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THE RELATIONSHIP BETWEEN MALE-PERPETRATED INTERPARENTAL AGGRESSION, PATERNAL CHARACTERISTICS, AND CHILD PSYCHOSOCIAL FUNCTIONING

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Abstract

It is well established that children in homes where interparental violence is present are at increased risk for psychosocial (i.e., internalizing, externalizing, and attention) difficulties. However, previous studies have provided a limited view on the variety of factors that commonly co-occur in these environments (e.g., other characteristics of the parents and family) and how they may collectively impact children. Knowing this information could have implications for parental interventions aimed at preventing the continuation or initiation of psychosocial problems in children. Thus, the present study simultaneously examined the association between father-perpetrated interparental aggression, father characteristics, and child psychosocial functioning in a sample of 145 men arrested for domestic violence. Results showed that of all the variables examined, paternal antisocial personality traits and interpersonal hostility were uniquely

associated with overall child psychosocial impairment, externalizing problems, and attention problems. Implications for intervention programs are discussed.

Keywords

child psychosocial functioning; domestic violence; interparental aggression

Introduction

Family violence occurs at an astonishingly high rate in the United States. Between 1998 and 2002, approximately 3.5 million violent crimes were committed between family members, with 49% perpetrated against spouses (United States Department of Justice, 2005). Further, estimates of the number of children who witness interparental aggression have reached 50% (Edleson, 1999). As a result, increased attention has been paid to the effects of interparental aggression on children. However, previous studies have provided a limited view of the variety of factors that commonly co-occur in environments where interparental aggression is present and how they may collectively impact children. Information on which variables place children who are in homes where interparental aggression is present at greatest risk for psychosocial problems could be used to inform intervention programs for parents in the interest of preventing the continuation or initiation of psychosocial problems in their children. Thus, the present study examined father-perpetrated interparental aggression and father characteristics, including interpersonal hostility, antisocial and borderline personality traits, alcohol use, and drug use, as they related to child psychosocial functioning in a sample of men arrested for domestic violence and court-referred to Batterer Intervention Programs (BIPs). The father characteristics chosen for this study are among the most well supported correlates of male-perpetrated intimate partner violence (IPV) and closely reflect current theoretical understandings of these men (Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Stuart et al., 2008).

Child Psychosocial Functioning and Interparental Aggression

It is well established that interparental aggression adversely influences various child adjustment outcomes. Studies have shown a positive association between interparental aggression and child internalizing (e.g., depressed mood, anxiety) and externalizing (e.g., delinquency, substance abuse) problems. For instance, in a meta-analysis of studies examining the relationship between interparental conflict styles and youth problem behaviors (i.e., internalizing and externalizing problems), Buehler and colleagues (1997) found an average effect size of .35 for parents' use of an overt parental conflict style, which included behaviors such as "insulting" and "hitting." Similarly, Kitzmann, Gaylord, Holt, and Kenny (2003) found a significant association between exposure to interparental aggression, and child somatic complaints and aggression problems, such that children who witnessed interparental aggression fared worse than non-witnesses.

Child Psychosocial Functioning and Paternal Characteristics

The functioning of children in homes where interparental aggression exists may be further complicated by a variety of individual paternal characteristics. A number of studies on male

perpetrators of intimate partner violence (i.e., psychological, physical, and sexual aggression) show that these men are likely to report that they are interpersonally hostile, to endorse antisocial and borderline personality traits, and to have problems with drugs and/or alcohol (Holtzworth-Munroe et al., 2000; Stuart & Holtzworth-Munroe, 2005; Stuart, Moore, Kahler, & Ramsey, 2003). These same characteristics have been shown to adversely impact child functioning. For example, researchers describe parental hostility as “one form of chronic distress that has been identified as contributing to parents’ inability to attend and respond effectively to children’s behavior and needs” (Denham et al., 2000; p. 39). In their study of seventh graders, Harold and Conger (1997) found that perceived interparental hostility and parent-to-child hostility were associated with internalizing symptoms for daughters and sons, and externalizing symptoms for sons. Likewise, Low and Stocker (2005) found that hostility directed towards children from their fathers is related to children’s internalizing and externalizing problems.

Paternal antisocial personality traits have also been found to be associated with child functioning. In their study of more than 1,500 twins, Blazer and colleagues (2008) found that fathers’ antisocial traits were significantly associated with conduct disorder and oppositional defiant disorder in their children. Similar effects were found across 11 and 17 year-old age groups. Likewise, after controlling for fathers’ presence in the home and mothers’ antisocial traits, Jaffe and colleagues (2003) found fathers’ antisocial traits to be associated with child antisocial traits.

While there is increasing information about the influence of maternal borderline personality traits on child functioning, such that these traits in mothers are related to attention difficulties, delinquency, and aggression in their children (i.e., Macfie, 2009), there is a dearth of information about paternal borderline personality traits as they relate to child functioning. With evidence suggesting that males exhibit similar rates and levels of impairment as females with Borderline Personality Disorder (Becker & Lamb, 1994; Nehls, 1998; Zlotnick, Rothschild, & Zimmerman, 2002) and research demonstrating that a substantial portion of male perpetrators of IPV exhibit borderline personality traits (Dutton & Starzomski, 1993; Hamberger & Hastings, 1991), an examination of the effects of paternal borderline traits on children is warranted.

Paternal alcohol abuse has also been found to be associated with children’s psychosocial functioning. In a longitudinal study comparing children of parents meeting the criteria for alcohol abuse or dependence to children with non-alcohol abusing or dependent parents, Chassin and colleagues (1999) found that paternal alcoholism was directly associated with child depressive symptoms, other internalizing symptoms (e.g., fear, nervousness), and externalizing symptoms. Christensen and Bilenberg (2000) found that children whose fathers were alcoholics exhibited significantly greater amounts of socially deviant behavior (e.g., refusal to talk, withdrawal) than those with mothers who were alcoholics. Further, sons exhibited significantly more internalizing problems if they had alcoholic fathers versus alcoholic mothers. In addition, numerous studies have found that parental drug problems are associated with increased child internalizing, externalizing, and attention problems (e.g., Barnard & McKeganey, 2004).

Current Study

Despite evidence that they commonly co-occur, no studies have examined the collective effect of interparental aggression, parental hostility, parental antisocial and borderline personality traits, and parental substance use on child psychosocial functioning. Thus, the current study simultaneously examined these variables to determine unique parental risk factors for the psychological functioning of children exposed to interparental aggression by fathers who were court-referred to BIPs. Since this is the first study to examine these characteristics simultaneously, we were interested in looking broadly at the impact fathers attending BIPs have on their children. For this reason, we controlled for the gender and age of the child, and household income in our analyses, as these characteristics have been shown to impact the relation between parental characteristics and child psychosocial functioning (Buehler et al., 1997; Harold & Conger, 1997; Kitzmann et al., 2003). Based on the aforementioned research, it was hypothesized that paternal IPV perpetration and each of the other paternal characteristics would be positively associated with child psychosocial impairment. However, due to the lack of studies that examine these variables simultaneously, no *a priori* hypotheses were provided regarding the degree to which these variables would each contribute unique variance to impaired child psychosocial functioning.

Method

Participants

The sample consisted of men who were arrested for a domestic violence offense and court-referred to Rhode Island batterer intervention programs (BIPs). These men represent a subsample of men who participated in a larger study examining men mandated to BIPs (i.e. Stuart et al., 2006; 2008). Men who reported having children and completed the measures of interest for this study were included in the current analyses ($N=145$). Participants reported a mean age of 35.01 years ($SD = 8.27$), education of 12.30 years ($SD = 2.15$), and annual income of \$37,124 ($SD = \$25,214$). The ethnic composition of the sample was 67.6% non-Hispanic Caucasian, 15.9% African-American, 11.0% Hispanic, 2.1% American Indian or Alaskan Native, 0.7% Asian or Pacific Islander, and 2.8% "Other." The characteristics of this sample closely match the federal statistics on male domestic violence offenders and multi-state research studies of BIPs (Gondolf, 1996; National Institute of Justice, 2009). Specifically, those sources report that the majority of offenders are between 18 and 41 years old with a significant portion of men in their early to mid thirties, more than half have a high school education, and less than half were men of color. At the time of entry into the BIP, 10% of the men reported that they were dating, 35% reported that they were married, and 34% reported that they were living together, not married. They had an average of 2.71 children ($SD = 1.87$). Participants were asked to report on the psychosocial functioning of only one of their children age 4 to 17. The children the participants chose to report about ranged in age from 4 to 15 years old with a mean age of 8.5 years ($SD = 3.43$).

Procedure

Recruitment took place at BIP locations around Rhode Island. Announcements about the research study were made by study staff and informed consent was obtained from those expressing an interest in the study. Participation was voluntary and all men completed the

questionnaires during their regularly scheduled BIP sessions. No compensation was provided for completing the questionnaires. None of the information gathered was shared with the intervention facilitators or anyone within the criminal justice system. All procedures were approved by the Institutional Review Board at Butler Hospital.

Measures

Demographics Questionnaire—Information was gathered about the participants' age, education, income, ethnicity, and number of children.

Intimate Partner Violence—IPV perpetration in the past year was assessed with the Revised Conflict Tactics Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996). The psychological aggression and physical assault subscales were examined for the current study. Total scores were obtained by summing the frequency of each of the behaviors in the year before entrance into the BIP. The score for each item can range from 0 to 25 with higher total scores on the CTS2 indicating more frequent aggression. Adequate reliability and validity have been demonstrated (Straus et al., 1996; Straus, Hamby, & Warren, 2003). The internal consistencies for the current study were .75 (psychological aggression) and .82 (physical assault).

Alcohol Use—The Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, De La Fuente, & Grant, 1993) was used to measure the quantity and frequency of drinking, drinking intensity, symptoms of dependence and tolerance, and alcohol-related negative consequences in the past year. Scores can range from 0 to 40. The AUDIT has demonstrated adequate reliability and validity (Saunders, Aasland, Amunsden, & Grant, 1993). The internal consistency for the present study was .87.

Drug Use—The Drug Use Disorders Identification Tests (DUDIT; Stuart, Moore, Kahler, & Ramsey, 2003) was used to measure quantity and frequency of drug use, drug use intensity, symptoms of dependence and tolerance, and drug-related negative consequences in the past year. The classes of drugs included in this measure are cannabis, cocaine, hallucinogens/PCP, nonprescribed stimulants, nonprescribed sedatives/hypnotics/anxiolytics, nonprescribed opiates, and “other” substances. Scores can range from 0 to 56. In the present study, the internal consistency was .86.

Antisocial and Borderline Personality Traits—The Antisocial Personality Disorder (ASPD) and Borderline Personality Disorder (BPD) subscales of the Personality Diagnostic Questionnaire-4 (PDQ4; Hyler et al., 1988) were employed in this study. The PDQ4 is intended to be a screening instrument for possible personality disorders, with higher total scores indicating more endorsement of associated characteristics. The PDQ4 has good test-retest reliability (Trull, 1993) and high internal consistency (Hyler et al., 1989). The range of sensitivity and specificity, respectively, is .62–.75 and .89–.91 for the PDQ4 ASPD subscale, and .95–.98 and .41–.68 for the BPD subscale (Hyler, Skodol, Kellman, Oldham, & Rosnick, 1990). In this study, the internal consistency for the ASPD subscale was .90 and .81 for the BPD subscale.

Hostility—The Hostility Subscale of the Aggression Questionnaire (AQ-Hos; Buss & Perry, 1992) was used to measure interpersonal hostility. Sample items include, “I am sometimes eaten up with jealousy” and “When people are especially nice, I wonder what they want.” A five-point scale was used to measure responses (1=*extremely uncharacteristic of me* to 5=*extremely characteristic of me*). The scale has demonstrated good reliability (Buss & Perry, 1992). For this study, the internal consistency was .86.

Child Psychosocial Functioning—The Pediatric Symptom Checklist (PSC; Jellinek, Murphy, & Burns, 1986) is a 35-item self-report questionnaire used to assess overall child psychosocial functioning. In addition to examining overall functioning with the total score, subscales separately assessing internalizing (5 items), externalizing (7 items), and attention problems (5 items) from the 17-item version of the PSC (Gardner et al., 1999), which are composed of items selected from the full 35-item version, were also examined. Sample items from each subscale, respectively, include, “Worry a lot”, “Fight with other children”, and “Easily distracted.” Scores for overall functioning and functioning on each of the subscales were obtained by summing the frequency of the corresponding items. Score choices for each item included 0= *never*, 1= *sometimes*, and 2= *always*, with higher scores indicating worse functioning. To assess the prevalence of psychosocial problems, cutoff scores of 24 for 4–5 year olds (Little, Murphy, Jellinek, Bishop, & Arnett, 1994) and 28 for 6–16 year olds (Jellinek et al., 1999) on the full 35-item total score were used. Scores at or above these cutoffs suggest “sufficient psychosocial dysfunction to warrant...spending time to assess whether further evaluation or treatment is indicated” (Jellinek et al., 1999). On each of the subscales, cutoff scores of 5 for internalizing problems, 7 for externalizing problems, and 7 for attention problems were used (Gardner et al., 1999). Adequate psychometric properties have been demonstrated for the entire measure (Jellinek, Murphy, & Burns, 1986; Jellinek & Murphy, 1990), as well as for each individual subscale (Gardner et al., 1999). The range of sensitivity and specificity for full scale, respectively, is .87–.95 and .68–.89 for ages 6–12 (Jellinek & Murphy, 1990), and .64 and .93 for ages 4–5 (Little et al., 1994). For the subscales, the sensitivity and specificity, respectively, is .79 and .68 (Internalizing), .77 and .80 (Externalizing), and .87 and .79 (Attention) (Gardner et al., 1999). For this study, the internal consistency was .93 when all 35-items were examined, .77 for the internalizing problems subscale, .79 for the externalizing problems subscale, and .78 for the attention problems subscale. Participants were asked to report on one child, age 4 to 17, from their household who they thought had the most difficulties in the areas described, and to indicate the child’s gender (0=*male*, 1=*female*) and age with two questions added to the beginning of the measure.

Data Analysis

To examine the relationship between interparental aggression, paternal hostility, paternal antisocial and borderline personality traits, paternal substance use, household income, child gender, child age, and child psychosocial functioning, Structural Equation Modeling (SEM) using AMOS version 18 was employed (Arbuckle, 2009). All models were estimated using full information maximum likelihood estimation (FIMLE) which uses all available data to compute parameter estimates without excluding missing data (Kline, 2011). For this sample, none of the variables had missing data, with the exception of the DUDIT (3%), PDQ4-

ASPD (13%), PDQ4-BPD (14%), and AQ-Hos (13%). Relative to pairwise and listwise deletion, FIMLE has been shown to be more efficient and less biased for managing up to 25% missing data (Enders & Bandalos, 2001). A fully saturated model (i.e., zero degrees of freedom) was used to examine the proposed path model of parental and child characteristics on child functioning. Fully saturated models provide a perfect fit to the data and, thus, no model fit indices were examined or reported (Kline, 2011).

Results

Descriptive Statistics

First we examined the overall and subscale cutoff scores. Four of 36 children (11.1%) ages 4–5 (one child excluded for missing data) and 10 of 108 children (9.3%) ages 6–15 met the cutoff for dysfunctional overall psychosocial functioning. A look at the subscales showed that across all 145 children, 10 (6.9%) met the cutoff on the internalizing problems scale, 17 (11.7%) met the cutoff on the externalizing problems scale, and 6 (4.1%) met the cutoff on the attention problems scale.

Means, standard deviations, and bivariate correlations among study variables are presented in Tables 1 and 2. Overall child psychosocial functioning was positively associated with paternal antisocial and borderline personality traits, interpersonal hostility, psychological and physical IPV, and each of the PSC subscales (poorer child functioning). Child internalizing problems were positively associated with paternal drug use, overall child psychosocial functioning, and child externalizing and attention problems. Child externalizing problems were positively associated with paternal drug use, antisocial and borderline personality traits, psychological and physical IPV, overall child psychosocial functioning, and child internalizing and attention problems. Child attention problems were positively associated with paternal antisocial and borderline personality traits, interpersonal hostility, psychological and physical IPV, overall child psychosocial functioning, and child internalizing and externalizing problems.

Child Psychosocial Functioning Outcomes

The relationship between paternal perpetration of psychological and physical IPV, paternal characteristics, household income, child age and gender, and child psychosocial functioning was analyzed in two separate models: one examining overall child functioning (Figure 1) and one examining the three psychosocial functioning subscales simultaneously (Figure 2). For clarity of presentation, covariances were excluded from the figures, and betas, standard errors, critical ratios, and probability statistics are reported separately in Tables 3–4.

In the first model (Figure 1), paternal antisocial personality traits were positively associated with overall child psychosocial functioning. Additionally, in the first model, child age was positively associated with overall child psychosocial functioning. In the second model (Figure 2), paternal antisocial personality traits were positively associated with child externalizing problems, while paternal hostility was positively associated with child attention problems, and paternal drug use was negatively associated with child attention problems.

Discussion

The primary goal of the current study was to simultaneously examine paternal perpetrated IPV, paternal characteristics, child characteristics, and household income as they relate to child psychosocial functioning in a sample of men arrested for domestic violence. This extends past research on the effects of the home environment on child psychosocial functioning (e.g., Blazei, Iacono, & McGue, 2008; Buehler et al., 1997; Christensen & Bilenberg, 2000; Harold & Conger, 1997) by examining all of these variables simultaneously. While results suggested that numerous paternal variables (e.g., ASPD and BPD traits, interpersonal hostility, drug use, psychological and physical aggression) were individually related to impairment in child psychosocial functioning, when accounting for all paternal variables concurrently, only paternal ASPD traits were uniquely associated with children's overall psychosocial impairment and externalizing problems. In addition, results indicated that paternal interpersonal hostility was uniquely positively associated with child attention problems above and beyond the other paternal variables.

The relationship between paternal antisocial traits, interpersonal hostility, and child psychosocial functioning in this study may be explained by the process of modeling, as conceptualized by Social Learning Theory (Bandura, 1977). More specifically, Social Learning Theory posits that observing and imitating others is one central way people learn specific behaviors (Bandura, 1977). For example, research has shown that children learn about emotions by imitating their parents' emotional expressions, by observing the ways in which emotions are discussed by their parents, and by experiencing their parents' reaction to their emotional experience (Eisenberg, Cumberland, & Spinrad, 1998). Therefore, it is possible that the modeling and social reinforcement of dysfunctional ways of expressing and regulating emotions, such as those often employed by individuals who possess antisocial personality traits and who are interpersonally hostile, could negatively influence child psychosocial functioning. Child externalizing problems, such as delinquency and substance abuse, may result from observing impulsive or irresponsible paternal emotion regulation strategies. Further, a child's externalizing behaviors may be directly or indirectly reinforced by fathers who demonstrate antisocial personality traits through the aggressive or reckless ways that they relate to others. In addition, fathers who are interpersonally hostile may create a chaotic and overstimulating environment, which may make it difficult for children to concentrate or cause them to act out for attention-seeking purposes. Future investigations should replicate and extend these findings to examine whether the association found here between paternal antisocial traits, interpersonal hostility, and child psychosocial functioning exist in other samples, as well as to better understand what is responsible for these associations.

Findings from this study are consistent with previous research that shows that the psychosocial functioning of children is negatively impacted in homes where interparental aggression is present, and where fathers exhibit antisocial personality traits and/or interpersonal hostility (Blazei et al., 2008; Buehler et al., 1997; Low & Stocker, 2005). As such, these findings support informing men mandated to BIPs about how their children can suffer negative consequences as a result of their behavior. Existing BIPs have demonstrated limited effectiveness at preventing recidivism (Babcock, Green, & Robie, 2004; Feder &

Wilson, 2005). Research specific to antisocial personality disorder shows that, across treatment modalities, treatment completion is one of the best indicators of symptom improvement and that the key to this may be "special motivational circumstances that increase the likelihood of the patients' remaining in treatment long enough to benefit" (Reid & Gacono, 2000, p. 652). Consequences to their children may be the "special motivational circumstance" that some of these men need to enhance the relevance of treatment for those lacking motivation for change, to enhance their engagement in treatment, to encourage treatment completion, and thus, to increase their odds of positive change. Furthermore, previous research indicates that an interpersonal style that is straightforward, rigidly consistent, and focuses on the severity of the potential consequences should their behavior remain unchanged may be the most effective approach when treating ASPD in men (Reid & Gacono, 2000). Accordingly, informing men in BIPs in a direct, unwavering manner that emphasizes the severity of the negative consequences their behavior may have on their children may be most effective. In addition, the negative effects sustained by individuals other than just the spousal victims of the IPV these men perpetrate may argue for greater focus in treatment on more broad-based cognitive and behavioral tendencies (Murphy & Eckhardt, 2005), such as anger control (Glancy & Saini, 2005; Hamberger, Lohr, Bonge, & Tolin, 1997) and deficits in social information processing (Fite et al., 2008; Holtzworth-Munroe, 1992; Taft, Schumm, Marshall, Panuzio, & Holtzworth-Munroe, 2008), rather than solely on intimate relationship tendencies (Stuart, Temple, & Moore, 2007). Improving BIPs may be one avenue to ultimately impact the outcome of children in a positive way.

These findings may also prove useful to parenting interventions that incorporate information targeted towards parents who are aggressive towards their children. It may be that the fathers enrolled in those specific programs resemble the males in our sample in the way they are interpersonally hostile and antisocial (e.g., poor emotion regulation) to the point of perpetrating interpersonal aggression (Chaffin et al., 2004). As such, some of the fathers in those programs may also be experiencing significant discord with their relationship partner or, as research shows, may even be perpetrating IPV (Shipman, Rossman, & West, 1999). Assessing for marital problems and IPV specifically could provide parenting intervention facilitators with more information about parents in order to decide if additional services or referrals should be provided to enhance parenting outcomes (Chaffin et al., 2004). In addition, with the knowledge that these maladaptive interaction patterns extend beyond the parent-child relationship, facilitators may be able to increase participant engagement in the trainings by emphasizing that the skills they teach can be of benefit across relationships and by providing opportunities to practice more adaptive interaction styles through role-playing.

In addition, while the bivariate correlations showed that paternal drug use was not significantly associated with attention problems on the PSC, when put in the model with the other variables, paternal drug use showed a negative association with child attention problems. This suggests a negative suppressor effect (Kline, 2011), whereby paternal drug use was not significantly associated with child psychosocial functioning until the variance attributed to the other variables in the model was controlled. This may mean that the association between paternal drug use and child psychosocial functioning is not as robust as that between child psychosocial functioning and paternal antisocial traits and interpersonal hostility. Thus, paternal antisocial personality traits and interpersonal hostility may be the

only two factors demonstrating unique associations with child psychosocial functioning. Replication of these results is needed.

It is important to consider the limitations of the current study when interpreting these findings. First, the relatively small sample size may have made it difficult to detect additional significant associations. Thus, future investigations should include larger samples. Second, full disclosure via self-report of sensitive information, such as the functioning of children and IPV perpetration, may be affected by impression management, particularly in a court-mandated sample. Subsequent studies should control for social desirability and obtain collateral information, including partner reports of aggression and child functioning. Since this study is the first to examine the effect of interparental aggression, paternal hostility, paternal antisocial and borderline personality traits, and paternal substance use simultaneously on child psychosocial functioning, the impact the fathers in this sample had on their children were considered broadly, across household income, child age, and child gender. Future research should look more closely at whether these factors moderate the associations between paternal IPV perpetration, paternal characteristics, and child psychosocial functioning. Also, antisocial and borderline personality traits were assessed using a screening self-report measure. In subsequent studies, a more rigorous instrument for evaluating such traits, such as the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II; First, Gibbon, Spitzer, Williams, & Benjamin, 1997), might be beneficial. In addition, the study's cross-sectional design prevents conclusions about causality among the study variables. The generalizability of the findings is also limited by the nature of the population studied and the fact that the majority of the men identified as non-Hispanic Caucasian. Finally, accounting for additional variables, such as frequency of father's presence in the home, father's psychopathology, and complementary maternal characteristics would be helpful in future studies.

Despite these limitations, findings from the current study contribute to the growing literature on child functioning in homes where interparental aggression is present. A simultaneous analysis of paternal IPV perpetration, antisocial and borderline personality traits, interpersonal hostility, substance use, child age, child gender, and household income showed that paternal antisocial personality traits and interpersonal hostility were significantly associated with overall child psychosocial impairment, as well as child externalizing and attention problems. These findings may have implications for the treatment of men in BIPs and PCIT programs, which may benefit both men and their children. Replication and continued investigation into why such associations exist are needed.

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Figure 1.

Model of the simultaneous regression of overall child psychosocial functioning on paternal perpetrated intimate partner violence, paternal characteristics, child characteristics, and household income.

Figure 2.

Model of the simultaneous regression of child internalizing, externalizing, and attention problems on paternal perpetrated intimate partner violence, paternal characteristics, child characteristics, and household income.

Table 1

Means and Standard Deviations for Study Variables

Variable	M	SD
1. Household Income	37,123.54	25,214.19
2. Child Gender	1.53	.50
3. Child Age	8.49	3.43
4. AUDIT	8.34	8.02
5. DUDIT	4.74	8.27
6. PDQ-4 ASPD	2.45	2.16
7. PDQ-4 BPD	2.27	2.04
8. Hostility	19.00	6.98
9. Psychological Aggression	29.75	29.69
10. Physical Aggression	9.43	19.45
11. PSC Total	12.12	10.20
12. PSC Internalizing Subscale	1.45	1.77
13. PSC Externalizing Subscale	2.95	2.66
14. PSC Attention Subscale	2.32	2.27

Note. AUDIT = Alcohol Use Disorders Identification Questionnaire; DUDIT= Drug Use Disorders Identification Questionnaire; PDQ-4 ASPD = Personality Diagnostic Questionnaire-ASPD Scale; PDQ-4 BPD = Personality Diagnostic Questionnaire-BPD Scale; PSC = Pediatric Symptom Checklist

Table 2

Correlations for Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Household Income	--	-.12	.04	-.14	-.13	-.18	.02	-.09	.04	-.04	.00	.09	.03	-.02
2. Child Gender		--	-.08	.10	.03	.02	-.19*	.01	.11	.05	-.03	-.02	-.00	-.07
3. Child Age			--	-.02	-.07	-.06	-.18	-.09	-.15	-.08	.11	.13	-.00	-.02
4. AUDIT				--	.43**	.28**	.24**	.05	.09	.26**	.10	.02	.11	.05
5. DUDIT					--	.46**	.39**	.11	.35**	.38**	.14	.20*	.17*	.04
6. PDQ-4 ASPD						--	.56**	.16	.23**	.22*	.26**	.17	.30**	.20*
7. PDQ-4 BPD							--	.32**	.16	.18*	.20*	.16	.20*	.21*
8. Hostility								--	.23**	.13	.21*	.14	.14	.29**
9. Psychological Aggression									--	.58**	.18*	.07	.21*	.27**
10. Physical Aggression										--	.20*	.12	.20*	.24**
11. PSC Total											--	.80**	.87**	.81**
12. PSC Internalizing Subscale												--	.60**	.54**
13. PSC Externalizing Subscale													--	.64**
14. PSC Attention Subscale														--

Note.

*
 $p < .05$;**
 $p < .01$;

AUDIT = Alcohol Use Disorders Identification Questionnaire; DUDIT= Drug Use Disorders Identification Questionnaire; PDQ-4 ASPD = Personality Diagnostic Questionnaire-ASPD Scale; PDQ-4 BPD = Personality Diagnostic Questionnaire-BPD Scale; PSC= Pediatric Symptom Checklist

Table 3

Betas, Standard Errors, Critical Ratios, and Probability Statistics for Figure 1

Overall Child Psychosocial Functioning				
	β	B	CR	<i>p</i>
Household Income	.04	.00	.41	.00 .68
Child Gender	-.01	-.29	-.17	1.68 .87
Child Age	.16	.48	2.02	.24 .04
AUDIT	.01	.02	.13	.12 .90
DUDIT	-.06	-.07	-.56	.13 .57
PDQ-4 ASPD	.23	1.07	2.08	.51 .04
PDQ-4 BPD	.05	.23	.40	.58 .69
Hostility	.15	.22	1.69	.13 .09
Psychological Aggression	.07	.03	.72	.04 .47
Physical Aggression	.10	.05	1.02	.05 .31

Note. AUDIT = Alcohol Use Disorders Identification Questionnaire; DUDIT= Drug Use Disorders Identification Questionnaire; PDQ-4 ASPD = Personality Diagnostic Questionnaire-ASPD Scale; PDQ-4 BPD = Personality Diagnostic Questionnaire-BPD Scale

Table 4

Betas, Standard Errors, Critical Ratios, and Probability Statistics for Figure 2

	Internalizing Problems					Externalizing Problems					Attentional Problems				
	β	B	CR	SE	p	β	B	CR	SE	p	β	B	CR	SE	p
Household Income	.13	.00	1.42	.00	.16	.09	.00	.95	.00	.34	-.03	.00	-.32	.00	.75
Child Gender	.03	.11	.36	.30	.72	-.00	-.01	-.03	.44	.96	-.07	-.33	-.92	.36	.36
Child Age	.16	.08	1.93	.04	.05	.04	.03	.51	.06	.61	.05	.03	.58	.05	.56
AUDIT	-.12	-.03	-1.27	.02	.21	.01	.00	.09	.03	.93	.00	.00	.03	.03	.97
DUDIT	.17	.04	1.62	.02	.11	-.03	-.01	-.31	.03	.76	-.22	-.06	-2.16	.03	.03
PDQ-4 ASPD	.13	.10	1.12	.09	.26	.29	.34	2.60	.13	.01	.17	.18	1.57	.11	.12
PDQ-4 BPD	.06	.05	.48	.10	.63	.02	.02	.14	.15	.89	.10	.11	.85	.13	.40
Hostility	.13	.03	1.44	.02	.15	.08	.03	.95	.03	.34	.21	.07	2.31	.03	.02
Psychological Aggression	-.08	-.00	-.73	.01	.47	.09	.01	.87	.01	.39	.19	.01	1.91	.01	.06
Physical Aggression	.08	.01	.81	.01	.42	.08	.01	.81	.01	.42	.12	.01	1.24	.01	.21

Note. AUDIT = Alcohol Use Disorders Identification Questionnaire; DUDIT= Drug Use Disorders Identification Questionnaire; PDQ-4 ASPD = Personality Diagnostic Questionnaire-ASPD Scale; PDQ-4 BPD = Personality Diagnostic Questionnaire-BPD Scale