The following review is a comprehensive compilation of academic research on fatherhood.
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How is the father’s role conceived of in our society?

- Due to social changes, modern families are structured in multiple configurations. For example: residential and non-residential parents; married, separated and divorced couples; single parents, gay or straight couples. Regardless of the family structure, according to Gogineni & Fallon (2013) the father has 8 important role functions:
  - 1) Early support of the mother. It is the father’s responsibility to provide emotional and physical support to the mother before and after the child arrives and is brought home. The father also must make it possible for the mother to have the independence to attend to her own needs.
  - 2) The “second other”: In the child’s internal world, the mother is the first stable entity and the father is the second. The second other is necessary in the triad so the mother-infant relationship does not become over involved and suffocating.
  - 3) An alternative attachment figure: An independent attachment relationship between the child and each parent is formed within the first 18 months of the child’s life. If the responsibilities of caregiving are provided equally by each parent, there will be no difference between the child’s attachments to the mother versus the father when the child reaches his toddler years.
  - 4) Introduction to the external world with encouragement of self-determination: Mothers play with children in a conventional manner while fathers play in an unpredictable and creative manner with greater range of arousal and excitement. Father-child play prepares the child for the unexpected experiences in his/her connection to the external world. Increased father involvement will lead to faster development of the infant, and the better their ability will be to endure stress and be more socially responsive.
  - 5) Promotion of separation and individuation: After the child has successfully developed a secure attachment and has proficient exploratory skills and social competence, the child then needs to attain comfort in the world without the physical secure base of the mother (and father). The father’s function is to promote this separation and individuation.
  - 6) Development of gender identity: Fathers can assist the child in the development of sexual and gender identity by offering an alternative to the cognitive, social and emotional organization of the mother.
  - 7) Development of social competence: Father’s involvement during his child’s middle childhood is critical to the child’s development of problem solving skills, memory, and social competence.
  - 8) The adoptive father’s centrality in the child’s psychic formation and psycho-social life: Adoptive fathers have a trivial function in the socio-personality development of their children, both in concert with and complementary to the child’s mother.
What is a child’s perspective of good fatherhood?
- Narratives of good fatherhood as described by children can be categorized into 7 main types: the active father spending plenty of time with children; the caring and nurturing father; the disciplinarian father; the exemplary father; the father in a respected position; the father participating in household work; and the fair father. Often, the good father was described to have several of these characteristics (Hietanen, Maatta & Uusiautti, 2013).

How do low-income fathers define responsible fatherhood?
- Low-income fathers definition of responsible fatherhood included six dimensions, some of which resemble a “Big Brother”: spending time in non-caregiving activities; avoiding harm by voluntarily distancing from the child when it is in the child’s best interest; acknowledging paternity in non-legal forums; spending money on gifts, joint activities, and special needs; monitoring the child’s home for trouble; and minimizing absences in the child’s life (Myers, 2013).

How does being an adoptive father differ from being a biological father?
- Childcare responsibilities are divided more equally between adoptive mothers and fathers versus biological parents (Gogineni & Fallon, 2013).
- In a biological family, attachment between the father and child naturally occurs. In an adoptive family, the potential delayed placement and lack of genetic connection make the preliminary separateness of the child and parents prominent. The older the child is when placed into a family, the greater the issues become in developing age-appropriate attachment (Gogineni & Fallon, 2013).
- Adolescence is a transitioning period for all children. In an adoptive family, parents must discriminate between standard adolescent challenges with autonomy and identify any specific adoptive identity issues (Gogineni & Fallon, 2013).

EFFECTS OF FATHERHOOD ON FATHERS

Do fathers and mothers experience parenting stress anxiety similarly?
- Parenting stress is associated particularly with trait anxiety for both mothers and fathers; however, mothers experience higher levels of trait anxiety than fathers. When scored on the Parenting Stress Index, fathers have significantly higher scores than mothers in the child-domain stress subscales of ‘infrequent reinforcement of parent’ and ‘easy distractibility of child,’ while mothers had significantly higher scores in the parent-domain stress subscales of spouse relationship, despondency after hospital discharge, and health. (Tatebayashi et al., 2014)

What are the implications of fatherhood for men?
- Fathers undergo a reorientation of values and behavior in response to the influence of their children. Specifically, they articulate redefined priorities and an altered sense of purpose, a different awareness of what it means to be a man, changed
relationships and rebalancing of the importance of self and other, and reorientation toward time and scheduling their everyday lives (Daly, Ashbourne & Brown, 2013).

- A classic sociological explanation for patterned behavior of fathers is role theory, meaning that the reasons why fatherhood should affect men is that fatherhood is first and foremost a status with associated expectations. When men become fathers their behavior changes because they understand that fathers are supposed to behave in certain ways. Parenthood is a transition that facilitates adult development; parenthood provides an opportunity for personal reorganization and growth. This transition can lead to changes in family and social relationships, work experiences, moral values or life priorities, etc. These developmental changes are not only initiated by the birth event, but evolve as men continuously adjust their fathering, family life, and work life to the changing needs and capabilities of growing children (Eggebeen, Knoester & McDaniel, 2013).

**How does parenting affect the mental health of fathers?** *(See the ‘Maternal Postpartum Depression’ Section)*

- Fathers attending early parenting services are at risk of experiencing significant levels of distress, anxiety, stress, and fatigue. Early Parenting Services can play a critical role in screening and identifying fathers experiencing poor mental health and link them into appropriate mental health support (Giallo et al., 2013).

**How does a father’s social network affect his fathering?**

- Engagement in high-risk sexual behavior was associated with fatherhood involvement. Denser networks were positively correlated with unfavorable peer norms such as cheating on a partner or drinking or using drugs. Peer networks are important to father’s health and behavior and father’s behaviors may be affected by peer norms (Murphy et al., 2013).

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**ATTACHMENT RESEARCH ON FATHERS**

The following research demonstrates that early attachment to fathers is critical for later child development and can be of equal importance to maternal attachment.

**What is the importance of fathers as attachment figures?**

- Fathers are important attachment figures and father-child attachment predicts some development outcomes. In the presence of discordant attachment representations, paternal attachment acts as a buffer against negative developmental outcomes, while, in cases of concordance, it promotes positive developmental outcomes. Play is central to the father-child attachment relationship as it promotes emotion regulation. Additionally, intergenerational transmission of attachment happens later on in the development (Di Folco & Zavattini, 2014)

**How important are fathers for child attachment security?**
• A study conducted by Al-Yagon (2014) on child-parent attachment security identifies the distinct effects that a child-father relationship has on internalizing adjustment among children with learning disabilities (internalizing features include sense of coherence, hope and effort and at times loneliness):
  o Children with learning disabilities who perceived themselves as more securely attached with the father reported a higher tendency to see the world as comprehensible, manageable, and meaningful compared to children with learning disabilities who perceived themselves as less securely attached to the father. Children with learning disabilities who perceived themselves as more securely attached with the father also reported a higher level of hope and effort.

• Fathers’ play sensitivity (fathers’ sensitivity while also challenging their toddler during joint play), but not mothers’, is a more accurate predictor of the child’s long-term attachment representation than the early infant-father security of attachment (Grossman et al., 2002).
  o Fathers’ caregiving and play sensitivity are equally as important as maternal sensitivity in determining toddlers’ later security (Grossman et al., 2002).

• Temperament and attachment predicted styles of toddler compliance and noncompliance (Lickenbrock et al., 2013),
  o Toddlers who are secure with mothers and whose temperament is not negative and reactive were more cooperative and collaborative (Lickenbrock et al., 2013).
  o Infant-father attachment security, in infants whose temperament is not highly reactive and not negative affect the associations between infant-mother attachment and defiance (Lickenbrock et al., 2013).

• In a recent study conducted by Newland, Chen, and Coyl-Shepherd (2013), father involvement was related to father beliefs and perceptions and to children’s attachment-related secure exploration. School outcomes were uniquely predicted from attachment, father-teacher relationship quality, and fathers’ beliefs about teachers as well as from family income and mother involvement (Newland, Chen, & Coyl-Shepherd, 2013).

How is father involvement in infancy influential in child attachment?
• Lamb’s (1977) study on father-infant and mother-infant interaction in the first year of life showed that fathers and infants can be equally attached as mothers and infants, and that infants are attached to both parents from the beginning of attachment relations. Further, infants responded more positively to father-infant play than to mother-infant play. Infants do not show any preference for attachment to the mother versus the father (Lamb, 1977).

• In one early study of infant’s attachment to each parent, the relationship to father as well as to mother affected friendly responsiveness to a stranger (Main, & Weston, 1981).

What are the differences between mother-father-child triadic interaction and mother-child dyadic interaction?
• Mothers were less involved, less sensitive, and more negative during triadic than during dyadic interaction. Mothers of sons displayed more emotion during triadic interaction than mothers of daughters did (Lindsey & Caldera, 2006).
• Mothers were more involved with children than fathers were during triadic interaction, whereas fathers displayed more emotion than mothers did during triadic interaction (Lindsey & Caldera, 2006).
• Fathers were more supportive of mothers, and mothers were more intrusive toward fathers, during triadic interaction (Lindsey & Caldera, 2006).

**What are the gender differences in parent-child relations?**

• Fathers were much more involved with sons and tended to concentrate on more instrumental facets of support, whereas mothers tended to be more supportive across genders in the traditional, affective sense (Starrels, 1994).

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**DONOR INSEMINATION FATHERS**

**What are the effects of donor insemination, a form of non-genetic fatherhood, on fathering?**

• Donor insemination fathers were found to display equally high levels of warmth and involvement with their children as genetically related fathers in egg donation and unassisted-conception families (Casey et al., 2013).
• Commitment to parenthood may be more important than genetic relatedness for positive father-child relationships (Casey et al., 2013).

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**INFANTS AND PRE-TERM**

**What are fathers’ experiences of early infant medical illness?**

• Bright et al. (2013) examined father-infant relationships of fathers with infants who have cardiac surgery before 3 months. While some fathers of infants with congenital heart disease (CHD) feel closer to their infants, other fathers have reservations about becoming too close (Bright et al., 2013).
  o Bright et al. (2013) suggest that since the infants spend such a large amount of time in a hospital it limits the number and quality of interactions infants have with their fathers.

**How do fathers react to having a pre-term infant?**

• For fathers of pre-term infants, work remains their central focus even after the birth. These fathers return to work with transformed feelings of commitment in order to provide financially for their families. They are more comfortable in their work setting where they feel masterful as compared to the uneasy feeling of the novice feeling in the NICU (Pohlman, 2005).
What are the early effects of fathers’ pre-natal involvement on father engagement during infancy and on later child outcomes?

- Fathers who reported a higher quality of pre-natal attachment were more likely to have balanced representations of their unborn children, whereas fathers with a lower quality of attachment were more likely to show disengaged representations. Furthermore, the quality of fathers’ self-reported pre-natal attachment was higher when fathers experienced fewer symptoms of depression and anxiety during pregnancy, when they were younger, and when they expected their first child (Vreeswijk et al., 2014).
- Ultrasound attendance by fathers contributes to paternal feelings of connection to the unborn baby and motivation to change behavior. Ultrasound appointments may offer an opportunity to engagement to promote positive partering and parenting across the lifespan (Walsh et al., 2014).
- Fathers who are pre-natally involved are more engaged with their child at ages 1 and 3 (Cabrera, Fagan & Farrie, 2008).
- Yogman, Kindlon & Earls (1995) assessed the effect of father involvement on intellectual and behavioral outcome of low birth weight pre-term infants.
  - For African-American fathers, low family income was significantly associated with low father involvement. Within the African-American ethnic subgroup only, higher father involvement was associated with improved cognitive outcome. By 36 months, the mean IQ for the high-involvement sub-group was 6 points higher than for the low-involvement group.
- A study examined couples planning different childbirth methods—natural hospital delivery; home delivery; and hospital delivery with anesthesia and found that the father’s participation in the birth and his attitude toward it were the most significant variable in predicting father attachment. Pre-natal education and structuring of the birth environment are suggested to obtain maximum participation and involvement of fathers (Peterson, Mehl & Leiderman, 1979).

What is the role of oxytocin for fathers and infants?

- Oxytocin (OT) is known as the love and bonding hormone that is released into the blood during labor and also increases in fathers after the birth of the child. According to Weisman, Zagoory-Sharon & Feldman (2012), administration of OT to fathers increases their salivary OT, respiratory sinus arrhythmia (RSA) during free play, and essential parenting behaviors that support parental-infant bonding. These effects were mirrored in the infant’s salivary OT, RSA response, and engagement behavior.

How do oxytocin administration, salivary testosterone, and father-infant social behavior relate?

- The steroid Testosterone (T) and the neuropeptide Oxytocin (OT) have each been implicated in complex social behavior including parenting. Neuroendocrine systems in human males evolved to support committed parenting. The dynamic interactions between OT and T can be described within a bio-behavioral synchrony model (Weisman, Zagoory-Sharon & Feldman, 2014).
**What are the psychological changes in new fathers as they enter fatherhood?**

- Greenberg & Morris (1974) conducted a study to understand the impact of the first newborn upon the father.
  - Fathers begin developing a bond to their newborn by the first 3 days after the birth. Generally, after seeing their baby for the first time, fathers become engrossed in their infant, and feel an increased sense of self-esteem and worth. Fathers develop a feeling of preoccupation, absorption, and interest in the newborn (Greenberg & Morris, 1974).

**Are there intervention programs for fathers with their infants?**

- Benzies et al. (2013) evaluated the effects of an innovative educational-behavioral intervention that utilized video-recording a father-infant play interaction and provided feedback for first-time fathers of late pre-term (34-36 weeks’ gestation) infants.
  - Consistent with previous studies involving fathers of full-term infants (Magill-Evans et al., 2007), fathers of late pre-term infants that utilized the intervention produced superior interactions than the comparison group did (Benzies et al., 2013).

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**NEONATAL INTENSIVE CARE UNIT (NICU)**

**What are some of the patterns of perceptions and behaviors of fathers with infants in the NICU?**

- The earlier fathers hold their babies, the sooner they report feelings of warmth and love for them (Sullivan, 1999).
- Some fathers fear holding their pre-term infants. Helth & Jarden (2013) studied how fathers of premature infants experience and benefit from using the skin-to-skin (STS) method during their infants’ admission to the neonatal intensive care unit (NICU). Fathers regard mothers as more essential in the infants’ life than the fathers themselves and STS facilitates fathers to play a caring role in their infant’s life.

**How does the transition to fatherhood for fathers of pre-term infants occur?**

- Fatherhood represents a maturational attainment of identity, power, and self-esteem. It is also a time where man passes on to the next generation the knowledge he has gained. It becomes a time for caring and nurturing others (Cowan, 1988).
- During the first few months, ambivalence to the pregnancy is common (May, 1982).
- By the third trimester, the pregnancy becomes “real” and involvement in the pregnancy increases (Sherwen, 1986).
- With the exception of childbirth preparation classes, a father has few opportunities to learn ways to be an involved and active partner in this rite of passage into parenthood. His own self-doubts and fear of inadequacy may be realized if he is not supported. Self-confidence comes from achieving realistic goals and earning the approval of others (Saunders, 1999).
• Emotional involvement in pregnancy correlates with readiness for fatherhood, and the following factors contribute to emotional involvement in the pregnancy: financial security, a desire to be a parent, closure of the childless portion of the significant relationship, and stability within that relationship, and a planned pregnancy (May, 1984).
• Societal forces have led, as well as required, fathers to be more involved in the pregnancy, childbirth and early parenting. This involvement manifests itself in attendance at pre-natal visits, birthing classes, participation in cutting the umbilical cord, and in early childcare tasks (Yogman, 1982).
• Both mothers and fathers begin to create a fantasy child that embodies and encapsulates the hopes, dreams, and wishes of the parents (Stainton, 1985).
• The attachment to the unborn child can be quite strong, even early in the pregnancy (Lumley, 1982).
• During the pregnancy, men often reevaluate their own experiences with their father and it has been shown that a sense of connection with their own father assists men in their capacity to be emotionally involved with their children (Johnson, 2008).
• Men who experienced interactive fathers are more likely to become interactive with their infants. Likewise, men who experienced distant or absent fathers were more likely to immerse themselves in work and other activities outside of the new parent role (Johnson, 2008).

What is the experience of the father of a pre-term infant?
• Having a premature infant is stressful for both parents and fathers react and cope differently from mothers, and may be burdened by having to take time off work. In addition, they may not perceive themselves as the primary caregiver to their sick infant, but rather providing a supporting role (Deeney et al., 2009).
• Fathers often report that they identify with the isolation their infant is experiencing (McDermott-Perez, 2007).
• Fathers of pre-term infants deal with three common traumas: First, is prematurity itself. Second, the experience of the NICU, and third, the shared responsibility of caring for a child who is medically fragile and may be quite ill for either the child’s or the parent’s entire life (Freud, 1995).
• Fathers’ perceptions of the pregnancy and birth experience, their infants, and themselves as fathers were related to their overall reactions to the experience. Their emotional states were more closely related to the interpretation of their experience in terms of how their expectations were changed due to the premature birth of their child. These fathers confronted their own sense of self as a father. Furthermore, they were at risk for narcissistic injury because their dream of a normal pregnancy and birth was no longer a reality (Fidler, 2002).
• There were five central themes of the experiences of fathers of premature infants in the NICU: effect of hospitalization (anxiety, feelings of helplessness, and fear of the unknown), realization of becoming a father to a premature infant, challenges in information sharing, paternal role vs. maternal role, and constraints of work (Hollywood & Hollywood, 2011).
• The structure of the phenomenon of parenthood was formed by the integration of the syntheses of alienation, responsibility, confidence and familiarity. The structure was based on the parents’ expectations of the parental role, the infant’s health condition and the health care environment (Jackson, Ternestedt & Schollin, 2003).

• Parental anxiety is an important factor in the developing parent-infant relationship in the NICU. Anxious parents found it hard to interact in warm, responsive ways towards their premature infants, which influenced long-term difficulties in the parent-infant relationship and the infant’s social and intellectual development (Zelkowitz, Bardin & Papageorgiou, 2007).

What is the physical environment in the NICU like?
• The environment of the NICU units are often marked by the loud noises of ventilators and monitors, unpleasant sights and procedures, and “crowds” of health care professional that seem to endlessly travel from infant to infant. In this environment, altered parental roles, uncertainty about health outcomes, and ineffective communication among health care providers and parents all contribute to the overwhelming emotions that parents are experiencing (Ward, 2010).

• Although open communication is considered a fundamental principle in most NICUs, staff-parent interaction and communication continues to be a major challenge (Johnson, 2008).

What is the emotional impact on parents with pre-term infants?
• While some parents express intense emotions, other appears numb and detached, most commonly vacillating between the two extremes (Dyer, 2005a).

What is the grief and adjustment experience for parents with pre-term infants?
• Many of the first time experiences that full-term parents have are often postponed for parents with a premature infant. Firsts such as holding the baby, changing diapers, feeding, bathing, bonding, and taking the infant home are all things that parents in the NICU long for an express grief over (Dyer 2005a).

• Grieving individuals may experience various physical and emotional symptoms; intellectual, social, and occupational impairment; and may begin to explore of their spiritual beliefs or even experience a crisis of faith. Emotions are often experienced in waves and can vary in intensity; common emotions experienced ruing the grieving processes are sadness, longing, anger, and guilt. The way in which a person expresses their grief can vary and is often influenced by gender, religious beliefs, socioeconomic status, age, family of origin, and culture (Dyer, 2005a).

• Brazy (2001) proposed a model of grief that conceptualizes the pre-term parents’ process. In this model, parents initially engage in day-to-day coping with intense feelings and in the process learn how to cope with the various losses. Initially, parents experience shock and feel stunned, confused, or dazed; denial typically occurs within a few hours to a few days where parents refuse to believe that their newborn is sick and requires a NICU admission. As parents begin to accept the reality of the NICU, feelings of grief, sadness, guilt and anger emerge as the parents struggle to make meaning of what has happened. Over time, parents adjust to the
changes and attain a new equilibrium, begin to reorganize their lives, and integrate their losses (Brazy, 2001).

- For the NICU parent, coping involves picking up the pieces of shattered dreams, making unacceptable losses more acceptable, adjusting to their new reality, and living a life that has been forever changed (Dyer, 2005b).

**What is the experience for parents during the transition home with a pre-mature infant?**

- Feelings of anxiety and vulnerability resurface as discussion of discharge begins and parents often report that they miss the care and support they received in the NICU. This is most often the case when babies are returning home with continuing medical needs (Davis & Stein, 2004).
- Most changes occurred within the new family in the first three months after discharge from the NICU (Pinelli et al., 2008).
- As the family begins to adjust to having the baby home and developing a “new normal,” a number changes occurred: both mothers and fathers showed significant decline in family functioning; mothers showed a significant decrease in resources; both mothers and fathers showed a significant decrease in distress scores; and both mothers and fathers showed a significant improvement in depression scores (Pinelli et al., 2008).
- Over the first three months post-discharge, both mothers and fathers felt less stressed, felt more supported, and increased their coping. However, mothers reported significantly higher feelings of parental efficacy than fathers (Rowe & Jones, 2008).

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**MATERNAL POST-PARTUM DEPRESSION (PPD)**

**How does adjustment into parenthood affect the marital relationship?**

- According to Belsky, Spanier & Rovine (1983), in some respects, the addition of an infant has negative impact on the marital relationship, whereas in other respects (i.e., individual differences) it exerts relatively little impact.
- Twenge, Campbell & Foster (2003) note that parents report lower marital satisfaction compared with nonparents. There is also significant negative correlation between marital satisfaction and number of children. The difference in marital satisfaction is most pronounced among mothers of infants. For men, the effect remains similar across ages of children. The effect of parenthood on marital satisfaction is more negative among high socioeconomic groups, younger birth cohorts, and in more recent years. Marital satisfaction decreases after the birth of a child due to role conflicts and restriction of freedom (Twenge, Campbell & Foster, 2003).
- Transition to parenthood is accompanied by an increase in the traditionalism of marital roles. The more division of labor changed toward traditionalism, the greater the decline in wives’ evaluations of positive aspects of marriage and changes in wives’ evaluations of both positive and negative aspects of marriage can be
significantly predicted by the interaction of the wives’ expressivity and changes toward increased traditionalism in division of labor (Belsky, Lang & Huston, 1986).

• Women’s violated expectations regarding the division of child care were associated with increased distress postnatally, and there was some evidence that this relationship was moderated by gender ideology. Traditional women whose husbands did more child care than they expected them to do were more distressed. Work status also moderated the relationship between violated expectation and distress. The division of child care is more salient in predicting distress than the division of housework, for working-class women (Goldberg & Perry-Jenkins, 2004).

• Shapiro, Gottman & Carrere, (2000) identified factors of couples’ marital friendship in the beginning months of marriage that predicted stability versus decline in marital satisfaction over the transition to parenthood. What predicted the stable or increasing marital satisfaction of mothers were the husband’s expression of fondness toward her, the husband’s high awareness for her and their relationship, and her awareness for her husband and their relationship. In contrast, what predicted the decline in marital satisfaction of mothers were the husband’s negativity toward his wife, the husband’s disappointment in the marriage, or husband or wife having described their lives as chaotic (Shapiro, Gottman & Carrere, 2000).

How does having an infant influence the adjustment to parenthood?

• Pregnancy, rather than the postnatal period, would appear to be the most stressful period for men undergoing to transition to parenthood. The most important changes occur relatively early in pregnancy. Thereafter, lack of change (rather than change) is the most noteworthy feature. These men appeared to be ill-prepared for the impact of parenthood on their lives, especially in terms of the sexual relationship (Condon, Boyce & Corkindale, 2004).

• Evidence indicates that the transition to parenthood and the addition of subsequent children primarily transform the organization of men’s lives, especially when they become coresident fathers. Men making the transition to parenthood are most likely to be affected. Fatherhood encourages men to increase intergenerational and extended family interactions, participation in service-oriented activities, and hours in paid labor – at the expense of spending time socializing (Knoester & Eggebeen, 2006).

• Dallos & Nokes, (2011) studied the mental health of fathers following the birth of a child, identifying two superordinate themes, loss and difficulty with adjustment. Men’s experience of distress may be linked to prevalent yet contradictory discourse directly linked to expectations about their roles following childbirth (Dallos & Nokes, 2011).

What are the diagnosis and characteristics of maternal PPD?

• Post-partum depression is defined as a non-psychotic depressive episode that begins in or extends into the postpartum period (O'Hara & Swain, 1996).

• Depression during the post-partum period affects 8%-15% of women, resulting in considerable morbidity for women (Perfetti, Clark & Fillmore, 2004).
• PPD in women is characterized by depressed mood, crying spells, psychomotor agitation, confusion, difficulty concentrating, irritability, fatigue, loss of appetite, and low self-esteem (DSM-IV-TR, 2000; Kammerer et al., 2011). In addition to depression, affiliated symptoms of anxiety including panic and acute phobia are common (Matthey et al., 2004).
• Women with PPD experience obsessing thoughts about their infant’s health and/or fears of the infant being harmed or harming the infant (Wisner et al., 1999).
• Suicidal ideation may be present in women with PPD. Many mothers will experience guilt and/or shame in response to their depression and/or for not feeling happiness during a time traditionally understood as a period of happiness (DSM-IV-TR, 2000).

What are the etiology and risk factors of maternal PPD?
• The strongest predictors of post-partum depression were past history of psychopathology and psychological disturbance during pregnancy, poor marital relationship, low social support, and stressful life events (O’Hara & Swain, 1996).
• Beck (2001) identifies 13 risk factors for PPD (listed in order from largest to smallest effect size): pre-natal depression, low self-esteem, pre-existing stressful childcare, pre-natal anxiety, additional life stressors, lack of social support, relationship disharmony, a history of depression including pre-natal depression, difficult infant temperament, a history of baby blues, lack of committed partner low SES, and having an unplanned pregnancy.
• A recent study found similar risk factors as those above, also adding: complicated pregnancy or birth, unemployment/instability, ambivalence over becoming a parent, poor relationship with one’s own mother, history of sexual abuse, and bottle-feeding (Wylie et al., 2011)
• There is a positive correlation between violence and PPD (Beydoun et al., 2012). There is a one-half to a two-fold increased risk of elevated depressive symptoms and postpartum depression among women exposed to intimate partner violence relative to non-exposed women (Wu, Chen & Xu, 2012).
• Adolescent mothers, mothers living in poverty, mothers with a history of substance abuse, and mothers who deliver prematurely are at the highest risk (Clare & Yeh, 2012).

How does relationship quality affect maternal PPD?
• Lack of partner support is associated as a risk factor for PPD in women (Gremigni et al., 2011).
• Arguments with family members and the depth of the spousal relationship are significant predictors of the severity of postpartum depressive symptoms (Page & Wilhem, 2008).
• Women with a negative childbirth experience and a poor emotional support from their partner are at increased risk for post-partum depressive symptoms (Lemola, Stadlmayr & Grob, 2007).
• Dissatisfaction with the partner relationship is a significant predictor of maternal emotional distress during pregnancy. A good partner relationship can have a protective effect against some stressors (Rosand et al., 2011).
• Partner support may mitigate present PPD symptoms (Misri et al., 2000).
• For men, one of the strongest predictors of PPD is depression in their female partners (Paulson & Bazemore, 2011).

**What are the biological perspectives of maternal PPD?**
- Women with prior history of PPD experienced mood symptoms while exposed to a drop in estradiol and progesterone, whereas women without a history of PPD did not (Bloch et al., 2000).
- Predictors of the post-partum blues were personal and family history of depression, social adjustment, stressful life events, and levels of free and total estriol (O’Hara et al., 1991).
- Healthy pregnant women developing post-partum depressive symptoms might already be identified during pregnancy by means of their higher cortisol reactivity and their higher psychological reactivity in response to psychosocial stress (Nierop et al., 2006).

**When living with a partner with maternal PPD, what are the fathers’ support needs and barriers to treatment?**
- The most commonly reported barriers to treatment were related to depressive symptomatology in fathers, a lack of information regarding PPD resources, not knowing where to look for resources, difficulty understanding and expressing emotions, and fear of stigma associated with PPD (Letourneau et al., 2011).
- Many fathers wished that they had known more about PPD so that they could have identified it in their partners and found help more quickly. Other fathers noted the inadequacy of the healthcare system in educating parents, advocating for increased public awareness and increased sensitivity from the medical establishment (Letourneau et al., 2012).
- In terms of support preferences, both group and one-on-one services were desired. Fathers thought that their wives would benefit from groups, while preferring face-to-face individual therapy or one-on-one support with a peer for themselves (Letourneau et al., 2012).

**What are the diagnosis and characteristics of paternal PPD?**
- There is not yet an official diagnostic criterion for postpartum reactions in men; many studies have used the diagnostic criteria for PPD in women.
- Comorbid anxiety is common in men experiencing symptoms of PPD (Matthey et al., 2001).
- Men are less likely and more delayed to seek professional help than women. Traditional masculine behavior’ is often the explanation for delays in seeking help among men who experience illness (Galdas, Cheater & Marshall, 2005).
- There was a sense amongst men that they should be reluctant to seek help. Men were less reluctant if the help seeking was perceived as means to preserve or restore another, more valued, enactment of masculinity (O’Brien, Hunt & Hart, 2005).
• When men do overcome gender-mediated barriers to seek treatment, they are more likely to present with somatic symptoms, less likely to express their feelings or needs, and more likely to not follow treatment recommendations (Veskma, 2010).

**What is the prevalence of paternal PPD?**

• The National Epidemiologic Survey of Alcoholism and Related Conditions (NESARC) conducted a recent epidemiological study that assessed psychological disorders with a large population based sample, reported prevalence estimates for current (past 12 months) and lifetime Major Depressive Disorder (MDD) at 5.3% and 13.2% respectively (Hasin et al., 2005). For men, 12 month prevalence rates for depression were estimated at 3.5%, and lifetime rates at 9%.

• Ballard et al. (1994) conducted one of the first studies of postnatal distress in fathers, and found the prevalence to be at 9% at six weeks and 5.4% at six months.

• In a meta-analysis, Paulson & Bazemore (2010) determined a meta-estimate of pre- and post-paternal postpartum depression at 10.4% with a range from 7.7% to 25.6% depending on the time period. National origin accounted for considerable variability with US studies reporting a higher average (14.1%) than international studies (11.1%).

• For men, PPD may develop more slowly and gradually over the first year post-partum with the highest rates of depression reported during the three-to-six months postpartum period (25.6%) compared to mothers (41.6%) during the same time period (Paulson & Bazemore, 2010).

• The first 90 days represented an increased risk of new onset psychiatric disorder in new mothers, but not for fathers (Munk-Olsen et al., 2006).

**What are the etiology and risk factors of paternal PPD?**

• Unemployment, having an unsupportive relationship, and having a depressed partner are risk factors for men (Ballard et al., 1994).

• Kim & Swain (2007) present a list of ecological risk factors: change in lifestyles, difficulties in developing bond with infant, lack of good role models and rewards, lack of social supports and network, changes in the marital relationship, feeling excluded from mother-infant bonding, and maternal post-partum depression.

• In addition, Kim & Swain (2007) speculate biologically based risk factors for men: a decrease in testosterone that begins in pregnancy and continues in the post-partum period, as well as, decreases in estrogen, cortisol, vasopressin, and prolactin.

• First-time fathering requires men to negotiate multiple roles at once: provider, guide, household help, and nurturer. These often incompatible roles may create tensions that challenge men’s relationships, role of work in their lives, and sense of competence (Barclay, 1996).

• Fathers want to be more involved with caregiving, and perceive an increased socio-cultural expectation to be more involved (Henwood & Proctor, 2003).

• There is a discrepancy between pre-natal fantasies and postnatal realities, i.e. unmet expectations, relationship conflict, and sexual dissatisfaction. For some men, a lack of good paternal role models may add additional stress, given the expectation and
desire to be more involved and emotionally available than in previous generations (Condon et al., 2004).

• Fathering may be complicated by the fact that caregiving is still defined as feminine or women’s work (Maurer & Pleck, 2006).

**What are the maternal correlates?**

• There is significant correlation between maternal and paternal depression (Paulson & Bazemore, 2010). The incidence of depression was 24-50% for men whose partners had PPD, demonstrating a two and one-half times higher risk for depression at six weeks and up to four times higher risk for depression at 12 months, compared to fathers whose partners were not depressed.

• Compared to women, men are more likely to depend on their partner for emotional support; whereas women may be more comfortable seeking out other female friends and family (Paulson & Bazemore, 2010).

• While neuroticism (i.e. nervous, worried, anxious or depressed) was thought to account for most of the variance in both maternal and paternal PPD, there are no significant gender differences (Dudley et al., 2001).

• Mothers were primarily influenced by their own personality, perinatal and infant-related factors, while fathers were more influenced by their perception of mothers’ personality style, her unresolved past events (e.g. sexual abuse), mothers’ current mental health (e.g. depression), infant-related problems, and the state of the couple relationship. For fathers only, the perceived quality of the couple relationship was associated with vulnerability (Dudley et al., 2001).

• The most important correlates of depressed mood in men were as follows: the level of women’s depression, the high discrepancy between pre-natal expectations and experiences related to family and social life after childbirth, and low satisfaction with the marital relationship (Bielawska-Batorowics & Kossakowska-Petrycks, 2006).

• Low marital satisfaction, partner’s depression, and pre-natal depression increased the probability of depression for both mothers and fathers during the first year postpartum (Escriba-Aguir & Artazcoz, 2010).

• Maternal and paternal PPD are indirectly linked via impaired social support and reduced relationship satisfaction (Don & Mickelson, 2012).

**How do maternal depressive symptoms affect the family?**

• 50% of men whose partners suffer from PPD also have depressive symptoms. Depressive symptoms are likely to decrease fathers’ ability to provide maternal support. Children with 2 depressed parents are at significantly greater risk for poor developmental outcomes than those with 1 affected parent (Letourneau et al., 2012).

• Fathers revealed a major disruption in their lives and their relationship with their wives as a result of PPD. The men experienced fear, confusion, and much concern for their spouses, and felt unable to help them in overcoming PPD. The inability to “fix the problem” created frustration and anger. Many fathers felt that they made many sacrifices to hold the relationship and the family together (Meighan et al., 1999).
• Even though the PPD improved over time, fathers were left to face an uncertain future with a spouse who seemed to be very different from the person they had previously known (Meighan et al., 1999).

**What is the impact of maternal PPD on infant-child growth and development?**

• Maternal depressive symptoms during children’s infancy can have long-term associations with children’s social skills (Wu et al., 2011).
• Maternal depression during the post-partum period was significantly associated with toddlers’ externalizing and internalizing behavior problems only when paternal psychopathology was present. Maternal negativity during mother-child interaction was found to mediate the relationship between maternal depression during the post-partum period and toddlers’ later externalizing behavior problems (Dietz et al., 2009)
• Depressed mothers are more likely than non-depressed mothers to show hostile and intrusive behavior toward their infants, and infants of depressed mothers are more likely to exhibit slowed development and unstable, avoidant attachment behaviors (Lyons-Ruth et al., 1986).
• Infants of post-natally depressed mothers performed worse on object concept tasks, were more insecurely attached to their mothers and showed more mild behavioral difficulties (Murray, 1992).

**How does maternal PPD affect infant-caregiver communication?**

• Cohn & Tronick (1989) studied mother-infant face-to-face interaction in relation to infant socio-emotional development and found that infants’ response was specific to the type of affective expression mothers displayed.
  o Flat, withdrawn maternal affective expression was associated with infant distress. Intrusive maternal expression was associated with increased gaze aversion. Lack of contingent responsiveness was common. Findings suggest that withdrawn or intrusive maternal affective expression, together with lack of contingent responsiveness, may be responsible for the risk-status of infants in multi-problem families (Cohn & Tronick, 1989).
• Hart et al. (1999) examined behaviors of intrusive/depressed versus withdrawn/depressed mothers and their infants and found that exposure to depressed mothers’ non-optimal interaction styles represents different types of risk to infants’ cognitive and affective development.
  o Finding that intrusive/depressed mothers showed more positive responses, more demonstrating toys, and more physical guidance, and their infants demonstrated less toy manipulation. Withdrawn/depressed mothers maintained infant play more frequently and showed more restricted affect, and their infants demonstrated less affective behavior, both positive and negative (Hart et al., 1999).
• Jones et al. (1997) also examined how intrusive and withdrawn styles of mothering affect infants. Infants of withdrawn mothers showed less optimal interactive behavior, greater relative right frontal EEG asymmetry, and lower Bayley Mental
Scale scores. Infants of intrusive mothers had higher catecholamine and dopamine levels, and their EEG patterns showed greater relative left frontal EEG asymmetry.

- Withdrawn mothers reported feeling more distressed when they observed an infant (of an intrusive or withdrawn mother) crying, suggesting that they feel more empathy than the intrusive mothers (Jones et al., 2001).

**How does maternal PPD affect infant-caregiver attachment?**

- Maternal depressive symptoms predicted higher rates of insecure attachment in children at 36 months (Campbell et al., 2004).
- Similar to the findings above, Cicchetti, Rogosch & Toth (1998) found that toddlers with depressed mothers evidenced significantly more insecure attachments than did toddlers with nondisordered mothers.
- In normal settings sensitivity is an important but not exclusive condition of attachment security (Wolff & Ijzendoorn, 1997).
- Infants of depressed mothers showed significantly reduced likelihood of secure attachment and marginally raised likelihood of avoidant and disorganized attachment (Martsins & Gaffan, 2000).
- Attachment insecurity was significantly associated with maternal depression among infants and preschoolers. Furthermore, children without unitary, coherent attachment strategies tended to have more chronically impaired mothers than did children with coherent, organized attachment strategies (Teti et al., 1995).

**How does partner support and paternal involvement exacerbate the effects of maternal PPD?**

- Fathers’ depression status was a significant predictor of children’s emotional adjustment when mothers were depressed (Goodman et al., 1993).
- The presence of a non-depressed father is associated with lower rates of behavior problems among children of depressed mothers (Conrad & Hammen, 1993).
- Hossain et al. (1994) examined whether infants of depressed mothers acted differently with their non-depressed fathers and found that infants of depressed mothers who behave negatively with their own mothers did not generalize this pattern with their non-depressed father, generating speculation as to the potential buffering effect of paternal involvement.
- Fathers and day-care providers may be able to provide the kinds of positive, warm, and responsive caregiving that may protect children of depressed mothers from long-term adverse outcomes (Field et al., 1988).
- Paternal depression during a child’s infancy exacerbated the effect of maternal depression, but this moderating effect was limited to depressed fathers spending medium to high amounts of time caring for their infants (Mezulis, Hyde & Clark, 2004).

**What is the impact of paternal PPD on infant-child growth and development?**

- Fathers’ characteristics related to their ability and availability to provide social support for their depressed partner predicts children’s developmental success (Letourneau, Duffett-Leger & Salmani, 2009).
For the behavioral outcomes of anxiety, hyperactivity, and aggression, fathers’ workforce participation during the children’s first 2 years of life significantly predicted their development over the next 10 years. Most notably, weekend work by fathers was a risk factor, particularly for boys (Letourneau, Duffett-Leger & Salmani, 2009).

- Children whose fathers were depressed in both the pre-natal and postnatal periods had the highest risk of subsequent psychopathology at age 3.5 years and psychiatric diagnosis at age 7 years (Ramchandani et al. 2008).
- Few differences emerged when pre-natal and post-natal depression exposure were directly compared, but when compared to fathers who were not depressed, boys whose fathers had post-natal depression had higher rates of conduct problems at age 3.5 years whereas sons of the pre-natal group did not (Ramchandani et al. 2008).
- Children whose fathers are more chronically depressed appear to be at higher risk of emotional and behavioral problems (Ramchandani et al. 2008).
- Depression in fathers during the post-natal period was associated with adverse emotional and behavioral outcomes in children aged 3.5 years, and an increased risk of conduct problems in depression and later paternal depression. Paternal depression has a specific and persisting detrimental effect on their children’s early behavioral and emotional development (Ramchandani et al., 2005).

What are the predictors of father involvement?

- Fathers were rated as more involved with their infants when they were better educated, less depressed, more likely to use social support especially spiritual support, and more active in their religion. Fathers who had better relationships with home visitors were those who had these same characteristics and also were less anxious about close relationships. In addition, fathers who were later rated as more engaged with their infants reported doing more activities with their infants at 10 months (Roggman et al., 2002).
- A recent study conducted by de Montigny, Lacharité & Devault (2012) examined the transition to fatherhood for fathers of breast-fed infants.
  - Perceived parenting efficacy was positively related to father involvement such that fathers who perceived themselves as more competent with their children were more involved. Further, stressed fathers reported feeling less competent with their children (de Montigny, Lacharité & Devault, 2012).

What is the impact of PPD on the couple and co-parenting?

- Good marital quality is associated with optimal toddler functioning and sensitive parenting (Goldberg & Easterbrooks, 1984).
- Mothers are warmer and more sensitive with their infants and fathers hold more positive attitudes toward their infants and their roles as parents when they are in close/confiding marriages (Cox et al., 1989).
- There is a high prevalence of families with a 4-month old infant whose father is not actively involved with infant care, especially when couple relationship is problematic and the mother does not have a paid job (Falceto et al., 2008).
• Mothers interacted much more actively with their 6-month-old infants than did the fathers. Variations in the degree of paternal involvement and engagement were significantly related to the degree of mother-father engagement as well as measures of social support, whereas maternal involvement and engagement were unrelated to these measures (Lamb & Elster, 1985).

• Marital conflict partially mediated the relationship between post-natal depression in both mothers and fathers and child outcomes, and acted as an independent risk for adverse outcomes. Parental depression (maternal and paternal) and marital conflict in the antenatal period were both associated with adverse effects (Hanington et al., 2012).

**What do fathers identify as the most important aspects of support interventions for fathers affected by postpartum depression?**

• Fathers desired support from both formal (professional) and informal (friends and family) sources and noted that ideal support interventions should cover a number of key topics including information on PPD and practical tips on how to cope with their partner’s PPD. Fathers reported that the ideal PPD intervention program does not favor any one setup and, to reach the full spectrum of parents, the program must be multtiered, accessible, and as flexible as funding allows (Letourneau et al., 2012).

**How is screening and identification for PPD conducted?**

• The Edinburgh Postnatal Depression Scale (EPDS) has been established as a reliable and effective screening tool for both women and men in the postnatal period. While EPDS is not intended for diagnosis of PPD, it is well correlated with the diagnosis of depression in both sexes (Cox et al., 1987).

• In fathers, a score greater than six is suggestive of symptoms of PPD, compared to nine (corresponding to risk) and twelve (corresponding to likely PPD) or greater for women (Cox et al., 1987).

• Fathers should be screened if mothers have a score of twelve or greater on the EPDS (Paulson & Bazemore, 2010).

• Routine screening for both parents may help to normalize depression in men, and promote family-based treatment (Nazareth, 2011).

• The majority of obstetrician-gynecologists are concerned about depression, believe depression screening is effective, and perform some degree of depression screening with their patients (LaRocco et al., 2003).

• The majority of obstetric providers are not documenting the EPDS in their postpartum assessment, yet they feel responsible for and confident in screening for postpartum depression (Delatte et al., 2009).

**Are forms of prevention vs. interventions successful for preventing or alleviating PPD symptoms?**

• Universal preventative care (diverse psychosocial or psychological interventions) did not significantly reduce the number of women who develop post-natal depression. Interventions that target high-risk women in the post-partum period were found to be the most beneficial (Dennis, 2005).
• Interventions delivered in pregnancy can be effective in preventing post-natal depression. Interventions are more effective when they are delivered to women who meet criteria for pre-natal depression, are based on evidenced based practices for depression, and include an interpersonal component. However, these interventions may be better conceptualized as treatment than prevention as they were delivered to women experiencing antenatal depression (Clatworthy, 2012).
• CBT intervention can be an effective preventive treatment for PPD. CBT was effective in reducing depressive symptoms and improving marital satisfaction, which lasted until the postpartum period. One-third of the CBT intervention was geared towards improving communication, building understanding of the partner, and reinforcing positive partner behaviors (Choe et al., 2012).
• Enhanced interpersonal psychotherapy ameliorates depression during pregnancy and prevents depressive relapse and improves social functioning up to six months postpartum (Grote et al., 2009).
• An interpersonal-therapy-oriented group intervention was successful in preventing the occurrence of major depression during a postpartum period of 3 months in a group of financially disadvantaged women (Zlotnick et al., 2001).

Are there effective forms of individual therapies?
• Medication, alone or with CBT; group therapy with CBT, educational, and transactional analysis components; interpersonal psychotherapy; and CBT produce largest effect sizes for non-psychotic major depression during pregnancy and postpartum (Bledsoe & Grote, 2006).
• Interpersonal psychotherapy (IPT) is an efficacious treatment for postpartum depression. IPT reduced depressive symptoms and improved social adjustment, and represents and alternative to pharmacotherapy, particularly for women who are breastfeeding (O’Hara et al., 2000).
• Counseling by health nurses is helpful in managing post-natal depression (Wickberg & Hwang, 1996).
• Counseling by health visitors who had been given a short training in counseling for postnatal depression is valuable in managing non-psychotic post-natal depression (Holden, 1989).

Are forms of partner support effective?
• It is recommended that fathers become involved in psychological interventions within the context of maternal PPD. Fathers’ presence during psychotherapy sessions enables the therapy to address aspects of parenthood, and also reduce the feeling of mothers as being the only ones responsible for the family’s process of change (Silva, Prado & Piccinini, 2013).
• Maternal perceptions of social integration and partner provision of problem-focused informational support and positive feedback are important in determining maternal mental health (Dennis & Ross, 2006).
• Women who have recovered from post-natal depression identified 37 success factors they considered to be important in the recovery process. Factors that were identified as ‘essential’ in recovery from post-natal depression included: emotional
support from partner’s sleep; improved communication with partner; the diagnosis; practical support from partner; emotional support from friends; time to bond with new baby; and prompt assessment by a health visitor. A subgroup of the women who had recovered from postnatal depression condensed the 37 factors into seven categories: diagnosis; positive action (or reaction) to intervene in the recognized problem; provision of support by people you know; professional or outside agency input; relationship between mother and baby; returning to work and continuity of care. While all the factors were considered to be, at least, ‘important’, social support from family and friends was generally rated more highly than support from health care professionals (Di Mascio et al., 2008).

**Are there effective forms of peer support?**

- Mother-to-mother telephone-based peer support to be effective in preventing postnatal depression among women at high risk (Dennis et al., 2009).
- Online support groups provide women experiencing PPD a safe place to connect with others, while receiving information encouragement and hope (Evans et al., 2011).

**Are family-based interventions effective?**

- Fathers found a parenting education program for fathers and infants useful (Benzies et al., 2008).
- An examination of a 12-week mother-infant therapy group (M-ITG) model for women with moderate to severe depressive symptoms during postpartum period showed that women in the M-ITG groups reported significantly fewer depressive symptoms and experienced their infants as more reinforcing. Mothers in the M-ITG group also were rated as exhibiting significantly more positive affective involvement and communication in interactions with their infants (Clark, Tluczek & Brown, 2008).
- A post-partum depression treatment efficacy study showed both a mother-infant psychotherapy group and interpersonal psychotherapy to be superior to a waiting-list comparison group in reducing maternal depressive symptoms, improving mothers’ perceptions of their infants’ adaptability and reinforcement value, and increasing mothers’ positive affect and verbalization with their infants (Clark, Tluczek & Wenzel, 2003).
- An interactive coached behavioral intervention showed significantly higher maternal-infant responsiveness after the intervention. Coaching strategy had a positive effect on maternal-infant interaction (Horowitz et al., 2001).
- Intervention that focuses on what mothers do with their infants instead of how they feel can be effective in increasing infants’ positive responsiveness and improving infant outcomes (Jung et al., 2007).
- Mother-baby interventions had positive effects on the quality of mother-infant interaction. Infants had higher scores for attachment security and for one aspect of socio-emotional functioning, namely, competence. The intervention proved successful in preventing deterioration of the quality of mother-child interaction (Van Doesum et al., 2008).
Does father involvement affect children’s cognitive development?

- Fathers contribute to child development both directly and indirectly, particularly in the areas of cognitive development, behavior regulation and mental health symptomatology (Fitzgerald & Bocknek, 2013).
- Father engagement has differential effects on desirable outcomes by reducing the frequency of behavioral problems in boys and psychological problems in young women, and enhancing cognitive development, while decreasing delinquency and economic disadvantage in low SES families (Sarkadi et al. 2007).
- Young persons benefited from the input of their father or mother, but not both. In particular, fathers appear to especially make unique contributions to the well-being of their children through their human capital while mothers make unique contributions through their availability and closeness to their children (Eggebeen, 2013).
- Mentors- including relatives, teachers or other involved adults – advance children’s academic achievement by introducing them to new ideas and experiences and finding “teachable moments” that challenge them to think critically (Rhodes et al., 2006).
- Increased father involvement (both quantity of positive engagement activities and aspects of parenting quality equally) is associated with increased key early childhood competencies (McWayne et al., 2013).
- Fathers’ nurturance (fathers’ use of reinforcement, consultation, and sensitivity to their son) enhances the intellectual functioning of their 4 year old son (Radin, 1973).
- Baker (2014) examined the effects of African American fathers’ home literacy involvement, play activities, and caregiving on children’s reading and math achievement in preschool and found that more frequent father engagement in education and home literacy with their child resulted in higher achievement levels for the children.
- McBride, Dyer & Laxman (2013) studied the relationship between father involvement in school settings and student achievement and found that early father involvement was linked to later father involvement which increases student achievement.
- A recent study on child vocabulary development shows that fathers’ challenging communicative speech is associated with children’s ability to develop vocabulary skills (Leech et al. 2013).
- For both boys and girls, father positive care is associated with lower levels of impulsivity and higher ratings of inhibitory control. For girls, father positive care is associated with lower ratings of aggression. For boys these findings suggest self-regulation moderates associations between father positive care and aggression (Meece & Robinson, 2014).
How does a father’s residential status affect child development outcomes (refer to section on non-residential fathers)?

- The relationship between direct father involvement and children’s social and pre-academic skills is stronger and more consistent for fathers living with their young children and for children who are Caucasian (McWayne et al., 2013).

How does a family’s economic status affect child outcomes and degree of father involvement?

- Many researchers have taken note of the destructive effects that economic hardship takes on children, including a greater risk of poor nutrition, health problems, low school grades, dropping out of school, emotional distress, and behavioral difficulties (Marsiglio et al., 2000).
- Income is a risk factor for father involvement. Lower income contributes directly to increase in parenting stress, and indirectly to lower perceived efficacy and father involvement. Higher income contributes directly to lower perceived parenting efficacy and indirectly to father involvement (de Montigny, Lacharité & Devault, 2012).

MENTAL HEALTH AND EMOTIONAL DEVELOPMENT

What aspects of child mental health are affected by parental qualities?

- D’Onofrio et al. (2014) examined the associations between advancing paternal age at childbearing and numerous indexes of offspring morbidity. Finding that advancing paternal age was associated with increased risk of some psychiatric disorders (eg, autism psychosis, and bipolar disorders) but decreased risk of the other indexes of morbidity.
- Esbjørn et al., (2013) studied contributions by mothers and fathers to childhood anxiety disorders. Paternal psychopathology, attachment avoidance, and attachment anxiety as well as maternal attachment anxiety were associated with child anxiety. Mothers had higher reflective functioning abilities than fathers. Lower levels of reflective functioning in mothers and higher levels of attachment avoidance in fathers explained 42% of the variance in anxiety levels of the child.

How are values, attitudes, and behavior transmitted across generations?

- A recent study investigated maternal and paternal transmission of harsh parenting beliefs to their children 23 years later. Finding high positive associations between the harsh parenting beliefs of parents and their adult children, but only the mother-child transmissions were moderated by interaction quality. Mothers pass on low levels as well as high levels of harsh parenting beliefs to their children if their interaction quality is poor (Erzinger & Steiger, 2014).

What is the effect of father-child bonding on conflict resolution during emerging adulthood?
Father-child bonding affected both constructive and destructive conflict resolution positively at a low level. As the level of healthy father-child bonding increases, the more an individual will use constructive conflict resolution. As healthy father-child bonding increases, destructive conflict resolution will also increase (Tastan, 2013).

Fathers’ parenting was associated with child adjustment, and father-child conflict. Father-child conflict was found to mediate the relationship between fathers’ parenting and child adjustment (Xiayun, Zhihua & Linyan, 2012).

**What is the link between adolescents’ perceptions of attachment security in their relationship with their parents and development of depressive symptoms?**

- Four trajectories of depressive symptoms across adolescence were identified: moderate stable (LS), moderate increasing (MI), and high declining (HD). Adolescents with HD versus LS were predicted by attachment security to both the mother and father at age 11, whereas attachment security to the mother increased the odds of MS and MI levels (Duchesne & Ratelle, 2014).

**How does parental mental health affect child development?**

- According to Kvalevaag et al., (2013), there is a consistent positive predictive association between fathers’ pre-natal mental health status and their children’s socio-emotional and behavioral development at 36 months of age. Children whose fathers had high levels of psychological distress had higher levels of emotional and behavioral problems (Kvalevaag et al., 2013).
- Fathers’ mental health symptoms in the preschool years are likely to adversely affect both boys’ and girls’ socio-emotional behaviors at school entry (Smith, Eryigit-Madzwanuse & Barnes, 2013).
- Parental personality disorder was identified as a risk factor for impaired parenting behaviors and poor parent-child interactions (Laulik et al., 2013).
- Parental stress, internalizing symptoms, and father’s temperament were considered as factors possibly contributing to differences in their child’s temperament (Potapova, Gartstein & Bridgett, 2014).
- Anxious fathers were observed to be more controlling than anxious mothers. Anxious mothers reported using more punishment and reinforcement of children’s dependence in anxiety provoking situations compared to fathers (Teetsel, Ginsburg & Drake, 2013).
- Fathers’ dispositional optimism was positively linked to their expressiveness, which in turn was positively linked to their children’s dispositional optimism (Yu & Ko, 2013).
- Mother-child relationship quality was related to lower levels of daily psychological distress. The quality of both mother-child and father-child relationships was related to stressor exposure, but only father-son relationship quality was related to lower levels of emotional reactivity to stressors during adulthood (Mallers et al., 2010).
- Relationship between parent well being, child temperament, and parent involvement were mediated by parental self-efficacy for both mothers and fathers (Giallo et al., 2013).
• Parenting acts as a mediator of the relation between parents’ depressive symptoms and children’s adjustment. However, this differed for fathers and mothers. The correlation between parental inconsistency and children’s emotional problems/internalizing was much lower for fathers. This means that paternal inconsistency is not threatening for children, but maternal inconsistency is (Dette-Hagenmeyer & Reichle, 2014).

**Is paternal work stress associated with the mental health outcomes of adolescents?**

• According to Maggi et al. (2013), acute reaction to stress, adjustment reaction, and depression were less common among children whose fathers had a more favorable work history (e.g., longer employment, fewer layoffs). Despite the fact that Caucasian fathers were less likely to have unfavorable work histories and experience stress in the work place, children of minority fathers were less likely to be diagnosed with acute reaction to stress, adjustment reaction, or depression.

• Children’s risk for being diagnosed with acute reaction to stress and depression is increased when they have fathers who develop mental health problems associated with work related factors (i.e., work stress and unfavorable work history) (Maggi et al., 2013).

• Fathers’ relocation was associated with less paternal work stress, and fewer mental health problems both in adolescents and their fathers (Maggi et al., 2013).

**Is paternity leave a risk for child injury?**

• There is no support for the notion that paternity leave increases the risk of child injury (Laflamme et al., 2012).

• An increase in fathers’ share of parental leave over time was paralleled by a downward trend in child injury rates (age 0-4 years). At the individual level, the crude incidence of child injury (age 0-2 years) was lower during paternity as compared with maternity leave (Laflamme et al., 2012).

**How do ‘father wounds’ affect fathers?**

• Many men are burdened with feelings that they never knew their fathers. The adoption of a rigid, stereotypic masculine role may be at the core of why the self-perceived father wound occurs (Miller, 2013).

• Fathers are increasingly adopting a ‘new involved father’ role that is more welcoming of emotional expression and involvement in a child’s life. This role may allow men to not only connect with their sons, but also to come to terms with problematic aspects of their own father-son relationship (Miller, 2013).

• Fathering a son may allow men to alter aspects of their self. Successful fathering should represent an androgynous blend of positive masculine and feminine qualities. Men are coming to understand aspects of themselves through both their roles as a father and as a son and how this impacts aspects of male health. Fathers may also reflect on their own experience and role as a son (Miller, 2013).

• In raising a son, fathers gain a sense of empathy for their own fathers’ past behaviors and decisions. Allowing for greater expression and flexibility of men’s
emotional lives may allow fathers to feel more comfortable in expressing their feelings toward their sons (Miller, 2013).

*Is father–child rough-and-tumble play associated with attachment or activation relationships?*
- According to Paquette & Dumont (2013), the more optimally activated boys are by their fathers in toddlerhood, the more they engage in rough-and-tumble play with them at 3 years of age.

*What are the effects of family therapy?*
- A recent study assessed the effectiveness of Child Parent Relationship Therapy (CPRT) in reducing parental stress and in reducing the child’s externalizing behaviors. Revealing that the critical factor in achieving these outcomes is the ability of the family to navigate a traumatic loss in the family. The father became more open to his own grieving process during CPRT intervention, which in turn facilitated the child’s bereavement process through play (Lim & Yumiko, 2014).

*What are the predicting factors of involvement in family therapy?*
- Higher levels of maternal education and lower levels of economic stress and inter-parental conflict were associated with increased father enrollment in a family-focused intervention study. Rates of father participation in the intervention were higher among families characterized by lower levels of inter-parental conflict, economic stress, and Spanish language use (Wong et al., 2013).

*Are there effective parenting programs targeting fathers’ emotion coaching skills?*
- Dads Tuning in to Kids (Dads TIK) is an emotion socialization parenting program for fathers of preschool children that teaches fathers emotion coaching parenting skills that have previously been linked to children’s social-emotional competence and fewer behavioral problems (Wilson, Havighurst & Harley, 2014).
  - Program retention was excellent; and, post-program, fathers reported increased emotion coaching, decreased emotion dismissing, decreased angry reactivity and improved parenting efficacy and satisfaction. They also reported reductions in difficult child behaviors (Wilson, Havighurst & Harley, 2014).

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**PARENTING STYLES AND DISCIPLINE**

*What types of parenting are associated with the most desirable effects of child outcomes?*
- Two-parent families
  - Developmentalists have consistently indicated that **authoritative** parenting, loving and with clear boundaries and expectations, is the parenting style that
best predicts more desirable outcomes among children. Relevant child outcomes include academic success, lower levels of externalizing behavior problems or internalizing problems, and positive social behavior (Marsiglio et al., 2000).

- Activative fathering was associated with later lower child dysregulation during a problem solving task, higher dysregulation during a wait task, and higher sociability in the home (Stevenson & Crnic, 2013).
  - Activative fathering: engages children’s self-regulatory systems, encourages risk-taking, and increases self-confidence particularly in unfamiliar situations through the use of a combination of stimulation, destabilization, and limit-setting (Stevenson & Crnic, 2013).
- Non-resident fathers
  - If the father-child relationship is an important resource for children, then a close relationship with non-resident fathers should predict positive outcomes for children. However, the frequency of visitation and children’s feelings about their fathers are not good predictors of children’s development or adjustment. In general, studies suggest that it is not the amount of time that non-resident fathers spend with their children but how they interact with their children that is important (Marsiglio et al., 2000).

**How do parenting styles interact?**

- Correspondence in parenting style across both parents in the home is important as parental perceptions of similarity and differences in styles (Winsler, Madigan & Aquilino, 2005).
- Having two authoritative parents is associated with the most positive outcomes for adolescents. In the absence of this optimal family parenting style, there is evidence that having one authoritative parent can, in most cases, buffer a child from the deleterious consequences associated with less optimal styles of parenting (Simons & Conger, 2007).
- A recent study examined interactions between mothers’ and fathers’ authoritative and authoritarian parenting. Five interactions emerged, three involving mothers’ and fathers’ authoritative parenting and suggesting that authoritative parenting is particularly amendable to moderation. Overall, the five interactions point to the possibility that fathers’ contributions are obscured if mothers are excluded and that authoritarian parenting can have positive effects in specific instances (Sim & Chin, 2014).

**How do parenting styles influence children with developmental delays (DD)?**

- Fathers’ intrusiveness was related to later child decreased social skills and this relationship was mediated by child behavior dysregulation. Intrusive fathering appears to carry unique risk for the development of social skills in children with developmental delays (Stevenson & Crnic, 2013).

**How do discipline techniques affect child development?**

- Lee et al. (2013) examined the influence of maternal and paternal use of spanking with children at age 3 and children’s subsequent aggressive behavior at age 5.
Findings show that the more frequently young children are spanked - regardless of whether mother, father, or both administered the punishment - the higher the odds of increased aggressive behavior two years later. Parental spanking reinforces the child's use of aggression (Lee et al., 2013).

- Wang & Kenny (2013) studied the relations between maternal and paternal harsh verbal discipline and adolescents' conduct problems and depressive symptoms.
  - Results indicated that mothers' and fathers' harsh verbal discipline at age 13 predicted an increase in adolescent conduct problems and depressive symptoms between ages 13 and 14. A child effect was also present, with adolescent misconduct at age 14 predicting increases in mothers' and fathers' harsh verbal discipline between ages 13 and 14 (Wang & Kenny, 2013).

**PARENT INVOLVEMENT**

**What are the comparisons between paternal and maternal involvement with sons in two-parent families?**

- In comparison to mothers, fathers were less accessible to their son on weekdays, and spent more one-on-one time with their son on weekend days. Differences were evident in patterns of father-son and mother-son participation in play and learning activities (Keown & Palmer, 2014).
- Parent-child conversations were a rich source of parental involvement during middle childhood with many boys having frequent conversations on a range of topics with both parents: covering shared activities and interests, relationships, daily activities, or involving cognitive stimulation (Keown & Palmer, 2014).

**Does the relationship between father and mother influence father involvement with their child?**

- Happier marriages are associated with an increase in both maternal-infant and paternal-infant play (Planalp et al., 2013).
- Marital satisfaction was positively associated with the quality of father-son interactions (Bernier, Veronique & Carl, 2014).
- The fathers' relationship to the child's mother was a risk or resilience factor (Fagan & Palkovitz, 2007).
  - Improvement of adult capacities impacts the fathers' relationship with the mother and with the children (Fagan & Palkovitz, 2007).
- According to Schoppe-Sullivan et al. (2008), mothers possibly effect father involvement through their roles as gatekeepers.
  - Maternal encouragement was associated with father involvement (Schoppe-Sullivan et al., 2008). Further, maternal encouragement mediated the association between co-parenting quality and reported relative father involvement (Schoppe-Sullivan et al., 2008).
- Increased marital problem behaviors on the part of the mothers predicted increased maternal gatekeeping attitude, which in turn predicted decreased amounts of
father-adolescent interaction. Decreased amounts of interaction with either parent were associated with adolescents’ perceptions that they mattered less to that parent (Stevenson et al., 2014).

**Does the theory of planned behavior predict fathers’ intentions and reports of involvement?**

- According to Perry & Langley (2013), the theory of planned behavior can be useful in examining paternal involvement.
  - Factors that positive predictors of paternal engagement intentions include: more positive co-parenting relationships, fathers believing that their child’s mother wanted them to be involved with their child, and fathers’ more positive attitudes and beliefs toward involvement (Perry & Langley, 2013).
  - Significant predictors of increased levels of reported paternal engagement include: not self-identifying as a racial minority, being married to the child’s mother, reporting a positive co-parenting relationship with the child’s mother, co-residing with the child, and having positive attitudes and beliefs about being involved with their child (Perry & Langley, 2013).

**What is the effect of father attendance in well-child visits (WCVs)?**

- When fathers do not attend well-child visits (WCVs), it is a missed opportunity. The WCV provides a unique opportunity for parents to ask questions about their child’s growth, development, and health and seek advice about parenting issues. The majority of urban fathers have attended at least 1 WCV, yet those who have ever attended did so at relatively low rates (Moore & Kotelchuck, 2004).
- Being involved with the child at birth (as measured by delivery-room presence) was highly associated with being a high WCV attendee, suggesting that early involvement in a child’s life is associated with later involvement, specifically in attending WCVs (Moore & Kotelchuck, 2004).
- Reasons related to family, work, the pediatric office practice, finances, and provider encouragement were identified as motivators for fathers to attend WCVs (Moore & Kotelchuck, 2004).

**How does parental well-being effect their involvement?**

- Fathers’ contributions to childcare were associated with significantly lower maternal aggravation levels, but only among more religious mothers. Child fussiness and unpredictability were predictors of higher aggravation for both parents. Depressive symptomatology was positively related to aggravation for fathers, whereas love for the spouse was associated with lower aggravation for mothers (DeMaris, Mahoney & Pargament).
- Stressed fathers genetically transmit symptoms of anxiety and depression to their offspring (Dietz et al., 2011).

**How do parental employment schedules affect father involvement?**
• Mothers’ work schedules are more important than fathers’ for fostering greater paternal involvement in both the immediate and longer term (Norman, Elliot & Fagan, 2014).

• It is the mothers’ employment hours when the child is aged three that has the largest association with paternal involvement in childcare at this stage in the child’s life, independent of what hours the father works. Furthermore, both fathers’ and mothers’ employment hours when the child was nine months old have a longitudinal influence on paternal involvement when the child reaches three years old, but it is the hours worked by the mother when the child was aged nine months that has the stronger association with paternal involvement at age three (Norman, Elliot & Fagan, 2014).

**How is a father affected by his former years as a foster child?**

• A recent study examined the father-child contact between fathers who aged out of foster care and their children. The authors found the effect of remaining in foster care after age 18 is positively associated with father-child contact when fathers are age 26. Extending care from age 18 to 21 benefits young men, and their children, when they become fathers (Hook & Courtney, 2013).

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**CO-PARENTING**

**How does co-parenting effect father involvement?**

• There are associations among levels of father involvement in various activities, and between mother and father involvement, particularly, in similar activities. There are also connections between mother and father perceptions of the couple and co-parenting relationship and father involvement in a variety of activities. Father perceptions of co-parenting techniques and co-parenting consistency, and mother report of her involvement practices emerged as the most consistent predictors of father involvement across activity types (Chen, 2013).

• The rising importance of co-parenting is directly related to the increasing likelihood that children are raised in households without the presence of their biological father (Palkovitz, Fagan & Hull, 2013).

• Healthy co-parenting relationships among the parental figures in a child’s life may be even more important for these families than for families in residential relationships because of the numerous barriers non-residential fathers face in establishing an active role in their child’s life (Palkovitz, Fagan & Hull, 2013).

• Positive co-parenting relationships enhance parent-child relationships above and beyond other aspects of partner relationships (Palkovitz, Fagan & Hull, 2013).

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**DIVORCE**

**What is the impact of parenting styles of divorced fathers on the well-being of the child?**
• Research indicating that authoritative parenting is positively related to children’s well-being has been primarily focused on parenting of married parents or divorced mothers. To better understand this relationship in the context of fathers, Bastaits et al (2014) used a sample of divorced fathers to examine the differences among parenting styles of residential fathers, fathers in joint custody, and nonresidential fathers and then compared the impact of these differences on child-well being. Results indicate that non-residential fathers are more permissive and uninvolved, and that authoritative fathers have a positive influence on children’s well-being irrespective of custodial arrangements (Bastaits et al 2014).

**Does being a divorced father influence levels of involvement in the child’s life?**

• Middle-class divorced fathers with joint custody are more likely than those with visitation rights to continue to have a high degree of involvement in and influence on their children’s growth and development. Children of divorce, as do children of intact families, need loving relationships with two parents, and joint custody arrangements should be encouraged (Greif, 1979).

• Divorced fathers who go on to form a new union have weaker relations with adult children from prior union that their post-divorce counterparts who remain single. Fathers’ additional biological children and stepchildren have similarly negative effects on fathers’ relations with adult children from a previous union (Noel-Miller, 2013).

**What factors of divorced families contribute to the adjustment of children?**

• Five factors contribute to the adjustment of children in divorced families or stepfamilies. These factors emphasize (a) individual vulnerability and risk; (b) family composition; (c) stress, including socioeconomic disadvantage; (d) parental distress; and (e) disrupted family process (Hetherington, Bridges & Insabella, 1998).

**NON-RESIDENT FATHERS**

**What are some aspects that impact non-resident father involvement?**

• Compared with resident fathers, non-resident fathers are more likely to be unemployed or underemployed and less likely, when they are employed, to have access to flexible work arrangements. Workplace flexibility, but not employment stability, is associated with higher levels of father involvement (Castillo, Welch & Sarver 2012).

• Coley & Hernandez (2006) assessed predictors of both resident and non-resident fathers’ involvement with preschool-aged children. Finding that parental conflict has a strong negative relation with father involvement. Fathers’ human capital characteristics, healthy psychosocial functioning, and past stability in family relationships all predicted greater father involvement directly and/or indirectly through parental conflict.
What are predictors of paternal involvement that are specific to non-residential, African American fathers from low-income neighborhoods?

- According to Coates & Phares (2013), several father and co-parental factors were related to high levels of paternal involvement.
  - Better psychological well-being and co-parenting relationship quality and lower conviction rates since the birth of the child were associated significantly with higher levels of paternal involvement (Coates & Phares, 2013).
  - Co-parenting relationship quality mediated the relationship of both psychological well-being and paternal involvement and conviction history since the birth of the child and paternal involvement (Coates & Phares, 2013).
  - Social support moderated the relationship between psychological well-being and paternal involvement (Coates & Phares, 2013).

What is the ‘package deal’ and how does it affect non-resident father involvement?

- Fatherhood is viewed as part of a “package deal” in which a father’s relationship with his child is contingent on his relationship with the mother (Tach, Mincy & Edin, 2010).
- Father involvement drops sharply after relationships between unmarried parents end (Tach, Mincy & Edin, 2010).
- Mothers’ transitions into new romantic partnerships and new parenting roles are associated with larger declines in involvement than fathers’ transitions (Tach, Mincy & Edin, 2010).
- Declines in fathers’ involvement following mother’s relationship or parenting transition are largest when children are young (Tach, Mincy & Edin, 2010).

What is the impact of father absence?

- Father absence is defined as any situation where the father is psychologically disconnected from his children, whether or not he is currently living in the same home (Jones, 2008).
- Psychoanalytic literature describes the father as occupying a critical role in child development. The father’s loss or absence is seen as hindering development from early infancy throughout childhood and even into adulthood (Jones, 2008).
- Fathers who are consistently detached or absent, create developmental deficits for their children to overcome (Miller, 2013).
- Father absence negatively affects children’s social-emotional development, particularly by increasing externalizing behavior. These effects may be more pronounced if father absence occurs during early childhood than during middle childhood, and they may be more pronounced for boys than for girls (McLanahan, Tach & Schneider, 2013).
- Father absence negative effects on social-emotional development persists into adolescence, for which there is evidence that father absence increases adolescents risky behavior (McLanahan, Tach & Schneider, 2013).
• Evidence supports that father absence effects adult mental health, suggesting that the psychological harms of father absence experienced during childhood persists throughout the life course (McLanahan, Tach & Schneider, 2013).
• Kirshner (1992) indicates that the image of an absent father reflected a process akin to splitting of the ego, in which the significance of the father was disavowed and the patients fantasized a special role with their mothers; via projection, the fathers re-appeared as dangerous intruders.

How is non-resident father involvement associated with child well being?
• Non-resident father involvement can have positive effects on children’s social and emotional well-being as well as academic achievement and behavioral adjustment, but the quality of such involvement matters more than the quantity (Adamsons & Johnson, 2013).
  o The forms of father involvement most strongly associated with child well-being were involvement in child-related activities, having positive father-child relationships, and engaging in multiple forms of involvement (Adamsons & Johnson, 2013).
• Positive child-non-resident father relationships were correlated with contact between child and father, the quality of the mother-child relationship, and the frequency of contact between the mother and her former partner. Conflict between child and father was correlated with conflict between child and mother and child and stepfather (Dunn et al., 2004).
• Child-non-resident father contact and relationships were stable over 2 years, and related to children’s adjustment; these associations were stronger for children from single-parent families than for those with stepfathers, and for those whose mothers had been first pregnant as teenagers (Dunn et al., 2004).

How does non-resident fathers’ financial support effect children’s behavioral and cognitive development in single-mother families with low income?
• Non-resident fathers’ financial support is directly associated with children’s cognitive development. Non-resident fathers’ financial support is found to have indirect effects on children’s behavior problems and cognitive development transmitted through mothers’ parenting and parenting stress (Choi & Pyun, 2014).
• Informal instrumental support is directly and indirectly associated with both outcome of children transmitted through maternal economic hardship, parenting, and parenting stress (Choi & Pyun, 2014).

What is the association between lack of father figures and youth violence?
• Adult men, especially fathers, play for positive youth development. Adult male scarcity and the proportion of individuals aged 15 years or older who had less than a high school degree were the two unique predictors of youth assault rates, together explaining 69% of the variance (Kruger et al., 2014).

Are there interventions for improving non-resident African American fathers’ parenting skills to reduce sons’ risky behaviors?
• Caldwell et al. (2010) evaluated the effectiveness of a theoretically based, culturally specific family intervention designed to prevent youth risky behaviors by influencing the parenting attitudes and behaviors of non-resident African American fathers and the parent-child interactions, intentions to avoid violence, and aggressive behaviors of their preadolescent sons.
  o The intervention was promising for enhancing parental monitoring, communication about sex, intentions to communicate, race-related socialization practice, and parenting skills satisfaction among fathers (Caldwell et al., 2010).
• Caldwell et al. (2013) tested the effectiveness of the Fathers and Sons Program for enhancing the parenting skills satisfaction and parenting behaviors of non-resident African American fathers as strategies for increasing intentions to avoid violence and reduce aggressive behaviors in their 8-12 year old sons.
  o The intervention was effective for improving fathers’ parenting skills satisfaction, which was positively associated with their intentions to avoid violence (Caldwell et al., 2013).

**INCARCERATION**

**How does incarceration affect men’s paternal identity?**
• Incarcerated fathers have feelings of helplessness and express difficulties of being a “good father” while in prison (Arditti, Smock & Parkman, 2005).
• Incarceration represented a dormant period for men in terms of fatherhood, and reentry signified an opportunity to “start over” with their children (Arditti, Smock & Parkman, 2005).
• Expectant adolescent fathers involved in the juvenile system hoped for a boy and envisioned their central role as a father to be making their son a man (Shade et al., 2013).
• Incarcerate fathers in a maximum security prison were interviewed about their relationship with their children and their perceptions of social support. Fathers’ perception of the relationship with their children made a positive contribution to their appraisal of social support from all sources (Swanson et al., 2012).

**How does being incarcerated affect fathering abilities?**
• Most incarcerated fathers lived apart from their children before their arrest (Geller, 2013).
• Most incarcerated fathers maintained a degree of contact with their children through either co-residence or visitation. Moreover, there were robust reductions in both father-child co-residence and visitation when fathers are incarcerated. Suggesting that these reductions are driven by both incapacitation while incarcerated and union dissolution upon release (Geller, 2013).
• There were two family barriers (children’s mother’s attitude and children’s attitude) that made a statistically significant contribution to explaining inmates’ self-reports concerning relationships with their children (Swanson et al., 2013).
• Paternal incarceration sharply diminishes parenting behaviors among residential but not non-residential fathers. Virtually, all of the association between incarceration and parenting among residential fathers is explained by changes in the fathers’ relationships with their children’s mothers. Furthermore, recent paternal incarceration sharply increases the probability a mother re-partners, potentially offsetting some losses from the biological father’s lesser involvement while simultaneously leading to greater family complexity (Turney & Wildeman, 2013).
• Father involvement was profoundly constrained during incarceration, and men were entirely dependent on non-incarcerated mothers or caregivers for contact with children. Many fathers perceived mothers’ gatekeeping, or efforts to prevent contact, as evidence of their powerlessness (Arditti, Smock & Parkman, 2005).

**What is the impact on the father-child relationship immediately after release?**
• Greater involvement with one’s children is a significant predictor for a variety of post-release outcomes, including employment, and reduced criminal recidivism and substance use (Visher, Bakken & Gunter, 2013).
• Developing and maintaining positive healthy relationships between released fathers and their children has been shown to result in more successful reentry experiences for the incarcerated individual and their family and friends, as well as the development of pro-social identities (Visher, Bakken & Gunter, 2013).
• Fathers who lived with children before incarceration were more likely to be their children after release. Fathers who were more involved with their children in the first few months after release, when interviewed again at 8 months out, worked more hours per week, were less likely to use illicit drugs, and were less likely to commit crime, get arrested, or violate conditions of their supervision (Visher, Bakken & Gunter, 2013).

**How does parental incarceration affect child well being?**
• A large population of children suffers unmet material needs, residential instability, and behavior problems. Children of incarcerated parents face more economic and residential instability than their counterparts. Sons of incarcerated fathers display more behavior problems (Geller et al., 2009).
• There were significant increases in aggressive behaviors and some evidence of increased attention problems among children whose fathers are incarcerated (Geller et al., 2012).
• The estimated effects of paternal incarceration are stronger for children who lived with their fathers prior to incarceration but are also significant for children of non-resident fathers, suggesting that incarceration places children at risk through family hardships including and beyond parent-child separation (Geller et al., 2012).
• The estimated effects of paternal incarceration are stronger than those of other forms of father absence, suggesting that children with incarcerated fathers may require specialized support from caretakers, teachers, and social service providers (Geller et al., 2012).
• Parental imprisonment might cause long-lasting internalizing and antisocial problems for children (Murray & Farrington, 2008).
• Separation because of parental imprisonment predicted boys’ internalizing problems from age 14 to 48. Separation because of parental imprisonment also predicted the co-occurrence of internalizing and antisocial problems (Murray & Farrington, 2008).

**What are the effects of paternal imprisonment on children’s economic well-being?**
• Paternal imprisonment reduces child support receipt and thereby undermines policies designed to improve child support collection. At the same time, increases in food stamp benefits fill a portion of the resulting income gap, providing a safety net for families but increasing welfare expenditures (Chung, 2012).

**Is there intergenerational transmission of violent offending from father to son?**
• Exposure to paternal violence plays an important role in the intergenerational transmission of violent offending (van de Weijer, Bijleveld & Blokland, 2014).
• Paternal violent offending before the birth of the son does not increase the son’s risk to become violent, while paternal violent offending during the son’s childhood and adolescence does (van de Weijer, Bijleveld & Blokland, 2014).

**Are there effective intervention services for incarcerated teen fathers?**
• The Baby Elmo Program provides incarcerated teen fathers with parenting training and visitation with their children with the stated goal of enhancing father-child interactional quality. Among dyads with infants, father-child interactional quality changed as a function of participation in the Baby Elmo program. Change in interactional quality was associated with the incorporation of targeted parenting skills. Father-infant interactions became increasingly positive over time (Barr et al., 2013).

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**ADOLESCENT SEXUAL BEHAVIOR**

**What is the impact of fathers on their children’s sexual behaviors?**
• A protective factor for the delay of sexual initiation is parental involvement (Hegamin-Younger et al., 2013).
• Using proxy measures of checking homework, knowing where the child is and understanding the child, it is shown that parental involvement and the father-daughter relationship delay sexual initiation for adolescent females (Hegamin-Younger et al., 2013).
• Children raised without a biological father in the household have earlier average ages of first sexual intercourse than children raised in father-present households. This association seems to be attributable to confounded risks, most likely genetic in origin, which correlated both with likelihood of father absence and early sexual behavior (Mendle et al., 2009).
• Differences between older and younger sisters in the effects of quality of fathering on risky sexual behavior were greatest in biologically disrupted families when there was a large age gap between the sisters (thus maximizing differential exposure to fathers), which greater exposure within families to higher quality fathering serving as a protective factor against risky sexual behavior. Further, variation around the lower end of fathering quality appeared to have the most influence on risky sexual behavior (Ellis et al., 2012).

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