National Survey of Child and Adolescent Well-Being

NSCAW II WAVE 2 REPORT

Caregiver Health and Services

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NSCAW II WAVE 2 REPORT: CAREGIVER HEALTH AND SERVICES

FINAL REPORT

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Introduction to NSCAW II, Wave 2

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

The study includes 5,872[1] children ranging in age from birth to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009 in 83 counties nationwide. The cohort includes substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups. Face-to-face interviews or assessments were conducted with children, parents and nonparent adult caregivers (e.g., foster parents, kin caregivers, group home caregivers), and investigative caseworkers. Baseline data collection began in March 2008 and was completed in September 2009. Additional information about the NSCAW II history, sample design and methods, instrumentation, as well as a summary of differences between the NSCAW I and NSCAW II cohorts can be found in the first report of this NSCAW II Baseline series.[2] A series of baseline reports on these data have been published (OPRE Reports 2011–27a-g) and are publicly available at: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html.

Wave 2 is a follow-up of children and families approximately 18 months after the close of the NSCAW II index investigation. The NSCAW II cohort of children who were approximately 2 months to 17.5 years old at baseline ranged in age from 16 months to 19 years old at Wave 2. Data collection for the second wave of the study began in October 2009 and was completed in January 2011.

Wave 2 data collection procedures mirrored the baseline data collection effort with a few notable exceptions:

[1] At the time the baseline analyses and reports were prepared, the size of the cohort was 5,873. One child case was identified as ineligible during Wave 2, resulting in a revised NSCAW II cohort size of 5,872.

[2] Comparisons between NSCAW I and NSCAW II estimates require statistical testing. Analysis for comparison purposes requires a different set of weights; these are available through the National Data Archive for Child Abuse and Neglect at Cornell University.

- A small number (*n*=90) of children in the cohort became young adults aged 18 years and older prior to their Wave 2 interview. NSCAW II questionnaire modules for young adults focus on different topics and constructs than modules administered to younger children. In addition, a corresponding caregiver interview is not sought once a child turns 18. Because of these factors and the small sample size of this subgroup at Wave 2, young adults were excluded from the Wave 2 report series.

- At baseline, an *investigative* caseworker interview was pursued for every child in the cohort. At Wave 2, a *services* caseworker interview was pursued only if the child was living out of home at Wave 2 or if the child or family had received services paid for or provided by Child Protective Services since the baseline interview date. In cases where the caregiver reported no services or was uncertain if services had been received, service use was verified with the participating county child welfare agency. If needed, a services caseworker interview was pursued even in situations where the child and/or caregiver were not interviewed for Wave 2.

Wave 2 interviews were completed with 4,750 children and 4,958 caregivers. On average, interviews with children and caregivers were conducted 18.7 months (range 14.9 to 24.7 months) and 18.6 months (range 14.9 to 24.1 months) after the investigation end date, respectively. Approximately 51% of children and families had received services since the baseline interview and thus required a services caseworker interview. Wave 2 interviews were completed with 2,843 caseworkers. On average, services caseworker interviews were conducted 19.0 months after the investigation end date (range 15.4 to 23.3 months). Wave 2 weighted response rates were 82.8% for children, 86.3% for caregivers, and 93.9% for caseworkers.

Summary of Report Findings

This report summarizes the health, well-being, and services received by caregivers at NSCAW II Wave 2. The majority of caregivers were parents living in-home with their children (86.9%). Out-of-home caregivers included informal kin caregivers (7.8%), formal kin caregivers (2.4%), and foster caregivers (2.8%). Many caregivers reported living below the federal poverty level (55.1%). Asked about their general health, approximately 40% of caregivers (39.8%) reported very good or excellent health. Caregiver scores on a standardized measure of health and mental health status fell within the national norms for U.S. adults on the mental health domain and slightly below national norms on the physical health domain. Nearly a fifth (19.6%) of caregivers had a score within the clinical range for major depression, higher than the rate observed nationally. In-home parents had higher rates of depression than the three types of out-of-home caregivers. Informal kin caregivers had lower self-reported physical health status than other groups of out-of-home caregivers and in-home parents. Foster caregivers had higher rates of self-reported physical and mental health status than in-home caregivers.

Several other issues were assessed among parents living in-home with their children; these included substance abuse, involvement with the law, and intimate partner violence. Standardized measures were used to assess hazardous drinking and risk for a substance abuse problem. Approximately 8% of in-home parents reported alcohol consumption habits that indicated some risk of harmful use. The responses of 15% of in-home parents showed a moderate risk for a substance abuse problem; 3.1% appeared to be at high risk. Of in-home parents, 32.0%

reported that they have ever been arrested; male parents were more likely to have been arrested than females. Female in-home parents reported on their experience with physical intimate partner violence. Approximately 17% (17.4%) were victims of intimate partner violence in the past year.

In-home parents reported on their use of services to address their family's basic needs, parenting skills training, domestic violence services, and behavioral health services. Almost three quarters of parents (74.1%) had received some type of federal or state-supported services, most commonly food stamps (62.6%) or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC; 28.8%). Approximately 20% (20.7%) reported household receipt of Supplemental Security Income (SSI). In-home parents reported on the receipt of mental health, substance abuse, parenting, and domestic violence services. The most commonly received services were related to mental health: 27.7% of in-home parents reported the receipt of inpatient services, outpatient services, or prescription medication for a mental health problem in the past year. Of those parents determined to need mental health services (almost a third of in-home parents), 56.2% had received some mental health service (inpatient, outpatient, or prescription medication) in the past year. Receipt of domestic violence and substance abuse services among parents was lower. Of those parents determined to need domestic violence services (about a quarter of in-home female parents), 12.1% had received such services in the past year. Of those parents determined to need substance abuse services (a quarter of in-home parents), 8.6% had received some alcohol or substance abuse service in the past year. According to parents' reports, 11.4% received parenting skills training in the past year. The most common services required by the CWS or court were parenting skills training, peer support groups, child care services, and mental health services.

Guide to the NSCAW II, Wave 2 Report Series

This report is the fourth in a series of reports describing findings from the NSCAW II 18-month follow-up (Wave 2) data. It describes the health, well-being, and services received by caregivers of a nationally representative sample of children reported for maltreatment in 2008–2009. This report examines caregiver outcomes and service receipt in the areas of mental health, substance use, domestic violence, and involvement with the law.

The Wave 2 report series is not intended to describe the developmental trajectories of each child in the cohort, but instead to provide a snapshot of child and family well-being 18 months after the index investigation of maltreatment that brought the child into the study. At Wave 2, all children are a year and a half older and may or may not be living with the same caregiver or in the same setting as they were at baseline. Two reports in this series include an examination of constructs specifically relevant to the passage of time for these children, including permanency (e.g., placement changes, adoption) and safety (e.g., re-reports of maltreatment).

The topics covered in other NSCAW II Wave 2 reports in this series include:

- Child Well-Being (physical health and special health care needs, cognitive functioning and academic achievement, social, emotional, and behavioral health, developmental assessments of young children, and risky behavior in adolescents)

- Children and Families Receiving Child Welfare Services Post-Baseline (caseworker characteristics, child and family service needs, services received)

- Children's Services (insurance status, health and mental health services, and special education)

- Child Safety (re-reports of abuse or neglect following the baseline index investigation, exposure to violence, aggression, and conflict)

- Child Permanency (permanency planning, reunification, adoption, placement changes, contact with biological parents)

The data analyzed in this report have been released through the National Data Archive on Child Abuse and Neglect (NDACAN) in NSCAW II data version 2-1.

Caregiver and Household Characteristics

Exhibit 1 provides an overview of the primary caregivers and households representing the cohort. The majority of caregivers were biological (*n*=3,122) or adoptive (*n*=288) parents living at home with their children at NSCAW II Wave 2 (86.9%), followed by informal kin caregivers (7.8%), formal kin caregivers (2.5%) and foster caregivers (2.8%). Most caregiver respondents were female (90.6%). Over half of the caregivers were 30 to 49 years old (59.1%), with many fewer caregivers in the youngest and oldest age groups of 19 years old and under (0.6%) and 60 years and older (2.7%). Nearly one half of caregivers were White (49.1%), 23.9% were Hispanic, 20.6% were Black, and 6.4% described their race/ethnicity as "Other."

The majority of caregivers (45.6%) reported having a high school education, while 29.7% reported educational attainment beyond high school. Many caregivers (55.1%) reported living below the federal poverty level. Nearly one half of caregivers had full-time or part-time employment (49.1%), while 15.8% reported being unemployed and looking for work. Approximately one third of caregivers reported being currently married (31.2%) or never married (33.2), respectively. Regardless of marital status, more than half of caregivers reported living with other adults in the home (69.0%). Approximately a quarter (25.4%) had four or more children living in the home.

Exhibit 1 also describes these characteristics by type of caregiver (biological and adoptive parent, informal kin caregiver, formal kin caregiver, and foster caregiver). Pairwise comparisons were conducted to identify significant differences between foster caregivers (reference group) and all other caregiver types. Comparisons revealed significant differences for gender, age, education, poverty level, employment status, marital status, number of children in the home, and number of adults in the home. For example, in-home parents were more likely to be younger than foster caregivers. Additionally, in-home parents, informal kin caregivers, and formal kin caregivers were more likely to live below the federal poverty level than foster caregivers. All other caregiver types (i.e., in-home parents, informal kin, formal kin) were less likely to have a high school education than foster caregivers. Foster caregivers were more likely than other caregiver types to report having five or more children in the household. Significant differences are detailed in the exhibit footnotes.

Caregiver Health

Physical Health. Caregivers were asked to rate their own physical health from *poor* to *excellent.* According to their own self-reports, about 40% (39.8%) of caregivers were in very good or excellent health (Exhibit 2). This percentage is lower than that for comparatively aged adults in the National Health Interview Survey (NHIS; Schiller, Lucas, Ward, & Peregoy, 2012). In the 2010 NHIS, 70.2% of adults 18 to 44 years old and 55.1% of adults 45 to 64 years old reported very good or excellent health. Self-report of caregiver's health varied by age and type of caregiver. Caregivers 50 to 59 years old were less likely to be in very good or excellent health than younger caregivers (20 to 29 and 30 to 49 years old). In-home parents (40.3%) were less likely to be in good or excellent health than foster caregivers (52.5%). Informal kin caregivers (29.2%) were less likely to be in good or excellent health than in-home parents (40.3%), foster caregivers (52.5%), and group home/residential treatment caregivers (61.3%).

Another measure of overall health, the 12-Item Short Form Health Survey (SF-12; see Technical Appendix), suggests that caregivers' physical health was slightly below that of the U.S. adult population. As shown in Exhibit 3, the mean score on the Physical Health Component of the SF-12 was 47.4. This score is within the national norm for the SF-12 (national norm of 50, standard deviation of 10). Consistent with the previous findings, report of caregivers' health on the Physical Health Component of the SF-12 varied by caregivers' age and by type of caregiver. Caregivers 20 years old or younger (mean score 50.8) and caregivers 20 to 29 years old (mean score 50.3) were more likely to have a better physical health score than caregivers 30 to 49 years old (mean score 46.8), 50 to 59 years old (mean score 42.7), and 60 years old or older (mean score 41.9). Caregivers 50 to 59 years old were more likely to have a worse physical health score than caregivers 30 to 49 years old.

Foster caregivers (mean score 50.3) described themselves as significantly healthier than in-home parents (mean score 47.9), formal kin caregivers (mean score 45.6), and informal kin caregivers (mean score 42.4) described themselves. Group home or residential program caregivers (mean score 54.5) described themselves as healthier than all other caregivers on both measures. Caregiver report of physical health also varied by caregiver race/ethnicity. White caregivers (mean score 46.2) described themselves as less healthy than Black (mean score 48.3) and Hispanic caregivers (mean score 49.5).

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 50.2 (Exhibit 3). This score falls within the national norm (national norm of 50, standard deviation of 10), indicating caregivers' mental health was comparable to that of the U.S. adult population. Caregiver report of mental health on the SF-12 varied by gender, age, race/ethnicity, and type of caregiver. Male caregivers (mean score 53.0) were more likely to have a better mental health score than female caregivers (mean score 49.9). Younger caregivers (20 to 29 and 30 to 49 years old; mean scores 49.9 and 49.8, respectively) were more likely to describe themselves as in significantly worse mental health than older caregivers (50 to 59 years old and 60 years old or older; mean scores 52.1and 54.2, respectively). Black caregivers (mean score 51.9) were more likely to report themselves in better mental health than White caregivers (mean score 49.9) or caregivers of "Other" race/ethnicity (mean score (48.2). In-home parents (mean score 49.7) described themselves as in significantly worse mental health than informal kin

caregivers (mean score 53.1). Foster caregivers (mean score 54.7) were more likely to have a better mental health score than in-home parents (mean score 49.7) and formal kin caregivers (mean score 51.7).

Depression. Depression in caregivers was assessed with the Composite International Diagnostic Interview Form, Short-Form (CIDI-SF), a screening scale of the World Health Organization (Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998; see Technical Appendix). Slightly less than a fifth (19.6%) of caregivers had a score in the clinical range for major depression in the 12 months prior to interview (Exhibit 4). This rate of depression is higher than that found through the National Comorbidity Survey Replication (NCS-R; Wang, Lane, Olfson, Pincus, Wells, & Kessler, 2005), which used the long form of the CIDI to assess depression among U.S. adults 18 years old or older. The NCS-R based on 2007 data showed a 6.8% prevalence of major depressive disorder in the past 12 months and 9.7% prevalence of any mood disorder in the 12 months preceding the interview; 8.6% of females and 4.9% of males experienced a major depressive disorder in the past 12 months (National Comorbidity Survey Replication, 2011). The rate of depression among NSCAW caregivers is also higher than that reported on the National Survey on Drug Use and Health [NSDUH; (NSDUH; SAMHSA, 2012c)], which indicated that 7.5% of adults 26 to 49 years old had a major depressive episode (MDE) in the past year.

Caregiver report of depression varied by gender and type of caregiver. Female caregivers (20.6%) were more likely to have a score in the clinical range for major depression than male caregivers (10.5%). In-home parents (21.0%) were more likely to have a score in the clinical range for major depression than formal kin caregivers (9.7%), informal kin caregivers (11.7%), foster caregivers (7.1%), and group home/residential treatment caregivers (3.1%).

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

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

out-of-home setting. If an interviewer indicated that the child was out of home, the interviewer then selected the type of out-of-home setting (e.g., foster home, kin care, group home, or some other setting). If an interviewer coded a child's living arrangement as "permanent," that code triggered administration of the ACASI and "services received" modules of the caregiver interview.

Almost all (99.8%) of the in-home parents were administered the caregiver interview designed for permanent caregivers; 40 in-home caregivers were not administered these modules. The most common cause was an interviewer mistakenly coding an adoptive parent as a "nonpermanent" caregiver. The majority of out-of-home caregivers were not coded as permanent caregivers by the NSCAW II interviewers and, consequently, did not receive these instrument modules; however, 420 out-of-home caregivers did complete the permanent caregiver interview modules. Out-of-home caregivers coded as "permanent" included only kinship or foster providers; this group included no group home or residential program caregivers. Since these responses do not reflect the majority of out-of-home caregivers, data for that group are not reported in this portion of the report. References to "in-home parents" or "parents" in the remainder of this report refer to the in-home parents of children living at home at NSCAW II Wave 2 who were administered the those portions of the caregiver interview designed for permanent caregivers.

Substance Abuse

Hazardous or Harmful Alcohol Consumption. Hazardous or harmful alcohol consumption was measured by the Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). The AUDIT manual recommends considering a total score of 8 or higher as evidence of harmful use or alcohol dependence. However, a recent review of studies using the AUDIT recommends that the cutpoint be lowered to 5 to adequately detect harmful use or alcohol dependence in women (Reinert & Allen, 2007). Furthermore, other research has examined the ability of the AUDIT to detect hazardous drinking (as opposed to harmful use or alcohol dependence). In a general population sample, Rumpf et al. (2002) recommended a cutpoint of 5 as optimal for identifying at-risk drinkers of both genders. Based on this research, Exhibit 5 presents the percentage of parents with AUDIT Total scores greater than or equal to 5. Approximately 8% (8.1%) of in-home parents had an AUDIT Total score greater than or equal to 5. This rate is slightly higher than observed nationally. Of adults 18 years old or older, 7.3% reported alcohol dependence or abuse on NSDUH (SAMHSA, 2012a). No significant differences in AUDIT Total scores by gender, age, or race/ethnicity were observed.

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

appropriate (Cocco & Carey, 1998). Based on this literature, Exhibit 6 presents DAST-20 scores between 2 and 4 as well as 5 or higher to demonstrate varying degrees of risk for a substance abuse problem.

Fifteen percent of in-home parents had a DAST-20 Total score between 2 and 4; 3.1% had a DAST-20 Total score greater than or equal to 5 (Exhibit 6). This rate is higher than the rate of illicit drug dependence or abuse that was reported by adults 18 years old or older participating in NSDUH (2.6%; SAMHSA, 2012a). DAST-20 scores differed significantly by age and race/ethnicity. The youngest parents (under 20 years old) were less likely to have elevated DAST-20 scores than parents 20 to 29 and 30 to 49 years old (see Exhibit 6 for more detail). Parents 20 to 29 years old (5.3%) were more likely to have a DAST-20 Total Score of 5 or more than a score of 0 or 1 (81.8%) when compared to parents under 20 and 30 to 49 years old (see Exhibit 6 for more detail). Black parents were more likely to have a DAST-20 Total score between 2 and 4 (17.1%) than a score of 0 or 1 (79.4%) when compared to White parents (9.8% and 87.3%, respectively. Hispanic parents were more likely to have a DAST-20 Total score between 2 and 4 (24.1%) than a score of 0 or 1 (72.8%) when compared to all other racial/ethnic groups (see Exhibit 6 for more detail).

Domestic Violence

In-home parents reported on their experiences of physical intimate-partner violence (IPV) using the Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, & Sugarman, 1996). Approximately 17% of in-home parents (17.4%) were victims of IPV during the 12 months prior to interview: 15.0% suffered acts of less severe violence, and 11.3% suffered severe physical violence (see Exhibit 7). Almost a third of parents (29.4%) reported ever being a victim of IPV: 26.9% suffered acts of less severe violence, and 22.2% suffered severe physical violence. Female parents were more likely than male parents to be victims of severe violence during the 12 months prior to interview (11.9% compared to 5.8%), and to ever have been victims of severe violence (22.9% compared to 14.9%).

The rate of violence reported during the 12 months prior to interview (17.4%) was higher than that observed nationally. The National Intimate Partner and Sexual Violence Survey (NISVS; Black et al., 2011) estimated that 3.6% of women experienced less severe physical violence (slapped, pushed, or shoved) by an intimate partner in the previous 12 months, while 2.7% experienced any severe physical violence. NSCAW II observed higher rates: 15.5% of female parents reported less severe violence and 11.9% reported severe violence in the previous 12 months. Among men, NISVS estimated that 4.5% of men experienced less severe physical violence (slapped, pushed, or shoved) by an intimate partner in the previous 12 months, while 2.0% experienced any severe physical violence. Male parents in NSCAW II experienced domestic violence at higher rates: 9.5% reported less severe violence and 5.8% reported severe violence in the previous 12 months.

The rate of lifetime domestic violence among NSCAW II in-home parents was similar to that observed nationally. The NISVS found that 30.3% of women had been victims of less severe physical violence at some point in their lifetime, a rate consistent with the 30.1% of NSCAW II female parents who reported ever having been victims of IPV. Similarly, the NISVS reported that 24.3% of women had been victims of severe physical violence at some point in their

lifetime, a rate consistent with the 22.9% of NSCAW II female parents who reported ever having been victims of severe IPV. Among men, the NISVS found that 25.7% had been victims of less severe physical violence at some point in their lifetime—a rate higher than the 20.2% of NSCAW II male parents who reported ever having been victims of IPV. NISVS and NSCAW II found similar rates of lifetime severe violence among men, however. The NISVS reported that 13.8% of men had been victims of severe physical violence at some point in their lifetime, a rate consistent with the 14.9% of NSCAW II male parents who reported ever having been victims of severe IPV (CDC, 2010). Details about specific acts of violence and differences by gender are provided in Exhibit 7.

Involvement with the Law

In-home parents were asked whether they had ever been arrested, convicted, or put on probation in the past 12 months (Exhibit 8); 32.0% of permanent caregivers reported that they had ever been arrested. The rate differed by gender and parent age. Male parents (61.5%) were more likely to have been arrested than female parents (28.9%). Parents under 20 years old (3.7%) were less likely to have been arrested than parents 20 to 29 years old (35.1%) and 30 to 49 years old (30.8%). Parents 60 years old and older (3.0%) were significantly less likely to have been arrested than parents 20 to 29 years old (35.1%), 30 to 49 years old (30.8%), and 50 to 59 years old (34.4%).

Service Receipt and Insurance Status

This NSCAW II Wave 2 Report describes services in-home parents received across a variety of domains: federal or state-supported services, services to address family needs, parenting skills training, domestic violence services, and behavioral health services. Because insurance coverage is often an important factor in predicting service receipt, this section begins with a summary of parent's insurance status at NSCAW II Wave 2. Parents were asked about their current insurance status. Responses were categorized into the following groups: (1) private insurance obtained through an employer or purchased directly, (2) public insurance, including those who did not have private coverage at the time of interview, but who had Medicare, Medicaid, coverage through a state-funded program, or military health insurance, and (3) currently uninsured, including parents not covered at the time of interview as well as parents only covered through the Indian Health Service (IHS).[3] These categories were derived to provide comparability to annual adult insurance status estimates provided through NHIS data. Public insurance was the most commonly held type of parent health insurance (50.2%; Exhibit 9). Nearly a fifth of parents (19.4%) reported currently having private insurance. The 2010 NHIS showed a very different distribution of insurance status in the general population of adults 18 to 64 years old: 64.1% of adults had private insurance and 15.0% had a public plan (Cohen, Ward, & Schiller, 2011). Among parents at NSCAW II Wave 2, 30.4% were currently uninsured, a rate slightly higher than the national estimate for adults 18 to 64 years old (22.3%), according to the

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

2010 NHIS (Cohen, Martinez, & Ward, 2010). The percentage of NSCAW II parents who were uninsured at Wave 2 was lower than the 42.2% of *poor* and 43.0% of *near poor* adults 18 to 64 years old who did not have insurance at the time of the NHIS interview, a subgroup more similar to the socioeconomic characteristics of the NSCAW II sample of in-home parents (Cohen et al., 2010). Exhibit 9 shows variations in current parent insurance status by gender, age, and race/ethnicity. For example, female parents were more likely to have public insurance (51.8%) than private insurance (18.6%) when compared with male parents (35.3% public, 27.6% private). Male parents were more likely to be currently uninsured (37.2% versus 29.7% for female parents). Younger parents (under 20 and 20 to 29 years old) were more likely to have public insurance (78.4% and 58.3%, respectively) than to be uninsured (6.0% and 28.1%, respectively) when compared to parents 30 to 49 years old (45.6% public insurance, 32.5% uninsured). Hispanic parents were more likely to be currently uninsured (39.4%) when compared to White (30.7%) and Black (19.0%) parents. Detailed comparison information for age and race/ethnicity can be found in the footnotes of this exhibit.

Services to Address Family Needs

Services for Basic Living Needs. In-home parents reported on a number of different services that they might have received to address their family's basic living needs (e.g., housing, child care, food). The most commonly reported service was food from a community source (22.8%), followed by regular help with child care (18.1 %), and attendance at any organized support group (9.5%; Exhibit 10). Other services included family counseling (8.3%) legal aid (5.9%), job-related services (4.9%), home management training (3.6%), emergency shelter or housing (1.8%), and in-home respite care for a child (1.8%).

Services Required by CWS or the Court. In-home parents also reported whether they were required by the CWS or court to seek certain services for themselves or their family (see Exhibit 11). The most common services required by the CWS were parenting skills training (6.0%), peer support groups (4.5%), child care services (3.8%), and mental health services (2.3%). Others services required by CWS or the court included services for a drug or alcohol problem (2.1%) or home management training (1.1%). Services required by CWS or the court differed by substantiation case status. The parents of children with a substantiated case status were more likely than parents of children with an indicated or unsubstantiated case status to be required by CWS or the court to attend peer support groups (9.3% versus 5.1% and 3.2%, respectively), parenting skills training (10.6% versus 3.9% and 5.0%, respectively), and to seek services for an alcohol or drug problem (5.0% versus 2.3% and 1.3%, respectively).

Federal and State-Supported Services. In-home parents were asked about having received several federal or state-supported services to assist in meeting basic family needs in the 12 months prior to interview. For some of these services—e.g., Temporary Assistance for Needy Families (TANF) or Special Supplemental Nutritional Program for Women, Infants and Children (WIC) benefits—one criterion for eligibility is being a poor parent raising children; other services are associated with poverty (such as food stamps) or having a disability (such as SSI benefits). More than half (55.1%) of in-home parents were living below 100% of the federal poverty level at Wave 2. Nearly a fifth (19.6%) were living below 50% of the federal poverty level.

Almost three quarters of parents (74.1%) had received some type of federal or state supported service in the past year (Exhibit 12): 15.0% had received TANF, or welfare, and 28.8% had received WIC benefits. Receipt of food stamps was reported by 62.6% of parents. Approximately 20% (20.7%) of parents reported household receipt of SSI, and 13.6% reported having received housing support. The percentages of caregivers receiving TANF, food stamps, and SSI were higher than the national rates of 1.5% for TANF, 8.9% for food stamps, and 2.2% for SSI among all U.S. adults 18 to 64 years old (Administration for Children and Families, 2008).

Receipt of federal or state-supported services differed by gender, age, and race/ethnicity. Female parents were more likely to receive WIC (30.8% versus 10.0%), food stamps (64.3% versus 46.3%), housing support (14.7% versus 3.1%), and any federal or state-supported service (75.6% versus 59.6%) than male parents. Parent age was related to the receipt of WIC, food stamps, SSI, and the receipt of any federal or state-supported service. Younger parents were generally more likely to receive services than older parents. Parents under 20 years old were more likely to receive food stamps (82.1%) than parents 30 to 49 years old (41.2%) and 60 years and older (13.3%). Parents under 20 years old were also more likely to receive any federal or state-supported service (96.9%) than parents in all other age groups. Parents 20 to 29 years old were more likely to receive WIC (39.6%) than parents 30 to 49 (24.2%) and 50 to 59 years old (10.0%), and were more likely to receive food stamps (75.9%) than all groups of parents 30 years and older. Race/ethnicity was related to the receipt of WIC, food stamps, housing support, and the receipt of any federal or state-supported service. Black parents were more likely to receive food stamps (72.2%) and any federal or state-supported service (82.7%) than either White or Hispanic parents (see Exhibit 12). Black parents were more likely to receive housing support (30.0%) than White parents (8.9%), Hispanic parents (9.0%), or parents of “Other” race/ethnicity (14.5%). White parents were less likely to receive WIC (21.5%) than Black parents (32.2%), Hispanic parents (38.1%) and parents of “Other” race/ethnicity (37.9%).

Parenting Skills Training

Parents’ Referral to and Receipt of Parent Skills Training. In-home parents reported whether or not they had been referred to or offered parenting skills training since the baseline interview, as well as whether or not they received parenting services. According to parents’ reports, 11.9% had been referred to or offered parenting skills training; 11.4% reported having received parenting skills training services since the baseline interview (or approximately the past 18 months) (Exhibit 13). No significant differences were reported in referral to or receipt of parenting services by gender, age, or race/ethnicity.

Characteristics of Parenting Skills Training Received. Parents who received parenting skills training since the baseline interview were asked to describe the characteristics of those services received (see Exhibit 14). The characteristics assessed were intended to measure the degree to which parent skills training services received by in-home parents are consistent with what might be expected to occur within evidence-based parenting programs. Parenting services are one of the most common services CWS provides for biological families; however, one study found that the most frequently used programs typically failed to adhere to evidence-based approaches (Hurlburt, Barth, Leslie, Landsverk, & McCrae, 2007). To better understand this finding, parents at NSCAW II baseline were asked about whether certain activities (e.g., direct

coaching, homework assignments, role plays with other parents) occurred for at least 10 minutes during parenting skills training and about the topics (e.g., how to ignore misbehavior) that were covered in a "substantial way" during the training.

Most parenting skills training characteristics assessed occurred less than 50% of the time, with a few exceptions. Most parents reported having listened to a presentation about parenting skills or child development (70.2%) and approximately 60% (61.8%) reported having completed homework assignments that involved things to practice. Only 43.2% reported having been coached directly as they practiced skills with their child and 38.8% reported having practiced skills with other parents in role-play situations. Most parents reported that the following topics were covered in a substantial way: how to praise and reward positive behavior (88.3%), establishing daily routines for children (80.6%), communication or problem-solving with children (86.1%), nonviolent approaches to discipline (79.7%), maintaining a child-safe home environment (73.4%), and supporting children's success in school (70.7%). However, only 50.8% of parents reported that their parenting skills training substantially covered how to play effectively with their child and how to ignore misbehavior (67.3%) (Exhibit 14).

Parents who received parenting skills training reported that on the average they received this training for 12.3 weeks (2.2 hours/week). Most parents received these services at an agency or community organization (56.3%); a few received parenting services in their home (27.6%). Slightly more than half of the services were provided by the parent's caseworker or someone else from the child welfare agency (52.2%). Most parenting services were provided in a group setting (55.7%).

Domestic Violence Services

In-home mothers reported on whether or not they had been referred to or received domestic violence services (or stayed in a shelter for battered women) in the past year. According to maternal report, 7.7% had been referred to domestic violence services; 1.9% reported having stayed in a shelter for battered women or received some other domestic violence services in the past 12 months (Exhibit 15). Referrals to domestic violence services differed by maternal age. Mothers 20 to 29 years old (10.7%) and 30 to 49 years old (6.5%) were more likely to be referred for domestic violence services than mothers 50 to 59 years old (1.0%) and mothers 60 years old or older (0.0%). No differences in receipt of domestic violence services by age or race/ethnicity were reported. Mothers' need for domestic violence services was examined to determine whether domestic violence services received were adequate to meet potential need. Mothers were determined to be "in need of domestic violence services" if they met any one of three criteria: (1) caseworker report of a parent's need for domestic violence services at Wave 2, (2) a Conflict Tactics Scale-2 (CTS-2) score indicating at least one incident of severe or less severe physical interpersonal violence suffered in the past 12 months, or (3) the mother's self-reported need ("a lot" or "somewhat") for domestic violence services in the past year, if she had not received any such services. By these criteria, 26.5% of mothers were determined to be in need of domestic violence services (Exhibit 15). Need for domestic violence services differed by age. Mothers 20 to 29 years old (33.3%) were more likely to be in need of domestic violence services than mothers 50 to 59 (19.1%) and 60 years old or older (3.0%). Mothers 60 years old and older (3.0%) were less likely to be in need of domestic violence services than mothers 30 to

49 years old (23.2%) and mothers 50 to 59 years old (19.1%). Of those determined to need domestic violence services, only 4.7% had received such services in the past year.

Behavioral Health Services

Parents' Need for and Receipt of Substance Abuse Services. In-home parents reported on their receipt of alcohol or substance abuse services provided through inpatient (i.e., admission to a hospital, emergency room, or other medical facility for an alcohol or drug problem) and outpatient (i.e., having been to a clinic or doctor regarding an alcohol or drug problem) settings in the past 12 months. Only 1.9% of parents reported the receipt of inpatient or outpatient alcohol or substance abuse services. This rate is similar to the 2010 estimates for U.S. adults: 1.5% of adults 26 years and older and 2.8% of those 18 to 25 years old received treatment at a specialty facility for an illicit drug or alcohol problem in the past year (SAMHSA, 2012d). At NSCAW II Wave 2, 0.9% of parents reported having received inpatient substance abuse services; 1.3% reported having used outpatient substance abuse services in the past 12 months (Exhibit 16).

Receipt of alcohol or substance abuse outpatient services differed significantly by race/ethnicity and insurance status. White parents were more likely to have used outpatient alcohol or substance abuse services in the past 12 months (1.8%) than Hispanic parents (0.4%). Parents with public insurance (1.9%) were more likely to have used outpatient alcohol or substance abuse services in the past 12 months than uninsured parents (0.6%).

Parents' need for alcohol or substance abuse services was examined to determine whether substance abuse service receipt adequately addressed potential service needs. Parents were determined to be "in need of alcohol or substance abuse services" when they met any one of four criteria: (1) caseworker report of a parent's need for services for a drug or alcohol problem at Wave 2, (2) AUDIT Total score $\geq$5, indicating the presence of hazardous drinking, (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent's self-reported need ("a lot" or "somewhat") for alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service. By this definition, 25.4% of parents were determined to be in need of alcohol or substance abuse services (Exhibit 16). Need for substance abuse services differed by parents' gender and insurance status. Male parents were significantly more likely to need substance abuse services (39.1%) than female parents (23.9%). Parents with private insurance were less likely to be in need of substance abuse services (17.4%) than parents with public insurance (27.9%) or parents who were uninsured (26.1%). The 2010 NSDUH found a 19.8% rate of substance dependence or abuse (alcohol or illicit drugs) among adults 18 to 25 years old and 7.0% among adults 26 years old and older, rates lower than the NSCAW II Wave 2 estimate of parent substance abuse service need across age groups (SAMHSA, 2012d). Of those parents at NSCAW II Wave 2 determined to need substance abuse services, 6.4% had received some alcohol or substance abuse service in the past year. Estimates from the 2010 NSDUH show that 13.3% of U.S. adults 26 years old or older who needed substance abuse treatment received it; this was true of 7.7% of adults 18 to 25 years old (SAMHSA, 2012d).

Parents' Need for and Receipt of Mental Health Services. In-home parents reported on receipt of mental health services provided through inpatient (i.e., admission to a hospital or use of the emergency room for a mental health problem) and outpatient (i.e., psychological counseling for emotional problems, day treatment, or partial hospitalization for mental health

problems) care as well as the use of prescription medication for a mental health problem in the past 12 months. More than a quarter of parents (27.7%) reported the receipt of inpatient services, outpatient services, or prescription medication for a mental health problem in the past 12 months. This rate is higher than the 2009 estimate of U.S. adults 18 years old and older who had received inpatient care, outpatient mental health care, or used prescription medication for a mental health problem in the past year (13.3%; SAMHSA, 2012b). Specifically, 2.1% of parents at NSCAW II Wave 2 reported having received inpatient mental health services in the past 12 months; 15.1% reported having used outpatient services in the past 12 months; and slightly under a quarter of NSCAW II parents (23.1%) reported having used prescription medication for a mental health problem in the past year (Exhibit 17). These percentages are higher than the 2009 rates of inpatient mental health service use (0.8%), outpatient service use (6.6%), and prescription medication use for a mental health problem (11.6%) among adults participants 18 years old and older in the NSDUH (NSDUH; SAMHSA, 2012b).

Receipt of mental health services differed significantly by gender, race/ethnicity, and insurance status. Female parents were more likely to have received outpatient mental health services (16.0%) than male parents (6.3%). Female parents were also more likely to have used prescription medication (24.5%) when compared to male parents (9.2%). White parents were more likely to have used outpatient mental health services (17.0%) than Black parents (8.7%). Black and Hispanic parents were less likely to have used prescription medication (12.7% and 13.7%, respectively) than White parents (31.4%) or parents of "Other" race/ethnicity (30.3%). Parents with public insurance were more likely to have received outpatient mental health services (22.1%) and to have used prescription medication (30.6%) than parents with private (10.4% and 18.4%, respectively) or parents who were uninsured (6.6% and 13.6%, respectively; Exhibit 17).

Parents' need for mental health services was examined to determine whether mental health service receipt adequately addressed service needs. Parents were determined to be "in need of mental health services" when they met any one of four criteria: (1) caseworker report of a parent's need for services for an emotional, psychological, or other mental health problem at Wave 2, (2) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score $\leq$35) on the Mental Health Component of the SF-12, or (4) the parent's self-reported need ("a lot" or "somewhat") for mental health services in the past year, if she or he had not received a mental health service. By this definition, 30.9% of parents were determined to be in need of mental health services (Exhibit 17). Need for mental health services differed by gender and insurance status. Female parents were more likely to be determined to need mental health services (32.1%) than males (19.4%). Parents with public insurance were more likely to be in need of mental health services (37.9%) than parents with private insurance (20.5%) or parents who were uninsured (26.2%). Of those parents determined to need mental health services, 56.2% had received some mental health service (inpatient, outpatient, or prescription medication) in the past year. The 2010 NSDUH found that 20.0% of adults 18 years old and older had a diagnosable mental, behavioral, or emotional disorder (excluding substance abuse disorders); 39.2% of those had received inpatient, outpatient, or prescription medication for a mental health problem in the past year (SAMHSA, 2012b). The proportion of NSCAW II parents determined to need mental health services is higher than the 2010 estimate for U.S. adults with a diagnosed mental disorder.

It is worth nothing also that the NSCAW II Wave 2 estimate of parents with a mental health need who received a mental health service is also higher than the 2010 NSDUH estimate.

EXHIBITS

Exhibit 1. Caregiver and Household Characteristics at Wave 2

Caregiver characteristics	*N*	Total *n* = 4,891 %	Total *n* = 4,891 *SE*	In-home parents *n* = 3,410 %	In-home parents *n* = 3,410 *SE*	Informal kin caregivers *n* = 416 %	Informal kin caregivers *n* = 416 *SE*	Formal kin caregivers *n* = 414 %	Formal kin caregivers *n* = 414 *SE*	Foster caregivers *n* = *651* %	Foster caregivers *n* = *651* *SE*
Total	4,891	100.0	0.0	86.9	1.0	7.8	0.8	2.5	0.4	2.8	0.3
Gender*											
Male	451	9.5	0.8	9.5	0.9	8.5	2.2	15.4	6.3	5.1	1.0
Female	4,440	90.6	0.8	90.5	0.9	91.5	2.2	84.6	6.3	94.9 [a]	1.0
Age (years)***											
19 and under	95	0.6	0.2	0.7 [b]	0.2	0.0	0.0	0.0	0.0	0.0	0.0
20–29	1,457	30.1	1.4	33.5 [b]	1.7	7.1	2.7	7.7	2.9	6.9	4.2
30–49	2,570	59.1	1.8	61.3 [c]	1.8	44.9	6.7	37.0	7.4	49.3	5.6
50–59	524	7.5	0.9	3.9 [d]	0.8	31.2	5.1	34.2	6.4	30.3	5.2
60 and older	240	2.7	0.4	0.6	0.2	16.9	3.5	21.1	6.9	13.6	3.4
Race/ethnicity											
Black	1,398	20.6	2.8	20.6	2.9	18.1	3.5	25.9	5.7	23.9 [e]	5.4
White	2,121	49.1	4.3	48.2	4.3	54.8	6.5	52.1	8.1	56.8 [f]	6.3
Hispanic	1,103	23.9	3.3	24.9	3.4	19.1	5.0	15.4	5.2	13.9	3.3
Other	257	6.4	1.1	6.3	1.2	8.0	3.4	6.6	3.2	5.4	3.1
Education***											
Less than high school	1,108	24.7	1.6	25.4 [g]	1.7	23.3 [h]	4.3	28.5 [i]	7.2	5.6	1.3
High school	2,147	45.6	1.5	46.0	1.6	40.6	5.1	41.5	6.9	50.0	5.3
More than high school	1,628	29.7	1.6	28.6	1.7	36.1	4.3	30.0	6.1	44.4	5.2
Percentage of federal poverty level***											
< 50	940	19.6	1.3	21.2 [j]	1.5	9.2 [k]	2.4	11.5	6.4	3.7	1.2
50–99	1,338	35.5	1.7	36.6	2.0	33.7	4.9	31.6 [l]	8.5	7.9	2.0
100–200	1,333	30.8	1.6	30.4 [m]	1.7	32.3	5.1	29.4	7.6	41.3	5.7
>200	980	14.1	1.1	11.8	1.1	24.7	4.7	27.5	6.7	47.1	6.1

(continued)

Exhibit 1. Caregiver and Household Characteristics at Wave 2 (continued)

Caregiver characteristics	*N*	Total *n* = %	Total *n* = *SE*	In-home parents *n* = %	In-home parents *n* = *SE*	Informal kin caregivers *n* = %	Informal kin caregivers *n* = *SE*	Formal kin caregivers *n* = %	Formal kin caregivers *n* = *SE*	Foster caregivers *n* = %	Foster caregivers *n* = *SE*
Employment status* **											
Work, full time	1,551	32.7	1.7	32.7	1.8	26.5	3.2	38.2	6.5	44.7 [n]	5.0
Work, part time	776	16.4	1.2	16.6	1.1	18.0	4.6	9.1	3.2	11.0	2.7
Unemployed, looking for work	789	15.8	0.9	17.0 [o]	1.0	9.7 [p]	2.2	4.6	2.1	6.2	3.3
Does not work	1,633	32.6	1.5	31.0	1.7	43.9	5.4	47.7	7.2	35.9	4.9
Other	140	2.6	0.5	2.7	0.5	1.9	1.1	0.5	0.3	2.2	0.6
Marital status* **											
Married	1,653	31.2	1.7	28.7	1.8	41.1	4.7	50.2	7.1	64.5 [q,r,s]	5.8
Separated	474	12.6	0.9	13.5	1.0	8.2	2.5	9.2	3.8	1.4 [t,u]	0.4
Divorced	834	20.5	1.1	20.1	1.3	27.3	5.2	19.5	4.7	12.9	2.6
Widowed	135	2.5	0.5	1.5	0.5	10.0	4.6	7.8	4.4	7.6	2.5
Never married	1,792	33.2	1.9	36.2 [v]	2.1	13.4	2.8	13.2	3.5	13.5	4.3
Number of children in home **											
1	1,352	24.6	2.5	23.2	2.5	37.9 [w]	5.7	25.4	6.6	30.1 [x]	4.8
2	1,203	25.7	1.7	26.4	1.8	22.1	2.9	25.1	7.8	12.3	1.9
3	1,018	24.3	1.2	24.9	1.3	23.6	3.8	20.2	4.6	11.3	2.1
4	654	13.4	1.1	13.6	1.2	7.8	2.6	13.6	4.8	25.1 [y]	5.6
5 or more	664	12.0	1.1	11.9	1.3	8.7	2.6	15.8	5.2	21.4 [z]	3.7
Number of adults in home* **											
1	1,511	31.0	1.8	32.5 [aa]	1.9	19.4	3.3	24.1	5.9	21.8	4.5
2	2,330	46.3	1.6	46.6	1.7	39.9	5.2	45.3	7.0	55.1	5.6
3	713	14.7	1.2	13.4	1.2	24.2	5.4	25.1	7.1	20.0	4.6
4 or more	337	8.0	1.0	7.5	0.9	16.5 [ab]	4.6	5.4	3.0	3.2	1.0

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

[a] Foster caregivers were significantly more likely to be female ($p < .01$) when compared to in-home parents.

[b] In-home parents were significantly more likely to be 19 years old and younger or 20 to 29 years old than foster caregivers who were more likely to be 30 years old or older ($p < .01$ and $p < .001$).

[c] In-home parents were significantly more likely to be 30 to 49 years old than to be 50 years old or older when compared to foster caregivers ($p < .001$).

[d] In-home parents were significantly more likely to be 50 to 59 years old than to be 60 years old or older when compared to foster caregivers ($p < .05$).

[e] Foster caregivers were significantly more likely to be Black than to be Hispanic when compared to in-home parents ($p < .05$).

[f] Foster caregivers were significantly more likely to be White than to be Hispanic when compared to in-home parents ($p < .001$).

[g] In-home parents were significantly more likely to have less than a high school education than to have a high school education ($p < .001$) or more than a high school education ($p < .001$) when compared to foster caregivers.

[h] Informal kin caregivers were significantly more likely to have less than a high school education than to have more than a high school education ($p < .001$) or more than a high school education ($p < .001$) when compared to foster caregivers.

[i] Formal kin caregivers were significantly more likely to have less than a high school education than to have more than a high school education ($p < .01$) or more than a high school education ($p < .01$) when compared to foster caregivers.

[j] In-home parents were significantly more likely to have incomes below the poverty level than incomes at or above the poverty level ($p < .001$) when compared to foster caregivers.

[k] Informal kin caregivers were significantly more likely to have incomes <50% of the federal poverty level ($p < .05$) or at 50–99% of the federal poverty level ($p < .001$) than incomes at or above the poverty level when compared to foster caregivers.

[l] Formal kin caregivers were significantly more likely to have incomes at 50–99% of the poverty level than incomes at or above the poverty level ($p < .05$) when compared to foster caregivers.

[m] In-home parents were significantly more likely to have incomes at 100–199% of the poverty level than incomes >200% of the federal poverty level ($p < .01$) when compared to foster caregivers.

[n] Foster parents were significantly more likely to work full time than to work part time when compared to in-home parents ($p < .05$) and informal kin caregivers ($p < .05$). Foster parents were also significantly more likely to work full time than not work by choice when compared to informal kin caregivers ($p < .05$).

[o] In-home parents were significantly more likely to be unemployed than to work full time ($p < .01$), or not work by choice ($p < .05$) when compared to foster caregivers.

[p] Informal kin caregivers were significantly more likely to be unemployed than to work full time ($p < .05$) when compared to foster caregivers.

[q] Foster caregivers were significantly more likely to be married than to be separated, divorced, or never married when compared to in-home parents ($p < .001$).

[r] Foster caregivers were significantly more likely to be married than to be separated ($p < .01$) or divorced ($p < .01$) when compared to informal kin caregivers.

[s] Foster caregivers were significantly more likely to be married than to be separated ($p < .05$) when compared to formal kin caregivers.

[t] Foster caregivers were significantly more likely to be divorced ($p < .01$) or to be widowed ($p < .01$) or never married ($p < .05$) than to be separated when compared to in-home parents.

[u] Foster caregivers were significantly more likely to have never married ($p < .05$) than to be separated when compared to informal kin caregivers.

[v] In-home parents were significantly more likely to have never married than to be widowed ($p < .01$) when compared to foster caregivers.

[w] Informal kin caregivers were more likely to have one child in the household than to have four children ($p < .05$) or five or more children ($p < .05$) in the household when compared to foster parents.

[x] Foster caregivers were more likely to have one child in the household than to have two ($p < .001$) or three children ($p < .01$) in the household when compared to in-home parents.

[y] Foster caregivers were more likely to have four children in the household than to have two or three children in the household when compared to in-home parents ($p < .05$ and $p < .01$, respectively) and informal kin caregivers ($p < .01$), and were more likely to have four children than to have three children when compared to formal kin caregivers ($p < .05$).

[z] Foster caregivers were significantly more likely to have five or more children in the household than to have two or three children when compared to in-home caregivers ($p < .001$ and $p < .01$, respectively) and informal kin caregivers ($p < .01$), and were more likely to have five or more children than to have three children when compared to formal kin caregivers ($p < .01$).

[aa] In-home parents were more likely to have one adult ($p < .05$) in the household or four or more adults ($p < .01$) in the household than to have two adults when compared to foster caregivers. In-home parents were also more likely to have four adults than to have three adults ($p < .05$) in the household when compared to foster caregivers.

[ab] Informal kin caregivers were significantly more likely to have four or more adults in the household than to have one or two adults ($p < .01$ and $p < .05$, respectively) in the household when compared to foster caregivers.

Exhibit 2. Caregiver Physical Health by Self-Report

		In very good or excellent health [a]	
	N	**%**	***SE***
Total	4,899	39.8	1.7
Caregiver gender			
Male	449	46.2	5.1
Female	4,450	39.2	1.9
Caregiver age (years)		**	
Under 20	95	51.5	16.1
20–29	1,457	44.4	3.1
30–49	2,576	39.8	2.0
50–59	525	25.0[b]	3.6
60 and older	241	29.2	6.2
Caregiver race/ethnicity			
Black	1,403	43.6	2.9
White	2,125	40.0	2.6
Hispanic	1,104	34.3	2.8
Other	255	47.0	6.1
Type of caregiver		**	
Biological or adoptive	3,400	40.3	1.7
Formal kin	414	44.4	7.8
Informal kin	415	29.2 [c]	4.6
Foster	649	52.5[d]	5.7
Group home or residential program	42	61.3	14.2

Note: All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (**$p < .01$, ***$p < .001$). Asterisks in the column apply to the subsequent results for the covariate.

[a] "Very good or excellent health" was defined as caregivers who reported that they were in "*very good* or *excellent*" health.

[b] Caregivers 50 to 59 years old were significantly less likely to be in *very good* or *excellent* health than caregivers 20 to 29 years old ($p < .001$) and caregivers 30 to 49 years old ($p < .01$).

[c] Informal kin caregivers were significantly less likely to be in *very good* or *excellent* health than in-home parents ($p < .05$), foster caregivers ($p < .01$), and group home/residential treatment caregivers ($p < .05$).

[d] Foster caregivers were significantly more likely to be in *very good* or *excellent* health than in-home caregivers ($p < .05$).

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

		SF-12 Physical Health Component		SF-12 Mental Health Component	
	N	***M***	***SE***	***M***	***SE***
Total	4,863	47.4	0.4	50.2	0.4
Caregiver gender				**	
Male	441	47.6	1.3	53.0	0.9
Female	4,422	47.4	0.5	49.9	0.4
Caregiver age (years)		***		*	
Under 20	95	50.8 [a]	1.9	51.1	3.4
20–29	1,451	50.3 [b]	0.5	49.9 [c]	0.7
30–49	2,557	46.8 [d]	0.5	49.8 [e]	0.5
50–59	517	42.7	1.5	52.1	0.8
60 and older	238	41.9	2.6	54.2	1.6
Caregiver race/ethnicity		**		*	
Black	1,399	48.3	0.5	51.9 [f]	0.5
White	2,107	46.2 [g]	0.6	49.9	0.4
Hispanic	1,092	49.5 [h]	0.7	49.8	1.1
Other	253	45.9	1.3	48.2	1.4
Type of caregiver		***		***	
Biological or adoptive	3,378	47.9 [i]	0.4	49.7 [j]	0.4
Formal kin	409	45.6	1.7	51.7	1.3
Informal kin	413	42.4	1.2	53.1	0.7
Foster	642	50.3 [k]	0.8	54.7 [l]	0.6
Group home or residential program	42	54.5 [m]	0.4	53.4	2.1

Note: Instrument used was the 12-Item Short-Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. *T* tests for cluster samples were used to test statistical significance. Asterisks indicate statistical significance (*$p < .05$, **$p < .01$, ***$p < .001$). Asterisks in a column apply to the subsequent results for the covariate.

[a] Caregivers under 20 years old were significantly more likely to have a better Physical Health Component score than caregivers 30 to 49 years old ($p < .05$), 50 to 59 years old ($p < .01$), and 60 years old or older ($p < .01$).

[b] Caregivers 20 to 29 years old were significantly more likely to have a better Physical Health Component score than caregivers 30 to 49 years old ($p < .001$), 50 to 59 years old ($p < .001$), and 60 years old or older ($p < .01$).

[c] Caregivers 20 to 29 years old were significantly more likely to have a worse Mental Health Component score than caregivers 50 to 59 years old ($p < .05$) and 60 years old or older ($p < .05$).

[d] Caregivers 30 to 49 years old or older were significantly more likely to have a better Physical Health Component score than caregivers 50 to 59 years old ($p < .01$).

[e] Caregivers 30 to 49 years old were significantly more likely to have a worse Mental Health Component score than caregivers 50 to 59 years old ($p < .01$) and caregivers 60 years old or older ($p < .01$).

[f] Black caregivers were significantly more likely to have a better Mental Health Component score than White caregivers ($p < .01$) and caregivers of "Other" race/ethnicity ($p < .05$).

[g] White caregivers were significantly more likely to have a worse Physical Health Component score than Black ($p < .01$) and Hispanic caregivers ($p < .001$).

[h] Hispanic caregivers were significantly more likely to have a better Physical Health Component score than caregivers of "Other" race/ethnicity ($p < .01$).

[i] In-home parents were significantly more likely to have a better Physical Health Component score than informal kin caregivers ($p < .001$).

[j] In-home parents were significantly more likely to have a worse Mental Health Component score than informal kin caregivers ($p < .001$).

[k] Foster caregivers were significantly more likely to have a better Physical Health Component score than in-home parents ($p < .01$), formal kin caregivers ($p < .05$), and informal kin caregivers ($p < .001$).

[l] Foster caregivers were significantly more likely to have a better Mental Health Component score than in-home caregivers ($p < .001$) and formal kin caregivers ($p < .05$).

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

Exhibit 4. Caregiver Major Depression by Self-Report

		CIDI-SF Depression score in clinical range [a]	
	N	**%**	***SE***
Total	4,774	19.6	1.5
Caregiver gender		*	
Male	436	10.5	3.1
Female	4,338	20.6	1.7
Caregiver age (years)			
Under 20	94	25.3	11.8
20–29	1,418	22.9	3.4
30–49	2,511	19.2	1.4
50–59	511	10.4	2.7
60 and older	235	17.4	8.6
Caregiver race/ethnicity			
Black	1,359	15.9	3.2
White	2,073	21.4	1.7
Hispanic	1,081	17.2	2.7
Other	249	26.9	7.2
Type of caregiver		***	
Biological or adoptive	3,303	21.0[b]	1.7
Formal kin	404	9.7	4.4
Informal kin	403	11.7	3.1
Foster	643	7.1	2.8
Group home or residential program	42	3.1[c]	2.5

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

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

[b] In-home parents were significantly more likely to have a clinical score indicative of major depression than formal kin caregivers ($p < .05$), informal kin caregivers ($p < .01$), foster caregivers ($p < .001$), and group home/residential program caregivers ($p < .001$).

[c] Group home/residential treatment caregivers were significantly less likely to have a clinical score indicative of major depression than informal kin caregivers ($p < .001$).

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

		AUDIT Total score ≥5	
	N	**%**	**SE**
Total	3,327	8.1	0.8
Parent gender			
Male	338	14.6	4.0
Female	2,989	7.4	0.8
Parent age (years)			
Under 20	94	11.3	10.0
20–29	1,345	8.0	1.8
30–49	1,750	8.4	0.9
50–59	116	5.1	3.2
60 and older	22	1.3	1.3
Parent race/ethnicity			
Black	846	6.0	1.4
White	1,476	8.0	1.0
Hispanic	806	9.0	2.6
Other	193	11.6	3.5

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

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

		DAST-20 Total score 0–1		DAST-20 Total score 2–4		DAST-20 Total score 5 or more	
	N	%	*SE*	%	*SE*	%	*SE*
Total	3,049	82.0	1.4	15.0	1.3	3.1	0.7
Parent gender							
Male	305	78.4	4.3	20.3	4.2	1.3	1.3
Female	2,744	82.4	1.6	14.4	1.3	3.3	0.8
Parent age (years)**							
Under 20	86	97.0[a]	1.4	2.3	1.2	0.7	0.5
20–29	1,221	81.8	2.3	12.9	1.7	5.3[b]	1.5
30–49	1,618	83.0	1.5	15.2[c]	1.4	1.9	0.6
50–59	104	67.4	9.5	29.3	10.0	3.3	3.1
60 and older	20	62.7	20.4	37.3	20.4	0.0	0.0
Parent race/ethnicity*							
Black	782	79.4	3.2	17.1[d]	2.7	3.6	2.2
White	1,364	87.3	1.8	9.8	1.5	2.8	0.8
Hispanic	712	72.8	3.5	24.1[e]	3.4	3.1	1.4
Other	186	84.6	4.7	12.1	3.6	3.3	2.5

Note: Instrument used was the 20-item Drug Abuse Screening Test (DAST-20; Skinner, 1982). All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (*$p < .05$, **$p < .01$, ***$p < .001$) for the covariate.

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

[b] Parents 20 to 29 years old were significantly more likely to have a DAST-20 Total score of 5 or more than a score of 0 or 1 when compared to parents under 20 years old ($p = .05$) and 30 to 49 years old ($p < .05$).

[c] Parents 30 to 49 years old were significantly more likely to have a DAST-20 Total score between 2 and 4 than a score of 5 or more when compared to parents 20 to 29 years old ($p < .05$).

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

[e] Hispanic parents were significantly more likely to have a DAST-20 Total score between 2 and 4 than a score of 0 or 1 when compared to Black ($p < .05$) and White parents ($p < .01$) and parents of "Other" race/ethnicity ($p < .05$).

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

Conflict Tactics Scale 2, Physical Assault Subscale items	*N*	Total At least one incident of IPV suffered in past 12 months		Total Ever suffered IPV		Females N=2,992 At least one incident of IPV suffered in past 12 months		Females N=2,992 Ever suffered IPV		Males N=340 At least one incident of IPV suffered in past 12 months		Males N=340 Ever suffered IPV	
		%	*SE*	%	*SE*	%	*SE*	%	*SE*	%	*SE*	%	*SE*
Total (any violence—less severe or severe)	3,332	17.4	1.4	29.4	1.8	18.0	1.5	30.1	1.9	12.1	3.2	22.5	4.1
Any less severe violence	3,329	15.0	1.2	26.9	1.8	15.5	1.4	27.6	1.9	9.5	2.3	20.2	3.7
Had something thrown at her/him	3.321	9.2	1.0	17.8	1.4	9.8 [a]	1.1	18.6 [a]	1.5	3.5	1.1	9.6	2.2
Was pushed, grabbed, or shoved	3,321	11.7	1.2	23.1	1.7	12.1	1.3	23.7	1.8	7.9	2.2	17.0	3.3
Was slapped	3.321	5.1	0.8	13.8	1.1	5.5 [b]	0.9	14.1	1.2	1.9	0.7	10.3	2.9
Any severe violence	3,329	11.3	1.1	22.2	1.6	11.9 [c]	1.2	22.9 [c]	1.7	5.8	2.4	14.9	3.5
Was kicked, bitten, or hit with fist	3,323	2.3	0.6	8.0	1.0	2.6 [d]	0.7	8.1	1.1	0.2	0.1	6.5	2.0
Was hit with something (or such hitting was attempted)	3,322	4.3	0.8	12.8	1.3	4.6 [e]	0.9	13.1	1.3	1.7	0.6	10.5	2.9
Was beaten up	3,326	3.3	0.7	9.4	1.0	3.4	0.7	9.9 [f]	1.0	3.0	2.3	4.3	2.4
Was choked	3,325	2.9	0.5	10.0	1.2	3.1 [g]	0.6	10.8 [g]	1.4	0.8	0.5	1.9	1.1
Was threatened with knife or gun	3,326	1.2	0.5	6.2	0.8	1.3	0.5	6.7 [h]	0.9	0.3	0.1	1.1	0.6
Knife or gun was used against her/him	3.326	0.4	0.2	1.8	0.3	0.4	0.2	1.9	0.4	0.1	0.1	1.0	0.6
Twisted arm	3,326	3.7	0.7	11.0	1.1	4.1 [i]	0.8	11.7 [i]	1.2	0.1	0.1	4.9	1.9
Slammed against a wall	3,324	3.6	0.6	11.9	1.4	3.9 [j]	0.7	13.1 [j]	1.5	0.2	0.1	0.4	0.2
Burned/scaled on purpose	3,327	0.1	0.0	0.9	0.3	0.1	0.1	1.0 [k]	0.3	0.1	0.1	0.1	0.1
Grabbed	3,324	9.2	1.1	18.6	1.6	9.9 [l]	1.2	19.5 [l]	1.6	2.8	1.1	9.8	2.8

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

[a] Female parents were significantly more likely to report having something thrown in the last 12 months ($p < .01$) and ever ($p < .01$) compared to male parents.

[b] Female parents were significantly more likely to report having been slapped in the last 12 months ($p < .01$) compared to male parents.

[c] Female parents were significantly more likely to report having been victims of severe violence in the last 12 months ($p < .05$) and ever ($p < .05$) compared to male parents.

[d] Female parents were significantly more likely to report having been kicked in the last 12 months ($p < .01$) compared to male parents.

[e] Female parents were significantly more likely to report having been hit in the last 12 months ($p < .01$) compared to male parents.

[f] Female parents were significantly more likely to report having ever been beaten up ($p < .05$) compared to male parents.

[g] Female parents were significantly more likely to report having been choked in the last 12 months ($p < .01$) and ever ($p < .001$) compared to male parents.

[h] Female parents were significantly more likely to report having ever been threatened with a knife/gun ($p < .001$) compared to male parents.

[i] Female parents were significantly more likely to report having their arm twisted in the last 12 months ($p < .001$) and ever ($p < .01$) compared to male parents.

[j] Female parents were significantly more likely to report having been slammed against a wall in the last 12 months ($p < .001$) and ever ($p < .001$) compared to male parents.

[k] Female parents were significantly more likely to report having ever been burned ($p < .01$) compared to male parents.

[l] Female parents were significantly more likely to report having been grabbed in the last 12 months ($p < .001$) and ever ($p < .001$) compared to male parents.

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

		Ever arrested	
	N	**%**	***SE***
Total	3,311	32.0	1.6
Parent gender		***	
Male	333	61.5	5.6
Female	2,978	28.9	1.7
Parent age (years)		**	
Under 20	94	3.7 [a]	1.8
20–29	1,341	35.1	3.0
30–49	1,738	30.8	1.8
50–59	116	34.4	10.0
60 and older	22	3.0 [b]	2.8
Parent race/ethnicity			
Black	843	31.3	4.1
White	1,461	34.5	1.9
Hispanic	810	26.1	3.1
Other	191	39.1	6.4

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

[a] Parents under 20 years old were significantly less likely to have been arrested than parents 20 to 29 years old ($p < .01$) and 30 to 49 years old ($p < .01$).

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

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

		Private [a]		Public		Currently uninsured	
	N	%	*SE*	%	*SE*	%	*SE*
Total	3,354	19.4	1.2	50.2	2.3	30.4	2.2
Parent gender*							
Male	338	27.6	4.2	35.3	5.0	37.2[b]	4.1
Female	3,016	18.6	1.4	51.8[c]	2.4	29.7	2.4
Parent age (years)***							
Under 20	94	15.5	12.3	78.4[d]	12.6	6.0	3.1
20–29	1,355	13.7[e]	1.9	58.3[f]	3.6	28.1	3.4
30–49	1,764	21.8	1.5	45.6	2.3	32.5	2.2
50–59	118	33.1[g]	6.3	44.9	7.0	22.0	5.5
60 and older	23	8.8	5.6	74.1	9.7	17.1	8.6
Parent race/ethnicity***							
Black	858	17.1	2.1	63.9[h]	3.4	19.0	2.5
White	1,482	23.1[i]	1.8	46.2	2.9	30.7	3.2
Hispanic	814	14.3	1.6	46.2	5.0	39.4[j]	5.1
Other	194	19.1	4.4	51.8	7.3	29.1	6.5

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

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

[b] Female parents were significantly more likely to have public insurance than private insurance ($p < .05$) when compared to male parents.

[c] Male parents were significantly more likely to be currently uninsured than to have public insurance when compared to female parents ($p < .01$).

[d] Parents under 20 years old were significantly more likely to have public insurance than to be currently uninsured when compared to parents 20 to 29 years old ($p < .05$) and 30 to 49 years old ($p < .05$).

[e] Parents 20 to 29 years old were significantly less likely to have private insurance than public insurance when compared to parents 30 to 49 years old ($p < .001$) and 50 to 59 years old ($p < .05$) .

[f] Parents 20 to 29 years old were significantly more likely to have public insurance than to be currently uninsured when compared to parents 30 to 49 years old ($p < .01$).

[g] Parents 50 to 59 years old were significantly more likely to have private insurance than to be currently uninsured when compared to parents 20 to 29 years old ($p < .05$) and 30 to 49 years old ($p < .05$).

[h] Black parents were significantly more likely to have public insurance than private insurance when compared to White parents ($p < .01$) and to have public insurance than to be currently uninsured when compared to White parents ($p < .01$).

[i] White parents were significantly more likely to have private insurance than public insurance when compared to Hispanic parents ($p < .05$).

[j] Hispanic parents were significantly more likely to be currently uninsured than to have private insurance when compared to Black ($p < .001$) and White parents ($p < .01$). Hispanic parents were significantly more likely to be currently uninsured than to have public insurance when compared to Black ($p < .01$) and White parents ($p < .01$).

Exhibit 10. In-Home Parents' Service Receipt to Address Family Needs in Past 12 Months by Self-Report (*N* = 3,367)

Type of service	Received service	
	% Yes	*SE*
Food from a community source	22.8	1.6
Child care on a regular basis	18.1	1.6
Any organized support group	9.5	0.9
Family counseling	8.3	0.9
Legal aid	5.9	0.7
Job-related services	4.9	0.7
Any home management training	3.6	0.6
Emergency shelter or housing	1.8	0.5
In-home respite care for child	1.8	0.4

Note: The term "in-home parents" refers to the parents of children living at home at Wave 2. Only permanent caregivers were asked about services to address family needs; responses here reflect only those of in-home parents who reported having received services to address family needs in the past 12 months. Parents who indicated that they had not ever received a particular service were included as not having received a service in the past 12 months. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand.

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

		Peer support groups		Parenting skills training[a]		Child care services		Services for an alcohol or drug problem		Mental health services		Home management training	
	N	**%**	***SE***	**%**	***SE***	**%**	***SE***	**%**	***SE***	**%**	***SE***	**%**	***SE***
Total	2,657	4.5	0.7	6.0	0.9	3.8	0.8	2.1	0.5	2.3	0.8	1.1	0.4
Substantiation status		**		**				**					
Substantiated	1,028	9.3[b]	1.9	10.6[c]	2.0	5.7	1.4	5.0[d]	1.1	3.2	1.1	1.3	0.3
Indicated	547	5.1	1.3	3.9	1.5	3.5	0.8	2.3	0.7	10.7	7.9	1.1	0.6
Unsubstantiated	1,082	3.2	0.7	5.0	1.0	3.3	1.1	1.3	0.4	1.3	0.6	1.1	0.5

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

[a] In-home parents were asked about the receipt of services within the previous 12 months, with one exception. In-home parents were asked about receipt of parenting skills training since the baseline interview or within the previous 18 months.

[b] In-home parents with a substantiated maltreatment status were significantly more likely to have been required to attend peer support groups than those with an indicated ($p < .05$) or unsubstantiated status ($p < .001$).

[c] In-home parents with a substantiated maltreatment status were significantly more likely to have been required to seek parenting skills training than those with an indicated ($p < .01$) or unsubstantiated status ($p < .01$).

[d] In-home parents with a substantiated maltreatment status were significantly more likely to have been required to seek services for an alcohol or drug problem than those with an indicated ($p < .05$) or unsubstantiated status ($p < .001$).

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

		TANF		WIC		Food stamps		SSI [a]		Housing support		Any federal or state-supported service [b]	
	N	%	*SE*	%	*SE*	%	*SE*	%	*SE*	%	*SE*	%	*SE*
Total	3,409	15.0	1.7	28.8	1.4	62.6	1.6	20.7	1.6	13.6	1.6	74.1	1.6
Parent gender				***		*				***		**	
Male	345	9.5	3.4	10.0	2.4	46.3	5.8	18.8	3.5	3.1	1.1	59.6	4.5
Female	3,064	15.5	1.8	30.8	1.5	64.3	1.8	20.9	1.8	14.7	1.8	75.6	1.8
Parent age (years)				**		***		*				***	
Under 20	95	12.6	5.6	37.0	13.9	82.1[c]	10.7	22.7	11.1	15.9	11.2	96.9[d]	1.9
20–29	1,365	16.7	2.9	39.6[e]	2.8	75.9[f]	2.1	14.9	1.9	16.2	2.3	84.8[g]	2.1
30–49	1,796	14.0	1.9	24.2[h]	2.1	56.9[i]	2.2	23.4[j]	2.0	12.7	1.9	68.8	2.2
50–59	126	13.3	5.1	10.0	4.4	41.2	7.6	23.3	7.2	8.5	4.1	65.0	7.8
60 and older	27	28.2	21.4	9.2	6.2	13.3	10.0	43.1	20.9	0.0	0.0	52.9	21.3
Parent race/ ethnicity				***		*				**		*	
Black	876	17.8	3.2	32.2	3.1	72.2[k]	2.6	23.1	2.4	30.0[l]	4.7	82.7[m]	2.1
White	1,507	12.3	2.2	21.5[n]	1.7	59.5	2.6	22.6	2.1	8.9	1.3	69.8	2.6
Hispanic	825	15.9	3.8	38.1	3.3	60.4	3.7	15.0	2.9	9.0	2.1	75.3	3.2
Other	195	22.3	6.1	37.9	6.8	63.5	5.7	20.9	4.7	14.5	5.1	74.0	4.4

Note: The term "in-home parents" refers to the parents of children living at home at Wave 2. Only permanent caregivers were asked about receipt of federal and state services; responses here reflect only those in-home parents. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (**p* < .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] SSI reflects household receipt.

[b] "Any federal or state supported service" indicates the receipt of TANF, WIC, food stamps, SSI, or housing support.

[c] Parents under 20 years old were significantly more likely to receive food stamps than parents 50 to 59 years old ($p < .01$) and 60 years old and older ($p < .01$).

[d] Parents under 20 years old were significantly more likely to receive any federal or state-supported service than parents 20 to 29 years old ($p < .05$), 30 to 49 years old ($p < .01$), and 50 to 59 years old ($p < .01$).

[e] Parents 20 to 29 years old were significantly more likely to receive WIC than parents 30 to 49 years old ($p < .001$) and 50 to 59 years old ($p < .01$).

[f] Parents 20 to 29 years old were significantly more likely to receive food stamps than parents 30 to 49 years old ($p < .001$), 50 to 59 years old ($p < .001$), and 60 years old and older ($p < .05$).

[g] Parents 20 to 29 years old were significantly more likely to receive any federal or state-supported service than parents 30 to 49 years old ($p < .001$).

[h] Parents 30 to 49 years old were significantly more likely to receive WIC than parents 50 to 59 years old ($p < .05$).

[i] Parents 30 to 49 years old were significantly more likely to receive food stamps than parents 50 to 59 years old ($p < .05$).

[j] Parents 30 to 49 years old were significantly more likely to receive SSI than parents 20 to 29 years old ($p < .01$).

[k] Black parents were significantly more likely to receive food stamps than White ($p < .01$) and Hispanic parents ($p < .01$).

[l] Black parents were significantly more likely to receive housing support than White parents ($p < .001$), Hispanic parents ($p < .001$), and parents of "Other" race/ethnicity ($p < .05$).

[m] Black parents were significantly more likely to receive any federal or state-supported service than White ($p < .01$) and Hispanic parents ($p < .05$).

[n] White parents were significantly less likely to receive WIC than Black parents ($p < .01$), Hispanic parents ($p < .001$), and parents of "Other" race/ethnicity ($p < .05$).

Exhibit 13. In-Home Parents' Referral to and Receipt of Parenting Skills Training Since the Baseline Interview

		Referred to or offered parenting skills training			Received parenting skills training	
	N	**%**	***SE***	***N***	**%**	***SE***
Total	3,359	11.9	1.2	3,363	11.4	0.9
Parent gender						
Male	340	11.6	3.3	341	7.8	2.2
Female	3,019	11.9	1.3	3,022	11.8	1.0
Parent age (years)						
Under 20	95	22.7	15.8	95	4.3	2.0
20–29	1,356	12.5	1.5	1,358	12.3	1.6
30–49	1,767	11.5	1.5	1,769	11.1	1.1
50–59	118	11.3	3.6	118	11.3	3.5
60 and older	23	2.6	2.0	23	2.6	2.0
Parent race/ethnicity						
Black	861	8.3	1.5	861	9.2	1.9
White	1,485	12.3	1.4	1,486	13.3	1.3
Hispanic	812	10.7	1.8	815	9.8	1.9
Other	195	24.7	6.8	195	10.9	2.8

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

Exhibit 14. Characteristics of Parenting Skills Training Received Since the Baseline Interview by In-Home Parents' Self-Report (*N* = 689)

Parent skills training characteristics	% Yes	*SE*
Which of the following occurred for at least 10 minutes on many of the days in which you received these services?		
You watched videotape examples of parents and children doing things together (e.g., playing, working, solving problems, disciplining, etc.) as a way of learning and talking about parenting skills.	48.4	5.5
You were coached by someone directly as you practiced skills with your child or children.	43.2	4.8
You listened to a presentation of information about parenting skills or child development.	70.2	4.2
You practiced skills with other parents in role-play situations.	38.8	4.0
You completed or reviewed homework assignments that involved things to practice.	61.8	4.4
You read or learned things about parenting on a computer.	29.6	3.7
Which of the following topics would you say were discussed in a substantial way?		
How to play effectively with one's child.	50.8	4.2
How to praise and reward positive behavior	88.3	2.4
How to ignore misbehavior	67.3	3.5
Nonviolent approaches to discipline	79.7	2.6
Establishing daily routines for children	80.6	3.2
Feeding, sleeping, or toilet training habits	47.3	4.2
Communication and/or problem-solving with children	86.1	2.6
Supporting children's success in school	70.7	3.4
Providing medical care for children	46.0	3.8
Maintaining a child-safe home environment	73.4	4.4

Note: The term "in-home parents" refers to the parents of children living at home at Wave 2. Only permanent caregivers were asked about parenting skills services received; responses here reflect only those of in-home parents who reported they had ever received parenting skills training. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand.

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

		Need for domestic violence services [a]			Referred to domestic violence services			Stayed in a shelter for battered women or received some other domestic violence services	
	N	%	*SE*	*N*	%	*SE*	*N*	%	*SE*
Total	3,030	26.5	1.9	2,999	7.7	0.9	2,997	1.9	0.4
Parent age (years)		*			*				
Under 20	93	22.8	11.1	93	4.9	3.0	93	1.7	1.1
20–29	1,270	33.3[b]	3.0	1,263	10.7[c]	2.1	1,263	1.7	0.6
30–49	1,565	23.2	2.0	1,548	6.5[d]	1.0	1,547	2.0	0.5
50–59	83	19.1	8.9	79	1.0	0.8	78	1.3	1.1
60 and older	19	3.0[e]	3.0	16	0.0	0.0	16	0.0	0.0
Parent race/ethnicity									
Black	786	24.4	2.9	778	6.3	1.7	778	1.3	0.5
White	1,328	24.2	2.0	1,314	7.2	1.4	1,313	1.3	0.4
Hispanic	738	30.1	4.0	730	8.7	2.3	729	2.7	1.0
Other	173	38.0	7.5	172	13.7	5.5	172	4.4	2.7

Note: The term "in-home mother" refers to the mothers of children living at home at Wave 2. Only permanent caregivers were asked about domestic violence services; responses here reflect only those of in-home mothers. Mothers who indicated that they had not ever received domestic violence services were included as not having received this service in the past 12 months. All analyses were on weighted NSCAW II Wave 2 data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. Asterisks indicate statistical significance (**$p < .01$, ***$p < .001$) for the covariate.

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

[b] Mothers 20 to 29 years old were significantly more likely to be in need of domestic violence services than mothers 30 to 49 years old ($p < .01$) and 60 years old and older ($p < .01$).

[c] Mothers 20 to 29 years old were significantly more likely to be referred for domestic violence services than mothers 50 to 59 years old ($p < .001$) and 60 years old and older ($p < .05$).

[d] Mothers 30 to 49 years old were significantly more likely to be referred for domestic violence services than mothers 50 to 59 years old ($p < .001$) and 60 years old and older ($p < .01$).

[e] Mothers 60 years and older were significantly less likely to be in need of domestic violence services than mothers 30 to 49 years old ($p < .05$) and 50 to 59 years old ($p < .05$).

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

		Need for substance abuse services [a]			Received inpatient alcohol or substance abuse service [b]			Received outpatient alcohol or substance abuse service [c]	
	N	%	*SE*	*N*	%	*SE*	*N*	%	*SE*
Total	3,389	25.4	1.6	3,366	0.9	0.3	3.365	1.3	0.3
Parent gender		**							
Male	343	39.1	4.5	342	1.9	1.2	342	0.7	0.4
Female	3,046	23.9	1.7	3,024	0.8	0.2	3,023	1.3	0.3
Parent age (years)									
Under 20	95	18.8	10.4	95	0.0	0.0	95	0.0	0.0
20–29	1,363	27.3	2.4	1,360	1.2	0.6	1,360	2.0	0.6
30–49	1,783	23.7	1.6	1,770	0.8	0.3	1,769	1.0	0.3
50–59	122	34.3	8.9	118	0.3	0.1	118	0.2	0.1
60 and older	26	39.6	19.4	23	0.0	0.0	23	0.0	0.0
Parent race/ethnicity								*	
Black	869	25.9	3.2	862	0.5	0.4	862	0.6	0.5
White	1,499	21.7	1.8	1,487	1.4	0.5	1,486	1.8[d]	0.5
Hispanic	820	32.3	3.5	816	0.5	0.2	816	0.4	0.2
Other	195	23.2	4.5	195	0.3	0.2	195	2.7	1.8
Parent insurance status		**						*	
Public	1,865	27.9	2.1	1,864	1.4	0.5	1,863	1.9[e]	0.4
Private	636	17.4[f]	2.7	636	0.6	0.4	636	0.9	0.5
Uninsured	853	26.1	3.0	853	0.3	0.1	853	0.6	0.2

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

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

[b] Inpatient alcohol or substance abuse services include having been admitted overnight to hospital or medical facility for alcohol/drug problem in the last 12 months, having stayed overnight in a facility that provides alcohol or drug treatment in the last 12 months, or having used an emergency room for alcohol/drug abuse in past 12 months.

[c] Outpatient alcohol or substance abuse services include having been to a clinic or doctor regarding an alcohol or drug problem in the past 12 months.

[d] White parents were significantly more likely to have used outpatient alcohol or substance abuse services in the past 12 months than Hispanic parents ($p < .05$).

[e] Parents with public insurance were more likely to have used outpatient alcohol or substance abuse services in the past 12 months than uninsured parents ($p < .01$).

[f] Parents with private insurance were less likely to be in need of alcohol or substance abuse services in the past 12 months than parents with public insurance ($p < .01$) or uninsured parents ($p < .05$).

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

		Need for mental health services [a]			Received inpatient mental health service [b]			Received outpatient mental health service [c]			Used prescription medication for mental health problem [d]	
	N	%	*SE*	*N*	%	*SE*	*N*	%	*SE*	*N*	%	*SE*
Total	3,405	30.9	1.9	3,366	2.1	0.6	3,366	15.1	1.6	3,365	23.1	1.7
Parent gender		*						**			**	
Male	345	19.4	4.1	342	1.1	0.8	342	6.3	1.8	342	9.2	3.1
Female	3,060	32.1	2.1	3,024	2.2	0.6	3,024	16.0	1.7	3,023	24.5	1.9
Parent age (years)												
Under 20	95	29.8	11.5	95	10.7	10.0	95	1.2	0.7	95	14.2	10.2
20–29	1,364	33.2	3.7	1,360	2.5	1.1	1,360	15.1	2.6	1,359	18.8	2.9
30–49	1,793	30.4	1.7	1,770	1.9	0.5	1,770	15.5	1.5	1,770	25.8	1.7
50–59	126	20.8	6.4	118	1.0	0.8	118	10.2	4.6	118	19.1	6.5
60 and older	27	21.7	17.0	23	0.0	0.0	23	19.5	17.4	23	21.9	17.5
Parent race/ethnicity								*			***	
Black	875	23.7	3.8	862	3.5	2.3	862	8.7	2.4	862	12.7[e]	2.8
White	1,505	34.9	2.3	1,487	1.9	0.7	1,487	17.0[f]	1.8	1,486	31.4	2.2
Hispanic	824	27.4	4.1	816	1.0	0.5	816	12.2	2.7	816	13.7[g]	2.8
Other	195	38.2	6.4	195	4.0	3.2	195	31.8[h]	6.7	195	30.3	5.3
Parent insurance status		***						***			***	
Public	1,864	37.9[i]	2.8	1,864	3.3	1.1	1,864	22.1[j]	3.1	1,863	30.6[k]	2.7
Private	636	20.5	3.0	636	1.0	0.6	636	10.4	1.8	636	18.4	2.5
Uninsured	853	26.2	2.8	853	0.6	0.4	853	6.6	1.5	853	13.6	1.8

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

[a] Parents were determined to have a need for mental health services if they met any one of four criteria: (1) caseworker report of a parent's need for services for an emotional, psychological, or other mental health problem at Wave 2, (2) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score $\leq$ 35) on the Mental Health Component of the SF-12, or (4) the parent's self-reported need ("a lot" or "somewhat") for mental health services in the past year, if she or he had not received a mental health service.

[b] Inpatient mental health services include having been admitted overnight to hospital or medical facility for a mental health problem in the last 12 months or having used the emergency room for a mental health problem in past 12 months.

[c] Outpatient mental health services include having had one or more sessions of psychological counseling for emotional problems with any type of professional in the past 12 months or day treatment or partial hospitalization for mental health problem in past 12 months.

[d] This category includes the use of prescription medication for one's emotions, nerves, or mental health from any type of professional in past 12 months.

[e] Black parents were significantly less likely to have used prescription medication for a mental health problem in the past 12 months than White parents ($p < .001$) and parents of "Other" race/ethnicity ($p < .01$).

[f] White parents were significantly more likely to have received outpatient mental health services in the past 12 months than Black parents ($p < .05$).

[g] Hispanic parents were significantly less likely to have used prescription medication for a mental health problem in the past 12 months than White parents ($p < .001$) and parents of "Other" race/ethnicity ($p < .01$).

[h] Parents of "Other" race/ethnicity were significantly more likely to have received outpatient mental health services in the past 12 months than Black ($p < .01$) and Hispanic parents ($p < .05$).

[i] Parents with public insurance were significantly more likely to report a need for mental health services than parents with private insurance ($p < .001$) and parents who were currently uninsured ($p < .01$).

[j] Parents with public insurance were significantly more likely to have received outpatient mental health services in the past 12 months than parents with private insurance ($p < .01$) and parents who were currently uninsured ($p < .001$).

[k] Parents with public insurance were significantly more likely to have used prescription medication for a mental health problem in the past 12 months than parents with private insurance ($p < .01$) and parents who were currently uninsured ($p < .001$).

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APPENDIX

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

- *Alcohol Use Disorders Identification Test.* The Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001) was developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking. The AUDIT manual states that scores in the range of 8–15 represent a medium level of alcohol problems whereas scores of 16 and above represent a high level of alcohol problems. The scale developers note that responses on the AUDIT may be relatively easily feigned if respondents are motivated to do so. While the AUDIT manual recommends considering a Total score of 8 or higher as evidence of harmful use or alcohol dependence, a recent review of studies using the AUDIT recommends that this cutpoint needs to be lowered to 5 to adequately detect harmful use or alcohol dependence in women (Reinert & Allen, 2007). Other research has examined whether or not the AUDIT can be used to detect hazardous drinking (as opposed to harmful use or alcohol dependence). As of 2007, eight studies had examined this issue and found that lowering the recommended cutpoint below the standard value of 8 was necessary to screen for alcohol problems of lower intensity than dependence or abuse. In a general population sample, Rumpf et al. (2002) recommended a cutpoint of 5 as optimal for identifying at-risk drinkers (for both men and women).

- *Composite International Diagnostic Interview Short Form Depression***.** The screening scale of the World Health Organization Composite International Diagnostic Interview Short Form (CIDI-SF) (Kessler et al., 1998) was used to assess depression in the caregivers. Caregivers were asked if during the previous 12 months there was a time when they felt sad, blue, or depressed for 2 consecutive weeks or longer. If the answer was “Yes” or “I was on medication/anti-depressant,” then a series of questions would follow regarding the 2-week period when these feelings were worst. For the diagnosis of major depression, the CIDI-SF follows the guidelines of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), which characterizes a major depressive episode as “a sad mood or loss of interest in usual activities persisting for at least two weeks that compromises functioning or causes distress” (American Psychiatric Association, 1994) (p.320). Classification accuracy of the CIDI-SF as compared with the CIDI ranges from 93% to 98% in relation to psychiatric standards (Kessler et al., 1998). For the CIDI-SF, to meet the probable diagnostic requirement for the 12-month prevalence of major depression, the respondent has to report three or more symptoms of depression (e.g., loss of interest in usual activities, tiredness, changes in weight, trouble sleeping or excessive sleeping, difficulty concentrating, feelings of low self-worth, thoughts about death) and respond affirmatively in at least one of the following areas: (1) experiencing 2 or more weeks of dysphoric mood, (2) experiencing 2 or more weeks of anhedonia (lack of enjoyment of any activity), and (3) using medication for depression.

- *Conflict Tactics Scale 2.* The original Conflict Tactics Scales (CTS) (Straus, 1979, 1990), is a self-report or interview measure designed to assess the overt means by which family members respond to conflicts, including intimate partners' engagement in psychological and physical attacks on each other and their use of reasoning or negotiation to deal with conflicts. In NSCAW I, the CTS1's physical violence scale was used to assess caregivers' experiences with intimate-partner violence (IPV). This measure is divided into minor and severe subscales, based on the severity of the violent act. The minor violence items include being pushed, grabbed, shoved, or slapped, whereas the severe violence items inquire about experiences that include being choked, beaten, and threatened with a knife or gun. Response categories range from 0 (never) to 6 (more than 20 times), indicating the frequency of occurrence of the violent acts in the preceding 12 months. For events that did not occur in the previous 12 months, the respondent is asked to indicate if they ever happened. NSCAW II uses the physical assault subscale of the revised version, the CTS2 (Straus et al., 1996). In the CTS1, physical assault scale had nine items; the CTS2 added other violent acts to the original nine items. The additional items are: partner twisted arm, partner slammed against a wall, and partner burned/scaled on purpose. The increased number of items enables more facets of the physical abuse construct to be included in the scale and thus increases the likelihood that the scale will be valid. The CTS2 also provides a better operationalization of the distinction between minor and severe acts. The severe violence part of the physical assault scale was strengthened by adding new items and eliminating an overlapping item.

- *Drug Abuse Screening Test.* The Drug Abuse Screening Test (DAST-20) is a 20-item self-report measure of problematic substance use that can be used for clinical screening and treatment evaluation research. Responses to DAST items are given as yes/no answers each valued at one point, yielding a total score ranging from 0 to 20. DAST scores are highly diagnostic with respect to a DSM diagnosis of psychoactive drug dependence. The 20-item DAST has demonstrated high internal consistency (alpha = .95). Discriminant validity has been demonstrated by the scale's ability to differentiate individuals with primary alcohol problems, drug problems, or some combination of alcohol and drug problem. While the cutoff score for abuse/dependence is generally 6 or above, different cutoff scores are recommended for different populations. The DAST developer cautions about the generalizability of self-report measures of drug abuse in a clinical setting where respondents may be motivated to conceal or distort drug use behavior (Skinner, 1982). Staley and El-Guebaly suggest that a range of cutoff scores on the DAST offer clinicians and researchers a choice of valid cutoff points, depending on the need for high test sensitivity (true positive rate) or specificity (true negative rate). In this study, a cutoff of 5/6 had the maximum sensitivity, or ability to detect substance abuse cases. Analysis conducted with a psychiatric population found that to maximize sensitivity with acceptable specificity, cutoff scores on the DAST-20 of 2 or 3 through 5 or 6 might be most appropriate. The highest hit rate, 81%, was achieved at the cutoff score of 5 or 6 (Cocco & Carey, 1998).

- *Short Form Health Survey.* The Short Form Health Survey (SF-12) is a standardized survey instrument designed to provide an indicator of physical and mental health

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

Derived Variables. Following is a descriptive list of the variables derived for this NSCAW II Wave 2 Report (Caregiver Health and Services).

- *Inpatient Mental Health Services.* Inpatient mental health services include having been admitted overnight to hospital or medical facility for a mental health problem in the last 12 months or having used the emergency room for a mental health problem in past 12 months.

- *Inpatient Substance Abuse Services.* Inpatient alcohol or substance abuse services include having been admitted overnight to hospital or medical facility for alcohol/drug problem in the last 12 months, having stayed overnight in a facility that provides alcohol or drug treatment in the last 12 months, or having used an emergency room for alcohol/drug abuse in past 12 months.

- *Need for Domestic Violence Services.* Mothers were determined to be "in need of domestic violence services" if they met any one of three criteria: (1) caseworker report of a parent's need for domestic violence services at Wave 2, (2) a CTS-2 score indicating at least one incident of severe or less severe physical interpersonal violence suffered in the past 12 months, or (3) the mother's self-reported need ("a lot" or "somewhat") for domestic violence services in the past year, if she had not received any such services.

- *Need for Mental Health Services.* Parents were determined to have a need for mental health services if they met any one of four criteria: (1) caseworker report of a parent's need for services for an emotional, psychological, or other mental health problem at Wave 2, (2) self-reported scores were within the clinical range on the major depression scale of the CIDI-SF, (3) a score exceeded 1.5 standard deviations below the norm (i.e., a score $\leq$35) on the Mental Health Component of the SF-12, or (4) the caregiver's self-reported need ("a lot" or "somewhat") for mental health services in the past year, if she or he had not received a mental health service.

- *Need for Substance Abuse Services.* Parents were determined to have a need for substance abuse services if they met any one of four criteria: (1) caseworker report at of parent's need for services for a drug or alcohol problem at Wave 2, (2) AUDIT Total score $\geq$5, (3) DAST-20 Total score 2–4 or 5 or higher, or (4) the parent's self-reported need ("a lot" or "somewhat") for alcohol or substance abuse services in the past year, if she or he had not received a substance abuse service.

- *Outpatient Mental Health Services.* Outpatient mental health services include having had one or more sessions of psychological counseling for emotional problems with any type of professional in the past 12 months or day treatment or partial hospitalization for mental health problem in past 12 months.

- *Outpatient Substance Abuse Services.* Outpatient alcohol or substance abuse services include having been to a clinic or doctor regarding an alcohol or drug problem in the past 12 months.

- *Parent Insurance Status.* Parent insurance status includes three types: *private, public, and uninsured. Private* includes parents with insurance obtained through an employer or purchased directly. *Public* includes parents who did not have private coverage at the time of interview, but who had Medicare, Medicaid, coverage through a state-funded program, or military health insurance. *Uninsured* includes parents who were not covered at the time of interview under private or public insurance. This category also includes the small number of parents (*n*=9) only covered through the Indian Health Service (IHS). These categories were derived to provide comparability to annual adult insurance status estimates provided through National Health Interview Survey (NHIS) data.

- *Federal Poverty Level.* The percentage of federal poverty level variable examines caregiver household income in the context of the 2009 Department of Health and Human Services poverty level guidelines. Household income represents the caregiver's self-reported combined income of all family members from all sources in the previous 12 months. Combined household income was collected directly from the caregiver or computed by examining the income ranges endorsed by the caregiver (e.g., more than $40,000, but less than $45,000 resulted in an estimated income of $42,500). To calculate poverty level, this household income figure was then divided by the total number of household members dependent on that income. Four categories of federal poverty level were created: <50%, 50–99%, 100–199%, and >200%.

- *Type of Caregiver.* The type of caregiver variable includes five levels: *biological or adoptive parent, formal kin caregiver, informal kin caregiver, foster caregiver, or group home or residential program caregiver. Biological or adoptive parent* represents a biological parent, adoptive parent, or stepmother/father who lived at home with his/her child at NSCAW II baseline. A *formal kin caregiver* is a primary caregiver with a kin relationship to the child and who is receiving payments from the CWS. An *informal kin caregiver* is a primary caregiver with a kin relationship to the child, but who is not receiving payments from the CWS. A *foster caregiver* indicates a primary caregiver identified as a foster parent. A *group home/residential program caregiver* indicates the child's primary caregiver in a group home or residential facility.