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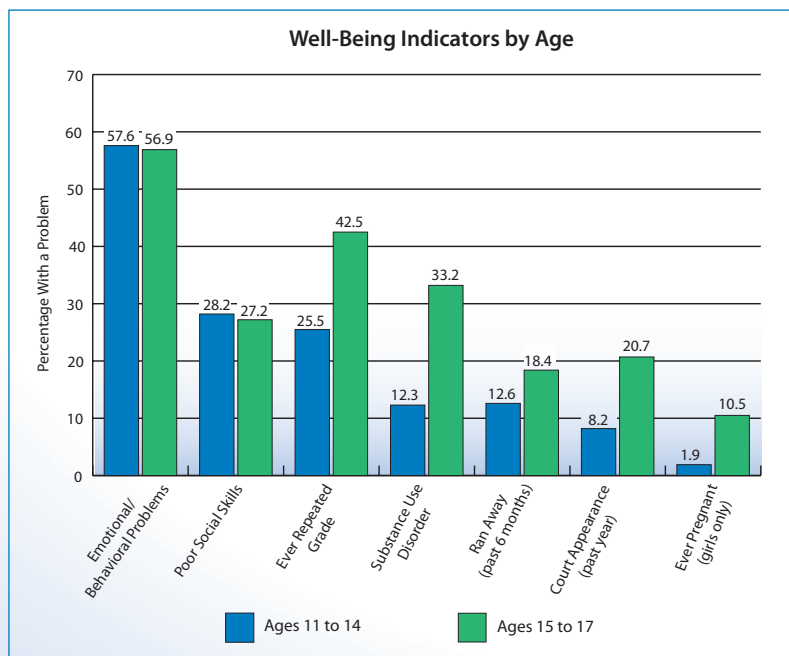Administration for Children and Families

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

September 18, 2012

Child Well-Being Spotlight

Adolescents with a History of Maltreatment Have Unique Service Needs That May Affect Their Transition to Adulthood

Without proper support systems in place, adolescents in the child welfare system may face challenges transitioning to self-sufficiency and adulthood. According to the National Survey of Child and Adolescent Well-Being (NSCAW), adolescents with a report of child abuse or neglect exhibit risk factors that may affect their future outcomes.[1] NSCAW data suggest that more than half of adolescents reported for maltreatment are at risk for an emotional or behavioral problem, and a substantial proportion exhibit other risk factors, including poor social skills, grade repetition, substance use disorder, running away, having made a court appearance for an offense (delinquency, running away, truancy, or other offenses), and (among adolescent girls) having been pregnant.[2-8] The prevalence of some of these factors was especially high among older adolescents (15 to 17 years old). More than three fourths of adolescents exhibited at least one of these risk factors and were at higher risk than youth nationally. Adolescents in the NSCAW sample were approximately twice as likely to have poor social skills or experience a teen pregnancy, and three times more likely to have a substance use disorder or to have run away.[9-12]

When they become adults, adolescents lose the safety net represented by the school system, the child welfare system, and pediatric health services. Unlike the many children's services, adult service systems are not intrinsically developed to support individuals with histories of maltreatment. A range of services is needed to prepare adolescents in the child welfare system to transition successfully to adulthood. Child welfare interventions focused on permanency and on addressing adolescent needs in the areas of physical and mental health, education, employment, and the development of supportive connections with others and the community may aid at-risk youth to successfully negotiate the transition to adulthood and achieve the goals they have for their adult lives.

Well-Being Indicators by Age

Percentage With a Problem

Indicator	Ages 11 to 14	Ages 15 to 17
Emotional/Behavioral Problems	57.6	56.9
Poor Social Skills	28.2	27.2
Ever Repeated Grade	25.5	42.5
Substance Use Disorder	12.3	33.2
Ran Away (past 6 months)	12.6	18.4
Court Appearance (past year)	8.2	20.7
Ever Pregnant (girls only)	1.9	10.5

For more information on the well-being of children in the child welfare system, see: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/

[1] Percentages are from the baseline of the National Survey of Child and Adolescent Well-Being II (NSCAW II). Baseline data collection began in 2008-2009. The study includes 5,873 children ranging from birth to 17.5 years old at the time of sampling. This report focuses on the subset of 1,019 children who were 11 to 17 years old at baseline.

[2] Youth were considered to be at risk for an emotional/behavioral problem if either (1) a caregiver reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Child Behavior Checklist (CBCL); (2) an adolescent reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Youth Self-Report; (3) a teacher reported an elevated score (>1.5 standard deviations above the mean) on the Total Problems, Internalizing, or Externalizing scales of the Teacher Report Form; (4) a clinically significant score was obtained on the Child Depression Inventory, or (5) a clinically significant score was obtained on the PTSD scale of the Trauma Symptoms Checklist.

[3] Social skills were assessed using the Social Skills Rating System (SSRS). Poor social skills correspond to a score < 85 on the SSRS.

[4] Repetition of a grade is based on caregiver report; the average time between baseline and Wave 2 was 15 months.

[5] Risk of a substance abuse problem was defined by a Total score of 2 or more on the CRAFFT substance abuse screening test. A CRAFFT total score of 2 or more is highly correlated with having a substance-related diagnosis and the need for substance abuse treatment.

[6] Running away during the past 6 months is based on youth self-report, using the Self-Report Delinquency Scale.

[7] Having a court appearance for a behavioral problem in the past year is based on caregiver report.

[8] Pregnancy is based on the proportion of girls who self-reported that they had ever been pregnant.

[9] Gresham, F. M., & Elliott, S. N. (1990). *Social Skills Rating System manual.* Circle Pines, MN: American Guidance Service.

[10] Martinez, G., Copen, C. E., & Abma, J. C. (2011). Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. National Center for Health Statistics. *Vital Health Statistics, 23*(31).

[11] Substance Abuse and Mental Health Services Administration (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (NSDUH Series H-38A, HHS Publication No. SMA 10-4856 Findings). Rockville, MD: Office of Applied Studies.

[12] McCurley, C. (2006). *Self-reported law violating behavior from adolescence to early adulthood in a modern cohort.* Retrieved January 8, 2008, from http://www.ncjrs.gov/pdffiles1/nij/grants/217588.pdf.