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LOYOLA UNIVERSITY CHICAGO

IMPACT OF VISITATION WITH INCARCERATED FATHERS ON BEHAVIORAL  
ADJUSTMENT AMONG CHILDREN IN THE FOSTER CARE SYSTEM

A THESIS SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
MASTER OF ARTS

PROGRAM IN CLINICAL PSYCHOLOGY

BY  
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CHICAGO, IL  
DECEMBER 2017

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## TABLE OF CONTENTS

LIST OF TABLES	v
LIST OF FIGURES	vi
ABSTRACT	vii
CHAPTER ONE: INTRODUCTION	1
CHAPTER TWO: LITERATURE REVIEW	6
Prevalence of Paternal Incarceration and Child Welfare Involvement	6
Impact of Child Welfare on Behavioral Functioning	9
Impact of Paternal Incarceration on Behavioral Functioning	11
Gender Differences	15
Racial Differences	17
Behavioral Functioning of Children with Incarcerated Parents and in Child Welfare	18
Promoting Behavioral Adjustment with In-Person Visitation with Incarcerated Fathers	19
Recommendations for Contact with Incarcerated Fathers in Child Welfare	21
Present Study	22
Main Effects	23
Interaction Effects	25
CHAPTER THREE: METHOD	27
Participants	27
Procedures	27
Measures	28
File Reviews	28
Child and Adolescent Needs and Strengths	29
Statistical Analyses	30
CHAPTER FOUR: RESULTS	32
Descriptive Statistics	32
Hierarchical Generalized Linear Model (HGLM) Analyses	36
Internalizing Symptoms	36
Main Effects: Hypotheses: 1-6	37
Interaction Effects: Hypotheses 7-10 and Research Question 1	37
Externalizing Behaviors	37
Main Effects: Hypotheses: 1-6	38
Interaction Effects: Hypotheses 7-10 and Research Question 1	38
CHAPTER FIVE: DISCUSSION	42
Paternal Incarceration and Behavioral Outcomes	43
Gender Differences	45
Racial Differences	46

In-Person Visitation and Behavioral Outcomes	47
Visitation as a Protective Factor for Paternal Incarceration and Behavioral Outcomes	49
Limitations	50
Implications and Future Directions	52
APPENDIX A: MEASURES	57
REFERENCE LIST	68
VITA	84

## LIST OF TABLES

Table 1. Descriptive Statistics for Variables Used in Analyses	33
Table 2. Correlations Among Variables Used in Analyses	35
Table 3. Multi-level Poisson Model (Population-Average) for CANS Externalizing Behavior and Internalizing Symptoms Trajectories	40

## LIST OF FIGURES

Figure 1. Hypothesized Main Effect Models 1, 3, and 5	24
Figure 2. Hypothesized Main Effect Models 2, 4, and 6	25
Figure 3. Hypothesized Interaction Effect Models 7 and 8	26
Figure 4. Hypothesized Interaction Effect Models 9 and 10	26
Figure 5. Research Question 1: The Moderating Effect of In-Person Visits	27

## ABSTRACT

This study sought to examine whether in-person visitation with incarcerated fathers related to less behavioral problems among children in foster care. The sample consisted of 282 youth ( $M = 10.18$ ,  $SD = 2.36$  years). Data were collected from the Illinois Department of Children and Family Services. Hierarchical Generalized Linear Modeling revealed paternal incarceration was associated with increased externalizing slope trajectories ( $\beta_{15} = .18$ ,  $p = .025$ ), but not internalizing. African American youth had lower externalizing slope trajectories compared to the remainder of the sample ( $\beta_{20} = -.14$ ,  $p = .032$ ). The association between paternal incarceration and externalizing was attenuated among youth who visited fathers ( $\beta_{25} = -.17$ ,  $p = .008$ ). Findings suggest paternal incarceration is associated with externalizing behaviors among youth in foster care, and visitation may be protective. In addition, African American youth appear more fare better in the face of paternal incarceration compared to youth of other backgrounds.



## CHAPTER ONE

### INTRODUCTION

The United States (U.S.) maintains the largest imprisoned population in the world (International Prison Centre, 2017), which has resulted in approximately five million children who have experienced the incarceration of a co-resident parent (Murphey & Cooper, 2015). Scholars note there appears to be a relationship between incarceration and child welfare involvement (Swann & Sylvester, 2006). Estimates indicate that 15-20% of children in foster care have an incarcerated parent (Johnson-Peterkin, 2003). These statistics suggest that of the 653,000 children served by the U.S. child welfare system in 2014 (U.S. Children's Bureau, 2015), around 100,000 may be impacted by the incarceration of a parent. Despite the significant intersection between parental incarceration and child welfare involvement, empirical study of this population is scarce (Hayward & DePanfilis, 2007; Swann & Sylvester, 2006). Examination of the role of fathers in the contexts of incarceration and child welfare is also lacking (Hairston, 1998; O'Donnell, 2001; O'Donnell, Johnson, D'Aunno, & Thornton, 2005) and is a primary goal of this study.

Both child welfare involvement and paternal incarceration are associated with greater risk for behavioral problems (e.g., Eddy & Poehlmann, 2010; Kortenkamp & Ehrle, 2002). In the context of child welfare, maltreatment has been linked to internalizing symptoms (i.e., anxiety, depressive symptoms) and externalizing behaviors (i.e., aggression, delinquency; McLeer, Callaghan, Henry, & Wallen, 1994; McLeer et al., 1998; McMillen et al., 2005; Moylan et al.,

2010). Children may lack the cognitive skills to process maltreatment and are still undergoing physiological and social-emotional development, which inhibits their ability to cope with this stressor and may result in behavioral maladjustment (Keiley, Howe, Dodge, Bates, & Pettit, 2001; Lansford, Dodge, & Pettit, 2002). In addition, maltreatment often co-occurs with family dysfunction (Bai, Leon, Garbarino, & Fuller, 2016) and can negatively impact children's attachment schemas, or trust that they will be cared for in a warm and responsive manner (Ainsworth, 1989; Sroufe, 1989). Children learn to suppress their needs and emotions, which can lead to internalizing symptoms (e.g., tearfulness) and externalizing behaviors (e.g., aggression; Crittenden & Ainsworth, 1989; Crittenden, 1985; Howe, 2005).

Paternal incarceration has also been shown to impact children's behavioral functioning (Geller, Garfinkel, Cooper, & Mincy, 2009; Murray & Farrington, 2008; Swisher & Roettger, 2012; Wilbur et al., 2007). The breakdown of the family system, paternal support, and father-child attachment, along with children's confusion about their fathers' well-being, may contribute to this finding (Arditti, 2005; Boswell, 2002; Murray & Murray, 2010).

Studies of paternal absence, and specifically absence due to paternal incarceration, have shown differential effects on children based on gender (Cummings, Davies, & Campbell, 2000; Gabel & Shindledecker, 1993; Geller et al., 2009; Malone et al., 2004; Wildeman, 2010). Boys tend to respond to paternal incarceration with externalizing behaviors, while girls have been shown to internalize (Cummings et al., 2000; Malone et al., 2004; Wildeman, 2010). This may be due to a common gender difference in children's reactions to stress (Parke & Clarke-Stewart, 2002). In addition, fathers may have more responsibility in rearing boys (Lundberg, McLanahan, Rose, 2007), which may explain why boys have been noted to exhibit more aggression when a father is incarcerated (e.g., Geller et al., 2009; Wildeman, 2010).

In addition to gender differences, racial differences in the experience of paternal incarceration must be considered. Rates of paternal incarceration are highest among African American communities, followed by Hispanic and White (Nellis, 2016; Wagner, 2012). Despite disproportionate contact with the criminal justice system, youth of color, particularly African Americans, have been shown fare better in the face of paternal incarceration compared to White children (Barbarin, 1993; Swisher & Waller, 2008; Murray, Loeber, & Pardini, 2011). African American children may be more likely to perceive paternal incarceration as an external stressor, given the disproportionate representation of African Americans in corrections and distrust in the system (Blumstein, 1993; Hagan, Shedd, & Payne, 2005; Pettit & Western, 2004; Sampson & Bartusch, 1998; Swisher & Waller, 2008). In contrast, paternal incarceration may be more pathologized and stigmatized among White communities, resulting in youth's behavioral maladjustment (Murray et al., 2011; Swisher & Waller, 2008). Although African American youth tend to fare better than White youth, paternal incarceration has still been shown to negatively impact the behavioral adjustment of African American youth (Swisher & Waller, 2008).

Despite the link between internalizing symptoms and externalizing behaviors in the contexts of paternal incarceration and child welfare involvement, not all children develop behavioral problems (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007; Masten, 2001; McGloin & Widom, 2001; Miller, 2007; Nesmith & Ruhland, 2008; Zielinski & Bradshaw, 2006). From a risk and resilience perspective, paternal incarceration seems to be a risk factor (Geller, Cooper, Garfinkel, Schwartz-Soicher, & Mincy, 2012; Geller et al., 2009; Murray, Farrington, & Sekol, 2012; Swisher & Roettger, 2012; Wilbur et al., 2007), while visits with incarcerated fathers may be a protective factor (Boswell, 2002; Maldonado, 2006; Poehlmann-

Tynan, 2015; Shlafer & Poehlmann, 2010; Visher, 2013). Visits ameliorate feelings of isolation, rejection, and guilt experienced by children due to separation by paternal incarceration, while allowing children to continue to maintain their relationship and attachment to their father (Maldonado, 2006; Poehlmann-Tynan, 2015; Poehlmann, Dallaire, Loper, & Shear, 2010; Shlafer, Loper, & Schillmoeller, 2015). However, no study to date has explored the possible negative association between paternal incarceration and well-being outcomes among children in foster care, and the role that visits may play in buffering this effect.

Foster care policies can make it difficult for incarcerated fathers to maintain contact with their children (Hairston, 1998). However, the Children's Bureau has recently recognized the importance of discussing father involvement (Child Welfare Information Gateway, 2016) and the intersection of child welfare and paternal incarceration (Child Welfare Information Gateway, 2015). They highlight that while engaging incarcerated fathers and families can be difficult for caseworkers, it is essential given the potential benefits for children's well-being (Child Welfare Information Gateway, 2015; U.S. Government Accountability Office [GAO, 2011]). Nonetheless, without empirical support for the benefits of involving incarcerated fathers in children's lives, such as through visits, it becomes difficult to challenge current child welfare practices that do not connect incarcerated fathers with their children.

The current study seeks to fill a critical gap in knowledge about children in foster care with incarcerated fathers by examining whether the presence of in-person visits with incarcerated fathers is associated with positive behavioral outcomes among children in foster care. This longitudinal study specifically aims to examine whether: 1) paternal incarceration, gender, and in-person visitation affects internalizing symptoms and externalizing behaviors, 2) gender moderates the association between paternal incarceration and internalizing symptoms and

externalizing behaviors, 3) race moderates the association between paternal incarceration and internalizing symptoms and externalizing behaviors, and 4) in-person visits moderate the association between paternal incarceration and internalizing symptoms and externalizing behaviors.

The following sections of the introduction will review what is currently known about children's functioning in the contexts of paternal incarceration and the child welfare system. First, statistics and policies that impact these interacting systems will be reviewed. Next, an overview of the literature on the behavioral outcomes of children in the contexts of child welfare and paternal incarceration will be provided. Lastly, the importance of paternal contact and policies affecting visits between incarcerated fathers and children in foster care will be presented.

## CHAPTER TWO

### LITERATURE REVIEW

#### **Prevalence of Paternal Incarceration and Child Welfare Involvement**

Changes in U.S. policies over the past forty years have swelled the prison population (Phillips, 2010), ushering in what has been termed the era of mass incarceration (Enns, 2014; Gottschalk, 2014; Pettit & Western, 2004). While the incarceration rate has recently fallen, it was still 3.5 times greater in 2014 than it was in 1978 (Shlafer, Duwe, & Hindt, 2016). Most individuals are incarcerated in federal or state prisons, and jails (Hellerstedt & Benning, 2015). People incarcerated in federal or state prisons have been convicted of a felony and typically stay longer than a year (Gates, Artiga, & Rudowitz, 2014). Individuals in jails have been convicted of a misdemeanor and are jailed from less than one day, up to one year (Gates et al., 2014). Others are in military prisons, immigration detention facilities, and civil commitment centers (Hellerstedt & Benning, 2015).

Over two million people are incarcerated in the U.S. (Kaeble, Glaze, Tsoutis, & Minton, 2016). Most of these individuals are male, young, non-white, and fathers of dependent children for whom they had some responsibility and/or lived with prior to arrest (Carson, 2015; Glaze & Maruschak, 2010; Hairston, 1998; Murphey & Cooper, 2015; Western, 2006). An estimated 744,200 fathers are incarcerated in U.S. prisons; as a result, approximately 1,559,200 children have an imprisoned father (Glaze & Maruschak, 2010). These numbers underestimate the

number of children impacted by paternal incarceration, as they do not include fathers incarcerated in jails and other facilities (Glaze & Maruschak, 2010).

Scholars highlight that paternal incarceration negatively impacts children through creating financial strain, depriving children of a father figure and support, and stigmatization (Adalist-Estrin, 1995; Geller, Garfinkel, & Western, 2011; Hagan & Dinovitzer, 1999; Maldonado, 2006; Schwartz-Soicher, Geller, & Garfinkel, 2011). Such risk may contribute to the increased likelihood for behavioral problems and children's future criminal misconduct (Geller et al., 2009; Maldonado, 2006; Murray & Farrington, 2008; Murray et al., 2012). Seminal studies by Murray and Farrington (2005, 2008) compared behavioral outcomes among boys in London who experienced the incarceration of their parent, most of whom were fathers, at some point between birth and age 10, to boys who were separated from a parent due to parental hospitalization or death, parental disputes, or incarceration before birth (Murray & Farrington, 2005). Boys separated due to parental incarceration during the first ten years of life exhibited more antisocial behavior, delinquency, and anxiety through forty years of age than those who experienced parental separation for other reasons in childhood, even when controlling for number of parental convictions and children's arithmetic, English, and verbal reasoning achievement; IQ; family income; family size; perceptions of mothers and fathers; and maternal and paternal neuroticism (Murray & Farrington, 2005, 2008). Other studies have specifically linked the incarceration of a father to long term consequences, such as an increased risk for arrest by 25 years of age (Roettger & Swisher, 2011). Paternal incarceration seems to have long-term consequences for children and perpetuate a generational cycle of poverty and contact with the criminal justice system (Hellerstedt & Benning, 2015).

Child welfare involvement also contributes to this cycle of marginalization (de Haan, 2010). There are two ways in which a child may come to experience both involvement in child welfare and paternal incarceration. First, children may enter foster care when a father who is a primary caregiver becomes incarcerated (Phillips & Dettlaff, 2009; Seymour, 1998). This becomes a dependency case in which the only entity available to care for the child is the foster care system (Phillips & Dettlaff, 2009; Seymour, 1998). Estimates suggest that 8% of children entered foster care in 2013 as dependency cases because of parental incarceration; the percentage entering foster care specifically due to fathers' incarceration is unknown (United States Children's Bureau, 2016). Second, fathers' criminal activities and/or the context of criminal involvement (i.e., poverty, substance use, domestic violence) may put families at a higher risk for abuse or neglect, and subsequent child welfare involvement (Phillips & Dettlaff, 2009; Seymour, 1998).

Child welfare policies have not been consistent in taking into consideration the needs of incarcerated fathers and their children. For example, the Adoption and Safe Families Act of 1997 (PL 105-89) requires that states terminate parental rights for children who have been in foster care for 15 of the past 22 months (Miller, 2006; Swann & Sylvester, 2006). This legislation is meant to reduce the likelihood of children staying in foster care, but makes it more difficult for incarcerated fathers to take custody of their children or even remain in their lives, given that the average time served while incarcerated is 150 months in state and 121 months in federal prison (Halperin & Harris, 2004; Mumola, 2000). Even if previously incarcerated fathers can get custody of their children, they often lack the resources necessary to take care of children (i.e., housing, employment), thus creating an environment in which child welfare involvement may occur again (U.S. GAO, 2011; Katz, 1998). Youth with incarcerated fathers and involved in the



child welfare system are more likely to be incarcerated themselves in the juvenile justice system, thus perpetuating inter-generational trajectories of young people entering the criminal justice system (Rodriguez, Smith, & Zatz, 2009). Despite the overlap between and the risks associated with these contexts (Eddy & Poehlmann, 2010; Kortenkamp & Ehrle, 2002), the intersection of paternal incarceration and child welfare remains an underresearched area (Hayward & DePanfilis, 2007; Swann & Sylvester, 2006). Hence, much of the research reviewed below is about children in either the context of child welfare or paternal incarceration.

### **Impact of Child Welfare on Behavioral Functioning**

Among youth in foster care, maltreatment has been associated with internalizing symptoms and externalizing behaviors (McLeer et al., 1994; McLeer et al., 1998; McMillen et al., 2005; Moylan et al., 2010), which have been considered indicators of behavioral maladjustment and predict future mental health diagnoses (Krueger, McGue, & Iacono, 2001; Mesman & Koot, 2001). Internalizing symptoms include anxiety and/or depressive symptoms, inappropriate inhibition, social withdrawal, and somatization (Achenbach, Edelbrock, & Howell, 1987; Corsini & Auerbach, 1998). Externalizing behaviors consist of acting out, antisocial behavior, delinquency, hostility, and aggression (Achenbach, 1991; Corsini & Auerbach, 1998). The effects of maltreatment on behavioral problems seem to persist over time, as experiencing abuse as a child has been linked to depressive and anxiety symptoms, along with delinquency and criminal activity into adolescence (Fergusson, Horwood, & Lynskey, 1996; Fergusson & Lynskey, 1997; Hawkins et al., 1998; Herrenkohl, Egolf, & Herrenkohl, 1997; Keiley et al., 2001; McCabe, Hough, Yeh, Lucchini, & Hazen, 2005; Smith & Thronberry, 1995; Widom, 2000; Wolfe, 1999; Wolfe, Scott, Wekerle, & Pittman, 2001).

Maltreatment may have its negative impact on internalizing symptoms and externalizing behaviors through its effect on attachment, cognition, and social-emotional functioning (Crittenden, 1985; Crittenden & Ainsworth, 1989; Keiley et al., 2001; Sroufe, 1989). Attachment can be conceptualized as conscious and unconscious representations of the self in relation to caregivers that develop based on experiences, emotions, and perceptions of caregivers (Main, Kaplan, & Cassidy, 1985). Maltreatment negatively affects children's trust that they will be cared for in a warm and responsive manner, thus resulting in what has been termed "insecure attachment" (Sroufe, 1989). This unhealthy attachment can lead to a lack of perceived security, low self-worth, and less trust in others (Ainsworth & Crittenden, 1989; Crittenden, 1985). Children associate their unmet needs with a state of danger and sense of uncertainty, and therefore learn to suppress their feelings (Howe, 2005). This pent-up emotion can result in internalizing symptoms, such as tearfulness and anxiety, and/or externalizing behaviors, such as explosiveness and aggression (Howe, 2005).

In terms of cognitive and emotional mechanisms, cognitive-social learning theorists suggest that hostile attribution biases develop through poor parenting experiences among youth in foster care (Dodge, Bates, & Pettit, 1990; Price & Glad, 2003). Children in the context of maltreatment may be continuously exposed to hostile and aggressive social situations (Dodge et al., 1990). These children may develop maladaptive internal working models, or the perception that the world is dangerous (Dodge et al., 1990). Children come to perceive positive or neutral social cues as hostile (Dodge et al., 1990). This process is termed "hostile attribution bias" and is related to the perpetuation of aggressive behavior and social problems (Dodge et al., 1990). Through these negative social interactions, children may come to believe that they are unworthy,

resulting in internalizing symptoms such as withdrawal and isolation (Dodge et al., 1990; Price & Glad, 2003).

### **Impact of Paternal Incarceration on Behavioral Functioning**

Similar to the context of child welfare, paternal incarceration has also been linked to internalizing symptoms, such as attention problems and depressive symptoms, and externalizing behaviors, such as aggression, among youth (Geller et al., 2009; Geller et al., 2012; Swisher & Roettger, 2012; Wilbur et al., 2007). Much of the literature on paternal incarceration focuses on children's externalizing behaviors and future criminal misconduct (Murray & Farrington, 2005; Murray & Farrington, & Sekol, 2012). One study revealed that youth who experienced the incarceration of a father were at an increased risk of delinquency in adulthood and arrest before 25 years of age (Roettger & Swisher, 2011). A systematic review of outcomes related to both paternal and maternal incarceration revealed that incarceration of a parent led to a 10% increased risk for antisocial behavior among youth (Murray et al., 2012). While a majority of research has focused on the link between paternal incarceration and externalizing behaviors, research on paternal incarceration and internalizing symptoms appears less developed. Some report no connection between paternal incarceration and internalizing symptoms (Craigie, 2011; Murray et al., 2012; Wildeman, 2010). A preponderance of evidence suggests, however, a relationship between paternal incarceration and youth's internalizing symptoms (Bocknek, Sanderson, & Britner, 2009; Geller et al., 2009; Murray & Farrington, 2005; Murray & Farrington, 2008; Parke & Clarke-Stewart, 2002; Wilbur et al., 2007).

Some researchers hypothesize that the link between paternal incarceration and behavioral problems among children with incarcerated fathers may be due to a risk-laden environment (Geller et al., 2009; Johnson & Easterling, 2012; Murray & Farrington, 2008). Others suggest

that paternal incarceration may directly impact children's behavioral outcomes, above and beyond the adverse environment associated with paternal incarceration (Aaron & Dallaire, 2010; Dallaire, Zeman, & Thrash, 2014; Murray & Farrington, 2005; Murray et al., 2012). Researchers who argue that paternal incarceration independently affects negative outcomes have theorized four, interrelated ways in which paternal incarceration has its impact: incarceration-specific events, attachment insecurity, ambiguous loss, and stigmatization.

Much of the research on incarceration-specific events is on incarcerated mothers. Incarceration-specific events are directly related to a parent's incarceration (i.e., witnessing father's arrest, witnessing father's criminal activity) and/or events that resulted from the incarceration (i.e., separation from siblings, changing schools; Dallaire et al., 2014). These events are often stressful and confusing for children (Dallaire & Wilson, 2010). Dallaire and colleagues (2014) found that children's exposure to maternal incarceration-specific events predicted internalizing symptoms and externalizing behaviors among 6-12-year-old children, whereas the impact of general environmental risk factors (i.e., maternal mental illness, low education attainment) was not significant. Incarceration-specific events have been shown to be related to behavioral problems cross-sectionally and over time; maternal incarceration-specific events predicted children's internalizing symptoms and externalizing behaviors over six months (Dallaire & Wilson, 2010).

The second way in which paternal incarceration may lead to poor behavioral functioning is through disrupted attachment, or conscious and unconscious schemas of the self in relation to others (Main et al., 1985; Murray & Murray, 2010). A child with secure attachment trusts her/his caregiver's availability and responsiveness (Bowlby, 1980; Main et al., 1985; Murray & Murray, 2010). Children with secure attachment may shift to insecure attachment when facing adversity

(Vaughn, Egeland, Sroufe, & Waters, 1979). Insecure attachment may develop with poor parenting and other risk factors, such as separation from fathers and feelings of isolation (Murray & Murray, 2010). A study by Shlafer and Poehlmann (2010), which included a sample of primarily incarcerated fathers, revealed that children with no contact with their incarcerated parent had more feelings of alienation than children with contact. Paternal incarceration not only results in separation and feelings of isolation, but also alters children's perceptions of their fathers (Murray & Murray, 2010). Witnessing a father's arrest can be particularly detrimental, as a child's trust in her/his father may change (Fishman, 1983; Murray & Murray, 2010; Nijnatten, 1998; Richards et al., 1994). Paternal incarceration can further impact children's attachment to remaining caregivers, as dynamic living situations and stress associated with the adverse environment can perpetuate a general sense of insecurity (Murray & Murray, 2010).

Caregivers' poor communication about a father's absence and when he will return can also contribute to children's insecure attachments and sense of instability (Murray & Murray, 2010). Children's caregivers may avoid talking about the father's incarceration out of anger, fear, or an inability to explain the circumstances, leaving children without emotional support to cope (Arditti, Lambert-Shute, & Joest, 2003; Bocknek et al., 2009). This adds to children's trauma experience and risk for internalizing symptoms and externalizing behaviors, as they have no way to process their feelings (Arditti, 2005; Myers, Smarsh, Amlund-Hagen, & Kennon, 1999). This lack of communication can perpetuate ambiguous loss – the third way in which paternal incarceration can lead to behavioral maladjustment.

Ambiguous loss is the unclear physical or psychological loss of a loved one (Boss, 2004). Incarcerated fathers are physically absent, but psychologically present in homes and within families (Arditti, 2005). Further, paternal incarceration results in family boundary ambiguity, in

which family members are unsure of who is accepted in the family and their roles (Bocknek et al., 2009; Boss & Greenberg, 1984). Fathers have noted that prior to incarceration, their roles involved providing protection, support, guidance, and discipline to children (Arditti, 2005). The separation caused by incarceration can make it difficult to maintain the family system, especially when fathers can no longer fulfill their role in the family and other caregivers now dictate the child-father relationship (Dyer, Pleck, & McBride, 2012). This is especially difficult when the father was involved in the child's life prior to arrest (Dyer et al., 2012).

Over time, children and their families are uncertain about the father's role in the family (Bates, Lawrence-Wills, & Hairston, 2003; Boswell & Wedge, 2002; Clarke et al., 2005). Children may question whether they belong in the family with this ambiguity (Bates et al., 2003). The ambiguity leaves both families and children in a state of stress and dysfunction (Bocknek et al., 2009; Boss, 2002). Ambiguous loss has been linked to feelings of guilt, blocked coping, and confusion about the family system among 2- to 12-year-old children (Lee & Whiting, 2007), along with internalizing symptoms and externalizing behaviors (Bocknek et al., 2009).

Family members may not discuss fathers' incarceration due to stigma, which can also negatively impact children's representations of their father (Murray & Murray, 2010) and is the fourth way in which paternal incarceration may confer risk (Phillips & Gates, 2011). Families experiencing paternal incarceration have been shown to withdraw from social networks, which reduces the number of people in children's lives available to provide support (Braman, 2004; Murray & Murray, 2010; Nesmith & Ruhland, 2008; Wildeman, 2010). In particular, children experience isolation from peers due to the stigma surrounding incarceration; a qualitative study revealed that many children kept parents' incarceration a secret from peers to avoid stigmatization (Nesmith & Ruhland, 2008). Other qualitative studies have revealed that youth

experienced stigma in the form of bullying (Boswell, 2002; Schlafer & Poehlmann, 2010).

Ultimately, the behavioral problems of children with incarcerated fathers may be natural and protective responses to experiencing stigma, bullying, and discrimination (Murray & Murray, 2010; Phillips & Gates, 2011).

A qualitative study by Boswell (2002) of children's experiences with incarcerated fathers captures these four, interacting ways through which paternal incarceration confers risk (i.e., incarceration-specific events, attachment insecurity, ambiguous loss, stigmatization). The breakdown of the family system and paternal support were salient concerns in the qualitative study (Boswell, 2002). Children expressed hopes and fears about their relationships with their fathers (Boswell, 2002). Some children presented hope that fathers would return and resume their caregiving roles, while others expressed concern that their father would not return or that the family unit was permanently changed (Boswell, 2002). Some children worried that even if their fathers returned, they may reoffend and become incarcerated again (Boswell, 2002).

Overall, children expressed feelings of sadness, distress, and abandonment about how fathers' removal impacted their lives (Boswell, 2002). Children even described hiding such emotions to protect other family members (Boswell, 2002). Despite these experiences and feelings, youth noted that no matter what happened, they cared deeply about their fathers (Boswell, 2002). Boswell (2002) reported that one youth said, "He's my Dad though, and I love him anyway and always will" (p. 19).

### **Gender differences**

Research in the context of paternal incarceration and gender differences in behavioral responses presents conflicting findings. Some suggest there are no gender differences in regard to behavior (Craigie, 2011; Dallaire et al., 2014). But, the majority of evidence in the general

developmental literature and in the context of paternal incarceration suggests that sons exhibit more externalizing behaviors than daughters (Gabel & Shindledecker, 1993; Geller et al., 2009; Wildeman, 2010). For example, Geller and colleagues (2009) found that children with incarcerated fathers had more behavioral problems; this finding was driven by boys exhibiting aggression. Similar findings among a sample of children in a day hospital setting with an incarcerated father revealed that boys had higher teacher ratings of delinquent and aggressive behavior than girls (Gabel & Shindledecker, 1993). Girls with incarcerated fathers in this hospital setting had more attention problems (Gabel & Shindledecker, 1993).

The differential impact of paternal incarceration on behavioral adjustment among boys and girls may be explained by gender differences in responses to stress (Parke & Clarke-Stewart, 2002). As noted previously, paternal incarceration is stressful given children's experiences of incarceration-specific events (e.g., witnessing paternal arrest), attachment insecurity, ambiguous loss, and stigmatization. With most stressors (e.g., marital conflict), boys are more likely to present with externalizing behaviors, while girls internalize (Cummings et al., 2000). This may be due in part to gender stereotypes that promote agency and competition among boys, and interpersonal communication among girls (Cummings et al., 2000).

The role that fathers play in the lives of sons may also explain gender differences in behavioral problems (Lundberg et al., 2007). Fathers are often more involved with the caregiving and discipline of sons (Lundberg et al., 2007). Thus, the loss of fathers may be particularly difficult for boys (Geller et al., 2012). In addition, social learning theory (e.g., Bandura & Walters, 1959) suggests that children model, or observe and imitate parents' behaviors. Children are more likely to identify with and model their same-sex parents' behaviors (Chang, Schwartz, Dodge, & McBride-Chang, 2003). This gender identification effect has been shown to be more



prominent among fathers and sons than mothers and daughters (Lytton & Romney, 1991). Given fathers serve as role models to boys, they may explicitly show boys how to behave in a way that favors aggression and crime, or lead by example (Hjalmarsson & Lindquist, 2012). Thus, boys' modeling of fathers' behaviors may lead to more externalizing behaviors, aggression, and delinquency (Jones, 2002; Weintraub & Gold, 1991).

### **Racial differences**

In addition to gender differences in the experience of paternal incarceration, racial differences must also be considered. The average rate of incarceration is highest among individuals who are African American, followed by Hispanic and White (Nellis, 2016; Wagner, 2012). African American individuals are imprisoned at a rate 5.1 times greater than White individuals (Nellis, 2016). The disproportionate representation of young males of color in the correctional system has been explained by a number of factors: racism, biases in decision-making in the criminal justice system, and structural, social disadvantages in communities of color (i.e., poverty, poor education, unemployment, violent neighborhoods; Blumstein, 1993; Garland, Spohn, & Wodahl, 2008; Nellis, 2016; Pettit & Western, 2004). Given paternal incarceration is experienced differently across such communities, it is important to consider how children may have different reactions to their fathers' incarceration.

Research on racial differences in experience of paternal incarceration have presented conflicting findings. Some suggest that the negative effects of incarceration are exacerbated for people of color, given youth experience stigma and risk factors associated with paternal incarceration, and also racism (Craigie, 2011; Pager, Western, & Sugie, 2009). Others note that the experience of youth with incarcerated fathers is the same regardless of racial identity (Baunach, 1985). However, a growing body of research suggests that youth of color, particularly

African Americans, fare better in the face of paternal incarceration compared to White children (Barbarin, 1993; Swisher & Waller, 2008; Murray et al., 2011). For example, a study by Murray and colleagues (2011) revealed that having an incarcerated parent, the majority of whom were fathers, was related to youth theft, and that this association was stronger for White than Black children.

Given the disproportionate representation of people of color in correctional facilities and a mistrust of the criminal justice system, families of color may be more likely to perceive paternal incarceration as an external stressor (Blumstein, 1993; Hagan et al., 2005; Pettit & Western, 2004; Sampson & Bartusch, 1998; Swisher & Waller, 2008). Paternal incarceration may be seen as the norm and a product of systemic oppression (Western, 2006; Roberts, 2004; Swisher & Waller, 2008). In contrast, paternal incarceration appears to be more stigmatized among White communities (Murray et al., 2011; Swisher & Waller, 2008). Families in such communities may distrust incarcerated fathers, as opposed to the correctional system (Swisher & Waller, 2008).

### **Behavioral Functioning of Children with Incarcerated Parents and in Child Welfare**

Phillips, Burns, Wagner, and Barth (2004) provide the only empirical study to date that explores risk factors and well-being of children in foster care with incarcerated parents; the majority of parents were mothers. They compared the risk factors and behavioral adjustment of youth in foster care without and with a recently arrested parent (Phillips et al., 2004). Children with parents who had been arrested had more risk factors than those without incarcerated parents (Phillips et al., 2004). Many of the incarcerated parents lacked adequate parenting skills, were unable to meet children's basic needs, had substance abuse and mental health concerns, and reported domestic violence in the home (Phillips et al., 2004). Parents who were arrested were

more likely to have been involved with the child welfare system in the past compared to parents who were not incarcerated (Phillips et al., 2004). Children with incarcerated parents had greater clinical levels of emotional and behavioral problems compared to children without incarcerated parents (Phillips et al., 2004).

### **Promoting Behavioral Adjustment with In-Person Visitation with Incarcerated Fathers**

Although child welfare involvement and paternal incarceration have been linked to internalizing symptoms and externalizing behaviors, not all children in these contexts experience behavioral problems (Jaffee et al., 2007; Masten, 2001; McGloin & Widom, 2001; Miller, 2007; Nesmith & Ruhland, 2008; Zielinski & Bradshaw, 2006). Many children have been shown to have positive outcomes despite adversity (Luthar, Chicchetti, & Becker, 2000; Masten & Coatsworth, 1995). Researchers have shown that the differential effects of maltreatment on children can be explained by variability in socioemotional and physical environments (Gephart, 1997; Zielinski & Bradshaw, 2006). An ecological framework can help understand how risk and protective factors interact across different social domains of development (Garbarino & Eckenrode, 1997; Zielinski & Bradshaw, 2006). For example, social support among immediate family members and effective parenting have been shown to promote resilience despite risk factors for poor behavioral outcomes (Cicchetti & Rogosch, 1997; Dubow, Edwards, & Ippolito, 1997; Galambos, Barker, & Almeida, 2003; Masten et al., 1999; Masten, 2001; Runtz & Schallow, 1997; Zielinski & Bradshaw, 2006).

From a risk and resilience perspective, paternal incarceration is a risk factor for internalizing symptoms and externalizing behaviors (Aaron & Dallaire, 2010; Dallaire et al., 2014; Geller et al., 2009; Geller et al., 2012; Swisher & Roettger, 2012; Wilbur et al., 2007; Murray & Farrington, 2005; Murray & Farrington, 2012), while visits with incarcerated fathers

may be a protective factor (Boswell, 2002; Maldonado, 2006; McClure et al., 2015; Myers et al., 1999; Poehlmann et al., 2010; Poehlmann-Tynan, 2015; Salem, Zimmerman, Notaro, 1998; Visher, 2013). Scholars note that if the incarcerated father does not have a history of violence against the children or family members, children benefit from maintaining contact (Maldonado, 2006). Salem and colleagues (1998) found that African American children in contact with incarcerated fathers had positive psychosocial outcomes (Salem et al., 1998), which is of particular importance for the proposed study given the majority of the sample is African American. Other studies have shown that the involvement of fathers promotes children's behavioral adjustment (Cookston & Finlay, 2006; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). A qualitative study by Boswell (2002) reported that all children in the study expressed positive feelings towards visiting fathers (Boswell, 2002).

When children do not have visits, they may feel rejected or that their fathers do not want contact with them (Maldonado, 2006). Children may blame themselves for the separation from their father, and reason that they have done something wrong or that they are unlovable (Maldonado, 2006). Visits ameliorate children's feelings of isolation, rejection, and guilt due to separation by paternal incarceration (Maldonado, 2006). Children in contact with their incarcerated fathers can continue to develop their relationship despite separation (Poehlmann-Tynan, 2015; Poehlmann et al., 2010; Shlafer et al., 2015). Visits reassure children that their father cares about them and remains in their lives (Myers et al., 1999). This may have positive effects on children's attachment schemas, general well-being, and psychological outcomes (La Vigne, Naser, Brooks, & Castro, 2005; Poehlmann et al., 2010).

In addition, visitation may prevent children from the fear and anger that results from imagining the dangers of incarceration (Maldonado, 2006; Myers et al., 1999). Visitation allows

children the opportunity to see their father, assess his safety, and better understand the environment in which he is living (Maldonado, 2006). Children may not have the opportunity to ask questions about the safety of their fathers at home, especially given many family members avoid talking about paternal incarceration with the potentially misguided hope of protecting the children (Arditti et al., 2003; Bocknek et al., 2009; Maldonado, 2006; Murray & Murray, 2010). The opportunity to see that their father is unharmed, alive, and well through visitation can have therapeutic effects on children and result in behavioral adjustment (Maldonado, 2006).

Visitations have been shown to reduce recidivism among incarcerated fathers (McClure et al., 2015; Poehlmann-Tynan, 2015). If fathers spend less time cycling in and out of jails, there may be more of an opportunity for fathers and children to maintain their contact and bond. If fathers are not continually incarcerated, they may be able to be a stable placement for children in foster care. Therefore, the finding that contact may reduce recidivism is of particular importance for children in foster care, especially when considering that frequent placement changes in foster care are often associated with poor child outcomes (Strijker, Knorth, & Knot-Dickscheit, 2008). Evidence also suggests that visitation is associated with better post-release outcomes (Bales & Mears, 2008; La Vigne et al., 2005; Visser, 2013). Fathers who have regular contact with their children before release and have family support are more likely to be attached to their children after release (Visser, 2013). Thus, visitation can be essential when considering reunification.

### **Recommendations for Contact with Incarcerated Fathers in Child Welfare**

Child welfare policies can make it difficult for incarcerated fathers to maintain contact with their children (Hairston, 1998). Many states do not have policies in place for when children are involved in child welfare and have incarcerated fathers, leaving decisions to the discretion of individual caseworkers (Hairston, 1998). The Children's Bureau has recognized the importance

of discussing the intersection of child welfare and paternal incarceration by releasing a Bulletin for Professionals on the topic (Child Welfare Information Gateway, 2015). They highlight that while engaging incarcerated fathers and families can be difficult for caseworkers given a lack of clear policies, supports, and training, it is necessary given the potential benefits for children's well-being (Child Welfare Information Gateway, 2015; U.S. GAO, 2011). The Children's Bureau suggests that caseworkers evaluate their negative beliefs about incarcerated fathers and correctional settings (Child Welfare Information Gateway, 2015; Hairston, 2009). Caseworkers should be prepared with services, referrals, and resources specific to families impacted by incarceration (Child Welfare Information Gateway, 2015). Federal law requires caseworkers make all reasonable efforts to reunify children with incarcerated fathers as they would with any other case, unless there is a court ruling that says otherwise (Hairston, 2009). This also means that caseworkers must make reasonable efforts to ensure visits occur between incarcerated fathers and their children (Child Welfare Information Gateway, 2005). The Children's Bureau highlights that visits allow children to maintain positive relationships, alleviate fears about their father's well-being, and help them cope (Child Welfare Information Gateway, 2015).

### **Present Study**

The present study aims to address a major gap in the literature regarding the intersection of paternal incarceration and child welfare involvement. This study uses a longitudinal design to examine the protective effects of in-person visits with incarcerated fathers on the behavioral outcomes of children in foster care. Behavioral outcomes as they relate to gender and race will also be considered, given previous research suggests paternal incarceration may have differential effects based on gender and race. Examining such differences is important to inform interventions tailored to youth.

## Main Effects

1. Paternal incarceration
  - a. Hypothesis 1: Paternal incarceration will be associated with more internalizing symptoms, after controlling for children's internalizing symptoms at T1, gender, age, race and ethnicity, family involvement, exposure to community violence, and maltreatment (see Figure 1).
  - b. Hypothesis 2: Paternal incarceration will be associated with more externalizing behaviors among children in foster care, after controlling for children's externalizing behaviors at T1, gender, age, race and ethnicity, family involvement, community violence exposure, and maltreatment (see Figure 2).
2. Gender
  - a. Hypothesis 3: Female gender will be associated with more internalizing symptoms compared to male gender, after controlling for children's internalizing symptoms at T1, age, race and ethnicity, family involvement, exposure to community violence, and maltreatment (see Figure 1).
  - b. Hypothesis 4: Male gender will be associated with more externalizing behaviors compared to female gender, after controlling for children's externalizing behaviors at T1, age, race and ethnicity, family involvement, community violence exposure, and maltreatment (see Figure 2).
3. In-person visitation
  - a. Hypothesis 5: In-person visitation will be associated with fewer internalizing symptoms among children in foster care, after controlling for children's

internalizing symptoms at T1, gender, age, race and ethnicity, family involvement, community violence exposure, and maltreatment (see Figure 1).

- b. Hypothesis 6: In-person visitation will be associated with fewer externalizing behaviors among children in foster care, after controlling for children's externalizing behaviors at T1, gender, age, race and ethnicity, family involvement, community violence exposure, and maltreatment (see Figure 2).

Figure 1. Hypothesized Main Effect Models 1, 3, and 5.

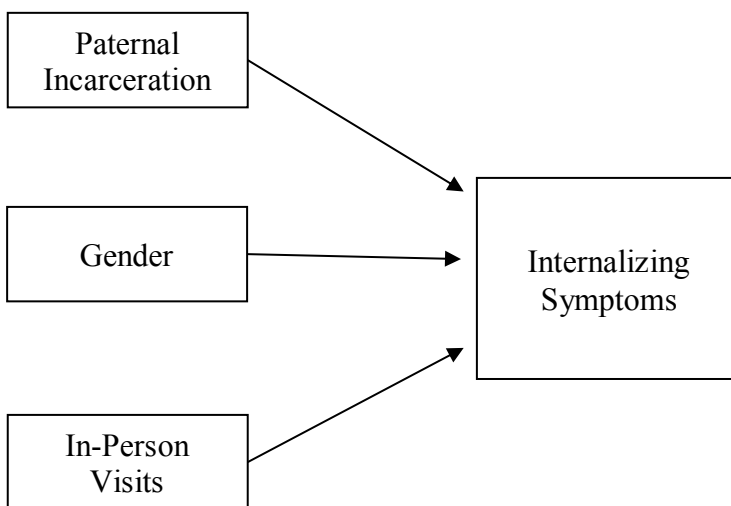
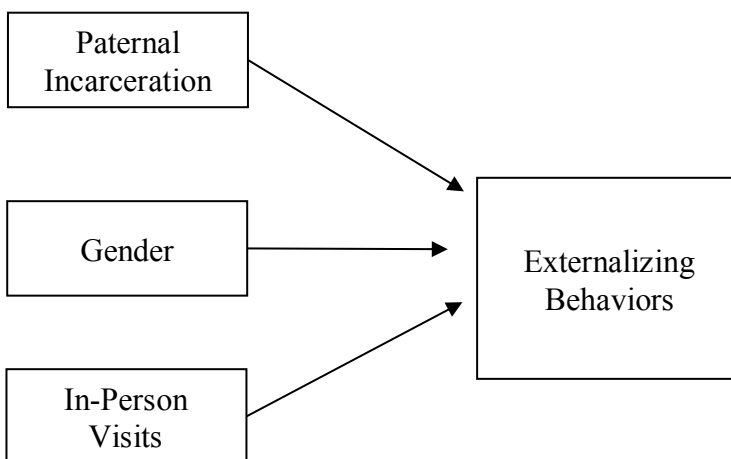


Figure 2. Hypothesized Main Effect Models 2, 4, and 6.



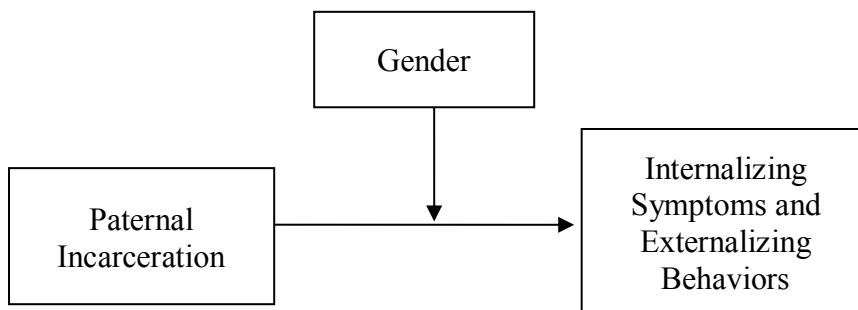


## Interaction Effects

### 1. Gender and paternal incarceration

- a. Hypothesis 7: Gender will moderate the association between paternal incarceration and internalizing symptoms, such that the impact of paternal incarceration on internalizing symptoms will be stronger among females (see Figure 3).
- b. Hypothesis 8: Gender will moderate the association between paternal incarceration and externalizing behaviors, as the impact of paternal incarceration on externalizing behaviors will be stronger among males (see Figure 3).

Figure 3. Hypothesized Interaction Effect Models 7 and 8.

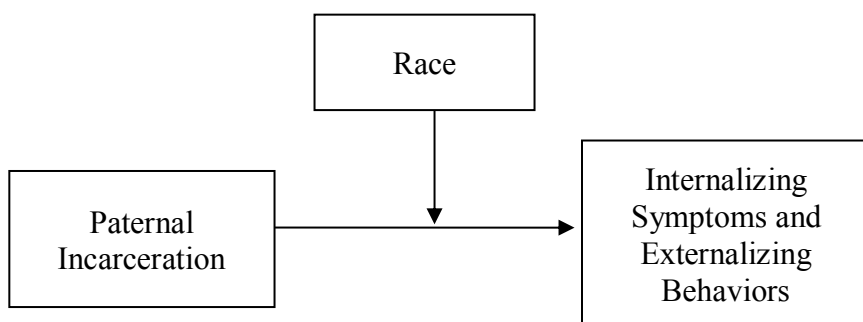


### 2. Race and paternal incarceration

- a. Hypothesis 9: Race will moderate the association between paternal incarceration and internalizing symptoms, such that the impact of paternal incarceration on internalizing symptoms will be stronger among youth who are not African American (see Figure 4).
- b. Hypothesis 10: Race will moderate the association between paternal incarceration and externalizing behaviors, such that the impact of paternal

incarceration on externalizing behaviors will be stronger among youth who are not African American (see Figure 4).

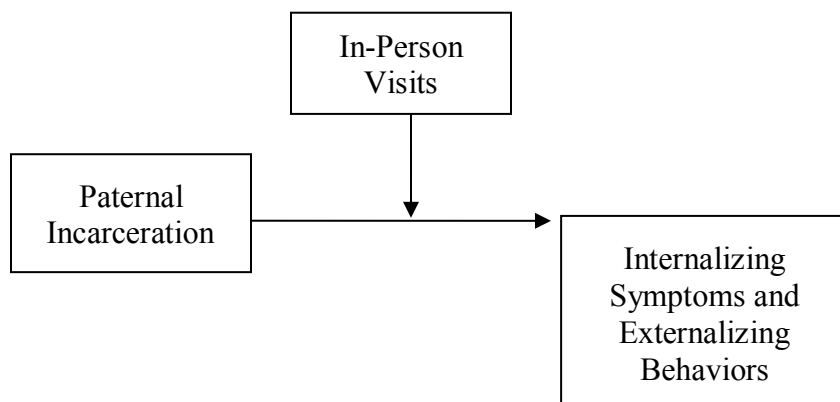
Figure 4. Hypothesized Interaction Effect Models 9 and 10.



### 3. In-person Visits (Figure 5)

- a. Research Question 1: Will in-person visits moderate the association between paternal incarceration and internalizing symptoms and externalizing behaviors?

Figure 5. Research Question 1: The Moderating Effect of In-Person Visits.



## CHAPTER THREE

### METHOD

#### **Participants**

The proposed study was part of a larger project titled Recruitment and Kin Connections Project (RKCP), which was carried out with the Illinois Department of Child and Family Services (DCFS). The RKCP sought to build upon traditional child welfare practices through identifying and promoting the involvement of extended family, fictive kin, and community supports in the lives of children in foster care. The sample consists of children who entered the care of the DCFS in Cook and Will Counties between October 1<sup>st</sup>, 2011 and October 1<sup>st</sup>, 2014.

333 children participated during the study time period. Fifty-one cases were removed from analyses given fathers were the perpetrators in the child welfare cases and may be incarcerated due to severe maltreatment. In many cases, these fathers will not be allowed to have contact with their children and contact may be inappropriate given the maltreatment (Maldonado, 2006). The purpose of the current study was to examine fathers who were allowed to have contact with their children, hence cases where the fathers were perpetrators were excluded. Data from a total of 282 children were included in the present analyses.

#### **Procedures**

The DCFS provided the authors' research team with a list of eligible participants – children between the ages of 6 and 13 entering care in Cook County. Research assistants searched the Illinois DCFS Statewide Automated Child Welfare Information System (SACWIS)

database to gather pertinent information from the Integrated Assessment (IA). Illinois requires that the IA be completed by a licensed mental health professional within 45 days of youths' entry into DCFS care through Temporary Custody. IA screeners conducted in-person interviews with the youth, parents, foster parents, and other key people involved in the case. Information was gathered about medical, social, developmental, mental health, familial, and educational history and functioning of all the individuals. The IA also included information about the youths' family composition, history of abuse or neglect, and placement history. The purpose of the IA was to make placement decisions and develop a service plan that meets the medical, developmental, educational, and mental health needs of families. IAs were uploaded to the SACWIS database of DCFS, which was then accessible by Loyola University Chicago research assistants. Research assistants completed file reviews based on the SACWIS database; information was collected about youth and their kin. To ensure the accuracy of the information collected, research assistants conducted phone interviews with caseworkers to confirm fathers' involvement in youths' lives.

## **Measures**

### **File Reviews**

Information about youths' race/ethnicity, gender, age, family involvement, paternal incarceration, and in-person visits with incarcerated fathers was gathered from the SACWIS file reviews. All of this information was verified through phone interviews with a caseworker of each child.

Fathers were coded dichotomously as yes/no for being incarcerated and yes/no for having in-person visits with children. Race was dichotomously coded as yes/no for African American,

given the majority of the sample was African American (64.9%), there were concerns about power, and research suggests African American youth are more resilient in the face of paternal incarceration compared to other children (Barbarin, 1993; Swisher & Waller, 2008; Murray et al., 2011).

### **Child and Adolescent Needs and Strengths (CANS)**

Severity of child maltreatment, community violence, internalizing symptoms, and externalizing behaviors were assessed with the Child and Adolescent Needs and Strengths (CANS; Lyons, 2009; see Appendix A). The CANS was completed with the IA by a mental health professional who established a reliability of 85% rating accuracy. The CANS is a 105-item questionnaire used to guide treatment and case planning for youth in foster care. It evaluates needs and strengths of youth across seven areas of functioning: trauma experience, traumatic stress symptoms, strengths, life domain functioning, acculturation, behavioral/emotional needs, and risk behaviors. The CANS also assesses the strengths and needs of caregivers. For each CANS item, severity ratings are reported on a four-point Likert-type scale from 0 to 3; 0 indicates no evidence of needs or strengths, 1 suggests a need for monitoring or preventative activities, 2 suggests a need for addressing the problem, and 3 indicates need for immediate or intensive action. The CANS manual provides detailed descriptions of the ratings for each item (see Appendix A).

The neglect, physical abuse, emotional abuse, and sexual abuse items from the CANS were aggregated to measure maltreatment severity. Community violence is a single item from the CANS. Items from the CANS were selected to represent internalizing symptoms and externalizing behaviors through a principal components analysis. The listwise deletion technique was used for missing data. Five items from the CANS represented internalizing symptoms ( $\alpha =$

.71): depression, anxiety, somatization, traumatic grief/separation, and adjustment to trauma.

Seven items from the CANS represented externalizing behaviors ( $\alpha = .84$ ): oppositional behavior, conduct, attention deficit/impulse control, anger control, danger to others, sexual aggression, and delinquency. All of these Cronbach's alpha coefficients were above Nunnally's (1978) criterion for acceptable internal consistency.

### **Statistical analyses**

Descriptive statistics were analyzed on outcome measures. Correlations between variables in the study were explored prior to analyses. Multi-level modeling via Hierarchical Generalized Linear Modeling (HGLM; Bryk & Raudenbush, 1992) was employed to account for siblings in the data. Children often enter care with siblings from the same family, which clearly violates the independence assumption of traditional multiple regression techniques (e.g., Ordinary Least Squares Regression). Applying a 3-level multi-level model to the data allowed us to nest time within CANS assessments, CANS assessments within children, and children within families. Of primary interest, level 2 Time 1 (time invariant) predictors (e.g., paternal incarceration) predicted internalizing symptoms and externalizing behavior slope trajectories. While HGLM is different than most traditional regression tools like Ordinary Least Squares Regression, generally the statistics (e.g., beta weights) and interpretations (positive or negative values representing associations with dependent variables) are similar. Time was measured in quarter intervals (three month), given that CANS assessments are required to be conducted quarterly. However, as is the case in many naturalistic study settings, CANS assessments were frequently not completed on a regular quarterly basis. Further, children with longer stays in Illinois's foster care system received more CANS assessments. Fortunately, as long as the time variable is measured and modeled, HGLM can handle unbalanced data.

Overall, 43 (15.2%) children were singletons in the sample (i.e., were the only children taken into custody or other children in the family were not part of the sample). Even with approximately one half of the sample consisting of singletons in the study, prior simulation research suggests that level 2 coefficients and standard errors, parameters of primary interest in our study, are not significantly altered under these conditions (Bell, Morgan, Kromrey, & Ferron, 2010).

The outcomes, internalizing symptoms and externalizing behaviors, have been positively skewed with a large number of zeros in previous studies using these data (Leon, Bai, Fuller, 2016). Data transformations such as a log-transformation are often insufficient to ensure assumptions of the test are met, most notably the assumption of normality of residuals. This can lead to biased parameter estimates and an increased likelihood of Type I errors. As a result, CANS items were recoded into dichotomous count data by recoding a “0” or a “1” into “0” (absence of a problem), and “2” or “3” into a “1” (presence of a problem). The items were then summed, allowing us to use a Hierarchical Generalized Linear Model (HGLM) with a Poisson distributed outcome consisting of count data. The mean and standard deviation of the Externalizing behavior scale have been shown to be equivalent (Leon et al., 2016); thus, the model was ran using the over-dispersion feature in HGLM. A “2” or “3” were chosen to indicate the presence of an externalizing behavior problem based on the item anchorings and how the CANS is used in practice. For all items on the CANS, a “2” or a “3” rating indicates the need to address the problem, a “1” indicates that “watchful waiting” may be appropriate, and a zero indicates that no concern is present. In terms of practice, caseworkers are only required to address a problem on the service plan if an item on the CANS is rated as a “2” or a “3”.

## CHAPTER FOUR

### RESULTS

#### **Descriptive Statistics**

Descriptive statistics were computed for the overall sample ( $N = 282$ ); descriptives for children with ( $n = 43$ ) and without ( $n = 239$ ) incarcerated fathers were compared (see Table 1). The average age upon entry into foster care was 10.18 years ( $SD = 2.36$ ). Females (54.6%) comprised slightly more of the sample than males. Most of the sample was African American (64.9%), followed by Latino (12.4%), Multi-Ethnic (15.6%), and Caucasian (6.7%). Youth most often entered foster care due to neglect (69.9%), physical abuse (31.9%), and sexual abuse (6.0%). Children in the overall sample had an average of 6.99 ( $SD = 7.37$ ) kin involved in their lives.

Independent-samples  $t$ -test revealed a significant difference between children with and without incarcerated fathers in regard to age, as children with incarcerated fathers were younger ( $M = 9.49$ ,  $SD = 2.48$ ) than children without incarcerated fathers ( $M = 10.31$ ,  $SD = 2.32$ ),  $t(280) = 2.12$ ,  $p = .035$ . Children with incarcerated fathers had significantly more involved kin ( $M = 10.14$ ,  $SD = 10.22$ ) compared to children without incarcerated fathers ( $M = 6.43$ ,  $SD = 6.61$ ),  $t(48.51) = -2.30$ ,  $p = .026$ . Levene's test suggested unequal variances ( $F = 12.76$ ,  $p < .001$ ), thus degrees of freedom were adjusted from 280 to 48.51. Youth with incarcerated fathers had experienced more neglect ( $M = 0.84$ ,  $SD = 0.37$ ) compared to those without incarcerated fathers ( $M = 0.67$ ,  $SD = 0.47$ ),  $t(68.34) = -2.53$ ,  $p = .014$ . Levene's test suggested unequal variances



( $F = 31.66, p < .001$ ), thus degrees of freedom were adjusted from 280 to 68.34. About one third of youth had visits with their fathers. Chi-square test of independence revealed youth with incarcerated fathers were more likely to have visits (46.5%) than children without incarcerated fathers (27.2%),  $\chi^2 (2, N = 282) = 9.12, p = .01$ . There were no significant differences between youth with and without incarcerated fathers on community violence, physical abuse, sexual abuse, emotional abuse, maltreatment, internalizing symptoms, and externalizing behaviors.

Table 1. Descriptive Statistics for Variables Used in Analyses.

Variable	Incarcerated Fathers ( $n = 43$ )		Non-Incarcerated Fathers ( $n = 239$ )		Total Sample ( $N = 282$ )	
	%	Mean ( $SD$ )	%	Mean ( $SD$ )	%	Mean ( $SD$ )
Child Demographics						
Age*		9.49 (2.48)		10.31 (2.32)		10.18 (2.36)
Gender (Female)	62.8		53.1		54.6	
African American	62.8		65.3		64.9	
Kinship Involvement**		10.14 (10.22)		6.43 (6.61)		6.99 (7.37)
Paternal Visitation*	46.5		27.2		30.1	
CANS						
Community Violence		0.35 (0.61)		0.38 (0.66)		0.37 (0.65)
Maltreatment		3.63 (2.32)		3.63 (2.05)		3.63 (2.09)
Neglect*		0.84 (0.37)		0.67 (0.47)		0.70 (0.46)
Physical Abuse		1.05 (1.00)		1.07 (0.97)		1.06 (0.97)
Emotional Abuse		0.65 (0.75)		0.69 (0.75)		0.68 (0.75)
Sexual Abuse		0.33 (0.75)		0.37 (0.74)		0.37 (0.74)
Internalizing Symptoms		1.30 (1.35)		1.41 (1.56)		1.40 (1.53)
Externalizing Behaviors		0.53 (1.03)		0.68 (1.23)		0.65 (1.20)

Note. \* $p < .05$ , \*\* $p < .01$ ; CANS = Child and Adolescent Needs and Strengths.

See Table 1 for descriptive statistics for the CANS scales (i.e., Community Violence, Maltreatment, Internalizing Symptoms, Externalizing Behaviors). Items and the composites varied in rating severity. On a scale from 0-3, the average severity of community violence exposure was 0.37 ( $SD = 0.65$ ). The average rating for maltreatment severity was 3.63 ( $SD = 2.09$ ). Maltreatment consisted of the neglect, physical abuse, emotional abuse, and sexual abuse

CANS items. Severity ratings were highest for physical abuse ( $M = 1.06$ ,  $SD = 0.97$ ), followed by neglect ( $M = 0.70$ ,  $SD = 0.46$ ), emotional abuse ( $M = 0.68$ ,  $SD = 0.75$ ), and sexual abuse ( $M = 0.37$ ,  $SD = 0.74$ ). Youth seemed to exhibit more internalizing symptoms ( $M = 1.40$ ,  $SD = 1.53$ ) compared to externalizing behaviors ( $M = 0.65$ ,  $SD = 1.20$ ).

Bivariate correlations were conducted among variables included in analyses (see Table 2). Correlations ranged from small ( $-.18$  for the relationship between kinship involvement and age) to moderate ( $.30$  for internalizing symptoms and maltreatment). None of the correlations were high enough to suggest that multicollinearity may affect interpretation of HGLM analyses. Internalizing symptoms were significantly, positively correlated with externalizing behaviors,  $r(280) = .27$ ,  $p < .01$ . As expected, more severe community violence was associated with increased internalizing symptoms,  $r(280) = .27$ ,  $p < .010$ , and externalizing behaviors,  $r(280) = .21$ ,  $p < .010$ . Maltreatment was also positively associated with internalizing symptoms,  $r(280) = .30$ ,  $p < .010$ , and externalizing behaviors,  $r(280) = .19$ ,  $p < .010$ . Older children seemed to exhibit more externalizing behaviors,  $r(280) = .23$ ,  $p < .010$ . Gender was negatively associated with externalizing behaviors,  $r(280) = -.13$ ,  $p < .050$ , such that males presented with more externalizing behaviors. Race (African American) was positively associated with community violence,  $r(280) = .26$ ,  $p < .01$ , and internalizing symptoms,  $r(280) = .15$ ,  $p < .050$ ; African American youth experienced more community violence and internalizing symptoms than other children. Youth with less kinship involvement exhibited more externalizing behaviors,  $r(280) = -.18$ ,  $p < .010$ . Paternal visitation was positively associated with kinship involvement, such that youth with more kin involvement had visitation. Age was negatively associated with kinship involvement,  $r(280) = -.18$ ,  $p < .01$ , in that younger children had less kinship involvement. Of

Table 2. Correlations Among Variables Used in Analyses.

	1	2	3	4	5	6	7	8	9
1. Age	--								
2. Gender	.069	--							
3. African American	.082	-.059	--						
4. Kinship Involvement	-.182**	-.013	.024	--					
5. Paternal Visitation	-.192**	-.016	.047	.309**	--				
6. Community Violence	.073	.018	.263**	-.003	.026	--			
7. Maltreatment	.084	.047	.016	.051	-.020	.289**	--		
8. Internalizing Symptoms	.090	-.010	.152*	-.115	-.135*	.270**	.299**	--	
9. Externalizing Behaviors	.228**	-.130*	.069	-.183**	-.126*	.207**	.194**	.272**	--
10. Paternal Incarceration	-.126*	.070	-.019	.181**	.177**	-.015	-.001	-.026	-.043

Note. \* $p < .05$ , \*\*  $p < .01$ ; CANS = Child and Adolescent Needs and Strengths

note, paternal visitation was negatively associated with internalizing symptoms,  $r(280) = -.14, p < .050$ , and externalizing behaviors,  $r(280) = -.13, p < .050$ . Youth with visitation had less behavioral problems at Time 1. Paternal visitation was negatively associated with age,  $r(280) = -.19, p < .01$ , such that older children had less visitation. Younger children were more likely to have incarcerated fathers,  $r(280) = -.13, p < .01$ . Finally, paternal incarceration was positively correlated with kinship involvement,  $r(280) = .18, p < .01$ , such that children with incarcerated fathers had more kinship involvement.

### **Hierarchical Generalized Linear Model (HGLM) Analyses**

Mean trajectories for internalizing symptoms and externalizing behaviors had nonzero intercepts and nonzero slopes according to unconditional growth curve analyses. There seemed to be significant changes in internalizing symptoms and externalizing behaviors over time, given the variances of the intercepts and slopes were significant. Twelve variables were used for the conditional models: CANS Time 1 (Externalizing/Internalizing), paternal incarceration status, paternal visitation, child gender, child age, child race/ethnicity, paternal incarceration by race/ethnicity (African American), family involvement, community violence, maltreatment, paternal incarceration by gender, and paternal incarceration by visitation (see Table 3).

#### **Internalizing symptoms**

In terms of intercepts, which measure baseline scores, Time 1 internalizing symptoms were unsurprisingly significantly associated with intercept values of internalizing symptoms ( $\beta_{01} = .44, p < .001$ ). Four additional variables significantly associated with baseline internalizing symptoms included: age ( $\beta_{05} = .09, p < .001$ ), as older age related to higher baseline internalizing symptoms; race/ethnicity ( $\beta_{06} = .26, p = .017$ ), with African American children exhibiting more

internalizing symptoms; kinship involvement ( $\beta_{08} = .03, p < .001$ ), such that youth with more kinship involvement presented with more internalizing symptoms; and maltreatment ( $\beta_{10} = .06, p = .018$ ), as youth with more severe maltreatment had more internalizing symptoms.

**Main Effects: Hypotheses 1-6.** In terms of slope effects, Time 1 internalizing symptoms were negatively associated with the slope of internalizing symptoms over time ( $\beta_{14} = -.04, p < .001$ ). Other variables significantly associated with changes in internalizing symptoms over time included visitation ( $\beta_{16} = .09, p = .017$ ), as those with paternal visits had a mean internalizing behavior slope trajectory 10% higher than those without visits. Overall kinship involvement was also significantly associated with changes in internalizing symptoms over time ( $\beta_{21} = -.01, p < .001$ ); each one-unit increase in the standardized score of kinship involvement was associated with a 1% decrease in the slope of internalizing symptoms. As expected, each one-unit increase in severity of maltreatment was associated with a 1% increase in the slope of internalizing symptoms ( $\beta_{22} = .01, p = .027$ ).

**Interaction Effects: Hypotheses 7-10 and Research Question 1.** In terms of slope effects, the interactions between paternal incarceration and gender, paternal incarceration and race, and paternal incarceration and visitation were not significantly associated with changes in internalizing symptoms over time.

### **Externalizing behaviors**

In terms of intercepts, Time 1 externalizing behaviors were significantly associated with intercept values of externalizing behaviors at baseline ( $\beta_{01} = .72, p < .001$ ), as expected. Two additional variables significantly associated with baseline externalizing behaviors included: kinship involvement ( $\beta_{08} = -.03, p = .024$ ), with less kinship involvement relating to more

baseline externalizing behaviors, and maltreatment severity ( $\beta_{10} = .09, p = .003$ ), with greater maltreatment severity being associated with more externalizing behaviors.

**Main Effects: Hypotheses 1-6.** In terms of slope effects, Time 1 externalizing behaviors were again negatively associated with the slope of externalizing behaviors over time ( $\beta_{14} = -.04, p < .001$ ). Paternal incarceration was significantly associated with changes in externalizing behaviors over time, such that children with incarcerated fathers exhibited greater externalizing behaviors over time ( $\beta_{15} = .18, p = .025$ ). Those with incarcerated fathers had a mean externalizing behavior slope trajectory 20% higher than those without incarcerated fathers. Visitation was also significantly associated with changes in externalizing over time, as youth with visits had a mean externalizing behavior trajectory 9% higher than those without visitation ( $\beta_{16} = .08, p = .012$ ). Community violence was negatively associated with externalizing behaviors, such that each one-unit increase in the standardized score of community violence severity was associated with a 5% decrease in the slope of externalizing behaviors ( $\beta_{22} = -.05, p < .001$ ). Severity of maltreatment was significantly associated with increased externalizing behaviors across time ( $\beta_{23} = .01, p = .003$ ). Each one-unit increase in the standardized score of severity of maltreatment was associated with a 1% increase in the slope of externalizing behaviors.

**Interaction Effects: Hypotheses 7-10 and Research Question 1.** In terms of slope effects, there was a noteworthy, significant interaction between incarceration and race/ethnicity, and the impact on externalizing behaviors over time ( $\beta_{20} = -.14, p = .032$ ). African American youth with incarcerated fathers had a mean externalizing behavior slope trajectory 13% lower than the remainder of the sample. Also of note, there was a significant interaction between

paternal incarceration and visitation, and the impact of externalizing behaviors over time ( $\beta_{25} = -.17, p = .008$ ). Youth with incarcerated fathers who had in-person visits with their fathers had a mean externalizing behavior slope trajectory 16% lower than the remainder of the sample. The interaction between paternal incarceration and gender was not significantly associated with changes in externalizing behaviors over time.

Table 3. Multi-level Poisson Model (Population-Average) for CANS Externalizing Behavior and Internalizing Symptoms Trajectories.

Fixed Effects	Internalizing Symptoms					Externalizing Behaviors				
	Coefficient	<i>SE</i>	<i>p</i>	<i>ERR</i>	<i>CI</i>	Coefficient	<i>SE</i>	<i>p</i>	<i>ERR</i>	<i>CI</i>
Intercept Terms										
Intercept $\beta_{00}$	-2.294	.291	<.001	0.10	0.06, 0.18	-2.160	.471	<.001	0.12	0.05, 0.29
CANS Time 1 (Externalizing/Internalizing) $\beta_{01}$	0.442	.036	<.001	1.56	1.45, 1.67	0.719	.042	<.001	2.05	1.89, 2.23
Paternal Incarceration $\beta_{02}$	0.138	.312	.659	1.15	0.62, 2.12	0.587	.374	.117	1.80	0.86, 3.75
Paternal Visitation $\beta_{03}$	-0.100	.149	.502	0.90	0.68, 1.21	0.283	.264	.284	1.33	0.79, 2.23
Child Gender $\beta_{04}$	0.178	.101	.078	1.19	0.98, 1.46	-0.253	.164	.123	0.78	0.56, 1.07
Child Age $\beta_{05}$	0.090	.021	<.001	1.09	1.05, 1.14	0.033	.040	.404	1.03	0.96, 1.12
Child Race (African American) $\beta_{06}$	0.263	.110	.017	1.30	1.05, 1.61	0.297	.194	.126	1.35	0.92, 1.97
Paternal Incarceration X Race (African American) $\beta_{07}$	-0.006	.315	.984	0.99	0.54, 1.85	0.034	.389	.930	1.03	0.48, 2.22
Family Involvement $\beta_{08}$	0.030	.006	<.001	1.03	1.02, 1.04	-0.030	.013	.024	0.97	0.95, 1.00
Community Violence $\beta_{09}$	-0.163	.089	.067	0.85	0.71, 1.01	-0.016	.096	.870	0.98	0.82, 1.19
Maltreatment $\beta_{10}$	0.059	.025	.018	1.06	1.01, 1.11	0.090	.029	.003	1.09	1.03, 1.16
Paternal Incarceration X Gender $\beta_{11}$	-0.481	.253	.058	0.62	0.38, 1.02	-0.708	.365	.053	0.49	0.24, 1.01
Paternal Incarceration X Visitation $\beta_{12}$	-0.180	.304	.553	0.83	0.46, 1.52	-0.776	.456	.090	0.46	1.19, 1.13



Fixed Effects	Internalizing Symptoms					Externalizing Behaviors				
	Coefficient	<i>SE</i>	<i>p</i>	<i>ERR</i>	<i>CI</i>	Coefficient	<i>SE</i>	<i>p</i>	<i>ERR</i>	<i>CI</i>
Slope Terms										
Intercept $\beta_{13}$	0.128	.055	.020	1.14	1.02, 1.27	-0.034	.056	.545	0.97	0.87, 1.08
CANS Time 1 (Externalizing/Internalizing) $\beta_{14}$	-0.038	.008	<.001	0.96	0.95, 0.98	-0.038	.007	<.001	0.96	0.95, 0.98
Paternal Incarceration $\beta_{15}$	-0.069	.079	.383	0.93	0.80, 1.09	0.182	.081	.025	1.20	1.02, 1.41
Paternal Visitation $\beta_{16}$	0.094	.039	.017	1.10	1.02, 1.19	0.083	.033	.012	1.09	1.02, 1.16
Child Gender $\beta_{17}$	-0.022	.024	.363	0.98	0.93, 1.03	-0.011	.022	.612	0.99	0.95, 1.03
Child Age $\beta_{18}$	-0.006	.005	.189	0.99	0.98, 1.00	0.009	.005	.093	1.01	1.00, 1.02
Child Race (African American) $\beta_{19}$	-0.046	.027	.090	0.95	0.91, 1.01	0.020	.025	.424	1.02	0.97, 1.07
Paternal Incarceration X Race (African American) $\beta_{20}$	0.095	.080	.231	1.10	0.94, 1.28	-0.141	.066	.032	0.87	0.76, 0.99
Family Involvement $\beta_{21}$	-0.007	.001	<.001	0.99	0.99, 1.00	-0.002	.002	.179	1.00	0.99, 1.00
Community Violence $\beta_{22}$	<-0.000	.018	.989	1.00	0.97, 1.04	-0.048	.013	<.001	0.95	0.93, 0.98
Maltreatment $\beta_{23}$	0.012	.005	.027	1.01	1.00, 1.02	0.012	.004	.003	1.01	1.00, 1.02
Paternal Incarceration X Gender $\beta_{24}$	0.097	.060	.106	1.10	0.98, 1.24	-0.068	.054	.205	0.93	0.84, 1.04
Paternal Incarceration X Visitation $\beta_{25}$	-0.011	.067	.871	0.99	0.87, 1.13	-0.175	.065	.008	0.84	0.74, 0.95

*Note.* *SE* = Standard Error. *ERR* = Event Rate Ratio. *CI* = Confidence Interval. CANS = Child and Adolescent Needs and Strengths.

## CHAPTER FIVE

### DISCUSSION

The goal of the current study was to address a critical gap in knowledge about children in foster care with incarcerated fathers and explore the protective effects of in-person visitation on behavioral problems. This is the first empirical study, to the author's knowledge, to go beyond descriptive statistics to examine the well-being of youth in foster care with incarcerated fathers.

Hypotheses 1 and 2 proposed that paternal incarceration would be associated with internalizing symptoms/externalizing behaviors. Hypothesis 1 was not supported but hypothesis two was supported, as paternal incarceration was only associated with greater externalizing behaviors across time. Hypotheses 3 and 4 posited that females would exhibit greater internalizing symptoms while males would present with more externalizing behaviors; these hypotheses were not supported at baseline or over time. Hypotheses 5 and 6 predicted that in-person visitation would be related to less internalizing symptoms/externalizing behaviors. In contrast to these hypotheses, in-person visitation was associated with more internalizing symptoms and externalizing behaviors over time.

Hypotheses 7 and 8 proposed that gender would moderate the relationship between paternal incarceration and internalizing symptom/externalizing behaviors; these hypotheses were not supported at baseline or over time. Hypotheses 9 and 10 predicted race/ethnicity would moderate the association between paternal incarceration and internalizing symptoms/externalizing behaviors. Hypothesis 9 was not supported, while hypothesis 10 was

supported, as race moderated the association between paternal incarceration and externalizing behavior slope trajectories. African American youth with incarcerated fathers had relatively lower externalizing behavior slope trajectories than the rest of the sample. Finally, the results revealed that in-person visitation did not moderate the association between paternal incarceration and internalizing symptoms. However, in-person visitation moderated the association between paternal incarceration and externalizing behaviors, such that children with incarcerated fathers who had visitation had relatively less externalizing behaviors across time.

### **Paternal Incarceration and Behavioral Outcomes**

The finding that paternal incarceration was associated with higher externalizing behaviors trajectories aligns with previous research (Geller et al., 2009; Geller et al., 2012; Murray & Farrington, 2005; Murray et al., 2012; Swisher & Roettger, 2012; Wilbur et al., 2007). Paternal incarceration has been shown to confer risk for externalizing behaviors through the traumatic experience of incarceration-specific events (i.e., witnessing arrest, criminal activity), attachment insecurity, ambiguous loss, and stigmatization (Arditti et al., 2003; Arditti, 2005; Bocknek et al., 2009; Dallaire et al., 2014; Dallaire & Wilson, 2010; Murray & Murray, 2010; Phillips & Gates, 2011; Shlafer & Poehlmann, 2010). Youth may respond to the traumatic loss of a father due to incarceration and the related confusion and stigmatization with anger, fear, and aggression (Geller et al., 2009; Geller et al., 2012; Swisher & Roettger, 2012; Wilbur et al., 2007). Children have also been shown to model their fathers' antisocial behaviors (Murray & Farrington, 2005). Social learning theorists suggest that having an incarcerated father may lead children to imitate their fathers' actions, including externalizing behaviors (Dannerbeck, 2005; Murray & Farrington, 2005). As such, paternal incarceration has been linked to youth's future criminal

misconduct and the intergenerational transmission of incarceration (Murray & Farrington, 2005; Murray et al., 2012; Widom & Wilson, 2014).

The preponderance of prior research has shown a link between paternal incarceration and internalizing symptoms (Bocknek et al., 2009; Geller et al., 2009; Murray & Farrington, 2005; Murray & Farrington, 2008; Parke & Clarke-Stewart, 2002; Wilbur et al., 2007), which informed the hypothesis of a link between these two variables in the current study. Paternal incarceration may lead to internalizing symptoms as youth struggle with the traumatic loss of an incarcerated father, disrupted attachment, and misunderstanding of their father's well-being (Boss, 2007; Main et al., 1985; Murray & Murray, 2010; Murray & Farrington, 2008). However, prior research suggests that the link between paternal incarceration and internalizing is not conclusive (Craigie, 2011; Murray et al., 2012; Wildeman, 2010).

One reason for the conflicting findings in the literature regarding the link between paternal incarceration and internalizing symptoms may have to do with developmental differences in the study samples. Studies that documented a relationship between paternal incarceration and internalizing symptoms have included samples of youth through adolescence, or 18 years of age (Bocknek et al., 2009; Geller et al., 2009; Murray & Farrington, 2005; Murray & Farrington, 2008; Parke & Clarke-Stewart, 2002). Studies that did not find a relationship between paternal incarceration and internalizing symptoms, such as Craigie (2011) and Wildeman (2010), used data from the Fragile Families and Child Wellbeing Study (FFCWS). The FFCWS interviewed mothers immediately and one, three, and five years after birth (Craigie, 2011; Wildeman, 2010). Young children are less likely to exhibit internalizing symptoms in response to stress; the prevalence of internalizing symptoms tends to increase as youth age and

enter adolescence (Barber, Olsen, & Shagle, 1994; Leve et al., 2006; Masten et al., 2005). This may explain why Craigie (2011), Wildeman (2010), and the present study did not detect a relationship between paternal incarceration and internalizing symptoms. The present study included youth between the ages of 6 and 12; perhaps children in the present study did not respond to their father's incarceration with internalizing symptoms, given younger children are less likely to internalize based on the typical development of behavior across childhood (Barber et al., 1994; Leve et al., 2006; Masten et al., 2005).

### **Gender differences**

Hypotheses 3 and 4 were not supported, as gender was not significantly associated with internalizing symptoms or externalizing behaviors among the entire sample over time. In addition, findings from the HGLM analyses did not align with research that suggests boys tend to externalize in response to adversity, in this case paternal incarceration (Hypothesis 7), whereas girls internalize (Parke & Clarke-Stewart, 2002). Prior work has found that boys tend to respond to paternal incarceration with externalizing behaviors, such as aggression and delinquency (Gabel & Shindledecker; Geller et al., 2009; Wildeman, 2010). Studies have also found that girls exhibit internalizing symptoms in response to paternal incarceration (Gabel & Shindledecker, 1993; Parke & Clarke-Stewart, 2002). However, research on internalizing symptoms as a response to paternal incarceration is scant (Johnson & Easterling, 2012).

It may be that there are moderating factors associated with the possible relationship between paternal incarceration, gender, and behavioral outcomes that a greater expansion of this area of study might unearth. For example, as noted previously, stress responses tend to differentiate as children age, with internalizing symptoms becoming more prevalent in later

childhood and adolescence (Barber et al., 1994; Leve et al., 2006; Masten et al., 2005). Gender differences in internalizing symptoms and externalizing behaviors become more pronounced in adolescence due to variations in socialization and stressful experiences (Angold, Erkanli, Silberg, Eaves, & Costello, 2002; Broidy et al., 2003; Keiley, Lofthouse, Bates, Dodge, & Pettit, 2003; Leadbeater, Kuperminc, Blatt, & Hertzog, 1999; Leve et al., 2006; Twenge & Nolen-Hoeksema, 2002). It may be that paternal incarceration has a differential impact on boys and girls as children age into adolescence, which would explain why gender was not a moderator of outcome in the current study.

### **Racial differences**

Hypothesis 9 was not supported; race did not moderate the association between paternal incarceration and internalizing symptoms. However, Hypothesis 10 was supported, as race moderated the association between paternal incarceration and externalizing behaviors over time, such that African American youth had lower externalizing behavior slope trajectories compared to the remainder of the sample. This finding aligns with previous research that shows African American youth are more resilient in the face of paternal incarceration compared to other children (Barbarin, 1993; Swisher & Waller, 2008; Murray et al., 2011). African Americans experience the highest rate of incarceration of all racial groups (Nellis, 2016; Wagner, 2012). As such, paternal incarceration may seem more normative due to a history of systemic oppression in African American communities (Blumstein, 1993; Hagan et al., 2005; Pettit & Western, 2004; Roberts, 2004; Sampson & Bartusch, 1998; Swisher & Waller, 2008). In contrast, paternal incarceration may be more stigmatized in White communities, and perceived as a problem within the individual rather than the system (Murray et al., 2011; Swisher & Waller, 2008). More

research on racial differences in the experience of paternal incarceration is warranted, especially given this area is still underresearched. Future research might explore children's responses to the incarceration of their fathers when it is more common in a community, with particular attention to how it impacts their own expectations for possible future incarceration.

### **In-person Visitation and Behavioral Outcomes**

Bivariate correlation revealed that in-person visitation was related to less internalizing symptoms and externalizing behaviors at baseline. In contrast to Hypotheses 5 and 6, however, in-person visitation was associated with relatively more internalizing symptoms and externalizing behaviors among the entire sample over time. This finding is dissimilar to previous research that suggests father involvement in the context of child welfare is important for youth's well-being (Amato & Gilbreth, 1999; Cookston & Finlay, 2006; Leon et al., 2016; National Family Preservation Network, 2012; Salem et al., 1998). While less empirical research has focused on paternal involvement in the form of visitation, scholars posit that visitation allows children to maintain relationships with their fathers and process feelings of guilt and loneliness associated with separation (Cantos et al., 1997; Chapman et al., 2004; Hess & Proch, 1993; Littner, 1973; National Family Preservation Network, 2012). Perhaps that while broadly, father involvement is beneficial for children, visitation may be associated with poor behavioral outcomes if visits are inconsistent. This is often the case in child welfare, given barriers to visitation faced by youth and their fathers (e.g., lack of transportation, poverty). Inconsistency in visits, along with youth's perceptions of why they cannot live with their father, may negatively impact behavioral functioning. Future research should explore youth's reactions to visits with their fathers in the context to child welfare to inform recommendations regarding visitation.

Inconsistency in visitation between children and their fathers in the context of child welfare may be impacted by a systemic bias against fathers. Traditionally, child welfare policies have not focused on including fathers in children's lives (Franck, 2001; O'Donnell et al., 2005). Child welfare practices have been shown to favor mothers over fathers, by caseworkers placing less attention on fathers' involvement, spending less time engaging fathers, and failing to gather information about fathers (O'Donnell, 2001; O'Donnell et al., 2005). Child welfare workers have been shown to feel more positively towards and have more expectations for mothers (Bellamy, 2009; Franck, 2001; O'Donnell et al., 2005). Fathers appear aware of such disproportionate attention, as a survey of fathers revealed that most felt dissatisfied about the services offered and assistance of child welfare agencies, compared to 80% of mothers who indicated satisfaction with child welfare services (National Family Preservation Network, 2012). Such a systemic bias may have impacted the consistency of visits between children in the present sample and their fathers.

A major limitation of the present study is that consistency, timing, quantity, and quality of visits were not measured. Previous studies have found that timing of visits is important to consider (Cantos et al., 1997). Youth may exhibit behavioral problems shortly after visitation, but these problems often decrease in the long-term (Cantos et al., 1997). Quantity of visitation has also been linked to children's well-being (Cantos et al., 1997). More frequent visitation with biological fathers has been associated with fewer internalizing symptoms and externalizing behaviors (Cantos et al., 1997). Visitation is important for children to maintain their attachment to their fathers, but this can be difficult when there are long periods of time (i.e., 30 days or greater) without a visit (Kuehnle & Ellis, 2002). Children's relationships with their fathers prior



to and during separation, along with perceptions of their foster families should also be considered (Cantos et al., 1997). Children may feel ambivalent or negatively towards visits with their fathers if they are struggling to reconcile feelings of love and loyalty for their foster caregivers and fathers (Cantos et al., 1997).

### **Visitation as a Protective Factor for Paternal Incarceration and Behavioral Outcomes**

While visitation did not appear to be beneficial for children in the entire sample, youth with incarcerated fathers benefited from in-person visitation. In-person visitation moderated the association between paternal incarceration and externalizing behaviors over time, such that children with incarcerated fathers who had visitation had lower externalizing behavior slope trajectories compared to the remainder of the sample. In-person visitation did not moderate the association between paternal incarceration and internalizing symptoms.

These findings align with previous research suggesting that father involvement is important for youth behavioral adjustment (Cookston & Finlay, 2006; Sarkadi et al., 2008), especially in the context of paternal incarceration (Boswell, 2002; Maldonado, 2006; Salem et al., 1998). Visits allow children an opportunity to process feelings of fear, guilt, shame, and rejection related to their father's incarceration (Maldonado, 2006). They can assess their father's well-being to dispel concerns for his safety (Maldonado, 2006). Most importantly, children may continue to develop a relationship with their father (La Vigne et al., 2005; Myers et al., 1999; Poehlmann-Tynan, 2015; Poehlmann et al., 2010; Shlafer et al., 2015). Incarcerated fathers also appear to benefit from visits with their children, as visitation has been shown to reduce recidivism (McClure et al., 2015; Poehlmann-Tynan, 2015). If fathers do not cycle in and out of corrections facilities, they may be a viable placement option. As such, it may be important that

children in foster care be given the opportunity to visit with fathers, as the long-term implications are noteworthy.

### **Limitations**

This study is not without limitations. First, the only data collected about paternal incarceration was whether or not the father was incarcerated at the time youth entered foster care. Information about fathers' sentences, charges, length of current and past incarcerations, and locations of incarceration was unknown. A father may have been incarcerated for most of his child's life, but we did not have access to such data. On the other hand, a father may have been incarcerated when a child entered foster care, but may have been released shortly after. A father may have had multiple incarcerations throughout the duration of this study. Collecting such information would have allowed researchers to examine the context of the incarceration and a variety of factors that may impact youth's outcomes (i.e., severity of charges, presence of the father prior to incarceration). The current study simply examines whether having a father incarcerated upon entry to foster care impacts behavioral functioning.

In addition, data were not collected about mothers' incarceration status. It is possible that some children had both incarcerated mothers and fathers. Youth in such circumstances may have worse outcomes, given the additive risk (Dallaire, 2007). We were not able to control for maternal criminal justice involvement. Still, the estimated prevalence of both maternal and paternal incarceration is low (Dallaire, 2007). As such, few children in the present study were likely impacted by both maternal and paternal incarceration.

A significant limitation of the present study was that researchers only knew whether or not at least one visit with incarcerated fathers occurred. Information about location, timing,

quantity, and quality of visits – which could affect how visits impact children – was unknown.

First, we did not know whether visits occurred in a correctional facility or other location. As mentioned previously, the only information gathered about the fathers' incarceration was whether or not he was incarcerated when youth entered foster care. Given the frequency with which individuals cycle in and out of jails, it is possible that a father was incarcerated when his child entered foster care, but had been released by the time visits occurred. Therefore, this study may be capturing whether visits with criminally involved fathers are beneficial to children, rather than visits while fathers are incarcerated. Still, the literature suggests visits, even if they occur in correctional facilities, are important for children (Johnston, 1995; Poehlmann-Tynan, 2015).

Second, timing of visits was not measured. A child may benefit most when visits occur shortly after separation, rather than a long period of time later (Maldonado, 2006; Johnston, 1995). Third, quantity of visits was also not measured and may impact youth well-being. A child who receives one visit in a year may have different outcomes than a child who has six visits in a year. In addition, a child who is not able to visit their father frequently because they live far away from their father's home or correctional facility may have different outcomes than a child who is not able to visit because their foster family does not get along with the father. Finally, quality of visits should also be considered. For example, the atmosphere of the correctional facility, the number of people visiting with the child, the conversations the child has with their father during the visit, and how youth discuss the visit with the foster family may impact children's behavior.

Lastly, this study may not be generalizable to all communities. This study took place in an urban, Midwestern area. Corrections and child welfare policies differ across states, and even

counties. As such, generalizable studies about paternal incarceration and child welfare are difficult to design.

Despite the aforementioned limitations, this study presents a number of strengths. This study fills a critical gap in literature about youth in foster care with incarcerated fathers, and is the first to examine the impact of in-person visitation on behavioral functioning among this population. This study employs a longitudinal design, which allowed researchers to control for behavioral functioning at baseline and track change over time. In summary, this study has notable implications for corrections and child welfare systems, along with future research.

### **Implications and Future Directions**

In the context of corrections, this study found that visitation is beneficial for children with incarcerated fathers, as shown by a relative reduction in externalizing behaviors. In addition, this study revealed that African American youth fared better in the face of paternal incarceration compared to youth of other racial backgrounds. This finding suggests that youth from different communities vary in their reaction to paternal incarceration. As such, it is important that future research explore the mechanisms by which youth develop behavioral outcomes in the context of paternal incarceration in various communities, and that prevention and intervention efforts take into consideration variations in communities' experiences of paternal incarceration.

This study suggests that both the criminal justice and child welfare systems may target visitation to promote youth well-being. Correctional facilities should ensure that policies are conducive for visitation. Facilities either prohibit visits or allow children to visit fathers in-person or through plexiglass, on site at a jail/prison but through a video system, or off-site

through a video system (Shlafer et al., 2015). It is essential that future research explore what visitation conditions produce the best outcomes. Correctional facilities also vary in their policies about who may bring children to visit fathers (Hairston, 1998). Some facilities require the children's guardian bring them to visitation. In child welfare, youth may be cared for by a variety of caregivers (e.g., foster parent, aunt, uncle, family friend). In addition, many cultures place more emphasis on a network of trusted adults who care for children, such as in African American communities (Salem et al., 1998). Therefore, it is important that correctional facilities consider how their policies may prevent a child from visiting with their father because of stringent rules about accompaniment.

At minimum, the present study and previous research suggests that visits are important for children and correctional facilities should accommodate children's visits with their fathers. Correctional facilities should provide a range of visitation hours, rather than limiting visitation to a few hours one day per week (Kaplan & Sasser, 1996). In addition, correctional facilities must consider how the setting can be made more suitable to children (Johnston, 1995; Parke & Clarke-Stewart, 2002). Facilities can be frightening for children, especially given the bland physical layout of many visitation rooms and intimidating security procedures (Hairston, 1998; Johnston, 1995; Parke & Clarke-Stewart, 2002). Correctional facilities may consider simply adding children's books and some decoration to visitation rooms to make children feel more comfortable. Perhaps correctional employees may undergo training about child development and paternal incarceration in order to improve interactions between families and staff. In general, correctional facilities should consider promoting parenting classes and re-entry programming to connect youth with their fathers and promote a positive transition from incarceration to

reunification, given the primary goal in child welfare is to reunify youth with their families as long as a court order does not indicate otherwise.

In addition, child welfare workers must receive training about the unique needs of youth in foster care with incarcerated fathers. Child welfare workers must be aware of their biases and negative beliefs about incarcerated fathers (Child Welfare Information Gateway, 2015; Hairston, 2009). They must overcome such biases, as engaging incarcerated fathers is beneficial for youth in foster care (Child Welfare Information Gateway, 2015; U.S. GAO, 2011). Workers should have services and referrals prepared for families impacted by incarceration (Child Welfare Information Gateway, 2015). Ultimately, federal law requires caseworkers make all reasonable efforts to reunify children with incarcerated fathers (Child Welfare Information Gateway, 2015; Hairston, 2009).

One way child welfare workers may facilitate visitation between youth and their fathers is through supporting youth in identifying a means for transportation. Many children live far away from correctional facilities and do not have the means to travel to visit fathers (Kaplan & Sasser, 1996; Seymour, 1998). Child welfare workers may work with foster families to encourage visitation with fathers. They may direct youth to organizations that provide transportation so children may visit their incarcerated fathers. However, policies in regard to visitation and whether or not visits need to be supervised by caseworkers may differ across communities. As such, it may be difficult for caseworkers to coordinate and supervise visits when prisons/jails are located far away.

From a systemic level, policymakers should consider how corrections and child welfare policies impact families and youth well-being. Currently, the Adoption and Safe Families Act of

1997 (PL 105-89) requires that states terminate parental rights for children who have been in foster care for 15 of the past 22 months (Miller, 2006; Swann & Sylvester, 2006). While this legislation is meant to reduce youth's time in foster care, it prevents incarcerated fathers from taking custody of their children or remaining in their lives, as the average time served is 150 months in state and 121 months in federal prison (Halperin & Harris, 2004; Mumola, 2000). Perhaps such legislation can be revisited and revised, as some incarcerated fathers may be the best placement option for some youth, but are prevented from reunification because of such policies.

In addition to correctional and child welfare policy changes, this study highlights the need for research in a number of areas. The present study did not find a relationship between paternal incarceration and internalizing symptoms, but this may be due to a young sample. Future research should explore the impact of paternal incarceration on externalizing behaviors and internalizing symptoms across childhood and into adolescence/early adulthood. In addition, future research should continue to examine gender and racial differences in the experience of paternal incarceration to tailor intervention efforts. The current study did not find gender differences in behavior adjustment, but the children may have been too young for differences to be pronounced. The findings suggested that African American youth fared better in the face of paternal incarceration; the mechanisms that lead to behavioral adjustment among African American youth should be examined to inform intervention efforts in this population. Future research should further analyze the timing, quantity, and quality of youth's visits with their incarcerated fathers to delineate visitation conditions that promote behavioral adjustment. Future studies may explore how various forms of contact with incarcerated fathers (i.e., letters, phone

calls) impact youth's behavioral outcomes. The present study only examined incarcerated fathers; future research should also explore the impact of maternal incarceration and visitation on youth.



APPENDIX A  
MEASURES

## Selection from The RKCP Kin Identification and Level of Engagement Form

### PHASE I REVIEW

#### 1. Initial Case History

Evaluator Initials: \_\_\_\_\_ Youth Name: \_\_\_\_\_  
DCFS ID: \_\_\_\_\_

Youth DOB: \_\_\_\_\_ Gender: M F  
Ethnic/racial background:  African/American  Latino or \_\_\_\_\_  
 Caucasian  Asian-American  Multi-ethnic  Other: \_\_\_\_\_

Date of DCP disposition and removal: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Birth Order (e.g., 3/6) \_\_\_\_\_ Youth removed: \_\_\_\_\_

Date of Temporary Custody (TC) hearing: \_\_\_\_\_ Agency: \_\_\_\_\_

Re\_TC? Yes No: Dates of Re-TC hearing: \_\_\_\_\_ Date case assignment: \_\_\_\_\_

*Reason for removal:*  Physical Abuse  Sexual Abuse  Neglect  
Narrative (reason for removal):

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### SCRIPT AND PROTOCOL FOR SETTING UP THE DISCUSSION OF KIN:

"I am now going to discuss with you the kin, fictive kin, and any community supports (e.g., involved and concerned teacher, coach) that we found during our SACWIS file review of this case. I am going to list the names of the people and ask you to briefly describe their relationship with the child. What I am looking for is a description in your own words of the type of relationship the child has with this person. The basic categories include the following: Child's placement, visitations, phone calls or cards to the child, whether they help out the child with homework, do babysitting or provide respite for the foster parent, whether or not they help the child learn important life skills (ex: teach the child to cook, practice sports with the child, etc.), assistance with transportation (ex: drive the child to appointments or activities), or this person might be someone attends important events such as sporting events, or has been at court dates at Juvenile Court. Also, the person we've identified might be primarily a support to the biological parent (ex: help the parent get to AA meetings or doctor's appointments, mentor them on parent skills, emotional support). For community supports, the person might be a coach who has taken a

special interest in supporting the child through this difficult time in his/her life, or a teacher who has made visits to the child at home or the shelter. So please be thinking of these types of involvement they may be having with the child. For some of the relatives, I will also ask if you think the individual might have more involvement with the child at a future time. After I finish discussing these people with you, I will ask if you know of any other key people in the child's life who may not have been listed in SACWIS but who you have identified in working with this child.

There will probably be a wide range of involvement among the people I list to you. Some might be very involved, such as a placement, or regularly visit the child. Others might have no involvement with the child, such as a parent in prison or a relative who lives out of state and does not call or make any other contact. It's important that we know about these people as well. I would also like to know about any barriers that may exist in terms of getting the relative more involved in the child's life, such as a relative who has a known substance abuse problem, is in jail, or who wants to be a placement but has a criminal history. So let's start. If you don't remember all the things I just said, that's OK, I will prompt you along the way if necessary. Do you have any questions?"

Then, list the first name and ask, "So how would you describe the relationship?". You can add more detail if it's obvious such as if the person is the placement. If the worker does not describe any of the involvement categories you mentioned above, you can then prompt them by asking if they are doing anything with the child such as visits, respite, attendance at important events, life skills support/teaching etc. However, at this point do not ask them if the kin is a positive attachment figure. Instead, wait until after you have gone through the list and ask: "Thinking about all the people we discussed, who are the people you would say are truly positive attachment figures for this child? By positive attachment figure, we mean someone the child has a bond with, someone the child might go to if he/she is having a problem, or has a special and meaningful sort of tradition they do with the child, such as cut their hair."

**First Relative Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Relationship to youth:** \_\_\_\_\_

- |                                                                                           |                                                   |                                                                                     |                                                                                 |
|-------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Respite                                                          | <input type="checkbox"/> Visitations              | <input type="checkbox"/> Home of Relative<br>Foster Care Option                     | <input type="checkbox"/> Phone calls                                            |
| <input type="checkbox"/> Tutoring/HW help                                                 | <input type="checkbox"/> Mentoring                | <input type="checkbox"/> Childcare                                                  | <input type="checkbox"/> Transportation<br>assistance                           |
| <input type="checkbox"/> Coaching                                                         | <input type="checkbox"/> Birthday cards           | <input type="checkbox"/> Invitation to family or<br>other events (e.g.,<br>picnics) | <input type="checkbox"/> Attendance at<br>important<br>events<br>(e.g., sports) |
| <input type="checkbox"/> Biological parent<br>support                                     | <input type="checkbox"/> Foster parent<br>support | Positive attachment figure?                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| <input type="checkbox"/> No involvement <input type="checkbox"/> Other Involvement. List: |                                                   |                                                                                     |                                                                                 |

Barriers to involvement (e.g., substance use, perpetrator). List:

Notes:

Current Level of Engagement (circle one): Formal Natural Community Informal

Potential Level of Engagement (circle one): Formal Natural Community Informal

(# \_\_\_\_\_) **Relative Name:** \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_  
(e.g., "Maternal Aunt")

- |                                                       |                                                   |                                                                                     |                                                                                 |
|-------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Respite                      | <input type="checkbox"/> Visitations              | <input type="checkbox"/> Home of Relative<br>Foster Care Option                     | <input type="checkbox"/> Phone calls                                            |
| <input type="checkbox"/> Tutoring/HW help             | <input type="checkbox"/> Mentoring                | <input type="checkbox"/> Childcare                                                  | <input type="checkbox"/> Transportation<br>assistance                           |
| <input type="checkbox"/> Coaching                     | <input type="checkbox"/> Birthday cards           | <input type="checkbox"/> Invitation to family or<br>other events (e.g.,<br>picnics) | <input type="checkbox"/> Attendance at<br>important<br>events<br>(e.g., sports) |
| <input type="checkbox"/> Biological parent<br>support | <input type="checkbox"/> Foster parent<br>support | Positive attachment<br>figure?                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |

No involvement  Other Involvement. List:

Barriers to involvement (e.g., substance use, perpetrator). List:

Notes:

Current Level of Engagement (circle one): Formal Natural Community Informal

Potential Level of Engagement (circle one): Formal Natural Community Informal

Would you consider any of these kin or fictive kin alternative placements for the child if the current placement were to not work out for some reason? (Name of person) \_\_\_\_\_

Have discussed this possibility with this person? YES NO

## Selection from the Child and Adolescent Needs and Strengths

### Maltreatment:

**NEGLECT:** This rating describes the severity of neglect an individual has experienced. Neglect can refer to a lack of food, shelter or supervision (physical neglect) or a lack of access to needed medical care (medical neglect) or failure to receive academic instruction (educational neglect).

0. There is no evidence that child has experienced neglect.
1. Child has experienced minor or occasional neglect. Child may have been left at home alone for a short period of time with no adult supervision or there may be occasional failure to provide adequate supervision of child.
2. Child has experienced a moderate level of neglect. Child may have been left home alone overnight or there may be occasional failure to provide adequate food, shelter, or clothing with corrective action.
3. Child has experienced a severe level of neglect including multiple and/or prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

**PHYSICAL ABUSE:** This rating describes the child's experience of physical abuse.

0. There is no evidence that child has experienced physical abuse.
1. There is a suspicion that child has experienced physical abuse but no confirming evidence. Spanking without physical harm or threat of harm also qualifies.
2. Child has experienced a moderate level of physical abuse and/or repeated forms of physical punishment (e.g. hitting, punching).
3. Child has experienced severe and repeated physical abuse with intent to do harm and that causes sufficient physical harm requiring hospital treatment.

**EMOTIONAL ABUSE:** This rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms. This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child and "emotional neglect" defined as the denial of emotional attention and/or support from caregivers.

0. There is no evidence that child has experienced emotional abuse.
1. Child has experienced mild emotional abuse. For instance, child may experience some insults or is occasionally referred to in a derogatory manner by caregivers.
2. Child has experienced moderate degree of emotional abuse. For instance, child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
3. Child has experienced significant or severe emotional abuse over an extended period of time (at least one year). For instance, child is completely ignored by caregivers, or threatened/terrorized by others.

**SEXUAL ABUSE:** This rating describes the child’s experience of sexual abuse.

0. There is no evidence that child has experienced sexual abuse.
1. There is a suspicion that the child has experienced sexual abuse with some degree of evidence or the child has experienced “mild” sexual abuse including but not limited to direct exposure to sexually explicit materials. Evidence for suspicion of sexual abuse could include evidence of sexually reactive behavior as well as exposure to a sexualized environment or Internet predation. Children who have experienced secondary sexual abuse (e.g. witnessing sexual abuse, having a sibling sexually abused) also would be rated here.
2. Child has experienced one or a couple of incidents of sexual abuse that were not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion.
3. Child has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration, multiple perpetrators, and/or associated physical injury.

Internalizing Symptoms:

**DEPRESSION:** This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.

0. No evidence of problems with depression.
1. History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning.
2. Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered with the child’s ability to function in at least one life domain.
3. Clear evidence of depression that is disabling for the child in multiple life domains.

**ANXIETY:** This item describes the child’s level of fearfulness, worrying or other characteristics of anxiety.

0. No evidence of any anxiety or fearfulness.
1. History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem or a sub-threshold level of symptoms for the other listed disorders.
2. Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child’s ability to function in at least one life domain.
3. Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain

**SOMATIZATION:** These symptoms include the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

0. This rating is for a child with no evidence of somatic symptoms.
1. This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause.
2. This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).
3. This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause

**TRAUMATIC GRIEF:** This rating describes the level of traumatic grief the youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

0. There is no evidence that the child is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child has not experienced a traumatic loss (e.g., death of a loved one) or the child has adjusted well to separation.
1. Child is experiencing a mild level of traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation.
2. Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.
3. Child is experiencing significant traumatic grief reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

**ADJUSTMENT TO TRAUMA:** This item covers the youth's reaction to any traumatic or adverse childhood experience. This item covers adjustment disorders, posttraumatic stress disorder and other diagnoses from DSM-IV that the child may have as a result of their exposure to traumatic/adverse childhood experiences. (Please see the CANS glossary for more information on this item and/or other CANS items.)

0. Child has not experienced any significant trauma or has adjusted well to traumatic/adverse child experiences.
1. Child has some mild problems with adjustment due to trauma that might ease with the passage of time. Child may be in the process of recovering from a more extreme reaction to a traumatic experience.
2. Child presents with a moderate level of symptoms. Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Child may have features of one or more diagnoses and may meet full criteria for a specific DSM diagnosis including but not limited to diagnoses of Post-Traumatic Stress Disorder (PTSD) and adjustment.
3. Child has severe symptoms as a result of traumatic or adverse childhood experiences that require intensive or immediate attention. Child likely meets criteria for more than one diagnosis or would meet criteria for a developmental trauma disorder or a complex trauma disorder.

### Externalizing Behaviors

**OPPOSITIONAL BEHAVIOR:** This item is intended to capture how the child relates to authority. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on non-compliance with authority rather than inflicting damage and hurting others.

0. This rating indicates that the child/adolescent is generally compliant.
1. This rating indicates that the child/adolescent has mild problems with compliance with some rules or adult instructions. Child may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.
2. This rating indicates that the child/adolescent has moderate problems with compliance with rules or adult instructions. A child who meets the criteria for Oppositional Defiant Disorder in DSM-IV would be rated here.
3. This rating indicates that the child/adolescent has severe problems with compliance with rules or adult instructions. A child rated at this level would be a severe case of Oppositional Defiant Disorder. They would be virtually always noncompliant. Child repeatedly ignores authority.



**CONDUCT:** These symptoms include antisocial behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault. This dimension would include the symptoms of Conduct Disorder as specified in DSM-IV.

0. This rating indicates a child with no evidence of behavior disorder.
1. This rating indicates a child with a mild level of conduct problems. The child may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex, and community. This might include occasional truancy, repeated severe lying, or petty theft from family.
2. This rating indicates a child with a moderate level of conduct disorder. This could include episodes of planned aggressive or other anti-social behavior. A child rated at this level should meet the criteria for a diagnosis of Conduct Disorder.
3. This rating indicates a child with a severe Conduct Disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

**ATTENTION DEFICIT/IMPULSE CONTROL:** -Problems with impulse control, impulsive behaviors, including motoric disruptions would be rated here.

0. This rating is used to indicate a child with no evidence of age-inappropriate impulsivity in action or thought.
1. This rating is used to indicate a child with evidence of mild levels of impulsivity evident in either action or thought. The child may behave in a fashion that suggests limited impulse control. For instance, child may yell out answers to questions or may have difficulty waiting his/her turn. Child may exhibit some motoric difficulties as well, for instance, pushing or shoving others without waiting turn.
2. This rating is used to indicate a child with moderate levels of impulsivity evident in behavior. The child is frequently impulsive and may represent a significant management problem. A child who often intrudes on others and often exhibits aggressive impulses would be rated here.
3. This rating is used to indicate a child with significant levels of impulsivity evident in behavior. Frequent impulsive behavior is observed or noted that carries considerable safety risk (e.g., running into the street, dangerous driving, or bike riding). The child may be impulsive on a nearly continuous basis. He or she endangers self or others without thinking.

**ANGER CONTROL:** This item captures the youth's ability to identify and manage their anger when frustrated.

0. This rating indicates a child with no evidence of any significant anger control problems.
1. This rating indicates a child with some problems with controlling anger. He/she may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts. Child may have a history of physical aggression arising from inability to control anger, but none within the last 3 months.
2. This rating indicates a child with moderate anger control problems. His/her temper has gotten him/her in significant trouble with peers, family, and/or school. This level may be associated with some physical violence, or increasing verbal outbursts. Others are likely quite aware of anger potential.
3. This rating indicates a child with severe anger control problems. His/her temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

**DANGER TO OTHERS:** This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan.

0. Child has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
1. History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
2. Occasional or moderate level of aggression towards others including aggression during the past 30 days or more recent verbal aggression.
3. Frequent or dangerous (significant harm) level of aggression to others. Child or youth is an immediate risk to others.

**SEXUAL AGGRESSION:** Sexually abusive behavior includes both aggressive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child through seduction, coercion, or force.

0. No evidence of problems with sexual behavior in the past year.
1. Mild problems of sexually abusive behavior. For example, occasional inappropriate sexually aggressive/harassing language or behavior.
2. Moderate problems with sexually abusive behavior, For example, frequent inappropriate sexual behavior. Frequent disrobing would be rated here only if it was sexually provocative. Frequent inappropriate touching would be rated here.
3. Severe problems with sexually abusive behavior. This would include the rape or sexual abuse of another person involving sexual penetration.

**DELINQUENCY:** This rating includes both criminal behavior and status offenses that may result from child or youth failing to follow required behavioral standards (e.g. truancy). Sexual offenses should be included as criminal behavior.

0. Child shows no evidence or has no history of criminal or delinquent behavior.
1. History of criminal or delinquent behavior but none in the past 30 days. Status offenses in the past 30 days would be rated here.
2. Moderate level of criminal activity including a high likelihood of crimes committed in the past 30 days. Examples would include vandalism, shoplifting, etc.
3. Serious level of criminal or delinquent activity in the past 30 days. Examples would include car theft, residential burglary, gang involvement, etc.

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## VITA

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While at Loyola, Lauren has worked as a research assistant in the Promoting Adjustment in Children through Evaluation (PACE) Lab with Dr. Scott Leon. Lauren has also served as a teaching assistant for several professors throughout the psychology department. She is currently an extern in Pediatric Psychology at the University of Chicago.