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Fathering interventions for men who use intimate partner violence and child maltreatment: Perceived benefits and risks

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Abstract

Intervention classes for fathers that use family violence are in the very early stages of development. The purpose of this paper is to better understand how fathering interventions are minimizing risks and maximizing benefits in working to address the service and knowledge gaps toward fathers that use IPV, CM, or both IPV and CM. Initially, the service and knowledge gaps are identified as well as the perceived benefits and risks of offering fathering interventions. Then, based on the analysis, several recommendations are made for the implementation of these interventions. Following this, I describe two widely available intervention curricula, and discuss the ways these classes are similar and dissimilar from the recommendations. Taken together, though the two programs contain similar content and recommendations, they differ in their therapy delivery methods, depth of focus on fathering intervention, and on what types of father-perpetrated violence they address. Both intervention classes illustrate some of the perceived benefits as well as risks identified in the literature. Recommendations are made for future intervention practice, related necessary research, and needed policy. This paper concludes with the acknowledgement that these interventions are working to create collaborative systems that provide safety to victims, assess men's individual risks, and use well thought out and effective therapeutic strategies to elicit behavior changes in fathers.

INTRODUCTION	1
METHODS.....	10
RECOMMENDATIONS FOR FATHERING CLASSES FOR ABUSIVE MEN.....	11
BREAKING THE CYCLE CLASS	14
EMPATHY EXERCISE.	15
MODELING EXERCISE.	15
REPARATIVE FRAMEWORK EXERCISE.	16
PERCEIVED BENEFITS AND RISKS OF BREAKING THE CYCLE CLASS.....	18
CARING DADS CLASS	21
MODULE ONE.....	22
MODULE TWO.....	23
MODULE THREE.	24
MODULE FOUR.....	25
PERCEIVED BENEFITS AND RISKS OF THE CARING DADS CLASS.....	25
SUMMARY, LIMITATIONS, RECOMMENDATIONS & CONCLUSION.....	29
SUMMARY.	29
LIMITATIONS.	30
RECOMMENDATIONS.....	31
CONCLUSION.	33

Introduction

The understanding of men's roles as fathers is largely missing from research, practice, and policy in the fields of intimate partner violence and child maltreatment. The purpose of this paper is to look at the extent to which fathering classes for men that use intimate partner violence, child maltreatment, or both, can potentially help to address this service and knowledge gap. The introduction focuses on (1) identifies why the service and knowledge gap towards violent fathers exists; (2) reviews research evidence concerning the harm exposure to these types of violence has on children. (3) describes what is known about men as fathers who are abusive to their partners and or children; and, (4) summarizes the importance of men attending specific fathering classes that are designed for abusive fathers and the perceived benefits and risks of these classes identified in the literature. Next, the method of this analytical literature review is described followed by the analysis which focuses on goals and recommendations made for the development of fathering classes, the summary and analysis of the two most widely available programs with curricula designed for violent fathers, and the potential benefits and risks of the two programs. Then a summary of the overall analysis is given, followed by the limitations of the review, recommendations for practice, research, and policy, and lastly, the conclusion.

Given the high co-occurring rates of intimate partner violence (IPV) and child maltreatment (CM) (Edleson, 1999), it seems services designed to address these individual problems, such as, child protection services (hereafter CPS) and intimate partner violence victim advocates, would also overlap services. Unfortunately, this is often not the case and the relationships between these services have been identified in the literature as potentially contentious (Kohl, Edleson, English, & Barth, 2005; Moles, 2008; Rivett & Kelly, 2006;). In part, as a result of this lack of cooperation between CPS and IPV victim advocates and neither

addressing men's roles as fathers specifically, the danger men as fathers pose in perpetuating intergenerational cycles of violence is largely unaddressed. This gap in understanding about violent fathers is a significant public health risk for children that live in families where violence occurs between their parents, directly towards themselves, or both. It is a health risk because, unidentified, children's exposure to violence is likely to have negative behavioral impacts persisting throughout life (Edleson, Shin, & Armendariz, 2008; Heyman & Slep, 2002; Holt, Buckley, & Whelan, 2008). A contributing element of this lack of understanding about violent men is a historic and philosophic divide between child protection services and IPV victim advocates. This divide has created fields of research and practice that are problematic and often not collaborative in nature.

An example of a problematic practice that leads to disjointed collaboration between CPS and victim advocates and negatively impacts researcher's ability to understand violent men as fathers is the CPS's historical commitment to protect children through contact with the most "influential" parent (Moles, 2008). As a result, even in homes where men are the primary concern for children's well being, CPS records are usually opened in the female partner's name and may have relatively little information on father's (Baum, 2015; Moles, 2008; Shepard & Farrell, 2014). This over reliance of contact with female care givers has led to many women further victimized by having their children removed from their care by CPS for failing to protect them from the male partner's violence (Kohl, Edleson, et al., 2005; Moles, 2008; Rivett & Kelly, 2006; Shepard & Farrell, 2014). This practice of victim blaming has caused contention between CPS and intimate partner violence advocates, hindering the important collaborative effort between these two services. Further, given that CPS is likely the largest source of information about maltreated and IPV exposed children, this lack of understanding about men and their roles

as fathers, and their use of violence, severely limits the knowledge base about violent men as fathers as well as points to the need include men into social services designed to serve children.

Another consequence of CPS interacting mostly with women is that they are likely overrepresented as CM offenders (Scott & Crooks, 2007), resulting in interventions for CM being designed primarily for women (Baum, 2015; Featherstone & Peckover, 2007; Scott & Crooks, 2004). Child maltreatment is defined by the Center for Disease Control and Injury Prevention as “any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child” (Leeb, 2008). Common forms of maltreatment towards children include physical neglect, emotional neglect, emotional abuse, physical abuse, and sexual abuse. Given the overrepresentation of women as CM offenders (Scott & Crooks, 2007) it is worth noting that the numbers are still quite high for substantiated cases of CM perpetrated by males. From the most recent report on CM from from the Department of Health and Human Services (DHHS), men were found to be responsible for 45% of CM and women were found to be responsible for 54% of substantiated cases (DHHS, 2016). As men represent nearly half of the offenders in substantiated CM cases, and that the actual number is likely much higher given reporting issues stemming from CPS not as typically engaging with men, interventions for fathers are a necessary yet missing mechanism to hold men accountable for their violent behaviors and to create safety for children.

Intimate partner violence (IPV) is violence embedded in long standing patterns of abusive behaviors that aim to control and coerce a partner by harming them psychologically, physically, sexually, emotionally, or financially (Tjaden & Thoennes, 2000). While a person of any gender or sexual orientation can perpetrate IPV and CM, heterosexual men seem to represent the largest

group of offenders for IPV (Tjaden & Thoennes, 2000). Men are also more likely to cause severe physical injury to their partners (Tjaden & Thoennes, 2000) and children (Edleson, 1999; Pittman & Buckley, 2006). Progress has been made over the last 30 years in addressing IPV with laws in every state making it a crime to commit IPV (VAWA, n.d.), as well as batterer intervention programs (BIPs) being widely implemented and made available across the country. These BIPs focus on holding men accountable for their actions towards their partner. Men's roles as fathers, the impact their violence has on children, and how to become accountable for their behaviors to their children, however, are not typically covered. Several studies on the attitudes of men towards their children convicted of IPV and court ordered to attend BIPs have found the majority of men were either in biological or social father roles with children living in the home at the time of the violent episode responsible for their placement in the program (Burnette, Ferreira, & Buttell, 2015; Rothman, Mandel, & Silverman, 2007; Salisbury, Henning, & Holdford, 2009). Given this, it is likely that BIPs are a promising site for addressing men's behaviors as violent fathers.

Another reason that fathering classes for men who use IPV represent a much needed intervention is that many men continue to have relationships with their children, even after court ordered partner-separation due to criminally violent episodes (Bancroft, Silverman & Ritchie, 2012; Mullender et al., 2002; Scott & Crooks, 2006). Men who use IPV are found to seek custody of children more often than non-abusive men (Bancroft et al., 2012; Peled, 2000). Given separation can be a precursor to greater and more lethal violence (Bancroft et al., 2012), visitations and custody transfers can be times when men can continue their use of violence against families. Courts that may be unaware of the dynamics of abuse and the risk men pose to their families, are unlikely to deny at least some form of child contact with the abusive partner,

resulting in men having court ordered visitations with their children during these periods of separation (Featherstone & Peckover, 2007; Mullender et al., 2002; Peled, 2000). While considerations about the safety of children and the child's other parent immediately before, during and immediately after these visits need to be weighed against a father's 'right' to access his children and what benefits contact has for children, it is likely that parenting classes designed for abusive men to enhance victim safety will provide a better feedback system to family courts, adding an additional layer of safety for women and children during the periods of time following separation from the violent father.

Research on the negative effects of children's exposure to IPV and CM as well as research on the co-occurrence of IPV and CM has accumulated significantly over the past twenty years. Meta analyses have provided evidence of negative behaviors resulting from children's exposure to IPV (Holt et al., 2006; Kitzman et al., 2003; Wolfe, Crooks, Lee, McIntyre-Smith, Jaffe, 2003) and CM (Norman, Byambaa, Butchart, Scott, & Vos, 2012). The behaviors include, but are not limited to, bullying, delinquency, teen pregnancy, dating violence, depression, substance abuse, and low self esteem. Another consequence of children's exposure to family violence, and perhaps the most harmful to both the individual and to society, is that child victims of family violence have a significant increase in the likelihood that they themselves will become victims or perpetrators of IPV (Edleson et al., 2008; Heyman & Slep, 2002; Holt et al., 2008). Research on the co-occurrence of IPV and CM shows that there is a strong relationship between types of violence with a 30-60% chance that they are co-occurring in the same home (Edleson, 1999). Given the problematic divides and services between IPV victim advocates and CPS children are more likely to suffer negative behavioral impacts due to a lack of service referral for both themselves and their fathers as a result of this failed collaboration of services.

The importance violent men give to fatherhood is not empirically demonstrated in the literature, and this information likely holds keys to the perceived motivations for abuse and the core characteristics that may be similar among violent men. Clinical evidence suggests that there are some common characteristics of men who use both IPV and CM, such as, controlling behaviors, lack of empathy for their victims, having a sense of entitlement, being more likely to engage in aggressive and hostile behavior, the use of authoritarian parenting styles, including harsh discipline (Bancroft et al., 2012; Scott & Crooks, 2004, 2007). Scott and Mederos (2012a) present, in addition to the above characteristics, three profiles of violent fathers needing consideration. These include: (1) men that have reasonably healthy and connected relationships with their children and that have been violent with their partners in the past, but that have respected no contact orders. This is thought to be the smallest group of men likely to be involved in fathering interventions for violent men; (2) men who are physically disconnected from their former partners and children. These men often have two or more families that have ended due to infidelity of intimate partner violence; and (3) men are profoundly emotionally disconnected from their children. While these fathers may desire closer relationships with their children their lack of emotional capabilities can lead to the emotional and physical neglect of their children.

One qualitative study on violent fathers' perspectives, suggests that men do desire to have closer relationships with their children and that violence towards their partner contributes to constrictions that limit father's ability to feel emotionally intimate with their children (Perel & Peled, 2008). Fatherhood was one of, if not the most important elements of men's perceptions of their masculinity. Research also shows that men may not be aware of the negative impacts on their children caused exposing them to violence. For instance, in a study of 3,234 fathers in a batterer intervention program (BIP), only 27% thought that children had been affected by their

violence towards their partner (Salisbury, et al., 2009). Similarly, in a study seeking differences among biological and social father's attitudes towards their children's exposure to IPV, it was found the majority of men, both biological and social fathers, said they would take actions to stop their violence against their partner and seek professional help if they knew that it was negatively impacting their children (Rothman et al., 2007). Teaching men how to gain empathy for their children's perspectives of abuse may be a useful strategy for engaging men in BIPs as well as fathering interventions, thus creating a strong motivator for change (Perel & Peled, 2008; Scott, 2010; Stanley, Graham-Kevan, & Borthwick, 2012).

Parenting classes designed specifically for men who commit IPV and CM are necessary because these men are a population with different fathering educational needs than non-abusing men (Bancroft et al. 2012; Scott & Crooks, 2004, 2006). It may be dangerous to send these men to fathering programs that assume a non-violent relationship. Reasons why it may be dangerous include 1. That general fathering classes may have confidentiality agreements that would not allow sharing of information with courts compromising the ability of the program to contain risk, 2. they may focus on fostering emotional connection as opposed to modeling healthy behavior for the father, and 3. child compliance techniques may be taught, which has been shown to be information that can be dangerous when used by violent men (Scott, 2010). Thus, because this field is relatively new and lacks research on violent fathers' motivations for violence and their common characteristics, there are both potential benefits and risks of parenting classes for men who use violence.

Some of the perceived benefits and risks of offering parenting classes for violent fathers have been identified in the literature largely by those interested in developing interventions and in understanding how the interventions could facilitate service gap needs towards children, non-

abusing partners, and to violent fathers. Some of the potential benefits include: (1) an increased level of safety for children (Bancroft et al., 2012; Featherstone & Peckover, 2007; Scott & Crooks, 2006); (2) social visibility in acknowledging a need for accountability of violent fathers for their use of IPV and CM upheld by courts, CPS, and IPV victim advocates (Scott & Crooks, 2006; Scott et al., 2007; Scott & Mederos, 2012b); (3) the potential to create collaboration between CPS and IPV victim advocate services (Fleck-Henderson & Areán, 2004; Scott, 2010; Scott & Mederos, 2012a); (4) an additional way to stop violence against women (Fleck-Henderson & Areán, 2004; Scott & Mederos, 2012a); and, (5) the potential for some men that are successful at renouncing violence, and by becoming accountable for their past harms, can make repairs to relationships with their children that will aid in breaking the intergeneration cycle of violence (Fleck-Henderson & Areán, 2004; Scott & Crooks, 2004; Scott & Mederos, 2012a).

The perceived risks of offering parenting classes for violent fathers in some ways mirror their benefits in that the absence of certain elements defined as important to the structure of these programs is missing (i.e., cross service collaboration between courts, CPS and IPV victim advocates). The perceived risks include: (1) the possibility that parenting classes may inadvertently increase danger towards children (Scott & Crooks, 2004, 2007); (2) poor collaborative capabilities of interventions with CPS and IPV victim advocates (Scott, 2010; Scott & Crooks, 2006; Scott & Mederos, 2012a); (3) attendance in a fathering class may be seen as a “certificate of character” and lead to custody or visitation, regardless of men’s progress in the intervention or children’s concerns about these contacts (Peled & Perel, 2007; Scott & Crooks, 2004; Scott & Mederos, 2012a); and, (4) a lack of standardized evaluations to effectively measure the behavior changes of men during and upon completion of the programs means that

the theoretical benefits may not be substantiated (Labarre, Bourassa, Turcotte, Holden, & Letoumeau, 2015; Scott & Crooks, 2007; Sullivan, 2007).

To address the empirical evidence for these sets of potential benefits and risks, I review the literature addressing the following research question: How are fathering interventions minimizing risks and maximizing benefits in working to address the service and knowledge gaps toward father's that use IPV, CM, or both IPV and CM?

Methods

Relevant literature to the research question addressed in this review was identified initially through searches using Google Scholar and Psych Info with a variety of key terms related to the issue of interventions for violent fathers including, parenting classes for men who batter (i.e., use violence, intimate partner violence, domestic violence, child maltreatment), fathering and intimate partner violence, children's exposure to intimate partner violence, co-occurring intimate partner violence and child maltreatment, and child protection services and intimate partner violence (i.e., domestic violence). These searches provided a wealth of background information to address the service gaps present for violent fathers, the knowledge gaps in research and clinical work about violent men as fathers, and ultimately how these pertained to the perceived benefits and risks of offering the fathering classes themselves. Two curricula, *Breaking the Cycle: Fathering After Violence* and *Caring Dads: Helping Fathers Value their Children*, were identified and an analysis of their program content was conducted. These curricula were analyzed to understand how the recommendations helped the programs negotiated the perceived benefits and risks and to what degree their program implementations matched the other recommendations in the literature reviewed.

Recommendations for fathering classes for abusive men

As the literature has begun to explore the potential benefits and risks on fathering intervention classes and their ability to address service gaps, researchers and practitioners have recommended programs develop principles that direct their actions and accountability guidelines (Bancroft et al., 2012; Peled & Perel, 2007; Scott & Crooks, 2006; Scott, Francis, Crooks, Paddon, & Wolfe, 2007; Sullivan, 2007). These guideline, it is suggested, will aid in navigating the complexities of the issues involved, helping to offset risks while working to gain from the benefits. One of the most commonly recommended ways for programs to limit risks is by keeping children's safety in the forefront of their intervention principles. More specifically, recommendations for child safety suggest, 1. programs ensure men's goals align with the healing needs and goals of children under the advice of their mothers and mental health professionals, 2. programs should routinely contact partners in order to ensure the fathering curricula is appropriate and as a way to inform them of any increased risk in behaviors observed, 3. programs should teach men need to appreciate and respect the importance of the mother-child relationship, 4. programs should teach child centered parenting techniques as a way to offset entitled and selfish behavior often seen in violent fathers, 5. programs focus on the need for men to respect women by teaching them to model positive behavior towards their partners and that men cannot use IPV and simultaneously be a good father, and 6. creating cross agency collaboration in order to be able more accurately understand children's perspectives and their desired level of contact with their fathers.

The recommendation for cross collaboration between agencies involved in both offender and victim services is central to the issue of creating accountability on both the individual level for offenders and the societal level by conveying the importance of father's involvement with

their families (Featherstone & Peckover, 2007; Scott & Crooks, 2006; Scott & Mederos, 2012a, 2012b). According to Scott et al. (2007), there are two methods for creating change and safety: (1) the systems response to contain the violence and providing appropriate services to victims; and (2) the actual behavior change of the offender. Given that men who use abusive behaviors have been found in general to have low motivation to change, creating a systematic response to containing men's violence should be considered in places where programs may be developed. Commonly cited collaborators in fathering interventions are courts, probation and parole, IPV victim advocates, CPS, and family mental health services. Integrating these services offers additional safety to children and women as well as increases the accountability of men to outside systems of authority. When clear and consistent communication and collaboration is happening between fathering interventions and these services, consequences can be enforced if men violate conditions of their mandate to attend the fathering class or disrespect their partners and children's needs. The conditions of these authorities can be made explicit to men when entering programs so that they are aware of the constraints of their behaviors and what is expected of them throughout the course of the intervention.

Another important recommendation for fathering interventions is that screenings and evaluations be conducted as a routine element of the programs (Bancroft et al., 2012; Scott & Crooks, 2004; Scott et al., 2007; Sullivan, 2007). A major recommendation is that programs develop an intimate sense of the men's family situations, including the events that caused the referral to the fathering intervention and any legal restrictions that may apply in regards to family contact. Specific ways that this can be achieved is that referring agents be a part of the intake and initial evaluation of men as well as an interviewer skilled in coercion tactics used by abusive men, including their ability to perform under scrutiny (Bancroft et al., 2012; Sullivan, 2006).

Also, partner contact is a way determine if a fathering intervention is appropriate, to confirm men's accounts of their reasons for being the program, as well as assess their level of perceived risk. In Labarre et al.'s (2015) analysis of 10 different fathering programs a good summary of factors that intake assessments should address are presented. These factors include: the severity, lethality and incidence of violence; the pattern of violence (e.g., type of violence, presence of coercive control, level of fear induced); the consequences of the violence on family members (e.g., injuries, fear); the presence of social support and other resources; the men's level of acceptance and responsibility for abusive behaviors; the presence of co-occurring problems (e.g., substance abuse); men's motivations, objectives, and engagement in the program; and men's parenting skills and level of material and psychological resources. After the intake process, ongoing assessments of progress are recommended as well as when men exit the program. During the exit evaluation overall progress and goals can be measured and recommendations for future services or for changes in child contact will be made.

In the next two sections, two examples of interventions for the fathering of violent men curricula will be analyzed. *Breaking the Cycle: Fathering After Violence* and *Caring Dads: Helping Fathers Value their Children* are two programs with curricula available online. Both have done at least preliminary evaluations of program and content effectiveness. These two programs are among the mostly widely accessible and also, likely, the most implemented. Initially each program will be summarized separately, focusing on: (1) an overview of each curriculum and recommendations for program implementers, (2) a brief description of the exercises and their intended effects, and (3) the perceived potential benefits and risks of these programs and their curricula based on those previously identified in the literature.

Breaking the Cycle Class

The Breaking the Cycle: Fathering After Violence (hereafter, BTC), a bilingual (Spanish and English) curriculum (Fleck-Henderson & Areán, 2004), has been designed to work well within a psycho-educational model of BIP that focuses on addressing underlying assumptions and beliefs about men's relationships to their partners and children. It has been created as a 4 to 6 week supplement to a standard BIP curriculum, and as such, is tailored specifically to men who have used IPV, not necessarily CM. The BTC has three exercises that are suggested to be covered during 4-6 class sessions, though given the programs resources and time, it is possible to expand the length and number of exercises offered. The exercises utilize multimedia to cover three topics identified as important by the program creators during the development of the curriculum: (1) empathy building to help men understand children's experiences of domestic violence, (2) identifying behaviors that constitute positive modeling for their children including being supportive of their partners parenting, and (3) understanding men's roles in repairing the damaged relationships with their children.

The BTC manual includes BIP staff training exercises designed to provide a knowledge and understanding of how to conduct these exercises as well as recommendations made for BIPs that will allow them to be more responsible towards safety of the offender's family. The first recommendations made by BTC are that BIPs contact partners to inform them of their partner's participation in the BIP, specifically mentioning the fathering portion to help determine if it appropriate for them. The second recommendation is that BIPs develop collaborative relationships with agencies involved with children's welfare and protection so that BIPs are aware of the policies and practices in relation to cases of IPV. Another recommendation made by BTC is in regards to the importance of cultural context. This is important in understanding how

masculinity is achieved, what social barriers may be present to achieving it, and how this may be involved in men's feelings of gender role stress (stress caused by trying to fulfill or caused by the worry about not being able to fulfill normative gender role expectations) and causing them to view women negatively. It is thought that by acknowledging cultural contexts and historic oppressions programs can work with men's understanding of their cultural rather than against.

Empathy exercise. Facilitators show drawings made by children of various ages that are representations of their abusive fathers. Men are given a chance to react to the photos and discuss what they see. Facilitators may reveal words about the image written by the child and tell their gender and age to the men. After showing and discussing all the images the men are asked to put themselves in the perspective of their own children during an event when the child was exposed to a violent episode and to draw a picture of what they look like at that time from their children's perspective. After completing the drawing each man shares his picture with the group and describes what they have drawn. A facilitator then asks him to name one way that he thinks his abuse has damaged his child. If there is enough time for two empathy building sessions it is recommended that men be shown the children's drawings at the beginning of each session and that one of the sessions be about drawing what their father looks like from the child's perspective when times were good.

Modeling exercise. This exercise is designed to highlight the importance these men play as role models to children and the value of being positive models. As many men in BIPs may have had father perpetrated violence in their own childhoods, this modeling exercise calls on participants to think about their own fathers and to remember a time when their father modeled

positive behavior and respect to their mothers and share this with the group. Then they are asked to share an example of when their fathers modeled a negative and disrespectful behavior and share this with the group. Men are then asked to think about the behaviors they are modeling and facilitators direct the conversation to IPV if this does not arise on its own. Facilitators are recommended to talk about how one cannot be an abusive partner and simultaneously be a good father. After men have thought about negative behaviors they are modeling for their children the men are given the task of choosing one behavior that they can work on over the next couple of weeks to model positively to their children. Given the varying degrees of separation these men may have with their children, their choice of behaviors will have to reflect their level of contact and program facilitators will need to have intimate knowledge of the participant's family situations in order to know if the chosen behaviors and the levels of contact they require are appropriate. If programs have more time to devote to modeling exercise men could look at healthy things their fathers did to take care of themselves and group participants could in turn focus on their own self-care behaviors and try to model positive self-care for their children. BIPs can continue to check in with clients past when the fathering curriculum is taught as a way to continue to hold men accountable for this behavior change.

Reparative framework exercise. In the focus groups used to help develop fathering curricula a common theme found among men who had successfully renounced IPV was that they were trying to repair the relationships with their children. The sentiment among these men was that they wished there was support and direction for them to healthily approach the reparative work needing to be done with their children. The BTC curriculum utilizes a two-part audio CD of one man's (called Michael here) story of the relationship with his own abusive father, his own

abusive relationship with his partner, and the reparative process of trying to have an open and honest relationship about the violence with his son. After the first audio story, participants are asked to look for the “mistakes” Michael’s father had made in the way he had tried, or didn’t try, to make reparations with his son and for “alternatives” ways in which Michael’s father could approach reparations with him. The three main points that facilitators draw out for discussion from the mistakes and alternatives participants notice is that: (1) healing begins when the offender stops all violence, (2) denial and minimization can be very damaging to children, and (3) accepting responsibility and the consequences of violence means more than jail time or program participation. Men have to take responsibility for their abusive behavior to their families and communities.

The second audio story is of Michael’s own abuse to his wife and the impacts on his child, focusing mainly on the reparations Michael has made with his son. The story describes Michael’s long process of renouncing violence and becoming accountable for his actions. The story highlights Michael’s willingness to allow his son time to come to terms with his behavior changes, and also shows the importance of allowing children who have witnessed violence and lived in violent homes the ability to talk about the impact it has had on their lives. The three main points of discussion after this audio story focus on: (1) recognizing that the healing process between abusive parent and children is a very slow process, (2) the process needs to happen at children’s own pace and the abusive parent cannot force the pace of reparations, and (3) victims and witnesses of family violence need to be listened to and validated for long periods of time. Should programs have more time to focus on the reparative framework, the BTC authors give further recommendations for curricula that can be used to deepen participants understanding.

Perceived benefits and risks of Breaking the Cycle class. A perceived benefit of this curriculum is that it was designed to work well within a psycho-educational framework, which many BIPs use, addressing the underlying attitudes and beliefs of abusive men. This makes BTC appropriate for high numbers of BIPs across the country which may already have established coordinated community responses to IPV, involving the BIPs themselves, the criminal justice system, victim advocates, and children and family services. BIPs that add curricula addressing the harmful effects of IPV on children may benefit from advocating for CPS to be included in the coordinated response to increase the safety response towards children. By involving CPS in fathering interventions, cases brought to the attention of CPS where there is IPV happening may result in referrals to BIPs that otherwise would not. Another potential benefit of BTC being housed in BIPs is that there may already be protocols in place to contact offender's partners. When this happens in the context of the BTC curriculum, partners could be asked to confirm the family situation scenarios that men have provided, including any legal constraints that may be present, to help determine if the curriculum on fathering is appropriate for men on a case by case basis.

The BTC exercises implemented in BIPs have the potential of an increasing awareness around men's individual fathering circumstances, such as whether children were present during the violent episode responsible for the referral to the BIP and what the father's level of contact with their children is currently. This has the perceived benefit of yielding information about how men may need to engage with the material and how they can be held accountable, particularly in regards to the modeling exercises. One benefit of knowledge around parental circumstances that the BTC curriculum brings to BIPs in particular is the empathy building created when teaching men about the harmful effects of IPV on children. This may promote the engagement of men in

the group process and create motivation to change their violent behaviors towards their partners. Further, by understanding what may be key behaviors to address within the family system, for example, respectful co-parenting or child-centered parenting, facilitators can ensure that men are choosing appropriate behaviors to enact in their efforts to model healthy behaviors. Further, for men who show progress and initiative to renounce violence and to become accountable to the harms they have done and are willing to work towards repairing their relationships with their children, BTC may act as a screening process, referring men to abusive specific fathering support groups or standalone fathering classes.

Some potential risks of the BTC are that in places where BIP resources are limited and where there is not strong communication and collaboration between victim advocates, courts, probation, and the BIPs themselves, it is conceivable that the safety of women and children could be compromised. If programs do not contact the offender's partners with information about his participation in the program, the program would have decreased awareness about the men's family situations, their perceived progress in the BIP, as well as potentially not knowing all of the information relevant to determining if the BTC curriculum is appropriate for an offender. The safety concerns associated with not contacting the partner would be increased in places where there is poor cross agency collaboration as men may be able to hide their actual family situation from BIP facilitators, use their participation in a BIP that has a fathering component to sway judges in custody cases, or inaccurately convince their partner that they have changed their abusive behavior. In particular, men not accurately representing their family situation, when unchecked by either partner contact or official communications from courts or probation and parole could lead to inappropriate modeling behavior exercises for these men. For instance, if a father had legal restrictions on access to his partner or children, but the BIP was unaware of this,

he may be able to lie to the BTC facilitators in order to engage in inappropriate modeling exercises and use it as a way to legitimize his reinitiating contact with his partner and children. This could appear to the family as though the man was being prompted to perform these at the order of an outside authority when in fact they are further manipulating their families and the BIP facilitators.

Other potential risks the BTC curriculum poses are is it will replace portions of the curricula that BIPs had been using; CM is not specifically targeted by this curriculum; and, there may not be adequate services to which fathers can be referred after successful completion of the BIP. At best, the four to six week BTC curriculum is an introduction to the realities faced by children living with violence and the repairs likely necessary for fathers should they become accountable. On one hand the BTC curricula is a very short introduction to a very important topic, but on the other, this may represent a substantial portion of the overall BIP curricula which will have to be replaced by the BTC. Given the lack of evaluations to test the effectiveness of BTC, careful thought would need to go into what would be cut from overall BIP curricula in order to make room for the BTC curricula. Another potential risk of the BTC curriculum may seem paradoxical, but if the program is initially effective in reducing or ending abusive behavior and there is not enough continued social support in the community to sustain the change in men, relapse may be more likely to occur. Men that respond strongly to the BTC, make behavior changes, and become willing to be accountable for their past harms will likely benefit from the referral to further support for the reparative process of fathering after violence. However, it may be likely that there are not further services designed to support fathers after they have given up violence and are trying to help their families heal.

Caring Dads Class

The Caring Dads program (hereafter, CD) and its curriculum (Scott, 2010) were developed from literature focused on parent training, fathering, working with resistant populations, IPV research, and CM research. This program seems to be limited to men in a fathering role only. The class structure of CD is designed to accommodate men who use IPV, CM, or both CM and IPV. However, if children's exposure to IPV is the main reason for referral to CD, these men are referred to a BIP as a prerequisite to attendance at CD. A wide range of techniques such as motivational interviewing, psycho-educational models, and cognitive behavioral therapy are used to engage, motivate, teach, and model behaviors for men. Classes are designed to have 12 men per group and take place over 17 sessions at two hours each. Referrals will ideally come from social services as part of a child-safeguarding plan, but also may come from police or courts, BIPs, and other services as long as there is direct involvement of their children with social services. The curriculum is split into four modules that address: (1) resistance, engaging men into the program, and providing motivation to change; (2) teaching child-centered parenting and healthy parenting techniques; (3) building accountability and responsibility for their past behaviors; and (4) reparative work and the realities of the future.

Caring Dads makes detailed recommendations in its theory manual (Scott, 2010), beyond providing the curriculum, regarding the importance of coordinated case management and partner contact. Some of the recommendations specifically cited for strong coordinated case management are that referral agents be a part of the offender intake interview, that they receive periodic evaluation updates throughout the program, that processes be in place to allow for assessing that fathers' goals align with those that child mental health professionals have set for their children, to monitor fathers progress to ensure child safety, and that programs be willing to

have frank and difficult conversations with fathers about necessary limits on their access to their children. Specific recommendations around partner contact are made in describing the role of the person contacting partners. This person's job is a role of providing empowerment to women. They empower the partners through listening and validating the partner's experiences, and by providing knowledgeable referrals to various resources. However, it is also recommended that the partner contact personnel need to have clear boundaries and not become involved in the drama of the family crisis. It is not the job of the partner contact personnel to offer advice or try to directly help the partner.

Module one. Module one consists of the first three sessions with the main goal being to motivate the engagement of men in the program and to develop participant-facilitator trust and group cohesion. The main technique to achieve these goals is motivational interviewing (a counseling approach that attempts to facilitate an intrinsic motivation to become actively engaged in attempting to change a behavior). At this early point in the intervention, resistance is considered normal and rather than strictly confronting dismissive attitudes by men in group, facilitators "roll with" the resistance, instead focusing on listening to the men and creating motivation to participate. One way that this motivation is generated is by having men share details of their parenting situations and the past decisions that have led to their participation in CD. Men are also encouraged to explore their understandings of their own fathers and think about the intergenerational patterns of abuse that emerge. It is thought that the discrepancy between men's understanding of their own childhood and how they see themselves as fathers in light of the fact they are in a fathering class for abusive men can act as a motivation to break out the cycle of violence. At this point in the group's sharing process, facilitators can work on group

cohesion by setting the group rules and by highlighting commonalities of the group's experiences and situations. It is thought that this act of group cohesion increases men's participation and the feeling of commonality may increase the trust in other men to help support each other in intimate areas of their lives where normally they would not allow themselves to be vulnerable to other men. Having a safe and comfortable environment where men can disclose difficult experiences in their lives is likely to create greater group cohesion.

Module two. The second module is 6 sessions long and uses psycho-education and behavioral skills training to focus on building child centered parenting techniques, decreasing negative perceptions the father may have towards children, supporting positive co-parenting, and decreasing men's self-centeredness. Each of these new skills is first introduced as a concept and explained using the psycho-educational approach. Following the learning of the different concepts behind the skills, each skill is modeled by the facilitator or with video representation to the men who are then encouraged to apply this knowledge to their own situations as fathers. Then men are asked to practice these positive behaviors with their children as a weekly homework exercise, depending on their level of child contact. Child centered parenting is thought to be appropriate with abusive men as a way to negate the tendency for selfish behavior among fathers. Allowing children to do things they want and trying to understand that they are driven by their own meanings and understandings may help shift father's perceptions that children are acting badly simply to upset the parent and see that they are likely reacting to traumatic situations that fathers have created.

Another component of this module of the program is teaching men about how they are modeling behavior for their children and how they can become responsible for modeling healthy

behaviors. Exercises on modeling positive behaviors are taught to the men, specifically modeling healthy behavior towards their partners. The program emphasizes that being a non-abusing parent must include not exposing children to IPV and that modeling healthy relationships between partners is an important aspect of being a good father. In addition to modeling healthy behavior towards their partners, men are also taught the importance of the mother-child relationship to children's well-being. The last element of this second module is a recommendation of what not to teach to men at this stage, specifically the program recommends not addressing disciplinary skills for misbehaving children. This is not considered appropriate because men are generally not considered to have child compliance issues, and also, because this can quickly turn attention onto children's problems and away from fathers own problematic behaviors.

Module three. The third module, also lasting 6 weeks, utilizes the cognitive behavioral therapy approach and is focused around building accountability and acknowledging responsibility for past abuses and the impacts of this abuse on their children and partners. This is a section of the class when individual sessions may be beneficial, as individualized analysis of men's problematic behaviors may help specify the underlying cognitions that enable abusive behaviors and help men recognize the impact their violence has on their children. Men are asked to review their goals at the beginning of the module and assess how they can work to change their behaviors to achieve these goals. Plans are set up and men receive homework based on their goals. The authors of the theoretical course structure acknowledge this is where men usually experience a resistance to what becoming accountable actually means and there is a tendency to revert back to victim blaming and placing the focus outside of themselves. However, men are

encouraged to identify the cognitive barriers in place that may prevent them from achieving their goals and to work towards changing their behaviors and acknowledging the damage their violence causes children despite them. The cognitive behavioral therapy principles underlying this module may work well to help men engage in alternate forms of thoughts in addressing common problems they face and how to achieve their goals of living violent free lives.

Module four. The last two weeks of CD is devoted toward issues around rebuilding trust with their family members and how men can plan for their non-abusive futures. This section is designed to help men to frame their ability to father realistically within the specific context of their situations. This is achieved by looking at the specifics of past abuse and understanding the harm and trauma this has caused women and children. This module may mean helping them come to terms with not being a part of their children's lives based on their wishes, or it may be in addressing realistic expectations about the timelines required for rebuilding trust with their children and the realities of children healing from trauma. With children's safety being the priority of this fathering class, it is important when planning for the future that programs are willing to have frank and difficult conversations with men regarding realistic expectations for how long the reparative process is likely to take. Men are encouraged continuously to see themselves through their children eyes and respect their relationships with their mothers. The victim should set the pace of their own recovery and it is emphasized to men that this is an element of their accountability to the harm that they have caused their children.

Perceived benefits and risks of the Caring Dads class. Potential benefits of the curriculum include that the program is relatively long (17 weeks), employs numerous therapeutic

models which target specific behavioral outcomes, has mandatory partner contact, and involves in depth assessments of men at a minimum of three times during the program. Longer fathering programs have been shown to be more effective (Bronte-Tinkew et al., 2007) and 17 weeks make the CD program a significant standalone program. The CD program targets specific behaviors using various therapeutic models, such as, psycho-educational, CBT, and motivational interviewing. These offer participants a better chance to become engaged in the program, to learn about the problematic underlying beliefs they hold towards their partners and children, as well as provide the opportunity to model positive behaviors and to practice, in a therapeutic setting, what becoming accountable for their actions will look like. The benefit of having partner contacts and periodic assessments of men's progress is that it allows facilitators the opportunity to address progress expectations with partners and offenders. In addition, these assessments allow the sharing of information between services and offenders partners as a way to ensure that everyone is aware of the offender's progress, which allows safety concerns to be addressed including whether children are remaining the focus of the intervention.

Another major benefit of the CD program is the cross agency collaboration that allows CD to keep the focus on children's safety by working to contain the risk posed by their fathers. By having strong collaboration with social services that work to keep children safe, CD can tailor the curriculum to men's individual children and family situation needs, allowing for an integrative and dynamic form of intervention. Communication between the justice system, children services, and the partner allows for a greater ability to monitor risk posed by fathers and take action to prevent harm. The strong communication between agencies also allows for CD to work with a wider range of offenders, such as men who use IPV, CM, or both CM and IPV. Overall this focus on collaborative services increases the ability to work with offenders of

different types of violent behavior problems while simultaneously creating greater safety for their families.

In addition to the above perceived benefit, CD has also used program evaluations to determine the effectiveness of elements of its curriculum, the applicability of current test measures in use to determine CM risk, and the overall effect of the group on behavior changes in participants. One of the CD program creators, Katreena Scott, conducted a study on the effectiveness of motivational interviewing as a component of a batterer intervention program. It was found that the group with motivational interviewing as a component had significantly higher completion rates than their control counterparts (Scott, King, McGinn, & Hosseini, 2011). Caring Dads has also determined two test measures that are commonly used to assess CM risk, *Child Abuse Potential Inventory* (CAPI; Milner, 1986) and the *Adult-Adolescent Parenting Inventory*, second edition (AAIP-2; Bavolek & Kenne, 1999) were not sensitive enough to be considered valid in their evaluations. It was thought that the self-disclosure style test might be too transparent for accurate data on measuring the risks of CM (Scott & Crooks, 2007). Further, preliminary evaluations of CD, using pre and post group data have shown modest effect sizes (Scott & Crooks, 2007; Scott & Lishak, 2012). This is a promising outcome, suggesting the CD program is changing participant's behaviors and attitudes. These benefits of the CD program suggest the importance of program evaluation in the development and use of fathering intervention programs.

Due to the comprehensiveness of this program, only two potential risks have been identified in this analysis. First, it appears to be only suitable for fathers or men in social father roles. This excludes large numbers of men who may be abusive to their partners but do not yet have children. The second risk associated with CD program was that it may be hard to replicate

the comprehensiveness. As CD was developed in a unique position, housed between two Canadian universities with ties to social welfare schools, as well as both clinical and applied psychology programs, the ability to monitor, assess, and create collaboration between services may be unique to this geographic area, or areas with similar circumstances. It is not clear if assessments and collaboration between agencies, both of which are very important to ensuring the safety of children, can be replicated, or to what degree they can be replicated by program facilitators in other geographical areas. The ability of CD to work with fathers who use various forms of family violence may be impeded by the limitations present in the geographical strengths of cross service collaborations.

Summary, Limitations, Recommendations & Conclusion

Summary. Recommendations made for fathering interventions include suggestions for two domains: the clinical aspect of the program content and the programs' role in the wider system response to help contain the risk these men pose. The clinical recommendations reviewed included: (1) for program principles to be developed in order to guide decisions and keep the considerations of children's safety paramount; and, (2) screenings and evaluations be conducted to evaluate the circumstances leading to each individual's participation in the group, what their family circumstances are, and what risk these men pose to their partners and children.

Recommendations pertaining to fathering interventions as an integral component of system wide responses to contain men's violence, commonly cited the need for collaborations between courts, probation and parole, IPV victim advocates, CPS, and family mental health services. Also identified in both parenting curricula was the need for partner contact to be a routine practice of fathering interventions. Partner contact is considered important because it allows communication directly to the partner concerning increased levels of risk that may be seen in men and it allows for a corroboration of men's family circumstances, including any legal visitation restrictions that may be in place.

The development of the curricula analyzed in this review represents the best collective knowledge and thinking on how to safely intervene with violent fathers, including strong considerations for safety on their children's and partner's behalf. These curricula are centered in clinical research on the characteristics of violent fathers, how to engage men and motivate change towards becoming accountable to stop all violence, and in modeling appropriate behavior such as respecting the importance of the mother-child relationship and child-centered parenting. Both of these programs also take steps to inform men of the challenges they are likely to face

moving forward with reparative work. Beyond the clinical scope, both of these programs make similar recommendations for ways to increase child and partner safety. These include contacting the partner to help determine potential risk and to confirm men's family situations, and the importance of interagency collaborations to address children's welfare so that the programs know of the policies and practices regarding the CPS response to IPV.

Taken together, though these programs contain similar content and recommendations, they differ in their therapy delivery methods, depth of focus on fathering intervention, and on what types of father-perpetrated violence they address. Caring Dads is a stand alone program capable of addressing the overlapping forms of IPV and CM violence, while BTC is a short intervention designed primarily as a fathering education on children's exposure to domestic violence which can be implemented into already existing BIPs. Both of these unique programs have potential to increase awareness around the importance of fathers who use violence and the role they play in the perpetuation of trans-generational violence. As violent fathering intervention programs exist at a continuum between CPS and IPV victim services, each of the two analyzed interventions has unique ways in which they may contribute to the collaborative process needed to hold violent fathers accountable and provide safety for children. For instance, CD recommends aligning men's intervention goals with their child's healing needs based on their collaboration with child mental health professionals. Mirroring these benefits, when collaboration is lacking between fathering programs, courts, CPS and IPV victim advocates, both of these interventions may inadvertently increase risk for children as well.

Limitations. Several limitations exist in understanding the perceived benefits and risks of interventions for fathers that use family violence explored in this analysis. First, measuring

program effectiveness for these interventions has only happened in a very preliminary way (Labaree et al., 2015; Scott & Crooks, 2007; Scott & Lishak, 2012). Given this fact, it is impossible to empirically know if the perceived benefits outweigh the perceived risks. Further, there are not valid test measures to determine CM risk among participants in fathering interventions, making empirical research on behavior changes in CM challenging. The perceived benefits and risks of the individual fathering curricula was based on the background reading identified in the methods sections. It is likely that many benefits and risks were not identified. This is possibly due to not locating all relevant articles, but also potentially because this field of research is relatively new and has knowledge gaps. An important, yet missing, element of research includes children's own perspectives and understanding of impacts of IPV and CM. Given the stated goals of the programs in prioritizing children's safety, understanding children's own perspectives of their services needs is an important element of research.

Recommendations. The findings of this review demonstrate the complexity of working with fathers who are violent and the array of factors related to children's safety at the societal level, the intervention group level, as well as at the individual father level. However, recommendations are indicated for practice, research, and policy. For instance, the similarity of the two curricula program content demonstrates that there is clinical agreement in how to approach interventions for violent fathers. Motivational approaches, empathy building exercises, healthy behavior modeling exercises, and reparative framework exercises are considered ways to create engagement and personal investment in changing violent father's problematic behaviors. As previously identified, screenings and evaluations in conjunction with cross agency collaboration are considered ways intervention programs can assess the risk men pose. At this

time, due to the finding that the CAPI (Milner, 1986) and the AAIP-2 (Bavolek & Kenne, 1999) are not considered valid measures of CM risk, it is recommended that professionals trained in tactics abusive men use, conduct the intake and exit interviews (Scott & Crooks, 2007).

Recommending cross agency collaboration is problematic as it is dependent on local social service systems and outside the purview of an interventions ability to control. However, at a minimum, fathering interventions should have contact with courts, probation and parole, IPV victim advocates, and have at least an understanding of how CPS interacts with cases of IPV.

As a relatively new field with large gaps in literature on fathers as violent men, and services for them, there is great potential for collaborative research. The recommendations for research relevant to fathering interventions that were identified include, 1. measuring fathering intervention programs' overall effectiveness, 2. comparing fathering curricula with non fathering curricula in BIPs to see if it is more effective at engaging men, 3. comparing the different approaches to intervention and their strength of effect (i.e., a program that utilizes psycho-educational, cognitive behavioral therapy, and modeling exercises compared with a program that only uses psycho-educational), 4. the development of measures to determine the strengths and weaknesses of collaborative abilities between the fathering interventions, CPS, IPV victim services, and the courts, and, 5. developing valid measures to evaluate CM risk measures. It is important to note that when measuring the effects of programs longitudinal experimental designs that utilize control groups be used for more definitive conclusions on sustained, long-term behavior changes.

The recommendations of this analysis for policy are that men that are fathers need to be considered an important component of children's well being and their role as parent cannot include violence without negatively impacting their children. Policies which hold men

accountable as parents when violence is present in families, may require a rethinking of the CPS structure in order to be more inclusive of men. Further, the CPS response to children living in homes where IPV is taking place need to address the complexities IPV cases present in terms of children's safety and how responsibility for that violence is perceived. Policies to increase cross collaboration are necessary to help address this service gap in children's needs. No one service has enough resources to protect children from the harm of family violence. Collaboration of services is essential to children's safety. The presence of IPV in CPS cases may warrant coercive referrals, mandating men to either BIPs that address fathering specifically or stand alone fathering interventions with the ability to restrict child and partner contact upon the joint assessments of men's progress in these groups.

Conclusion. The stated goal of this review was to assess how fathering interventions are minimizing risks and maximizing benefits in working to address the service and knowledge gaps toward father's that use IPV, CM, or both IPV and CM. This was achieved in three ways. Firstly, this review found that fathering interventions have the potential to address men's roles as fathers in relation to other services where they are historically missing. Services interested in child welfare, IPV victim's welfare and in holding men accountable for their violent behaviors, such as courts and probation and parole, can be educated about what is known about violent fathers and the specific risks individuals pose through collaboration with fathering interventions. Mandating men to intervention and monitoring their progress from multiple perspectives of invested social services promotes a containment of these men's risk. Secondly, assessments conducted during intake and exit interviews conducted by professionals trained in tactics used by abusive men, are suggested as ways to accurately assess the risk that men pose to their families. These assessments

allow for careful consideration of the specific family situations of men, types of violence used, and whether or not children were present during violence. This in depth understanding of men's situations may allow for a more integrated experience with facilitators and the therapeutic models used. Lastly, the therapeutic strategies for changing men's behaviors analyzed in this review show that great care has been taken to protect children and promote healthy relationships between men and their partners. Of particular note is the care in understanding men's circumstances in relation to the modeling exercise that they practice throughout the program. This adds a level of specificity to the program that allows men to work on their individual situations. Fathering interventions for men who use intimate partner violence and child maltreatment have developed therapeutic models that motivate men to become engaged, build empathy for their children and partners, and work to change problematic underlying beliefs and the resulting violent behaviors.

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