



U.S. Department of Health  
and Human Services  
Administration for Children  
and Families  
Office of Family Assistance

[www.fatherhood.gov](http://www.fatherhood.gov)

# Responsible Fatherhood Spotlight

February 2010



## Father Involvement – Children With Disabilities

Although very little research has been conducted with fathers of children with disabilities, existing studies suggest that having a disabled child may have important implications for fathers' well-being and involvement with their children.

### Definitions

*Father involvement* refers to the type and level of a father's involvement with his children. The concept encompasses three main dimensions: *engagement* (a father's involvement in activities with his child), *accessibility* (a father's availability to his child), and *responsibility* (the extent to which a father provides his child with resources, including financial support).<sup>40, 41</sup>

### Importance and Implications of Fathers' Involvement with Children With Disabilities

Most research on children with disabilities has focused almost exclusively on the role that mothers play in the lives of these children. Very few studies have looked at fathers' roles. The few studies that have examined fathers' involvement with children with disabilities have yielded mixed results about how fathers are affected by a child's disability status.

#### *Implications for Fathers*

Some of the research in this area has found that having a child with a disability has a negative effect on father's well-being; other research has found no negative effects; while still other research has found positive effects.

- Several studies have reported that having a child with a disability has adverse effects on fathers' well-being
  - Fathers often have intense reactions to their child's initial diagnosis and many report experiencing existential conflicts (e.g., reconsidering the purpose of life) as they attempt to adapt to the situation.<sup>2, 28, 29</sup>
  - Some evidence suggests that fathers of children with disabilities experience poorer psychological functioning (e.g., higher rates of depression, personality difficulties) than do fathers of nondisabled children.<sup>6, 7, 15, 44</sup>
  - Some studies suggest that fathers of children with special needs have lower self-esteem than do fathers of typically developing children.<sup>7, 11, 52</sup>
  - Fathers of children with disabilities often report feelings of guilt, disappointment, lack of control, inferiority, and isolation, which can lower their overall sense of well-being.<sup>11, 38</sup>
  - For many fathers, the experience of raising a disabled child may be disheartening, as they may not know how to help and care for a child with special needs.<sup>45, 55</sup>
  - Fathers of children with disabilities have reported lower levels of satisfaction with family life, less self-confidence, and fewer perceived opportunities for independence, personal growth, or recreational activities, compared with fathers of typically developing children.<sup>38, 44, 48</sup>
  - Fathers of children with disabilities often report feeling cut off from sources of social support, and many report feeling resentful toward others (e.g., neighbors, coworkers) who fail to offer such support.<sup>7, 17, 29, 37</sup>

*Take Time to Be a Dad Today*

- Overall, research suggests that fathers' satisfaction with the social support that they receive (rather than the amount of perceived support) is associated with fathers' adjustment.<sup>18, 30</sup>
  - Fathers of children with disabilities often experience a great deal of stress that affects their well-being.
    - Fathers report being especially worried about the financial costs associated with raising a child with a disability and with their child's prospects for future success in adulthood.<sup>38</sup>
    - Parenting stress tends to be higher among fathers of children with disabilities, compared with fathers of nondisabled children,<sup>1, 13</sup> and tends to increase as disabled children age.<sup>1, 27</sup>
    - Such stress may have a negatively effect on the well-being of fathers' partners, the quality of the father-mother relationship, and fathers' ability to care for and be involved with their children.<sup>13, 21, 29</sup>
    - One reason that fathers of children with disabilities may experience higher stress may be that their actual experience of fatherhood diverges so much from their expectations and ideal images of the role.<sup>55</sup>
    - Other research suggests that fathers' stress is often exacerbated when care providers, program providers, and other sources of support fail to recognize, include, and support fathers in their attempts to care for their children.<sup>45</sup>
  - Fathers of children with disabilities may experience higher levels of marital distress and dissolution than do fathers of nondisabled children.<sup>3, 6, 22, 32, 43, 64</sup>
- Other research, however, has failed to support the idea that fathers of children with disabilities have lower levels of well-being than do fathers of nondisabled children, and some findings suggest that fathers may derive potential benefits from having a child with disabilities.
  - Several studies have not found significant differences in stress levels or other indicators of psychological strain in families of children with disabilities, compared with families with typically developing children.<sup>19, 21, 30, 50, 26, 33, 34, 70</sup>
  - Recent studies suggest that although mothers of children with disabilities experience elevated stress and depression levels, the same is not true for fathers, perhaps because they are less involved in the daily care of their children.<sup>16, 56, 66</sup>
  - Several studies show that fathers of children with disabilities do not report higher levels of marital distress or dissolution than do fathers of nondisabled children.<sup>23, 30, 60, 67</sup>
  - Many fathers report that the experience of caring for a disabled child has led them to experience personal growth and that this experience also has had positive effects on their family life, suggesting that having a child with a disability may have some benefits for fathers.<sup>29, 51</sup>
- Fathers' responses and adaptation to having a child with a disability may depend on a number of important factors.
  - Some research suggests that fathers adapt more positively to having a daughter with a disability than to having a disabled son, perhaps because they may have higher expectations for a son's achievement and thus are more disappointed when a disability prevents their son from meeting those expectations.<sup>18, 19, 38</sup> Other studies, however, have found no difference in fathers' adaptation to having a disabled child by child gender.<sup>30</sup>
  - Fathers of children with severe disabilities may have lower levels of well-being than do fathers of children with less severe disabilities.<sup>7, 18, 31, 69</sup>
  - Fathers with lower levels of education or income may be more adversely affected by having a child with a disability than are fathers with higher education and income levels.<sup>30, 51</sup>
  - Fathers' own personality characteristics may influence their well-being as it relates to the disability of their child.
    - For example, fathers who are less neurotic and more popular have been found to adapt more positively to their children's disabilities.<sup>30</sup>

- Fathers who report better marital quality and fewer behavioral problems among their children with disabilities report lower levels of stress and depression, compared with fathers with poorer marital quality or more perceived child behavior problems.<sup>35</sup>
- Research suggests that how fathers cope with and accept their child's disability significantly affects mothers' well-being, particularly their ability to cope with the child's disability and their marital satisfaction.<sup>39, 57</sup>
- Studies suggest that fathers who receive professional support related to raising a child with a disability (e.g., by attending support groups for fathers of special-needs children) experience more positive adaptation and well-being than do fathers who lack such support.<sup>38</sup>

#### *Implications for Father Involvement*

Studies examining the implications of having a child with a disability for fathers' levels of involvement with their children also have yielded mixed results.

- Several studies have suggested that fathers of disabled children are less involved than are mothers of disabled children and than are fathers of typically developing children, and also perceive multiple barriers to greater involvement.
  - Fathers of children with disabilities tend to be less involved in children's physical and mental health care than are mothers and have less contact and interaction with the professionals who work with their children.<sup>9, 46, 58, 29</sup>
  - Fathers report being afraid to engage in physical, rough-and-tumble play with children with disabilities, and often perceive a lack of other opportunities to engage with their children.<sup>20, 38</sup>
  - Fathers of children with disabilities may also lack the information and skills that they feel they need to become more involved with their children.<sup>11, 45</sup> This situation suggests that providing fathers with information, support, and guidance about how to care for their disabled children may lead to increases in involvement.<sup>59</sup>
  - Many fathers of children with disabilities perceive that they are not expected or welcomed to participate in decisions and activities related to their child's health treatment, education, and daily care. Perceived exclusion by professionals who work with their children may lead to lower levels of paternal involvement.<sup>11, 54, 59, 68</sup>
  - Fathers of disabled children may not experience the same levels of support that mothers receive because fathers are not typically regarded as caregivers and often lack role models from whom to gain guidance about caring for a disabled child.<sup>11, 54, 59</sup>
  - Most fathers of children with disabilities, despite showing low levels of involvement, express a desire to become more involved in their children's lives.<sup>25</sup>
- Other studies, however, have found no differences in levels of involvement between fathers of children with disabilities and fathers of typically developing children.<sup>53, 61, 65, 70</sup>
- Several studies provide evidence that fathers of children with disabilities are highly committed to and involved in the care of their children.<sup>5, 12, 65</sup>
  - Qualitative research conducted with fathers of children with special needs suggests that these fathers are highly committed to and connected with their children, are involved in providing both physical and emotional care, and engage in both verbal and nonverbal communication with their children.<sup>5</sup>
  - Some research suggests that fathers of children with disabilities may be slightly more likely to spend time at home, to be involved in child care, to hold their children, and to engage in nonverbal interactions with their children, compared with fathers of typically developing children.<sup>63, 65</sup>
  - Fathers of children with disabilities may be especially involved in playing with their children, nurturing them, disciplining them, and deciding on the use of services that they may need.<sup>62</sup>
- Several factors may influence fathers' levels of involvement with children with disabilities.<sup>12, 70</sup>

- Fathers of children with disabilities who report high levels of stress are less likely to have positive interactions with their children than are fathers who report lower levels of stress.<sup>10</sup>
- Fathers' levels of involvement and interaction with children with disabilities are higher among fathers with higher levels of education and income than among less educated, lower-income fathers.<sup>13, 24, 47, 49</sup>
- Fathers who perceive higher levels of social support and who have better coping skills are more likely to be involved with their children with disabilities than are fathers who perceive lower levels of social support.<sup>24</sup>
- Fathers of children with disabilities tend to be more involved and to feel more competent if the father's own parents were involved with the family.<sup>67</sup>

*Implications for Children*

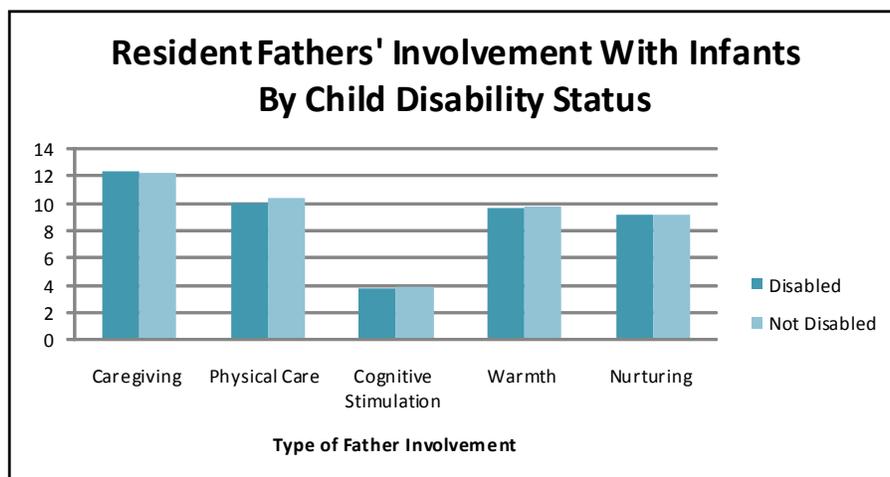
- Few studies have examined the influence of father involvement on outcomes for children with disabilities. Research on father involvement with typically developing children, however, suggests that children benefit in multiple ways when fathers are positively involved in their lives, and this is likely to also be the case for children with disabilities.<sup>40</sup>
- One study that directly examined the influence of father involvement on outcomes for children with disabilities found these children experience greater cognitive benefits from high levels of paternal engagement than do typically developing children, suggesting that father involvement may be especially important for children with special needs.<sup>4</sup>

**Resident Fathers' Involvement With Children With Disabilities**

The following estimates are for fathers of infants (nine-month-old children).

**Figure 1** and **Table 1** show that resident fathers of infants with disabilities were significantly less involved than were fathers of infants who were not disabled in the areas of physical care and cognitive stimulation. However, there were no significant differences in fathers' levels of caregiving, warmth, or nurturing based on children's disability status.

**Figure 1: Differences in Resident Father Involvement by Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 1: Differences in Resident Father Involvement by Child Disability**

Type of Involvement	Disabled	Not Disabled	Possible Range
Caregiving	12.3	12.1	0-15
Physical Care	10.0	10.4 <sup>a</sup>	0-20
Cognitive Stimulation	3.7	4.0 <sup>a</sup>	0-9
Warmth	9.6	9.7	0-10
Nurturing	9.1	9.1	0-16

a = significantly different from fathers of disabled

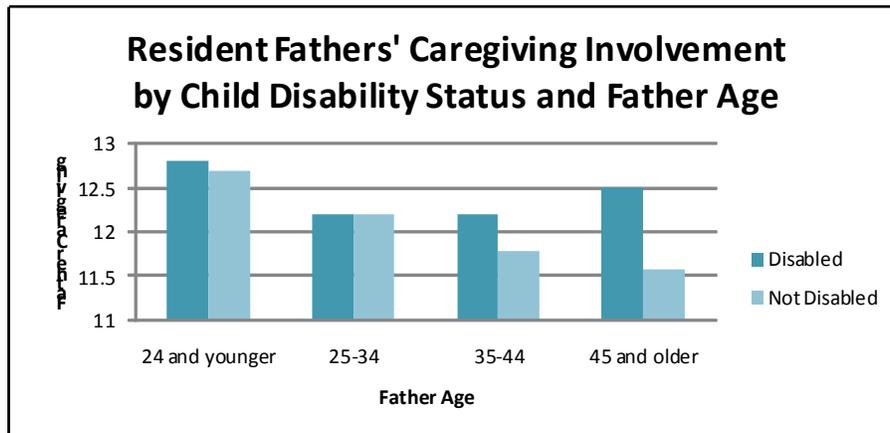
Source: Child Trends' analysis of ECLS-B 9-month data

### Differences in Fathers' Prenatal Involvement by Subgroup

#### Differences by Father Age

**Figure 2** and **Table 2** show that among resident fathers of all age groups, there were no significant differences in fathers' caregiving based on children's disability status.

**Figure 2. Father Caregiving Involvement by Father Age and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 2. Father Caregiving Involvement by Father Age and Child Disability**

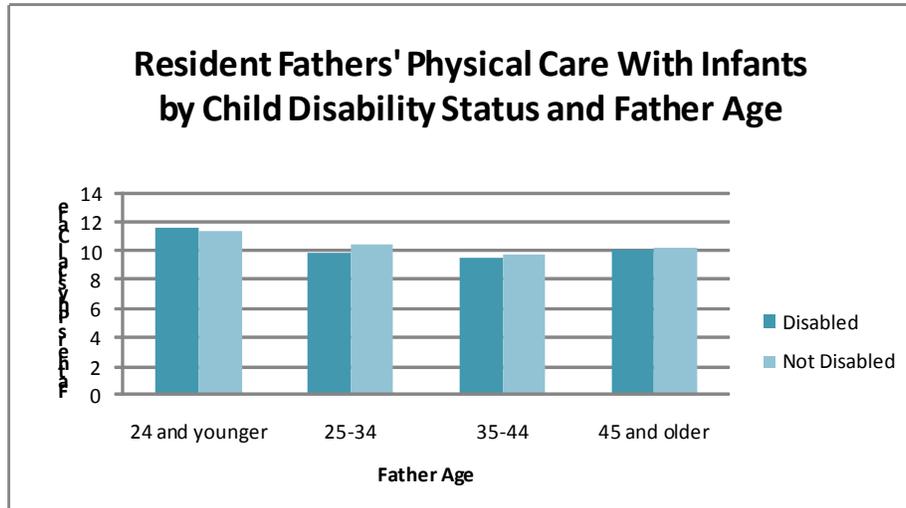
Father Age	Disabled	Not Disabled	Possible Range
24 and younger	12.8	12.7	0-15
25-34	12.2	12.2	0-15
35-44	12.2	11.8	0-15
45 and older	12.5	11.6	0-15

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 3** and **Table 3** show that resident fathers between the ages of 25 and 34 were significantly more likely to provide physical care for nondisabled children than for disabled children. There were no significant differences in fathers' levels of physical care with disabled and nondisabled children among fathers of other age groups.

**Figure 3. Father Physical Care Involvement by Father Age and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 3. Father Physical Care Involvement by Father Age and Child Disability**

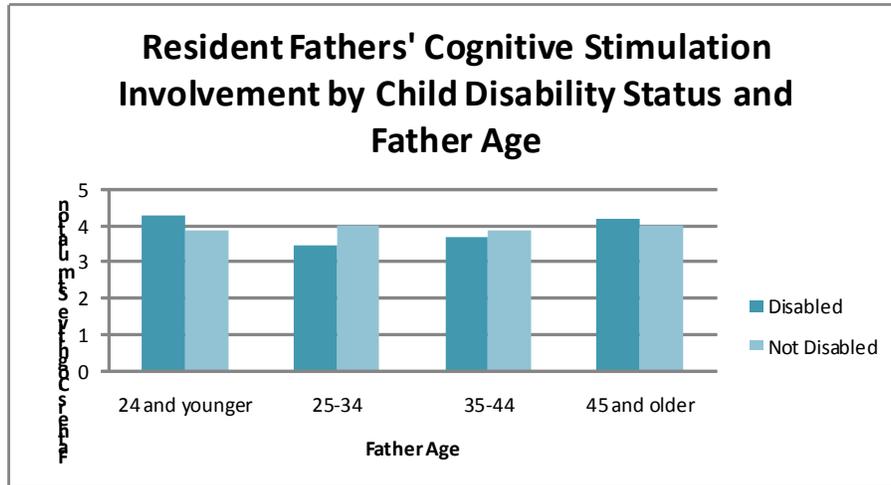
Father Age	Disabled	Not Disabled	Possible Range
<b>24 and younger</b>	11.7	11.5	0-20
<b>25-34</b>	9.9	10.5 <sup>a</sup>	0-20
<b>35-44</b>	9.5	9.8	0-20
<b>45 and older</b>	10.1	10.3	0-20

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 4** and **Table 4** show that resident fathers between the ages of 25 and 34 were significantly more likely to engage in cognitively stimulating activities with nondisabled children than they were with disabled children. There were no significant differences in fathers' levels of cognitive stimulation with disabled and nondisabled children among fathers of other age groups.

**Figure 4. Father Cognitive Stimulation Involvement by Father Age and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 4. Father Cognitive Stimulation Involvement by Father Age and Child Disability**

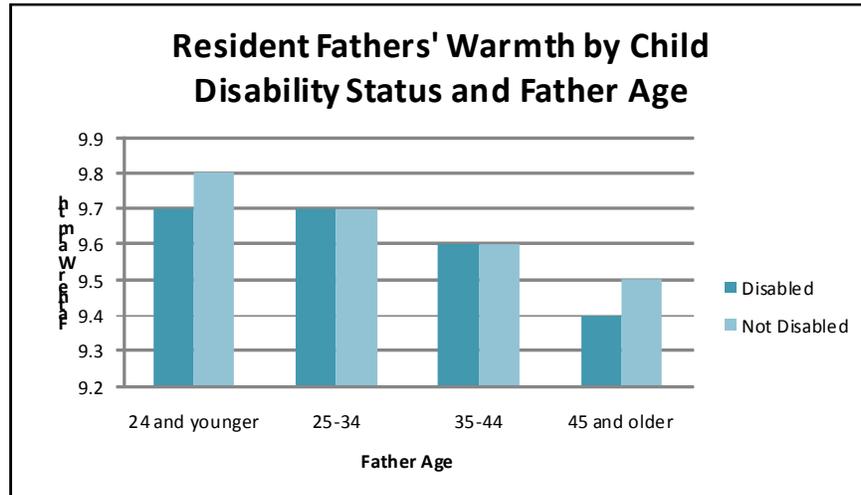
Father Age	Disabled	Not Disabled	Possible Range
24 and younger	4.3	3.9	0-9
25-34	3.5	4.0 <sup>a</sup>	0-9
35-44	3.7	3.9	0-9
45 and older	4.2	4.0	0-9

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

Figure 5 and Table 5 show that among resident fathers of all age groups, there were no significant differences in fathers' displays of warmth toward children with and without disabilities.

**Figure 5. Father Warmth Involvement by Father Age and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 5. Father Warmth Involvement by Father Age and Child Disability**

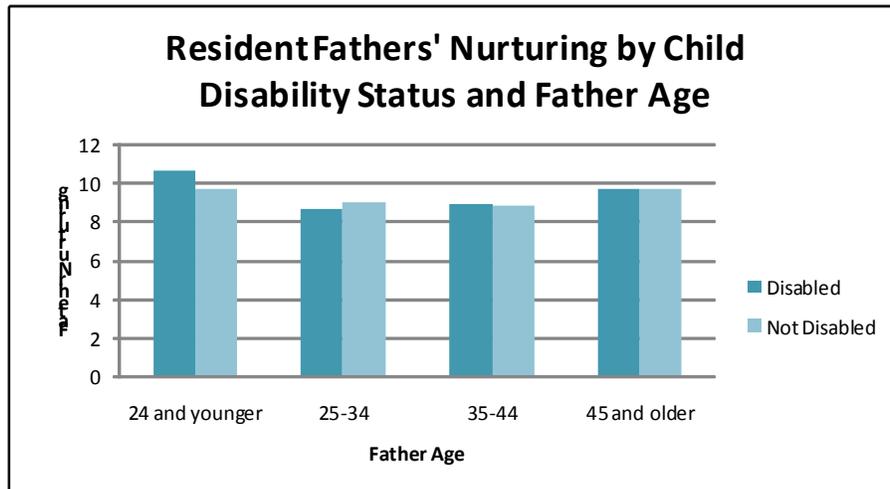
Father Age	Disabled	Not Disabled	Possible Range
24 and younger	9.7	9.8	0-10
25-34	9.7	9.7	0-10
35-44	9.6	9.6	0-10
45 and older	9.4	9.5	0-10

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 6** and **Table 6** show that resident fathers aged 24 and younger were significantly more likely to be nurturing toward children with disabilities than toward children without disabilities. For fathers older than 24, there were no significant differences in fathers' nurturing by child disability status.

**Figure 6. Father Nurturing Involvement by Father Age and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 6. Father Nurturing Involvement by Father Age and Child Disability**

Father Age	Disabled	Not Disabled	Possible Range
<b>24 and younger</b>	10.6	9.7 <sup>a</sup>	0-16
<b>25-34</b>	8.7	9.0	0-16
<b>35-44</b>	8.9	8.8	0-16
<b>45 and older</b>	9.7	9.7	0-16

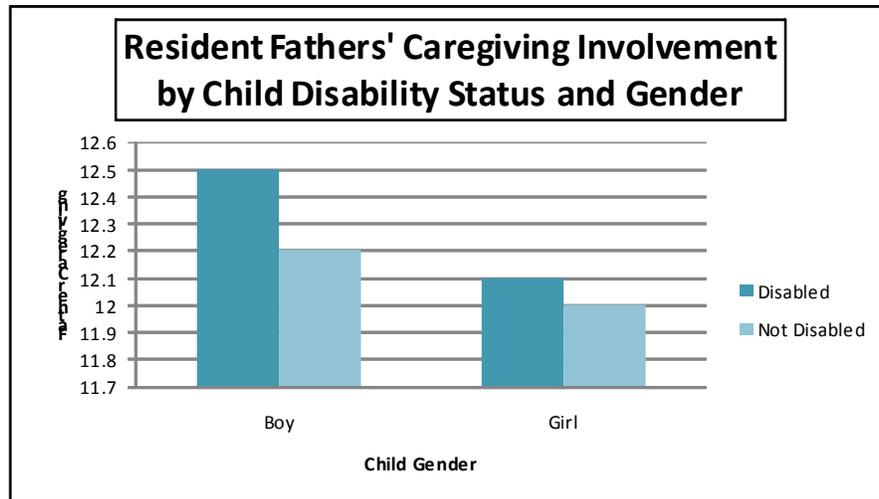
a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

*Differences by Child Gender*

**Figure 7** and **Table 7** show that among resident fathers, there were no significant differences in fathers' levels of caregiving for either boys or girls with and without disabilities.

**Figure 7. Father Caregiving Involvement by Child Disability and Child Gender**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 7. Father Caregiving Involvement by Child Disability and Child Gender**

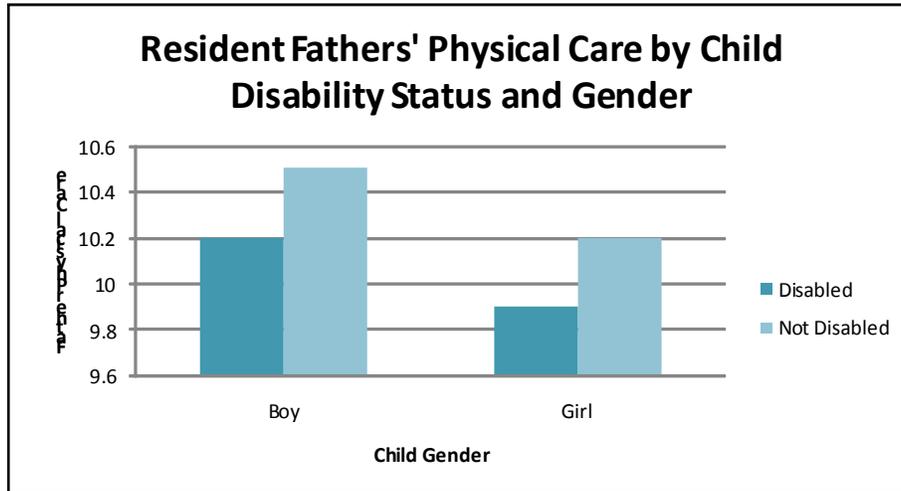
Poverty Status	Disabled	Not Disabled	Possible Range
Boy	12.5	12.2	0-15
Girl	12.1	12.0	0-15

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

Figure 8 and Table 8 show that among resident fathers, there were no significant differences in fathers' levels of physical care for either boys or girls with and without disabilities.

**Figure 8. Father Physical Care Involvement by Child Disability and Child Gender**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 8. Father Physical Care Involvement by Child Disability and Child Gender**

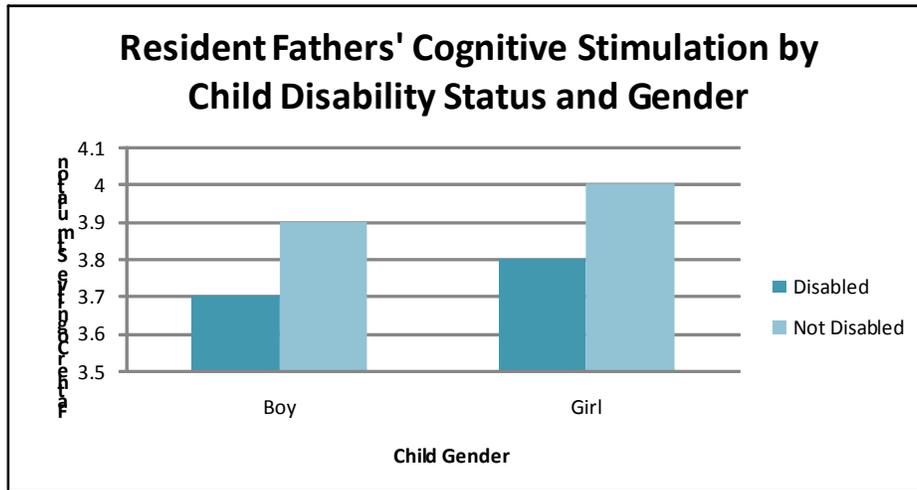
Poverty Status	Disabled	Not Disabled	Possible Range
Boy	10.2	10.5	0-20
Girl	9.9	10.2	0-20

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 9** and **Table 9** show that among resident fathers, fathers of children with disabilities were significantly less likely to provide cognitive stimulation for girls but not for boys, compared with fathers of children without disabilities.

**Figure 9. Father Cognitive Stimulation Involvement by Child Disability and Child Gender**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 9. Father Cognitive Stimulation Involvement by Child Disability and Child Gender**

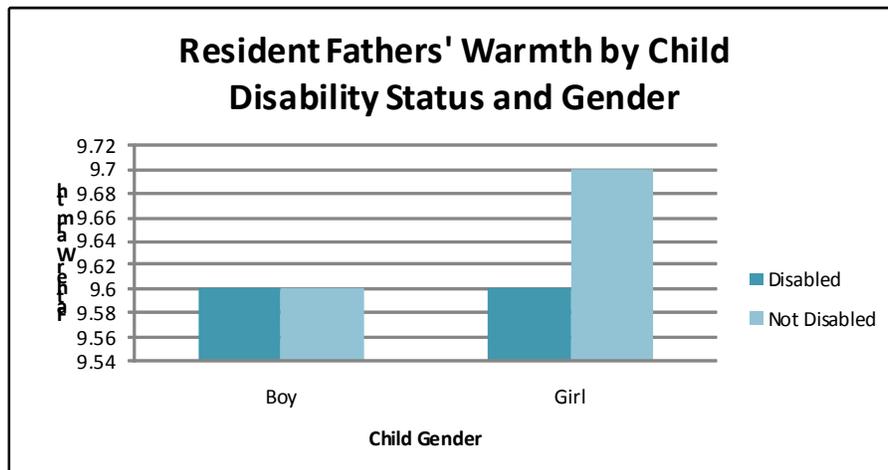
Poverty Status	Disabled	Not Disabled	Possible Range
Boy	3.7	3.9	0-9
Girl	3.8	4.0 <sup>a</sup>	0-9

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 10** and **Table 10** show that there were no significant differences in fathers' warmth for either boys or girls with and without disabilities.

**Figure 10. Father Warmth Involvement by Child Disability and Child Gender**



Source: Child Trends' analysis of ECLS-B 9-month data



**Table 10. Father Warmth Involvement by Child Disability and Child Gender**

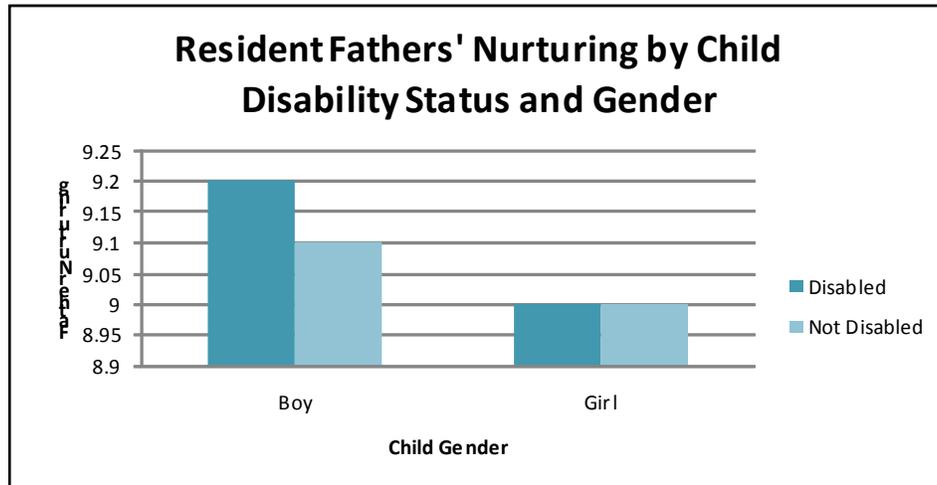
Poverty Status	Disabled	Not Disabled	Possible Range
Boy	9.6	9.6	0-10
Girl	9.6	9.7	0-10

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 11** and **Table 11** show that among resident fathers, there were no significant differences in fathers' level of nurturing for disabled and nondisabled children of either gender.

**Figure 11. Father Nurturing Involvement by Child Disability and Child Gender**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 11. Father Nurturing Involvement by Child Disability and Child Gender**

Poverty Status	Disabled	Not Disabled	Possible Range
Boy	9.2	9.1	0-16
Girl	9.0	9.0	0-16

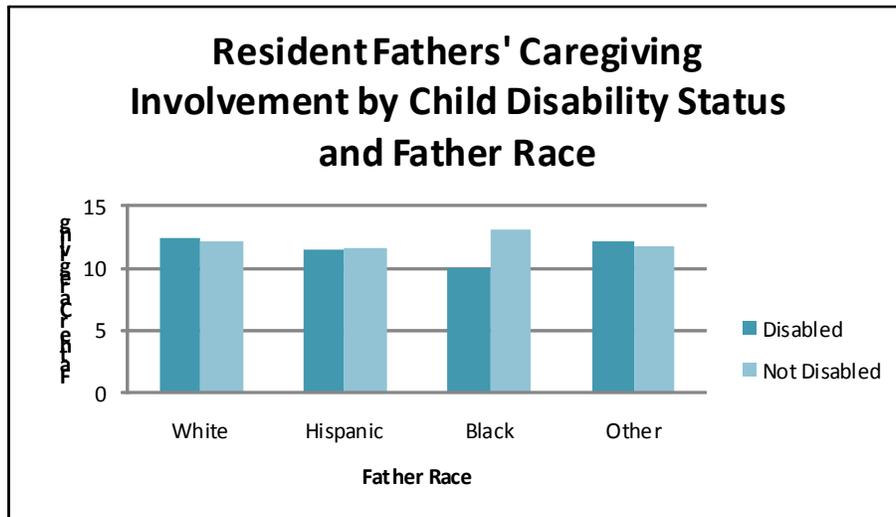
a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

*Differences by Father Race/Ethnicity*

**Figure 12** and **Table 12** show that black resident fathers of children with disabilities participated in significantly less caregiving, compared with black resident fathers of nondisabled children. For fathers in other racial groups, there were no significant differences in fathers' caregiving by children's disability status.

**Figure 12. Father Caregiving Involvement by Father Race and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 12. Father Caregiving Involvement by Father Race and Child Disability**

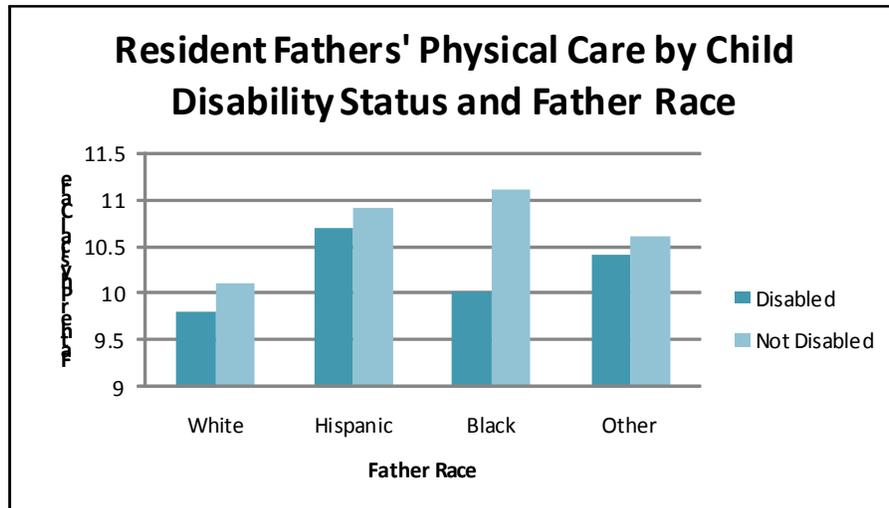
Father Age	Disabled	Not Disabled	Possible Range
<b>White</b>	12.5	12.2	0-15
<b>Hispanic</b>	11.5	11.6	0-15
<b>Black</b>	10.1	13.1 <sup>a</sup>	0-15
<b>Other</b>	12.2	11.7	0-15

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 13** and **Table 13** show that black resident fathers of children with disabilities participated in less physical care of their children, compared with black resident fathers of nondisabled children. For fathers in other racial groups, there were no significant differences in fathers' physical care by children's disability status.

**Figure 13. Father Physical Care Involvement by Father Race and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 13. Father Physical Care Involvement by Father Race and Child Disability**

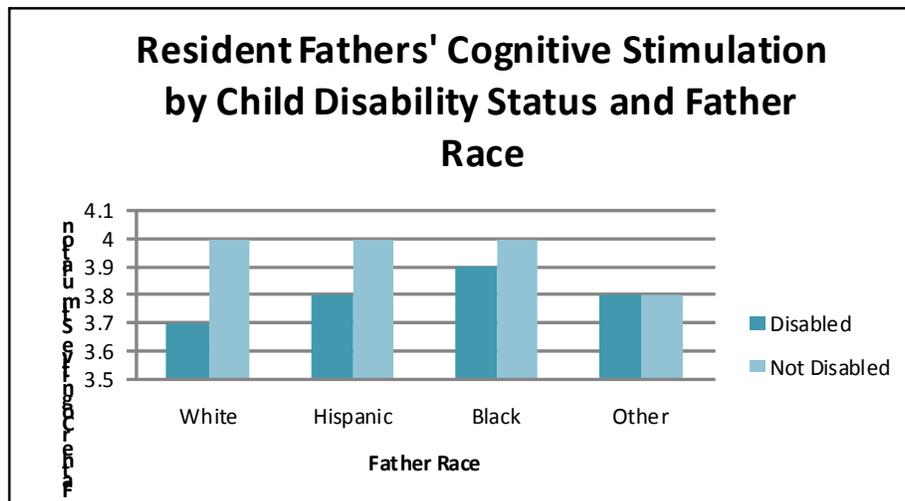
Father Age	Disabled	Not Disabled	Possible Range
White	9.8	10.1	0-20
Hispanic	10.7	10.9	0-20
Black	10.0	11.1 <sup>a</sup>	0-20
Other	10.4	10.6	0-20

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 14** and **Table 14** show that among white resident fathers, fathers of children with disabilities engaged in significantly lower levels of cognitive stimulation than did fathers of children without disabilities. For fathers in other racial groups, there were no significant differences in fathers' cognitive stimulation by child's disability status.

**Figure 14. Father Cognitive Stimulation Involvement by Father Race and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 14. Father Cognitive Stimulation Involvement by Father Race and Child Disability**

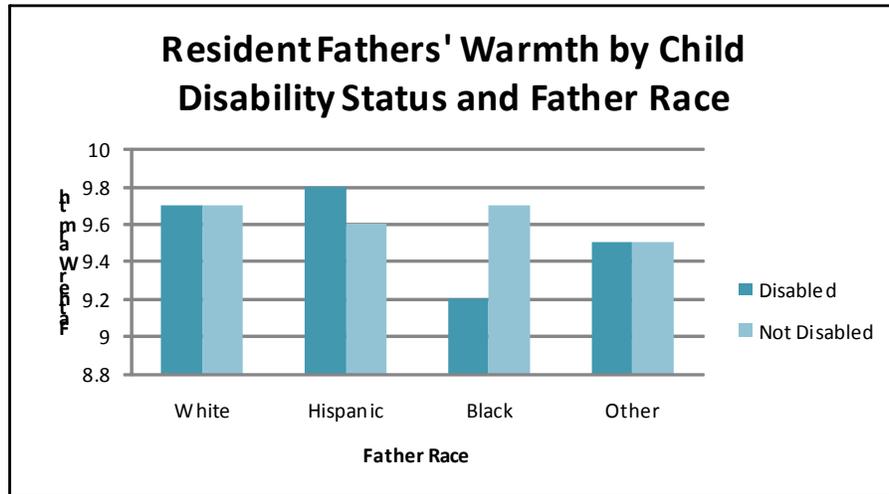
Father Age	Disabled	Not Disabled	Possible Range
<b>White</b>	3.7	4.0 <sup>a</sup>	0-9
<b>Hispanic</b>	3.8	4.0	0-9
<b>Black</b>	3.9	4.0	0-9
<b>Other</b>	3.8	3.8	0-9

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 15** and **Table 15** show that Hispanic fathers of children with disabilities displayed significantly higher levels of warmth toward their children than did Hispanic fathers of children without disabilities. Conversely, black fathers of children with disabilities displayed significantly lower levels of warmth toward their children than did black fathers of children without disabilities. There were no significant differences in levels of warmth by child disability status for white fathers or fathers in “other” races.

**Figure 15. Father Warmth Involvement by Father Race and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 15. Father Warmth Involvement by Father Race and Child Disability**

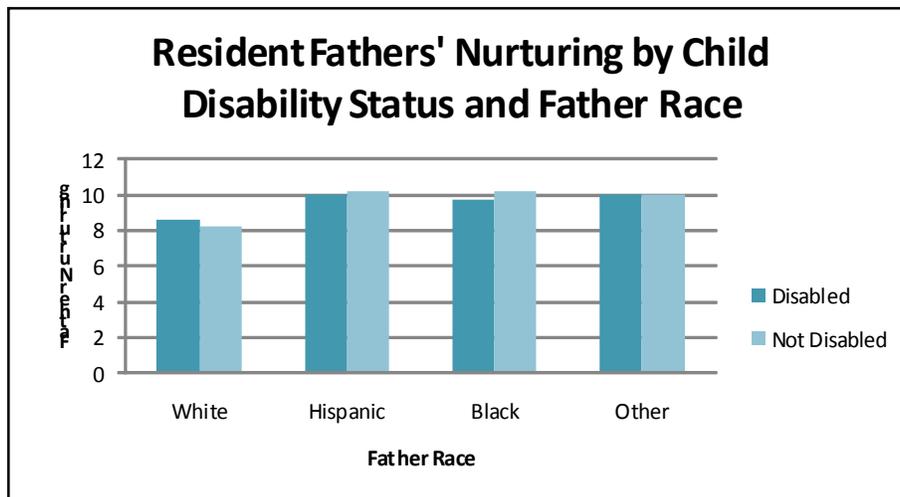
Father Age	Disabled	Not Disabled	Possible Range
White	9.7	9.7	0-10
Hispanic	9.8	9.6 <sup>a</sup>	0-10
Black	9.2	9.7 <sup>a</sup>	0-10
Other	9.5	9.5	0-10

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

**Figure 16** and **Table 16** show that among white resident fathers, fathers of children with disabilities exhibited higher levels of nurturing toward their children than did fathers of children without disabilities. For fathers in other racial groups, there were no significant differences in fathers' nurturing by child's disability status.

**Figure 16. Father Nurturing Involvement by Father Race and Child Disability**



Source: Child Trends' analysis of ECLS-B 9-month data

**Table 16. Father Nurturing Involvement by Father Race and Child Disability**

Father Age	Disabled	Not Disabled	Possible Range
<b>White</b>	8.6	8.2 <sup>a</sup>	0-16
<b>Hispanic</b>	10.0	10.2	0-16
<b>Black</b>	9.7	10.2	0-16
<b>Other</b>	10.0	10.0	0-16

a = significantly different from fathers of disabled

Source: Child Trends' analysis of ECLS-B 9-month data

### Definitions and Measurement

Father involvement was measured by adding together scores from a series of questions about the frequency with which fathers take part in various activities with their children. These activities included reading books, singing songs, telling stories, going on errands, playing chasing games, preparing meals, changing diapers, giving the child a ride on shoulders, playing indoors, putting the child to sleep, bathing the child, playing outside, helping the child get dressed, going out to eat, helping the child eat, helping the child brush teeth, taking the child to religious services, soothing an upset child, staying home with an ill child, or taking the child to day care.

### Data Sources

The tables and charts in this brief documenting resident fathers' involvement are based on Child Trends' analyses of data from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B) 9-month surveys. The ECLS-B is a nationally representative longitudinal survey of American children born in 2001. The ECLS-B includes 10,688 children and their caregivers, and it follows these children from infancy until the time that they enter first grade. Data were collected through parent interviews, direct child assessments, birth certificate data, and interviews with children's caregivers and teachers. The National Center for Education Statistics collected the data.

## Data Limitations

Because fathers are asked a different series of questions about involvement with children at each survey wave, the measure of father involvement differs slightly at each time point.

## Resources

- The **National Healthy Marriage Resource Center** provides research-based information about marriage in the United States and about programs designed to improve relationship quality: <http://www.healthymarriageinfo.org/>
- The **U.S. Department of Health and Human Services** supports programs and research about fatherhood development and the importance of fathers for children: <http://fatherhood.hhs.gov/>
- The **National Center on Fathers and Families** provides research-based information on father involvement and child well-being aimed at improving children's lives through the positive participation of their fathers: <http://www.ncoff.gse.upenn.edu/>

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