

At-Risk Conditions of U.S. School-Age Children

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In the past few years, research on the well-being of the population has expanded to include the concept of 'at-risk' conditions. Generally, these conditions are thought to be characteristics of the individual, or situations of the context they are a part of, that are believed to create higher likelihoods of undesirable life outcomes (e.g., completing high school, avoiding premarital births), or to impact overall quality of life.

This paper estimates the frequency of three 'personal' and four 'familial' at-risk conditions for the school age population in the United States.

The 'personal' conditions are:

- presence of a disability,
- ever retained in school,
- and speaking English less than 'very well'.

The 'familial' conditions are:

- either or both parents absent from the household,
- at least one foreign-born parent of recent immigration,
- low family income,
- and no employed parent.

The analysis shows that, while a majority (54%) of school-age children has no significant risk factors, a significant minority does. A far larger proportion of children has experienced a familial risk factor (36%) than a personal one (18%). The single most common personal risk factor is being retained in school, while the most common familial factor is not living with both parents.

Additionally, a sizable proportion of children (18%) has more than one risk factor in their life. Substantial variation in the number and kind of risk factors occurs across various demographic groups, with multiple risk factors more frequent for males and blacks. There is little variation across age groups, implying that younger persons have already encountered similar levels of risk factors as the cohort nearly a decade older.

About 18% of all children have at least one personal risk factor, about 36% - twice as many - have at least one familial factor. **When considering both types of factors 46% of all children - close to one-half of the child population - report having at least one of these seven at-risk factors in their life.**

SAMHSA
Department of Health and Human Services

SAMHSA's 2002 National Survey on Drug Use & Health

Selected Statistics

- In 2002, an estimated 4.8 million youths aged 12 to 17 received treatment or counseling for emotional or behavior problems in the year prior to the interview. This represents 19.3 percent of this population.
- The reason cited most often by youths for their latest treatment session was "felt depressed" (49.5 percent of youths receiving treatment), followed by "breaking rules or acting out" (26.7 percent), "thought about killing self or tried to kill self" (19.5 percent), and "felt very afraid or tense" (19.5 percent).
- The percentages of youths reporting that it was fairly or very easy to obtain specific drugs were 55.0 percent for marijuana, 25.0 percent for cocaine, 19.4 percent for LSD, and 15.8 percent for heroin.
- Most youths (89.1 percent) reported that their parents would strongly disapprove of their trying marijuana once or twice. Among these youths, only 5.5 percent had used marijuana in the past month. However, among youths who perceived that their parents would only somewhat disapprove or neither approve nor disapprove of their trying marijuana, 30.2 percent reported past month use of marijuana.
- The rate of lifetime daily cigarette use among youths aged 12 to 17 declined from 10.6 percent in 2001 to 8.2 percent in 2002. There also was a small decline in lifetime prevalence among young adults (37.7 to 37.1 percent) from 2001 to 2002.
- The prevalence of current alcohol use increased with increasing age in 2002, from 2.0 percent at age 12 to 6.5 percent at age 13, 13.4 percent at age 14, 19.9 percent at age 15, 29.0 percent at age 16, and 36.2 percent at age 17. The rate reached a peak of 70.9 percent for persons 21 years old.
- Among youths aged 12 to 17, the rate of current illicit drug use among American Indians/Alaska Natives (20.9 percent) was significantly higher than the rate among all youths (11.6 percent), and the rate among Asian youths (4.8 percent) was significantly lower compared with the overall rate for all youths.

SAMHSA is the Federal Government's lead agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services in the United States. NSDUH (survey) is the primary source of statistical information on substance use and abuse by the U.S. population.

Juvenile Population Statistics

Selected Statistics

Law enforcement agencies refer approximately two-thirds of all arrested youth to a court with juvenile jurisdiction for further processing. As with law enforcement agencies, the court may decide to divert some juveniles away from the formal justice system to other agencies for service. Prosecutors may file some juvenile cases directly in criminal (adult) court. **The net result is that juvenile courts formally process nearly 1 million delinquency offense cases annually.** Juvenile courts adjudicate these cases and may order probation or residential placement, or they may waive jurisdiction and transfer certain cases from juvenile court to criminal court. While their cases are being processed, juveniles may be held in secure detention.

- The juvenile population is increasing less than any other segment of the population. **Between 1995 and 2015, the population of persons under age 18 is expected to increase 8%.** In contrast the population of persons ages 18 through 24 will increase 22%, persons ages 25 to 64 will increase 18%, and persons ages 65 and older will increase 36%.
- The population of juvenile minorities will experience the most growth between 1995 and 2015:
 - **Asian/Pacific Islander juveniles 74%,**
 - **Hispanic ethnicity are expected to increase 59%**
 - **Black juveniles are expected to increase 19%,**
 - **Native American juveniles 17%, and**
 - **White juveniles will increase 3%.**

Obtained form the Office of Juvenile Justice and Delinquency Prevention - www.ojjdp.ncjrs.org/index.html