

7. A PROFILE OF YOUTH WITH DISABILITIES

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This report has attempted to create a solid foundation for interpreting future NLTS2 results by painting a profile of youth with disabilities. Individual and household characteristics and functional abilities in several domains have been documented for youth with disabilities as a whole and, importantly, for those who differ in primary disability classification, age, gender, household income, and race/ethnicity. In doing so, important insights have emerged regarding several distinguishing features of youth, as described below.

Disabilities: More than a Label

The implications of disability for the functioning of youth are far-reaching and occur in multiple domains. Although as a group, youth with disabilities have about the same levels of general health as their nondisabled peers, approximately one-tenth do not have full use of all limbs and/or have a hearing loss, and more than 10% do not have normal vision even with corrective lenses. Communication limitations are more widespread; almost one-third are reported by parents not to communicate well. These limitations, combined with cognitive impairments for some youth, mean that approximately half of 13- to 17-year-olds have not mastered fully the basic functional cognitive skills of telling time, reading common signs, counting change, and looking up telephone numbers and using the phone. Almost one in five youth are reported by parents to have poor social skills, and one in six are described as not sensitive to others' feelings. Almost one-third of youth and their families have been dealing with their disability and its impact since before the youth reached school age.

This overall look at the characteristics of youth with disabilities masks the dramatic differences between youth with different kinds of disabilities. Youth with different primary disability classifications differ at least as much from each other as from the general population of youth. Further, on every factor considered here, greater differences are noted between youth with different disability categories than between youth who differ in age, gender, or other characteristics. For example, limitations in functional cognitive skills affect 37% of youth with emotional disturbances but at least 80% of youth with mental retardation or multiple disabilities, including deaf-blindness. Poor social skills are reported for 5% of youth with visual impairments but one-fourth of youth with emotional disturbances and 30% of youth with autism.

Parents' reports about youth clearly demonstrate that there are dimensions of their disabilities that are not captured by their primary classification for special education. For example, by definition, all youth who are classified as having speech impairments share some limitation in the communication domain. However, their range of functioning is quite broad; 52% are reported to speak normally, whereas 7% have significant speech limitations or do not speak at all. And for some, speaking ability is not their only limitation. Parents report that 41% of youth in the speech impairment category also have learning disabilities and that 19% have ADD/ADHD. Three percent are reported to have a hearing loss, a similar percentage are reported to have a visual impairment, 6% do not have normal use of all limbs, and 5% have fair

or poor health. The range of additional disabilities and functional limitations illustrated by youth with speech impairments is characteristic of every other disability category.

Looking within disability categories also illuminates the prevalence of what are, for many youth, secondary disabilities. The prevalence of ADD/ADHD across the disability categories is particularly notable. More than one-third of youth with disabilities are reported by parents to have ADD/ADHD. Approximately three-fourths of youth with other health impairments—the category within which ADD/ADHD typically is subsumed—are reported to have it, but ADD/ADHD also is reported for between 12% and 63% of youth in other disability categories.

Clearly, youth with this broad range of functional limitations face more than the challenges suggested by their primary disability, and these challenges may require that their schools take more comprehensive approaches to serving them than their primary disability label implies. In the future, NLTS2 will explore the educational programs and services youth experience and the performance they achieve, including special attention to how these vary for youth with different disabilities and for youth who share a disability classification but differ in other important ways.

Age and Gender Differences in Functioning and Behavior

Although many disabilities have developmental components, so that age differences are an important factor in understanding variations in children's functioning, most of the skills and abilities addressed in this report, including physical, sensory, communication, and social skills, do not vary significantly by age for 13- to 17-year-olds. However, there are a few age-related differences regarding youth's behaviors. Specifically, older youth with disabilities are less likely than the youngest youth represented here to take psychotropic medications, particularly stimulants—a common treatment for ADD/ADHD. However, older youth are more likely to take on household responsibilities.

Although adolescence is a time in which most youth develop a strong gender identity, boys and girls with disabilities do not differ in many aspects of their functioning—their physical, hearing, communications, and social abilities are reported by parents to be very similar. However their disability profiles differ in important ways. Despite being about half of the general population of students enrolled in schools, boys make up significantly more than half of youth in every disability category. This overrepresentation of boys starts early; a national study shows that even among infants and toddlers, boys are more likely than girls to be identified as needing early intervention services.

Importantly, boys are particularly large percentages of youth with emotional disturbances, other health impairments, and autism. Because of their prominence in these categories, they are much more likely than girls to take psychotropic medications (especially stimulants) for their disabilities. Boys also are more likely than girls to have mastered basic functional cognitive skills, such as telling time and counting change.

Differences also are noted in areas in which social, cultural, and familial values, norms, and expectations can shape activities and preferences. For example, the aptitudes that are reported by parents for their adolescent children differ markedly for boys and girls. Whereas boys are reported to excel in athletic and mechanical abilities, girls are much more likely to be reported as having aptitude for the performing arts, to have strong organizational skills, and to do a specified set of household chores frequently.

As NLTS2 analyses continue to unfold, the study will examine whether greater differences between boys and girls are apparent in other domains of their experiences than are evident in the aspects of functioning reported here—for example, whether the very similar functional abilities of boys and girls translate into similar programs and performance at school. As youth age, data from subsequent waves of NLTS2 will enable an investigation of whether gender differences appear in such areas as choices in course-taking and employment.

Money Matters

Youth with disabilities are much more likely than youth in the general population to be poor. In part, this situation occurs because factors that are associated with poverty actually create or contribute to disabilities of many kinds. Poor prenatal care or drug or alcohol exposure during pregnancy can result in premature births, birth complications, or a variety of disabilities that may appear at birth or emerge later. Poor health care can result in untreated medical conditions that eventually may lead to or complicate disabilities, as in the case of frequent and untreated ear infections that lead to hearing loss. Exposure to lead paint in run-down housing can result in mental retardation. The stresses of poverty can contribute to poor family functioning, which in turn can be detrimental to children's cognitive, social, and emotional development. The longer youth live in poverty, the more its detrimental effects accumulate so that, by adolescence, it can place severe limitations on the experiences and performance of youth and the expectations and prospects for their future.

Some of the common correlates of poverty are quite prevalent among poor youth with disabilities. They are more likely than their more affluent peers or youth in the general population to live with one parent and to have a head of household who is poorly educated and not employed. They also are more likely than others to be without health insurance. Factors such as these and the poverty they signify have been shown to relate powerfully to poor child development.

The factors associated with poverty affect some disability groups markedly more than others. Youth with mental retardation and emotional disturbances are more likely than youth in other disability categories to be in poverty and to have many of the characteristics associated with it. These differences in economic status contribute to the differences in the experiences and achievements that are apparent for youth in different disability categories. One of the differences that may have far-reaching developmental effects is that poor youth with disabilities are less likely than their wealthier peers to have had those disabilities identified at early ages or to have received services for them that might have ameliorated some of their negative consequences.

The negative developmental impacts of poverty and, perhaps, of late disability identification and treatment are clear among youth with disabilities in some functional domains. Poorer youth with disabilities are significantly more likely than others to be in poor health, to have limitations in communication and in social skills, and to have limitations in vision even when they use glasses or contacts. Importantly for their academic performance and employment prospects, poorer youth also are less likely than others to have mastered basic functional cognitive skills, such as reading common signs and counting change, and are less likely to be reported by parents as having strong computer skills.

Further NLTS2 analyses will explore income-related differences among youth with disabilities in other aspects of their lives, including social activities and academics. Such differences will be examined as NLTS2 tracks the achievements of youth with disabilities in the transition into early adulthood, a time when many youth will consider postsecondary education and employment.

The Complexity of Racial/Ethnic Differences

White youth make up a smaller proportion of youth with disabilities than of youth in the general population, largely because African Americans make up a larger proportion of youth with disabilities than of youth in the general population. Much of the differential representation of African Americans among youth with disabilities may relate to the fact that they are more likely to be poor than their white counterparts. Within a given family income level, the proportions of white, African American, and Hispanic youth are very similar among youth with disabilities and the general population of youth. Thus, if low-income youth were equally represented among youth with disabilities and youth in the general population, African American youth also would likely be about equally represented in the two populations. However, having more low-income youth among those with disabilities also means there are more African American youth in that group than in the general student population.

The parental and household characteristics that accompany poverty, such as single-parent households and parents with less education, are more prevalent among African American and Hispanic youth than among white youth. Some of the outcomes associated with poverty highlighted above also are more common for African American students with disabilities. According to their parents, they are more likely to be in poor health, to be unable to speak clearly, and to have poor assertion skills. But not all income-related differences translate into differences between white youth and their African American and Hispanic peers. For example, uncorrected vision problems among poor youth with disabilities are not more common for African American or Hispanic youth than for white youth.

Future NLTS2 analyses will be attentive to the ways that differences in youth's racial/ethnic backgrounds affect their experiences and achievements in school and in other domains. The study will continue to disentangle the influences of income, race/ethnicity, and disability as youth transition to young adulthood.

Diversity on Many Dimensions

The initial look at the characteristics and functioning of youth with disabilities reveals a tremendous diversity in challenges and strengths. Multiple dimensions of aptitude and functional limitation and complex variation among youth who differ in disability classification, age, gender, income, and race/ethnicity call for a broad vision of what constitutes effective instruction and of the nature of the postschool results youth will achieve. Given the great range in the functioning of youth, educational programs and transition practices will need to be diverse, flexible, and carefully tailored if they are to meet the needs of all youth with disabilities. Indeed, NLTS2 findings affirm the original cornerstones of IDEA and special education values and practice generally: youth are entitled to individualized education programs and transition processes that are designed specifically to meet their needs.

As additional NLTS2 data become available, they will depict schools' efforts to meet the diverse needs of youth in terms of goals, curricula, placements, instruction, and services in their educational programs overall and in the transition process in particular. NLTS2 data also will shed light on the results youth achieve in a broad range of outcome areas, including academics, social adjustment, employment, and community participation. The longitudinal design of NLTS2 supports an assessment of how youth and household characteristics, education and transition services and strategies, and achievements unfold over a period of years as youth move into the challenges that face them in young adulthood.