### Table 1) Section I- Externalizing Mental Health Outcomes

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<tr>
<th>Author (Year)</th>
<th>Design</th>
<th>N</th>
<th>Sample Description</th>
<th>IV</th>
<th>DV of Interest and Measure</th>
<th>Selected Findings</th>
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</table>
| (Aaron & Dallaire, 2010) | Prospective | 874 | Children in 5 U.S. cities participating in a neighborhood based intervention program | Parent           | “Delinquent behaviors”  
Parent reported delinquent behaviors measured by 11 survey items (e.g. does the youth get into fights) and youth reported delinquent behaviors using 13 survey items (e.g. robbing someone, stealing a car, or arson) | Hierarchal linear regression analyses revealed:  
Youth who had a history of PI predicted parent reported children’s delinquency (B = 0.350, SE (.17), p <0.05), over and above children’s demographic characteristics and other risk experiences (e.g. unemployed parent, parental drug use, parent did not complete high school, single-parent family, child’s ethnic minority status, 4 or more kids at home, family financial problems) in comparison to their unexposed peers, at time point 1. However, this effect did not remain significant after family victimization (e.g. family member attacked, family member victimized) and sibling delinquency were controlled for in the model.  
2 years later, at time point II: A recent report of PI predicted parent’ report of children’s delinquency (B = 1.045 SE (0.42), p <0.05), controlling for children’s demographic characteristics and other risk experiences. However, this effect did not remain significant once family process variables were included in the model (e.g. family conflict and family victimization). |
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<tbody>
<tr>
<td>(Casey, Shlafer, &amp; Masten, 2015)</td>
<td>Cross-sectional</td>
<td>138</td>
<td>Youth in large metropolitan areas in the Midwest located in homeless shelters</td>
<td>Parent</td>
<td>“Externalizing symptoms”&lt;br&gt;Teacher reported <em>externalizing symptoms</em> measured by the Health and Behavior Questionnaire – Teacher version (article did not specify number of items or types of items)</td>
<td><em>Multiple linear regression analyses</em> revealed: No statistically significant differences observed between homeless children exposed to PI on externalizing symptoms in comparison to homeless youth unexposed to PI (B=0.14, p value not reported) controlling for child sex, child mobility, and caregiver age.</td>
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<td>Average age (range): 5 years (4-7 years)</td>
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<td>(Dallaire &amp; Zeman, 2013)</td>
<td>Cross-sectional</td>
<td>210</td>
<td>Youth in public school</td>
<td>Parent</td>
<td>“Aggressive behaviors”&lt;br&gt;Peer reported <em>aggressive behavior</em> measured by 4 items (e.g. this child hits, pushes, or kicks; this child starts fights; this child is mean; this child gets mad easily)</td>
<td><em>Hierarchal regression analyses</em> revealed: Controlling for child age and gender, parent education, and family income: current PI predicted more aggressive behaviors ($B = 2.48$, SE (0.74), $p &lt; 0.05$) accounting for experiences of a past non-incarceration separation, past incarceration, current non-incarceration related separation, in comparison to their unexposed peers.</td>
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<td>(Geller, Cooper, Garfinkel,</td>
<td>Prospective</td>
<td>3,000</td>
<td>Stratified random sampling of US cities using data from the FFCW study</td>
<td>Paternal</td>
<td>“Aggressive behaviors”</td>
<td>Multiple regression analyses revealed: Across all 4 models with analytic strategies designed to progressively reduce the likelihood that the differences between youth exposed to paternal incarceration and those unexposed are caused by other family characteristics: Paternal incarceration was statistically significant in predicting aggressive behavior (Model 4: $B = 0.239$, $p &lt; 0.001$) above and beyond associated socioeconomic disadvantage and also in comparison to other types of father absences. Further, the effect was stronger for children who had been living with their fathers prior to imprisonment. Sensitivity analyses revealed: that the effect is dependent on the measurement of paternal incarceration as more limited measures (based on self-report by the father alone) in comparison to more comprehensive measures (e.g. mother report and indirect reports).</td>
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<td>Schwartz-Soicher, &amp; Mincy, 2012)</td>
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<td>Parent reported <em>aggressive behavior</em> measured by 13 items from the Child Behavior Checklist (e.g., attacks others, screams, sulks, is suspicious, teases, argues, bullies).</td>
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<td>(Haskins, 2015)</td>
<td>Prospective</td>
<td>2,150</td>
<td>Stratified random sampling of US cities using data from the FFCW study</td>
<td>Paternal</td>
<td>1) “Externalizing problem behaviors” Parent/caregiver reported <em>externalizing behavioral problems</em> measured by 35 items from the Child Behavior Checklist (CBCL; e.g. rule-breaking and acting out behaviors)</td>
<td>Propensity score matching models revealed: Statistically significant and positive association between a history of paternal incarceration (between 1 and 9 years of age) and <em>parent reported</em> externalizing behaviors for the overall sample (both boys and girls) (B = 0.330, p = 0.01), within male (B = 0.430, p = 0.01), and female (B=0.272, p=0.05) subgroups in comparison to their matched, unexposed peers. Boys with incarcerated fathers self-reported more delinquent behaviors than their matched same-gender peers with no paternal incarceration experiences (B =0.281, p &lt; 0.05). (Matched controls included basic demographic and household characteristics, measures of health and economic well-being and contextual (census-tract) characteristics, maternal and paternal psychosocial and deviant behaviors).</td>
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<tr>
<td>(Kjellstrand &amp; Eddy, 2011)</td>
<td>Prospective</td>
<td>655</td>
<td>Population based, derived from a randomized control trial investigating socioemotional programming (LIFT Study)</td>
<td>Parent</td>
<td>1) “Behavioral problems” Parents/teacher reported <em>externalizing behavioral problems</em> measured by 30 items from the aggressive behavior and delinquent behavior subscale CBCL (e.g. argues a lot, destroys things, attacks people)</td>
<td>Bivariate analyses revealed: Youth exposed to PI were more likely to have poor externalizing behaviors at 5th grade (mean 8.71 vs. 5.53), 8th grade (mean values 9.98 vs 8.24), and 10th grade (9.51 vs. 8.64) in addition to conducting serious youth delinquency than those unexposed to PI (p values &lt;0.05; Cohen’s d: 0.28-0.32 effect size).</td>
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Average age (range): 9 years (111 months) (109 months - 116 months)
2) “Delinquent behaviors” Youth reported *delinquent behaviors* measured by 17 items from the “Things You Have Done” scale (e.g. destructive, illegal, or antisocial items)

Average age (SD): 10 years (0.61)
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<td>(\text{Perry &amp; Bright, 2012})</td>
<td>Cross-sectional</td>
<td>1,870</td>
<td>Stratified random sampling of US cities using data form the FFCW study</td>
<td>Paternal</td>
<td>“Behavioral problems”</td>
<td>\textit{Bivariate analyses} revealed: AA youth exposed to paternal incarceration were reported to have significantly more behavior problems (M=8.21, SD=5.67) than the children of AA fathers who had never been incarcerated (M=6.59, SD 5.08). Small effect size (0.2).</td>
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<td>(\text{Porter &amp; King, 2015})</td>
<td>Cross-sectional</td>
<td>Nationally representative school-based data using Add Health</td>
<td>Paternal</td>
<td>“Delinquency”</td>
<td>\textit{Negative binomial regression analyses} revealed: Controlling for youth demographics and parent education, youth ever exposed to paternal incarceration predicted instrumental delinquency (B=0.33, p &lt; 0.01) in comparison to those unexposed. Adjusting for demographics, this effect did not remain when analyses compared youth exposed to paternal incarceration to youth with later exposure.</td>
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Parent reported \textit{behavioral problems} measured by 19 items of the CBCL (e.g. temper tantrum or has a hot temper; authors did not indicate which subscale was used and only gave one example of an externalizing behavioral problem).

\textit{Multiple regression analyses} revealed: Paternal incarceration was not a significant predictor of AA children’s behavioral problems. \((B = 0.427, \text{p value not reported})\) controlling for mother and father’s engagement, income, age in addition to education of the mother, father’s resident status, father’s marital status. Mothers’ level of parenting stress was the strongest predictor \((B = -0.601, \text{p} < 0.01)\).
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<td>(Shlafer, Poehlmann, &amp; Donelan-McCall, 2012)</td>
<td>Prospective</td>
<td>315</td>
<td>Mothers were initially recruited from a free clinic in Elmira, New York using data from the Nurse Family Partnership</td>
<td>Maternal</td>
<td>1) “Antisocial behaviors” Youth reported antisocial behaviors measured by 4 questions (e.g. stopped by police?; ever been arrested?; ever been booked or charged for breaking a law). 2) “Health risk behavior” Youth reported substance use (marijuana, crack/cocaine, hallucinogens, heroin), age of first use, and problems they may have experienced (with parents, at school, with friends, in dating relationships, or with the police) as a result of their substance use.</td>
<td>Logistic regression models revealed: Controlling for treatment status, prenatal risk factors, and child gender (in comparison to those unexposed): History of maternal conviction (but not jail time): youth were more likely to have been stopped by the police ($OR = 2.36, CI = 1.13-4.93, p &lt; 0.05$), been sent to youth corrections ($OR = 10.15 CI = 2.66-38.76, p &lt; 0.01$), run away from home ($OR = 3.25 CI = 1.35-7.8, p &lt; 0.05$), smoke cigarettes ($OR = 2.22 CI = 1.35-7.80, p &lt; 0.05$), and have experienced problems as a result of drug or alcohol use ($OR = 2.84, CI = 1.35-5.98, p &lt; 0.01$). A history of maternal arrest: youth were more likely to have been stopped by police ($OR = 4.02, CI = 1.3-12.41, p &lt; 0.05$), sent to corrections ($OR = 9.41 CI = 1.76-50.42, p &lt; 0.01$), smoked cigarettes ($OR = 3.50, CI = 1.26-9.71, p &lt; 0.05$), and report problems with drugs and alcohol ($OR = 4.22, CI = 1.48-12.05, p &lt; 0.01$). Note: when maternal conviction and arrest were accounted for, maternal jail time was not a unique predictor of adolescent antisocial and health risk behaviors. Any maternal jail time: youth were more likely to have been stopped by police ($OR = 5.96, CI = 1.59-22.35, p &lt; 0.01$), sent to youth corrections ($OR = 11.81, CI = 1.26-110.63, p &lt; 0.05$), and run away from home ($OR = 7.03, CI = 1.70-29.12, p &lt; 0.01$). However, when maternal conviction and arrest were accounted for, maternal jail time was not a unique predictor of adolescent antisocial and health risk behaviors.</td>
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<td>(Swisher &amp; Shaw-Smith, 2015)</td>
<td>Prospective</td>
<td>14,579</td>
<td>Nationally representative school-based data using ADD Health</td>
<td>Paternal</td>
<td>“Serious delinquency”</td>
<td>Multivariate regression analyses revealed: Controlling for age, gender, race, ethnicity, family structure, and parent’s education: Youth with a history of incarceration before birth, ages 0-5, ages 6-12, and into adolescence all self-reported more delinquent behavior, in comparison to those who had no exposure (effect sizes range B = (0.180 - 0.48)) Frequency of paternal incarceration also exhibited a dose-response pattern, with higher frequencies of incarceration associated with higher delinquency (pattern more pronounced in girls). Moderation analyses: Reports of either repeated physical abuse or sexual abuse are associated with higher delinquency. Worse off are the youth who both have an incarcerated father and a report of physical abuse. For male youth, associations between PI and delinquency do not vary by whether they ever lived with father. In contrast, girls who had an incarcerated father with whom they had never lived with had the same delinquency as girls without an incarcerated father.</td>
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<td>(Turney, 2014)</td>
<td>Cross-sectional</td>
<td>95,667</td>
<td>Nationally representative probability from the National Survey of Children’s Health (NSCH)</td>
<td>Parent (including guardian)</td>
<td>“Indicators of children’s health” from 0-17 years</td>
<td>Logistic regression analyses reveal: Model 2: an effect on ADD/ADHD (b = 0.389, SE (0.11), p &lt; 0.001), and behavioral or conduct problems (b = 0.356, SE (0.12), p &lt; 0.01), with extended controls other childhood adversity (e.g. parental death, witness of parental abuse, household member mental health problem, household member drug or alcohol problem). In addition, experiencing PI was more deleterious than parental divorce or separation, parental death, and living with a household member who has a drug problem on ADD/ADHD, and behavioral/conduct problems.</td>
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<td>(Turney &amp; Wildeman, 2015)</td>
<td>Prospective</td>
<td>3,197</td>
<td>Stratified random sampling of US cities using data from the FFCW study</td>
<td>Maternal</td>
<td>1) “Externalizing behaviors” Caregiver reported externalizing behavioral problems measured by the Child Behavior Checklist (e.g. 34 questions addressing externalizing behaviors)</td>
<td>Propensity score matching analyses reveal: Unmatched: Youth exposed to a history of maternal incarceration, compared with their counterparts, have greater ext. behaviors (b = 0.179, p &lt; .01), and more juvenile delinquency (b = 0.279, p &lt; .001). However, none of these effects are statistically significant when comparing samples matched on socioeconomic considerations. Results indicate that unmatched differences likely result from “social selection force.” Propensity score matching by stratum levels of incarceration propensity for mothers: Significant evidence of effect heterogeneity; the children least likely to experience maternal incarceration suffer deleterious consequences (more ext./int. and delinquency behavioral problems), and the children most likely to experience this event suffer the least amount of consequences.</td>
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<td>2) “Juvenile delinquency” Juvenile delinquent behaviors were measured by youth reports of participation in 17 delinquent items from the “Things that You Have Done” scale.</td>
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<td>(Wakefield &amp; Wildeman, 2011)</td>
<td>Prospective FFCW: 1,190 Prospective cohort, data from the FFCB and PHDCN study</td>
<td>2,467</td>
<td>Paternal</td>
<td>1) FFCW: “Physically aggressive behaviors” Caregiver reported physically aggressive behaviors measured by 3 items (e.g. how often the child destroys things that belong to other people, gets into fights, and physically attacks other people).</td>
<td>Multiple modeling strategies including propensity score matching reveal: Findings on the estimates of paternal incarceration are consistent across both data sets (even though sampling frames, control variables available, and age ranges differ): Paternal incarceration associated with more ext. behaviors for all children, male or female. 1/3 to ½ standard deviation increase in difficulties in all four problems considered. PHDCN effect sizes: 4%-6% increase in behavioral problems. FFCW: The percent change in physically aggressive behaviors attributable to having a father incarcerated increased the level of physical aggression between 19% to 33%.</td>
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<td>2) PHDCN: “Externalizing behaviors” Caregiver reported externalizing behavioral problems measured by the Child Behavior Checklist (e.g. aggression or delinquency), number of items not specified</td>
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Note: Abbreviations: Parental Incarceration (PI) = Mother and/or Father incarceration; PTSD = post-traumatic stress disorder; Int. = Internalizing behaviors, Ext.= Externalizing behaviors. SD= standard deviation. Secondary Data Source: Add Health = National Longitudinal Study of Adolescent to Adult Health Study, FFCW= Fragile Families and Child Well-Being Study, PHDCN: the Project on Human Development in Chicago Neighborhoods study, NSCH=National Survey of Children’s Health, Experimental Study* = Nurse Family Partnership study, Linking the Interests of Families and Teachers (LIFT) study; Mental Health/Behavior**= includes delinquency
Table 1) Section II- Internalizing Mental Health Outcomes

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<tr>
<td>(Arditti &amp; Salva, 2015)</td>
<td>Cross-sectional</td>
<td>45</td>
<td>Single caregiver families enrolled in 3 Big Brothers/Big Sisters programs in a Mid-Atlantic state.</td>
<td>Parent</td>
<td>“Trauma symptoms”</td>
<td>Dyadic structural equation modeling without mediators revealed: PI significantly predicted child reports of child trauma symptoms ($B = -4.95, p = 0.02$). Authors stated that PI “predicted” parent reported child trauma symptoms ($B = -5.61, p = 0.06$). <em>Meditation analyses</em> revealed: The effect of PI on parent reported child trauma symptomology was fully mediated by the quality of children’s visitation (e.g. transporting children to visits, visits too short or infrequent, children not wanting to visit, visits create scheduling conflicts, children behaving badly during or after visits).</td>
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<td>(Casey, Shlafer, &amp; Masten, 2015)</td>
<td>Cross-sectional</td>
<td>138</td>
<td>Youth in large metropolitan areas in the Midwest located in homeless shelters</td>
<td>Parent</td>
<td>“Internalizing symptoms”</td>
<td>Multiple linear regression analyses revealed: Homeless children exposed to PI had higher reports of internalizing l symptoms ($B = 0.18, p &lt; 0.05$) in comparison to those homeless children unexposed controlling for child sex, child mobility, and caregiver age.</td>
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<td><em>(Geller, Cooper, Garfinkel, Schwartz-Soicher, &amp; Mincy, 2012)</em></td>
<td>Prospective</td>
<td>3,000</td>
<td>Stratified random sampling of US cities using data from the FFCW study</td>
<td>Paternal</td>
<td>“Internalizing behavior problems”</td>
<td><em>Multiple regression analyses revealed:</em> PI was not statistically significant in predicting internalizing behavioral problems (Model 4: $B = -0.05$, $p &gt; 0.05$) controlling for associated socioeconomic disadvantage and other types of father absences.</td>
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<td>Age at outcome: 3 and 5</td>
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<td>Parent reported anxious/depressive and withdrawn symptoms using 12 items from the Child Behavior Checklist (e.g. self-conscious, worried that no one loves them, secretive, shy, underactive, prefer to be alone).</td>
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<tr>
<td><em>(Haskins, 2015)</em></td>
<td>Prospective</td>
<td>2,150</td>
<td>Stratified random sampling of US cities using data from the FFCW study</td>
<td>Paternal</td>
<td>“Internalizing problem behaviors”</td>
<td><em>Propensity score matching models revealed:</em> Children who had a history of paternal incarceration were more likely to display internalizing problem behaviors than their unexposed peers ($B=0.174$, $p &lt; 0.05$) however, in stratified analyses, the effect was only found for females ($B=0.229$, $p &lt; 0.05$) and not for males. (Matched controls included basic demographic and household characteristics, measures of health and economic well-being and contextual (census-tract) characteristics, maternal and paternal psychosocial and deviant behaviors).</td>
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<td>Average age (range): 9 years (111 months) (109 months - 116 months)</td>
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<td>Parent/caregiver reported internalizing behavioral problems using 33 items from the Child Behavior Checklist (e.g. depressive, withdrawn, and anxious behaviors)</td>
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<td><em>(Swisher &amp; Shaw-Smith, 2015)</em></td>
<td>Prospective</td>
<td>14,579</td>
<td>Nationally representative school-based data using ADD Health</td>
<td>Paternal</td>
<td>“Depression”</td>
<td><strong>Multivariate regression analyses</strong> revealed: Controlling for age, gender, race, ethnicity, family structure, and parent’s education: Among male youth, only one-time paternal incarcerations are significantly associated with depression (B=0.03, p &lt; 0.05). For girls, in contrast, multiple incarcerations are significantly associated with higher depression (B=0.05, p &lt; 0.05). <strong>Moderation analyses:</strong> In the absence of sexual abuse, paternal incarceration was associated with increased depression in female youth (in comparison to females without PI and physical abuse). However, when the interaction between exposure to paternal incarceration and sexual abuse was included in the model, PI was associated with less depression suggesting a potential protective effect of paternal incarceration.</td>
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<tr>
<td><em>(Turney, 2014)</em></td>
<td>Cross-sectional</td>
<td>95,667</td>
<td>Nationally representative probability from the National Survey of Children’s Health (NSCH)</td>
<td>Parent (including guardian)</td>
<td>“Indicators of children’s health” from 0-17 years</td>
<td><strong>Logistic regression analyses</strong> reveal: Model 1: Statistically significant and positive relationship between PI and anxiety/depression indicators controlling for child sociodemographic variables, immigration status, and parent education level. Note: most questions asked in reference to when the child was 0-17 or 2-17 years of age. Model 2: No statistically significant differences between youth exposed to PI in comparison to those unexposed on anxiety or depression once extended controls were included into the model (e.g. parental death, witness of parental abuse, household member mental health problem, household member drug or alcohol problem).</td>
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<td>(Turney &amp; Wildeman, 2015)</td>
<td>Prospective</td>
<td>3,197</td>
<td>Stratified random sampling of US cities using data from the FFCW study</td>
<td>Maternal</td>
<td>“Internalizing behaviors”</td>
<td>Propensity score matching analyses reveal: Unmatched: Youth exposed to a history of maternal incarceration, compared with their counterparts, have marginally greater int. behaviors (b = 0.105, p &lt; .10). However, no effect was found when comparing samples matched on socioeconomic considerations. Results indicate that unmatched differences likely result from social selection force. Propensity score matching by stratum levels of incarceration propensity for mothers: Significant evidence of effect heterogeneity; the children least likely to experience this event suffer deleterious consequences (more ext./int. and delinquency behavioral problems), and the children most likely to experience this event suffer the least amount of consequences.</td>
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<tr>
<td>(Wakefield &amp; Wildeman, 2011)</td>
<td>Prospective</td>
<td>FFCW: 1,190 PHDCN: 2,467</td>
<td>Prospective cohort, data from the FFCB and PHDCN study</td>
<td>Paternal</td>
<td>PHDCN: “Internalizing behaviors”</td>
<td>Multiple modeling strategies including propensity score matching reveal: Findings on the estimates of paternal incarceration are consistent across both data sets (even though sampling frames, control variables available, and age ranges differ): increasing int. problems for all children, male or female. 1/3 to ½ standard deviation increase in difficulties in all four behavioral problems considered. PHDCN effect sizes: 4%-6% increase in internalizing behavioral problems.</td>
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</tbody>
</table>

Note: Abbreviations: Parental Incarceration (PI) = Mother and/or Father incarceration; PTSD = post-traumatic stress disorder; Int. = Internalizing behaviors, Ext. = Externalizing behaviors. SD= standard deviation. Secondary Data Source: Add Health = National Longitudinal Study of Adolescent to Adult Health Study, FFCW= Fragile Families and Child Well-Being Study, PHDCN: the Project on Human Development in Chicago Neighborhoods study, NSCH=National Survey of Children’s Health, Experimental Study* = Nurse Family Partnership study, Linking the Interests of Families and Teachers (LIFT) study; Mental Health/Behavior**= includes delinquency
<table>
<thead>
<tr>
<th>Author (Year)</th>
<th>Design</th>
<th>N</th>
<th>Sample</th>
<th>IV</th>
<th>DV</th>
<th>Selected Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Turney, 2014)</td>
<td>Cross-sectional</td>
<td>95,667</td>
<td>Nationally representative probability from the National Survey of Children’s Health (NSCH)</td>
<td>Parental</td>
<td>“Indicators of children’s health from 0-17 years”</td>
<td>Logistic regression analyses reveal: Model 1: Controlling for, youth demographics (race, low birth weight, race-ethnicity, first/second generation immigrant) and parent/caregiver demographics (highest educational attainment, age) youth exposed to PI, in comparison to those unexposed, were more likely to have asthma (B = 0.265, p &lt; 0.001), be obese (B= 0.262, p &lt; 0.05), and experience activity limitations (0.41, p &lt; 0.001). Model 2: None of the physical health problems of interest were statistically significant once extended controls were added.</td>
</tr>
<tr>
<td>(Wildeman, 2012)</td>
<td>Cross-sectional</td>
<td>57,838</td>
<td>Representative sample contacted by survey, using individual- and state-level data from the United States, 1990 through 2003. Used data from the Pregnancy Risk Assessment Monitoring System (PRAMS) data and state level data from Bureau of Justice, etc.</td>
<td>Parental</td>
<td>“Early infant mortality”</td>
<td>Logistic regression analyses reveal: Statistically significant and positive relationship between recent parental incarceration and infant mortality across all four models (with the effect strongest with additional controls) Model 1: (0.46 (SE .17) p&lt; 0.01)); Model 2: (0.38 (SE 0.17) p &lt;0.05); Model 3 (0.40 (SE 0.19) p &lt;0.05); Model 4 (0.68 (SE 0.27) p &lt;0.05). Model 4 controls included maternal race, age, receipt of public assistance, previous birth, maternal weight gain, total stressful experiences, mother smoked, pregnancy unintended, adequacy of prenatal care</td>
</tr>
</tbody>
</table>

Age range: 0-17 years
Age range: 0-4 months

Note: Abbreviations: Parental Incarceration (PI) = Mother and/or Father incarceration; PTSD = post-traumatic stress disorder; Int. = Internalizing behaviors, Ext.= Externalizing behaviors. SD= standard deviation. Secondary Data Source: Add Health = National Longitudinal Study of Adolescent to Adult Health Study, FFCW= Fragile Families and Child...
Well-Being Study, PHDCN: the Project on Human Development in Chicago Neighborhoods study, NSCH=National Survey of Children's Health, Experimental Study* = Nurse Family Partnership study, Linking the Interests of Families and Teachers (LIFT) study; Mental Health/Behavior**= includes delinquency