

Family Characteristics Are Associated With Developmental Well-Being at Age 3

Katherine Paschall, Elizabeth Reddington, Kristin Anderson Moore, and Meg Bredeson

Key Findings

- Many family characteristics are associated with developmental well-being among 3-year-olds. When examined alongside several social and demographic variables and the other family characteristics, we found that:
 - Low *parental aggravation* was associated with developmental well-being overall and in all developmental domains: Early Learning Skills, Social-Emotional Development, Self-Regulation Skills, Motor Development, and Physical Health.
 - A high level of *family resilience* was most strongly associated with Early Learning Skills and Social-Emotional Skills.
 - Good or excellent *parental mental health* independently predicted developmental well-being in the Social-Emotional and Self-Regulation domains.
 - Good or excellent *parent physical health* independently predicted children being “on track” in the Physical Health domain.
- An ecological perspective is useful for understanding how structural and policy conditions influence families and, ultimately, child development.

Introduction

Young children’s developmental well-being spans multiple domains, including health, motor skills, social-emotional and regulatory skills, and language and early math skills.^{1,2} Developmental progress in these domains is shaped by a combination of factors, including the child’s individual characteristics, their family environment, and broader community and societal contexts—all of which can vary by cultural background.^{3,4} Together, these influences form a dynamic ecology that can either support or hinder healthy development.^{5,6,7}

In 2022, the National Survey of Children’s Health (NSCH) introduced a national indicator of children’s developmental well-being and school readiness called Healthy and Ready to Learn (HRTL).⁸ This new measure for young children ages 3–5 provides opportunities to better understand the developmental well-being of young children in the United States and the child, family, and community conditions that contribute to being healthy and ready to learn.

Family experiences are critical in shaping children’s early development.^{9, 10} These experiences include the characteristics of a child’s parents, such as their physical and mental health and the level of stress they experience while caring for their children.^{11,12,13} Having stable housing, enough food, and the ability to cope with challenges all influence how well a family can support children in reaching developmental milestones.^{14,15}

This brief is part of a series that summarizes evidence on how child, family, health care, and neighborhood characteristics and experiences relate to developmental well-being among 3-year-olds, as measured by HRTL. Age 3 is a key transition period between toddlerhood and preschool, making it an important point at which to understand the impact of prenatal-to-age-3 investments and identify strategies to support children’s health and readiness to learn. Analyses focus on malleable factors—or those factors that can be influenced or changed, especially those influenced by families, communities, and public policies and programs that may reduce developmental risks and promote positive outcomes. In this brief, we identify which family characteristics are linked to developmental well-being, independent of the effects of the other measured family characteristics and sociodemographic factors. We also consider how family characteristics and sociodemographic factors co-occur, which illuminates the ecological features of child and family life that characterize 3-year-olds’ developmental well-being.

Methods

Data

This brief reports findings from analyses of the 2022–2024 NSCH datasets. The NSCH is an annual, nationally representative survey of children from birth to age 17, completed by parents and caregivers. The analytic sample includes approximately 10,230 unweighted responses from parents or caregivers of 3-year-old children, pooled across the 2022, 2023, and 2024 survey years. Weighted estimates from this sample are representative of an estimated annual population of approximately 3,816,005 3-year-old children in the United States.

Measures

Children’s developmental well-being was assessed with the HRTL measure, which is a parent/caregiver assessment of children’s skills on 28 items in five domains: Early Learning Skills, Social-Emotional, Self-Regulation, Motor, and Physical Health. Responses are scored as “on track,” “emerging,” or “needs support,” depending on age-specific developmental milestones. Age- and domain-specific cut points are used to determine domain scores. The measure also summarizes across these domains with an overall HRTL score. Children are considered “on track” on the overall measure if they score “on track” in 4 or 5 domains and are not rated as “needs support” in any domain.¹⁶

Family characteristics included NSCH measures of parental well-being, material hardship, and parenting experiences. See Table A1 for the full list of family characteristics and sociodemographic items and their prevalence. The following were included in our analyses:

- **Parental aggravation.** Parental aggravation was measured using a composite scale based on three survey items assessing parents' stress related to parenting. The items include how often the parent is bothered by things their child does, how often the parent is angry at their child, and whether the parent feels their child is much harder to care for than most other children of the same age. Each item was scored from 0–3 based on frequency reported, and composite scores of 3 or higher were considered high parental aggravation.¹⁷
- **Family resilience.** Family resilience was measured using a composite scale based on four survey items that assessed how families respond to problems, including whether they talk together about what to do, work together to solve problems, recognize their strengths, and remain hopeful during difficult times. In our analyses, we examined how many items a parent endorsed, creating a three-category variable: 1 item, 2–3 items, or all 4 items.
- **Parent mental health.** Survey respondents self-reported their own mental health quality and the secondary parent's mental health quality on a scale of poor to excellent. In our analyses, we created three categories: any parent reporting "poor/fair," at least one parent reporting "good," and both parents reporting "very good/excellent" mental health.
- **Parent physical health.** As with mental health, respondents self-reported their own physical health and the secondary parent's physical health on a scale of poor to excellent, and we created the same three categories: any parent reporting "poor/fair," at least one parent reporting "good," and both parents reporting "very good/excellent" physical health.
- **Housing instability.** Housing instability was based on a single parent-report item on experiencing housing instability within the last year.
- **Food sufficiency.** Food insufficiency was based on a single parent-report item on experiencing food insufficiency within the last year.

The Healthy and Ready to Learn Measure and Data

Data are available annually on children ages 3, 4, and 5, and estimates are state- and nationally-representative. The HRTL measure is the National Outcome Measure of School Readiness for Title V Maternal and Child Health Services Block Grantees, and the indicator of Developmentally Ready for School in [Healthy People 2030](#). It was co-developed and validated by Child Trends and HRSA MCHB, and the validated version became available in the NSCH beginning in 2022.

HRTL Measure	Proportion of 3-year-olds "on track"
HRTL Overall	63.7%
Early Learning Skills	69.1%
Social-Emotional	82.8%
Self-Regulation	70.9%
Motor	69.3%
Health	91.2%

For more information about the HRTL measure and for national and state data [visit our webpage](#).

Analyses

We used logistic regression models to understand which family characteristics were independently associated with children being "on track" in each developmental domain, and with the overall HRTL measure

of developmental well-being. This means that we accounted for several social and demographic characteristics as control variables as well as all other family characteristics in the model simultaneously. Specifically, we examined whether particular family characteristics were associated with the likelihood of being “on track” in each developmental domain, *over and above* any effects of social and demographic characteristics and all other family characteristics. Social and demographic controls included child’s sex, race and ethnicity, low birthweight status, exposure to adverse childhood experiences (ACEs), household income relative to the federal poverty level, parental education, and primary home language. Each of these variables is associated with development via their role in shaping children’s ecology through material, social, and (in the case of sex and birthweight) biological or developmental pathways.¹⁸ To further reduce the risk of false positive findings, we applied a statistical adjustment to the *p*-values: a Benjamini-Hochberg (B-H) correction. We report findings that remained statistically significant after this adjustment. These findings help us better understand how each family characteristic is associated with the likelihood of scoring “on track” in each domain and overall, after accounting for the role of every other measured family characteristic and children’s sociodemographic characteristics. We recognize that many social and demographic factors are correlated with children’s outcomes, but they influence development via family characteristics. Thus, we do not discount their importance but, rather, identify the characteristics that are most directly related to the child’s development status.

Findings

Accounting for all family characteristics and sociodemographic conditions, **we find that low parental aggravation, higher family resilience, and better parent mental and physical health showed the most robust independent associations with developmental well-being among 3-year-olds.** Table 1 summarizes findings from our analyses. Next, we take a look at each family characteristic.

Table 1. Summary of significant associations between children’s family characteristics and HRTL measure

	Overall	Early Learning Skills	Social-Emotional Skills	Self-Regulation Skills	Motor Skills	Physical Health
Parental aggravation	+	+	+	+	+	+
Family resilience	+	+	+			
Parent mental health			+	+		
Parent physical health						+
Family structure						
Housing instability						
Food sufficiency						

Note: This table summarizes findings from logistic regression models using the 2022–2024 NSCH data sets, including a set of sociodemographic control variables and applying a Benjamini–Hochberg (B–H) correction. Findings that remained statistically significant following B–H correction are marked with a (+) to indicate a positive association. See table A2 for full logistic regression findings, including odds ratios.

Parental aggravation

Parents’ reporting of low parental aggravation in the past month demonstrated a strong and consistent positive association with developmental well-being in children. When parents reported that they seldom felt aggravation related to parenting, their children were more likely to be “on track” overall and in all developmental domains: Early Learning Skills, Social-Emotional Development, Self-Regulation Skills, Motor

Skills, and Physical Health. These findings suggest that low parental aggravation is strongly associated with children being healthy and ready to learn, supporting existing literature on the impacts of parent stress and aggravation and child development.¹⁹

Family resilience

Family resilience was most consistently associated with Early Learning Skills. Families with two or more resilience factors were more likely to report their child was “on track” in the cognitive, language, and early math skills captured in the Early Learning domain, compared to those with only one resilience factor. Furthermore, children from families reporting all four resilience factors were more likely to be “on track” overall and in Social-Emotional development. This suggests that constructive family problem-solving is associated with multiple domains of development and bolsters overall developmental well-being.

Parent mental health

Children of parents who self-reported “very good” or “excellent” mental health were significantly more likely to be “on track” in the Social-Emotional and Self-Regulation domains than those with parents who self-reported “poor” mental health. This finding is consistent with previous research finding that parent mental health has a unique, independent association with young children’s ability to self-regulate and their social-emotional skills.²⁰

Parental physical health

Parental physical health was positively linked to children’s health, such that parents with self-reported “very good” or “excellent” health were more likely to report that their children were “on track” in the Physical Health domain. This result is consistent with previous findings linking parental self-reported health with child health status.²¹

Housing instability and food insufficiency

Neither housing instability nor food insufficiency were significantly, independently associated with any of the HRTL domains or with the overall HRTL measure. In analyses where we examined each factor alongside only the sociodemographic controls (see Table A3), we did find that housing instability and food insufficiency were each negatively associated with being “on track” in Physical Health. Food insufficiency alone was negatively associated with being “on track” in Self-Regulation. This tells us that these factors’ relationships with children’s developmental well-being is likely explained by the other family characteristics, such as parental well-being and family resilience. Indeed, subsequent analyses found that housing instability and food insufficiency were significantly correlated with each other and with parental physical and mental health, family resilience, and several of the sociodemographic controls (specifically, family income and experiencing any ACEs).

Family structure

Family structure was also not significantly associated with any of the HRTL domains or the overall measure. Although family structure may be an important context in children’s lives, its association with development is likely indirect via children’s family characteristics and other conditions. Family structure was significantly, positively correlated with family income, parental education, and experiencing any ACEs.

Discussion

This brief provides recent, nationally representative evidence on how family characteristics relate to developmental well-being among 3-year-olds. The field's ability to examine these associations at the national level—and soon, at the state level—is new and allows us to more deeply understand how various contexts and conditions present in children's lives relate to their developmental well-being.

The novel contribution of the evidence in this brief is in identifying several parental and family factors that were associated with various domains of development, above and beyond the effects of sociodemographic characteristics and all other family factors in the model. The factors with the most consistent independent associations with development were those related to families' ability to cope with stress. These factors most notably include low parental aggravation, which was associated with being "on track" across HRTL outcomes. Encouragingly, nearly three in four parents of 3-year-olds (71.1%) reported low levels of parenting-related aggravation and high levels of family resilience (85.3%). Very good or excellent parental mental health (78.3%) were also common (see Table A1). In other words, while these factors are among the strongest correlates of developmental well-being, most families were already in the protective range. Additionally, targeted supports for families experiencing high aggravation or lower resilience could meaningfully shift outcomes for children at greatest risk.

Our findings are consistent with existing research on the correlates of young children's development—namely, that parental self-reported mental health, aggravation, and family resilience are all linked to children's early learning skills and social-emotional skills.^{22, 23} Further, there is consistent evidence that links parental health—including conditions that lead to limitations—with children's health and health conditions.^{24, 25}

Interestingly, food security and housing stability each showed positive associations with HRTL outcomes in models that included only sociodemographic controls (Table A3), but neither maintained a significant independent association after accounting for all other family characteristics (Table A2). This pattern suggests that material hardships such as food insecurity and housing instability do not operate on children's development in isolation. Rather, they are part of a broader ecology of family risk that includes elevated parental aggravation, lower family resilience, and compromised parental health—each of which was associated with at least one developmental domain in our analysis. These findings align with research showing that economic insecurity impacts children's development through its influence on family functioning, parental mental health, and aggravation,^{26, 27} and with prior work showing that food insecurity and housing instability cluster with other indicators of risk that are more proximally linked to child outcomes.^{28, 29}

We acknowledge that these analyses point to important signals and influences on early childhood development, but that they do not necessarily indicate pathways of influence. Thus, it may not be the case that these parent and family factors predict developmental well-being for all children; rather, it may be that children with self-regulation difficulties or behavior problems elicit greater parenting aggravation or strain a parent's assessment of their family resilience. Previous research consistently points to bidirectional influences in parent-child relationships, such that behavior problems and emotional difficulties can elicit harsher and less responsive parenting, as well as parenting stress.³⁰ Further, many factors shape children's developmental ecologies beyond parental and family characteristics, including culture, the interaction of culture with broader structural and policy conditions, and various sociodemographic and health factors.³¹ Conditions and experiences often interact with each other, creating dynamic influences on development that are not captured by our analyses. Thus, to identify malleable mechanisms, it is necessary to pair insights gleaned from the findings presented in this brief with those from other areas of child development research—including community-based work.

Conclusion

This brief is one in a series of companion briefs examining how conditions across multiple levels of children's lives—including daily experiences, health and health care access, and neighborhood conditions—relate to developmental well-being at age 3. The findings point to additional areas in need of research, practice, and policy attention to better support families and communities in promoting young children's developmental well-being.

The findings in this brief indicate that developmental well-being at age 3 is shaped by a broad family context, including positive parental mental health, constructive parenting behaviors, and family resilience. The nationally representative, population-level evidence presented here offers an opportunity to track these conditions and their relationship to children's development over time at both the national and state levels. Additionally, there is an opportunity to understand how family ecologies vary by cultural background and whether those differences shape developmental well-being in distinct ways. While no single brief or set of factors can tell the complete story, these briefs collectively provide a multi-level portrait of the conditions that support—and sometimes undermine—the developmental well-being of 3-year-olds in the United States.

To read other briefs in this series—including those examining how daily experiences, health care access, and neighborhood characteristics are associated with developmental well-being among 3-year-olds—visit our [Publications page](#).

Further Reading

- [School Readiness Among United States Children: Results From the 2022 National Survey of Children's Health](#)
- [Healthy and Ready to Learn: Prevalence and Correlates of School Readiness Among United States Preschoolers](#)
- [State Variation in School Readiness, 2022 – 2023 Data Brief](#)
- [School Readiness, 2022 Data Brief](#)
- [National Outcome Measure of Healthy and Ready to Learn: Research Briefs on the Pilot measure](#)

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Appendix A

Table A1. National weighted prevalence of sociodemographic characteristics and family factors among 3-year-olds in the United States, 2022–2024

Variable	Category	National Prevalence
Sociodemographic Controls		
Sex	Female	48.9%
	Male	51.1%
Race/ethnicity	White, non-Hispanic	48.6%
	Black, non-Hispanic	10.5%
	Other/Multi-racial, non-Hispanic	13.4%
	Hispanic, any race	27.6%
Family poverty level (FPL)	<100% FPL	18.1%
	100-199% FPL	19.4%
	200-399% FPL	27.2%
	400%+ FPL	35.4%
Primary household language	English	81.7%
	Non-English	18.3%
Parent education	Less than high school	7.8%
	High school diploma or GED	18.1%
	Some college	17.2%
	College degree or higher	57.0%
Birth weight	Normal birth weight	88.9%
	Low birth weight (<2500g)	11.1%
Adverse childhood experiences (ACEs)	Zero ACEs	73.7%
	Any ACEs	26.3%
Family Factors		
Parent physical health	Any caregiver in fair/poor health	8.9%
	Good	31.4%
	Excellent/very good health	59.6%
Parent mental health	Any caregiver in fair/poor mental health	10.1%
	Good	11.6%
	Excellent/very good mental health	78.3%
Family structure	Two bio/adoptive parents	74.7%
	Single parent	21.5%

Variable	Category	National Prevalence
	Other	3.7%
Housing instability	Experienced housing instability	17.6%
	Did not experience housing instability	82.4%
Food sufficiency	Household not always food sufficient	32.3%
	Household was food sufficient	67.7%
Family resilience	All/most of the time to 0–1 items	5.7%
	All/most of the time to 2–3 items	9.0%
	All/most of the time to all 4 items	85.3%
Parental aggravation	High parent aggravation	28.9%
	Low parent aggravation	71.1%

Note: Estimates are nationally weighted using NSCH 2022–2024 pooled data for 3-year-old children.

Table A2. Odds ratios (OR) from logistic regression analyses of HRTL on family factors, with sociodemographic controls

The following table shows results from six logistic regression models—one per developmental outcome—examining how each sociodemographic variable and family factor is associated with children’s likelihood of being “on track” across the HRTL domains. Each column represents a separate model for one HRTL outcome. Values are odds ratios, which can be read as the relative likelihood of being “on track” for a given characteristic compared to the reference group shown in parentheses. An odds ratio greater than 1 means children with that characteristic were more likely to be “on track”; an odds ratio less than 1 means they were less likely. Values shown in bold with an asterisk (*) were statistically significant after applying the Benjamini-Hochberg correction to control the false discovery rate across all comparisons within each model.

When paired with Table A3, findings paint a fuller picture of how each family factor is associated with HRTL outcomes, either independently or in relation with other family factors.

Variable	HRTL Overall	Early Learning	Social Emotional	Self-Regulation	Motor	Physical Health
	OR (SE)	OR (SE)	OR (SE)	OR (SE)	OR (SE)	OR (SE)
Sociodemographic Controls						
Female (Ref: Male)	1.56* (0.14)	1.55** (0.14)	1.69* (0.22)	1.19 (0.12)	1.84* (0.17)	1.23 (0.22)
Race/ethnicity: White, non-Hispanic (Ref: Hispanic)	1.10 (0.14)	1.02 (0.14)	1.23 (0.19)	1.03 (0.15)	1.09 (0.14)	1.29 (0.26)
Race/ethnicity: Black, non-Hispanic (Ref: Hispanic)	0.87 (0.20)	1.09 (0.25)	0.70 (0.19)	0.97 (0.23)	0.66 (0.14)	0.96 (0.32)
Race/ethnicity: Other/ Multi-racial, non-Hispanic (Ref: Hispanic)	1.08 (0.16)	1.41* (0.23)	0.99 (0.18)	0.93 (0.15)	1.14 (0.17)	0.80 (0.20)
100-199% FPL (Ref: <100% FPL)	0.96 (0.22)	1.22 (0.26)	1.09 (0.32)	0.97 (0.24)	0.96 (0.19)	1.75 (0.50)
200-399% FPL (Ref: <100% FPL)	0.97 (0.22)	1.14 (0.21)	1.21 (0.38)	0.76 (0.18)	0.96 (0.18)	1.71 (0.44)
400%+ FPL (Ref: <100% FPL)	1.34 (0.31)	1.60* (0.32)	1.81 (0.57)	0.84 (0.21)	0.91 (0.17)	2.84* (0.83)
English (Ref: Non-English)	1.42 (0.24)	1.53* (0.26)	1.87* (0.40)	1.14 (0.22)	1.21 (0.21)	1.42 (0.42)
Normal birth weight (Ref: Low birth weight [<2500g])	1.35 (0.21)	1.30 (0.20)	1.62* (0.30)	1.26 (0.22)	1.55* (0.25)	1.95* (0.42)
Zero ACEs (Ref: Any ACEs)	1.21 (0.17)	1.39* (0.19)	1.28 (0.22)	1.24 (0.17)	1.14 (0.15)	1.44 (0.29)

Variable	HRTL Overall	Early Learning	Social Emotional	Self-Regulation	Motor	Physical Health
Parent Education: HS diploma or GED (Ref: Less than HS)	0.92 (0.28)	0.83 (0.25)	0.88 (0.33)	0.51 (0.17)	1.12 (0.34)	0.78 (0.37)
Parent Education: Some college (Ref: Less than HS)	1.52 (0.45)	1.32 (0.38)	1.16 (0.43)	0.80 (0.26)	1.59 (0.46)	1.15 (0.50)
Parent Education: College degree or higher (Ref: Less than HS)	1.89 (0.56)	1.77 (0.51)	1.58 (0.58)	1.01 (0.33)	1.62 (0.47)	1.19 (0.53)
Family Factors						
Parent Physical Health: Good (Ref: Fair/Poor)	1.25 (0.30)	1.24 (0.29)	0.71 (0.19)	0.84 (0.19)	1.00 (0.22)	1.27 (0.38)
Parent Physical Health: Excellent/Very Good (Ref: Fair/Poor)	1.74 (0.43)	1.57 (0.37)	1.14 (0.30)	1.19 (0.27)	1.42 (0.32)	2.87* (0.90)
Parent Mental Health: Good (Ref: Fair/Poor)	1.02 (0.19)	0.92 (0.17)	1.31 (0.30)	1.43 (0.28)	1.40 (0.27)	1.17 (0.32)
Parent Mental Health: Excellent/Very Good (Ref: Fair/Poor)	1.23 (0.21)	1.04 (0.19)	2.04* (0.42)	1.75** (0.29)	1.23 (0.22)	1.36 (0.35)
Family Structure: Two bio/adoptive parents (Ref: Single parent)	0.92 (0.15)	0.74 (0.12)	1.24 (0.24)	1.18 (0.19)	0.96 (0.15)	0.66 (0.16)
Family Structure: Other (Ref: Single parent)	0.96 (0.29)	1.75 (0.56)	0.66 (0.22)	1.14 (0.43)	0.82 (0.27)	0.77 (0.29)
No housing instability (Ref: Housing instability)	1.04 (0.17)	1.11 (0.18)	0.72 (0.15)	0.97 (0.16)	1.15 (0.19)	1.18 (0.28)
Food sufficient household (Ref: Not food sufficient)	1.18 (0.14)	0.93 (0.11)	0.91 (0.15)	1.26 (0.16)	0.95 (0.12)	1.20 (0.25)
Family resilience: 2-3 items (Ref: 0-1 items)	1.09 (0.29)	1.79* (0.45)	1.63 (0.49)	1.04 (0.30)	0.76 (0.20)	1.87 (0.81)
Family resilience: All 4 items (Ref: 0-1 items)	2.00* (0.44)	1.97* (0.41)	1.74* (0.40)	1.34 (0.29)	0.98 (0.21)	1.10 (0.43)
Low parental aggravation (Ref: High aggravation)	2.51* (0.25)	1.36* (0.14)	3.42* (0.44)	3.37* (0.34)	1.37* (0.14)	2.56* (0.41)

Note: Results are from 6 logistic regression models adjusted using Benjamini-Hochberg corrections; models were estimated separately by HRTL outcome. Asterisk (*) indicates statistical significance after corrections.

Table A3. Family factors that have significant associations with HRTL outcomes when examined one at a time, inclusive of sociodemographic controls

Table A3 presents odds ratios from models that examined how each family factor was individually associated with each HRTL outcome, controlling for sociodemographic characteristics only and not for other family factors simultaneously. Each value represents the odds of being “on track” for a given outcome among children with the specified characteristic compared to the reference group. Values in bold with asterisks indicate a statistically significant association ($p < 0.1$). This table complements Table A2 by showing how each family factor relates to developmental outcomes before accounting for the full set of family factors together.

When paired with Table A2, it helps paint a fuller picture of how each family factor is associated with HRTL outcomes, either independently or in relation to other family factors.

Variable	Overall HRTL	Early Learning Skills	Social-Emotional	Self-Regulation	Motor	Physical Health
Parent Physical Health: Good (ref: Fair/Poor)	1.46 (0.30)	1.26 (0.26)	0.86 (0.22)	1.09 (0.23)	1.12 (0.23)	1.50 (0.44)
Parent Physical Health: Excellent/Very Good (ref: Fair/Poor)	2.35** (0.48)	1.68* (0.34)	1.69* (0.44)	1.78** (0.36)	1.65* (0.33)	3.62** (1.07)
Parent Mental Health: Good (ref: Fair/Poor)	1.45* (0.24)	1.16 (0.20)	1.51* (0.31)	1.66** (0.29)	1.66** (0.30)	1.44 (0.35)
Parent Mental Health: Excellent/Very Good (ref: Fair/Poor)	2.03** (0.27)	1.37* (0.19)	2.92** (0.49)	2.53** (0.35)	1.59** (0.23)	2.43** (0.48)
Family Structure: Two bio/adoptive parents (ref: Single parent)	1.01 (0.15)	0.83 (0.12)	1.31 (0.23)	1.20 (0.17)	0.95 (0.14)	0.86 (0.20)
Family Structure: Other (ref: Single parent)	0.97 (0.30)	1.72* (0.51)	0.69 (0.25)	1.16 (0.41)	0.86 (0.29)	0.90 (0.)
No housing instability (ref: Housing instability)	1.26 (0.20)	1.19 (0.19)	0.86 (0.17)	1.20 (0.18)	1.26 (0.20)	1.43 (0.30)
Food sufficient household (ref: Not food sufficient)	1.42** (0.16)	1.07 (0.13)	1.09 (0.16)	1.54** (0.18)	1.07 (0.12)	1.83** (0.34)
Family resilience: 2-3 items (ref: 0-1 items)	1.28 (0.31)	1.95** (0.48)	1.74 (0.56)	1.23 (0.34)	0.76 (0.19)	2.52* (1.08)
Family resilience: All 4 items (ref: 0-1 items)	2.63** (0.53)	2.19** (0.41)	2.21** (0.48)	1.81** (0.35)	1.06 (0.22)	1.90 (0.69)
Low parental aggravation (ref: High aggravation)	2.62** (0.25)	1.44** (0.14)	3.59** (0.46)	3.51** (0.35)	1.37** (0.13)	2.91** (0.45)

Note. * $p < 0.05$, ** $p < 0.01$.

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