Adolescents Involved with Child Welfare: A Transition to Adulthood

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EXECUTIVE SUMMARY

In 1999 the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, undertook the National Survey of Child and Adolescent Well-Being (NSCAW) to learn about children and families coming in contact with the child welfare system (CWS). The sample, which represents the population of children and families who entered CWS services within a 15-month period (October 1999 through December 2000), included 5,501 children (aged 0 to 14 at the time of sampling) from 92 child welfare agencies nationwide. The first national longitudinal survey of its kind, NSCAW gathers information about children's safety, living-situation permanency, well-being, and services after a maltreatment investigation by child protective services. Baseline data were collected approximately 4 months after the completion of the index CWS maltreatment investigation; follow-up data were collected 1 year (Wave 2), 1½ years (Wave 3), 3 years (Wave 4), and 6 to 7 years later (Wave 5). Wave 5 data for young adults were collected in 2006 and 2007.

Purpose of the Report

This is the first report to focus on adolescents transitioning to young adulthood, presenting findings from the NSCAW Wave 5 follow-up. It provides information about 620 young adults who were adolescents (12 to 15 years old) at baseline. Some adolescents' cases were closed after investigation; others had a case opened to CWS services. Although the majority remained at home after investigation, a small proportion were removed from their homes. At Wave 5, 6 to 7 years after the child protective services investigation, these young adults are 18 to 21 years old.

Young adults who were the focus of maltreatment in adolescence are at a critical transition as they age into early adulthood. They are making decisions that may shape the rest of their lives. They are learning to take care of themselves, independent of their caregivers. Furthermore, many are doing so while learning how to be parents themselves. They face many critical risks to their well-being that are related not only to the experimentation that characterizes their newly acquired independence, but also to having been involved with a family investigated for child maltreatment. Important health issues for these young adults include reproductive health, obesity, mental health, substance abuse, violence, and access to services within a changing system. In addition to health issues, these young adults are in the midst of establishing their own places of residence, finding employment, and forming lasting adult relationships. This report provides information to enhance our understanding of the needs of young adults by addressing the following questions:

- Who are the young adults who had contact with the CWS during adolescence? What types of maltreatment did they experience as adolescents? What risks did they face? What environments are these young adults living in by the time they are 18 to 21 years old?

- How well are these young adults doing in terms of their physical, psychosocial, and emotional development? How does this development compare with that of young adults in the general population?

- How are they transitioning to adulthood and integrating into society? How many have a job, and what types of work are they doing? For those who are parents, how are they doing in this new role?

- What services do young adults need? What have they received?

Who Are the Young Adults Who Have Had Contact with the CWS During Adolescence?

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

Type of Abuse. At the time of the index maltreatment report of child abuse or neglect, caseworkers reported that almost a third (31.9%) of the adolescents came to the attention of the CWS because of physical abuse. Failure to supervise was reported for 29.1%, sexual abuse for 14.5%, failure to provide for 9.5%, emotional abuse for 7.2%, and moral/legal or educational abuse for 6.3%. Slightly more than a quarter of these maltreatment investigations were substantiated.

Out-of-Home Placement History During Adolescence. Almost a fifth (17.2%) of young adults had ever lived in an out-of-home placement at some point during their adolescence (across Waves 1 to 4). Over the course of the study period, most adolescents remained at home with their biological parents.

Living Situation. At Wave 5, 48.7% were living with a caregiver, and 6.7% were living with a caregiver and a spouse or partner; thus, more than half (55.4%) of young adults were living with a caregiver, such as a biological parent, adoptive parent, foster parent, grandparent, aunt or uncle, or stepparent. A small percentage (9.5%) were married and living with their spouse, and 17.2% were cohabiting with a boyfriend or girlfriend. An additional 11.8% of young adults reported living alone, and 6.3% reported living with one or more adults over the age of 18 who were not relatives. On average, young adults reported moving households 1.4 times within the previous 12 months; 19.0% reported having moved 3 or more times during this period.

What Risks Did These Young Adults Face at the CWS Investigation?

Prior CWS Involvement. Caseworkers reported that 57.6% of families had been reported for child maltreatment prior to the index investigation. Almost two thirds of the families previously reported for child maltreatment had substantiated incidents of abuse or neglect.

Caseworker Risk Assessment at Investigation. At the first interview, when the young adults were 12 to 15 years old, caseworkers were asked about their perceptions of caregiver risk factors. Caseworkers reported that 7.4% of caregivers were abusing alcohol, 7.6% were abusing drugs, and 9.3% had recently been arrested. Nearly one fifth (17.8%) had a serious mental health problem, and 7.0% had a cognitive impairment. Caseworkers estimated that nearly half (40.8%) of caregivers had poor parenting skills, and 21.5% had unrealistic expectations of their adolescent. Among caregivers, 15.3% had a history of abuse and neglect themselves, and 35.7%

had been victims of domestic violence. At the time of the first interview, there was active domestic violence against 9.9% of caregivers.

How Well Are These Young Adults Doing in Terms of Their Physical, Psychosocial, Cognitive, and Behavioral Development?

Physical Well-Being. At Wave 5 the majority of young adults (83.7%) reported being in good, very good, or excellent health. Females (78.4%) were less likely than males (91.5%) to report that they were in good, very good, or excellent health. About a third of all young adults reported that a health condition currently somehow limited their activities. Weight problems were the most prevalent health issue among young adults: 27.7% were overweight and 28.9% were obese. Young adults reported a low consumption of fruits and vegetables and limited physical activity. Approximately a third had experienced some type of injury, accident, or poisoning during the 12 months prior to interview. The injuries themselves were most commonly bad cuts or scrapes (24.3%) and bad sprains or torn ligaments (14.0%).

Mental Health. Young adults' mean mental health score as measured with the 12-Item Short-Form Health Survey (SF-12)[1] was 47.3, which is slightly below the mean for the U.S. adult population. Mean mental health scores were significantly lower for female young adults (44.8) than for male young adults (50.9). Standardized assessments across several indicators showed that 27.5% of young adults were in the clinical range for major depression, 10.2% reported clinically high levels of experiencing intrusive thoughts associated with past trauma, and 6.2% showed significant dissociative symptoms (indicators of psychosocial stress reactions to a traumatic event). Young adults had higher rates of reported internalizing (e.g., depression and anxiety) and externalizing (e.g., aggression and inattention) behavior problems than the normative sample. On the Achenbach Adult Symptom Checklist, 16.0% had scores within the clinical range for Internalizing problems, 18.9% for Externalizing problems, and 13.4% for Total Problems. Another 6.6% reported symptoms consistent with alcohol dependence, and 6.5% reported symptoms consistent with drug dependence.

Academic Achievement. Overall, young adults displayed scores substantially lower than norms on standardized measures of academic achievement. The young adults' average score on the Woodcock-Johnson III Tests of Cognitive Abilities was one standard deviation below the average for the general population in each subscale. The proportion that scored more than 1.5 standard deviations below the mean was 15.0% for applied problems, 25.3% for passage comprehension, 29.7% for word-letter identification, and 43.6% for calculation.

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

[1] The 12-Item Short-Form Health Survey (SF-12) is a standardized survey instrument. It is designed to indicate physical and mental health status. It includes 12 items selected from the Medical Outcomes Study 36-Item Short-Form Health Survey. The SF-12 is collapsed into two summary scales: a physical health component summary and a mental health component summary. Higher scores represent better health, the mean in the general population is 50, and the standard deviation is 10.

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

How Are Young Adults Transitioning to Adulthood and Integrating into Society?

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

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

Young Adult Parents' Well-Being. Among young adult mothers, 61.8% were living in poverty. Young adult mothers demonstrated many behavioral health risks: 24.1% reported signs of clinical depression, 6.7% reported clinically significant dissociative symptoms, and 18.5% reported intrusive experiences associated with past trauma. Another 6.3% of mothers reported having experienced an incident of severe physical domestic violence in the 12 months prior to interview. Among young adult fathers, 9.0% reported signs of clinical depression, and none of them reported symptoms associated with past trauma. Clinically significant reports of depressive and interpersonal violence reported among young adult parents were lower than those reported for all young adults at Wave 5.

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

Financial Resources. More than half (59%) of young adults were living at Wave 5 in households with incomes below the federal poverty level. Females (48.8%) were more likely to be living in poverty than were males (30.6%). The average young adult at Wave 5 was living in a household that earned on the average $551.30 per week. Male young adults were living in households that earned significantly more money per week ($711.20) than females ($446.40).

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

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

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

What Services Do Young Adults Need? What Have They Received?

Health Services. Almost two thirds (62.1%) of young adults reported having a usual source of medical care at Wave 5. Half of young adults had received a medical checkup (52.2%); the same percentage had had dental care in the year prior to interview. Females were significantly more likely than males to have a usual source of care, to have received dental care, to have received a medical checkup, and to have seen a doctor in the 12 months prior to interview. Among young adults, 15.7% reported having had contact with a physician or nurse for serious accidents, injuries, or poisonings in the 12 months prior to interview. Medicaid or other state-funded coverage was the most common type of health insurance among young adults (43.5%); more than a third (36.7%) did not have any type of insurance coverage. Females (75.1%) were more likely than males (45.6%) to have insurance. Young adults with insurance were more likely than uninsured young adults to have a usual source of care, to have had dental care in the 12 months prior to interview, and to have received all types of preventive health care.

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

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

Independent Living, Education, and Job-Related Services. Young adults reported receiving help with independent living, education, and job-related services in the following proportions: 63.9% received help with education, 65.5% with jobs, 57.1% with managing finances, 23.7% with housing, and 57.1% with daily living. Overall, 91.7% reported having

received help with at least one of the areas. The main sources of assistance were biological parents or other original family members, teachers or schools, and "others."

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

Conclusion

This report summarizes the well-being, young adult milestones, and service use of young adults who were involved with the child welfare system during adolescence. Two critical contextual factors put young adults who were reported for abuse or neglect as adolescents in a highly vulnerable position. The first relates to the demands of becoming a young adult in today's society. The transition to adulthood is a critical time during which young adults need to juggle several developmental tasks. They are learning to live independently and support themselves financially, and many are also learning to raise their own children. For the young adults in this sample, having come from high-risk environments adds to the normal challenges of negotiating these developmental tasks. The second critical factor relates to changes in the infrastructure of the available service systems as an individual ages from adolescence to adulthood. Unlike the many children's services, adult service systems are not intrinsically developed to support individuals with histories of maltreatment. Health services and other systems (e.g., correctional facilities, federal programs) are very different in the adult system than in their counterparts for children. By virtue of becoming adults, individuals lose the potential safety net that was represented by the school system, the CWS, or pediatric health services. They may be largely on their own now, navigating a confusing social services system, with diminished access to services to address their risks for negative developmental outcomes. As many of these young adults become parents, a new generation may be exposed to less than optimal environments. Consequently, the challenges faced by young adults with a history of CWS involvement are of special interest to caseworkers, policy makers, service providers, and members of the general public.

In some ways these young adults appeared quite similar to their peers across the United States. Many reported themselves to be in good physical health, although the percentage in good health (83.7%) was lower than in the general population of young adults (94.1%; Pleis & Lethbridge-Cejku, 2006). Many reported having established significant romantic relationships and being generally satisfied with the degree of social support available to them. Consistent with their same-age peers, many (55.5%) reported living with a caregiver, an estimate similar to the estimates for the general population of 18- to 24-year-olds living with a caregiver, where 55% of males and 46% of females report this living arrangement (U.S. Census Bureau, 2003). Almost all young adults had relatively consistent contact with their biological families. Many had joined the

workforce and were working almost full time, with the percentage of young adults currently employed full or part time (58.1%) being similar to the percentage of working young adults across the country (36.7% among 16-year-olds to 19-year-olds, and 67.6% among 20-year-olds to 24-year-olds; U.S. Census Bureau, 2005).

Despite these similarities, these young adults fared worse than their counterparts in the general population in several ways. More than a fifth (21.6%) of young adult females reported being in fair or poor health, a rate higher than that of females in fair or poor health in the general U.S. population aged 18 years or older (12.9%) and higher than that of adults of both sexes aged 18 to 44 years (5.9%; Pleis & Lethbridge-Cejku, 2006). A disproportionate number of them were reported to be overweight or obese (28.9% were obese, compared with 13.6% of young adults in the general population; CDC, 2007a), which could further jeopardize their physical health. Young adult scores on standardized measures of academic achievement were significantly below national norms, which could limit educational and vocational aspirations. More than a third (34.3%) of young adult females had been in an intimate relationship that involved physical violence, a rate substantially higher than the national 22.1% lifetime prevalence for intimate-partner violence among adult females (Tjaden & Thoennes, 2000). Furthermore, mental health problems were very common and compounded by ongoing unmet mental health services needs.

An alarming number of these young adults were living in households below the federal poverty level, especially young adult mothers raising children: 61.8% of young adult mothers were raising their children in poverty, compared with 37.2% of female young adults living in poverty without children. Among all young adults, 41.8% were living in poverty, which is far more than young adults nationally (30%; Rumbaut, 2004). Another key difference between these young adults and their peers was the number reported to have had children and the number actively parenting those offspring. Young adults who were parents did not appear to have substantially more risks to their well-being (e.g., mental health problems, domestic violence) when compared with other young adults who were in the NSCAW sample at Wave 5. However, young adult parents reported substantially more mental health problems, traumatic stress, and histories of domestic violence than are reported for the general population of adults.

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

CHAPTER 1
ADOLESCENTS INVOLVED WITH CHILD WELFARE—A TRANSITION TO ADULTHOOD

For the past 50 years, young adulthood has been conceived of as a challenging period, full of major risks and opportunities as young people acquire greater autonomy. During this period, young adults may be completing school, establishing independent households, and finding employment. This time also coincides with heightened expectations that young adults will form and maintain significant interpersonal relationships and become increasingly active participants in society (Erikson, 1950; Masten et al., 2004). For young adults who were reported for child abuse or neglect, the legacy of maltreatment can have a direct impact on their ability to adapt and comply with society's expectations (Arias, 2004). This report focuses on the well-being and transition to adulthood among young adults who were involved with the child welfare system (CWS) as adolescents.

This report uses data from the National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal study of a national probability sample of children involved with child welfare. NSCAW originated in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which directed the U.S. Department of Health and Human Services to carry out a national study of children who were at risk for maltreatment or were otherwise involved with the CWS (Administration for Children, Youth and Families [ACYF], 2005; NSCAW Research Group, 2002). NSCAW gathered data on children's safety, permanency of living situation, well-being, and services at five points in time. Data for the current report are from Wave 5, collected 6 to 7 years after baseline.

This report is the first to focus on adolescents transitioning to young adulthood, presenting findings from the NSCAW Wave 5 follow-up. It provides information about 620 young adults (aged 18 to 21) who were adolescents (12 to 15 years old) at baseline. Research questions were as follows:

- Who are the young adults who had contact with the CWS during adolescence? What types of maltreatment did they experience as adolescents? What risks did they face? What environments are these young adults living in by the time they are 18 to 21 years old?

- How well are these young adults doing in terms of their physical, psychosocial, and emotional development? How does this development compare with that of other young adults in the general population?

- How are they transitioning to adulthood and integrating into society? How many have a job, and what types of work are they doing? For those who are parents, how are they doing in this new role?

- What services do young adults need? What have they received?

Background

In 2005 the national rate of victimization among children aged 12 to 15 was 10.2 per 1,000 same-aged children (Administration for Children and Families [ACF], 2007). Among 12- to 15-year-olds, the main types of reported maltreatment were neglect (53.8%) and physical abuse (21.3%). Although sexual abuse was not the most common type of abuse, the rate of sexual abuse in this age group (17.3%) was higher than that for any other age group (ACF, 2007).

The effects of maltreatment can extend well beyond childhood. For young adults, child maltreatment can affect all aspects of life, including physical health, mental health, behavior, academic performance, interpersonal relationships, and self-perception. Furthermore, childhood maltreatment is a critical risk factor for subsequent victimization in adulthood, which can further compromise any physical or mental health problems (Arias, 2004; Brown, Cohen, Johnson, & Smailes, 1999; Danielson, de Arellano, Kilpatrick, Saunders, & Resnick, 2005; Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000; Kaplan et al., 1998; Lansford et al., 2002; Molnar, Buka, & Kessler, 2001; Riggs, Alario, & McHorney, 1990; Thompson, Arias, Basile, & Desai, 2002; Walker et al., 1999; Wolfe, Scott, Wekerle, & Pittman, 2001; Wonderlich, Wilsnack, Wilsnack, & Harris, 1996).

Not all adolescents reported for maltreatment necessarily experienced maltreatment: less than one third of CWS investigations lead to a substantiation of the allegation of abuse or neglect (ACF, 2007). However, research suggests that even children in unsubstantiated cases have disproportionate exposure to risks, have disproportionate rates of developmental deficits and mental health problems, and, in some cases, experience family violence at home and disruptions in caregiving (Hussey et al., 2005; Leiter, Myers, & Zingraff, 1994). Thus, there is reason to believe that all children with a past report to the CWS may be at risk for negative developmental outcomes.

The period of young adulthood is a critical juncture in life. For youth in the United States, the transition to adulthood brings expectations of emotional and economic independence from caregivers and increased societal roles and responsibilities. For instance, it is during this developmental period that young adults might be expected to complete school, find a job, establish significant romantic relationships, and even have children of their own. However, the expectations for a young adult in today's society have changed from those of even a decade ago. In particular, the period of transition into adulthood has lengthened and become more complex. There is greater diversity in the order and way in which young adults go about achieving the traditional milestones of early adulthood. There are also an increasing number of different and more complicated paths through marriage and parenting than were seen in the past. One reason for this prolonged and increasingly complex transition to adulthood is the increased education and job training required to find employment sufficient to support a family (Furstenberg, Kennedy, McLoyd, Rumbaut, & Settersten, 2004). As a result, many young adults rely on support from their parents for longer periods of time and delay marriage and children while they work to meet increased job training needs. Young adults who cannot prolong their reliance on their families of origin, however, may not be able to pursue extensive job training and are likely to have a more compressed transition to adulthood. Research findings demonstrate that young

adults living in poverty tend to leave home, obtain full-time employment, and have children at younger ages than those who are financially better off (Furstenberg et al., 2004).

The transition to adulthood is also marked by significant changes in health insurance coverage. Many young adults lose parental insurance coverage when they turn 18 if they are no longer in school, and the types of jobs held by many young adults generally do not provide insurance coverage (Callahan & Cooper, 2004; Lyons & Melton, 2005; Park, Mulye, Adams, Brindis, & Irwin, 2006). Access to health services may be affected in other ways, as well. For example, even if young adults qualify for the same services that they received as children, many mental health services are age based, and the transitions are not seamless. Waiting periods or lack of access to needed services may result because of difficulties in navigating a complex system (Callahan & Cooper, 2004; Lyons & Melton, 2005; Park et al., 2006).

Given the significant challenges posed by the transition to adulthood and the critical developmental tasks to be accomplished, it is crucial to understand how well young adults who were involved with the CWS as adolescents navigate this stage of life. Much of what we know about the transition to adulthood among adolescents involved with the CWS has come from research focused on young adults with a history of foster care placement. A substantial amount of research suggests that the transition-to-adulthood period is especially difficult for maltreated youth who are "aging out" of the foster care system (Courtney & Heuring, 2005). For example, former foster youth have been found to have higher rates of out-of-wedlock births than their peers (Cook, Fleischman, & Grimes, 1991), high rates of unemployment (George et al., 2002), and substantial housing instability in adulthood (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). Adolescents placed in foster care, however, represent a small minority of the adolescents investigated by the CWS, and no research to date has examined how adolescents investigated by the CWS fared during the transition to adulthood, including both those adolescents who were placed out-of-home and those who remained with their original, biological families.

Purpose of the Report

The purpose of this report is to describe the well-being, early adulthood developmental milestones, and service needs of young adults who were involved with the CWS in adolescence. We provide an overview of their status at 18 to 21 years of age. Using their self-reports, we describe young adults' physical and emotional well-being, current living situation, social relationships, and service utilization.

Definitions

Young Adult. We use the term *young adult* to describe the developmental stage of this report's target population. In the research literature, it has been recently argued that the transition-to-adulthood period is lengthening for young adults in the United States and that this developmental stage may begin at age 18 and extend into a young person's 30s (Furstenberg, Rumbaut, & Settersten, 2004). The population described in this report, however, ranges in age from 18 to 21 years, with approximately 70% being 19 to 20 years old. Thus, they are in the early stages of young adulthood, just beginning the transition.

Wave 5. We use the term *Wave 5* to describe the NSCAW follow-up interview period on which the data in this report are based. For most individuals in this report, the interview occurred

6 to 7 years after the original, baseline interview, which occurred about 4 months after the index report of maltreatment.

Involved with the CWS in Adolescence. We describe this target population as having been "involved with child welfare system (or CWS) in adolescence." At baseline, this target population was between 12 and 15 years of age. Thus, their "index maltreatment report," or the maltreatment report on which their participation in NSCAW was based, occurred in early adolescence. We do not wish to imply that these young adults were not involved with the CWS prior to adolescence; in fact, we have reason to believe that many of them were involved (see Exhibit 1-3). However, we do not have detailed information about their families or their experiences with the CWS prior to adolescence, so the conclusions and references in this report are based on our knowledge of their involvement with the CWS during adolescence.

NSCAW Methods

The methodology of NSCAW provides a number of advantages for this analysis, while also entailing some limitations. We give a brief overview of the methodology in this section; detailed explanations of methods are presented in several available documents (NSCAW Research Group, 2002; Christ & Biemer, 2005; Administration for Children and Families, 2005).

The NSCAW survey included 5,501 children aged 0 to 14 (at the time of sampling—by the time they were reached for the first interview, some of them had turned 15) who had contact with the CWS within a 15-month period beginning in October 1999. These children were selected from 92 primary sampling units in 92 counties nationwide. The sample of investigated/assessed cases included cases that received ongoing services, as well as those that did not receive services, either because they were not substantiated or because it was determined that services were not required.

This sample design required oversampling of infants (to ensure enough cases for permanency planning), sexual abuse cases (to ensure sufficient statistical power to analyze this kind of abuse alone), and cases receiving ongoing services after investigation (to ensure adequate power to understand the process of services). This approach allowed for generation of national estimates for the full population of children and families entering the system, with power to consider key subgroups of the child welfare population.

Weighted percentages were used to provide the most accurate population estimates possible (Christ & Biemer, 2005). Specific weights were developed for the sample of young adults at Wave 5. These young adult Wave 5 weights were based on the sampling frames just described: whether the child's Wave 3 and Wave 4 caregivers were the same, whether there was a history of domestic violence against the Wave 1 caregiver, level of severity of risk to the child, and the caregiver's education level. Significant predictors of Wave 5 nonresponse were also taken into consideration in the development of these weights: caregiver age, whether the Wave 4 caregiver was permanent or temporary, type of maltreatment, child's race/ethnicity, substantiated versus unsubstantiated status after investigation, indicators for whether the child was

incarcerated at Wave 5, whether the child had any delinquent behaviors at the time of the Wave 1 interview, and the interaction between gender and delinquent behaviors.[2]

Exhibit 1-1 gives an overview of how and from whom data have been collected in NSCAW. NSCAW provides the widest range of informants of any major study of child welfare: data were collected from children or young adults (Wave 5 only) reported for maltreatment, current caregivers (primarily biological parents, foster parents, or kin), caseworkers, and teachers. Questionnaires used standardized instruments measuring safety, child development, child well-being, service delivery, and other constructs, as well as items specially designed for this study. For children, young adults, and caregivers, data were collected in face-to-face interviews conducted in their homes. To help ensure their privacy and comfort while reporting personal information, sensitive data (e.g., substance use or victimization) were collected through an audio computer-assisted self-interview (ACASI) system, in which respondents enter data directly into laptop computers and follow voiced instructions given to them through headphones attached to the laptop.

Exhibit 1-1
Time Line of NSCAW Data Collection

	Wave				
	1	**2**	**3**	**4**	**5[a]**
Start and end dates	11/15/99–04/30/01	10/01/00–03/31/02	04/01/01–09/30/02	08/01/02–02/28/04	09/05/05–present
Months after close of investigation	2–6	12	18	36	57–87[b]
Respondent					
Child	X		X	X	X
Current caregiver	X	X	X	X	X
Investigator/services caseworker	X	X	X	X	X
Teacher	X		X	X	X
Young adult					X

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

[b] This interval refers to the time period for the infant, young child, and young adult cohorts at Wave 5. Young adults at Wave 5 were interviewed between 31 and 51 months after the close of the CWS investigation.

Data for Waves 1 through 4 were collected for the entire sample according to the time interval since the investigation of maltreatment was closed (2 to 6 months, 12 months, 18 months, and 36 months after the investigation). In contrast, data for Wave 5 were collected by age cohort. Data collection for Wave 5 began in September 2005 for children younger than 12 months old at the time of sampling. Wave 5 data collection continues for other age cohorts (e.g., adolescents). This report focuses on 620 young adults who turned 18 years old by April 30, 2006. Data collection for this age group was conducted between July 2006 and January 2007. An

[2] Additional information about the procedures used to design the Wave 5 young adult weights is described within the *Data File Users Manual,* Section 7.4.1.

additional 337 young adults who turned 18 after April 30, 2006, are being surveyed between March and November 2007. Because the data on this group of young adults were not available at the time this report was written, they were not included in the analyses.

NSCAW is available to all qualified researchers through the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University (2007). The data analyzed in this report will be released through NDACAN in NSCAW data version 5.2. The data on all young adults, including those analyzed in this report and the 337 interviewed in 2007, will be released for public use through NDACAN in NSCAW data version 5.3.

This report focuses on Wave 5 data collected directly from the young adults who turned 18 years old by April 30, 2006. Baseline data for this young adult cohort were collected 1 to 10 months after the close of the index CWS investigation (with a median time of 4 months). Baseline data included interviews with permanent or nonpermanent caregivers, caseworkers, and children. Data collection at Wave 3 (1½ years later) and Wave 4 (3 years later) included the majority of the same variables as the baseline set. Data collection at Wave 2 included only caseworker and caregiver interviews. At Wave 5, only a young adult interview was conducted. The mean time between Wave 5 and Wave 4 (when young adults were between 14 and 18 years old) was 41 months, with a range of 31 to 51 months. Thus, at Wave 5 young adults were between 18 and 21 years old.

It is noteworthy, as shown in the following sections of this chapter, that most of the adolescents at baseline had been reported for maltreatment prior to the index report; thus, the types of maltreatment recorded at baseline and placement history after baseline capture only part of their lifetime experience. Finally, data on the types of maltreatment are based on the caseworkers' limited knowledge about the case and the specific crisis that triggered the report and may not accurately reflect the young adults' actual experiences.

Wave 5 for Young Adults Who Were Adolescents at Baseline

All results described for young adults at Wave 5 came exclusively from a young adult interview. No caregiver, caseworker, or teacher interviews were conducted at Wave 5 for young adult cases. The young adult interview addressed a wide range of constructs relevant to the young adults' well-being and service receipt. Below is a partial list of the constructs measured:

- physical and mental health
- academic achievement
- illegal activity
- living situation and household status
- employment and financial resources
- family formation
- young adult parenting
- utilization of health and mental health services

A detailed description of the instruments used is provided in the baseline report (ACYF, 2005). The Technical Appendix at the end of this report provides a brief overview.

This report focuses on data collected from a target population of 800 young adults who turned 18 years old by April 30, 2006; however, the final Wave 5 young adult sample included 620 cases. Twenty-one young adults at Wave 5 could not be interviewed because of their placement in correctional or other restrictive settings (e.g., jail, prison, or a juvenile corrections center). These restrictive settings did not allow the participants to be interviewed while incarcerated. There were 8 deceased children among those who were adolescents at baseline. Thus, the eligible young adult sample for the purpose of calculating response rates was 800 (800 original sample minus 8 deceased). The overall weighted response rate was 81%.

Young Adult Characteristics

Exhibit 1-2 gives an overview of some key characteristics of young adults who were involved with the CWS at baseline. These characteristics are analyzed in further detail in the following chapters. More than half of the sample were females (59.7%). Half (52.4%) were White, 26.5% were Black, 14.1% were Hispanic, and 7.1% described their race/ethnicity as "Other." Slightly more than 40% were living in households where the combined income was below the federal poverty level. About 36.7% did not report having any health insurance. On average, the young adults were 19.4 years old (SE = 0.1). The majority (39.9%) were 20 years old, 30.2% were 19, 19.8% were 18, and 10.2% were 21. Most young adults (55.5%) reported living with a caregiver in their household at Wave 5. About 9.5% were married, and 17.2% were cohabitating.

More than a third of these young adults (37.4%) had children: 29.0% were currently living with at least one of their biological children, and 8.4% had children but were not living with them. An examination of out-of-home placement history during adolescence revealed that 17.2% had been placed outside of their home at some point between baseline and the Wave 4 interview.

Young Adults at NSCAW Baseline and Previous Waves

Data collected between baseline and Wave 4 provide useful background information on the young adults. This section presents selected findings from baseline to Wave 4, including the following: results of the caseworker baseline risk assessment, adolescent out-of-home placement history, and well-being at Wave 4.

Baseline Risk Assessment. Exhibit 1-3 provides data from the caseworker report on maltreatment and risk variables for these young adults at the baseline interview. Regarding the most serious type of maltreatment, 31.9% of cases were reported for physical abuse; 29.1% for failure to supervise; 14.5% for sexual abuse; 9.5% for failure to provide; 7.2% for emotional abuse; 6.3% for moral/legal, educational, or other maltreatment; and 1.6% for abandonment. Slightly over one quarter of the cases (26.3%) were substantiated. Another 4.9% of the cases were "indicated," a category used in some jurisdictions for cases in which some evidence exists for maltreatment but not enough for substantiation. A substantial percentage (57.6%) were not substantiated.

Exhibit 1-2
Characteristics of Young Adults at Wave 5

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

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

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

Exhibit 1-3
Caseworker Report on Baseline Maltreatment and Risk for Young Adults Involved with the Child Welfare System as Adolescents

	N (Min)	% (SE)
Most serious maltreatment type	571	
Physical abuse		31.9 (3.7)
Sexual abuse		14.5 (3.0)
Failure to supervise		29.1 (4.1)
Failure to provide		9.5 (2.1)
Emotional abuse		7.2 (1.9)
Moral/legal, educational maltreatment, or other		6.3 (1.8)
Abandonment		1.6 (1.0)
CWS outcome[a]	569	
Substantiated		26.3 (3.3)
Indicated		4.9 (1.4)
Unsubstantiated		57.6 (4.1)
Level of harm	566	
None		43.3 (4.2)
Mild		27.9 (3.3)
Moderate		22.8 (3.2)
Severe		6.0 (1.3)
Level of risk	515	
None		28.4 (3.7)
Mild		44.5 (4.5)
Moderate		18.9 (2.7)
Severe		8.2 (1.7)
Risk factors		
Prior reports of child maltreatment	566	57.6 (4.5)
Prior child welfare service history	545	34.8 (4.3)
Child has major special needs or behavioral problems	566	36.4 (3.7)
Active alcohol abuse by primary caregiver	526	7.4 (1.5)
Active alcohol abuse by secondary caregiver	530	12.3 (2.5)
Active drug abuse by primary caregiver	529	7.6 (2.1)
Primary caregiver has serious mental health problem	536	17.8 (2.7)
Primary caregiver has recent history of arrests	528	9.3 (2.1)
Primary caregiver has intellectual or cognitive impairments	550	7.0 (2.1)
Primary caregiver has physical impairments	553	10.4 (2.6)
Primary caregiver has poor parenting skills	560	40.8 (4.7)
Parent has unrealistic expectations of child	551	21.5 (3.2)
History of domestic violence against caregiver	515	35.7 (4.2)
Active domestic violence against caregiver	551	9.9 (2.0)
Primary caregiver uses inappropriate or excessive discipline	553	13.2 (2.5)
History of abuse or neglect of primary caregiver	436	15.3 (3.1)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Only young adult cases with Wave 5 follow-up data were analyzed.

[a] Data on CWS outcome do not represent all possible responses. Not included here are those cases for whom a substantiation decision was not made but for whom a level of risk was determined (e.g., high risk, medium risk, low risk).

During a baseline risk assessment, caseworkers indicated the level of harm that they believed had occurred and the kinds of risks that were present in the adolescents' homes. For 43.3% of cases, the caseworker assessed that no harm had occurred; the level of harm was judged to be mild for 27.9% of cases, moderate for 22.8%, and severe for 6.0%. The most common risk factor (57.6% of families) was having prior CWS reports of maltreatment. The majority (94.1%) of these cases were investigated, and, of those, 64.2% were substantiated (not shown). It should be noted that these prior reports were not necessarily related to the caregiver report at baseline and may or may not have been related to the index adolescent. Other risks that were present in a substantial percentage of the cases included poor parenting skills (40.8%), the adolescent's having major special needs or behavioral problems (36.4%), a history of domestic violence against the primary caregiver (35.7%), a primary caregiver mental health problem (17.8%), and a history of abuse or neglect to the primary caregiver (15.3%).

Out-of-Home Placement History. We examined adolescent placement history across Waves 1 through 4 to obtain a comprehensive picture of young adult living situations throughout adolescence. Placement history refers to the adolescent's current living situation (in-home versus out-of-home) at Waves 1, 2, 3, or 4. *Out-of-home* indicates that an adolescent was not living in a home with a biological caregiver at the time of the interview. An out-of-home placement could include being in foster care, being in kinship care, or living in a group home or other residential treatment facility. As presented in Exhibit 1-2, 17.2% of young adults had ever lived out of home at some point across Waves 1 through 4 (corresponding to the period of their adolescence). So, over the course of the study period, most adolescents remained at home with their biological parents. At each wave of data collection from baseline to Wave 4, 82.7% were living at home with their biological parents. Others were at in-home settings with adoptive parents (0.56% to 1.1%, depending on wave) or other caregivers (3.7% to 6.0%). Depending on the wave, 10.9% to 14.0% were in out-of-home settings, including foster care (3.1% to 4.4%), kinship care (2.7% to 6.4%), group home or residential treatment (2.6% to 3.3%), and other out-of-home settings (0.54% to 2.2%). Considered over time, 81.9% of youths were at home both at Wave 1 and at Wave 4, and 5% were out of home at both time points. In terms of transitions, 5.4% of youth went from in-home settings at Wave 1 to out-of-home settings at Wave 4, and 7.1% went from out-of-home to in-home settings. A large majority of youth never experienced a placement.

Mental Health in Late Adolescence. Exhibit 1-4 describes mental health indicators to give some sense of how these young adults fared during late adolescence. Depression was measured with the Children Depression Inventory (CDI); children were classified as depressed if they fell at or above the 91st percentile for their age and sex group on the CDI (Kovacs, 1992). More than a quarter (29.8%) of adolescents had a score in the clinical range for depression. Scores on the Child Behavior Checklist (CBCL) developed by Achenbach and colleagues were used as indicators of adolescents' mental health and behavioral and emotional functioning. Externalizing, Internalizing, and Total Problems were measured using the CBCL (Achenbach, 1991). The proportion of adolescents in the borderline/clinical range (at or over the 92nd percentile) of scores from the caregiver reports on the CBCL was 34.5% on Externalizing behaviors, 17.6% on Internalizing behaviors, and 31.3% on the Total Problems scale. Only one result across all measures of mental health was different by sex: females (40.9%) were more likely to be described by their caregiver as having externalizing behaviors than were males (25.0%).

Exhibit 1-4
Young Adults' Mental Health at Wave 4

			Problem Behaviors (Caregiver Report)[b]		
	N **(Min)**	**Depression[a] % (SE)**	**Total Problems % (SE)**	**Externalizing % (SE)**	**Internalizing % (SE)**
Total	400	29.8 (3.9)	31.3 (4.2)	34.5 (4.3)	17.6 (3.2)
Sex				*	
Male	148	39.3 (7.7)	27.3 (6.4)	25.0 (6.0)	17.0 (5.1)
Female	252	23.9 (4.5)	33.9 (5.0)	40.9 (5.2)	18.0 (3.7)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. Asterisks indicate statistical significance (*$p < .05$). Asterisks in column apply to the subsequent results for the covariate.

[a] Depression was assessed at Wave 4 with the Children's Depression Inventory (CDI). The CDI measures depression by asking various questions of children aged 7 to 17 about their engagement in certain activities or their experience of certain feelings (e.g., sadness or enjoyment in being around other people). CDI contains 27 items, each with a 3-point Likert-type scale (0 = *absence of symptom*, 1 = *mild symptom*, 2 = *definite symptom*) that addresses a range of depressive symptoms as indicated by five factors: negative mood, interpersonal problems, ineffectiveness, anhedonia, and negative self-esteem. Children were classified as depressed if they fell at or above the 91st percentile for their age and sex group. This clinical cutoff is based on the CDI normative sample's rates of depression in the CDI manual (Kovacs, 1992).

[b] Externalizing and internalizing behaviors were measured at Wave 4 with the Child Behavior Checklist (Achenbach, 1991a).

Delinquency in Late Adolescence. Delinquency during the 6 months prior to the Wave 4 interview was assessed via ACASI using the Self-Report Delinquency Scale developed for the National Youth Survey (Elliott, Huizinga, & Ageton, 1985; see Technical Appendix). Just over 40% of adolescents had engaged in some delinquent activity, primarily public disorder, in the 6 months prior to interview. Males were significantly more likely than females to have engaged in delinquent activity (51.0% versus 34.2%). Five percent of adolescents had been arrested in the 12 months prior to Wave 4, with no significant difference between males and females (Exhibit 1-5).

Guide to the Report

Chapter 2 reviews data on child well-being in terms of health, mental health, sexual behavior, delinquency, and academic achievement. Chapter 3 discusses results regarding developmental milestones related to the transition-to-adulthood period. Chapter 4 discusses the services that young adults received and whether these services met their needs. Chapter 5 describes key characteristics of young adult parents who were living with their children at Wave 5. Chapter 6 draws overall conclusions about the status of young adults who were involved with the CWS during adolescence. References are provided, and the Technical Appendix explains the measures and specially derived variables used.

Exhibit 1-5
Young Adult Delinquency at Wave 4

	N (Min)	Any Delinquency in Past 6 Months % (SE)	Arrested in Past 12 Months % (SE)
Total	522	41.1 (4.3)	5.0 (2.0)
Sex		**	
Male	194	51.0 (7.1)	5.2 (3.8)
Female	328	34.2 (4.9)	4.8 (2.2)

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

CHAPTER 2
YOUNG ADULT WELL-BEING

A notable proportion of young adults who were reported for maltreatment as adolescents were already showing risks to their social and emotional well-being at Wave 4. As noted in Chapter 1, more than a quarter of young adults showed signs of mental health problems at Wave 4, and slightly more than 40% had engaged in some type of delinquent activity in the 6 months before the Wave 4 interview. This chapter will examine these and other indicators of well-being for young adults at Wave 5. Estimates of well-being are compared with estimates based on the general population of young adults in the United States; if no estimates are available, then comparisons are made against the general adult population.

We should begin by noting some patterns of typical well-being of young adults from the general population, particularly as they progress from adolescence to adulthood. For instance, indicators of well-being related to mental health problems and exposure to violence have been found to improve between adolescence and young adulthood (Harris, Gordon-Larsen, Chantala, & Udry, 2006; Schulenberg, O'Malley, Bachman, & Johnston, 2005). Other indicators, such as those related to physical health and substance use, appear to worsen (Harris et al., 2006; Schulenberg et al., 2005).

A history of maltreatment may well alter the typical profile of a young adult's well-being. Maltreatment during childhood or adolescence has been found potentially to affect well-being long term, into adulthood. For example, physical abuse during childhood has been found to be associated with an increase in both physical and mental health problems in adulthood (Thompson, Kingree, & Desai, 2004), and physical abuse during adolescence has been found to be associated with an increase in antisocial behavior during young adulthood, including both general offending and violent offending (Smith, Ireland, & Thornberry, 2005). Some evidence suggests that sexual abuse is associated with high rates of sexual risk taking, placing young adults at high risk for unintended pregnancy or sexually transmitted diseases, including HIV/AIDS (Blinn-Pike, Berger, Dixon, Kuschel, & Kaplan, 2002; Malow, Dévieux, & Lucenko, 2006).

The purpose of this chapter is to assess the well-being of young adults along various dimensions and to identify any differences in well-being across groups. The analyses within this chapter examine the following issues:

1. overall physical health;
2. prevalence of specific health conditions;
3. nutrition, exercise, and obesity;
4. overall mental health;
5. depression;
6. trauma;
7. externalizing and internalizing behaviors;

8. substance dependence;

9. academic achievement;

10. sexual behavior;

11. illegal activity; and

12. victimization, including intimate partner violence.

Well-being outcomes likely vary across individual characteristics. We assessed indicators of well-being according to six different characteristics: sex, race/ethnicity, age, whether respondents were ever placed out of home, number of types of maltreatment, and types of maltreatment. Key results for young adults' well-being were as follows:

- Key physical health results:
  - A full 83.7% reported that they were in good, very good, or excellent health.
  - Male young adults experienced better overall health than females, according to both self-report and the 12-Item Short-Form Health Survey (SF-12) physical health measure.
  - A third experienced some type of injury or accident during the 12 months prior to survey, primarily bad cuts or scrapes (24.3%) and bad sprains or torn ligaments (14.0%).
  - 4.4% of young adults were underweight, 39.1% had a normal weight, 27.7% were overweight, and 28.9% were obese.
  - Reported consumption of fruits and vegetables and reported physical activity were both low.
- Key mental health results:
  - Using the SF-12 mental health measure, we found the mean score for overall mental health was 47.3, only slightly lower than the national norm of 50.0. Female young adults scored significantly lower (44.8) than male young adults (50.9).
  - More than one fourth of young adults were in the clinical range for major depression.
  - In relation to trauma, 10.2% reported intrusive symptoms associated with post-traumatic stress (flashbacks, nightmares, intrusive thoughts), and 6.2% reported traumatic dissociation symptoms (depersonalization, derealization, out-of-body experiences, and psychic numbing).

  - Based on self-report, 18.9% of young adults were in the clinical range on the externalizing behaviors scale (behaviors such as aggression, hyperactivity, and oppositional behavior.)

  - For internalizing behaviors (behaviors signaling anxiety, depression, and fears), 16.0% were in the clinical range.

  - Using the Composite International Diagnostic Interview Short Form (CIDI-SF), we found that 6.5% were dependent on alcohol, and 6.5% were dependent on drugs.

- Key results related to academic achievement, sexual behavior, illegal activity, and victimization:

  - Mean scores for academic achievement were substantially lower than norms.

  - Three fourths of young adults were found to be sexually active; half have had more than one sexual partner in the year prior to interview. Fewer than half of sexually active young adults used a condom during last sex, and 15.3% used no contraception in the year prior to interview.

  - Nearly half of young adults had engaged in some illegal activity in the 6 months prior to interview, primarily public disorder. Male young adults were significantly more likely to have committed a crime than female young adults.

  - In the year prior to survey, 16.7% of young adults were arrested, and 9.0% were convicted of a crime. Male young adults were much more likely to have been involved with the law than female young adults: 28.9% of male young adults were arrested in the year prior to interview, and 19.1% were convicted of a crime.

  - In the year prior to survey, 16.0% of young adults were victims of violent crimes.

  - More than one fourth of female young adults experienced intimate-partner violence in the 12 months before survey, including 15.5% who experienced severe violence.

Physical Health

According to their own self-report, the majority of young adults (83.7%) were in good health (either *good, very good,* or *excellent;* Exhibit 2-1). This percentage is lower than that for other age groups in the National Survey of Child and Adolescent Well-Being (NSCAW) at Wave 5 (e.g., 93.5% of children aged 5 to 6 years and 96.9% of children aged 6 to 9 years were reported to be in good, very good, or excellent health). It is also lower than the proportion of adults (aged 18 to 44 years) nationally who report being in good health (94.1%) in the National Health Interview Survey [NHIS]; Pleis & Lethbridge-Cejku, 2006). Another measure of overall health, the SF-12 (see the Technical Appendix), suggests that young adults' physical health was comparable to that of the U.S. adult population. Both the self-report measure and the SF-12 indicate that the overall physical health of female young adults is not as good as that of male young adults, and that of 18-year-olds is not as good as that of those 19 years of age or older.

Exhibit 2-1
Overall Physical Health of Young Adults at Wave 5

	N (Min)	Self-Reported Good Health[a] % (SE)	SF-12 Physical Health Score Mean (SE)
Total	619	83.7 (2.4)	50.0 (0.6)
Sex	619	**	*
Male	232	91.5 (2.3)	51.7 (0.8)
Female	387	78.4 (3.7)	48.9 (0.8)
Race/ethnicity	615		
Black	183	91.6 (2.1)	50.4 (1.1)
White	294	86.7 (2.9)	50.9 (0.8)
Hispanic	84	76.0 (9.5)	48.9 (2.3)
Other	54	62.6 (13.2)	47.6 (1.9)
Age		*	**
18 years	130	68.2 (8.7)[b]	46.0 (2.2)[c]
19 years	198	91.3 (2.6)	52.4 (0.8)
20 years	216	82.9 (4.7)	50.5 (0.8)
21 years	75	94.0 (3.6)	49.8 (2.1)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences in the self-report of good health or the SF-12 physical health score were found by types of abuse at baseline, by number of types of maltreatment, or by ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$, **$p < .01$). Asterisks in column apply to the subsequent results for the covariate. SF-12 = 12-Item Short-Form Health Survey.

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

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

[c] Age 18 is significantly different from age 19 ($p < .01$).

Because of their health, a relatively large proportion of young adults experienced limitations in their activities. For example, slightly more than a quarter reported that their health limited them either *a little* (19.3%) or *a lot* (6.7%) in moderate activities; 15% declared that they were limited in their ability to walk, run, or play; and 11.8% declared that, during the 4 weeks prior to interview, pain interfered *quite a bit* or *extremely* with their normal work.

Nearly a third (30.3%) of young adults reported that they had a health condition that currently limited them in some way. Exhibit 2-2 lists the conditions that young adults were ever told by a doctor that they had and, for those who had the condition, the percentage for which that condition currently limited activities in any way. Vision problems were the most common condition (41.6%), followed by back or neck problems (29.9%), migraine (22.9%), asthma (22.3%), dental problems (18.1%), weight problems (15.6%), hypertension (11.9%), chronic bronchitis (10.1%), and sinusitis (9.5%). Although the proportion of young adults with reported health conditions might appear high, it should be noted that, for many of these conditions, recent NHIS findings indicate similar prevalence rates for adults aged 18 to 44 years nationally. For example, rates of neck and lower back pain in the past 3 months (13% and 18%, respectively),

migraine or severe headache (18%), and sinusitis (12%) were all similar. Rates of some conditions, however, were more prevalent among the young adults in NSCAW than they are nationally. In particular, the proportion of young adults who reported being told they have asthma (22.3%) is double that of adults nationwide (11%). Rates of hypertension were also higher among the young adults (11.9%), compared with adults aged 18 to 44 years nationally (7.3%; Pleis & Lethbridge-Cejku, 2006).

Exhibit 2-2
Most Common Health Conditions for Young Adults at Wave 5

			Currently Limited by Condition (Among Those Ever Told Had Condition)		
Condition Name	***N***	**Ever Told by a Doctor Had Condition % (SE)**	**Not Limited % (SE)**	**Limited a Little % (SE)**	**Limited a Lot % (SE)**
Vision	619	41.6 (3.3)	57.8 (5.0)	36.3 (4.7)	6.0 (2.4)
Back or neck	618	29.9 (4.0)	41.6 (7.8)	39.3 (18.0)	19.0 (5.8)
Migraine	618	22.9 (3.2)	38.3 (8.1)	39.7 (7.6)	22.1 (6.8)
Asthma	618	22.3 (3.4)	42.8 (8.0)	39.6 (8.0)	17.5 (6.4)
Dental	617	18.1 (3.0)	57.2 (9.2)	32.1 (8.3)	10.8 (6.5)
Weight	618	15.6 (2.5)	40.1 (9.1)	34.8 (9.0)	25.1 (9.7)
Hypertension	618	11.9 (2.7)	52.8 (13.5)	47.2 (13.5)	0.03 (0.1)
Chronic bronchitis	618	10.1 (2.4)	34.7 (12.5)	58.9 (12.7)	6.5 (4.6)
Anemia	618	9.6 (2.2)	80.4 (7.3)	11.7 (6.3)	7.8 (4.3)
Sinusitis	618	9.5 (2.3)	59.2 (12.1)	24.9 (9.4)	15.9 (8.1)
Repeated ear infections	618	9.1 (2.4)	73.3 (11.6)	23.0 (11.4)	3.7 (2.3)
Eczema or other skin disorder	618	6.9 (1.8)	61.2 (15.1)	37.2 (14.9)	1.6 (1.1)
Fracture, bone, or joint injury	619	25.9 (3.7)	63.3 (7.7)	35.5 (7.7)	1.2 (0.6)

Note: All analyses are on weighted data; *N*s are unweighted.

Among those who had ever been told they had a health condition, many were not currently limited by that condition. The conditions most likely to currently limit activities *a lot* were weight problems (25.1% of those who had ever been told they a weight problem), migraine (22.1%), back or neck problems (19.0%), and asthma (17.5%).

Slightly more than a third (34.6%) of young adults reported having experienced some type of injury or accident during the 12 months before the interview; 20.3% saw a doctor or nurse for an injury or accident. The most common injuries were a bad cut or scrape and bad sprain or torn ligament (Exhibit 2-3). Fewer than half of the bad cuts or scrapes were treated by a doctor or nurse. In contrast, the great majority of those who suffered a bad sprain or torn ligament (73.2%); a broken bone, dislocated joint, or broken nose (76.2%); or a head injury or concussion (93.7%) saw a doctor or nurse for that injury. Because national injury data are based on emergency room visits and most injuries reported by the NSCAW young adults were not treated by a doctor, no national comparisons are possible.

Exhibit 2-3
Serious Injury, Accident, or Poisoning of Young Adults at Wave 5

	N (Min)	Serious Injury, Accident, or Poisoning in Past 12 Months % (SE)	Saw Doctor for This Injury % (SE)
Bad cuts or scrapes	615	24.3 (2.9)	43.2 (7.9)
Bad sprain or torn ligament	615	14.0 (2.8)	73.2 (8.1)
Broken bone, dislocated joint, broken nose	615	9.8 (2.6)	76.2 (23.8)
Bite from person or animal	615	4.6 (1.6)	1.5 (1.0)
Bad burn	615	3.8 (1.3)	1.9 (1.0)
Head injury or concussion	615	2.6 (1.3)	93.7 (6.4)
Gunshot wound or stab wound	615	2.3 (1.5)	1.0 (0.9)

Note: All analyses are on weighted data; *N*s are unweighted.

Young adults' body mass index (BMI) was calculated on the basis of their self-report of height and weight. The Centers for Disease Control and Prevention (CDC) considers an adult with a BMI between 25 and 29.9 to be overweight and considers an adult with a BMI of 30 or more to be obese (CDC, 2007a). By these criteria, more than half (56.6%) of young adults were either overweight (27.7%) or obese (28.9%; Exhibit 2-4). Among adults aged 18 to 24 years nationally, the percentage who are overweight (26.1%) is similar to the percentage of young adults in NSCAW, but the percentage who are obese (13.6%) is less than half that of the young adults in NSCAW. No significant differences were found by sex, race, or age. Young adults who were ever placed out of home were more likely than those who were never out of home to be in the normal range for BMI: those who were never out of home were more likely to be overweight or obese.

The proportion of young adults who were overweight or obese (56.6%) according to BMI calculations was substantially higher than the proportion who considered themselves overweight (36.6%) or the proportion who reported they had been told by a doctor that they had a weight problem (15.6%). Among obese young adults, 65.7% reported that they had tried to lose weight during the 12 months before the interviews—similar to the proportion of obese adults aged 18 to 24 years nationwide (67.2%) that were currently trying to lose weight (McCracken, Jiles, & Blanck, 2007). Among overweight young adults, fewer than a third (31.5%) were trying to lose weight.

The federal government recommends that all adults eat five servings of fruits and vegetables per day (U.S. Department of Agriculture and U.S. Department of Health and Human Services, 1990). However, only 36.5% of young adults reported eating at least some fruit or green vegetables every day, and 9.1% reported never eating fruits or vegetables. National data indicate that the proportion of adults aged 18 to 24 years who do not eat any fruits or vegetables is slightly lower (8.2%). In terms of exercise, CDC recommends that adults engage in moderate-intensity physical activities for at least 30 minutes on 5 or more days of the week (CDC, 2007d). Only 30.8% of young adults exercised at least 30 minutes 5 or more days a week. Thus, more than two thirds (69.2%) of young adults were exercising less than what is recommended, and nearly a third (32.3%) never exercised 30 minutes or more. Nationally, the proportion of adults aged 18 to 24 years nationwide who reported insufficient or no physical activity (41.8%) is substantially lower (McCracken et al., 2007).

Exhibit 2-4
Body Mass Index of Young Adults at Wave 5

	N (Min)	Underweight % (SE)	Normal Weight % (SE)	Overweight % (SE)	Obese % (SE)
Total	554	4.4 (1.5)	39.1 (4.3)	27.7 (3.7)	28.9 (3.1)
Sex					
Male	204	7.1 (3.5)	36.4 (6.4)	32.8 (5.0)	23.8 (4.9)
Female	350	2.7 (1.1)	40.8 (5.1)	24.3 (4.7)	32.2 (4.2)
Race/ethnicity	550				
Black	163	6.8 (5.0)	34.1 (5.1)	29.6 (5.9)	29.4 (6.1)
White	266	3.3 (1.3)	40.7 (5.7)	25.2 (5.3)	30.8 (4.3)
Hispanic	70	4.0 (4.0)	27.7 (8.7)	32.9 (10.8)	35.5 (10.2)
Other	51	6.2 (3.6)	52.9 (12.2)	34.2 (11.0)	6.7 (4.5)
Age	554				
18 years	111	4.1 (2.7)	51.4 (8.2)	14.5 (5.1)	29.9 (7.9)
19 years	174	1.8 (0.9)	34.9 (6.2)	29.9 (7.2)	33.4 (7.1)
20 years	198	1.9 (0.8)	39.3 (7.1)	33.7 (5.9)	25.1 (5.3)
21 years	71	21.5 (11.3)	27.9 (10.6)	22.1 (7.3)	28.9 (10.3)
Ever placed out of home[a]					
Yes	215	2.5 (1.1)	48.7 (7.2)	36.7 (6.6)	12.1 (2.9)
No	316	5.1 (2.0)	37.0 (5.1)	25.1 (3.8)	32.9 (4.0)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences in BMI were found by types of abuse at baseline or by number of types of maltreatment.

[a] "Ever placed out of home" is significantly different from "never out of home" at $p < .01$.

Mental Health

According to the SF-12 for mental health, young adults' mean mental health score was 47.3—which is 0.3 standard deviations below the mean for the U.S. adult population (Exhibit 2-5). Mean mental health scores were significantly lower for female young adults (44.8) than for male young adults (50.9), and significantly lower for Hispanic young adults (42.0) than for White young adults (48.8).

Exhibit 2-5
Young Adults' Mental Health Status (SF-12) at Wave 5

	N	Mean (SE)
Total	612	47.3 (1.0)
Sex		***
Male	229	50.9 (0.9)
Female	383	44.8 (1.3)
Race/Ethnicity		*
Black	181	48.0 (1.8)
White	291	48.8 (1.2)
Hispanic	82	42.0 (2.9)[a]
Other	54	46.8 (1.8)
Age		
18 years	129	46.0 (1.7)
19 years	195	47.9 (1.5)
20 years	215	47.0 (1.6)
21 years	73	49.2 (2.5)

Note: All analyses are on weighted data; *N*s are unweighted. The *t* tests for cluster samples were used for initial significance tests. No significant differences in the SF-12 mental health score were found by types of abuse at baseline, by types of maltreatment, or by ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$, ***$p < .001$). Asterisks in columns apply to the subsequent results for the covariate. SF-12 = 12-Item Short-Form Health Survey.

[a] Hispanic is significantly different from White at $p < .05$.

Depression in young adults was assessed with the screening scale of the World Health Organization CIDI-SF (Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998; see Technical Appendix). More than a quarter (27.5%) of young adults had a score in the clinical range for major depression in the previous 12 months (Exhibit 2-6). National data for adults aged 18 years or older that used the CIDI to assess depression (Kessler, Chiu, Demler & Walters, 2005) indicate much lower rates of depression: both the proportion who had a major depressive episode (MDE) in the year prior to interview (6.7%) and the proportion of adults 18 years old or older who had any mood disorder in the previous 12 months (9.5%) were about one third the proportion of young adults in NSCAW who were depressed.[3]

No significant differences were found by sex, race/ethnicity, or age. Rates of depression were very high for both sexes as compared with national data. Depression among female young adults (31.5%) was almost three times the national past-year prevalence among females aged 18 to 25 years (12.9%), while depression among male young adults (21.3%) was more than three times the national past-year prevalence among males aged 18 to 25 years (6.6%, Substance Abuse and Mental Health Services Administration [SAMHSA], Office of Applied Studies [OAS], 2005).

[3] MDE is defined as a period of at least 2 weeks during which a person experiences a depressed mood or loss of interest or pleasure in daily activities and has a majority of the symptoms for depression as described in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994).

Exhibit 2-6
Depression and Trauma Among Young Adults at Wave 5

	N (Min)	Depression % (SE)	Trauma	
			Intrusive Experiences % (SE)	Dissociation % (SE)
Total	616	27.5 (3.5)	10.2 (2.5)	6.2 (1.9)
Sex				
Male	230	21.3 (4.8)	7.4 (3.7)	5.5 (3.3)
Female	386	31.5 (4.8)	12.1 (3.6)	6.7 (2.3)
Race/Ethnicity				
Black	182	19.7 (5.8)	11.9 (5.6)	4.4 (1.9)
White	292	27.7 (4.9)	12.4 (4.2)	7.8 (3.5)
Hispanic	84	26.1 (9.6)	1.3 (1.0)	3.6 (2.2)
Other	54	43.9 (12.9)	7.1 (4.9)	8.3 (4.2)
Age			*	
18 years	130	34.0 (9.5)	17.2 (7.4)	17.0 (7.2)
19 years	197	22.4 (4.8)	6.2 (1.0)	2.4 (0.8)
20 years	215	28.0 (5.8)	11.1 (4.5)	2.2 (0.9)
21 years	74	24.0 (10.1)	17.1 (8.9)	12.5 (8.7)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences in depression, intrusive experiences, and dissociation were found by type of abuse at baseline, by number of types of maltreatment, or by ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$). Asterisks in column apply to the subsequent results for the covariate.

Trauma was measured with two clinical scales from the Trauma Symptom Inventory (Briere, 1996; see Technical Appendix). The Intrusive Experiences Scale measures intrusive symptoms associated with post-traumatic stress (flashbacks, nightmares, intrusive thoughts); the Dissociation Scale measures dissociative symptomatology such as depersonalization, derealization, out-of-body experiences, and psychic numbing. The proportion of young adults who reported having intrusive experiences was 10.2%, and the proportion who reported experiencing dissociation was 6.2%; no significant differences were found by sex, race/ethnicity, or age. Although the proportions of young adults reporting trauma were relatively low, these estimates were substantially higher than national rates: a national study of English-speaking respondents aged 18 years or older found that the rate of post-traumatic stress disorder in the previous 12 months was 3.5% (Kessler et al., 2005). A caveat to this comparison is that the scales used in NSCAW were not designed to capture diagnoses; most of the scales capture symptoms, without all the criteria required for diagnosis. Thus, it is possible that the differences in measures across the two studies account for some or all of the differences in rates.

Young Adult Behavior

Scores on the behavior checklists developed by Achenbach and colleagues were used as indicators of young adults' mental health and behavioral and emotional functioning. Externalizing, Internalizing, Total Problem Behaviors, and *DSM*-oriented scales were measured with use of the Adult Self-Report (ASR; Achenbach & Rescorla, 2003; see Technical Appendix).

The proportion of young adults in the borderline or clinical range of scores was 18.9% on externalizing behaviors, 16.0% on internalizing behaviors, and 13.4% on the Total Problems Scale (Exhibit 2-7). These proportions are higher than those found in the normative sample for each of these scales (8%; Achenbach & Rescorla, 2003). No significant differences were found by sex, race, or age.

Exhibit 2-7
Young Adults' Report of Behavior Problems at Wave 5

		Percent in Clinical Range		
	N	**Total Problems Score**	**Internalizing Score**	**Externalizing Score**
Total	619	13.4 (2.5)	16.0 (2.8)	18.9 (2.8)
Sex				
Male	233	13.9 (4.1)	10.7 (2.9)	19.8 (4.8)
Female	386	13.4 (3.1)	19.5 (4.3)	18.2 (3.4)
Race/Ethnicity				
Black	184	12.4 (3.8)	18.5 (6.2)	18.3 (4.2)
White	293	13.5 (3.7)	13.8 (3.5)	20.0 (4.5)
Hispanic	84	9.7 (4.7)	18.4 (9.8)	15.3 (6.1)
Other	54	31.3 (10.0)	20.4 (8.0)	23.0 (9.4)
Age				
18 years	130	19.3 (5.8)	23.8 (7.1)	26.6 (8.0)
19 years	198	10.3 (3.5)	14.4 (4.6)	15.0 (3.8)
20 years	216	12.3 (4.4)	13.8 (4.6)	15.7 (4.7)
21 years	75	19.3 (9.3)	13.8 (8.7)	27.6 (9.9)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. No significant differences in Total Problems, Internalizing, and Externalizing clinical scores were found by types of abuse at baseline, number of types of maltreatment, or ever out-of-home placement.

At baseline, when the young adults were between 12 and 15 years old, the estimates of behavioral problems based on the Youth Self-Report (YSR, Achenbach, 1991b) were much higher. At that time, the percentage in the borderline or clinical range was 33.0% on externalizing behaviors, 24.6% on internalizing behaviors, and 36.3% on the Total Problems scale (Administration for Children and Families, 2005). In order to explain the decrease in behavioral problems between baseline and Wave 5, further exploration would be necessary to determine the influence of the change in measure from the YSR to the ASR, maturational issues, use of mental health services during adolescence, living situation, stability, and other contextual influences. Those analyses are beyond the scope of this report.

On the *DSM-IV*–oriented scales, around 10% of young adults responded positively to items consistent with diagnostic criteria for anxiety disorders (including generalized anxiety disorder, separation anxiety disorder, and specific phobia), somatic disorders (including somatization disorder and undifferentiated somatoform disorder), and avoidant personality disorder (Exhibit 2-8). Anxiety Problems and Somatic Problems were significantly more likely among young female than among young male adults; Avoidant Personality Disorder was

significantly more likely among 18-year-olds than among 19- to 21-year-olds. Given that the ASR *DSM-IV* scales are fairly new, it was not possible to find equivalent national data based on the ASR for comparison. National comparison data using the CIDI are available from a national study of English speakers aged 18 years or older. The estimate for anxiety problems in young adults (10.6%) was lower than national estimates (18.1% for any anxiety disorder), while the percentage for avoidant personality problems (11.6%) was higher than the national estimate of 6.8% for social phobia (which would be the most serious disorder associated with avoidant personality).

Exhibit 2-8
Young Adults' Report of Behavior Problems Following *DSM-IV* Classification at Wave 5

		Percent in Clinical Range				
		Anxiety Disorders			Impulse Control Problems	
	N	**Anxiety Problems**	**Somatic Problems**	**Avoidant Personality Problems**	**ADHD Problems**	**Antisocial Personality Problems**
Total	619	10.6 (2.3)	9.1 (2.5)	11.6 (2.3)	24.5 (3.3)	22.0 (2.9)
Sex		*	*			
Male	233	5.8 (2.1)	2.7 (1.1)	12.4 (3.5)	25.9 (5.3)	24.3 (5.0)
Female	386	13.8 (3.3)	13.4 (4.1)	11.1 (3.2)	23.5 (4.1)	20.4 (3.7)
Race/ethnicity					**	
Black	184	12.3 (4.8)	8.7 (3.9)	17.7 (6.2)	12.0 (3.9)[a]	21.7 (4.4)
White	293	10.0 (3.1)	6.3 (2.6)	10.1 (2.8)	28.0 (4.8)	21.4 (4.7)
Hispanic	84	7.1 (4.5)	9.4 (7.8)	7.8 (5.2)	21.7 (7.3)	19.3 (7.5)
Other	54	17.2 (7.3)	31.7 (14.4)	10.1 (4.6)	55.3 (11.6)	18.1 (7.0)
Age				*		
18 years	130	17.2 (6.3)	17.3 (7.3)	22.3 (6.0)	36.0 (8.0)	32.8 (8.9)
19 years	198	14.1 (4.8)	6.7 (3.6)	11.5 (4.3)	22.9 (5.3)	20.0 (4.5)
20 years	216	4.4 (1.8)	6.4 (3.3)	9.1 (3.4)	19.0 (5.6)	13.2 (3.9)
21 years	75	11.2 (8.7)	10.6 (8.7)	1.0 (0.9)	28.0 (9.9)	41.2 (12.3)
Sexual abuse					*	
Yes	135	10.3 (4.0)	3.3 (1.7)	14.6 (8.8)	10.8 (3.8)	11.3 (3.8)
No	437	9.8 (2.4)	9.3 (2.9)	11.0 (2.3)	26.7 (3.6)	21.3 (3.2)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. No significant differences in *DSM-IV* classification were found by physical abuse, by failure to provide and lack of supervision at baseline, by number of types of maltreatment, or by ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$, **$p < .01$). Asterisks in column apply to the subsequent results for the covariate.

[a] Black is significantly different from White and "Other" at $p < 0.5$.

In the area of impulse control, 24.5% of young adults responded positively to items consistent with attention-deficit/hyperactivity disorder (ADHD), which is sixfold the national estimates (4.1%). ADHD problems were significantly less likely among Blacks (12.0%) than among Whites (28.0%) or the group classified as "Other" race/ethnicity (55.3%); they were less likely among those who were reported for sexual abuse (10.8%) than among those who were not reported for sexual abuse (26.7%). More than a fifth (22%) of young adults responded positively to items consistent with antisocial personality, which is higher than national estimates based on

the National Epidemiologic Survey on Alcohol and Related Conditions, which uses *DSM-IV* criteria to estimate lifetime prevalence of antisocial personality disorders (3.6%), conduct disorder (1.1%), and adult antisocial behavior (12.3%; Compton, Conway, Stinson, Colliver, & Grant, 2005).

Substance Dependence

Alcohol and drug dependence were measured by self-report using the CIDI-SF, a measure that identifies substance dependence but not substance abuse; thus, estimates reported here do not necessarily include substance users and abusers (Kessler et al., 1998; see Technical Appendix). The proportion of young adults scoring in the dependence range was 6.5% for alcohol and 6.5% for drugs (Exhibit 2-9). A total of 9.3% of young adults were dependent on alcohol, drugs, or both. National statistics for adults between the ages of 18 and 25 are roughly similar: 7.2% dependent on alcohol, 5.8% dependent on drugs, and 11.5% dependent on either (SAMHSA, OAS, 2006). There were no significant differences among young adults in either alcohol or drug dependence by sex, race/ethnicity, or age.

Exhibit 2-9
Young Adults' Report of Substance Dependence at Wave 5

	N (Min)	Alcohol Dependence % (SE)	Drug Dependence % (SE)	Any Alcohol or Drug Dependence % (SE)
Total	613	6.5 (2.0)	6.5 (1.9)	9.0 (2.3)
Sex				
Male	230	10.4 (4.1)	7.3 (3.5)	11.3 (4.1)
Female	385	3.8 (1.7)	5.9 (2.1)	7.4 (2.2)
Race/ethnicity				
Black	181	7.1 (4.0)	5.6 (3.4)	8.9 (4.0)
White	292	5.8 (2.7)	6.3 (2.7)	7.9 (2.8)
Hispanic	84	10.7 (6.2)	9.6 (5.6)	15.7 (10.3)
Other	54	1.5 (1.5)	5.7 (3.2)	5.8 (3.2)
Age				
18 years	129	3.2 (2.6)	3.3 (2.7)	3.5 (2.6)
19 years	196	8.7 (4.4)	5.0 (3.0)	10.2 (4.4)
20 years	214	5.9 (3.6)	10.6 (4.0)	10.8 (4.0)
21 years	74	8.8 (4.5)	1.1 (1.0)	8.7 (4.4)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. No significant differences in alcohol or drug dependence were found by types of abuse at baseline, number of types of maltreatment, or ever out-of-home placement.

When findings from all sources of information were combined, 45.7% of young adults were determined to have at least one mental health or substance dependence problem.

Academic Achievement

The Woodcock-Johnson III Tests of Cognitive Abilities (Woodcock, McGrew, & Mather, 2001) were used to assess academic achievement (see Technical Appendix). On average, young adults scored substantially below the normative mean of 100 in all categories (Exhibit 2-10). The proportion who scored more than 1.5 standard deviations below the mean was 15.0% for Applied Problems, 25.3% for Passage Comprehension, 29.7% for Word-Letter Identification, and 43.6% for Calculation (not shown). Female young adults scored significantly lower than male young adults on Applied Problems, and Blacks scored significantly lower than Whites on Word-Letter Identification, Passage Comprehension, and Applied Problems. There were no significant differences in test scores by age.

Exhibit 2-10
Academic Achievement (Woodcock-Johnson Tests of Cognitive Abilities) of Young Adults at Wave 5

	N (Min)	Word-Letter Identification Mean (SE)	Passage Comprehension Mean (SE)	Calculation Mean (SE)	Applied Problems Mean (SE)
Total	614	83.1 (1.6)	85.0 (1.4)	78.5 (1.2)	84.5 (0.9)
Sex					*
Male	231	82.2 (2.7)	86.8 (1.4)	78.2 (1.3)	86.9 (0.9)
Female	383	83.6 (2.0)	83.9 (2.1)	78.8 (1.9)	83.0 (1.3)
Race/ethnicity					
Black	181	76.3 (3.4)[a]	80.8 (2.5)[a]	79.8 (2.8)	81.7 (1.8)[a]
White	292	86.3 (3.4)	87.6 (1.6)	78.1 (1.5)	86.2 (1.0)
Hispanic	82	83.7 (2.0)	84.4 (3.6)	78.5 (2.8)	85.7 (1.4)
Other	53	80.0 (5.6)	80.1 (6.4)	74.1 (3.7)	79.7 (4.1)
Age					
18 years	130	84.1 (3.0)	83.8 (3.2)	76.7 (3.0)	83.2 (2.1)
19 years	195	84.7 (3.8)	86.4 (2.6)	81.0 (1.3)	85.8 (1.6)
20 years	215	81.8 (2.5)	83.7 (2.1)	77.6 (2.1)	84.7 (1.2)
21 years	73	81.2 (2.7)	88.6 (2.7)	78.9 (2.1)	83.1 (1.9)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. For the total, differences in means were tested against means of the standardization sample. Instruments used are the Woodcock-Johnson III Tests of Cognitive Abilities. No significant differences in academic achievement were found by types of abuse at baseline, by number of types of maltreatment, or by ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$). Asterisks in column apply to the subsequent results for the covariate.

[a] Black is significantly different from White at $p < .05$.

Sexual Behavior

Young adults reported on sexual behaviors by means of audio computer-assisted self-interviewing (ACASI). The large majority of young adults (85.2%) reported ever having had sexual intercourse, and more than three fourths were currently sexually active (Exhibit 2-11), with no significant differences by sex or race/ethnicity. These proportions are very similar to those reported nationally for males and females between the ages of 20 and 24 (Chandra, Martinez, Mosher, Abma, & Jones, 2005; Martinez, Chandra, Abma, Jones, & Mosher, 2006). Young adults differ from the general population, however, in that a large proportion of them began sexual activity at an early age: 32.4% of male young adults and 19.7% of female young adults reported having sexual intercourse for the first time before age 14. In contrast, among males and females aged 20 to 24 years nationally, only 9% of males and 7% of females report having sex before the age of 14.

Exhibit 2-11
Sexual Experience of Young Adults at Wave 5

	N (Min)	Ever Had Sex % (SE)	Had Sex in Past Year % (SE)	First Sex Before Age 14 % (SE)	Ever Forced to Have Sex % (SE)	More than one Sexual Partner in Past 12 Months % (SE)
Total	580	85.2 (2.9)	76.8 (3.0)	24.8 (3.5)	13.0 (2.3)	32.2 (3.8)
Sex					**	
Male	209	86.1 (4.3)	74.4 (5.6)	32.4 (6.1)	1.8 (1.0)	39.7 (6.7)
Female	371	84.5 (3.7)	78.5 (3.5)	19.7 (3.8)	20.7 (3.7)	27.7 (4.2)
Race/ethnicity						
Black	171	84.1 (5.8)	76.5 (5.6)	34.7 (7.6)	17.2 (6.2)	39.7 (6.6)
White	278	88.8 (3.6)	78.6 (4.9)	22.4 (5.2)	8.4 (2.2)	31.6 (5.9)
Hispanic	79	91.6 (4.9)	86.4 (6.5)	15.9 (5.9)	15.7 (6.2)	29.1 (8.2)
Other	48	65.3 (14.1)	60.7 (13.2)	28.4 (9.6)	28.1 (9.2)	23.5 (7.9)
Sexual abuse		**				
Yes	125	98.5 (0.9)	86.9 (9.9)	26.9 (9.7)	29.6 (9.2)	21.5 (6.3)
No	412	83.6 (3.4)	75.3 (3.3)	25.2 (3.6)	11.0 (2.3)	34.0 (4.4)
Age						
18 years	124	75.7 (8.3)	65.5 (9.0)	20.2 (7.5)	14.4 (5.2)	33.7 (7.0)
19 years	187	80.1 (6.0)	68.8 (6.2)	10.9 (3.9)	11.7 (3.9)	24.6 (5.1)
20 years	201	91.2 (3.2)	85.9 (3.6)	34.3 (7.1)	15.4 (3.8)	34.0 (6.6)
21 years	68	94.8 (3.4)	87.2 (5.1)	37.7 (12.5)	4.7 (1.8)	45.8 (11.5)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. No significant differences in sexual experience were found by number of types of maltreatment or by ever out-of-home placement. Asterisks indicate statistical significance (**$p < .01$). Asterisks in column apply to the subsequent results for the covariate.

Thirteen percent of young adults reported ever being forced to have sex (intercourse, oral sex, or anal sex) against their will. Among female young adults, the proportion ever forced to have sex was 20.7%, which is comparable to national rates (19% of females between the ages of 20 and 24). Nearly a third (32.2%) of young adults had more than one sexual partner in the year prior to interview (39.7% of male young adults and 27.7% of female young adults), and 5.1%

reported having five partners or more (not shown). Nationally, the proportion of young adults aged 18 to 24 years who report having more than one sexual partner in the year prior to interview is slightly lower among both male young adults (33.5%) and female young adults (24.3%; Park et al., 2006). No measures of sexual experience differed by sex, race/ethnicity, or age. Those who had been reported for sexual abuse, however, were significantly more likely to have ever had sex than those not reported for sexual abuse. Other types of abuse at baseline had no significant association with sexual experience.

Among young adults who had sex in the year before interview, fewer than half (49.1%) reported using a condom the last time they had sex (Exhibit 2-12). Condom use was significantly higher among male young adults (64.7%) than among female young adults (39.1%). Condom use at last sex among male young adults was comparable to national rates (72% among those aged 15 to 19 years, and 47% among those aged 20 to 24), but condom use among female young adults was somewhat lower than national rates (56% among those aged 15 to 19 years, and 42% among those aged 20 to 24; Chandra et al., 2005; Martinez et al., 2006). Fifteen percent of sexually active young adults reported not using any contraception at all in the year prior to survey. There were no significant differences in contraceptive nonuse by sex, race/ethnicity, or age.

Exhibit 2-12
Young Adults' Contraceptive Use, Among Those Who Had Sex in Past Year at Wave 5

	N (min)	Used Condom at Last Sex % (SE)	Used No Contraception in Past Year % (SE)
Total	494	49.1 (3.8)	15.3 (2.9)
Sex		**	
Male	167	64.7 (6.5)	9.9 (3.5)
Female	327	39.1 (4.7)	18.8 (3.8)
Race/ethnicity			
Black	143	52.5 (7.9)	12.6 (4.5)
White	235	49.3 (5.3)	13.5 (3.3)
Hispanic	71	48.0 (12.5)	20.5 (10.6)
Other	43	38.8 (9.7)	30.7 (11.3)
Age			
18 years	101	42.1 (8.5)	11.8 (4.8)
19 years	155	57.0 (6.4)	14.6 (3.5)
20 years	178	47.5 (6.0)	19.0 (5.1)
21 years	61	47.6 (12.7)	8.0 (4.5)

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

Illegal Activity

Young adults reported any illegal activity via ACASI, using the Self-Report Delinquency Scale developed for the National Youth Survey (Elliott, Huizinga, & Ageton, 1985; see Technical Appendix). Nearly half (48.5%) of young adults reported engaging in some kind of illegal activity in the 6 months before interview (Exhibit 2-13). By far, the most common type of illegal activity was public disorder (39.2%), followed by simple assault (10.9%) and minor theft (10.8%). Under 10% had damaged property, sold drugs, or committed either serious property crime or felony assault. Male young adults were significantly more likely than female young adults to have been involved in any illegal activity, to have engaged in public disorder, or to have sold drugs. Young adults reported for sexual abuse were significantly *less* likely to have damaged property, to have committed felony assault, or to have sold drugs than those who had not been sexually abused. This finding may be in part because most reported for sexual abuse are female and because females are less likely than males to be involved in illegal activity. This association does not entirely explain the finding, however, because the association between sexual abuse and illegal activity is stronger than the association between sex and illegal activity. There were no significant differences in illegal activity by other types of maltreatment at baseline, by race/ethnicity, or by age.

National-level data on self-reported illegal activity are not available for young adults. Typically, levels of illegal activity drop off sharply between late adolescence and young adulthood (Howard & Sickman, 2006). It is therefore striking that in this population the incidence of nearly all types of illegal activity either remained steady or increased between Wave 4 (when the young adults were aged 14 to 18 years) and Wave 5.

Nearly 16.7% of young adults had been arrested at least once in the 12 months prior to interview, 9.0% had been convicted of a crime, and 5.9% had been on probation (Exhibit 2-14). The annual arrest rate (counting all arrests, including multiple arrests of the same person) is 480 per 1,000, (not shown); this is more than four times the national rate for 18- to 24-year-olds, (118.5 per 1,000; Fox, Connolly, & Snyder, 2005). Note, too, that the sample at Wave 5 excludes 21 young adults who were incarcerated, so these estimates of involvement with the law are biased downward. The proportions involved with the law were much higher for male young adults than for female young adults. For example, 28.9% of male young adults had been arrested in the previous 12 months, compared with just 8.5% of female young adults. Figures on involvement with the law at Wave 4 were presented in Chapter 1. For male young adults, the proportion arrested in the 12 months prior to interview increased sharply between Wave 4 and Wave 5 (from 5.2% to 28.9%); for female young adults, the increase was less pronounced (from 4.8% to 8.5%).

Exhibit 2-13
Young Adults' Illegal Activity in the Past 6 Months at Wave 5

	N (Min)	Any Illegal Activity % (SE)	Public Disorder % (SE)	Damaged Property % (SE)	Minor Theft % (SE)	Serious Property Crime % (SE)	Simple Assault % (SE)	Felony Assault % (SE)	Sold Drugs % (SE)
Total	611	48.5 (3.9)	39.2 (3.8)	7.3 (2.0)	10.8 (2.3)	7.0 (1.8)	10.9 (2.2)	8.6 (2.0)	9.1 (2.3)
Sex		*	*						*
Male	228	57.7 (4.7)	47.5 (5.1)	8.7 (3.5)	11.9 (3.9)	9.7 (3.2)	14.8 (3.8)	12.5 (3.5)	16.9 (4.9)
Female	383	42.4 (5.2)	33.6 (4.7)	6.4 (2.5)	10.0 (2.8)	5.2 (2.2)	8.2 (2.6)	5.9 (2.3)	3.9 (1.5)
Race/ethnicity									
Black	182	52.8 (6.0)	43.7 (5.6)	7.4 (3.3)	13.4 (5.4)	4.2 (6.5)	17.7 (4.7)	11.2 (3.6)	10.6 (5.2)
White	292	47.2 (5.9)	39.0 (6.0)	5.7 (3.0)	8.3 (2.9)	6.5 (2.6)	9.6 (3.2)	9.5 (3.4)	10.7 (3.5)
Hispanic	84	41.4 (11.7)	32.8 (11.1)	14.8 (7.3)	3.8 (3.0)	5.1 (3.8)	5.5 (3.8)	3.7 (2.9)	3.6 (2.7)
Other	53	47.5 (13.1)	44.4 (13.5)	5.5 (2.9)	16.6 (7.8)	7.8 (3.5)	7.3 (3.4)	3.2 (2.5)	4.8 (3.0)
Sexual maltreatment				*				*	*
Yes	135	42.7 (11.7)	40.6 (12.1)	0.8 (0.7)	9.1 (4.5)	3.1 (1.8)	3.6 (1.7)	1.7 (1.0)	1.3 (0.5)
No	430	47.4 (4.3)	39.5 (4.5)	8.0 (2.3)	9.7 (2.6)	6.7 (2.0)	10.6 (2.4)	9.4 (2.3)	10.9 (2.9)
Age									
18 years	129	57.6 (9.3)	39.1 (8.4)	8.8 (4.3)	8.7 (6.2)	15.3 (7.1)	12.5 (4.8)	9.0 (4.4)	6.4 (3.6)
19 years	196	41.9 (4.8)	32.5 (5.3)	7.0 (3.3)	13.0 (4.9)	3.9 (1.4)	8.8 (3.2)	5.4 (3.0)	7.5 (3.6)
20 years	213	44.0 (4.7)	37.5 (6.1)	4.7 (3.2)	11.6 (4.0)	6.8 (3.4)	10.5 (3.9)	8.8 (3.7)	6.4 (3.3)
21 years	73	68.3 (4.1)	66.4 (9.1)	15.9 (9.4)	5.3 (4.3)	1.0 (1.2)	15.0 (9.3)	16.1 (9.4)	30.1 (13.0)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. No significant differences in illegal activity were found by number of types of maltreatment or by ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$). Asterisks in column apply to the subsequent results for the covariate.

Exhibit 2-14
Young Adults' Involvement with the Law in the Past 12 Months at Wave 5

	N (min)	Arrested in Past 12 Months % (SE)	Convicted in Past 12 Months % (SE)	On Probation in Past 12 Months % (SE)
Total	614	16.7 (3.9)	9.0 (3.3)	5.9 (2.4)
Sex		*	*	*
Male	230	28.9 (7.4)	19.1 (7.1)	14.0 (5.2)
Female	384	8.5 (2.6)	2.2 (1.1)	0.4 (0.3)
Race/ethnicity				
Black	180	21.1 (6.6)	14.0 (5.8)	10.4 (5.7)
White	292	18.8 (6.4)	8.6 (5.2)	5.6 (3.3)
Hispanic	84	6.7 (4.1)	5.7 (4.0)	2.0 (1.6)
Other	54	8.0 (5.5)	1.4 (1.5)	0.0 (0.0)
Age				
18 years	129	16.3 (7.4)	4.4 (2.8)	0.5 (0.4)
19 years	196	14.9 (5.6)	9.0 (5.0)	3.4 (2.9)
20 years	215	14.2 (4.9)	9.7 (4.5)	8.1 (4.4)
21 years	74	32.5 (12.6)	14.9 (10.7)	14.9 (10.7)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests. No significant differences were found for race/ethnicity or age. Asterisks indicate statistical significance (*$p < .05$). Asterisks in column apply to the subsequent results for the covariate.

Interpersonal Safety

Sixteen percent of young adults reported that they had been victimized in some way in the 12 months prior to interview: 10.6% had been robbed, 5.1% had been attacked or beaten up, and 2.5% had been victimized sexually (Exhibit 2-15). There were no significant differences in victimization by sex, by race/ethnicity, or by age. These rates were substantially higher than those reported nationally. In 2005, 4.4% of 16- to 19-year-olds reported that they had been a victim of any crime, including 0.7% robbed, 3.4% assaulted, and 0.3% sexually victimized; rates were similar for those aged 20 to 24 years (U.S. Bureau of Justice Statistics, 2006).

Almost half (46.2%) of young adults reported that they had been intentionally physically hurt in the 12 months prior to interview, and 10.8% of all young adults received medical treatment from a doctor or nurse for an intentional injury (not shown). Among those that were hurt by someone, 41.3% knew the people who hurt them. At the national level, the percentage of adults aged 18 to 21 who received emergency care for an intentional injury in the year prior to interview (any type of assault) was 1.6% (CDC, 2007c), several times lower than the 10.8% of young adults who received medical treatment for an intentional injury. Because the medical care received by the young adults included care received both in emergency rooms and in other settings, however, it is not directly comparable to the national figure.

Exhibit 2-15
Young Adults' Victimization in Past 12 Months at Wave 5

	N (Min)	Any Victimization % (SE)	Robbed % (SE)	Attacked or Beaten Up % (SE)	Victimized Sexually % (SE)
Total	615	16.0 (2.9)	10.6 (89.4)	5.1 (1.8)	2.5 (1.3)
Sex					
Male	230	18.8 (4.9)	14.0 (4.9)	7.4 (3.5)	2.3 (2.2)
Female	385	14.1 (3.7)	8.2 (2.8)	3.6 (1.8)	2.7 (1.5)
Race/ethnicity					
Black	181	17.1 (6.0)	13.9 (5.7)	7.1 (3.4)	3.7 (3.3)
White	292	14.3 (4.1)	7.3 (2.6)	5.6 (3.0)	1.7 (1.3)
Hispanic	84	15.8 (6.8)	10.3 (5.7)	1.6 (0.9)	3.9 (3.7)
Other	54	9.3 (5.1)	6.3 (4.0)	2.2 (1.6)	1.9 (1.3)
Age					
18 years	130	22.9 (7.8)	13.1 (7.1)	4.1 (1.7)	6.8 (4.3)
19 years	196	12.2 (4.5)	11.4 (4.5)	3.8 (2.9)	3.0 (2.9)
20 years	215	12.4 (4.0)	7.3 (2.8)	5.4 (3.2)	0.5 (0.3)
21 years	74	27.6 (12.5)	16.5 (11.1)	10.3 (8.7)	0.9 (0.9)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests.

Female young adults reported on their experiences of severe and less severe physical intimate-partner violence, using the Conflict Tactics Scale (Straus, 1979; Exhibit 2-16; see Technical Appendix). More than a quarter of female young adults (26.4%) were victims of intimate-partner violence during the 12 months before the interview: 24.6% suffered acts of less severe physical violence, and 15.5% suffered severe physical violence. Although, nationally, the annual prevalence of intimate-partner violence reported for females of all ages is much lower (1.3%; Tjaden & Thoennes, 2000), younger adult females experience higher rates of such violence than older adult females (Tjaden & Thoennes, 2000). Females who were not cohabiting with their partners were significantly more likely to have ever experienced severe violence (25.8%) than females who were married or cohabiting (11.4%).

More than a third (34.3%) of female young adults had been victims of intimate-partner violence at some point in their lives. This finding is substantially higher than the national 22.1% lifetime prevalence for intimate-partner violence among adult females (Tjaden & Thoennes, 2000).

Exhibit 2-16
Intimate-Partner Violence Against Female Young Adults at Wave 5

		1 ≤ Incident in Past 12 Months			Ever Suffered IPV		
	N	Total % (SE)	Married or Cohabiting % (SE)	Not married or cohabiting % (SE)	Total % (SE)	Married or Cohabiting % (SE)	Not married or cohabiting % (SE)
Total	380	100 (0.0)	37.5 (4.9)	62.5 (4.9)	100 (0.0)	37.5 (4.9)	62.5 (4.9)
Any less severe violence	380	24.6 (4.7)	26.4 (7.3)	23.5 (5.0)	33.5 (4.6)	36.0 (6.9)	32.0 (5.8)
Had something thrown	379	16.7 (4.3)	16.9 (5.9)	16.5 (4.5)	23.3 (4.0)	26.5 (6.1)	21.3 (4.5)
Pushed, grabbed, shoved	380	19.8 (4.5)	18.3 (5.7)	20.6 (5.0)	26.7 (4.4)	27.9 (6.2)	25.9 (5.4)
Slapped	380	12.9 (3.5)	15.6 (6.2)	11.3 (4.3)	16.3 (3.9)	16.0 (6.2)	16.6 (5.3)
Any severe violence	380	15.5 (3.3)	9.0 (3.5)	19.3 (5.0)	20.4 (3.8)	11.4 (4.0)[a]	25.8 (5.5)[a]
Kicked, bitten, or hit with fist	380	10.2 (3.0)	5.8 (3.1)	12.9 (4.6)	14.6 (3.7)	5.8 (3.0)[b]	19.8 (5.5)[b]
Hit or tried to hit with something	380	11.1 (3.0)	7.7 (3.5)	13.1 (4.5)	14.8 (3.6)	8.1 (3.5)	18.8 (5.3)
Beaten up	380	8.5 (2.8)	5.3 3.1()	10.5 (4.2)	11.2 (3.4)	5.7 (3.1)	14.4 (5.2)
Choked	380	9.1 (2.9)	6.1 (3.1)	10.9 (4.3)	13.0 (3.5)	8.5 (3.6)	15.8 (5.3)
Threatened with knife or gun	380	5.0 (2.3)	4.1 (3.0)	5.5 (3.2)	7.4 (3.0)	4.2 (3.0)	9.4 (4.5)
Knife or gun used	380	1.8 (1.2)	4.1 (3.0)	0.5 (0.4)	4.6 (2.5)	4.3 (3.0)	4.8 (3.5)
Any violence—less severe or severe	380	26.4 (4.8)	26.4 (7.3)	26.4 (5.1)	34.3 (4.6)	36.1 (6.9)	33.3 (5.7)

Note: All analyses are on weighted data; *N*s are unweighted. IPV = intimate-partner violence.

[a] Married or cohabiting is significantly different from not married or cohabitating at $p < .05$ on any severe violence.

[b] Married or cohabiting is significantly different from not married or cohabiting at $p < .05$ on having been kicked, bitten, or hit.

Conclusion

Young adults at Wave 5 were significantly worse off than young adults nationally for nearly all indicators of well-being. Although the proportion reporting that their physical health was good or better was high (84%), it was substantially lower than the proportion of young adults nationally (94%), and about a third reported that a health condition currently limited their activities. In addition, the young adults' high rates of obesity, poor nutrition, and low levels of exercise suggest that they may be at high risk for chronic health disease later in life. The slightly elevated numbers of sexual partners and (among female young adults) relatively low rates of condom use place young adults at increased risk of sexually transmitted infections. Mental health problems, including depression, trauma, and problem behaviors, were also found to be prevalent, and academic achievement was substantially below national norms. Finally, relatively high proportions were involved in illegal activity, were victims of violent crime, or suffered from intimate-partner violence. Substance dependence was the only indicator of well-being for which young adults in NSCAW did not fare substantially worse than young adults nationally.

Female young adults generally were found to have worse physical and mental health than male young adults, whereas male young adults were more likely than female young adults to engage in illegal activity or be involved with the law. Blacks had lower scores on tests of achievement than Whites. In general, few other differences in levels of well-being were found by sex, race/ethnicity, or age.

Placement history, number of types of maltreatment, and types of maltreatment were generally not significantly associated with well-being. Exceptions were that young adults who had been placed out of home were less likely to be obese than those who remained in home, and those who were reported for sexual abuse were less likely to experience ADHD problems or to be involved in illegal activity than those who were not reported for sexual abuse. The lack of observed association between these variables and other measures of well-being may accurately reflect underlying relationships, or it may be attributable to a variety of misclassification issues, including the fact that, as described in Chapter 1, most of the young adults had been reported for maltreatment prior to the index report; but no information is available about those experiences.

Clearly, young adults at Wave 5 demonstrate many risks to their social, emotional, and cognitive well-being. These results merit further attention and examination. Future research should be directed at investigating the extent to which the low levels of well-being among young adults are associated with the experience of maltreatment, or whether they are more accurately a function of other environmental factors, such as living in poverty. In addition, it would be important to assess comorbidities across areas of well-being—for example, the extent to which mental illness is associated with illegal activity or sexual risk taking, the association between depression and substance abuse, or the association between substance abuse and poor impulse control.

CHAPTER 3
THE TRANSITION TO ADULTHOOD

Chapter 2 described physical health, mental health, academic, and other social outcomes for young adults reported for maltreatment during adolescence. Results indicated that such young adults show substantial risks across many indicators of general health and well-being. This chapter is meant to supplement findings from Chapter 2 by expanding our description of relevant young adult characteristics. Specifically, this chapter examines a series of developmental milestones uniquely relevant to the transition to adulthood.

The developmental period marking transition to adulthood involves establishing an emotional and economic independence from caregivers. Important economic milestones include completing school, establishing an independent household, and finding employment—all facilitating a young person's ability to support a family. Important socioemotional milestones include establishing significant relationships, marrying, and having children, traditionally in that order (Furstenburg et al., 2005). However, the expectations for a young adult in today's society have changed from the expectations of even a decade ago. In particular, the transition to the adulthood developmental period has become longer and more complex (Furstenburg et al., 2005; Mouw, 2005). In particular, greater diversity appears in the order and ways in which young adults achieve the "traditional" milestones of early adulthood. Moreover, the percentage of young adults who by age 20 to 30 have completed the major traditionally defined young adult milestones has largely declined (Furstenburg et al., 2005).

For instance, increasing numbers of young people move back and forth between work and school, do both at the same time, or do neither at all. There are also an increasing number of different and more complicated paths through marriage and parenting than were seen in the past (Fussell & Furstenberg, 2005). Furthermore, young adults appear to be relying economically and socially upon their families of origin for an increasingly longer period of time. However, these early adulthood experiences differ by sex, race/ethnicity, and social class. Young adults living in poverty, for instance, show an earlier entry into the workforce and parenthood than young adults from more economically advantaged households (Furstenberg et al., 2005). Although it is clear that these transitions to adulthood have become increasingly complicated, it is not clear these differences in the sequencing or timing of young adult outcomes in and of themselves ultimately affect other key outcomes in young adulthood (e.g., income, self-reported happiness; Mouw, 2005).

How the transition to adulthood plays out for young adults who have a history of maltreatment, or of involvement with the child welfare system (CWS), is largely unknown. Maltreatment during adolescence does appear to be linked to an increased likelihood of teen pregnancy (e.g., Thornberry, Ireland, & Smith, 2001); however, apart from this link, the potential relationship between adolescent maltreatment and other "traditional" young adult milestones is not well understood. Most research related to children involved with the CWS during adolescence has focused on those in foster care. This research suggests that the transition to adulthood is especially difficult for maltreated youth who are "aging out" of the foster care system (see Courtney & Heuring, 2005). For example, youth formerly in foster care have been found to have higher rates of out-of-wedlock births than their peers (e.g., Cook, Fleischman, &

Grimes, 1991), high rates of unemployment (e.g., George et al., 2002), and substantial housing instability in adulthood (e.g., Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001).

The literature on youth formerly in foster care is only partially relevant to the young adults discussed in this chapter. Most young adults described here remained with their biological families; only a small portion (17.1%) ever lived out of home during adolescence. The unique degree of influence that involvement with the CWS or out-of-home placement during adolescence might have on a youth's transition to adulthood therefore remains largely unknown. Furthermore, questions remain as to whether young adults who came in contact with the CWS as adolescents will achieve traditional young adult developmental milestones much as young adults do within the general U.S. population.

In this chapter, we describe outcomes specifically relevant to the transition-to-adulthood developmental period. These outcomes were intentionally separated from the indicators of general well-being described in Chapter 2. This measure was taken to distinguish young adult milestones from indicators analyzed in previous National Survey of Child and Adolescent Well-Being (NSCAW) waves and reports. The NSCAW Wave 5 for those reported for maltreatment in adolescence represents the first opportunity to describe the achievement of young adult milestones. Analyses in Chapter 3 examine the following issues:

1. household living situation and neighborhood characteristics;
2. family formation, including marriage, cohabitation and parenting status;
3. financial resources and employment; and
4. social support and contact with biological family members.

Key outcomes of interest during the transition to adulthood have been shown to vary across individual characteristics. To aid examination of these differences, findings in this chapter are often analyzed across a variety of factors, including sex, race/ethnicity, age, living situation, poverty, index maltreatment type, and history of out-of-home placement.

Being in an "early transition" period (18 to 19 years old) may entail developmental objectives that differ from those of a young adult in his or her early 20s. Being from a racial or ethnic minority group often shapes a young person's path to early adulthood (e.g., see Mollenkopf, Waters, Holdaway, & Kasinitz, 2005). In this chapter we examine how the accomplishment of young adult milestones is related to the young adult's sex, race/ethnicity, and age at Wave 5. Typically, findings related to sex, race/ethnicity, and age are included in Chapter 3 exhibits. In a few cases, findings are presented in relationship to poverty or other variables conceptually better related to the topic of the exhibit.

Research suggests that a young adult's living situation also may influence outcomes in young adulthood. In particular, research suggests that the onset of some key young adult transitions, particularly first employment, marriage, and having a child, tend to be earlier for young adults from impoverished backgrounds than for those from more socioeconomically advantaged households (e.g., Furstenberg et al., 2005); therefore, outcomes in Chapter 3 will also be analyzed by characteristics of a young adult's living situation, such as household poverty status and whether or not he or she reported living with a caregiver at Wave 5.

We examined the degree to which the young adult milestones summarized in this chapter may have been influenced by the type of baseline maltreatment report (e.g., physical maltreatment, neglect, or sexual abuse); however, we found no consistent significant differences. Consequently, key outcomes of young adulthood by type of baseline maltreatment report are not presented in Chapter 3 exhibits. We also explored the influence of ever having been placed in out-of-home care during adolescence (i.e., having been in out-of-home placement at any of the Waves 1 through 4) on young adult milestones. We found differences based upon out-of-home placement history for only one outcome—contact with biological family members. Only the Chapter 3 exhibit illustrating contact with biological family members shows results separately for those with and without out-of-home placement histories.

As already mentioned, this chapter describes outcomes unique to the young adult developmental period. Wherever possible, these outcomes are compared with U.S. Census data for similarly aged young adults from the general population. Key findings about the developmental milestones of young adulthood are as follows:

- Slightly more than half of young adults were living with a caregiver at Wave 5. Most of those not living with a caregiver indicated they were living with a boyfriend or girlfriend.

- On average, young adults reported moving households approximately 1.4 times within the 12 months prior to interview; 19.0% reported having moved 3 or more times in the 12 months prior to interview.

- Young adults reported having lived in a variety of places, but predominantly with friends or relatives. Only 1.3% of young adults reported having stayed in their car, truck, or other vehicle, and of these persons almost all (98.5%) stayed less than 2 weeks. Almost no young adults reported having stayed in an abandoned building, a shelter for battered women, or a shelter for homeless persons.

- Ten percent of young adults reported being married. Twenty-two percent reported living with a boyfriend or girlfriend.

- Thirty-seven percent of the young adults reported having at least one child. Seventy-eight percent of those who had a child were living with their children at Wave 5.

- A substantial number of young adults (41.8%) were living in households with incomes below the federal poverty line. On average, young adult households were living on an income of $551.30 per week. The average household size was 3.9 persons.

- The majority of young adults (58.1%) reported working full or part time. On average, those working reported working 34.4 hours per week.

- Most young adults were in contact with biological parents and siblings. Young adults with a history of out-of-home placement had significantly less contact with their biological mothers and biological siblings than those without out-of-home histories.

- Young adults were fairly satisfied with the level of social support available to them. They reported, on average, 2 to 7 people who were a support to them across a variety of roles (e.g., giving advice, going out for activities, offering to help with childcare).

Living Situation

The period from adolescence to adulthood means transition. In part, this transition involves a young adult's residential independence. Historically, part of a young adult's independence after turning 18 years old stemmed from his or her ability to live independently, apart from caregivers. In today's society, however, it is increasingly common that young adults live at home with a caregiver into their 20s or even 30s (e.g., Schoeni & Ross, 2005). According to the U.S. Census Bureau (2003), many 18- to 24-year-old U.S. young adults report living "at home" with a caregiver (55% of males, 46% of females). A young adult's living situation is intrinsically tied to economic resources, contact with family members, and social and community connections. Consequently, some of the elements of young adult living situation described here will be used to examine other types of young adult milestones later in the chapter.

In this section, we examine the characteristics of young adults' living situations at the Wave 5 interview. The section offers a description of young adult living arrangements, as well as the environmental context. Findings characterize typical household members, housing arrangements, the stability of these arrangements, and young adults' perceptions of their neighborhood or community environment.

Household Members and Housing Status. At Wave 5, slightly more than half of the young adults (55.5%) reported living with a caregiver. Caregivers included biological parents, adoptive parents, foster parents, grandparents, aunts and uncles, or stepparents. Those not living with a caregiver reported a variety of living situations. Usually, young adults not living with a caregiver indicated living with a spouse or a boyfriend or girlfriend (19.6% of all young adults). An additional 11.8% of young adults reported living alone, and approximately 6% reported living with one or more adults (aged 18 years or older) who were not relatives. A few reported living alone with one or more of their children (3.2%), living with a child and a noncaregiver relative (1.9%), or living with another relative (1.7%).

In terms of sex, race/ethnicity, age, and poverty status (e.g., living above or below the federal poverty level), young adults living with a caregiver did not differ substantially from those living without a caregiver.

When asked about the place where they were currently living, young adults reported whether they owned their place, rented, were "just staying there," or had "some other type of arrangement." Very few young adults reported owning a place of residence (3.6%). Most reported renting (40.7%), "just staying there" (39.0%), or some other type of arrangement (16.7%). Young adults living without caregivers most commonly indicated they were renting (55.9% of those living without a caregiver); 57.5% of those living with caregivers responded that they were "just staying there." Fifteen percent of all young adults at Wave 5 reported currently living in public housing.

Living Stability. The stability of young adults' reported living arrangements during the 12 months preceding the Wave 5 interview was mixed. On average, young adults reported

moving households approximately 1.4 times within the previous 12 months. Although most young adults moved 0 to 2 times, a sizable proportion (19.0%) reported having moved 3 or more times in the 12 months prior to interview. Young adults living with a caregiver moved on average significantly less often than those living without a caregiver (1.0 versus 1.7 times in 12 months, respectively). There were no differences in numbers of times moved over 12 months by sex, race/ethnicity, or age.

Young adults also reported having lived in a variety of places, but predominantly with friends or relatives. At Wave 5, young adults were asked about the types of places they had stayed over the 12 months prior to interview and for how long they had stayed there. A full 62.2% reported having stayed in the house of a relative, 20.1% of these for at least a month and 25.7% for at least 6 months. Slightly more than one fifth (21.3%) had stayed in the home of a friend, 46.1% of these for at least a month and 8.3% for at least 6 months. Another 13.9 % reported having stayed in a hotel, motel, or single-occupancy dwelling, 47.0% of these for less than 2 weeks, 35.2% for at least a month, and 9.1% for at least 6 months. Only 1.3% of young adults reported having stayed in their car, truck, or other vehicle, and of these almost all (98.5%) stayed less than 2 weeks. Very few young adults (all less than 4.0%) reported having stayed in an abandoned building, shelter for battered women, or shelter for homeless persons.

Neighborhood Environment. Young adults' perceptions of their neighborhood characteristics were assessed with an adaptation of a measure of neighborhood context used in the Philadelphia Family Management Project (Furstenberg, Cook, Eccles, Elder, & Sameroff, 1999). Young adults were asked to describe their neighborhood and community by indicating the degree to which some potential community problems (e.g., open drug use or drug dealing) were *not a problem at all*, *somewhat of a problem*, or *a big problem*. Exhibit 3-1 summarizes the percentage of young adults who described a series of neighborhood characteristics as "somewhat of a problem" or "a big problem."

Young adults described a number of neighborhood characteristics as problematic. Open drug use or drug dealing was described by 20.0% of young adults as a "big problem" and by 26.4% as "somewhat of a problem." Teenagers "hanging out" in public places and making a nuisance was described by 19.3% as a "big problem" and by 30.1% as "somewhat of a problem." Assaults and muggings were not seen as often as other characteristics, but 7.1% of young adults nonetheless described them as "a big problem," and 19.0% described them as "somewhat of a problem." Neighborhood characteristics did not differ by a young adult's sex, age, or poverty status. There were also no neighborhood differences noted between those living with and those living without a caregiver. When comparisons based on race/ethnicity were made, only perceptions surrounding the presence of neighborhood gangs differed. White young adults were significantly less likely than Black or Hispanic young adults to live in neighborhoods where they perceived gangs to be "somewhat of a problem" or "a big problem." Despite describing their neighborhood as harboring some degree of risky activities, young adults reported their neighborhood as feeling safer (40.7%) or "about the same" (46.6%) as other neighborhoods. Similarly, they typically indicated that their neighborhood was "about the same" as other neighborhoods (53.0%) or "a better place to live" than other neighborhoods (36.7%).

Exhibit 3-1
Neighborhood Characteristics of Young Adults at Wave 5

		Assaults and Muggings		Delinquent Gangs or Drug Gangs		Open Drug Use or Drug Dealing		Unsupervised Children		Teenagers Hanging Out and Making a Nuisance	
	N (Min)	Somewhat of a Problem % (SE)	A Big Problem % (SE)	Somewhat of a Problem % (SE)	A Big Problem % (SE)	Somewhat of a Problem % (SE)	A Big Problem % (SE)	Somewhat of a Problem % (SE)	A Big Problem % (SE)	Somewhat of a Problem % (SE)	A Big Problem % (SE)
Total	620	19.0 (2.7)	7.1 (2.0)	21.6 (3.2)	12.8 (2.7)	26.4 (3.2)	20.0 (3.4)	38.9 (4.4)	13.1 (2.7)	30.1 (4.2)	19.3 (3.6)
Race/ethnicity				**							
Black	181	25.6 (5.0)	11.6 (4.2)	40.8 (8.0)	16.2 (4.9)	22.3 (6.2)	30.3 (5.1)	39.2 (5.8)	20.4 (5.9)	23.9 (5.7)	30.1 (6.8)
White	293	13.9 (3.4)	5.6 (3.1)	11.7 (3.7)	11.1 (3.9)	24.2 (3.8)	17.3 (5.8)	34.6 (6.4)	10.8 (3.9)	29.5 (4.7)	14.3 (4.1)
Hispanic	84	28.3 (10.3)	4.4 (3.7)	30.8 (8.9)	16.0 (8.9)	23.7 (8.6)	15.1 (9.0)	50.8 (11.9)	10.1 (5.1)	31.7 (10.0)	17.5 (8.3)
Other	52	16.9 (7.4)	8.1 (6.9)	10.3 (4.2)	8.9 (7.0)	51.9 (12.8)	15.9 (8.3)	33.5 (10.6)	12.0 (7.7)	41.9 (13.2)	23.4 (9.0)
Poverty											
< Federal level	199	20.8 (4.4)	11.1 (4.5)	28.3 (6.1)	12.2 (4.2)	31.4 (5.9)	24.7 (6.5)	43.5 (5.8)	13.8 (4.3)	27.0 (5.8)	21.9 (7.0)
> Federal level	296	18.9 (4.2)	4.7 (2.1)	16.9 (3.8)	14.1 (4.2)	25.7 (4.5)	17.6 (4.5)	34.6 (6.5)	11.0 (3.6)	31.4 (5.8)	17.6 (4.5)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. There were no statistically significant differences in neighborhood characteristics by sex, by age, by type of maltreatment at baseline, or by out-of-home placement history. Asterisks indicate statistical significance (**$p < .01$). Asterisks in column apply to the subsequent results for the covariate.

Findings from other studies about the influence of neighborhood characteristics on adolescent and young adult well-being have been mixed. In fact, findings from the Philadelphia Family Management Project suggest that family relationships and support may be more influential than neighborhood context in determining successful young adult outcomes (Furstenberg et al., 1999). The combination of poor family support with problematic neighborhood context, however, was detrimental. Consequently, it is important to supplement a discussion of young adult neighborhood context with a consideration of family relationships and support.

Family Formation

Young adulthood is the time during which we expect long-lasting significant relationships to begin to be established. For instance, the transition from teenager to adult is, for some, marked by marriage. It is estimated that only 2.6% of 18- to 19-year-olds are married, whereas 15.5% of 20- to 24-year-olds report being married (U.S. Census Bureau, 2006). This is also the time for many young adults to begin establishing their own family, separate from their biological family of origin.

Cohabitation/Marital Status. At Wave 5, 9.5% of young adults reported being married; an additional 2.0% of young adults reported themselves to be "separated" from a spouse. This rate of marriage closely parallels that for all U.S. young adults aged 18 to 20 years (2.6% 18- to 19-year-olds married and with spouses present, 15.5% 20- to 24-year-olds married and with spouses present; U.S. Census Bureau, 2006). The rate of cohabitation among young adults 18 to 21 years old is slightly higher (22.0%) than the Current Population Survey rate of 19% for all U.S. young adults aged 24 years or younger (U.S. Census Bureau, 2006).

In total, 26.7% of young adults were either married and living with their spouse or living with a boyfriend or girlfriend. Females were significantly more likely to be living with a spouse or partner (37.2%) than males (11.1%). When compared with young adults of other races, Black young adults were less likely to report living with a spouse or partner (11.4%) than White (30.0%) or Hispanic young adults (40.8%). Living with a spouse or partner did not vary by young adult age or by household poverty status.

Parenting Status. Thirty-seven percent of the young adults reported having at least one child. Young adults with children reported from 1 to 5 children, but on average reported 1.3 births. Female young adults (44.9%) were significantly more likely to report having children than male young adults (26.3%). Older young adults (20 to 21 years) were more likely than younger adults (18 to 19 years) to report having children. Young adults living in poverty (54.8%) were also more likely than those not living in poverty (35.5%) to have children. Having a child did not vary by young adult race/ethnicity (Exhibit 3-2).

Exhibit 3-2
Young Adult Family Formation at Wave 5

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

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests and for subsequent pairwise contrasts when warranted. There were no statistically significant differences in family formation by type of maltreatment at baseline or by history of out-of-home placement. Asterisks indicate statistical significance (*$p < .05$, ***$p < .001$). Asterisks in column apply to the subsequent results for the covariate.

[a] Black < White ($p < .01$); Black < Hispanic ($p < .05$).

[b] 18 years < 20 years ($p < .001$), 18 years < 21 years ($p < .05$).

[c] 19 years < 20 years ($p < .001$), 19 years < 21 years ($p <. 05$).

Seventy-eight percent of young adults who reported having children were living with their children at Wave 5. Most young adults who reported not living with their children were male (85.6%). More than a third (34.7%) of young adult males who had children were living with them, and 94.5% of young adult females who had children were living with them. In most cases (94.6%), young adult parents not living with their children reported having some degree of contact with at least one of their children; however, none of the female young adults not living with their children paid child support, and slightly fewer than half of males not living with their children (49.2%) reported paying child support for at least one child. It should be noted that no way exists to determine from NSCAW data why young adult parents might not be living with their children, so we do not know, for instance, the number of young adults who may have given up their children for adoption.

The rate of NSCAW young adults who are living with their children (29%) is substantially higher than the percentage of adults within the general U.S. population who are living with children (not necessarily their own). A recent Child Trends report (2006) indicates that 6.6% of all U.S. young adults between the ages of 18 and 20 were living with children (7.9% males, 19.8% females). Because of the number of young adults actively parenting their children, Chapter 5 will describe the characteristics of young adults raising children, their discipline techniques, their behavioral health risks, and their federal service use.

Financial Resources and Employment

A critical component of young adults' ability to live independently is their ability to financially support both themselves and their families. Evidence suggests that gaining this financial independence has become increasingly difficult for young adults in today's society (see Corcoran & Matsudaira, 2005). In fact, one study that compared young adults in the 1970s and 1980s to young adults in the 1990s found that young adults in the 1990s were making less money and had lost occupational prestige (Smith, 2005). In this section, we describe the household poverty status, weekly household income, employment status, and hours worked per week among young adults at Wave 5.

Household Poverty. Household poverty indicators were calculated with consideration of both household income (including the earnings of all household members) and the number of individuals dependent on this income. The households had a mean of 1 child and 2.8 adults; the total mean number of persons living in the household was 3.9. As shown in Exhibit 3-3, 41.8% of young adults were living at Wave 5 in households with incomes below 100% of the federal poverty level, compared with an estimated 30% of all 18- to 24-year-old young adults living below the federal poverty level (Rumbaut, 2004). The percentage of NSCAW young adults living in poverty did not differ according to race/ethnicity or age, or by whether the young adult was living with or without his or her caregiver. Household poverty status did differ by sex, however: females (48.8%) were more likely to be living in poverty than males (30.6%).

Weekly Household Income. To provide an alternative description of young adults' financial resources, weekly household incomes were calculated on the basis of young adults' report of household members' incomes. Based on this information, the estimated average young adult at Wave 5 was living in a household that earned $551.3 per week. Male young adults ($711.2) were living in households that earned significantly more money per week than females' households did ($446.4). Those young adults living with caregivers were also living in households with a significantly higher weekly household income ($635.9) than those living without caregivers ($469.5). Weekly household income did not differ by young adults' sex, race/ethnicity, or age. It should be noted that weekly household income, unlike household poverty status, does not take into account the number of individuals dependent on these financial resources to live.

Employment. Fifty-eight percent of young adults reported currently being employed either full or part time. The percentage of young adults working appears similar to the percentage of working young adults across the country. For instance, the American Community Survey (U.S. Census Bureau, 2005) indicates that 36.7% of older U.S. adolescents (16- to 19-year-olds) and 67.6% of young adults (20- to 24-year-olds) are employed at any given time.

Exhibit 3-3
Young Adults' Job Status and Financial Resources at Wave 5

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

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests and pairwise comparisons for household poverty status and current employment. The *t*-test or regression comparisons and contrasts were used to examine significant group differences for household weekly income and hours worked per week. There were no statistically significant differences in job status and financial resources by type of maltreatment at baseline or history of out-of-home placement. Asterisks indicate statistical significance (*$p < .05$, ** $p < .01$, ***$p < .001$). Asterisks in column apply to the subsequent results for the covariate.

[a] "Household poverty status" represents the percentage of young adult households living below 100% of the federal poverty level. Household income is based upon the combined income for all members of any given household, divided by the number of individuals dependent on that income.

[b] "Weekly household income" is a derived variable that represents the approximate dollars earned by a young adult's household per week across the course of the 12 months prior to interview. Young adults were asked to estimate the total combined income of their household over the 12 months prior to interview. Young adults could answer with estimates of income daily, weekly, or annually across 11 income ranges. Respondents cited the range and did not provide an exact dollar amount. Based on this response, a midpoint of the weekly salary range was assigned for each of the wage categories.

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

[d] White > Black ($p < .05$); White > Hispanic ($p < .05$).

Among those who reported working, the average number of hours worked per week was 34.4. There were no differences in a young adult's likelihood to work by sex, race/ethnicity, age, or living situation. There were differences in the numbers of hours worked per week by race/ethnicity. White young adults reported working significantly more hours per week than Black young adults and Hispanic young adults. There were no differences in hours worked per week by sex, age, or living situation.

More than half (57.4%) of young adults not currently working reported that they had worked in the past 12 months. Many young adults had worked more than one job over the course of the 12-month period. Forty-nine percent of all young adults reported that their current job had not been their only job during the previous 12 months. Young adults working more than 1 job reported, on average, having worked 1.7 other jobs (with most working between 1 and 4 different places).

Young adults were asked about their primary type of work and their satisfaction with this job. The most commonly reported occupations included laborer (26.8%), "other" (25.1%), service worker (15.2%), sales (12.0%), and office worker (7.7%). Young adults were also fairly satisfied with their current job. Most indicated that they liked it "very much" (34.5%), liked it "fairly much" (15.6%), or thought it was "okay" (34.3%).

Social Support

The transition to adulthood usually happens as a gradual process whereby young adults increasingly take on new responsibilities. In this process, then, it is not unusual that young adults remain at least partially connected to and often dependent on their biological family members. Families may provide financial support, food, or shelter but may also provide social or emotional support to facilitate the young adult's goals. For young adults disconnected from their families, the role of external social support becomes especially important.

Contact with Biological Family. Young adults were well connected to their biological family members. Almost all young adults reported that they knew their biological mother (98.7%), knew their biological father (91.1%), and have biological siblings (96.6%). Of those who knew their biological parents, 4% reported that their mother had died; 15% reported that their father had died (Exhibit 3-4). Many reported that they had contact with other biological relatives (76.6%). Few young adults reported having no contact with a living biological mother (7.2%) or siblings (4.6%); more reported having no contact with their father (17.6%). Young adults had the most frequent contact with their mothers; 47.1% had daily contact. More than a third had daily contact with their siblings. Exhibit 3-4 presents young adults' contact with biological mother, father, and siblings by frequency of contact (*none*, *monthly*, *weekly*, *daily*).

Contact with biological family members differed between those young adults with a history of out-of-home placement during adolescence and those without (at any one of the Waves 1 through 4). For instance, while there were no differences for knowing the identity of biological mothers, young adults with a history of out-of-home placement were significantly less likely to know their biological fathers (81.6%) than those with no history of out-of-home placement (92.8%). Furthermore, young adults with a history of out-of-home placement had significantly less contact with their biological mothers and biological siblings than those without out-of-home

histories. There were no differences for contact with biological mothers, fathers, or siblings by sex, race/ethnicity, age, or living situation (living with or without caregiver).

Exhibit 3-4
Young Adults' Contact with Biological Family at Wave 5

	N (Min)	None/ Deceased % (SE)	None/No Contact % (SE)	Monthly % (SE)	Weekly % (SE)	Daily % (SE)
Total						
Contact with biological mother	607	4.2 (1.3)	7.2 (2.3)	18.9 (3.0)	22.7 (2.9)	47.1 (3.9)
Contact with biological father	533	14.5 (2.7)	17.6 (2.6)	19.9 (2.8)	22.1 (3.5)	25.9 (3.8)
Contact with biological siblings	584	NA	4.6 (1.5)	24.7 (3.5)	31.4 (4.0)	39.2 (3.2)
History of at least one out-of-home placement during adolescence						
Contact with biological mother[a]	232	13.6 (4.5)	11.7 (4.9)	25.7 (4.6)	22.9 (5.2)	26.1 (4.9)
Contact with biological father	186	26.4 (6.5)	12.4 (5.2)	22.6 (6.3)	23.7 (6.0)	15.0 (6.0)
Contact with biological siblings[a]	232	NA	8.9 (2.6)	26.0 (5.4)	42.4 (6.3)	22.7 (4.2)
No history of out-of-home placement during adolescence						
Contact with biological mother	349	6.0 (2.8)	2.7 (1.1)	16.7 (3.7)	21.7 (3.7)	52.9 (4.5)
Contact with biological father	325	16.2 (3.1)	13.7 (3.3)	20.2 (3.5)	22.2 (4.0)	27.7 (4.7)
Contact with biological siblings	337	NA	3.9 (1.8)	24.1 (3.9)	28.7 (4.3)	43.2 (3.9)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Contact with biological mother, father, and siblings was gathered only from those young adults who knew the identity of the particular biological family member. There were no statistically significant differences in contact with biological family by sex, race/ethnicity, age, or type of maltreatment at baseline. NA = not applicable.

[a] History of out-of-home placement < no history of out-of-home placement for contact with mother and siblings at $p < .01$.

Social Support. Young adults were asked about the number of people available to offer them confidant support (i.e., inviting them out for activities or offering advice about money or about "important things in life") or instrumental support (i.e., helping to take care of their children, helping with transportation, helping during illness, or helping with cooking and housework). Young adults were also asked about their degree of satisfaction with this support (across a 4-point scale from 1 [*very dissatisfied*] to 4 [*very satisfied*]).[4] Young adults reported feeling moderately satisfied with the degree of social support that they received from individuals to help with a variety of activities (Exhibit 3-5). Their degree of satisfaction across types of social support did not vary extensively, from 3.1 to 3.5 on the 4-point scale. Young adults reported the most people to invite them out for activities (6.9 persons on average) or give them "useful advice about important things" (6.8 persons on average). They reported the fewest people available to them to help with cooking and housework (1.7 persons on average) or to help them when they were sick (2.3 persons on average).

[4] Questions about social support were modeled after the Duke-UNC Functional Social Support Questionnaire (Broadhead, Gehlbach, de Gruy, & Kaplan, 1988) and the Sarason Social Support Questionnaire (Sarason, Levine, & Robert, 1983; Sarason, Sarason, Shearin, & Pierce, 1987).

Exhibit 3-5
Social Support Among Young Adults at Wave 5

	N (Min)	None % (SE)	1 to 3 Persons % (SE)	4 or More Persons % (SE)	Average Number Persons Mean (SD)	Average Satisfaction Mean (SD)
Confidant support						
People who invite you out to do things	617	4.2 (1.4)	33.3 (3.5)	62.5 (3.6)	6.9 (0.4)	3.3 (0.1)
People who offer chances to talk about money/budgeting	616	19.0 (3.4)	58.1 (4.0)	22.9 (3.1)	2.6 (0.2)	3.2 (0.1)
People who give you useful advice about important things in life	615	5.5 (2.0)	34.2 (3.6)	60.3 (3.5)	6.8 (0.6)	3.4 (0.1)
Instrumental support						
People who help you take care of your children (can be rated "not applicable")	290	25.4 (6.3)	35.4 (5.8)	39.3 (6.3)	3.5 (0.5)	3.5 (0.1)
People who offer help with transportation	614	8.3 (2.0)	64.0 (3.5)	27.7 (2.7)	3.4 (0.3)	3.3 (0.1)
People who give you help when you're sick in bed	615	14.0 (2.6)	70.5 (3.7)	15.5 (2.7)	2.3 (0.2)	3.4 (0.1)
People who give you help with cooking and housework	614	20.8 (3.3)	68.6 (3.9)	10.6 (2.5)	1.7 (0.2)	3.2 (0.1)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. There were no statistically significant differences in contact with biological family by sex, by race/ethnicity, by age, by type of maltreatment at baseline, or by history of out-of-home placement.

Conclusion

In many ways, these young adults who had contact with the CWS in adolescence resemble their normative U.S. peers. Most remained living with their biological families through adolescence and were still living with a caregiver in early adulthood. About one fifth were married or cohabiting with a partner. Most have also entered the workforce. Furthermore, the key young adult milestones described in this chapter also reflect growing national trends for young people in this age group. Few young adults at Wave 5 are living independently, most are unmarried, and many show a substantial amount of contact with their families of origin. Young adults with a history of CWS involvement are also not making the transition to adulthood alone. Many have weekly or daily contact with their biological mothers, fathers, siblings—or with a combination of these family members. Even many young adults with a history of out-of-home placement in adolescence have relatively consistent contact with some members of their biological families. Young adults also indicate moderate satisfaction with their self-reported levels of social support.

As noted at the beginning of this chapter, diversity is increasing in the order in which U.S. young adults pursue certain traditional developmental milestones, such as marriage or parenting (e.g., Furstenberg et al., 2005). This diversity appears in the young adults described here. There were a few critical ways in which they differed from their normative U.S. peers. The primary difference relates to the percentage of young adults who had a child and who were actively parenting. It is estimated that 6.6% of all U.S. young adults between the ages of 18 and

20 are living with their own children (7.9% male, 19.8% female; Child Trends, 2006). Here, 29.0% of young adults reported currently living with one of their own children. Almost all young adult mothers were living with at least one of their biological children.

The second major difference from other U.S. young adults relates to living in poverty: 41.8% of all young adults and 59.1% of young adult parents were living below the federal poverty level at Wave 5. This rate is substantially more than the 30% of all young adults living in poverty in the United States aged 18 to 24 years (Rumbaut, 2007). So, while young adults with a history of CWS involvement may be progressing along the milestones to adulthood in relative tandem to their national counterparts, they are doing so with substantially fewer financial resources at their disposal. Furthermore, many are beginning this transition to adulthood after having already begun one of the most complicated young adult roles and responsibilities: being a parent.

Chapter 2 illustrated that young adults were faring worse than their peers on a number of well-being indicators. It is beyond the scope of this report to examine relationships between well-being and traditional young adult developmental milestones, although undoubtedly these relationships exist. For instance, a young adult's physical limitations, mental illness, or criminal activity may seriously impact his or her ability to parent, work, or maintain effective social relationships. Future research should examine relationships between well-being and traditional young adult developmental milestones, as well as the potential mediating influence of service access upon these trajectories.

CHAPTER 4
YOUNG ADULT SERVICES

Maltreatment during childhood is associated in adolescents and young adults with a variety of health problems (Arias, 2004; Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000). When compared with children who have not been maltreated, maltreated children show higher rates of adolescent or adult depression, suicidal behavior, aggression, anxiety, dissociation, post-traumatic stress disorder symptoms, social problems, thought problems, conduct disorder, substance abuse, sexually transmitted diseases, eating disorders, perceived poorer overall health, functional disability, and increased numbers of distressing physical symptoms (Brown, Cohen, Johnson, & Smailes, 1999; Danielson, de Arellano, Kilpatrick, Saunders, & Resnick, 2005; Hillis et al., 2000; Kaplan et al., 1998; Lansford et al., 2002; Molnar, Buka, & Kessler, 2001; Riggs, Alario, & McHorney, 1990; Thompson, Arias, Basile, & Desai, 2002; Walker et al., 1999; Wolfe, Scott, Wekerle, & Pittman, 2001; Wonderlich, Wilsnack, Wilsnack, & Harris, 1996).

As presented in Chapter 2, a number of young adults had mental health problems, and some of them had substance dependence problems at Wave 5. Although it is not uncommon that young adults experience reactive, transient, or situational disorders, it is likely that many of these disorders will not completely resolve with no or little intervention. Moreover, as presented in Chapter 1, some of these young adults showed signs of mental health and behavioral problems at Wave 4. Consequently, one concern is that behavioral health issues may evolve into chronic problems that not only challenge a successful transition to adulthood, but also interfere with the ability to parent effectively. Thus, the receipt of services at this age comes at a critical time, when young adults need to negotiate several developmental tasks while learning to live independently and raise their children (Osgood, Foster, Flanagan, & Ruth, 2005). These services may represent the difference between making a successful transition to adulthood and being left in a downward spiral.

The transition to adulthood is marked by significant changes in access to health services and health insurance coverage for all young adults, changes which have been described as a "significant weakening of the safety net, as well as supportive institutions, organizations and networks that serve adolescents" (Park, Mulye, Adams, Brindis, & Irwin, 2006, p. 306). For those aged 18 years, insurance access and eligibility vary by a number of factors. For instance, only young adult students are eligible for parental insurance coverage. Medicaid eligibility ends at age 18 for many young people; however, other young adults may still qualify for Medicaid because of income level and number of dependents. Some young adults may be working, but nearly half of employed young adults nationwide hold employment positions that do not offer health insurance coverage (Callahan & Cooper, 2004).

Similarly, admission into independent-living programs and eligibility for federal and state help through programs like Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Supplemental Security Income (SSI), may be reduced for some young adults, and expanded for others if they have children of their own. Even if after age 18 young adults qualify for the same services that they received as children, many mental health interventions are age based, and transitions even within one mental health system may not be seamless (Lyons & Melton, 2005). In the transition from child to adult services, young adults face many barriers, including poor communication

between providers, lack of service continuity and coordination, confusion about procedures to access adult services, and other problems associated with navigating a complex service system while trying to learn to function as an adult (Davis, Geller, & Hunt, 2006; Davis & Sondheimer, 2005; Vostanis, 2005).

The purpose of this chapter is to examine what services young adults received, which young adults were more likely to receive different services, and whether the service was sufficient to meet needs. Analyses examine the following issues:

1. insurance status,
2. preventive and urgent health care services,
3. accidents and injuries and associated use of emergency room (ER) or urgent care,
4. mental health and substance dependence services,
5. independent-living skills services, and
6. services to address basic needs.

For most services, we examined the degree to which need for a particular service matched actual service receipt. We were also interested in which types of young adults were more likely to receive different kinds of services. Consequently, we analyzed findings in relation to a young adult's sex, race, age, insurance status, living situation (living with a caregiver or not), number of types of abuse at baseline, types of maltreatment, and whether he or she had any history of out-of-home placement. When other characteristics of young adults were deemed relevant, we also examined their impact on service delivery; these characteristics included function-limiting health problems, need for mental health services, need for substance dependence services, and the like.

It was beyond the scope of this report to examine the impact of services on young adult outcomes such as employment, interpersonal relationships, parenthood, parenting skills, or crime. Also outside the scope of this work was comparison of the influence of various predictors of service use rates and patterns. This chapter describes the services received by young adults during the 12 months prior to interview. Key results were as follows:

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

- Almost two thirds (62.1%) of young adults reported having a usual place for health services. Half had recently participated in a checkup (51.9%), recent dental visit (52.2%), or both. Female young adults were significantly more likely than males to have a usual health care place and to have received dental care, to have received a medical checkup, and to have seen a physician in the previous 12 months. Young adults with insurance were more likely than uninsured young adults to have a

consistent place to receive medical services, to have received dental care in the previous 12 months, and to have received all types of preventive health care.

- A limited percentage (15.7%) of young adults reported contact with a physician or nurse for serious accidents, injuries, or poisonings.

- Overall, based on clinically significant scores on several measures related to mental health, 45.7% of young adults were determined to be in need of mental health services or in need of substance dependence services.

- In the 12 months prior to interview, a limited percentage (17.5%) received outpatient mental health services or inpatient services (8.4%). Among those with clinically significant mental health scores and considered in need of mental health services, inpatient mental health services were received by 13.3%, a rate almost three times higher than national estimates (4.6%; Substance Abuse and Mental Health Services [SAMHSA], Office of Applied Studies [OAS], 2005)

- Among young adults with clinically significant mental health scores and considered in need of mental health services, 27.6% received outpatient mental health services, and 13.3% received inpatient mental health services (some received both services). The large majority of young adults determined to be in need of mental health services received none (67.1%). In contrast, although only a small number of young adults were in need due to substance abuse problems, more than half (56.2%) received a substance abuse or a mental health service.

- More than a quarter of female young adults had been victims of physical intimate-partner violence in the previous 12 months, but few received any domestic violence service.

- Almost two thirds (63.9%) of young adults received help with education, 65.5% with jobs, 57.1% with managing finances, 23.7 % with housing, and 57.1 % with daily living. Overall, 91.7% reported receiving help in at least one of these areas. The main sources of assistance were biological parents or other original family members, teachers or schools, or "others." Very few identified independent-living skills training or a caseworker as a source of assistance (between 0% and 6.8%).

- More than a third of young adults were receiving some type of service to address basic needs. Among those with children, only females received TANF, or "welfare," (26.6%); 70.7% of females with children received WIC. Other services not restricted to persons having children were even more likely to be provided to females as opposed to males: 35.5% of females received food stamps, compared with 4.8% of males; 10.3% of females received SSI, compared with 2.7% of males; and, overall, 51.9% of females received any federal service, compared with 9.0% of males.

Insurance Status

Given its critical role in financing health services for the young adult population, insurance coverage—or the lack of it—among this population can determine use of and access to needed physical and behavioral health care. Young adults were asked their current insurance status, with reference to the following categories: (1) Medicaid or another state-funded program, (2) private insurance (including health maintenance organizations, preferred provider organizations, independent practice associations, fee for service, Blue Cross Blue Shield, or employer plan), (3) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS; military insurance), or (4) no insurance of any kind (uninsured). Medicaid or state-funded insurance was the most commonly held type of health insurance among young adults (43.5%). Only 17.4% had private insurance, and 2.4% had CHAMPUS. A full 36.7% did not have any insurance coverage. No significant differences in insurance status were found by poverty level, with those below and above the federal poverty level having similar rates of insurance coverage (66.2% and 61%, respectively).

Exhibit 4-1 shows variations in insurance status by sex, race, and age. Female young adults (75.1%) were significantly more likely than males (45.6%) to have insurance. Among young adults, 36.7% were uninsured, a rate that exceeds the national rate for 19- to 24-year-olds (30.6%) according to the Annual Social and Economic Supplement to the Current Population Survey (CPS) of the U.S. Census Bureau (DeNavas-Walt, Proctor, & Lee, 2006). Nevertheless, fewer young adults were uninsured when compared with national data based on the CPS for adults aged 19 to 24 years who live 200% beneath the federal poverty level (44.3% uninsured nationally, as compared with 30.6% in the Wave 5 sample). Differences among young adults by sex were also consistent with national estimates showing that males aged 19 to 34 years are more likely to be uninsured (32.8%) than female young adults aged 19 to 34 (25.2%; Kaiser Commission on Medicaid and the Uninsured, 2006).

Preventive and Urgent Health Services

Preventive Health Services. About half of young adults reported that they had received preventive and routine health services in the 12 months prior to interview (Exhibit 4-2). Almost two thirds (62.1%) of young adults reported having a usual source of care, compared with approximately 69% of adults 18 to 24 years old nationally (Centers for Disease Control and Prevention [CDC], 2006; Pleis & Lethbridge-Cejku, 2006). Approximately half of the young adults had recently participated in a checkup (51.9%) or dental care (52.2%). During the previous 12 months, some young adults also received vision testing (40.6%), hearing testing (24.0%), or both. A small percentage of young adults (11.3%) had received all of these preventive health care services (dental care, vision and hearing testing, and checkup) in the 12 months before the interview.

Exhibit 4-1
Insurance Status of Young Adults at Wave 5

	N (Min)	Medicaid/State Funded % (SE)	Private Insurance % (SE)	No Insurance % (SE)
Total	602	43.5 (3.8)	17.4 (2.9)	36.7 (4.1)
Sex		***	*	***
Male	221	25.1 (5.5)	19.4 (5.1)	54.4 (7.3)
Female	381	55.9 (4.5)	16.1 (3.6)	24.9 (4.7)
Race/ethnicity				
Black	175	56.3 (7.4)	9.4 (3.8)	29.3 (7.8)
White	286	33.2 (5.0)	23.0 (4.9)	42.2 (6.4)
Hispanic	83	59.8 (9.3)	10.9 (5.3)	27.9 (9.9)
Other	54	47.2 (12.9)	22.0 (9.0)	29.7 (9.1)
Age				
18 years	125	62.2 (8.7)	14.0 (4.3)	22.0 (8.6)
19 years	192	38.7 (5.7)	20.6 (5.3)	35.0 (6.0)
20 years	211	39.7 (6.2)	16.7 (5.4)	42.9 (6.3)
21 years	74	35.7 (10.6)	17.9 (6.1)	46.3 (11.4)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. CHAMPUS (military insurance) was reported by only 2.4% (SE = 1.3); as a consequence, all analysis of CHAMPUS by sex, race, and age had cells with very small *n*. No significant differences in insurance status were found by types of abuse at baseline, number of types of maltreatment, ever out-of-home placement, or poverty level. Asterisks indicate statistical significance (*$p < .05$, ***$p < .001$). Asterisks in column apply to the subsequent results for the covariate. CHAMPUS = Civilian Health and Medical Program of the Uniformed Services.

The percentage of young adults receiving these preventive health services varied significantly according to sex, race/ethnicity, insurance status, sexual abuse at baseline, and whether they were ever out of home. Female young adults were significantly more likely than males to have a usual source of care, to have received recent dental care or medical checkup, and to have seen a physician in the past 12 months. As might be expected, young adults with insurance were more likely than uninsured young adults to have a usual source of care, to have had dental care in the 12 months prior to interview, and to have received all preventive services. Only one preventive service, vision testing in the previous 12 months, was more likely to be received by 18-year-olds than by other age groups. Young adults who were reported for sexual abuse at baseline were more likely than those who were not reported for sexual abuse to have received a checkup during the previous 12 months, but were less likely to have received all preventive services. Similarly, young adults who were ever out of home between baseline and Wave 4 were more likely to have received a checkup in the previous 12 months than those who were never out of home.

Exhibit 4-2
Preventive and Routine Health Services for Young Adults at Wave 5

	N (Min)	All Preventive Services[a] % (SE)	Usual Source of Care % (SE)	Dental Care Past 12 Months % (SE)	Vision Testing Past 12 Months % (SE)	Hearing Testing Past 12 Months % (SE)	Checkup Past 12 Months % (SE)	Saw a Doctor in Past 12 Months % (SE)
Total	617	11.3 (2.1)	62.1 (4.0)	52.2 (3.4)	40.6 (3.5)	24.0 (3.1)	51.9 (3.8)	55.3 (3.9)
Sex			*	*			**	**
Male	232	10.3 (2.7)	50.3 (6.7)	42.1 (5.4)	39.9 (6.5)	26.2 (5.5)	38.7 (6.4)	44.7 (5.5)
Female	386	12.0 (3.1)	70.1 (5.0)	59.1 (4.6)	41.0 (4.6)	22.4 (3.6)	60.9 (4.5)	62.5 (4.8)
Race/ethnicity							*	
Black	183	14.3 (3.3)	60.1 (6.5)	63.9 (6.9)	41.6 (7.0)	27.3 (5.1)	70.2 (5.1)[b]	54.8 (7.3)
White	293	11.9 (3.3)	65.9 (5.8)	48.9 (5.2)	38.0 (5.1)	23.1 (4.6)	48.1 (5.9)	50.3 (5.2)
Hispanic	84	7.7 (4.1)	53.5 (11.9)	53.4 (9.7)	47.8 (10.8)	22.5 (9.7)	46.1 (12.2)	58.9 (12.1)
Other	54	5.6 (3.1)	70.0 (9.2)	39.8 (10.7)	30.3 (9.4)	25.5 (9.0)	31.8 (10.4)	79.0 (7.4)
Age					*			
18 years	130	23.2 (6.7)	63.9 (8.1)	59.2 (9.1)	63.7 (8.1)[c]	40.8 (7.7)	56.9 (8.6)	67.4 (7.6)
19 years	198	7.2 (2.1)	68.2 (5.1)	49.7 (6.2)	29.1 (5.6)	18.8 (4.9)	46.9 (6.5)	52.8 (7.2)
20 years	214	10.1 (3.4)	55.7 (7.2)	52.4 (6.4)	39.8 (6.4)	20.2 (5.3)	58.1 (6.5)	56.2 (7.1)
21 years	75	—	65.3 (12.1)	45.3 (10.9)	32.6 (9.9)	21.1 (6.7)	32.3 (9.6)	36.1 (10.2)
Insurance		***	**	***				
Yes	406	16.1 (3.2)	72.5 (4.8)	64.4 (4.4)	44.0 (4.9)	26.1 (3.5)	58.2 (4.4)	59.2 (5.1)
No	196	1.9 (0.9)	44.1 (5.9)	29.7 (6.2)	34.0 (7.6)	19.1 (6.5)	41.4 (7.6)	50.7 (5.8)
Health problem that currently limits activities								
Yes	179	15.3 (5.4)	64.6 (5.9)	47.6 (6.8)	41.8 (7.2)	27.2 (6.3)	51.1 (7.1)	66.9 (7.9)
No	438	9.6 (2.1)	61.0 (4.8)	54.2 (4.0)	40.0 (4.0)	22.5 (3.6)	52.2 (4.4)	50.3 (4.9)
Sexual abuse		**					*	
Yes	135	3.1 (1.4)	67.7 (10.9)	39.2 (10.1)	55.9 (11.4)	20.2 (9.5)	72.0 (10.0)	59.9 (11.3)
No	436	12.5 (2.2)	61.2 (4.0)	54.5 (3.8)	34.4 (3.5)	24.8 (3.0)	49.1 (4.0)	54.2 (4.3)

(continued)

Exhibit 4-2
Preventive and Routine Health Services for Young Adults at Wave 5 (continued)

	N (Min)	All Preventive Services[a] % (SE)	Usual Source of Care % (SE)	Dental Care Past 12 Months % (SE)	Vision Testing Past 12 Months % (SE)	Hearing Testing Past 12 Months % (SE)	Checkup Past 12 Months % (SE)	Saw a Doctor in Past 12 Months % (SE)
Ever placed out of home							*	
Yes	238	16.2 (4.3)	66.7 (5.5)	51.6 (6.5)	51.4 (6.6)	31.9 (6.3)	67.0 (6.0)	53.9 (6.3)
No	355	10.8 (2.7)	62.5 (4.3)	51.8 (4.0)	39.2 (4.2)	23.6 (3.6)	49.2 (4.5)	55.2 (4.6)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for all significance tests. All preventive and routine health care was reported by young adults for the 12 months prior to interview. No significant differences in use of preventive services were found by physical abuse, physical neglect and lack of supervision at baseline, or number of types of maltreatment. Asterisks indicate statistical significance (*$p < .05$, **$p < .01$, ***$p < .001$). Asterisks in column apply to the subsequent results for the covariate.

[a] Includes having had recent dental, vision, and hearing checkups.

[b] Black is significantly different from White at $p < .01$,and from Other at $p < .05$.

[c] Age 18 is significantly different from age 19 ($p < .01$), 20 ($p < .05$), and 21 ($p < .05$).

Between a quarter and a third (30.5%) of young adults reported experiencing some or much limitation due to a health condition. Access to preventive and routine health services would be particularly important for this population. No significant differences were found in the receipt of preventive and routine health services between young adults with a health limitation and young adults without health limitations.

Accidents, Injuries, and Associated Use of ER or Urgent Care. Young adults reported on their use of urgent-care services for illnesses or injuries in the 12 months prior to interview (Exhibit 4-3). Slightly more than a third (37.0%) of young adults reported having used the ER or urgent-care services for an illness or an injury in that time frame. Overnight hospital admissions for illnesses and injuries were less common (13.0%). About 15.7% of young adults reported contact with a physician or nurse for serious accidents, injuries, or poisonings. Nationally, the percentage of young adults aged 18 to 21 years who were treated for all causes of nonfatal injuries in 2005 was similar to these findings (14.9%; CDC, 2007).

Exhibit 4-3
Young Adults' Urgent Medical Care in the Past 12 Months at Wave 5

	N (Min)	ER or Urgent Care for Illness or Injury % (SE)	Hospital Admission for Illness or Injury % (SE)	Care from Doctor or Nurse for Serious Injury, Accident, or Poisoning % (SE)
Total	602	37.0 (3.4)	13.0 (2.4)	15.7 (2.9)
Sex		*	**	
Male	232	28.7 (5.3)	5.5 (2.6)	17.1 (4.7)
Female	386	42.9 (4.5)	18.0 (3.4)	14.8 (3.6)
Race/ethnicity				
Black	183	32.2 (6.2)	13.9 (5.0)	5.7 (2.5)
White	292	37.2 (4.2)	12.0 (3.2)	18.6 (4.1)
Hispanic	84	30.0 (9.5)	10.5 (5.9)	10.3 (5.8)
Other	54	54.8 (11.8)	5.5 (3.3)	26.5 (14.4)
Age				
18 years	130	50.1 (7.6)	16.2 (7.8)	27.9 (8.3)
19 years	198	31.9 (5.8)	11.0 (3.6)	7.3 (2.5)
20 years	215	37.1 (6.5)	13.0 (3.8)	17.3 (5.4)
21 years	75	25.9 (9.8)	12.4 (8.6)	10.8 (8.7)
Insurance	602			
Yes	196	40.8 (4.5)	16.6 (3.3)	15.2 (3.3)
No	406	33.0 (5.3)	7.7 (4.1)	17.8 (5.5)
Ever placed out of home				*
Yes	237	48.2 (7.5)	16.6 (5.4)	7.4 (2.9)
No	345	39.3 (3.7)	12.9 (7.8)	18.1 (3.7)

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

Although young adults' race, age, and insurance status had no significant association with the likelihood of receiving urgent-care health services, the young adults' sex did have a significant association. Female young adults (42.9%) were more likely than males (28.7%) to have used the ER or urgent-care services for an illness or an injury in the 12 months prior to interview. Additionally, female young adults (18.0%) were more likely than males (5.5%) to have had an overnight hospital admission for an illness or injury. Nevertheless, when young adults' reporting was restricted to serious accidents, injuries, or poisonings that required the care of a nurse or doctor, they followed the expected trend of more cases among males. Here, rates for female young adults (14.8%) and for males (17.1%) are similar to those reported by CDC for all U.S. male young adults (17.2%) and slightly higher than the rates for U.S. female young adults (12.3%) aged 18 to 21 who were treated for all causes of nonfatal injuries in 2005 (CDC, 2007). Young adults who were ever placed in out-of-home care (7.4%) were less likely than those who were never out of home (18.1%) to use the care from a doctor or nurse for a serious injury, accident, or poisoning.

In summary, young adults who were reported to the child welfare system (CWS) for maltreatment in adolescence used fewer preventive health services than other U.S. adults 18 to 24 years old. Female young adults reported more use of preventive health services and greater use of urgent-care services for an injury or illness than male young adults.

Mental Health and Substance Dependence Services

In this section we describe the mental health and substance dependence needs of young adults and compare their need with their use of services in the 12 months preceding their reports. The service use questions were framed so that young adults could respond positively for all service providers or service settings that were applicable; consequently, young adults could report having received services from more than one source. All questions included the following phrasing: "In the past 12 months have you received any (name of service) for emotional, behavioral, learning, attentional, or substance abuse problems?"

Young adults' needs for mental health and substance abuse services were assessed in five ways: (1) young adults' responses to questions about the degree to which they needed help by being admitted to a psychiatric hospital or detox unit; (2) the sections of the Composite International Diagnostic Interview Short Form (CIDI-SF; Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998) on major depression, alcohol dependence, and drug dependence; (3) the intrusive and dissociation sections of the Trauma Symptom Inventory, (4) Externalizing, Internalizing, and Total Problems subscales of the Adult Self-Report (ASR; Achenbach & Rescorla, 2003); and (5) the mental health section of the 12-Item Short-Form Health Survey (SF-12; Ware, Kosinski, & Keller, 1996). Scores within the clinical range on any of these standardized measures identified the young adult as at risk for a mental health, alcohol, or drug problem and potentially in need of behavioral health services.

According to the data on young adults, only 2.6% reported that they needed to be admitted to a psychiatric hospital but were not; the same percentage reported that they needed to be admitted to a detox unit but were not. As reported in Chapter 2, more than a quarter (27.5%) of young adults were in the clinical range for major depression; 10.2% had a clinical score for traumatic intrusiveness; 6.2% had a score for traumatic dissociation. According to the ASR,

16.0% had a clinical score for Internalizing, 18.9% for Externalizing, and 13.4% for Total Problems (27.2% had elevated scores in at least one of the three ASR scales). Eleven percent had poor mental health, according to the SF-12; 6.6% had alcohol dependence; and 6.5% had drug dependence. When findings from all sources of information on the need for mental health or substance dependence services were combined, 45.7% of young adults were determined to be in need of mental health services (Exhibit 4-4).

Exhibit 4-4
Young Adults' Need for Mental Health and Substance Abuse Services at Wave 5

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

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences in need for mental health services or need for substance dependence services were found by types of abuse at baseline, by number of types of maltreatment, or by ever out-of-home placement. Asterisks indicate statistical significance (**$p < .01$). Asterisks in column apply to the subsequent results for the covariate.

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

Mental health need among young adults was almost double the national 12-month estimates for English-speaking respondents aged 18 years or older for any mental disorder (26.2%), as measured by the National Comorbidity Survey Replication using the CIDI, including anxiety, mood, impulse control, and substance disorders (Kessler, Chiu, Demier, & Walters, 2005).[5] Comparisons with other young adults who were maltreated in childhood are limited because of other studies' use of local samples, use of self-report to determine childhood maltreatment, or the limited number of disorders evaluated. In one prospective study of major depression among young adults (mean age 28.7 years) who before age 12 had court-substantiated records of abuse or neglect in a metropolitan area in the Midwest, the percentage with major depressive disorder was 25.3% among those who had been neglected, 30.2% among those who had been physically abused, 24.0% among those who had been sexually abused, and 31.4% among those who had experienced multiple types of maltreatment (Spatz Widom, DuMont, & Czaja, 2007); these rates of major depression are similar to those found for young adults in this report (27.5%).

Total mental health problems were somewhat higher when compared with the 12-month prevalence of mental health disorders among adolescents 17 years old in the foster care system in eight of the largest counties of Missouri, where 37% had any disorder, including major depression, attention-deficit/hyperactivity disorder, internalizing or externalizing disorder, or conduct disorder (McMillen et al., 2005). In summary, mental health needs among young adults were higher than national estimates for the general population, but are somewhat similar to previous studies based on young adults with a history of reports or placements in the CWS; although there are previous reports that estimate a higher rate of mental health problems, those studies are based on self-report of maltreatment with local sample that were not representative of the CWS population (Ferguson & Lynskey, 1997; MacMillan et al., 2001; Silverman, Reinherz, & Giaconia, 1996).

Substance dependence was similar to national estimates for adults between the ages of 18 and 25 (7.2% dependent on alcohol, 5.8% dependent on drugs, and 11.5% dependent on either; Substance Abuse and Mental Health Services Administration, Office of Applied Studies [SAMHSA, OAS], 2006). In the present reporting, there were no significant variations in the need for mental health services by young adults' race/ethnicity, age, insurance status, or living situation; however, there were variations by sex, with female young adults (52.8%) more likely to need mental health services than male young adults (34.5%). No significant differences were found in need for substance dependence services by sex, race/ethnicity, age, insurance status, and living situation.

[5] It is noteworthy that the Kessler's reports used the long form of the CIDI. Thus, the estimate for need of mental health services among young adults in this report was based on four main sources of information that are not equivalent to what would have been obtained if the complete CIDI had been used as it was with the National Comorbidity Survey Replication. Moreover, the scales used in the present study were not designed to capture diagnoses, as the CIDI was; instead, most of the scales capture symptoms, without all the CIDI criteria required for diagnosis.

The high number of young adults in need of mental health and substance abuse services contrasts with the number that in the 12 months before interview received behavioral health services. As shown in Exhibit 4-5, only 17.5% received any outpatient mental health services. When the analysis of outpatient services was restricted to specialty outpatient services, the percentage that received services was reduced to 14.3%, while 9.3% received nonspecialty mental health services (in-home counseling or family doctor). Inpatient mental health services were received by 8.4%, and 11.2% were currently using psychotropic medication. Among those in need of mental health services,13.3% received inpatient mental health services. The percentage receiving inpatient mental health services among those in need was almost triple the national rate. In 2005 it was estimated that 24.6 million adults suffered serious psychological distress; among these adults, 45.3% received treatment for a mental health problem in the previous year, but only 4.6% received inpatient treatment (Substance Abuse and Mental Health Services [SAMHSA], Office of Applied Studies [OAS], 2005).

In the present reporting, there were no significant variations in the use of outpatient mental health services, specialty outpatient services, in-home counseling or help from a family doctor, or inpatient mental health services by sex, race/ethnicity, age, insurance status, living situation, type of abuse at baseline, number of types of abuse, or out-of-home placement. As expected, however, young adults in need of mental health services were more likely than those determined not to be in need to receive outpatient mental health. In terms of psychotropic medication use, females were more likely to use such medications than males, Hispanics were less likely than Whites, and 19-year-olds were less likely than 21-year-olds. As expected, those in need of mental health services were more likely than those not in need to use psychotropic medication, outpatient mental health services, specialty outpatient services, and in-home counseling or help from their family doctor. Similarly, young adults in need of substance dependence services were more likely than those not determined to be in need to receive outpatient mental health services and specialty outpatient services.

Although having a mental health need made a young adult's receipt of a mental health service more likely, the large majority of young adults determined to be in need of mental health services received none (67.1%). It should be noted that high levels of unmet mental health needs are not unique to this population: a recent national study found that only 41% of English-speaking adults aged 18 years or older with a diagnosable mental disorder reported having received some treatment within a 12-month period (including help from a general doctor); only 21.7% received specialty treatment (psychiatrist or nonpsychiatrist mental health specialist; Wang et al., 2005).

In contrast to levels of unmet mental health service needs, more young adults with substance dependence needs received substance abuse services. Although only a small number of young adults were in need of these services, more than half (56.2%) received any service, and 40.4% received specialty outpatient treatment, which is four times higher than national estimates that show only 10.0% of persons aged 12 years or older and needing treatment for illicit drug use or alcohol use received treatment at a specialty facility (SAMHSA, OAS, 2005). Given that the substance abuse indicator used with young adults screens for substance dependence rather than abuse, providing a very narrow and high need definition, it is not surprising that the National Survey of Child and Adolescent Well-Being (NSCAW) data show many receiving help and at a higher rate than the national population.

Exhibit 4-5
Young Adults' Need for Mental Health and Substance Dependence Services and Service Receipt at Wave 5

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

(continued)

Exhibit 4-5
Young Adults' Need for Mental Health and Substance Dependence Services and Service Receipt at Wave 5 (continued)

	N (Min)	Outpatient Mental Health Services[a] % (SE)	Specialty Outpatient Services[b] % (SE)	In-Home Counseling or Family Doctor % (SE)	Inpatient Mental Health Services[c] % (SE)	Current Use of Psychotropic Medication % (SE)
Young adult in need of substance abuse services[g]			*			
Yes	47	54.5 (11.6)	40.4 (11.6)	32.8 (14.5)	20.8 (9.8)	18.3 (9.5)
No	566	13.8 (3.0)	11.7 (2.8)	6.9 (2.1)	6.9 (2.1)	10.5 (2.6)

Note: Young adults' report of mental health or substance abuse service use represents services received in the12 months prior to interview. All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests and pairwise contrasts. Mental health services measured through an adapted version of the Child and Adolescent Services Assessment (Child & Adolescent Services Assessment; see Technical Appendix). No significant differences in use of mental and substance dependence services or in use of psychotropic medication were found by types of abuse at baseline, number of types of maltreatment, or ever out-of-home placement. Asterisks indicate statistical significance (*$p < .05$, **$p < .01$, ***$p < .001$). Asterisks in column apply to the subsequent results for the covariate.

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

[b] Any specialty outpatient service included day treatment for emotional and substance abuse problems, outpatient drug or alcohol unit, mental health center, and private professional help for emotional and substance abuse problems.

[c] Any inpatient mental health service included use of psychiatric hospital, hospital for emotional and substance abuse problems, residential treatment, emergency shelter for emotional and substance abuse problems, and ER for emotional and substance abuse problems.

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

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

[f] Young adult was determined to be "in need of mental health services" when he or she met any one of four criteria; (1) young adult self-reported need for "a lot" or "some" help by being admitted to a psychiatric hospital; (2) scores within the clinical range on the depression scale of the Composite International Diagnostic Interview Short Form (CIDI-SF) or a score of 1.5 standard deviations or more below the norm ($t \leq 35$) on the Mental Health scale of the SF-12; (3) a score in the clinical range of the intrusive experiences or dissociation subscales of the Trauma Symptom Inventory; or (4) a score in the clinical range of the Adult Self-Report for Total Problems, Internalizing, and Externalizing subscales.

[g] Young adult was determined to be in need of substance abuse services when he or she met any one of two criteria: (1) young adult self-reported need for "a lot" or "some" help by being admitted to a detox unit or inpatient drug or alcohol unit or to a hospital medical inpatient unit; or (2) he or she had scores within the clinical range on either the Alcohol Dependence or Drug Dependence scales of the CIDI-SF.

There are some limitations to the ways in which NSCAW assesses young adults' mental health and substance service use. For instance, the NSCAW survey does not ask young adults about group therapy or participation in self-help groups such as Alcoholics Anonymous or Narcotics Anonymous, which is an important limitation because the national rate shows that more than half of those in need of treatment for illicit drug or alcohol use received treatment in the previous 12 months from a self-help group (SAMHSA, OAS, 2005). Consequently, service use rates may be underestimated. Despite these limitations, the data still suggest that receipt of services in this population is not adequate for the level of need. By any measure of need, no more than a third of those in need of mental health services received them, and more than 40% of those in need for substance dependence did not receive any service.

Domestic Violence Services

As reported in Chapter 2, in the 12 months prior to interview, 26.4% of female young adults had been victims of physical intimate-partner violence. Of those who were victims, only 4.5% of female young adults received a referral to domestic violence services; only 0.9% actually received any domestic violence service, although the few that received the service reported that it was very helpful.

Independent-Living, Education, and Job-Related Services

For the past 20 years, federal funds have been provided to states to help adolescents receiving CWS services develop independent-living skills and to support their making the transition to independent living. The goal of independent-living programs is to "increase educational attainment, increase employment rates and job stability, improve interpersonal and relational skills, reduce non-marital pregnancy and births, and reduce delinquency and crime rates" (Urban Institute, 2007). Previous studies at the national and state levels have reported that training in some specific independent-living skills (particularly money management, credit, consumer, education, and employment) is positively associated with reduced criminal activity and a self-concept better than that of young people who do not receive specific training in independent-living skills (Cook, Fleishman, & Grimes, 1992; Georgiades, 2005). It is noteworthy that these services are usually intended for youth in out-of-home placements and may not be particularly applicable to the majority of young adults described in this report, given that only 17% of them were ever in out-of-home placement during adolescence.

Young adults were previously queried about their independent-living skills at Wave 4. At that time they were between 15 and 19 years old. At Wave 4 the great majority reported that they knew how to shop for and prepare meals (95.6%), use public transportation (86.3%), interview for a job (79.5%), obtain family planning (71.1%), obtain medical and dental care (65.9%), and secure community support (60.2). Nevertheless, only 30.0% knew how to apply for college, and only 31.4% knew how to obtain income assistance. The main sources of help for learning these skills were biological parents or other original family members, teachers and schools, and "others." At that time, 33.0% had received independent-living skills training. Of those who had participated in some independent-living skills training program, only 11.8% reported that they learned how to interview for a job from the skills training program. For all other skills the percentage reporting that they learned the skill from the independent-living skills training varied between 0% and 8.1%.

At Wave 5, young adults were asked whether they had ever received help in several areas, including education, job, managing finances, housing services, and daily living. Almost two thirds (63.9%) had received help with education; 65.5%, with jobs; 57.1%, with managing finances; 23.7 %, with housing; and 57.1 %, with daily living. Overall, 91.7% reported receiving help with at least one of the areas (Exhibit 4-6). The main sources of assistance were biological parents or other original family members, teachers and schools, and "others." Very few identified independent-living skills training or a caseworker as a source of assistance (between 0% and 6.8%). Thus, the most traditional support systems (relatives and the educational system) helped young adults in the areas of education, job, and daily living, while independent-living programs were rarely mentioned as a source of help. This finding is consistent with information provided in the first chapter: that very few young adults transitioned to adulthood from the foster care system, which is the main population target of independent-living skills programs.

Exhibit 4-7 shows the receipt of education, independent-living, and job-related services by sex, race/ethnicity, and age. Female young adults (31.0%) were more likely than males (13.0%) to receive housing services. Because female young adults are more likely than male young adults to be raising children, this finding is not surprising. Several differences were found by age. Eighteen-year-olds were more likely to report receiving support for educational issues than the oldest groups; 21-year-olds were more likely than the youngest groups to have received assistance with housing; and 19-year-olds were slightly less likely than the other age groups to have received any assistance. Young adults who were reported to child protective services (CPS) at baseline for physical abuse (54.6%) were less likely to receive support with educational issues than young adults reported for all other types of abuse (72.0%), while young adults who were reported to CPS at baseline for failure to supervise (74.4%) were more likely to receive help with education than young adults reported for all other types of abuse (58.2%). Young adults who were ever placed out of home between baseline and Wave 4 were more likely to receive assistance with job-related issues and housing (76.9% and 41.9%, respectively) than young adults who were never placed out of home (63.0% and 19.0%, respectively).

Services to Address Basic Needs

The Wave 5 young adults were asked about several services to address basic needs in the 12 months prior to interview. Some of these services include as a criteria for eligibility being a financially poor parent raising a child (TANF, or welfare benefits; WIC benefits), while other services are associated with poverty (food stamp benefits) or disability (SSI benefits). As reported in Chapter 3, 44.9% of female young adults and 26.3% of male young adults had a child. Of those who had a child, more than half were living below the poverty line, making many of them eligible for several federal services to meet basic needs. Most of the services shown in Exhibit 4-8 were more likely to be provided to female young adults, which is not surprising in that more females (87%) were raising a child than males. Among those with children, only female young adults received TANF or Welfare (26.6%), and 70.7% of female young adults received WIC.

Exhibit 4-6
Number of Young Adults at Wave 5 Who Ever Received Services Related to Education, Job, or Daily-Living Skills

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

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

Exhibit 4-7
Young Adults' Use of Independent-Living and Job-Related Services at Wave 5

	N (Min)	Education % (SE)	Job Related % (SE)	Managing Finances % (SE)	Housing % (SE)	Daily Living % (SE)	Any Independent Living % (SE)
Total	618	63.9 (3.8)	65.5 (3.8)	57.1 (3.9)	23.7 (3.1)	57.1 (3.3)	91.7 (2.3)
Sex					**		
Male	231	72.5 (7.0)	70.1 (5.9)	59.6 (5.1)	13.0 (3.3)	49.3 (5.5)	91.7 (3.9)
Female	387	58.1 (4.1)	62.5 (5.4)	55.4 (5.6)	31.0 (4.7)	62.4 (4.3)	91.7 (2.3)
Race/ethnicity	614						
Black	182	68.6 (6.2)	73.0 (9.1)	56.5 (9.2)	22.5 (4.7)	67.1 (5.7)	95.8 (2.6)
White	294	63.0 (6.2)	64.0 (5.1)	56.5 (4.9)	23.1 (5.0)	51.3 (5.6)	88.7 (4.1)
Hispanic	84	52.6 (11.2)	67.0 (10.6)	53.9 (11.6)	35.5 (11.3)	60.7 (9.4)	96.9 (2.6)
Other	54	68.1 (10.3)	39.6 (10.8)	62.0 (10.6)	13.6 (4.8)	48.4 (12.3)	87.3 (6.3)
Age	618	**					*
18 years	130	84.9 (4.4) [a]	71.8 (7.7)	71.8 (6.8)	25.2 (6.7)	68.0 (8.3)	98.0 (1.0)
19 years	198	61.2 (6.2)	67.7 (7.7)	52.1 (7.1)	13.5 (3.3) [b]	56.1 (5.9)	85.4 (5.5) [c]
20 years	216	52.4 (5.4) [d]	59.3 (6.3)	55.3 (6.8)	26.4 (5.2)	58.2 (6.2)	91.5 (3.7)
21 years	74	76.1 (9.5)	71.5 (10.8)	50.4 (12.1)	41.1 (10.9)	34.7 (10.6)	99.2 (0.8)
Physical abuse		*		*			
Yes	213	54.6 (6.3)	61.5 (6.2)	57.3 (6.3)	25.5 (5.4)	54.6 (6.0)	89.1 (4.9)
No	358	72.0 (4.2)	65.8 (5.4)	56.7 (5.7)	22.9 (3.9)	55.6 (4.8)	93.3 (2.3)
Failure to supervise		*					
Yes	201	74.4 (4.9)	63.5 (7.5)	54.1 (7.2)	21.5 (4.8)	52.3 (6.0)	93.7 (2.6)
No	370	58.2 (5.3)	64.2 (5.4)	58.7 (4.7)	25.6 (4.3)	56.9 (4.3)	90.1 (3.6)
Ever placed out of home			*		**		
Yes	238	63.4 (7.0)	76.9 (5.1)	60.3 (7.0)	41.9 (6.4)	65.3 (5.2)	89.2 (4.1)
No	354	64.1 (4.8)	63.0 (4.4)	54.8 (4.3)	19.0 (3.3)	56.1 (4.0)	91.8 (2.8)

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

[a] Age 18 is significantly different from age 19 ($p < .01$) and 20 ($p < .001$).
[b] Age 19 is significantly different from age 20 ($p < .05$) and 21 ($p < .05$).
[c] Age 19 is significantly different from age 18 ($p < .05$) and 21 ($p < .05$).
[d] Age 20 is significantly different from age 21 ($p < .05$).

Exhibit 4-8
Young Adults' Use of Federal Services to Meet Basic Needs at Wave 5

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

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No significant differences in the receipt of services were found by type of maltreatment at baseline, by number of types of maltreatment, or by ever living out of home during adolescence. Asterisks indicate statistical significance (*$p < .05$, ** $p < .01$, ***$p < .001$). Asterisks in column apply to the subsequent results for the covariate. TANF = Temporary Assistance for Needy Families. WIC = Special Supplemental Nutritional Program for Women, Infants, and Children. SSI = Supplemental Security Income.

[a] Asked only of those who had children, $n = 221$.

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

Other services not restricted to those having children of their own were still more likely to be provided to female young adults than to males. Thus, 35.5% of female young adults received food stamps, compared with 4.8% of males; 10.3% of female young adults received SSI, compared with 2.7% of males; and, overall, 51.9% of female young adults received any federal service, compared with 9.0% of males. There were no significant differences in the receipt of services by age, but young adults of Hispanic ethnicity were more likely to receive any federal services than White young adults, which is consistent with information provided in Chapter 3 (Exhibit 3-2) that 60% of Hispanic young adults had a child. Receipt of federal services among female young adults was higher for all types of services as compared with national data from 2004. Thus, the percentage of female young adults with children and receiving TANF was higher than the national rate of 1.8% for the total U.S. population, and higher than the 14.3% for the population in poverty. The percentage of female young adults receiving food stamps was also higher than the national rate of 8.1%, but it was lower when compared with the receipt of food stamps among those Americans in poverty (64.4%). Receipt of SSI was higher than the national average for both sexes. Female young adults were receiving SSI

at an especially high rate, several times higher than the national rate of 2.2% for adults aged 18 to 64 years (Administration on Children, Youth and Families [ACYF], 2006).

In summary, more than a third of young adults were receiving some type of services to address basic needs. The services most commonly received by young adults in the 12 months preceding the interview were food services (WIC and food stamps). About a quarter of female young adults were receiving TANF, while about 10% of female young adults were receiving SSI.

Conclusion

Young adults who were maltreated during their childhood or adolescence constitute a vulnerable population in need of multiple services. Society demands much of young adults and, to a large degree, makes them legally accountable for their actions after age 18. In the face of these multiple demands, adequate health and behavioral health services, independent-living services, and services to meet basic family needs could only help to facilitate a successful transition to adulthood. As described in Chapter 3, the great majority of young adults are making an effort to integrate into society; many are working or are taking care of their young children (or both) and are learning to take care of themselves.

A positive finding in this chapter is that many young adults are safeguarding their physical health: at least half of young adults had a physical checkup in the 12 months prior to interview, even if they did not have health insurance. A second promising finding in this chapter is that need for services for a serious accident or injury was similar to national rates, indicating that young adults are no more prone than other people the same age to be afflicted by these problems. Lack of health insurance was a barrier for some types of health services. Being uninsured did increase the likelihood that young adults would describe themselves as lacking a usual place to receive health services; being uninsured also decreased the likelihood that they would report having recently received dental care. These services may each play a critical role in the prevention of future health problems.

Many young adults had mental health needs, while few received mental health services. Almost half of the young adults had mental health problems, but only one third of young adults in need of mental health services received some type of service. This percentage was lower than national rates of service receipt among U.S. adults with mental health problems (41%; Wang et al., 2005). Levels of unmet mental health needs are particularly concerning for female young adults, for whom rates of depression (27.5%) and other mental health problems (52.8%) may prove particularly detrimental to raising children. Previous studies have shown that parental depression often manifests as insensitivity and unavailability to the child, which can disrupt bonding, impede quality of care, and escalate negative interactions (yelling, spanking, and showing annoyance with the child) that can ultimately devolve into child maltreatment (Cassell & Coleman, 1995; Cohn, Matias, Tronick, Connell, & Lyons-Ruth, 1986; Lyons-Ruth, Wolfe, & Lyubchik, 2000). Other parental mental health problems have also been associated with child maltreatment, making it especially critical to help young adults access needed services as a means to interrupt the intergenerational transmission of violence and other developmental risks (Barnett, Miller-Perrin, & Perrin, 1997).

More promising in this chapter is the finding that among the few young adults with substance dependence problems, more than half received some services, which is several times higher than national estimates among adults with substance abuse problems (10%; SAMHSA, OAS, 2005). This finding requires further exploration to determine if the severity of the problem explains higher rates of service receipt, given that the measure used in this study identified only those with substance dependence while other national studies may include those with substance abuse behavior but not dependence.

As with history of maltreatment during childhood, young adults are at risk of poor outcomes due to current violence. It is sobering that, although about a quarter of female young adults were victims of physical abuse by an intimate partner in the 12 months preceding the interview, only a few received any domestic violence services. Future research should explore barriers to accessing domestic violence services, as well as barriers to needed mental and physical health care.

Among the positive findings of this chapter is the help that young adults have received in areas that are critical for their transition to adulthood—like education, job, management of personal finances, housing, and daily living. Most of the help in these areas was received from biological parents, or other original family members, and the school system; a small group received them through independent-living skills programs. The high percentage (more than 90%) that received help in at least one area, as well as the fact that most received help from their original families and schools, is a sign that they have maintained a needed level of connectedness with significant adults at least during adolescence and part of young adulthood. As reported in Chapter 3, more than half of young adults were still living with an adult that could be considered a caregiver; family members reportedly provided support or help in many of the areas that are critical for the transition to adulthood. Future research should explore the role that parents, relatives, and others can play in facilitating the transition to adulthood and how they can be involved in case planning or service provision.

Another important finding in this chapter is that young adults were receiving both federal and family support services to help meet their basic needs during this critical developmental period. A relatively high percentage of young adults, especially females with children, were receiving help through federal programs designed to help a family meet its basic needs. Rates of this type of federal service use were higher than rates found for use across the nation (ACYF, 2006). Although this assistance may be considered a negative outcome reflecting lack of autonomy and cost to society (Cook et al., 1992), receiving federal assistance may help this vulnerable population transition to adulthood with less difficulty than it otherwise would. Future research should explore the level of contact of young adults not in foster care with the CWS and should determine what type and level of contact is recommended to facilitate access to services that can help the transition to adulthood.

This Wave 5 follow-up on young adults identified by the CWS for maltreatment when they were adolescents indicates that a substantial proportion of these adults have needs related to physical health, mental health, domestic violence, and daily living. Although some have received necessary services, many have not. There were substantial unmet needs for services, especially for services related to mental health. These unmet needs may be exacerbated by the lack of health insurance coverage for many or generally by the complexities of navigating new service

systems targeting adults. Future research should explore how this vulnerable population can be better helped to access needed services.

CHAPTER 5
YOUNG ADULT PARENTS RAISING CHILDREN

The previous chapters described the health and well-being, transition to adulthood, and service utilization patterns of young adults reported for maltreatment during adolescence. As noted in Chapter 3, more than a third (37.4%) of the young adults reported having at least one child; 29.0% of young adults reported currently living with one of their children at Wave 5. This chapter is meant to supplement findings from Chapters 2 to 4 by reexamining several core aspects of well-being, young adult developmental milestones, and service use for the subpopulation of young adults reported to be currently living with one of their children at Wave 5. The following section of this chapter describes outcomes for young adult parents across key indicators of well-being (e.g., depression), transition-to-adulthood milestones (e.g., employment), and use of federal services (e.g., food stamps) that might be of particular relevance to young adult parents and their children.

Young adult parents with an adolescent history of child welfare system (CWS) involvement are of particular public health interest. For this report, they are interesting largely because of their especially high prevalence in this population of young adults. In a broader child welfare context, they may be of interest because of public concerns that individuals who were abused as children will be more likely than those without a history of childhood abuse to maltreat their own offspring. However, scientific findings to support this concern are mixed and confounded by poor methodology (Ozturk, Leventhal, & Dobbs, 2000). Research appears to support the concern that the prevalence of environmental or personal risk factors increases the likelihood that this intergenerational transmission of abuse will occur. For instance, one recent study found that becoming a parent before reaching 21 years of age, having a history of mental illness or depression, and living with a violent partner were all positively associated with child maltreatment among parents who were abused as children (Dixon, Browne, & Hamilton-Giachritsis, 2005). Consequently, raising a child in environmental or personal stress—for example, poverty or low social support—likely increases personal or family hardships. Such stressors may in themselves increase the potential risk of future child maltreatment. Analyses in Chapter 5 cover the following issues:

1. demographic characteristics of young adult parents raising children;
2. parental mental health, trauma, and experiences of domestic violence;
3. discipline strategies;
4. social support;
5. financial resources and job status; and
6. services to address basic needs.

The chapter's key findings as related to the key characteristics of young adult parents living with their children at Wave 5 are as follows:

- Young adult parents demonstrated many behavioral health risks:
  - 22.2% reported signs of clinical depression;
  - 5.8% reported clinically significant dissociative symptoms, and 16.2% reported intrusive experiences associated with past trauma; and
  - 16.3% of mothers reported having experienced an incident of severe physical domestic violence in the 12 months prior to interview.
- When asked about disciplinary techniques,
  - 50.6% of young adult parents reported using some form of psychological aggression (e.g., shouting or threatening to spank) with their child;
  - 55.6% reported the use of minor physical assault or corporal punishment (e.g., spanking on the bottom with a bare hand);
  - 5.2% reported some type of severe assault against their child (e.g., kicking, or threatening with a knife or gun); and
  - 16.5% reported some form of neglect in the year prior to interview.
- Nearly 60% (59.1%) of young adult parents were living in households where the income was below 100% of the federal poverty level; 61.8% of young adult mothers were living in poverty.
- Half of young adult parents were currently employed full or part time. These working parents worked, on average, 36 hours per week.
- Many young adult parents reported receiving federal services to meet their family's basic living needs: 66.4% received benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and 57.1% received food stamps; 27.0% of young adult mothers received Temporary Assistance for Needy Families (TANF) or welfare.

Demographic Characteristics

Exhibit 5-1 gives an overview of the sociodemographic characteristics of young adults who were currently living with one or more of their children at the Wave 5 interview. Most were females (87.3%). Approximately half were White (50.5%), 27.4% were Hispanic, 16.8% were Black, and 5.4% described their race/ethnicity as "Other." The majority were 20 years old (60.9%) and unmarried (72.7%). Most young adult parents (44.1%) reported that they were living with a spouse or significant other at the Wave 5 interview, 38.0% were living with a caregiver at the Wave 5 interview (38.0%), and 10.7% were living alone with their child. Only a few, 6.7%, were living with a caregiver and a spouse or partner.

Exhibit 5-1
Characteristics of Young Adults Raising Children (*N* = 176) at Wave 5

	N	% (SE)
Sex		
Male	25	12.7 (4.2)
Female	151	87.3 (4.2)
Race/ethnicity		
Black	42	16.8 (5.2)
White	88	50.5 (7.0)
Hispanic	30	27.4 (6.6)
Other	15	5.4 (2.3)
Age		
18 years	21	7.9 (2.6)
19 years	50	18.1 (4.5)
20 years	79	60.9 (7.2)
21 years	26	13.1 (4.1)
Marital status		
Married	30	27.3 (8.1)
Unmarried, divorced, or separated	146	72.7 (8.1)
Living situation[a]		
Living with caregiver[b]	67	38.0 (7.2)
Living with spouse or significant other	74	44.1 (7.7)
Living alone with son or daughter	20	10.7 (5.0)
Other living arrangement	15	7.2 (2.9)
Reported maltreatment at baseline[c]		
Physical maltreatment	57	39.0 (6.1)
Sexual abuse	46	25.6 (6.7)
Neglect—failure to provide	28	10.7 (3.6)
Neglect—failure to supervise	60	33.2 (5.7)
Ever placed out of home in adolescence	70	13.2 (3.0)

Note: All analyses are on weighted data; *N*s are unweighted.

[a] "Living situation" is a derived variable based on a young adult's report of who is living in his or her household at the time of the Wave 5 interview. Living situation categories are mutually exclusive and hierarchical. For instance, those living with a spouse or significant other are not living with a caregiver.

[b] "Living with caregiver" indicates that a young adult reported living with at least one of the following: biological parent, adoptive parent, foster parent, grandparent, aunt/uncle, or stepparent.

[c] "Reported maltreatment at baseline" refers to the index maltreatment incident recorded at baseline. Types of maltreatment are not independent of one another. An individual could have been reported for multiple types of maltreatment. Type of maltreatment here refers to whether a particular type of maltreatment was reported (e.g., physical maltreatment "yes" or "no").

Parental Mental Health, Trauma, and Experiences of Domestic Violence

Symptoms of clinical depression were measured with the Composite International Diagnostic Interview Short Form (CIDI-SF; Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998) and were analyzed consistently with depression findings from Chapter 2. The proportion of young adult parents with a score in the clinical range for major depression was 22% for all young adult parents and 24% for mothers (Exhibit 5-2). These rates of depression were slightly lower among young adult parents than among all young adults in the NSCAW sample (27.5% of all young adults, 31.5% of all female young adults); however, the rate of depression among young adult parents was higher than that found among all U.S. adults aged 18 to 24 (6.7% depression in past year; Kessler, Chiu, Demler, & Walters, 2005).

Exhibit 5-2
Depression, Trauma, and Domestic Violence Among Young Adults Raising Children at Wave 5

	N (Min)	Depression[a] % (SE)	Trauma Intrusive Experiences[b] % (SE)	Trauma Dissociation % (SE)	Experienced Any Severe Physical Violence in Past 12 Months[c] % (SE)
Total	176	22.2 (6.1)	16.2 (6.4)	5.8 (3.5)	NA
Sex					
Male	25	9.0 (8.8)	0.0 (NA)	0.0 (NA)	NA
Female	151	24.1 (6.6)	18.5 (7.2)	6.7 (3.9)	16.3 (5.1)

Note: All analyses are on weighted data; *N*s are unweighted. Pearson χ^2 tests for cluster samples were used for initial significance tests related to categorical variables. No significant differences were found for race/ethnicity or age. Because of insignificant findings and small sample sizes across many cells, these results are not presented in the exhibit. NA = not applicable.

[a] Rates of depression were calculated according to young adult responses on the Composite International Diagnostic Interview Short Form (CIDI-SF; Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998). To meet diagnostic criteria for depression, a young adult needed to report three or more depression symptoms in the 12 months prior to interview and endorse all questions related to any one of the following: having a dysphoric mood, having 2 or more weeks of anhedonia, or using medication for depression.

[b] Intrusive experiences and dissociation related to trauma were measured with use of the Trauma Symptom Inventory (Briere, 1996). Intrusive experiences include flashbacks, nightmares, or intrusive thoughts. Dissociation includes depersonalization, derealization, out-of-body experiences, and psychic numbing.

[c] Domestic violence was measured by the Conflict Tactics Scale. "Any severe physical violence in the 12 months prior to interview" included reports of being kicked or hit with a fist, beaten up, choked, or threatened with a knife or gun. This scale was administered only to female young adults at the Wave 5 interview.

Trauma among young adult parents was measured with two scales of the Trauma Symptom Inventory (Briere, 1996). The scales measured intrusive symptoms associated with post-traumatic stress (such as flashbacks or nightmares) and dissociative symptoms (such as depersonalization or out-of-body experiences). Exhibit 5-2 describes levels of traumatic stress symptoms among young adult parents: 16.2% of young adult parents and 18.5% of young adult mothers had experienced intrusive experiences; 5.8% of young adult parents and 6.7% of young adult mothers had experienced dissociation. The percentage of young adult parents reporting

intrusive experiences was slightly higher than that for all young adults; 12.1% of all female young adults had experienced intrusive symptoms (see Chapter 2). Rates of dissociation among young adult parents were similar to those for all young adults. Rates of traumatic stress symptoms among young adult parents were substantially higher, however, than national estimates of post-traumatic stress disorder among all U.S. adults aged 18 years or older (Kessler et al., 2005).

Using the Conflict Tactics Scale (Straus, 1979), young adult mothers reported on their experiences of severe and less severe physical intimate-partner violence (see Exhibit 5-2). Among this group, 16.3% reported having experienced any severe physical violence in the 12 months prior to interview. Severe physical violence included reports of being kicked, hit with a fist, beaten up, choked, or threatened with a knife or gun. Although rates of intimate-partner violence in the 12 months prior to interview were lower among young adult mothers than among all female young adults, they were substantially higher than the rates for all U.S. females aged 18 years or older (Tjaden & Thoennes, 2000).

Discipline Strategies

The young adult interview asked parents living with their children to describe disciplinary strategies, particularly their use of aggression toward and neglect of their children, using the Conflict Tactics Scale–Parent-Child Version (CTS-PC; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998; see Technical Appendix). These parents were asked about the tactics they used in their conflicts with their children. Included were both nonviolent disciplinary tactics and tactics that were mildly or seriously aggressive (ranging from spanking to hitting, slapping, and injurious actions). The CTS-PC also asked about neglect.

Exhibit 5-3 presents the proportion of young adult parents who used each type of tactic in the year prior to interview, by selected characteristics. Most (85.6%) reported having used some form of nonviolent discipline. Nonviolent discipline included explaining why something was wrong, putting the child in “time out,” or sending the child to his or her room. The use of psychological aggression was reported by 50.6% of young adult parents. Psychological aggression included shouting, yelling, or screaming at the child or threatening to spank the child. Nearly 55.6% of young adult parents reported using minor physical assault or corporal punishment with their child. Minor physical assault included disciplinary techniques such as spanking on the bottom with a bare hand or slapping on the hand, arm, or leg. The proportion of young adult parents reporting any type of severe assault was 5.2%. Approximately 16.5% of young adult parents reported some form of neglect in the year prior to interview—primarily that they were “so caught up with problems” that they were not able to show or tell their child that they loved him or her. Some young adults reported an inability to access needed health care or provide needed food for their child.

Social Support

Young adults living with their children were asked about the number of people available to them for confidant support (e.g., being invited out for activities, receiving advice about money, or receiving advice about “important things in life”) or instrumental support (e.g., being given assistance with child care, transportation, care when sick, cooking, or housework). Young adults were also asked about their degree of satisfaction with this support (across a 4-point scale ranging from 1 for *very dissatisfied* to 4 for *very satisfied*).

Exhibit 5-3
Discipline Strategies Among Young Adult Parents Raising Children at Wave 5

	N (Min)	Nonviolent Discipline % (SE)	Psychological Aggression % (SE)	Minor Assault/ Corporal Punishment % (SE)	Severe Physical Assault % (SE)	Neglect % (SE)
Total	162	85.6 (3.7)	50.6 (6.8)	55.6 (6.7)	5.2 (3.4)	16.5 (5.3)
Sex						
Male	23	85.3 (9.4)	35.7 (21.0)	58.8 (18.3)	28.7 (22.2)	7.3 (4.9)
Female	139	85.6 (4.0)	52.6 (6.7)	55.1 (7.4)	2.1 (1.1)	17.8 (6.0)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests and for subsequent pairwise contrasts when warranted. Cells were left empty when sample sizes were too small to be meaningfully reported. There were no differences by age; consequently, results are not presented in the exhibit. Asterisks indicate statistical significance (** $p < .01$). Asterisks in column apply to the subsequent results for the covariate.

Young adult parents reported feeling moderately satisfied with the degree of social support they received from individuals to help with a variety of activities (Exhibit 5-4). Very few differences were found in their ratings of satisfaction with different types of social support. Young adults reported that they had, on average, 4.5 people who offered them chances to talk about money or budgeting. They indicated that they had, on average, 5.1 people available to help them take care of their children, 1.8 people who could give them useful advice about "important things in life," and 1.9 people who could help them when they were sick. Among young adult parents, 23.5% reported that they had no one to offer them opportunities to talk about budgeting, and 19.5% had no one to help them when they were sick.

Financial Resources and Job Status

Many young adults raising children (59.1%) reported living in households with incomes below the federal poverty level. Young adult mothers were significantly more likely to be living in poor households: 61.8% of mothers were raising their children in households below the federal poverty level, compared with 37.2% of female young adults who did not have children. No differences by race/ethnicity were found in the percentage of young adult parents with incomes below the federal poverty level. The average weekly household income for a young adult parent was $394.10 (compared with $551.30 for all young adults at Wave 5).

Approximately half of young adult parents were working either full or part time. On average these working parents worked 36.2 hours per week. These findings were not substantially different from those found for all young adults at Wave 5. There were no differences by sex among young adult parents in job status or number of hours worked (Exhibit 5-5).

Exhibit 5-4
Social Support Among Young Adult Parents Raising Children at Wave 5

	None % (SE)	1–3 People % (SE)	4 or More People % (SE)	Average Number of People Mean (SD)	Average Satisfaction Mean (SD)
Confidant support					
People who invite you out to do things	3.7 (2.0)	42.6 (6.9)	53.7 (7.1)	5.7 (0.7)	3.3 (0.1)
People who offer chances to talk about money/budgeting	23.5 (6.6)	66.2 (7.3)	10.3 (4.0)	4.5 (0.6)	3.7 (0.1)
People who give you useful advice about important things in life	12.4 (6.1)	40.4 (6.9)	47.2 (6.9)	1.8 (0.2)	3.0 (0.1)
Instrumental support					
People who help you take care of your children (marked as "not applicable" for those who did not have children)	—	51.0 (6.7)	47.8 (6.8)	5.1 (0.8)	3.1 (0.2)
People who offer help with transportation	6.7 (2.4)	71.1 (5.7)	22.2 (5.4)	2.9 (0.3)	3.2 (0.1)
People who give you help when you're sick in bed	19.5 (5.9)	68.0 (6.0)	12.5 (3.8)	1.9 (0.3)	3.1 (0.1)
People who give you help with cooking and housework	17.7 (5.1)	67.2 (7.3)	15.1 (5.8)	1.7 (0.3)	3.3 (0.1)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. There were no statistically significant differences on reports of social support by young adult parents across sex, race/ethnicity, or age.

Services to Address Basic Needs

Young adult parents were asked about having received several services to assist in meeting basic family needs in the 12 months prior to interview. For some of these services (e.g., TANF, welfare, or WIC benefits), one criterion for eligibility is having low income and raising a child; other services are associated with low income (such as food stamps) or having a disability (such as Supplemental Security Income [SSI] benefits). Most young adult parents had low income and, thus, were eligible for several of these federal services to meet basic needs.

Among young adult mothers, 27.0% received TANF or welfare (Exhibit 5-6), and 70.4% received WIC benefits. More than half (57.1%) of young adult parents and 62.9% of mothers reported receipt of food stamps. About 6.5% of young adult parents and 7.3% of young adult mothers reported having received SSI. Receipt of federal services among female young adults was higher for all types of services as compared with national data from 2004; the percentage of young adult mothers receiving TANF was higher than the national rate of 1.8% for all persons in the U.S. population and higher than the rate of 14.3% for all persons in the U.S. population living in poverty (Administration on Children, Youth and Families, 2006).

Exhibit 5-5
Job Status and Financial Resources of Young Adults Raising Children at Wave 5

	Household Poverty Status[a]		Weekly Household Income[b]		Currently Employed Full or Part Time		Number of Hours Worked per Week[c]	
	N	% (SE)	*N*	Mean (SD)	*N*	% (SE)	*N*	Mean (SD)
Total	163	59.1 (6.1)	163	$394.1 (34.0)	176	50.2 (7.3)	76	36.2 (3.5)
Sex								
Male	25	42.5 (19.0)	25	395.6 (63.8)	25	61.6 (19.1)	18	32.3 (8.3)
Female	138	61.8 (6.0)	138	393.8 (38.3)	151	48.6 (7.4)	58	36.9 (3.6)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. There were no differences in variables by age in years at Wave 5; consequently, results are not presented in the exhibit.

[a] "Household poverty status" represents the percentage of young adult households living below the federal poverty level. Household income is based on the combined income for all members of any given household, divided by the number of individuals who depend on that income.

[b] "Weekly household income" is a derived variable that represents the approximate dollars earned by a young adult's household per week across the course of the 12 months prior to interview. Young adults were asked to estimate the total combined income of their household over the 12 months prior to interview. Young adults could answer with estimates of income daily, weekly, or annually across 11 income ranges. Respondents cited the range and did not provide an exact dollar amount. On the basis of this response, a midpoint of the weekly salary range was assigned for each of the wage categories.

[c] "Number of hours worked per week" was calculated only for those who reported themselves to be currently employed on a full- or part-time basis.

Exhibit 5-6
Use of Federal Services to Meet Basic Needs Among Young Adult Parents Raising Children at Wave 5

	N (Min)	TANF or Welfare % (SE)	WIC % (SE)	Food Stamps % (SE)	SSI % (SE)	Any Federal Service % (SE)
Total	176	24.1 (6.1)	66.4 (6.4)	57.1 (6.5)	6.5 (3.4)	75.8 (6.5)
Sex						
Male	25	3.9 (4.0)	12.1 (8.4)	17.4 (10.5)	0.9 (1.0)	24.8 (12.7)
Female	148	27.0 (7.0)	74.4 (6.5)	62.9 (7.3)	7.3 (3.8)	83.3 (6.7)

Note: All analyses are on weighted data; *N*s are unweighted. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for initial significance tests. No differences by race/ethnicity, age, or household poverty status were found; consequently, results are not presented in this exhibit. Cells were left empty when sample sizes were too small to be reported ($n < 9$ cases). TANF = Temporary Assistance for Needy Families. WIC = Special Supplemental Nutrition Program for Women, Infants, and Children. SSI = Supplemental Security Income.

Conclusion

This chapter has focused on characteristics of young adult parents because of their importance to child welfare and the added challenges that parenting might bring to the transition to adulthood. Although young adult parents were not typically more likely than other young adults in NSCAW at Wave 5 to suffer symptoms of depression or to experience traumatic stress or domestic violence, they were much more likely to have these experiences than their normative peers. Over 20% reported signs of clinical depression, 5.8% reported clinically significant dissociative symptoms, and 16.2% reported intrusive experiences associated with past trauma. In addition, 6.3% of mothers reported having experienced an incident of severe physical domestic violence in the 12 months prior to interview. Although half of young adult parents were working, they were at particular risk of living in poverty. Among young adult mothers, more than 60% reported living in households below the federal poverty level. Many young adult parents (75.8%) reported receiving some type of federal aid in the year prior to interview to help support the basic needs of their families.

At Wave 5 young adult parents did not report substantially high rates of severe physical assault or neglect of their own children. About half of young adults raising children reported having used psychologically aggressive discipline tactics (e.g., shouting, yelling, or screaming at a child) in the year prior to interview, and 55.6% reported having used corporal punishment. Much lower proportions reported any type of severe physical assault (5.2%), while 16.5% reported some form of neglect in the year prior to interview. However, young adult parents were found to have a number of environmental risk factors (e.g., living in poverty) and personal risk factors (e.g., depression), which have been demonstrated to increase the risk of maltreatment (Dixon et al., 2005). The findings from this chapter indicate that some young adults may be at risk for the future maltreatment of their children; therefore, availability of both formal (e.g., federal services) and informal (e.g., continued contact with foster or biological family) supports may help to facilitate healthy child and family development and potentially help mediate future maltreatment.

CHAPTER 6
CONCLUSIONS

This report has provided information about a nationally representative sample of 620 young adults who were adolescents (12 to 15 years old) when they became involved in the study's index investigation of child abuse or neglect. Now, 6 to 7 years after the index investigation, these young adults are 18 to 21 years old. The purpose of this report has been to describe the well-being, early-adulthood developmental milestones, and service needs of young adults who were involved with the child welfare system (CWS) in adolescence.

The transition to adulthood is a critical time in life, one in which young adults need to juggle several developmental tasks, including learning to live independently, to support themselves financially, to maintain significant relationships, and, in many cases, to raise their own children. For many of the young adults in this report, successful completion of the developmental milestones of young adulthood may have been complicated by the experience of maltreatment during adolescence. Previous research has found that the effects of experiencing abuse during childhood or adolescence extend over the course of an individual's life. Maltreatment during adolescence can affect many aspects of a young adult's life, including his or her physical health, mental health, behavior, academic performance, interpersonal relationships, and parenting. As these young adults become parents, there is the added concern that a new generation of children are placed in high-risk environments.

Transitioning into young adulthood also brings with it the need to navigate changes in service system infrastructure, which means moving away from a child-oriented system into an adult-oriented one. Unlike many children's services, adult service systems are not intrinsically developed to support individuals with histories of maltreatment. Health services and other adult systems (e.g., correctional facilities, federal programs) are very different from their counterparts in the child system. By entering adulthood, young adults may lose the potential safety net that the school system, CWS, or pediatric health services represent. Independently navigating a different and likely confusing social services system, young adults may be at increased risk for negative developmental outcomes.

Chapter 1 of this report provided background information on the young adults as adolescents at baseline. The most common type of abuse for which adolescents were reported to child protective services was physical abuse (31.9%), followed by failure to supervise (29.1%), sexual abuse (14.5%), failure to provide (9.5%), and emotional abuse (7.2%). Slightly more than a quarter of the cases were substantiated. According to caseworker reports, more than half of the families had prior CWS reports of maltreatment. Caseworkers described many of the families at baseline as confronting a wide range of risks, including poor parenting skills, a history of domestic violence, mental health problems, and a history of abuse or neglect from the primary caregiver. Between baseline and Wave 4, less than a fifth of adolescents were placed in out-of-home care, and the majority of adolescents remained at home with their biological parents.

Chapter 2 presented information on the well-being of young adults at Wave 5. In general, these young adults were faring more poorly than young adults nationally for nearly all indicators of well-being. Although the majority of young adults reported being in good physical health, the proportion was lower than that of adults nationally who report being in good health (Pleis &

Lethbridge-Cejku, 2006). Males reported better health than females. Nearly a third of young adults reported that they had a health condition that currently limited them in some way. The most common such conditions were weight problems, migraine, back or neck problems, and asthma. More than a third of young adults reported having experienced some type of injury or accident during the 12 months prior to interview. The most common injuries were a bad cut or scrape and a bad sprain or torn ligament.

Young adults were particularly at risk for poor health. One critical risk factor for health problems was being overweight or obese, and more than half of young adults were either overweight or obese. The high prevalence of weight problems was consistent with information about low consumption of fruits and vegetables and limited physical activity among young adults, suggesting that they may be at high risk for chronic disease later in life. Additionally, the high number of reported sexual partners also increases the risk of sexually transmitted infections.

Mental health, depression, trauma, and problem behaviors were more prevalent for young adults at Wave 5 than at the national level for young adults of a similar age. More than a quarter of young adults had a score in the clinical range for major depression in the 12 months prior to interview, almost three times as high as national data for adults 18 years or older (Kessler, Chiu, Demler, & Walters, 2005). Trauma symptoms were also much higher than national rates of post-traumatic stress disorder. Substance dependence was the only indicator of well-being for which young adults did not fare substantially worse than young adults nationally. Overall, almost half of young adults were determined to have at least one mental health problem, which is almost double the national 12-month estimates for any mental disorder for adults 18 years or older (Kessler et al., 2005) but somewhat similar to previous studies based on young adults with a history of reports or placements in the CWS (McMillen, 2005; Spatz Widom, DuMont, & Czaja, 2007).

Others areas of well-being also showed troubling results. The assessment of academic achievement found that young adults scored substantially below the normative mean in all categories. Nearly half of young adults had engaged in some illegal activity in the 6 months prior to interview, primarily public disorder. Furthermore, about a fifth of young adults were arrested in the year prior to interview, and about 1 in 10 were convicted of a crime.

Chapter 3 described the young adults' progress in the transition to adulthood. In part, that transition involved a young adult's residential independence, as well as the beginning of emotional and economic independence from caregivers. Young adults who had contact with the CWS in adolescence in many ways resembled all U.S. young adults. More than half remained living with their biological families through adolescence and were still living with a caregiver in early adulthood. About a third were married or cohabitating with a partner. Most had also entered the workforce. In two areas, however, young adults appeared to differ significantly from young adults in the general population: (1) almost a third of the young adults reported living with at least one child, compared with just 7% of all U.S. young adults, and (2) almost half of young adults and 59.1% of young adult parents were living below the federal poverty level, compared with 30% of all young adults in the United States. Thus, although young adults with a history of CWS involvement may have been trying to integrate into society, they were doing so with substantially fewer financial resources at their disposal. Furthermore, many were beginning this

transition to adulthood having already begun one of the most complicated of adult roles and responsibilities, being a parent.

Chapter 4 described the services young adults received—an issue of critical importance, given the high level of needs noted in this report. Adequate health and behavioral health services, independent-living services, and services to meet basic family needs could only help to facilitate a successful transition to adulthood. More than a third of young adults who were reported to the CWS for maltreatment in adolescence had no health insurance, and they were less likely to have a usual place to receive health services than were all U.S. young adults. Receipt of mental health services was inadequate to fulfill the need: two thirds of those in need of mental health services did not receive any services. This percentage is even greater than levels of unmet need for mental health services reported nationally. In contrast to levels of unmet mental health service needs, more than half of young adults with substance dependence needs received substance abuse services, a level several times as high as national estimates. The levels of unmet service needs illustrate a missed opportunity to facilitate the transition of these at-risk young adults into a successful adulthood. Facilitating young adults' access to preventive, developmental, mental health, and vocational intervention services may be particularly critical for adolescents with a history of past CWS involvement.

Chapter 5 described some select indicators of well-being among young adult parents at Wave 5. Young adult parents demonstrated many behavioral health risks: 22.2% reported signs of clinical depression, 5.8% reported clinically significant dissociative symptoms (e.g., depersonalization, derealization, out-of-body experiences), and 16.2% reported intrusive experiences associated with past trauma. In addition, 6.3% of young adult mothers reported having experienced an incident of severe physical domestic violence in the 12 months prior to interview. Although young adult parents did not appear to have substantially more risk to their well-being than other young adults with a history of CWS involvement, they had substantially higher rates of mental health problems and traumatic stress than the general population. A particularly important finding was related to young adult parents' financial resources: they were especially likely to be living in poverty. For example, 61.8% of young adult mothers were living in a household whose income was below the federal poverty level. Young adult parents also reported on their own parenting behaviors. More than half of young adult parents reported using psychological aggression against their children; a similar proportion reported using minor physical assault or corporal punishment. Smaller proportions reported using severe assault (5.2%) or neglecting their children (16.5%).

Among the positive findings of this report was the help that young adults have received in areas critical to their transition to adulthood; for example, education, jobs, managing finances, housing, and daily living. Most of the help in these areas came from biological parents or other original family members and the school system, and, for a small group, through independent-living programs. A relatively high percentage of young adults, especially females with children, were also receiving help through federal programs designed to help families meet their basic needs. Rates of this type of federal services use were higher than rates found for use among all people in the U.S. population living in poverty.

Throughout the report, striking differences between males and females were a consistent theme. Six to 7 years after the index report of maltreatment, females were doing significantly

worse than males in the areas of physical and mental health, whereas males were more likely than females to engage in criminal activity or be involved with the law and have a greater number of sexual partners. Females were also significantly more likely than males to report having a child, and they were more likely to be living in poverty. Levels of unmet mental health care needs for female young adults were particularly concerning. High rates of depression (24.1%) and other mental health problems among those young adult mothers raising children may prove particularly detrimental. Females were significantly more likely than males, however, to have health insurance, to receive preventive and curative health care, and to receive services to help meet basic needs.

More research on the NSCAW data can help explain and expand the findings in this report. Researchers can obtain NSCAW data from the National Data Archive on Child Abuse and Neglect at Cornell University (2007) to pursue questions that have been raised, particularly from the newly available Wave 5. The findings in this report lead to numerous research topics. The following list is illustrative and by no means exhaustive:

- Explore the effect of multiple family and environmental problems—including parental substance abuse, intimate-partner violence against female caregivers, poor parenting skills, and mental health problems—on adolescents' response to victimization when they reach adulthood.

- Analyze the comorbidity of disorders, particularly comorbidity of substance use and depression (or other symptoms of mental illness), and association between criminal activity and sexual risk taking.

- Examine relationships between well-being and traditional developmental milestones for young adults. For instance, study the effects of emotional and behavioral problems on educational attainment and job stability.

- Investigate the extent to which low levels of well-being among young adults are associated specifically with the experience of maltreatment, or are more a function of other environmental factors, such as living in poverty.

- Examine the potential mediating influence of service access upon trajectories of young adult well-being.

- Explore barriers to accessing needed mental and physical health care, as well as domestic violence services.

- Determine the influence that caregivers, relatives, and caseworkers play in facilitating a successful transition to adulthood.

- Explore the type and level of contact that young adults without histories of out-of-home placement have had with the CWS. Examine the degree to which this contact might differentiate young adult outcomes.

This report has provided a description of young adults who were adolescents when they experienced the index CWS maltreatment investigation. Six to 7 years after the index investigation, these adolescents were entering adulthood and working, and many were raising children. The challenges faced by these young adults were multiple, and the needs, particularly in the area of mental health, substantial. Many were also living in poverty. Other NSCAW reports describe children in other age groups entering the CWS and describe data about services received, well-being, and living stability. These reports, together with previous research, have highlighted that the risks associated with CWS involvement during childhood extend into adolescence and often adulthood. This report supports these previous findings and highlights the continued risks faced by those who experienced the index maltreatment report in adolescence. These risks may influence not only the young adults themselves but also their children. This report has shown the life outcomes and struggles of adolescents who come into contact with the child welfare system. Clearly, their struggles persist and merit the continued attention of researchers, clinicians, service system administrators, and policy makers.

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TECHNICAL APPENDIX

Scales

Adult Self-Report. The Adult Self-Report (ASR) is a self-report scale completed by 18- to 59-year-olds to describe their own functioning. The ASR has items that "are designed to tap strengths and problems that are potentially relevant to a person's need for help" (Achenbach & Rescorla, 2003, p. 11). Items are on a 3-point Likert-type scale (0 = *not true,* 1 = *somewhat or sometimes true,* 2 = *very true or often true*). It contains 123 items; the problem scale is composed of eight syndromes (anxious/depressed, withdrawn, somatic complaints, thought problems, attention problems, aggressive behavior, rule-breaking behavior, and intrusive) and an Other Problem Behaviors category. Behaviors are also categorized as externalizing (containing the aggressive behavior, rule-breaking behavior, and intrusive syndromes) or internalizing (containing the anxious/depressed, withdrawn, and somatic complaints syndromes). A Total Problems score may be derived from the total of the syndromes and Other Problems items. The ASR can also be used to derive syndrome scales that are consistent with formal diagnostic systems, such as the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994). Six *DSM-IV*–oriented scales are derived from the ASR (Depressive Problems, Anxiety Problems, Somatic Problems, Avoidant Personality Problems, ADHD Problems, Antisocial Personality Problems). *DSM* categories were derived from the selections that an international panel of psychiatrists and psychologists rated as being very consistent with particular *DSM-IV* diagnostic categories. A high score on a particular *DSM*-oriented scale is suggestive of meeting criteria for any diagnoses that correspond to that scale (Achenbach & Rescorla, 2003).

The problem syndromes were normed by sex and age (18 to 35, or 36 to 59), using a nationally representative sample of 2,020 United States adult residents aged 18 to 59 with no major physical disabilities or mental retardation (Achenbach & Rescorla, 2003). Cronbach's alpha ranged from .78 for Somatic Complaints to .94 for Total Problems.

Young adults classified as having clinical/borderline problem behaviors had scores above 63 on at least 1 of the Externalizing, Internalizing, or Total Problems Scales.

Composite International Diagnostic Interview Short Form (Mental Health). The Composite International Diagnostic Interview Short Form (CIDI-SF–Mental Health) is a highly standardized interview that screens for mental health and substance use disorders, using the criteria established in the third, revised, edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1987). The full instrument evaluates the presence of eight disorders: major depression, generalized anxiety, specific phobia, social phobia, agoraphobia, panic attack, alcohol dependence, and drug dependence. For this study, only the sections on major depression, alcohol dependence, and drug dependence were administered. Questions are scripted to ask about the previous 12-month period (Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998), the section on depression was administered by in-person interview, whereas the sections on alcohol and drug dependence were administered by audio computer-assisted self-interviewing (ACASI). The CIDI-SF version used in NSCAW does not indicate comorbidity with other disorders, nor does it differentiate between depression

occurring as a primary diagnosis or in the context of other disorders such as bipolar disorder or schizoaffective disorder.

For alcohol, respondents scored in the dependence range if (1) they indicated that they had consumed four or more drinks in a single day at least once during the year prior to interview, and (2) they reported at least three of the seven *DSM-III-R* symptoms of dependence. For drugs, respondents scored in the dependence range if (1) they indicated that they had used any of a variety of substances "on their own" (without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed) during the year prior to interview, and (2) they reported at least three of the seven *DSM-III-R* symptoms of dependence.

Conflict Tactics Scale. The Conflict Tactics Scale (CTS1) is a self-report or interview measure designed to assess the overt means by which family members respond to conflicts (Straus, 1979). CTS1's physical violence scale was used to assess female young adults' experiences with intimate-partner violence. This measure is divided into minor and severe subscales based on the severity of the violent act. The minor violence items include being pushed, grabbed, shoved, or slapped, whereas the severe violence items inquire about experiences that include being choked, beaten, and threatened with a knife or gun. Response categories range from 0 (*never*) to 6 (*more than 20 times*), indicating the frequency of occurrence of the violent acts in the preceding 12 months. For events that did not occur in the previous 12 months, the respondent is asked to indicate if they have ever happened.

CTS1 has been used in national surveys of intimate-partner violence and is the most frequently employed and thoroughly validated measure of intimate-partner violence. The reliability ($\alpha = 0.88$) and validity of the physical violence section of CTS1 have been well documented (Straus, 1979). The violence items have face or content validity because they all describe acts of actual physical force being used by one family member on another.

Parent-Child Conflict Tactics Scales. The Parent-Child Conflict Tactics Scales (CTS-PC) were developed to measure psychological and physical maltreatment and neglect by parents, as well as nonviolent modes of discipline. CTS-PC scales include nonviolent discipline (e.g., putting a child in "time out"), psychological aggression (e.g., shouting, yelling, or screaming at a child; physical assault, and neglect; Straus, Hamby, Finkelhor, Moore, & Runyan,1998). Because items in the physical assault scale range widely in severity, from spanking to burning a child intentionally, the scale may be divided into subscales for minor, severe, and very severe physical assault. In NSCAW, parental reports on the CTS-PC measures were obtained from permanent caregivers, including biological parents, adoptive parents, and other in-home caregivers, but excluding foster parents and other out-of-home caregivers. In this report, we present findings from the nonviolent discipline, psychological aggression, and neglect scales, as well as the physical assault subscales. Measures shown are annual and lifetime prevalence and year chronicity for each scale and each item in each scale. Annual prevalence for each item is the percentage of caregivers who report that they have used the tactic in the year prior to interview; lifetime prevalence is the percentage of caregivers who report that they have ever used the tactic. Prevalence for each scale is the percentage of caregivers who report having used any of the tactics in the scale. Among the subset of caregivers who reported having used a tactic at least once in the year prior to interview, year chronicity is a measure of how often they used it.

Self-Reported Illegal Activity. For each of 32 illegal activities, respondents were asked if they had committed the act in the 6 months prior to interview. According to type of crime and level of severity, illegal activities were divided into the following categories (Elliott, Huizinga, & Ageton, 1985):

- public disorder:
  - hitchhiking where illegal;
  - being loud, rowdy, or unruly in a public place;
  - panhandling;
  - being drunk in a public place;
  - carrying a hidden weapon;
  - prostitution;
  - vandalism; or
  - selling drugs.
- minor theft:
  - stealing or trying to steal things worth $50 or less;
  - joyriding;
  - avoiding paying for things such as movies, bus or subway rides, food, or clothing;
  - shoplifting; or
  - pickpocketing.
- serious property crime:
  - arson;
  - stealing or trying to steal things worth over $50;
  - burglary or attempted burglary;
  - motor vehicle theft or attempted motor vehicle theft;
  - fencing stolen goods; or
  - fraud (illegal use of checks, bank cards, or counterfeit money; or trying to cheat someone by selling him or her something worthless).

- simple assault:
  - throwing objects such as rocks or bottles at people; or
  - hitting someone with the idea of hurting him or her.
- felony assault:
  - attacking someone with a weapon with the idea of seriously hurting or killing him or her;
  - being involved in a gang fight; or
  - having or trying to have sexual relations with someone against his or her will.

The 12-Item Short-Form Health Survey. The 12-Item Short-Form Health Survey (SF-12) is a standardized survey instrument designed to provide an indicator of physical and mental health status. It includes 12 items selected from the Medical Outcomes Study 36-Item Short-Form Health Survey. 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, Kosinski, & Keller, 1996).

Trauma Symptom Inventory. The Trauma Symptom Inventory (TSI) is used in the evaluation of acute and chronic post-traumatic symptomatology, including the effects of rape, spouse abuse, physical assault, combat experiences, major accidents, and natural disasters, as well as the lasting sequelae of childhood abuse and other early traumatic events (Briere, 1996). The various scales of the TSI assess a wide range of psychological impacts. These include not only symptoms typically associated with post-traumatic stress disorder or acute stress disorder, but also those intra- and interpersonal difficulties often associated with more chronic psychological trauma. Each symptom item is rated according to its frequency of occurrence, using a 4-point scale ranging from 0 (*never*) to 3 (*often*). All clinical scales yield sex- and age-normed T scores. Two clinical scales were used: Intrusive Experiences (intrusive symptoms associated with post-traumatic stress, such as flashbacks, nightmares, and intrusive thoughts); and Dissociation (dissociative symptomatology, such as depersonalization, out-of-body experiences, and psychic numbing).

Woodcock-Johnson III Tests of Cognitive Abilities. Four subtests were used from the Woodcock-Johnson III Tests of Cognitive Abilities: (1) Letter-Word Identification is a basic reading skill involving naming letters and reading words aloud from a list. (2) Calculation is a test of math achievement measuring the ability to perform arithmetic computation with paper and pencil. (3) Passage Comprehension is a measure of reading comprehension in which the individual has to orally supply the missing word removed from each sentence or very brief paragraph. (4*)* Applied Problems is a test of math reasoning that requires the individual to solve oral word-problems. Standardized scores are based on a mean of 100, with a standard deviation of 15 (Woodcock, McGrew, & Mather, 2001).

Derived Variables

Body Mass Index. Body Mass Index (BMI) was calculated according to young adults' reports of their height and weight. BMI was estimated by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. The Centers for Disease Control and Prevention (CDC) considers an adult with a BMI between 25 and 29.9 to be overweight and one with a BMI of 30 or above to be obese (CDC, 2007).

Ever Out of Home. Adolescent placement history was examined across Waves 1 to 4. Placement history refers to the adolescent's current living situation (in home versus out of home) at Wave 1, 2, 3, or 4. "Ever out of home" indicates that an adolescent was not living in a home with a biological caregiver at the time of the interview. An out-of-home placement could include foster care, kinship care, or group home or other residential treatment facility.

Good Health. Young adults who reported that their health was good, very good, or excellent were classified as being in "good health."

Health Limitations. Young adults reported the conditions that a doctor had ever told them that they had. Those who reported a condition were classified as having a health limitation only if that condition currently limited their activities in any way.

Household Poverty Status. Household poverty status represents the percentage of young adult households with household incomes below the federal poverty level. Household income represents the young adult's self-reported combined income for all members of his or her household. To calculate poverty status, this household income figure was then divided by the total number of household members dependent on that income.

Inpatient Mental Health Services. These services include use of a psychiatric hospital, a hospital for emotional-substance abuse problems, a residential treatment facility, an emergency shelter for emotional or substance abuse problems, or an emergency room for emotional or substance abuse problems.

Living with a Caregiver. Young adults were asked to describe all members of their household and how each member was related to them. A young adult was determined to be "living with a caregiver" if he or she described a member of that household as being any one of the following individuals: biological parent, adoptive parent, foster parent, grandparent, aunt or uncle, or stepparent.

Need for Mental Health or Substance Dependence Services. Five different measures were used to assess young adults' need for mental health and substance abuse services: (1) young adult responses to questions about the degree to which they needed help by being admitted to a psychiatric hospital or detox unit; (2) the sections of the CIDI-SF (Kessler et al., 1998) on major depression, alcohol dependence, and drug dependence; (3) the intrusive and dissociation sections of the TSI (Briere 1996); (4) Externalizing, Internalizing, and Total Problems subscales of the ASR (Achenbach and Rescorla 2003); and (5) the mental health section of the SF-12 (Ware, Kosinski, & Keller, 1996). Scores within the clinical range on any of these standardized measures identified the young adult as at risk for a mental health, alcohol, or drug problem and potentially in need of behavioral health services.

Need for Mental Health Services. Young adults were determined to have a need for mental health services if they met one of five criteria: (1) young adult self-reported "a lot" or "some" need to be admitted to a psychiatric hospital; or (2) a score within the clinical range on the depression scale of the CIDI-SF; or (3) a score of 1.5 standard deviations or more below the norm ($t \leq 35$) on the Mental Health scale of the SF-12; or (4) a score in the clinical range of the intrusive experiences or dissociation subscales of the TSI; or (5) a score in the clinical range of the ASR for Total Problems, Internalizing, or Externalizing subscales.

Need for Substance Dependence Services. Young adults were determined to have a need for services for substance dependence if they met one of two criteria: (1) young adult self-reported "a lot" or "some" need to be admitted to a detox unit or an inpatient drug or alcohol unit or hospital medical inpatient unit; or (2) a score within the clinical range on either the Alcohol Dependence or Drug Dependence scales of the CIDI-SF.

Number of Types of Maltreatment at Baseline. Caseworkers listed at baseline all the types of maltreatment reported for each case. A categorical variable was created with the following categories: (1) only one type of maltreatment and (2) two types of maltreatment or more.

Outpatient Mental Health Services. These services included use of specialty outpatient (e.g., day treatment for emotional or substance abuse problems, outpatient drug or alcohol unit, mental health center, private professional help for emotional or substance abuse problems), and in-home counseling for emotional or substance abuse problems, or family doctor for emotional or substance abuse problems.

Specialty Outpatient Services. These services included day treatment for emotional or substance abuse problems, outpatient drug or alcohol unit, mental health center, and private professional help for emotional or substance abuse problems.

Types of Maltreatment at Baseline. At the baseline interview, caseworkers asked the following question: "Tell me the type or types of abuse or neglect reported on (report date)." They coded all that applied: (1) Physical maltreatment (Yes/No), (2) Sexual Maltreatment (Yes/No), (3) Emotional Maltreatment (Yes/No), (4) Physical Neglect (failure to provide; Yes/No), (5) Neglect (lack of supervision; Yes/No), (6) Abandonment (Yes/No), (7) Moral/Legal Maltreatment (Yes/No), (8) Educational Maltreatment (Yes/No), (9) Exploitation (Yes/No), (10) Other (Yes/No). The four main types of maltreatment (Physical maltreatment, Sexual Maltreatment, Physical Neglect, and Neglect), were analyzed as covariates for this report.

Weekly Household Income. "Weekly household income" represented the approximate dollars earned by a young adult's household per week over the course of the 12 months prior to interview. Young adults were asked to estimate the total combined income of their household over the 12 months prior to interview. Young adults could answer with daily, weekly, or annual estimates of income. If unable to give an exact dollar earning figure, the young adults were asked to describe where their household income fell across 11 income ranges. Often respondents cited an income range and did not provide an exact dollar amount. Consequently, to estimate household income in these cases, we assigned respondents a midpoint of the weekly salary range that they described.