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ORIGINAL ARTICLE

Parenthood of Male Inmates and Socioemotional Development of their Children

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Abstract

The present study aimed to analyze the socioemotional development of male prisoners' children and its relationship with the parenting practices of these fathers. The 58 participants answered the Strengths and Difficulties Questionnaire, the Parenting Practices Inventory, and sociodemographic questions regarding 82 children and adolescents aged 4 to 16 years (M = 8.3; SD = 3.8), mostly males (52.4%). Descriptive analyses, t-test, and Pearson correlation were performed. Conduct problems and emotional symptoms stood out, but only pro-social behaviors were different from what has been reported as typical in the literature. Discipline parenting practices were associated with greater socioemotional difficulties, especially conduct problems, while positive parenting practices, such as affection and socialization, were associated with fewer difficulties. Among the dimensions of the SDQ, the conduct problems component played a central role. Results are discussed within the context of vulnerability of the father-child relationship due to incarceration. The similarity of the findings with what has been reported in studies with the general population emphasizes the need for a critical look at the naturalization of the stigma that negatively affects children and adolescents of incarcerated parents. Their difficulties, socioemotional and behavioral problems, although similar to those of the general population, have distinct repercussions, marked by discrimination. Limitations and future directions are indicated.

Keywords Child development · Adolescent development · Parenting · People deprived of liberty

The parent–child relationship is one of the main determinants of human socioemotional development (Darling & Steinberg, 1993; Pinquart, 2017). Throughout psychobiological maturation, parents are responsible for the care of their offspring,

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which involves, for example, providing resources (e.g., food, medical care) and promoting socioemotional development (Goodman, 1997; Liu et al., 2020; Szkody et al., 2020). During this process, some problems can trigger emotional and behavioral difficulties, which negatively affect development and health throughout the life cycle. Problems caused by difficulties in socioemotional development affect the adaptation to environmental demands, the development of social skills, and interpersonal relationships, including with parents, caregivers, and other reference adults (such as teachers) (Fleitlich-Bilyk & Goodman, 2004; Goodman et al., 2003).

The prison context is one of the conditions in which the father-child relationship deserves special attention, since the exercise of parenting is limited by a constant physical separation between father and child. This separation may also imply an affective distancing of the father from his child. However, in some cases, prison, paradoxically, is a favorable scenario for the experience of fatherhood, to the extent that being deprived of freedom can make the father rethink the exercise of parenthood outside the prison walls and seek a closer relationship with his offspring (Granja et al., 2013; Secret, 2012). In all cases, deprivation of liberty invariably structures a new form of relationship between parents and children, and the separation caused by imprisonment impacts the parental practices of fathers towards their children, which in turn can affect the development of incarcerated people's offspring (Arditti, 2012; Cúnico et al., 2017).

There is a high rate of paternity among men in prison, and their children face difficulties that go beyond physical separation, such as less availability of resources, social isolation, and affective and cognitive difficulties (Geller et al., 2012). These negative effects also involve lower well-being and behavioral problems (Wildeman & Muller, 2012); lower sociability and engagement in school (Cochran et al., 2018); and fewer opportunities to access education, income, and work (Turney & Haskins, 2014). The negative effects of imprisonment on male inmates' parenthood suggest that individuals in this situation, as well as their children, may especially benefit from support from caregivers, psychologists, teachers, and social service providers (Wakefield & Wildeman, 2013).

Fathers' parental practices towards their children is a potential factor for the intervention by these professionals. Parental practices are behaviors related to different goals of parenting, such as discipline, education, affection, and socialization, exercised by fathers/mothers, caregivers, and other reference adults (Benetti & Balbinotti, 2003). Positive parenting practices are associated with lower levels of behavior problems (Sebre et al., 2014). Parental practices such as education, affection, and socialization are inversely related to the manifestation of behavior problems in children and adolescents, while discipline practices are related to behavior problems (Leme & Marturano, 2014). In Brazil, Mainardes (2018) identified that parenting styles classified as risk or regular were associated with a higher probability that children and adolescents would experience socioemotional difficulties.

Socioemotional and behavioral difficulties are associated with other problems such as emotional reactivity, anxiety-depression, somatic complaints, withdrawal, sleep problems, attention problems, and aggressive behavior (Santos & Celeri, 2018). One of the main tools used to access socioemotional difficulties is the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). It is a brief

instrument used to screen for internalizing and externalizing problems and is commonly used to assess emotional symptoms, conduct problems, hyperactivity, peer problems, and pro-social behavior in children and adolescents. Children and adolescents with an SDQ score classified as clinically significant tend to be more prone to recent (i.e., last month) alcohol, tobacco, and marijuana use (Fidalgo et al., 2016; Menezes et al., 2011). Furthermore, the SDQ domains hyperactivity and emotional symptoms are also related to childhood obesity (Suzuki et al., 2020).

Studies on children's socioemotional and behavioral difficulties are usually limited to the use of this variable as a general indicator of mental health, and few focus on its relationship with parental practices. In addition, the exercise of paternal parenting still receives little attention, especially in unconventional settings or in marginalized social contexts, as is the case of fatherhood in the prison system (Cúnico et al., 2017; Miranda & Granato, 2016). This absence of specific data on fatherhood and, in particular, the fatherhood of imprisoned men contrasts with the fact that the Brazilian prison population is the third largest in the world (Depen - Departamento Penitenciário Nacional, 2017) and, probably, fatherhood in prison is a recurring situation. The father's incarceration is described in the literature as a risk factor for the development of various emotional symptoms in children (Arditti, 2012). Therefore, the present study aimed to analyze the socioemotional development of children of imprisoned males and relate it to the parental practices of these fathers.

Method

Data collection

The present study is connected to a broader research entitled "Psychosocial repercussions of father's incarceration on community, affective and family relations of his children." Information was collected with 65 men serving prison sentences, between January and May 2019, in the cities of Porto Alegre and Montenegro, in the state of Rio Grande do Sul/Brazil. Inclusion criteria were being in the prison unit for six months or more and having children between 4 and 16 years old with whom they maintained contact by visits. The research protocol was self-applied, with the exception of those cases in which the participant could not read or when the institution did not authorize the removal of handcuffs. In these cases, the questionnaire was answered in an interview format in which a member of the research team read the questions to the participants. The interviews were carried out on the premises of the participating correctional institutions, in a place indicated by the institution's security team. The research team, composed of undergraduate and graduate students in psychology, received training to apply the protocol.

Ethical

The research followed the ethical recommendations in Brazil and was approved by the Superintendence of Penitentiary Services of Rio Grande do Sul and by Ethics

Committee for Research with Human Beings at the Universidade Federal do Rio Grande do Sul (protocol number 01390918.0.3001.5334). Informed consent was obtained from all individual participants included in the study.

Participants

Of the 65 individuals who participated in the larger survey, 58 met the inclusion requirements and composed the sample of the present study. Fathers were between 22 and 61 years old (M = 35.6; SD = 8.5), had incomplete elementary school (55.2%), and family income less than two minimum salaries (59.0%). Thirteen participants answered the instrument for two children and four for three children, the others for only one child. Participants answered the instruments for 82 children and adolescents with ages ranging from 4 to 16 years (M = 8.3; SD = 3.8), 52.4% males.

Instruments

For the purpose of this article, two instruments were used: the Strengths and Difficulties Questionnaire (SDQ) and the Parenting Practices Inventory (PPI), in addition to sociodemographic questions.

The SDQ is a brief behavioral screening questionnaire for children and adolescents aged 4 to 16 years old that was originally constructed by Goodman (1997) and translated and adapted for the Brazilian context by Fleitlich-Bilyk et al. (2000). The parent version used in this study is composed of 25 items evaluated on a 3-point scale (0 = false, 1 = more or less true, 2 = true). Importantly, the parent version of the SDQ, like other versions for other adult caregivers (e.g., teachers), concerns the adult's perception of the child's difficulties, which is measured by observation, but also by communication (including online interactions) with the child or other adults.

Items are divided into five dimensions, with five items each: emotional symptoms (e.g., "Has a lot of worries, often seems worried about everything"), conduct problems (e.g., "Often has angry outbursts or tantrums"), hyperactivity (e.g.., "He is always fidgeting, swinging his legs or moving his hands"), peer relationship problems (e.g., "He is solitary, prefers to play alone"), and pro-social behavior ("He is gentle with younger children"). SDQ total score is computed by summing the four first dimensions and can range from 0 to 40 points (i.e., SDQ-difficulties); the pro-social behavior component is not included in this overall difficulty compute (Goodman, 1997; Silva et al., 2015). The scale showed good reliability (Mcdonald's Omega = 0.74; Cronbach's alpha = 0.73).

From the SDQ score, it is possible to classify cases as non-clinical, borderline, and clinical. Based on cut-off points, scores above the threshold in the four factors that make up the SDQ-difficulties and scores below the threshold in the pro-social behavior factor are considered problematic. The classification of the case as clinical is not diagnostic, but functions as an indicator of potential risk for developing mental health problems. Several cut-off points are established in the literature (Renshaw, 2019), the main ones being the criteria from the original study of the scale (Goodman, 1997) and those adapted to the Brazilian context (Silva et al., 2015).

In the present study, we considered criterion 1 the one proposed by Silva et al. (2015), with the following cut-off points: 7 for emotional symptoms; 6 for conduct problems and peer relationship problems; 8 for hyperactivity; and 8 for pro-social behavior. The authors do not provide a cut-off point for the SDQ-difficulties (i.e., the sum of the four dimensions of difficulties, without considering the score for the pro-social behavior dimension), so we adopted the highest value that is commonly used in studies which is 19 (Renshaw, 2019; Saur & Loureiro, 2012). In criterion 1, for the overall SDQ-difficulties score, 0–15 points represent non-clinical cases, 16–19 are the borderline score, and 20–40 are classified as clinical. In addition, we report the results according to the cut-off points established by Goodman (1997); criterion 2 considers the following threshold values: 4 for emotional symptoms; 5 for conduct problems; 3 for peer relationship problems; 6 for hyperactivity; 5 for pro-social behavior; and 17 for the SDQ-difficulties (0–13 for non-clinical, 14–16 for borderline, and 17–40 for clinical).

Thus, we adopted as classification criterion 1 the parameters of the study by Silva et al. (2015) that specifically analyzed the discriminant validity of the SDQ in Brazil. However, we chose to additionally report the prevalence of clinically relevant cases according to the SDQ score following the cut-off points suggested by Goodman (1997), classification criterion 2. Many studies in Brazil use this cut-off point (e.g., Fidalgo et al., 2016; Mainardes, 2018; Santos & Celeri, 2018), so we chose to also report the results according to criterion 2 despite recognizing that these cut-off points were established in samples in England and are not suitable for the Brazilian context. Thus, eventually, future studies may compare their results with those reported here if they decide to adopt Goodman's (1997) cut-off points instead of those of Silva et al. (2015).

The PPI was developed by Benetti and Balbinotti (2003) to assess the socialization practices employed by fathers and mothers. The instrument is composed of 16 items answered using a Likert-type scale ranging from 1 (never) to 5 (very often). The practices are divided into four dimensions, each composed of four statements, as follows: affection (e.g., "I hug and kiss my child"), education (e.g., "I talk to my child about things he/she needs to know about life"), discipline (e.g., "When just talking is not enough, I spank my child"), and social (e.g., "I participate in games/activities with my child"). The scale showed good reliability (Mcdonald's Omega = 0.83; Cronbach's alpha = 0.84). Sociodemographic questions were used to describe the sample such as age, education, income, and number of children.

Data Analysis

Analyses were conducted to describe the sample and to find out the mean scores on the SDQ dimensions. The SDQ means were compared between genders using the t-test. The SDQ-difficulties scores were classified into 3 groups: non-clinical, borderline, and clinical, according to criteria 1 and 2 described in the method. Finally, Pearson's correlation analyses were performed to test the association between the dimensions of the SDQ and the parenting practices described in the PPI. The analyses were performed in SPSS software version 21.

Results

Initially, the SDQ means were compared between genders. Conduct problems and emotional symptoms represented the highest difficulty scores, 4.13 and 3.55, respectively. The differences between male and female children were not significant for any of the SDQ dimensions or for the total difficulties score. The mean scores for male and female gender, respectively, were as follows: 3.63 (SD = 2.31) and 3.56 (SD = 2.10) for emotional symptoms; 2.09 (SD = 1.80) and 2.08 (SD = 1.67) for conduct problems; 4.05 (SD = 2.50) and 4.21 (SD = 2.10) for hyperactivity; 2.21 (SD = 1.92) and 2.26 (SD = 1.71) for peer relationship problems; 7.95 (SD = 2.13) and 8.26 (SD = 1.75) for pro-social behavior; and 11.98 (SD = 6.06) and 12.10 (SD = 5.19) for SDQ-difficulties.

Table 1 shows the classification of cases according to the parameters of criteria 1 and 2. By criterion 1, the classification as a clinical case was more common for pro-social behavior (36.6%) followed by SDQ-difficulties (11%), emotional symptoms (7.3%), conduct problems (2.4%), hyperactivity (2.4%), and relationship

Table 1 SDQ scores classification

Variable	Criterion 1		Criterion 2	
	n	%	*n*	%
SDQ-difficulties				
Non-clinical	60	73.2	52	63.4
Borderline	13	15.8	12	14.6
Clinical	9	11.0	18	22.0
Emotional symptoms				
Non-clinical	74	90.3	42	51.2
Borderline	2	2.4	10	12.2
Clinical	6	7.3	30	36.6
Conduct problems				
Non-clinical	79	96.4	52	63.4
Borderline	1	1.2	12	14.6
Clinical	2	2.4	18	22.0
Hyperactivity				
Non-clinical	76	92.7	58	70.7
Borderline	4	4.9	11	13.4
Clinical	2	2.4	13	15.9
Peer problems				
Non-clinical	77	93.9	54	65.8
Borderline	4	4.9	10	12.2
Clinical	1	1.2	18	22.0
Pro-social behavior				
Non-clinical	41	50.0	75	91.5
Borderline	11	13.4	2	2.4
Clinical	30	36.6	5	6.1

problems (1.2%). As for criterion 2, the percentage of children considered prone to develop mental health problems was 36.6% in emotional symptoms, 22% in the SDQ-difficulties, 22% in conduct problems, 22% in relationship problems, 15.9% in hyperactivity, and 6.1% in pro-social behavior.

Table 2 summarizes the associations between the SDQ and parenting practices. The SDQ-difficulties correlated positively with parenting practices of discipline ($r=0.30$; $p<0.05$) and negatively with practices of affection ($r=$-0.31; $p<0.05$), educational ($r=$-0.24; $p<0.05$), and socialization ($r=$-0.23; $p<0.05$). In addition, the associations of the specified dimensions of the SDQ with parenting practices were affectionate practices correlated with hyperactivity ($r=$-0.26; $p<0.05$), conduct problems ($r=$-0.26; $p<0.05$), and emotional symptoms ($r=$-0.22; $p<0.05$) dimensions. Other significant correlations were between discipline practices and conduct problems ($r=0.38$; $p<0.001$), educational practices and hyperactivity ($r=$-0.28; $p<0.05$), and socialization practices and peer problems ($r=$-0.26; $p<0.05$). None of the parenting practices were related to the pro-social behavior component.

Finally, among the SDQ dimensions the strongest correlations were between conduct problems and hyperactivity ($r=0.49$; $p<$0,001), conduct problems and peer problems ($r=0.44$; $p<0.001$), peer problems and pro-social behavior ($r=$—0.46; $p<0.001$), emotional symptoms and conduct problems ($r=0.37$; $p<0.001$), and conduct problems and pro-social behavior ($r=$-0.35; $p<0.001$).

Discussion

The father-child relationships highlighted in this study are marked by the involuntary separation of the parent from his or her child due to a freedom deprivation sentence. The experience of incarceration transforms relationships at all levels, and it is no different with the paternal relationship (Geller et al., 2012). In this study, socioemotional development and its relationship to parenting practices was

Table 2 Correlation between the SDQ and PPI dimensions

Components	1	2	3	4	5	6	7	8	9
1. SDQ-difficulties	-								
2. Emotion symptoms	0.67*	-							
3. Conduct problems	0.79*	0.37*	-						
4. Hyperactivity	0.71*	0.21	0.49*	-					
5. Peer problems	0.63*	0.24**	0.44*	0.19	-				
6. Pro-social behavior	-0.37*	0.00	-0.35*	-0.27**	-0.46*	-			
7. Affect	-0.31**	-0.22**	-0.26**	-0.26**	-0.12	-0.05	-		
8. Education	-0.24**	-0.13	-0.14	-0.28**	-0.07	-0.03	0.56*	-	
9. Discipline	0.30**	0.20	0.38*	0.13	0.19	-0.14	0.05	0.25**	-
10. Social	-0.23**	-0.16	-0.10	-0.12	-0.26**	0.21	0.40*	0.35*	-0.02

Note: * = p < 0.001; ** = p < 0.05

analyzed from incarcerated men's perceptions of the exercise of their parenting and the development of their children. Initially, the scores on the SDQ were highlighted and compared with other studies. Then, the relationships between parenting practices and the dimensions of the SDQ were presented and, briefly, the relationships of the dimensions of the SDQ among themselves.

Results indicated that the highest mean scores on the SDQ dimensions were for conduct problems and emotional symptoms. In childhood, emotional symptoms and conduct problems are usually the most prevalent difficulties, while in adolescence, peer problems worsen (Fidalgo et al., 2016; Mainardes, 2018; Menezes et al., 2011). Specifically, children of incarcerated fathers are more likely to develop emotional difficulties (Shehadeh et al., 2016). Furthermore, the manifestation of conduct problems, even if common to this stage of development, may reinforce stigmas held about children of incarcerated fathers (e.g., dangerous, problematic) or serve as justification for discrimination (Moreira & Toneli, 2013).

Another important result was that there was no significant difference between genders for the SDQ. There is no consensus in the literature about this topic, while some studies found no differences (e.g., Moura et al., 2018; Stivanin et al., 2008); others reported, for example, higher mean scores for females in emotional symptoms (Saud & Tonelotto, 2005) and higher mean scores for males in hyperactivity and females in pro-social behaviors (Cury & Golfeto, 2003). It is relevant to point out that children are still socialized differently according to gender, which can impact on distinct emotional and behavioral expressions (Pirlott & Schmitt, 2014). The influence of socialization processes on behavior, skills, and cognition throughout development should be recognized beyond a fixed and binary character, but as an expression of culturally, socially, and historically constituted inequalities (Vianna & Finco, 2009). In Brazil, the last two decades have been marked by the strengthening of social and scientific questioning about gender roles (Pizzinato et al., 2020), which has mitigated some of the effects of socialization according to gender, which seems to be the case in the sample of this study in which the socioemotional difficulties faced by boys and girls are similar.

For the classification of scores as non-clinical, borderline, and clinical, which is the most reported outcome in studies with the SDQ, two criteria were used. By criterion 1 (Silva et al., 2015), 11.0% of the sample was classified with clinically relevant SDQ-difficulties scores. Although socioemotional difficulties faced by children and adolescents are part, at some level, of the human maturation process (Goodman et al., 2003), it is worrisome that the prevalence of clinically relevant scores of these children and adolescents is similar to that found in studies with samples from the general population (Fleitlich-Bilyk & Goodman, 2004; Moura et al., 2018; Polanczyk et al., 2015). This is because it is likely that they do not have access to professional support to help them face the typical challenges of these stages of life. Thus, this result may help mitigate the stigmatizing view of the sons and daughters of imprisoned people, which is common in Brazilian society (Cúnico et al., 2017), but it also reveals the need to think about public policies aimed at these children and adolescents. They could especially benefit from public policies aimed at strengthening social, family, and community ties, as this would provide other sources of support.

Also by criterion 1 (Silva et al., 2015), more than one-third of the pro-social behaviors scores were classified as clinically relevant (36.6%). However, the relationship of pro-social behavior to mental health problems is not well established; there is a difference between having difficulties in socioemotional development and behaving in a pro-social way (Fleitlich-Bilyk & Goodman, 2004; Goodman et al., 2003). The high prevalence of scores considered clinical in pro-social behavior indicates that there is more difficulty in developing the potential for socialization and cooperation than socioemotional problems. Therefore, it is possible that the promotion of social skills is the approach with the greatest potential to positively affect the lives of these children and adolescents.

On the other hand, by criterion 2 (Goodman, 1997), the percentage of children considered prone to develop mental health problems was 22% (SDQ-difficulties), and the scores considered clinically relevant were 36.6% for emotional symptoms, 22% for conduct problems, 22% for peer problems, 15.9% for hyperactivity, and 6.1% for pro-social behavior. The use of Goodman's (1996) cut-off points is inappropriate for the Brazilian context (Renshaw, 2019; Silva et al., 2015); however, they were reported in this study because many researchers still use them (e.g., Cury & Golfeto, 2003; Fidalgo et al., 2016; Menezes et al., 2011; Rodriguez et al., 2010). These parameters were extrapolated from contexts totally different from the Brazilian one, which makes their interpretation difficult and leads to an overestimated classification of the SDQ scores as clinically relevant. This exaggerated sensitivity of the instrument is especially problematic when dealing with samples of children and adolescents in vulnerable contexts.

In the case of children of incarcerated fathers, there is a stigma that these parents, for not being physically present in daily life, would not be able to exercise their parenting (Miranda & Granato, 2016). As a result, their children, faced with this supposed absence of the father figure and a social determinism, are seen as potentially dangerous (Moreira & Toneli, 2013). This stigma affects, for example, the educational sphere, since the higher school retention of children of incarcerated fathers is explained not by test performance or behavior problems, but by the negative perception of teachers about the children's academic ability (Turney & Haskins, 2014). Thus, these results only serve to reinforce the caution with the use of the SDQ as a mental health screening tool, as the decalibration of the instrument may reinforce a perspective of pathologization of childhood, as well as strengthen the stigma that falls upon children and adolescents in vulnerable contexts.

Incarceration is a risk factor for the maintenance of bonds between incarcerated fathers and their children, compromising the well-being of both (Miranda & Granato, 2016). Therefore, it is especially necessary to understand and intervene in the parent–child relationship and the quality of parenting practices in this context. These are very important factors for the socioemotional development of children and adolescents (Arditti, 2012; Cúnico et al., 2017; Darling & Steinberg, 1993; Pinquart, 2017; Sebre et al., 2014). This relationship usually impacts positively their lives, for example, by decreasing the likelihood of juvenile delinquency, academic failure, and emotional distress (Lee et al., 2012; Mapson, 2013).

In the present study, discipline practices were directly associated with the SDQ-difficulties. Thus, children whose fathers resorted more frequently to behaviors

such as spanking and yelling tended to have more difficulties in social and emotional development. Specifically, discipline practices were related to more conduct problems. Such practices are still considered an exercise of parental authority with their children, especially in the prison environment. External recognition of fathers as disciplinarians may be important for these men in their search for social approval so that they are seen as fathers who impose limits on their children, as a reaction to the stigma of dangerousness assigned to them (Moreira & Toneli, 2013). Disciplinary practices can be a response to conduct problems or vice versa; however, the association of disciplining behaviors with the total measure of difficulties indicates that this is a harmful practice to the socioemotional development of children and adolescents. In the literature, it is common to associate more rigid and authoritarian parenting practices with socioemotional difficulties and behavior problems (Leme & Marturano, 2014; Morris et al., 2013; Sebre et al., 2014).

In turn, positive parenting practices (i.e., affect, education, and social) were associated with fewer difficulties in socioemotional development. Specifically, affection practices were associated with lower levels of emotional symptoms, hyperactivity, and conduct problems, while education practices correlated with lower levels of hyperactivity and socialization practices with lower levels of peer problems. Such results support the understanding that positive parenting practices related to affection and dialogue promote more healthy development of children and adolescents (Arditti, 2012; Guisso et al., 2019; Moreira & Toneli, 2013; Morris et al., 2013; Sebre et al., 2014). These results emphasize the importance of exercising a fatherhood based on affection, dialogue, and socialization. In Brazil, despite the growing importance of a new model of fatherhood in which the affective bond is valued, the exercise of a traditional fatherhood still prevails, in which the father has the almost exclusive role of family provider and disciplining the children (Vieira et al., 2014).

In prison settings, the direct demonstration of affection, such as kissing and hugging, is reduced due to the physical separation of fathers and children. Despite this separation, our results indicate that the positive impact of affection practices on the socioemotional development of children and adolescents remains. Some incarcerated fathers in Brazil tend to resignify the previous relationship established with their children by valuing emotional involvement with them (Cúnico et al., 2017; Granja et al., 2013). In countries with a more collectivist culture, such as Brazil, parental practices of discipline tend to impact even more negatively on the psychosocial development of children and adolescents, since authoritarian parental behaviors tend to be perceived as something bad even when justified (Martinez et al., 2020). In complementarity, more permissive parenting with an emphasis on affection has more positive repercussions for development (e.g., greater school adjustment, better self-esteem).

Regarding the association between SDQ dimensions, the conduct problems component seems to play a central role, since it was associated with all other factors. Furthermore, the inverse association of pro-social behavior with peer problems and conduct problems, and not with hyperactivity and emotional symptoms, indicates that children and adolescents' difficulties in pro-social behavior has more repercussions on social relationships (i.e., peer problems and conduct problems) than on individual problems (i.e., hyperactivity and emotional symptoms). Thus, in the

Brazilian context, the promotion of pro-social behavior may have more impact on the resolution of social relationship difficulties than on more individual problems, such as hyperactivity. Perhaps these results are restricted to more collectivist cultures such as Brazil (Martinez et al., 2020), but as studies exploring the relational dimension among the problems assessed by the SDQ are not common, there is no way to assess the extent of these findings. Despite this, these relationships may indicate clues for other studies to investigate which are the central aspects in the network of relationships of the dimensions assessed by the SDQ.

Conclusion

Socioemotional development is a key factor in the human life cycle for the adaptation to environmental demands, the development of social skills, and the management of social relationships. The exercise of parenting through parenting practices is connected with this process. In this sense, we sought to analyze the socioemotional development of children of imprisoned men and its relationship with their parenting practices. The results indicated that the prevalence of clinically relevant socioemotional difficulties was similar to that commonly found in studies with general population samples, about 11% (Fleitlich-Bilyk & Goodman, 2004; Moura et al., 2018; Polanczyk et al., 2015). Furthermore, parenting practices of affection, education, and socialization were directly associated with socioemotional development, while those of discipline were inversely correlated. This relationship between positive aspects of fatherhood and healthy socioemotional development of children indicates that even in the prison context with its coexistence limitations, the father-child relationship is a central factor for the development and mental health of the offspring. Therefore, beyond the potentially reduced coexistence, incarcerated men and their families can benefit from interventions on parenting practices.

Identifying which parenting practices affect each of the difficulties assessed by the SDQ (e.g., emotional symptoms, hyperactivity) provides clues for future interventions (e.g., parent training; Guisso et al., 2019) and can guide support from caregivers, psychologists, teachers, and social service providers. Should they choose to act on any of the socioemotional difficulties measured by the SDQ, for example, hyperactivity, professionals can better direct their efforts on which parenting practices to act on. For example, due to their central role, promoting affectionate parenting practices may be an interesting pathway for interventions aimed at mitigating the socioemotional difficulties measured by the SDQ. Furthermore, future interventions aimed at acting specifically on the difficulties may benefit from focusing on conduct problems, due to their central relationship with the other socioemotional difficulties or on promoting pro-social behaviors, which will tend to positively affect both peer and conduct problems. Future studies may explore the relationships between these constructs to add evidence to the associations found.

Despite the contributions, the present study had some limitations. The sample was composed only of fathers, because even with numerous contacts and attempts, only three mothers who were partners of these fathers agreed to participate in the study. The participation of mothers would have allowed their

parenting practices to be included in the scope of analysis. In addition, a longitudinal follow-up would make it possible to track over time the relationship between parental practices and children's socioemotional development. Thus, future studies should aim to understand this relationship by including mothers in the sample or following this relationship longitudinally.

Furthermore, the fact that the SDQ assesses the perception of an adult on the development of children and adolescents, especially in the prison setting, may represent a limitation of the ecological validity of the study—that we try to soften with the mother's invitation. However, in addition to the negative participation of mothers, the perception of incarcerated parents about the development of their children, even if limited, is an important factor to be analyzed by itself. There is no way to assume that even if incarcerated, parents have less interaction or attention directed to their children's development in comparison to studies with other parents or reference adults (e.g., teachers). Still, the results presented here should be interpreted considering this limitation. Future studies may investigate, besides parents' perception, the perception of other caregivers and the children themselves about socioemotional difficulties.

In addition, there were numerous operational difficulties due to the institutional dynamics of prisons (e.g., mandatory handcuffing, cancellations due to the inmates' impossibility of displacement, intermediation for the invitation to research participation). Because of this, despite the estimate of higher participation (considering the prison population and that a large part of the men were fathers), the survey had to be closed with 65 participants.

The similarities of the results of this study with those from the general population only reinforce the need for a critical look at the naturalization of the stigma that negatively affects children and adolescents of incarcerated fathers. Their difficulties, socioemotional and behavioral problems, although similar to those of the general population, have distinct repercussions, marked by exclusion and discrimination (Turney & Haskins, 2014; Wakefield & Wildeman, 2013). In addition, they reinforce the importance of further studies aimed at understanding and intervening in the socioemotional development of children and adolescents and in parenting practices, especially in the vulnerable context of the father-child relationship of incarcerated men.

Author contribution D.S. Almeida-Segundo was responsible for the original article concept and design, data collection, data analysis, discussion of the data, and review of the final version of the manuscript. S.D. Cúnico worked on the elaboration of the theoretical framework, data collection, and review of the final version of the manuscript. A. Pizzinato was responsible for the project design, writing process, and reviewing and approving the final version of the manuscript.

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Availability of Data and Material Data will be made available on reasonable request.

Code Availability Not applicable.

Declarations

Ethics approval The research followed the ethical recommendations in Brazil and was approved by the Ethics Committee for Research with Human Beings at the Universidade Federal do Rio Grande do Sul (protocol number 01390918.0.3001.5334). Informed consent was obtained from all individual participants included in the study.

Conflict of Interest The authors declare no competing interests.

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