Illinois Survey of Child and Adolescent Well-Being (ISCAW)

- Sample of 818 Illinois children in substantiated investigations, followed over time, starting in 2008
- ISCAW tracks child development, health, mental health and education as well as safety, permanency, and service delivery
- Thousands of variables covering dozens of topics
- ISCAW is part of the National Survey of Child and Adolescent Well-Being (NSCAW), allowing Illinois-national comparisons on every variable

Dozens of child variables

- Infant neurodevelopment
- Physical health
- Adaptive behavior
- Temperament
- Cognitive skills
- IQ
- Language development
- Social skills
- Peer relationships
- Special educational needs
- Disability status
- Behavior problems
- Trauma symptoms
- Depression
- Exposure to violence
- Youth report of maltreatment by caregivers
- School engagement
- Grade progression
- School achievement
- Extracurricular activities
- Special education
- Health services
- Outpatient mh services
- Inpatient mh services
- Non-specialty mh services
- Use of psychiatric medications
- Youth delinquent behaviors
- Youth sexual activity
- Youth substance abuse
- Youth report of future expectations
- Youth satisfaction with caseworker
- Youth perceptions of out-of-home care
- Youth perceptions of their adoptive homes
- Youth report of parental monitoring
- Emancipated youth independent living skills

ISCAW is the first DCFS study to...

- Comprehensively study both out-of-home and in-home children
- Interview children, caregivers, teachers, and caseworkers
- Collect details about caregivers and home environment
- Scientifically sampled to produce statewide estimates on the well-being of child victims
Numerous standardized measures used
- Battelle Developmental Inventory
- Bayley Infant Neurodevelopmental Screener
- Brief Toddler Social Emotional Assessment
- Vineland Adaptive Behavior Scale
- Kaufman Brief Intelligence Test
- Woodcock-McGrew-Werder Mini-Battery of Achievement (Waves 1-4); Woodcock-Johnson (Wave 5)
- Child Behavior Checklist (behavior problems)
- Youth Self-Report (behavior problems)
- Teacher Report Form (behavior problems)
- Children’s Depression Inventory

And many more

Dozens of caregiver and home environment variables
- Family income
- Family socioeconomic status
- Household composition
- Disruptions in child’s living environment
- Caregiver attachment to the child
- Caregiver’s cognitive/verbal responsiveness to child
- Caregiver’s stimulation of child
- Quality of child’s community environment
- Caregiver social support
- Services received by caregiver

Dozens of case and caseworker variables
- Abuse and neglect info
- Investigative assessment of risk, harm and evidence of maltreatment
- Substantiation of reports
- Risk assessment
- Family history with child welfare
- Caseworker assessment of family service needs
- Caseworker referral for services
- Caseworker contact with caregivers
- Caseworker report of relationship with caregiver
- Type of placement
- Parental visitation in placements
- Family compliance and progress
- Changes in placement
- Court hearing outcomes
- Reunification efforts
- Termination of parental rights
- Adoption possibilities
- Permanency planning possibilities
- Re-reports
- Substantiation of re-reports
- Caseworker background
- Caseworker responsibility
- Organizational culture of child welfare agency

Risk factors identified by caseworkers
- Alcohol Abuse
- Substance Abuse
- Domestic Violence
- Mental Health Problems
- History of Arrest
Number of risk factors for children who were in home or placed out-of-home

Note: Risk factors for children placed out of home pertain to caregivers they were removed from.

Caregiver substance abuse by child age

Caregiver mental health problems by child age

Depression over time among caregivers with young child in child welfare investigations (Casanueva, et al., 2011)

• 5-6 year NSCAW follow-up of caregivers of children under age 5 involved in investigations
  – Children remained in the home
• 46% of caregivers had major depression at some point; risk stayed constant over time
• Depression was more likely with
  – Domestic violence
  – Poor to fair health
Rural children were at equal risk on most factors and greater risk for DV

Children’s exposure to violence

A majority of children both in- and out-of-home had witnessed severe violence; modest difference in rates

Problems reported by caregivers

Note: Exposure to violence includes time pre-removal
A majority of children had witnessed severe violence whether or not caseworkers noted active DV as a risk factor.

<table>
<thead>
<tr>
<th>% witnessing severe violence</th>
<th>Active DV noted</th>
<th>No Active DV</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>67</td>
<td>59</td>
</tr>
<tr>
<td>Yes</td>
<td>33</td>
<td>41</td>
</tr>
</tbody>
</table>

Note that witnessing an arrest is one of the indicators on the witnessing violence scale.

Children were more likely to have witnessed severe violence in those cases in which caseworkers noted parental arrest as a risk factor.

<table>
<thead>
<tr>
<th>% witnessing severe violence</th>
<th>Parental Arrest as Risk Factor</th>
<th>Parental Arrest Not Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>90</td>
<td>41</td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>59</td>
</tr>
</tbody>
</table>

Rural children were more likely to witness severe violence.

<table>
<thead>
<tr>
<th>% witnessing severe violence</th>
<th>Non-rural</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>60</td>
<td>74</td>
</tr>
<tr>
<td>Yes</td>
<td>40</td>
<td>26</td>
</tr>
</tbody>
</table>

Children in out-of-home care were more likely to report that an adult pointed a gun or knife at them.

<table>
<thead>
<tr>
<th>% Reporting that an Adult Pointed a Gun or Knife at Them</th>
<th>Out-of-Home</th>
<th>In-Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>63%</td>
<td>6%</td>
</tr>
<tr>
<td>Yes</td>
<td>27%</td>
<td>94%</td>
</tr>
</tbody>
</table>
Summary on witnessing violence

• Most children reported witnessing some severe violence, most often: arrest, adult stealing in the home, dealing drugs
• Majorities of children reported this even when other violence variables (out-of-home placement, DV as factor) did not apply
• Rural children were at greater risk
• 27% of children in out-of-home care reported that an adult had pointed a gun or knife at them

Children’s resilience

• Taking a strength-based approach to the data
• We measured resilience by counting, for each child, the number of behavioral, emotional and educational measures on which the child demonstrated competence (i.e., did NOT have a problem)
Adolescents were fairly resilient on behavior and emotions

Small proportions of adolescent were resilient on educational scales than behavioral and emotional scales

Youth age 11-17: Most demonstrated resilience on the majority of well-being measures

Children placed out-of-the-home were just as resilient as children who remained in the home
Summary on resilience

- Most children and youth demonstrated resilience on most if not all scales
- Children age 8-10 demonstrated greater resilience on education than behavior and emotions but this was reversed for adolescents
- Children placed out-of-the-home were just as resilient as children who remained in the home

References


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Resources through the Publications link at cfrc.illinois.edu

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