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# National Health Statistics Reports

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Number 74 ■ May 7, 2014

## Adverse Family Experiences Among Children in Nonparental Care, 2011–2012

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### Abstract

*Objective*—This report presents estimates of the proportion of children who have experienced selected adverse family events by the number of biological parents in the household, with a focus on comparisons among subgroups of children in nonparental care defined by caregiver type.

*Data sources*—Data were drawn from the 2011–2012 National Survey of Children’s Health, a nationally representative telephone survey of households with children conducted by the National Center for Health Statistics.

*Results*—Children in nonparental care were 2.7 times as likely as children living with two biological parents to have had at least one adverse experience, and more than 2 times as likely as children living with one biological parent and about 30 times as likely as children living with two biological parents to have had four or more adverse experiences. More than one-half of children in foster care had experienced caregiver violence or caregiver incarceration and almost two-thirds had lived with someone with an alcohol or drug problem. Estimates for children in other nonparental care subgroups were lower than for foster care, but still elevated above those of children living with biological parents.

*Conclusions*—Children in nonparental care, especially those in foster care, are particularly likely to have experienced adverse family events. These events could have occurred at any time in the child’s life and could have preceded or contributed to the child’s current living situation. Nevertheless, children in nonparental care may be vulnerable to poorer health and well-being outcomes that are often associated with having had adverse experiences.

**Keywords:** foster care • grandparent care • relative care • State and Local Area Integrated Telephone Survey

### Introduction

Adverse family experiences are potentially traumatic events or circumstances that children may have

experienced that can have lasting negative consequences into adulthood (1,2). Adverse family experiences have been linked to poor adult health

outcomes (1), risk of illicit drug abuse (3), and risk of suicide (4).

The 2011–2012 National Survey of Children’s Health (NSCH) included questions about nine adverse family experiences: whether the child had experienced 1) divorce or separation, 2) death, or 3) incarceration of a parent or guardian; whether the child had ever lived with anyone who 4) was mentally ill or suicidal or severely depressed or 5) had an alcohol or drug problem; whether the child 6) ever witnessed any violence in the household, 7) was the victim of violence or witnessed violence in the neighborhood, or 8) ever suffered racial discrimination; and 9) whether the child’s caregiver had often found it hard to get by on the family’s income.

A data brief based on NSCH data describing adverse family experiences for the population of all children was published online by the Child and Adolescent Health Measurement Initiative (5). An ASPE Research Brief by the current authors examined adverse family experiences, among other measures of health and well-being, for children living with two biological parents, children living with one biological parent and no other parents, and children living with no biological,



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step, or adoptive parents—i.e., children in nonparental care (6). This report extends that comparative analysis to include data on the cumulative number of different types of adverse family events experienced, as well as comparisons among subgroups of children in nonparental care defined by caregiver type, including children in foster care, grandparent care, and other nonparental care.

There are several reasons why a focus on adverse experiences among children in nonparental care is warranted. The extensive literature documenting that children of single parents have poorer well-being than children living with both of their parents (7) suggests that children living without at least one parent present may be further disadvantaged. In addition, caregiving transitions are problematic for children's well-being (8) and most children living apart from their parents have already experienced at least one change in caregiver. The cumulative effect of multiple traumas can be serious; research has shown that the more adverse events experienced, the higher the risk of serious health conditions or negative health outcomes (9).

It is possible that the caregiving situation is the result of having experienced adverse events or neglect that necessitated the removal of the child from their parents' household. These adverse events and circumstances could have occurred at any time in the child's life, and may have preceded or even contributed to the child's current living situation. Regardless of when the adverse events occurred, however, it remains the case that these children are particularly vulnerable to poor well-being.

Most data sources either do not have the sample size to make examination of children in nonparental care subgroups feasible, do not identify the living arrangements of children sufficiently to enable such an analysis, or do not include data on child well-being outcomes. The NSCH meets all of these requirements.

## Methods

The data are drawn from the 2011–2012 NSCH, which is a nationally representative survey sponsored by the Health Resources and Services

Administration's Maternal and Child Health Bureau and conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) as a module of the State and Local Area Integrated Telephone Survey (10,11). In 2011–2012, the NSCH was fielded as a random-digit-dial telephone survey of households with children aged 0–17 years in the United States; the sample included both landlines and cell phones.

Contacted households were screened for the presence of children, and one child was randomly selected from identified households with children to be the subject of the survey. A total of 95,677 interviews were completed from February 2011 to June 2012. The respondent was a parent or guardian in the household who was knowledgeable about the child's health. The relationships of all adults in the household to the sample child were captured. If there were no parents identified in the household, an additional question was asked to determine if the child was currently in foster care to identify those children in relative foster care whose foster parents were identified as "grandmother" or other relative.

Comparisons are made by the number of biological parents living in the child's household (two, one, or zero) and among subgroups of children in nonparental care. Adopted children have been shown to have poorer health outcomes but better health care access than biological children (12) and stepchildren have been shown to have poorer well-being than biological children, although this relationship can differ by whether the stepparent has adopted the child or not (13). Thus, children living with adoptive or stepparents have been excluded from the comparative analysis to avoid confounding the comparison or outcomes by number of parents.

A sampling weight was provided by NCHS with the data record for each child. This weight is based on the probability of selection of the child's telephone number, with adjustments for known survey response biases and further adjustments to ensure that

weighted estimates match demographic control totals from the Census Bureau's American Community Survey. Estimates based on these weights, including all national estimates produced for this report, are representative of the noninstitutionalized population of U.S. children aged 0–17 years.

Weighted point estimates and variances were calculated in SUDAAN to account for the complex sample design. Comparisons described in the text are statistically significant at the 0.05 level, unless otherwise noted.

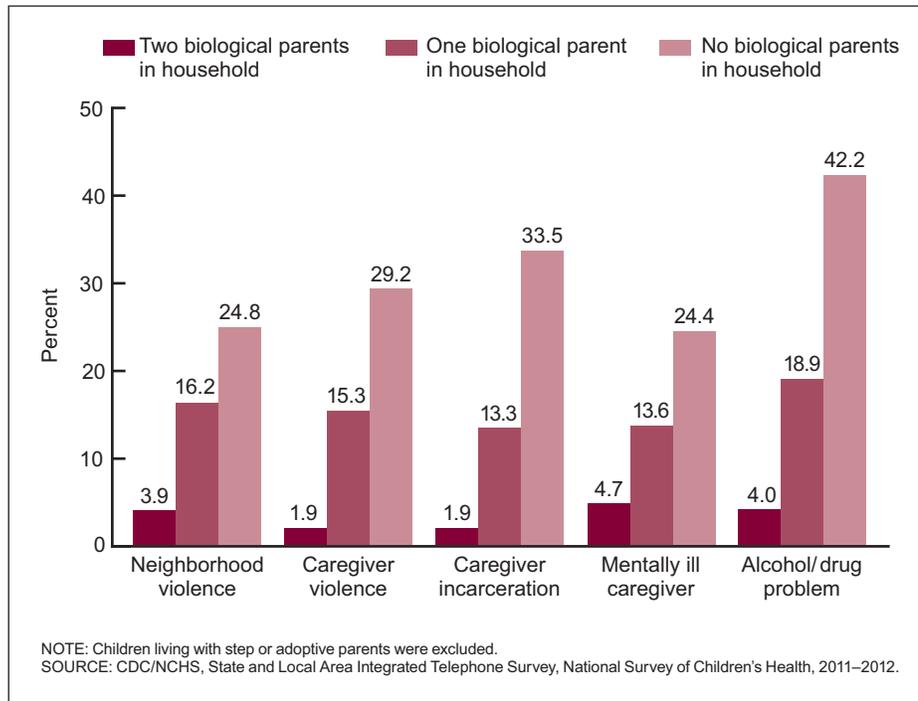
The overall NSCH response rate was 23.0%. When only noncooperation among eligible households was examined, more than one-half of eligible parents and guardians who were contacted to participate in the survey did so. Nonresponse bias analyses suggest that, although the potential for bias cannot be ruled out, nonresponse bias in weighted estimates is likely smaller than sampling error (10,11). Please see [Technical Notes](#) for details.

For more information about NSCH, including its sample design, data collection procedures, and questionnaire content, please visit: <http://www.cdc.gov/nchs/slait/nsch.htm>.

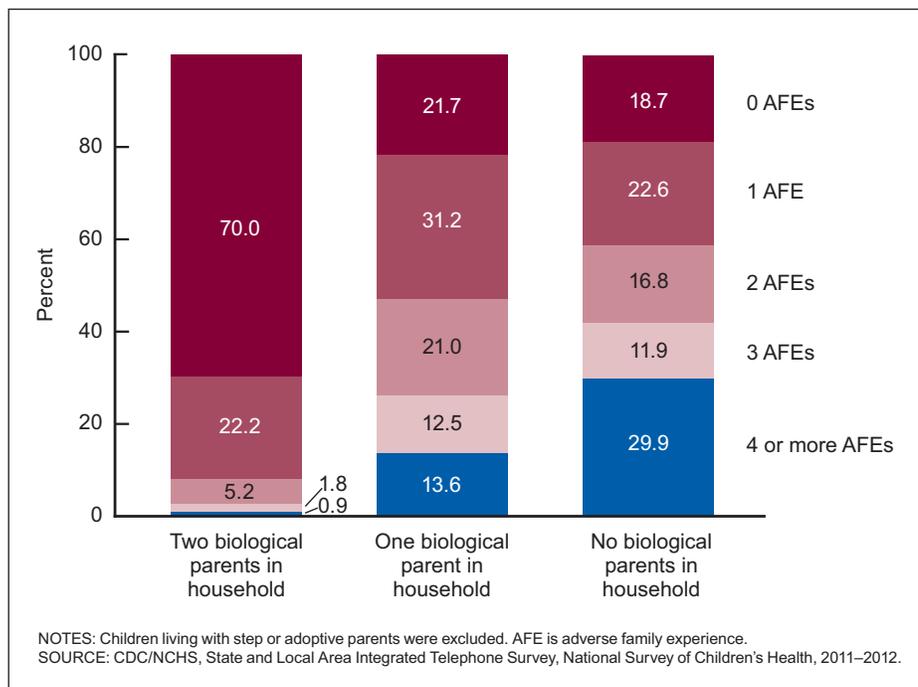
## Results

[Table 1](#) shows the sample sizes, population estimates, and percent distributions of children by the number of biological parents in the household and, for children in nonparental care, by caregiver type. Only 3.1% of all children, or nearly 2.25 million children, lived in nonparental care in 2011–2012. Among children in nonparental care, almost 15% were in foster care; 25.2% lived with their grandparent(s) only while 37.9% lived with grandparent(s) and others; and almost one-quarter lived without foster parents or grandparents, and were being raised by other relatives or nonrelatives.

[Table 2](#) presents prevalence estimates for each of the nine adverse family experiences by the number of biological parents in the household and, for children in nonparental care, by caregiver type. Selected findings from



**Figure 1. Percentage of children aged 0–17 years with selected types of adverse family experiences, by number of biological parents living in the household: United States, 2011–2012**



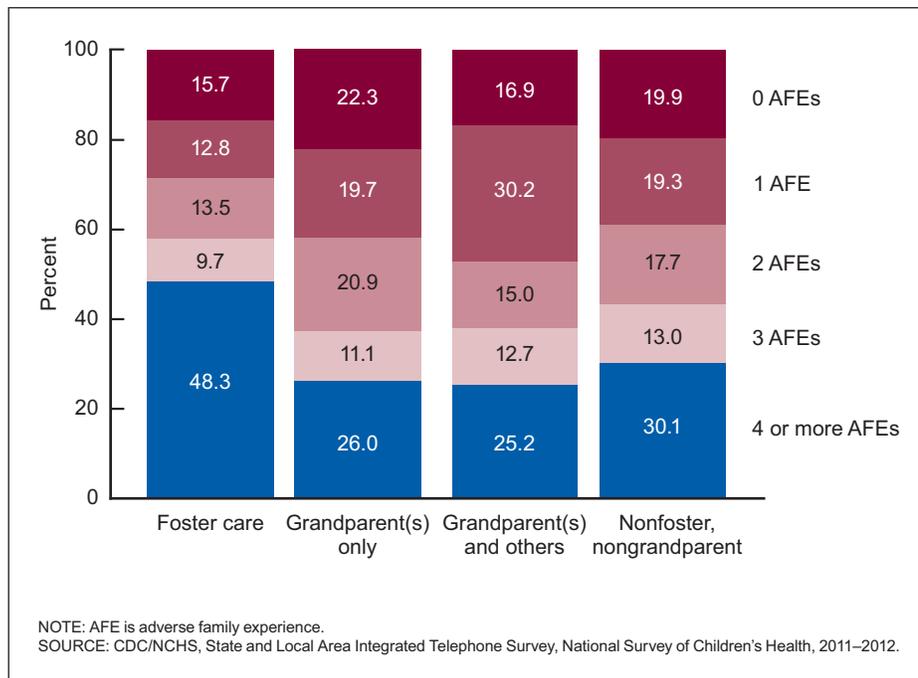
**Figure 2. Percent distribution of number of different types of adverse family experiences for children aged 0–17 years, by number of biological parents living in the household: United States, 2011–2012**

this table are highlighted in the figures and described in the text.

The number of biological parents in the household was inversely associated with the likelihood of having had an adverse family experience (Figure 1). Children living with one biological parent were between 3 and 8 times as likely as children living with two biological parents to have experienced neighborhood violence, caregiver violence, or caregiver incarceration or to have lived with a caregiver with mental illness or an alcohol or drug problem. Children in nonparental care, in turn, were about 1.5 to 2.5 times as likely as those living with one biological parent to have experienced each of these five adverse experiences. Thus, children in nonparental care were between 5 and 17 times as likely as children living with two biological parents to have experienced each of these five adverse experiences.

The cumulative number of different types of adverse family experiences varied by the number of biological parents in the household (Figure 2). Seventy percent of children living with both biological parents had experienced none of the adverse experiences assessed in the survey, compared with about 20% of children living with one biological parent or no parents. Thus, children living with no parents were 2.7 times as likely to have experienced at least one adverse experience, compared with children living with both biological parents (81.3% versus 30.0%). Almost one-third (29.9%) of children in nonparental care had experienced four or more adverse experiences, compared with only 13.6% of children living with one biological parent and less than 1% of children living with both biological parents.

When examining the prevalence of children with no adverse experiences versus any adverse experiences, the difference between children in nonparental care and children living with one biological parent was quite small. However, as the number of cumulative experiences compared increased, the differences between children in nonparental care and children living with one biological parent grew. Children in nonparental



**Figure 3. Percent distribution of number of different types of adverse family experiences for children aged 0–17 years in nonparental care, by type of nonparental caregiver: United States, 2011–2012**

care were about twice as likely as children living with one biological parent to have experienced four or more adverse events.

The number of different types of adverse family experiences for children in nonparental care varied among caregiver-type subgroups (Figure 3). About 80% of children in each subgroup had had at least one adverse experience and more than one-half of children in each subgroup had had at least two adverse experiences. Nearly one-half of children in foster care (48.3%) had had four or more adverse experiences, compared with 25%–30% of children in each of the other three caregiver subgroups. Among those other nonparental care subgroups, differences were smaller and mostly nonsignificant.

Some adverse family experiences were particularly prevalent among children in foster care (Figure 4). Children in foster care were significantly more likely than other children in nonparental care to have ever witnessed or experienced neighborhood violence, caregiver violence, or caregiver incarceration or to have lived with someone with mental

illness or an alcohol or drug problem. More than one-half of children in foster care had ever experienced caregiver violence or caregiver incarceration and almost two-thirds had lived with someone who had an alcohol or drug problem. Differences among the nonfoster subgroups were not significant.

## Summary and Discussion

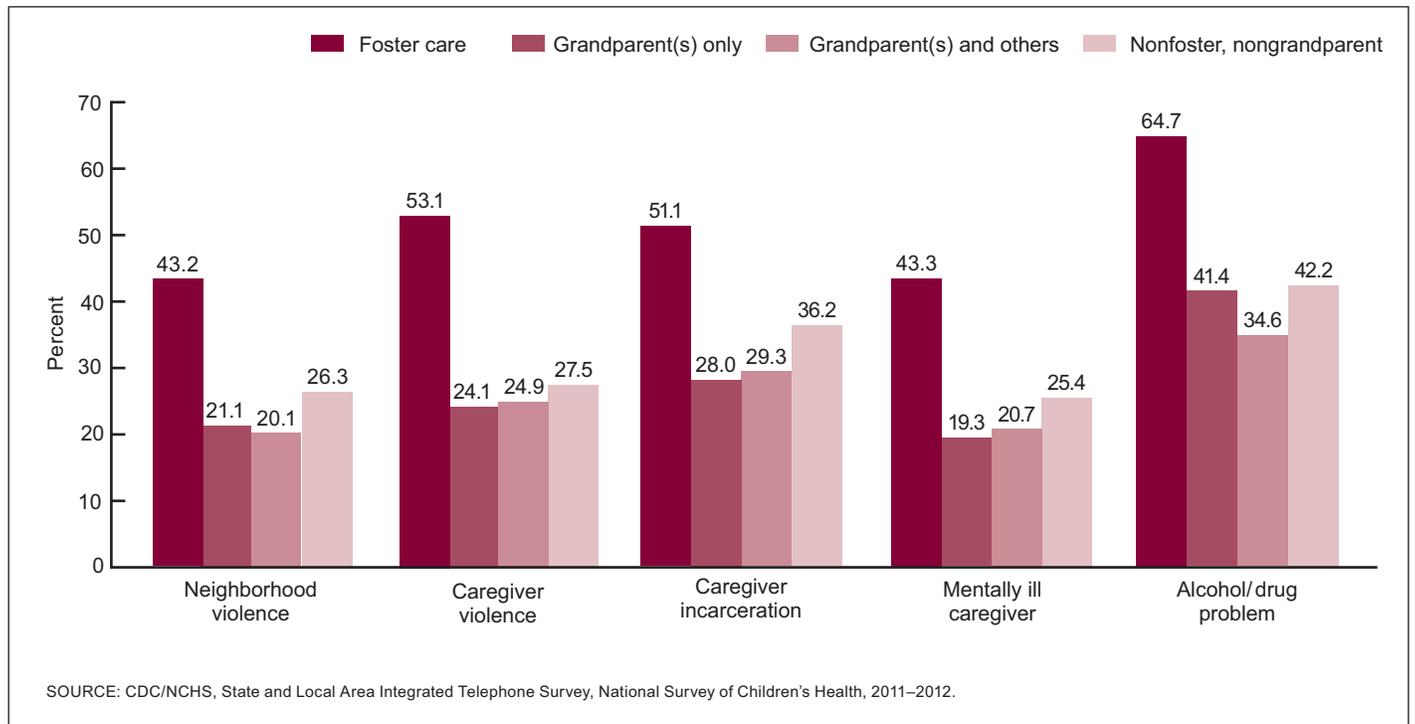
Children in nonparental care were 2.7 times as likely as children living with two biological parents to have had at least one of the adverse experiences assessed in NSCH, and were more than 2 times as likely as children living with one biological parent and about 30 times as likely as children living with two biological parents to have had four or more different types of adverse experiences. Children in foster care were particularly likely to have had multiple types of adverse experiences; almost one-half of them had had four or more. More than one-half of children in foster care had ever experienced caregiver violence or caregiver incarceration and

almost two-thirds had lived with someone who had an alcohol or drug problem.

It is likely that some children in nonparental care find themselves in that situation because they had experienced certain adverse family circumstances that necessitated the removal of the child from the birth family—that is, the adverse experience preceded and perhaps even contributed to the nonparental care status rather than being merely associated with it. For example, more than one-half of children entering foster care in 2007 had experienced severe parental neglect and nearly 30% had experienced parental alcohol or drug abuse as contributing reasons for entering foster care (14). Among children whose families were investigated for child abuse and neglect in 2008–2009, children living in foster or nonparental relative care 4 months after the investigation were much more likely to have a history of child maltreatment, caregiver incarceration, caregiver mental illness, caregiver alcohol abuse, caregiver drug abuse, and familial financial deprivation, compared with children still living with the investigated family (15). The comparisons in this report are not intended to suggest that being in nonparental care necessarily causes or is caused by adverse family experiences. As a cross-sectional survey, NSCH is not appropriate to use to draw causal inferences of this sort.

Nevertheless, children in nonparental care are particularly vulnerable to poor well-being outcomes. The cumulative effect of multiple traumas can be serious; research has shown that the more adverse experiences suffered, the higher the risk of serious health conditions or negative health outcomes (9). The very high prevalence of several adverse experiences among children in foster care may indicate that the child welfare system has stepped in to care for children in the worst circumstances.

Households in NSCH with children who were identified as living in nonparental care were asked to participate in a follow-up survey, the 2013 National Survey of Children in



**Figure 4. Percentage of children aged 0–17 years with selected types of adverse family experiences, by type of nonparental caregiver: United States, 2011–2012**

Nonparental Care (NSCNC). The NSCNC was sponsored by the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation, with supplemental funding from the Annie E. Casey Foundation. Data collection for the NSCNC is now complete and data from the survey have just been released. The survey collected information on the health and well-being of the children and their caregivers and the children's living arrangements, custody issues, contact with parents, and service accessibility. More information about NSCNC, including public-use microdata, questionnaire content, sample design, and sample size, can be found at <http://www.cdc.gov/nchs/slait/nsnc.htm>.

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**Table 1. Sample sizes, population estimates, and percentage distribution by caregiver type living in the household: Children aged 0–17 years, 2011–2012**

Item	Caregiver type living in the household						
	Two biological parents	One biological parent only	Nonparental care				
			Nonparental care total	Foster care	Grandparent(s) only	Grandparent(s) and others <sup>1</sup>	Nonfoster, nongrandparent
	Count						
Unweighted sample size . . . . .	63,776	17,752	3,617	461	1,287	1,234	635
Weighted population estimate <sup>2</sup> . . . . .	46,502	16,311	2,290	336	578	867	510
	Percent						
All children aged 0–17 years <sup>3</sup> . . . . .	63.1	22.1	3.1	0.5	0.8	1.2	0.7
Children in nonparental care <sup>4</sup> . . . . .	–	–	100.0	14.7	25.2	37.9	22.3

– Quantity zero.

<sup>1</sup>Includes aunts, uncles, guardians, siblings, cousins, in-laws, other relatives, and nonrelatives.<sup>2</sup>Rounded to thousands.<sup>3</sup>Percentages do not sum to 100 because the “other” group is omitted; this group, with 11.7% of all children, includes those living in households that include nonbiological parents such as step or adoptive parents.<sup>4</sup>Percentages do not sum to 100 due to rounding.

SOURCE: National Survey of Children’s Health, 2011–2012.

**Table 2. Percentages and mean number of adverse family experiences by caregiver type: Children aged 0–17 years, 2011–2012**

AFEs	Caregiver type living in the household						
	Two biological parents	One biological parent only	Nonparental care				
			Nonparental care total	Foster care	Grandparent(s) only	Grandparent(s) and others <sup>1</sup>	Nonfoster, nongrandparent
	Percent (standard error)						
Often hard for household to afford basics . . . . .	20.0 (0.39)	*38.9 (0.80)	*±33.0 (1.87)	*32.9 (4.72)	±22.9 (2.68)	*§37.9 (3.09)	*§36.1 (4.68)
Ever experienced racial discrimination . . . . .	2.8 (0.16)	*5.7 (0.37)	*5.5 (0.83)	4.6 (1.10)	±3.4 (0.99)	y5.3 (1.61)	*§8.6 (2.06)
Ever experienced death of caregiver . . . . .	0.4 (0.05)	*6.6 (0.36)	*±18.1 (1.63)	*±13.2 (3.21)	*±20.0 (3.19)	*±18.1 (3.09)	*±19.1 (2.80)
Ever experienced separation or divorce . . . . .	2.2 (0.15)	*47.9 (0.82)	*47.7 (1.97)	*53.5 (5.09)	*46.0 (3.58)	*48.1 (3.25)	*45.4 (4.48)
Ever witnessed caregiver violence . . . . .	1.9 (0.14)	*15.3 (0.63)	*±29.2 (1.83)	*±53.1 (5.15)	*±24.1 (3.35)	*±24.9 (2.72)	*±27.5 (3.84)
Ever witnessed neighborhood violence . . . . .	3.9 (0.17)	*16.2 (0.64)	*±24.8 (1.61)	*±43.2 (4.54)	*±21.2 (2.91)	*±20.1 (2.39)	*±26.3 (3.88)
Ever lived with mentally ill caregiver . . . . .	4.7 (0.19)	*13.6 (0.51)	*±24.4 (1.71)	*±43.3 (5.26)	*19.3 (2.99)	*±20.7 (2.51)	*±25.4 (3.75)
Ever experienced caregiver incarceration . . . . .	1.9 (0.14)	*13.3 (0.56)	*±33.5 (1.88)	*±51.1 (5.03)	*±28.0 (3.27)	*±29.3 (2.86)	*±36.2 (4.39)
Ever lived with anyone with alcohol or drug problem . . . . .	4.0 (0.19)	*18.9 (0.65)	*±42.2 (1.92)	*±64.7 (4.52)	*±41.4 (3.50)	*±34.6 (2.88)	*±42.2 (4.37)
Cumulative number of AFEs (0–9)							
0 . . . . .	70.0 (0.43)	*21.7 (0.70)	*18.7 (1.59)	*15.7 (3.77)	*22.3 (3.13)	*±16.9 (2.23)	*19.9 (4.17)
1 . . . . .	22.2 (0.40)	*31.2 (0.75)	±22.6 (1.75)	*±12.8 (2.61)	±19.7 (2.46)	*†§30.2 (3.38)	±19.3 (3.64)
2 . . . . .	5.2 (0.20)	*21.0 (0.66)	*±16.8 (1.44)	*±13.5 (3.22)	*20.9 (3.08)	*±15.0 (2.04)	*17.7 (3.59)
3 . . . . .	1.8 (0.14)	*12.5 (0.57)	*11.9 (1.09)	*9.7 (2.18)	*11.1 (1.76)	*12.7 (1.97)	*13.0 (2.53)
4 or more . . . . .	0.9 (0.09)	*13.6 (0.56)	*±29.9 (1.75)	*±48.3 (4.92)	*±26.0 (3.29)	*±25.2 (2.59)	*±30.1 (3.81)
	Mean (standard error)						
Number of AFEs . . . . .	0.4 (0.01)	1.8 (0.03)	*±2.5 (0.09)	*±3.2 (0.22)	*±2.2 (0.14)	*±2.4 (0.14)	*±2.6 (0.21)

y Indicates unreliable estimate (relative standard error &gt; 0.3).

\* Estimate differs at 0.05 level from that of two biological parents.

± Estimate differs at 0.05 level from that of one biological parent.

† Estimate differs at 0.05 level from that of foster care.

§ Estimate differs at 0.05 level from that of grandparent(s) only.

j Estimate differs at 0.05 level from that of grandparent(s) and others.

<sup>1</sup>Includes aunts, uncles, guardians, siblings, cousins, in-laws, other relatives, and nonrelatives.

NOTES: Children living with step or adoptive parents were excluded. AFE is adverse family experience.

SOURCE: National Survey of Children’s Health, 2011–2012.

## Technical Notes

### Response rate and analysis of nonresponse

The 2011–2012 National Survey of Children’s Health (NSCH) overall response rate was 23.0%. The low response rate was largely due to the inclusion of cell phone interviews, which was necessary to provide good coverage of the population of children, but resulted in lower response rates compared with previous iterations of the survey that only included landline numbers in the sample. The lower response rates for cell phone interviews largely resulted from the higher proportion of telephone numbers that were not answered and therefore provided no indication of whether the number belonged to an eligible household. When only noncooperation among eligible households was examined, more than one-half of eligible parents and guardians who were contacted to participate in the survey did so.

To reduce the potential for bias, the sampling weights were adjusted for nonresponse and further adjusted to match external demographic control totals. As summarized in the online documentation (10) and detailed in the methodology report (11), nonresponse bias analyses were conducted using several recommended approaches to examine estimates before and after the nonresponse weighting adjustment. Bias was found to greatly decrease after the weighting adjustment, and estimated biases using the final weights were small—in each case, the maximum estimated bias was within the 95% confidence interval for the survey estimate, indicating that nonresponse bias was consistently smaller than potential sampling error. Bias estimates were so small that, for most of the key survey variables examined, changing the method used to estimate bias changed the estimated direction of the bias.

### Definition of terms

*Adverse family experiences*—NSCH included questions about the following adverse family experiences: whether the child had ever lived with a parent or guardian who 1) got divorced or

separated after the child was born, 2) died, or 3) served time in jail or prison after the child was born; whether the child ever lived with anyone who 4) was mentally ill or suicidal or severely depressed for more than a couple of weeks or 5) had a problem with alcohol or drugs; whether the child 6) ever heard or saw any parents, guardians, or other adults in the household slap, hit, kick, punch, or beat each other up, 7) was the victim of violence or witnessed any violence in the neighborhood, or 8) was ever treated or judged unfairly because of his or her race or ethnic group; and 9) how often it had been very hard for the child’s caregiver to get by on the family’s income (e.g., it was hard to cover the basics like food or housing). This measure of financial deprivation was considered an adverse experience if the response was “very often” or “somewhat often” rather than “rarely” or “never.” With one exception, these adverse family experiences could have occurred at any time in the child’s life, and the caregiver who may have been incarcerated, mentally ill, or violent (for example) may have been the child’s parent, current nonparental caregiver, or another caregiver the child had previously lived with. The exception was the measure of financial deprivation, which asked about the current caregiver’s family rather than all the families that the child may have lived with in his or her lifetime.

*Number of parents in household*—Children were categorized as living with both biological parents, living with one biological parent, or living with no biological parents. Children living with step or adoptive parents were excluded.

*Foster care*—Children in foster care were either a) those with a reported foster mother and/or foster father living in the household, or b) those with no biological, step, adoptive, or foster parents living in the household but whose caregiver reported that the child was currently in foster care. Because the NSCH sample represents noninstitutionalized children only, the foster care sample includes only children in household foster care; foster children in group homes or institutions were not represented.

*Grandparent-only care*—Children living in grandparent-only care had one or more grandparents but no other people living in the household. Because it was unknown whether a child’s sibling was another child being cared for by grandparents or an adult who was providing care for the child, children living with grandparents plus siblings were grouped with “grandparents and others.”

*Grandparent(s) and others*—Children living with grandparent(s) and others had one or more grandparents plus one or more of the following relations living in the household: aunts, uncles, guardians, siblings, cousins, in-laws, other relatives, or nonrelatives.

*Nonfoster nongrandparent*—Children in nonfoster nongrandparent care were those in nonparental care who did not meet the criteria for foster care and had no grandparents living in the household. Their caregivers included aunts, uncles, guardians, siblings, cousins, in-laws, other relatives, or nonrelatives.

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National Health Statistics Reports ■ Number 74 ■ May 7, 2014

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**Suggested citation**

Bramlett MD, Radel LF. Adverse family experiences among children in nonparental care, 2011–2012. National health statistics reports; no 74. Hyattsville, MD: National Center for Health Statistics. 2014.

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DHHS Publication No. 2014–1250 • CS246433