

National Survey of Child and Adolescent Well-Being

No. 11: Adolescents Involved with Child Welfare: A Transition to Adulthood



Findings from the NSCAW Study

research brief

In 1999 the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, undertook the National Survey of Child and Adolescent Well-Being (NSCAW) to learn about children and families coming in contact with the child welfare system (CWS). The sample, which represents the population of children and families who entered the CWS 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.¹ The first national longitudinal survey of its kind, NSCAW gathers information about children's safety, living-situation permanency, well-being, and services after a maltreatment investigation by child protective services. 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). Wave 5 data for young adults were collected in 2006 and 2007.

Purpose of the Brief

This brief is the first to focus on adolescents transitioning to young adulthood, presenting findings from the NSCAW Wave 5 follow-up. It provides information about 620 young adults who were adolescents (12 to 15 years old) at baseline. Some adolescents' 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. At Wave 5, 6 to 7 years after the child protective services investigation, these young adults are 18 to 21 years old.

Young adults who were the focus of maltreatment in adolescence are at a critical transition as they age into early adulthood. They are making decisions that may shape the rest of their lives. They are learning to take care of themselves, independent of their caregivers. Furthermore, many are doing so while learning how to be parents themselves. They face many critical risks to their well-being that are related not only to the

experimentation that characterizes their newly acquired independence, but also to having been involved with a family investigated for child maltreatment.² Important health issues for these young adults include reproductive health, obesity, mental health, substance abuse, violence, and access to services as they move from child- to adult-oriented systems. In addition to facing health issues, these young adults are establishing their own places of residence, finding employment, and forming lasting adult relationships. This brief provides information to enhance our understanding of the needs of young adults by addressing the following questions:

- Who are the young adults who had contact with the CWS during adolescence? What types of maltreatment did they experience as adolescents? What risks did they face? What environments are these young adults living in by the time they are 18 to 21 years old?
- How well are these young adults doing in terms of their physical, psychosocial, and emotional development? How does this development compare with that of young adults in the general population?
- How are they transitioning to adulthood and integrating into society? How many have a job, and what types of work are they doing? For those who are parents, how are they doing in this new role?
- What services do young adults need? What have they received?

Characteristics of Young Adults Who Had Contact with the CWS During Adolescence

Young Adults' Age, Sex, and Race/Ethnicity

At the Wave 5 follow-up 6 to 7 years after the baseline survey, the largest age group (making up 39.9%) of young adults were 20 years old, 30.2% were 19, 19.8% were 18, and 10.2% were 21. Almost 60% (59.7%) were female and 40.3% were male. White young adults made up the largest group (52.4%), followed by Blacks (26.5%), Hispanics (14.1%), and Other races/ethnicities (7.1%; Table 1).

Table 1. Characteristics of young adults at wave 5

	<i>N</i>	% (SE)
Sex		
Male	233	40.3 (4.2)
Female	387	59.7 (4.2)
Age		
18 years	130	19.8 (2.8)
19 years	198	30.2 (3.8)
20 years	217	39.9 (3.5)
21 years	75	10.2 (2.2)
Race/ethnicity		
Black	184	26.5 (4.6)
White	294	52.4 (4.4)
Hispanic	84	14.1 (3.0)
Other	54	7.1 (1.7)
Percentage of federal poverty level at Wave 5		
<50%	80	16.1 (3.0)
50% to <100%	121	25.7 (3.8)
100% to 200%	147	29.2 (3.7)
>200%	149	29.0 (4.0)
Insurance status at Wave 5		
Insured	406	63.3 (4.1)
Uninsured	196	36.7 (4.1)
Current living situation at Wave 5^a		
Living with a caregiver	326	55.5 (3.6)
Not living with a caregiver	294	44.5 (3.6)
Cohabitation status at Wave 5		
Married and living with spouse	45	9.5 (2.7)
Cohabiting	122	17.2 (3.3)
Separated, divorced, never married, or not cohabiting	453	73.3 (3.8)
Parenting status at Wave 5		
Has a child living in the home	176	29.0 (3.4)
Has a child not living in the home	49	8.4 (2.4)
Does not have a child	395	62.6 (3.7)
Out-of-home placement history (Waves 1–4)		
Ever placed out of home in adolescence	223	17.2 (2.3)
Never placed out of home in adolescence	316	82.8 (2.3)

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

^a “Current living situation” is a derived variable based on a young adult’s report of who was living in his or her household at the time of the Wave 5 interview. “Living with a caregiver” indicates that a young adult reported living with at least one of the following: biological parent, adoptive parent, foster parent, grandparent, aunt or uncle, or stepparent.

Type of Abuse

At the time of the index maltreatment report, caseworkers reported that almost a third (31.9%) of the adolescents came to the attention of the CWS because of physical abuse. A caregiver’s failure to supervise was reported for 29.1%; sexual abuse, for 14.5%; a caregiver’s failure to provide, for 9.5%; emotional abuse, for 7.2%; and moral/legal or educational abuse, for 6.3%. Slightly more than a quarter of these

maltreatment investigations were *substantiated*, meaning the CWS decided that the allegations of child maltreatment were valid.

Out-of-Home Placement History and Living Situation at Wave 5

Almost a fifth (17.2%) of young adults were placed outside their home at some point during their adolescence (across Waves 1 to 4). Over the course of

the study period, most adolescents remained at home with their biological parents. At Wave 5, 48.7% were living with a caregiver, and 6.7% were living with a caregiver and a spouse or partner; in other words, more than half (55.5%) of young adults were living with a caregiver, such as a biological parent, adoptive parent, foster parent, grandparent, aunt or uncle, or stepparent. A small percentage (9.5%) were married and living with their spouse, and 17.2% were cohabiting with a boyfriend or girlfriend. An additional 11.8% of young adults reported living alone, and 6.3% reported living with one or more adults older than 18 who were not relatives. On average, young adults reported changing households 1.4 times in the previous 12 months; 19.0% reported having moved three or more times during this period.

Risks Faced at the Time of the CWS Investigation

Caseworkers reported that 57.6% of families had been reported for child maltreatment before the index investigation. Almost two thirds of the families previously reported for child maltreatment had incidents of abuse or neglect that were substantiated. At the first interview, when the young adults were 12 to 15 years old, caseworkers were asked about their perceptions of caregivers' risk factors. Caseworkers reported that 7.4% of caregivers were abusing alcohol, 7.6% were abusing drugs, and 9.3% had recently been arrested. Nearly one fifth (17.8%) had a serious mental health problem, and 7.0% had a cognitive impairment. Caseworkers estimated that nearly half (40.8%) of caregivers had poor parenting skills, and 21.5% had unrealistic expectations of their adolescent. Among caregivers, 15.3% had a history of abuse and neglect themselves, and 35.7% had been victims of domestic violence. At the time of the first interview, there was active domestic violence against 9.9% of caregivers.

Physical, Psychosocial, Cognitive, and Behavioral Development

Physical Well-Being

At Wave 5 the majority of young adults (83.7%) reported being in *good*, *very good*, or *excellent* health. Females (78.4%) were less likely than males (91.5%) to report that they were in *good*, *very good*, or *excellent* health (Table 2). About a third of all young adults reported that a health condition currently limited their activities.

Weight problems were the most prevalent health issue among young adults: 27.7% were overweight and 28.9% were obese. Young adults reported a low consumption of fruits and vegetables and limited physical activity. Approximately a third had experienced some type of injury, accident, or poisoning during the 12 months prior to interview. The injuries themselves were most commonly bad cuts or scrapes (24.3%) and bad sprains or torn ligaments (14.0%).

Mental Health

Young adults' mean mental health score as measured with the 12-Item Short-Form Health Survey was 47.3, which is slightly below the mean for the U.S. adult population.^{3,4} Mean mental health scores were significantly lower for female young adults (44.8) than for male young adults (50.9). Standardized assessments across several indicators showed that 27.5% of young adults were in the clinical range for major depression,⁵ 10.2% reported clinically high levels of experiencing intrusive thoughts associated with past trauma,⁶ and 6.2% showed significant dissociative symptoms (indicators of psychosocial stress reactions to a traumatic event).⁶ Young adults had higher rates of reported internalizing (e.g., depression and anxiety) and externalizing (e.g., aggression and inattention) behavior problems than the normative sample. On the Achenbach Adult Symptom Checklist,⁷ 16.0% had scores within the clinical range for Internalizing problems, 18.9% were in the clinical range for Externalizing problems, and 13.4% were in the clinical range for Total Problems. Another 6.6% reported symptoms consistent with alcohol dependence, while 6.5% reported symptoms consistent with drug dependence.⁵

Academic Achievement

Overall, young adults displayed scores substantially lower than norms on standardized measures of academic achievement. The young adults' average score on the Woodcock-Johnson III Tests of Cognitive Abilities was one standard deviation below the average for the general population on each subscale.⁸ The proportion that scored more than 1.5 standard deviations below the mean was 15.0% for Applied Problems, 25.3% for Passage Comprehension, 29.7% for Word-Letter Identification, and 43.6% for Calculation.

Table 2. Overall physical health of young adults at wave 5

	N (Min)	Self-Reported Good Health^a % (SE)
Total	619	83.7 (2.4)
Sex		**
Male	232	91.5 (2.3)
Female	387	78.4 (3.7)
Race/ethnicity		
Black	183	91.6 (2.1)
White	294	86.7 (2.9)
Hispanic	84	76.0 (9.5)
Other	54	62.6 (13.2)
Age		*
18 years	130	68.2 (8.7) ^b
19 years	198	91.3 (2.6)
20 years	216	82.9 (4.7)
21 years	75	94.0 (3.6)

Note: All analyses are on weighted data; Ns are unweighted. Reported Ns vary slightly across analyses because of missing data in some variable categories. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$). Asterisks in column apply to the subsequent results for the covariate.

^a Good health was defined as young adults' self-report that their health was *good*, *very good*, or *excellent*.

^b Age 18 is significantly different from age 19 ($p < .05$).

Sexual Behavior

Three fourths of young adults were sexually active. Fewer than half of sexually active young adults used a condom at last sex, and 15.3% used no contraception in the year prior to interview.

Illegal Activity and Victimization

In the year prior to interview, 16.7% of young adults were arrested and 9.0% were convicted. Males were much more likely to have been involved with the law than females. Sixteen percent (16.0%) of young adults were victims of violent crimes in the year prior to interview. More than one fourth of females experienced intimate-partner violence in the 12 months prior to interview, including 15.5% of the sample who experienced severe violence.⁹

Transition to Adulthood and Integration into Society

Cohabitation/Marital Status

At Wave 5 more than a quarter of young adults (26.7%) were either married and living with their spouse, or living with a boyfriend or girlfriend. Females were significantly more likely to be living with a spouse or partner (37.2%) than males (11.1%). When compared with young adults of other races, Hispanic young adults most frequently reported living with a spouse or partner (40.8%) and were significantly more likely than Black young adults (11.4%) to report this living arrangement (Table 3).

Parenthood

More than a third (37.4%) of young adults reported having had children, and 29.0% were raising their child in their home. Females (44.9%) were more likely to have had a child than males (26.3%). Among those raising a child, 87.3% were females; 94.5% of the females with a child and 34.7% of the males with a child were raising their child in their own homes. Young adults reported having from 1 to 5 children. On the average, young adult parents at Wave 5 had 1.3 children. Older young adults (20 to 21 years) were more likely than younger adults (18 to 19 years) to report having had children. Young adults living in poverty (54.8%) were also more likely than those not living in poverty (35.5%) to have had children (Table 3).

Young Adult Parents' Well-Being

Among young adult mothers, 61.8% were living in poverty. Young adult mothers demonstrated many behavioral health risks: 24.1% reported signs of clinical depression,⁵ 6.7% reported clinically significant dissociative symptoms, and 18.5% reported intrusive experiences associated with past trauma.⁶ Another 6.3% of mothers reported having experienced an incident of severe physical domestic violence in the 12 months prior to interview.⁹ Among young adult fathers, 9.0% reported signs of clinical depression,⁵ and none of them reported symptoms associated with past trauma.

Table 3. Young adult family formation at wave 5

	<i>N</i> (Min)	Married, Living with Spouse, or Living with Boyfriend or Girlfriend % (SE)	Had a Child % (SE)
Total	620	26.7 (3.8)	37.4 (3.7)
Sex		***	*
Male	233	11.1 (3.7)	26.3 (6.0)
Female	387	37.2 (5.0)	44.9 (4.6)
Race/ethnicity		*	
Black	184	11.4 (4.3) ^a	34.6 (7.3)
White	294	30.0 (5.4)	35.3 (5.2)
Hispanic	84	40.8 (11.2)	59.3 (8.7)
Other	54	35.9 (13.8)	26.8 (9.4)
Age			***
18 years	130	22.4 (7.7)	18.4 (7.3) ^b
19 years	198	22.9 (4.1)	18.9 (4.3) ^c
20 years	217	29.5 (7.1)	57.1 (6.2)
21 years	75	35.0 (11.3)	52.1 (11.3)
Household poverty			*
<Federal level	201	27.8 (6.3)	54.8 (6.7)
>Federal level	296	30.1 (4.6)	35.5 (5.3)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Asterisks indicate statistical significance (* $p < .05$, *** $p < .001$). Asterisks in column apply to the subsequent results for the covariate.

^aBlack < White ($p < .01$); Black < Hispanic ($p < .05$).

^b18 years < 20 years ($p < .001$), 18 years < 21 years ($p < .05$).

^c19 years < 20 years ($p < .001$), 19 years < 21 years ($p < .05$).

Clinically significant reports of depression and interpersonal violence reported for young adult parents were fewer than those reported for all young adults at Wave 5.

Young Adult Parents' Disciplinary Techniques

About half of young adults raising children reported having used psychologically aggressive discipline tactics (e.g., shouting or screaming at a child) in the year prior to interview, and 55.6% reported having used corporal punishment.¹⁰ Much lower proportions reported any type of severe physical assault (5.2%). In the year prior to interview, 16.5% reported some form of neglect.

Financial Resources

More than half (59%) of young adults were living at Wave 5 in households with incomes below the federal poverty level. Females (48.8%) were more likely to be living in poverty than males (30.6%). The average young adult at Wave 5 was living in a household that earned on the average \$551.30 per week. Male young adults were living in households that earned significantly more money per week (\$711.20) than the households in

which females resided (\$446.40). Those living with caregivers were also living in households with significantly higher weekly income (\$635.90) than those living without caregivers (\$469.50).

Employment

More than half of young adults (58.1%) reported being employed either full or part time. Among those who reported working, the average number of hours worked per week was 34.4. More than half (57.4%) of young adults not currently working reported that they had worked in the 12 months prior to interview (Table 4).

Social Support and Contact with Biological Family Members

The great majority of young adults (88.6%) had contact with their mothers; 47.1% had daily contact and 22.7% had weekly contact. More than a third had daily contact with their siblings. Many (76.6%) reported that they had contact with other relatives. Few young adults reported having no contact with a living biological mother (7.2%) or siblings (4.6%); 17.6% reported having no contact with fathers.

Table 4. Young adults' job status and household financial resources at wave 5

	Below 100% of Federal Poverty Level ^a		Weekly Household Income ^b		Currently Employed Full or Part Time		Number of Hours Worked per Week ^c	
	N	% (SE)	N	Mean (SE)	N	% (SE)	N	Mean (SE)
Total	497	41.8 (3.7)	502	\$551.3 (38.2)	617	58.1 (4.2)	326	34.4 (1.7)
Sex		**		***				
Male	171	30.6 (5.7)	175	\$711.2 (69.7)	139	63.6 (6.5)	138	35.9 (2.8)
Female	326	48.8 (4.5)	327	\$446.4 (29.8)	189	54.4 (4.9)	188	33.3 (1.8)
Race/ethnicity								*
Black	129	42.3 (8.8)	132	\$527.3 (75.1)	182	53.3 (8.0)	89	31.8 (2.6)
White	246	37.0 (5.1)	248	\$603.2 (59.0)	293	64.4 (5.8)	166	37.8 (2.1) ^d
Hispanic	71	60.7 (10.4)	71	\$442.5 (69.5)	84	42.9 (11.9)	40	27.6 (4.5)
Other	47	45.1 (10.3)	47	\$464.7 (63.9)	54	51.4 (12.4)	28	34.8 (2.7)
Age								
18 years	101	53.0 (9.7)	102	\$472.5 (77.1)	130	59.2 (8.7)	65	27.6 (3.6)
19 years	155	37.1 (7.4)	156	\$539.9 (59.7)	198	53.6 (7.8)	94	34.0 (2.8)
20 years	179	44.4 (7.0)	181	\$578.7 (71.8)	215	62.4 (6.7)	129	36.4 (2.8)
21 years	62	26.7 (10.4)	63	\$600.3 (128.9)	74	52.3 (11.9)	38	39.8 (2.6)
Living situation				*				
With caregiver	239	36.6 (5.7)	241	\$635.9 (54.9)	324	62.5 (5.1)	171	32.3 (2.4)
Without caregiver	258	46.6 (5.3)	261	\$469.5 (55.3)	293	52.6 (5.4)	155	37.8 (2.0)

Note: All analyses are on weighted data; Ns are unweighted. Reported Ns vary slightly across analyses because of missing data in some variable categories. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in column apply to the subsequent results for the covariate.

^aThis category represents the percentage of young adult households living below 100% of the federal poverty level. Household income is based on the combined income for all members of any given household, divided by the number of individuals dependent on that income.

^b"Weekly household income" is a derived variable that represents the approximate dollars earned by a young adult's household per week across the course of the 12 months prior to interview.

^c"Number of hours worked per week" was calculated only for those who reported they were currently employed full or part time.

^dWhite > Black ($p < .05$); White > Hispanic ($p < .05$).

Services Needed and Services Received

Health Services

Almost two thirds (62.1%) of young adults reported having a usual source of medical care at Wave 5. Half of young adults had received a medical checkup (52.2%); the same percentage had had dental care in the year prior to interview. Females were significantly more likely than males to have a usual source of care, to have received dental care, to have received a medical checkup, and to have seen a doctor in the 12 months prior to interview. Among young adults, 15.7% reported having had contact with a physician or nurse for serious accidents, injuries, or poisonings in the 12 months prior to interview.

Medicaid or other state-funded coverage was the most common type of health insurance among young adults (43.5%); more than a third (36.7%) did not have any type of insurance coverage. Females (75.1%) were more likely than males (45.6%) to have insurance. Young

adults with insurance were more likely than uninsured young adults to have a usual source of care, to have had dental care in the 12 months prior to interview, and to have received all types of preventive health care.

Mental Health Services

Overall, 45.4% of young adults were assessed by the survey to be in need of mental health services, and 9.3% were in need of substance abuse services (Table 5). Among those in need of mental health services, 22.0% received specialty outpatient services, and 17.5% received nonspecialty mental health services (in-home counseling or family doctor). A small group among those in need of mental health services received inpatient psychiatric services (13.3%), and 20.7% were currently using psychotropic medication. The large majority of young adults found to be in need of mental health services received none (67.1%). In contrast, although only a small number of young adults were in need of substance abuse services, more than half (56.2%) received at least one service (Table 6).

Table 5. Young adults' need for mental health and substance abuse services at wave 5

	<i>N</i> (Min)	Need for Mental Health Services ^a % (SE)	Need for Substance Dependence Services % (SE)
Total	615	45.4 (3.7)	9.3 (2.3)
Sex		**	
Male	230	34.5 (5.5)	11.4 (4.1)
Female	385	52.8 (4.5)	7.9 (2.3)
Race/ethnicity			
Black	181	44.9 (7.2)	8.9 (4.0)
White	292	39.8 (5.2)	8.0 (2.8)
Hispanic	84	52.8 (11.6)	15.7 (10.3)
Other	54	63.9 (10.0)	9.0 (4.3)
Age			
18 years	130	58.1 (9.2)	4.1 (2.7)
19 years	196	32.4 (5.2)	10.7 (4.5)
20 years	215	51.1 (5.8)	11.0 (4.0)
21 years	74	37.0 (10.4)	8.9 (5.2)
Insurance			
Yes	404	48.1 (4.7)	7.8 (2.2)
No	195	42.7 (6.1)	11.8 (4.4)
Living with caregiver			
Yes	324	44.5 (5.1)	9.4 (3.3)
No	291	46.6 (5.7)	9.1 (3.3)

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

^a Defined as being positive for any of the following: young adult self-reports of needing to be admitted to a psychiatric hospital or detox unit; clinical range for major depression;⁵ clinical score for traumatic intrusiveness or for traumatic dissociation;⁶ clinical score for internalizing, externalizing, or total behavioral problems;⁷ or poor mental health according to the 12-Item Short Form Health Survey,³ or alcohol dependence or drug dependence.⁵

Domestic Violence Services

Of those females who were victims of intimate-partner violence (26.4%), only 4.5% received a referral to domestic violence services, and only 0.9% received a domestic violence service.

Independent-Living, Education, and Job-Related Services

Young adults reported receiving help with independent-living, education, and job-related services in the following proportions: 63.9% received help with education; 65.5%, with jobs; 57.1%, with managing finances; 23.7%, with housing; and 57.1%, with daily living. Overall, 91.7% reported having received help with at least one of the areas. The main sources of assistance were biological parents or other original family members, teachers or schools, and “others” (Table 7).

Services to Address Basic Needs

Young adults were asked about several services to address basic needs in the 12 months prior to interview. More than a third of young adults were receiving some type of service to help meet their basic needs. Among those with children, only females received Temporary Assistance for Needy Families, or “welfare” (26.6%), and 70.7% of females with children received benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children, known as WIC. Other services not restricted to persons having children of their own were still more likely to be provided to females than to males. Thus, 35.5% of females received food stamps, compared with 4.8% of males; 10.3% of females received Supplemental Security Income, compared with 2.7% of males; and, overall, 51.9% of females received any federal service, compared with 9.0% of males (Table 8).

Table 6. Young adults' need for mental health and substance dependence services and service receipt at wave 5

	<i>N</i> (Min)	Outpatient Mental Health Services ^a % (SE)	Specialty Outpatient Services ^b % (SE)	In-Home Counseling or Family Doctor % (SE)	Inpatient Mental Health Services ^c % (SE)	Current Use of Psychotropic Medication % (SE)
Total	616	17.5 (3.1)	14.3 (2.8)	9.3 (2.6)	8.4 (2.1)	11.2 (2.5)
Sex						***
Male	230	12.5 (4.2)	8.1 (3.6)	6.9 (3.5)	3.7 (2.2)	2.5 (0.9)
Female	386	20.9 (4.3)	18.5 (3.9)	11.0 (3.5)	11.6 (3.3)	17.1 (4.1)
Race/ethnicity						*
Black	181	7.5 (4.1)	5.9 (3.5)	5.6 (3.5)	11.0 (5.8)	6.7 (4.8)
White	293	23.4 (4.7)	18.1 (4.2)	14.3 (4.5)	6.6 (2.8)	16.3 (4.1)
Hispanic	84	11.1 (5.0)	10.7 (5.0)	1.5 (0.6)	12.1 (6.1)	2.1 (0.8) ^d
Other	54	27.7 (14.3)	27.3 (14.4)	3.9 (2.4)	6.4 (3.4)	10.7 (5.6)
Age						**
18 years	129	28.3 (8.1)	20.0 (7.7)	18.0 (6.8)	6.3 (4.6)	9.2 (5.1)
19 years	198	8.7 (3.3)	8.6 (3.3)	4.1 (2.8)	8.2 (3.5)	2.2 (0.8) ^e
20 years	215	16.3 (4.8)	12.8 (3.8)	8.5 (4.2)	9.1 (3.8)	17.3 (4.9)
21 years	74	27.7 (12.2)	26.6 (12.3)	11.5 (8.8)	10.6 (8.8)	18.7 (10.2)
Insurance						
Yes	405	20.5 (4.3)	18.3 (3.8)	10.4 (3.5)	8.4 (2.7)	14.9 (3.5)
No	196	13.6 (4.9)	8.5 (4.2)	8.0 (4.1)	8.9 (4.6)	5.9 (3.7)
Living with caregiver						
Yes	323	18.3 (4.2)	17.3 (4.2)	9.3 (3.3)	9.0 (3.1)	12.9 (3.7)
No	293	16.6 (4.4)	10.7 (3.3)	9.3 (4.0)	7.8 (3.5)	9.2 (3.5)
In need of mental health services^f		**	*	*		**
Yes	265	27.6 (6.1)	22.0 (5.1)	17.4 (5.4)	13.3 (4.1)	20.7 (5.1)
No	351	9.0 (3.0)	7.9 (3.0)	2.5 (1.6)	4.3 (2.0)	3.3 (1.6)
In need of substance abuse services^g		*	*			
Yes	47	54.5 (11.6)	40.4 (11.6)	32.8 (14.5)	20.8 (9.8)	18.3 (9.5)
No	566	13.8 (3.0)	11.7 (2.8)	6.9 (2.1)	6.9 (2.1)	10.5 (2.6)

Note: Young adults' report of mental health or substance abuse service use references the 12 months prior to interview. All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Mental health services measured through an adapted version of the Child and Adolescent Services Assessment.¹¹ Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in column apply to the subsequent results for the covariate.

^a Any outpatient mental health service included use of specialty outpatient (e.g., day treatment for emotional and substance abuse problems, outpatient drug or alcohol unit, mental health center, private professional help for emotional and substance abuse problems) and in-home counseling for emotional and substance abuse problems, family doctor for emotional and substance abuse problems, or both.

^b Any specialty outpatient service included 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 Any inpatient mental health service included psychiatric hospital, hospital for emotional and substance abuse problems, residential treatment, emergency shelter for emotional and substance abuse problems, and ER for emotional and substance abuse problems.

^d Hispanic is significantly different from White at $p < .01$.

^e Age 19 is significantly different from age 21 at $p < .01$.

^f Young adult was determined to be "in need of mental health services" when he or she met any one of four criteria; (1) young adult self-reported need for mental health services; (2) scores within the clinical range on the depression scale of the Composite International Diagnostic Interview Short Form (CIDI-SF)⁵ or on the composite scale of the Mental Health scale of the 12-Item Short Form Health Survey;³ (3) a score in the clinical range of the intrusive experiences or dissociation subscales of the Trauma Symptom Inventory;⁶ or (4) a score in the clinical range of the Adult Self-Report for Total Problems, Internalizing, and Externalizing subscales.⁷

^g Young adult was determined to be in need of substance abuse services when he or she met either one of two criteria: (1) young adult self-reported a need for substance abuse services; or (2) he or she had scores within the clinical range on either the Alcohol Dependence or Drug Dependence scales of the CIDI-SF.⁵

Table 7. Young adults at wave 5 who ever received services related to education, job, or daily-living skills

Area of Received Service	N	Yes % (SE)
Future education		
General Education Development Diploma preparation	617	32.6 (3.6)
ACT or Scholastic Aptitude Test preparation	617	28.0 (2.9)
Assistance with college applications	618	28.8 (3.3)
Assistance with vocational or career counseling	618	27.2 (3.1)
Any educational help	618	63.9 (3.8)
Job		
Resume writing	617	42.2 (4.0)
Identifying potential employers	617	24.2 (3.2)
Completing job applications	617	43.5 (3.9)
Job interviewing	618	46.4 (4.3)
Job referral or placement	618	32.7 (3.4)
Help securing work permits or Social Security cards	617	24.2 (3.2)
Any job-related help	618	65.5 (3.8)
Management of finances		
Money management	617	33.7 (4.1)
Use of a budget	618	35.0 (3.9)
Opening a checking and savings account	618	43.8 (4.5)
Balancing a checkbook	618	35.7 (3.7)
Any finances-related help	618	57.1 (3.9)
Housing		
Finding an apartment	618	16.9 (2.7)
Completing apartment application	618	13.5 (2.7)
Making a down payment or a security deposit on an apartment	618	12.3 (2.1)
Any housing-related help	618	23.7 (3.1)
Daily living		
Meal planning and preparation	618	27.9 (2.7)
Personal hygiene	618	33.4 (3.5)
Nutritional needs	618	43.9 (3.8)
Obtaining personal health records	617	24.5 (3.7)
Any daily-living-related help	618	57.1 (3.3)
Any education, job, finances, housing, or daily living	618	91.7 (2.3)
Independent-living skills training	618	19.7 (3.4)

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

Table 8. Young adults' use of federal services to meet basic needs at wave 5

	N (Min)	TANF (or Welfare) ^a % (SE)	WIC ^a % (SE)	Food Stamps % (SE)	SSI % (SE)	Any Federal Service % (SE)
Total	616	19.3 (4.7)	51.7 (5.7)	23.1 (2.6)	7.2 (2.2)	34.6 (3.3)
Sex		***	***	***	*	***
Male	233	1.4 (1.4)	3.0 (1.6)	4.8 (1.8)	2.7 (0.9)	9.0 (2.3)
Female	387	26.6 (6.7)	70.7 (6.1)	35.5 (4.4)	10.3 (3.5)	51.9 (5.0)
Race/ethnicity						*
Black	184	14.6 (5.3)	36.1 (12.2)	20.2 (5.3)	7.4 (3.8)	31.7 (6.0)
White	294	16.4 (6.2)	47.6 (9.4)	18.4 (3.6)	6.1 (2.4)	27.0 (4.9)
Hispanic	84	34.0 (13.9)	79.3 (14.1)	47.2 (10.2)	5.8 (3.8)	62.5 (9.6) ^b
Other	54	5.8 (4.1)	45.9 (18.1)	24.8 (8.4)	18.6 (15.5)	51.8 (12.2)
Age						
18 years	130	25.5 (7.2)	53.2 (23.0)	17.0 (5.1)	17.0 (7.3)	36.4 (8.2)
19 years	198	28.3 (10.5)	76.3 (7.0)	17.1 (4.1)	5.2 (3.5)	27.7 (5.2)
20 years	215	15.2 (5.5)	44.4 (8.3)	29.0 (5.4)	3.0 (0.9)	38.7 (5.8)
21 years	75	22.9 (15.7)	55.5 (17.2)	29.4 (9.9)	10.8 (8.7)	35.3 (10.1)

Note: All analyses are on weighted data; Ns are unweighted. Reported Ns vary slightly across analyses because of missing data in some variable categories. Asterisks indicate statistical significance (* $p < .05$, ** $p < .01$, *** $p < .001$). Asterisks in column apply to the subsequent results for the covariate. TANF = Temporary Assistance to Needy Families; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children; SSI = Supplemental Security Income.

^a Asked only of those who had children, $N = 221$.

^b Hispanic is significantly different from White at $p < .01$.

Conclusion

This brief has summarized the well-being, young adult milestones, and service use of young adults who were involved with the CWS during adolescence. Two critical contextual factors put young adults who were reported for abuse or neglect as adolescents in a highly vulnerable position. The first relates to the demands of becoming a young adult in today's society. The transition to adulthood is a critical time during which young adults need to juggle several developmental tasks. They are learning to live independently and support themselves financially, and many are also learning to raise their own children. For the young adults in this sample, having come from high-risk environments adds to the normal challenges of negotiating these developmental tasks.

The second critical factor relates to changes in the infrastructure of the available service systems as an individual ages from adolescence to adulthood. Unlike the many children's services, adult service systems are not intrinsically developed to support individuals with histories of maltreatment. Health services and other systems (e.g., correctional facilities, federal programs) are very different in the adult system than in their counterparts for children. In becoming adults, individuals lose the safety net represented by the school system, the CWS, or pediatric health services. They may

be largely on their own now, navigating a confusing social services system, with diminished access to services to address their risks for negative developmental outcomes. As many of these young adults become parents, a new generation may be exposed to less than optimal environments. Consequently, the challenges faced by young adults with a history of CWS involvement are of special interest to caseworkers, policy makers, service providers, and members of the general public.

In some ways these young adults appeared quite similar to their peers across the United States. Many reported themselves to be in good physical health, although the percentage in good health (83.7%) was lower than in the general population of young adults (94.1%).¹² Many reported having established significant romantic relationships and being generally satisfied with the degree of social support available to them. Consistent with their same-age peers, many (55.5%) reported living with a caregiver, an estimate similar to the estimates for the general population of 18- to 24-year-olds living with a caregiver, where 55% of males and 46% of females report this living arrangement.¹³ Almost all young adults had relatively consistent contact with their biological families. Many had joined the workforce and were working almost full time, with the percentage of young adults currently employed full or part time (58.1%)

being similar to the percentage of working young adults across the country (36.7% among 16-year-olds to 19-year-olds, and 67.6% among 20-year-olds to 24-year-olds).¹⁴

Despite these similarities, these young adults fared worse than their counterparts in the general population in several ways. More than a fifth (21.6%) of young adult females reported being in fair or poor health, a rate higher than that of females in fair or poor health in the general U.S. population aged 18 years or older (12.9%) and higher than that of adults of both sexes aged 18 to 44 years (5.9%).¹² A disproportionate number of them were reported to be overweight or obese (28.9% were obese, compared with 13.6% of young adults in the general population),¹⁵ which could further jeopardize their physical health. Young adult scores on standardized measures of academic achievement were significantly below national norms, which could limit educational and vocational aspirations. More than a third (34.3%) of young adult females had been in an intimate relationship that involved physical violence, a rate substantially higher than the national 22.1% lifetime prevalence for intimate-partner violence among adult females.¹⁶ Furthermore, mental health problems were very common and compounded by ongoing unmet mental health services needs.

An alarming number of these young adults were living in households below the federal poverty level, especially young adult mothers raising children: 61.8% of young adult mothers were raising their children in households below the federal poverty level, compared with 37.2% of female young adults who did not have children. Among all young adults, 41.8% were living in poverty, which is far more than young adults nationally (30%).¹⁷

Another key difference between these young adults and their peers was the number reported to have had children and the number actively parenting these offspring. Young adults who were parents did not appear to have substantially more risks to their well-being (e.g., mental health problems, domestic violence) when compared with other young adults who were in the NSCAW sample at Wave 5. However, young adult parents reported substantially more mental health problems, traumatic stress, and histories of domestic violence than are reported for the general population of adults.

Very few young adults reported having received services for emotional, behavioral, learning, or attentional

problems. Half of those with symptoms consistent with alcohol or drug dependence were receiving substance abuse services, but half were not. These levels of unmet service needs illustrate a missed opportunity to facilitate the transition of these at-risk young adults into a successful adulthood. Facilitating young adults' access to preventive services, mental health services, and vocation-oriented services may be particularly critical for adolescents with a history of past CWS involvement.

Notes

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- ⁵ Kessler, R. C., Andrews, G., Mroczek, D., Ustun, T. B., & Wittchen, H.-U. (1998). The World Health Organization Composite International Diagnostic Interview Short Form. *International Journal of Methods in Psychiatric Research*, 7, 171–185.
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Available at: National Data Archive on Child Abuse and Neglect (NDACAN), Cornell University, ndacan@cornell.edu

Administration for Children and Families (ACF, OPRE)
http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

This is the 11th in a series of NSCAW research briefs focused on children who have come in contact with the child welfare system (CWS). Additional research briefs focus on the characteristics of infants reported to CWS at Wave 5, the provision of services to children and their families, the prevalence of special health care needs, and the maltreatment investigation substantiation process.