

**Child Disability and Paternal Involvement:
An Examination of Nonresidential Father-child Engagement and
Financial Support among Children with Disability**

Maryhelen D. MacInnes
Michigan State University

Carrie E. Spearin
Brown University

The care associated with raising a child with a disability can place a significant emotional and financial strain on families. Therefore, it is not surprising that children with disabilities are at an increased likelihood of experiencing their parents' divorce compared to children without disability (Corman & Kaestner, 1992; Joesch & Smith, 1997; Mauldon, 1992). As a result, these children face two challenges, one by experiencing disability and two, by not having two biological parents in the home.

Numerous studies have pointed to the importance of the parent-child relationship. Research has found that children with positive parental relationships are more likely to perform better in school and are less likely to engage in risky adolescent behaviors, such as drug use (Hair *et al* 2005; Cohen and Richardson 1994; Blum and Rinehart 1997). The involvement of fathers is especially important to children. Men who actively engage with their children can provide valuable emotional support as well as everyday assistance and monitoring. All of which have are associated with numerous positive child and adolescent outcomes. However this relationship can be strained when children and their fathers live apart.

While it has been suggesting that the best parenting is done within the home, research has found that nonresident fathers can still have a positive impact on their children's well-being (Amato and Gilbreth 1999; White and Gilbreth 2001). Nonresident fathers can build strong bonds and close relationships with their children resulting in the transfer of social capital through monitoring and communication (King *et al* 2004) as well as the transmission of financial resources (Nord and Zill 1996). The importance of this father-child relationship may be even more vital for children with disability. Children with disability often require more extensive

caregiving, parental monitoring, and financial support than children without disability (Roberts and Lawton 2001; Newacheck *et al* 2004) and the absence of a father from a child's primary residence may put them at risk for poor developmental outcomes and lower socioeconomic status (Rogers and Hogan 2003; Wells *et al* 2004).

Although the importance of the nonresident father-child relationship for child well-being is well documented, little is known about the differing levels of nonresident father engagement for children with and without disability. This research study investigates these differences. The specific research questions we address are: Are non-residential fathers whose children have disabilities more or less involved in their children's lives than are nonresidential fathers with nondisabled children? Are nonresident fathers more or less likely to pay child support if the child has a disability?

While recent research suggests that among children with nonresident fathers, those with disability are significantly less likely to report positive paternal support, relationships, and monitoring than children without disabilities (Shandra *et al* 2008), little is known regarding the impact of child disability on financial support, or on joint effect of child support payments and child disability on nonresident father-child relationship quality. Exploring the association between child support and father-child engagement separately from engagement alone is especially important to consider. Does paying child support create stronger ties with nonresident children with disability because men want to actively see their financial investment? Or, do child support payments act as a proxy for a close father-child relationship resulting in little father-child interaction?

Data

To address these questions, we make use of wave 1 of the National Longitudinal Study of Adolescent Health (Add Health). Add Health is a probability sample of about 18,000 adolescents in grades 7 through 12 who were enrolled in US schools in 1994-95. This dataset has multiple components: an in-school questionnaire, an in-home questionnaire, and a parental questionnaire. For this study, we draw upon data gathered in the adolescent in-home and parental questionnaires: thus in order to be included in our analytic sample, adolescents must

have completed the in-home questionnaire and have a parent who completed the parent survey. Further, this study is limited to adolescents whose biological fathers were alive but not living in the home at the time of the survey. The following analyses, then, are based upon those adolescents who have non-residential fathers who were alive at the time of the survey.

Measures

Our measure of disability includes adolescents with physical limitations and disabilities. Adolescents are identified as having a physical disability if they: report that they think of themselves as having a disability, they have difficulty with an ADL, report having limb difficulties, make use of assistive technology like a wheelchair, cane, brace, or artificial limb. Given that Add Health is a school-based sample, we choose to focus on physical disabilities exclusively rather than taking a more expansive view of disability primarily because children with mental and developmental disabilities are less likely to be captured in this data source than are children with physical disabilities.

Our dependent variables include various measures of parental involvement. We assess child support payments by looking at a measure of child support payment in the parent survey which asks the custodial parent (mother) how much, if any, child support was received from the non-residential biological father in the year prior. We dichotomize this outcome to indicate whether any child support was received. This decision was made primarily because a majority of parents reported receiving no child support from the non-residential biological father. We measure close contact with fathers by looking at a measure contained in the in-home questionnaire: the number of times in the last year that the adolescent stayed overnight with his or her father. We categorize frequency of contact as none (those who report no visits), moderate (between 1 and 12 visits, roughly) and frequent (once a week or more). Finally, we assess communication between the adolescent and his or her father. Also from the in-home questionnaire, this measure asks how many times in the last year the adolescent spoke to his or her father in person, on the phone, or received a letter from him. This measure is also categorized as none (those who report no communication), moderate (between one communication and once a month) and frequent (communicating once a week or more). We will also include covariates that as indicated in the literature: gender of the adolescent, age of the adolescent, whether the adolescent lives with a

father figure who is not his/her biological father, adolescent's race/ethnicity, and nonresident father's highest level of education.

Preliminary Findings and Future Analyses

Making use of the publicly-available data, our preliminary bivariate findings suggest that the non-residential fathers of children with disabilities may be somewhat more likely to be involved with their children than are fathers of nondisabled children. For instance, we see that 58% of mothers of adolescents with disabilities reported receiving some child support in the year prior, compared to 49% of mothers of nondisabled adolescents. Likewise, 56.8% of adolescents with disabilities reported staying overnight with their fathers compared to 47.5% of nondisabled adolescents. These findings suggest that the topic merits a more thorough investigation that makes use of the full sample.

Using the full sample for Add Health, we intend to run full descriptive statistics to compare the involvement of nonresidential fathers with their children by disability status. We will also conduct several logistic regression analyses. First, we will assess the impact of the disability status of the child on 1) payment of child support, 2) frequency of overnight visits, and 3) frequency of conversing via phone or in-person, including standard covariates discussed above. A second set of models will look at the combined effect of disability and child support payment on the contact with child indicators.

References

- Amato, P.R. and J.G. Gilbreth. 1999. Nonresident fathers and children's well-being: a meta-analysis. *Journal of Marriage and the Family* 61:557-73.
- Cohen, D.A., and J. Richardson. 1994. Parenting behaviors and the onset of smoking and alcohol use: a longitudinal study. *Pediatrics* 94:368-375.
- Corman, H., & Kaestner R. 1992. The effects of child health on marital status and family structure. *Demography*, 29(3): 389-408.
- Blum, R.W. and P.M. Rinehart. 1997. *Reducing the Risk: Connections that Make a Difference in the Lives of Youth*. MN: Division of General Pediatrics and Adolescent Health, University of Minnesota.

- Hair, E.C., K.A. Moore, S.B. Garrett, A. Kinukawa, L. Lippman and E. Michelson. 2005. The parent-adolescent relationship scale. In K.A. Moore and L. Lippman (eds.), *Conceptualizing and Measuring Indicators of Positive Development: What do Children Need to Flourish?* NY: Kluwer Academic/Plenum Press.
- Joesch, J. M., & Smith, K. R. 1997. Children's health and their mother's risk of divorce or separation. *Social Biology*, 44(3-4): 159-169.
- King, V., K.M. Harris and H.E. Heard. 2004. Racial and ethnic diversity in nonresident father involvement. *Journal of Marriage and the Family* 66:1-21.
- Mauldon, J. 1992. Children's risks of experiencing divorce and remarriage: Do disabled children destabilize marriages? *Population Studies*, 46: 349-362.
- Nord, Christine Winquist and Nicholas Zill. 1996. *Noncustodial Parents' Participation in Their Children's Lives: Evidence from the Survey of Income and Program Participation*. Vol. 2, *Synthesis of Literature* (DHHS-100-93-0012). Washington, DC: U.S. Department of Health and Human Services
- Newacheck, P.W., M. Inkelas and S.E. Kim. 2004. Health services use and health care expenditures for children with disabilities. *Pediatrics* 114(1):79-85.
- Roberts, K. and D. Lawton. 2001. Acknowledging the extra care parents give their disabled children. *Child: Care, Health and Development* 27: 307-319.
- Rogers, M.L. and D.P. Hogan. 2003. Family life with children with disabilities: the key role of rehabilitation. *Journal of Marriage and the Family* 65: 818-833.
- Shandra, Carrie, Dennis P. Hogan, and Carrie E. Spearin. 2008. "Parenting a Child with a Disability: An Examination of Resident and Nonresident Fathers." *Journal of Population Research*, Vol. 25(3): pp. 357-377.
- Wells, T., G.D. Sandefur and D.P. Hogan. 2004. What happens after the high school years among young persons with disabilities? *Social Forces* 52:803-832.
- White, L. and J.G. Gilbreth. 2001. When children have two fathers: effects of relationships with stepfathers and noncustodial fathers on adolescent outcomes. *Journal of Marriage and the Family* 63(1):155-167.