

## **The relationship between paternal involvement and child outcomes in male African American youth**

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### Abstract

Studies have shown that children living in homes without fathers are likely to be subject to more deleterious effects than those in intact families. Few studies, however, have evaluated the specific impact of father absence in prepubescent African American boys in single parent, female-headed homes. This study examined the effects of paternal absence on boys aged 9-12. The results were that, on average, young males who did not reside with a paternal figure evidenced more depression and conduct problems than their counterparts from homes with a male paternal figure. The findings here suggest that efforts are needed to ameliorate the negative effects of the lack of an adult male presence in the home.

### Introduction

Over a decade ago, demographers predicted that one-half of America's youth would spend some part of their childhoods in a one-parent family (Ahlburg and DeVita 1992). This early caveat has proved to be both accurate and prophetic in considering the makeup of the American family in the 21st century.

Changing family structures are reflected by the fact that half of all American marriages end in divorce, with the percentage of second marriage failure even higher (Sammons and Lewis 2001). Although lack of a mother figure doubtless exerts a profound influence on children's development, paternal absence is the more frequent occurrence by far (Beaty 1995; Black, Dubowitz, and Starr 1999). In a 1999 survey, nearly three-quarters of the U.S. population indicated they believed that lack of a father in the home is the most significant family and social problem facing America (National Center for Fathering).

Boys are more frequently affected than girls by their parents' divorce or separation (Auerbach and Silverstein 1999). Boys without fathers are less likely to finish high school, more likely to suffer emotionally and economically, and are more likely to have difficulty forming relationships (Alston and Williams 1982; Beaty 1995; Peretti and DiVittorio 1992; Terdal and Kennedy 1996). Boys raised in homes without fathers are also more likely to exhibit physical or verbal aggression than girls. (Mott and Kowaleski-Jones 1997).

There is a differential effect of age on the severity of impact regarding paternal absence (Mahon, Yarcheski, and Yarcheski 2003; Steinberg 1989). This may well be a result of the less adaptive coping mechanisms of children compared to adolescents, who may have achieved increased emotional maturity and have access to supportive social networks such as peer groups (Steinberg 1989).

Among the African American population, paternal absence has become especially pervasive, with 50% of African American single-parent families with children under the age of 18 headed by single women (Bush 2001). A number of recent studies have demonstrated a relationship between parental absence and behavior difficulties, lower cognitive abilities, and receptive-language skills deficiencies (Black, Dubowitz, and Starr 1999; Brody, Stoneman, and Flor 1995; U.S. Department of Justice 1998; Frost 1996). Similarly, the disruption of familial relationships has been found to be inversely related to depression and violent behaviors in African American adolescents (Bynum and Weiner 2002; House 2002; Levy 1997). In comparison to the number of studies evaluating the impact of father absence on non-minority children, there are significantly fewer studies looking at this in African American families.

This study sought to evaluate whether there is a higher incidence of depression in African American

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children who live in paternal absent homes and, whether prepubescent African American males who lack paternal presence exhibit more aggression and/ or antisocial behaviors than African American males who reside in homes with a paternal figure.

The Johns Hopkins Medical Institutions Review Board consented to the study of children who were served by its facilities, and assent forms were signed by both the parent or guardian and the child. All survey questions were read aloud to each child and caregiver independently, and questions were answered without violating standardized testing procedures.

Participants were recruited between December 2003 and March 2004 at the Johns Hopkins pediatric outpatient mental health clinic in Baltimore. Eligible study participants were referred by their mental health therapist and through a flyer posted in the clinic waiting room. African American boys between the ages of 9 and 12 and their primary caregiver were enrolled. Children with severe cognitive or developmental impairments (e.g., pervasive developmental disorder spectrum, mental retardation), neurological impairments (e.g. traumatic brain injury), or severe sensory impairments (e.g. blindness, hearing impairment) were not enrolled. Forty-three children were referred, and 40 child/parent dyads met inclusion requirements and completed the study.

A 13-item demographic questionnaire was developed and included information about the reason(s) for referral to therapy, the duration of current and past mental health services, the number of siblings in the child's home, the gender and age of the primary caretaker(s), whether a paternal figure lived in the child's primary home, the age of the child if and when the paternal figure left, and the frequency of contact with the paternal figure.

Four instruments were employed to arrive at a profile of the participants. The Behavior Assessment System for Children (BASC), a multidimensional tool that measures aspects of behavior and personality of children between the ages of 4 to 18, was selected as one of the instrument for the study (Reynolds and Kamphaus 1992). The psychometric properties of the BASC have been extensively evaluated, and it has been found to be a reliable and valid assessment of emotional and behavioral symptoms. In this study, youth self-report forms (BASC-SRP) and parent-report forms (BASC-PRS) were used. Raw scores are transformed into T-scores to allow a comparison to the BASC standardization sample. Validity scales are also computed.

The Children's Depression Inventory (CDI) (Kovacs 1992), also used in the study, is a 27-item depression inventory designed for children from 7 to 17 years, quantifies a range of depressive symptoms experienced in the previous two weeks. Each CDI item consists of three choices (0, 1, or 2), with 0 reflecting an absence of the symptom, 1 reflecting mild symptom experience, and 2 reflecting definite symptom experience. A total score and five factors are computed: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. Total scores range from 0 to 54, with higher scores reflecting a greater amount of depression symptomatology. The CDI has been found to be a valid and reliable assessment tool in a variety of clinical settings and research studies.

The Attitude Towards Guns and Violence Questionnaire (AGVQ) measures the attitudes of young people, age 6 to 29, toward guns, physical aggression, and interpersonal conflict. The 26-item questionnaire takes 5-10 minutes to complete and requires a third-grade reading level. The respondent is asked to rate statements along a 3-point Likert continuum consisting of agree, not sure, and disagree. T score equivalents are computed to allow for comparison across subscales and a validity scale is computed (Shapiro 1998).

The final measure, the Aggressive Behavior Checklist (ABC) Self-report Form, is a self-report tool which assesses actual aggressive or violent behavior (Shapiro 1998). The ABC was developed to complement

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the AGVQ questionnaire and has been found to reliably assess the prevalence of aggression and violence.

### Results

T-tests and chi-square analyses examined differences between boys in paternal present versus paternal absent homes. The participants' grades ranged from 4 through 7, with approximately 35% in grade 4th. All were receiving government assistance and were considered to be low socioeconomic status. Seventy percent of the children in father-absent homes were under the age of 5 when their households became headed by a single female parent. Fifty-four percent of children whose fathers did not reside in the same house had some degree of contact with their fathers (Once a week ( $n=2$ , 11.8%), once a month ( $n=3$ , 17.6%), and once every 6 months ( $n=4$ , 23.5%).

The incidence of referrals for internalizing (depression) and externalizing (behavior/conduct problems, hyperactivity/impulsivity, defiance to authority) problems was similar in both groups. ( $p>.05$ ). In addition, adherence with therapy appointment attendance was similar in both groups ( $X(3)=1.71$ ,  $p=.634$ ), and the amount of time spent in therapy prior to study enrollment was similar in both groups ( $X(12)=10.94$ ,  $p=.534$ ). The groups also did not differ with respect to the age of the child at the time of their entrance into the study ( $t(38) = .95$ ).

Question 1: Do African American males aged 9-12 who do not have a father or father figure living in the home exhibit more depressive symptoms than those who reside with a paternal figure?

Between-group differences were observed on the CDI total score ( $t(38) = 2.64$ ,  $p < .05$ ) with boys living with a paternal figure having lower total CDI scores ( $M = 44.30$ ,  $SD = 8.32$ ) than those without a paternal figure ( $M=52.90$ ,  $SD=11.96$ ). In addition, between-group differences were observed on the CDI subscales of Negative mood, Interpersonal problems, and Anhedonia, suggesting that boys with a paternal figure had fewer problems with negative mood, interpersonal problems, and anhedonia than boys without a paternal figure in their home (Table 2).

Question 2: Do African American males aged 9-12 who do not have a father or father figure living in the home exhibit more aggression and antisocial behaviors than those who reside with a paternal figure?

Between-group differences were observed on the ABC Total score and AGVQ total score (Table 3). Table 3 shows that those with a paternal figure had lower scores than those without a paternal figure. Similarly, between-group differences was observed on the BASC Personal Adjustment subscale ( $t(38) = 2.34$ ,  $p < .05$ ).

Discriminant analyses were used to assess the strength of the predictor variables. The BASC Adaptive Skills subscale score and BASC Personal Adjustment subscale score was statistically significant,  $X(2) = 6.40$ ,  $p < .05$ . The standardized beta coefficients for BASC Adaptive Skills ( $= -.49$ ) and BASC Personal Adjustment score ( $= .87$ ) show that Adjustment scores contributed almost twice that of Adaptive Skill scores in the discrimination function.

Table 4 shows a statistically significant difference between BASC: Emotional Symptoms Classification and groups. The results indicated that 90% of those with paternal figures were in the average to low ranges, and 35% of those without paternal figures were in the clinically significant to at-risk ranges.

### Discussion

This study extends the findings of previously published research which has observed that among African American adolescents, the disruption of family relationships is inversely related to depression and violent

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behaviors (Bynum and Weiner 2002; House 2002; Levy 1997). However, previously published studies have been inconclusive about whether additional risks are borne by younger African American male children who come from single-parent rather than two-parent households (Bush 2001; House 2002; Paschall and Hubbard 1998).

The data from this study revealed robust differences between prepubescent African American males who resided with a paternal figure and those who did not. In contrast to boys who had a paternal figure living in their home, boys without father figures reported experiencing more mood problems, more peer conflict, and more difficulty experiencing pleasurable activities. Conversely, the males who resided with paternal figures had significantly better personal adjustment (assessed with the BASC Personal Adjustment subscale) than males who did not reside with a paternal figure. The results from this study suggest, that the presence of a paternal figure in the household may actually have a positive effect on the emotional state of the prepubescent male, specifically in relation to mood, peer conflict, personal adjustment and, ability to enjoy developmentally appropriate social and recreational activities.

The data from this study also revealed group differences in the predicted direction regarding aggressive behavior and attitudes about aggression between boys who resided with a paternal figure and those who did not. As anticipated, higher levels of aggression and greater acceptance of the use of guns and violence was observed in the group of boys who did not have a paternal figure in their home.

This study had a number of limitations that could limit the generalizability of these results: (1) The sample size is relatively small as is evidenced by the observed small to medium effect sizes obtained; (2) The socioeconomic status of the study participants was homogenous and all resided in economically challenged homes; (3) A screening tool for symptoms of depression was used rather than a diagnostic interview. Despite these limitations, the research study supports the belief that paternal absence may have a negative effect on the social and emotional development of prepubescent African American males. Future research is needed to devise methods to further counteract and address this major societal problem.

### Conclusions and Recommendations

These study results have significant implications for mental health professionals, juvenile justice programs and, educational institutions. For example, in spite of the fact that the majority of the study participants resided in economically challenged homes, the presence of a paternal figure seemed to buffer the negative impact of the economic hardship on personal adjustment, mood and behavior. Furthermore the positive impact of paternal figure presence was observed by both parents and youth. Professionals working with young African American males should strive to provide therapeutic interventions which help the prepubescent child overcome the familial stressor of not having a paternal figure within the home (Lowe 2000; Paschall et al. 2003; Wineburgh 2000). Ladner and DiGeronimo (2003) contend "A child who feels in control and strong, rather than helpless or hopeless, is a child who will grow to be successful" (244). In addition, they assert that "Feeling empowered helps build an affirmative framework in which to live a resilient life" (244).

Anger management skills training as well as encouraging participation in social and recreational activities with male role-models are examples of potentially beneficial interventions. In addition, family counseling is very useful in helping single mothers to develop effective child behavior management skills that will reinforce positive child behavior and optimistic attitudes about the future. Clinicians should also channel efforts into educating and encouraging paternal figures to become more proactive in the lives of their sons by stressing the potential positive impact of these efforts. Youth advocates should lobby for the establishment of community-based programs which provide social and recreational activities for prepubescent African American males, including black male educational academies and rites-of-passage programs. Community-based programs with positive male figures are inevitably beneficial to the

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prepubescent African American male.

Black male educational academies could improve the academic achievement and personal development of young black males through an Afrocentric curriculum taught by male African American instructors (Lomotey 1992; Midgette et al. 1993). The influence of positive role models on young people cannot be overstated as they provide motivation, realistic expectations, and often a helping hand in difficult times for children (Ladner and DiGeronimo 2003). These academies not only provide role models but subsequently focus on academic achievement in math, language arts, and computer science rather than sports-related activities. African American males are also taught values such as responsibility and self-love. Family unity can also be promoted through parental involvement in extracurricular and academic activities (Midgette 1993).

Similarly, rite-of-passage programs can also promote the goal of enhancing self-esteem through the development of a positive African American racial identity based on Afrocentric principles (Hill 1998). Rites-of-passage programs can help youth to develop and cultivate an appreciation of their cultural and racial heritage as well as prepare them to embrace positive values in their racial identity and provide service to their communities.

With the disproportionately high number of African American males who are incarcerated, there is a paucity of positive male leadership for boys to emulate. Thus, funding for academies and programs such as these are paramount in providing viable interventions to deter delinquent behaviors and promote pro-social behaviors for young African American males who lack male mentorship.

The results of this study can also provide juvenile justice programs a theoretical framework for developing more effective rehabilitation programs for prepubescent African American males who engage in negative social behavior. Clearly, Pratt's (1993) observation that young African American males aged 10-17 represent only 15% of the nation's population, but they constitute over 23% of the juvenile arrests, 41% of the training school population, and 33% of public detainees suggest that the current juvenile justice diversion and treatment model is not effective. The results of this study suggest that intensive early intervention aimed at combating the negative impact of paternal absence may improve long-term emotional and behavioral outcomes for young African American youth.

This study also has implications for education through raising the cognitive awareness of educators about the psychosocial factors that affect the mental health of prepubescent African American males. Many of these project participants resided in impoverished neighborhoods, a condition which accounted for referrals to the outpatient clinic that provided data for this study. Many of the neighborhoods where these prepubescent males resided were frequently reported as scenes of violence. Osofsky (1995) argued that it is imperative to study the combined impact on children being raised in stressful homes who reside in violent neighborhoods.

Because of the rapid emergence of greater numbers of various ethnicities in the United States who reside in low-income areas and who lack paternal presence, additional studies are needed to investigate the emotional development of these children. As low-income children are exposed to much more criminal or gang activity, family disruption, and separation from their family than middle-income children intensive efforts need to be mounted to develop interventions for at-risk youth (Emery and Laumann-Billings 1998).

The results of this study also have many implications for further research. For example, it would be valuable to evaluate the adjustment of prepubescent girls in father absent homes as gender differences in internalizing difficulties, particularly depressive symptoms, are indicated during early adolescence with girls, who manifest twice the risk for depression as boys (Peterson 1993; Nolen-Hoeksma 1994).

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Additional research could also examine if the gender of the therapist affects therapy outcome. Furthermore, as studies of African American parenting practices are particularly sparse (Forehand and Jones, 2003) more research is needed to clarify which parenting methods are most successful and which may be harmful to the emotional development of African American children.

Even with the methodological shortcoming of this study, the present research provides some important information about the impact of paternal figure presence or absence for prepubescent African American males. It is imperative that intensified efforts and resources be allocated to addressing this important societal problem.

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Table 1

Chi-square Between Which Person Is the Paternal Figure and Group

Group

# Paternal  
figure %

Father 2 10

Grandfather 1 5

Uncle 3 15

Unrelated Family Friend 13 65

Father, grandfather, 1 5

Note:  $X(5) = 10.64$ ,  $p = .059$

Table 2

Means, Standard Deviations, and T-tests on Five CDI subscores (Negative Mood, Interpersonal Problems,



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Ineffectiveness, Anhedonia, Negative Self-esteem)

Paternal Presence

N=20 N=20

CDI subscores M SD

Negative Mood 1.25 1.16

Interpersonal Problems 1.05 1.19

Ineffectiveness 1.10 1.55

Anhedonia 2.60 2.48

Negative Self-esteem 0.55 0.76

Paternal Absence

N=20

CDI subscores M SD

Negative Mood 2.95 2.40

Interpersonal Problems 2.30 1.87

Ineffectiveness 1.95 1.91

Anhedonia 4.60 2.89

Negative Self-esteem 1.15 1.63

N=20

CDI subscores t Power

Negative Mood 2.86 \*\* .79

Interpersonal Problems 2.53 \* .69

Ineffectiveness 1.55 .32

Anhedonia 2.35 \* .62

Negative Self-esteem 1.49 .30

Note: df=38, \* p<.05, \*\* p< .01

Table 3

Means, Standard Deviations, and T-tests on ABC T Score, AGVQ Total T Score, BASC Aggression Score, and BASC Conduct Problems by Group

Paternal Presence

N=20

M SD

ABC T-score 42.55 10.74

AGVQ Total T score 44.20 6.93

BASC Aggression score 60.95 13.37

BASC Conduct problems 69.50 15.17

Paternal Absence

N=20

M SD

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ABC T-score 50.75 13.01  
AGVQ Total T score 49.70 9.25  
BASC Aggression score 65.30 14.64  
BASC Conduct problems 75.60 21.05

t Power

ABC T-score 2.17 \* .56  
AGVQ Total T score 2.13 \* .54  
BASC Aggression score -.98 .16  
BASC Conduct problems -1.05 .17

Note: df=38, \* p<.05.

Table 4

Chi-square between BASC: Emotional Symptoms  
Classification and Group

Group

No  
Paternal paternal  
figure figure

Clinically significant 0 2  
70 and above 0.0% 10.0%

At-risk 2 5  
60-69 10.0% 25.0%

Average 13 11  
41-59 65.0% 55.0%

Low 5 2  
31-40 25.0% 10.0%

Note:  $\chi^2(3) = 9.94, p = .019$ .

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