCAW originated in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which directed the U.S. Department of Health and Human Services to carry out a national study of children at risk for maltreatment or otherwise involved with the CWS. The sample, which represents the population of children and families who entered child protective services within a 15-month period (October 1999 through December 2000), included 5,501 children (aged zero to 14 years at the time of sampling) from 92 child welfare agencies nationwide. NSCAW gathered data on children's safety, permanency of living situation, well-being, and services at five points in time. Baseline data were collected approximately 4 months after the completion of the index CWS maltreatment investigation; follow-up data were collected 1 year (Wave 2), 1½ years (Wave 3), 3 years (Wave 4), and 6 to 7 years later (Wave 5).

Purpose of the Report. This report is the third in a series presenting findings from the NSCAW Wave 5 follow-up. It provides information about 1,484 adolescents who were reported for maltreatment to the CWS when they were between 3 and 11 years old (baseline). Some children's cases were closed after investigation; others had a case opened to CWS services. Although the majority remained at home after investigation, a small proportion were removed from their homes. Now, 6 to 7 years after the child protective services investigation, these adolescents are 11 to 17 years old. This report summarizes the safety, well-being, and service needs of both these adolescents and their caregivers at Wave 5. The report is organized into six main sections: Safety, Adolescent Well-Being, Services Received by Adolescents, Adolescents' Caregivers, Services Received by Adolescents' Caregivers, and Child Welfare System Services.

Adolescent Characteristics. Key characteristics found for this sample are as follows:

- ***Adolescents' age, sex, and race/ethnicity.*** The largest age group (making up 39.0%) of adolescents comprised 15- to 17-year-olds, with 31.0% being 11 to 12 years old and 29.9% being 13 to 14 years old. Approximately half were male (51.0%). A plurality were White (48.1%), 26.9% were Black, 19.1% were Hispanic, and 6.0% described their race/ethnicity as "other."
- ***Living situation.*** At Wave 5 most adolescents were living at home with their biological parents (77.2%). Almost a sixth (16.1%) were living with a kin primary caregiver; 3.1%, with adoptive parents; 2.0%, in foster care; and 1.7%, in a group home or other type of residential treatment center.
- ***Primary type of abuse.*** At the time of the index report of child maltreatment, caseworkers reported that 25.9% of cases were reported for physical abuse; 25.0%, for failure to supervise; 22.8%, for failure to provide; 11.4%, for sexual abuse; 7.2%, for emotional abuse; 5.5%, for moral/legal, educational

maltreatment or other maltreatment; and 2.1%, for abandonment. More than a quarter (28.5%) of these cases were substantiated.¹

- *Prior child welfare system involvement.* Caseworkers reported that 53.5% of families had been previously reported for child maltreatment. Among those with a prior report, the majority were investigated (94.9%), and 55.6% were substantiated.
- *Caseworker risk assessment at investigation.* At baseline, caseworkers had been asked about their perceptions of caregivers' risk factors. Caseworkers reported that 29.9% of caregivers had poor parenting skills, 27.3% had a history of suffering domestic violence, 23.7% had a childhood history of abuse or neglect themselves, and 20.3% identified the child as having major special needs or behavioral problems.
- *Out-of-home placement history.* Only a quarter (22.6%) of these adolescents had ever lived out of home at some point during the study. Across Waves 1 through 5, most adolescents remained at home with their biological parents.

Safety. Key findings about adolescents' safety were as follows:

- *Caregiver aggression and neglect.* Caregivers and adolescents completed the Conflict Tactics Scale–Parent–Child Version to assess caregivers' aggression and neglect. More than three quarters (81.7%) of caregivers reported using psychologically aggressive disciplinary tactics in the year preceding the Wave 5 interview. A full 40.1% used corporal punishment or other minor hitting. Much lower proportions of caregivers reported any type of severe assault (7.0%) or very severe assault (2.3%). Almost a third (32.9%) of caregivers reported the occurrence of some form of neglect in the year before the interview. Reporting on their own experiences (using the Conflict Tactics Scale), 57.6% of adolescents indicated that psychological aggression was used by their caregivers. The receipt of minor physical assault or corporal punishment was reported by 30.0% of adolescents. Low percentages of adolescents reported receipt of any type of severe physical assault (9.6%) or very severe physical assault (5.8%).
- *Witnessing and experiencing violence.* On the Violence Exposure Scale—Revised, 20.8% of adolescents reported seeing an adult at their home yelling at another person, while 28.2% reported an adult yelling at them. Almost one out of every five adolescents (18.1%) reported seeing an adult spanking a child; only 4.1% reported that an adult has recently spanked them. A small number of adolescents (5.7%) reported seeing an adult stealing at their home. The witnessing of other violent incidents was reported by a very low percentage of adolescents.

¹ *Substantiation* is the child welfare system's official decision that allegations of child maltreatment are valid.

Adolescent Well-Being. Key findings about adolescents' well-being were as follows:

- *Physical health.* The majority of adolescents (94.6%) were reported by caregivers to be in good, very good, or excellent health; 10.6% of caregivers reported that adolescents had a serious chronic health condition (e.g., asthma, diabetes, eczema).
- *Mental health.* On the Children's Depression Inventory, 5.0% of adolescents had a score in the clinical range. On the Posttraumatic Stress scale of the Trauma Symptom Checklist for Children, 5.9% of adolescents had a score in the clinical range.
- *Adolescent behavior.* Scores on the Child Behavior Checklist (CBCL) developed by Achenbach and colleagues were used as indicators of adolescents' mental health, behavioral functioning, and emotional functioning. According to caregivers' report on the CBCL, 26.9% of adolescents scored in the borderline or clinical range of scores on the Externalizing behaviors scale; 15.4%, on Internalizing behaviors scale; and 23.2%, on the Total Problems Scale. According to adolescents' Youth Self-Report, 21.0% of adolescents scored in the borderline or clinical range of scores on the Externalizing behaviors scale; 6.9%, on Internalizing behaviors scales; and 14.3%, on the Total Problems scale.
- *Substance use.* A third of adolescents (33.5%) reported that they used alcohol at some time during their life, 28.7% reported use of cigarettes, 17.9% reported use of marijuana or hashish, 6.5% reported use of chewing tobacco or snuff, 6.4% reported illicit use of prescription medication, 2.6% had reported use of hard drugs (cocaine, crack, or heroin), and 2.3% reported that they had used inhalants. Adolescents also reported on their use of substances in the 30 days preceding the assessment: 14.6% had smoked cigarettes, 13.1% had used alcohol, 8.0% had used marijuana, 3.3% had illicitly used prescription medication, 2.6% had used chewing tobacco or snuff, and less than 1% had used hard drugs or inhalants.
- *Sexual behavior.* Between a quarter and a third (28.4%) of adolescents had at some time had sex. Younger adolescents were less likely to have had sex than older adolescents.
- *Illegal activity.* Using the Self-Report Delinquency Scale, adolescents reported any illegal activity. The most common type of illegal activity was a status offense (25.6%), followed by public disorder (22.7%), minor theft (15.3%) and simple assault (15.3%). Fewer than 10% had damaged property, sold drugs, or committed either a serious property crime or felony assault.
- *Involvement with the law.* Nearly 8.1% of adolescents reported that they had been arrested or picked up by the police at least once in the 6 months prior to interview. According to caregivers, 10.6% of adolescents had a court appearance in the previous 12 months, 5.7% were placed on probation, and less than 1% spent time in a detention center or correctional facility.

- *Cognitive development.* Results of the Kaufman Brief Intelligence Test showed that adolescents performed within the normative range on the Matrices subscale. Overall scores were approximately one half of a standard deviation below the normative mean on the Composite and Vocabulary scales.
- *Academic achievement.* Results of the Woodcock-Johnson III Tests of Cognitive Abilities showed that adolescents performed at least half of a standard deviation below the normative mean on Letter-Word Identification, Calculation, Passage Comprehension, and Applied Problems.
- *Social competence.* Caregiver responses to the Social Skills Rating System suggested that most of these youths were functioning within the average range; however, a greater percentage of adolescents were rated as having “fewer” social skills than the general population.

Adolescent Services. Key findings about adolescents’ access to and use of services were as follows:

- *Insurance status.* A majority of adolescents (64.4%) were insured through Medicaid or some other state-funded insurance, 26.2% had private insurance, less than 1% had CHAMPUS, and 8.6% were uninsured.
- *Preventive health services.* More than three quarters of caregivers (75.7%) reported that adolescents had received a wellness check-up in the 12 months prior to the interview. Almost all adolescents were reported as up-to-date in immunizations (99.2%), and most (92.3%) had a usual source of care. More than half of adolescents had recently participated in vision testing (71.9%) and hearing testing (59.9%), and 72.2% had received dental care in the 12 months prior to the interview. More than a third (34.3%) had received all of these preventive health care services.
- *Urgent health services.* Slightly more than a quarter (27.0%) of adolescents were reported as having used the emergency room or urgent-care services for an illness or an injury in the 12 months preceding the interview. Overnight hospital admissions for illnesses and injuries were less common (5.1%). About 11.6% of adolescents had contact with a physician or nurse for serious accidents, injuries, or poisonings.
- *Special education services.* More than a quarter (25.9%) of all adolescents were reported by their teacher or caregivers to currently have an active Individualized Education Plan (IEP).
- *Mental health services.* Almost a third (30.1%) of adolescents had received any mental health service since previous interview. Almost a fifth (18.9%) received specialty outpatient services, 8.6% received nonspecialty mental health services from a family doctor, and 17.9% received school-based mental health services.

Inpatient mental health services were received by 6.3%, while 16.5% were currently using psychotropic medication.

- *Need for independent-living skills training.* Most adolescents reported that they knew how to shop for and prepare meals (92.9%), use public transportation (79.5%), and interview for a job (65.6%). About half knew how to obtain family planning (51.7%) and how to obtain medical and dental care (46.0%). Only 29.5% knew how to apply for college, and only 14.6% had taken drivers education.

Adolescents' Caregivers. Key characteristics of the adolescents' caregivers were as follows:

- *Caregiver's physical health.* According to their own self-reports, the majority of caregivers (73.4%) were in *good*, *very good*, or *excellent* health. The mean score on the Physical Health Component of the 12-Item Short Form Health Survey (SF-12) was 45.6, one half of a standard deviation below the national norm.
- *Caregiver's mental health.* The mean score on the Mental Health Component of the SF-12 was 49.4, well within the national norm. Depression in permanent caregivers was assessed with the Composite International Diagnostic Interview Short Form (CIDI-SF). 20.9% of caregivers had a score in the clinical range for major depression in the previous 12 months.
- *Domestic violence.* Female permanent caregivers reported on their experiences of severe and less severe physical intimate partner violence (IPV), using the Conflict Tactics Scale. Among them, 8.9% had been victims of IPV during the 12 months preceding the interview: 8.3% had suffered acts of less severe violence; 4.8% had suffered severe physical violence.
- *Caregivers' involvement with the law.* A few permanent caregivers (3.3%) reported that they had been arrested in the year before the interview. Very few (1.2%) reported that they had been convicted in the previous 12 months, and only 0.9% reported having been placed on probation.
- *Services to address basic needs.* Permanent caregivers were asked about services received to address their family's basic living needs. The most commonly reported service was food from a community source (19.2%), followed by financial help (10.7%), excluding Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI), and help with transportation (10.1%). When permanent caregivers were also asked about their receipt of federal or state-supported services, 10.5% reported that they had received TANF, or welfare, and 14.0% had received benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Receipt of food stamps was reported by 38.8% of caregivers. More than a quarter of caregivers (28.5%) reported having received SSI, and 9.5% reported having received housing support.

- *Caregivers' mental health services.* Permanent caregivers were asked to report on mental health services received through inpatient care, day treatment programs, and outpatient clinic or psychiatric services. Few (5.5%) caregivers reported receipt of mental health services since the previous interview.

Child Welfare System Services. Key findings about adolescents' and their families' receipt of child welfare service were as follows:

- *Adolescents with an open child welfare system case.* At Wave 5, 13.6% of all adolescents' caregivers reported that they were still in contact with the CWS and receiving some kind of service. Most of the adolescents were living at home with biological parents (51.3%), 16.7% were in foster care, 15.0% were in kin care, 10.7% were in group homes or residential programs, and 6.4% were with adoptive parents.
- *Child welfare systems services received.* Caseworkers for adolescents with open CWS cases were asked to report on whether an adolescent and his or her family received several different child welfare services. Commonly received services were help with identifying or gaining access to other services (43.2%), family counseling (39.8%), individual parent counseling (38.1%), parent training (35.8%), services to prevent out-of-home placement (32.5%), other nonintensive home-based services (26.9%), and family preservation or reunification services (17.5%).

Introduction

The transition to adolescence is a critical developmental juncture that facilitates future independence. A successful transition hinges on adolescents' educational achievements, acquisition of skills and abilities, and physical and mental health (Fuligni & Hardway, 2004). Adolescence is also marked by the potential onset of unique developmental risks, including delinquency, substance use, sexual experimentation, or school-related problems (Centers for Disease Control and Prevention, 2008). Although a majority of adolescents will pass through this developmental period without undue stress (Eccles, 1999), for those with a history of CWS reports alleging child maltreatment this period can be difficult. The National Survey of America's Families, examining children who had been involved with CWS, found that among adolescents, 32% had been suspended or expelled from school in the previous year, and 39% had low levels of engagement in school (Kortenkamp & Ehrle, 2002). A second study at the time of adolescents' contact with the CWS reported that 65.7% of adolescents 11 to 14 years old had clinically significant emotional or behavioral problems (Burns et al., 2004), 38.3% had used alcohol, 17.3% had used marijuana, and 10% reportedly had been arrested in the previous 6 months (Administration for Children and Families, 2005). This report describes the transition to adolescence for youth who were involved with the CWS as children. It provides a broad description of adolescents' feelings, cognitive development, and academic achievement; relationship with caregivers and peers; physical and mental health; and their need and use of services. It also provides a description of their caregivers' well-being and service needs.

This report uses data from NSCAW, a longitudinal study of a national probability sample of children involved with child welfare. NSCAW originated in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which directed the U.S. Department of Health and Human Services to conduct a national study of children at risk for maltreatment or otherwise involved with the CWS (NSCAW Research Group, 2002). NSCAW gathered data on children's safety, permanency of living situation, well-being, and services at five points in time. A detailed description of the instruments used in NSCAW is provided in the baseline report, available at http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/. The Technical Appendix to this report provides a brief overview of instruments and main derived variables.

Methods. NSCAW involved 5,501 children aged birth to 14 years (at the time of sampling), who had contact with the CWS within a 15-month period beginning in October 1999. These children were selected from 92 primary sampling units in 97 counties nationwide. The sample of investigated or assessed cases included both cases that received ongoing services and cases that did not receive services because either allegations were not substantiated, or it was determined that services were not required. Data was collected at five points in time (waves) between 1999 and 2007.

This sample design required oversampling of infants (to ensure there would be a sufficient number of cases arriving at the stage of permanency planning), sexual abuse cases (to ensure that there would be enough cases to have sufficient statistical power to analyze this kind of abuse specifically), and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of service provision). This approach allowed for generation of national estimates for the full population of children and families entering the system, with power to consider key subgroups of the child welfare population. Weighted percentages were used to provide the most accurate population estimates possible (Christ & Biemer, 2005).

Exhibit 1 gives an overview of when and from whom data was collected in NSCAW. NSCAW provides the widest range of informants of any major study of child welfare: Data were collected from the children, adolescents, or young adults (Wave 5 only) reported for maltreatment; current caregivers (primarily biological parents, foster parents, or kin); caseworkers; and teachers. Questionnaires used standardized instruments measuring safety, child development, child well-being, service delivery, and other constructs, as well as items specially designed for this study. For children, young adults, and caregivers, data were collected in face-to-face interviews conducted in their homes. To help ensure their privacy and comfort in reporting personal information, sensitive data (e.g., substance use, sexual behavior, delinquency, victimization) were collected by means of audio computer-assisted self-interviewing, with which respondents enter data directly into laptop computers after receiving verbal instructions through headphones attached to the laptop.

Data for Waves 1 to 4 were collected for the entire sample according to the time interval since the investigation of maltreatment was closed (2 to 6 months, 12 months, 18 months, and 36 months after the investigation). In contrast, data for Wave 5 were collected by age cohort. Data collection for Wave 5 began in September 2005 and ended in December 2007 (see Exhibit 1). Exhibit 2 describes overall NSCAW weighted response rates by wave.

NSCAW is available to all qualified researchers through the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University (see www.ndacan.cornell.edu). The data analyzed in this report have been released through NDACAN in NSCAW data version 5.4.1. Additional detailed explanations of NSCAW methods are presented in several available documents (Administration for Children and Families, 2005; Christ & Biemer, 2005; NSCAW Research Group, 2002).

Purpose of the Report. The purpose of this report is to describe the safety, well-being, and service needs of a nationally representative sample of adolescents who had been reported for maltreatment to the CWS when they were between 3 and 11 years old (baseline). The sample for this report is 1,484 adolescents 11 to 17 years of age at the time of the Wave 5 interview. Throughout the report, this sample is referred to as *adolescents*.

Baseline data were collected one to 10 months after the close of the index CWS investigation (with a median time of 4 months). Baseline data included interviews with caregivers (permanent and nonpermanent), caseworkers, children, and teachers. Data collection at Wave 3 (1½ years later), Wave 4 (3 years later), and Wave 5 included the same variables as the baseline set. Data collection at Wave 2 included only caseworker and caregiver interviews.

Wave 5 interviews for the adolescents described in this report were conducted between March and December 2007. Adolescent Wave 5 data were collected 6 to 8 years after baseline. The mean time between Wave 5 and Wave 4 (when adolescents were between 6 and 14 years old) was 49 months, with a range of 40 to 63 months.

In some cases, nationally representative data from other studies are available for many of the variables that are collected in NSCAW. Where these data are available, they are provided as a means for examining NSCAW findings in the context of similar information for the general population of adolescents.

Adolescent Characteristics at Wave 5. Exhibit 3 gives an overview of some key characteristics of adolescents at Wave 5. Approximately half of the sample was male (51.0%). The majority of adolescents were 15 to 17 years old (39.0%), 31.0% were 11 to 12 years old, and 29.9% were 13 to 14 years old. The majority were White (48.1%), 26.9% were Black, 19.1% were Hispanic, and 6.0% described their race/ethnicity as “other.” Most children were in 7th or 8th grade (30.3%) or 9th or 10th grade (28.2%), 25.1% were in 5th or 6th grade, 1.5% were in 4th grade or lower, and 2.6% were not in school. More than half (64.4%) reported Medicaid as their primary health insurance. More than a quarter (27.0%) reported private insurance, and 8.6% reported no health insurance. Adolescents living in home with biological parents were less likely to have Medicaid and more likely to have private insurance than adolescents with other living arrangements (Medicaid was had among 60.0% of adolescents in home with biological parents, compared with 88.4% among those in home with adoptive parents, 75.3% among those living with kin, 79.1% among those in foster care, and 99.0% among those in group homes or residential programs).

At Wave 5 most adolescents were living at home with their biological parents (77.2%), while 16.1% were living with a kin primary caregiver. Kin caregivers included grandparents, aunts or uncles, siblings, or other relatives; the *kin caregiver* designation does not necessarily

imply formal, CWS-recognized kinship care. At Wave 5, 3.1% of adolescents were living at home with adoptive parents, 2.0% were living in foster care, and 1.7% were living in a group home or other type of residential treatment center. For NSCAW, *residential treatment center* was defined as a self-contained treatment facility for youth with emotional problems; *group home* was defined as a smaller residential treatment center. Because of the small number of adolescents living in a residential treatment center and group homes, results were combined in the analysis.

Caregiver Characteristics at Wave 5. Exhibit 4 provides an overview of the adolescents' caregivers at Wave 5. The majority of caregivers were female (90.9%). The largest group's members were 35 to 44 years old (44.4%). More than half (52.2%) were White; 24.6%, Black; 17.3%, Hispanic; and 5.9% "other." About a third of caregivers (34.2%) reported having more than a high school education, and 42.3% reportedly lived beneath the federal poverty level. Most caregivers had full-time or part-time employment (64.0%). Only 36.9% of caregivers were married, but the majority lived with other adults in the home (63.1%). More than a fifth (22.6%) had four or more children living in the home.

Exhibit 4 also describes these characteristics by type of caregiver (biological parent, adoptive parent, kin caregiver, or foster caregiver). There were differences with regard to age, poverty level, employment status, and marital status. These differences are detailed within exhibit footnotes. For example, biological parents were more likely to report living in poverty at Wave 5 than adoptive or foster parents; kin caregivers were more likely to live in poverty at Wave 5 than adoptive parents. Biological parents were also less likely to be married than foster, kin, and adoptive caregivers.

Caseworker Reports of Adolescents' Maltreatment at Baseline. Exhibit 5 provides information on adolescents' maltreatment history as reported by caseworkers at the NSCAW baseline interview. In terms of the most serious type of maltreatment reported, 25.9% of cases were for physical abuse, 25.0% were for failure to supervise the child, 22.8% were for failure to provide for the child, 11.4% were for sexual abuse, 7.2% were for emotional abuse, 5.5% were for moral/legal or educational maltreatment or other maltreatment, and 2.1% were for abandonment. More than a quarter (28.5%) of these cases were substantiated. Another 7.2% of the cases were *indicated*, a classification used in some jurisdictions in cases for which some evidence exists for maltreatment but not enough for substantiation. More than half (52.7%) of cases were not substantiated. Less than 1% of cases were classified as *high risk*, 2.8% were classified as *medium risk*, and 8.0% were classified as *low risk*.

At the baseline risk assessment, caseworkers also indicated the level of harm that they believed to have occurred and the kinds of risks that were present in the adolescents' homes. For 45.0% of cases, the caseworker assessed that no harm had occurred; the level of harm was judged to be mild for 29.6% of cases, moderate for 19.5%, and severe for 5.9%. The most common risk factor (53.5% of families) was having prior CWS reports of maltreatment. Among those with a prior report, the majority were investigated (94.9%), and 55.6% were substantiated. Notably, these prior reports are at the family level and do not reference the incident reported at NSCAW baseline; therefore they may be unrelated to the index child in NSCAW. Other risks that were present in a substantial percentage of the cases included poor parenting skills (29.9%), a history of domestic violence against the primary caregiver (27.3%), a history of abuse or

neglect of the primary caregiver (23.7%), and the child's having major special needs or behavioral problems (20.3%).

Adolescents' Out-of-Home Placement History. In order to comprehensively convey adolescents' living situations since the time of the index report, this subsection describes adolescent placement history across Waves 1 to 5. *Placement history* refers to the adolescent's living situation (in-home with biological parents versus out of home) from Waves 1 to 5. *Out of home* indicates that an adolescent was not living in a home with a biological parent at the time of the interview. *Out-of-home placement* may mean being in foster care, being in kinship care, or living in a group home or other residential treatment facility. As Exhibit 6 shows, less than a quarter (22.6%) of adolescents had *ever* lived out of home at some point during the study period. In other words, over the course of the study period, most adolescents remained at home with their biological parents. The large majority of adolescents never experienced a placement; however, 13.3% experienced one out-of-home placement during the study period, 6.1% experienced 2 to 3 out-of-home placements, and 3.2% experienced 4 or more out-of-home placements. Adolescents living with biological parents at Wave 5 were more likely than all other adolescents to have never been placed out of home (88.9%, compared with 12.0% among adopted, 51.8% among those with kin, and 0% among those in foster care and group homes). Adolescents living with kin were significantly less likely to have been placed or to have several placements than adolescents in foster care and group or residential care.

Guide to the Report. This report describes a nationally representative sample of adolescents who were reported for maltreatment to the CWS when they were between 3 and 11 years old (baseline). It summarizes the safety, well-being, and service needs of both the adolescents and their caregivers at Wave 5. The report is organized into six sections, which include the following constructs:

- safety (caregiver aggression and neglect, exposure to violence);
- adolescent well-being (physical and mental health, substance use, sexual behavior, illegal activity, cognitive development, academic achievement, and social competence);
- services received by adolescents (insurance coverage, health and mental health services, and special education services);
- adolescents' caregivers (caregivers' physical and mental health, experiences with IPV, and involvement with the law);
- services received by adolescent caregivers (services to meet basic family needs and mental health services); and
- CWS services (characteristics of adolescents with an open CWS case; CWS services received at Wave 5).

Safety

This section describes the safety of adolescents' living environments at Wave 5 in two ways: (1) by summarizing caregiver- and adolescent-reported caregivers' aggression and neglect, and (2) by describing adolescents' experiences of maltreatment and exposure to violence.

Caregivers' Aggression and Neglect. Caregivers reported their aggression toward and neglect of their children, using the Conflict Tactics Scale–Parent-Child Version (CTS-PC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Caregivers were asked what tactics (primarily related to discipline) they used in their conflicts with their children. Included were both nonviolent disciplinary tactics and tactics that are mildly or seriously aggressive, from spanking to hitting, slapping, and injurious actions (see Technical Appendix). The CTS-PC also asked caregivers about neglect and sexual abuse.²

The percentage of caregivers who used each tactic in the previous year is presented by selected characteristics in Exhibit 7. In the previous year, nearly all caregivers (95.2%) reported having used some form of nonviolent discipline (e.g., explaining why something was wrong). The use of psychological aggression was reported by 81.7% of caregivers (e.g., shouting, yelling, or screaming at the adolescent). The use of minor physical assault or corporal punishment was reported by 40.1% of caregivers (shaking; hitting on the bottom with a hard object; spanking on bottom with a bare hand; slapping on the hand, arm, or leg; pinching). Lower percentages of caregivers reported any kind of severe assault (7.0%; hitting with fist or kicking hard, hitting on another part of the body with a hard object, throwing or knocking the child down, slapping on the face, head, or ears). Very severe assault was reported by 2.3% of caregivers (grabbing around the neck and choking, beating up by hitting repeatedly as hard as possible, burning or scalding on purpose, threatening with a knife or gun). Approximately 32.9% of caregivers reported some form of neglect in the previous year (e.g., that they were so “caught up” in their own problems that they were not able to show or tell their child that they loved him or her, that they were unable to provide needed food).

Caregiver-reported discipline tactics differed significantly by an adolescent's gender and age. Caregivers of male adolescents were significantly more likely to report using severe physical assault (10.2%) than caregivers of female adolescents (3.7%). Caregivers were less likely to use nonviolent discipline with adolescents 15 to 17 years old than with younger adolescents. Similarly, caregivers of older adolescents were less likely to report using minor assaults than caregivers of younger adolescents. Caregivers of adolescents 11 to 12 years old (92.3%) were more likely to report using psychological aggression than caregivers of 13- to 14-year-olds (80.1) or 15- to 17-year-olds (73.9%). Caregivers of adolescents 11 to 12 years old were also more likely to report severe physical assault (10.4% for 11- to 12-year-olds, as opposed to 3.4% for 15- to 17-year-olds). In terms of placement, biological parents were slightly less likely to use nonviolent discipline techniques than adoptive parents (95.6%, as opposed to 100.0%). No significant differences were found by race/ethnicity.

² Caregivers were repeatedly warned in the informed consent process that abusive or neglectful behaviors would be reported to CWS because of mandated reporting laws; these reminders may have made caregivers reluctant to disclose aggressive tactics.

Adolescents also reported by A-CASI on the tactics used by their main caregiver in the previous year to resolve conflicts (Exhibit 8). A majority of adolescents (82.6%) reported that their caregiver used some form of nonviolent discipline. Receipt of psychological aggression was reported by 57.6% of adolescents, a rate significantly lower than the use rate reported by caregivers (81.7%). The receipt of minor physical assault or corporal punishment was reported by 30.0% of adolescents, a rate also significantly lower than that reported by caregivers (40.1%). Although lower percentages of adolescents reported receipt of any type of severe physical assault (9.6%) or very severe physical assault (5.8%), the report of severe physical assault by adolescents was significantly higher than the report by caregivers (7.0%).

Caregiver disciplinary tactics from an adolescent's self-report differed by gender and race/ethnicity. Female adolescents were significantly more likely to report receipt of minor assault or corporal punishment (35.3%) than male adolescents (24.7%). Severe physical assault was more common among Black adolescents (19.8%), than among White adolescents (7.3%), Hispanic adolescents (1.9%), and adolescents of "other" race/ethnicity (5.2%). Very severe physical assault was also more common among Black adolescents (10.3%), than among Hispanic adolescents (2.3%) and adolescents of "other" race/ethnicity (2.5%). White adolescents (7.3%) were more likely to report receipt of severe physical assault than Hispanic adolescents (1.9%). No significance differences were found by adolescents' age or placement at Wave 5.

Witnessing and Experiencing Violence. To help explain adolescents' experiences of maltreatment and exposure to violence, the Violence Exposure Scale–Revised (VEX-R; Fox & Leavitt, 1995) was used for adolescents' reports of witnessing and experiencing violence from someone living in the household. The VEX-R is a cartoon-based scale of exposure to violence; it requires respondents to report how often they have either witnessed or been victims of violent acts at home. Exhibit 9 shows reported exposure to violence in the previous 30 to 90 days. Two dimensions of violence were reported: witnessing of violence (the adolescent saw an adult shove another person, saw an adult slap another person, saw an adult beat up another person, saw an adult point a gun at another person, saw an adult stab or shoot another person), and being a victim of violence (an adult threw something at the adolescent, shoved the adolescent, slapped the adolescent, or beat up the adolescent). The most common type of incident reported by adolescents was yelling: About a fifth (20.8%) of adolescents reported seeing or hearing an adult in their home yell at other persons, while 28.2% reported that an adult had yelled at them. Almost one out of every five adolescents (18.1%) reported seeing an adult spank a child; only 4.1% reported that an adult had recently spanked them. Some adolescents (5.7%) reported seeing an adult stealing in their home. All other types of violent incidents were reported by very low percentages of adolescents.

Adolescent Well-Being

This section of the report describes the current well-being of adolescents at Wave 5. Included are descriptions of their physical and mental health, substance use, sexual behavior, illegal activity, cognitive development, academic achievement, and social competence.

Physical Health. According to caregivers' report, the majority of adolescents (94.6%) were in good health (reported to be in *good*, *very good*, or *excellent* health; Exhibit 10). This percentage is lower than the percentage of adolescents (aged 12 to 17 years) nationally who

reported being in good health (98.0%) in the National Health Interview Survey (NHIS; Adams, Barnes, & Vickerie, 2008). As seen in Exhibit 10, the overall physical health of female adolescents was worse than that of male adolescents (91.6% of females were in good health, compared with 97.4% of male adolescents). No significant differences in health status were found by age, race/ethnicity, or placement at Wave 5. Only 10.6% of caregivers reported that adolescents had a serious chronic health condition (e.g., asthma, diabetes, eczema), a finding similar to estimates from the NHIS of chronic health conditions among children 12 to 17 years old (Bloom & Cohen, 2007). White adolescents (13.4%) were more likely to be reported as having chronic health conditions than Hispanic adolescents (4.7%). No significant differences in chronic health conditions were found by sex, age, or placement at Wave 5.

Mental Health. Depression in adolescents was assessed with the Children's Depression Inventory (CDI; Kovacs, 1992). Following the CDI manual scoring, 5.0% of adolescents had a score in the clinical range for depression, according to their reported feelings for the previous 2 weeks (Exhibit 11). Female adolescents (9.1%) were more likely to have a score in the clinical range than male adolescents (1.0%). No significant differences in depression were found by age, race/ethnicity, or placement at Wave 5. Estimates of depression are similar to national estimates drawn from the general adolescent population, estimates that range from 4.3% among 12- 13-year-olds to 11.5% among 16- to 17-year-olds (Office of Applied Studies, 2008).

Trauma was measured 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 adolescents who had a score in the clinical range on the Posttraumatic Stress scale was 5.9%; no significant differences were found by sex, age, race/ethnicity, or placement at Wave 5.

Adolescents' Behavior. Scores on the behavioral checklists developed by Achenbach and colleagues were used as indicators of adolescents' mental health and behavioral and emotional functioning. Externalizing, Internalizing, and Total Problem behaviors are reported here for the Child Behavior Checklist (Achenbach, 1991), Parent Report (caregivers), and the Youth Self-Report (adolescents; Achenbach & Rescorla, 2001). Based on caregivers' reports (Exhibit 12), the percentage of adolescents in the borderline or clinical range of scores was 26.9% for externalizing behaviors, 15.4% for internalizing behaviors, and 23.2% 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). Male adolescents (19.5%) were significantly more likely to have an internalizing score in the clinical range than female adolescents (11.2%). White adolescents (27.8%) were significantly more likely to have a Total Problems score in the clinical range than Hispanic adolescents (11.1%). Adolescents living in group home or residential facilities were significantly more likely (87.3%) to have an internalizing score in the clinical range than adolescents living with biological parents (13.9%), with adoptive parents (24.9%), with kin (9.9%), or in foster care (43.9%). No significant differences in CBCL scores were found by age.

Based on adolescents' self-report (Exhibit 13), the proportion with scores in the borderline or clinical range was 21.0% for externalizing behaviors, 6.9% for internalizing

behaviors, and 14.3% on the Total Problems scale. The percentage of clinically significant internalizing problems here are consistent with rates found in the Youth Self-Report normative sample. Female adolescents (27.4%) were significantly more likely to have an externalizing score in the clinical range than male adolescents (14.8%). Adolescents living with biological parents (7.7%) were significantly more likely to have an internalizing score in the clinical range than adolescents living with kin (2.2%). No significant differences in Youth Self-Report scores were found by age or race/ethnicity.

Substance Use. Alcohol and drug dependence were measured by self-report 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. Adolescents were asked about lifetime substance use, as well as use, in the previous 30 days, of several different substances, including alcohol and tobacco. A third of adolescents (33.5%) reported that they had used alcohol at some time during their lives, 28.7% reported use of cigarettes, 17.9% reported use of marijuana or hashish, 6.5% reported use of chewing tobacco or snuff, 6.4% reported illicit use of prescription medication, 2.6% reported use of hard drugs (cocaine, crack, or heroin), and 2.3% reported use of inhalants. Adolescents also reported on their use of substances in the 30 days preceding interview: 14.6% had smoked cigarettes, 13.1% had used alcohol, 8.0% had used marijuana, 3.3% had illicitly used prescription medication, 2.6% had used chewing tobacco or snuff, and less than 1% had used hard drugs or inhalants in the 30-day period.

In comparison, national statistics for adolescents between the ages of 12 and 17 are slightly higher for use of alcohol: 15.9% had binge or engaged in heavy alcohol use in the 30 days before being interviewed, as opposed to the 13.1% in NSCAW who had engaged in any use of alcohol in the preceding 30 days. Use of cigarettes in the general population was lower: 9.8% used cigarettes in the 30 days preceding interview, as opposed to the 14.6% in this study. For other estimates, consumption in the general population of adolescents resembles that for this sample: 6.7% used marijuana, 3.3% used prescription medication illicitly, 1.2% used inhalants, and less than 1% used cocaine, heroin, or hallucinogens (Office of Applied Studies, 2008).

Sexual Behavior. Sexual behavior was measured by self-report. Less than a third (28.4% of these adolescents) had ever had sex (Exhibit 15). Adolescents between the ages of 11 and 12 (2.7%) were significantly less likely to have had sex than adolescents 13 to 14 years old (22.2%) or 15 to 17 years old (53.2%). Similarly, adolescents 13 to 14 years old were significantly less likely to have had sex than adolescents 15 to 17 years old. Black adolescents (37.6%) were significantly more likely to have had sex than White (22.7%) and "other" (15.8%) adolescents. Male and female adolescents did not differ significantly from each other in terms of having had sex. In addition, no significant differences in having had sex were found by placement at Wave 5.

The percentage of adolescents that had had sex was slightly higher in NSCAW than that reported nationally for males and females in the 2007 Youth Risk Behavior Surveillance System (YRBSS), although comparisons are limited by the fact that the YRBSS reports estimates by grade rather than age. In the general population of freshman, 32.8% had had sex, as opposed to 39.9% of 15-year-olds in this study. In the general population of sophomores, 43.8% had had sex, as opposed to the 54.9% of 16-year-olds in this study, while, in the general population of

juniors, 55.5% had had sex, as opposed to the 67.5% of 17-year-olds in this study. Notably, in the general population of seniors, 64.6% had had sex, which almost matches the percentage of 17-year-olds who had had sex in this study (Centers for Disease Control and Prevention, 2008).

Illegal Activity. Adolescents reported 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 16. The most common delinquent act was “skipping” school (16.5%), followed by being “loud, rowdy, or unruly in a public place so that people complained about it or [the adolescent] got in trouble” (16.0%), hitting someone “with the intention of hurting him or her” (13.5%), running away (7.8%), and being involved in a gang fight (7.2%). The most common type of illegal activity (Exhibit 17) was a status offense (25.6%), followed by public disorder (22.7%), minor theft (15.3%), and simple assault (15.3%). Fewer than 10% had damaged property, sold drugs, or committed either serious property crime or felony assault.

Illegal activity varied by sex, age, and race/ethnicity. Male adolescents (20.4%) were significantly more likely than female adolescents (10.0%) to have engaged in minor theft. Adolescents aged 11 to 12 years were less likely than older adolescents to have committed a status offense, to have damaged property, to have committed a felony assault, or to have sold drugs. Adolescents aged 13 to 14 years were less likely than adolescents 15 to 17 to have committed a status offense. Illegal activity also differed by race/ethnicity. White adolescents were less likely than Black to have committed a status offense or engaged in public disorder. White adolescents and adolescents of “other” race/ethnicity were less likely to have committed serious property crime than Hispanic or Black adolescents. Black adolescents were more likely than White adolescents and Hispanic adolescents to have committed simple assault. There were no significant differences in illegal activity by placement at Wave 5.

National-level data on self-reported illegal activity is available for adolescents through the National Longitudinal Survey of Youth (NLSY97; McCurley, 2006). About 6% of male adolescents in the general population sold drugs in the previous 12 months, a rate similar to that of male adolescents in this study (7.1%). Vandalism or damaging property in the general population of male adolescents was 18%, which was higher than among male adolescents in this study (8.0%), while minor theft (14%), major theft or serious property crime (5%), and running away (5%) in the general population of males were lower than among male adolescents in this study (minor theft at 20.4%, major theft at 11.4%, and running away at 7.3%). Comparison of the same type of illegal activities between female adolescents in the general population and females in this study showed that similarly small percentages ran away, sold drugs, or committed theft.

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, with 8.1% reporting that they had been arrested or picked up by the police at least once in the 6 months prior to interview (Exhibit 18). The percentage arrested was much higher for male adolescents (11.8%) than for female adolescents (4.3%). No significant differences in arrest were found by age, race/ethnicity, or placement at Wave 5.

Caregivers also reported on adolescents’ involvement with the law (Exhibit 19). 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 all adolescents, 10.6% had a court appearance in the previous 12 months, 5.7% were placed on probation, and less than 1% spent time in a detention center or correctional facility. Male adolescents were more likely than female adolescents to have had a court appearance, to be placed on probation, and to have spent time in a detention center or correctional facility. Older adolescents were more likely than younger adolescents to have had a court appearance and to have been placed on probation. No significant differences were found by race/ethnicity or placement at Wave 5.

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, adolescents performed in conformance with the normative average of 100 on the Matrices subscale (mean score: 96.1; Exhibit 20); however, overall scores for adolescents were about one half of one standard deviation below the mean on the Composite and on the Vocabulary scale (mean scores of 91.5 and 88.5, respectively). Adolescents 11 to 12 years old scored significantly higher than older adolescents on the K-BIT Composite and Matrices. White adolescents scored significantly higher than Black adolescents on the K-BIT Composite and scored higher than all other adolescents on vocabulary. In addition, K-BIT scores differed by setting. For K-BIT Composite and Matrices, Adolescents in group homes or residential programs had significantly lower mean scores than adolescents in foster care. No significant differences were found by sex.

Exhibit 21 provides the percentage of adolescents with low (defined as a score between -1 and -1.99 standard deviations) and very low scores (defined as scores -2 standard deviations or more below the mean) 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 adolescents who scored between -1.0 and -1.99 standard deviations was 21.5% for the Composite scale, 23.1% for Vocabulary, and 19.1% for Matrices. The proportion who scored -2 standard deviations or more below the mean was 8.7% for the Composite scale, 13.0% for Vocabulary, and 5.9% for Matrices. Adolescents 11 to 12 years old were significantly less likely than older adolescents to have scores lower than -2 standard deviations, as opposed to the higher than -1 standard deviation for the Composite and Matrices scales. White adolescents were significantly less likely than Black adolescents to have scores between -1 and -1.99 standard deviations, as opposed to the score higher than -1 standard deviation, for the Vocabulary scale.

In the K-BIT normative sample, which is meant to represent the general population, 13.5% of adolescents had a score between -1 and -1.99 standard deviations, while 2.3% had a score of -2 standard deviations. More adolescents in this study had scores of -2 standard deviations, varying across the three K-BIT subscales between 13.0% and 5.9%. More adolescents in this study than in the general population also had scores between -1 and -1.99 standard deviations, varying across subscales between 23.1% and 19.1%.

Academic Achievement. The Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock, McGrew, & Mather, 2001) were used to assess academic achievement (see

Technical Appendix). Four subtests were used from the Woodcock-Johnson: the *Letter-Word Identification* subtest measures a basic reading skill involving naming letters and reading words aloud from a list. *Calculation* is a math achievement subtest measuring the ability to perform arithmetic computation with paper and pencil. *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. *Applied Problems* is a subtest of math reasoning requiring the individual to solve oral word-problems. On average, adolescents scored at least half a standard deviation below the normative mean of 100 in all categories. The mean score for Letter-Word Identification was 93.4, for Passage Comprehension it was 85.7 for Calculation it was 88.3, and for Applied Problems it was 88.9 (Exhibit 22). Adolescents 11 to 12 years old scored significantly higher than older adolescents on all subscales of the Woodcock-Johnson. White adolescents scored significantly higher than Black adolescents on the Woodcock-Johnson Letter-Word Identification and higher than Black adolescents and adolescents of “other” race/ethnicity in Passage Comprehension. In addition, Woodcock-Johnson scores differed by setting, adolescents in group homes or residential programs had significantly lower mean scores than all other adolescents in Passage Comprehension, Calculation, and Applied Problems. No significant differences were found by sex.

The percentage who scored between -1.0 and -1.99 standard deviations was 19.1% for Letter-Word Identification, 26.1% for Passage Comprehension, 24.3% for Calculation, and 21.8% for Applied Problems (Exhibit 23). The percentage who scored -2 standard deviations or more below the mean was 10.0% for Letter-Word Identification, 11.7% for Passage Comprehension, 12.7% for Calculation, and 8.1% for Applied Problems. Younger adolescents were significantly less likely than older adolescents to have scores -2 standard deviations or between -1 to -1.99 standard deviations, as opposed to scores higher than -1 standard deviation on all subscales of the Woodcock-Johnson. Black adolescents were significantly more likely than White and Hispanic adolescents to have scores between -1 to -1.99 , as opposed to scores higher than -1 standard deviation for Word-Letter identification, Calculation, and Applied Problems; nevertheless, Black adolescents were significantly less likely than White adolescents to have scores -2 standard deviations, as opposed to scores -1 to -1.99 standard deviations for Word-Letter Identification, Calculation, and Applied Problems. Hispanic adolescents were also less likely than White and Black adolescents to have a score -2 standard deviations, as opposed to scores higher than -1 standard deviation for Calculation. Adolescents living with adoptive parents and those living in foster care were less likely than adolescents living with biological parents or in kin care to have scores between -1 and -1.99 standard deviations, as opposed to scores higher than -1 standard deviation, for the letter identification scale.

As with the K-BIT, for the Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001), in the general population 13.5% of adolescents had a score between -1 and -1.99 standard deviations, while 2.3% had a score of -2 standard deviations. Higher percentages of adolescents in this study had scores -2 standard deviations, varying among the four Woodcock-Johnson subscales between 12.7% and 8.1%. More adolescents in this study than in the general population also had scores between -1 and -1.99 standard deviations, varying among subscales from 26.1% to 19.1%.

Social Competence. Adolescents’ 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 (96.5) was in the average range (SSSR mean for the normative population is 100, standard deviation is 15; Exhibit 24). Nevertheless, a greater percentage of adolescents were rated as having “fewer” social skills than those in the general population of adolescents (20.6%, as opposed to 15.9%). Adolescents living in foster care and group homes or residential programs had significantly lower mean social skills scores than adolescents living at home with biological parents, adoptive parents, or kin caregivers. Adolescents in foster and group or residential care were also more likely to be rated as having fewer social skills than adolescents living with biological parents, with adoptive parents, with kin, or in foster care. There were no other differences by adolescents’ sex, age, and race/ethnicity on either mean scores or percentage having fewer social skills.

School-Related Perceptions. Adolescents were asked about their relationships with peers at school and their degree of engagement in school. They completed the Loneliness and Social Dissatisfaction Scale (Asher & Wheeler, 1985), which assesses feelings of loneliness and dissatisfaction with peer support at school (Exhibit 25a). Three quarters of adolescents reported that *most of the time* or *always* it was easy for them to make friends at school. They also frequently reported that they “got along with” other adolescents at school, could find a friend when they needed one, and were well liked by the kids at school. Consistent with this information, more than 80% of adolescents reported that they *never* or *hardly ever* lacked friends, had no one to talk to at school, felt alone at school, or felt left out. Less than 5% reported that they *most of the time* or *always* did not have a single friend at school, were lonely at school, felt left out, and had nobody to talk at school. The mean loneliness score (Exhibit 25b) was 27.3. For this scale, higher scores indicate more loneliness. Significant differences in loneliness mean scores emerged by race/ethnicity and placement at Wave 5. Black adolescents had lower mean loneliness scores than White adolescents, Hispanic adolescents, and adolescents of “other” race/ethnicity. In addition, adolescents in kin care had lower mean loneliness scores than adolescents living in foster care. No significant differences were found by gender or age.

Adolescents also completed the School Engagement scale used in the Safe and Drug Free Schools survey (Sylvia, Thorne, & Tashjian, 1997). This measure assesses adolescents’ “connection” to school. The scale includes 11 items that measure both the behavioral component (e.g., completing assignments, paying attention) and psychological component (e.g., getting along with teachers, enjoying school) of school engagement (Exhibit 26). More than half of adolescents (54.8%) reported that they enjoyed being in school *often* or *almost always* and found their classes interesting (55.6%). Only 6.2% *almost always* hated being in school. Most adolescents reported that *often* or *almost always* they tried to do their best work in school (86.5%), listened carefully or paid attention in school (76.0%), and finished their homework (73.1%). Adolescents also reported that *often* or *almost always* they “got along with” teachers (75.3%) and other students (79.9%). About a fifth reported that they *often* or *almost always* failed to complete their assignments (21.5%) and found the school work too hard to understand (22.7%), while 11.0% were sent to the office or had to stay after school due to misbehavior.

Parental Monitoring. Parental monitoring was assessed with a 5-item scale that reflects the adolescent’s perception of parents’ rules (Dishion, Patterson, Stoolmiller, & Skinner, 1991). Most adolescents reported that they *never* or *almost never* left home without telling their caregivers or leaving a note (71.4%; Exhibit 27). Most adolescents also reported that *pretty often* or *very often* their caregivers knew where they were when they were away from home (88.4%)

and with whom (84.0%). More than three quarters of adolescents (81.6%) reported that *pretty often* or *very often* their caregiver would tell them what time to be home and they would tell their caregivers when they expected to return (66.7%).

Adolescent Services

This section of the report describes services received by adolescents across a variety of domains: physical health (preventive and urgent care), special education, mental health, and need for independent-living skills training. Because insurance coverage is often an important factor in predicting service receipt, the section begins with a summary of adolescent insurance status at Wave 5.

Insurance Status. Caregivers of adolescents were asked the adolescent's current insurance status, with reference to the following categories: (1) Medicaid or another state-funded program (e.g., State Children's Health Insurance Program), (2) private insurance (including health maintenance organizations, preferred provider organizations, independent practice associations, fee for service, Blue Cross Blue Shield, or employer plan), (3) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS; military insurance), or (4) no insurance of any kind (uninsured). Medicaid or state-funded insurance was the most commonly held type of health insurance among adolescents (64.4%). About a quarter (26.2%) had private insurance, and less than 1% had CHAMPUS. The 2008 NHIS showed a very different distribution of insurance status in the general population of adolescents: 64.2% of adolescents had private insurance, 23.0% had Medicaid, and 1.9% had other types of insurance (Adams et al., 2008). Among adolescents in this study, 8.6% were uninsured, a rate that is lower than the national rate for 12- to 17-year-olds (12.6%), according to the Annual Social and Economic Supplement to the Current Population Survey of the U.S. Census Bureau (DeNavas-Walt, Proctor, Smith, & U.S. Census Bureau, 2008) and lower than the 10.9% reported by the 2007 NHIS (Adams et al., 2008).

Exhibit 28 shows variations in insurance status by gender, age, race, and placement at Wave 5. Adolescents living with their biological parents were significantly less likely to have Medicaid or state funded insurance (60.0%) than adolescents living with kin (75.3%) and adolescents living in foster care (79.1%). No significant differences in insurance status were found by gender, age, or race/ethnicity.

Preventive Health Services. About three quarters (75.7%) of caregivers reported that their adolescent had received a wellness checkup in the 12 months prior to interview (Exhibit 29). Almost all adolescents were reported as up-to-date in immunizations (99.2%). Most (92.3%) of adolescents were reported to have a usual source of care, a rate approximating that of the general population of adolescents 12 to 17 nationally (93.1%; Bloom & Cohen, 2007). More than half of adolescents had recently participated in vision testing (71.9%) and hearing testing (59.9%). Almost three quarters (72.2%) of adolescents had received dental care in the 12 months prior to interview, a rate lower than that of the general population of adolescents 12 to 17 nationally (82.9%; Bloom & Cohen, 2007). About one third of adolescents (34.3%) had received all of these preventive health care services (dental care, vision and hearing testing, and checkup) in the 12 months before the interview.

The percentage of adolescents receiving preventive health services varied significantly according to age, race/ethnicity, placement at Wave 5, and insurance status. Adolescents aged 11 to 12 years (81.3%) were significantly more likely to have received vision testing than adolescents 15 to 17 years old (64.8%), while adolescents aged 15 to 17 years old (48.4%) were significantly less likely to have received hearing testing than adolescents 11 to 12 years old (69.0%) or 13 to 14 years old (65.3%). White adolescents (53.4%) were significantly less likely to have received hearing testing than Black (66.8%) and Hispanic adolescents (68.5%), while Black adolescents (89.9%) were significantly more likely to have received a wellness checkup than White (70.3%) and Hispanic adolescents (71.4%). Across many of these preventive services, adolescents in group homes and in foster care were significantly more likely to have received services than adolescents in all other living arrangements. More than 90% of adolescents in group homes and in foster care had received any of the preventive services, as opposed to the 61.7% to 91.3% of adolescents living with biological parents. As might have been expected, adolescents without insurance (10.7%) were significantly less likely to have received all preventive services in the 12 months prior to interview than adolescents with Medicaid (36.6%) and adolescents with private insurance (37.7%). Similarly, adolescents without insurance (43.8%) were significantly less likely to have received dental care in the 12 months prior to interview than adolescents with Medicaid (76.6%) and adolescents with private insurance (73.1%). No significant differences in use of preventive health services were found by gender.

Urgent Health Care Services for Illnesses, Accidents, or Injuries. Caregivers reported on adolescents' use of urgent-care services for illnesses or injuries in the 12 months prior to interview (Exhibit 30). Slightly more than a quarter (27.0%) of adolescents reportedly used the emergency room (ER) or urgent-care services for an illness or an injury in the previous 12 months. Overnight hospital admissions for illnesses and injuries were less common (5.1%), although higher than among the general population of adolescents 12 to 17 years old (2.5%; Adams et al., 2008). About 11.6% of adolescents had contact with a physician or nurse for serious accidents, injuries, or poisonings. This rate is lower than the 26% prevalence of injuries among adolescents in the United States, according to the 2001/2002 Health Behaviour in School Age Children study. This World Health Organization collaborative, national study used the same question as NSCAW about contact with a physician or nurse for serious accidents, injuries, or poisonings (Pickett et al., 2005).

Adolescent use of urgent-care services for illnesses or injuries varied significantly according to age, race/ethnicity, and insurance status. Younger adolescents were less likely than older adolescents to have used ER and urgent care services and to have had hospital admissions and care from a doctor or nurse for serious injuries. Hispanic adolescents (3.0%) were less likely than Black (13.4%) and White (13.1%) adolescents to have had care from a doctor or nurse for a serious injury, accident, or poisoning. Adolescents who had Medicaid (7.5%) were more likely than those who had private insurance (0.8%) to have an overnight hospital admission for an illness or injury. No significant differences in use of urgent health services, overnight hospital admission, or care from a doctor or nurse for an injury, accident, or poisoning were found by gender or by placement at Wave 5.

Special Education Services. Schoolteachers were asked whether the adolescents had an Individualized Educational Plan (IEP), a legal document developed when a student receives

special education services. In addition to teachers, caregivers were asked whether the adolescent had an IEP or was receiving special education services. The presence of an IEP was determined by teacher's report when available; when a teacher's report was unavailable, determination was based on the caregiver's report.³

As shown in Exhibit 31, 25.9% of NSCAW adolescents were reported to currently have an active IEP, a rate that is higher than comparable national estimates. Nationally, the percentage of adolescents aged 12 to 17 years and receiving special education services in 2007 was 7.8% (Adams et al., 2008). The U.S. Department of Education, on the basis of data collected from 2000 to 2001, reported that 12.8% of students of public schools had an IEP. Male adolescents were more likely to have received an IEP than female adolescents (33.2%, compared with 18.2%). This distribution is consistent with other studies showing greater representation of boys in special education (Hodapp & Fidler, 1999). Contrary to national research, which tends to show greater numbers of children of color receiving special education services (e.g., Artiles, Harry, Reschly, & Chinn, 2002; Hosp & Reschly, 2003), there was no association in this population between adolescents' race/ethnicity and IEP receipt. IEP receipt was related to placement at Wave 5. Adolescents living in residential treatment or group homes (85%) were more likely to have an IEP than adolescents living with biological parents (26.2%), adoptive parents (39.4%), kin caregivers (15.8%), or foster caregivers (26.3%).

Nationwide, eligibility for special education placement is determined through a comprehensive assessment of the adolescent's abilities, which also forms the basis for the type and level of service he or she receives. Adolescents may be diagnosed as having health, cognitive, or emotional challenges that must be addressed in the educational setting. To estimate the level of special education needs in this population, "need" was operationalized as an adolescent's having an elevated score on a standardized measure indicating risk for behavioral problems, cognitive delays, or limited academic achievement.⁴ With this procedure, 56.4% of these adolescents were estimated as having elevated risk: 7.3% had a risk of cognitive problems, 35.4% had a risk of behavioral problems, and 13.7% had both types of risk. There were no significant differences in need by gender, race/ethnicity, or placement at Wave 5.

As expected, an active IEP was significantly more common when adolescents were determined to have these cognitive or behavioral needs that might interfere with school success. Adolescents with both cognitive and behavioral needs were more likely to have an active IEP than adolescents with only one type of need. Although need increased an adolescent's likelihood of receiving special education services, 58.2% of adolescents determined to be in need of a referral for special education services due to cognitive problems were not currently reported to

³ Teacher data were collected for 70.0% of the adolescents whose caregivers gave authorization for contacting the teacher at this wave (authorized by 1,125 caregivers, or 75.8%).

⁴ Adolescents were considered to be in need of a referral for special education services if they met any of the following criteria: (1) Behavioral 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; (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. See the Technical Appendix for a detailed description of these measures.

have an active IEP. Among adolescents with behavioral needs, 78.8% did not have an active IEP. Adolescents with both types of problems (behavioral and cognitive) were more likely than those with one type of problem to have an active IEP (69.6%). Estimates here of “need” for special education services do not directly correspond to national eligibility requirements for IEP services. In fact, the exact eligibility for IEP services differs from state to state. Nonetheless, adopting criteria similar to the approach taken here, most states use clinically elevated scores on quantitative measures to determine eligibility for IEP receipt.

Mental Health Services. Caregivers were asked whether their adolescent had received help for an emotional, behavioral, learning, or attentional problem since the previous interview (the mean time between Wave 5 and Wave 4 was 49 months, with a range of 40 to 63 months). Mental health service use questions were framed so that caregivers of adolescents could respond positively for all service providers or service settings that were applicable; consequently, caregivers could report receipt of services from more than one source. All questions included the following phrasing: “Since (date of last interview) has your child received any (name of service) for emotional, behavioral, learning, attentional, or substance abuse problems?”

Almost a third (30.1%) of adolescents received some kind of mental health services (whether specialty outpatient services, inpatient mental health services, family doctor, or school-based services for emotional or behavioral problems; Exhibit 32). When the analysis of services was restricted to specialty outpatient services, the percentage that received services was 18.9%, while 8.6% received nonspecialty mental health services from a family doctor, and 17.9% received school-based services mental health services. Inpatient mental health services were received by 6.3%, whereas estimates of the use of inpatient mental health services in the general population of 12- to 17-year-olds are 2.5%, according to the 2007 National Survey on Drug Use and Health (Office of Applied Studies, 2008). Moreover, in the current study 16.5% of 12- to 17-year-olds were currently using psychotropic medication, a percentage substantially higher than the percentage for the general population of adolescents 12 to 17 years old who were prescribed a psychotropic medication in the 12 months prior to assessment (6.0%; Simpson, Cohen, Pastor, & Reuben, 2008).

Mental health service use differed significantly by gender, age, and race/ethnicity. Male adolescents were more likely than female adolescents to have received specialty outpatient services (23.6%, compared with 14.0%) and to be using psychotropic medication (23.7%, compared with 8.9%). Adolescents 15 to 17 years old (12.2%) were more likely than adolescents 11 to 12 years old (0.6%) or 13 to 14 years old (4.5%) to have received inpatient mental health services. White adolescents were more likely than Hispanic adolescents to have received specialty outpatient mental health services (24.1%, compared with 8.1%) and more likely than Black and Hispanic adolescents to be using psychotropic medication (22.7% of White adolescents, compared with 12.3% of Black and 6.1% of Hispanic adolescents).

Mental health service use differed also by placement at Wave 5 and insurance status. Adolescents in foster (86.6%) and group home or residential facilities care (95.1%) at Wave 5 were more likely than adolescents living in other settings to have received any mental health services (less than 40% for any other group). Specifically, adolescents in foster and group care were more likely than adolescents in other placements to have received specialty outpatient services and to be using psychotropic medication. Adolescents living with adoptive parents

(33.9%) were more likely than adolescents living with biological parents (14.9%) to have received specialty outpatient mental health services. In terms of insurance status, adolescents who had Medicaid (36.5%) were more likely than those who had private insurance (18.9%) to have received mental health services and more likely than those with private insurance and those who were uninsured to have received specialty mental health outpatient services, inpatient mental health services, and family doctor services, as well as to be using psychotropic medication. The only significant difference between adolescents with private insurance and uninsured adolescents was on current use of psychotropic medication: Adolescents who had private insurance (7.7%) were more likely to use psychotropic medications than uninsured adolescents (0.6%).

Mental health services were significantly more common among those adolescents determined to be “in need” of mental health services. Adolescents’ needs for mental health services were assessed with the following instruments: the CDI (Kovacs, 1992), the Trauma Symptom Checklist for Children (Briere, 1996), the CBCL (Achenbach, 1991), the Youth Self-Report (Achenbach & Rescorla, 2001), and the Teacher’s Report Form (Achenbach & Rescorla, 2001). Scores in the clinical range on any of these standardized measures identified the adolescent as at risk for a mental health problem and potentially in need of behavioral health services. When findings from all sources of information on the need for mental health services were combined, 49.4% of adolescents were determined to be in need of mental health services. Estimates of mental health problems in the general population of 16- to 17-year-olds are less than half the rates found here, which vary between 15.2%, according to the National Health Interview Survey, and 20.8%, according to the National Survey of American Families (Kataoka, Zhang, & Wells, 2002).

Among those determined to be in need of mental health services, 44.6% received any mental health service, 28.9% received any specialty outpatient mental health service, and 11.9% received any inpatient mental health service. Levels of needed mental health service use here were higher than levels estimated from the general population of 12- to 17-year-olds living in the United States. The National Health Interview Survey estimated that 23.0% of U.S. adolescents in need of mental health services received them in the 12 months before interview (Kataoka et al., 2002). Although this estimate is almost half that found in NSCAW, it should be noted that caregivers here were asked about services since the most recent previous interview. This reporting period, “since last interview,” varied between one and 2 years.

Need for Independent-Living, Education, and Job-Related Skills Training. For the past 20 years, federal funds have been provided to states to help adolescents receiving CWS services develop independent-living skills and to support their making the transition to independent living. Adolescents 14 and older were queried about their independent-living, education, and job-related skills as indicators of their need for independent-living services. Notably, independent-living services are usually intended for youth in out-of-home placements. Because the majority of adolescents in this report were living at home with their biological parents, these services may not be particularly applicable to the majority of them; no significant differences were found, however, by placement type.

In response to these questions about independent living, the great majority of adolescents reported that they knew how to shop for and prepare meals (92.9%), use public transportation

(79.5%), and interview for a job (65.6%). About half knew how to obtain family planning (51.7%) and how to obtain medical and dental care (46.0%). Nevertheless, only 29.5% knew how to apply for college, and only 14.6% had taken drivers education (Exhibit 33).

Female adolescents were more likely than males to know how to obtain family planning (61.5%, compared with 42.9%) and how to get medical or dental care (55.6% compared to 37.4%). As expected, adolescents 14 (1.3%) and 15 (7.6%) were less likely to have taken drivers education than those 16 (22.6%) and 17 (31.8%). Adolescents 14 (28.3%) were less likely to know how to obtain family planning than those 15, 16, and 17 (over 50%). No significant differences were found by race/ethnicity or by placement at Wave 5.

Adolescents' Caregivers

This section of the report describes some key aspects of caregiver well-being (physical and mental health, IPV, and involvement with the law), as well as caregivers' receipt of services for themselves or their family.

Caregivers' Physical Health. Adolescents' caregivers were asked to rate their own physical health from *poor* to *excellent*. According to their own self-reports, the majority (73.4%) of caregivers were in good health (*good, very good, or excellent*; Exhibit 34). This percentage is lower than that for comparably aged adults in the NHIS (Center on the Developing Child at Harvard University, 2007). In the NHIS 94.1% of adults aged 18 to 44 and 84.8% of adults aged 45 to 64 reported being in good, very good, or excellent health. Self-report of caregiver's health varied by type of caregiver, but not by race/ethnicity. Foster caregivers (96.9%) and group home or residential program caregivers (100%) were significantly more likely to describe themselves as being in good health than biological parents (74.4%) and kin caregivers (64.0%).

Another measure of overall health, the 12-Item Short Form Health Survey (SF-12; see Technical Appendix), suggests that caregivers' physical health was comparable to that of the U.S. adult population. The mean score on the Physical Health Component of the SF-12 was 45.6. Although this score is within the national norm (national norm of 50, standard deviation of 10), it is one half of a standard deviation below the mean. Consistent with the previous findings, report of caregivers' health on the Physical Health Component of the SF-12 varied by type of caregiver, but not by the caregiver's race/ethnicity. Foster caregivers and group home or residential program caregivers described themselves as significantly healthier than biological parents, adoptive parents, and kin caregivers described themselves. Biological parents described themselves as significantly healthier than kin caregivers described themselves.

Caregivers' Mental Health. Caregivers' mental health was assessed via the Mental Health Component of the SF-12. The mean score on the Mental Health Component of the SF-12 was 49.4 (Exhibit 35). This score falls well within the national norm (national norm of 50, standard deviation of 10), indicating caregivers' mental health was comparable to that of the U.S. adult population. Report of caregivers' mental health on the SF-12 varied by type of caregiver but not by caregiver race/ethnicity. Biological parents described themselves as in significantly worse mental health than adoptive parents, foster caregivers, or group home caregivers described themselves.

Depression in permanent caregivers (biological parents, adoptive parents, and kin caregivers) was assessed with the CIDI-SF, a screening scale of the World Health Organization (Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998; see Technical Appendix). Slightly more than a fifth (20.9%) of caregivers had a score in the clinical range for major depression in the 12 months prior to interview (Exhibit 36). There were no significant differences based upon race/ethnicity or type of caregiver. This rate of depression is higher than that found through the National Comorbidity Survey Replication (NCS-R; Wang, Lane, Olfson, Pincus, Wells, & Kessler, 2005), which used the CIDI to assess depression among U.S. adults aged 18 years or older. The NCS-R found a 6.7% prevalence of major depressive disorder in the year prior to interview and 9.5% prevalence of any mood disorder in the 12 months preceding the interview (Kessler, Chiu, Demler, & Walters, 2005).

Domestic Violence. Female permanent caregivers reported on their experiences of severe and less severe physical IPV, using the Conflict Tactics Scale (Straus, 1979; Exhibit 37; see Technical Appendix). 8.9% of female caregivers were victims of IPV during the 12 months prior to interview: 8.3% suffered acts of less severe violence (had something thrown at them; were pushed, grabbed or shoved; were slapped), and 4.8% had suffered severe physical violence (had been kicked, bitten, or hit with a fist; hit or subject to attempted hitting with something; beaten up; choked; threatened with knife or gun; had a knife or gun used against them). Nationally, the annual prevalence of IPV reported for females of all ages is lower (1.3%; Tjaden & Thoennes, 2000). Almost a quarter (24.0%) of female caregivers had been victims of physical IPV at some point in their lives. This finding is only slightly higher than the national 22.1% lifetime prevalence for IPV among adult females (Tjaden & Thoennes, 2000).

Involvement with the Law. Permanent caregivers were asked about whether they had been arrested, convicted, or put on probation in the past 12 months (Exhibit 38); 3.3% of permanent caregivers reported that they had been arrested in the past year. The rate differed by race/ethnicity and type of caregiver. Hispanic caregivers were significantly less likely to have been arrested in the previous 12 months than Black and White caregivers. Biological parents were significantly more likely to have been arrested in the previous 12 months than adoptive parents. Beyond arrest, 1.2% of caregivers reported that they had been convicted in the past 12 months, and 0.9% reported having been placed on probation. There were no significant differences by race/ethnicity or type of caregiver for reports of conviction or probation.

Caregivers' Receipt of Services to Address Basic Needs. Permanent caregivers were asked about a number of different services that they might have received to address their family's basic living needs (e.g., housing, child care, food). The most commonly reported service was food from a community source (19.2%), followed by financial help (10.7%), excluding Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI), and help with transportation (10.1%; Exhibit 39). Other services included attendance at any organized support group (8.6%), regular help with child care (7.8%), in-home cleaning or repair help (5.2%), job-related services (4.9%), legal aid (4.6%), home management training (1.9%), and emergency shelter or housing (0.8%).

All caregivers, both permanent and nonpermanent, were asked about having received several federal or state-supported services to assist in meeting basic family needs in the 12 months prior to interview. For some of these services (e.g., TANF, welfare, or WIC benefits),

one criterion for eligibility is being a poor parent raising children; other services are associated with poverty (such as food stamps) or having a disability (such as SSI benefits). More than a third of adolescents' caregivers were living in poverty at Wave 5 and were thus likely eligible for some of these federal or state supported services.

Well over half of caregivers (60.9%) had received some type of federal service in the past year (Exhibit 40): 10.5% had received TANF, or welfare, and 14.0% had received WIC benefits. Receipt of food stamps was reported by 38.8% of caregivers. More than a quarter (28.5%) of caregivers reported having received SSI, and 9.5% reported having received housing support. This receipt of federal or state-supported services was higher than that reported in national data from 2006 (Administration for Children and Families, 2008). The percentages of caregivers receiving TANF, food stamps, and SSI were higher than the national rates of 1.5% for TANF, 8.9% for food stamps, and 2.2% for SSI among all U.S. adults 18 to 64 years of age (Administration for Children and Families, 2008).

Receipt of federal or state-supported services differed by race/ethnicity. White caregivers were significantly less likely to receive WIC than Black and Hispanic caregivers. White caregivers were significantly less likely to receive food stamps than Black caregivers. Black caregivers were significantly more likely to receive housing support than White and Hispanic caregivers. Receipt of federal or state-supported services also differed by type of caregiver. Biological parents and kin caregivers were more likely to receive any federal service than adoptive parents and foster caregivers. Specifically, biological parents were more likely to receive TANF, food stamps and housing support than adoptive parents and foster caregivers. They were also more likely to receive food stamps and housing support than group home caregivers. Kin caregivers were more likely to receive housing support than all other caregiver types. Kin caregivers were also more likely to receive TANF and food stamps than adoptive parents and foster caregivers.

Caregivers' Need for and Receipt of Mental Health Services. Permanent caregivers were asked to report on receipt of mental health services provided through inpatient care, day treatment programs, and outpatient clinics or psychiatric services. Few (5.5%) caregivers reported the receipt of mental health services since the previous interview (Exhibit 41), a rate lower than national estimates of past-year mental health specialty service use among U.S. adults in NCS-R (8.8%; Wang et al., 2005). The NCS-R includes treatment by a psychiatrist (4.5%) or a *nonpsychiatrist mental health specialist* (6.3%; defined as a psychologist or other nonpsychiatrist mental health professional in any setting, social worker, or counselor in a mental health specialty setting, or use of a mental health hotline).

There were significant differences in receipt of mental health services by type of caregiver and insurance status. Biological parents were significantly more likely to have received a mental health service than adoptive parents and kin caregivers. Caregivers with Medicaid were significantly more likely to have used a mental health service than caregivers with private insurance. Receipt of permanent caregiver's mental health services did not vary by caregiver's race/ethnicity.

Caregivers' need for mental health services was examined to determine whether mental health service receipt adequately addressed service needs. Permanent caregivers were determined to be "in need of mental health services" when they met any one of four criteria: (1) the caregiver

self-reported the need for “a lot” or “some” help for a mental health problem, (2) a caseworker reported a caregiver’s need for a mental health services, (3) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, or (4) a score exceeded 1.5 standard deviations below the norm (i.e., a score ≤ 35) on the Mental Health Component of the SF-12. By this definition, 26.6% of permanent caregivers were determined to be in need of mental health services. Of these, 9.5% had received some mental health service since the previous interview. The NCS-R found that 41.1% of those with a diagnosable mental disorder received professional help in the past year (Olfson, Marcus, Tedeschi, & Wan, 2006; Wang et al., 2005), a proportion much larger than reported here for permanent caregivers.

Child Welfare System Services

This final section of the report describes characteristics of adolescents with an open CWS case at Wave 5. At the Wave 5 follow-up, 13.6% (unweighted $n = 242$) of all adolescent caregivers reported that they were still in contact with the CWS and receiving some type of service. Caseworker surveys were attempted for all of these cases; 214 interviews were completed for an 88.9% response rate. This section of the report summarizes caseworkers’ report of the CWS services received by these adolescents and their families.

Characteristics of Adolescents with an Open Child Welfare Case at Wave 5. Exhibit 42 describes the demographic characteristics of adolescents with an open CWS case at Wave 5. Almost half (46.6%) of these adolescents were male; 53.4% were female. Most adolescents were 11 to 12 years old (38.1%); 29.7% were 13 to 14 years old; and 32.2% were 15 to 17 years old. The majority were White (51.0%), 26.8% were Hispanic, 18.2% were Black, and 4.0% were of “other” race/ethnicity. Most of the adolescents were living at home with biological parents (51.3%), with 16.7% living in foster care, 15.0% in kin care, 10.7% in group homes or residential programs, and 6.4% with adoptive parents.

Caseworker Report of Services Received by Adolescents with an Open Child Welfare Case. Caseworkers of adolescents with an open CWS case were asked to report on whether an adolescent and his or her family received several different child welfare services. CWS service receipt was based solely on caseworker report; consequently, it should be noted that these results represent the percentage of adolescents with an open CWS case reported to be receiving CWS services, not percentages of the entire adolescent cohort at Wave 5.

Exhibit 43 displays the percentages of cases receiving a variety of caseworker-reported services. The most commonly received CWS service was help with identifying or gaining access to other services (received by 43.2% of all adolescents with an open CWS case). Other commonly received services included family counseling (39.8%), individual parent counseling (38.1%), parent training (35.8%), services to prevent out-of-home placement (32.5%), other nonintensive home-based services (26.9%), and family preservation or reunification services (17.5%).

Exhibits

Exhibit 1. Time Line of Data Collection

	Wave				
	1	2	3	4	5 ^a
Start and end dates	11/15/99– 04/30/01	10/01/00– 03/31/02	04/01/01– 09/30/02	08/01/02– 02/28/04	09/05/05– 12/23/07
Months after close of investigation	2–6	12	18	36	57–98 ^b
Respondent					
Child	X		X	X	X
Current caregiver	X	X	X	X	X
Investigator/services caseworker	X	X	X	X	X
Teacher	X		X	X	X
Young adult					X

^a Interviews were conducted with children, current caregivers, services caseworkers, and teachers at Wave 5 for children younger than 18 years at the time of the Wave 5 interview. For those aged 18 or older at Wave 5, only a young adult interview was conducted.

^b This interval refers to the time period for the infant, young child, adolescent, and young adult cohorts at Wave 5. Adolescents at Wave 5 were interviewed 74 to 98 months after the close of the child welfare system investigation.

Exhibit 2. Overall Weighted Response Rates by Wave

	Wave				
	1	2	3	4	5
Overall Weighted Response Rate	64.2%	86.7%	86.6%	85.3%	77.6%

Exhibit 3. Characteristics of the Adolescent Population at Wave 5

	N	Total N = 1,484		In home biological parents n = 1,019		In home adoptive parents n = 100		Kin care n = 268		Foster care n = 59		Group or residential Care n = 35	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Total	1,484	100.0	0.0	77.2	1.8	3.1	0.9	16.1	1.9	2.0	0.6	1.7	0.5
Gender	1,484												
Male	730	51.0	3.0	51.2	3.2	58.5	15.1	46.2	6.0	69.0	13.3	54.3	15.6
Female	754	49.0	3.0	48.8	3.2	41.5	15.1	53.8	6.0	31.0	13.3	45.7	15.6
Age (years)^a	1,484												
11–12	435	31.0	2.6	32.5	3.2	33.9	15.1	28.2	5.2	19.3	12.7	1.0	0.7
13–14	426	29.9	2.9	31.1	3.5	41.0	14.5	25.3	5.1	11.0	4.4	22.4	15.6
15–17	623	39.0	2.5	36.4	3.1	25.1	9.0	46.5	5.1	69.7	12.8	76.6	15.6
Race/ethnicity	1,483												
Black	448	26.9	3.1	24.8	3.4	15.9	6.5	38.4	6.9	25.6	12.6	35.1	16.4
White	681	48.1	3.9	47.6	3.9	78.1	7.8	44.7	7.4	35.8	12.1	61.6	16.3
Hispanic	269	19.1	2.7	21.5	3.0	3.7	2.1	10.5	4.7	30.7	16.2	1.4	0.9
Other	85	6.0	1.2	6.1	1.3	2.3	1.7	6.4	2.9	7.9	6.7	2.0	1.7
Grade in school	1,436												
Not in school	50	2.6	0.7	2.3	0.7	0.0	0.0	4.3	2.6	0.4	0.4	—	—
4 th or under	21	1.5	0.5	1.6	0.7	0.7	0.7	1.4	0.7	1.4	1.4	—	—
5 th –6 th	314	25.1	2.4	25.1	2.8	30.7	15.2	24.7	5.5	21.1	14.0	—	—
7 th –8 th	453	30.3	2.6	32.6	3.0	25.2	8.5	22.1	4.4	5.2	2.9	—	—
9 th –10 th	425	28.2	2.2	27.3	2.6	39.1	14.5	27.4	5.7	58.4	14.9	—	—
11 th –12 th	173	12.4	1.8	11.1	2.1	4.4	2.6	20.1	5.8	13.6	7.9	—	—
Insurance status^b	1,466												
Medicaid	1,013	64.4	2.6	60.0	3.4	88.4	4.6	75.3	4.7	79.1	17.1	99.0	0.8
Private	343	27.0	2.5	31.5	3.0	11.6	4.6	14.6	3.8	0.0	0.0	1.0	0.8
Uninsured	110	8.6	1.5	8.5	1.7	0.0	0.0	10.1	3.9	20.9	17.1	0.0	0.0

Note: All analyses were on weighted data; Ns are unweighted. 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. School grade was not available for the majority of adolescents in group care.

^a Adolescents in home with biological parents, adoptive parents, or kin were significantly more likely to be 11 to 12 years old, while adolescents in group home were more likely to be 15 to 17 years old ($p < .01$).

^b Adolescents in home with biological parents were significantly more likely to have private insurance than those in home with adoptive parents, kin, or foster parents or those in group homes, who were more likely to have Medicaid ($p < .05$). Adolescents in home with biological parents were also significantly more likely to be uninsured than adolescents living with adoptive parents or in group homes ($p < .05$).

Exhibit 4. Characteristics of Caregivers for the Adolescent Population at Wave 5

Caregiver Characteristic	N	Total		Biological parents n = 1,011		Adoptive parents n = 100		Kin caregivers n = 266		Foster caregivers n = 55	
		%	SE	%	SE	%	SE	%	SE	%	SE
Total	1,484	100.0	0.0	77.2	1.8	3.1	0.9	16.1	1.9	2.0	0.6
Gender	1,435										
Male	161	9.1	1.7	9.8	2.0	3.6	2.6	7.2	2.6	5.7	3.1
Female	1,274	90.9	1.7	90.2	2.0	96.5	2.6	92.8	2.6	94.3	3.1
Age (years)^a	1,435										
<25	9	0.2	0.2	—	—	—	—	—	—	—	—
25–34	370	28.4	2.0	29.8	2.4	3.4	2.5	26.4	6.2	22.4	14.1
35–44	591	44.4	2.3	52.1	2.7	29.2	15.5	13.6	3.8	18.6	9.3
45–54	298	18.9	2.0	16.5	1.9	45.7	14.4	22.5	7.4	42.0	16.2
>54	167	8.1	1.1	1.5	0.9	21.7	7.8	36.1	6.0	17.1	8.9
Race/ethnicity	1,435										
Black	404	24.6	3.4	23.2	3.4	12.3	5.3	31.1	6.9	41.2	16.3
White	741	52.2	3.8	51.1	3.9	79.9	7.1	54.7	6.2	34.7	12.6
Hispanic	210	17.3	3.2	19.5	3.6	5.6	3.2	8.5	4.6	23.1	14.4
Other	82	5.9	1.4	6.3	1.5	2.2	1.2	5.7	2.9	1.0	0.9
Education	1,434										
Less than high school	308	22.8	2.2	21.9	2.2	7.8	5.5	32.1	5.5	9.1	7.3
High school	686	42.9	2.1	45.5	2.4	51.3	14.4	31.5	5.3	22.6	8.9
More than high school	436	34.2	2.3	32.5	2.5	40.9	14.3	36.4	6.8	68.3	11.8
Percentage of federal poverty level^b	1,392										
<50	199	18.2	2.5	20.7	2.9	0.2	0.2	11.9	4.7	2.4	2.0
50–99	352	24.1	2.3	24.0	2.5	4.3	2.9	31.8	6.3	1.6	1.7
100–200	468	32.5	2.6	32.1	3.6	51.6	14.6	32.0	5.3	19.5	8.1
>200	373	25.3	2.3	23.3	2.9	44.0	14.7	24.4	4.4	76.5	9.5
Employment status^c	1,435										
Work, full time	598	49.0	2.4	51.8	2.6	40.2	14.8	34.3	5.2	71.0	11.3
Work, part time	217	15.0	2.2	14.6	2.7	24.5	15.1	16.4	5.3	4.4	2.5
Unemployed, looking for work	123	7.8	1.3	9.4	1.5	4.0	2.8	1.9	0.9	0.0	0.0
Does not work	455	25.4	2.3	21.1	2.7	27.1	9.3	45.7	5.5	22.4	10.0
Other	42	2.8	0.8	3.0	1.0	4.4	3.5	1.7	0.9	2.2	1.4

(continued)

Exhibit 4. Characteristics of Caregivers for the Adolescent Population at Wave 5 (continued)

Caregiver Characteristic	N	Total		Biological parents n = 1,011		Adoptive parents n = 100		Kin caregivers n = 266		Foster caregivers n = 55	
		%	SE	%	SE	%	SE	%	SE	%	SE
Marital status^d	1,433										
Married	554	36.9	2.6	32.0	2.9	68.7	10.4	52.5	7.0	52.0	16.1
Separated	171	11.5	1.4	13.6	1.7	0.8	0.6	4.4	1.6	0.3	0.3
Divorced	3,42	28.4	2.9	32.5	3.6	13.1	6.4	12.7	4.5	20.4	13.8
Widowed	58	3.2	0.8	1.4	0.6	4.2	2.7	9.1	3.0	24.6	17.9
Never married	308	20.1	2.7	20.5	3.3	13.2	5.7	21.3	6.4	2.7	1.8
Number of children in home	1,481										
1	405	28.6	2.0	27.2	2.0	36.0	15.3	27.5	5.3	17.5	7.9
2	379	25.0	2.3	25.9	2.4	13.6	5.3	26.4	6.6	15.5	7.6
3	328	23.9	1.8	25.6	2.2	13.0	5.7	18.6	4.7	39.0	14.0
4	203	13.1	1.6	12.6	1.8	9.8	5.6	16.0	4.5	22.4	16.6
5 or more	166	9.5	1.6	8.6	1.9	27.7	14.9	11.6	4.0	5.5	2.6
Number of adults in home	1,481										
1	533	36.9	2.7	37.4	3.1	25.6	9.3	31.5	6.5	31.3	13.6
2	686	44.2	2.3	45.3	2.6	41.5	14.5	46.6	6.1	14.8	5.7
3	184	13.1	1.8	12.3	1.8	8.5	4.0	15.2	5.0	41.6	15.1
4 or more	78	5.9	1.1	5.0	1.3	24.5	15.2	6.7	3.7	12.4	7.9

Note: All analyses were on weighted data; *N*s are unweighted. 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. Information was available for only biological parents, adoptive parents, kin caregivers, and foster caregivers.

^a Biological parents were significantly more likely to be aged 25 to 34 or 35 to 44 years than adoptive parents and kin, who were more likely to be older than 44 ($p < .05$).

^b Biological parents were significantly more likely to subsist below the federal poverty level than adoptive and foster parents ($p < .05$). Kin were significantly more likely to subsist below the federal poverty level than adoptive parents ($p < .05$).

^c Foster caregivers were significantly more likely to work full time than biological parents, while biological parents were significantly more likely to work full time than kin caregivers ($p < .05$).

^d Biological parents were significantly less likely to be married than adoptive, kin, or foster caregivers ($p < .05$).

Exhibit 5. Baseline Child Maltreatment and Risk as Reported by Caseworkers for the Adolescent Population at Wave 5

	<i>N</i>	%	<i>SE</i>
Most serious maltreatment type	1,366		
Physical abuse	322	25.9	2.3
Sexual abuse	222	11.4	2.2
Failure to provide	262	22.8	2.3
Failure to supervise	355	25.0	2.6
Emotional abuse	90	7.2	1.6
Moral/legal, educational, or other maltreatment	84	5.5	1.0
Abandonment	31	2.1	0.8
Child welfare system outcome	1,380		
Substantiated	595	28.5	2.8
Indicated	197	7.2	1.5
Unsubstantiated	450	52.7	2.7
High risk	34	0.9	0.3
Medium risk	41	2.8	1.8
Low risk	63	8.0	1.8
Level of harm	1,372		
None	360	45.0	2.4
Mild	397	29.6	2.9
Moderate	414	19.5	2.6
Severe	201	5.9	1.1
Level of risk	1,240		
None	237	32.1	2.9
Mild	360	36.9	2.4
Moderate	410	23.6	2.2
Severe	233	7.5	1.2
Risk factors			
Prior reports of child maltreatment	1,362	53.5	2.6
Prior investigation of child maltreatment	763	94.9	2.1
Prior incident of substantiated child maltreatment	707	55.6	4.6
Prior child welfare service history	1,305	31.2	2.8
Child had major special needs or behavioral problems	1,357	20.3	2.6
Active alcohol abuse by primary caregiver	1,299	8.1	1.3
Active alcohol abuse by secondary caregiver	907	9.9	1.8
Active drug abuse by primary caregiver	1,286	8.1	1.4
Active drug abuse by secondary caregiver	895	9.7	1.8
Primary caregiver had serious mental health problem	1,315	16.2	2.2
Primary caregiver had recent history of arrests	1,275	12.4	1.9
Primary caregiver had intellectual or cognitive impairments	1,339	8.1	1.6
Primary caregiver had physical impairments	1,350	6.6	1.1
Primary caregiver had poor parenting skills	1,356	29.9	2.4
Parent had unreal expectations of child	1,327	15.0	1.7
History of domestic violence against caregiver	1,293	27.3	2.7
Active domestic violence against caregiver	1,326	14.3	2.1
Primary caregiver used inappropriate or excessive discipline	1,341	6.9	1.1
Secondary caregiver used inappropriate or excessive discipline	963	12.0	1.8
History of abuse or neglect of primary caregiver	1,121	23.7	2.6

Note: All analyses were on weighted data; *Ns* are unweighted. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 6. Placement History for the Adolescent Population at Wave 5

	<i>N</i>	Total		In home biological parents <i>n</i> = 1,019		In home adoptive parents <i>n</i> = 100		Kin care <i>n</i> = 268		Foster care <i>n</i> = 59		Group or residential care <i>n</i> = 35	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,481	100.0	0.0	77.2	1.8	3.1	0.9	16.1	1.9	2.0	0.6	1.7	0.5
Out-of-home placement history ^a	1,403												
Ever placed out of home	571	22.6	2.1	11.1	1.6	88.0	5.2	48.2	7.8	100.0	0.0	100.0	0.0
Number of out-of-home placements ^b	1,400												
0	829	77.4	2.1	88.9	1.6	12.0	5.2	51.8	7.8	0.0	0.0	0.0	0.0
1	294	13.3	1.8	7.5	1.5	25.6	9.0	37.5	7.5	2.0	1.3	41.8	15.9
2–3	155	6.1	1.2	2.9	0.8	37.1	14.7	9.5	4.1	46.0	15.5	20.6	13.3
4 or more	122	3.2	0.9	0.7	0.2	25.3	16.2	1.2	0.6	52.0	15.3	37.6	15.6

Note: All analyses were on weighted data; *Ns* are unweighted. 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.

- ^a Adolescents in home with biological parents were significantly less likely to have been placed out of home than all other adolescents ($p < .001$). Similarly, adolescents living with kin were significantly less likely to have been placed out of home than adolescents adopted, in foster care, or in group care ($p < .001$).
- ^b Adolescents in home with biological parents were more likely to have zero out-of-home placements than all other adolescents ($p < .05$). Adolescents in kin care were less likely to have two or more placements than adolescents adopted, in foster care, or in group care ($p < .05$).

Exhibit 7. Caregivers' Self-Reported Aggression Toward and Neglect of Adolescents in the Previous Year, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Nonviolent discipline		Psychological aggression		Minor assault or corporal punishment		Severe physical assault		Very severe assault		Neglect		Sexual abuse	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,346	95.2	1.4	81.7	2.3	40.1	3.3	7.0	1.3	2.3	0.9	32.9	2.3	1.5	0.6
Gender	1,346							*							
Male	652	96.5	1.5	81.7	2.8	40.7	4.5	10.2	2.3	3.6	1.6	33.0	2.5	0.7	0.3
Female	694	93.8	2.2	81.8	3.1	39.5	4.1	3.7	1.0	1.0	0.6	32.9	3.9	2.3	1.2
Age (years)	1,346	**		**		***		*							
11–12	412	97.3	2.2	92.3 ^a	2.2	53.8	5.2	10.4 ^b	3.3	3.8	2.4	32.9	5.0	0.3	0.2
13–14	390	99.4	0.4	80.1	3.9	43.0	5.5	7.8	2.3	0.5	0.3	39.9	3.7	1.5	0.6
15–17	544	89.9 ^c	2.9	73.9	3.8	26.0 ^d	4.2	3.4	1.2	2.6	1.1	27.3	3.8	2.5	1.5
Race/ethnicity	1,345														
Black	406	94.3	3.1	90.2	2.3	48.5	4.6	10.0	3.2	2.8	1.2	34.6	4.8	2.0	1.0
White	621	95.0	1.8	81.7	3.6	34.8	4.4	5.3	1.7	2.3	1.6	29.5	3.6	1.8	1.2
Hispanic	243	96.5	2.2	76.4	5.8	45.9	8.2	7.4	3.3	2.6	1.8	37.1	5.1	0.3	0.2
Other	75	96.4	2.9	61.3	11.0	27.8	10.2	5.9	3.7	0.0	0.0	39.0	10.0	0.1	0.2
Placement at Wave 5	1,346	*													
In home biological parents	1,003	95.6 ^e	1.4	80.8	2.8	41.6	3.4	7.1	1.4	2.5	1.0	34.4	2.6	1.7	0.8
In home adoptive parents	100	100.0	0.0	95.6	2.9	46.8	14.9	4.1	2.7	0.2	0.2	19.9	7.5	0.4	0.4
Kin care	243	92.0	4.7	83.6	4.4	31.1	6.6	6.8	4.6	1.8	1.2	27.6	5.8	0.4	0.2

Note: The instrument used was the Conflict Tactics Scale Parent-Child Version (Straus et al., 1998). All analyses were on weighted data; *Ns* are unweighted.

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.

Foster and group or residential caregivers were not asked about aggression and neglect.

^a The 11- to 12-year-olds were significantly more likely to receive psychological aggression than 13- to 14-year-olds ($p < .05$) or 15- to 17-year-olds ($p < .001$).

^b The 11- to 12-year-olds were significantly more likely to receive severe physical assault than 15- to 17-year-olds ($p < .05$).

^c The 15- to 17-year-olds were significantly less likely to receive nonviolent discipline than 11- to 12-year-olds ($p < .05$) or 13- to 14-year-olds ($p < .001$).

^d The 15- to 17-year-olds were significantly less likely to receive minor assault or corporal punishment than 11- to 12-year-olds ($p < .001$) or 13- to 14-year-olds ($p < .01$).

^e Adolescents living in home with biological parents were significantly less likely to receive nonviolent discipline than adolescents living with adoptive parents ($p < .05$).

Exhibit 8. Adolescent-Reported Aggression and Neglect from a Caregiver in the Previous Year, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Nonviolent Discipline		Psychological Aggression		Minor Assault or Corporal Punishment		Severe Physical Assault		Very Severe Assault	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,332	82.6	2.6	57.6	3.0	30.0	2.7	9.6	1.7	5.8	1.0
Gender	1,332					*					
Male	634	81.1	2.9	52.5	3.4	24.7	3.0	9.2	1.7	7.3	1.6
Female	698	84.2	3.4	62.8	4.4	35.3	3.9	9.9	2.3	4.2	1.2
Age (years)	1,332										
11–12	391	81.4	3.9	52.0	5.1	36.3	4.3	7.9	2.0	5.9	1.8
13–14	385	77.9	5.4	64.6	4.7	32.8	6.1	12.5	3.3	4.9	1.5
15–17	556	87.0	2.7	56.7	4.7	23.2	4.0	8.7	2.5	6.3	1.9
Race/ethnicity	1,331							**		*	
Black	405	85.0	4.0	61.9	4.6	39.5	5.8	19.8 ^a	4.1	10.3 ^b	2.6
White	616	82.7	2.5	57.6	3.7	27.6	2.9	7.3 ^c	1.8	4.9	1.4
Hispanic	235	76.2	6.5	50.9	8.1	25.4	6.0	1.9	0.9	2.3	1.2
Other	75	91.0	4.1	59.2	12.0	20.5	6.7	5.2	2.2	2.5	1.5
Placement at Wave 5	1,331										
In home biological parents	924	82.8	2.9	58.0	3.3	29.9	2.9	9.6	1.7	5.4	1.1
In home adoptive parents	86	72.7	17.3	65.3	12.3	20.8	7.8	12.1	5.8	6.4	4.4
Kin care	244	81.9	4.7	60.6	5.4	34.2	5.8	7.6	2.2	7.6	2.4
Foster care	49	87.0	8.0	49.7	16.5	5.0	2.5	3.7	2.2	3.3	2.2
Group home or residential program	28	99.1	0.9	64.9	17.1	40.3	20.1	38.6	20.7	6.4	3.7

Note: Instrument used was the Conflict Tactics Scale Parent-Child (Straus et al., 1998). All analyses were on weighted data; *N*s are unweighted. 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 (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^a Black adolescents were significantly more likely to report having received severe physical assault than White ($p < .01$), “Other” ($p < .01$), or Hispanic ($p < .001$).

^b Black adolescents were significantly more likely to report having received very severe assault than Hispanic ($p < .01$) and “Other” ($p < .05$).

^c White adolescents were significantly more likely to report having received severe physical assault than Hispanic ($p < .05$).

Exhibit 9. Adolescents' Reports of Recent Domestic Violence at Wave 5

Type of Incident	N	Yes	
		%	SE
Violence witnessing items			
Adolescent saw adult yell at other	1,177	20.8	2.6
Adolescent saw adult throw something at other	1,298	2.9	0.7
Adolescent saw adult shove other	1,291	3.4	0.8
Adolescent saw adult slap other	1,292	3.9	1.1
Adolescent saw adult beat up other	1,307	1.2	0.5
Adolescent saw adult steal at home	1,299	5.7	1.4
Adolescent saw adult point knife or gun at other	1,312	1.2	0.6
Adolescent saw adult stab other	1,325	0.2	0.2
Adolescent saw adult shoot other	1,326	0.2	0.2
Adolescent saw person arrested at home	1,311	2.1	0.9
Adolescent saw person deal drugs at home	1,304	0.9	0.4
Adolescent saw child being spanked	1,276	18.1	1.9
Violence victimization items			
Adult yelled at the adolescent	1,218	28.2	2.6
Adult threw something at the adolescent	1,299	2.9	0.8
Adult shoved the adolescent "really hard"	1,302	2.9	0.8
Adult slapped the adolescent "really hard"	1,292	2.5	0.7
Adult beat up the adolescent	1,287	1.4	0.5
Adult pointed a gun or knife at the adolescent	1,320	0.3	0.2
Adult spanked the adolescent	1,266	4.1	1.0

Note: Instrument used was the Violence Exposure Scale–Revised (Fox & Leavitt, 1995). All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 10. Adolescents' Caregiver-Reported Physical Health and Chronic Conditions, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Good Health		Chronic Health Condition at Wave 5	
		%	<i>SE</i>	%	<i>SE</i>
Total	1,467	94.6	1.1	10.6	1.5
Gender	1,467	**			
Male	722	97.4	0.9	8.8	1.8
Female	745	91.6	1.9	12.6	2.1
Age (years)	1,467				
11–12	432	95.9	1.5	15.2	2.9
13–14	422	96.3	1.1	7.7	1.7
15–17	613	92.2	2.3	9.2	2.2
Race/ethnicity	1,466			*	
Black	447	95.1	2.1	8.1	1.7
White	674	94.8	1.7	13.4 ^a	2.4
Hispanic	262	94.8	2.6	4.7	2.1
Other	83	89.6	7.0	18.8	7.8
Placement at Wave 5	1,465				
In home biological parents	1,010	94.1	1.3	10.5	1.7
In home adoptive parents	100	99.3	0.5	9.7	4.6
Kin care	266	94.9	2.7	11.7	3.3
Foster care	57	98.8	1.3	12.6	8.6
Group home or residential program	32	98.0	1.3	6.9	4.3

Note: All analyses were on weighted data; *Ns* are unweighted. 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 (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^a White adolescents had a significantly greater number of chronic health conditions than Hispanic ($p < .05$).

Exhibit 11. Adolescents' Self-Reported Depression and Trauma, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Depression		<i>N</i>	Trauma	
		%	<i>SE</i>		%	<i>SE</i>
Total	1,394	5.0	1.1	1,397	5.9	1.0
Gender	1,394	***		1,397		
Male	674	1.0	0.4	675	6.5	1.7
Female	720	9.1	2.2	722	5.4	1.5
Age (years)	1,394			1,397		
11–12	414	3.8	1.5	417	5.8	1.6
13–14	408	5.2	2.5	409	9.1	2.7
15–17	572	5.7	1.7	571	3.6	1.3
Race/ethnicity	1,393			1,396		
Black	424	7.9	2.4	425	5.9	1.8
White	642	4.3	1.4	644	7.1	1.6
Hispanic	248	2.3	1.4	248	4.1	2.2
Other	79	5.1	3.6	79	2.4	1.6
Placement at Wave 5	1,392			1,395		
In home biological parents	961	4.8	1.4	963	5.9	1.2
In home adoptive parents	93	3.9	2.1	93	4.6	2.5
Kin care	251	4.1	1.9	252	6.9	2.3
Foster care	56	10.2	7.5	56	0.1	0.1
Group home or residential program	31	18.3	12.2	31	10.1	9.9

Note: Instruments used were the Children's Depression Inventory (Kovacs, 1992) and the Posttraumatic Stress subscale from the Trauma Symptom Checklist for Children (Briere, 1996). All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$). Asterisks in the column apply to the subsequent results for the covariate.

Exhibit 12. Adolescents' Caregiver-Reported Behavioral Problems, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Total score in clinical range		Internalizing score in clinical range		Externalizing score in clinical range	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,468	23.2	2.3	15.4	1.8	26.9	2.5
Gender	1,468			**			
Male	723	25.5	3.3	19.5	2.8	25.5	3.4
Female	745	20.8	2.7	11.2	1.8	28.4	3.2
Age (years)	1,468						
11–12	432	23.4	3.5	17.7	2.8	29.9	4.1
13–14	422	20.0	4.2	10.6	2.8	21.4	4.2
15–17	614	25.6	4.1	17.2	3.0	28.9	4.1
Race/ethnicity	1,467	*					
Black	447	22.0	4.0	13.8	3.4	31.5	5.0
White	675	27.8 ^a	2.7	18.0	2.2	27.0	2.9
Hispanic	263	11.1	3.8	11.6	3.7	20.7	5.7
Other	82	29.5	11.0	13.8	5.2	25.2	10.9
Placement at Wave 5	1,466			*			
In home biological parents	1,010	21.6	2.5	13.9	2.0	25.5	2.6
In home adoptive parents	100	29.8	10.4	24.4	9.2	30.0	10.3
Kin care	267	21.8	4.6	9.9	2.3	25.3	5.4
Foster care	57	28.8	10.6	43.9	15.2	33.9	11.7
Group home or residential program	32	97.0	1.6	87.3 ^b	6.5	94.4	2.9

Note: Instrument used was the Child Behavior Checklist (Achenbach, 1991; Achenbach & Rescorla, 2001). All analyses were on weighted data; *Ns* are unweighted. 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 ($*p < .05$, $**p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^a White adolescents were significantly more likely to have a clinically elevated Total Problems score than Hispanic adolescents ($p < .01$).

^b Adolescents in group homes were significantly more likely to have a clinically elevated Internalizing scale score than adolescents in home with biological parents ($p < .01$), adolescents in home with adoptive parents ($p < .01$), adolescents living with kin ($p < .01$), or adolescents in foster care ($p < .05$).

Exhibit 13. Adolescents' Self-Reported Behavioral Problems, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Total score in clinical range		Internalizing score in clinical range		Externalizing score in clinical range	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,403	14.3	2.0	6.9	1.1	21.0	3.1
Gender	1,403					*	
Male	679	12.0	2.7	7.6	1.8	14.8	3.9
Female	724	16.7	2.4	6.3	1.6	27.4	4.1
Age (years)	1,403						
11–12	418	11.0	2.3	6.1	1.8	16.3	4.0
13–14	410	20.2	4.9	6.7	2.1	22.3	5.4
15–17	575	12.4	2.6	7.8	2.3	23.9	4.4
Race/ethnicity	1,402						
Black	425	14.0	2.9	6.6	2.0	27.1	5.4
White	646	15.6	2.7	6.3	1.7	20.4	3.7
Hispanic	251	11.8	6.3	8.6	3.5	14.6	6.8
Other	80	12.7	7.0	8.4	6.5	18.6	7.7
Placement at Wave 5	1,401			*			
In home biological parents	967	14.9	2.5	7.7 ^a	1.4	20.3	3.1
In home adoptive parents	95	11.4	5.6	4.9	2.9	9.4	4.6
Kin care	252	9.3	3.9	2.2	1.0	24.5	6.6
Foster care	56	20.5	10.3	23.7	17.7	20.6	10.3
Group home or residential program	31	38.7	18.7	1.7	1.4	52.1	16.8

Note: Instrument used was the Youth Self-Report (Achenbach, 1991; Achenbach & Rescorla, 2001). All analyses were on weighted data; *N*s are unweighted. 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 ($*p < .05$). An asterisk in a column applies to the subsequent results for the covariate.

^a Adolescents living with biological parents were significantly more likely to have a clinically elevated Internalizing scale score than adolescents living with kin ($p < .05$).

Exhibit 14. Adolescents' Substance Use as Self-Reported at Wave 5

Substance	<i>N</i>	Ever used		Used in past 30 days	
		%	<i>SE</i>	%	<i>SE</i>
Alcohol	1,341	33.5	2.2	13.1	1.7
Cigarettes	1,344	28.7	2.8	14.6	2.0
Chewing tobacco or snuff	1,344	6.5	1.2	2.6	0.9
Marijuana or hashish	1,347	17.9	2.3	8.0	1.4
Inhalants	1,347	2.3	0.8	0.8	0.3
Cocaine, crack, or heroin	1,349	2.6	1.0	0.8	0.3
Nonprescribed medications	1,347	6.4	1.5	3.3	1.0

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 data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 15. Adolescents' Sexual Experience, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Ever had sex	
		%	<i>SE</i>
Total	1,338	28.4	2.1
Gender	1,338		
Male	644	30.7	3.7
Female	694	26.1	3.4
Age (years)	1,338	***	
11–12	395	2.7 ^a	1.0
13–14	383	22.2 ^b	5.8
15–17	560	53.2	3.8
Race/ethnicity	1,337	*	
Black	412	37.6 ^c	4.3
White	618	22.7	2.9
Hispanic	231	33.9	6.4
Other	76	15.8	5.5
Placement at Wave 5	1,336		
In home biological parents	932	27.3	2.4
In home adoptive parents	82	7.9	5.0
Kin care	244	32.4	6.6
Foster care	49	41.0	16.8
Group home/residential program	29	73.1	13.0

Note: All analyses were on weighted data; *Ns* are unweighted. 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 (* $p < .05$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a The 11- to 12-year-olds were significantly less likely to have ever had sex than the 13- to 14-year-olds ($p < .001$) or 15- to 17-year-olds ($p < .001$).

^b The 13- to 14-year-olds were significantly less likely to have ever had sex than the 15- to 17-year-olds ($p < .001$).

^c Black adolescents were significantly more likely to have had sex than White adolescents ($p < .01$) or adolescents of “Other” racial identity ($p < .05$).

Exhibit 16. Delinquent Acts Committed by Adolescents in the Previous 6 Months, as Self-Reported at Wave 5

Delinquent act	<i>N</i>	%	<i>SE</i>
Status offense			
Ran away	1,345	7.8	1.3
Skipped school	1,350	16.5	1.6
Lied about age for movie admittance	1,348	6.6	1.2
Public disorder			
Hitchhiked	1,346	1.1	0.5
Was loud, rowdy, or unruly in public	1,348	16.0	2.5
Was drunk in a public place	1,352	3.8	1.5
Begged for money or things	1,352	2.6	0.7
Carried a hidden weapon	1,350	6.6	1.5
Paid for having sex	1,343	1.7	0.8
Damaged property			
Damaged property	1,346	7.5	1.5
Minor theft			
Stole things worth less than \$5	1,345	5.8	1.3
Went joyriding	1,343	2.9	1.0
Stole things worth more than \$5 but less than \$50	1,348	3.1	0.9
Avoided paying for things such as movies, bus rides, or subway rides	1,344	7.0	1.5
Took something from a store without paying for it	1,346	5.5	1.0
Pickpocketed (snatched wallet or purse)	1,346	2.4	1.0
Serious property crime			
Stole vehicle or attempted to steal vehicle	1,344	0.7	0.3
Stole items worth more than \$50 but less than \$100	1,344	1.2	0.5
Bought or sold stolen goods	1,344	2.5	0.9
Entered or tried to enter a building to steal	1,344	3.6	1.0
Stole items worth more than \$100	1,345	1.6	0.6
Took items from a car	1,347	4.8	1.3
Set fire to a house, building, car, or other property	1,346	0.6	0.4
Used false checks	1,343	0.8	0.3
Used credit cards without permission	1,345	0.6	0.2
Deliberately sold an item above its value	1,343	3.9	1.1
Simple assault			
Threw objects, such as rocks or bottles, at another person	1,343	3.5	0.9
Hit someone with the intention of hurting him or her	1,344	13.5	2.2
Felony assault			
Attacked someone with the intention to hurt, harm, or kill	1,345	1.0	0.3
Used threats or weapon to take money or things from another person	1,343	0.4	0.2
Had or tried to have sexual relations with someone against his or her will	1,343	0.4	0.2
Physically hurt or threatened another to have sex against his or her will	1,342	0.5	0.3
Was involved in a gang fight	1,344	7.2	1.6
Sold drugs			
Sold marijuana or hashish	1,339	5.0	1.5
Sold hard drugs	1,338	0.8	0.5

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 17. Types of Self-Reported Delinquent Acts Committed by Adolescents in the Previous 6 Months, by Characteristics of the Adolescent Population at Wave 5

	<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	1,354	25.6	2.1	22.7	2.8	7.5	1.5	15.3	2.0	9.6	1.7	15.3	2.2	8.1	1.6	5.1	1.5
Gender	1,354							**									
Male	648	23.5	3.4	24.6	4.2	8.0	1.9	20.4	3.1	11.4	2.5	17.9	3.1	11.1	2.8	7.1	2.7
Female	706	27.7	3.5	20.7	3.0	7.0	2.1	10.0	2.1	7.7	2.0	12.5	2.6	5.1	1.4	3.0	1.3
Age (years)	1,354	***				***								**		**	
11–12	400	10.4 ^a	3.1	15.1	3.4	1.4 ^b	0.5	11.5	3.8	6.1	2.9	14.7	3.7	2.3 ^c	0.7	0.2 ^d	0.1
13–14	391	25.1 ^c	4.0	23.6	6.3	9.5	3.7	17.1	2.9	14.2	3.0	15.1	4.2	14.1	4.7	7.2	4.3
15–17	563	37.7	4.1	27.9	4.0	10.7	2.7	16.8	3.0	8.9	2.4	15.8	3.7	8.2	2.3	7.2	2.3
Race/ethnicity	1,353	*		*						**		**					
Black	414	31.2	4.4	32.1 ^f	4.8	11.1	3.5	15.6	2.7	12.5 ^g	2.7	27.4 ^h	4.6	8.9	2.7	4.6	2.1
White	624	20.7 ⁱ	2.5	18.5	2.5	6.5	1.9	13.4	2.9	5.3	1.7	10.6	2.4	4.9	1.6	4.1	1.6
Hispanic	39	33.6	6.7	18.1	7.1	4.6	3.0	21.1	4.7	18.9 ^j	4.9	7.8	3.7	17.0	7.4	9.9	6.8
Other	76	16.2	5.3	28.0	11.7	8.1	3.8	11.7	4.7	3.5	2.2	21.4	11.6	4.7	2.5	0.4	0.3
Placement at Wave 5	1,352																
In home biological parents	939	25.2	2.7	22.9	2.9	6.4	1.7	14.5	2.1	8.9	2.0	12.5	2.2	9.0	2.0	5.8	1.9
In home adoptive parents	86	16.4	7.1	14.9	7.9	4.8	4.1	13.5	7.6	1.6	1.0	7.2	4.6	4.7	4.0	0.0	0.0
Kin care	248	24.3	5.7	22.7	5.6	6.0	2.6	12.5	5.5	8.5	4.0	23.8	7.1	3.1	1.4	1.3	0.9
Foster care	49	45.7	16.3	15.3	8.6	43.0	17.2	43.1	17.0	35.9	17.3	55.1	15.4	26.7	18.4	2.4	1.9
Group home or residential program	30	57.8	17.2	41.0	19.7	54.6	18.3	63.5	14.4	45.4	19.3	33.0	21.0	2.1	1.7	29.4	22.0

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). All analyses were on weighted data; *N*s are unweighted. 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 (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a The 11- to 12-year-olds were significantly less likely to commit a status offense than the 13- to 14-year-olds ($p < .01$) or 15- to 17-year-olds ($p < .001$).

^b The 11- to 12-year-olds were significantly less likely to have damaged property than the 13- to 14-year-olds ($p < .05$) or 15- to 17-year-olds ($p < .01$).

^c The 11- to 12-year-olds were significantly less likely to have committed felony assault than the 13- to 14-year-olds and 15- to 17-year-olds ($p < .05$).

^d The 11- to 12-year-olds were significantly less likely to have sold drugs than the 15- to 17-year-olds ($p < .01$).

^e The 13- to 14-year-olds were significantly less likely to commit a status offense than the 15- to 17-year-olds ($p < .05$).

^f Black adolescents were significantly more likely to have committed public disorder than White ($p < .01$).

^g Black adolescents were significantly more likely to have committed a serious property crime than White ($p < .05$) or Other ($p < .05$).

^h Black adolescents were significantly more likely to have committed simple assault than White ($p < .01$) or Hispanic ($p < .01$).

ⁱ Black adolescents were significantly more likely to have committed a status offense than White ($p < .05$).

^j Hispanic adolescents were significantly more likely to have committed a serious property crime than White ($p < .05$) or Other ($p < .05$).

Exhibit 18. Adolescents' Self-Reported Arrests in the Previous 6 Months, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Arrested or picked up by police	
		%	<i>SE</i>
Total	1,338	8.1	1.7
Gender	1,338	*	
Male	639	11.8	3.0
Female	699	4.3	1.6
Age (years)	1,338		
11–12	392	3.4	1.8
13–14	386	9.9	4.4
15–17	560	10.5	3.0
Race/ethnicity	1,337		
Black	404	11.3	3.6
White	620	4.3	1.4
Hispanic	237	15.8	6.8
Other	76	2.5	1.8
Placement at Wave 5	1,336		
In home biological parents	930	7.6	2.1
In home adoptive parents	85	4.5	4.1
Kin care	244	9.3	4.6
Foster care	48	1.7	1.7
Group home or residential program	29	43.3	19.8

Note: Instrument used was the Self-Report Delinquency Scale (Elliott et al., 1985). All analyses were on weighted data; *N*s are unweighted. 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 ($*p < .05$). The asterisk in the column applies to the subsequent results for the covariate.

Exhibit 19. Adolescents' Caregiver-Reported Involvement with the Law in the Previous 12 Months, by Characteristics of the Adolescent Population at Wave 5

	<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	1,460	10.6	1.5	5.7	1.4	0.8	0.3
Gender	1,460	*		*		*	
Male	718	14.5	2.7	8.5	2.4	1.4	0.5
Female	742	6.5	1.6	2.8	1.1	0.1	0.1
Age (years)	1,460	***		**			
11–12	431	2.1 ^a	0.7	1.1 ^b	0.6	0.5	0.3
13–14	420	9.5	2.8	4.8	2.2	0.3	0.2
15–17	609	18.4	3.6	10.2	3.2	1.4	0.6
Race/ethnicity	1,459						
Black	444	12.9	3.3	7.3	2.9	1.1	0.7
White	670	9.4	2.1	3.8	1.5	0.8	0.4
Hispanic	262	8.5	3.4	5.8	3.2	0.5	0.5
Other	83	17.0	9.4	13.7	9.6	0.0	0.0
Placement at Wave 5	1,458						
In home biological parents	1,009	10.7	1.9	5.8	1.6	0.8	0.3
In home adoptive parents	99	4.0	2.7	1.2	1.0	2.8	2.5
Kin care	265	8.1	3.3	3.3	2.7	0.1	0.1
Foster care	55	29.4	16.3	24.2	17.0	0.0	0.0
Group home or residential program	30	21.4	11.3	8.7	7.1	0.0	0.0

Note: All analyses were on weighted data; *Ns* are unweighted. 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 The 11- to 12-year-olds were significantly less likely to have a court appearance than the 13- to 14-year-olds ($p < .05$) or 15- to 17-year-olds ($p < .001$).

^b The 11- to 12-year-olds were significantly less likely to be placed on probation than the 15- to 17-year-olds ($p < .01$).

Exhibit 20. Adolescents' Cognitive Test Scores, by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	K-BIT composite		K-BIT vocabulary		K-BIT matrices	
		Mean	<i>SE</i>	Mean	<i>SE</i>	Mean	<i>SE</i>
Total	1,410	91.5	0.9	88.5	0.8	96.1	1.0
Gender	1,410						
Male	684	92.5	1.2	89.2	1.1	97.0	1.4
Female	726	90.6	1.1	87.7	1.2	95.1	1.1
Age (years)	1,410	***				***	
11–12	419	95.5 ^a	1.4	90.5	1.4	101.2 ^a	1.4
13–14	410	89.6	1.4	87.7	1.4	93.4	1.6
15–17	581	90.0	1.2	87.6	1.3	94.2	1.2
Race/ethnicity	1,409	**		***			
Black	427	88.8	1.1	85.6	1.1	94.2	1.4
White	648	93.9 ^b	1.3	92.0 ^c	1.2	96.8	1.4
Hispanic	253	90.3	2.2	84.5	2.1	97.7	2.4
Other	81	88.7	3.2	85.2	3.4	93.9	2.9
Placement at Wave 5	1,408	*					*
In home biological parents	970	91.6	1.0	88.3	0.9	96.5	1.1
In home adoptive parents	95	93.1	4.7	92.0	2.6	95.5	6.0
Kin care	253	91.7	1.7	89.7	2.1	95.1	1.5
Foster care	57	92.4	2.0	89.2	2.1	97.3	1.9
Group home or residential program	33	82.1 ^d	5.1	79.8	5.8	87.7 ^e	3.7

Note: Instrument used was the Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 2004). All analyses were on weighted data; *N*s are unweighted. *T* tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a The 11- to 12-year-olds had a significantly higher mean score than the 13- to 14-year-olds ($p < .001$) or 15- to 17-year-olds ($p < .001$).

^b White adolescents had a significantly higher mean score than Black ($p < .01$).

^c White adolescents had a significantly higher mean score than Black ($p < .001$), Hispanic ($p < .01$), and Other ($p < .05$).

^d Adolescents living in group homes or residential programs had a significantly lower mean score than adolescents living in foster care ($p < .05$).

^e Adolescents living in group homes or residential programs had a significantly lower mean score than those living in home with biological parents ($p < .05$) or with foster caregivers ($p < .05$).

Exhibit 21. Adolescents' Low Cognitive Test Scores, by Characteristics of the Adolescent Population at Wave 5

	N	K-BIT Composite				K-BIT Vocabulary				K-BIT Matrices			
		-1 to -1.99 SD		-2 SD or less		-1 to -1.99 SD		-2 SD or less		-1 to -1.99 SD		-2 SD or less	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Total	1,410	21.5	2.0	8.7	1.8	23.1	2.2	13.0	1.8	19.1	2.2	5.9	1.3
Gender	1,410												
Male	684	22.0	3.1	7.0	1.6	23.5	3.1	12.1	2.7	18.5	3.0	6.3	1.6
Female	726	21.0	2.4	10.5	3.2	13.9	3.1	13.9	3.1	19.8	2.9	5.5	1.7
Age (years)	1,410			*								*	
11-12	419	19.1	4.3	3.5 ^a	1.2	23.9	3.2	12.0	3.5	13.3	3.8	1.7 ^b	0.8
13-14	410	25.7	4.0	11.3	3.1	22.9	3.6	13.1	3.3	23.6	4.4	9.6	3.0
15-17	581	20.3	3.5	10.9	2.6	22.6	3.5	13.7	2.6	20.3	3.5	6.4	1.6
Race/ethnicity	1,409					**							
Black	427	25.1	4.3	8.6	2.1	32.8 ^c	5.3	14.1	2.9	19.8	3.6	6.3	1.5
White	648	20.1	2.6	6.4	2.1	16.7	2.4	10.0	2.5	18.7	2.7	6.6	2.1
Hispanic	253	18.6	5.6	14.0	6.2	24.3	6.0	20.3	6.0	16.2	6.3	3.2	1.8
Other	81	26.0	11.2	11.7	7.1	28.0	11.0	9.3	6.8	29.1	11.1	7.7	3.8
Placement at Wave 5	1,408												
In home biological parents	970	22.0	2.1	8.8	1.9	22.7	2.5	14.0	2.2	18.5	2.3	6.3	1.5
In home adoptive parents	95	36.1	14.7	5.4	3.5	10.9	4.5	8.5	4.6	33.4	15.3	9.4	4.6
Kin care	253	15.4	4.7	8.4	4.1	28.2	7.7	7.5	3.8	18.3	5.3	4.0	1.6
Foster care	57	15.1	7.9	3.8	2.2	16.7	8.4	4.4	2.8	11.6	7.4	2.3	1.3
Group home or residential program	33	39.3	16.0	17.9	14.1	21.9	10.5	36.4	17.6	36.8	17.1	5.5	4.3

Note: Instrument used was the Kaufman Brief Intelligence Test (K-BIT; Kaufman & Kaufman, 2004). All analyses were on weighted data; Ns are unweighted.

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 (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate.

^a When K-BIT Composite scores 2 SD below the mean were compared with those in the normative range, 11- to 12-year-olds were found to be significantly less likely than 13- to 14-year-olds or 15- to 17-year-olds to have scores 2 or more SD below the mean ($p < .05$).

^b When K-BIT Matrices scores 2 SD below the mean were compared with those in the normative range, 11- to 12-year-olds were found to be significantly less likely than 13- to 14-year-olds or 15- to 17-year-olds to have scores 2 or more SD below the mean ($p < .01$).

^c When K-BIT Vocabulary scores one to 1.99 SD below the mean were compared with those in the normative range, Black adolescents were found to be significantly more likely than White to have scores one to 1.99 SD below the mean ($p < .01$).

Exhibit 22. Adolescents' School Achievement Test Scores, by Characteristics of the Adolescent Population at Wave 5

	N	Woodcock-Johnson letter identification		Woodcock-Johnson passage comprehension		Woodcock-Johnson calculation		Woodcock-Johnson applied problems	
		Mean	SE	Mean	SE	Mean	SE	Mean	SE
Total	1,412	93.4	1.1	85.7	1.0	88.3	1.4	88.9	0.8
Gender	1,412								
Male	684	92.6	1.5	84.7	1.4	87.5	1.7	88.7	1.2
Female	728	94.2	1.3	86.7	1.2	89.0	1.9	89.2	1.1
Age (years)	1,412	***		*		***		***	
11–12	419	97.5 ^a	1.7	88.3 ^b	1.3	95.4 ^c	1.6	94.3 ^d	1.1
13–14	409	93.4	1.9	85.1	1.7	86.8	3.3	87.9	1.5
15–17	584	90.1	1.7	84.1	1.4	83.7	1.4	85.6	1.2
Race/ethnicity	1,411	*		*					
Black	428	90.8	1.3	83.5	1.2	87.2	1.7	87.8	0.8
White	648	95.2 ^e	1.7	87.7 ^f	1.5	87.8	2.2	90.4	1.4
Hispanic	254	93.7	1.8	84.8	1.9	92.0	2.0	87.7	1.9
Other	81	89.3	4.0	81.5	3.2	85.5	3.5	86.5	2.6
Placement at Wave 5	1,410			*		*		*	
In home biological parents	971	93.1	1.3	85.8	1.2	88.4	1.7	89.3	0.9
In home adoptive parents	95	101.4	5.4	86.8	3.3	96.0	6.5	93.8	5.1
Kin care	254	94.0	2.3	86.8	1.6	88.2	2.6	88.1	1.9
Foster care	57	92.1	3.2	88.3	3.0	84.2	4.1	85.2	3.5
Group home or residential program	33	88.6	6.3	65.4 ^g	10.2	72.6 ^h	6.8	77.1 ^h	4.4

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001). All analyses were on weighted data; *N*s are unweighted. *T* tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a The 11- to 12-year-olds had a significantly higher mean score than the 15- to 17-year-olds ($p < .001$).

^b The 11- to 12-year-olds had a significantly higher mean score than the 15- to 17-year-olds ($p < .05$).

^c The 11- to 12-year-olds had a significantly higher mean score than the 13- to 14-year-olds ($p < .01$) and 15- to 17-year-olds ($p < .001$).

^d The 11- to 12-year-olds had a significantly higher mean score than the 13- to 14-year-olds and 15- to 17-year-olds ($p < .001$).

^e White adolescents had a significantly higher mean score than Black adolescents ($p < .05$).

^f White adolescents had a significantly higher mean score than Black adolescents and adolescents of other race/ethnicity ($p < .05$).

^g Adolescents living in group homes or residential programs had a significantly lower mean score than adolescents in home with biological parents, those with adoptive parents, and those in foster or kin care ($p < .05$).

^h Adolescents living in group homes or residential programs had a significantly lower mean score than adolescents in home with biological parents, those with adoptive parents, and those in kin care ($p < .05$).

Exhibit 23. Adolescents' Low School Achievement Test Scores, by Characteristics of the Adolescent Population at Wave 5

	N	Woodcock-Johnson letter identification				Woodcock-Johnson passage comprehension				Woodcock-Johnson calculation				Woodcock-Johnson applied problems			
		-1 to -1.99 SD		-2 SD or less		-1 to -1.99 SD		-2 SD or less		-1 to -1.99 SD		-2 SD or less		-1 to -1.99 SD		-2 SD or less	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Total	1,412	19.1	2.0	10.0	1.7	26.1	2.4	11.7	1.5	24.3	2.2	12.7	2.0	21.8	2.1	8.1	1.2
Gender	1,412																
Male	684	19.2	3.3	11.0	2.0	26.0	3.2	12.2	1.9	24.7	3.4	13.4	2.5	20.7	2.9	8.5	1.8
Female	728	19.0	2.8	8.9	2.3	26.1	3.3	11.2	2.2	23.9	3.1	12.1	2.4	22.8	2.9	7.7	1.8
Age (years)	1,412					**				***		***		**		**	
11-12	419	21.6	4.6	4.5	1.5	25.4	4.6	8.2	2.2	12.4	2.9	6.5 ^a	2.1	14.5	3.8	3.3 ^b	1.2
13-14	409	20.0	5.4	10.3	3.4	17.9 ^c	2.8	13.7	3.4	19.1	3.1	14.7	3.8	16.8	3.5	10.0	3.2
15-17	584	16.4	2.9	14.1	3.3	32.8	3.8	12.8	2.5	37.7 ^d	4.2	16.2	2.6	31.3 ^e	3.8	10.4	2.5
Race/ethnicity	1,411	**		**						**		*		*		*	
Black	428	28.2 ^f	3.5	7.2 ^g	1.4	34.8	5.8	10.6	2.2	34.2 ^h	5.4	11.7 ⁱ	2.8	35.0 ^j	4.7	3.8 ^k	1.2
White	648	14.8	2.8	12.7	2.6	19.4	3.0	11.6	2.1	19.9	2.4	16.4	3.0	16.0	2.0	9.5	2.0
Hispanic	254	15.5	4.1	5.4	2.4	29.6	5.9	12.3	3.3	16.0	4.0	6.2 ^l	2.4	15.3	4.2	10.2	3.2
Other	81	23.9	11.1	14.5	7.4	29.6	11.3	14.6	7.4	42.0	12.0	8.3	4.2	29.0	10.9	9.5	4.3
Placement at Wave 5	1,410	*															
In home biological parents	971	19.4 ^m	2.1	10.1	1.9	26.5	2.8	11.6	1.8	22.4	2.9	13.3	2.5	21.2	2.3	6.6	1.4
In home adoptive parents	95	5.7	3.1	8.8	4.7	14.1	5.3	11.6	5.4	17.7	7.6	10.6	4.9	14.6	6.7	11.1	4.9
Kin care	254	21.4 ⁿ	5.7	8.6	3.2	28.1	6.3	8.3	3.9	35.7	7.0	7.6	3.5	24.3	5.5	11.9	4.4
Foster care	57	3.3	1.6	13.9	7.8	18.5	9.1	14.4	7.8	24.3	10.4	11.7	5.8	29.6	12.0	8.1	4.2
Group home or residential program	33	26.6	15.9	17.7	14.1	16.4	9.3	42.8	17.4	15.5	6.3	43.2	17.2	25.2	13.0	35.4	17.7

Note: Instrument used was the Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001). All analyses were on weighted data; *N*s are unweighted. 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 (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a When Calculation scores 2 SD below the normative mean were compared with those in the normative range, 11- to 12-year-olds were found to be significantly less likely than 13- to 14-year-olds and 15- to 17-year-olds to have scores 2 SD or more below the mean ($p < .05$).

^b When Applied problems scores 2 SD below the normative mean were compared with those in the normative range, 11- to 12-year-olds were found to be significantly less likely than 13- to 14-year-olds and 15- to 17-year-olds to have scores 2 SD or more below the mean ($p < .05$).

^c When Passage Comprehension scores one to 1.99 SD below the normative mean were compared with those in the normative range, 15- to 17-year-olds were found to be significantly more likely than 13- to 14-year-olds to have scores falling between -1 and -1.99 SD ($p < .01$).

^d When Calculation scores one to 1.99 SD below the normative mean were compared with those in the normative range, 15- to 17-year-olds were found to be significantly more likely than 11- to 12-year-olds and 13- to 14-year-olds to have scores falling between -1 and -1.99 SD ($p < .01$).

- ^e When Applied Problems scores one to 1.99 *SD* below the normative mean were compared with those in the normative range, 15- to 17-year-olds were found to be significantly more likely than 11- to 12-year-olds and 13- to 14-year-olds to have scores falling between -1 and -1.99 *SD* ($p < .01$).
- ^f When Letter Identification scores one to 1.99 *SD* below the normative mean were compared with those in the normative range, Black adolescents were found to be significantly more likely than White and Hispanic adolescents to have scores falling between -1 and -1.99 *SD* ($p < .01$).
- ^g When Letter Identification scores one to 1.99 *SD* below the normative mean were compared with those 2 or more *SD* below the mean, Black adolescents were found to be significantly less likely than White adolescents to have scores 2 *SD* or more below the mean ($p < .05$).
- ^h When Calculation scores one to 1.99 *SD* below the normative mean were compared with those in the normative range, Black adolescents were found to be significantly more likely than White and Hispanic adolescents to have scores between -1 and -1.99 *SD* ($p < .01$).
- ⁱ When Calculation scores one to 1.99 *SD* below the normative mean were compared with those 2 *SD* or more below the mean, Black adolescents were found to be significantly less likely than White adolescents to have scores 2 *SD* or more below the mean ($p < .05$).
- ^j When Applied Problem scores one to 1.99 *SD* below the normative mean were compared with those within the normative range, Black adolescents were found to be significantly more likely than white and Hispanic adolescents to have scores falling between -1 and -1.99 *SD* ($p < .01$).
- ^k When Applied Problem scores one to 1.99 *SD* below the normative mean were compared with those 2 *SD* or more below the mean, Black adolescents were found to be significantly less likely than White and Hispanic adolescents to have scores 2 *SD* or more below the mean ($p < .05$).
- ^l When Calculation scores 2 *SD* or more below the normative mean were compared with those in the normative range, Hispanic adolescents were found to be significantly less likely than White and Black adolescents to have scores 2 *SD* or more below the mean ($p < .05$).
- ^m When Letter Identification scores one to 1.99 *SD* below the normative mean were compared with those in the normative range, adolescents living with their biological parents were found to be significantly more likely than adolescents living with adoptive or foster caregivers to have scores between -1 and -1.99 *SD* ($p < .01$).
- ⁿ When Letter Identification scores one to 1.99 *SD* below the normative mean were compared with those in the normative range, adolescents living with kin were found to be significantly more likely than adolescents living with foster caregivers to have scores between -1 and -1.99 *SD* ($p < .01$).

Exhibit 24. Caregiver-Reported Social Competence of Adolescents, by Characteristics of the Adolescent Population at Wave 5

	N	Social skills ratings ^a							
		Total		Fewer skills		Average skills		More skills	
		M	SE	%	SE	%	SE	%	SE
Total	1,469	96.5	1.1	20.6	2.2	66.8	2.4	12.6	1.9
Gender	1,469								
Male	724	97.6	1.5	16.2	2.8	70.0	3.3	13.8	2.4
Female	745	95.4	1.1	25.1	3.0	63.5	3.3	11.4	2.3
Age (years)	1,469								
11–12	432	95.4	1.5	20.1	3.5	69.4	4.2	10.6	2.8
13–14	422	96.3	2.0	21.6	4.6	68.5	4.5	9.9	2.2
15–17	615	97.5	1.4	20.2	2.8	63.5	3.8	16.3	3.3
Race/ethnicity	1,468								
Black	447	96.1	1.5	21.1	3.8	68.2	4.6	10.7	3.1
White	675	97.3	1.3	19.7	3.1	63.5	3.7	16.8	3.3
Hispanic	263	94.6	3.0	24.5	6.2	69.2	5.0	6.3	3.1
Other	83	97.8	2.6	13.6	4.8	79.9	6.3	6.5	3.3
Placement at Wave 5	1,467	***		**					
In home biological parents	1,011	97.2 ^b	1.2	19.7 ^c	2.5	65.7	2.6	14.6	2.3
In home adoptive parents	100	93.0 ^d	1.6	18.3 ^e	7.1	74.7	8.8	7.0	3.4
Kin care	267	96.7 ^f	2.2	21.0 ^g	4.9	72.1	5.3	7.0	2.6
Foster care	57	88.8 ^h	3.0	24.7	10.7	75.3	10.7	0.0	0.0
Group home or residential program	32	78.4	3.8	58.3	16.9	41.7	16.9	0.0	0.0

Note: Instrument used was the Social Skills Rating System (SSRS; Gresham & Elliott, 1990). All analyses were on weighted data; *N*s are unweighted. 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 (** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^aThe 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%.

^bAdolescents in home with biological parents had a significantly higher mean score than adolescents in home with adoptive parents ($p < .05$), adolescents in foster care ($p < .01$), or adolescents in group homes or residential programs ($p < .001$).

^cAdolescents in home with biological parents were significantly less likely than adolescents in foster care ($p < .01$) or adolescents in group homes or residential programs ($p < .05$) to be rated as having fewer social skills.

^dAdolescents in home with adoptive parents had a significantly higher mean score than adolescents in group homes or residential programs ($p < .001$).

^eAdolescents in home with adoptive caregivers were significantly less likely than adolescents in group homes or residential programs ($p < .05$) to be rated as having fewer social skills.

^fAdolescents in kin care had a significantly higher mean score than adolescents in foster care ($p < .05$) or adolescents in group homes or residential programs ($p < .001$).

^gAdolescents in kin care were significantly less likely than adolescents in group homes or residential programs ($p < .05$) to be rated as having fewer social skills.

^hAdolescents in foster care had a significantly higher mean score than adolescents in group homes or residential programs ($p < .05$).

Exhibit 25a. Adolescents' Self-Reported Loneliness and Social Dissatisfaction at Wave 5

Items	N	Never		Hardly ever		Sometimes		Most of the time		Always	
		%	SE	%	SE	%	SE	%	SE	%	SE
It's easy for me to make new friends at school.	1,321	3.9	1.0	4.5	0.9	16.7	2.1	36.7	2.8	38.3	2.9
I have nobody to talk to at school.	1,319	70.8	2.4	16.6	2.1	8.1	1.3	1.9	0.5	2.6	0.8
I'm good at working with other kids at school.	1,320	3.7	1.1	5.5	1.1	21.2	2.3	37.1	2.6	32.4	2.6
It's hard for me to make friends at school.	1,321	62.0	2.7	21.1	3.0	10.6	1.7	3.4	1.0	2.9	0.8
I have lots of friends at school.	1,320	2.3	0.8	3.9	0.9	11.0	1.6	19.5	2.0	63.3	2.4
I feel alone at school.	1,321	73.0	2.3	14.3	1.9	7.9	1.6	2.1	0.7	2.7	0.9
I can find a friend when I need one.	1,320	4.9	1.2	4.5	1.3	12.1	1.7	21.2	2.5	57.3	2.6
It's hard to get kids in school to like me.	1,321	60.7	2.5	17.6	1.9	11.8	1.5	5.6	1.4	4.4	1.1
I don't have anyone to play with at school.	1,318	74.8	2.3	9.8	1.5	8.8	1.9	2.0	0.7	4.7	1.1
I get along with other kids at school.	1,319	3.1	0.9	4.2	1.2	18.5	2.4	28.0	2.4	46.3	2.6
I feel left out of things at school.	1,319	59.6	2.5	23.8	2.5	10.8	1.7	3.7	1.1	2.1	0.8
There are no kids at school that I can go to when I need help.	1,312	66.0	2.7	15.8	2.0	7.4	1.2	4.5	1.2	6.4	2.0
I don't get along with other kids at school.	1,314	48.8	2.7	19.5	2.3	22.2	2.1	4.7	1.1	4.9	1.2
I'm lonely at school.	1,317	73.4	2.6	15.6	2.1	7.9	1.6	1.3	0.3	1.8	0.6
I am well liked by the kids at school.	1,316	3.2	0.9	6.1	1.2	15.1	1.9	36.9	2.7	38.7	2.4
I don't have any friends at school.	1,314	81.5	1.5	8.4	1.1	5.6	1.2	0.9	0.3	3.7	0.9

Note: Instrument used was the Loneliness and Social Dissatisfaction Scale (Asher & Wheeler, 1985). All analyses were on weighted data; *Ns* are unweighted. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 25b. Adolescents' Self-Reported Loneliness and Social Dissatisfaction by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Loneliness	
		<i>M</i>	<i>SE</i>
Total	1,321	27.3	0.5
Gender	1,321		
Male	638	27.2	0.8
Female	683	27.5	0.5
Age (years)	1,321		
11–12	414	28.0	0.7
13–14	399	27.8	1.2
15–17	508	26.4	1.0
Race/ethnicity	1,320		
Black	404	24.7 ^a	0.6
White	603	28.3	0.6
Hispanic	241	28.2	1.5
Other	72	29.3	2.2
Placement at Wave 5	1,320		
In home biological parents	909	27.5	0.6
In home adoptive parents	87	26.9	2.1
Kin care	240	25.2 ^b	1.1
Foster care	56	34.6	4.5
Group home or residential program	28	34.3	8.0

Note: Instrument used was the Loneliness and Social Dissatisfaction Scale (Asher & Wheeler, 1985). All analyses were on weighted data; *N*s are unweighted. Because of lack of normal distribution of the loneliness score, a square root transformation of the variable was completed before *T* tests were performed for cluster samples.

^a Black adolescents had a significantly lower mean score than White adolescents ($p < .001$), Hispanic adolescents ($p < .05$), or those of “other” race/ethnicity ($p < .05$).

^b Adolescents in kin care had a significantly lower mean score than adolescents in foster care ($p < .05$).

Exhibit 26. Adolescents' Self-Reported School Engagement at Wave 5

Items	N	Never		Sometimes		Often		Almost always	
		%	SE	%	SE	%	SE	%	SE
How often do you enjoy being in school?	1,322	6.6	1.5	38.6	2.8	32.5	2.8	22.3	2.3
How often do you hate being in school?	1,321	24.8	2.5	51.6	2.6	17.3	2.0	6.2	1.2
How often do you try to do your best work in school?	1,322	1.5	0.8	12.1	1.8	32.5	3.3	54.0	3.0
How often do you find the school work too hard to understand?	1,322	10.7	1.7	66.7	2.3	16.0	1.8	6.7	1.6
How often do you find your classes interesting?	1,322	10.4	1.8	34.0	3.2	36.8	3.1	18.8	2.1
How often do you fail to complete or turn in your assignments?	1,320	18.6	2.3	59.9	2.9	14.3	2.0	7.2	1.8
How often do you get sent to the office or have to stay after school because you misbehaved?	1,322	61.1	2.7	27.9	2.8	6.8	1.7	4.2	1.3
How often do you get along with your teachers?	1,321	5.2	1.7	19.6	2.1	26.7	2.6	48.6	3.1
How often do you listen carefully or pay attention in school?	1,321	3.3	1.3	20.7	2.2	39.1	3.0	36.9	2.5
How often do you get your homework done?	1,316	5.4	1.6	21.5	1.9	29.3	2.5	43.8	2.9
How often do you get along with other students?	1,320	2.3	0.8	17.8	2.0	33.1	2.4	46.8	2.4

Note: Instrument used was the School Engagement scale from the Safe and Drug Free Schools survey (Sylvia et al., 1997). All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 27. Adolescent-Reported Parental Monitoring at Wave 5

Items	<i>N</i>	Never		Almost never		Once in a while		Pretty often		Very often	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
How often do you leave the house without telling your caregiver or without leaving a note?	1,397	54.0	2.7	17.4	2.1	17.7	1.8	6.2	1.2	4.7	1.1
How often does your caregiver know where you are when you are away from home?	1,392	2.8	0.8	2.5	1.0	6.3	1.5	23.5	2.2	64.9	2.8
How often does your caregiver know whom you are with when you are away from home?	1,393	3.9	1.0	2.9	0.8	9.3	1.7	21.9	2.4	62.1	2.3
How often does your caregiver tell you what time to be home?	1,393	7.2	1.3	3.3	1.0	7.9	1.2	21.0	3.0	60.6	2.9
How often do you tell your caregiver when you expect to be back?	1,388	10.4	1.6	2.9	0.6	20.0	1.8	27.2	2.6	39.5	2.3

Note: Instrument used was the Parental Monitoring Scale (Dishion et al., 1991). All analyses were on weighted data; *Ns* are unweighted. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 28. Insurance Status of Adolescents for the Adolescent Population by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Medicaid/State funded		Private insurance		CHAMPUS		No insurance	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,466	64.4	2.6	26.2	2.4	0.9	0.4	8.6	1.5
Gender	1,466								
Male	723	64.5	3.5	26.5	3.3	0.8	0.4	8.2	2.0
Female	743	64.3	4.1	25.8	3.6	0.9	0.5	8.9	2.0
Age (years)	1,466								
11–12	432	61.6	4.3	29.0	4.6	0.9	0.6	8.5	2.7
13–14	419	60.0	5.1	29.8	5.7	1.4	0.9	8.9	3.3
15–17	615	70.0	3.7	21.1	3.2	0.4	0.2	8.5	2.4
Race/ethnicity	1,465								
Black	446	70.3	4.6	23.2	3.9	0.3	0.2	6.2	2.2
White	675	62.4	3.9	26.0	3.9	1.1	0.5	10.4	2.3
Hispanic	262	59.8	6.0	31.0	4.9	1.1	1.1	8.1	3.4
Other	82	68.5	8.6	25.6	8.7	0.1	0.1	5.8	2.4
Placement at Wave 5	1,464	***							
In home biological parents	1,009	60.0 ^a	3.4	30.5	2.9	1.0	0.6	8.5	1.7
In home adoptive parents	100	88.4	4.6	9.8	4.0	1.8	1.4	0.0	0.0
Kin care	266	75.3	4.7	14.2	3.9	0.4	0.2	10.1	3.9
Foster care	57	79.1	17.1	0.0	0.0	0.0	0.0	20.9	17.1
Group home or residential program	32	99.0	0.8	1.0	0.8	0.0	0.0	0.0	0.0

All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (***) $p < .001$. Asterisks in the column apply to the subsequent results for the covariate.

^a Adolescents in home with biological parents were significantly less likely to have Medicaid than those living with kin ($p < 0.5$) or in foster care ($p < 0.5$).

Exhibit 29. Adolescents’ Preventive and Routine Health Services for the Adolescent Population by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	All preventive services ^a		Usual health care location		Dental care since last interview		Vision testing since last interview ^a		Hearing testing since last interview		Well-child checkup past 12 months		Up-to-date immunizations	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,463	34.3	3.0	92.3	1.7	72.2	2.8	71.9	2.1	59.9	2.6	75.7	2.4	99.2	0.4
Gender	1,463														
Male	723	36.8	4.1	91.1	2.8	72.2	4.1	74.1	3.2	59.8	3.3	76.3	2.8	98.6	0.8
Female	745	31.7	3.7	94.2	1.8	72.2	4.1	69.7	2.9	59.9	3.3	75.2	3.4	99.9	0.1
Age (years)	1,468							**		**					
11–12	432	43.4	4.9	93.2	3.0	75.8	4.3	81.3 ^b	3.4	69.0	4.1	79.7	3.5	99.8	0.1
13–14	422	32.0	5.3	91.6	3.8	70.5	5.1	71.2	3.9	65.3	4.8	71.3	5.0	98.5	1.3
15–17	614	28.8	4.0	93.0	2.0	70.7	3.9	64.8	3.6	48.4 ^c	4.6	75.9	3.2	99.2	0.4
Race/ethnicity	1,467									*		***			
Black	446	44.7	6.5	88.5	3.8	70.8	5.0	70.9	5.6	66.8	4.7	89.9 ^d	1.9	98.1	1.5
White	675	26.2	2.7	94.2	2.1	71.1	3.8	68.3	2.8	53.4 ^e	2.9	70.3	3.3	99.7	0.2
Hispanic	263	38.9	9.7	96.8	1.3	78.3	4.5	80.7	5.3	68.5	6.7	71.4	5.4	99.9	0.1
Other	83	38.4	10.6	86.2	10.0	68.7	10.7	77.1	6.0	53.9	10.9	68.5	11.0	98.1	2.0
Placement at Wave 5	1,466	**				***		***		**		**			
In home biological parents	1,011	32.7	3.1	91.3	2.2	69.4 ^f	3.1	73.9	2.5	61.7	2.8	74.7	2.6	99.0	0.6
In home adoptive parents	100	29.9	9.6	97.0	2.4	93.7	3.2	43.4	12.9	50.0	13.9	73.3	15.6	100.0	0.0
Kin care	266	33.0	7.3	97.2	1.1	76.2 ^g	5.5	62.6	6.8	45.7	7.6	76.1	4.9	99.8	0.2
Foster care	57	87.7 ^h	5.4	96.3	2.5	98.3	1.8	96.8 ⁱ	2.0	92.8 ^j	3.8	96.6 ^k	2.2	100.0	0.0
Group home or residential program	32	97.5 ^l	1.6	99.6	0.5	99.4	0.7	99.0 ^m	0.8	97.5 ⁿ	1.6	100.0 ^o	0.0	100.0	0.0
Insurance	1,460	**				*									
Medicaid	1,009	36.6	3.4	93.2	1.8	76.6	3.3	72.0	2.8	60.9	3.1	79.9	2.3	99.4	0.3
Private or CHAMPUS	343	37.3	5.5	94.3	2.6	73.1	3.9	74.7	3.5	63.8	4.9	74.4	5.0	100.0	0.0
None	108	10.7 ^p	5.7	89.8	4.4	43.8 ^q	10.4	59.9	9.8	43.0	10.0	55.5	9.4	95.0	4.4

Note: All analyses were on weighted data; *N*s are unweighted. 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 all significance tests. All preventive and routine health care was reported by caregivers. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a Includes having had up-to-date immunizations and recent dental, vision, hearing, and well-child checkups.

^b The 11- to 12-year-olds were significantly more likely to have had vision testing than the 15- to 17-year-olds ($p < .001$).

- ^c The 15- to 17-year-olds were significantly less likely to have had hearing testing than the 11- to 12-year-olds ($p < .01$) or 13- to 14-year-olds ($p < .01$).
- ^d Black adolescents were significantly more likely to have had a well-child checkup than White ($p < .001$) and Hispanic adolescents ($p < .01$).
- ^e White adolescents were significantly less likely to have had hearing testing than Black adolescents ($p < 0.5$) and Hispanic adolescents ($p < 0.5$).
- ^f Adolescents in home with biological parents were significantly less likely to have had dental care than adolescents in home with adoptive caregivers ($p < .05$), those in foster care ($p < .001$), or those in group homes or residential programs ($p < .01$).
- ^g Adolescents in kin care were significantly less likely to have had dental care than adolescents in home with adoptive parents ($p < .05$), those in group homes or residential programs ($p < .05$), or those in foster care ($p < .01$).
- ^h Adolescents in foster care were significantly more likely to have had all preventive services than adolescents in home with biological parents ($p < .01$), those in home with adopted parents ($p < .01$), or those in kin care ($p < .01$).
- ⁱ Adolescents in foster care were significantly more likely to have had vision testing than adolescents in home with biological parents ($p < .01$), those in home with adoptive parents ($p < .01$), or those in kin care ($p < .01$).
- ^j Adolescents in foster care were significantly more likely to have had hearing testing than adolescents in home with biological parents ($p < .01$), those in kin care ($p < .01$), or those in home with adoptive parents ($p < .05$).
- ^k Adolescents in foster care were significantly more likely to have had a well-child checkup than adolescents in home with biological parents ($p < .01$) or those in kin care ($p < .01$).
- ^l Adolescents in group homes or residential programs were significantly more likely to have had all preventive services than adolescents in home with biological parents ($p < .01$), those with adoptive parents ($p < .01$), or those in kin care ($p < .01$).
- ^m Adolescents in group homes or residential programs were significantly more likely to have had vision testing than adolescents in home with biological parents ($p < .01$), those with adoptive parents ($p < .01$), or those in kin care ($p < .05$).
- ⁿ Adolescents in group homes or residential programs were significantly more likely to have had hearing testing than adolescents in home with biological parents ($p < .01$), those with adoptive parents ($p < .05$), or those in kin care ($p < .05$).
- ^o Adolescents in group homes or residential programs were significantly more likely to have had a well-child checkup than adolescents in home with biological parents ($p < .01$) or those in kin care ($p < .05$).
- ^p Adolescents without insurance were significantly less likely to receive all preventive services than adolescents with Medicaid ($p < .01$) or those with private insurance ($p < .01$).
- ^q Adolescents without insurance were significantly less likely to have had dental care than adolescents with Medicaid ($p < .01$) or those with private insurance ($p < .05$).

Exhibit 30. Adolescents' Urgent Medical Care in the Previous 12 Months by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	ER or urgent care for illness or injury		Overnight hospital admission for illness or injury		Care from doctor or nurse for serious injury, accident, or poisoning	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	1,465	27.0	1.8	5.1	1.3	11.6	1.5
Gender	1,465						
Male	723	25.8	3.1	3.9	1.5	13.6	2.5
Female	742	28.2	2.7	6.4	2.1	9.5	1.6
Age (years)	1,465	**		*		**	
11–12	431	18.4 ^a	2.6	2.2	1.5	5.5 ^b	1.4
13–14	422	30.3	4.3	1.9	0.8	13.8	3.1
15–17	612	31.3	3.3	10.0 ^c	2.9	14.8	3.0
Race/ethnicity	1,464					**	
Black	446	27.2	4.1	7.3	3.2	13.4	3.5
White	673	29.3	2.6	4.9	1.8	13.1	2.2
Hispanic	262	17.6	5.4	1.6	1.1	3.0 ^d	1.1
Other	83	36.3	10.5	8.6	6.7	18.6	9.9
Placement at Wave 5	1,463						
In home biological parents	1,011	26.5	2.2	5.0	1.6	11.6	1.7
In home adoptive parents	99	17.4	7.3	1.9	1.1	5.1	2.7
Kin care	266	31.4	5.7	6.5	4.4	12.2	4.9
Foster care	55	22.1	9.8	2.7	1.9	3.6	2.0
Group home or residential program	32	30.1	17.3	5.2	4.5	27.2	16.6
Insurance	1,462			*			
Medicaid	1,009	30.7	2.8	7.5 ^e	2.1	11.1	2.0
Private or CHAMPUS	343	22.7	3.0	0.8	0.6	14.2	3.3
None	110	15.7	4.9	1.8	1.3	8.5	6.0

Note: All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences in use of urgent services were found by type of maltreatment at baseline or by number of types of maltreatment. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in column apply to the subsequent results for the covariate. ER = emergency room.

^a The 11- to 12-year-olds were significantly less likely to receive ER or urgent care than the 13- to 14-year-olds ($p < .05$) or 15- to 17-year-olds ($p < .01$).

^b The 11- to 12-year-olds were significantly less likely to receive care from a doctor or nurse for serious injury than the 13- to 14-year-olds ($p < .05$) and 15- to 17-year-olds ($p < .01$).

^c The 15- to 17-year-olds were significantly more likely to have an overnight hospital admission than the 11- to 12-year-olds and 13- to 14-year-olds ($p < .01$).

^d Hispanic adolescents were significantly less likely to receive care from a doctor or nurse for serious injury than Black adolescents ($p < .05$) or White adolescents ($p < .001$).

^e Adolescents with Medicaid were significantly more likely to have an overnight hospital admission than adolescents with private insurance ($p < .01$).

Exhibit 31. Special Education Services for the Adolescent Population by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Total		Adolescents with IEPs^a	
		%	<i>SE</i>	%	<i>SE</i>
Total	1,464			25.9	2.2
Gender	1,464			***	
Male	722	51.0	3.0	33.2	3.7
Female	742	49.0	3.0	18.2	2.3
Age (year)	1,464				
11–12	431	31.2	2.7	24.5	3.9
13–14	421	30.1	2.9	29.0	4.5
15–17	612	38.8	2.5	24.6	3.1
Race/ethnicity	1,463				
Black	446	27.1	3.1	21.7	4.0
White	672	48.3	4.0	29.7	3.1
Hispanic	263	18.7	2.7	19.6	3.5
Other	82	6.0	1.2	33.8	10.3
Placement at Wave 5	1,462			*	
In home biological parents	1,009	77.2	1.9	26.2	2.9
In home adoptive parents	99	3.1	0.9	39.4	14.3
Kin care	267	16.2	1.9	15.8	4.2
Foster care	56	1.9	0.6	26.3	9.4
Group home or residential program	31	1.6	0.5	85.0 ^b	8.7
Special need^c	1,394			***	
Cognitive	128	7.3	1.6	41.2	9.3
Behavioral	507	35.4	3.1	21.2	4.3
Both cognitive and behavioral	201	13.7	2.0	69.6 ^d	7.5
None	558	43.6	3.1	12.2 ^e	2.6

Note: All analyses were on weighted data; *N*s are unweighted. Pearson χ^2 tests for cluster samples were used to test statistical significance. Statistical significance is noted by asterisks in the column above the statistically significant result (* $p < .05$, *** $p < .001$). IEP = Individualized Education Plan.

^a Presence of an active IEP was determined by either teacher or caregiver report (i.e., by teacher interview, if available; by caregiver interview if teacher's input was missing).

^b Adolescents in group homes or residential programs were significantly more likely to have IEPs than adolescents in home with biological parents ($p < .05$), those with adoptive parents ($p < .05$), or those in kin or foster care ($p < .05$).

^c Adolescents were considered to be in need of a referral for special education services if (1) they had a score in the clinical range for the Child Behavior Checklist (Achenbach, 1991), Teacher's Report Form (Achenbach & Rescorla, 2001), or Youth Self-Report (Achenbach, 1991), or (2) they have scores 2 *SD* or more below the mean for the Kaufman Brief Intelligence Test (Kaufman & Kaufman, 1990) or Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001).

^d Adolescents with cognitive and behavioral needs were significantly more likely to have IEPs than adolescents with only cognitive needs ($p < .05$) or those with only behavioral needs ($p < .001$).

^e Adolescents with no cognitive or behavioral needs were significantly less likely to have IEPs than adolescents with only cognitive needs ($p < .05$) or those with both behavioral and cognitive needs ($p < .001$).

Exhibit 32. Caregiver-Reported Utilization of Adolescents' Mental Health Services by Characteristics of the Adolescent Population at Wave 5

	N	Total		Any services ^a		Specialty outpatient services ^b		Inpatient services ^c		Family doctor		School-based services ^d		Current use of psychotropic medication	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Total	1,466	100.0	0.0	30.1	2.7	18.9	2.1	6.3	1.2	8.6	1.6	17.9	2.1	16.5	2.1
Gender	1,466					*								***	
Male	721	51.0	3.0	33.0	4.0	23.6	3.7	7.3	2.0	10.4	2.4	20.1	2.9	23.7	3.5
Female	745	49.0	3.0	27.1	3.6	14.0	2.3	5.3	1.5	6.8	1.7	15.7	2.5	8.9	1.6
Age (years)	1,466							***							
11–12	432	31.2	2.7	26.0	3.1	14.3	2.4	0.6 ^e	0.2	6.6	1.8	17.4	3.2	15.5	2.4
13–14	422	30.0	2.9	28.3	5.1	18.7	4.2	4.5 ^f	1.9	5.2	1.8	17.3	3.7	19.4	4.2
15–17	612	38.8	2.5	34.8	4.3	22.5	3.5	12.2	2.7	12.9	3.0	18.8	3.5	14.9	3.1
Race/ethnicity	1,465					**								**	
Black	447	27.1	3.1	27.9	4.0	15.0	3.5	8.3	3.1	10.5	3.1	15.6	3.3	12.3	3.2
White	674	48.3	4.0	36.2	3.7	24.1 ^g	2.8	6.8	1.5	7.8	1.6	20.1	3.0	22.7 ^h	2.9
Hispanic	262	18.7	2.7	16.1	4.4	8.1	2.9	2.7	1.5	4.7	2.2	13.6	4.1	6.1	3.0
Other	82	6.0	1.2	34.0	9.8	27.2	9.5	4.1	1.8	18.6	10.0	24.3	9.6	17.6	9.7
Placement at Wave 5	1,464			**		***								***	
In home biological parents	1,009	77.2	1.9	26.4	2.8	14.9	2.1	4.4	1.3	8.0	1.7	15.7	2.2	13.4	2.1
In home adoptive parents	100	3.1	0.9	38.0	12.2	33.9 ⁱ	11.3	5.1	2.9	9.0	3.7	22.0	8.2	44.2	14.4
Kin care	266	16.2	1.9	32.8	6.2	21.0	5.0	5.9	3.6	5.2	2.7	19.6	5.6	13.2	3.6
Foster care	57	2.0	0.6	86.6 ^j	7.5	82.0 ^k	8.2	16.4	8.5	33.8	14.3	62.2	12.5	61.7 ^l	15.6
Group home or residential program	32	1.6	0.5	95.1 ^m	3.6	79.3 ⁿ	10.3	92.8	4.3	49.4	18.1	45.1	17.3	88.4 ^o	8.1
Insurance	1,463			**		***		***		***		***		***	
Medicaid	1,011	64.4	2.6	36.5 ^p	3.5	24.6 ^q	2.9	9.2 ^r	1.8	11.6 ^s	2.2	20.8	2.7	22.5 ^t	3.0
Private or CHAMPUS	343	27.0	2.5	18.9	3.7	9.8	2.7	1.1	0.5	4.3	1.4	11.6	2.8	7.7 ^u	2.1
None	109	8.6	1.5	20.9	8.2	6.9	4.8	1.4	1.1	1.5	0.9	18.5	8.3	0.6	0.5
Mental health need	1,466			***		***		***		***		***		***	
Yes	759	49.4	3.5	44.6	3.8	28.9	3.8	11.9	2.3	14.5	2.9	27.1	3.4	25.1	3.7
No	707	50.6	3.5	15.9	2.7	9.1	2.1	0.9	0.3	2.9	1.0	8.9	2.0	8.0	2.1

Note: Mental health services were reported by caregivers and measured with an adapted version of the Child and Adolescent Services Assessment (Burns, Angold, Magruder-Habib, Costello, & Patrick, 1994). All analyses were on weighted data; *N*s are unweighted. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate. Caregiver report of mental health service utilization represents services received since most recent previous interview.

- ^a Includes use of specialty outpatient services, inpatient services, family doctor, and school based services for emotional/behavioral problems.
- ^b Includes day treatment for emotional and substance abuse problems, outpatient drug or alcohol unit, mental health center, and private professional help for emotional and substance abuse problems.
- ^c Includes use of psychiatric hospital, hospital for emotional and substance abuse problems, residential treatment, emergency shelter for emotional and substance abuse problems, and emergency room for emotional and substance abuse problems.
- ^d Includes services from a school guidance counselor, social worker, or psychologist.
- ^e The 11- to 12-year-olds were significantly less likely to use inpatient mental health services than the 13- to 14-year-olds ($p < .05$) or 15- to 17-year-olds ($p < .001$).
- ^f The 13- to 14-year-olds were significantly less likely to use inpatient mental health services than the 15- to 17-year-olds ($p < .05$).
- ^g White adolescents were significantly more likely to use specialty outpatient services than Hispanic adolescents ($p < .01$).
- ^h White adolescents were significantly more likely to use psychotropic medication than Black ($p < .05$) and Hispanic adolescents ($p < .001$).
- ⁱ Adolescents with adoptive parents were significantly more likely to use specialty outpatient services than those in home with biological parents ($p < .05$).
- ^j Adolescents in foster care were significantly more likely to use any mental health services than those in home with biological parents ($p < .01$), those living with kin ($p < .01$), and those with adoptive parents ($p < .05$).
- ^k Adolescents living with foster caregivers were significantly more likely to use specialty outpatient services than those in home with biological parents ($p < .01$), those living with kin ($p < .01$), or those with adoptive parents ($p < .05$).
- ^l Adolescents in foster care were significantly more likely to use psychotropic medication than those in home with biological parents ($p < .01$) or those living with kin ($p < .01$).
- ^m Adolescents living in group homes or residential programs were significantly more likely to use any mental health services than those in home with biological parents ($p < .01$), those with adoptive parents ($p < .01$), or those living with kin ($p < .01$).
- ⁿ Adolescents living in group homes or residential programs were significantly more likely to use specialty outpatient services than those in home with biological parents ($p < .05$), those with adoptive parents ($p < .05$), or those living with kin ($p < .05$).
- ^o Adolescents living in group homes or residential programs were significantly more likely to use psychotropic medication than those in home with biological parents ($p < .05$), those with adoptive parents ($p < .05$), or those living with kin ($p < .01$).
- ^p Adolescents with Medicaid were significantly more likely to use any mental health services than adolescents with private insurance ($p < .001$).
- ^q Adolescents with Medicaid were significantly more likely to use any specialty outpatient services than adolescents with private insurance ($p < .001$) or those with no insurance ($p < .01$).
- ^r Adolescents with Medicaid were significantly more likely to use inpatient mental health services than adolescents with private insurance ($p < .001$) or those with no insurance ($p < .01$).
- ^s Adolescents with Medicaid were significantly more likely to use mental health services from a family doctor than adolescents with private insurance ($p < .01$) or those with no insurance ($p < .001$).
- ^t Adolescents with Medicaid were significantly more likely to use psychotropic medication than adolescents with private and no insurance ($p < .001$).
- ^u Adolescents with private insurance were significantly more likely to use psychotropic medication than adolescents with no insurance ($p < .01$).

Exhibit 33. Adolescents' Self-Reported Independent-Living Skills, by Characteristics of the Adolescent Population by Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Knows how to interview for a job		Knows how to apply to a college		Knows how to shop and prepare meals		Has taken drivers education		Knows how to use public transportation		Knows how to obtain family planning		Knows how to obtain medical or dental care	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total	787	65.6	3.7	29.5	3.2	92.9	2.0	14.6	2.4	79.5	3.5	51.7	4.0	46.0	3.3
Gender	787											**		**	
Male	389	67.2	4.7	26.4	5.4	90.5	3.1	13.7	3.0	82.6	3.7	42.9	5.5	37.4	5.2
Female	398	63.8	4.7	33.0	5.5	95.7	2.3	15.7	3.7	76.1	5.0	61.5	4.4	55.6	3.6
Age (years)	787							***				**			
14	214	56.3	7.3	23.7	8.1	88.1	5.3	1.3 ^a	0.9	64.7	6.8	28.3 ^b	5.6	34.7	7.9
15	209	57.9	7.9	28.4	5.8	93.2	3.2	7.6 ^c	2.5	83.2	4.9	57.5	6.7	46.4	7.5
16	199	76.8	5.6	33.8	5.8	97.8	1.4	22.6	6.3	85.9	6.1	59.0	7.3	48.1	7.1
17	165	74.8	7.4	33.5	7.6	93.3	3.5	31.8	5.3	86.9	4.9	66.7	8.5	57.6	8.1
Race/ethnicity	787														
Black	260	71.1	6.4	37.7	6.5	97.6	1.1	14.2	3.6	81.0	5.5	61.1	6.0	48.4	6.3
White	351	61.9	4.7	27.3	5.3	91.3	3.1	14.9	3.2	74.5	5.0	51.0	4.7	48.6	4.9
Hispanic	126	70.7	8.5	14.4	5.5	94.1	4.6	10.8	5.5	86.6	7.3	42.7	9.4	41.6	8.0
Other	50	57.1	13.8	39.7	13.4	83.5	12.7	21.2	9.9	88.1	5.4	38.4	13.5	32.3	11.3
Placement at Wave 5	786														
In home biological parents	545	66.4	4.0	30.3	4.1	92.4	2.5	16.3	2.8	81.0	3.6	52.9	4.8	43.5	4.3
In home adoptive parents	49	78.7	9.9	27.3	13.8	94.6	3.1	9.6	6.6	43.9	18.3	26.9	13.7	67.4	14.0
Kin care	129	59.8	10.2	28.7	7.6	96.9	1.6	10.9	3.9	80.4	8.2	52.8	8.9	50.6	8.3
Foster care	39	49.4	18.1	27.3	13.0	98.7	1.2	2.6	1.9	85.9	10.5	35.6	14.8	43.8	17.0
Group home or residential program	24	86.4	7.4	12.9	8.0	66.0	20.7	6.5	4.2	64.4	21.3	56.4	20.4	69.6	13.9

Note: All analyses were on weighted data; *Ns* are unweighted. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

^a The 14-year-olds were significantly less likely to report having taken drivers education than the 15-year-olds ($p < 0.5$) or 16- and 17-year-olds ($p < .001$).

^b The 14-year-olds were significantly less likely to report knowing how to obtain family planning than 15-year-olds ($p < 0.1$) or 16- and 17-year-olds ($p < .001$).

^c The 15-year-olds were significantly less likely to report having taken drivers education than the 16-year-olds ($p < 0.5$) or 17-year-olds ($p < .001$).

Exhibit 34. Caregivers' Self-Reported Health, by Caregivers' Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	In good health	
		%	<i>SE</i>
Total	1,462	73.4	2.5
Race/ethnicity	1,434		
Black	403	69.2	4.1
White	740	74.8	3.5
Hispanic	210	74.2	5.8
Other	81	70.1	10.4
Caregiver	1,462	**	
Biological	1,009	74.4	2.7
Adoptive	100	73.0	15.2
Kin	267	64.0	6.4
Foster	57	96.9 ^a	2.2
Group home or residential program	29	100.0 ^b	0.0

Note: All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (** $p < .01$). Asterisks in the column apply to the subsequent results for the covariate.

^a Foster caregivers rated themselves significantly healthier than biological parents ($p < .01$) or kin caregivers rated themselves ($p < .01$).

^b Group home or residential program caregivers rated themselves significantly healthier than biological parents ($p < .01$) or kin caregivers rated themselves ($p < .01$).

Exhibit 35. Caregivers' Physical and Mental Health Status, by Caregiver's Characteristics for the Adolescents at Wave 5

	<i>N</i>	Physical		Mental	
		<i>M</i>	<i>SE</i>	<i>M</i>	<i>SE</i>
Total	1,460	45.6	0.7	49.4	0.7
Race/ethnicity	1,459				
Black	446	45.8	1.1	49.3	0.7
White	669	45.5	0.9	50.2	1.2
Hispanic	262	46.6	1.6	48.9	0.9
Other	82	40.9	2.7	49.4	1.2
Caregiver	1,458	**		***	
Biological	1,005	46.1 ^a	0.8	48.6 ^b	0.8
Adoptive	100	43.2	4.6	54.5	1.3
Kin	267	42.1	1.8	51.1	1.4
Foster	57	52.8 ^c	1.8	53.8	2.0
Group home or residential program	29	54.4 ^d	0.6	54.9	1.2

Note: Instrument used was the 12-Item Short-Form Health Survey (Ware, Kosinski, & Keller, 1996). All analyses were on weighted data; *N*s are unweighted. *T* tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (** $p < .01$, *** $p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

- ^a Biological parents described themselves as significantly more healthy than kin caregivers described themselves ($p < .05$).
- ^b Biological parents described themselves as in significantly worse mental health than adoptive parents ($p < .001$), foster caregivers ($p < .001$), or group home caregivers ($p < .001$) described themselves.
- ^c Foster caregivers described themselves as significantly more healthy than biological parents ($p < .01$), adoptive parents ($p < .01$), or kin caregivers ($p < .01$) described themselves.
- ^d Group home caregivers described themselves as significantly more healthy than biological parents ($p < .01$), adoptive parents ($p < .01$), or kin caregivers ($p < .01$) described themselves.

Exhibit 36. Permanent Caregivers' Major Depression, by Caregiver's Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	%	<i>SE</i>
Total	1,354	20.9	1.9
Race/ethnicity			
Black	371	15.4	3.4
White	706	24.4	2.7
Hispanic	202	18.8	4.4
Other	75	18.8	8.1
Caregiver	1,354		
Biological	1,009	20.8	2.3
Adoptive	99	16.1	7.3
Kin	246	22.5	5.5

Note: Instrument used was the Composite International Diagnostic Interview Form (CIDI-SF; Kessler et al., 1998). All analyses were on weighted data; *N*s are unweighted. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences by race or type of caregiver were found. Foster and group home caregivers were not evaluated for major depression.

Exhibit 37. Intimate-Partner Violence Against Female Permanent Caregivers for the Adolescent Population at Wave 5

	<i>N</i>	At least one incident of IPV suffered in past 12 months		Ever suffered IPV	
		%	<i>SE</i>	%	<i>SE</i>
Total (any violence—less severe or severe)	1,193	8.9	1.4	24.0	2.6
Any less severe violence	1,192	8.3	1.4	22.3	2.6
Had something thrown at her	1,192	5.7	1.2	16.4	2.1
Was pushed, grabbed, or shoved	1,192	5.7	1.1	18.5	2.3
Was slapped	1,192	2.8	0.7	14.1	2.1
Any severe violence	1,193	4.8	1.1	17.6	2.3
Was kicked, bitten, or hit with fist	1,192	2.6	0.9	12.8	1.9
Was hit with something (or such hitting was attempted)	1,192	3.1	0.6	14.4	2.0
Was beaten up	1,192	1.0	0.4	10.9	1.7
Was choked	1,192	1.2	0.6	9.8	1.6
Was threatened with knife or gun	1,193	0.4	0.2	6.7	1.4
Knife or gun was used against her	1,193	0.3	0.2	1.9	0.6

Note: Instrument used was the Conflict Tactics Scale (Straus, 1979). All analyses were on weighted data; *Ns* are unweighted. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Only female permanent caregivers were asked about intimate partner violence. IPV = intimate-partner violence.

Exhibit 38. Permanent Caregivers' Involvement with the Law in the Previous 12 Months, by Caregivers' Characteristics of the Adolescent Population at Wave 5

	<i>N</i>	Arrested in past 12 months		Convicted in past 12 months		On probation in past 12 months	
		%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Total		3.3	0.9	1.2	0.5	0.9	0.5
Race/ethnicity	1,344	*					
Black	368	3.3	0.9	3.1	1.9	2.7	1.9
White	700	3.4	1.2	0.7	0.2	0.4	0.2
Hispanic	200	0.2 ^a	0.1	0.2	0.1	0.2	0.1
Other	76	1.6	1.0	0.3	0.3	0.3	0.3
Caregiver	1,344	*					
Biological	1,001	3.6 ^b	1.0	1.4	0.6	1.1	0.6
Adoptive	100	0.0	0.0	0.0	0.0	0.0	0.0
Kin	243	2.7	1.4	0.3	0.2	0.0	0.0

Note: All analyses were on weighted data; *N*s are unweighted. 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. Only permanent caregivers were asked about involvement with the law; foster and group home caregivers were not queried.

^a Hispanic caregivers were significantly less likely to have been arrested in the 12 months before the interview than Black ($p < .05$) caregivers or White caregivers ($p < .05$).

^b Biological parents were significantly more likely to have been arrested in the 12 months before the interview than adoptive parents ($p < .05$).

Exhibit 39. Permanent Caregivers' Reported Service Receipt to Address Family Needs for the Adolescents at Wave 5

Service	N	Received service	
		%	SE
Received legal aid	1,354	4.6	1.1
Received food from a community source	1,356	19.2	2.2
Received emergency shelter or housing	1,355	0.8	0.4
Received job-related services	1,353	4.9	1.1
Attended any organized support group (caregiver)	1,355	8.6	1.7
Received child care on a regular basis	1,354	7.8	1.4
Received any home management training	1,355	1.9	0.7
Received in-home cleaning or repair help	1,355	5.2	1.1
Received any help with transportation	1,355	10.1	1.6
Received financial help (not TANF or SSI)	1,355	10.7	1.9

Note: All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Only permanent caregivers were asked if they had received these services to address family needs. TANF = Temporary Assistance for Needy Families. SSI = Supplemental Security Income.

Exhibit 40. Caregivers' Reported Receipt of Federal or State-Supported Services, by Caregivers' Characteristics of the Adolescent Population at Wave 5

	N	TANF		WIC		Food stamps		SSI		Housing support		Any federal service	
		%	SE	%	SE	%	SE	%	SE	%	SE	%	SE
Total	1,466	10.5	1.5	14.0	2.0	38.8	3.2	28.5	2.7	9.5	1.5	60.9	2.6
Race/ethnicity	1,436			*		**				**			
Black	404	14.9	4.4	18.1	3.9	45.1	3.8	33.0	4.3	21.7 ^a	4.0	67.3	4.8
White	741	7.6	1.7	8.8 ^b	1.9	31.4 ^c	2.6	27.9	3.9	4.7	1.3	54.3	3.6
Hispanic	210	12.5	3.2	25.8	5.9	51.3	11.0	23.3	5.0	6.8	3.7	70.8	7.5
Other	81	9.6	5.6	12.7	10.0	52.6	10.4	34.2	8.6	10.9	7.0	71.4	10.0
Caregiver	1,466	**				***				***		**	
Biological	1,010	8.6 ^d	1.6	12.8	2.0	40.7 ^e	3.3	27.4	3.1	9.3 ^f	1.5	62.1 ^g	2.8
Adoptive	100	1.1	0.6	4.4	2.6	6.8	3.8	20.8	8.0	0.2	0.2	26.8	9.1
Kin	267	22.0 ^h	5.6	23.6	8.4	44.2 ⁱ	7.6	39.0	6.7	14.2 ^j	5.6	69.8 ^k	5.7
Foster	57	0.6	0.5	9.2	6.7	1.0	0.8	9.0	4.6	0.0	0.0	17.9	8.2
Group home or residential program	32	19.1	16.5	0.0	0.0	0.0	0.0	16.2	14.3	0.0	0.0	35.3	18.2

Note: All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$) for the covariate. TANF = Temporary Assistance for Needy Families. WIC = Special Supplemental Nutritional Program for Women, Infants, and Children. SSI = Supplemental Security Income.

^a Among those households with a member receiving SSI ($n = 431$, or 28.5%), caregivers reported that the disability check (SSI) was to provide for the child and other household member for 37.1% ($SE = 4.1$), for the child only for 25.7% ($SE = 3.3$), and for other household members and not the child for 37.1% ($SE = 4.0$). No statistically significant differences by caregivers' race/ethnicity or type of caregiver were found.

^b Black caregivers were significantly more likely to receive housing support than White caregivers ($p < .001$) or Hispanic caregivers ($p < .05$).

^c White caregivers were significantly less likely to receive WIC than Black caregivers ($p = .05$) or Hispanic caregivers ($p < .01$).

^d White caregivers were significantly less likely to receive food stamps than Black caregivers ($p < .001$).

^e Biological parents were significantly more likely to receive TANF than adoptive parents ($p < .05$) or foster caregivers ($p < .05$).

^f Biological parents were significantly more likely to receive food stamps than adoptive parents ($p < .001$), foster caregivers ($p < .001$), or group caregivers ($p < .001$).

^g Biological parents were significantly more likely to receive housing support than adoptive parents, foster, and group caregivers ($p < .01$).

^h Biological parents were significantly more likely to receive any federal service than adoptive parents ($p < .05$) or foster caregivers ($p < .05$).

ⁱ Kin caregivers were significantly more likely to receive TANF than adoptive parents ($p < .01$) or foster caregivers ($p < .01$).

^j Kin caregivers were significantly more likely to receive food stamps than adoptive parents ($p < .01$), foster and group caregivers ($p < .001$).

^k Kin caregivers were significantly more likely to receive housing support than biological parents, adoptive parents, foster caregivers and group home caregivers ($p < .05$).

^l Kin caregivers were significantly more likely to receive any federal service than adoptive parents ($p < .05$) or foster caregivers ($p < .01$).

Exhibit 41. Permanent Caregivers' Mental Health and Substance Abuse Services Need and Service Receipt, by Caregivers' Characteristics of the Adolescent Population at Wave 5

	N	Total		Received mental health service	
		%	SE	%	SE
Total	1,356			5.5	1.4
Race/ethnicity	1,356				
Black	371	23.8	3.4	6.0	2.6
White	707	52.8	3.9	4.2	1.6
Hispanic	202	17.5	3.3	6.0	3.2
Other	76	5.9	1.4	14.4	10.6
Caregiver	1,356			**	
Biological	1,010	81.5	2.0	6.7 ^a	1.7
Adoptive	100	3.3	1.0	0.2	0.2
Kin	246	15.2	2.0	0.7	0.5
Insurance	1,353			*	
Medicaid	903	62.8	2.7	6.1 ^b	1.9
Private or CHAMPUS	341	28.5	2.6	1.2	0.7
None	109	8.6	1.5	16.8	8.4
Need for services	1,356				
Mental health ^c	382	26.6	2.1	9.5	2.8
Substance abuse services ^d	53	3.8	1.0	25.2	12.2

Note: All analyses were on weighted data; *N*s are unweighted. Pearson χ^2 tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in a column apply to the subsequent results for the covariate. Only permanent caregivers were asked about mental health service receipt.

^a Biological parents were significantly more likely to have received mental health services than adoptive parents ($p < .05$) or kin caregivers ($p < .001$).

^b Caregivers with Medicaid were significantly more likely to have received mental health services than caregivers with private insurance ($p < .05$).

^c Caregivers were determined to be “in need of mental health services” when they met any one of four criteria: (1) caregiver self-reported need for “a lot” or “some” help for a mental health problem, (2) caseworker report of a caregiver’s need for a mental health services, (3) self-reported scores in the clinical range on the major depression scale of the Composite International Diagnostic Interview Short Form (CIDI-SF; Kessler et al., 1998), or (4) a score exceeding 1.5 *SD* below the norm (i.e., a score ≤ 35) on the Mental Health component of the 12-Item Short Form Health Survey (Ware et al., 1996).

^d Caregivers were determined to be in need of substance abuse services when they met any one of three criteria: (1) caregiver self-reported need for “a lot” or “some” help for an alcohol or drug problem, or (2) scores in the clinical range on either the Alcohol Dependence or Drug Dependence scale of the CIDI-SF.

Exhibit 42. Characteristics of Adolescents with an Open Child Welfare System Case at Wave 5

	<i>N</i>	%	<i>SE</i>
Total	214	100.0	0.0
Gender	214		
Male	120	46.6	7.1
Female	94	53.4	7.1
Age (years)	214		
11–12	53	38.1	6.8
13–14	71	29.7	5.2
15–17	90	32.2	6.1
Race/ethnicity	214		
Black	63	18.2	5.0
White	90	51.0	6.7
Hispanic	49	26.8	5.8
Other	12	4.0	2.0
Placement at Wave 5	213		
In home biological parents	82	51.3	6.4
In home adoptive parents	15	6.4	5.0
Kin care	34	15.0	6.0
Foster care	54	16.7	5.0
Group home or residential program	28	10.7	4.0

Note: All analyses were on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories.

Exhibit 43. Caseworkers' Reported Service Receipt Among Those with an Open Child Welfare System Case for the Adolescent Population at Wave 5

Service	<i>N</i>	%	<i>SE</i>
Total	214	100.0	0.0
Help with identifying and gaining access to other services	196	43.2	6.9
Parents' individual counseling	197	38.1	7.0
Family counseling	186	39.8	8.3
Other nonintensive home-based services	203	26.9	5.0
Parenting training	194	35.8	6.6
Services to prevent out-of-home placement	199	32.5	6.4
Children's in-home counseling	196	15.2	5.3
Family preservation or reunification service	198	17.5	4.9
Household management training	193	11.9	3.6
Agency's provision of emergency financial help	192	10.2	3.9
Parent aid services	193	11.5	4.0
Help with child care through agency	206	8.8	3.3
Respite care for child	199	4.2	1.6
Home management services (cleaning or repairs)	194	5.7	2.6
Help with job training or job search	196	3.8	2.4

Note: All analyses were on weighted data; *Ns* are unweighted. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

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Technical Appendix

Scales. Following is a descriptive list of the instruments used as measures for the adolescent population of NSCAW.

- *Child and Adolescent Services Assessment (CASA).* Data on the use of mental health services were based on an adapted version of CASA (Ascher, Farmer, Burns, & Angold, 1996; Burns et al., 1995; Farmer, Angold, Burns, & Costello, 1994). This instrument gathers information from caregivers and children about an array of child-focused services for emotional or behavioral problems, including outpatient and residential care. Outpatient services include (1) clinic-based specialty mental health services; (2) private practice professionals, including psychiatrists, psychologists, social workers, and psychiatric nurses and drug or alcohol clinics; (3) in-home mental health services (e.g., family preservation); and (4) therapeutic nursery/day treatment. Residential services include (1) hospitalization in a psychiatric hospital or psychiatric unit of a general hospital, (2) hospitalization in a medical inpatient unit for emotional or behavioral problems, and (3) inpatient drug or alcohol detoxification.
- *Child Behavior Checklist (CBCL).* The CBCL was designed to assess children's social competencies and problem behaviors on the basis of "standardized descriptions of behavior rather than diagnostic inferences" (Achenbach, 1991, p. iii). Two versions of the checklist have been developed: one for children aged 1½ to 5 years and another for those aged 6 to 18. In this wave of data collection, the version for children aged 6 to 18 was used. The checklist 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, 1991; 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 aged 7 to 17 years 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. The normative sample consisted of 1,266 Florida public school students aged 7 to 16 (Kovacs, 1992). 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, 1992); it corresponds to a raw score of 19 for girls and 24 for boys.

- *Composite International Diagnostic Interview Short Form (CIDI-SF)*. The CIDI-SF is a highly standardized interview that screens for mental health and substance use disorders, using the criteria established in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1987). The full instrument evaluates the presence of eight disorders: major depression, generalized anxiety, specific phobia, social phobia, agoraphobia, panic attack, alcohol dependence, and drug dependence (World Health Organization, 1990). For this study, only the sections on major depression, alcohol dependence, and drug dependence were administered. Questions are scripted to ask about the previous 12-month period (Kessler et al., 1998); the section on depression was administered by in-person interview, while the sections on alcohol and drug dependence were administered by means of audio computer-assisted self-interviewing. The CIDI-SF version used in NSCAW does not indicate comorbidity with other disorders, nor does it differentiate between depression occurring as a primary diagnosis or in the context of other disorders, such as bipolar disorder or schizoaffective disorder.
- *Conflict Tactics Scale (CTS1)*. The CTS1 is a self-report measure designed to assess the overt means by which family members respond to conflicts (Straus, 1979). In NSCAW, the CTS1's Physical Violence scale was used to assess female young adults' experiences with intimate-partner violence. This measure is divided into minor and severe subscales based on the severity of the violent act. The *minor* violence items include being pushed, grabbed, shoved, or slapped, whereas the *severe* violence items inquire about experiences that include being choked, beaten, and threatened with a knife or gun. Response categories range from 0 (*never*) to 6 (*more than 20 times*), indicating the frequency of occurrence of the violent acts in the preceding 12 months. For events that did not occur in the previous 12 months, the respondent was asked to indicate if they had ever happened. The CTS1 has been used in national surveys of intimate-partner violence and is the most frequently employed and thoroughly validated measure of intimate-partner violence. The reliability ($\alpha = .88$) and validity of the physical violence section of CTS1 have been well documented (Straus, 1979).
- *Conflict Tactics Scale, Parent-Child Version (CTS-PC)*. The CTS-PC was developed to measure psychological and physical maltreatment and neglect by parents, as well as nonviolent modes of discipline. CTS-PC scales include nonviolent discipline (e.g., putting a child in "time out"), psychological aggression (e.g., shouting, yelling, or screaming at a child), physical assault, and neglect (Straus et al., 1998). Because items in the physical assault scale range widely in severity, from spanking to burning a child on purpose, the scale may be divided into subscales for minor, severe, and very severe physical assault. In NSCAW, parental report on the CTS-PC measures were obtained from both adolescents and permanent caregivers, including biological parents, adoptive

parents, and other in-home caregivers, but excluded foster parents and other out-of-home caregivers. This report presents findings from the nonviolent discipline, psychological aggression, and neglect scales, as well as the physical assault subscales. Measures shown are annual prevalence for each scale.

- *Kaufman Brief Intelligence Test (K-BIT)*. The Kaufman Brief Intelligence Test 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 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. This report provides the percentage of adolescents with low (defined as scores between -1 and -1.99 standard deviations below the mean) and very low scores (defined as scores -2 standard deviations or more below the mean) on the Composite, Vocabulary, and Matrices.
- *Loneliness and Social Dissatisfaction Scale*. The Loneliness and Social Dissatisfaction Scale assesses adolescents' feelings of loneliness and dissatisfaction with peer support at school, using a self-report questionnaire (Cassidy & Asher, 1992). This instrument is a modification of the version used for older elementary school children. The adolescents rate on a 3-point scale 16 items, such as "Can you find a friend at school when you need one?" This report presents item-specific responses.
- *Parental Monitoring Scale*. The Parental Monitoring Scale assesses an adolescents' report on the extent to which the caregiver monitors the adolescent's activities (Dishion et al., 1991). It consists of 6 questions asking how often the parent provides the child with a type of parental monitoring, using a 5-point scale: 1 (*never*), 2 (*almost never*), 3 (*once in awhile*), 4 (*pretty often*), or 5 (*very often*). This report presents item-specific responses.
- *School Engagement*. By means of a self-rating scale, this measure assesses adolescents' "connection" to the school experience (U.S. Department of Education, 1995). It was designed for children in elementary and middle school. The scale includes 11 items that measure both the behavioral component (participation) and psychological component (identification) of school engagement. Items are measured on a 4-point scale from 1 (*never*) to 4 (*almost always*). This report presents item-specific responses.
- *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).

- *Short Form Health Survey (SF-12)*. The SF-12 is a standardized survey instrument designed to provide an indicator of physical and mental health status (Ware et al., 1996). It includes 12 items selected from the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36). The SF-12 is collapsed into two summary scales—a physical health component summary and a mental health component summary. Average scores for the two summary scales have been shown to closely reflect those from the original 36-item form. Furthermore, the SF-12 has demonstrated adequate reliability and validity (Ware et al., 1996).
- *Social Skills Rating System*. The Social Skills Rating System (SSRS) measures caregiver and teacher perception of the social skills of children between the ages of 3 and 18. 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, 1991; 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 aged 1½ to 5 and another for those aged 6 to 18. In this wave of data collection, the version for children aged 6 to 18 was used. 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.

- *Trauma Symptom Inventory (TSI)*. The TSI is used in the evaluation of acute and chronic posttraumatic symptomatology, including the effects of rape, spouse abuse, physical assault, combat experiences, major accidents, and natural disasters—and the lasting sequelae of childhood abuse and other early traumatic events (Briere, 1996). The various scales of the TSI assess a wide range of psychological effects. These effects include not only symptoms typically associated with posttraumatic stress disorder or acute stress disorder, but also those intra- and interpersonal difficulties often associated with more chronic psychological trauma. Each symptom item is rated according to its frequency of occurrence, using a 4-point scale ranging from 0 (*never*) to 3 (*often*). 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.
- *Violence Exposure Scale (VEX-R)*. The VEX-R was used to assess frequency of exposure to violent and criminal events in children aged 5 or older (Fox & Leavitt, 1995). The VEX-R is a 23-item child self-report measure in a cartoon format that has been previously administered to minority, inner-city children and elementary school children in Israel (Raviv et al., 2001; Raviv, Raviv, Shimoni, Fox, & Leavitt, 1999; Shahinfar, Fox, & Leavitt, 2000). Children are shown cards depicting violent and criminal acts and are asked to respond on a 4-point scale (*never, once, a few times, lots of times*) about their experiences. VEX-R inquires about being a victim or witness to 13 types of violent and criminal events. A recent factor analysis of VEX-R on a sample of 134 children indicated two dimensions falling into *mild* and *severe* violence categories (Raviv et al., 2001). This factor analysis was consistent with another factor analytic study of this instrument (Raviv et al., 1999), which found alpha reliabilities to be .84 and .85 for mild and severe violence.
- *Woodcock-Johnson III Tests of Cognitive Abilities*. Four subtests were used from the Woodcock Johnson III Tests of Cognitive Abilities (Woodcock et al., 2001). *Letter-Word Identification* is a basic reading skill involving naming letters and reading words aloud from a list. *Calculation* is a test of math achievement measuring the ability to perform arithmetic computation with paper and pencil. *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. This report provides the percentage of adolescents with low (defined as scores between -1 and -1.99 standard deviations below the mean) and very low scores (defined as scores -2 standard deviations or more below the mean) on all scales.

- *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, 1991; Achenbach & Rescorla, 2001). The YSR is almost identical to the CBCL in content and structure, including the competence scales, problem syndromes, and other problems. The normative sample was drawn from a group of 1,719 children who completed the YSR. The normative sample is nationally representative and consisted of those children who were 11 to 18 years old when they completed YSR and who had not received mental health services or special remedial school classes in the past 12 months (Achenbach, 1991; Achenbach & Rescorla, 2001). 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, 1991; 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 adolescent population in NSCAW.

- *Any Mental Health Service*. This service use category included an adolescents' use of specialty outpatient services, inpatient services, visits to a family doctor, and school-based services for emotional or behavioral problems.
- *Chronic Health Condition*. At Wave 5, caregivers were asked whether their child had any health problems that "last a long time or come back again and again." If the response was "yes," caregivers were asked to name them. Conditions classified as chronic health conditions included AIDS, anemia, arthritis, asthma, brain tumor, cerebral palsy, chronic health condition, diabetes, eczema, epilepsy, fetal alcohol syndrome, hernia, high blood pressure, birth defect, blood disorders, respiratory problems, persistent bowel problems, physical deformities, repeated ear infections, severe allergies, sickle cell anemia, and spina bifida.
- *Ever Out of Home*. Adolescent placement history was examined across Waves 1 to 4. *Placement history* refers to the adolescent's current living situation (in home versus out of home) at Wave 1, 2, 3, or 4. *Ever out of home* indicates that an adolescent was not living in a home with a biological caregiver at the time of at least one of the interviews. An out-of-home placement could include foster care, kinship care, or group home or other residential treatment facility.
- *Good Health (adolescents and caregivers)*. Adolescents of caregivers who reported that their adolescents' health was *good*, *very good*, or *excellent* were classified as being in good health. Caregivers who reported their own health as *good*, *very good*, or *excellent* were classified as being in good health.
- *Household Poverty Status*. This variable represents the percentage of adolescent households at Wave 5 with household incomes below the federal poverty level. *Household income* represents caregiver-reported combined income for all

members of the adolescents' household. To calculate poverty status, this household income figure was divided by the total number of household members dependent on that income.

- *Inpatient Services.* This service use category included an adolescents' use of a psychiatric hospital, a hospital for emotional and substance abuse problems, a residential treatment, an emergency shelter for emotional and substance abuse problems, and an emergency room for emotional and substance abuse problems.
- *Need for Mental Health Services (Caregivers).* Caregivers were determined to be "in need of mental health services" when they met any one of four criteria: (1) caregiver self-reported need for "a lot" or "some" help for a mental health problem, (2) caseworker-reported caregiver's need for a mental health services, (3) self-reported scores in the clinical range on the Major Depression scale of the Composite International Diagnostic Interview Short Form (Kessler et al., 1998), or (4) a score exceeding 1.5 standard deviations below the norm (i.e., a score ≤ 35) on the Mental Health component of the 12-Item Short Form Health Survey (Ware et al., 1996).
- *Need for Mental Health Services (Adolescents).* Adolescents were defined as "in need of mental health services" 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 on the CDI (Kovacs, 1992), or (5) a clinically significant score on the PTSD scale of the Trauma Symptoms Checklist (Briere, 1996).
- *Need for Special Education.* Adolescents were considered to be in need of a referral for special education services if (1) they had a Total Problems, Internalizing, or Externalizing score in the clinical range for the CBCL, TRF, or YSR (considered a behavioral need) (Achenbach & Rescorla, 2001), or (2) 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).
- *Need for Substance Abuse Services (Caregivers).* Caregivers were determined to be in need of substance abuse services when they met one of two criteria: (1) caregiver self-reported need for "a lot" or "some" help for an alcohol or drug problem, or (2) scores in the clinical range on either the Alcohol Dependence or Drug Dependence scale of the CIDI-SF (Kessler et al., 1998).
- *Special Education Services.* Teachers were asked if the adolescent had an Individualized Education Plan (IEP). Caregivers were asked whether they had

been told that the child had a learning/developmental problem and, if so, whether the child had an Individualized Education Plan (or IEP) or had received special education services. This report relied on teacher report of an IEP to determine the presence of special education services. Where teacher report data were missing, the caregiver report was used to positively identify IEP receipt. If teacher data were missing and the caregiver report was negative, a case was coded as *missing*.

- *Specialty Outpatient Services*. This service use category refers to an adolescents' use of services received from a private mental health clinician (i.e., psychiatrist, psychologist, social worker, or psychiatric nurse not working in a community health center), a community mental health center, day treatment for emotional and substance abuse problems, or an outpatient drug or alcohol unit.