
Gendered Living Arrangements Among Children With Disabilities

Using data on disabilities from the 2000 Census, we found a consistent pattern of living arrangements that leaves children (aged 5 – 15 years) with disabilities living disproportionately with women. Children with disabilities are more likely to live with single parents, and especially their mothers, than are other children. Further, those who do not live with either biological parent are more likely to live in households headed by women than are other children. The results suggest that gendered living arrangements among children with disabilities are a neglected aspect of inequality in caring labor, which is an underpinning of gender inequality in general.

The vast majority of American children with disabilities now live in family households, where care for children is largely women's work (Cancian & Olicker, 2000; Traustadottir, 1991). The unpaid carework mothers perform restricts their access to the labor market and reinforces the devaluation of their labor, contributing to gender inequality in general (Budig & England, 2001). Thus, the gender division of labor in the care for children with disabilities may be one

mechanism for reproducing gender inequality more broadly.

Most previous research on family-based care for children with disabilities has focused on the division of labor between married parents. Research on marital dissolution, however, has shown that parents of children with disabilities are less likely to marry (Reichman, Corman, & Noonan, 2004) and more likely to divorce (e.g., Joesch & Smith, 1997; Mauldon, 1992). Further, these children are more likely to live apart from their biological parents altogether. Therefore, research on married couples may understate the gender division of unpaid carework for children with disabilities.

In this article, we offer a description of living arrangements for children with disabilities using the 2000 Census. We test whether children with disabilities are more likely than other children to live with single parents, especially their mothers, and whether they are more likely to live in the households of women when not living with a biological parent.

BACKGROUND

The civil rights movement for people with disabilities stressed the right of children to grow up in their families of origin when possible (Fleischer & Zames, 2001; Glendinning, 1983; Oliver, 1990). Subsequent reforms thus promoted a greater role for families in providing care for people with disabilities (Stroman, 2003; Traustadottir, 2000). A series of qualitative studies has shown that women shoulder a disproportionate

Department of Sociology, University of North Carolina at Chapel Hill, 155 Hamilton Hall, CB#3210, Chapel Hill, NC 27599-3210 (pnc@unc.edu).

*Department of Sociology, University of California, Irvine, CA 92697.

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share of the unpaid carework for children with disabilities (Cook, 1988; Heller, Hsieh, & Rowitz, 1997; Lewis, Kagan, & Heaton, 2000; Traustadottir, 1991). These mothers often perceive a lack of institutional, community, and family support for this work (Gottlieb, 1997), which is compounded by poverty and inadequate welfare programs (Litt, 2004). If this carework is performed by women at home, without compensation or outside support, then the right of children with disabilities to live with families may exacerbate gender inequality (Hooyma & Gonyea, 1995).

In view of this dilemma, some researchers have examined the dynamics of carework within family households. The logically prior question of children's living arrangements, however, has not received the same attention. The tendency for children in general to live with their mothers rather than with their fathers represents a component of gender inequality in the care for children. Similarly, the living arrangements of children with disabilities also are indicative of carework commitments. With some notable exceptions (London, Scott, & Hunter 2002; Marcenko & Meyers, 1991; Porterfield, 2002), studies of gender inequality in family care for children with disabilities include married couples exclusively (Breslau, Salkever, & Staruch, 1982; Heller et al., 1997; Lewis et al., 2000) or almost exclusively (Booth & Kelly, 1999; Cook, 1988; Traustadottir, 1991). Further, none examines whether children with disabilities are systematically more likely than other children to live with single parents or in other living arrangements.

Why would children with disabilities be more likely to live with their mothers or other women? Some economists suggest that children's disabilities increase uncertainty about the future and therefore increase the motivation for parents (especially fathers) to leave the marriage (Friedman, Hechter, & Kanazawa, 1994). Further, if children represent a "stock of capital" that is "marital specific" (Becker, Landes, & Michael, 1977, p. 1157), then children's disabilities decrease the value of the marriage to the couple, increasing the odds of divorce. Empirical evidence does show that poor child health increases the odds of mothers getting divorced or living singly (Corman & Kaestner, 1992; Joesch & Smith, 1997; Mauldon, 1992). Mothers in urban centers are less likely to live with—or be more involved with—the father of a child 1 year after a birth if the infant is in poor health (Reichman et al., 2004).

When parents do not live together, most children live with their mothers (Cancian & Meyer, 1998; Hogan & Lichter, 1995). Children's disability would increase the odds that children live with their mothers if divorce (or failure to marry) in part reflects lower commitment to caring for children on the part of some fathers, as economic theory would predict. Alternately, if the reason for this pattern is that caring for children is considered women's responsibility, then children who require more care—children with disabilities—will also be more likely to live with their mothers after divorce or if parents never marry. Additional pressure for children with disabilities to live with mothers may come from outside families, as in the case of service providers who communicate the expectation of more intensive parenting from mothers (Traustadottir, 2000).

Finally, we know little about where children live when they do not live with either biological parent (Brandon & Fisher, 2001). Some of these children live in adoptive or foster care (Swartz, 2004) or live with grandparents, other relatives, or nonrelatives. If these nonnuclear household patterns also reflect the tendency for carework to fall to women, then we may expect that children with disabilities are even more likely to live with women when neither parent is present. This would be the case if, for example, women are more likely to become foster parents than men or if female relatives are more likely to care for children in the event that the children's parents are unavailable.

From this review, we can identify three questions to ask about children with disabilities and household living arrangements. First, are children with disabilities more likely to live with a single parent? Second, when children live with only one parent, are those with disabilities more likely to live with their mothers? Finally, when children live apart from either biological parent, are those with disabilities more likely to live with women?

METHOD

The 2000 Census included four new questions on disabilities appropriate for children: sensory disability, physical limitations, mental disability, and self-care disability (Adler, Clark, DeMaio, Miller, & Saluter, 1999; Waldrop & Stern, 2003). These questions were included on the long form of the 2000 Census, from which the public-use microdata were drawn. That form asked about

each member of the household, including each member's relationship to the reference person and disability status. Although the data do not capture who answered the questions, the Census Bureau assumed parents or other responsible adults answered for their children (DeMaio & Wellens, 2003).

The wording of the questions was as follows: "Does this person have any of the following long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?" Answers of *yes* to the first were coded as *sensory* disabilities and those to the second as *physical* disabilities. The next question was "Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home?" Answers of *yes* to these were coded as *mental* and *self-care* disabilities, respectively.

We use the 5% public-use microdata sample (PUMS) to analyze children aged 5 – 15 years, the childhood age group used by the Census Bureau in its reports on disabilities. Children younger than 5 years are excluded from these questions, and we exclude those older than 15 years because these older children may be reported to have employment disabilities instead of childhood disabilities. (We also exclude those children living in group quarters—1.8% of children with disabilities and 0.2% of children without disabilities—because they live in institutions rather than in households, and thus, the gender of those caring for them is not represented in the data). The total sample size of children is 2,273,758, of whom 130,471 have a reported disability. Although the disability information collected in the census is sparse, for our purposes, a relatively simple measure of disability is adequate. We assume that children identified as having any of the four disabilities require more care than other children. Descriptive statistics are weighted with PUMS population weights, whereas regression analyses are not.

The PUMS data show a (weighted) population of 2.6 million children aged 5 – 15 years with disabilities nationally, representing 7.1% of boys and 4.3% of girls. Although survey methods and questions vary, this disability rate is close to that reported in the 1992 – 1994 National

Health Interview Survey (Newachek & Halfon, 1998) and in the Fragile Families data (Reichman et al., 2004). The census number is lower than that reported by the Survey of Income and Program Participation (McNeil, 2001), however, and lower than the number of students served under the Individuals with Disabilities Act in 2000 (U.S. Census Bureau, 2002, table 241). Thus, the census data may yield conservative estimates of the presence of disabilities in the population.

Our ability to model the determinants of living arrangements among children is limited by the structure of the data. The PUMS does not include information about any past or present family members who live outside the household nor about marital or health histories. It is therefore much better suited to describing living arrangements than their causes. Thus, we omit tests for effects of family income, parental education, or other variables used in longitudinal studies because any of these may be the *result* of living arrangements and children's health status, rather than the reverse.

The methods of identifying complex household structures with census data are relatively arcane. Previous research has developed procedures for identifying unmarried partners (Casper & Cohen, 2000), cohabiting single mothers (Cohen, 2002), and multigenerational households (Cohen & Casper, 2002). Using similar methods, we identify the composition of children's households.

The basic information about each child is the child's relationship to the household reference person. Parental relationships include "natural-born son/daughter," "adopted son/daughter," and "stepson/stepdaughter" (quotation marks identify phrases from the census questionnaire). No questions are asked about children's relationship to others in the household, although these sometimes may be inferred, as when a child is described as a niece and the reference person's sibling is present. Using this information, we are able to identify whether children are living with a biological parent and whether that parent is married or cohabiting. We cannot determine whether children live with two biological parents.

We construct three broad, mutually exclusive categories of household relationships for children. The first distinction is whether children live with any biological parent. Those who are living with a biological parent may be living with *married or cohabiting parents*. This includes children living as natural-born children or

“step” children of the household reference person, or as children in a household subfamily (a family living within the household of another person or family), as long as the parent is married or living as an “unmarried partner” (cohabiting). Second, children may be living with *single parents*. These children are living as natural-born children of the householder or in a subfamily, with their listed parent not married or cohabiting. For this analysis, children in either of the first two categories are considered to be living with any biological parent. We examine the odds that members of this group live with single parents, and, if they do, the odds that the single parents are their mothers.

Third, children may be living in *other households*, without biological parents. These children were listed as “adopted” children of the householder, “grandchildren,” “foster” children, or other relatives or nonrelatives. Among children in this group, we examine the odds that the household reference person—the grandparent or other relative, for example—is a woman.

We begin by presenting some simple descriptive statistics on children with disabilities. These help us understand the role of gender, age, race/ethnicity, and nativity characteristics of children, which may be associated both with disability status and with living arrangements. Our analysis then includes two parts. First, we describe differences in detailed living arrangements between children with and without disabilities. This follows the suggestion that examining more complex household structures is important for understanding the determinants of child well-being (Brandon & Bumpass, 2001; Manning & Smock, 1997; Winkler, 1993).

Second, we offer simple logistic regression models of the major distinctions in living arrangements, using as controls only variables that relate to children and only those that are determined at birth: age, gender, race/ethnicity, and nativity. These are known to affect children’s living arrangements (Brandon, 2002; McDaniel, 1994), and our preliminary analysis also shows that these are correlated with children’s disability (see below). There are three sets of logistic regression models, each predicting living arrangements for a different subsample of children as described above.

Living with a single parent. These models include children who live with one or more biological parent, testing whether disability is

associated with the odds of living with a single parent. Children with disabilities would be more likely to live with single parents if disability increased the odds of couples separating or lowered the odds of union formation (or if disability were positively associated with parents’ mortality).

Living with a single mother. Among those children who do live with a single parent, we test whether disability is associated with the odds that the parent is a woman. If children with disabilities—even among those who live with single parents—are more likely to live with single mothers, that will reflect on the relationship between disability and living arrangements after divorce or separation or in the event parents never marry.

Living in a female-headed nonparental household. The final set of models includes only children who do not live with their biological parents and tests whether they live in male- or female-headed households. Although the Census Bureau no longer uses the concept of household “head” (Presser, 1998), the form still asks each household to designate a reference person who is “the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home” (U.S. Census Bureau, 2003). The gender of this person is a useful proxy for household type (Cohen & Casper, 2002). We assume that children in households with female householders are more likely to be cared for by women. (In an alternative specification, we regressed the percentage of adults in the household who are women on the same variables, producing similar results.)

RESULTS

Characteristics of children with and without disabilities are shown in Table 1, as measured by the variables used in the regression analysis (all differ significantly except the percentage in the residual other race/ethnicity category). The table shows that about four in five children with reported disabilities have a mental disability compared to about one in six for the other disabilities. About 20% have more than one disability; most of those have a mental disability in addition to one other, whereas a small number have three or more disabilities.

Table 1 also shows that children with disabilities are much more likely to be boys (that gender difference is most pronounced for mental disabilities) and are marginally older than other

Table 1. *Characteristic (%) of Children by Disability Status*

Variables	Without Disability	With Disability
Mental disability	—	79.3
Physical disability	—	17.3
Sensory disability	—	17.0
Self-care disability	—	15.8
Two or more disabilities	—	20.2
Male	50.4	63.8
Age (<i>M</i>)	10.0	10.3
Black	15.6	19.2
Latino	16.4	15.4
Asian/Pacific Islander	4.3	2.3
American Indian	1.4	2.2
Other race/ethnicity	.2	.3
Foreign born	6.1	4.8
Unweighted <i>N</i>	2,143,287	130,471

Note: Values are weighted. All differences are significant at $p < .01$ except other race/ethnicity (two-tailed t tests).

children. Those with disabilities are also more likely to be Black or American Indian but less likely to be Latino or Asian/Pacific Islander. Although a discussion of the differences in disability prevalence is beyond the scope of this study, these race/ethnic differences may be associated with differences in living arrangements as well. In particular, Black and (to a lesser extent) Latino children are more likely than White children to live with single mothers (Lichter & Landale, 1995; Musick & Mare, 2004).

Table 2 shows the distribution of children with and without disabilities across living arrangements, with tests for the significance of the differences (presented as ratios). The most striking finding is that less than half (45.8%) of children with disabilities live with a married biological parent compared to 62.3% of children without disabilities. Much of this difference is accounted for by the greater tendency of children with disabilities to live with single biological mothers (24.5% vs. 17.4%). Children with disabilities, however, are more likely to live in every type of arrangement except with a married biological parent.

Although all children are more likely to live with their mothers, the gender implication of the disability pattern is substantial. For example, children with disabilities are more than five times as likely to live with single mothers as they are to live with single fathers ($24.5/4.6 = 5.3$). For children without disabilities, the ratio is about 4:1.

Table 2. *Distribution (%) of Children's Living Arrangements by Disability Status*

Living Arrangement	With Disability	Without Disability	Ratio
At least one biological parent present			
Married/Cohabiting parents			
Married parents	45.8	62.3	.73*
Cohabiting parents	4.7	3.7	1.30*
Stepchild of male reference person	6.4	5.2	1.24*
Stepchild of female reference person	.4	.3	1.39
Single parents			
Single mother	24.5	17.4	1.41*
Single father	4.6	4.2	1.10
No biological parent present			
Adopted child	5.0	2.3	2.22*
Grandchild	3.4	2.0	1.74*
Other relative	1.8	1.2	1.52*
Other nonrelatives	1.8	1.2	1.44*
Foster child	1.5	.3	4.67*

Note: Includes children aged 5 – 15 years. All values are weighted. Unweighted $N = 2,272,869$.

*Differences are significant at $p < .01$ (two-tailed t tests).

Thus, the gender imbalance in parental care for children with disabilities is even more skewed than it is for other children, at least regarding which parents live with the children.

Because children with disabilities differ on some important characteristics from those without disabilities (Table 1), we test whether those differences statistically account for observed differences in living arrangements. Table 3 shows the results of three logistic regression models for children's living arrangements. The models include controls for children's gender, age, race/ethnicity, and nativity. (These controls did not markedly affect the disability coefficients.) To test for sensitivity to multiple disabilities, we enter one dummy variable for children with only one disability and a second for those with two or more reported disabilities. Separate models with different variables for each disability did not produce substantially different results.

The first model predicts which of those children who live with any biological parent live with single parents. These models show that children with disabilities are much more likely to live with single parents, consistent with prior research

Table 3. Logistic Regression Analysis for Predicting Children's Living Arrangements (Odds Ratios)

Predictor	Single Parent ^a	Single Mother ^b	Female Householder ^c
One disability	1.64**	1.45**	1.22**
Two or more disabilities	1.69**	1.36**	1.34**
Male (years)	.98**	.50**	.93**
Age 6	.95**	1.02	1.00
Age 7	.96**	1.04	.98
Age 8	.99	1.05**	1.00
Age 9	.99	1.08**	1.00
Age 10	1.00	1.07**	.97
Age 11	1.02	1.12**	.97
Age 12	1.03**	1.08**	1.01
Age 13	1.04**	1.08**	1.02
Age 14	1.09**	1.06**	1.04
Black	5.62**	2.09**	5.31**
Latino	1.70**	1.41**	1.94**
Asian/Pacific Islander	.85**	.91**	1.24**
American Indian	2.17**	1.00	2.59**
Other race/ethnicity	1.79**	1.90**	1.86**
Foreign born	.72**	.73**	.67**
χ^2	175,833	17,198	20,046
Percentage with outcome = 1	23.6	80.0	34.6
Unweighted N	2,101,892	495,960	170,977

Note: Children aged 5 – 15 years. All variables are dummies coded 0/1.

^aSample includes only those living with at least one biological parent. ^bSample includes only those living with a biological parent not married/cohabiting. ^cSample includes only those not living with any biological parent.

p* < .01. *p* < .001. (two-tailed *t* tests).

showing that parents of children with disabilities are less likely to marry and more likely to divorce. The second model shows that, among children who live with single biological parents, those with disabilities are significantly more likely to live with their mothers than are other children.

Finally, the last model tests whether children with disabilities are more likely to live in households with a female reference person if they do not live with a biological parent. Again, the effects of disabilities are positive and significant. When children live away from their biological parents, those with disabilities are significantly more likely to live in households with female ref-

erence people than are other children. Together, these models are consistent with our core argument: The care for children with disabilities is gendered not just in the division of labor between resident parents, as has previously been shown, but also in the patterning of with whom they live.

With regard to the control variables, the results for race/ethnicity and gender are noteworthy. Consistent with previous research, these models show that Black and Latino children are more likely to live with single parents, especially their mothers, than are White children. Less well documented is the greater tendency of Asian/Pacific Islander children to live with married parents and single fathers (Tolnay, 2004): Asian/Pacific Islander children who do not live with a biological parent are more likely than White children to live in female-headed households. Given the gender distribution of children with disabilities—who are disproportionately male—we would expect them to be more likely to live with their fathers (note the effects of child gender). The addition of these variables, however, does not noticeably change the coefficients for disability in these models. Thus, the association between children's living arrangements and disability persists independent of the correlations between disability, race/ethnicity, and gender.

CONCLUSIONS

We have presented a description of living arrangements for children with disabilities using the 2000 Census. If one reason that children most often live with women is that caring for children is women's work—its lower value eschewed by men, its burdens borne by those with less power and authority—then it stands to reason that children with disabilities, who require more care than other children, will be even more likely to live with women. The results of our analysis are consistent with this interpretation. We find that children with disabilities are more likely to live with single parents, and especially with their mothers, than are other children. And, when children do not live with their biological parents, those with disabilities are more likely to live in the households of women. Although researchers have begun to examine the gender dynamics within families of children with disabilities, the gender pattern of their living arrangements has not yet come under scrutiny.

Children today live in a much greater diversity of living arrangements than they did in the

past (Hogan & Lichter, 1995). Given the large proportion of children with disabilities not living in married couple families—or with either biological parent—studies of carework regarding these children need to take into account this diversity. Grappling with this complexity may necessitate larger or more complex samples and greater attention to complicated household structures; these results lend support to such efforts.

Our research is limited in several important ways. We cannot know whether these arrangements reflect decisions men and women make because of early gender socialization, or, as Traustadottir (2000, p. 253) argues, “the processes that recruit women for care work . . . in later years.” One such process may occur in the determination of living arrangements, the point at which adults commit to providing primary care for children, but that explanation is beyond the reach of our data.

Our analysis also cannot determine the extent to which fathers who do not coreside with their children contribute carework or other support (Manning, Stewart, & Smock, 2003). This may be why some parents do not agree on with whom their children live (Lin, Schaeffer, Seltzer, & Tuschen, 2004). Further, we do not consider here the effects of welfare programs and payments that can affect decisions about household composition as well as paid work efforts. This is especially important after the welfare reforms of the 1990s that made it more difficult for some parents of children with disabilities to receive benefits and required employment of more mothers (Litt, 2004). Finally, carework for children with disabilities increasingly includes market-based services, which promote the growth of female-dominated caring occupations, with its own implications for gender inequality (England & Folbre, 2002). Each of these issues deserves attention in future research.

NOTE

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REFERENCES

- Adler, M. C., Clark, R. F., DeMaio, T. J., Miller, L. F., & Saluter, A. F. (1999). Collecting information on disability in the 2000 Census: An example of interagency cooperation. *Social Security Bulletin*, 62, 4, 21 – 30.
- Becker, G. S., Landes, E. M., & Michael, R. T. (1977). An economic analysis of marital instability. *The Journal of Political Economy*, 85, 1141 – 1188.
- Booth, C. L., & Kelly, J. F. (1999). Child care and employment in relation to infants' disabilities and risk factors. *American Journal on Mental Retardation*, 104, 2, 117 – 130.
- Brandon, P. D. (2002). The living arrangements of children in immigrant families in the United States. *International Migration Review*, 36, 416 – 436.
- Brandon, P. D., & Bumpass, L. (2001). Children's living arrangements, coresidence of unmarried fathers, and welfare receipt. *Journal of Family Issues*, 22, 3 – 26.
- Brandon, P. D., & Fisher, G. A. (2001). The dissolution of joint living arrangements among single parents and children: Does welfare make a difference? *Social Science Quarterly*, 82, 1 – 19.
- Breslau, N., Salkever, D., & Staruch, K. S. (1982). Women's labor-force activity and responsibilities for disabled dependents: A study of families with disabled children. *Journal of Health and Social Behavior*, 23, 169 – 183.
- Budig, M. J., & England, P. (2001). The wage penalty for motherhood. *American Sociological Review*, 66, 204 – 225.
- Cancian, F. M., & Oliker, S. J. (2000). *Caring and gender*. Thousand Oaks, CA: Pine Forge Press.
- Cancian, M., & Meyer, D. R. (1998). Who gets custody? *Demography*, 35, 147 – 157.
- Casper, L. M., & Cohen, P. N. (2000). How does POSSLQ measure up? *Demography*, 37, 237 – 245.
- Cohen, P. N. (2002). Extended households at work: Living arrangements and inequality in single mothers' employment. *Sociological Forum*, 17, 445 – 463.
- Cohen, P. N., & Casper, L. M. (2002). In whose home? Multigenerational families in the United States, 1998 – 2000. *Sociological Perspectives*, 45, 1 – 20.
- Cook, J. A. (1988). Who “mothers” the chronically mentally ill? *Family Relations*, 37, 42 – 49.
- Corman, H., & Kaestner, R. (1992). The effects of child health on marital status and family structure. *Demography*, 29, 389 – 408.
- DeMaio, T., & Wellens, T. (2003). Cognitive evaluation of proposed disability questions for the 1998 dress rehearsal. *Survey Methodology Study Series*, 4.

- England, P., & Folbre, N. (2002). Care, inequality, and policy. In F. M. Cancian, D. Kurz, A. S. London, R. Reviere, & M. C. Tuominen (Eds.), *Child care and inequality: Rethinking carework for children and youth* (pp. 133 – 144). New York: Routledge.
- Fleischer, D. Z., & Zames, F. (2001). *The disability rights movement: From charity to confrontation*. Philadelphia, PA: Temple University Press.
- Friedman, D., Hechter, M., & Kanazawa, S. (1994). A theory of the value of children. *Demography*, 31, 375 – 401.
- Glendinning, C. (1983). *Unshared care: Parents and their disabled children*. London: Routledge & K. Paul.
- Gottlieb, A. S. (1997). Single mothers of children with developmental disabilities: The impact of multiple roles. *Family Relations*, 46, 5 – 12.
- Heller, T., Hsieh, K., & Rowitz, L. (1997). Maternal and paternal caregiving of persons with mental retardation across the lifespan. *Family Relations*, 46, 407 – 415.
- Hogan, D. P., & Lichter, D. T. (1995). Children and youth: Living arrangements and welfare. In R. Farley (Ed.), *State of the union: America in the 1990s, volume II: Social trends* (pp. 93 – 139). New York: Russell Sage Foundation.
- Hooyman, N. R., & Gonyea, J. (1995). *Feminist perspectives on family care: Policies for gender justice*. Thousand Oaks, CA: Sage.
- Joesch, J. M., & Smith, K. R. (1997). Children's health and their mothers' risk of divorce or separation. *Social Biology*, 44, 159 – 169.
- Lewis, S., Kagan, C., & Heaton, P. (2000). Dual-earner parents with disabled children: Family patterns for working and caring. *Journal of Family Issues*, 21, 1031 – 1060.
- Lichter, D. T., Landale, N. S. (1995). Parental work, family structure, and poverty among Latino children. *Journal of Marriage and the Family*, 57, 346 – 354.
- Lin, I. F., Schaeffer, N. C., Seltzer, J. A., & Tuschen, K. L. (2004). Divorced parents' qualitative and quantitative reports of children's living arrangements. *Journal of Marriage and Family*, 66, 385 – 397.
- Litt, J. (2004). Women's carework in low-income households: The special case of children with attention deficit hyperactivity disorder. *Gender & Society*, 18, 625 – 644.
- London, A. S., Scott, E. K., & Hunter, V. (2002). Children and chronic health conditions: Welfare reform and health-related carework. In F. M. Cancian, D. Kurz, A. S. London, R. Reviere, & M. C. Tuominen (Eds.), *Child care and inequality: Rethinking carework for children and youth* (pp. 99 – 112). New York: Routledge.
- Manning, W. D., & Smock, P. J. (1997). Children's living arrangements in unmarried-mother families. *Journal of Family Issues*, 18, 526 – 544.
- Manning, W. D., Stewart, S. D., & Smock, P. J. (2003). The complexity of fathers' parenting responsibilities and involvement with nonresident children. *Journal of Family Issues*, 24, 645 – 667.
- Marcenko, M. O., & Meyers, J. C. (1991). Mothers of children with developmental-disabilities: Who shares the burden? *Family Relations*, 40, 186 – 190.
- Mauldon, J. (1992). Children's risks of experiencing divorce and remarriage: Do disabled children destabilize marriages? *Population Studies*, 46, 349 – 362.
- McDaniel, A. (1994). Historical racial differences in living arrangements of children. *Journal of Family History*, 19, 57 – 77.
- McNeil, J. (2001). *Americans with disabilities, 1997. U.S. Census Bureau current population reports* (pp. 70, 73). Washington, DC: U.S. Census.
- Musick, K., Mare, R. D. (2004). Family structure, intergenerational mobility, and the reproduction of poverty: Evidence for increasing polarization? *Demography*, 41, 629 – 648.
- Newachek, P. W., & Halfon, N. (1998). Prevalence and impact of disabling chronic conditions in childhood. *American Journal of Public Health*, 88, 610 – 617.
- Oliver, M. (1990). *The politics of disablement*. London: Macmillan Education.
- Porterfield, S. L. (2002). Work choices of mothers in families with children with disabilities. *Journal of Marriage and Family*, 64, 972 – 981.
- Presser, H. B. (1998). Decapitating the U.S. Census Bureau's "head of household": Feminist mobilization in the 1970s. *Feminist Economics*, 4(3), 145 – 158.
- Reichman, N. E., Corman, H., & Noonan, K. (2004). Effects of child health on parents' relationship status. *Demography*, 41, 569 – 584.
- Stroman, D. F. (2003). *The disability rights movement: From deinstitutionalization to self-determination*. Lanham, MD: University Press of America.
- Swartz, T. T. (2004). Mothering for the state: Foster parenting and the challenges of government-contracted carework. *Gender & Society*, 18, 567 – 587.
- Tolnay, S. E. (2004). The living arrangements of African American and immigrant children, 1880 – 2000. *Journal of Family History*, 29, 421 – 445.

- Traustadottir, R. (1991). Mothers who care: Gender, disability, and family life. *Journal of Family Issues, 12*, 211 – 228.
- Traustadottir, R. (2000). Disability reform and women's caring work. In M. H. Meyer (Ed.), *Care work: Gender, class and the welfare state* (pp. 249 – 269). New York: Routledge.
- U.S. Census Bureau. (2002). *Statistical abstract of the United States*. Washington, DC: U.S. Census Bureau.
- U.S. Census Bureau. (2003). *Census 2000, public use microdata sample (PUMS), technical documentation*. Washington, DC: U.S. Census Bureau.
- Waldrop, J., & Stern, S. M. (2003). *Disability status: 2000*. Washington, DC: U.S. Census Bureau.
- Winkler, A. E. (1993). The living arrangements of single mothers with dependent children: An added perspective. *American Journal of Economics and Sociology, 52*, 1 – 18.