PREDICTING ADOLESCENT RESILIENT OUTCOMES FOR CHILDREN WHO EXPERIENCED INTERPARENTAL VIOLENCE DURING CHILDHOOD

by

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DISSERTATION ABSTRACT

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This dissertation study is an examination of childhood contextual factors that contributed to adolescent resilient outcomes among children who experienced interparental violence (IPV). More specifically, the study examined the degree to which verbal ability, temperament, behavior problems, parenting quality, parent-child conflict, IPV, and parent's perceived support in childhood account for variance in behavioral problems, self-efficacy, and parenting received in adolescence. The present study addresses gaps in IPV and resilience literature in the following ways: (a) Few studies have focused on adaptive outcomes of children who experienced IPV; (b) little is known about which contextual factors are most important in facilitating resilient outcomes for this population; (c) factors beyond the microsystem were included as predictors; and (d) little is known about the early predictors of general self-efficacy (a defining attribute of resilience) and parenting (a protective factor that facilitates resilience) for the present population. The sample was derived from an existing data set from the Project on Human Development in Chicago Neighborhoods. This is a longitudinal data set using a

nonclinical, randomly selected sample. Using regression models to test whether childhood ecological factors could predict adolescent outcomes, the study had four primary findings. First, childhood (Wave 1) emotionality temperament predicted childhood internalizing problems, which predicted adolescent (Wave 3) internalizing problems. Second, childhood emotionality and parenting quality predicted childhood externalizing problems, which predicted adolescent externalizing problems. Third, none of the childhood variables were strong predictors of adolescent general self-efficacy. Lastly, parenting quality in childhood predicted parental monitoring in adolescence; however, none of the study variables were strong predictors of parenting quality in childhood. Results are discussed in the context of varying adolescent outcomes and the larger literature on IPV. The study highlights directions for future research, including the need to further examine protective processes among children survivors of IPV.

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For Nanay, in her loving memory

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CHAPTER I

LITERATURE REVIEW

In the United States, an estimated 15.5 million children experience interparental violence (IPV) every year (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). The consequences for children are far-reaching. Experiencing physical and verbal conflict between parents is linked to poor childhood adjustment, including increased aggression, conduct problems, antisocial behavior, anxiety, depression, and trauma (Fantuzzo et al., 1991; Jouriles, Murphy, & O'Leary, 1989; Spilsbury et al., 2007). In addition to internalizing and externalizing problems, experiencing IPV has also been shown to be associated with infants' difficult temperament (Burke, Lee, & O'Campo, 2008), children's lower intelligence scores (Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003), poor peer relations (Jouriles et al., 2001), and parent-child hostilities (Gordis, Margolin, & John, 1997). Longer-term consequences linked to experiencing parental physical abuse include trauma-related symptoms for older adolescents (Silvern et al., 1995), social adjustment difficulties (Henning, Leitenberg, Coffey, Turner, & Bennett, 1996), and romantic partner aggression in adulthood (Kalmuss, 1984; Langhinrichsen-Rohling, Neidig, & Thorn, 1995).

Researchers have made impressive strides regarding the identification of risk factors associated with the experience of IPV and its effect on children's psychological and behavioral problems (e.g., trauma symptoms, emotional difficulties, aggression), its cognitive and neurological consequences, and its relational difficulties (for reviews, see

Adams, 2006; Bedi & Goddard, 2007; Edleson, 1999; Margolin & Gordis, 2000). More and more domestic violence researchers are calling for an examination of such factors from a developmental lens (Gewirtz & Edleson, 2007; Margolin, 2005). Significantly less is known, however, about which specific ecological factors are most critical to healthy developmental outcomes across developmental stages for children who experience IPV (Gewirtz & Edleson, 2007; Margolin, 2005). That is, scholars know far less about how children who experience IPV exhibit positive adaptation in adolescent and adulthood years despite increased risk for poor emotional outcomes (e.g., anxiety, depressive symptoms), behavioral outcomes (e.g., aggression, antisocial behaviors) or social outcomes (e.g., peer conflict).

Intelligence, temperament, and family environment are commonly identified as attributes that predict resilient outcomes (Luthar, 2006). What is more important, however, is to understand the underlying process of how these predictors facilitate resilience to better inform intervention and prevention efforts (Luthar, 2006). For instance, resilience research has identified self-efficacy as a defining attribute at the individual level; that is, a person with high self-efficacy will put forth more effort, become persistent, and be able to achieve desired outcomes despite experiencing adversity (Gillespie, Chaboyer, & Wallis, 2007). Examination of self-efficacy in IPV literature, however, is scarce (let alone exploration of this construct as an outcome variable). Additionally, the construct of parenting has been identified as a protective factor in IPV (Jouriles et al., 2009) and literature on resilience (Luthar & Zelazo, 2003). Yet, little is known about how the environment (e.g., children's behaviors) can affect

long-term parenting, especially among at-risk families. Empirical recognition of the individual and contextual factors that sustain the protective processes of these factors across developmental stages may contribute significantly to the identification of targets for violence prevention and intervention.

The primary aim of this dissertation study, therefore, was to identify childhood developmental factors that predict resilient outcomes in adolescence for children who have experienced IPV. Data used in the study came from an existing longitudinal data set collected from a nonclinical community sample in which a primary caregiver reported her/his participation and her/his partner's participation in IPV and in which this caregiver's child was within 6 months of age 9 at the time of the assessment. The purpose of this study was to examine whether childhood factors of IPV experience, verbal ability, negative emotionality, internalizing and externalizing problems, parenting quality, and parent perceived support predicted adolescent outcomes concerning internalizing and externalizing problems, general self-efficacy, and parenting (as measured by parental monitoring).

This literature review includes (a) a discussion of the impact of IPV on children's emotional and behavioral adjustment along with developmental implications, (b) a brief review of psychological resilience, (c) a summary of developmental and contextual factors identified as contributing to the development of resilience at each ecological level, and (d) a review of empirical literature most relevant to the predictive variables that were examined in this study. This literature review is based on results from a comprehensive search of the PsycINFO database from 1975 to 2010, using the following index terms:

"domestic violence," "family conflict," "intimate partner violence," "marital conflict," "partner abuse," "shelters," "resilience (psychological)," "adaptability (personality)," and "protective factors."

General Review of the Literature

Impact of Interparental Violence (IPV) on Children's Development

Early investigations of IPV focused on adult survivors and perpetrators, with less attention devoted to the experiences of children. Considering their nondirect participation as objects of IPV, researchers have previously described these children as "silent," "forgotten," and "unintended" victims of domestic violence (Elbow, 1982; Groves, 1997; Rosenbaum & O'Leary, 1981). In this study, the term "experiences," as it relates to IPV, is defined as children's diverse experiences of IPV (Edleson, 1999; Eisikovits, Winstok, & Enosh, 1998; Jouriles et al., 2001; Överlien, 2009). Children not only hear physical and verbal abuse between parents but they also may be direct victims of such abuse. For example, studies showed that many children attempt to intervene during IPV incidents and/or are threatened by the perpetrator (Edleson, 1999; Gonzales, Chronister, & Linville, 2008; Överlien, 2009). Over the past three decades, clinicians, researchers, and policymakers have attended more directly to the needs of children whose parents engaged in IPV. In the present study, children whose birthday was within 6 months of their 9th birthday (i.e., age cohort 9) were identified as having experienced IPV if their parent and/or parent's partner engaged in verbal aggression and/or physical assault in the past year; those children whose parents did not engage in IPV during the past year were

excluded from the study. Verbal aggression was operationalized by the number of times a parent and/or partner expressed hostility (e.g., swearing, deliberately offending partner, threatening to hurt partner, etc.); physical assault was operationalized by the number of times a parent and/or partner physically attacked the other (e.g., slapped, beat, pushed/grabbed/shoved, etc.). The measure used to operationalize IPV, however, does not ask if conflict between partners occurred in front of the children, when the children were away from the home or when the children were not in the room. In the literature review that follows, IPV is defined differently across studies, and a number of studies fail to distinguish whether IPV co-occurred with other forms of direct child abuse or maltreatment.

The scope of this study and this literature review focuses exclusively on the impact of IPV on children's development. It is important to acknowledge, however, that children who experience IPV are also at risk for other forms of child maltreatment (Appel & Holden, 1998; McCloskey, 2001), up to 15 times the national average (Beck & Shaw, 2005; Schultz & Shaw, 2003; Wekerle & Wolfe, 1996). In one study, researchers found that when IPV occurred in a household, a child was two to six times more likely to experience adverse childhood experiences such as abuse, neglect, and household dysfunction (Dube, Anda, Felitti, Edwards, & Williamson, 2002), with boys more likely to be targets of abuse than girls (Jouriles & LeCompte, 1991). Consequently, boys who experience direct abuse and IPV exhibit more intensified externalizing symptoms than boys who experience only IPV (Jaffe, Wolfe, Wilson, & Zak, 1986), and such childhood maltreatment experiences also have been linked to future perpetration of child

maltreatment and violence against romantic partners in adulthood (Pears & Capaldi, 2001; White & Widom, 2003).

Preschool Years

IPV between a primary caregiver and her/his respective partner leads to well-documented consequences for infants, children, and adolescents. Children under the age of 5 are most vulnerable to experiencing spousal physical assault during the beginning stages of the relationship and family formation (Fantuzzo, Boruch, Beriama, & Atkins, 1997; Holden & Ritchie, 1991; O'Leary et al., 1989). Experiencing IPV at this stage has been shown to have deleterious effects on the health and temperament of infants (Bogat, DeJonghe, Levendosky, Davidson, & von Eye, 2006; Burke et al., 2008; Huth-Bocks, Levendosky, & Bogat, 2002). When pre-school-aged children experience IPV, they exhibit higher levels of behavioral problems (Fantuzzo et al., 1991; Martin & Clements, 2002; McCloskey & Lichter, 2003) and emotional difficulties (Maughan & Cicchetti, 2002; McDonald, Jouriles, Briggs-Gowan, Rosenfield, & Carter, 2007; Schermerhorn, Cummings, DeCarlo, & Davies, 2007). Considering the formative years of pre-school-aged children's development, experiencing IPV has also been associated with poor social competence (e.g., use of aggressive conflict strategies; Du Rocher Schudlich, Shamir, & Cummings, 2004), cognitive deficits (e.g., reduced memory functioning, lower verbal abilities; Jouriles et al., 2008; Ybarra, Wilkens, & Lieberman, 2007), and other developmental disturbances (e.g., irritability, sleep difficulties, regression in language formation; Osofsky & Scheeringa, 1997; Zeanah & Scheeringa, 1997).

Early and Middle Childhood

When these children enter their school-age years, many continue to exhibit adjustment difficulties related to experiencing IPV. For instance, school-age children show increased aggression (Baldry, 2007; Clarke et al., 2007; Richmond & Stocker, 2008), conduct problems (Jouriles et al., 1989; Mahoney, Jouriles, & Scavone, 1997), and other behavioral problems (Kernic et al., 2003; McFarlane et al., 2007). Children's behavioral problems are exacerbated when the IPV involves weapons (Jouriles et al., 1998). Aggression is a particularly common behavioral concern for boys who experience IPV (Jaffe, Hurley, & Wolfe, 1990; Jouriles et al., 1998), with boys' violent behavior during school-age years being directed toward their peers, dating partners, and parents (McCloskey & Lichter, 2003). In fact, experiences of IPV are related to boys' bullying in middle school and other forms of delinquency throughout development (Baldry, 2003; Baldry & Farrington, 2000), and predict boys' violent offenses and referral to juvenile court (Herrera & McCloskey, 2001). In sum, longitudinal research shows that experiences of IPV and harsh family contexts create a developmental trajectory defined by poor parenting in childhood, which in turn increases risk for conduct problems, poor school readiness and achievement, deviant peer associations, hostility and aggression toward romantic partners, and engagement in other antisocial behaviors throughout adolescence and adulthood (Capaldi, Dishion, Stoolmiller, & Yoerger, 2001; Dishion & Patterson, 2006; Dodge, Greenberg, & Malone, 2008).

Despite strong evidence linking IPV experiences and behavioral problems, not all studies have replicated this relationship. For instance, experiencing IPV did not increase youth risk for young adult criminal offense (e.g., burglary, engaging in fights, destruction of property; Eitle & Turner, 2002). Similarly, community violence better predicted conduct disorder and externalizing problems than experiencing IPV (McCabe, Lucchini, Hough, Yeh, & Hazen, 2005). In another study, experiencing IPV predicted behavioral problems only for girls aged 8-11 years and not for boys (Kolbo, 1996). In addition to externalizing behaviors, experiences of IPV are associated with childhood internalizing disorders such as anxiety, depression, emotional insecurity, low self-esteem, psychological distress, and trauma (Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006; Kouros, Merrilees, & Cummings, 2008; Spilsbury et al., 2007). Such outcomes further increase children's risk for decreased emotion regulation, interpersonal difficulties with peers, poor academic achievement, and sleep difficulties (Du Rocher Schudlich et al., 2004; El-Sheikh, Buckhalt, Cummings, & Keller, 2007; Harold, Aitken, & Shelton, 2007). Inconsistent findings across IPV studies may be due to differing definitions of IPV or partner violence, and failure to account for other critical factors such as the severity, intensity, frequency, duration, and proximity of IPV or partner violence, children's experiences and appraisal of IPV, and other co-occurring factors (e.g., child abuse, community violence) that modify youth development.

Adolescence

The consequences of experiencing IPV extend into the adolescent years, with IPV directly related to adolescent behavioral problems (Kernic et al., 2003; Maxwell & Maxwell, 2003; Wolfe, Zak, Wilson, & Jaffe, 1986) and emotional difficulties (Cummings & Davies, 2002; Levendosky, Huth-Bocks, & Semel, 2002; McCloskey & Lichter, 2003). In addition, teenagers who experience IPV are at risk for developing poor coping strategies (e.g., using aggression as a way to manage conflict with peers). When family members interact belligerently, adolescents tend to use aggression in other contexts. In turn, the use of aggressive behavior in adolescence increases youths' risk for peer rejection and victimization (Grych & Fincham, 1990; Mohr, 2006). Teenagers' appraisals of the IPV have been shown to moderate the relationship between IPV experiences and developmental outcomes. For example, some adolescents may deduce that abusive parental interactions are normative of all interpersonal relationships and the violent parent relationship serves as a model for the use of aggressive behaviors with peers and romantic partners (Capaldi et al., 2001; Darling, Cohan, Burns, & Thompson, 2008; Moretti, Obsuth, Odgers, & Reebye, 2006). Researchers also found that adolescents who experienced IPV justified the use of aggressive behavior toward their dating partners, exhibited difficulties with managing anger, and perceived aggressive behavior as common in other peer relationships (Kinsfogel & Grych, 2004; Lichter & McCloskey, 2004; Wolfe, Wekerle, Reitzel-Jaffe, & Lefebvre, 1998).

During adolescence, dating violence increases from an estimated 8.7% among high school students (Eaton, Davis, Barrios, Brener, & Noonan, 2007) to 17.1% to 44.7%

among college students across the globe (Straus, 2004). Children's experiences of IPV are directly related to an even greater risk of violence with romantic partners during adolescence and adulthood. For adolescents who experienced IPV, their beliefs that using violence is legitimate, their reports of having been victims of dating violence, and their use of drugs and alcohol accounted for 55% of the variance in reports of having been perpetrators of dating violence (O'Keefe, 1997). Moreover, adolescents' frequent use of marijuana and alcohol increased the risk of later violent behaviors by 5 and 2.5 times, respectively (White, Loeber, Stouthamer-Loeber, & Farrington, 1999). Overall, teen dating violence has been linked to numerous negative developmental outcomes that include depression, substance use, risky sexual behaviors, suicidal ideation, low life satisfaction, eating disorders, and negative academic outcomes (Banyard & Cross, 2008; Eaton et al., 2007), all of which further increase youth's risk for poor adult outcomes.

Early Adulthood

The transition from adolescence to early adulthood is a critical developmental period that is associated with increased autonomy, romantic partnerships, parenting, and shifts in educational and employment pursuits (Arnett, 2000, 2004; Dishion, Nelson, & Kavanagh, 2003). As adolescents make the transition to early adulthood, the likelihood of substance use, abusive romantic relationships, psychopathology, depression and trauma, chronic antisocial behavior, early pregnancy, and poor vocational and economic outcomes increases significantly (Dishion & Owen, 2002; Foster, Hagan, & Brooks-Gunn, 2008; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2003). For children who have

experienced IPV, the likelihood of experiencing violence with a romantic partner during adulthood is estimated to be 115% and 229% higher for boys and girls, respectively, in comparison to children who did not experience IPV (Mitchell & Finkelhor, 2001). A cycle of romantic partner violence and abuse may also be perpetuated as young adults have partners, have children, and parent in contexts of significant risk (Capaldi, Pears, Kerr, & Owen, 2008; Dankoski et al., 2006; Dishion, Owen, & Bullock, 2004). It is important to note, however, that although many empirical studies report this cycle of violence and the transmission of violence from one generation to the next (Heyman & Slep, 2002; Kwong, Bartholomew, Henderson, & Trinke, 2003), other studies have not replicated such findings (for review, see Stith et al., 2000).

In sum, the impact of IPV increases children's risk for poor developmental and health outcomes across the lifespan, including behavioral problems, relational difficulties, antisocial behaviors, and perpetration and experience of violence with romantic partners in adulthood. Children who experience IPV learn to express aggressive behaviors in social and academic settings, and consequently such behavior leads to peer rejection, isolation, and later victimization. When these children do not receive appropriate support from family or friends, they associate with deviant peers during adolescence, which increases their risk for substance use, peer aggression, antisocial behavior, and romantic partner violence during adolescence and early adulthood.

Gaps in Research on the Impact of IPV

Although significant progress has been made regarding our understanding of the impact of IPV on child development, significant gaps in the literature remain. First, much of the extant research with this population has involved cross-sectional research rather than longitudinal research and has used convenience samples rather than random probability samples. Second, research with children who have experienced IPV has involved the use of relatively homogeneous samples with regard to risk (e.g., children in shelters, families referred by social service providers). Examination of IPV and child development outcomes among nonclinical samples (i.e., children and families who do not seek services) is needed. Third, much of the IPV research has focused on deleterious outcomes and negative trajectories related to children's experiences of IPV, and little in-depth research has been conducted to identify ecological factors that contribute to positive health outcomes or to examine children's development of resiliency over time. Lastly, no study in IPV literature has explored the impact of ecological factors on long-term parenting. Much more is known about the effect of parenting's protective process on youth outcomes, but little is known about the pathways to sustained, effective parenting, especially in the context of IPV. The next section defines resilience, briefly reviews its history, and explores the most commonly identified factors that facilitate resilient outcomes.

Resilience Across Developmental Stages

Resilience is a "dynamic process encompassing positive adaptation within the context of significant adversity" (Luthar, Cicchetti, & Becker, 2000, p. 543). Resilience is also defined as "the interaction of a child with trauma or a toxic environment in which success, as judged by societal norms, is achieved by virtue of the child's abilities, motivations, and support systems" (Condly, 2006, p. 213). The definition of a "resilient child" is a child who does reasonably well across various developmental domains for a given age and culture and in the context of extraordinary adversity (Masten, 1994). Resilience is also multidimensional and encompasses educational (Wang, Haertel, & Walberg, 1994), emotional (Kline & Short, 1991), and behavioral (Carpentieri, Mulhern, Douglas, Hanna, & Fairclough, 1993) domains. Some have argued that resilience is the product of a child's protective factors (e.g., intelligence) and a child's having access to support systems that facilitate healthy psychological development (Rutter, 1995, 2002).

In her literature review of resilience, Luthar (2006) indicated that early research on resilience was published in the 1970s. Resilient children were described as having social skills, emotional intelligence, and emotion regulation skills despite experiencing some adversity (Murphy & Moriarty, 1976). One early study that examined children with schizophrenia found that some exhibited positive, "atypical" outcomes (Garmezy, 1974), and another early study showed children displaying social competence despite experiences of stress (Rutter, 1979). In the 1980s, Luthar (2006) mentioned two influential studies that shaped resilience research. First, Garmezy, Masten, and Tellegen (1984) used multivariate regression to identify risk and protective factors that were

associated with child outcomes. The study revealed that IQ scores, socioeconomic status, level of stress, and the interaction of IQ and stress predicted children's academic achievement. Children with a low IQ were more affected by stress than children with a higher IQ (Garmezy et al., 1984). Second, Rutter (1987) identified protective factors and presented possible processes that facilitated resilient outcomes. His study showed that being female "protected" children from negative outcomes and having a supportive partner was related to positive parenting. In the late 1980s and early 1990s, researchers began taking into account environmental factors—such as family considerations and supportive environment—that had an impact on individual characteristics (Werner, 1993). In the 1990s, studies examining resilience expanded in the context of socioeconomic disadvantage (Luthar, 1999), community violence (Richters & Martinez, 1993), and maltreatment (Cicchetti & Rogosch, 1997).

The increase in research, however, led to inconsistencies in defining resilience as it relates to protective factors and vulnerability processes (Luthar et al., 2000). Research on resilience typically requires two central features. First, the population must experience one or more significant adversities and have positive outcomes despite a developmental trajectory of experiencing risk (Luthar, 2006). Second, resilience research attempts to identify protective and vulnerable factors and to explore processes that explain the relationship between such factors and outcomes (Luthar, et al., 2000). Resilience research is unique when compared to other related fields (e.g., prevention science, positive psychology, and early intervention) given (a) its consideration of protective and risk factors when examining outcomes, (b) its attention to research and outreach efforts, (c) its

concern for experiencing such adversities, (d) its examination of developmental factors and possible processes, and (e) its exploration of positive and negative outcomes (Luthar, 2006).

A review of research on resilience reveals that numerous factors across the child's ecology help facilitate adaptive outcomes. At the individual level, intelligence and temperament are regularly cited as protective against hardship and life challenges. Although cognitive competence has been shown to be a positive influence and protective against experiencing life stressors (Garmezy et al., 1984; Masten, 2001), the benefits are not always sustained. For instance, smart teenagers who experienced the adversities of living in environments of highly concentrated poverty and other stressors related to economic hardship were especially likely to engage in illegal behaviors (Gutman, Sameroff, & Cole, 2003). The authors suggested that intelligence loses its protectiveness when adolescents' level of stress is high.

Aside from intelligence, children with low levels of temperamental reactivity are better able to sustain resilience behaviorally, psychologically, and biologically (Calkins & Fox, 2002). Specifically, self-regulation of strong emotions has been documented to have positive effects (Shonkoff & Phillips, 2000) that last into the adolescent years (Buckner, Mezzacappa, & Beardslee, 2003). For instance, low-income boys' secure attachment with their mothers and positive maternal control at age 1.5 years predicted emotion regulation at age 3.5, which was related to self-control in first grade (Gilliom, Shaw, Beck, Schonberg, & Lukon, 2002). More specifically, boys whose temperament allowed them to use effective anger regulatory strategies (e.g., attention shifting, information gathering)

were able to minimize their temper when confronted with frustrating situations. Self-regulation, however, depends on the quality of interpersonal relationships (i.e., connectedness), which leads to the next ecological system—the microsystem.

At the level of the microsystem, parenting quality and peer relationships have also been shown to facilitate resilience over time. For instance, children who experience maltreatment are more likely to have adaptive outcomes when they experience high levels of parenting quality (Luthar & Zelazo, 2003; Masten & Coatsworth, 1998) and have positive peer relationships (Bolger & Patterson, 2003). For children of alcoholic parents, a mother's support and nurturance was associated with not becoming alcoholics in adulthood (Berlin & Davis, 1989).

Additionally, supportive teacher-student relationships have been shown to help reduce behavior problems and increase social competence (Howes & Ritchie, 1999), especially for minority students (Meehan, Hughes, & Cavell, 2003). However, peer groups for adolescents may be either beneficial or counterproductive in inner cities. For instance, adolescents who felt they were part of a group showed less depression but also had elevated levels of delinquent behaviors (Seidman & Pedersen, 2003). Deviant peer association and deviancy training also tend to exacerbate conduct problems and substance use (Dishion, McCord, & Poulin, 1999). Such iatrogenic effects also occur in the context of urban poverty (Leventhal & Brooks-Gunn, 2000). Beyond the microsystem, community support has been shown to reduce negative impact associated with adversity. For instance, higher level of parental support was related to positive parenting and improved mental health (Burchinal, Follmer, & Bryant, 1996; McLoyd, Jayaratne,

Ceballo, & Borquez, 1994). When parents feel supported and can parent better, children also reap the benefits. For instance, parents' ability to reduce long-term delinquency was mediated by parental support (Bean, Barber, & Crane, 2006). In addition, religious affiliation in the community has also been shown to have some benefits against depression and anger (Maddi, Brow, Khoshaba, & Vaitkus, 2006). ###

To summarize, various factors across a person's ecology can help foster resilience in multiple domains. Specifically, positive interpersonal relationships (i.e., secure attachment) are critical in facilitating and sustaining resilient adaptation. Protective family processes of warmth, support, and appropriate discipline have helped children achieve resiliency. Community can also be a source of support as evinced by school-level interventions that help promote resilience (Finn-Stevenson & Zigler, 1999). Communities subject to chronic violence, however, jeopardize children and adults and their respective development and adaptation, given the threat to survival. The following section examines ecological factors that help facilitate resilience among children who experienced interparental violence (IPV). The next section reviews the research on resiliency and protective factors across different ecological levels for children who have experienced IPV.

An Ecological Examination of Protective Factors and Resilience

The majority of research clearly associates a wide variety of negative mental health outcomes with children's experiences of IPV; however, many children evidence tremendous resilience despite experiences of IPV. A meta-analytic review of children's

and adolescents' psychosocial outcomes (e.g., self-esteem, depression, aggression, and academic achievement) indicated that 37% of children and adolescents who experienced IPV demonstrated positive outcomes that were similar to or better than those of children and adolescents who did not experience IPV (Kitzmann, Gaylord, Holt, & Kenny, 2003). Such findings suggest that there are ecological factors that affect children's resilience despite adverse childhood experiences.

An ecological model of human development (Bronfenbrenner, 1979, 1989) may be used to conceptualize men's development of resilience despite childhood IPV experiences. This model proposes that (a) human development occurs within multiple, embedded contexts; (b) an individual is constantly interacting with his environment, and as a result constantly changing; and (c) an individual is not merely acted upon, but also exerts influence on his multiple contexts (Bronfenbrenner, 1979, 1989). The ecological framework (see Figure 1) allows for thorough and systematic exploration of various contextual factors that are associated with men's development of resilience development.

According to the ecological model, development may be influenced by factors operating at the individual level, or at the levels of microsystem, mesosystem, exosystem or macrosystem. For example, at the individual level, research has documented numerous personal traits that facilitate healthy outcomes for children who experience IPV. The microsystem is comprised of those systems and people who are in direct contact with the individual—for example, the family. The mesosystem represents the number and quality of interactions between the individual's microsystems; marital conflict and caregiver support are examples of relationship processes occurring within the mesosystem. The

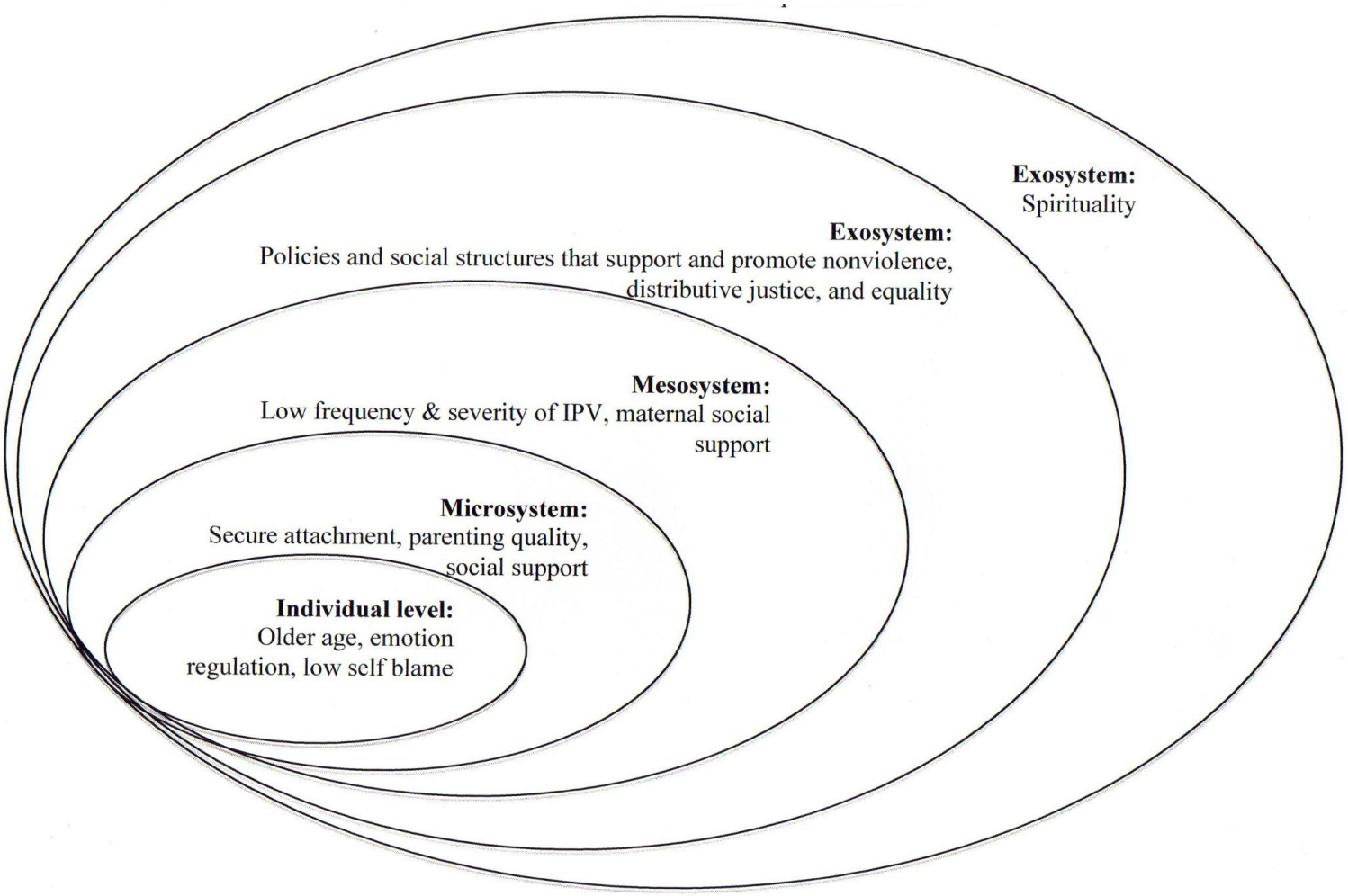

FIGURE 1. Ecological examination of protective factors for children who experienced IPV.

exosystem includes policies and social structures that support and promote nonviolence, distributive justice, and equality. The macrosystem depicts the most distal context to the individual and outermost layer of the ecological system and encompasses the influences of cultural values, gender-role socialization, ethnic identity, social class, religious beliefs, global economic conditions, or other social systems on human development. The following sections provide a brief summary of protective factors that operate at each ecological level and contribute to child IPV survivors' positive outcomes, with particular emphasis on the resiliency factors to be examined in this study.

Individual Level

At the individual level, factors that buffer the relationship between IPV experiences and externalizing problems include being older at the time of experiencing IPV (Hughes, 1988; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006), being female (Jouriles & Norwood, 1995; Kerig, Fedorowicz, Brown, Patenaude, & Warren, 1999), and having better emotion regulation skills (Dankoski et al., 2006). Protective factors that buffer children from developing internalizing difficulties as a result of IPV experience include low perceived threat, low self-blame, strong coping skills, and greater emotional awareness (Gerard, Buehler, Franck, & Anderson, 2005; Grych, Harold, & Miles, 2003; Katz, Hessler, & Annest, 2007).

Additionally, findings from studies using qualitative methods have also found factors at the individual level that contribute to long-term resilient outcomes. For instance, Suzuki, Geffner, and Bucky (2008) interviewed 10 adults—eight women and

two men who experienced IPV during childhood—and found that participants' planfulness (i.e., planning, pursuing, and achieving personal and professional goals), academic success, sense of internal control (e.g., having structure, being persistent), positive self-worth, and commitment to end engagement in IPV contributed to resilient outcomes. Another study (Gonzales, et al., 2008) using qualitative methods, with a sample of 12 adult men who were children survivors of IPV, also found that empathy, temperament, humor, appraisal of IPV, and reflection skills facilitated resilience from childhood to adulthood. These studies suggest that the accumulation of protective factors at the individual level buffers IPV survivors from developing internalizing and externalizing problems and increases the likelihood of resilient outcomes.

Microsystem

Extant literature on resilience reveals that family relationships are the most influential factor in facilitating adaptive outcomes. Luthar (2006) wrote, "Resilience rests, fundamentally, on relationships. The desire to belong is a basic human need, and positive connections with others lie at the very core of psychological development; strong, supportive relationships are critical for achieving and sustaining resilient adaptation" (p. 780).

At the level of the microsystem, factors that buffer children from the relationship between IPV experience and high-externalizing problems include secure attachment (Lawson, 2008), positive parenting and support (e.g., child management skills, emotion coaching; Jouriles et al., 2001; Katz & Windecker-Nelson, 2006; Rea & Rossman, 2005),

parental warmth (Conger, Cui, Bryant, & Elder, 2000; Skopp, McDonald, Jouriles, & Rosenfield, 2007), caregivers' positive mental health (Graham-Bermann & Levendosky, 1997; Levendosky & Graham-Bermann, 1998), and consistent family routines (McLoyd, Toyokawa, & Kaplan, 2008). Microsystemic factors that protect children from internalizing difficulties associated with IPV experiences include stronger secure attachment with caregiver (Aymer, 2008; Buehler & Welsh, 2009) and increased social support and healthy peer connections (McCloskey & Stuewig, 2001; Owen et al., 2008; Shelton & Harold, 2007). Other factors at this level that facilitate the development of resilience in adults who experience IPV during their childhood years include developing a close relationship with a family member (e.g., parent, sibling, uncle), engaging in prosocial and extracurricular activities, and having supportive role models, peers, and romantic partners (Aymer, 2008; Gonzales et al., 2008; Suzuki et al., 2008).

Mesosystem

At the level of the mesosystem, higher quality relationships between microsystems also appear to lead to improved outcomes for children. For example, low levels of marital conflict are associated with lower anxiety, fewer depressive symptoms, and less substance use and delinquency for adolescents (Cui, Conger, & Lorenz, 2005). Unfortunately, for children being raised in homes where IPV occurs, it is important for scholars to assess the multiple dimensions of IPV and their impact on child outcomes, including IPV frequency, immediacy, severity, duration, and proximity. Lower IPV frequency, severity, and immediacy are associated with more positive child outcomes

(Bogat et al., 2006; Grych, Jouriles, Swank, McDonald, & Norwood, 2000; Wolfe et al., 1986). An additional mesosystemic factor that protects children is related to caregivers receiving support from their peers. For instance, when women survivors perceived high emotional support, their self-esteem was higher (Graham-Bermann et al., 2006), which could have a secondary and positive effect on children's emotional and behavioral adjustment (Kolbo, 1996; Owen et al., 2008).

Macrosystem

To date, few empirical studies have examined the influence of macrosystemic factors on the resilience of children who experienced IPV. For instance, two studies that utilized qualitative methods found that a strong sense of spirituality, having a positive sports culture as a means for socialization, and a positive, less traditional, and more flexible masculine identity were some contributing factors that helped facilitate resilient development from childhood to adulthood (Gonzales et al., 2008; Suzuki et al., 2008). Research has found that factors that decrease men's risk for future aggression include less economic hardship, low adherence to traditional male characteristics, and low rigidity in patriarchal-authoritarian ideologies in the family of origin (Skinner, Elder, & Conger, 1992). Further examination of macrosystemic factors that influence outcomes may be warranted; however, given the macrosystem's distal relationship to the subject, perhaps the level of impact may not be as significant. Perhaps it would be more informative to explore the long-term impact of macrosystemic factors on youth outcomes.

PHDCN Data Set and Protective Factors

The Project on Human Development in Chicago Neighborhoods (PHDCN; Earls & Visher, 1997) examined how individual and systemic factors (e.g., family, peers, school, and neighborhood characteristics) influenced child and family development over time. PHDCN data were collected from more than 4,800 children, adolescents, and young adults living in Chicago who were randomly selected to participate in the PHDCN study. Only families whose primary language was English, Spanish, or Polish were eligible in the PHDCN study; however, some measurements (e.g., WISC-R) were administered only in two languages (English and Spanish). Participant data were collected over a 7-year period (from 1994-2001). Considering the multisystemic considerations of the PHDCN study, the data set contains a number of key protective and risk factors that offer an opportunity to further examine the effects associated with children experiencing IPV. Because this data set is the one from which the present study is derived, this section provides a more in-depth review of the resiliency variables included in the data set and that are relevant to the goals of the present dissertation study. These include intelligence, temperament, parenting quality, parent's perceived support, and self-efficacy.

Intelligence

Children's cognitive development, and specifically childhood intelligence, is positively linked with educational and occupational outcomes in adolescence and adulthood (Fergusson, Horwood, & Ridder, 2005; Williams et al., 2002). Lower IQ is

linked with increased risks for delinquent behavior, conduct disorder, and substance use (Fergusson & Horwood, 1995). The relationship between children's intelligence, IPV experiences, and later developmental outcomes is less clear. Some researchers have shown that experiences of IPV have serious deleterious effects on children's cognitive development. For instance, experiencing IPV has been linked to children's poor verbal abilities (Huth-Bocks et al., 2001), lower social competence (Wolfe et al., 1986), academic difficulties (Lemmey, McFarlane, Wilson, & Malecha, 2001), and other cognitive processes (Medina, Margolin, & Wilcox, 2000). This developmental impact is quite significant, as lower than average intelligence and social competence are key predictors of adolescents' and adults' perpetration of violence and victimization with romantic partners (Magdol, Moffitt, Caspi, & Silva, 1998).

Koenen et al. (2003) examined the effects of parental violence on intelligence and addressed numerous research design flaws present in previous studies by (a) using a nonclinical sample of twins to genetically match groups, (b) administering standardized measures of cognitive development, (c) accounting for child maltreatment, and (d) controlling for externalizing and internalizing problems. Independent of possible confounding factors (e.g., genetics, child maltreatment, or emotional distress), children who experience high levels of IPV scored an average of 8 points lower on an IQ test than nonexperienced children. Considering that early childhood experience of stress and adversity (e.g., neglect or abuse) has been shown to have an impact on neurobiological chemistry (Fisher & Chamberlain, 2000; Pears & Fisher, 2005), such dysregulation in the brain likely influences children's ability to learn and cope. To summarize, experiencing

IPV impacts children's cognitive development; however, it remains relatively unclear how childhood intelligence is related to later developmental outcomes.

Temperament

Over the past two decades, stable temperament has been identified as a significant factor in resiliency (Putnam, Sanson, & Rothbart, 2002). Studies consistently show that unstable temperament is associated with long-term problem behaviors (Guerin, Gottfried, & Thomas, 1997). Moreover, there is a bidirectional relationship between children's temperament (e.g., irritability) and poor parenting (e.g., inconsistent discipline practices, coercive parenting), which increases children's risk for higher negative emotionality (Lengua & Kovacs, 2005) and externalizing problems over time (Eisenberg et al., 2005; Lengua & Kovacs, 2005; Rothbart, Ahadi, & Evans, 2000).

Of the array of components that make up a child's personality, temperament has been associated with reactive and self-regulatory processes (Rothbart & Bates, 2006). Skills in emotion regulation are an important protective factor for children who have experienced IPV (Davies & Windle, 2001; Rutter, 1987). High emotionality is particularly likely to be associated with increases in child IPV survivors' risk for poor adjustment outcomes (Whitson & El-Sheikh, 2003). For example, in a study conducted with over 400 Norwegian families with a history of experiences of high stress, children's high emotionality, high shyness, and low persistence explained 24% of the variance in child behavioral problems (Mathiesen & Prior, 2006). In another study using a nonclinical sample of children living with IPV who experienced difficult temperament during the

preschool years, family conflict explained 73% of the variance in the children's behavioral problems during elementary school (Ramos, Guerin, Gottfried, Bathurst, & Oliver, 2005). It is important to note, however, that easy or stable temperament during the preschool years was not a protective factor for behavioral adjustment in elementary school. The authors suspected that limited variability and low levels of stress for children with easy temperament might have been the reason for the insignificant relationship between these variables (Ramos et al., 2005).

In sum, researchers have documented that unstable or difficult temperament is linked directly to poor child adjustment; however, despite the wealth of research conducted on temperament in the last 30 years, significantly less is known about the relationship between child IPV survivors' childhood temperament, specifically negative emotionality, and long-term outcomes related to behavioral problems, general self-efficacy, and parenting.

Parenting

Parenting quality is another critical factor associated with children's development of resilience (Dishion & Stormshak, 2007; Masten et al., 2004; Masten et al., 1999). High marital conflict is associated with negative family dynamics and poor parenting (Kitzmann, 2000). IPV and its associated stressors and psychological consequences (e.g., depression, trauma, substance use) decrease caregivers' ability to be engaged parents. Researchers have consistently found a link between parental stress, parent psychological health, and child emotional and behavioral adjustment (Ashman, Dawson, &

Panagiotides, 2008; Bayer, Sanson, & Hemphill, 2006; McPherson, Lewis, Lynn, Haskett, & Behrend, 2009). Experiencing romantic partner abuse creates a context of extreme stress and makes it more likely that parents will provide inconsistent, low-quality parenting and support (e.g., inconsistent discipline, poor monitoring, low parental involvement), which in turn has been associated with child conduct problems (Buehler, 2006; Capaldi & Clark, 1998; Stormshak, Bierman, McMahon, Lengua, & Conduct Problems Prevention Research Group, 2000) and adolescent dating violence (Simons, Lin, & Gordon, 1998).

Despite experiencing spousal abuse, some parents show tremendous resilience by demonstrating positive parenting skills (e.g., nurturance and emotional availability) and attachment to their children (Sullivan, Nguyen, Allen, Bybee, & Juras, 2001). Positive parenting moderates the relationship between marital conflict and child externalizing behaviors and internalizing difficulties (Buehler, Benson, & Gerard, 2006; Jouriles et al., 1989; Schoppe-Sullivan, Schermerhorn, & Cummings, 2007). Additionally, parents' high positive expressions (e.g., praise, happiness, love) and low negative expressions (e.g., anger, criticism, disapproval) reduce the likelihood that children will blame themselves for the IPV (Fosco & Grych, 2007); such blame is linked with male IPV survivors' development of internalizing problems during childhood (Grych, Fincham, Jouriles, & McDonald, 2000).

Parent's Perceived Support

Parents' perceived support has been shown to be another important protective factor among children who experienced IPV. Parents' social support is of particular importance to explore as a protective factor with regards to IPV, given that a strategy used by IPV perpetrators to weaken their partner is to isolate them or prohibit them from expanding or from receiving social support from others. For instance, women survivors of abuse who perceived higher levels of social support displayed less negative outcomes when compared to those survivors with little or no support (Manetta, 1999). Among African American women, level of support was negatively related to psychological distress (Thompson et al., 2000). There are a number of different factors that make it especially important to study survivors' perceived support from peers. First, these survivors are less likely to invite friends and family over because of an unstable home environment. Second, survivors of IPV who have little friend or family support may be forced to live in domestic violence shelters, which make it difficult to sustain peer and family contact and support. Lastly, IPV survivors may need a larger social network if they decide to pursue vocational or career opportunities in order to obtain economic independence.

Self-Efficacy

Self-efficacy is the belief in one's abilities to achieve desired goals in a given situation (Bandura, 1994). When a person is faced with challenges and adversity, her/his level of self-efficacy determines how much effort s/he will exert in order to pursue a

desired outcome despite encountering some form of failure. In the context of IPV, children's beliefs in being able to cope with experiencing IPV can help minimize negative youth adjustments related to IPV. Self-efficacy, therefore, plays a critical role in facilitating resilience and has been identified as one of three defining attributes of resilience (Gillespie et al., 2007). There are many different types of self-efficacy (e.g., emotional, social, vocational, etc.), and this study focuses on general self-efficacy. Self-efficacy is shaped by one's environment. Previous mastery experiences, modeling from others, verbal persuasion, and affective arousal are the four primary sources of efficacy (Bandura, 1994, 1997). Cognitive, motivational, affective, and selection processes of those sources facilitate resilient outcomes (Bandura, 1994). Among children survivors of IPV, only a few research studies have examined the effects of IPV on children's self-efficacy. One study, in particular, found that family violence had a debilitating effect on self-efficacy. More specifically, adolescents who experienced family violence predicted higher levels of depression and delinquency in the short- and long-term and lower emotional and interpersonal self-efficacy beliefs (Caprara, Gerbino, Paciello, Di Giunta, & Pastorelli, 2010). These authors suggested that individuals' confidence in being able to manage their emotionality contributes to being able to sustain positive relations with parents and to resist peer pressure to engage in delinquent behaviors. More research is needed to better understand the relationships between IPV, self-efficacy, and youth adjustments.

Gaps in Research on IPV and Resilience

Despite strong links between IPV experience and poor outcomes (e.g., internalizing and externalizing problems), there is evidence that many children exhibit resilient adaptation. Although significant progress has been made in identifying risk and protective factors for children who experience IPV, important gaps in the literature on resilience remain. First, there is a dearth of research that has focused on adaptive outcomes for children who experienced IPV as children in comparison to the number of studies that have examined negative outcomes for this population. Second, the examination of resilience for this population needs to investigate which contextual factors are most important in determining protective factors that facilitate resilient outcomes. Third, few researchers have used longitudinal data to examine the contribution of multiple childhood protective factors beyond the microsystem to later adjustment and developmental outcomes for this population. Lastly, little is known about self-efficacy and parenting as long-term outcome variables for children who experience IPV.

The present study addresses a number of gaps in the research on IPV. Using a nonclinical sample of ethnically and socioeconomically diverse children who have experienced IPV, it (a) tested the predictive nature of childhood protective factors (e.g., intelligence, temperament, perceived support, and peer association) relative to adolescent resilient outcomes for children who have experienced IPV; and (b) used longitudinal cohort data from the Project on Human Development in Chicago Neighborhoods (Earls & Visher, 1997) so as to examine simultaneously the impact of multiple protective factors on late adolescent outcomes. The project used a three-stage sampling design: first,

Chicago neighborhoods were cross-classified by three levels of socioeconomic status and seven types of ethnic/race composition; second, random sampling techniques were used to narrow the 80 types of neighborhoods stratified into selected block groups for the study; and lastly, participants were contacted and data were collected. The present study also examined factors beyond individual characteristics that facilitate adaptive outcomes in late adolescence, focused on mesosystemic factors (i.e., parenting support) associated with children's adaptive outcomes, and examined the long-term effects of experiencing IPV on self-efficacy and parenting.

Given the exploratory nature of this study, three different regression models were used for each outcome variable in order to maximize variance explained by chosen predictors. The first regression model was derived from empirical studies and extant literature. The second regression model was inspired by the Ecological Model (Bronfenbrenner, 1979, 1989) to examine the significance of predictors at different levels of the individual's ecology from proximal to distal factors. The last regression model was a post hoc analysis of previous results to maximize variance explained by the model.

Research Questions and Hypotheses

The purpose of this study was to examine childhood factors across different ecological levels that contribute to outcomes—internalizing and externalizing problems, general self-efficacy, and parenting quality received—of adolescents who experienced IPV during childhood. To answer the three research questions, this study used data from

an extant longitudinal data set gathered for the Project on Human Development in Chicago Neighborhoods (PHDCN).

Research Question 1

After controlling for internalizing and externalizing problems at childhood, to what extent will negative emotionality at childhood and interparental violence (IPV) experience at childhood account for the variance in internalizing and externalizing scores at adolescence?

Hypothesis 1

Adolescents with greater internalizing and externalizing problems have higher negative emotionality and experienced higher frequency of IPV during childhood.

Research Question 2

To what extent will verbal abilities at childhood and parenting quality received at childhood account for the variance in general self-efficacy at adolescence?

Hypothesis 2

Adolescents with higher levels of general self-efficacy have higher verbal abilities and received higher levels of parenting quality during childhood.

Research Question 3

After controlling for parenting quality received at childhood, to what extent will parent-child conflict at childhood and IPV experience at childhood account for the variance in parenting quality received at adolescence?

Hypothesis 3

Adolescents who receive higher levels of parenting quality—specifically parental monitoring—will be significantly more likely to have experienced lower levels of parent-child conflict at childhood and lower frequency of IPV at childhood.

CHAPTER II

METHODS

Research Design

This study used a within-participants, longitudinal, nonexperimental research design to examine if a set of childhood factors measured across different ecological levels can predict resiliency outcomes in adolescents who have experienced interparental violence (IPV) during their childhood. As mentioned in Chapter I, three different regression models were used for each criterion variable to maximize the amount of variance explained: The first model is based on theory or previous literature; the second model used the ecological framework to examine other predictor variables at the individual, microsystem, and mesosystem levels; and the third model was a post hoc analysis that utilized results from the previous two models and considered preliminary analyses (e.g., correlation coefficients). Table 1 summarizes the dissertation study variables.

Participants

Participants selected for this study were children who participated in the Project on Human Development in Chicago Neighborhoods (PHDCN; Earls & Visher, 1997) study and who also met the following two criteria: (a) experienced IPV based on caregiver's endorsement of at least one IPV tactic on the Conflict Tactics Scale for Partner and Spouse (CTS; Straus, 1979) measure at Wave 1 (child cohort age 9); and

TABLE 1. Summary of Study Variables

Construct	Measure
Predictor Variables at Wave 1	
Interparental Violence (IPV)[a]	Conflict Tactics Scale for Partner & Spouse (CTS)
Verbal Ability[b]	Wechsler Intelligence Scale for Children-Revised (WISC-R), vocabulary subtest
Emotionality Temperament[a]	Emotionality, Activity, Sociability Impulsivity (EASI), emotionality subscale
Childhood Internalizing Problems[a]	Child Behavior Checklist (CBCL), internalizing problems subscale
Childhood Externalizing Problems[a]	CBCL, externalizing problems subscale
Parenting Quality[c]	Home Observation for the Measurement of the Environment (HOME)
Parent-Child Conflict[a]	Conflict Tactics Scale for Parent & Child (CTSS)
Parent's Perceived Support[a]	Provision of Social Relations Scale for Parent (PSRS)
Criterion Variables at Wave 3	
Adolescent Internalizing Problems[a]	CBCL Short-form, internalizing subscale
Adolescent Externalizing Problems[a]	CBCL Short-form, externalizing subscale
General Self-Efficacy[b]	Things I Can Do If I Try (TCDT)
Parental Monitoring[b]	Home & Life Interview (HLI), parental monitoring factor

[a]Measure administered to primary caregiver (PC).

[b]Measure administered to subject.

[c]Measure administered to a parent but also included research assistant observations.

[d]Measure completed by research assistant.

(b) participated in the PHDCN study at Wave 3. A total of 828 dyads of children and primary caregivers (PCs) in age cohort 9 participated in the PHDCN longitudinal study at Wave 1. Of that total, 821 PCs were interviewed for the Conflict Tactics Scale for Partner and Spouse (CTS). For the purpose of this dissertation, children with caregivers who did not complete the questionnaire (n = 128) were excluded from this study, and this filter provided 693 eligible participants in age cohort 9. Among children who experienced IPV, Wave 1 data showed that children in age cohort 9 generally experienced relatively low levels of total IPV (M = 22.06, SD = 20.12), as reported by their PC (M = 11.70, SD = 11.11) or their PC's partner (M = 10.37, SD = 10.71). Scores on the CTS measure were frequencies. Thus, a score of 10 indicated that the PC and PC's partner had engaged in 10 incidences of various conflicts over the past year. The majority of primary caregivers were biological mothers (85%), followed by biological fathers (8%) and grandmothers (4%). The children's average age was 9.16 (SD = 0.33), with 47% being girls and 53% boys. The reported levels of low, medium, or high neighborhood socioeconomic status were 41%, 36%, and 23%, respectively. Data concerning children's racial group membership were not collected, but PCs self-reported membership in the following top five racial groups: Black (35%), other (34%), White (21%), Native American (6%), and Asian (1%).

Further examination of the IPV reported by the PCs and by their respective partners revealed that children mostly experienced verbal aggression (M = 41.74, SD = 47.98) exhibited by their PC and their PC's partner, meaning a child experienced verbal aggression exhibited by the PC and the PC's partner an average of 42 times in the

past year. The three most common expressions of verbal aggression exhibited by the PCs and their partners in order of frequency were (a) insulting or swearing at their respective partners (M = 12.77, SD = 16.34); (b) sulking or refusing to talk about the issue during the argument (M = 9.10, SD = 11.49); and (c) saying something to spite their partner during the argument (M = 7.61, SD = 11.70). The most common disclosure of physical assault (M = 7.78, SD = 28.05) for PCs and their partners was pushing, grabbing, and shoving their respective partner (M = 2.47, SD = 6.70); other types of physical assault reported (e.g., physically throwing something at a partner) occurred an average of less than 1.5 times over the past year.

Measures

Interparental Violence (IPV)

The Conflict Tactics Scale for Partner and Spouse (CTS; Straus, 1979) at Wave 1 was used as a measure of caregivers' experience of IPV during the past year. PHDCN study interviewers verbally administered the CTS face-to-face or in a phone interview at Wave 1 to caregivers who were either "currently involved with someone," "involved with someone in the past year," or "dated anyone at all in the past year." The CTS is a 19-item self-report measure that assesses three types of conflict-negotiating interactions among partners: physical violence, verbal aggression, and reasoning. Questions are divided into four categories: (a) the frequency of the specific types of conflict respondents initiated with their romantic partners (Sample item: "How many times have you pushed, grabbed, or shoved him/her?"), (b) the specific types of conflict respondents' partners initiated

with them (Sample item: “How many times has he/she slapped you?”), (c) the frequency with which respondents used specific conflict management techniques (Sample item: “How many times have you discussed an issue calmly?”), and (d) the frequency with which respondents’ partners used specific conflict management techniques (Sample item: “How many times has he/she brought in or tried to bring in someone else to help settle things?”). Participants rate their level of agreement with CTS statements using a Likert-type scale. Response options provided to participants on a reference card include (0) “never,” (1) “once,” (2) “twice,” (3) “3-5 times,” (4) “6-10 times,” (5) “11-20 times,” and (6) “more than 20 times.” There are four different ways to score the CTS (Straus, 1979), and this study used the annual frequency method—total scores for physical violence and verbal aggression subscales are calculated by adding item values for each CTS subscale, with higher scores on each subscale indicating higher frequency of IPV in the past year. This study focused on primary caregivers and/or partners who self-reported engaging in physical assault (nine items) and/or verbal aggression (six items) over the past year (i.e., the sum of their CTS scores on the physical assault and verbal aggression subscales ≥ 1). The sum of PC-reported frequency of IPV between PC and PC’s partner represented the total frequency of IPV experienced by the child in the past year. Of the 821 possible participants in age cohort 9, 132 had missing data and 105 reported no engagement in IPV. Missing Values Analysis (MVA) revealed that missing data were missing at random (i.e., there were no missing patterns with more than 1% of the total case). Consequently, missing data were not imputed, which also meant that participants with missing data were

not included in the study's final sample because nonresponse could lead to low CTS scores and would not necessarily be accurate.

According to Straus (1979), in a nationally representative sample of 2,143 couples, the CTS demonstrated good internal reliability (α coefficients for the physical violence, verbal aggression, and reasoning subscales ranged from .79 to .91, .44 to .85, and .52 to .82, respectively). Test-retest reliability for measures of physical violence, verbal aggression, and reasoning subscales has also been acceptable (ranging from .62 to .88, .77 to .88, and .50 to .76, respectively). In a study of 15,906 nonclinical twin pairs, the physical violence subscale of the CTS also demonstrated good internal reliability (α = .89; Koenen et al., 2003). The CTS also demonstrated low to adequate convergent validity with the Verbal Aggression and Violence Scales, as evidenced by correlations with physical violence, verbal aggression, and reasoning subscales of .33 to .64, .43 to .51, and -.12 to -.19, respectively (Bulcroft & Straus, 1975). An alpha coefficient of .91 was obtained for total IPV experienced in the present sample (see Table 2), with lower alpha coefficients in subscales ranging from .75 (PC's verbal aggression) to .85 (PC's partner's physical assault).

Verbal Ability

PHDCN researchers used the Vocabulary subtest of the Wechsler Intelligence Scale for Children-Revised (WISC-R; Wechsler, 1974) to measure children's verbal abilities, a primary indicator of child intelligence. Overall, the WISC-R measures children's intelligence using 13 subtests of verbal and performance abilities, but no other

TABLE 2. Means, Standard Deviations, Alphas, and Correlations Among Study Variables

Variable	*N*	*M*	*SD*	α	1	2	3	4	5	6
1. IPV Experienced	584	49.52	64.95	.91	-					
2. Verbal Ability	568	8.11	3.07	N/A	-.01	-				
3. Negative Emotionality	580	15.00	5.56	.74	.19**	-.05	-			
4. Childhood Internalizing Problems	580	7.98	6.81	.85	.10*	-.12**	.45**	-		
5. Childhood Externalizing Problems	580	11.52	8.72	.89	.21**	-.11**	.48**	.58**	-	
6. Parenting Quality	406	68.80	8.27	.85	-.09	.30**	-.10*	-.22**	-.26**	-
7. PC-Child Conflict	573	23.62	29.21	.79	.29**	-.02	.23**	.29**	.50**	-.12*
8. PC's Perceived Support	579	39.48	4.27	.77	-.12**	.16**	-.13**	-.22**	-.23**	.32**
9. Adolescent Internalizing Problems	417	8.57	7.46	.88	.23**	-.20**	.35**	.53**	.50**	-.32**
10. Adolescent Externalizing Problems	417	7.44	6.47	.90	.28**	-.09	.36**	.30**	.62**	-.32**
11. General Self-Efficacy	413	99.11	11.43	.87	-.12*	.24**	-.12*	-.11*	-.17**	.23**
12. Parental Monitoring	407	6.99	2.99	.76	-.08	.24**	-.07	-.16**	-.16**	.45**

TABLE 2. (Continued)

Variable	*N*	*M*	*SD*	α	7	8	9	10	11
1. IPV Experienced	584	49.52	64.95	.91					
2. Verbal Ability	568	8.11	3.07	N/A					
3. Negative Emotionality	580	15.00	5.56	.74					
4. Childhood Internalizing Problems	580	7.98	6.81	.85					
5. Childhood Externalizing Problems	580	11.52	8.72	.89					
6. Parenting Quality	406	68.80	8.27	.85					
7. PC-Child Conflict	573	23.62	29.21	.79	-				
8. PC's Perceived Support	579	39.48	4.27	.77	-.11**	-			
9. Adolescent Internalizing Problems	417	8.57	7.46	.88	.29**	-.28**	-		
10. Adolescent Externalizing Problems	417	7.44	6.47	.90	.45**	-.18**	.62**	-	
11. General Self-Efficacy	413	99.11	11.43	.87	-.13**	.24**	-.15**	.19**	-
12. Parental Monitoring	407	6.99	2.99	.76	-.08	.30**	-.23**	.17**	.18**

*$p \leq 0.05$ level (2-tailed). **$p \leq 0.01$ level (2-tailed).

WISC-R subtests were administered as part of the PHDCN study. PHDCN study interviewers administered the Vocabulary subtest to children in age cohorts 6 to 15, whose primary language was either English or Spanish. The Vocabulary subtest is comprised of 32 questions asking about definitions of words. Sample items include "What does KNIFE mean?," "What does HAT mean?" and "What does NAIL mean?" Verbal ability score is calculated by adding up the point value (i.e., 1 = correct, 0 = incorrect) for each response, with higher scores indicating higher verbal abilities. Consistent with other studies (Garmezy et al., 1984; Masten et al., 1988), the raw score of the Vocabulary subtest was converted to scaled scores because raw score comparison is not meaningful. Scaled scores range from 1 to 19, with higher scores indicating higher verbal abilities. The internal reliability of WISC-R subtests, English version, has been shown to be adequate (α = .86 for Vocabulary) across all age ranges. The Vocabulary subtest, English version also evidenced adequate convergent validity with the Stanford-Binet: Fourth Edition (r = .66 to .83; Wechsler, 1974).

Emotionality Temperament

Parent scores from the Emotionality, Activity, Sociability, and Impulsivity (EASI) Temperament Survey (Buss & Plomin, 1984) was used as a measure of children's temperament. PHDCN study interviewers verbally administered the EASI to the primary caregiver. The EASI has evolved throughout the years; this study used scoring guidelines outlined by Buss and Plomin (1984). The EASI is a 40-item parent-report measure comprised of 40 items based on behaviors and personality traits; it measures nine

dimensions of temperament: (a) impulsivity, (b) inhibitory control, (c) decision time, (d) sensation seeking, (e) persistence, (f) activity, (g) emotionality, (h) sociability, and (i) shyness. Sample items include "(Child's name) feels happiest in familiar surroundings," "(Child's name) is something of a loner," and "(Child's name) makes friends easily." Primary caregivers rated their level of agreement with EASI statements using a Likert-type scale. Response options were provided to participants on a reference card and included (a) "uncharacteristic (NOT at all like your child)," (b) "somewhat uncharacteristic (NOT very much like your child)," (c) "neither uncharacteristic nor characteristic," (d) "somewhat characteristic (sort of like your child)," and (e) "characteristic (very much like your child)." Mean scores for each dimension of temperament were calculated by averaging item responses that corresponded with the different personality traits; higher subscale mean scores indicate a greater tendency toward that given trait.

With samples of twins aged 8-17, the EASI has demonstrated adequate reliability (α ranging from .69 to .87; Rowe, Simonoff, & Silberg, 2007); however, no concurrent or discriminant validity estimates were provided by the authors (Buss & Plomin, 1984). High negative emotionality subscale score on this measure has been associated with high internalizing and high externalizing problems (Hagekull & Bohlin, 1994; Hipwell et al., 2007; Sanson, Hemphill, & Smart, 2002), and high activity subscale scores have been linked to high externalizing problems and low internalizing difficulties (Mathiesen & Prior, 2006; Mathiesen & Sanson, 2000). In the present sample, internal consistency reliability analyses indicated that only one of the nine subscales of temperament had an

internal consistency coefficient above .70 (emotionality, $\alpha = .74$; see Table 2). Therefore, only emotionality temperament was included as an indicator of temperament for this study.

Internalizing and Externalizing Problems

To account for internalizing and externalizing problems, Achenbach's (1991) Child Behavior Checklist (CBCL) was administered to parents, who rated their children's behavioral problems (e.g., delinquent behaviors) and emotional problems (e.g., depressive/anxious symptoms). The 118-item CBCL is a widely used measure designed to assess children's emotional and behavioral problems over the past 6 months and has been normed on a national sample. The CBCL has been shown to have adequate validity and reliability (Achenbach, Dumenci, & Rescorla, 2002). The subscale of Internalizing problems had 33 items, and the subscale of Externalizing problems also had 33 items. An abbreviated, 61-item version of the CBCL was used in Wave 3 of the PHDCN study. In the abbreviated version, Internalizing and Externalizing problem subscales had 30 items and 21 items, respectively. Sample items include "Argues a lot," "Can't sit still, is restless, or hyperactive," and "Complains of loneliness." Parents indicated if the given statement was "Often true," "Sometimes true," or "Not true" of their child. For the present study, the scores for internalizing and externalizing problems were used as criterion variables. For Wave 1, alpha coefficients obtained in the present study for internalizing and externalizing problems were .85 and .89, respectively; for Wave 3,

alpha coefficients for internalizing and externalizing problems were .88 and .90, respectively (see Table 2).

Parenting Quality

The PHDCN version (Selner-O'Hagan & Earls, 1994) of the Home Observation for Measurement of the Environment (HOME; Caldwell & Bradley, 1984) inventory was used to measure different types of positive parenting. The HOME is a semistructured interview asking about children's routine, daily activities, and home environment. Only responses pertaining to parenting were used for the study (i.e., items measuring physical interior and exterior home environment were excluded). Types of parenting assessed by the 86 items of the PHDCN version of the HOME included (a) emotional and verbal responsivity (13 items), (b) variety of stimulation (13 items), (c) developmental advance (11 items), (d) supervision (24 items), (e) avoidance of restriction and punishment (7 items), (f) modeling (10 items), and (g) fostering independence (8 items). Research assistants asked primary caregivers (PCs) a set of yes/no questions [Sample item: "Does (child's name) have a certain time that he/she has to be home on school nights?"], and research assistants also answered a set of yes/no observed items [Sample item: "PC (primary caregiver) talks to subject twice during visit (beyond introduction and correction)"]. Subscale scores—based on parent report and research assistant observation—are calculated by summing the subscale items; higher scores indicate higher levels of corresponding parenting technique. For the present study, all parenting subscales were summed to calculate a parenting quality total score, with higher scores indicating

higher levels of parenting quality. The HOME has demonstrated good test-retest reliability (.94 and .64 over a 2-week and 1-year timeframe, respectively; Saudino & Plomin, 1997), moderate internal consistency (Cronbach's alpha of .64; Lefever et al., 2008), and adequate convergent validity (ß = .49) with the Parent-Child Activities (PCA) interview (Lefever et al., 2008). An alpha coefficient of .85 was obtained in the present sample for Total Parenting Quality (see Table 2).

Parent-Child Conflict

The Conflict Tactics Scale Parent-Child Version (CTSS; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998) assessed various violent and nonviolent acts between the primary caregiver or another adult family or household member and the child over the last 12 months (Sample Item: "In the past year, has any adult shouted, yelled, or screamed at him/her?"). For Wave 3, a revised version of the CTSS was administered to inquire whether a particular act happened before but not in the past year. The parent was given a response card outlining reply options: (a) once in the past year, (b) twice in the past year, (c) 3-5 times, (d) 6-10 times, (e) 11-20 times, (f) more than 20 times, (g) not in the past year but happened before, and (h) this has never happened. CTSS not only follows the principles of CTS, but it also adheres to similar scoring systems. The annual frequency method scoring system was used to calculate CTSS subscales of (a) nonviolent discipline, (b) psychological aggression, (c) corporal punishment, (d) physical maltreatment, and (e) severe physical maltreatment. The sum of the four subscales b-e represents total conflict between parent and child over the past year. The CTSS has adequate discriminant and

construct validity (see Straus et al., 1998) and good test-retest reliabilities (.85 to .92) for mothers and fathers, respectively (Fosco & Grych, 2010). An alpha coefficient of .79 was obtained in the present sample for parent-child Total Conflict (see Table 2).

Parent's Perceived Social Support

The Provision of Social Relations Scale (PSRS) for parent (Turner, Frankel, & Levin, 1983) is a 15-item self-report measure that asks about participants' relationships with family and friends, and was used to measure parent's perceived social support from family and friends. Sample items include "When I'm with my friends I feel completely able to relax and be myself," "No matter what happens, I know that my family will always be there for me should I need them," and "I have at least one friend that I could tell anything to." Parents rated their level of agreement with PSRS statements using a Likert-type scale. Response options provided to participants on a reference card include (a) "very true," (b) "somewhat true," and (c) "not true." The PSRS is comprised of two subscales: Support from Family Members (6 items) and Support from Friends (9 items). After adjustment for reverse scores, subscales are calculated by summing subscale items, with higher scores indicating more perceived support. The total score for parent's perceived support, which is calculated by adding both subscales together and ranges from 15 to 45, was used in the present study.

With samples of adults (ages 18 and over), the PSRS has demonstrated good reliability (alpha of .88 and .89 for family support and peer support subscales, respectively; Heckman et al., 2006). It has also demonstrated adequate discriminant

validity with the Epidemiological Studies Depression Scale (CES-D; *r* ranging from -.12 to -.38) and Brief Symptom Inventory (BSI; *r* ranging from -.26 to -.40; Turner et al., 1983). For primary caregiver's (PC's) report of total perceived support, an alpha coefficient of .77 was obtained in the present sample (see Table 2).

General Self-Efficacy

The Things I Can Do If I Try (TCDT; Selner-O'Hagan & Earls, 1996) for children is a 30-item, self-reported survey that was designed for the PHDCN study to measure children's general self-efficacy concerning their own future, school, neighborhood, home, and social domains. Child participants completed the TCDT; research assistants read the items out loud to the participants and marked their responses. Each item had two statements (one on the left column, the other on the right), and participants were asked to decide whether they were more like the children on the left side or ride side. A sample item is as follows: "Some kids think no matter how hard they try, they can NOT do the work expected in school," "BUT" "Other kids think they can do the work that is expected of them in school if they try." After deciding which statement was more like them, children were asked to select if the chosen statement is "Sort of True" or "Very True." After reversal of some items, Total Self-efficacy score was calculated by adding up all of the items; higher scores indicate higher level of self-efficacy. Psychometrics for the TCDT are unknown, and there are no published articles that have used this measure, considering that it was developed specifically for the PHDCN study. An alpha coefficient of .87 was obtained in the present sample for General Self-Efficacy (see Table 2).

Parental Monitoring

The Home & Life Interview (HLI; Selner-O'Hagan, Leventhal, Brooks-Gunn, & Earls, 1997) is a revised version of the HOME inventory (discussed earlier) that was given to primary caregivers at Waves 2 and 3. There are many differences between the HOME and HLI measures. First, measures differ in the way questions are asked. For instance, instead of dichotomizing all items on the measure, the HLI inquired about frequency for some items (e.g., "About how often has [the child] completed [household chores] in the past month?") and gave respondents options on a Likert scale (e.g., "Most of the time," "Some of the time," or "Almost never"). Second, the HLI attempted to quantify the number of days in a week caregivers and their family were able to engage in family routines (e.g., "How many days each week does your family eat the evening meal together?"). Lastly, the HLI inquired about how parents managed conflict and strong emotions. For example, respondents were asked, "In the past week, about how many times have you lost your temper with [enter child's name here]?" Choices were "Almost every day," "A few times," "Once," or "Not at all." No known published studies have used the HLI, and therefore, no previous psychometrics were reported. For the present study, principal axis factoring (PAF) was used to identify a set of factors as subscales among items that could possibly represent types of parenting (see Chapter III for more details). PAF analysis found that Factor 1 (named "Parental Monitoring") was the only factor that had adequate alpha coefficient (alpha = .76).

Procedures

Original PHDCN Study

Five different types of sampling strategies were used to collect PHDCN data. This study used data from the Longitudinal Cohort Study (LCS), and so procedural information about the sampling strategy used for the LCS study was described here. Researchers selected Chicago as a site for the LCS study because of its (a) stability (i.e., well-defined neighborhood characteristics); (b) history (i.e., social science researchers have been studying Chicago for over a century); (c) support from multiple organizations (e.g., state, city, school, social service agencies, and the criminal justice system); and (d) diverse population (i.e., a wide range of ethnic and socioeconomic backgrounds).

PHDCN scientists used a three-stage sampling design. First, the process of stratifying 343 Chicago neighborhood clusters consisted of two census variables: racial identification (7 levels) and socioeconomic background (3 levels). This process resulted in the inclusion of 80 neighborhoods for the first sampling stage. For the second sampling stage, scientists randomly selected block-groups within each neighborhood cluster and compiled a list of possible households to include in the longitudinal data set. For the final sampling stage, PHDCN researchers contacted residents and narrowed their longitudinal sample, which had a screening response rate of 80%. Face-to-face interviews were the primary method of data collection; however, a phone interview was conducted when participants declined to be interviewed in person. Except for age cohorts 0 and 18, caregivers and children were both interviewed. Children who were selected at random to

participate in the PHDCN study were classified into seven age groups (6 months and 3, 6, 9, 12, 15, and 18 years). The final longitudinal cohort sample included 6,228 children, adolescents, and young adults and their respective caregivers from an estimated 40,000 housing units in 80 stratified Chicago neighborhoods. For their involvement in the research, child and caregiver participants were compensated monetarily (ranging from $5-$20 per interview, depending on age and wave) or with other incentives (e.g., free passes to museums, the aquarium, and monthly drawing prizes).

Statistical Power Analysis

Before the analysis, a priori statistics were conducted to ensure that the research design had enough statistical power based on statistical test (multiple regression), significance (p = .05) and effect size. The G*Power application (version 3.0.10) was used, and the input parameters were as follows: Squared multiple correlation R^2 = .25 (default), which resulted in an Effect size f^2 = .33, α err prob = .05, Power (1- β err prob) = .95, and Number of predictors = 5 (given the number of predictive variables in the study). Results indicated that a total sample size of 66 was necessary to achieve actual power of .95.

After the three different regression models were conducted for each criterion variable, post hoc statistical tests were carried out to determine the results' significance and effect size. Using the G*Power application led to selection of the following parameters: *F*-tests, Multiple Regression: Omnibus (R^2 deviation from zero), and Post hoc: Compute achieved power – given α, power, and effect size for Test family,

Statistical test, and Type of power analysis, respectively. The input parameters to calculate Power ($1 - \beta$ error probability) were Squared multiple correlation (R^2), which resulted in an Effect size f^2, α error probability at .05, Total sample size, and number of predictors. Results indicate that overall regression models had power coefficients that ranged from .77 to 1.00; for significant predictor variables that accounted for unique contribution of that variable, power ranged from .48 to 1.00 (see Table 3 for more details).

TABLE 3. Results Summary of Multiple Regression Models for Criterion Variables

Model #	Criterion Variable, *n*	Predictor Variable	R^2_{adj}	Effect Size	Power	$(sr)^2$	Effect Size	Power
1	Adolescent Internalizing Problems, *n* = 414	Childhood Internalizing Problems	31.1%***	.45	1.00	17.1%***	.21	1.00
		IPV Experienced				2.0%***	.02	.83
		Emotionality Temperament				N/S		
2	Adolescent Internalizing Problems, *n* = 285	Childhood Internalizing Problems	32.3%***	.48	1.00	18.7%***	.23	1.00
		Parenting Quality				2.6%**	.03	.78
		Parent Support				1.0%*	.01	.39
3	Childhood Internalizing Problems, *n* = 572	Emotionality Temperament	23.1%***	.30	1.00	15.1%***	.18	1.00
		Parent-child Conflict				3.8%***	.04	1.00
		IPV Experienced				N/S		
1	Adolescent Externalizing Problems, *n* = 414	Childhood Externalizing Problems	40.7%***	.69	1.00	23.8%***	.31	1.00
		IPV Experienced				2.3%***	.02	.88
		Emotionality Temperament				N/S		
2	Adolescent Externalizing Problems, *n* = 285	Childhood Externalizing Problems	47.1%***	.89	1.00	36.7%***	.58	1.00
		Parenting Quality				1.7%**	.02	.60
		Parent Support				N/S		
3	Childhood Externalizing Problems, *n* = 399	Emotionality Temperament	40.5%***	.68	1.00	14.1%***	.16	1.00
		Parenting Quality				2.9%***	.03	.93
		Parent-child Conflict				12.6%***	.14	1.00

TABLE 3. (Continued)

Model #	Criterion Variable, *n*	Predictor Variable	R^2_{adj}	Effect Size	Power	$(sr)^2$	Effect Size	Power
1	Adolescent Self-Efficacy,	Parenting Quality	6.2%***	.07	.98	2.1%**	.02	.69
	n = 281	Verbal Ability				2.7%**	.03	.79
2	Adolescent Self-Efficacy,	Emotionality Temperament	2.5%**	.03	.77	N/S		
	n = 405	Parent-child Conflict				N/S		
		IPV Experienced				N/S		
3	Adolescent Self-Efficacy,	Verbal Ability	11.2%***	.13	1.00	1.3%*	.01	.48
	n = 280	Parenting Quality				N/S		
		Parent Support				5.5%***	.06	.98
1	Parental Monitoring,	Parenting Quality	18.7%***	.23	1.00	18.7%***	.23	1.00
	n = 273	IPV Experienced				N/S		
		Parent-child Conflict				N/S		
2	Parental Monitoring,	Verbal Ability	23.4%***	.31	1.00	1.7%**	.02	.58
	n = 271	Parenting Quality				9.4%***	.10	1.00
		Parent Support				3.3%**	.03	.86
3	Parenting Quality, n = 393	Parent Support	17.8%***	.22	1.00	3.8%***	.04	.98
		Verbal Ability				4.8%***	.05	.99
		Child Externalizing Problems				1.8%**	.02	.76
		Child Internalizing Problems				N/S		

Note. Regression Model 1 is based on empirical studies, Model 2 is based on the ecological framework, and Model 3 is a post hoc analysis; $(sr)^2$ = semipartial correlation squared; N/S = nonsignificant.

*$p < 0.05$ level. **$p < 0.01$. ***$p < 0.001$.

CHAPTER III

RESULTS

Preliminary Data Analyses

Preliminary data analyses were conducted prior to conducting main study analyses using PASW® Statistical software (Version 18.0 for Mac). First, amount of missing data and pattern of missing data were examined and reported based on best practices guidelines for reporting missing data (Schlomer, Bauman, & Card, 2010). Second, I used descriptive statistics of each study variable and identified notable trends. Pearson correlations were computed among all study variables to examine variable relationships. Lastly, I conducted a Principal Axis Factoring (PAF) for the Home & Life Interview (HLI) scale to determine which items formed a defensible factor of parenting quality. PAF results showed that a factor consisting of three items —labeled as Parental Monitoring—were highly intercorrelated and could represent a dimension of parenting quality. Once preliminary analyses were completed, distributional assumptions for multiple regression were tested and addressed before conducting main analyses. The following section is divided into five main parts: (a) missing data, (b) descriptive statistics, (c) construction of the parental monitoring variable, (d) distributional assumptions, and (e) main analyses.

Managing Missing Data

PASW® Missing Values Analysis (MVA) was used to examine missingness patterns and to replace missing data as needed. Table 4 outlines the missingness of all the variables and measures used in the study. The WISC-R was excluded from MVA because it was comprised of ceiling items, meaning that items beyond the last question answered were missing by design. Skip logic items—conditional items asked only on the basis of a particular prior response—were also excluded from missing values analyses because they, too, are missing by design. More details about ceiling and skip logic items are provided later in this section. Missing data were examined using the parameters suggested by Schlomer et al. (2010): (a) report the amount of missing data as a percentage of the complete data; (b) examine pattern of missingness to distinguish between missing completely at random (MCAR) and missing at random (MAR); and (c) determine the most appropriate method for handling missing data (e.g., multiple imputation). Multiple imputation (MI) method was chosen to handle missing data, considering that it "provides accurate standard errors and therefore accurate inferential conclusions" (Schlomer et al., 2010, p. 5).

Amount of Missing Data

Data for interparental violence (as measured by the Conflict Tactics Scale; CTS) and verbal ability (as measured by the Wechsler Intelligence Scale for Children; WISC-R) were not examined for missingness. Conducting an MVA for measures that have a ceiling item, like the WISC-R, would be inappropriate because all items beyond the ceiling item

TABLE 4. Summary of Missing Data

Variable	# Items	*n*	% of *n* with Missing Data	Pattern of Missingness
Wave 1				
Interparental Violence	19	584	0.00	N/A
Verbal Ability	32	568	0.00	N/A
Negative Emotionality	5	580	0.17	MCAR
Childhood Internalizing Problems	32	582	1.72	MCAR
Childhood Externalizing Problems	33	582	0.68	MAR
Parenting Quality	86	584	8.73	NMAR
Parent-Child Conflict	14	579	0.35	MAR
Parent's Perceived Support	15	582	0.52	MAR
Wave 3				
Adolescent Internalizing Problems	30	417	1.68	MAR
Adolescent Externalizing Problems	21	417	0.96	MAR
General Self-Efficacy	30	423	0.71	MAR
Parental Monitoring	3	417	2.16	MAR

Note. Skip logic questions were excluded in the calculation of # of items and % missing. Type of missingness patterns are missing completely at random (MCAR), missing at random (MAR), or not missing at random is suspected (NMAR).

would be mistakenly detected as missing patterns. That is, when a child reaches the ceiling item as a result of consecutive incorrect responses, the examiner is permitted to skip designated scale items. The accumulation of skipped items—as a result of ceiling rules—would be inappropriately identified as a missing pattern when all items are entered into PASW MVA.

Additionally, all skip logic questions also were excluded from MVA. Skip logic questions are conditional items that are administered (or not) based on a given response (also called "branching") and are missing by design. For instance, when administering the Home Observation for the Measurement of the Environment (HOME) Instrument, the research assistant (RA) asked primary caregivers, "Has (child's name) been to any kind of museum or exhibit this year?" If the primary caregiver answered "No," then the RA would ask an additional question (i.e., a skip logic question), "Has (child's name) done this at his/her school/daycare?" The intent of skip logic questions is to solicit more information from the participant or primary caregiver and not necessarily influence scale scoring. Given that not all skip logic questions were asked, these items were excluded from MVA because they would be incorrectly identified as a missing pattern, when they were actually missing by design. In sum, ceiling and skip logic items were not evaluated for missing values because not all participants were given these items, and their inclusion in the analysis would result in misleading results.

After excluding WISC-R assessment and skip logic questions, the item-level percentage of missing data for each measure ranged from 0.17% for the negative emotionality questionnaire to 8.73% for the parenting quality assessment. Of all the items on all 10 measures, only four items from the parenting quality assessment (i.e., HOME) had item-level missingness greater than 5% (i.e., remainder of data had less than 5% of missing values at the item level). Nonresponse items (e.g., "refused," "doesn't know," "doesn't understand") by participant or parent ranged from 0.17% for the negative emotionality measure (i.e., a subscale of EASI) to 4.97% for the parenting quality

measure. Items that research assistants skipped (i.e., "interviewer missed") ranged from 0.17% to 3.77% for the parenting quality measure. Overall response rates for PHDCN study Cohort 9, Wave 3 were 77.5% and 79.0% for child and PC, respectively. For this sample, in particular, Wave 3 response rates for child and primary caregiver were 71.23% and 71.40%, respectively.

Pattern of Missingness

There are three types of distribution of missingness: (a) missing completely at random (MCAR), (b) missing at random (MAR), or (c) missing not at random (MNAR). Schafer and Graham (2002) indicated that missing data are MCAR when patterns and missing values are randomly distributed (i.e., missing data are unrelated to the examined variables), MAR when missingness may be related to criterion variables, and MNAR when missingness is related to criterion variables. Little's (1988) MCAR test was used to determine if data were MCAR (i.e., *p* value was greater than .05). Testing for MAR, however, is more difficult to establish given that MAR is only an assumption when missing data are beyond the researcher's control (i.e., planned missingness given cohort-sequential longitudinal design of PHDCN study) and the distribution is unknown (Schafer & Graham, 2002). For this study, MAR was determined when (a) Little's (1988) test was significant and (b) missingness represented less than 5% of the total number of cases (Hair, Anderson, Tatham, & Black, 1998; Munro, 2005). If missing data were not determined to be MCAR or MAR, then MNAR was suspected. MVA was conducted by utilizing (a) Separate-Variance *t* tests to determine if pattern of missingness may affect

the value of another item, and (b) Tabulated Patterns to examine missingness patterns greater than 1% of cases (default) that may influence results.

Closer examination of missingness using Little's (1988) MCAR test indicated that missingness for Negative Emotionality (χ^2 (4) = 3.30, p = .509) and Childhood Internalizing Problems (χ^2 (274) = 262.72, p = .677) variables were MCAR. Childhood Externalizing Problems, Parent-Child Conflict, Parent's Perceived Support, Adolescent Internalizing and Externalizing Problems, Parental Monitoring, and Adolescent General Self-Efficacy variables were determined to be MAR (i.e., missingness was noninfluential). Only the parenting quality at childhood variable was suspected to have an NMAR pattern, and therefore, this measure was examined further.

Parenting Quality at Childhood

Initial missingness pattern analysis revealed that the parenting quality variable, as measured by the Home Observation for Measurement of the Environment (HOME) scale, had missing data that potentially followed a NMAR pattern. Considering that the HOME scale had a total of 86 items, missing data patterns were examined at the subscale level to (a) identify missingness patterns that may be related to a parenting quality subscale, and (b) reduce the number of items examined to a more manageable amount. Each item on the HOME questionnaire is a Yes/No item, and a dummy coding without rounding strategy (Allison, 2002) was used to analyze missingness. Dummy coding without rounding has been shown to be an appropriate strategy for missingness that is categorical at the item level (see Allison, 2002). Closer examination of the missingness pattern of parenting

quality indicated that five of the seven subscales were MCAR, the emotional and verbal responsivity subscale was MAR, and the supervision subscale warranted further investigation. Only these two latter subscales are discussed next.

The emotional and verbal responsivity subscale had two patterns detected that involved all items (seven cases missing; 1.2%) and one item (nine cases missing; 1.5%). Little's (1988) MCAR test indicated that data were not missing completely at random, χ^2 (98) = 241.34, $p < .001$. Upon examination, frequency analysis indicated that majority of missing data on these items were "interviewer missed" by the research assistant (RA). The entire emotional and verbal responsivity subscale is based on RA observation, and perhaps "interviewer missed" was caused by RA fatigue. Given the item content and the small number of cases missing (< 1.6%), data are considered missing at random (MAR).

The supervision subscale had one missing pattern (47 cases missing; 8.0%) that concerned one item—the last question about establishing family rules. Closer investigation of this item revealed that the answer sheet lacked response selections, unlike the rest of the questionnaire. Frequency analysis of this question revealed that research assistants missed asking this item 22 times (3.7%), resulting in 4.3% of the data missing, most likely because of not having a response selection for the last item, or due to RA fatigue. Little's (1988) MCAR test indicated that data were not missing completely at random, χ^2 (430) = 676.76, $p < .001$. Even though the data were considered MAR, given the item content and the small number of cases missing (< 4.4%), multiple imputation (MI) was not considered necessary for those missing items. Missingness patterns appear

to be due to measurement error (i.e., RA error) and not due to inherent characteristics of respondents, which would result in systematic bias.

Handling Missing Data

The missing data in the scales that were determined to be MCAR were handled by listwise deletion, which is the PASW 18.0 default, as there was no discernable pattern of systematic bias and the percentage of missingness was less than 2% for both scales (Hair et al., 1998; Munro, 2005). For those scales determined to be MAR, the percentage of missingness was also extremely low (most less than 2% and one scale 4%), so these missing cases were handled with listwise deletion as well. Due to these factors, the multiple imputation procedure was determined to be unnecessary.

Descriptive Statistics

The following are descriptive statistics for the study sample: 584 children whose primary caregivers (PC) reported incidents of IPV over the past year. Scale and subscale means, standard deviations, alphas, and Pearson correlations are provided in Table 2. In sum, frequencies, descriptive statistics, and histogram results indicated that participants' scores for most study variables were normally distributed. Notable trends for the predictor variables measured at Wave 1 included the following: (a) primary caregiver and partner reported relatively low frequency of IPV over the past year (combined scores M = 49.52, SD = 64.95); (b) the mean of children's verbal ability was slightly below average (scaled scores M = 8.11, SD = 3.07); (c) most parents reported relatively low levels of

internalizing and externalizing problems during childhood (*M* = 7.98, *SD* 6.81 and *M* = 11.52, *SD* = 8.72, respectively); (d) most children's primary caregivers (PC) reported relatively high levels of overall positive parenting (*M* = 68.80, *SD* = 8.27); and (e) the majority of primary caregivers endorsed relatively higher levels of total perceived support received from friends and family (*M* = 39.35, *SD* = 4.43). With regards to criterion variables measured at Wave 3, the following notable trends materialized: (a) most primary caregivers reported their adolescents with more internalizing problems (*M* = 8.57, *SD* = 7.46) and less externalizing problems (*M* = 7.44, *SD* = 6.47); (b) adolescents reported relatively high levels of self-efficacy (*M* = 99.11, *SD* = 11.43) concerning future success, school ability, neighborhood safety, relationship quality with parents, and social skills; and (c) primary caregivers reported that parental monitoring was relatively normally distributed (*M* = 6.99, *SD* = 2.99). All significant correlations ($p < .05$) among study variables were in the expected direction, based on previous research and present study hypotheses (see Table 2).

Principal Axis Factoring

The Home & Life Interview (HLI) instrument—a revised and shortened version of the Home Observation for Measurement of the Environment (HOME) questionnaire used in Wave 1—was designed to ask primary caregivers about family routines, parental monitoring, discipline practices, and family rules. Items on the HLI include both categorical and Likert-type response formats. A principal axis factoring (PAF; a.k.a. principal factor analysis or common factor analysis) was conducted to examine the

pattern of interitem relationships of items related to parenting quality at adolescence, with the goal of reducing the number of items on the HLI. More specifically, HLI items with a Likert-type response format were examined to see if they could be used to represent parenting quality, or varying dimensions of parenting quality, similar to the HOME questionnaire. As indicated in the literature review, parenting is traditionally used as a predictor variable and is rarely used as a criterion variable. Given Bronfrenbrenner's (1979, 1989) Ecological Model, this study honors the bidirectional influence of multisystemic factors over time by exploring variables' predictive nature on parenting.

PAF was chosen for the following reasons: (a) to identify factors or clusters of items among the HLI items; (b) to minimize the number of factors; and (c) to account for any covariance shared by other factors (i.e., Factor 1 obtained the maximum variance from a set of items; Factor 2 removed covariance from Factor 1 and obtained the next set of variance; Garson, 2011). Additionally, varimax rotation (an orthogonal rotation) was chosen because of expectations that some factors were going to be uncorrelated (e.g., parent's knowledge of child's friends to be unrelated to child complying with parent's request) and varimax rotation would maximize the variance explained by factors that were identified using PAF.

Before PAF with varimax rotation was conducted, the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's test of sphericity were run for all items with Likert-type response options on the HLI in order to determine factorability. Initial analyses showed that the KMO measure of sampling adequacy was fair to good at .69 (Kaiser, 1974) and Bartlett's test of sphericity was statistically significant ($p < .001$),

indicating that the distributional assumption of sphericity was tenable and that minimal assumptions for the adequacy of the data for factor analysis were met. The number of factors was determined using the scree plot, the rotated structure matrix, and eigenvalues above 1.0 (Preacher & MacCallum, 2003).

The PAF resulted in a four-factor solution: (a) Factor 1, Parental Monitoring, comprised of knowledge of child's friends' parents, knowledge of child's friends, and frequency of talking to friends' parents; (b) Factor 2, Emotion Dysregulation, comprised of frequency of parent losing temper, parent physically punishing child, and parent crying in front of child; (c) Factor 3, Compliance, comprised of parent enforcing rules, child completing chores, and child complying with parent's request; and (d) Factor 4, Miscellaneous, comprised of child's frequency playing with friends, frequency visiting relatives or friends, and frequency of parents talking to child about behavior rules. These four factors accounted for 55.18% of the explained variance, which is sufficient given the suggestion that greater than 50% is acceptable (Field, 2005). Despite having a four-factor solution on the HLI, reliability analysis using alpha coefficient for all four factors and all items together revealed that only the Parental Monitoring factor surpassed the minimum coefficient of $\alpha > .70$ ($\alpha = .76$). Therefore, only Factor 1 (Parental Monitoring) was used to measure parenting at Wave 3 because it was the only factor that was reasonably reliable in this sample.

Main Analyses

Next, a series of multiple regressions were conducted to examine the predictive association of childhood verbal ability, negative emotionality, internalizing and externalizing problems, parenting quality, parent-child conflict, IPV, and parent perceived support on adolescent internalizing and externalizing problems, self-efficacy, and parental monitoring. Before multiple regressions were conducted, the data was examined to see if assumptions of this analysis (see Pedhazur, 1997) were met—specifically, to determine whether (a) criterion variables were normally distributed; (b) predictor and criterion variables had a linear relationship; (c) error variance was similar across all levels of each predictive variable (homoscedasticity); and (d) observations were independent, which demonstrates that errors were random and not related. These assumptions were tested in the following manner: (a) Presence of a normal distribution among criterion variables was tested using various graphs (e.g., histogram, stem-and-leaf, Q-Q plot, and boxplot) and Kolmogorov-Smirnov's Test of Normality; (b) linear relationships were examined by reviewing scatterplots of criterion variables with each predictor variable and by plotting residuals against predicted values; (c) the scatterplot output of standardized residuals was used against standardized predicted values at each predictor variable to evaluate for homoscedasticity; and (d) the Durbin-Watson statistic was used to see if errors fell within the acceptable range (1.5-2.5) to determine independence of observation. Details concerning these assumptions will be described in detail later in the chapter. After testing for assumptions, then the main analyses were run.

To answer the research questions, a series of sequential multiple regressions were conducted to determine if childhood factors across individual (i.e., verbal skills and negative emotionality), microsystemic (parenting quality and parent-child conflict), and mesosystemic (i.e., IPV and parent's perceived support) levels predicted varying outcomes (i.e., internalizing and externalizing problems, self-efficacy, and parental monitoring) for adolescents who experienced IPV during childhood. Sequential multiple regression provides (a) the ability to analyze predictor variables in preferred order given extant literature, (b) the flexibility to control for a predictor variable, and (c) the ability to compute the significance of added predictor variables to the explained variance (Garson, 2011; Mertler & Vannatta, 2010; Pedhazur, 1997).

Model Assumptions and Other Diagnostics

Multiple regression model assumptions were examined to ensure that model summary results could be interpreted accurately. Findings revealed that model assumptions were not tenable for some variables, and consequently, model results must be interpreted with caution. Pedhazur (1997) wrote, "Knowledge and understanding of the situations when violations of assumptions lead to serious biases, and when they are of little consequence, are essential to meaningful data analysis" (p. 33).

Normality

Normal distribution statistical results using Kolmogorov-Smirnov's Test of Normality ($p < .01$) indicated that all variables had a univariate normal distribution

($p < .001$). Concerning the normality of a large sample size, Tabachnick and Fidell (2007) also suggested, "if the sample size is large, it is a good idea to look at the shape of distribution instead of using formal inference tests" (p. 80). Closer examination of skew (i.e., symmetry of distribution) and kurtosis (i.e., peakedness of distribution) yielded that the variables of IPV experienced (skewness = 2.82, kurtosis = 11.02) and parent-child conflict (skewness = 2.45, kurtosis = 8.47) had restricted range. Expected normal probability and detrended expected normal probability plots were examined because they are better indicators of normality than frequency histograms (Tabachnick & Fidell, 2007). All variables appeared normal (e.g., *z* score cases fell along the diagonal line of Normal P-P plot) with the exception of IPV experience and parent-child conflict. This finding was not a surprise given their respective skewness and kurtosis. These graphics indicate that the sample reported restricted levels of conflict between parents and conflict between parent and child. This type of zero-inflated distribution is common among lower incidence psychopathological conditions (see, e.g., Connell & Dishion, 2008). Even though Tate (1992)—as cited in Mertler and Vannatta (2010)—argued that moderate violations to the normality assumption may be ignored with larger sample sizes due to the fact that the multiple regression model tends to be robust and has minimal effects on the analysis, recommendations for procedures appropriate for zero-inflated or Poisson distributions will be discussed.

Linearity

Linearity was assessed visually using bivariate and standardized residual against standardized predicted value scatterplots (Tabachnick & Fidell, 2007). During analysis of predictors with their corresponding criterion variable, visual inspection using the aforementioned scatterplots revealed linear relationships with the exception of the following: (a) IPV experienced and adolescent internalizing problems, (b) IPV experienced and adolescent externalizing problems, (c) IPV experienced and self-efficacy, (d) parent-child conflict and self-efficacy, (e) IPV experienced and parental monitoring, and (f) parent-child conflict and parental monitoring. These results are not a surprise given that both IPV experienced and parent-child conflict violated the normality assumption, and therefore, the linearity assumption with criterion variables was compromised. Aside from examining scatterplots, the Lack of Fit Test indicated that all predictor and criterion variables had significant linearity, $p < .05$, except for the following: (a) IPV experienced and parental monitoring ($p = .10$), (b) verbal ability and adolescent internalizing problem ($p = .06$), (c) negative emotionality and parental monitoring ($p = .16$), and (d) parent-child conflict and parental monitoring ($p = .11$). While moderate violations of linearity assumptions weaken multiple regression analysis, such violations do not invalidate the analysis (Tabachnick & Fidell, 2007).

Homoscedasticity

Homoscedasticity, or homogeneity of variance, is related to the normal distribution assumption, and when the normality assumption is met, then the relationship

between predictor and criterion variables is homoscedastic (Tabachnick & Fidell, 2007). Bivariate scatterplots and scatterplots of standardized residuals against standardized predicted values were used as visual indicators of homoscedasticity. Examination of scatterplots revealed that there may be violations of the homoscedasticity assumption for the two criterion variables representing adolescent internalizing and externalizing behavior problems, which could potentially result in overestimation of Pearson correlation coefficient values in these variables.

Independence of Observation

The Durbin-Watson statistic was used to test independence of observation. When multiple regression analyses were conducted for criterion variables using three different models (i.e., empirical-based, the ecological model, and post hoc analysis), the Durbin-Watson statistic revealed that all regression models fell in the acceptable range, between 1.5 to 2.5 (Garson, 2011; Tabachnick & Fidell, 2007).

Multivariate Outliers and Influential Cases

Tests for outliers beyond the ±3.0 standard deviation limit were run for each criterion variable. Adolescent internalizing and externalizing problems had two (0.7%) and three outlier cases (1.0%), respectively; general self-efficacy and parental monitoring had no cases beyond a ±3.0 standard deviation. Given the number of cases for each variable represented ≤ 1.0% of the sample, the values of these outliers were retained, and variables were kept in the model considering that these cases represented such a small

amount and were not likely to influence overall results (Cook, 1977). Examination for possible influential cases using Cook's *D* (Cook, 1977) indicated that there were no influential cases ($D > 1.0$) for any criterion variables.

The majority of distributional assumptions were met prior to analyses, and those not met have been so noted. The nonnormal (zero-inflated) distributions for internalizing and externalizing problem behaviors were the only ones that violated the assumptions necessary for regression. This does not invalidate the regression results, but may weaken validity for analyses involving those variables. The following section presents multiple regression model results for each research question.

Model Results

Results for each research question are detailed in this section. Table 3 provides a summary of all multiple regression analyses results.

Adolescent Internalizing and Externalizing Problems

Research Question 1: Part 1

The first research question was, "After controlling for internalizing and externalizing problems at childhood, to what extent does negative emotionality at childhood and interparental violence (IPV) experienced at childhood account for the variance in internalizing and externalizing scores at adolescence?" Because of the exploratory nature of the study, three different regression models were tested. The first model was derived from empirical studies and/or theoretical and conceptual literature, the

second model derived from the ecological model, and the third model was a post hoc analysis carried out in order to further investigate the results of Models 1 and 2 and to maximize the variance explained.

Model 1: Empirical-based Exploration of Adolescent Internalizing Problems

For Model 1, childhood (Wave 1) internalizing problems, IPV experienced, and negative emotionality were entered into the model as predictor variables, and the adolescent (Wave 3) internalizing problems were entered as the criterion variable. After controlling for childhood internalizing problems, Model 1 elicited results indicating that IPV experienced and negative emotionality variables were significant predictors of adolescent internalizing problems among adolescents who experienced IPV during childhood. A sequential multiple regression analysis was conducted after controlling for childhood internalizing problems in order to determine how much more IPV experienced and negative emotionality at childhood could further predict internalizing problems at adolescence for children who experienced IPV. Model 1 regression results showed an overall model of adolescent internalizing problems' effects on childhood internalizing problems, IPV experienced, and negative emotionality were statistically significant, F (3, 410) = 63.07, MSR = 37.23, $p < .001$, $R^2 = .316$, $R^2_{adj} = .311$ (see Table 5). As expected, final model coefficients (see Table 6) indicated that childhood internalizing problems were a statistically significant predictor of adolescent internalizing problems, $b = .50$, $SE = .05$, $p < .001$, 95%CI = .40 to .59. The regression weight associated with childhood internalizing problems indicated that a change in scores for childhood internalizing

TABLE 5. Regression Model 1 Predicting Adolescent Internalizing Problems

Model Summary				
	R	R^2	R^2_{adj}	
	.562	.316	.311	
ANOVA				
Source	*SS*	*df*	*MS*	*F*
Childhood Internalizing Problems	6,356.11	1	6,356.11	170.73***
IPV Experienced	558.73	1	558.73	15.01***
Negative Emotionality	128.93	1	128.93	3.46
Residual	15,263.70	410	37.23	
Total	22,307.50	413	7,081.00	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 6. Regression Coefficients for Model 1 Predicting Adolescent Internalizing Problems

Variable	*B*	*SE*	*t*	β	*sr*	*p*
Intercept	1.844	.879	2.098			.036
Childhood Internalizing Problems	.501	.049	1.135	.472	.414	< .001
IPV Experienced	.016	.005	3.457	.145	.141	.001
Negative Emotionality	.116	.062	1.861	.088	.076	.063

Note. *SE* = standard error; *sr* = semipartial correlation.

problems impacted scores for adolescent internalizing problems by .47 units. Examination of the squared semipartial correlation ($.414^2$) between childhood and adolescent internalizing problems revealed that 17.1% of adolescent internalizing variation was uniquely accounted for by childhood internalizing. Further examination of

the remaining two predicted variables, however, revealed that only IPV experienced was a statistically significant predictor of adolescent internalizing problems, $b = .02$, $SE = .01$, $p < .01$, 95%CI = .01 to .03. Squared semipartial correlations indicated that 2.0% of the adolescent internalizing problems variation was uniquely accounted for by IPV experienced at childhood. Despite being statistically significant, the amount of variance explained was small (i.e., < 10% variance explained). The predictor variable of negative emotionality at childhood was not statistically significant in predicting adolescent internalizing problems after controlling for childhood internalizing problems.

Model 2: Ecological Examination of Adolescent Internalizing Problems

Using the ecological framework to depict a model from proximal to distal factors, Model 2 elicited results indicating that childhood (Wave 1) internalizing problems, parenting quality, and parent's perceived support were significant predictors of adolescent (Wave 3) internalizing problems. Sequential multiple regression was conducted to determine the amount of variance in adolescent internalizing problems that could be explained by variables at different levels within the child's ecology. Model 2 regression results showed an overall model of adolescent internalizing problems' effects on childhood internalizing problems, parenting quality, and parent's perceived support were statistically significant, F (3, 281) = 46.26, $MSR = 34.79$, $p < .001$, $R^2 = .331$, $R^2_{adj} = .323$ (see Table 7). As expected, final model coefficients (see Table 8) indicated that childhood internalizing problem was a statistically significant predictor of adolescent internalizing

TABLE 7. Regression Model 2 Predicting Adolescent Internalizing Problems

Model Summary

	R	R^2	R^2_{adj}
	.575	.331	.323

ANOVA

Source	*SS*	*df*	*MS*	*F*
Childhood Internalizing Problems	4,146.79	1	4,146.79	119.19***
Parenting Quality	541.09	1	541.09	15.55***
PC's Perceived Support	140.08	1	140.08	4.03*
Residual	9,774.83	281	34.79	
Total	14,602.80	284	4,862.75	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 8. Regression Coefficients for Model 2 Predicting Adolescent Internalizing Problems

Variable	*B*	*SE*	*t*	β	*sr*	*p*
Intercept	1.844	.879	2.098			.036
Childhood Internalizing Problems	.501	.049	1.135	.472	.414	< .001
Parenting Quality	.016	.005	3.457	.145	.141	.001
PC's Perceived Support	.116	.062	1.861	.088	.076	.063

Note. *SE* = standard error; *sr* = semipartial correlation.

problems, $b = .55$, $SE = .06$, $p < .001$, 95%CI = .43 to .68. The regression weight associated with childhood internalizing problems indicated that a change in internalizing problem score impacted adolescent internalizing problems by .46 units. Examination of the squared semipartial correlation ($.433^2$) between childhood and adolescent

internalizing problems revealed that 18.7% of adolescent internalizing problems variation was uniquely accounted for by childhood internalizing problems. Examination of parenting quality and parent's perceived support at childhood revealed that these variables were also statistically significant predictors of adolescent internalizing problems, b = -.15, SE = .05, p < .01, 95%CI = -.24 to -.06 and b = -.18, SE = .09, p < .05, 95%CI = -.36 to .00, respectively. Despite the significance of these predictors, squared semipartial correlations indicated that only 2.6% and 1.0% of the adolescent internalizing problems score variation was uniquely accounted for by parenting quality and parent's perceived support, respectively.

Model 3: Post Hoc Analysis of Childhood Internalizing Problems

Considering the significance of childhood internalizing problems in predicting adolescent internalizing problems, as indicated by Models 1 and 2, Model 3 examined childhood (Wave 1) factors that predicted childhood (Wave 1) internalizing problems. The three predictors selected for Model 3, based on correlation coefficients, were emotionality, parent-child conflict, and IPV experienced. Model 3 results indicated that negative emotionality, parent-child conflict, and IPV experienced were significant predictors of childhood internalizing problems. Model 3 regression results were statistically significant, F (3, 571) = 58.12, MSR = 35.79, p < .001, R^2 = .235, R^2_{adj} = .231 (see Table 9). As expected, final model coefficients (see Table 10) indicated that negative emotionality was a statistically significant predictor of childhood internalizing problems, b = .50, SE = .05, p < .001, 95%CI = .40 to .59. The regression weight associated with

TABLE 9. Regression Model 3 Predicting Childhood Internalizing Problems

Model Summary

	R	R^2	R^2_{adj}
	.485	.235	.231

ANOVA

Source	*SS*	*Df*	*MS*	*F*
Negative Emotionality	5,228.96	1	5,228.96	146.10***
Parent-Child Conflict	980.68	1	980.68	27.40***
IPV Experienced	31.38	1	31.38	.88
Residual	20,330.90	568	35.79	
Total	26,571.90	571	6,276.81	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 10. Regression Coefficients for Model 3 Predicting Childhood Internalizing Problems

Variable	*B*	*SE*	*T*	β	*sr*	*P*
Intercept	-.410	.726	-.564			.573
Negative Emotionality	.496	.047	1.601	.403	.389	< .001
Parent-child Conflict	.048	.009	5.297	.207	.194	< .001
IPV Experienced	-.004	.004	-.936	-.036	-.034	.350

Note. *SE* = standard error; *sr* = semipartial correlation.

negative emotionality indicated that a change in negative emotionality score impacted childhood internalizing problems by .40 units. Examination of the squared semipartial correlation ($.389^2$) between negative emotionality and childhood internalizing problems revealed that 15.1% of childhood internalizing problems variation was uniquely

accounted for by negative emotionality. Further examination of parent-child conflict and IPV experienced revealed that only parent-child conflict was a statistically significant predictor of childhood internalizing problem scores, $b = .05$, $SE = .01$, $p < .001$, 95%CI = .03 to .07. Despite significance of parent-child conflict as a predictor, squared semipartial correlations indicated that only 3.8% of the childhood internalizing problems score variation was uniquely accounted for by parent-child conflict. IPV experienced was not a significant predictor of childhood internalizing problems score.

In sum, the most meaningful predictor of adolescent internalizing problems was childhood internalizing problems, which was primarily predicted by childhood negative emotionality. Although there were many childhood variables—parenting quality, parent's perceived support, and parent-child conflict—that were statistically significant predictors of adolescent and childhood internalizing problems, these factors uniquely accounted for only a small amount of variance (i.e., < 10%). Of particular interest to note is that IPV experienced at childhood was not a significant predictor of childhood internalizing problems.

Research Question 1: Part 2

The second part of Research Question 1 examined the criterion variable of externalizing problems of adolescents who experienced IPV during childhood. The following section presents the results of each model for adolescent externalizing problems.

Model 1: Empirical-Based Exploration of Adolescent Externalizing Problems

For Model 1, childhood (Wave 1) externalizing problems, IPV experienced, and negative emotionality were entered into the model as predictor variables and adolescent (Wave 3) externalizing problems were entered as the criterion variable. After controlling for childhood externalizing problems, Model 1 results indicated that IPV experienced and negative emotionality variables were significant predictors of adolescent externalizing problems of adolescents who experienced IPV during childhood. A sequential multiple regression analysis was conducted after controlling for childhood externalizing problems in order to determine the extent to which IPV experienced and negative emotionality at childhood could predict internalizing problems at adolescence for children who experienced IPV. Model 1 regression results were statistically significant, F (3, 410) = 95.56, MSR = 23.77, $p < .001$, $R^2 = .411$, $R^2_{adj} = .407$ (see Table 11). As expected, final model coefficients (see Table 12) indicated that childhood externalizing problems were a statistically significant predictor of adolescent externalizing problems, $b = .42$, $SE = .03$, $p < .001$, 95%CI = .36 to .49. The regression weight associated with childhood externalizing problems indicated that a change in externalizing problem score impacted adolescent externalizing problems by .57 units. Examination of the squared semipartial correlation ($.488^2$) between childhood and adolescent externalizing problems revealed that 23.8% of adolescent externalizing problems variation was uniquely accounted for by childhood externalizing problems. Further examination of the remaining two predicted variables, however, revealed that only IPV was a statistically significant predictor of adolescent externalizing problems, $b = .02$, $SE = .004$, $p < .001$, 95%CI = .01 to .02.

TABLE 11. Regression Model 1 Predicting Adolescent Externalizing Score

Model Summary			
	R	R^2	R^2_{adj}
	.641	.411	.407

ANOVA				
Source	*SS*	*df*	*MS*	*F*
Childhood Externalizing Problems	6,388.56	1	6,388.56	268.77***
IPV Experienced	408.57	1	408.57	17.19***
Negative Emotionality	17.26	1	17.26	.73
Residual	9,745.88	410	23.77	
Total	16,560.27	413	6,838.16	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 12. Regression Coefficients for Model 1 Predicting Adolescent Externalizing Problems

Variable	*B*	*SE*	*t*	β	*sr*	*p*
Intercept	1.035	.701	1.477			.140
Childhood Externalizing Problems	.423	.033	12.889	.569	.488	< .001
IPV Experienced	.015	.004	3.984	.156	.151	< .001
Negative Emotionality	.043	.050	.852	.038	.032	.395

Note. *SE* = standard error; *sr* = semipartial correlation.

Squared semipartial correlations indicated that only 2.3% of the adolescent externalizing problems variation was uniquely accounted for by IPV experienced at childhood. Despite being statistically significant, the amount of variance explained is small (i.e., < 10%). Similar to internalizing problems, the predictor variable of negative emotionality at

childhood was not statistically significant in uniquely predicting adolescent externalizing problems.

Model 2: Ecological Examination of Adolescent Externalizing Problems

For the test of Model 2, examination of predictor variables from proximal to distal factors indicated that childhood (Wave 1) externalizing problems, parenting quality, and parent's perceived support were significant predictors of adolescent (Wave 3) externalizing problems at adolescence. Sequential multiple regression was conducted to determine the amount of variance in adolescent externalizing problems that could be explained by variables at different levels within the child's ecology. Model 2 regression results were statistically significant, F (3, 281) = 85.14, MSR = 21.33, $p < .001$, $R^2 = .476$, $R^2_{adj} = .471$ (see Table 13). As expected, final model coefficients (see Table 14) indicated that childhood externalizing problems were a statistically significant predictor of adolescent externalizing problems, $b = .49$, $SE = .04$, $p < .001$, 95%CI = .42 to .56. The regression weight associated with childhood externalizing problems indicated that a change in internalizing problem score impacted adolescent externalizing problems by .65 units. Examination of the squared semipartial correlation ($.606^2$) between childhood and adolescent externalizing problems revealed that 36.7% of adolescent externalizing problems variation was uniquely accounted for by childhood externalizing problems. Examination of parenting quality revealed that this variable was also a statistically significant predictor of adolescent externalizing problems, $b = -.11$, $SE = .04$, $p < .01$, 95%CI = -.18 to -.04. Despite the significance of parenting quality as a predictor of

TABLE 13. Regression Model 2 Predicting Adolescent Externalizing Score

Model Summary				
	R	R^2	R^2_{adj}	
	.690	.476	.471	
ANOVA				
Source	*SS*	*df*	*MS*	*F*
Childhood Externalizing Problems	5,246.09	1	5,246.09	245.97***
Parenting Quality	183.11	1	183.11	8.59**
PC's Perceived Support	18.16	1	18.16	.85
Residual	5,993.21	281	21.33	
Total	11,440.58	284	5,468.69	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 14. Regression Coefficients for Model 2 Predicting Adolescent Externalizing Problems

Variable	*B*	*SE*	*T*	β	*sr*	*p*
Intercept	6.737	3.419	1.971			.050
Childhood Internalizing Problems	.487	.035	14.033	.648	.606	< .001
Parenting Quality	-.111	.036	-3.068	-.143	-.132	.002
PC's Perceived Support	.065	.071	.923	.043	.040	.357

Note. *SE* = standard error; *sr* = semipartial correlation.

adolescent externalizing problems, squared semipartial correlations indicated only 1.7% of adolescent externalizing problems variation uniquely accounted for by parenting quality. In Model 2, parent's perceived support was not a significant predictor of adolescent externalizing problems.

Model 3: Post Hoc Analysis of Childhood Externalizing Problems

Given the significance of childhood externalizing problems' effects on predicting adolescent externalizing problems, as indicated by Models 1 and 2, Model 3 examined childhood (Wave 1) factors that predicted childhood (Wave 1) externalizing problems. The three predictors selected, based on correlation coefficients for Model 3, were negative emotionality, parenting quality, and parent-child conflict. Model 3 results indicated that negative emotionality, parenting quality, and parent-child conflict were significant predictors of childhood externalizing problems. Model 3 regression results were statistically significant, F (3, 395) = 91.19, MSR = 43.36, $p < .001$, $R^2 = .409$, $R^2_{adj} = .405$ (see Table 15). As expected, final model coefficients (see Table 16) indicated that negative emotionality ($b = .61$, $SE = .06$, $p < .001$, 95%CI = .48 to .73), parenting quality ($b = -.18$, $SE = .04$, $p < .001$, 95%CI = -.26 to -.10), and parent-child conflict ($b = .10$, $SE = .01$, $p < .001$, 95%CI = .08 to .13) were statistically significant predictors of childhood externalizing problems. The regression weight associated with negative emotionality and parent-child conflict indicated that a change in negative emotionality and parent-child conflict impacted childhood externalizing problems by .39 units and .37 units, respectively. Examination of the squared semipartial correlation between negative emotionality and childhood externalizing problems ($.376^2$) revealed that 14.1% of childhood externalizing problems variation was uniquely accounted for by negative emotionality. Semipartial correlation between parent-child conflict and childhood externalizing problems ($.355^2$) revealed that parent-child conflict uniquely accounted for 12.6% of childhood externalizing problems variation. Although parenting quality was

TABLE 15. Regression Model 3 Predicting Childhood Externalizing Problems

Model Summary

	R	R^2	R^2_{adj}
	.640	.409	.405

ANOVA

Source	*SS*	*Df*	*MS*	*F*
Negative Emotionality	6,977.18	1	6,977.18	160.91***
Parent-child Conflict	4,053.62	1	4,053.62	93.49***
Parenting Quality	830.28	1	830.28	19.15***
Residual	17,125.29	395	430.36	
Total	28,986.37	398	11,904.44	

*p < .05. **p < .01. ***p < .001.

TABLE 16. Regression Coefficients for Model 3 Predicting Childhood Externalizing Problems

Variable	*B*	*SE*	*T*	β	*sr*	*p*
Intercept	11.713	3.014	3.886			< .001
Negative Emotionality	.605	.062	9.728	.388	.376	< .001
Parent-child Conflict	.103	.011	9.173	.367	.355	< .001
Parenting Quality	-.176	.004	-4.376	-.171	-.169	< .001

Note. *SE* = standard error; *sr* = semipartial correlation.

identified as a significant predictor, squared semipartial correlation indicated only 2.9% of childhood externalizing problems variation uniquely accounted for by parenting quality.

In sum, childhood externalizing problems were the most meaningful predictor of adolescent externalizing problems, primarily predicted by childhood negative emotionality and parent-child conflict. Even though childhood variables of IPV experienced and parenting quality were statistically significant in predicting adolescent and childhood internalizing problems, respectively, these factors uniquely accounted for a small amount of variance (i.e., < 10%). Of particular interest is that, although childhood negative emotionality was not a significant predictor of adolescent externalizing problems, it accounted for a significant amount of variance in childhood externalizing problems.

Adolescent General Self-Efficacy

Research Question 2

The second research question was, "To what extent will verbal abilities at childhood and parenting quality received at childhood account for the variance in general self-efficacy at adolescence?" Three different regression models were conducted to test for predictors of adolescent self-efficacy.

Model 1: Empirical-based Exploration of Adolescent Self-Efficacy

For Model 1, childhood (Wave 1) verbal abilities and parenting quality were entered into the model as predictor variables and adolescent (Wave 3) self-efficacy entered as the criterion variable. Model 1 regression results were statistically significant, F (2, 278) = 10.24, MSR = 125.70, $p < .001$, $R^2 = .069$, $R^2_{adj} = .062$ (see Table 17). Final

TABLE 17. Regression Model 1 Predicting Adolescent Self-Efficacy Score

Model Summary

	R	R^2	R^2_{adj}
	.262	.069	.062

ANOVA

Source	*SS*	*df*	*MS*	*F*
Verbal Ability	1,546.12	1	1,546.12	12.30***
Parenting Quality	1,027.44	1	1,027.44	8.17**
Residual	34,943.94	278	125.70	
Total	37,517.50	280	2,699.26	

*$p < .05$. **$p < .01$. ***$p < .001$.

model coefficients (see Table 18) indicated that both childhood verbal ability and parenting quality at childhood were statistically significant predictors of adolescent self-efficacy, $b = .58$, $SE = .23$, $p < .05$, 95%CI = .13 to 1.03 and $b = .25$, $SE = .09$, $p < .01$, 95%CI = .08 to .41, respectively. The regression weights associated with childhood verbal ability and parenting quality indicated that a change in verbal ability and parenting quality scores impacted adolescent self-efficacy by .15 and .17 units, respectively. Examination of the squared semipartial correlations revealed that childhood verbal ability and parenting quality scores uniquely accounted only for 2.1% and 2.7%, respectively, of adolescent self-efficacy variation. Despite being statistically significant, the amounts of variance explained by both predictor variables are small (i.e., < 10%).

TABLE 18. Regression Coefficients for Model 1
Predicting Adolescent Self-Efficacy Score

Variable	*B*	*SE*	*t*	*β*	*sr*	*p*
Intercept	77.015	5.693	13.527			< .001
Verbal Ability	.580	.230	2.527	.153	.146	.012
Parenting Quality	.245	.086	2.859	.173	.165	.005

Note. *SE* = standard error; *sr* = semipartial correlation.

Model 2: Ecological Examination of Adolescent Self-Efficacy

Using the ecological framework to depict a model from proximal to distal factors, Model 2 elicited results indicating that negative emotionality, parent-child conflict, and IPV experienced at childhood (Wave 1) were significant predictors of general self-efficacy at adolescence (Wave 3). Sequential multiple regression was conducted to determine the amount of variance in adolescent self-efficacy that could be explained by variables at different levels within the child's ecology. Model 2 regression results were statistically significant, F (3, 401) = 4.50, MSR = 125.70, $p < .01$, $R^2 = .033$, $R^2_{adj} = .025$ (see Table 19). Despite the fact that the overall model was statistically significant, final model coefficients (see Table 20) indicated that, when looking at each predictor variable individually, none of them were significant predictors of adolescent self-efficacy using Model 2.

TABLE 19. Regression Model 2 Predicting Adolescent Self-efficacy Score

Model Summary			
	R	R^2	R^2_{adj}
	.180	.033	.025

ANOVA				
Source	*SS*	*df*	*MS*	*F*
Negative Emotionality	858.44	1	858.44	6.83**
Parent-child Conflict	609.87	1	609.87	4.85*
IPV Experienced	228.85	1	228.85	1.82
Residual	50,405.28	401	125.70	
Total	52,102.44	404	1,822.86	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 20. Regression Coefficients for Model 2 Predicting Adolescent Self-Efficacy Score

Variable	*B*	*SE*	*t*	*β*	*sr*	*p*
Intercept	103.424	1.632	63.36			< .000
Negative Emotionality	-.189	.104	-1.812	-.092	-.089	.071
Parent-child Conflict	-.035	.021	-1.705	-.090	-.084	.089
IPV Experienced	-.012	.009	-1.349	-.071	-.066	.178

Note. *SE* = standard error; *sr* = semipartial correlation.

Model 3: Post Hoc Analysis of Adolescent Self-Efficacy

Considering the results of Model 1 and the nonsignificant findings associated with Model 2, Model 3 expanded on the first set of results by examining how much more parent's perceived support (at Wave 1) can explain variance in general self-efficacy (at

Wave 3) after controlling for verbal abilities and parenting quality. Parent's perceived support at childhood was chosen as a predictor given its correlation with general self-efficacy at adolescence. Such an analysis capitalizes on chance, as it is derived from correlations present in this sample rather than theoretical or empirical literature; thus, results must be interpreted with caution. Model 3 results indicated that verbal ability, parenting quality, and parent's perceived support at childhood were significant predictors of general self-efficacy at adolescence. Model 3 regression results were statistically significant, F (3, 276) = 12.75, MSR = 119.20, $p < .001$, $R^2 = .122$, $R^2_{adj} = .112$ (see Table 21). Final model coefficients (see Table 22) indicated that both childhood verbal ability and parent's perceived support were statistically significant predictors of adolescent self-efficacy, $b = .45$, $SE = .23$, $p < .05$, 95%CI = .01 to .90 and $b = .70$, $SE = .17$, $p < .001$, 95%CI = .36 to 1.03, respectively. The regression weight associated with childhood verbal ability and parent's perceived support indicated that a change in verbal ability and parent support scores impacted adolescent self-efficacy by .12 and .25 units, respectively. Examination of the squared semipartial correlation revealed that childhood verbal ability and parent's perceived support uniquely accounted for 1.3% and 5.5% of adolescent self-efficacy variation, respectively. Despite significance of childhood verbal ability and parent's perceived support as unique predictors of adolescent self-efficacy, the variance explained is relatively small (e.g., < 10%). Model 3 results indicated that parenting quality was not a significant predictor of adolescent self-efficacy.

TABLE 21. Regression Model 3 Predicting Adolescent Self-Efficacy Score

Model Summary			
	R	R^2	R^2_{adj}
	.349	.122	.112

ANOVA				
Source	*SS*	*Df*	*MS*	*F*
Verbal Ability	1,493.60	1	1,493.60	12.53***
Parenting Quality	1,022.74	1	1,022.74	8.58**
Parent Perceived Support	2,043.61	1	2,043.61	17.14***
Residual	32,900.32	276	119.20	
Total	37,460.27	279	4,679.15	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 22. Regression Coefficients for Model 3 Predicting Adolescent Self-Efficacy Score

Variable	*B*	*SE*	*T*	*β*	*sr*	*p*
Intercept	56.529	7.458	7.580			< .001
Verbal Ability	.454	.227	1.999	.119	.113	.047
Parenting Quality	.156	.086	1.805	.110	.102	.072
Parent's Perceived Support	.695	.168	4.141	.246	.234	< .001

Note. *SE* = standard error; *sr* = semipartial correlation.

In sum, the most meaningful predictors of adolescent self-efficacy are parent's perceived support and childhood verbal ability. Although these variables were statistically significant in predicting self-efficacy, these factors uniquely accounted for a small amount of variance (i.e., < 10%). Of particular interest is that negative childhood

factors—negative emotionality, parent-child conflict, and IPV experienced—did not statistically predict adolescent self-efficacy.

Parental Monitoring at Adolescence

Research Question 3

The third research question investigated parenting quality, specifically parental monitoring, as a criterion variable: "After controlling for parenting quality received at childhood, to what extent will parent-child conflict at childhood and IPV experience at childhood account for variance in parental monitoring at adolescence?" Three different regression models—empirical-based, ecological framework, and post hoc analysis—were used to maximize the variance explained for parenting quality received at adolescence.

Model 1: Empirical-based Exploration of Parental Monitoring at Adolescence

For Model 1, the following variables—childhood (Wave 1) parenting quality, IPV experienced, and parent-child conflict—were entered into the model as predictor variables and the adolescent (Wave 3) parental monitoring was entered as the criterion variable. After controlling for childhood parenting quality, Model 1 elicited results indicating that IPV experienced and parent-child conflict variables were significant predictors of adolescent parenting quality—specifically, parental monitoring. Sequential multiple regression was conducted after controlling for parenting quality at childhood in order to determine the amount of variance in parenting quality at adolescence that could be explained by IPV experienced and parent-child conflict at childhood. Model 1

regression results were statistically significant, F (3, 269) = 21.85, MSR = 7.36, $p < .001$, $R^2 = .196$, $R^2_{adj} = .187$ (see Table 23). As expected, final model coefficients (see Table 24) indicated that parenting quality was a statistically significant predictor of parental monitoring, $b = .16$, $SE = .02$, $p < .001$, 95%CI = .12 to .2. The regression weight associated with parenting quality indicated that a change in parenting quality score impacted parental monitoring by .44 units. Examination of the squared semipartial correlation ($.432^2$) between parenting quality and parental monitoring revealed that 18.7% of parental monitoring score variation was uniquely accounted for by parenting quality score. Further examination of the remaining two predicted variables revealed that neither IPV nor parent-child conflict were statistically significant predictors of parental monitoring score (i.e., $p > .05$).

TABLE 23. Regression Model 1 Predicting Parental Monitoring

Model Summary

	R	R^2	R^2_{adj}
	.443	.196	.187

ANOVA

Source	SS	df	MS	F
Parenting Quality at Childhood	479.62	1	479.62	65.17***
IPV Experienced	.53	1	.53	.07
Parent-Child Conflict	2.51	1	2.51	.34
Residual	1,980.97	269	7.36	
Total	2,463.63	272	490.02	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 24. Regression Coefficients for Model 1 Predicting Parental Monitoring

Variable	*B*	*SE*	*The*	*β*	*sr*	*p*
Intercept	-3.962	1.433	-2.766			.006
Parenting Quality at Childhood	.159	.020	7.908	.440	.432	< .001
IPV Experienced	.001	.003	.446	.026	.024	.656
Parent-Child Conflict	-.003	.006	-.584	-.034	-.032	.559

Note. *SE* = standard error; *sr* = semipartial correlation.

Model 2: Ecological Examination of Parental Monitoring at Adolescence

Using the ecological framework to depict a model from proximal to distal factors, Model 2 elicited results indicating that verbal ability, childhood parenting quality, and parent's perceived support were significant predictors of the quality of parenting—as represented by parental monitoring—during a child's adolescence. Sequential multiple regression was conducted to determine the amount of variance in adolescent internalizing problems that could be explained by variables at different levels within the child's ecology. Model 2 regression results were statistically significant, F (3, 267) = 28.46, MSR = 6.79, $p < .001$, $R^2 = .242$, $R^2_{adj} = .234$ (see Table 25). Final model coefficients (see Table 26) indicated that childhood verbal ability, parenting quality, and PC parent's perceived support were statistically significant predictors of parental monitoring, $b = .14$, $SE = .06$, $p < .05$, 95%CI = .03 to .25, $b = .12$, SE = .02, $p < .001$, 95%CI = .08 to .16, and $b = .14$, $SE = .04$, $p < .01$, 95%CI = .06 to .22, respectively. The regression weights associated with childhood verbal ability, parenting quality, and parent's perceived support

TABLE 25. Regression Model 2 Predicting Parental Monitoring

Model Summary				
	R	R^2	R^2_{adj}	
	.492	.242	.234	
ANOVA				
Source	*SS*	*df*	*MS*	*F*
Verbal Ability	176.98	1	176.98	26.05***
Parenting Quality at Childhood	324.41	1	324.41	47.76***
PC's Perceived Support	78.53	1	78.53	11.56***
Residual	1,813.84	267	6.79	
Total	2,393.76	270	586.71	

*p < .05. **p < .01. ***p < .001.

TABLE 26. Regression Coefficients for Model 2 Predicting Parental Monitoring

Variable	*B*	*SE*	*t*	β	*sr*	*p*
Intercept	-7.816	1.779	-4.394			< .001
Verbal Ability	.138	.056	2.473	.139	.132	.014
Parenting Quality at Childhood	.119	.021	5.735	.330	.306	< .001
PC's Perceived Support	.139	.041	3.400	.193	.181	.001

Note. *SE* = standard error; *sr* = semipartial correlation.

indicated that a change in those scores impacted parental monitoring by .14, .33, and .19 units, respectively. Examination of the squared semipartial correlation revealed that each predictor's unique contribution to parental monitoring variation was relatively small (i.e., < 10%).

Model 3: Post Hoc Analysis of Childhood Parenting Quality

Considering the significance of parenting quality's effects on predicting parental monitoring, as indicated by Models 1 and 2, Model 3 examined childhood factors that predicted parenting quality at childhood. Correlation results revealed that parent's perceived support, child's verbal ability, and child's externalizing and internalizing problems had the highest correlation coefficients. Consequently, these four variables were selected as predictors for post hoc analysis. Model 3 regression results were statistically significant, F (4, 388) = 22. 24, MSR = 56.10, $p < .001$, $R^2 = .186$, $R^2_{adj} = .178$ (see Table 27). Final model coefficients (see Table 28) indicate that parent's perceived support, childhood verbal ability, and childhood externalizing problems are significant predictors of parenting quality at childhood, $b = .40$, $SE = .09$, $p < .001$, 95%CI = .22 to .58, $b = .62$, $SE = .13$, $p < .001$, 95%CI = .37 to .88, and $b = .40$, $SE = .09$, $p < .001$, 95%CI = .22 to .58, respectively. The regression weight associated with parent's perceived support indicated that a change in parent's perceived support score impacted parenting quality by .21 units. Examination of the squared semipartial correlation between significant predictors and parenting quality revealed that percentage of parenting quality score variation explained by parent's perceived support, childhood verbal ability, and childhood externalizing problems was relatively small (i.e., < 10%). Childhood internalizing problems were not a significant predictor of parenting quality score.

TABLE 27. Regression Model 3 Predicting Parenting Quality at Childhood

Model Summary

	R	R^2	R^2_{adj}
	.432	.186	.178

ANOVA

Source	*SS*	*Df*	*MS*	*F*
Parent's Perceived Support	2,517.24	1	2,517.24	44.87***
Verbal Ability	1,380.93	1	1,380.93	24.62***
Childhood Externalizing Problems	959.49	1	959.49	17.10***
Childhood Internalizing Problems	131.99	1	131.99	.03
Residual	21,765.41	388	56.10	
Total	26,755.06	392	5,045.75	

*$p < .05$. **$p < .01$. ***$p < .001$.

TABLE 28. Regression Coefficients for Model 3 Predicting Parenting Quality at Childhood

Variable	*B*	*SE*	*T*	β	*sr*	*p*
Intercept	5.737	3.838	13.219			.000
Parent's Perceived Support	.398	.093	4.272	.206	.196	< .001
Verbal Ability	.624	.130	4.812	.226	.220	< .001
Childhood Externalizing Problems	-.150	.052	-2.905	-.155	-.133	.004
Childhood Internalizing Problems	-.114	.074	-1.534	-.082	-.070	.126

Note. *SE* = standard error, *sr* = semipartial correlation.

In sum, the most meaningful predictor of parental monitoring at adolescence is parenting quality at childhood. Although there were many childhood variables—verbal ability, parent-child conflict, and parent's perceived support—that were statistically significant in predicting parenting quality and parental monitoring, these factors uniquely accounted for a small amount of variance (i.e., < 10%). Of particular interest is that IPV experienced and parent-child conflict at childhood were not related to parenting quality.

CHAPTER IV

DISCUSSION

The purpose of this study was to examine childhood risk and protective factors across different levels of ecology as predictors of various outcomes for a community sample of adolescents who experienced interparental violence (IPV) as children. For each criterion variable, three different models were tested using multiple regression analysis. The first model utilized empirical research to inform predictor variables. The second model used an ecological framework to examine the predictability of selected variables from proximal to distal factors. Finally, the third model was a post hoc analysis that was derived from the results of previous models. These three models were tested in order to thoroughly exhaust efforts to maximize variance explained for each criterion variable given the predictor variables. The primary findings of this dissertation study, summarized across each of the three models, were as follows. First, childhood (Wave 1) negative emotionality predicted childhood internalizing problems, which predicted adolescent (Wave 3) internalizing problems. More specifically, childhood emotionality uniquely accounted for 15.1% of the variance in childhood internalizing problems, which uniquely accounted for 17.1% of the variance in adolescent internalizing problems. Second, childhood emotionality and parenting quality at childhood predicted childhood externalizing problems, which predicted adolescent externalizing problems. Emotionality and parenting quality accounted for 14.1% and 12.6% of the variance, respectively, in childhood externalizing problems, which in turn accounted for 23.8% of the variance in

adolescent externalizing problems. Third, none of the childhood variables included in this study accounted for variance in adolescent general self-efficacy. Lastly, parenting quality at childhood accounted for variance in parental monitoring at adolescence; however, none of the study variables accounted for variance in parenting quality at childhood. Results of the present study extend the limited longitudinal research on internalizing and externalizing problems and general self-efficacy of nonclinical adolescents who experienced IPV during their childhood years. Additionally, I explored the influence of childhood factors (e.g., verbal ability) on parenting, but did not identify any practically significant predictors.

This chapter is organized in the following manner: (a) I present results for all three regression models by criterion variable (internalizing and externalizing problems, general self-efficacy, and parental monitoring at adolescence); (b) I discuss the results in the context of current literature; (c) study strengths and limitations are highlighted; and (d) I describe implications of this study for research and practice.

Adolescent Internalizing and Externalizing Problems

As predicted, childhood (Wave 1) internalizing and externalizing problems were significant predictors of adolescent (Wave 3) internalizing and externalizing problems, respectively. Model 1 (based on the literature) indicated that childhood internalizing problems uniquely accounted for 17.1% of the variance in adolescent internalizing problems; childhood externalizing problems accounted for 23.8% of the variance in adolescent externalizing problem scores. Similarly in Model 2 (based on the Ecological

Model), childhood internalizing and externalizing problems uniquely accounted for 18.7% and 36.7% of adolescent internalizing and externalizing problems, respectively. Results of the test of Model 3 (post hoc analysis) indicated that negative emotionality of children who experienced IPV was the most significant predictor of current internalizing problems, uniquely accounting for 15.1% of the variance in adolescent internalizing problems; negative emotionality and parenting quality accounted for 14.1% and 12.6%, respectively, of the variance in childhood externalizing problems. These results are congruent with recent studies that have shown a positive relationship between negative emotionality and externalizing and internalizing problems among children (e.g., Janson & Mathiesen, 2008). Additionally, the present study increases our understanding of parenting as a protective factor in helping lower externalizing problems among children who have experienced IPV (see, e.g., Jouriles et al., 2009). In summary, this study extends the understanding of negative emotionality and the experience of IPV as vulnerability factors and parenting quality as a protective factor in behavior problems among children who have experienced IPV. Significant findings are now discussed and possible vulnerability and protective processes are considered.

IPV Experience and Adolescent Behavioral Problems

As hypothesized, Model 1 (empirical-based model) showed that childhood (Wave 1) internalizing and externalizing problems and IPV experienced in childhood were significant predictors of adolescent (Wave 3) behavioral problems. The amount of unique variance that the experience of IPV accounted for in long-term behavioral

problems, however, was very small (i.e., less than 3%). In other words, the experience of IPV was not a strong predictor of long-term internalizing and externalizing problems in this nonclinical sample. These results are contrary to the findings of previous studies that documented a greater overall effect of experiencing IPV on children's negative behavioral outcomes (see Kitzmann et al., 2003; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003).

There are a few possible explanations for why IPV experienced in childhood had a very small impact on long-term behavioral problems in adolescence. First, distribution of IPV experienced was restricted, and consequently, the multiple regression model's normality assumption was violated. Second, the majority of studies that have examined the relationship between IPV and child behavioral problems were conducted with clinical samples from domestic violence shelters (Huth-Bocks & Hughes, 2008), hospitals (Owen, Thompson, & Kaslow, 2006), or reported incidents of IPV (Kernic et al., 2003). It is likely that in clinical samples, the IPV experienced by a child is more intense and more frequent relative to nonclinical samples. This explanation, however, is questionable because findings with nonclinical community samples have also indicated a relationship between IPV and behavior problems (Skopp et al., 2007). Third, a possible explanation may be directly related to parental conflict. Examination of the descriptive statistics associated with IPV experienced in this sample shows a relatively narrow range of frequency of conflict between parents in this sample. Results of a number of studies have indicated that the combination of frequency, duration, severity, and proximity of IPV experienced by the child exacerbate long-term behavioral problems. For example, the

cumulative experience of IPV placed children at risk for behavioral problems (Graham-Bermann & Perkins, 2010). It may be that a restricted range of frequency, duration, and intensity of IPV in the present sample resulted in a lower coefficient. Lastly, perhaps other moderators or mediators (e.g., coping skills) may better explain the lack of relationship between IPV and current and future behavioral problems. Future research that accounts for other ecological factors beyond those examined in this study (e.g., children's level of attachment, accumulation of IPV experienced, appraisal of IPV, and child's level of perceived support) may lead to deeper understanding of the long-term relationship between IPV and youth adjustment.

Negative Emotionality and Childhood Behavioral Problems

The present study examined negative emotionality as a predictor variable, and results revealed disparate outcomes with respect to current and long-term behavioral problems. I expected that negative emotionality at childhood would account for unique variance in adolescent internalizing and externalizing problems. Contrary to this hypothesis, Model 1 (empirical-based model) showed that childhood (Wave 1) negative emotionality was not a significant predictor of adolescent internalizing and externalizing problems. It may be that by adolescence, children with greater negative emotionality had developed more complex coping strategies and were able to express emotions appropriately (Shelton & Harold, 2007). Model 3 (post hoc analysis) supports the hypothesis that children who have experienced IPV and who have a high emotionality makeup are at risk for developing behavioral problems due to underdeveloped coping

skills. This model revealed that negative emotionality uniquely accounted for 15.1% and 14.1% of variance in childhood internalizing and externalizing problem scores, respectively. The test of Model 3 results is consistent with findings of recent studies examining the positive relationship between negative emotionality and behavioral problems (Eisenberg et al., 2009; Janson & Mathiesen, 2008).

Perpetrators of IPV have been shown to have poor ability to express emotions and low affective awareness (Yelsma, 1996), and children may end up learning and modeling such emotional temperament. Additionally, negative emotionality is likely exacerbated when experiencing IPV. In other words, a child who has a genetic predisposition for strong emotional responses and who experienced IPV in her/his home environment is more likely to have behavioral difficulties, most likely due to poor skills to self-regulate and self-soothe. This difficulty in regulating emotions negatively impacts interpersonal relationships with peers, and having negative peer regard is related to behavioral problems (McDowell, Kim, O'Neil, & Parke, 2002). The results suggest that, during assessment for short-term behavioral problems in this population, it may be more important to examine a child's negative emotionality than parent-child conflict or IPV experienced. In addition, children's negative emotionality is of particular importance in IPV research because (a) temperament and behavioral development are related (Rothbart, Ahadi, & Hershey, 1994; Rothbart & Bates, 2006); (b) temperament can be a risk and a protective factor (Buss & Plomin, 1984); and (c) the likelihood of developing negative emotionality increases when experiencing IPV because negative emotionality is reinforced.

Parenting Quality and Childhood Externalizing Problems

The present study revealed that parenting quality at childhood was a strong predictor of externalizing problems at childhood. As expected, Model 2 (ecological framework) results indicated that parenting quality at childhood (Wave 1) was a significant predictor of adolescent (Wave 3) internalizing and externalizing problems. More specifically, higher levels of parenting quality—coupled with higher levels of parent's perceived support—predicted lower adolescent internalizing problem scores. Despite being statistically significant (i.e., $p < .05$), parenting quality at childhood uniquely accounted for a very small amount of variance in internalizing and externalizing problem scores at adolescence (i.e., less than 3%). Model 3 (post hoc analysis) results, however, showed that parenting quality was a significant predictor of childhood externalizing problems, which uniquely accounted for 12.6% of variance in externalizing problems. This finding is consistent with recent studies that discussed the protective nature of positive parenting on children's adjustment despite experiencing IPV. In a community sample of resilient children who experienced IPV, those who were more resilient had mothers with lower depressive symptoms and higher parenting skills (Graham-Bermann, Gruber, Howell, & Girz, 2009). One component of overall parenting quality (as measured by HOME) involves appropriate response to children's needs, participation in a variety of activities with a parent or adult, and encouragement to engage in hobbies regularly. For children experiencing IPV, providing such opportunities may improve the child's coping skills. For example, closeness to a family member or an adult

may promote deeper connection, activities outside the home might help them escape from the experience of IPV, and participation in sports could represent a sense of order in the midst of chaos (Aymer, 2008; Gonzales et al., 2008; Suzuki et al., 2008). Moreover, parents who are active in child rearing are likely to be involved and engage their children in various activities and model appropriate emotion-regulation skills. Such parent-child interaction may promote a greater sense of acceptance and mastery in regulating emotions as modeled by the caregiver, which may increase feelings of safety and protection despite the experience of violence (Kliewer et al., 2004).

Parenting stress is of particular importance to consider in the context of IPV, given its stressful nature and its debilitating impact on caregiver's ability to provide appropriate parenting quality. Findings from a study of women and children survivors of IPV living in shelters indicated that parenting mediated the positive relationship between parenting stress and child behavioral problems (Huth-Bocks & Hughes, 2008). In another study, higher maternal warmth had a moderating effect in lowering children's externalizing problems (Skopp et al., 2007). In conjunction with extant research, the present findings suggest that parenting quality may play a protective role in the direct relationship between IPV and children's externalizing problems (though not with internalizing problems). Future research efforts should further explore which processes related to parenting (i.e., warmth, parenting stress) may moderate externalizing problems related to IPV.

In sum, early (childhood) behavioral problems were the strongest predictors of later (adolescent) internalizing and externalizing problems; this finding was expected

given that prior levels of risk tend to covary with future levels of risk. For instance, adolescents' early use of cigarettes is the strongest predictor of young adulthood substance dependence (Brook, Balka, Ning, & Brook, 2007). Even though IPV experienced and parenting quality were statistically significant in predicting adolescent behavioral problems, regression model coefficients indicated that the variance explained was very small (i.e., less than 3%). These findings indicate that there are other factors accounting for variation in adolescent behavior problems. Additionally, negative emotionality was a relatively strong predictor of present internalizing and externalizing problems. This finding suggests that it may be of value to explore negative emotionality in the development of intervention strategies—that is, explore the effects of helping children regulate strong emotions to minimize children's internalizing and externalizing behavioral problems. Perhaps being able to develop appropriate parenting skills for a child's particular negative emotionality may optimize protective processes related to negative outcomes associated with experiencing IPV. The bottom line is that negative emotionality and parenting quality play critical roles in current behavioral problems, which are significant predictors of future behavioral problems.

Adolescent General Self-Efficacy

Self-efficacy has been identified as a "defining attribute" of resilience (Gillespie et al., 2007). For the test of Model 1 (empirical-based model), as hypothesized, verbal ability and parenting quality at childhood (Wave 1) were significant predictors of adolescent (Wave 3) general self-efficacy. These variables only accounted for a very

small percentage of unique variance in adolescent self-efficacy scores (2.7% and 2.1%, respectively). In the test of Model 2 (ecological framework), none of the predictors (negative emotionality, parent-child conflict, and IPV experience) accounted for variance in adolescent self-efficacy. In the test of Model 3 (post hoc analysis), perceived parent support was a significant predictor, although it accounted for only 5.5% of the variance in adolescent general self-efficacy. Contrary to Model 1, results of Model 3 showed that once parental support was added to the regression model, the impact of parenting quality was no longer significant. Because of the small amount of variance explained in Models 1 and 3, these results must be interpreted with caution. Results of the tests of Models 1 and 3 suggest that individual, microsystemic, and mesosystemic factors assessed during childhood may help shape general efficacy at adolescence. It is unclear, however, as to why parent's perceived support would be the strongest predictor of adolescent self-efficacy. Previous research has documented the protective process of parenting on self-efficacy. For instance, Nebbit (2009) found that maternal support was positively related to self-efficacy among African-American adolescent males. Bandura (1977) indicated that efficacy is multidimensional and domain specific; that is, a person's belief in one's ability to achieve a desired outcome depends on the task and expectation given the situation. Instead of general self-efficacy, perhaps it may be more informative to explore a specific type of efficacy—academic, occupational/vocational, social/interpersonal—that could facilitate resilience for the present population. For instance, children's coping efficacy was shown to moderate the relationship between IPV experience and internalizing problems (Shelton & Harold, 2007). Given the study results, the following section

discusses a possible protective process regarding significant predictors of adolescent general self-efficacy.

Childhood Verbal Ability and Adolescent Self-Efficacy

Study results of Model 1 showed that having greater verbal ability is related to greater general efficacy. A possible protective process of cognitive ability is as follows: Better than average intelligence may facilitate greater coping efficacy despite a stressful home environment, by helping the child focus efforts on schoolwork, engage in prosocial activities, and understand that violence is not an appropriate means to resolve interpersonal conflict. Neither Model 1 (empirical-based) nor 2 (Ecological Model), however, was able to account for much variance in adolescent self-efficacy. The test of Model 3 (post hoc analysis) provided an opportunity to explore other potential predictors. Even though childhood verbal ability was significant, the amount of variance in long-term self-efficacy uniquely accounted for by verbal ability was very small (i.e., less than 3% of variance explained). One possible explanation why childhood verbal ability had a very small correlation with adolescent self-efficacy may be directly related to performance accomplishments, which Bandura (1994) identified as the greatest contributor to self-efficacy. Applying one's verbal ability may increase the likelihood of achieving academic success (e.g., obtaining above average scores in English). By gaining a sense of academic accomplishment, a child may be more willing to take on more challenging tasks on other domains, given her/his efficacy expectations. Bandura (1977) described the generality dimension of efficacy as the transferability of efficacy to other situations. When a child

accrues more performance accomplishments and increases her/his sense of mastery, this child will be better equipped when facing adversities and will be more more persistent in pursuing desired outcomes.

Parenting Quality Received at Childhood and Adolescent Self-Efficacy

Contributions of parenting quality received at childhood (Wave 1) to general self-efficacy differed depending on the model. Model 1 (empirical-based) indicated that childhood parenting quality was a very small but significant predictor of adolescent self-efficacy. The children who participated in the study and received higher parenting quality are somewhat more likely to be confident about their ability to have a bright future, to achieve academic success, to navigate through their neighborhood safely, to create a safe home environment, and to socialize with other people. Despite a reasonable argument for how parenting quality may help increase adolescent general self-efficacy, its overall influence on later self-efficacy is questionable given Model 3 (post hoc analysis) results, which are discussed in the following section.

Parental Support and Adolescent Self-Efficacy

As indicated by the results of the test of Model 3 (post hoc analysis), once parental support in childhood was added as a predictor of self-efficacy in adolescence, parenting quality was no longer a significant predictor. Even though parent's perceived support was the most influential predictor of adolescent self-efficacy, the amount of variance explained was very low (i.e., less than 6% of variance in self-efficacy scores was

explained by parent's support). This result suggests that parent's perceived support may be more important than parenting quality with respect to adolescents' general self-efficacy. It is unclear as to why parent's perceived support would impact adolescent self-efficacy. Perhaps support from family and friends gave survivors of IPV the opportunity to discuss and process the hardships related to IPV, and thus provided greater validation, empathy, and encouragement). Having supportive experiences is likely to increase the parent's capacity to provide nurturance and support, which in turn is then associated with higher self-efficacy and increased parenting abilities. By having higher parenting efficacy, parents may have modeled such beliefs, which in turn may have contributed to children developing higher efficacy. Further investigation of the relationship between parent's perceived support and adolescent self-efficacy may shed further light on this relationship.

Parental Monitoring at Adolescence

After controlling for parenting quality received at childhood (Wave 1), Model 1 (empirical-based) attempted to predict parenting, specifically parental monitoring (Wave 3), as an outcome variable using IPV experienced by child (Wave 1) and level of parent-child conflict as predictors. As expected, parenting quality received at childhood uniquely accounted for 18.7% of the variance in parental monitoring scores at adolescence; parental monitoring is not a subscale of overall parenting quality. After controlling for parenting quality, Model 1 indicated that neither IPV experienced nor parent-child conflict at childhood was a significant predictor of parental monitoring at adolescence. Similarly, in Model 2 (ecological-based), parenting quality at childhood was a significant

predictor and uniquely accounted for 9.4% of parental monitoring at adolescence. Additionally, both child verbal ability and parent's perceived support at childhood were also significant predictors of parental monitoring at adolescence. The amount of variance explained by these two variables, however, was very small (i.e., less than 4%). Results of the test of Model 3 (post hoc analysis) indicated that verbal ability, parent's perceived support, and low levels of externalizing problems at childhood were the most significant predictors of parenting quality at childhood. The amount of variance uniquely explained by each predictor was, once again, very small (i.e., less than 5%). Considering the small variance explained by predictor variables in all three models, these results must be interpreted with caution. To my knowledge, this is the first study to explore parenting as an outcome variable (as opposed to a predictor variable) among survivors of IPV in order to examine ecological factors that contribute to effective parenting despite being surrounded by stressors. Significant findings and possible protective and vulnerability processes are discussed below.

Parent's Perceived Support and Parental Monitoring

The study results indicated that higher levels of parent's perceived support predicted higher levels of parental monitoring at adolescence. After parenting quality at childhood, the results of Model 2 (based on the Ecological Model) indicated that, among the predictor variables, parent's perceived support at childhood uniquely explained the next largest variance in parental monitoring scores at adolescence. Model 3 (post hoc analysis) indicated that the parent's support was also a significant predictor of parenting

quality at childhood. However, the amounts of variance in current and long-term parenting uniquely accounted for by the parent's support were very small (i.e., both models indicated less than 4% of variance explained); results, therefore, must be interpreted with caution. The results of Models 2 and 3 were congruent with previous studies that examined the protective effects of parents' social support on parenting. For example, Levendosky and Graham-Berman (2001) found that lack of social support among women survivors of IPV was a significant predictor of poor maternal psychological well-being, which predicted lower levels of marital satisfaction, and the latter two variables predicted lower parenting quality. Some studies, however, have not been able to replicate such findings. For instance, Gewirtz, DeGarmo, and Medhanie (2011) found no relationship between maternal mental health problems and parenting among women and children who experienced IPV within a 3-week period. Considering that perpetrators of IPV use restriction of peer interaction as a control tactic to keep survivors isolated (Chronister, Linville, & Kaag, 2008), assessing for survivor's sense of social support may have a direct effect on parenting quality, which would protect children survivors from developing behavioral problems that impair academic, social, and family functioning.

Child's Verbal Ability and Parenting Quality

The test of Models 2 and 3 indicated that a child's verbal ability was a significant predictor of parental monitoring at adolescence and parenting quality at childhood, respectively; however, the amount of variance in current and long-term parenting

uniquely accounted for by child's verbal ability was very small (i.e., both models indicated less than 5% of variance explained). Consequently, results must be interpreted with caution. The study attempted to uncover the influence of verbal ability on short- and long-term parenting provided by parent survivors of IPV. One possible explanation as to why higher verbal ability is related to higher parental monitoring may be directly related to behavior problems; that is, children with higher verbal ability have higher cognitive ability and lower levels of behavioral problems. It is possible that children with greater verbal ability are not only academically successful and have higher levels of efficacy, but they also have developed and implemented effective coping skills, which reduces the risk of developing behavioral problems related to experiencing IPV as an adversity. Parents whose children are well behaved and have high academic grades are likely to be less stressed and are likely to engage in more warm and democratic parenting practices (e.g., encouragement, providing choices, etc.) as opposed to authoritarian approaches (e.g., harsh limit setting, strict parental controls, etc.) For example, engaged parents had adolescents who were cognitively stimulated, attained academic success, and were less likely to develop or engage in problem behaviors (Simpkins et al., 2009).

In summary, parenting has been shown to significantly protect children from developing problem behaviors directly related to IPV experience (see, e.g., Gewirtz et al., 2011). This study attempted to examine ecological factors that predicted current and long-term parenting. Results, however, did not identify strong predictors of parenting among survivors of IPV. Lapierre (2010) pointed out that mother survivors of IPV have an increased sense of responsibility for their children, but these mothers have a sense of loss

concerning their mothering ability. Therefore, further investigation is needed to uncover other variables that predict parenting skills and practices for survivors of IPV. Such research may help isolate factors that have a greater impact on survivors' overall sense of worth and children's adjustment.

Summary of Model Results

Overall, Model 1 (empirical-based) results found that previous levels of an outcome were the best predictors of future levels of an outcome. For instance, the childhood behavioral problems variable significantly predicted adolescent behavioral problems. Model 2 (ecological framework) results examined other ecological factors that could further explain outcome variance scores; however, variance explained by study predictors was very small across all outcomes. Model 3 (post hoc analysis) illuminated childhood factors that predicted childhood outcomes. For example, childhood negative emotionality was a significant predictor of internalizing and externalizing behaviors.

Strengths and Limitations

The present study used a developmental-ecological framework to examine individual and contextual factors across the child's systems (Bronfenbrenner, 1979, 1989) and to determine predictors of varied outcomes. Like many studies of resilience, both positive (e.g., self-efficacy and parental monitoring) and negative outcomes (e.g., internalizing and externalizing problems) were investigated. This study attempted to address gaps in the research on interparental violence (IPV) and resilience by (a) using a

longitudinal research design to explore adolescent outcomes, (b) using a nonclinical sample from diverse ethnic and socioeconomic backgrounds, (c) examining the predictability of adolescent general self-efficacy and sustainability of parenting, and (d) testing childhood variables beyond microsystemic factors as predictors. These characteristics are strengths of the study, along with the strength of a large sample size. Given the exploratory nature of this study, three different regression models were used to examine relationships between predictor and criterion variables. After determination of relevant ecological factors during childhood that predicted children's long-term behavioral problems, youth's general self-efficacy, and caregivers' parental monitoring at adolescence, putative protective and vulnerability processes were discussed that may have modified or exacerbated the effects of experiencing IPV during childhood.

Despite outlined strengths of this study, there were several limitations. First, hierarchical regression analyses of multiple variables cannot be interpreted to determine causality; instead, multiple regression analyses only reveal relationships between predictor and criterion variables (Tabachnick & Fidell, 2007). Second, even though some of the identified variables were statistically significant predictors of study outcomes, the percentage of variance uniquely explained by predictor variables was very low. It is clear that important explanatory factors were missing from the models. Third, the data may be subject to measurement error. Data from the Project on Human Development in Chicago Neighborhoods (PHDCN) were based on multiple reporters. If there had been multiple reporters for the same variable/construct, then scores—and perhaps findings—would be less prone to measurement error. Also, some of the instruments used to measure

constructs (e.g., childhood negative emotionality, general self-efficacy, and parental monitoring) had inherent limitations. Specifically, some of the measures were created or customized specifically for the PHDCN study, and did not have strong evidence of validity or reliability. In addition, the construct of parental monitoring at adolescence was based only on three items. Fourth, the measure of IPV was based on frequency of a wide array of disputes between primary caregiver and her/his partner over a 1-year period; severity and duration of conflicts were not reported. Fifth, the sample of children who experienced IPV was more representative of Chicago neighborhoods than the greater United States census. Findings for this group may not be applicable to other regions of the country given possible differences in cultural and demographic trends. For example, a limitation of this study is the failure to examine racial/ethnic and gender differences regarding the impact of IPV on children's development and the cultural factors that may have contributed uniquely to children's resilience. Lastly, the skewness of distribution for some variables was negative (e.g., parenting quality) or positive (e.g., IPV experienced, internalizing and externalizing problems), making tenability of some distributional assumptions questionable.

Implications for Research and Practice

The small amount of variance explained by the predictor variables in this study limit the implications for research and practice. Findings suggest the importance of consideration of the child's ecological systems when examining long-term youth outcomes of IPV. The connection between problems in childhood and adolescence

supports the importance of early intervention and prevention efforts (e.g., Fisher, Ellis, & Chamberlain, 1999) that characterize much of the literature in this topic area. For example, Mathiesen and Prior (2006) found that supportive conditions (e.g., mother's perceived support from friends), family risk factors (e.g., family strain in the past year), and temperament (e.g., child's emotionality) at 18 months were significant predictors of behavioral problems and social competence at age 8. The results of the present study highlight the magnitude of early intervention for children who experienced IPV prior to age 9, and such efforts may be critical to the foundation of resilient development.

The present study also found that higher levels of parenting quality strongly predicted lower levels of current externalizing behaviors. Being able to improve specific parenting skills may help address parents' most pressing needs. For instance, Jouriles et al. (2001) developed an intervention that taught child management skills to mother survivors of IPV, and results showed that children's conduct problems were significantly reduced. Even though the results of the present study were not consistent with findings of parenting as a protective factor for long-term behavioral problems, intervention efforts that involve the parents (e.g., developing parenting competence, providing parenting support, and validating hardships related to parenting and intimate partner violence) have been found to reduce youth behavioral problems related to IPV experience (Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007).

Of those variables examined, parent's total perceived support "best" predicted adolescent efficacy. While intervention efforts that provide support for parent survivors made a direct impact on a parent's well-being (Allen & Wozniak, 2011), the ripple effect

on children survivors' long-term outcome may be more profound. After following a school cohort over a 20-year span, Masten et al. (2004) concluded that continued competence and resilience into early adulthood originated from core competencies (e.g., intelligence, parenting quality) developed and received in childhood. Perhaps extra attention to parent's social support during the child's most formative years may increase the likelihood of resilient outcomes for children who grow up experiencing IPV.

This is the first study to examine parenting as an outcome variable for caregiver and children survivors of IPV. Researchers may want to continue exploring parenting as a criterion variable to examine other ecological factors (e.g., assessing how caregivers were parented, level of parenting confidence/efficacy) that provide pathways to sustained positive parenting. In doing so, researchers may be able to identify protective processes of such factors and help refine parenting intervention for IPV survivors.

Given the impact of peers on youth outcomes, future research could examine the impact of children's perceived social support on long-term outcomes; unfortunately, the reliability measure for the variable "child's perceived support" was inadequate (i.e., alpha < .70). Positive relations with peers reduce long-term negative effects of family adversity on externalizing behaviors (Criss, Pettit, Bates, Dodge, & Lapp, 2002; Lansford et al., 2006; Schwartz, Dodge, Pettit, & Bates, 2000). Lansford et al. (2006) suggested that these children have positive outcomes as a result of acquiring appropriate social skills, learning how to modify behavior, and increasing bonds at school. The use of a developmental-ecological framework to better understand the long-term ramifications of IPV experience on youth adjustments and careful consideration of the interaction between genetic

predisposition and environment over time may uncover other factors that explain a larger amount of variance in these outcomes.

Conclusion

The present study examined ecological factors that potentially predicted internalizing and externalizing problems, general self-efficacy, and parental monitoring at adolescence in a longitudinal sample of participants who experienced IPV in childhood. Results can be summarized as follows: (a) Childhood negative emotionality was a significant predictor of childhood internalizing and externalizing problems, which predicted adolescent emotional and behavioral problems, respectively; (b) higher levels of parenting quality received at childhood were related to lower levels of externalizing problems at childhood; (c) of the study variables examined, none were significant predictors of general self-efficacy at adolescence; and (d) parenting quality received at childhood predicted future parental monitoring.

Given the resilient nature of youths who experience IPV, it is imperative to continue to examine factors that facilitate protective processes and identify risk factors that impact long-term outcomes. Even though the search for significant predictor variables across different levels of ecology of adolescent self-efficacy did not yield the expected findings, it is critical to continue to explore other variables across ecological systems that increase self-efficacy, especially in coping efficacy. Study results are consistent with findings in the extant literature on the protective influence of parenting on youth adjustment in the face of experiencing IPV. Being able to provide quality parenting,

however, may be a challenge for some survivors of IPV because there may be more pressing needs that make parenting a challenge. This study attempted to explore parenting as an outcome variable. Though no strong predictor variables (aside from parenting quality at childhood) were found for parental monitoring at adolescence, identifying risk (e.g., family stressors) and protective factors (e.g., parent's perceived support) that influence parenting over time may help to diminish the relationship between IPV and poor youth outcomes.

APPENDIX A

DEMOGRAPHIC INFORMATION

1	**These next questions are about any jobs you may currently have.** Are you currently working, going to school, or something else? (Record verbatim and circle lowest only)		
	--- --- ---		
	Working part-time or full-time.....Go to Q 2.....01 With a job but not at work.....Go to Q 2.....02 (reason specified above) Keeping house .....Go to Q 18.....03 Going to school.....Go to Q 18.....04		Unable to work .....Go to Q 18.....05 (reason specified above) Unemployed.....Go to Q 18.....06 Other (described above).....Go to Q 18.....07

2	How many hours per week do you usually work at all jobs?		(hours)

3	Are you working for the same employer as you did when we saw you in MONTH of YEAR?		Yes.....Go to Q 4.....1 No.....Go to Q 5.....2

4	Do you have the same job title that you did in MONTH of YEAR?		Yes.....Go to Q 8.....1 No.....Go to Q 5.....2

5	What is your main job?
	--- --- ---

6	Tell me what you actually do at the job. What are your main activities or duties?
	--- --- ---

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

7	What kind of business or industry is that? What do they do or what do they make?
	---------- ---------- ----------

Job Coding								
industry:					occupation:			

8	How many hours per week do you usually work at this main job?	

(hours)

9	How much money do you make at this main job before taxes or any deductions? Record amount (9A) and circle units of time (9B)	9A. , . no money earned.....93 not readily coded.....94

9B.
Hourly.....01
Weekly.....02
Monthly.....03
Yearly.....04

10	How long have you been working at this main job? Record length of time (10A) and circle units of time (10B)	10A.

10B.
Days.....01
Weeks.....02
Months.....03
Years.....04

Refer to Response Card # 18

(11) Please tell me how well each of the following statements describe you.

11	I work well with others		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0
12	I have trouble getting along with bosses		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0
13	I do my work well		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

14	I have trouble finishing my work		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0

15	I am satisfied with my work situation		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0

16	I do things that might cause me to lose my job		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0

17	I stay away from my job even if I'm not sick or not on vacation		Very or Often True.....2 Somewhat or sometimes True.....1 Not True.....0

Box A	If in job for at least 1 year	Go to Q 21
	If NOT in this job for at least 1 year	Continue

18	How many months in the past year have you worked for pay?		☐☐ (months)

19	In the past year, have you had any periods of unemployment, that is times where you **wanted** to work but could not find a job?		Yes.....Continue.....1 No.....Go to Q 21 2

20	Out of the past 12 months, how many months were you unemployed?		☐☐ (months)

21	Please record any additional information about the respondent's employment that may be helpful in understanding their work situation
	--- --- ---

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

22	Have you received welfare, AFDC (Aid to Families with Dependent Children) or TAN-F (Temporary Assistance to Needy Families) in the past year?		Yes.....Continue.....1 No.....Go to Q29.....2

23	How many months during the past year did you receive welfare, AFDC or TAN-F?		(months)

24	Have you ever had your check reduced or cut because you did not meet a work or job requirement or any work-related activity requirement?		Yes.....Continue.....1 No.....Go to Q 26 2

25	How many months during the past year did this happen?		(months)

26	Has your caseworker or anyone else ever told you there is a limit on how long you can get a check from the welfare program?		Yes.....Continue.....1 No.....Go to Q 28 2

27	what is your time limit?		(months)

28	How many more months can you receive this type of assistance?		(months)

29	Has your mother received welfare, AFDC (Aid to Families with Dependent Children) or TAN-F (Temporary Assistance to Needy Families) in the past year?		Yes.....1 No.....2

30	These next few questions refer to <u>the past six months</u>, that is since [refer to Timeline] In the past six months....has there been a time when there was not enough money at home to buy food?		Yes.....1 No.....2

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

31	In the past six months, did you cut the size of your family's meals because there wasn't enough money for food?		Yes.....Continue.....1 No.....Go to Q 33 2

32	How many times have you done this in the past 6 months?		(Times) **> 93 times, circle 94**

33	In the past six months, has there been a time in your family when the heat or electricity were cut off because you could not afford to pay the bill?		Yes.....1 No.....2
34	. . .has there been a time when (*you/your family*) couldn't afford a place to stay or when you couldn't pay rent?		Yes.....1 No.....2
35	. . .have (*you/your family*) been evicted from your home?		Yes.....1 No.....2
36	. . . has there been a time when you or anyone in your family needed to see a doctor or go to the hospital but didn't go?		Yes.....Continue.....1 No.....Go to box B 2
37	Was it mostly because of. . . .		Lack of money.....01 Lack of time.....02 Didn't know who to see.....03 Fear or dislike of doctors.....04 Some other reasons.....05

box B	If the SP has children, Otherwise	Continue Go to Q 39

38	Do any of your children receive free or reduced-price meals during this school year?		Yes.....1 No.....2
39	Compared to this time last year, can (*you/your family*) afford to buy more or less of the things you want? Would you say you can afford. . . .		A lot less.....01 Somewhat less.....02 About the same.....03 Somewhat more.....04 A lot more.....05

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

40	How much do you worry about not having enough money from one month to the next? Would you say you are. . . .		Not worried at all.....01 A little worried.....02 Somewhat worried.....03 Very worried.....04 Extremely worried.....05

41	How worried are you that over the next five years your income won't be large enough for you to get along? Would you say you are. . . .		Not worried at all.....01 A little worried.....02 Somewhat worried.....03 Very worried.....04 Extremely worried.....05

42	Do you own a car?		Yes.....1 No.....2

43	How often do you play any type of Illinois state lottery? Would you say . . .		Almost every day.....01 About once a week.....02 Less than once a week.....03 Not at all.....04

44	What is your current marital status? Are you....		Single.....Continue.....01 Separated .....Continue .....02 Divorced .....Continue .....03 Widowed.....Continue .....04 Married .....Go to Q 46 .....05 Living with Someone as a Partner...Go to Q 49 06

45	Are you currently living with a partner?		Yes.....Go to Q 49.....1 No.....Go to box c, p. 172.....2

46	Are you currently living with your spouse?		Yes.....Go to Q 49.....1 No.....Continue 2

47	Are you living apart because.... you were not getting along, due to your jobs, *or* some other reason?		Not getting along....Go to box c, p. 172.....01 Due to jobs.....Go to box c, p. 172.....02 Some other reason.(specify below).....03

48	Please tell me about that. (Record and then go to Instr. box c, p. 172)
	--- --- ---

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

		49A.	49B.
49	How long have you lived with your *[partner/spouse]* ?	☐☐ years	☐☐ months

50	Is [*partner/spouse*] currently working, going to school, or something else? (Record verbatim and circle lowest only)
	--- --- ---

	Working part-time or full-time....Continue.....01 With a job but not at work.....Continue.....02 (reason specified above) Keeping house .....Go to Q 58.....03 Going to school.....Go to Q 58.....04		Unable to work .....Go to Q 58.....05 (reason specified above) Unemployed.....Go to Q 59.....06 Other (described above).....Go to Q 58.....07

51	How many hours per week does *[partner/spouse]* usually work at all jobs?		☐☐ hours

52	What is *[partner/spouse] 's* main job?
	--- --- ---

53	Tell me what *[partner/spouse]* actually does at the job. What are his/her main activities or duties?
	--- --- ---

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

54	What kind of business or industry is that? What do they do or what do they make?
	---------- ---------- ----------

Job Coding									
industry:				occupation:					

55	How many hours per week does s/he usually work at this main job?		(hours)

56	How much money does *[partner/spouse]* make at this job before taxes or any deductions? Record amount (56A) and Circle units of time (56B)	56A. , . no money earned.....93 not readily coded.....94	56B. Hourly.....01 Weekly.....02 Monthly.....03 Yearly.....04

57	How long has *[partner/spouse]* been working at his/her present job? Record length of time (57A) and Circle units of time (57B)	57A.	57B. Days.....01 Weeks.....02 Months.....03 Years.....04	If in job for >= 1 year Go to Q 60 If less than 1 year Continue

58	In the past year, has *[partner/spouse]* had any periods of unemployment, that is times where s/he wanted to work but could not find a job?		Yes.....Continue.....1 No.....Go to Q 60 2

59	Out of the past 12 months, how many months was *[partner/spouse]* unemployed?		(months)

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

60	Please record any additional information about the respondent's employment that may be helpful in understanding their work situation	
	--- --- ---	

61	**Now I have a couple questions about your [*partner's/spouse's*] race or ethnicity.** Would you say that s/he is a member of only one or more than one of the racial or ethnic groups listed here?		One.....Continue.....1 More than one.....Go to Q 63 2

62	Which of these would you choose? [circle ONE only]		American Indian/Native American...Go to box c.....01 Asian .....Go to box c.....02 Black / African American.....Go to box c.....03 Hispanic / Latino.....Go to box c.....04 Pacific Islander.....Go to box c.....05 White/Caucasian.....Go to box c.....06 Other (specify below, then...Go to box c.....07
	Other (specify) _____ [62A]		

63	From the list, what groups do you feel *[partner/spouse]* is a member of? [circle up to 5 groups]		American Indian / Native American.....01 Asian .....02 Black / African American.....03 Hispanic / Latino.....04 Pacific Islander.....05 White/Caucasian.....06 Other (specify below).....07
	Other (specify) _____ [63F]		

64	Do you think that one represents *[partner/spouse]* more than the others? That is, do you feel like s/he is a member of one group more than the others?		Yes.....Continue.....1 No.....Go to box c.....2

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

171

65	Which one?		American Indian / Native American.....01 Asian .....02 Black / African American.....03 Hispanic / Latino.....04 Pacific Islander.....05 White/Caucasian.....06 Other (specify below).....07
	Other (specify) _____ [65A]		

Box c	**If YA currently lives with partner/spouse** **Otherwise**	**Continue** **Go to Q (73)**

Refer to Response Card 18

(66) Please tell me how well each of the following statements describe you.

66.	I get along well with my spouse or partner	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0
67.	My spouse or partner and I have trouble sharing responsibility	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0
68.	I feel satisfied with my spouse or partner	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0
69.	My spouse or partner and I enjoy similar activities	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0
70.	My spouse or partner and I disagree about living arrangements such as where we live	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0
71.	I have trouble with my spouse's or partner's family	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0
72.	I like my spouse's or partner's friends	Very or often true .....2 Somewhat or sometimes true.....1 Not true.....0

(73) Now I have some questions about income and assistance you might have received in the past tax year - that is from January to December of last year..

73	Other than from your job(s), please tell me if you received any income from each of the following sources in the past tax year. Did you receive.... child support or alimony?		Yes.....1 No.....2
74	From January to December of last year, did you receive any public assistance, such as AFDC or TAN-F?		Yes.....1 No.....2
75	....foodstamps?		Yes.....1 No.....2
76	....social security or supplemental security income (SSI)?		Yes.....Continue.....1 No.....Go to Q 78.....2
77	Who in your household received this? (circle all that apply)		YA.....1 someone else.....3
78	From January to December of last year did you receive unemployment compensation or worker's compensation?		Yes.....1 No.....2
79	Did you receive money from relatives outside your household? This includes any gifts, tuition, rent, a loan, or anything else.		Yes.....1 No.....2
80	.....a federal grant, financial aid, or scholarships?		Yes.....1 No.....2
81	.....money from any other source?		Yes.....Continue .....1 No.....Go to Q 83 2

82	Please tell me about that.
	---------- ---------- ----------

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

173

Hand YA Response Card 19

83	Now I am going to ask you some questions about your total household income. This is about the household that you live in right now. Household income includes money you make AND money coming in from anyone else in the household AND any money or assistance I just asked you about. From these choices, what was your total household income before taxes or any deductions in the last tax year, that is from January to December of last year?		Less than $5,000.....01 Between $5,000 and $9,999.....02 Between $10,000 and $19,999.....03 Between $20,000 and $29,999.....04 Between $30,000 and $39,999.....05 Between $40,000 and $49,999.....06 Between $50,000 and $59,999.....07 Between $60,000 and $69,999.....08 Between $70,000 and $79,999.....09 Between $80,000 and $89,999.....10 More than $90,000.....11

84	In the past tax year, did you spend 10% or more of your household income supporting anyone outside your household?		Yes.....Continue.....1 No.....Go to Q 86.....2

85	About how much money was that? Record amount (85A) and Circle units of time (85B)	85A. [ ][ ][ ], [ ][ ][ ] . [ ][ ] not readily coded.....94	85B. Hourly.....01 Weekly.....02 Monthly.....03 Yearly.....04

86	Do your parents consider you financially independent or capable of providing for yourself financially?		Yes.....1 No.....2

IF YA lives with parents	Go to Partner CTS2, p.176
If YA does not live with parents	Continue

5,95=DU 6,96=REF 7,97=NAP 8,98=DK 9,99=NA

87	Now thinking of your parents' total household income before taxes or any deductions in the last tax year, that is from January to December of last year. That would include money they make AND money coming in from anyone else in the household. As far as you know, what was their household income in the last tax year?		Less than $5,000.....01 Between $5,000 and $9,999.....02 Between $10,000 and $19,999.....03 Between $20,000 and $29,999.....04 Between $30,000 and $39,999.....05 Between $40,000 and $49,999.....06 Between $50,000 and $59,999.....07 Between $60,000 and $69,999.....08 Between $70,000 and $79,999.....09 Between $80,000 and $89,999.....10 More than $90,000.....11 No idea.....98

88	In the past tax year, as far as you know did your parents spend 10% or more of the household income supporting anyone outside their household?		Yes.....Continue.....1 No.....Go to Partner CTS2, p. 176.....2 No idea.....Go to Partner CTS2, p. 176.....8

89	About how much money was that? Record amount (89A) and Circle units of time (89B)	89A. [ ][ ][ ], [ ][ ][ ]. [ ][ ] not readily coded.....94	89B. Hourly.....01 Weekly.....02 Monthly.....03 Yearly.....04

Continue

APPENDIX B

CONFLICT TACTICS SCALE (CTS)

Now, I have some questions about your relationships.

1. Are you currently involved with someone? CT1

   1. YES **If YES, ASK 1A, 1B, 1C and then BEGIN interview.**

   0. NO **If NO, ASK 2**

      A. Are you married to, engaged to, or dating this person? CT1AO
         1. married
         2. engaged
         3. dating

      B. Are you currently living with this person? CT1BO
         1. Yes
         0. No

      C. How long have you been in the relationship? CT1CO

         _____ years _____ months

BEGIN INTERVIEW

2. Have you been involved with someone in the past year? CT2
   (If more than one person, select most "significant" relationship)

   1. YES **If YES, ASK 2A, 2B, 2C and then BEGIN interview**

   0. NO **If NO, ASK Q.3**

      A. Were you married to, engaged to, or dating this person? CT2AO
         1. married
         2. engaged
         3. dating

      B. Were you living with this person? CT2BO
         1. Yes
         2. No

      C. How long were you in this relationship?

         _____ years _____ months

BEGIN INTERVIEW

3. Have you dated anyone at all in the past year? CT3

1. YES **If YES, read the following and BEGIN interview.**

For this interview, I would like you to think of all your dating relationships in the past year.

0. NO **If NO, DO NOT ADMINISTER CTS: partner/spouse.**

FIELD COPY 2 source

Time Started: CTSPSTIM

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, or just have fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. I'm going to read some things that you and your partner might have done when you had an argument in the past year, that is, since ...

Refer to first month on the time line

I want you to think about how many times EACH of you have done the following, using one of these responses.

Hand respondent the response card, and read choices 1 to 6

When you had an argument with your partner in the past year,

1A. How many times have you discussed an issue calmly? CT 1A

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

1B. How many times has he/she discussed an issue calmly? CT 1B

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

1C. Has this ever happened? CT 1C 1 = Yes 0 = No

2A. How many times have you gotten information to back up your side of things? CT 2A

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

2B. How many times has he/she gotten information to back up his/her side of things? CT 2B

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

2C. Has this ever happened? 1 = Yes 0 = No CT 2C

When you had an argument with your partner in the past year,

CT 3A 3A. How many times have you brought in or tried to bring in someone else to help settle things?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 3B 3B. How many times has he/she brought in or tried to bring in someone else to help settle things?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 3C 3C. Has this ever happened? 1 = Yes 0 = No

CT 4A 4A. How many times have you insulted or swore at him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 4B 4B. How many times has he/she insulted or swore at you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 4C 4C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT 5A 5A. How many times have you sulked and/or refused to talk about an issue?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 5B 5B. How many times has he/she sulked and/or refused to talk about an issue?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 5C 5C. Has this ever happened? 1 = Yes 0 = No

CT 6A 6A. How many times have you stomped out of the room, house or yard?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 6B 6B. How many times has he/she stomped out of the room, house or yard?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 6C 6C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT 7A 7A. How many times have you cried?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT7B 7B. How many times has he/she cried?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT7C 7C. Has this ever happened? 1 = Yes 0 = No

CT8A 8A. How many times have you done or said something to spite him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT8B 8B. How many times has he/she done or said something to spite you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT8C 8C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT 9A 9A. How many times have you threatened to hit or throw something at him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 9B 9B. How many times has he/she threatened to hit or throw something at you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 9C 9C. Has this ever happened? 1 = Yes 0 = No

CT 10A 10A. How many times have you thrown, smashed, hit, or kicked something?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 10B 10B. How many times has he/she thrown, smashed, hit, or kicked something?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 10C 10C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT 11A 11A. How many times have you thrown something at him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 11B 11B. How many times has he/she thrown something at you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 11C 11C. Has this ever happened? 1 = Yes 0 = No

CT 12A 12A. How many times have you pushed, grabbed, or shoved him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 12B 12B. How many times has he/she pushed, grabbed, or shoved you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 12C 12C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT13A 13A. How many times have you slapped him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT13B 13B. How many times has he/she slapped you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT13C 13C. Has this ever happened? 1 = Yes 0 = No

CT14A 14A. How many times have you kicked, bit, or hit him/her with a fist?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT14B 14B. How many times has he/she kicked, bit, or hit you with a fist?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT14C 14C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT 15A 15A. How many times have you hit or tried to hit him/her with something?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 15B 15B. How many times has he/she hit or tried to hit you with something?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 15C 15C. Has this ever happened? 1 = Yes 0 = No

CT 16A 16A. How many times have you beat him/her up?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT 16B 16B. How many times has he/she beat you up?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT 16C 16C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT17A 17A. How many times have you choked him/her?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT17B 17B. How many times has he/she choked you?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT17C 17C. Has this ever happened? 1 = Yes 0 = No

CT18A 18A. How many times have you threatened him/her with a knife or gun?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT18B 18B. How many times has he/she threatened you with a knife or gun?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF BOTH A & B = 0 (Never), ASK:

CT18C 18C. Has this ever happened? 1 = Yes 0 = No

When you had an argument with your partner in the past year,

CT19A 19A. How many times have you used a knife or fired a gun?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

CT19B 19B. How many times has he/she used a knife or fired a gun?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

If Both A & B = 0 (Never), ASK:

CT 19C 19C. Has this ever happened? 1 = Yes 0 = No

● END OF INTERVIEW ●

RECORD TIME: _____

CTSPETIM

APPENDIX C

WECHSLER INTELLIGENCE SCALE FOR CHILDREN-REVISED (WISC-R), VOCABULARY SUBSCALE

Vocabulary (WISC-R)

Date: WISC DATE
mm dd yy

Subject ID: SUBID

Interviewer ID : WISCRAIT

FIELD COPY 2 SOURCE

Time Started: _____ WISCSTIM

Write down exactly what the child says in response to these questions. If the child does not give a correct answer, ask him/her "Explain what you mean." or "Tell me some more about it." and write a (Q), indicating that you have queried this answer, on the answer sheet after his/her original answer, but before the query. If the child provides more information but it is not a clearly correct answer, write a (Q) on the answer sheet, query the response again, and record his/her answer. In general, if an answer is not clearly correct, query it, but do not make more than 2 queries to any item. If an answer is clearly incorrect or if the child does not know the word, go on to the next item. Discontinue testing after 5 consecutive items are given clearly incorrect or 'Don't know answers.

I am going to say some words. Listen carefully and tell me what each word means. What does _____ mean?

1. **KNIFE**

_____

_____

Correct	Query	Incorrect
Something you cut with	To hunt with	Play with it
To stab with	Sharp	Put it in your pocket
A weapon	It can kill people	I have one
Has a blade and a handle	Made of steel	
Can peel an apple with it	Can eat with it	
It's sharp and can hurt someone		

Taken from the Wechsler Intelligence Scale for Children - Revised, New York: Psychological Corporation, 1979.

ed. init. ed. date

7. VOCABULARY Discontinue after 5 consecutive failures.	Score 2, 1, or 0
1. Knife	VB1
2. Umbrella	VB2
3. Clock	VB3
10 yrs. 4. Hat	VB4
5. Bicycle	VB5
13 yrs. 6. Nail	VB6
7. Alphabet	VB7
16 yrs. 8. Donkey	VB8
9. Thief	VB9
10. Join	VB10
11. Brave	VB11
12. Diamond	VB12
13. Gamble	VB13
14. Nonsense	VB14
15. Prevent	VB15
16. Contagious	VB16
17. Nuisance	VB17
18. Fable	VB18
19. Hazardous	VB19
20. Migrate	VB20
21. Stanza	VB21
22. Seclude	VB22
23. Mantis	VB23
24. Espionage	VB24
25. Belfry	VB25
26. Rivalry	VB26
27. Amendment	VB27
28. Compel	VB28
29. Affliction	VB29
30. Obliterate	VB30
31. Imminent	VB31
32. Dilatory	VB32
	Max.=64
WISCRAW Total	—

APPENDIX D

THE EMOTIONALITY, ACTIVITY, SOCIABILITY, AND IMPULSIVITY (EASI) TEMPERAMENT SURVEY

EASI Temperament Survey: PC Version

Date EASIDATE
mm dd yy

Subject ID: SUBID

Interviewer ID: _____
EASIRATR

FIELD COPY 2 SOURCE

Time Started: EASISTIM

Now I am going to read some statements about what ***** might be like.

Hand Response Card and Point to Response Scale

For each one, try to rate ***** on a scale from 1 to 5, with 1 being uncharacteristic or not at all like ***** and 5 being characteristic or very much like *****.

1. ***** feels happiest in familiar surroundings. EY1

   1 = Uncharacteristic (NOT at all like your child)
   2 = Somewhat Uncharacteristic (NOT very much like your child)
   3 = Neither Uncharacteristic nor Characteristic
   4 = Somewhat Characteristic (sort of like your child)
   5 = Characteristic (very much like your child)

2. ***** often acts on the spur of the moment. EY2

   1 = Uncharacteristic (NOT at all like your child)
   2 = Somewhat Uncharacteristic (NOT very much like your child)
   3 = Neither Uncharacteristic nor Characteristic
   4 = Somewhat Characteristic (sort of like your child)
   5 = Characteristic (very much like your child)

_____ _____
ed. init. ed. date

235

3. ***** is something of a loner. E43

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

4. ***** sometimes does "crazy" things just to be different. E44

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

5. ***** likes to be with people. E45

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

6. ***** has trouble resisting temptation. E46

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

7. ***** finds people more stimulating than anything else. E47

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

8. Unfinished tasks really bother *****. EY 8

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

9. ***** cries easily. EY 9

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

10. ***** makes friends easily. EY 10

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

11. ***** tends to be somewhat emotional. EY 11

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

12. ***** is off and running as soon as (s)he wakes up in the morning. EY 12

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

237

13. ***** generally seeks new and exciting experiences and sensations. EY13

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

14. ***** finds self-control easy to learn. EY14

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

15. ***** can tolerate frustration better than most. EY15

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

16. ***** often fusses and cries. EY16

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

17. ***** gets upset easily. EY17

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

238

18. ***** tends to hop from one interest to another quickly. EY 18

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

19. ***** takes a long time to warm up to strangers. EY 19

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

20. ***** prefers quiet, inactive games to more active ones. EY 20

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

21. ***** often says the first thing that comes into his/her head. EY 21

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

22. ***** tends to be shy. EY 22

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

239

23. ***** tends to get bored easily. EYL3

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

24. Usually ***** can not stand waiting. EYL4

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

25. ***** has trouble controlling his/her impulses. EYL5

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

26. ***** is always on the go. EYL6

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

27. ***** is very friendly with strangers. EYL7

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

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28. ***** always likes to make detailed plans before (s)he does something. EY28

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

29. ***** generally likes to see things through to the end. EY 29

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

30. ***** often has trouble making up his/her mind. EY 30

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

31. ***** prefers playing with others rather than playing alone. EY 31

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

32. ***** is very sociable. EY 32

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

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33. When alone, ***** feels isolated. EY 33

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

34. ***** reacts intensely when upset. EY 34

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

35. ***** is very energetic. EY 35

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

36. ***** tends to give up easily. EY 36

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

37. When ***** moves about, (s)he usually moves slowly. EY 37

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

38. ***** likes to plan things way ahead of time. EY 38

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

39. Once ***** gets going on something, (s)he hates to stop. EY 39

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

40. ***** will try anything once. EY 40

1 = Uncharacteristic (NOT at all like your child)
2 = Somewhat Uncharacteristic (NOT very much like your child)
3 = Neither Uncharacteristic nor Characteristic
4 = Somewhat Characteristic (sort of like your child)
5 = Characteristic (very much like your child)

● END OF INTERVIEW ●

RECORD TIME: EASIETIM

APPENDIX E

CHILD BEHAVIOR CHECKLIST (CBCL), WAVE 1

Child Behavior Checklist: Ages 4-18

Date: ___ ___ ___
mm dd yy

Subject ID: SUB18

Interviewer ID: _____

FIELD COPY 2 SOURCE

Time Started: _____

I am going to read a list of items that describe children and youth.

Hand PC Response Card 1

For each item that describes *** now or within the past 6 months, please say "2" if the item is very true or often true of *****. Say "1" if the item is somewhat or sometimes true of *****. If the item is not true of *****, say "0". Please answer all items as well as you can, even if some do not seem to apply to *****.**

0 = Not True
1 = Somewhat True
2 = Very True

CC1 0 1 2 1. Acts too young for his/her age
CC2 0 1 2 2. Allergy
CC3 0 1 2 3. Argues a lot
CC4 0 1 2 4. Asthma
CC5 0 1 2 5. Behaves like opposite sex
CC6 0 1 2 6. Bowel movements outside toilet

_____ _____
ed. intl. ed. date

CC7 0 1 2 7. Bragging, boasting

CC8 0 1 2 8. Can't concentrate, can't pay attention for long

CC9 0 1 2 9. Can't get his/her mind off certain thoughts; obsessions

CC10 0 1 2 10 Can't sit still, restless, or hyperactive

CC11 0 1 2 11. Clings to adults or too dependent

CC12 0 1 2 12. Complains of loneliness

CC13 0 1 2 13. Confused or seems to be in a fog

CC14 0 1 2 14. Cries a lot

CC15 0 1 2 15. Cruel to animals

CC16 0 1 2 16. Cruelty, bullying, or meanness to others

CC17 0 1 2 17. Day-dreams or gets lost in his/her thoughts

CC18 0 1 2 18. Deliberately harms self or attempts suicide

CC19 0 1 2 19. Demands a lot of attention

CC20 0 1 2 20. Destroys his/her own things

CC21 0 1 2 21. Destroys things belonging to his/her family or others

CC22 0 1 2 22. Disobedient at home

CC23 0 1 2 23. Disobedient at school

CC24 0 1 2 24. Doesn't eat well

CC25 0 1 2 25. Doesn't get along with other kids

CC26 0 1 2 26. Doesn't seem to feel guilty after misbehaving

CC27 0 1 2 27. Easily jealous

CC28 0 1 2 28. Eats or drinks things that are not food-- **don't** include sweets

CC29 0 1 2 29. Fears certain animals, situations, or places, other than school

CC30 0 1 2 30. Fears going to school

CC31 0 1 2 31. Fears he/she might think or do something bad

CC32 0 1 2 32. Feels he/she has to be perfect

CC33 0 1 2 33. Feels or complains that no one loves him/her

CC34 0 1 2 34. Feels others are out to get him/her

CC35	0 1 2	35. Feels worthless or inferior
____	0 1 2	36. Gets hurt a lot, accident-prone
____	0 1 2	37. Gets in many fights
____	0 1 2	38. Gets teased a lot
____	0 1 2	39. Hangs around with others who get in trouble
____	0 1 2	40. Hears sounds or voices that aren't there
4	0 1 2	41. Impulsive or acts without thinking
____	0 1 2	42. Would rather be alone than with others
____	0 1 2	43. Lying or cheating
____	0 1 2	44. Bites fingernails
____	0 1 2	45. Nervous, highstrung, or tense
____	0 1 2	46. Nervous movements or twitching
____	0 1 2	47. Nightmares
____	0 1 2	48. Not liked by other kids
____	0 1 2	49. Constipated, doesn't move bowels
____	0 1 2	50. Too fearful or anxious
____	0 1 2	51. Feels dizzy
____	0 1 2	52. Feels too guilty
____	0 1 2	53. Overeating
____	0 1 2	54. Overtired
CC55	0 1 2	55. Overweight
		56. Physical problems without known medical cause:
CC56a	0 1 2	a. Aches or pains (not headaches)
CC56b	0 1 2	b. Headaches
CC56c	0 1 2	c. Nausea, feels sick
CC56d	0 1 2	d. Problems with eyes
CC56e	0 1 2	e. Rashes or other skin problems
CC56f	0 1 2	f. Stomach aches or cramps
CC56g	0 1 2	g. Vomiting, throwing up

CC56h 0 1 2 h. Other physical problems without known medical cause

CC57 0 1 2 57. Physically attacks people

____ 0 1 2 58. Picks nose, skin, or other parts of body

____ 0 1 2 59. Plays with own sex parts in public

____ 0 1 2 60. Plays with own sex parts too much

____ 0 1 2 61. Poor school work

____ 0 1 2 62. Poorly coordinated or clumsy

____ 0 1 2 63. Prefers being with older kids

____ 0 1 2 64. Prefers being with younger kids

____ 0 1 2 65. Refuses to talk

____ 0 1 2 66. Repeats certain acts over and over; compulsions

____ 0 1 2 67. Runs away from home

____ 0 1 2 68. Screams a lot

____ 0 1 2 69. Secretive, keeps things to self

____ 0 1 2 70. Sees things that aren't there

____ 0 1 2 71. Self-conscious or easily embarrassed

____ 0 1 2 72. Sets fires

____ 0 1 2 73. Sexual problems

____ 0 1 2 74. Showing off or clowning

____ 0 1 2 75. Shy or timid

____ 0 1 2 76. Sleeps less than most kids

____ 0 1 2 77. Sleeps more than most kids during day and/or night

____ 0 1 2 78. Smears or plays with bowel movements

____ 0 1 2 79. Speech problem

____ 0 1 2 80. Stares blankly

____ 0 1 2 81. Steals at home

____ 0 1 2 82. Steals outside the home

CC83 0 1 2 83. Stores up things he/she doesn't need

CC84 0 1 2 84. Strange behavior

____ 0 1 2 85. Strange ideas

____ 0 1 2 86. Stubborn, sullen, or irritable

____ 0 1 2 87. Sudden changes in mood or feelings

____ 0 1 2 88. Sulks a lot

____ 0 1 2 89. Suspicious

____ 0 1 2 90. Swearing or obscene language

____ 0 1 2 91. Talks about killing self

____ 0 1 2 92. Talks or walks in sleep

____ 0 1 2 93. Talks too much

____ 0 1 2 94. Teases a lot

____ 0 1 2 95. Temper tantrums or hot temper

____ 0 1 2 96. Thinks about sex too much

____ 0 1 2 97. Threatens people

____ 0 1 2 98. Thumb-sucking

____ 0 1 2 99. Too concerned with neatness or cleanliness

____ 0 1 2 100. Trouble sleeping

____ 0 1 2 101. Truancy, skips school

____ 0 1 2 102. Underactive, slow moving, or lacks energy

____ 0 1 2 103. Unhappy, sad, or depressed

____ 0 1 2 104. Unusually loud

____ 0 1 2 105. Uses alcohol or drugs for nonmedical purposes

____ 0 1 2 106. Vandalism

____ 0 1 2 107. Wets self during the day

____ 0 1 2 108. Wets the bed

____ 0 1 2 109. Whining

____ 0 1 2 110. Wishes to be of opposite sex

____ 0 1 2 111. Withdrawn, doesn't get involved with others

CC112 0 1 2 112. Worries

Please tell me any problems your child has that were not asked about before.

CC113 ____ 0 1 2 113A._____

____ 0 1 2 113B._____

____ 0 1 2 113C._____

END OF INTERVIEW
RECORD TIME:_____

APPENDIX F

HOME OBSERVATION FOR THE MEASUREMENT OF THE ENVIRONMENT (HOME)

HOME Inventory: Age 9

OBS	SCALE I. EMOTIONAL and VERBAL RESPONSIVITY	IN THE HOME? *[CIRCLE ONE]*	
**	1. PC talks with subject twice during visit (beyond introduction and correction).	a. YES b. NO	HDI-1
**	2. PC answers one of the subject's questions or requests verbally.	a. YES b. NO	HDI-2
**	3. PC encourages subject to contribute to the conversation during visit by getting him/her to relate an experience OR by taking time to listen to him/her relate an experience.	a. YES b. NO	HDI-3
**	4. PC mentions a particular skill, strength, or accomplishment of subject during interview OR sets up the situation that allows the subject to show off during visit.	a. YES b. NO	HDI-4
**	5. PC spontaneously praises subject's qualities or behavior twice during the visit.	a. YES b. NO	HDI-5
**	6. PC uses some term of endearment or some diminutive for subject's name when talking about or to the subject twice during visit.	a. YES b. NO	HDI-6
**	7. When speaking of or to subject, PC's voice conveys positive feelings.	a. YES b. NO	HDI-7
**	8. PC caresses, kisses, cuddles, or hugs subject once during the visit.	a. YES b. NO	HDI-8
**	9. PC shows some positive emotional response to praise of subject offered by interviewer.	a. YES b. NO	HDI-9
**	10. PC's speech is distinct, clear, and audible to the interviewer.	a. YES b. NO	HDI-10
**	11. PC initiates verbal interchanges with the interviewer, asks questions, makes spontaneous comments.	a. YES b. NO	HDI-11
**	12. PC expresses ideas freely and easily and uses statements of appropriate length for conversation.	a. YES b. NO	HDI-12
**	13. PC appears to readily understand the interviewer's questions.	a. YES b. NO	HDI-13

Introduction: **Now I'd like to ask you about some of the different experiences ***** may have had or is having.**

OBS	SCALE II. VARIETY OF STIMULATION	IN THE HOME? *[CIRCLE ONE]*	School/ Day Care	
*	1. Home has a pet. **Do you have a pet?**	a. YES b. NO		HD2_1
	2. Family visits or receives visits from relatives or friends about twice a month. **How often do you visit with friends or relatives?**	a. YES b. NO		HD2-2
	3. Subject eats one meal per day, on most days, with PC and father (or father figure). **How do you handle mealtimes? Does ***** eat at the table with the family or does ***** eat separately? (Who does he/she eat with?)**	a. YES b. NO		HD2-3
	4. Subject sees and spends some time with father or father figure 4 days a week. **Does *****'s father** (or father figure) **spend time with him/her? (About how often?)**	a. YES b. NO		HD2_4
	5. PC or other family member regularly engages in outdoor recreation with subject once every two weeks. **Does ***** do any outdoor activities with any family member(s)? (About how often?)**	a. YES b. NO		HD2-5

OBS	SCALE II. VARIETY OF STIMULATION	IN THE HOME? *[CIRCLE ONE]*	School/ Day Care	
	6. Subject has gone with a family member on one outing <u>every other week</u>. **Does ***** go on outings with any family members? (What kinds of things do they do; about how often?)**	a. YES b. NO		HD2_6
	7. Family member has taken subject, or arranged for subject to go to a scientific, historical, art, or cultural museum <u>within the past year</u>. **Has ***** been to any kind of museum or exhibit this year? (Who did he/she go with?)**	a. YES b. NO If NO, **Has ***** done this at his/her school/daycare?**	a. YES b. NO	HD2_7A HD2-7B
	8. Family member has taken subject, or arranged for subject to go on a trip more than 50 miles from home <u>during the past year</u>. **Has ***** been on any trips this year?**	a. YES b. NO If NO, **Has ***** done this at his/her school/daycare?**	a. YES b. NO	HD2-8A HD2-8B
	9. Family member has taken subject, or arranged for subject to take a trip on a plane, train (NOT subway), or bus <u>within the past year</u>. **Has ***** been on a plane, train or bus this year?**	a. YES b. NO If NO, **Has ***** done this at his/her school/daycare?**	a. YES b. NO	HD2_9A HD2_9B
	10. Family member has taken subject, or arranged for subject to attend some type of live musical or theater performance <u>within the past year</u>. **Has ***** seen a live musical or any type of theater performance this past year?**	a. YES b. NO If NO, **Has ***** done this at his/her school/daycare?**	a. YES b. NO	HD2-10A HD2-10B

OBS	SCALE II. VARIETY OF STIMULATION	IN THE HOME? *[CIRCLE ONE]*	School/ Day Care	
	11. Family has arranged for subject to receive lessons or organizational membership to support subject's talents <u>within the past year</u>. *(Y membership, gymnastic lessons, art, dance, or music lessons)* **Does ***** belong to any clubs or organizations or take any kind of lessons?** (Ask: **Where?**)	a. YES b. NO **If NO,** **Has ***** done this at his/her school/daycare?**	a. YES b. NO	HD2_11 HD2_1
	12. Subject is regularly included in family's recreational hobby. *(biking, walking, playing in park, playing ball, swimming, checkers, puzzles)* **Does your family have any hobbies? Does ***** join in on them?**	a. YES b. NO		HD2_1
	13. Subject has accompanied PC or other family member on a commercial family venture 3-4 times <u>within the past year.</u> (mechanic/garage, tailor/clothing shop, appliance repair shop, bank) **Does ***** ever go with you on errands you have to do?**	a. YES b. NO -		HD2_13

Introduction: **These questions are about what kinds of activities ***** might be involved in.**

OBS	SCALE III. DEVELOPMENTAL ADVANCE	IN THE HOME? *[CIRCLE ONE]*	School/ Day Care	
*	1. Subject has access to record/CD/tape player or radio and <u>five</u> records/CDs/tapes. **Is there a record/CD/tape player that ***** can use on his/her own? Does he/she have any of his/her own tapes or records? (About how many?)**	a. YES b. NO **If NO, Does ***** have this at his/her school/daycare?**	a. YES b. NO	HD3_1A HD3_1B
*	2. Subject has access to real musical instrument. *(piano, drum, ukelele, guitar, trumpet, clarinet)* **Is there a musical instrument in the house?**	a. YES b. NO **If NO, Does ***** have this at his/her school/daycare?**	a. YES b. NO	HD3_2A HD3_2B
*	3. Subject has access to <u>two</u> appropriate board games. **Does ***** enjoy playing any board games? Are there any in the house? (How many?)**	a. YES b. NO **If NO, Does ***** have this at his/her school/daycare?**	a. YES b. NO	HD3_3A HD3_3B
*	4. Subject has access to <u>ten</u> age appropriate books. **Does ***** like to read? Are there any books in the house he/she can read? (How many?)**	a. YES b. NO **If NO, Does ***** have this at his/her school/daycare?**	a. YES b. NO	HD3_4A HD3_4B
*	5. Subject has access to a desk or other suitable place for reading or studying. **Does ***** have any homework? Where does he/she do it?**	a. YES b. NO **If NO, Does ***** have this at his/her school/daycare?**	a. YES b. NO	HD3_5A HD3_5B

OBS	SCALE III. DEVELOPMENTAL ADVANCE	IN THE HOME? *[CIRCLE ONE]*	School/ Day Care	
*	6. Subject has access to a dictionary in the home. **Is there a dictionary in the house?**	a. YES b. NO		HD3_6
*	7. Subject has access to a library card and PC arranges for subject to go to library once a month. **Does ***** have a public library card? Does he/she ever go there? (About how often?)**	a. YES b. NO		HD3_7
*	8. Subject is encouraged by PC to read on his/her own. **Does ***** read on his/her own or do you encourage him/her to read?**	a. YES b. NO		HD3_8
*	9. Subject has three or more books of his/her own. **Does ***** have any of his/her own books? (About how many?)**	a. YES b. NO		HD3_9
*	10. PC or other family member encourages subject to develop or sustain hobbies. **Does ***** have any hobbies?** If yes, **Did you encourage this?** If no, **Are there any you have encouraged him/her to have?**	a. YES b. NO		HD3_10
*	11. PC helps subject to achieve advanced motor skills. **Has ***** learned to ride a bike or play ball or any activities like that? (How did he/she learn them?)**	a. YES b. NO		HD3_11

Introduction: **Now, I'd like to ask you some questions about scheduling, rules you may have and how you handle discipline.**

OBS	SCALE IV. SUPERVISION	IN THE HOME? *[CIRCLE ONE]*	
	1. Subject has a set time [curfew] to be home on school nights. **Does ***** have a certain time he/she has to be home on school nights?**	(a.) YES b. NO	HD4_1
	2. Subject routinely obeys curfew on school nights. **Does ***** usually obey that rule?**	(a.) YES b. NO	HD4_2
	3. Subject has a set time [curfew] to be home on weekend nights. **How about on weekends? Does ***** have a certain time to be home?**	(a.) YES b. NO	HD4_3
	4. Subject routinely obeys curfew on weekend nights. **Does ***** usually obey that rule?**	(a.) YES b. NO	HD4_4
	5. PC has established rules about homework and checks to see if homework is done. **Do you have any specific rules about homework? Do you check to see if it is done?**	(a.) YES b. NO	HD4_5
	6. PC assisted subject with homework and school assignments <u>every other week</u> during current or most recent school year. **Do you ever help ***** with his/her homework? (About how often?)**	(a.) YES b. NO	HD4_6
	7. PC requires subject to sleep at home on school nights. **Does ***** have to sleep at home on school nights or can he/she stay with friends?**	(a.) YES b. NO	HD4_7
	8. When PC is not available to subject at home, reasonable procedures have been established for him/her to check in with PC, or their designee, on weekends and after school. **When you aren't at home, does ***** check in with you or anyone else?**	(a.) YES b. NO	HD4_8

	9. After school subject goes somewhere that adult supervision is provided. **Where does ***** go after school? Are there any adults there?**	a. YES b) NO	HD4_9
	10. PC establishes rules for subject's behavior with peers and asks questions to determine whether they are being followed. **Do you have any rules about what ***** does with his/her friends? Do you talk to ***** about what he/she is doing?**	a. YES b. NO	HD4_10
	11. Subject is not allowed to wander in public places without adult supervision for more than 1 hour. **How much time can ***** spend in public places without an adult?**	a. YES b. NO	HD4_11
	12. PC has had contact with two of the subject's friends in the last week. **Do you ever get to talk with *****'s friends? (About how often?)**	a. YES b. NO	HD4_12
	13. PC talks daily with subject about his/her day. **Do you get to talk with ***** every day about his/her day?**	a. YES b. NO	HD4_13
	14. PC has visited the school or talked to the teacher or counselor within the last 3 months. **Do you ever go to *****'s school or talk with the teacher or counselor there? When was the last time?**	a. YES b. NO	HD4_14
	15. Family has TV, and it is used judiciously, not left on continuously. (No TV requires an automatic NO) **Do you generally keep the TV on or do you turn it on for specific programs?**	a. YES b. NO	HD4_15
	16. PC has discussed television programs with subject during the past two weeks. **Do you talk with ***** about different programs? (When was the last time?)**	a. YES b. NO	HD4_16
	17. PC has discussed current events with subject during the past two weeks. *(current events)* **Do you ever get to talk with ***** about what he/she sees on the news, or in newspapers or magazines?**	a. YES b. NO	HD4_17

OBS	SCALE IV. SUPERVISION	IN THE HOME? *[CIRCLE ONE]*	
	18. PC has discussed the hazards of alcohol and drug abuse with subject during the past year. **During the past year have you spoken with ***** about the dangers of alcohol and drug abuse?**	(a.) YES b. NO	HD4_18
	19. PC denies subject access to alcohol (including beer or wine) in the home. **Is ***** allowed to drink beer, wine, or other alcohol at home?**	a. YES (b.) NO	HD4_19
	20. PC knows signs of drug usage and remains alert to possible experimentation. **Do you feel familiar with the signs of drug use and keep an eye out for them?**	(a.) YES b. NO	HD4_20
	21. Subject is taken regularly to a doctor's office or clinic for check-ups and preventive health care (once a year). **Has ***** been to a doctor or clinic for a check-up during the past year?**	(a.) YES b. NO	HD4_21
	22. Family has a fairly regular and predictable daily schedule for subject. *(meals, day care, bedtime, how much TV, homework)* **Are things like bedtimes, mealtimes, daycare done about the same time everyday?**	(a.) YES b. NO	HD4_22
	23. PC sets limits for subject and generally enforces them. *(curfew, homework before TV, cleaning up, other regulations)* **Do you have rules for *****'s behavior? (Do you usually try to get him/her to follow them?)**	(a.) YES b. NO	HD4_23
	24. PC is generally consistent in establishing or applying family rules. **Do you have rules for the other members of the family? (Do you usually try to get them to follow them?)**	yes	HD4_24

OBS	SCALE V. AVOIDANCE OF RESTRICTION AND PUNISHMENT	**IN THE HOME?** *[CIRCLE ONE]*	
**	1. PC does not shout at subject during the visit.	a. YES (b) NO	HD5_1
**	2. PC does not express overt annoyance with or hostility toward the subject during the visit.	a. YES (b) NO	HD5_2
**	3. PC neither slaps nor spanks subject or any other family member during the visit.	a. YES (b) NO	HD5_3
**	4. PC does not scold or criticize or put down the subject during the visit.	a. YES (b) NO	HD5_4
*	5. PC has not lost temper with subject more than once during the previous week. **I'm sure ***** does things that are annoying. Do you ever lose your temper with him/her? (How about in the past week?)**	a. YES (b) NO	HD5_5
*	6. Subject is allowed to express negative feelings toward PC or can disagree with PC without harsh reprisal. **When ***** says things like "I Hate You" or "No, I Won't Do That!", how do you handle it?**	(a) YES b. NO	HD5_6
*	7. PC reports that no more than one instance of physical punishment occurred during the past month. **Have you had to spank or physically punish ***** recently? (How about in the last month?)**	(a) YES b. NO	HD5_7

OBS	SCALE VI. MODELING	**IN THE HOME?** ***[CIRCLE ONE]***	
*	1. At least ten books are present and visible in the home. *(If not seen, Ask:)* **Do you get a chance to read? Do you have a place you keep books?**	a. YES b. NO	HD6_1
**	2. PC does not violate rules of common courtesy.	a. YES b. NO	HD6_2
**	3. PC introduces interviewer to subject.	a. YES b. NO	HD6_3
*	4. Some delay of food gratification is demanded of the subject. *(there are planned meal/snack times and subject is generally required to wait)* **Does ***** eat whenever he/she wants or do you have specific times to eat?**	a. YES b. NO	HD6_4
*	5. PC teaches subject some simple manners. *(to say please, thank you, sorry)* **Has ***** learned things like please, thank-you, sorry? (How did he/she learn?)**	a. YES b. NO	HD6_5
	6. PC or other family member buys a newspaper daily and reads it. **Does anyone in the house get a chance to read the newspaper at home everyday?**	a. YES b. NO	HD6_6
	7. PC or other family member subscribes to/buys one magazine monthly. **Does anyone in the house buy or subscribe to any magazines?**	a. YES b. NO	HD6_7
	8. PC regularly participates in religious or community activities. **Are you involved in any religious or community activities?**	a. YES b. NO	HD6_8
	9. PC participates in child oriented organization. **How about any organizations that do things for children?**	a. YES b. NO	HD6_9

OBS	SCALE VI. MODELING	**IN THE HOME?** ***[CIRCLE ONE]***
	10. PC has not cried or been visibly upset in subject's presence more than once during past week. **When you feel unhappy or sad, do you let ***** see how you're feeling or do you try to hide your feelings? Have you cried or been very upset in front of ***** recently? (When?)**	a. YES b. NO

HD6_10

Introduction: **Now I'd like to ask you about different responsibilities ***** might have.**

OBS	SCALE VII. FOSTERING INDEPENDENCE	IN THE HOME? *[CIRCLE ONE]*		
	1. PC allows subject to choose certain favorite food products or brands at grocery store. **How about at the grocery store? Does ***** ever choose any food or brands?**	(a.) YES b. NO		HD7_1
	2. PC has provided guidance to subject during the past year concerning personal hygiene. **In the past year have you given any advice or help to ***** about things like washing or bathing or other aspects of personal hygiene?**	(a.) YES b. NO		HD7_2
	3. PC has taught subject how to deal with health and safety emergencies in an age appropriate manner. **Does ***** know what to do in an emergency?**	(a.) YES b. NO		HD7_3
	4. PC teaches subject to help with cooking and cleaning. **Do you show ***** how to cook and clean?**	(a.) YES b. NO		HD7_4
	5. Subject has weekly age appropriate household responsibilities. *(picking up after him/herself, putting clothes in hamper)* **Does ***** have any weekly chores or responsibilities?**	(a.) YES b. NO		HD7_5
	6. PC expects subject to put outdoor clothing, dirty clothes, and night clothes in specific places. **Is ***** expected to pick up after him/herself?**	(a.) YES b. NO		HD7_6

OBS	SCALE VII. FOSTERING INDEPENDENCE	IN THE HOME? *[CIRCLE ONE]*	
	7. PC allows subject to visit with friends outside school/day care once each week. **Does ***** visit with friends outside of school?**	a. YES b. NO	H07_7
	8. Subject has a place to keep his/her toys/treasures or belongings. **Does ***** have a place to keep his/her toys, treasures or belongings?**	a. YES b. NO	H07_8

APPENDIX G

CONFLICT TACTICS SCALE FOR PARENT & CHILD (CTSS)

When you had a problem with *** in the past year...**

1. How many times did you discuss an issue calmly with *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

1B. Has this ever happened? 1 = Yes 0 = No

2. How many times did you get information to back up your side of things?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

2B. Has this ever happened? 1 = Yes 0 = No

3. How many times did you bring in or try to bring in someone else to help settle things?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

3B. Has this ever happened? 1 = Yes 0 = No

4. How many times did you insult or swear at *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

4B. Has this ever happened? 1 = Yes 0 = No

5. How many times did you sulk and/or refuse to talk about an issue?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

5B. Has this ever happened? 1 = Yes 0 = No

6. How many times did you stomp out of the room, or house or yard?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

6B. Has this ever happened? 1 = Yes 0 = No

7. How many times did you cry?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

7B. Has this ever happened? 1 = Yes 0 = No

8. How many times did you do or say something to spite *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

8B. Has this ever happened? 1 = Yes 0 = No

9. How many times did you threaten to hit or throw something at *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

9B. Has this ever happened? 1 = Yes 0 = No

10. How many times did you throw, smash, hit or kick something?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

10B. Has this ever happened? 1 = Yes 0 = No

11. How many times did you throw something at *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

11B. Has this ever happened? 1 = Yes 0 = No

12. How many times did you push, grab, or shove *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

12B. Has this ever happened? 1 = Yes 0 = No

13. How many times did you slap or spank ***** with an open palm?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

13B. Has this ever happened? 1 = Yes 0 = No

14. How many times did you kick, bite, or hit ***** with a fist?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

14B. Has this ever happened? 1 = Yes 0 = No

15. How many times did you hit or try to hit ***** with something?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

15B. Has this ever happened? 1 = Yes 0 = No

16. How many times did you beat ***** up?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

16B. Has this ever happened? 1 = Yes 0 = No

17. How many times did you burn or scald *****?

0	1	2	3	4	5	6
never	once	twice	3-5 times	6-10 times	11-20 times	more than 20 times

IF = 0 (Never), ASK:

17B. Has this ever happened? 1 = Yes 0 = No

APPENDIX H

PROVISION OF SOCIAL RELATIONS SCALE

Date: PSRSDATE
mm dd yy

Subject ID: SUBJID

Interviewer ID: _____
PSRSRATR

FIELD COPY 2 SOURCE

Time Started:_____ PSRSSTIM

Now I would like to know something about your relationships with other people.

Hand Respondent the Response Card and Read Choices

For each of the statements I read, please use this scale and tell me the answer that best describes your experience, with:

1 = very true
2 = somewhat true
3 = not true

1. When I'm with my friends I feel completely able to relax and be myself. PSS 1

   1 - very true
   2 - somewhat true
   3 - not true

2. I share the same approach to life that many of my friends do. PSS 2

   1 - very true
   2 - somewhat true
   3 - not true

_____ _____
ed. init. ed. date

3. People who know me trust me and respect me. PSS 3

1 - very true
2 - somewhat true
3 - not true

4. No matter what happens, I know that my family will always be there for me should I need them. PSS 4

1 - very true
2 - somewhat true
3 - not true

5. When I want to go out to do things, I know that many of my friends would enjoy (*like*) doing these things with me. PSS 5

1 - very true
2 - somewhat true
3 - not true

6. I have at least one friend that I could tell anything to. PSS 6

1 - very true
2 - somewhat true
3 - not true

7. Sometimes I'm not sure if I can completely rely *(count)* on my family. PSS 7

1 - very true
2 - somewhat true
3 - not true

8. My family lets me know they think I'm a worthwhile *(valuable)* person. PSS 8

1 - very true
2 - somewhat true
3 - not true

9. I feel very close to some of my friends. PSS 9

1 - very true
2 - somewhat true
3 - not true

10. People in my family have confidence in me. PSS 10

1 - very true
2 - somewhat true
3 - not true

11. People in my family help me find solutions to my problems. PSS 11

1 - very true
2 - somewhat true
3 - not true

12. People who know me think I am good at what I do. PSS 12

1 - very true
2 - somewhat true
3 - not true

13. My friends would take the time to talk about my problems, should I ever want to.

1 - very true PSS 13
2 - somewhat true
3 - not true

14. I know my family will always stand by me. PSS 14

1 - very true
2 - somewhat true
3 - not true

15. Even when I am with my friends, I feel alone. PSS 15

1 - very true
2 - somewhat true
3 - not true

IF a subject, GO TO Q. 16

IF a primary caregiver, GO TO Q. 20

16. I have a teacher or coach who I can rely *(count)* on and talk to. PSS16

1 - very true
2 - somewhat true
3 - not true

17. I have a grandparent, uncle, or aunt that I feel close to and who helps me out. PSS17

1 - very true
2 - somewhat true
3 - not true

18. I have a brother, a sister or a cousin who listens to me and understands my problems. PSS18

1 - very true
2 - somewhat true
3 - not true

19. There is an adult outside my family, for example, a neighbor or religious or community member, who I can go to for help if I need it. PSS19

1 - very true
2 - somewhat true
3 - not true

20. Is there anyone in particular that you think helps you out when you need it?

1. Yes 0. No PSS20

IF Yes: What is this person's name and what is his/her relationship to you? (Circle all that apply)

20a1. _____ First name

20a2. 1 - Immediate Family (sibling, child, parent, partner) PSS20A2
2 - Extended Family
3 - Friend or Neighbor
4 - Church Member/Leader
5 - School or Community Member/Leader
6 - Other _____

20b1. _____ First name

20b2. 1 - Immediate Family (sibling, child, parent, partner) PSS20B2
2 - Extended Family
3 - Friend or Neighbor
4 - Church Member/Leader
5 - School or Community Member/Leader
6 - Other _____

20c1. _____ First name

20c2. 1 - Immediate Family (sibling, child, parent, partner) PSS20C2
2 - Extended Family
3 - Friend or Neighbor
4 - Church Member/Leader
5 - School or Community Member/Leader
6 - Other _____

⊖ END OF INTERVIEW ⊖

RECORD TIME: PSRSETIM

APPENDIX I

CHILD BEHAVIOR CHECKLIST (CBCL), WAVE 3

I am going to read a list of items that describe behavior problems that many children have. Please tell me whether each statement has been (2) OFTEN true, (1) SOMETIMES true, or (0) NOT true of ***** **during the past 6 months**, since . . . [refer to Timeline]. The first statement is: "Argues a lot." Has that been OFTEN true, SOMETIMES true, or NOT true of ***** in the past six months?

1	Argues a lot	Often true.....2 Sometimes true.....1 Not true.....0
2	Can't concentrate, can't pay attention for long	Often true.....2 Sometimes true.....1 Not true.....0
3	Can't get his/her mind off certain thoughts; has obsessions	Often true.....2 Sometimes true.....1 Not true.....0
4	Can't sit still, is restless, or hyperactive	Often true.....2 Sometimes true.....1 Not true.....0
5	Clings to adults or is too dependent	Often true.....2 Sometimes true.....1 Not true.....0
6	Complains of loneliness	Often true.....2 Sometimes true.....1 Not true.....0
7	Confused or seems to be in a fog	Often true.....2 Sometimes true.....1 Not true.....0
8	Cries a lot	Often true.....2 Sometimes true.....1 Not true.....0
8A	Hurts animals or is physically cruel to them	Often true.....2 Sometimes true.....1 Not true.....0

9	Cruelty, bullying, or meanness to others	Often true.....2 Sometimes true.....1 Not true.....0
10	Day-dreams or gets lost in his/her thoughts	Often true.....2 Sometimes true.....1 Not true.....0
11	Demands a lot of attention	Often true.....2 Sometimes true.....1 Not true.....0
12	Destroys things belonging to his/her family or others	Often true.....2 Sometimes true.....1 Not true.....0
13	Disobedient at home	Often true.....2 Sometimes true.....1 Not true.....0
14	Disobedient at school	Often true.....2 Sometimes true.....1 Not true.....0
15	Doesn't eat well	Often true.....2 Sometimes true.....1 Not true.....0
16	Doesn't get along with other kids	Often true.....2 Sometimes true.....1 Not true.....0
17	Doesn't seem to feel guilty after misbehaving	Often true.....2 Sometimes true.....1 Not true.....0
18	Fears he/she might think or do something bad	Often true.....2 Sometimes true.....1 Not true.....0
19	Feels he/she has to be perfect	Often true.....2 Sometimes true.....1 Not true.....0

20	Feels or complains that no one loves him/her	Often true.....2 Sometimes true.....1 Not true.....0
21	Feels others are out to get him/her	Often true.....2 Sometimes true.....1 Not true.....0
22	Feels worthless or inferior	Often true.....2 Sometimes true.....1 Not true.....0
23	Gets in many fights	Often true.....2 Sometimes true.....1 Not true.....0
24	Hangs around with others who get in trouble	Often true.....2 Sometimes true.....1 Not true.....0
25	Is impulsive or acts without thinking	Often true.....2 Sometimes true.....1 Not true.....0
26	Would rather be alone than with others	Often true.....2 Sometimes true.....1 Not true.....0
27	Lies or cheats	Often true.....2 Sometimes true.....1 Not true.....0
28	Is nervous, highstrung, or tense	Often true.....2 Sometimes true.....1 Not true.....0
29	Has nightmares	Often true.....2 Sometimes true.....1 Not true.....0

30	Is not liked by other kids	Often true.....2 Sometimes true.....1 Not true.....0
31	Too fearful or anxious	Often true.....2 Sometimes true.....1 Not true.....0
32	Feels dizzy	Often true.....2 Sometimes true.....1 Not true.....0
33	Feels too guilty	Often true.....2 Sometimes true.....1 Not true.....0
34	Overeats	Often true.....2 Sometimes true.....1 Not true.....0
35	Is overtired	Often true.....2 Sometimes true.....1 Not true.....0
36A	Has physical problems without a known medical cause, like... Aches or pains, not including headaches	Often true.....2 Sometimes true.....1 Not true.....0
36B	...Headaches	Often true.....2 Sometimes true.....1 Not true.....0
36C	...Nausea, feels sick	Often true.....2 Sometimes true.....1 Not true.....0
36D	...Problems with eyes	Often true.....2 Sometimes true.....1 Not true.....0
36E	...Rashes or other skin problems	Often true.....2 Sometimes true.....1 Not true.....0

OFTEN true (2), SOMETIMES true (1), or NOT true (0) of ***** in the past six months?

36F	...Stomach aches or cramps	Often true.....2 Sometimes true.....1 Not true.....0
36G	...Vomiting, throwing up	Often true.....2 Sometimes true.....1 Not true.....0
37	Poor school work	Often true.....2 Sometimes true.....1 Not true.....0
38	Prefers being with older kids	Often true.....2 Sometimes true.....1 Not true.....0
39	Refuses to talk	Often true.....2 Sometimes true.....1 Not true.....0
40	Runs away from home	Often true.....2 Sometimes true.....1 Not true.....0
41	Screams a lot	Often true.....2 Sometimes true.....1 Not true.....0
42	Is secretive, keeps things to self	Often true.....2 Sometimes true.....1 Not true.....0
43	Self-conscious or easily embarrassed	Often true.....2 Sometimes true.....1 Not true.....0
44	Sets fires	Often true.....2 Sometimes true.....1 Not true.....0

45	Shy or timid	Often true.....2 Sometimes true.....1 Not true.....0
46	Sleeps less than most kids	Often true.....2 Sometimes true.....1 Not true.....0
47	Sleeps more than most kids during day and/or night	Often true.....2 Sometimes true.....1 Not true.....0
48	Stares blankly	Often true.....2 Sometimes true.....1 Not true.....0
49	Stubborn, sullen, or irritable	Often true.....2 Sometimes true.....1 Not true.....0
50	Sudden changes in mood or feelings	Often true.....2 Sometimes true.....1 Not true.....0
51	Sulks a lot	Often true.....2 Sometimes true.....1 Not true.....0
52	Suspicious	Often true.....2 Sometimes true.....1 Not true.....0
53	Swears or uses obscene language	Often true.....2 Sometimes true.....1 Not true.....0
54	Teases others a lot	Often true.....2 Sometimes true.....1 Not true.....0
55	Has temper tantrums or a hot temper	Often true.....2 Sometimes true.....1 Not true.....0

OFTEN true (2), SOMETIMES true (1), or NOT true (0) of ***** in the past six months?

56	Threatens people	Often true.....2 Sometimes true.....1 Not true.....0
57	Truant, skips school	Often true.....2 Sometimes true.....1 Not true.....0
58	Underactive, slow moving, or lacks energy	Often true.....2 Sometimes true.....1 Not true.....0
59	Unhappy, sad, or depressed	Often true.....2 Sometimes true.....1 Not true.....0
60	Withdrawn, doesn't get involved with others	Often true.....2 Sometimes true.....1 Not true.....0
61	Worries	Often true.....2 Sometimes true.....1 Not true.....0

APPENDIX J

THINGS I CAN DO IF I TRY (TCDT)

	Very True	Sort of True				Sort of True	Very True
1.	☐	☐	Some kids feel like... they can understand math if they work at it,	**BUT**	Other kids feel... no matter how hard they work at it, it is still very hard to learn math.	☐	☐
2.	☐	☐	Some kids think... if they try they can always find a friend to do things with,	**BUT**	Other kids think... even when they try, they have trouble finding a friend to do things with.	☐	☐
3.	☐	☐	Some kids feel... they can figure out ways to be in their neighborhood safely,	**BUT**	Other kids feel... no matter what they do, they can NOT be in the neighborhood safely.	☐	☐
4.	☐	☐	Some kids feel like... no matter what they do, they can NOT get their parents to listen to them,	**BUT**	Other kids feel like... if they work at it, they can get their parents to listen to them.	☐	☐
5.	☐	☐	Some kids feel... they can NOT figure out the answers in school even when they try,	**BUT**	Other kids feel... they can usually figure out the answers in school if they try.	☐	☐
6.	☐	☐	Some kids feel like... they have control over what will happen to them in the future,	**BUT**	Other kids feel like... they do NOT have control over what happens to them in the future.	☐	☐
7.	☐	☐	Some kids find... even when they try, it is hard to get people their age to like them,	**BUT**	Other kids find... if they try, they can get people their age to like them.	☐	☐

Q.7: ON RIGHT SIDE, V.1 AND V.2 READ: "Other kids think..."

8.	☐	☐	Some kids think... no matter how hard they try, they can NOT do the work expected in school,	**BUT**	Other kids think... they can do the work that is expected of them in school if they try.	☐	☐
9.	☐	☐	Some kids feel... they can NOT avoid gangs in their neighborhood even if they try,	**BUT**	Other kids feel... even though it may not be easy, they can avoid gangs if they try.	☐	☐

	Very True	Sort of True				Sort of True	Very True
10.	☐	☐	Some kids feel like... they can get their parents to do things with them that they like to do,	**BUT**	Other kids feel like... no matter what they do, they can NOT get their parents to do things they like to do.	☐	☐
11.	☐	☐	Some kids think . . . there is no reason to try, because they will NOT be able to make their lives better,	**BUT**	Other kids think . . . if they try they can make their lives better.	☐	☐
12.	☐	☐	Some kids feel like... they can understand what they read if they work at it,	**BUT**	Other kids... find it hard to understand what they read even when they work at it.	☐	☐
13.	☐	☐	Some kids think... if they try, they can get people their age to listen to them,	**BUT**	Other kids think... even when they try, they have trouble getting people their age to listen to them.	☐	☐
14.	☐	☐	Some kids feel... they can NOT do well in school even when they try,	**BUT**	Other kids feel... if they try to work hard they can do well in school.	☐	☐
15.	☐	☐	Some kids feel ... there is NOTHING they can do to keep from getting scared on the way to school,	**BUT**	Other kids feel... there are things they can do to keep from getting scared on the way to school.	☐	☐
16.	☐	☐	Some kids feel like... they can become a successful person if they work at it,	**BUT**	Other kids feel like... they shouldn't bother trying because they will NOT be successful.	☐	☐
17.	☐	☐	Some kids feel that... they can get help from their parents if they want it,	**BUT**	Other kids feel that... even if they wanted it, they can NOT get their parents to help them.	☐	☐
18.	☐	☐	Some kids think... they can usually finish their assignments and homework if they try,	**BUT**	Other kids think... they can NOT finish their their assignments and homework no matter how hard they try.	☐	☐

	Very True	Sort of True				Sort of True	Very True
19.	☐	☐	Some kids find... even if they try, they have trouble making new friends,	**BUT**	Other kids think... they can make new friends easily if they try	☐	☐
20.	☐	☐	Some kids feel... safe when they are alone in their neighborhood because they know how to take care of themselves,	**BUT**	Other kids feel... no matter what they do, they AREN'T safe when they are alone in their neighborhood	☐	☐
21.	☐	☐	Some kids feel... they can talk with their parents when they want to about things that make them feel bad,	**BUT**	Other kids feel ... they can NOT talk with their parents about things that make them feel bad.	☐	☐
22.	☐	☐	Some kids feel... they can make things better for themselves in school if they try,	**BUT**	Other kids feel... they will NOT be able to make things better for themselves at school even if they try.	☐	☐
23.	☐	☐	Some kids feel ... if they work at it, they can go places within a few blocks of their home safely,	**BUT**	Other kids feel... they can NOT be sure about getting places within a few blocks of their home safely.	☐	☐
24.	☐	☐	Some kids... can be themselves with their parents when they want to,	**BUT**	Other kids... have trouble being themselves with their parents even though they would like to.	☐	☐
25.	☐	☐	Some kids feel... they can get adults to listen to them when they try,	**BUT**	Other kids think... even when they try, they have trouble getting adults to listen to them.	☐	☐
26.	☐	☐	Some kids feel like... they will go far in this world if they try,	**BUT**	Other kids feel... no matter how hard they try, they will NOT be able to do much in this world.	☐	☐

	Very True	Sort of True				Sort of True	Very True
27.	☐	☐	Some kids feel ... they have trouble avoiding fights in their neighborhood even when they try,	**BUT**	Other kids feel ... they can figure out ways to avoid getting into fights in their neighborhood.	☐	☐
28.	☐	☐	Some kids feel... they can make things better at home with their parents if they try,	**BUT**	Other kids feel like... no matter what they do, they can NOT make things better with their parents at home.	☐	☐
29.	☐	☐	Some kids think... even if they try, they have trouble getting people to help them when they have a problem,	**BUT**	Other kids think... they can get other people to help them when they want help with a problem.	☐	☐
30.	☐	☐	Some kids feel like... they will NOT be able to make themselves happy in the future no matter what they do,	**BUT**	Other kids feel like... they can make themselves happy in the future if they try.	☐	☐

APPENDIX K

HOME & LIFE INVENTORY (HLI)

Now I have some questions about how you spend your time.

1	Do you get a chance to visit with relatives, friends or neighbors in your home or at their home?	Yes.....Continue.....1 No.....Go to Q 2.....2

1A	About how often do you do this? Would you say . . .	Less than once a month.....1 About once a month. .....2 A few times a month.....3 At least a few times a week.....4

2	Do you participate in any child-related organizations, like the YMCA, Boy's and Girl's club, Scouts, or youth programs?	Yes.....1 No.....2

3	Do you participate in any church or religious clubs or activities, not including attending services?	Yes.....1 No.....2

Next I have some questions about family routines, that is whether your family does different things at about the same time each day. Please tell me how many days a week your family does these things.

4	How many days each week does at least some of your family eat breakfast at a regular time, that is about the same time each day? [00 - 07]	(Days)
5	How many days each week [does your child / do your children] have breakfast at a regular time? [00 - 07]	(Days)
6	How many days each week does your family eat the evening meal together? [00 - 07]	(Days)
7	How many days each week does the evening meal get served at a regular time? [00 - 07]	(Days)

8	How many days each week do household chores get done at a regular time? [00 - 07]	(Days)
9	How many days each week do your children go to bed at a regular time? [00 - 07]	(Days)

cohort 00	**Continue**
cohort 03-09	**Go to Q 11**

10	During the week, how many days does ***** usually have a snack in the hour before dinner? [00 - 07]	(Days)

11	Is ***** expected to pick up after him/herself?	Yes.....1 No.....2
12	Does **** have a certain place where s/he puts his/her outdoor clothing, dirty clothes, or night clothes?	Yes.....1 No.....2
13	Does ***** have a certain place to keep things like toys, books, or other belongings?	Yes.....1 No.....2
14	Does ***** have household chores?	Yes.....Continue.....1 No.....Go to Q 16.....2
15	About how often has s/he completed them in the **past month**? Would you say . . .	Most of the time.....1 Some of the time.....2 Almost never.....3
16	Do you have rules that ***** is supposed to follow?	Yes..... ...Go to Q 17.....1 No.....Go toQ18.....2
17	In the **past year**, about how often have you been able to enforce these rules? Would you say...	Most of the time.....1 Some of the time.....2 Almost never.....3

18	Do you have rules for *****'s behavior with his/her friends?		Yes.....Go to Q 19.....1 No.....Go to Q 20.....2
19	How often do you talk to ***** to see if s/he is following these rules? Would you say. . .		Less than once a month.....1 About once a month.....2 A few times a month.....3 At least a few times a week.....4
20	How many of *****'s close friends do you know by sight OR by first and last name? Do you know:...		All.....01 Most.....02 About half.....03 Only a few.....04 None of them.....05 No close friends.....Go to Q25.....97
21	In the [00, 03, 06 *last week*/09 *last 2 weeks*], have you seen any of *****'s friends?		Yes.....Go to Q 22.....1 No.....Go to Q 23.....2

Q.21: REFERENCE TO COHORT 00 ADDED IN V.2.

22	About how many of his/her friends have you seen?		One.....1 Two .....2 More than two 3
23	How many parents of *****'s close friends do you know by sight OR by first and last name? Do you know:...		All.....01 Most.....02 About half.....03 Only a few.....04 None of them.....05
24	In the **last month**, how often have you talked to the parents of ****'s close friends? Would you say		Not at all.....1 Once.....2 3 or 4 times.....3 More than 4 times.....4
25	About how often does **** [*play/do things*] with other children outside school/day care? Would you say....		Never or almost never.....1 Once or twice a month.....2 About once a week.....3 Several times a week.....4

26	00/03 Is ***** allowed to be in public places without adult supervision? 06 Is ***** allowed to be in public places without adult supervision for **more than 1 hour?** 09 Is ***** allowed to be in public places without adult supervision for **more than 2 hours?**		Yes.....1 No.....2

Now I have some questions about different ways that you handle emotional situations and conflict with ***

27	During the **past week**, how often have you cried or been visibly upset in front of *****? Would you say...		Almost every day.....1 A few times.....2 Once.....3 Not in the past week.....4

28	In the **past week**, about how many times have you lost your temper with *****? Would you say...		Almost every day.....1 A few times.....2 Once.....3 Not in the past week.....4

29	[*00-06: In the past week / 09: In the past month*], about how many times have you physically punished *****? Would you say...		Almost every day.....1 A few times.....2 Once.....3 Not at all.....4

30	In general, do you think that you can get **** to listen to you and do what you want him/her to do? Would you say . . .		Most of the time.....1 Some of the time.....2 Almost never.....3

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