

NSCAW III: Design Overview, Methodological Challenges, and Lessons Learned from the Baseline Wave

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The National Survey of Child and Adolescent Well-Being (NSCAW) is the only source of nationally representative, longitudinal data on the well-being of children and families involved with the child welfare system (CWS). NSCAW provides in-depth data about child and family characteristics, experiences with the CWS, service needs and receipt, as well as child and family well-being outcomes, such as child physical and mental health, child development, child and caregiver social functioning, child academic achievement, and caregiver health. The NSCAW studies allow researchers to investigate a wide range of

fundamental questions about children and families involved with the CWS.

Conducting the third cohort, NSCAW III, proved more challenging methodologically than previous NSCAW cohorts and included additional obstacles such as the COVID-19 pandemic interrupting data collection. The goals of this research brief are to describe the design of NSCAW III, the methodological challenges and solutions implemented during the baseline wave, and the analytic opportunities for researchers interested in accessing the NSCAW III data.

History of NSCAW

To date, there have been three cohorts of NSCAW. All have collected firsthand information from sampled children, caregivers, and caseworkers. NSCAW I began in 1999 and included 5,501 children followed for five waves of data collection. NSCAW II began in 2008 and included 5,872 children followed for three waves of data collection. NSCAW III began in 2017, is ongoing, and includes 3,298 children followed for two waves of data collection.

NSCAW datasets are archived in the National Archive on Child Abuse and Neglect ([NDACAN](#)). Detailed information about the survey design, manuals, and codebooks are available for restricted release download to researchers who are approved to use the data. NDACAN also includes a database of references related to NSCAW and to secondary research.

NSCAW III OVERVIEW

- NSCAW III includes 3,298 children, ages 0 to 17.5 at the time of sampling in 61 counties and 17 states. Children were sampled from participating state and county child welfare agencies between July 2017 and September 2021. Consistent with prior NSCAW cohorts, infants, children receiving services, and children in out of home placements were oversampled.
- Baseline data were collected from November 2017 to March 2022. Follow up data collection began in December 2021 and is anticipated to conclude in February 2024. Data were collected in person with children, caregivers, and caseworkers.
- There was a 14-month gap in the baseline data collection (from March 2020 to May 2021) due to the COVID-19 pandemic. Most (93.7%) of the sample participated in the baseline data collection before the pandemic, whereas 6.3% participated after the gap in data collection due to the pandemic.
- Additional details about the NSCAW III cohort, including additional sample characteristics, can be found in the [NSCAW III Baseline Report \(2017-2022\): Introduction to NSCAW III](#).

Roadmap to this Brief

- Design Enhancements of NSCAW III
- Challenges and Lessons Learned Establishing the NSCAW III Cohort
- New Opportunities for Researchers Using NSCAW III Data
- Conclusion and Future Directions

DESIGN ENHANCEMENTS OF NSCAW III

The design of NSCAW III was guided by three priorities: (1) keeping NSCAW III as comparable to the two previous cohorts as possible, (2) minimizing response burden for all participants, and (3) updating the NSCAW III sample and instruments as needed to reflect the composition of children being served in the CWS. During the design phase, the NSCAW study team collaborated with expert advisors to identify aspects of CWS policy and practice that have remained relevant across NSCAW cohorts as well as new and emerging policy and practice considerations. The design enhancements made for NSCAW III were:

- The expansion of the study population to include children entering CWS custody through an alternative pathway such as juvenile justice or human trafficking rather than a maltreatment investigation or assessment^a. This presented a better representation of current child welfare practices.
- The oversampling of adolescents ages 12-17, as they were most likely to enter and remain in foster care or group homes.
- The updating of instruments to their current version or replacing them with new instruments or constructs that were more relevant to the current data collection [see [Table 4](#) below and [Crosswalk of Constructs and Measures](#) for more information].
- Enhanced quality of services data by including linkage to Medicaid data (approximately 80.9% of children in NSCAW III are covered by Medicaid or State Children's Health Insurance Plan). This allowed for more detail on mental health service and psychotropic medication use among children who encounter the CWS. For more information, please see [NSCAW III Baseline Report \(2017-2022\): Introduction to NSCAW III](#).

^a The expansion of the NSCAW sampling frame occurred prior to 2018 when human trafficking was added as a maltreatment type to the National Child Abuse and Neglect Data System (NCANDS). Each month during the sampling period for NSCAW III, cases that had a closed maltreatment investigation or assessment and cases that entered CWS custody without an investigation or assessment were sampled from participating state data systems.

All NSCAW cohorts are grounded in a conceptual framework that draws on the ecological perspective (Bronfenbrenner, 1979; IOM & NRC, 2014) and recognizes multiple systems surrounding the child that may impact their well-being. With this framework and the design changes in mind, the third cohort focused on addressing the following research questions:

- What are the characteristics of children and families in contact with the CWS beginning in 2017?
- To what extent are children entering the CWS via pathways other than a maltreatment investigation or assessment? What are their characteristics?
- What are the socioemotional, behavioral, cognitive, and developmental well-being outcomes of children involved with the CWS?
- To what extent are children receiving mental health, psychotropic medications (including polypharmacy), and other services covered by CWS, Medicaid and other providers?
- What are the predictors of permanency and well-being outcomes for older youth who enter the CWS?
- What are the predictors of a successful transition to adulthood and other outcomes for youth aging out of foster care?
- To what extent are developmental risks among infants being identified and addressed?
- To what extent do economic resources and family context play a role in CWS processes and determinations and in child and family outcomes?
- How do aspects of out-of-home placement (e.g., placement type, subsidies, licensure) influence child outcomes?

CHALLENGES AND LESSONS LEARNED IN ESTABLISHING THE NSCAW III COHORT

Conducting NSCAW III proved to be more challenging than NSCAW II or NSCAW I. Several challenges (e.g., agency recruitment, child welfare agency staff burdens, difficulties securing respondent interviews) were not new but were experienced to a much greater degree during NSCAW III data collection. Other challenges such as the COVID-19 pandemic and state-level refusals were unique to NSCAW III and impacted several design domains. While we cannot say with certainty why these challenges occurred, we suspect some combination of changes in CWS policy and procedures along with increasing and competing demands on child welfare agency personnel as potential drivers for these differences. As a result of these challenges, NSCAW III required the identification and implementation of creative solutions to maintain the integrity of the design. The following sections describe challenges and solutions by study activity, noting whether challenges were unique to NSCAW III or more common than in previous cohorts.

Child Welfare Agency Recruitment and Sampling

Like previous NSCAW cohorts, NSCAW III utilized a stratified, two-stage sampling design to enable the sample to match the entire population it represents. In the first stage, primary sampling units (PSUs) consisting of U.S. counties or areas of two or more counties bordering each other were selected. In the second stage, children who entered the CWS during the recruitment period in those counties were selected. To support research questions focused on subpopulations of interest (e.g., adolescents in foster care), mutually exclusive sampling categories (referred to as domains or strata) of children were identified for NSCAW III. These domains crossed three age groups (under 1 year, 1-11 years, and 12-17.5 years) with three service categories (children who did not receive

services, children in foster care, and children not in foster care who received services).

[Table 1](#) describes sampling and child welfare agency recruitment challenges during NSCAW III. NSCAW III experienced a higher percentage of state and county child welfare agency refusals. Several states had enacted new or more restrictive confidentiality statutes that prevented them from participating, despite having participated in previous cohorts. Additionally, eight states refused to participate in NSCAW III due to lack of agency-level resources to devote to the study. Notably, the recruitment period spanned from 2016-2018, well before the stressors of COVID-19 were added to agencies and no such refusals occurred in NSCAW I or II. Turnover in agency personnel during the recruitment period and heightened state-specific requirements for data use agreements (DUAs) and research approvals created additional recruitment challenges. In the first sampling phase,

83 PSUs were selected. To reach the needed number of participating agencies, a second, supplemental sample of 46 PSUs were selected (of which, 35 were drawn). Ultimately, 61 PSUs agreed to participate. Because higher nonresponse increases the risk of nonresponse bias (i.e., the likelihood that those who participate in the study are categorically different than those who do not participate), weighting adjustments that incorporated NCANDS data in new and innovative ways were employed in the post-survey weighting process (see [Weighting](#) section). Sampling from participating child welfare agencies proved more challenging than in past NSCAWs due to greater restrictions on the inclusion of caregiver contacting information (e.g., name, address, phone number) in sampling files and agency delays in the submission of files for various reasons (e.g., competing priorities, staff turnover, or the unavailability of cases in some sampling categories).

Table 1. Sampling and Recruitment Challenges and Solutions

Challenge	Solution	Unique to NSCAW III	More Common in NSCAW III Compared to Previous Cohorts
More states with confidentiality statutes that made them ineligible for participation	Use of PSU replacement and/or weighting adjustments		The number of states citing confidentiality statutes doubled from NSCAW I (4) to III (8). Two states that participated in NSCAW II were ineligible for NSCAW III
Higher-than-expected refusals at the state and agency level	Identification of a second supplemental sample of PSUs	No states refused participation in NSCAW I or II	
Increased agency-specific requirements to participate	Development of tailored Memoranda of Understanding (MOUs), Data Use Agreements, Institutional Review Board (IRB) applications, and other research approvals as needed		All but one participating state required additional approvals to participate in NSCAW III
Restrictions on the inclusion of caregiver contacting information in sampling files	Agencies provided sampling information in two stages: 1) de-identified files were sent for sampling purposes, and 2) caregiver contacting information was appended to the file only for sampled cases		The percentage of PSUs requiring two-stage sampling more than doubled from NSCAW II (15%) to III (33%)

Baseline Wave Data Collection

[Table 2](#) describes baseline data collection challenges during NSCAW III. Obstacles such as delays in obtaining contacting information on sampled cases from agencies, legal guardian refusals, and families' use of call screening led to difficulty reaching the needed sample size for

national representation. To mitigate these challenges, monthly meetings were held with agency staff to obtain and update sampling file information, in-person contacts were increased to introduce families to the study, and text messaging was used to contact families.

Table 2. Baseline Wave Data Collection Challenges and Solutions

Challenge	Solution	Unique to NSCAW III	More Common in NSCAW III
Delays in obtaining sampling files	Monthly meetings between field interviewers and designated agency liaisons to obtain, confirm, and update information from sampling files	✓	
Legal guardian participation refusals	Engagement of case supervisor for calls to legal guardians. Tailored letters for legal guardians		✓
Families' use of call screening devices, lack of response, and unreliable telephone service	Increase of in-person contacts to introduce the study to families; Use of text messages to contact families; Testing of different strategies to improve doorstep interactions with households		✓
Accessing and gaining cooperation for older youth	Extensive nonresponse follow-up efforts by field interviewers; Use of new factsheet tailored for older youth; Targeted follow-up and extending period of tracing; Use of non-monetary incentives in addition to gift cards	✓	
Longer interview administration times	Completion of caregiver and child interview during different visits	✓	
High interviewer attrition	Increasing pay rates for field interviewers, hiring additional field interviewers, and utilizing production bonuses	✓	
Difficulties in reaching sample size needed for national representation	Extend baseline period to 4 years	✓	
Runaway youth	Frequent outreach to agencies and family contacts available for updates on youth whereabouts		✓
Minimizing bias due to both agency- and child-level nonresponse	Assignment of high priority to sample members that contribute the most to the nonresponse bias		✓

Completing interviews with adolescents also proved more challenging in NSCAW III than in prior cohorts, particularly for foster youth who require legal guardian consent to be interviewed and who may be moving between placements. Adolescents refused participation in the study at higher refusal rates overall compared to previous cohorts. These challenges necessitated several strategies, including targeted field efforts, the creation of tailored adolescent materials, and the addition of non-monetary incentives (e.g., earbuds, speakers, and art kits). NSCAW III also experienced much higher field interviewer attrition than in previous cohorts, which led to an increased emphasis on recruitment and training, increased pay rates, and production bonuses. Collectively all of these issues, in addition to the COVID-19 pandemic, led to the extension of the baseline data collection to 4 years, a 2.5-year increase from the originally planned data collection period.

Response Rate, Nonresponse Bias, and Weighting

NSCAW III challenges with response rates, nonresponse bias, and weighting are summarized in [Table 3](#). Nonresponse bias is the likelihood that those who participate in the study are categorically different than those who do not participate. To minimize nonresponse bias at the child and agency level, immediate actions during data collection (e.g., additional contacts, more appealing incentives) were taken with subgroups that contributed the most to nonresponse bias (such as adolescents, non-substantiated investigations, and children residing in the northeast or high-density urban areas).

Table 3. Response Rate, Nonresponse Bias, and Weighting Challenges and Solutions

Challenge	Solution	Unique to NSCAW III	More Common in NSCAW III
Risk of bias related to agency and child nonresponse, unequal sample, nonresponse, poststratification, and extreme values	Use of sampling weights calculated upon completion of data collection; Weighting adjustments to account for oversampling, nonresponse, under- and over-coverage in certain demographic groups; Use of secondary data (e.g., NCANDS, American Community Survey-ACS) in the weighting process		✓
14-month gap in baseline data collection due to the COVID-19 pandemic	Weights were adjusted for the gap so that estimates reflect the entire four-year data collection period	✓	
Larger than expected weight variation	Weights were trimmed so that weight variation was significantly reduced	✓	
Four-year baseline period	Because 83% of the data were collected in 2017 and 2018, these years of NCANDS data were used in the coverage error adjustment; Weights were then rescaled so that weight totals can be interpreted as a single year of child welfare investigations	✓	

As previously mentioned, sampling weights, weighting adjustments, and use of secondary data were also used to mitigate risk of nonresponse bias. Weighting alters the distribution of survey data so that it more accurately reflects the characteristics of the population from which it was drawn and to which an inference will be made. Weighted NSCAW data is primarily used when estimating prevalence rates or generating descriptive statistics (i.e., totals, proportions, averages); however, it can also be used in more complex analyses. The weighted data allows for conclusions to be made about the larger population of inference which, for NSCAW III, is about 77% of all children in the United States ages 0-17.5 who had contact with the child welfare system (Dolan et al., 2023). Weights can be adjusted to compensate for issues that arise in data collection or analysis. For example, weighting adjustments were utilized to accommodate the 14-month gap in baseline data collection related to the COVID-19 pandemic to ensure the data reflect the entire 4-year baseline period. Since most baseline data were collected in 2018-2019 fiscal years, NCANDS data from these years were used to adjust the weights for coverage error. This coverage error weight adjustment, sometimes referred to as calibration weighting, can reduce the effects of both nonresponse and coverage errors by making the estimates more consistent across NSCAW and NCANDS.

NEW ANALYSIS OPPORTUNITIES IN NSCAW III

While the baseline wave of NSCAW III encountered more challenges than in previous cohorts, the solutions that were implemented led to the enrollment of over 3,200 children and families who are being followed longitudinally. NSCAW III includes several new design enhancements and analysis opportunities for researchers interested in accessing the archived data.^b

NSCAW III includes new instruments and items ([Table 4](#)) to provide rich information about emerging special populations of interest, such as human trafficking victims, child victims of the opioid epidemic, and juvenile justice-involved youth. The development of NSCAW III instrumentation included obtaining feedback from expert advisors with substantive expertise in relevant NSCAW survey categories (e.g., child well-being, caregiver mental health). To minimize the response burden of adding new instruments, instruments from previous cohorts not frequently used by researchers were removed to reduce survey administration time. The NSCAW III child instrument includes a Human Trafficking Screening Tool Short-Form (HTST-SF) (Dank et al., 2017; The GenIUSS Group, 2014) that examines labor or sex trafficking exposure for youth 13 years and older. The NSCAW III caseworker instrument also includes a new series of questions to better report upon whether a child has been diagnosed with neonatal abstinence syndrome, the types of drugs used by biological parents (including opioids), and caregivers' access to substance abuse treatment, including medication-assisted treatment. To support researchers in being able to analyze constructs across cohorts, the [Crosswalk of Constructs and Measures](#) (Casanueva et al., 2022) was created to serve as an instrumentation guide across all three NSCAW cohorts.

New Analysis Opportunities

- Expanded opportunities to analyze various types of caregivers including informal kinship caregivers
- Additional caregiver mental health instruments available
- Additional information from caseworkers on caregiver drug use, presence/absence of neonatal abstinence syndrome, and access to substance abuse treatment or medication-assisted treatment
- New information from youth ages 13 and older and caseworkers on labor and sex trafficking involvement

^b There is no cost to access NSCAW data, but applicants complete a multi-stage application process that includes completion of an NSCAW Restricted Application and Data Protection Plan. For additional details please see the [NDACAN website](#).

NSCAW III also gathered more information about the well-being of kinship caregivers in comparison to the previous cohorts. For the first time in NSCAW, kinship caregivers who are not being paid by the CWS to be foster caregivers (i.e., voluntary kinship providers) completed all sections of the caregiver instrument, including sensitive questions about their psychological distress, depression, impairment, substance use, intimate partner violence, and behavioral health services (i.e., the same modules completed by adoptive and biological parents). In addition to gathering additional information from voluntary kinship caregivers, several new instruments of caregiver

mental health were added for the third cohort (see [Table 4](#)), including the Kessler Psychological Distress Scale (K6; Kessler et al., 2010), the Major Depressive Episode Module from the National Study of Drug Use and Health (Kessler et al., 2012), and an adapted version of the World Health Organization Disability Schedule Measure 2.0 (Üstün et al., 2010). These new instruments provide an in-depth look at caregiver mental health for a wider variety of caregivers in comparison to past NSCAW cohorts.

Table 4. New Instruments Added in NSCAW III

Respondent	Construct	Instrument(s)
Child	Resilience	<ul style="list-style-type: none"> Persistence and Perseverance: Grit Scale (Duckworth et al., 2007) Self-Esteem: Rosenberg Self-Esteem Scale (RSES; Rosenberg, 2015)
	Peer relationships	<ul style="list-style-type: none"> Peer Affiliation and Social Acceptance (PASA; Dishion et al., 2014) Gatehouse Bullying Scale (Bond et al., 2007) Conflict in Adolescent Dating Relationships Inventory Short-Form (CADRI-S; Fernández-González et al., 2012)
	Victimization and adverse experiences	<ul style="list-style-type: none"> Victimization–Incidence and Prevalence of Drug Abuse Among Runaway and Homeless Youth Study – Shelter Sample Questionnaire (RTI International, 2002) Adverse Childhood Experiences (ACEs; Felitti et al., 1998)
	Permanency and independent living skills	<ul style="list-style-type: none"> Perceptions of Permanency, Disruptions, Contact with Family – items from California Youth Transition to Adulthood (CalYOUTH study) Independent living module from California Youth Transition to Adulthood (CalYOUTH study; Courtney et al., 2017)
	Economic strain	<ul style="list-style-type: none"> Economic Strain Questionnaire (Conger et al., 1994)
	Sexual orientation and gender identity	<ul style="list-style-type: none"> National Health Interview Survey items (Center for Disease Control and Prevention, 2016) Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys (The GenIUSS Group, 2014)
	Substance use	<ul style="list-style-type: none"> Global Appraisal of Individual Needs-Quick (GAIN-Q; Titus & Dennis, 2005)
	Child human trafficking	<ul style="list-style-type: none"> Human Trafficking Screening Tool Short-Form (HTST-SF; Dank et al., 2017; The GenIUSS Group, 2014)

Respondent	Construct	Instrument(s)
Caregiver	Mental health and functional impairment	<ul style="list-style-type: none"> Major Depressive Episode module from the National Survey of Drug Use and Health (NSUDH; Kessler et al., 2012) Kessler Psychological Distress Scale (K6; Kessler et al., 2010) Adapted version of the World Health Organization Disability Schedule Measure 2.0 (Üstün et al., 2010)
	Economic strain	<ul style="list-style-type: none"> Economic Strain Questionnaire (Conger et al., 1994)
	Caregiver feelings about child	<ul style="list-style-type: none"> Expressed Emotion – Family Affective Rating Scale (FAARS; Bullock & Dishion, 2004)
Caseworker	Child juvenile justice involvement	<ul style="list-style-type: none"> New item in the upfront module asking if a child who entered CWS through an alternative pathway had juvenile justice involvement New juvenile justice involvement module, including child arrests and/or charges, alleged offenses and their frequency, and any resulting probation or placements
	Child human trafficking	<ul style="list-style-type: none"> New item in the upfront module asking if a child who entered CWS via an alternative pathway had sex or labor trafficking involvement New item in the alleged abuse module asking if the alleged child exploitation involved sex or labor trafficking
	Child substance exposure and caregiver substance use treatment	<ul style="list-style-type: none"> New items in risk assessment module, including whether the child was born with neonatal abstinence syndrome (NAS^c) and the type of drug used by the biological parent (including opioids); new items in the caregiver service needs/receipt module including new questions on parent use of substance abuse treatment (including medication-assisted treatment, or MAT^d)

CONCLUSION AND FUTURE DIRECTIONS

This brief summarizes fundamental feasibility concerns related to child welfare agency and child/family participation that future research studies must consider. Some of the challenges presented are unique to NSCAW and other efforts focused on child welfare populations (e.g., confidentiality laws that prevent the release of information about children and families, barriers to agency participation such as competing priorities and staff turnover), whereas other challenges are common to social science and survey research more generally (e.g., declining research participant

response rates). Despite the methodological and implementation complexities encountered during the baseline wave of NSCAW III, understanding the well-being and needs of children served by the CWS is especially critical given the ever-changing CWS and the changing policy, practice, and social landscapes in which it is embedded. It has been over 20 years since the first NSCAW study and NSCAW continues to fill a gap in national surveillance by providing data on the social and emotional well-being of families involved with the CWS.

^c Caseworkers were asked “Has [the child] ever been diagnosed with Neonatal abstinence syndrome or NAS? This is when a baby is born with withdrawal symptoms from certain drugs he or she is exposed to in the womb before birth.”

^d Medication-Assisted Treatment or MAT is evidence-based treatment approach for substance abuse that includes the use of prescription medication. For more information see [The National Center of Substance Abuse and Child Welfare](#).

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