

RELIGIOSITY AS A MODERATOR FOR THE RELATION BETWEEN MENTAL
HEALTH RISK FACTORS AND PATERNAL INVOLVEMENT

by

Pond Ezra, B.S.

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Committee Members:

Priscilla Goble, Chair

Mark Trahan

Jennifer Clegg

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I. RELIGIOSITY AS A MODERATOR FOR THE RELATION BETWEEN MENTAL HEALTH RISK FACTORS AND PATERNAL INVOLVEMENT

Fatherhood involvement has shown to be particularly valuable for children's development during early childhood (Cabrera & Tamis-LeMonda, 2013; Cherry & Gerstein, 2021). Early childhood, which is characterized as the developmental period from birth to age eight, is a critical period for emotional and cognitive development that flourishes through nurturing parent-child interactions (Landry et al., 2001). Evidence reveals that paternal involvement in early childhood is positively associated with self-regulation, language skills, and cognitive development during this period (Cook et al., 2011; Dumont & Paquette, 2013; Martin et al., 2007). Unfortunately, contextual factors, such as depression or histories of childhood adversities, have been found to influence the quality of paternal involvement. For example, prior studies show a negative association between paternal depression and father involvement, an association that puts children at risk of poor physical and mental health across the lifespan. (Gladstone et al., 2015; Lamb, 2010; Paulson et al., 2009).

Past research has conceptualized father involvement by measuring four distinct aspects: engagement, warmth, harsh discipline, and positive control (Shafer et al., 2019). *Engagement* focuses on the quantity of involvement, measuring how much time a father spends with their child engaging in childcare or other activities such as reading and playing (Lamb, 2010; Pleck, 2012). Studies have noted that fatherhood engagement during early childhood has been found to be associated with long-term attachment and language development in later childhood and adolescence (Davis et al., 2011; Grossman et al., 2002). The *warmth* of the father-child relationship is measured by the degree of affection expressed by a father (Pleck, 2012; Veneziano, 2003). Past research has shown

that paternal warmth has a positive correlation with young children's self-regulation and a negative correlation with externalizing behaviors (Eisenberg et al., 2005). *Harsh discipline* and *positive control* measure the degree to which fathers reprimand their children through either corporal punishment or constructive redirections (Shafer et al., 2019). Harsh disciplinary methods, such as slapping, hitting, or yelling, are positively associated with aggression in young children and negatively associated with social competence (Altschul et al., 2016; Harper et al., 2006; Lee et al., 2013). Whereas, positive control techniques, such as taking away privileges, is associated with lower externalizing behaviors in early childhood (Ogden & Hagen, 2008).

Mental health risk factors are known to impede on parents' ability to properly engage in childcare (Sweeney & MacBeth, 2016). For example, individuals with depression may experience a lack of motivation, feel irritated or sad, or participate in risky behavior, which could impair parent-child interactions (Paulson et al., 2009). Additionally, several forms of childhood maltreatment have been negatively associated with later parenting behaviors (Bailey et al., 2012; Folger et al., 2018). In particular, scores above three on the Adverse Childhood Experiences (ACE) scale- a measure of 19 possible traumatic events that one might experience before the age of 18 such as neglect, abuse, or household dysfunction- has consistently been related to more negative maternal involvement (Felliti et al., 2019). Although examined less for fathers, a recent study on fathers mirrors similar results for ACEs and paternal involvement (Shafer & Easton, 2021).

In addition to mental health issues which can negatively impact father involvement, researchers have identified factors that positively impact father

involvement. For example, religiosity, or the significance of an individuals' religious beliefs and practices that are central to their identity, has been associated with higher levels of engagement in early childhood (Shafer et al., 2019). In fact, one study has suggested that religiosity can serve as a protective factor for father involvement. Indeed, using the same data set as the proposed study, Shafer and colleagues (2019) observed that in a sample of majority Christian fathers, religiosity is positively associated with father involvement, and religiosity also moderated the association between masculinity and father involvement. Specifically, masculinity was negatively related to father engagement however, this relation was attenuated for highly religious fathers. Given the positive relation between religiosity and father involvement, the proposed study aims to explore if religiosity also mitigates the detrimental effects of depression and ACEs on father involvement.

The risk and resilience model is an appropriate framework to understand how mental health risk factors and religiosity influence paternal involvement (Fagan & Lee, 2012). Resilience is conceptualized as adaptation in the face of significant adverse life events (Fitzgerald et al., 2021). Building on the ecological framework, the risk and resilience approach denotes that an individual might experience environmental risks factors that could indirectly affect their behaviors, such as one's ability to parent (Fitzgerald et al., 2021). Some individuals, however, could also encounter resilience factors, which are defined as characteristics that encourage recovery from negative experiences (Murry et al., 2001). Using this model, Fagan and colleagues (2009) concluded that cumulative risk factors experienced by the father at birth of their child predicted poor engagement with their child at three years of age. Furthermore, fathers

who accumulated resilience factors, such as family support, were able to mitigate the effects of such risk factors and have better engagement outcomes than fathers with no resilience factors (Fagan et al., 2009). Religious values that are culturally embedded within communities could serve as a buffer against adversities faced by individuals within these communities. Therefore, the risk and resilience model is useful to understand how mental health risk factors, such as depression and ACEs, as well as personal values such as religiosity, will influence fathers' ability to be involved parents during this critical period of development.

II. LITERATURE REVIEW

Father Involvement and Depression

Depression is the most common mental health disorder experienced in the United States, with approximately one in eight Americans diagnosed with clinical depression in their lifetime (Kessler et al., 2003; McLaughlin, 2011). Parents report significantly higher rates of depression compared to nonparents (Evenson & Simon, 2005; Institute of Medicine et al., 2009; Troister et al., 2015), conceivably due to adjusting to the new role (Singley & Edwards, 2015). Furthermore, the likelihood of depression is significantly higher for parents of young children compared to parents of older children (Garfield et al., 2014; Giallo et al., 2014, Paulson et al., 2009). Depressed parents tend to be less emotionally available, less physically present, and more hostile (Jacob & Johnson, 1997; Waller et al., 2014; Wilson & Durbin, 2010), limiting positive parent-child interactions which can lead to adverse developmental outcomes in children (Kane & Garber, 2004). The majority of research examining the detrimental effects of depression on childhood outcomes has focused on mothers. Maternal depression is associated with various negative childhood outcomes such as exhibiting internalizing and externalizing behavioral problems, social and academic issues, and offspring of depressed mothers are three times more likely to experience depression in their lifetime (Natsuaki et al., 2014; Weissman et al., 2006).

Recent studies show that paternal depression is related to similar detrimental effects on childhood outcomes as maternal depression (Garfield et al., 2014; Kane & Garber, 2004). In particular, poor mental health inhibits a father's ability to be involved in their child's life. For example, depressed fathers are less engaged in their child's daily

routine than non-depressed fathers (Davis et al., 2011). Shafer and colleagues (2019) found that externalizing depressive behaviors, which was defined as exhibiting somatic symptoms such as anger, violence, and risky behaviors, was negatively associated with engagement. Furthermore, there has been multiple studies that have found paternal depression is negatively associated with reading to their child regularly (Davis et al., 2011; Paulson et al., 2006).

Depressed fathers are also less affectionate compared to nondepressed fathers (Cummings et al., 2005; Shafer & Renick, 2020; Waller et al., 2014). Hostility is a common symptom of depression, more often experienced in men compared to women, which can cause fathers to act defensive and confrontational (Shafer et al., 2017). Depression might hinder the quality of father-child interactions due to unwarranted expressions of hostility combined with negative parenting practices, such as harsh discipline (Davis et al., 2011).

Moreover, anger and agitation are common symptoms of depression, which could lead to depressed fathers resorting to harsh punishment when correcting a child's behavior as opposed to more positive corrections. Past research has shown that fathers with depression are more likely to spank their children compared to non-depressed fathers (Davis et al., 2011). Additionally, paternal depression is negatively associated with positive control, meaning fathers with depression are less likely to resort to correcting child behaviors through taking privileges away or putting a child in time-out (Shafer et al., 2019).

Fatherhood Involvement and Adverse Childhood Experiences

Individuals who are diagnosed with depression are likely to also have a history of childhood trauma (Kim et al., 2021; Merrick et al., 2017). Past research has highlighted a positive relation between ACE scores and reports of depression, where individuals who score 5 or more ACEs are 2.16 times more likely to experience depressive symptoms (Merrick et al., 2017). There is also a substantial amount of literature providing evidence for the long lasting behavioral and social effects of ACEs. (Felliti et al., 2019; Merrick et al., 2017; Nurius et al., 2015). A history of child abuse and neglect, for example, are associated with an increased risk of developing substance use disorders by adolescence and early adulthood (Buckingham & Daniolos, 2013).

Early experiences of maltreatment also impact the way individuals' parent their own children, although past studies focus almost exclusively on mothers (see review in McDonald et al., 2019). The intergenerational cycle of abuse can be hard to break. For example, mothers who were raised by physically or emotionally abusive parents are likely to become abusive parents themselves, which further highlights the powerful nature of intergenerational cycles of abuse (DiLillo et al., 2020; Moehler et al., 2007). However, some studies suggest that mothers who were exposed to traumatic instances within childhood use their experiences as a parenting framework to work against by diligently creating the safe and nurturing environment that they greatly lacked (Herbell & Bloom, 2020; Woods-Jaeger et al., 2018).

Research exploring the intergenerational effects of ACEs on fatherhood has just begun. When looking at the impact of paternal ACEs on childhood development outcomes, Folger and colleagues (2018) observed that fathers with ACE scores of at least

two put their children at risk of experiencing developmental delays by two years old, even when accounting for mothers. Another study found similar effects of fathers' ACE scores for childhood behavioral outcomes (Schickedanz et al., 2018). These few studies indicate the importance of considering father's ACE's, above and beyond mother's, for children's behavioral outcomes.

To date, only two other studies have looked at the effects that paternal ACEs have on fatherhood involvement. Shafer and Easton (2021) found that fathers with ACE scores of three or more were associated with low levels of warmth and relationship quality, as well as more likely to assert harsh discipline compared to fathers with low or no ACE scores. Interestingly, Trahan and colleagues (2021) concluded that fathers with higher ACE scores were more engaged with their children during adolescence. This emulates similar results to studies regarding the impact of maternal ACEs on parenting behaviors, and further suggests the notion of intergenerational transmission of childhood maltreatment in fathers.

Father Involvement and Religiosity

Religion often serves as a positive psychological, social, and physical reinforcement for humanity (Pargament, 1999; Yeung & Chan, 2013). Religious individuals often turn to their beliefs for guidance on how to instill values into their family, or for justifications of their behaviors. Within Christian samples, it is found that values such as moral conduct, obedience, and communal involvement can be structured through the core principles of religiosity (Mahoney et al., 2001; Starks & Robinson, 2005, 2007). Christian religions traditionally support the idea of close family involvement and the association between religiosity and family behaviors has been

demonstrated in prior research (Mahoney, 2010). It is important to note that past research on the influence of religiosity on father involvement in the United States has focused predominantly on Christian denominations (King, 2003; Mahoney et al., 2001; Petts, 2007; Shafer et al., 2019).

Within Christian denominations, religious teachings promote the importance of fathers being physically present in their child's life, and past research has noted significant differences between religious and nonreligious fathers' engagement. For example, evangelical religious fathers are more likely to be actively involved in daily activities, spend time with their children, set rules, and monitor their children's activities than nonevangelical fathers (Bartkowski & Xu, 2000; King, 2003). A strong male presence in the home is highlighted in biblical texts as a sacred obligation, and religious fathers could be more motivated because they internalize this leadership role as an act of religious faith (Bartkowski & Xu, 2000). Christian families also view parenting as a sacred endeavor and thus place high priority on being affectionate (Bartkowski & Xu, 2000; Murray-Swank et al., 2006; Wilcox, 1998). In other words, religious parents see their children as a blessing from God, and parents should honor the endowments and hardships of parenting through showing love and affection to their children (Mahoney et al., 2003). Indeed, religiosity has been shown to influence how warm fathers are to their children. For instance, King (2003) found that in a largely Protestant sample, religious fathers consistently provide more nurturing and affectionate relationships compared to nonreligious fathers.

With regard to discipline, there are inconsistencies in the research on how religion is related to family views of how to warrant obedience. For example, evangelical

Protestant and Christian families more often resort to harsh discipline, such as spanking, than nonevangelical Protestant and Christian families (Ellison & Bradshaw, 2009; Mahoney et al., 2001; Gershoff et al., 1999). However, other studies have concluded evangelical Protestants were less likely to yell at their children and have a stronger disapproval for harsh discipline compared to less religious families (Bartkowski & Xu, 2000; Mahoney et al., 2001).

Religiosity and Paternal Well-being

Considering the positive influence that religion endorses for fatherhood, religiosity could serve as a buffer against certain risk factors, such as depression and histories of childhood adversities. Religiosity is associated with positive adjustments to several mental health outcomes, such as depression (Krause, 2006; Yeung & Chan, 2013). Some researchers argue that when individuals presume that experiencing adversities in life is a part of a divine plan, they tend to experience positive emotions that can buffer negative symptoms of depression (Krause, 2006). Other researchers argue that social aspects inherited by engaging in religious communities could be determining factor for why religiosity creates resilience (Harvey et al., 2015; Merino, 2014). Participating in activities to help those in need creates a sense of reciprocity driven by faith while building strong bonds with people among their religious groups (Debnam et al., 2012). In a study examining the relation between depression and quality of life in older adults, Huang and colleagues (2011) concluded that religious participants were less likely to have depressive symptoms and better quality of life than non-religious participants. Wink and colleagues (2005) found a similar moderating effect of religion on the relation between depression and psychical health in older adults. These results

suggest that religiosity promotes resiliency among adult populations and can serve as a protective factor against mental health conditions.

Religiosity has been found to moderate the relation between ACEs and a variety of negative outcomes. Studies have found that survivors of childhood maltreatment, such as physical and sexual abuse, experience less posttraumatic stress, depression, or anxiety if they identified as religious compared to survivors who were not religious (Brewer-Smyth & Koenig, 2014; Harris et al., 2008). This effect could be due to religious coping serving as a protective factor for individuals who have experienced traumatic and abusive pasts (see review in Schaefer et al., 2008). Often individuals find relief from traumatic stress through intrinsic and extrinsic religious support (Brewer-Smyth & Koenig, 2014). Intrinsic support refers to the personal motivation to create a relationship with God, and this motivation may emanate from the desire to find meaning for their traumatic pasts (Brewer-Smyth & Koenig, 2014; Walker et al., 2010). Extrinsic support refers to external support systems found within faith communities (Brewer-Smith & Koenig, 2014). Individuals who participate in forms of religious coping, such as seeking religious support from church congregations and spiritual groups, could benefit from the emotional stability provided that individuals with a history of ACEs were lacking from their childhood (Harris et al., 2008).

There is substantial evidence of the buffering effects that religiosity serves in populations that suffer from depression or a history of ACEs. Parents are at increased risk of negative mental health factors that could impact childrearing, especially those who have a previous history of traumatic experiences. Due to the infancy of fatherhood

research, more work is needed to examine whether religiosity could serve as a protective factor for fathers who struggle with depression or have a history of ACEs.

III. PRESENT STUDY

Utilizing data from the Survey of Contemporary Fatherhood (SCF), the current study examined the extent to which fathers can overcome the detrimental impact of mental health risk factors on their ability to parent by exploring father's religiosity. To update the existing literature on the relations between paternal mental health, religiosity, and father involvement, the current study explored the following research question: 1) what is the nature of the relations between paternal depression and ACEs, religiosity, and father's engagement, warmth, positive control, and harsh discipline? To examine the moderating effect of religiosity on the relation between paternal mental health and fatherhood involvement four additional research questions were explored: 2) does religiosity moderate the negative relation between depression and engagement, warmth, and positive control?; and 3) does religiosity moderate the positive relation between depression and harsh discipline?; 4) does religiosity moderate the negative relation between fatherhood ACEs and engagement, warmth, and positive control?; and 5) does religiosity moderate the positive relation between fatherhood ACEs and harsh discipline?

Based on a study conducted by Shafer and colleagues (2019) that concluded that religiosity served as a moderator for the negative relation between masculinity and father involvement, it was hypothesized that depression and ACEs will be negatively related to engagement, and religiosity will buffer the negative relation. In addition, it was also hypothesized that depression and ACEs will be negatively associated with warmth, and religiosity will buffer the negative relation. Finally, it was hypothesized that depression and ACEs will be positively related to harsh punishment and negatively related to positive control, and religiosity will moderate both relations.

Several factors, that could contribute to one's ability to parent, were considered as controls for the present study. A father's level of relationship quality and stability with their spouse has been shown to contribute to certain areas of their involvement, such as engagement (Belskey et al., 1991; Varga et al., 2010). Fathers with cooperative partners are more likely to feel supported in participating in caregiving tasks, meaning co-parenting arrangements could also explain the level of involvement a father has with their child (Jia & Schoppe-Sullivan, 2011). Maternal gatekeeping, which is conceptualized as a mother's reluctance to relinquish responsibility over family matters has been shown to affect a father's level of involvement (Fagan & Barnett, 2003; McBride et al., 2005) and has been well validated within parenting literature (Allen & Hawkins, 1999). Finally, the inability to separate work life and family life could contribute to family involvement (Holmes et al., 2020). Father's demographic variables, such as race, education, and income, were also examined.

IV. METHODS

Derived from the Survey of Contemporary Fatherhood (SCF), participants were recruited through a national Qualtrics survey panel (for more information see Shafer et al., 2019). Selected participants included fathers who were 18 years or older, identified as a biological father (residential or non-residential), adoptive father (residential or non-residential), a residential stepfather, or a residential father figure (defined as living with a non-biological, non-adopted child in a home with the child's biological or adoptive mother, but not in a marital relationship). Participants were recruited through online and other advertising strategies. Approximately 9,000 respondent candidates were randomly selected by Qualtrics from a pool of approximately 17.6 million potential participants. Individuals who qualified were then contacted through email or text message by Qualtrics to receive a full self-report survey. The total response rate from randomly selected panelists was 26.2%. At the start of the survey, participants gave consent to participate in the study. Participants were compensated by Qualtrics based on the average time of completion for the survey. Attention checks, validated by the American Association for Public Opinion Research (AAPOR) were included to filter negligent responses, as well as guard against multiple submissions (Baker et al., 2010). All measures in the proposed study come from father reports at this single time point.

The results from this study should be considered exploratory in nature for several reasons. First, opt-in survey panels can create self-selection bias. Samples gathered using quota sampling have shown to be comparable to probability samples (Weinberg et al., 2014), but may also generate non-equivalent samples (Yang & Banamah, 2014). Second, online surveys are only representative of populations with access to the internet

(Tourangeau et al., 2013). Third, father demographics in the SCF dataset are like other national data sets, however, some groups are underrepresented compared to national statistics including non-resident, low SES, and minority fathers. For these reasons, the results of the sample should not be considered generalizable. Yet, due to the large sample size and quality of measures, the results can be used to further understand the nature of father-child relationships.

Participants

The SCF is a nationally derived sample of 2,244 fathers, social fathers, stepfathers, and father figures in the United States. For the present study only fathers with children ages 2-8 years and with complete data on all study variables were included ($n = 1172$). The racial demographics of fathers consisted of 72.5% non-Hispanic White, 9.9% non-Hispanic Black, 11.1% Hispanic or Latino, and 6.5% other. The sample also included 7.7% non-biological fathers. Father's income ranged from none to \$300,000 or above, with 65.8% of participants earning between \$20,000-\$79,000. Participants identified as Christian (i.e. Protestant, Catholic, or Mormon; 70.9%), or non-Christian (i.e., Jewish, Mormon, Buddhist, and other; 29.1%). Regarding education, 20.9% reported earning a high school diploma or less, 24.5% earned some college credits, 28.2% earned a bachelor's degree, and 12.8% earned a graduate or professional degree. Regarding the children's demographics, 62.7% of the participants' children were between the ages of 2 and 5, and 59% were male.

Measures

Father involvement

Father involvement was measured using four scales to assess key aspects of involvement adopted from the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B): engagement, warmth, harsh discipline and positive control. All four subscales of the father involvement measure have shown high internal reliability (Straus et al., 1998). The *engagement* scale assesses how often the father participates in the child's life. The measure consists of 26 items with themes related to playing together, assisting the child in simple hygiene tasks, taking the child to doctor's visits and errands, and teaching life lessons. Each item on the engagement scale was measured from 1 (never) to 6 (more than once a day), and the mean was used as the indicator where higher scores indicate higher levels of engagement ($\alpha=.92$). The *warmth* scale assesses the quality of the father's relationship with their child. The measure consists of 11 items with themes related to expressing affection, praising their child, setting rules, and smiling. Each item on the warmth scale was measured from 1 (not at all like me) to 5 (exactly like me), and the mean was used as the indicator where high scores indicate higher levels of expressed warmth ($\alpha=.73$). The *harsh discipline* scale assesses how likely the father would engage in authoritative behaviors and punishment. The measure consists of 4 items with themes related to spanking, hitting, and taunting. Each item on the harsh discipline scale was measured from 1 (very unlikely) to 4 (very likely), and the mean was used as the indicator where higher scores indicate a greater possibility of engaging harsh discipline ($\alpha=.70$). The *positive control* scale assesses how likely fathers are to engage in corrective behaviors to redirect a child's behavior. The measure consists of 4 items with themes

related to time out, chores, explaining what the child did wrong, and giving a warning. Each item on the positive control scale was measured from 1 (very unlikely) to 4 (very likely), and the mean was used as the indicator where higher scores indicate a greater possibility of engaging in positive control behaviors ($\alpha=.65$)

Depression

Depression is indicated by the Center of Epidemiological Studies- Depression (CES-D) scale (Radloff, 1977). The CES-D contains 20 items to measure how often the participants experience depressive moods, where 1 indicates rarely or none of the time (less than once a week) and 5 indicates most or all of the time (5-7 days a week). Examples of items include “I felt sad”, “my sleep was restless”, and “I felt that everything I did was an effort.” In accordance with standardized scoring instructions for the CES-D, the 20 items are then summed together to create a variable that ranged from 0 to 60 ($\alpha = .85$).

Adverse Childhood Experiences

To measure childhood maltreatment and household dysfunction experienced by the father before their 18th birthday, this study implemented the Adverse Childhood Experiences scale (ACEs) provided by the Center of Disease Control and Prevention (Anda et al., 2010). The measure consists of 19 items with themes describing emotional abuse, physical abuse, sexual abuse, neglect, paternal alcoholism and mental health instability, and housing instability. Each item on the ACEs is measured by asking if the participant has experienced these situations before the age of 18 (1=yes, 2=no). Examples of items include “did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?” and “did you often or very often feel

that your parents were too drunk or high to take care of you?” Using standardized scoring procedures, the 19 items will be summed to create a cumulative index of traumatic childhood experiences, ranging from 0 to 19.

Religiosity

The level of religious identity and commitment experienced by the father will be measured using the Centrality of Religiosity Scale (CRS; Huber & Huber, 2012). The measure is composed of 15 items with themes inquiring about the extent of their beliefs, experiencing divine encounters, how often they pray and attend church, and if they believe in an afterlife. Examples of items include “how often do you think about religious issues?”, “to what extent do you believe that God or something divine exists?”, and “how often do you pray?” Each item was measured from 1 (never) to 5 (very often), where higher scores indicate higher religious centrality. The mean of scores is used to indicate fathers’ level of religiosity, where higher scores indicate higher religiosity ($\alpha=.95$).

Control Variables

Scales adopted from the RELATE questionnaire were used to control for relationship satisfaction and relationship stability with their romantic partner, who is not necessarily the child’s mother. Previous research has demonstrated the reliability and validity of the RELATE questionnaire ($\alpha=.82$; Busby et al., 2001). *Relationship satisfaction* was measured using the Relationship Satisfaction Scale, which consists of 7 items measuring the father’s satisfaction with their romantic partner, where 1 indicated never satisfied and 5 indicated very often. The mean of scores was used to indicate relationship quality, where higher scores indicated higher relationship satisfaction ($\alpha=0.88$; Busby et al., 2001). *Relationship stability* was indicated by 8 items consisting of

items regarding how often they discuss ending their relationship, how often they separate, and if they feel happy in their current relationship; where 1 indicated never and 5 indicated often. The mean of scores was used to indicate relationship stability, where higher scores indicated higher relationship stability ($\alpha = 0.89$; Busby et al., 2001). *Co-parenting* was indicated using a 5-item scale measuring the extent to which the father feels his partner and himself agree on the way they approach parenting, where 1 indicated always and 3 indicated never. The mean of scores was used to indicate the total coparenting score, where higher scores indicate a stronger co-parenting relationship ($\alpha = 0.89$; Waller, 2012). *Maternal gatekeeping* was indicated by 9 items measuring the father's perception of the mother's control and decision making within their co-parenting, where 1 indicated strongly disagree and 5 indicated strongly agree. The mean of scores was used to indicate the father's perception of how the mother restricts or supports father involvement, where higher scores indicate higher perception of maternal gatekeeping ($\alpha = .95$; Fagan & Barnett, 2003). *Work-family spillover* was indicated by 5 items measuring the amount of segregation that exists between the father's work and family life by asking how often they experience spillover from their job to their home, where 1 indicated very often and 5 indicated never. The mean of scores was used to indicate the total work-family spillover score, where higher scores indicate a more stable work-life balance ($\alpha = 0.91$). Religion was transformed into a dummy variable, where 1 indicated that fathers were of Christian denomination (i.e., Protestant, Catholic, or Mormon) and 0 indicated that they were not of Christian denomination (i.e., Jewish, Islamic, Buddhist, Hindu, Sikh, other, or none). Father's demographic variables (e.g., race, education,

income) and children's demographic variables (e.g., sex age) were also included as controls.

Data Analysis

Descriptive statistics, skewness, and kurtosis of all study variables were examined using SPSS Version 27. Next, correlations, *t*-tests, and one-way ANOVA tests were examined to identify fathers' characteristics (e.g., race/ethnicity, education, religion, relationship satisfaction) and children's characteristics (e.g., age, sex) as potential control variables. Correlations among predictors (i.e., depression, ACEs, and religiosity) and outcomes (i.e., father's engagement, warmth, harsh discipline, and positive control) were then examined.

*M*plus version 7 was used to examine the study hypotheses utilizing a stepwise regression approach. First, four separate multiple regression models were conducted to examine the amount of variance accounted for in the four father involvement outcomes (i.e., engagement, warmth, harsh discipline, and positive control) by the set of covariates. Next, to address the first research question, the direct effects between paternal mental health risk factors (i.e., depression and ACEs) and religiosity were added to the four multiple regression models to examine the amount of variance accounted for by the study variables on the father involvement measures, over and above the set of covariates. Then, to explore the remaining research questions, interaction terms testing for moderation between religiosity and each predictor (i.e., depression and ACEs) were added to the model for each outcome (i.e., engagement, warmth, harsh discipline, and positive control) in addition to the covariates and main effects. These analyses examined the moderating effects of religiosity on the relations between mental health risk factors and father

involvement. In all cases where moderation was found, simple slope analyses were conducted to understand the nature of the effect.

Missing Data. Of the 2,244, 1,175 fathers indicated they had a child between the ages of two and eight. Three participants were dropped due to not having complete father involvement outcome data (0.02%) resulting in a final sample of 1,172 fathers. To determine whether the fathers with children between the ages of two and eight were comparable to the fathers with children between the ages of nine and 18, an attrition analysis was conducted by comparing demographic measures. Compared to those with children ages nine to 18 ($n=1,069$), the fathers with children from ages two to eight ($n=1,175$) had a lower income [$t(2170)=-2.99$, $p<.01$], more likely to identify as Christian [$t(2231)=1.185$, $p<.05$], less likely to be White [$t(2240)=-3.18$, $p<.001$], and more likely to be Native American [$t(2225)=2.14$, $p<.001$], Asian [$t(2242)=1.40$, $p<.01$], or Mexican/Latino [$t(2225)=3.13$, $p<.001$].

Across all study variables, 13% of included fathers had some level of missing data on relationship satisfaction and stability variables, <1% of fathers had missing data on depression, and 1.5% had missing data on their children's age. To address missing data, all models were estimated using a Full Information Maximum Likelihood (FIML) estimator for the full sample ($N = 1,172$). The variables that significantly differed (i.e., father's race, income, and religion) in the attrition analyses were included in the model as covariates to increase the likelihood that the 'missing at random' (MAR) assumption is not violated (Enders, 2010).

V. RESULTS

Preliminary analyses conducted using SPSS Version 27 examined the descriptive statistics, skewness, and kurtosis of all study variables for the full sample ($N = 1,172$; see Table 1). In general, fathers indicated having high levels of engagement and warmth. The fathers also indicated relying on positive control techniques, and rarely using harsh punishment. With regard to mental health factors, the fathers in the sample reported experiencing low levels of depression symptoms and few instances of adverse childhood experiences. Fathers also indicated medium levels of religiosity, suggesting that the sample, on average, regularly participates in religious activities.

To identify covariates to be included in the final models, correlations, *t*-tests, and one-way ANOVA tests were conducted among father characteristics and paternal involvement, revealing several significant associations. Bivariate correlations revealed that relationship satisfaction was positively associated with engagement, warmth, and positive control (see Table 2a). Relationship stability was positively associated with warmth and positive control, and negatively associated with harsh discipline. Positive associations were found between maternal gatekeeping and harsh punishment, as well as negative associations between maternal gatekeeping, positive control, and warmth. Coparenting was positively correlated with warmth and positive control, and negatively correlated with harsh punishment. Furthermore, work-family spillover was positively correlated with warmth and negatively correlated harsh punishment. One-way ANOVA tests were performed to compare the effect of both income and fathers' education on the four paternal involvement outcomes (i.e., engagement, warmth, harsh punishment, and positive control; see Table 2b). One-way ANOVA tests revealed that there was a

statistically significant difference in paternal warmth between at least two groups of education [$F(7.75, 397.35) = 2.83, p < .05$], as well as a significant difference in positive control and at least two groups of income [$F(4.80, 398.23) = 1.94, p < .05$]. Finally, independent sample *t*-tests were conducted to compare the effect of both religion and child's sex on the four paternal involvement outcomes (see Table 2c). Independent sample *t*-tests revealed significant positive associations between child's sex and harsh punishment [$t(1170) = 5.81, p < .001$], but no significant effect of religion on paternal engagement [$t(1170) = 0.49, p = .08$], warmth [$t(1170) = 0.29, p = .20$], harsh punishment [$t(1170) = 1.44, p = .15$], and positive control [$t(1170) = -0.01, p = .47$].

Correlations between and among the study predictors (i.e., depression, ACEs, and religiosity) and outcomes (i.e., paternal engagement, warmth, harsh discipline, and positive control) revealed significant associations between mental health risk factors, religiosity, and paternal involvement (see Table 3). The Cohen's effect size for the R-square change was medium for warmth ($f^2 = 0.24$), high for engagement ($f^2 = 0.30$), low for harsh discipline ($f^2 = 0.06$), and medium for positive control ($f^2 = 0.18$), indicating that the main effects model added predictive validity beyond the covariates. Regarding mental health risk factors, depression and ACEs were positively correlated to one another. Paternal warmth was negatively correlated with depression and positively correlated with engagement. Harsh punishment was positively correlated with depression and ACEs and negatively correlated with warmth. Finally, positive control was negatively correlated with depression and positively correlated with engagement and warmth. For religiosity, positive correlations were found among all father involvement

outcomes. However, religiosity was not significantly related to paternal depression or ACEs.

Regarding the first research question, significant main effects were found across nearly all study predictors and outcomes after accounting for covariates (see Table 4). Depressed fathers were more likely to show less affection and frequently use harsh punishment techniques. Fathers with higher ACE scores also scored higher on warmth and positive control techniques. Furthermore, fathers with high religiosity scores expressed more warmth, were more engaged with their children, and showed significantly higher levels of harsh punishment and positive control techniques.

Regarding the second research question, it was hypothesized that religiosity would significantly moderate the negative relation between paternal depression and engagement, warmth, and positive control. The hypothesis was not supported. For the third research question, it was hypothesized that religiosity would significantly moderate the positive relation between depression and harsh discipline. In support of the hypothesis, there was a significant effect of moderation (see Table 4). The Cohen's effect size for the R-square change was not significant for harsh punishment ($f^2 = -0.03$), indicating that the interaction did not add predictive validity beyond the main effects and covariates.

Regarding the fourth research question, it was hypothesized that religiosity would significantly moderate the negative relation between paternal ACES and engagement, warmth, and positive control. The hypothesis was partially supported (see Table 4). Results indicated that religiosity significantly moderated the relation between paternal ACES and engagement, however, religiosity was not a significant moderator for the

relation between paternal warmth or positive control. The Cohen's effect size for the R-square change was not significant for engagement ($f^2 = 0.04$), indicating that the interaction effects model did not have predictive validity beyond the main effects and covariates. Finally, for the fifth research question, it was hypothesized that religiosity would significantly moderate the positive relation between paternal ACEs and harsh discipline. The hypothesis was not supported.

Simple slopes were examined to determine the nature of the interaction between paternal ACEs and religiosity on engagement. For the interaction between paternal depression and religiosity on harsh punishment, results suggested that there was a positive relation between depression and harsh punishment for fathers with high levels of religiosity; however, the simple slopes were not significant (see Figure 1). Similarly, the relation between paternal ACEs and engagement was significantly positive for all levels of religiosity; however, none of the simple slopes were significant (see Figure 2). Non-significant simple slopes suggest that while the relations between ACEs and engagement and depression and harsh discipline differed due to levels of religiosity, the relations did not reach statistical significance at any level of religiosity.

VI. DISCUSSION

The current study examined the effects of fathers' religious beliefs and practices (i.e., religiosity) and paternal mental health risk factors (i.e. paternal depression and ACEs) on father involvement (i.e., engagement, warmth, harsh punishment, and positive control) with young children. Specifically, the study explored whether the relation between mental health risk factors and paternal involvement was significantly moderated by the father's reported levels of religiosity. Overall, the main effects of religiosity highlight that religious convictions and customs have some impact on fathers with depression or a history of childhood trauma, in terms of their ability to parent.

In analyses addressing the first research question regarding the relations between religiosity and mental health risk factors (i.e., depression and ACEs) on paternal involvement (i.e., engagement, warmth, harsh discipline, and positive control), results were mixed. There were significant main effects found for religiosity on all paternal involvement outcomes. As expected, religious fathers were more engaged and affectionate toward their children, suggesting that religious communities and teachings emphasize the importance of a loving and present father, particularly during the early years (Mahoney et al., 2003). Interestingly, religious fathers were more likely to use both harsh punishment and positive control techniques. These findings align with inconsistencies found in previous studies (Petro et al., 2018). A father's approach towards discipline could be influenced by several factors, such as religious denomination (Bartkowski & Xu, 2000; Wilcox, 2002, 2004), conservative biblical attitudes (Martinez et al., 2018), or race (Grogan-Taylor & Otis, 2007). Therefore, the communal attitudes

that a family holds might serve as a greater influence on disciplinary tactics than personal religious values.

As expected, there was a significant main effect of depression on warmth and harsh punishment, suggesting that fathers suffering from more symptoms of depression tend to show less affection and resort to harsh punishment techniques more frequently than fathers who report low levels of depressive symptoms. This finding is consistent with past literature (Davis et al., 2011; Shafer et al., 2019) that has found depression to be highly correlated to negative parenting practices and less warmth in fathers with younger children.

Surprisingly, there was a significant main effect found for paternal ACEs on warmth and positive control. This finding contradicts previous research that suggests fathers with higher ACE scores were less warm and more frequently used harsh punishment compared to fathers with lower or no ACE scores (Shafer & Easton, 2021). However, Shafer & Easton (2021) collectively examined fathers with children ranging from early childhood to emerging adulthood, which could explain the difference in effect. In a study that used the same dataset to examine racial differences within the relation between paternal ACEs and warmth, bivariate differences and measurement issues were noted within the group of fathers with children ages two to eight making analyses indeterminate (Spear, 2021). The study found that compared to fathers with children ages nine to 18, there was not a significant difference of paternal warmth scores based on paternal ACE scores for fathers with children ages two to eight (Spear, 2021). Furthermore, most fathers with younger children scored high for paternal warmth, creating a highly skewed variable (Spear, 2021). Perhaps the items chosen within this

scale are not well suited to measure the distinct aspects of warmth expressed by fathers with children that fit within this age group.

Regarding positive control, interpretation of the results can only be speculated based on the limited research regarding the impact of ACEs on father involvement. Fathers who have experienced traumatic events during childhood could be consciously trying to break the intergenerational cycle of abuse by engaging in positive parenting practices. In a meta-analysis examining the effect of ACEs on mothers' parenting practices, results found that mothers reported making an explicit effort not to replicate the traumatic experiences of their childhoods (Herbell & Bloom, 2020). Conceivably, the will to change this deleterious pattern of abuse could register for both mothers and fathers with traumatic histories.

The second research question sought to understand the effect of religiosity on the relation between paternal depression and engagement, warmth, and positive control. Religiosity did not serve as a buffer for relations between paternal depression and engagement and positive control. Regression results revealed significant associations between partner relationship dynamics and involvement outcomes, such as relationship satisfaction and engagement, maternal gatekeeping and positive control, and co-parenting and positive control. Past research has shown that there seems to be a bidirectional effect between co-parenting and father involvement, particularly within early childhood (Fagan & Palkovitz, 2019). Perhaps the relationship between fathers and their partners serves as more of a protective mechanism that promotes positive involvement with younger children for fathers with depression, than religiosity.

Contrary to the hypothesis, religiosity did not significantly buffer the negative relation between paternal depression and warmth. These results indicate that religious fathers with a history of depression are not more affectionate compared to less religious fathers. Perhaps fathers with depression have a harder time committing to their religious values, such as being a loving and affectionate father, when stifled by depressive symptoms. Furthermore, fathers who seek support through their religious community might be guided on how to be a more involved father through other aspects, such as engaging in childcare or through play (King, 2003), rather than signs of affection.

Regarding the third research question, there was evidence of significant moderation indicating that the relation between paternal depression and harsh discipline looks different at different levels of religiosity. Specifically, there was a positive relation between paternal depression and harsh discipline at higher levels of religiosity, yet not statistically significant. This finding suggests that fathers with a history of depression tend to resort to forceful discipline tactics, such as slapping or yelling, more frequently when religion is more central to their identity. These findings are in line with previous literature (Shafer et al., 2019) showing that the use of corporal punishment is more commonly condoned within religious communities due to a large emphasis on child obedience. Furthermore, as previously stated, fathers with depression are also more likely to spank their children than non-depressed fathers (Davies et al., 2011). Indeed, depressive symptoms such as agitation and anger could override one's ability to seek more positive corrective behaviors, especially when they are permitted by the larger community.

In analyses examining the fourth research question regarding the extent to which relations between fatherhood ACEs and engagement, warmth, and positive control were moderated by religiosity, the hypothesis was partially supported. Fathers with higher ACE scores were more likely to be actively engaged with their children. Although not statistically significant, there was a positive association between paternal ACEs and engagement at all levels of religiosity. The relation between paternal ACEs and engagement does not seem to change across different levels of religiosity; however, fathers who reported higher levels of religiosity and high levels of ACEs were the most engaged compared to fathers with lower levels of religiosity and ACEs. These findings add to the minimal literature examining the role of trauma and abuse experienced within childhood on paternal engagement. It is possible that fathers who have experienced great amounts of adversity in childhood overcompensate for their lack of involved parental figures. For example, in a qualitative study examining how parents who have experienced ACEs perceive their parenting styles, most of the sample expressed making a conscious effort to spend more time with their children and provide the nurturing environment that was lacking in their childhood (Woods-Jaeger et al., 2018). Additionally, within Abrahamic faiths, the belief of children being a blessing from God might motivate religious fathers who have experienced adversity to see parenting as an opportunity to give their children a better life.

The relation between paternal ACEs, warmth and positive control was not significantly moderated by religiosity. Contrary to the hypothesis, there was a positive relation between paternal ACE scores, warmth, and positive control, therefore there was no negative relation to buffer. The results suggest that fathers with a history of childhood

trauma show more affection and rely on positive parenting practices more frequently than fathers with little to no experiences of childhood trauma across all levels of religiosity. As previously stated, fathers who commonly experienced neglect or an absence of parental support could be seeing their opportunity to be a parent as a second chance. This outlook on their parental position could produce more positive feelings and motivate fathers to engage in productive disciplinary tactics.

Regarding the fifth research question, religiosity did not significantly moderate the relation between fatherhood ACEs and harsh discipline. Surprisingly, there was not a significant relation between paternal ACEs and harsh discipline, therefore there was no relation to buffer. These results are contrary to what was found in previous studies that suggest fathers with higher ACE scores are more likely to resort to negative parenting practices, such as slapping or yelling (Shafer & Easton, 2021). Again, the fathers in this sample who experienced traumatic events during childhood could be more vigilant about the way they approach discipline with young children. These results present an alternative narrative about the intergenerational impact of ACEs on parenting, in which fathers could be framing their experiences of abuse or neglect as lessons on how fathers should not behave.

Limitations and Future Directions

The limitations of the current study are worth noting as they provide important directions for future research. First, the items in the scale used to capture religious centrality in this study did not clearly define which aspect of religion is serving as a positive or negative reinforcement for fathers. As previously stated, past research exploring the effects of religious coping for individuals who have experienced traumatic

events has used measures with items that identify intrinsic and extrinsic support systems (Brewer-Smyth & Koenig, 2014; Walker et al., 2010). Thus, reflecting on the results of the present study, future research should incorporate separate measures with items measuring intrinsic and extrinsic religious support to identify how a father's personal relationship with God or a religious community could influence individual aspects of involvement. Moreover, the current study did not account for the intergenerational transmission of religiosity. Theories of socialization state that characteristics of religiosity are taught early on within families and continue to be practiced throughout generations (Bengston et al., 2009). However, studies have yet to examine the intergenerational influence of religiosity on parenting practices (Myers, 1996). Parental lessons ingrained within biblical proverbs, such as means of discipline, could be transferred throughout generations, and enforce negative parenting practices. However, religious fathers might participate in religious communities later in life. Future studies could implement measures that explore religious upbringings to further understand the intergenerational impact of religious teachings on paternal involvement.

In addition, an average mean ACE score was used to examine the impact of experiencing multiple adversities on paternal involvement. Though these results contribute to the minimal literature demonstrating the impact that experiencing multiple traumatic events during childhood can have on fatherhood, it is unclear how specific traumatic events impact aspects of involvement. For example, it is unclear whether experiences such as abuse or housing instability, have a stronger influence on how fathers choose to reprimand their children. Future research should consider decoupling ACEs to

clearly test for the direction of effect between types of adversities, paternal mental health risk factors, and father involvement.

Due to the recruitment and selection criteria, the sample included in the study represented a majority of White, Christian, middle-class fathers. Past studies note that culture can influence the way in which families participate in religion (Petro et al., 2018). For example, previous literature has shown that ethnic or racial minority families often have less social capital available compared to White families and turn to churches for resources such as social support and childcare (McAdoo, 1995; McBride Murry et al., 2001). As previously noted, most studies that have examined religiosity in fathers have focused on Protestant Christian denominations (King, 2003; Mahoney et al., 2001). These results only show a more Western-practiced view of how religion influences parenting and are not generalizable to other religions that are practiced globally. Future research should recruit more diverse samples of fathers from other ethnic/racial backgrounds and religious affiliations to further understand how mental health risk factors affect father involvement in other diverse contexts.

A final limitation is that study used self-reported data provided by the fathers themselves. The participants' reports of their own involvement could be biased to present a more positive representation of their parenting capabilities. Future studies could utilize observation methods to decrease bias and capture a more objective understanding of what paternal involvement looks like among fathers with depression or ACEs.

Conclusions and Implications

Given past literature examining the positive role of religion on depression, ACEs, and paternal involvement, the study expected to find that higher levels of religiosity

would buffer the deleterious effects that mental health risk factors predispose fathers to experience, specifically during the early years of fatherhood. In line with past studies, the current findings suggest fathers with strong religious convictions tend to be more affectionate and actively engaged than less religious fathers (Bartkowski & Xu, 2000; King, 2003). Interestingly, greater levels of religiosity were significantly correlated with using both positive control and harsh discipline techniques as a form of correcting disobedience. This finding suggests that the decision about which disciplinary tactics are acceptable could be dependent on the larger attitudes of a parent's religious community.

Although past research has found strong collinearity among ACEs and depression, this study provides contrasting evidence for how the two risk factors impact paternal involvement among fathers that ascribe to religious beliefs. The finding that fathers with higher levels of depression are less affectionate and more likely to resort to harsh disciplinary tactics compared to fathers with low levels of depression supports past literature that has concluded somatic symptoms of depression can override the motivation to be caring and participate in positive parenting tactics to redirect misconduct (Davis et al., 2011, Shafer et al., 2019). Moreover, depressed fathers with higher levels of religiosity were more likely to use harsh discipline compared to depressed fathers with lower levels of religiosity. Religion seems to amplify the inclination to utilize harsh discipline tactics; however, it is unclear which mechanism of religion is the motivating factor. More research is needed to determine whether the belief in God (i.e., intrinsic religiosity) or the participation with a religious group (i.e., extrinsic religiosity) is the more prominent tool guiding fathers to exercise the use of harsh punishment.

Fathers who have experienced many instances of trauma during childhood seem to be more affectionate and more likely to utilize positive parenting techniques compared to fathers with less traumatic childhoods. This finding contradicts previous studies (Shafer & Easton, 2021) and suggests that men who have experienced difficult childhoods could be using their past as a parenting framework to work against when they become fathers themselves. Furthermore, religious fathers with higher instances of ACEs were more engaged compared to less religious fathers with higher ACE scores. Although no significant main effects of ACEs on engagement were found, it seems that religious beliefs and practices are a larger motivator for fathers who have experienced childhood trauma to be a present parenting figure. Religious fathers could see their children as a second chance that was gifted by God to give their children a better life than they had. On the other hand, religious communities might also encourage fathers to be present and supportive figures during the earlier years of a child's life. Further research is needed to conclude whether intrinsic or extrinsic religious mechanisms motivate a father to be actively engaged with younger children.

Implications of the current study support the need for establishing prevention programs that aid fathers with young children that suffer from depression to learn how to cope with negative symptoms and encourage positive parenting practices. Specifically, programs should aim to focus on populations with strong religious centrality and incorporate beliefs and practices within parenting lessons. Previous interventions that have integrated religious values within parenting workshops have found significant increases in positive affect, parent satisfaction, and parental self-efficacy (Howard et al., 2007). Curating programs that are culturally relevant to the participant's lifestyle and

childrearing context has been proven to be vital to ensuring long-term improvements in parenting behaviors (Fogg et al., 2003).

Overall, the core findings from the current study suggest that mental health risk factors affect fathering behaviors with young children in diverse ways. More research is needed to understand the unique mechanisms operating within religiosity that promote positive engagement for fathers with traumatic childhood histories, and further support negative parenting practices for fathers with depression.

Table 1

Descriptive Statistics for Mental Health Risk Factors, Religiosity, and Paternal Involvement Outcomes

		Total (N=1,172)							
		N	%	<i>M</i>	<i>SD</i>	Min	Max	Skew	Kurtosis
Covariates									
Relationship Satisfaction		1019		3.92	0.76	1.00	5.00	-0.62	0.78
Relationship Stability		1019		4.14	0.73	1.38	5.00	-0.75	-0.15
Coparenting		1172		2.60	0.48	1.00	3.00	-1.10	0.71
Maternal Gatekeeping		1172		2.21	0.83	1.00	3.00	0.16	-0.61
Work-family Spillover		1172		3.26	1.00	1.00	5.00	-0.08	-0.33
Child Gender (Male)		1172	59%						
Child Age (2-5)		1172	63%						
Religion (Christian)		1172	71%						
Race (Non-Hispanic White)		1172	73%						
Education (Post HS Diploma)		1172	79%						
Income (Above Poverty Level)		1172	91%						
Participant's age		1172		35.2	8.23	18	70.0	0.84	1.02
Mental Health Risk Factors									
ACEs		1172		3.37	4.13	0.00	19.0	1.38	1.27
Depression		1170		1.61	0.56	0.95	3.75	1.08	0.47
Religiosity		1172		3.24	1.09	1.00	5.00	-0.34	-0.85
Parental Involvement									
Engagement		1172		3.95	0.84	1.00	6.00	-0.30	0.59
Warmth		1172		4.05	0.59	1.73	5.00	-0.73	0.76
Harsh Discipline		1172		1.45	0.63	1.00	4.00	1.80	3.00
Positive Control		1172		3.07	0.57	1.00	4.00	-0.50	0.36

Note. ACEs= Adverse Childhood Experiences. HS=High School. Standardized beta estimates (standard errors) and p-values are reported. p<.05** p<.01***p<.001.

Table 2a
Correlations Between and Among Mental Health Risk Factors and Paternal Involvement Outcomes
 Total (N=1172)

	1	2	3	4	5	6	7	8	9	10
Covariates										
(1) Rel. Sat.	-									
(2) Rel. Stab.	.73** *	-								
(3) Coparenting	.34** *	.44***	-							
(4) Mat. Gate.	-.08**	-.24***	.27***	-						
(5) WF Spill.	.18** *	.18***	.13***	-.18***	-					
(6) Child's age	-.01	-.07	-.10**	.02	.02	-				
Father Involvement										
(7) Engagement	.24** *	.05	.06	-.01	-.02	-.27***	-			
(8) Warmth	.22** *	.32***	.34***	-.42***	.12***	-.19***	.24** *	-		
(9) Harsh Pun.	-.01	-.26***	.20***	.36***	-.15***	-.02	.17** *	-		
(10) Pos. Control	.12** *	.17***	.18***	-.16***	.03	-.07*	.10**	.26***	-	.01

Note. Rel. Sat= relationship satisfaction. Rel. Stab= relationship stability. Mat. Gate. = maternal gatekeeping. WF Spill. = work-family spillover. Harsh Pun= harsh punishment. Pos. Control= positive control. Standardized beta estimates (standard errors) and p-values are reported. p<.05** p<.01***p<.001.

Table 2b
One-way ANOVA Tests Between Education and Paternal Involvement Outcomes

Paternal Involvement Outcomes	Total (N=1172)											
	Less than HS diploma		HS Diploma		Some College		College Graduate		Post-graduate Degree		F	η^2
	M	SD	M	SD	M	SD	M	SD	M	SD		
Engagement	3.94	0.90	3.9	0.9	3.98	0.84	3.96	3	3.93	0.74	0.15	0.00
Warmth	4.10	0.68	8	8	4.16	0.57	4.02	8	3.98	0.49	4.42** *	0.00
Harsh Punishment	1.43	0.62	8	7	1.39	0.56	1.48	5	1.43	0.64	1.00	0.00
Positive Control	3.15	0.66	8	9	3.10	0.57	3.06	7	2.98	0.60	1.67	0.00

Note: p-values are reported. p<.05** p<.01***p<.001.

Table 2c.
One-way ANOVA tests Between Income and Paternal Involvement Outcomes

Paternal Involvement Outcomes	Total (N=1172)						F	η^2
	\$20,000 and under		\$20,000-\$99,999		\$100,000 or more			
	M	SD	M	SD	M	SD		
Engagement	3.90	0.92	3.95	0.82	4.08	0.75	2.76	0.00
Warmth	4.10	0.64	4.03	0.02	4.00	0.50	2.32	0.00
Harsh Punishment	1.43	0.61	1.44	0.61	1.50	0.57	0.94	0.00
Positive Control	3.12	0.59	3.05	0.59	3.07	0.74	2.18	0.00

Table 2d.
Independent t-tests Between Child Sex and Paternal Involvement Outcomes

Paternal Involvement Outcomes	Total (N=1172)				t(1170)	p	Cohen's d
	Female		Male				
	M	SD	M	SD			
Engagement	3.92	0.81	3.98	0.86	1.33	.21	0.84
Warmth	4.15	0.55	3.98	0.60	-5.11	.14	0.58
Harsh Punishment	1.33	0.52	1.53	0.52	5.81***	.00	0.62
Positive Control	3.09	0.56	3.05	0.60	-1.08	.17	0.59

Note: p-values are reported. p<.05** p<.01***p<.001.

Table 2e.
Independent t-test Between Religion (i.e. Christian vs Non-Christian) and Paternal Involvement Outcomes

Paternal Involvement Outcomes	Total (N=1172)				t(1170)	p	Cohen's d
	Christian		Non-Christian				
	M	SD	M	SD			
Engagement	3.94	0.87	3.94	0.78	0.49	.08	0.84
Warmth	4.05	.60	4.04	0.55	0.29	.20	0.59
Harsh Punishment	1.46	0.64	1.40	0.59	1.44	.15	0.63
Positive Control	3.07	0.59	3.07	0.57	-0.01	.47	0.59

Note: p-values are reported. p<.05** p<.01***p<.001.

Table 3
Correlations Between and Among Mental Health Risk Factors and Paternal Involvement Outcomes

	Total (N=1172)						
	1	2	3	4	5	6	7
Predictors							
1 Depression	-						
2 ACEs	0.33**	-					
3 Religiosity	0.00	-0.03	-				
Outcomes							
4 Engagement	0.02	0.04	0.21**	-			
5 Warmth	-0.36**	-0.04	0.08**	0.24**	-		
6 Harsh Punishment	0.35**	0.12**	0.12**	0.17	-0.26**	-	
7 Positive Control	-0.11**	0.05	0.07*	0.11**	0.31**	0.01	-

Note. Standardized beta estimates (standard errors) and p-values are reported. p<.05** p<.01***p<.001.

Table 4

Regression Coefficients for Main Effect and Moderation Models on Paternal Involvement

	Engagement		Warmth		Harsh Punishment		Positive Control	
	β	SE	β	SE	β	SE	β	SE
Covariates Model								
Relationship Stability	-0.35	(0.06)***	0.09	(0.04)**	-0.34	(0.04)***	0.06	(0.04)
Relationship Satisfaction	0.53	(0.05)***	0.04	(0.03)	0.27	(0.04)***	0.02	(0.04)
Education (Post-HS)	0.04	(0.06)	0.05	(0.04)	-0.02	(0.04)	-0.05	(0.04)
Religion	0.03	(0.05)	-0.03	(0.03)	0.10	(0.04)	-0.01	(0.03)
Income (Over \$20,000)	0.03	(0.09)	-0.10	(0.06)	0.03	(0.06)	0.00	(0.07)
Race (African American)	-0.01	(0.09)	0.03	(0.05)	0.06	(0.06)	0.09	(0.06)
Race (Asian)	-0.23	(0.13)	-0.06	(0.07)	0.08	(0.07)	-0.02	(0.08)
Race (Native American)	0.08	(0.17)	0.05	(0.11)	-0.06	(0.13)	0.04	(0.14)
Race (Lat/Mex)	0.02	(0.08)	-0.04	(0.05)	0.10	(0.06)	-0.12	(0.06)*
Race (Other)	0.06	(0.08)	0.04	(0.06)	0.02	(0.07)	-0.01	(0.09)
Work-Family Spillover	-0.03	(0.03)	0.04	(0.02)**	-0.02	(0.02)	-0.01	(0.02)
Coparenting	-0.02	(0.07)	0.19	(0.04)***	-0.05	(0.02)**	0.12	(0.04)** (0.02)**
Gatekeeping	-0.05	-0.03	-0.22	(0.02)***	0.19	(0.02)***	-0.08	*
Kid Sex	-0.06	(0.05)	0.11	(0.03)***	-0.13	(0.03)***	0.07	(0.03)
Kid Age	-0.12	(0.12)***	-0.04	(0.01)***	-0.02	(0.01)**	-0.01	(0.01) (0.02)**
Variance (R^2)	0.30	(0.02)***	0.24	(0.03)***	0.06	(0.01)***	0.18	*
Main Effects Model								
Depression	0.08	(0.06)	-0.20	(0.04)***	0.23	(0.04)***	-0.02	(0.04)
ACEs	0.13	(0.11)	0.27	(0.07)***	0.02	(0.08)	0.26	(0.08)**
Religiosity	0.17	(0.03)***	0.06	(0.02)***	0.05	(0.02)**	0.05	(0.02)**
Variance ($R^2\Delta$)	-0.10		0.13		0.29		-0.11	
Moderation Model								
Depression X Rel	0.04	(0.04)	0.05	(0.03)	0.11	(0.03)***	0.01	(0.04)
Variance ($R^2\Delta$)	0		-0.01		0.01		-0.01	
ACEs X Rel	0.22	(0.10)*	0.06	(0.06)	0.06	(0.07)	0.05	(0.07)
Variance ($R^2\Delta$)	0		-0.03		-0.03		0	

Note. ACEs= Adverse Childhood Experiences. Rel= Religiosity. HS= High School. Lat/Mex= Latino/Mexican. Standardized beta estimates (standard errors) and p-values are reported. * $p < .05$ ** $p < .01$ *** $p < .001$.

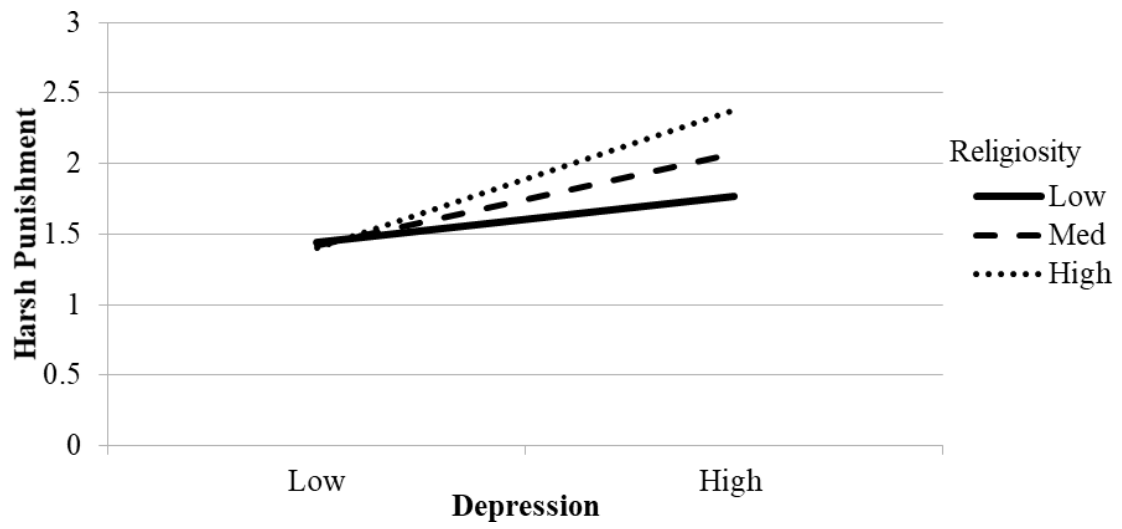


Figure 1. The Moderating Effect of Depression and Harsh Punishment by Religiosity.

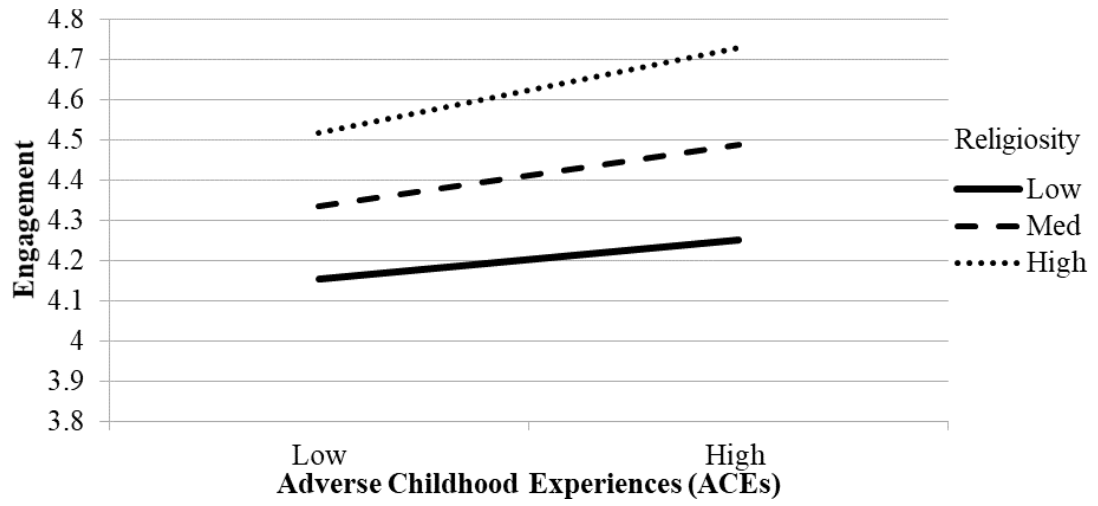


Figure 2. The Moderating Effect of Adverse Childhood Experiences (ACEs) on Engagement by Religiosity.

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