



Child well-being when fathers return from prison

Anna Yaros^a , Derek Ramirez^a, Stephen Tueller^b, Tasseli McKay^c,
Christine H. Lindquist^c, Amy Helburn^a, Rose Feinberg^d, and Anupa Bir^e

^aRTI International, Research Triangle Park, North Carolina, USA; ^bMilitary & Family Risk Behavior Research, RTI International, Durham, North Carolina, USA; ^cCenter for Justice, Safety and Resilience, RTI International, Durham, North Carolina, USA; ^dCenter for the Health of At-Risk Populations, RTI International, North Carolina, USA; ^eCenter for Advanced Methods Development, RTI International, Waltham, Massachusetts, USA

ABSTRACT

A majority of men incarcerated are fathers, but little research has been conducted on the children's well-being after their father's release from incarceration. We measured changes in internalizing and externalizing problems (based on father's and female partner's report) across a 34-month period among children ages 6–17 ($n=431$). Results suggested increased internalizing and externalizing problems in older children, increased internalizing problems when fathers had problem alcohol use, and a moderating role of father–child coresidence and father–child relationship. Programs to promote paternal well-being and father–child relationships before and after reentry may benefit children of incarcerated fathers.

KEYWORDS

Externalizing problems;
father–child relationships;
incarceration; internalizing
problems; reentry

Background

Parents of minor children represent more than half of people incarcerated (52% of people incarcerated in state prisons and 63% of people incarcerated in federal prisons in 2007), and 92% of those incarcerated parents are male (Glaze 2010; Glaze & Maruschak 2008). Those figures translate into approximately 2.7 million, or 1 in 28, children in America who have a parent incarcerated (The Pew Charitable Trusts, 2010). General population statistics on release from prison and on reincarceration suggest that it is likely that most of these children will also experience their parents' release and even reincarceration (Carson, 2015; Durose, Cooper, & Snyder, 2014).

Many studies have explored the effect of having an incarcerated parent on children, but little has been researched about experiences and outcomes after the parent's release from incarceration. Although findings vary with regard to specific outcomes, most highlight negative outcomes associated with parental incarceration (e.g., Mears & Siennick, 2016; Wakefield & Wildeman, 2013). In a practical sense, incarceration reduces physical closeness, decreases financial contributions from the incarcerated parent, and may contribute to further

erosion of already fragile parent–child relationships (National Research Council, 2014). These problems often persist after release, as a parent may face a compromised financial status and problems with parent–child relationships during reentry (Geller & Curtis, 2011; The Pew Charitable Trusts, 2010).

Parental incarceration is a unique risk factor for children’s externalizing behavior (i.e., acting out through opposition, rule-breaking, disobedience), even after controlling for demographics, parent criminal justice system involvement, parental separation, and other childhood risk factors (Geller, Cooper, Garfinkel, Schwartz-Soicher, & Mincy, 2012; Murray & Farrington, 2005). Using data from the National Longitudinal Study of Adolescent Health, Swisher and Roettger (2012) found that delinquency was associated with paternal incarceration among White, Black, and Hispanic/Latino youth. Increases in other externalizing behaviors including aggression and attention problems also appeared to be linked to parental incarceration (Geller et al., 2012). A large meta-analysis of the effects of incarceration highlighted somewhat inconsistent results from 40 studies (including 7,374 children with incarcerated parents and 37,325 comparison children in 50 samples; Murray, Farrington, & Sekol, 2012). In the meta-analysis, the most rigorous studies showed that parental incarceration was associated with higher risk for children’s antisocial behavior, but found no significant increased risk for mental health problems, drug use, or poor educational performance (Murray et al., 2012).

A growing research base suggests that parental incarceration could also be related to adverse internalizing consequences for children, including depression, anxiety, and more general internalizing problems such as withdrawal (Wakefield & Wildeman, 2013). A review of five relevant studies with control groups and similar, validated measures concluded that parental incarceration is associated with at least a two-fold increased risk of anxiety and depression (Murray & Farrington, 2008). However, we do not know if this risk dissipates with parental release, as almost all studies have been conducted with children whose parents remain incarcerated. Our study will explore how children change during their fathers’ reentry following incarceration.

Mixed findings on the effects of parental incarceration on child well-being, including internalizing and externalizing behaviors, found in previous studies could be related to several common challenges in studying parental incarceration. First, as it is unusual for a family to experience incarceration in the absence of other difficulties (Wright & Seymour, 2000), a parent’s imprisonment may take place within a larger family context of drug abuse, violence, crime, poverty, and disadvantage (La Vigne, Davies, & Brazzell, 2008). It remains unclear if the negative effects of incarceration cited in many studies are due to incarceration itself or a number of correlated variables described above. Some controlled studies have attempted to parse out the role

of incarceration. In a recent, large study, Turney (2014) used data from the National Survey of Children's Health (2011–2012) to model the effects of parental incarceration on children ages 0–17 while controlling for a number of important variables (age, parental education, race/ethnicity, family income, healthcare access, and neighborhood safety, as well as child exposure to domestic violence, an adult with a substance abuse problem, or an adult with a mental illness). Even after controlling for this wide range of variables, incarceration of a parent was related to children's ADHD, behavioral and conflict issues, developmental delays, and learning disabilities. Unfortunately, a cross-sectional study of this nature cannot make causal inferences.

Inconsistent results in studies of the effects of parental incarceration could also relate to underlying differences in child well-being effects by age group. Findings from the Murray, Farrington, and Sekol meta-analysis (2012) suggest that antisocial behavior may be more likely among adolescents (11–17 year-olds) as opposed to younger children whose parents had been incarcerated. In examining depression among youth whose fathers were incarcerated, paternal incarceration during childhood related to more depression than paternal incarceration at other ages (Swisher & Roettger, 2012). In the same study, the influence of age at parental incarceration on child delinquency was unclear. Another large-scale study found that the negative effects of parental incarceration on children's mental health did not differ by age (Wakefield & Wildeman, 2013). These mixed results suggest a need to better understand the role of youth age at parental incarceration as well as of age at parental release from incarceration.

Moderators of parental incarceration's effect on child well-being

The heterogeneity of findings across studies of parental incarceration and child well-being could be clarified by understanding the role of possible moderators. One key variable related to the effect of parental incarceration could be parental well-being, including mental health and substance use. Some researchers have suggested that it is possible that paternal incarceration could improve the well-being of some children by shielding them from negative paternal behavior such as domestic violence or paternal substance abuse (Wakefield & Wildeman, 2013). In these instances, paternal incarceration could have protective effect on children by removing negative paternal behavior from their home. It is possible that the inverse of this is true; that coresiding with parents with negative behavior could have a negative effect on child well-being. In support of this idea, studies have shown that the effects of parental substance use on a child are more harmful in situations where substance abusing parent is living with the child than in situations where he or she is not (Osborne & Berger, 2009). Similarly, the negative effects of parental antisocial behavior appear to be stronger when a parent is coresiding

with the youth (Jaffee, Moffitt, Caspi, & Taylor, 2003). Given these findings, the release and reentry of fathers from incarceration could have a negative effect on their children if they return to living with their children and exhibit substance use or antisocial behaviors. Our study seeks to understand how children's well-being is affected by their fathers' release from incarceration.

Paternal mental health and well-being may also account for differences in the influence of incarceration on child well-being. Among parents who are not incarcerated, there is a strong association between parental depression and depressive disorders, anxiety, and other psychopathology in offspring (Lieb et al., 2002; Nomura, Wickramaratne, Warner, Mufson, & Weissman, 2002; Oyserman, Mowbray, Allen-Meares, & Firminger, 2000). Although there is some evidence that children of adults with depression experience negative outcomes even when the parent is nonresidential, the effect of coresidence versus separation is largely unstudied (Davis, Caldwell, Clark, & Davis, 2009). That is, it is unclear whether the reentry of an incarcerated father with mental illness into the home would have negative effects. To understand this link, it is particularly important to examine the role of these moderators on children who coreside with their fathers after incarceration and those who do not.

Another important potential moderator is parent-child relationship quality, which has been shown to be significantly affected by incarceration (Poehlmann, 2005). In examining the role of parent-child relationship quality among children with incarcerated parents, more negative relationships relate to more externalizing problems in youth (Shlafer & Poehlmann, 2010). Researchers have suggested that future research should examine the role of parent-child relationship quality as a moderator of the relationship between parental incarceration and child well-being (Murray et al., 2012). Qualitative research suggests that parent-child relationships are also impacted by reentry with families experience significant stress at the release of a family member (Grieb et al., 2014). Participants noted the stress of having to reestablish relationships after varying lengths of stay that relate to a variety of changes in family dynamics. They identified strained communication between formerly incarcerated men and their families as both groups are significantly stressed.

The current study provides a unique opportunity to explore the role of paternal incarceration and release from incarceration on children over time. By following a large sample of families of incarcerated fathers (who experienced different release trajectories over time), we will assess how a child's well-being changes in response to the father's reentry from prison by comparing children whose fathers got released during the study follow-up period with those whose fathers remained incarcerated, while controlling for a number of potential covariates. As a majority of studies point to the negative effects of incarceration on youth, we hypothesize that youth whose fathers remain incarcerated will show lower overall well-being than

those whose fathers get released (Hypothesis 1). Given the negative effects of parental substance use, parental mental health problems, and poor father-child relationship quality on child well-being, we hypothesize that these three variables will relate to worse child well-being once a father is released from incarceration (Hypothesis 2). This may be particularly true for children who live with their fathers postrelease, so we predict that father-child coresidence will moderate the relationship between paternal mental health, substance use, and relationship quality and child well-being (Hypothesis 3).

Method

Sample

The sample for this analysis included 953 families consisting of a man who was incarcerated at baseline, his primary intimate or coparenting partner (“survey partner”), and a “focal child” selected from all of the man’s children. The analytic sample for this article was limited to fathers of focal children between the ages of 6 and 17. The MFS-IP project design and methods are described in detail in “The Multi-Site Family Study: Design and Sample” in this issue. For this article, data from the Ohio, New York, New Jersey, and Indiana samples were used. Results are based on quantitative interviews of the fathers and their survey partners completed at up to four time points—baseline, 9-month follow-up, 18-month follow-up, and 34-month follow-up (conducted with the Ohio and Indiana samples only). During those 34 months from baseline to the final interview, fathers could have remained incarcerated, been released (and remained released), or been released and gotten reincarcerated. Of the total sample of 953 fathers, 431 (45.2%) fathers were released at least once during the 34-month follow-up period.

During the baseline interviews, fathers were asked about their partners and children. The primary intimate or coparenting partner of the father was contacted and enrolled in the study, with both members of the couple interviewed over time. Among all of the children reported by the father, a focal child was selected about whom additional questions were asked of both members of the study couple. Priority for the focal child selection was given to the child parented both by the father and the study partner he had identified. Of those children, the one closest to age eight was chosen as the focal child. Focal children identified in the analytic subsample range in age from 6 years to 17 years with a mean age of 10.2 years ($SD = 3.3$; see [Table 1](#)). Race/ethnicity was not collected for children, but among their fathers, 542 (56.9%) were non-Hispanic Black, 246 (25.8%) were non-Hispanic White, 103 (10.8%) were Hispanic (White, Black, or Other), 45 (4.7%) were multiracial, and 17 (1.8%) were another race (non-Hispanic).

Table 1. Sample demographics and family structure.

Variable	All fathers ^a	Released fathers ^b	Female partner ^c
Age			
Age at study enrollment (<i>M</i>)	35.4 years	35.5 years	34.8 years
Relationship with survey partner			
Relationship status			
Married	30%	27%	30%
In an intimate relationship	61%	65%	54%
In a coparenting relationship only	9%	8%	16%
Duration of relationship, if married/intimate (<i>M</i>)	9.0 years	8.8 years	8.3 years
Parenting/coparenting characteristics			
Number of children (<i>M</i>)	3.1	3.2	2.4
Number of coparents (<i>M</i>)	2.6	2.7	1.9
Age of focal child (mean)	10.2 years	10.1 years	(n/a)
Incarceration history			
Age at first arrest (mean)	17.1 years	16.9 years	(not asked)
Number of previous adult incarcerations (mean)	5.8	6.8	1.6
Duration of current incarceration (mean)	3.78 years	2.83 years	(n/a)

^a*n* = 953. ^b*n* = 431. ^c*n* = 706.

Measures

Child well-being

Fathers reported on the focal child's well-being at each interview. In addition, if the father reported that his survey partner coparented the child in any way, the survey partner was also asked about the focal child's well-being at each interview. We used a scale comprised of eight items from the 2003 National Survey of Children's Health (NSCH) to measure focal child well-being at each of the four time points. The NSCH was created for use with children ages 6–17 and was based on the Problem Behavior Index (Zill, 1990). Questions asked if the focal child exhibited any of eight behaviors describing internalizing and externalizing problems with four response options including 0 = *never*, 1 = *sometimes*, 2 = *usually*, and 3 = *always*.

Factor analyses revealed that the responses fit into two factors: Internalizing Problems and Externalizing Problems. The Externalizing Problems factor reflected questions about whether the focal child bullies others, shows respect for teachers and neighbors (reverse coded), gets along well with other children (reverse coded), and is disobedient. The Internalizing Problems factor reflected questions about whether the focal child is stubborn, sullen or irritable; feels worthless or inferior; is unhappy, sad, or depressed; or is withdrawn, and does not get involved with others. We checked whether the indicators for each factor were measurement invariant across men and women reporters, across each time point, and between child age groups of 6–11 and 12–17. (Measurement invariance is a statistical property reflecting whether the same underlying construct is in fact being measured by a set of items that are administered across groups or across time.) Measurement invariance held across men and women reporters, across age groups, and across time points, supporting the use of the same

two-factor structure for all participants and all time points. Given the results supporting measurement invariance across raters, the responses for male and female partners were summed for each factor, with mean imputation used to account for missing data. Each factor was coded continuously, such that the higher values reflected more problems (i.e., lower well-being). Scores were produced for internalizing and externalizing disorders at baseline, 9-months, 18-months, and 34-months. Female and male ratings of child well-being were significantly correlated at each time point, though female partners rated children as having more internalizing and externalizing problems on average at each time point than did fathers.

Paternal problem alcohol use after release

A binary variable reflecting the presence of any of five problem-drinking behaviors (e.g., felt you should cut down on your drinking, had a drink first thing in the morning, or felt bad or guilty about your drinking) was created for fathers who were released from incarceration during a given follow-up interview. This variable was created for each time period for which a father had any community exposure. (Still-incarcerated fathers were not asked about alcohol use).

Paternal drug use

Men were asked which substances they used, including alcohol, marijuana, and other drugs. Binary variables reflecting whether the men used any drugs other than alcohol or marijuana were created for each of the following time points: the 6 months prior to incarceration (covered in the baseline interview), 9-month follow-up (for fathers who had been released), 18-month follow-up (for fathers who had been released), and 34-month follow-up (for fathers who had been released).

Paternal depression

Men reported on their symptoms associated with depression using a nine-item scale modified from the Center for Epidemiologic Studies Depression Scale (CESD; Radloff, 1977), which is a widely-used measure created for detecting depression among adults in the general population. The CESD has been used to measure parental depression outcomes in studies of parenting interventions (Gardner et al., 2009; Slavet et al., 2005). Respondents rate how often they have experienced symptoms of depression in the past two weeks on a 5-point scale (0 = *not at all or less than 1 day*, 1 = *1–2 days in the last week*, 2 = *3–4 days in the last week*, 3 = *5–7 days in the last week*, or 3 = *nearly every day for 2 weeks*; top two responses are scored identically). Responses were summed with scores ranging from 0 to 27. Scores of 9 or above were considered to be indicative of symptomatic depression and were coded as 1, while lower scores were not indicative of depression and were

coded 0. Indicators of likely symptomatic depression were created for baseline, 9-month follow-up, and 18-month follow-up, but this measure was not available for 34-month follow-up.

Paternal PTSD

Fathers completed the Primary Care PTSD Screen (PC-PTSD; Cameron & Gusman, 2003), which is a brief screening tool asking about four symptoms of PTSD. The questions ask if the father has ever had an experience that was so frightening, horrible, or upsetting that, in the past month, he has (a) had nightmares about it or thought about it when he did not want to, (b) tried hard not to think about it, (c) was constantly on guard, or (d) felt numb or detached from others. Respondents answered yes or no, with 3 or 4 yes responses indicating clinically significant symptoms of PTSD, and 2 or fewer yes responses indicating an absence of PTSD. Indicators of clinically significant PTSD were created for baseline, 9-month follow-up, and 18-month follow-up, but this measure was not available for 34-month follow-up.

Father–child relationship quality

The quality of fathers' relationships with their focal children was rated by fathers at each time point (baseline and 9-, 18-, and 34-month follow-up). Fathers were asked to rate their current relationships as excellent, good, fair, or poor, with higher scores indicating better-perceived relationships.

Father incarceration and release status

As described previously, all fathers were incarcerated at baseline and then experienced different trajectories of release and reincarceration throughout the study follow-up period. Fathers who had gotten released and had some community exposure prior to a follow-up interview wave were classified as “released” for that follow-up period (the percentage of fathers classified as released for the 9-, 18-, and 34-month interview waves was 23.0%, 35.1%, and 45.4%, respectively). Note that some of these fathers actually became reincarcerated prior to the follow-up interview, but as long as they had some community exposure since the previous interview, they were considered to have been released.

Analytic approach

To test whether child well-being differs between those whose fathers remained incarcerated and those whose fathers got released (Hypothesis 1), we first completed regressions at each time point (9-, 18-, and 34-month follow-up) with incarceration status as the independent variable and the child well-being indicators (internalizing vs. externalizing symptoms) as the dependent variables. Given our interest in change in child well-being across

the 34-month follow-up period and the measurement invariance established across time, we calculated change scores of child well-being. The continuous score of internalizing problems at baseline was subtracted from the internalizing problems score at each time point (9-, 18-, and 34-months postbaseline) to measure the change in internalizing problems. The same process was repeated to compute a change score for externalizing problems. Change scores were used as the measure of internalizing and externalizing problems in each analysis.

To determine the role of age, we first tested whether age at incarceration or age at release of the focal child significantly related to changes in child well-being. For these and subsequent models, the dependent variables were the measures of internalizing problems that included only those children with scores of one or more at the time point the dependent variable was measured. This resulted in dependent variables that excluded children who had scores of zero on internalizing problems at that time point. The same procedure was followed for externalizing problems scores. This was done to reduce the skewness of the data, which included a number of children with zero internalizing or externalizing problems.

To examine the effect of the independent variables on child well-being for children whose fathers got released over time (Hypothesis 2), we used data from the interview immediately following fathers' release, while accounting for previous levels of child well-being by using a change score for child well-being as the dependent variable. We completed separate regressions with the following independent variables: paternal problem alcohol use, paternal drug use, paternal depression, paternal PTSD, and father-child relationship quality. In each model, we included race of the father and site (dummy coded with Ohio as the reference category) as categorical control variables and age of focal child at incarceration and release as continuous control variables (see [Table 2](#) for a full list of variables).

Following these initial regressions, a set of moderation models were tested that included coresidence as a moderator with each of five independent variables (Hypothesis 3).

Table 2. List of variables.

Independent variables (5)	Control variables (4)	Moderator (1)	Dependent variables (2)
Paternal problem alcohol use	Race of father	Paternal coresidence	Internalizing problems change score
Paternal drug use	Site		Externalizing problems change score
Paternal depression	Age at incarceration		
Paternal PTSD	Age at release		
Father-child relationship quality			

The moderator model equation is as follows:

$$CWB_i = Predictor_i * Moderator_i + Predictor_i \\ + Moderator_i + race + site \\ + age at incarceration + age at release$$

Results

Analyses of incarceration versus release

When testing the role of a father's release from incarceration versus continued incarceration across the 9-month, 18-month, and 34-month interviews, there were no significant differences between these two groups in child well-being (data not shown).

Analyses following paternal release

Given that there was no significant correlation between release status and child well-being, we limited the remaining analyses to the sample of focal children whose fathers had been released in order to examine the effect of paternal behavioral health problems and father-child relationship quality on child well-being after release. We used data for each child from the father's and female partner's first interviews following release of the father from incarceration. In examining the effect of paternal alcohol use, drug use, depression, PTSD and father-child relationship quality, only paternal alcohol use was significantly related to a change in child well-being. Specifically, when fathers reported problematic alcohol use after release, increases in internalizing problems after the father's release were identified among their children ($b = 0.75, p = .05$).

Next, to account for the large numbers of zero scores of the child well-being variables, we excluded youth who had zeros as their measure of levels of internalizing and externalizing problems at the first interview following their fathers' release. Among the sample of children who had one or more internalizing or externalizing problems, we tested whether age at a father's incarceration or age at a father's release related significantly to changes in child well-being in separate regression models (see [Table 3](#)). The focal child's age at the time the father was incarcerated was not associated with change in internalizing or externalizing problems after the father's release. However, children's age when their fathers were released from incarceration was significantly related to changes in child well-being after the fathers' release. Children who were older when their fathers were released had more internalizing problems after release than they did at baseline ($b = .193, p = .01$). Similarly, older children (at the time of the father's release) also showed a larger increase on average in externalizing problems from baseline to the postrelease interview ($b = 0.193, p = .05$).

Table 3. Focal child age and changes in well-being.

Variable	Children with one or more internalizing or externalizing problems			
	Internalizing		Externalizing	
	Estimate	<i>p</i>	Estimate	<i>p</i>
Focal child age at incarceration	−0.077	.27	−0.090	.22
Focal child age at release	0.193	.01*	0.169	.05*

Note. Models controlled for race and site.

* $p \leq .05$.

Analyses to examine the role of paternal substance use, paternal mental health, and father–child relationship quality on change in child well-being following paternal release were repeated in our subsample of youth with at least one internalizing or externalizing problem. Similar to the findings among all youth, in youth with one or more internalizing or externalizing problems, problem alcohol use by fathers significantly related to increases in youth internalizing problems at the postrelease interview (see Table 4). Drug use, depression, PTSD, and father–child relationship quality were not significantly associated with changes in children’s internalizing or externalizing problems. Children’s ages at the time of their fathers’ incarceration and at the time of release were included as control variables. Child age at the time of the father’s release was significant across these regression models.

Coresidence with father

Next, we conducted regression analyses to test whether father–child coresidence after incarceration moderated the influence of father–child relationship

Table 4. Paternal variables and changes in child well-being.

Variable	Children with one or more internalizing or externalizing problems			
	Internalizing		Externalizing	
	Estimate	<i>p</i>	Estimate	<i>p</i>
Depression	0.193	.62	0.471	.32
Focal child age at incarceration	−0.065	.46	−0.123	.20
Focal child age at release	0.206	.06	0.210	.09
PTSD	0.320	.56	−0.624	.29
Focal child age at incarceration	−0.079	.41	−0.117	.25
Focal child age at release	0.224	.05	0.208	.11
Alcohol use	0.817	.04*	0.527	.27
Focal child age at incarceration	−0.092	.16	−0.103	.17
Focal child age at release	0.215	.00*	0.166	.06
Drug use	−0.421	.58	0.579	.34
Focal child age at incarceration	−0.086	.20	−0.089	.23
Focal child age at release	0.215	.00*	0.152	.08
Relationship quality	−0.044	.84	−0.126	.58
Focal child age at incarceration	−0.091	.17	−0.085	.25
Focal child age at release	0.200	.01*	0.154	.08

Note. Models controlled for site and father’s race.

* $p \leq .05$.

quality and paternal behavioral health on child well-being (see Table 5). Coresidence was observed to moderate the effect of father–child relationship quality on children’s externalizing problems, such that children who lived with their released fathers and had a poor-quality relationship with them (as assessed by the fathers) showed more externalizing problems than those who lived with and had positive relationships with their fathers. Coresidence was not observed to moderate the influence of paternal behavioral health variables on child well-being. (Children’s ages at the time of their fathers’ incarceration and release from incarceration were again included as control variables, and age at release was significant in three of the five models.)

Table 5. Coresidence as a moderator.

		Children with one or more internalizing or externalizing problems					
		Internalizing			Externalizing		
		N	Estimate	P-Value	N	Estimate	P-Value
Depression	Coresidence	260	-0.357	0.51	250	0.064	0.92
	Depression		-0.398	0.51		-0.396	0.59
	Coresidence x Depression		1.074	0.18		1.503	0.13
	Focal Child Age at Incarceration		-0.060	0.51		-0.136	0.15
	Focal Child Age at Release		0.195	0.09		0.222	0.07
PTSD	Coresidence	233	0.025	0.96	225	0.781	0.17
	PTSD		0.065	0.94		-0.920	0.37
	Coresidence x PTSD		0.505	0.65		0.565	0.65
	Focal Child Age at Incarceration		-0.081	0.41		-0.143	0.16
	Focal Child Age at Release		0.227	0.06		0.246	0.06
Alcohol Use	Coresidence	333	-0.037	0.93	322	0.429	0.38
	Alcohol Use		0.125	0.84		0.569	0.41
	Coresidence x Alcohol Use		1.228	0.12		-0.125	0.89
	Focal Child Age at Incarceration		-0.101	0.12		-0.109	0.15
	Focal Child Age at Release		0.225	0.00*		0.175	0.05*
Drug Use	Coresidence	334	0.222	0.53	323	0.363	0.41
	Drug Use		-1.210	0.48		0.250	0.73
	Coresidence x Drug Use		1.019	0.59		0.347	0.75
	Focal Child Age at Incarceration		-0.091	0.17		-0.097	0.19
	Focal Child Age at Release		0.223	0.00*		0.162	0.07
Relationship Quality	Coresidence	337	1.102	0.28	326	2.365	0.01*
	Relationship Quality		0.124	0.67		0.229	0.46
	Coresidence x Relationship Quality		-0.445	0.31		-0.951	0.04*
	Focal Child Age at Incarceration		-0.093	0.15		-0.091	0.22
	Focal Child Age at Release		0.198	0.01*		0.145	0.10

Note. Models controlled for race and site.

* $p \leq .05$.

Discussion

Our study generated mixed findings on the role of paternal release from incarceration and subsequent coresidence in shaping children's well-being, as operationalized by changes in internalizing and externalizing problems. With regard to our first hypothesis, a father's release (vs. continued incarceration) was not associated with increases or decreases in internalizing or externalizing problems. Among children of fathers who got released over the follow-up period, however, several variables—namely age at the father's release, paternal problem alcohol use after release, coresidence, and father-child relationship quality—related to changes in child well-being, even after controlling for age of the child at release and incarceration, race of the father, and location. Paternal alcohol use has been established as a risk factor for children's internalizing problems, such as depression and anxiety (Chassin, Pitts, DeLucia, & Todd, 1999; Hanson et al., 2006). Our findings support this, indicating that children experience an increase in these symptoms upon release from incarceration of fathers with problem alcohol use.

Our findings on coresidence and father-child relationship quality add to prior literature on how these two constructs affect the well-being of children in families of incarcerated fathers (Geller, 2013; Wakefield & Wildeman, 2013). Our study is the first to suggest that the two interact to produce differential effects of father-child relationship quality on child well-being based on whether a child lives with his or her father after his release. Poor father-child relationship quality was associated with increases in children's externalizing problems when the father and child lived together after his release, suggesting that how much a child is exposed to his or her father helps to determine the influence the father-child relationship has on the child's well-being. This also suggests that incarceration and release have differential impacts on a child, because his or her father, by definition, is not living with him or her during incarceration but may be after release.

Across analyses in our study, the child's older age at the time of the father's release was associated with increases in internalizing and externalizing problems. Since these models tested for change in internalizing and externalizing problems, this finding is not simply related to the base rate of the problems being higher in older youth. There could be several reasons for this. The additive effect of multiple incarcerations or the length of incarcerations might be driving this effect. If a child is older at the time of his or her father's release, it may be more likely that his or her father had a longer sentence, or that his or her father has been released and reincarcerated more times. Further, older children may experience more vulnerability to paternal release from incarceration than younger children, particularly in the specific aspects of well-being (internalizing and externalizing problems) assessed in this analysis. Cho found that early adolescent boys, in comparison to girls or boys in middle

childhood or late adolescence, were found to have negative school outcomes following maternal incarceration, though girls were more affected by the length of their mother's incarceration (Cho, 2010).

Strengths

The current study is unique in presenting findings from a large sample of incarcerated fathers and their families who were followed over an extended period of time (34 months), including some fathers who were released during this time and others who remained incarcerated. As such, we were able to track the outcomes of children whose fathers were released from incarceration over time. In addition, we compared the well-being of children whose fathers remained incarcerated with those whose fathers got released, which had not been done in previous research. This was also the first study to examine the effect of coresidence with a father on change in child well-being from pre- to postrelease, which is an essential variable of a fathers' effect on a child's well-being. During incarceration, all fathers are not coresiding with their children, but, after release, coresidence varies and appears to have a moderating effect on child well-being.

The study results are also strengthened by the use of reports from both fathers and their female partners regarding child well-being. As incarcerated (and even recently released) fathers may be less aware of their child's day-to-day well-being, the inclusion of study partners; ratings of child well-being strengthens this design. We discovered that though female partners' ratings of child well-being were strongly correlated with fathers' ratings, female partners on average indicated more child problems than fathers did.

Limitations

The current study has several limitations that could be addressed in future research. In particular, our sample had a large proportion of children for whom respondents identified no internalizing or externalizing problems, resulting in a smaller subsample to analyze. This subset reduced our statistical power in many analyses, which could have limited our findings. It is also important to understand that many of our results are generalizable only to children who exhibit at least one internalizing or externalizing problem. Some findings may also be the result of change in internalizing or externalizing behaviors being measured shortly after release. It is recommended that future analyses examine child well-being at longer intervals after a fathers' release to determine how well-being might continue to change over time.

Finally, our rating of child well-being includes reports from both the incarcerated father and his partner, which is a strength; however, we did not obtain youth self-reports of well-being. Research has indicated that parents

are reliable reporters of children's behavior, but may underreport internalizing problems (De Los Reyes & Kazdin, 2005). Future research could include children's own reports of their internalizing and externalizing symptoms. Other measures of child well-being, including physical health and academic achievement, could be examined in future research on the effects of paternal release, age at release, paternal substance use, and coresidence.

Implications

Our results suggest that understanding the well-being of fathers following release from incarceration is essential to understanding how child well-being changes during this time. Our findings on the role of paternal alcohol use point to the importance of rehabilitative programs to help justice-involved fathers address problem alcohol use before and after incarceration. This study supports growing evidence that it is especially critical for men being released from prison to have access to adequate treatment and supportive services in their communities to prevent substance use problems (e.g., Martire, Howard, Sayle, & Sunjic, 2013). Future research might examine how substance use treatment programs following release from prison affect child well-being. Such programs could take a two-generation approach by also assessing and (as needed) treating children of released fathers for emerging internalizing or externalizing problems, given the heightened risk evident in this study.

As we anticipated, the influence of father-child relationship quality on child well-being differs depending on whether the father and child live together. Jaffee and colleagues found a similar effect for externalizing problems and not internalizing problems (2003). Given this result, measures should be taken to maintain and enhance relationships between fathers and their children while fathers are incarcerated to improve the chance of achieving positive relationships following release. Given that parents note a number of barriers to contact between incarcerated fathers and their children (Wakefield & Wildeman, 2013), prisons and justice systems should work closely with parents to find ways to minimize these barriers and promote positive contact. In addition, reentry programs that focus on improving the parent-child relationship have been implemented for mothers (Menting, de Castro, Wijngaards-de Meij, & Matthys, 2014), and could be extended to fathers given this evidence for fathers' influence on their children's well-being during reentry.

Conclusions

Our study provides unique evidence of changes in child well-being during a father's release from incarceration, with changes associated with the child's age at the father's release from prison and the father's postrelease alcohol

use. We also identified coresidence as an important moderator of the effect of postrelease father–child relationship quality on child well-being. The current study points to the need for programs to support paternal well-being and father–child relationships during incarceration, at release, and following release. Additional research is needed to explore how a father’s well-being and trajectories of incarceration and release during childhood may affect children into adulthood, and how best to support both children and their fathers.

Acknowledgement

This article was prepared by RTI International with support from the Office of the Assistant Secretary for Planning and Evaluation and the Office of Family Assistance/Administration for Children and Families within the U.S. Department of Health and Human Services (Contract HHSP2332006290YC, September 2006). The views, opinions, and findings expressed in this document are those of the report authors and do not necessarily represent the official positions and policies of the U.S. Department of Health and Human Services.

Funding

This work was supported by the U.S. Department of Health and Human Services [Grant Number HHSP2332006290YC].

ORCID

Anna Yaros  <http://orcid.org/0000-0001-7656-5268>

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