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ABSTRACT

This study presents cross-sectional data on physical aggression toward children and child aggression toward parents from the initial data set. (The study was part of a large-scale, longitudinal study of the etiology of alcohol abuse and the development of family violence.) Subjects for the study were 91 families with sons between 3 and 6 years of age who were at risk due to the father's alcoholism. Multiple measures were used. Results indicated that for both fathers and mothers, physical aggression toward children was related to their life troubles, which included long-term alcohol involvement, antisocial behavior, and depression. Level of parental alcohol involvement was not related to physical aggression, either to the child or from the child to the parent. Children's aggression toward their parents was related to the parents' life troubles and certain aspects of the perceived environment. The child's age contributed significantly to the prediction of aggression by and to the mother, but played no role in predicting father-child behavior. Parental aggression and long-term alcohol-related difficulty appeared to be heavily implicated in the predictive equation. While the model used was moderately successful in a predictive sense, other child-related factors need to be specified for a more complete picture. Twenty-eight references and five tables are included. (RH)

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Alcohol Involvement and Violence towards Children Among High Risk Families[1,2]

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STATEMENT OF THE PROBLEM:

Many similarities have been noted between violent and alcoholic families. They are both described as "families in trouble" or "multiproblem families," with many difficulties in functioning (Spieker, 1983). Both the family violence and alcoholism literatures suggest that there is a positive relationship between alcohol use/abuse and violence among family members (Leonard & Jacob, 1987; Morgan, 1982; Steinglass & Robertson, 1983), but because of poor research methods, studies examining these relationships have been contradictory or inconclusive (Leonard & Jacob, 1987; Morgan, 1982; Steinglass & Robertson, 1983). In addition, although the relationship between history of alcohol-related troubles and family violence is suggested, the evidence with respect to child abuse is much weaker than for spouse abuse (Leonard & Jacob, 1987; Straus, Gelles, & Steinmetz, 1980). Little research has systematically examined-- in nonclinical (and therefore unbiased) samples -- whether there is a general relationship between history of alcohol-related troubles and higher rates of physical punishment or violence in alcoholic families (Leonard & Jacob, 1987; Morgan, 1982; Steinglass & Robertson, 1983).

There is good reason to believe that higher rates of aggression will be used against children in these families. A history of alcohol involvement is associated with antisocial activity and depression.

These variables should contribute to a conflictual family environment. The combination of individual trouble and family conflict makes it difficult for husbands and wives to parent children in a consistent and effective manner (Reider, Zucker, Noll, Maguin & Fitzgerald, 1988). Children respond to this level of distress and inconsistency with behavior adjustment problems (Emery, 1982; O'Leary & Emery, 1984). They are likely to respond with increased physical aggression toward their children. The children also would be expected to respond with increased aggression toward their parents in these environments.

This report is part of a large scale, population-based, longitudinal study that is concerned with tracing out both the etiology of alcohol abuse/alcoholism and the development of patterns of violence within these families (Reider et al., 1988; Zucker, 1987; Zucker et al., 1984). The study is following a sample of already alcoholic, but not yet in treatment families with young children, and is examining the relationships over time of the extent of alcohol involvement and level of family conflict and family violence. The present paper presents cross-sectional data on physical aggression toward children and child aggression toward parents from the initial evaluation (T1) data set. Our prior expectation was that positive associations would be found between these two sets of variables. However, it was also felt that other factors would contribute to these relationships, such as parental depression and antisocial activity, as well as family conflict.

SUBJECTS AND PROCEDURES:

Subjects are 91 families from the Michigan State University Longitudinal Study The sociodemographic characterics of the study sample indicate that mothers are 28.9 years (s.d. of 4.4. years), fathers are 30.9 years (s.d. of 4.7 years), and the target child is 58.0 months (s.d. of 13.6 months). Mothers have 12.6 years and fathers have 12.1 years of education (s.d. of 1.9 years), and there are 2.2 children living in the home (s.d. of 0.9 years).

The family's high risk characteristics are established by way of the father's alcoholism, and the fact that the target child for the research is male. In order to qualify for study inclusion, at the time of initial contact the family must be intact and sons must be between the age of 3.0 and 6.0 years. Alcoholic fathers are obtained from the drunk driver population, and are screened to have a sufficiently high blood alcohol level (0.15%) such that there is presumptive evidence of tolerance. Later data are used to verify the presumptive diagnosis established during the initial screening procedure. The majority of the data collection takes place in respondents' homes, and the families are paid a fee for completing the assessment process. The following instruments were completed by both parents, working separately:

(a) Prior antisocial history was assessed via the Antisocial Behavior Checklist, a forty-six item, self-administered inventory which includes items from ten content domains that assess a variety of child, adolescent, and adult antisocial behaviors (Zucker & Noll, 1980a). The instrument has previously been used successfully in the assessment of adolescent antisocial behavior (Zucker & Barron, 1973; Zucker & DeVoe,

1975), and has been shown to have appropriate internal homogeneity and test-retest reliability .

(b) The primary measure of both family conflict and violence was the Conflict Tactics Scale (CTS) (Straus et al., 1980), an instrument previously used in national survey work. To encourage accuracy of reporting, this instrument was interviewer administered during the NIMH Diagnostic Interview Schedule (DIS) (Robins, Helzer, Croughan, & Ratcliff, 1981; Robins et al., 1985). Analyses in this paper pertain to aggression between parent and child, in particular, to reports of parent's own violence to child, and reports of the child's violence to one's self, for both fathers and mothers.

Analyses in this paper refer specifically to parent reports of their own aggression to their children during the past year. Severity and Cumulative Intensity are the two violence scores used: the Severity measure is a Guttman scale of the CTS items (the most severe forms of physical violence have higher scores). A subject's Severity score is the highest level of physical violence reported during the past year. Cumulative intensity is a summation score, based on the product of level of violence intensity times frequency of the violence, summed across all levels of violence items. Thus, one receives a higher score for both more frequent violence and for higher levels of it, and the measure reflects this combined influence.

(c) An extensive Drinking and Drug History inventory was also administered (Zucker & Noll, 1980b). Information on the parents' level of alcohol consumption in the last six months is used to compute a score for current drinking (an expansion on Cahalan, Cisin, and Crossley's

(1969) Quantity-Frequency-Variability Index) called QFV-R (Zucker & Davies, 1989). It also contains questions about drug use (Johnston, Bachman, & O'Malley, 1979), and about problems connected to very heavy alcohol involvement (Schuckit, 1978). From these data, and from the questions on alcohol involvement on the DIS, a composite measure of lifetime alcohol related difficulties, the Lifetime Alcohol Problems Score-Revised (LAPS-R) (Zucker, 1989) was generated.

(d) Current parental depression is measured using the Short Form of the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Information about "current" and "worst-ever" depression is based on Hamilton Rating Scale (Hamilton, 1960, 1967) ratings, based upon information obtained during the DIS interaction, and made by the DIS interviewer.

RESULTS:

(1) Intra- and inter-relationships of parental psychopathology in young alcoholic men and their wives.

Although the intra-relationships between measures of prior antisocial activity and current and lifetime drinking involvement in young alcoholic families were previously examined (Reider et al., 1988), current and lifetime measures of depression were not included. Because it was anticipated that depression would be significantly related to a history of alcohol-related troubles and antisocial behavior, measures of current and worst ever (during lifetime) depression are included. Data pertaining to these relationships are presented in Table 1.

As expected, there were many strong positive relationships between lifetime alcohol related troubles and measures of depression and prior antisocial activity. For both fathers and mothers, lifetime alcohol involvement (LAPS-R) is strongly positively related to prior antisocial activity, and current (BDI and HRSD-C for mothers, BDI for fathers) and lifetime measures of depression (HRSD-W). Antisocial behavior is also positively associated with current self-report measure of depression (BDI) and clinician rating of worst ever depression (HRSD-W).

In contrast to these associations, for fathers, current drinking (QFV-R) is not related to other measures of life problems, but for mothers it is; for them, current level of alcohol consumption is positively related to prior antisocial behavior (ASB-T) ($r=.30$, $p\leq.01$). The difference in significance for mothers and fathers, as well as the difference in direction of association between lifetime problems and current alcohol involvement for mothers (positive) and fathers (negative) is probably best explained by the current instability in the men's drinking. All of them have been convicted of an alcohol related offense within the last year or two. A substantial majority of them thereafter swear off drinking for a while, which would account both for the low overall predictive power of the current (6 month) alcohol consumption index, as well as for the negative association between levels of current consumption and extent of lifetime difficulty with drinking.

In seeking to understand the relationships between parental psychopathology and physical aggression toward children, it is also important to understand the associations between fathers' and mothers'

other troubles. Since it was anticipated that some of the difficulties these parents are experiencing are associated with their family relationships, some relationship between parallel types of psychopathology among the parents were predicted. Data pertaining to these relationships are also presented in Table 1; there are significant positive relationships between fathers' and mothers' current drinking ($r=.42$, $p\leq.001$), current self-reported depression ($r=.42$, $p\leq.001$), and clinican rating of worst-ever depression ($r=.22$, $p\leq.05$). However, there was no relationship for measures of lifetime alcohol involvement, antisocial behavior, or clinician ratings of current depression.

In addition, fathers' long-term alcohol related troubles were negatively related to mothers' level of current drinking ($r=-.34$, $p\leq.01$) and positively related to mothers' current self-report of depression ($r=.33$, $p\leq.01$). Greater lifetime alcohol involvement for fathers is associated with less current drinking and greater current depression among mothers. Also, fathers' worst-ever clinical rating of depression is positively related to mothers' lifetime alcohol troubles ($r=.30$, $p\leq.01$) and current ratings of depression ($r=.28$, $p\leq.01$). Greater worst-ever depression in fathers is associated with greater lifetime alcohol involvement and current depression among mothers.

2) Relationship of parent characteristics to recent parental aggression toward children in young alcoholic families.

It was hypothesized that that there would be a significant positive relationship between parent troubles and use of aggression toward their children. Data on these relationships are found in Table 2. For

fathers, there is a positive correlation between the severity of aggression toward the child and degree of long term alcohol related difficulty (r=.33, p $\leq$.01), prior antisocial behavior (r=.30, p $\leq$.01), current self report of depression (r=.31, p$\leq$.01; r=.34, p$\leq$.01 for cumulative intensity), clinician current rating of depression (r=.21, p$\leq$.05), and clinician worst-ever rating of depression (r=.27, p$\leq$.01). For mothers, there is a positive relationship between the severity of aggression toward their child and their long term alcohol involvement (r=.32, p $\leq$.01), prior antisocial behavior (r=.34, p $\leq$.01), current self report of depression (r=.22, p$\leq$.05), and clinician worst-ever rating of depression (r=.22, p$\leq$.05). For both fathers and mothers, those with greater long term alcohol related troubles, prior antisocial behavior, and current and worst ever depression have higher rates of aggression toward their children. Severity of the level of aggression is more clearly defined by these variables. Also, for both mothers and fathers, current rates of drinking are not significantly related to their use of physical aggression toward their children.

3) Relationship of parent characteristics to recent child aggression toward parents in young alcoholic families.

Because of the parents' difficulties in functioning, it was anticipated that fathers and mothers would have difficulty parenting in a consistent and effective manner, and tnat children under these circumstances would respond with greater aggression toward their parents. The results of these analyses are reported in Table 3. Child aggression to fathers is positively related to fathers' long term

alcohol related troubles (LAPS-R) (r=.37, p≤.001 for severity), self-report of current depression (BDI) (r=.26, p≤.05 for severity), and clinician rating of current depression (HRSD-C) (r=.48, p≤.001 for cumulative intensity) and worst ever depression (HRSD-W) (r=.35, p≤.001 for cumulative intensity). Greater child aggression toward fathers is associated with fathers having greater lifetime drinking involvement and higher levels of current and worst-ever depression. Child aggression to mothers is positively related to mothers' long term alcohol related troubles (LAPS-R) (r=.23, p≤.05 for severity; r=.51, p≤.001 for cumulative intensity), prior antisocial activity (ASB-T) (r=.22, p≤.05 for severity; r=.32, p≤.01 for cumulative intensity), self-report of current depression (BDI) (r=.39, p≤.001 for severity; r=.26, p≤.05 for cumulative intensity), and clinician rating of worst-ever depression (HRSD-W) (r=.28, p≤.01 for severity; r=.30, p≤.01 for cumulative intensity). Greater child aggression toward mothers is associated to mothers with greater lifetime drinking involvement, prior antisocial activity, and current and worst-ever depression. As with other relationships, current parent alcohol consumption is not related to greater child aggression.

4) Development of a Predictive Model for Parental Aggression toward the child.

Although the present data are cross-sectional, the conceptual framework that guided the selection of these measures was a developmental one (cf. Zucker, 1987) that our group will be able to test longitudinally as the T^2 data set becomes available. In the meantime,

we constructed a hierarchic regression model to begin to test developmental hypotheses. The model moves from putatively earlier developmental influences to more proximal ones; the theory guiding this research posits that parent antisocial behavior is precursive to parent's own alcohol problems (assessed via LAPS), which in turn is precursive to depressive experience, and even may to some extent drive it. In the present data set we mark this by way of a lifetime measure of depressive experience, one that scales the severity of the "worst-ever" depressive episode. The model then moves to contemporaneous experience, and hypothesizes that current depression (an individual difference measure), and interactional behavior in the marriage that is salient to aggression, are more proximal influences on aggressive output. Last, a developmental variable, child's age, was entered to account for differences in aggressive activity that may be stimulus dependent on account of the child's behavior. This variable only proved to be relevant for relationships involving the mother, and is omitted from the father[1] equations. Table 4 presents the regression analyses for parent to child aggression, for both highest level of aggression reported in the last year (i.e., type of aggressive display--the severity measure), and for a measure of total amount of aggression delivered by the parent (the cumulative intensity measure). Table 5 presents a test of the same model as it related to son's reported aggression against his parents.

DISCUSSION:

On the basis of the bivariate analyses, results indicate that for both fathers and mothers, physical aggression toward their children is

related to their own life troubles, which include long term alcohol involvement, antisocial behavior, and current and lifetime experiences of depression. However, current level of parental alcohol involvement is not related to physical aggression (to the child or from child to parent) at least at this young age range. Children's aggression toward their parents was found to be related to the parents' life troubles and some aspects of the perceived environment.

The hierarchic regression analyses clarify this picture a bit more. First, there is some suggestion that child aggression to parents, at least as assessed here by way of parent reports on the behavior, is better predicted by the proposed model than is the case for aggression in the other direction (i.e., parent to child). Although at the moment there is no way in our data set by which we can directly establish the reasons for this, it is consistent with the hypothesis that there is more suppression- by the parents- concerning their reporting on their own patterns of violence than there is of their reports about what behavior their sons do.

Second, the child's age is a significant contributor to the prediction of aggression by and to the mother in three out of four of the equations, but played no role in predicting father-child behavior. We suggest two possible reasons for this difference: (a) mothers are more sensitive to their children's behavior, and so, to a greater degree monitor and control their own and and child's aggression as a function of how old their son is; (b) fathers in fact see and deliver less age related aggression than do mothers. Our clinical impression working in these homes is in fact consistent with this lattter hypothesis. The

sons, at least in this age range, appear much more intimidated and more compliant with their fathers, and the fathers therefore have less reason to respond aggressively to them.

Third, parental aggression -- as assessed via the antisocial behavior measure and the spousal aggression measure -- and long term alcohol related difficulty, appear to be two factors most heavily implicated in the predictive equation. Parental aggression is significantly involved in six of the equations and the LAPS measure is involved in three of them.

Fourth, although the model used here is moderately successful in a predictive sense, on the basis of the Adjusted R^2 figures, it accounts for 30 percent of the variance at best, and 7 percent at worst. Clearly, other factors need to be specified for a more complete account of this process. One of the most obvious domains, that remains untouched by the set examined here, is that of the child's contributions to this process. The influence of these factors is currently being evaluated in a parallel set of analyses, currently in process (Reider, in preparation).

Two more general observations are relevant as well. The relationships already observed in this population between long-term alcohol involvement and spousal violence (Reider et al., 1988) are of a similar pattern but larger magnitude than are the parallel relationships concerning abuse toward children that are dealt with here. The present findings are consistent with earlier work in this area (Leonard & Jacob, 1987; Straus et al., 1980). Finally, it is important to underscore that the present data are not derived from a sample obtained because of

complaints about violence, or because of help-seeking for drinking problems. The population based nature of the study thus lends special credence to these results as being reflective of the natural history of physical aggression in one especially high-risk-for-violence-group, ratherf than being the outgrowth of artificial characteristics of the sample's composition.

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FOOTNOTES

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Table 1

Intrapersonal and Interpersonal Relationships of Parental Psychopathology in Young Alcoholic Men and their Wives--Pearson R's (N=91)

Intrapersonal Relationships

Fathers:

	QFV-R	ASB	BDI	HRSD-C	HRSD-W
Fa Lifetime Alcohol Difficulty (LAPS-R)	-.19	.53***	.35***	.22*	.36***
Fa Current Drinking (QFV-R)	--	.07	.13	.10	-.07
Fa Antisocial Behavior (ASB)		--	.23*	.20	.25*
Fa Depression-Current-Self-Report (BDI)			--	.27**	.40***
Fa Depression-Current-Clinician Report (HRSD-C)				--	.71***
Fa Depression-Lifetime Worst Ever (HRSD-W)					--

Mothers:

	QFV-R	ASB	BDI	HRSD-C	HRSD-W
Mo Lifetime Alcohol Difficulty (LAPS-R)	.32**	.61***	.30**	.12	.41***
Mo Current Drinking (QFV-R)	--	.30**	-.05	.13	.13
Mo Antisocial Behavior (ASB)		--	.39***	.00	.31**
Mo Depression-Current-Self-Report (BDI)			--	.13	.24*
Mo Depression-Current-Clinician Report (HRSD-C)				--	.64***
Mo Depression-Lifetime Worst Ever (HRSD-W)					--

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$. All two-tailed.

Table 1 (Continued)

Intrapersonal and Interpersonal Relationships of Parental Psychopathology in Young Alcoholic Men and their Wives--Pearson R's (N=91)

	Interpersonal Relationships					
	Mother					
	LAPS-R	QFV-R	ASB	BDI	HRSD-C	HRSD-W
Father						
Lifetime Alcohol Difficulty (LAPS-R)	.15	-.34**	.08	.33**	-.10	.15
Current Drinking (QFV-R)	.09	.42***	.13	.04	.15	.12
Antisocial Behavior (ASB)	.07	-.16	.10	.07	-.02	.08
Depression-Current-Self-Report (BDI)	.18	.02	.09	.42***	.04	.17
Depression-Current-Clinician Report (HRSD-C)	.20	-.11	.11	.20	.12	.13
Depression-Lifetime Worst Ever (HRSD-W)	.30**	-.17	.13	.28**	.03	.22*

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$. All two-tailed.

Table 2

Relationship Between Measures of Parent's Own Life Problems and Parent's Use of Physical Aggression Toward Child--Pearson R's (N=91)

	Father's Aggression		Mother's Aggression	
	Severity	Cumulative Intensity	Severity	Cumulative Intensity
Lifetime Alcohol Difficulty (LAPS-R)	.33**	-.01	.32**	.17
Current Drinking (QFV-R)	.11	.20	.12	-.03
Antisocial Behavior (ASB)	.30**	.12	.34**	.01
Depression-Current-Self-Report (BDI)	.31**	.34**	.22*	.10
Depression-Current-Clinician Report (HRSD-C)	.21*	.11	.03	.19
Depression-Lifetime Worst Ever (HRSD-W)	.27**	.17	.22*	.11

Severity — Guttman scaled severity "past year"
Cumulative Intensity — Weighted frequency sum "past year"

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$. All two-tailed.

Table 3

Relationship Between Measures of Parent's Own Life Problems and Child's Use of Physical Aggression Toward that Parent--Pearson R's (N=91)

	Aggression to Father		Aggression to Mother	
	Severity	Cumulative Intensity	Severity	Cumulative Intensity
Lifetime Alcohol Difficulty (LAPS-R)	.37***	.14	.23*	.51***
Current Drinking (QFV-R)	.00	.05	-.08	.08
Antisocial Behavior (ASB)	.14	.20	.22*	.32**
Depression-Current-Self-Report (BDI)	.26*	.17	.39***	.26*
Depression-Current-Clinician Report (HRSD-C)	.09	.48***	.13	.05
Depression-Lifetime Worst Ever (HRSD-W)	.12	.35***	.28**	.30**

Severity — Guttman scaled severity "past year"
Cumulative Intensity — Weighted frequency sum "past year"

* $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$. All two-tailed.

Table 4

Summary Table for the Hierarchic Regression Analyses Predicting Aggressive Behavior of Parents to Child (N=91)

Predictor	Beta/In	R^2 /Ch	F/Ch
Severity of Father's Aggression to Child			
Fa Antisocial Behavior (ASB)	.26	.07	6.19*
Fa Lifetime Alcohol Difficulty (LAPS-R)	.27	.05	4.97*
Fa Depression-Lifetime Worst Ever (HRSD-W)	.19	.03	3.25+
Fa Depression - Current (BDI)	.18	.03	2.61
Couple Marital Aggression Cluster (Severity)	.17	.02	1.92
Total R^2 (Adjusted R^2)		.19 (.14)	
Severity of Mother's Aggression to Child			
Mo Antisocial Behavior (ASB)	.34	.11	11.40***
Mo Lifetime Alcohol Difficulty (LAPS-R)	.19	.02	2.26
Mo Depression-Lifetime Worst Ever (HRSD-W)	.10	.01	.77
Mo Depression - Current (BDI)	.08	.01	.58
Couple Marital Aggression Cluster (Severity)	.31	.08	8.28**
Child's Age	.01	.00	.01
Total R^2 (Adjusted R^2)		.22 (.17)	

Table 4 (continued)

Summary Table for the Hierarchic Regression Analyses Predicting Aggressive Behavior of Parents to Child (N=91)

Predictor	Beta/In	R^2/Ch	F/Ch
Cumulative Intensity of Father's Aggression to Child			
Fa Antisocial Behavior (ASB)	.10	.01	.97
Fa Lifetime Alcohol Difficulty (LAPS-R)	-.10	.01	.63
Fa Depression-Lifetime Worst Ever (HRSD-W)	.20	.03	3.08+
Fa Depression - Current (BDI)	.36	.10	10.14**
Couple Marital Aggression Cluster (Severity)	.11	.01	.79
Total R^2 (Adjusted R^2)		.16 (.11)	
Cumulative Intensity of Mother's Aggression to Child			
Mo Antisocial Behavior (ASB)	.03	.00	.07
Mo Lifetime Alcohol Difficulty (LAPS-R)	.24	.04	3.22+
Mo Depression-Lifetime Worst Ever (HRSD-W)	.06	.00	.25
Mo Depression - Current (BDI)	.08	.01	.51
Couple Marital Aggression Cluster (Severity)	.18	.03	2.40
Child's Age	-.27	.07	6.37*
Total R^2 (Adjusted R^2)		.14 (.07)	

+ $p \leq .10$; * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.

Table 5

Summary Table for the Hierarchic Regression Analyses Predicting Aggressive Behavior of Son to Parents (N=91)

Predictor	Beta/In	R^2 /Ch	F/Ch
Severity of Son's Aggression to Father			
Fa Antisocial Behavior (ASB)	.14	.02	1.78
Fa Lifetime Alcohol Difficulty (LAPS-R)	.42	.13	13.06***
Fa Depression-Lifetime Worst Ever (HRSD-W)	.00	.00	.00
Fa Depression - Current (BDI)	.16	.02	2.15
Couple Marital Aggression Cluster (Severity)	.43	.12	13.95***
Total R^2 (Adjusted R^2)		.28 (.23)	
Severity of Son's Aggression to Mother			
Mo Antisocial Behavior (ASB)	.22	.05	4.40*
Mo Lifetime Alcohol Difficulty (LAPS-R)	.16	.02	1.57
Mo Depression-Lifetime Worst Ever (HRSD-W)	.21	.04	3.70+
Mo Depression - Current (BDI)	.33	.09	9.66**
Couple Marital Aggression Cluster (Severity)	.24	.05	5.14*
Child's Age	-.35	.11	13.95***
Total R^2 (Adjusted R^2)		.35 (.30)	

Table 5 (continued)

Summary Table for the Hierarchic Regression Analyses Predicting Aggressive Behavior of Scns to Parents (N=91)

Predictor	Beta/In	R^2 /Ch	F/Ch
Cumulative Intensity of Son's Aggression to Father			
Fa Antisocial Behavior (ASB)	.19	.04	3.37+
Fa Lifetime Alcohol Difficulty (LAPS-R)	.06	.00	.22
Fa Depression-Lifetime Worst Ever (HRSD-W)	.34	.10	9.90**
Fa Depression - Current (BDI)	.03	.00	.06
Couple Marital Aggression Cluster (Severity)	.04	.00	.11
Total R^2 (Adjusted R^2)		.14 (.09)	
Cumulative Intensity of Son's Aggression to Mother			
Mo Antisocial Behavior (ASB)	.32	.10	9.80**
Mo Lifetime Alcohol Difficulty (LAPS-R)	.50	.16	19.00***
Mo Depression-Lifetime Worst Ever (HRSD-W)	.10	.01	1.04
Mo Depression - Current (BDI)	.12	.01	1.36
Couple Marital Aggression Cluster (Severity)	-.06	.00	.38
Child's Age	-.24	.05	6.37*
Total R^2 (Adjusted R^2)		.33 (.29)	

+ $p \leq .10$; * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$.