Can Women Provide Reliable Information about Their Children's Fathers? Cross-informant Agreement about Men's Lifetime Antisocial Behaviour

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It is difficult to study the contribution of fathers' antisocial behaviour to children's development because fathers with behavioural problems are often absent or reluctant to participate in research. This study examines whether mothers' reports about their children's fathers' antisocial behaviour can be substituted for interviews with fathers. Both members of 67 couples (N = 134) were interviewed separately and independently about the men's lifetime antisocial behaviour. There was strong relative agreement: the women's reports about men's reports about men's elevel. However, there was poor agreement about absolute level: compared to men's self-reports, women reported fewer of the men's antisocial behaviours. Women's reports provide a reliable index of men's relative standing in a distribution and can be used in research about their children's fathers, but should not be used to make diagnostic decisions about men's antisocial disorders.

Keywords: Antisocial behaviour, family history, fathers, reliability, research design.

Abbreviations: CFA: Confirmatory factor analytic framework; E-risk: Environmental Risk Longitudinal Twin Study; ONS: Office of National Statistics; TEDS: Twins Early Development Study.

The goal of this study is to examine the usefulness of mothers' reports about their children's fathers' antisocial behaviour. The findings from this study have consequences for how future family studies are conducted. If we discover that women can be relied on to provide valid reports about men's behaviour, future studies of child development will be able to use women as a source of information about fathers. If we discover that women's reports about men cannot be trusted, future developmental studies will need to reconsider strategies for collecting data about fathers.

A developmental approach to psychopathology recognises that it is essential to study the entire family, including fathers, in order to identify the factors leading to children's emotional and behavioural problems (Rutter et al., 1997). Research evidence has revealed moderateto-high degrees of assortative mating for psychopathology, substance abuse, and antisocial behaviour (Du Fort, Bland, Newman, & Boothroyd, 1998; Krueger, Moffitt, Caspi, Bleske, & Silva, 1998; Maes et al., 1998; Vanyukov, Neale, Moss, & Tarter, 1996): men and women who together produce children are likely to resemble each other in their psychological problems. The appropriate methodology for studying the intergenerational transmission of assortatively mated traits, such as antisocial behaviour, requires measuring psychological and psychiatric characteristics in siblings of

known genetic relatedness and in both of their parents (Taylor, McGue, & Iacono, 2000; Tonry, Ohlin, & Farrington, 1991). In this way, information about the entire family—parents, children, and their siblings—can be used to test hypotheses about the origins of individual differences in psychopathology.

Child psychologists and psychiatrists have examined in detail the usefulness and shortcomings of different informants in different settings when collecting information about children's emotional and behaviour problems (Van der Ende, 1999). But what about collecting information about adult parents? It is generally not a problem to collect psychological and psychiatric data about mothers when studying their children, because most women live with and bring up their own children and are generally willing to self-report about their own clinical and behavioural histories. But men are a problem. First, men are generally less interested than women in participating in psychological studies (Lykken, McGue, & Tellegen, 1987). Second, many men are not involved rearing their children and do not reside with in their children. Consider some demographic facts. "Traditional" families consisting of a married couple with dependent children living in their own home have declined considerably over the past 30 years, partly as a function of increasing separation, divorce, and out-of-wedlock childbearing. Thirty years ago in Great Britain, only 7% of families with dependent children were lone-parent families; by 1998 this trebled to 22% (Office of National Statistics, 2000). The vast majority of these lone-parent families are female-headed households (Haskey, 1996). Likewise, in the United States, the projected number of families with children under 18 living in female-headed, lone-parent families is approximately 20% (U.S. Census

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Bureau, 2000). However, these figures represent crosssectional snapshots. When demographers examine cumulative residential profiles, they estimate that approximately 50% of children born in 1980 will have lived in a one-parent family before reaching age 18 (Hernandez, 1993). In sum, as a result of men's unwillingness and absence, it is likely that cross-sectional studies of children's development will be unable to gather data from children's fathers in one out of every four families, and longitudinal studies will have missing data from the majority of children's fathers at some point in the course of repeated waves of data collection.

Given that it is often difficult to collect psychological and psychiatric data about children's fathers directly from the men themselves, researchers are faced with three options. First, researchers can choose not to collect these data at all; this option is the status quo. Second, researchers can collect these data only from those fathers who are present in their children's households and who are willing to self-report. This option is not appealing, because it will generate systematic missing data that compromises both the internal and external validity of study results (Winship & Mare, 1992). The systematic bias will arise because those men who are least involved in their children's upbringing-and thus least accessible to developmental researchers-are significantly more likely to have antisocial histories and psychiatric morbidity (Jaffee, Caspi, Moffitt, Taylor, & Dickson, 2001). Third, researchers can rely on mothers to provide information about their children's fathers. This third option will result in present data about all fathers, but before choosing this option, it must be established that mothers can provide reliable and valid reports about their children's fathers.

We tackle this issue by studying two types of crossinformant agreement: relative agreement and absolute agreement. According to researchers who study personality judgements, a "judgement is deemed accurate to the degree that it can appropriately predict the target's behaviour or agree with judgements rendered by the target. To the extent that a judgment fails on these counts, it is deemed inaccurate" (Funder & West, 1993, p. 467). Such agreement is assessed by computing correlations between both partners' independent reports about the man's behaviour. Agreement is said to be relative in this instance because it is indexed by a correlation that represents whether partners agree about the man's standing in a distribution of scores relative to other men in the sample. But agreement can also be assessed in terms of absolute levels. It is important to distinguish between these two forms of agreement because they may yield different conclusions about the extent to which mothers provide reliable information about fathers. For example, it is possible to observe perfect relative agreement between partners while simultaneously partners may disagree about the absolute amount of the behaviour in question. The question of whether women and men provide congruent reports about the absolute level of men's antisocial behaviour is especially important given that diagnostic systems stipulate a numeric threshold for the number of symptoms required to meet criteria for a specific condition. Absolute disagreement between different informants will create a situation in which the sensitivity and specificity of diagnostic decisions is affected by the source of information. To test these two issues of cross-informant agreement we conducted a study of couples in which both members of the couples (women and men) provided

independent information about the man's antisocial behaviour.

Method

Participants

The participants in this study of cross-informant agreement were 67 couples (N = 134). These participants were drawn from the first cohort of the Environmental Risk (E-risk) Longitudinal Twin Study, which uses a twin-family design to investigate how genetic and environmental factors shape children's disruptive behaviour. The E-risk sampling frame was two consecutive birth cohorts (1994 and 1995) in the Twins' Early Development Study (TEDS), a birth register of twins born in England and Wales. The full register is administered by the government's Office of National Statistics (ONS), which invited parents of all twins born in 1994–1995 to enrol in TEDS. Of the 15,906 twin pairs born in these 2 years, 71 % joined the TEDS register. Our sampling frame excluded opposite-sex twin pairs and began with the 73 % of TEDS register families who had same-sex twins.

The E-risk Study sought a sample size of 1100 families to allow for attrition in future years of the longitudinal study while retaining statistical power. We drew an initial list of 1210 families from the TEDS register to target for home visits, a 10% oversample to allow for nonparticipation. The sample was drawn using a high-risk stratification (i.e., enriched) sampling frame, in which high risk was defined as families in which the mother had her first birth when she was 20 years old or younger. We used this enriched sampling for two reasons. First, to replace high-risk families who were selectively lost to the TEDS register via nonresponse when ONS originally set it up. Second, to ensure sufficient base rates of disruptive behaviour in the sample given the low base rates expected for 5year-old children. Early first childbearing was used as the riskstratification (enrichment) variable because it was present for virtually all families in the register, it is relatively free of measurement error, and it is a known risk factor for children's antisocial outcomes (Maynard, 1997). This resulted in a final sample in which two thirds of Study mothers are representative of women in their age group (age 15 to 48 years at first birth) who were mothers in England and Wales in 1994-95 (based on estimates derived from the General Household Survey; Bennett, Jarivs, Rowland, Singleton, & Haselden, 1996). The other one third of Study mothers constitute a 160% oversample of mothers who are at high risk (ages 15-20 years at first birth). At the time of this writing, data collection was completed for the first of the two cohorts. Of the 585 families targeted, 550 participated (91% and 97% of the younger and older mothers, respectively).

Women in E-risk were interviewed in person as part of a 3-hour confidential home visit focusing on family life and child development. At the end of the interview, women were asked if their children's fathers could be contacted for research purposes at a future date; 76% of the women agreed to have these men contacted and provided contact details. The majority of fathercontact refusals were due to the fact that the mother did not keep contact with a nonresidential father. For this substudy of cross-informant agreement, we selected a random 20% of the fathers (N = 80) to contact; 67 (84%) could be contacted and agreed to participate in a 30-minute telephone interview which covered a range of topics dealing with their children's development and their own behaviour, and which was conducted 5-8 months after the home visit by a different interviewer who had no previous contact with the family. An equal number of contacted fathers were from the not-at-risk representative group (51%) and high-risk group (49%). The women who participated in this cross-informant study ranged in age from 23 years to 46 years (M = 33, SD = 6.2); 12% had no educational qualifications, 70% had high-school qualifications (GCSE or above), and 18 % had a university degree. Of the men, 25 % had no educational qualifications, 48% had high-school qualifications, and 27 % had a university degree.

Measures

Both women and men were interviewed using the Achenbach (1997) family of instruments. Women reported about their children's fathers using questions taken from the Adult Behavior Checklist; men answered parallel questions using the Adult Self-Report. Both instruments were modified to gather data about lifetime behaviour. For the purposes of this study we assessed two cross-informant scales (i.e., scales that have the same items). The Delinquent Behavior Scale contains 8 items (e.g., Uses drugs for nonmedical purposes; Does things that may cause trouble with the law) and had internal consistencies (alpha) of .74 for the women's reports about the men and .70 for the men's self-reports. The Aggressive Behavior scale contains 12 items (e.g., Gets in many fights; Screams or yells a lot) and had internal consistencies (alpha) of .80 for the women's reports about the men and .82 for the men's self-reports. The Delinquent Behavior and Aggressive Behavior scales can be summed to operationalise a broad-band syndrome of Externalising Behaviour Problems, which had an internal consistency of .85 for both the women's reports about the men and for the men's self-reports.

In order to capture symptoms of Antisocial Personality Disorder, we administered to the women and to the men questions from the Diagnostic Interview Schedule (DIS-IV; Robins, Cottler, Bucholz, & Compton, 1995) that assessed the presence of six of the seven Criterion A symptoms of DSM-IV Antisocial Personality Disorder (American Psychiatric Association, 1994, pp. 649–650): illegal behaviour, deceitfulness, impulsivity, irritability, reckless disregard for safety of others, irresponsibility. (We did not ask men if they lacked remorse.) The reporting time frame was lifetime. The internal consistencies (alpha) of the resulting Antisocial Personality Disorder symptom were .76 for women's reports about the men and .57 for the men's self-reports.

Results

Analyses addressed three questions. (1) Based on research showing that absent fathers are more antisocial on average than present fathers, we asked: Did mothers report elevated rates of antisocial behaviour for fathers who were absent and uncontactable for this study? (2) When fathers could be contacted for this cross-informant study, did their self-reports agree with the study women's reports about them? (3) Did fathers and mothers agree about the precise level of fathers' antisocial behaviour?

What do Mothers Report about Men Who Are Absent and Uncontactable?

In the full cohort, at the time of the interview, 25% of the biological fathers were not living with the mother and the study children¹. As expected from the history of family research, it was difficult to obtain self-reports from such absent fathers for our cross-agreement analysis.



Figure 1. Cumulative distribution plot of fathers' Externalising Syndrome scores (according to mothers' ratings), in the full sample and in the cross-informant agreement (father) subsample.

However, we could hypothesise, based on cognate research, that absent fathers' antisocial scores would on average have been elevated, had we interviewed them. In this cognate research, Jaffee et al. (2001) reported a strong association between male antisocial behaviour and father absence. That longitudinal study measured 500 men's antisocial behaviour prospectively, before they fathered children. Men who became absent fathers in adulthood had self-reported more extreme conduct problems and delinquency than men who were present fathers or nonfathers, and had more symptoms of antisocial personality disorder. We thus reasoned that if E-risk mothers were good sources of data about absent fathers, they would describe them on average as the most antisocial men in the sample. The alternative hypothesis was that if women know very little about absent fathers, they would describe them on study measures as not particularly antisocial. Results showed that in the full Erisk sample, men who were not living with their biological children were reported by women to have significantly higher lifetime externalising problems, t(543) = 17.83, p < .01, d = 1.53; likewise, they were described by women as having more symptoms of antisocial personality disorder, t(544) = 16.6, p < .01, d = 1.51.

Do Women's Reports about Men's Behaviour Agree with Men's Self-reports?

Unavoidably, our cross-informant agreement analysis used a somewhat restricted range because it was limited to men who could be contacted. In the cross-informant agreement substudy, which required consent from the mother to contact the father, 7% of the biological fathers were not living with the mother and the children (as compared to 18% for the sample weighted to represent the population, see footnote 1). Nonetheless, Fig. 1 suggests that the men in the cross-informant study represented a good range of antisocial behaviour scores for research. Figure 1 shows two distribution plots of fathers' scores on the externalising behaviour scale, as reported by mothers. The dotted-line plot is the distribution of scores for the full sample of 550 men in the Erisk cohort; the solid-line plot is the distribution for the 67 men randomly selected into the cross-informant agreement study. Comparing the two plots reveals that the men in the cross-informant agreement study represent the range of scores in the full cohort, except at the

¹ The E-risk cohort rate of 25% absent biological fathers is higher than the ONS-reported rate of 22% cited earlier, as a result of the stratified high-risk design of the E-risk Study. We re-weighted the sample to make the proportion of young mothers in the cohort equivalent to the proportion in the population of England and Wales. The resulting weighted rate of absent biological fathers was 19%. This rate, slightly below the ONS-reported rate, is reasonable, because the likelihood of father absence increases as children grow older. The E-risk Study sampled households with 5-year-old children whereas the ONS estimate is based on households with children up to age 18.

extreme high end of the distribution (top 7%), where censoring of the cross-informant study sample occurred because of father absence and mothers not wishing to have them contacted.

To test agreement between reporters about men's externalising problems we calculated Pearson productmoment correlations between scales measuring women's reports about men's externalising problems and men's self-reports, in which higher correlations indicate better self-other agreement. The self-other correlations were .48 for the narrow-band Delinquent Behavior scale, .49 for the narrow-band Aggression scale, and .55 for the broad-band Externalising syndrome. These correlations are "large" using Cohen's (1988) descriptive labels for effect sizes. However, these simple Pearson productmoment correlations may underestimate true self-other agreement because they are attenuated by measurement error. To address attenuation, agreement can be analysed in confirmatory factor analytic framework (CFA), in which self-other agreement is estimated by the "latent" correlation linking the latent variable that represents men's self-reports about their own externalising problems to the latent variable that represents women's reports about men's externalising problems. A latent correlation, unlike the raw Pearson correlation, is not attenuated by measurement error. To estimate the latent self-other correlation for the externalising syndrome, we estimated a CFA model using the method of maximum likelihood, applied to the matrix of covariances among the four measures (the Delinquent and the Aggressive Behavior scales from the Adult Behavior Checklist and the Adult Self-Report, respectively), with the M-Plus program (Muthen & Muthen, 1999). The fit of the model was good $\chi^2(1) = 3.64, p = .06$, Comparative Fit Index (CFI) = .97 (Hu & Bentler, 1998), and the correlation between women's and men's reports about men's externalising problems was large (.74, 95% CI = 0.53 to 0.95).

Next we examined whether there was agreement between reporters about men's symptoms of antisocial personality disorder. We calculated correlations. The Pearson product-moment self-other correlation between women's reports about men's antisocial symptoms (summed to form a scale) and men's self-reports was .49, and the effect size was "large" (Cohen, 1988). Before we could calculate the latent correlation between women's and men's reports about men's symptoms of antisocial personality disorder, it was necessary to prepare the data for CFA. When the items used in a CFA are scored dichotomously (as were the symptom data), the CFA is performed on a matrix of tetrachoric correlations and a matrix of asymptotic variances and covariances. After the data matrices were prepared, the CFA model was fit using the weighted least squares function, the appropriate choice for the analysis of dichotomous, ordinal variables, using M-plus. The fit of the model was good, $\chi^2(17) =$ 24.50, p = .11, CFI = .95, and the latent correlation between women's and men's reports about men's antisocial personality disorder symptoms was large (.76, 95% CI = 0.55 to 0.97).

How Similar Were the Mean Levels of Women's and Men's Reports about Men's Antisocial Behaviour?

The CFAs showed that women and men agreed very well about the extent to which men were characterised by antisocial behaviour. Nonetheless, even if a perfect self-other correlation were obtained, it is still possible for men and women to disagree about the absolute level of the behaviour in question. To address this issue, we computed three paired *t*-tests comparing the means of women's and men's reports on the Delinquent and Aggressive Behavior narrow-band scales, and on the broad-band Externalising syndrome score. Significant t values in those paired tests indicate significant differences between women and men in reports of the absolute amount of men's antisocial behaviour. The results showed that in all three comparisons women reported that men were characterised by fewer antisocial problems than the men reported themselves. Thus, women reported that men were less delinquent than men self-reported, M = 2.5 (SD = 3.0) vs. M = 5.3 (SD = 3.4), t(66) = 6.97,p < .01, that men were less aggressive than men selfreported, M = 4.2 (SD = 4.1) vs. M = 6.4 (SD = 5.2), t(66) = 3.73, p < .01, and that, in general, men suffered from fewer externalising problems than men selfreported, M = 6.7, SD = 6.4 vs. M = 11.7, SD = 7.8, t(66) = 6.02, p < .01. The effect sizes associated with these differences in mean levels between the two reporters were very large.

We also computed a paired *t*-test comparing the means of women's and men's reports about men's antisocial personality disorder symptoms. This test showed that each woman reported fewer symptoms for her child's biological father than he self-reported, M = 0.9 (SD =1.5) vs. M = 1.9 (SD = 1.5), t(66) = 4.60, p < .01. Of special interest is the finding that women reported on average 50% fewer symptoms of antisocial personality disorder about men than men reported about themselves. Such disagreement suggests that women's reports about men are unlikely to meet diagnostic criteria in diagnostic systems that call for a specific number of symptoms (i.e., cutoff scores).

To examine agreement between women and men at different cut-scores of DSM-IV Diagnostic Criterion A symptoms, we constructed 2×2 contingency tables using criterion scores of ≥ 1 , ≥ 2 , ≥ 3 , and ≥ 4 symptoms. Not surprisingly, given the observed levels of absolute disagreement, the values of kappa, which in these analyses represent agreement between two informants, were .12, .21, .18, and .33, indicating only "slight" agreement between informants using Shrout's (1988) descriptive labels. The sensitivity (i.e., the probability of agreement between two informants on a diagnosis; Pr[Mother Diag | Father Diag] was not good across the various cut-scores that we created; respectively 46 %, 35 %, 21 %, and 30% of men diagnosed by self-report were also detected from a woman's report). However, the specificity (i.e., the probability of agreement between two informants about nondiagnosis; Pr[Mother Not Diag | Father Not Diag] grew better at increasing cutscores; respectively 73%, 77%, 93%, and 97% of nondiagnosed men were also not diagnosed using women's reports). Although there is no "gold standard", these results make it plain that mothers report less antisocial behaviour about men on average than men report about themselves.

Discussion

The goal of this article was to evaluate the suitability of women to provide reports for use in research about their children's fathers' antisocial behaviour. We tested this possibility by conducting a study of cross-informant agreement, and discovered strong agreement about men's relative levels of antisocial behaviour, but only slight agreement about men's absolute levels of antisocial behaviour.

The correlations between both members of the couple ranged from .48 to .55. Because both partners' reports measured the same construct (i.e., men's antisocial behaviour), the correlations are "coefficients of determination," which may be directly interpreted as the variance explained, without being squared (Ozer, 1985; see also Kenny, 1998). Nevertheless, although crossinformant agreement was strong, it was not perfect. Nonperfect correlations may reflect true disagreement between men and women, or random measurement error inherent in interviewing people and recording their responses, or both. To determine cross-informant agreement after the couple members' respective reports were "cleaned" of measurement error, we examined the correlations between latent antisocial factors modeled using confirmatory factor analyses. Note that the error cleaned from these latent correlations was random measurement error, of the sort anticipated by psychometric test theory. Because the latent correlations were not perfect, we may deduce that some systematic sources of disagreement apparently remained after random measurement error was controlled. Research to uncover systematic sources of bias may thus be warranted, although this line of research reveals that sources of disagreement between spouses tend to reflect idiosyncratic differences between informants (McCrae, Stone, Fagan, & Costa, 1998). In any event, the cross-informant agreement at the latent level of analysis was strong. The disattenuated correlations ranged from .74 to .76. These coefficients of determination suggest that three quarters of the variance in the women's reports of their children's fathers' antisocial behaviour was shared by the men's self-reports. Thus, we recommend that, for research purposes, women can be relied upon to provide reports that would be congruent with their children's fathers own self-reports. Women's reports can be trusted as indicators of men's relative rank.

The present study assessed cross-informant agreement about men's antisocial behaviour, and our conclusion may not necessarily apply to other emotional and behavioural domains (e.g., depression, alcoholism). Indeed, research on personality judgements reveals that one of the best predictors of interjudge agreement is the "observability" of the psychological dimension in question (John & Robins, 1993), and it may be that the good agreement obtained in this study is a function of the observability of externalizing problems and symptoms of antisocial personality disorder. Nevertheless, there is some reason to be optimistic that these results will apply to other syndromes, as a recent investigation of agreement between self-reports and spouse ratings of personality traits revealed very good, although less than perfect, agreement for different personality traits, ranging from .81 (for Extraversion) to .53 (for Openness to Experience) (McCrae et al., 1998). Our cross-informant study was limited to men who could be contacted, and these men were not fully representative of the most antisocial, absent fathers. This limitation is an inextricable part of the difficulty of conducting family research and part and parcel of studying the phenomenon of problem behaviour in family research. Absent fathers tend to be more antisocial than other men, mothers often do not know where these absent fathers are, or do not wish for contact

with them, and it is not ethical to try to contact these men for participation in research on children's development without the mothers' consent. However, truncation bias at the extreme end of the distribution of male antisocial behaviour is likely to have lowered observed crossinformant agreement in the present study. We know from longitudinal research using men's self-reports that the most antisocial men are the most likely to become absent and uncontactable fathers (Jaffee et al., 2001). In keeping with this, women in the present study reported that absent fathers had a history of extreme antisocial behaviour, suggesting that these women were not unaware of the antisocial behaviour of their children's absent fathers.

Although the present study uncovered high relative agreement, the absolute level of agreement between women and men was quite poor, because women reported many fewer problems about men than men reported about themselves. One possible reason for such disagreement is that women are embarrassed to admit that they had children by very antisocial men. A second possibility is that men over-report their antisocial behaviour in order to exaggerate their masculinity. A third possibility is that the different interview formats (face-toface interviews with mothers vs. telephone surveys with their children's fathers) contributed to the fathers' greater reports. However, methodological studies suggest that this would have led to the opposite pattern, because respondents are less forthcoming in telephone interviews than in face-to-face interviews (Smith, Adler, & Tschann, 1999). Perhaps the most reasonable possibility is that women cannot be expected to know the full extent and depth of a man's antisocial behaviour. In any event, our finding that men self-report more problems than women do about them is consistent with previous research showing that adolescents self-report more problems than their parents do about them (Verhulst & Van de Ende, 1992). An important implication of these findings about absolute disagreement is that the application of the same diagnostic criteria and cut-scores across different informants will lead to different diagnostic decisions for the same individual (Youngstrom, Loeber, & Stouthamer-Loeber, in press) and thus to different prevalence estimates. Thus, we recommend that researchers do not implement cut-scores to make diagnostic decisions or categorical variables on the basis of women's reports about their children's fathers' symptoms.

The distinction between relative and absolute agreement—and the recommendations that follow from it—are reminiscent of a similar methodological caution issued about the retrospective method (Henry, Moffitt, Caspi, Langley, & Silva, 1994). Retrospective reports can be used to index the relative standing of individuals in a distribution, but because retrospective reports are biased in a socially desirable direction, they are less useful for testing hypotheses that demand precision in estimating dates, frequencies, and amounts. Likewise, the present study shows that women's reports are a reliable index of men's relative standing in a distribution, but because women's reports are biased in a less-antisocial direction, they are less useful for determining exactly how much antisocial behaviour has been engaged in by men.

In conclusion, it is important to remember that there is no one best source of data in psychological measurement. The ideal data-collection strategy is to gather multiple sources of information about each family member because multi-source composites yield the most reliable information about an individual's psychological dispositions (Bank & Patterson, 1992; Kolar, Funder, & Colvin, 1996; Rowe & Kandel, 1997). Short of this ideal, when compromises are necessitated by practical constraints on studying men in contemporary families, women can provide highly reliable information for use in research about their children's fathers.

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